

Clinical auditing as an instrument to improve cancer care: The Dutch Gynecological Oncology Audit (DGOA).

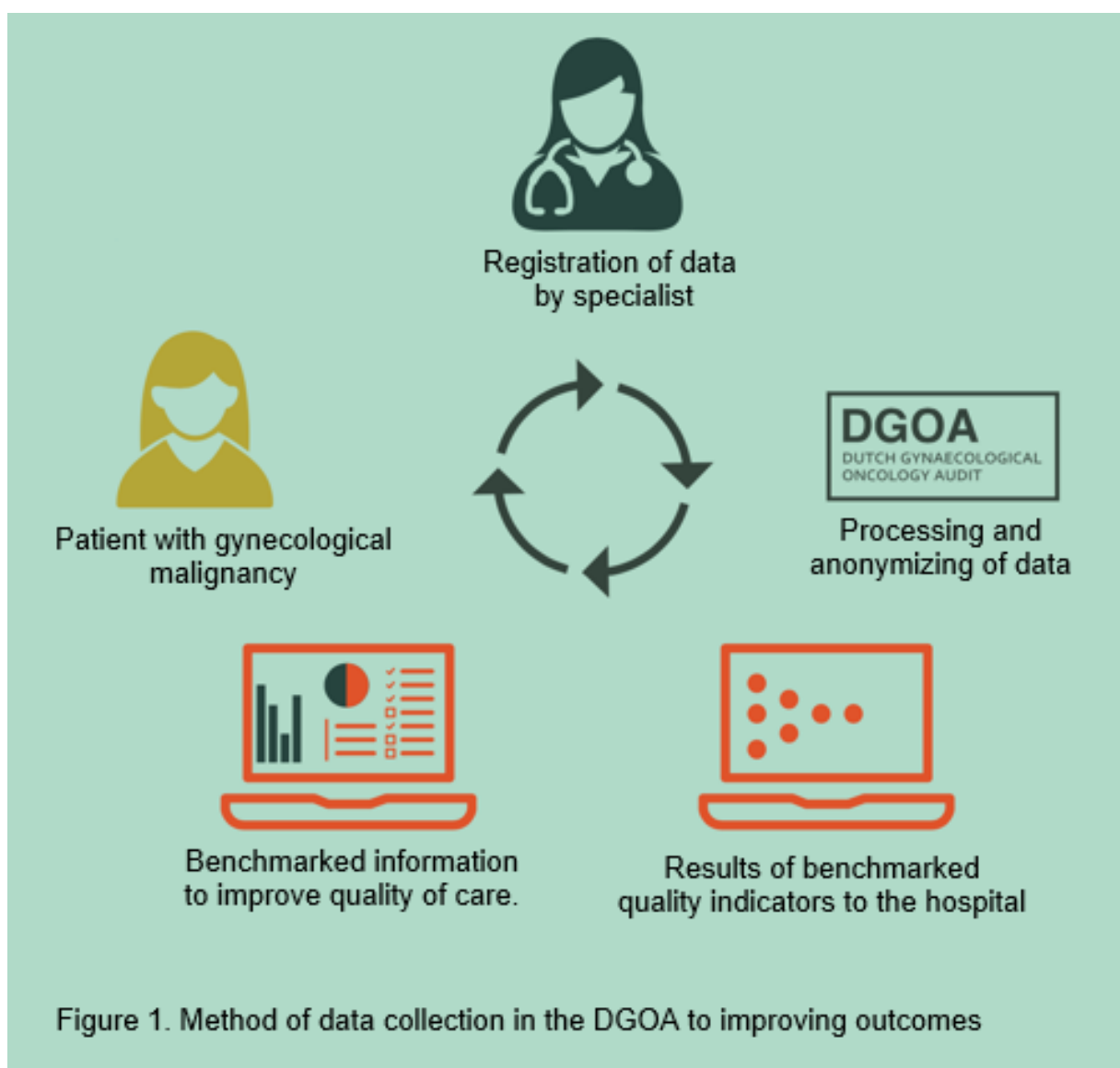
N.M.S Baldewpersad Tewarie, W.J. van Driel, M. van Ham, M.W. Wouters, R. Kruitwagen, On behalf of the participants of the Dutch Gynecological Oncology Collaborator Group.

Background: The Dutch Gynaecological Oncology Audit (DGOA) was initiated at the end of 2013 with the intention for quality improvement by providing benchmarked feedback on gynaecological oncology outcomes.

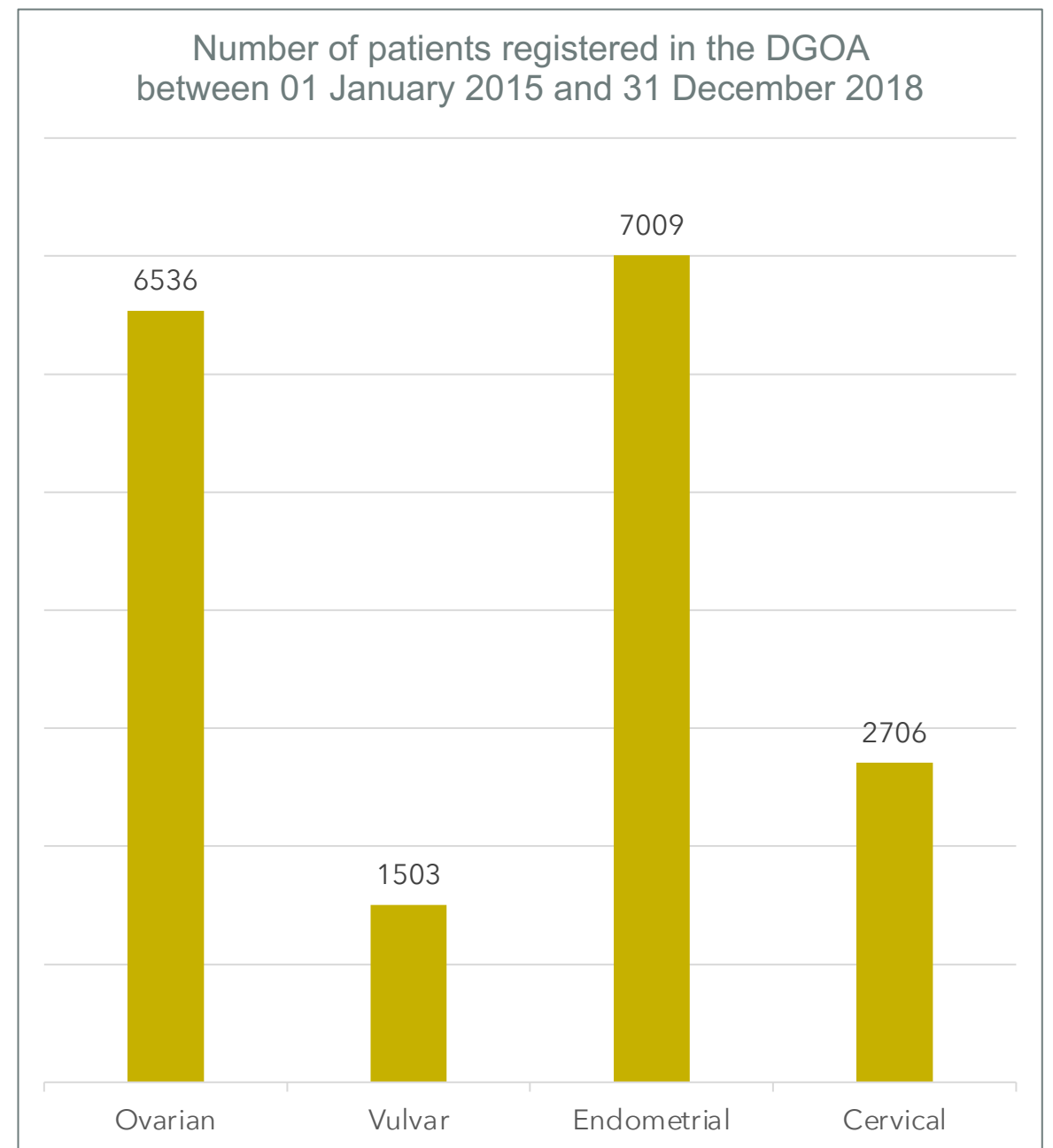
Objective: to present the first results of clinical auditing from the DGOA for all four types of gynaecological oncological malignancies.

Methods:

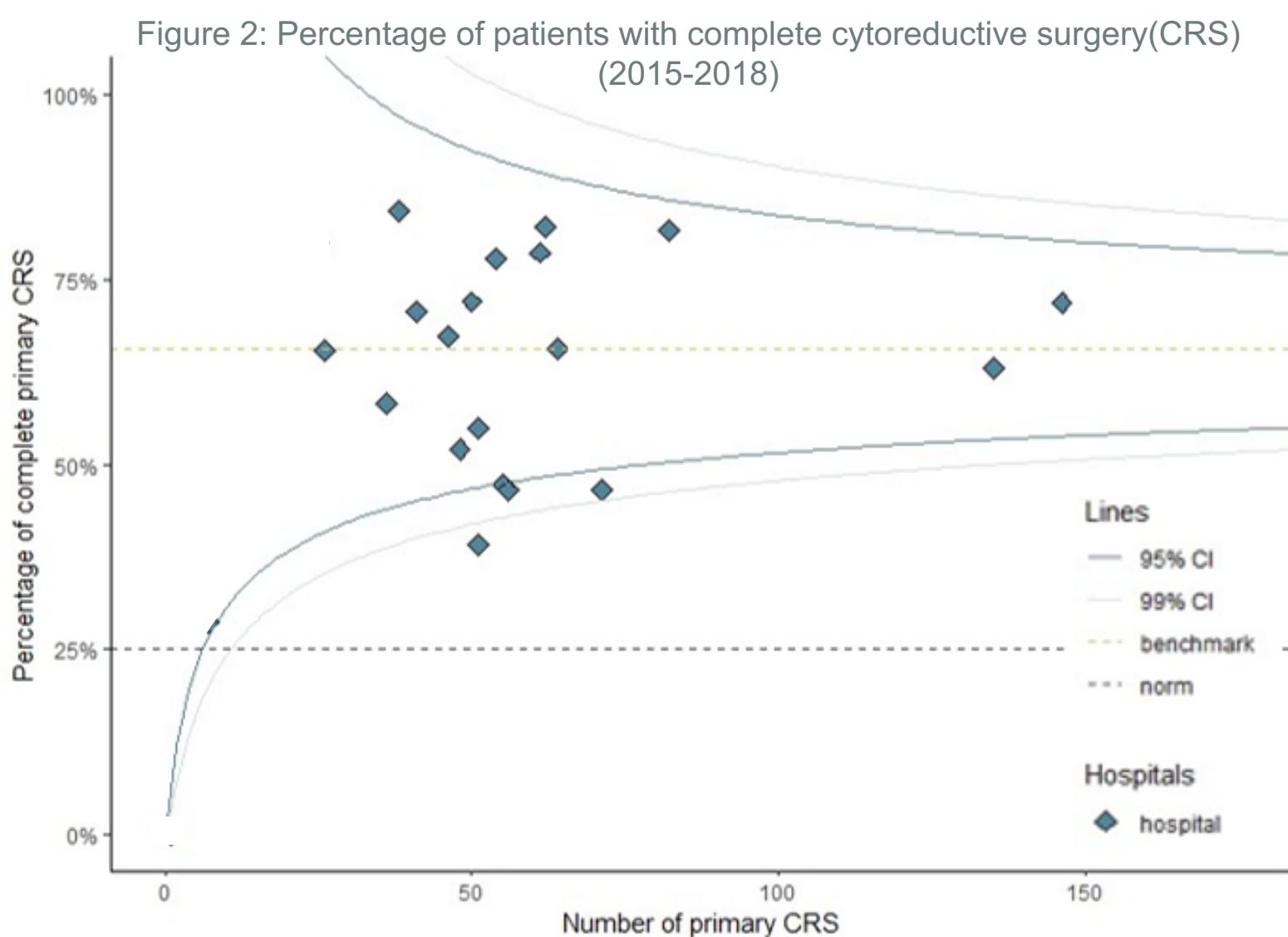
DGOA: facilitated by the Dutch Institute of Clinical Auditing (DICA) and managed by its own scientific committee existing of several members of different disciplines.



Results



Quality indicator results :



- The percentage of patients with primary cytoreductive surgery (CRS) decreased over time from 57.8% in 2015 to 39.7% in 2018, $P < 0.001$).
- Patients with complete primary CRS improved over time from 53.5% in 2015 to 69.1% in 2018, $P < 0.001$.
- Quality indicator on complete primary CRS shows variation between hospitals. (Figure 2)

Conclusion:

The results of 'best practices' should be shared with all participants of the clinical audit with the aim of improving quality of care nationwide and reducing hospital variation.