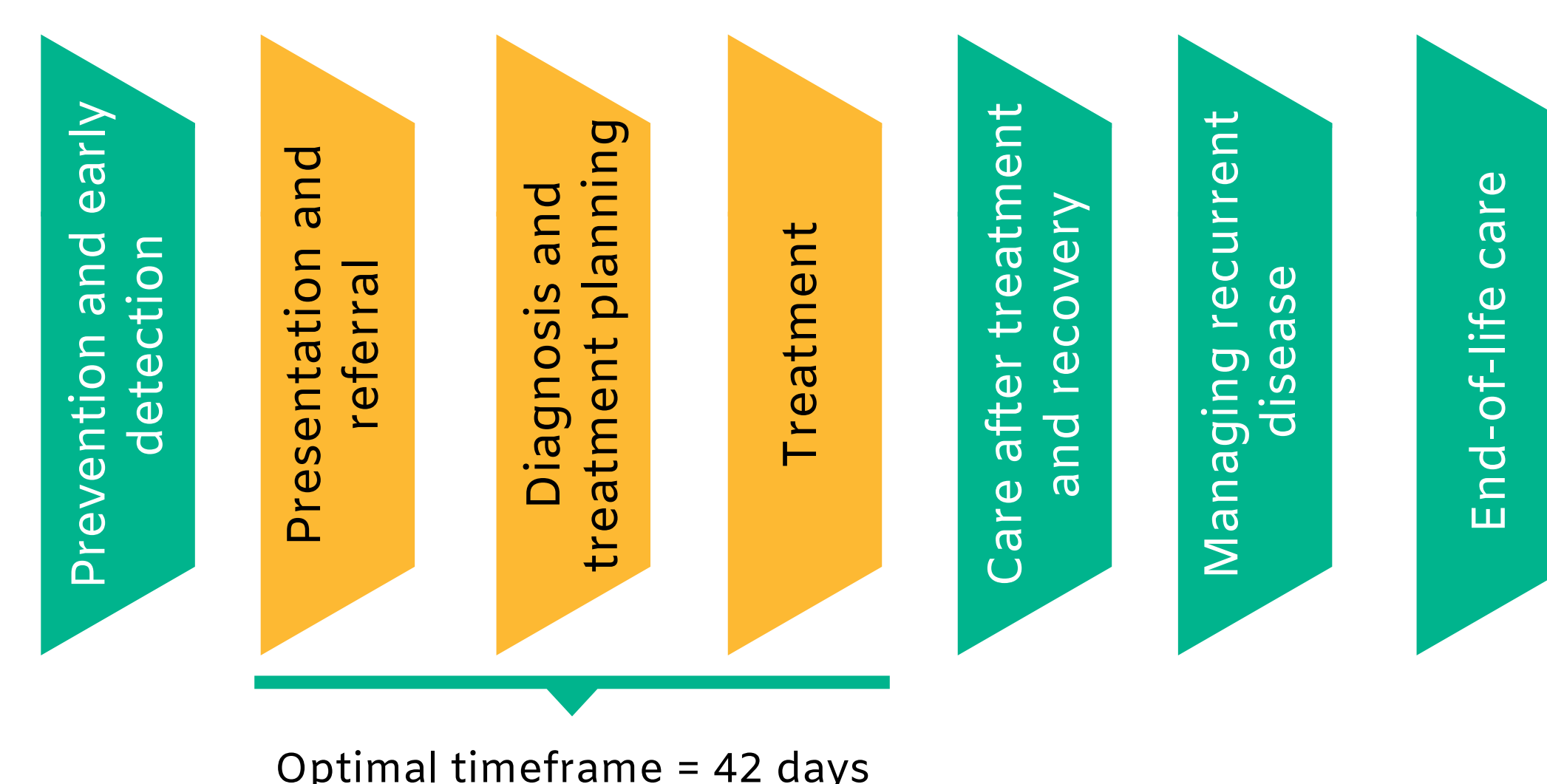


# Improving the timelines of the oesophago-gastric cancer patient journey through a regional Victorian hospital

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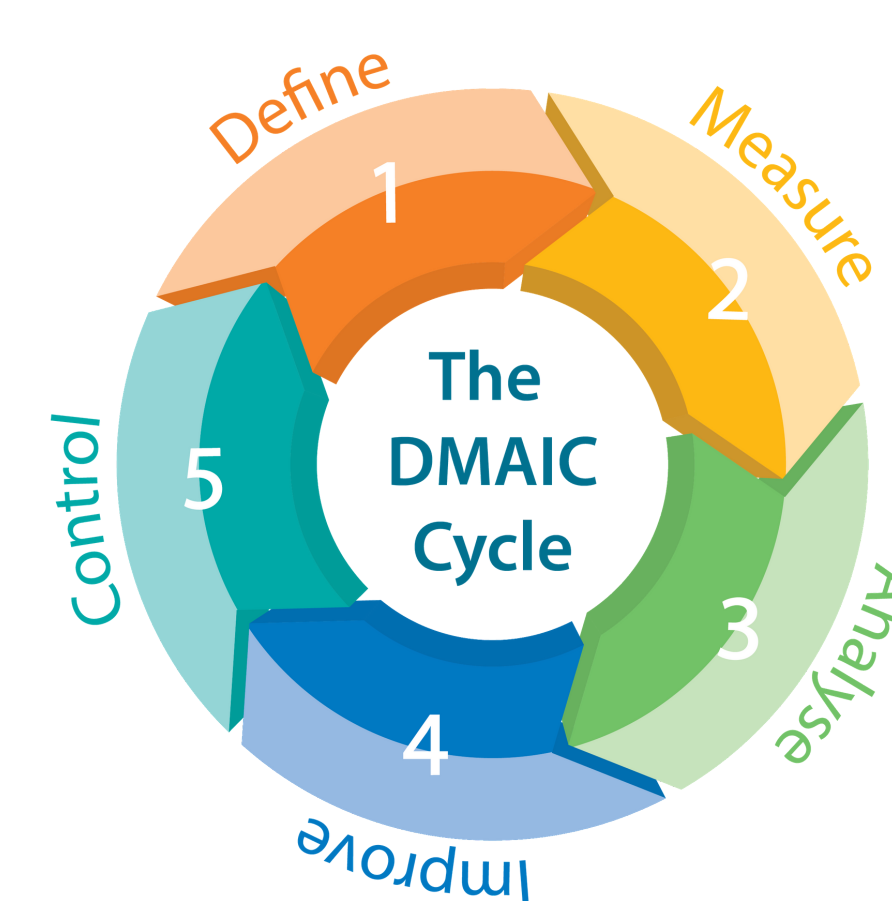
## Aims:

The project is aimed to align the timelines from initial receipt of referral to a regional health service to first treatment for oesophago-gastric (OG) cancer patients within the optimal timeframe of 42 days recommended in the Optimal Care Pathway(OCP) in Bendigo Health (BH).



## Method:

The redesign methods of define, measure, analyse, improve and control (DMAIC) were used. Initial data collection defined the baseline problem being delays between referral to diagnosis. Tools such as process mapping with value stream mapping and cycle times, '5 whys', fishbone diagrams, 'voice of the customer' interviews, rapid improvement events and prioritisation charts were incorporated.



## Results:

A major process change was implemented within the specialist clinics and patient services in BH. This change is expected to benefit the OG cancer patient cohort in an ongoing way. Changes were documented in new flowcharts and staff orientation information. Project audits indicated 560 patients with colorectal cancer had colonoscopies at BH in 2017. Of these approximately 248 patients would have been category 1 patients triaged using the new process. Approximately half of these (124) may have had a colonoscopy 5 days earlier than the previous process. This was an additional benefit to the existing OG project.



Approximately 85% of direct access endoscopy referrals were processed faster impacting up to 2000 endoscopy patients annually



Median time from receipt of referral to diagnostic procedure was reduced by five days for direct endoscopy referrals



An estimated 133 hours of ward clerk or nurse time and nearly \$4000 will be saved annually as a result of the changes to the referral process



More easily understood English forms for patients and a pilot for improved return of patient medical questionnaires is implemented



Education session for triage nurses about red flags for endoscopy was conducted to ensure more accurate triaging

## Conclusion:

The redesign method was successfully utilised to improve diagnosis timelines for OG cancer patients in a regional health service. Since the completion of the original project, work has continued with the aim of aligning receipt of endoscopy referral to diagnosis with OCP timelines. In addition, diagnosis to multi-disciplinary meeting and first treatment are also now in scope for OG cancer patients.