Faster Cancer Treatment

2015

South Island Initiative Projects

April 2016

FCT RFP 2015 projects

Contents

FCT RFP 2015 projects

OVERVIEW ALL PROJECTS TIME LINES

Project	coverage	Duration (years)	2015/2016	2016/2017	2017/2018
Head & Neck	**All SI DHBs**; jointly lead by NMDHB & CDHB	2			
Gynae	**All SI DHBs**; lead by CDHB	1			
Melanoma	**All SI DHBs**; lead by CDHB	1			
ED	**All SI DHBs**; lead by SDHB	2			
Maori Project A	**All SI DHBs**; lead by NMDHB	3			
Maori Project B	Local: **NMDHB**	2			
Referrals	Local: **SDHB**	1			
Fast Track	Local: **SDHB**	2			
System Quality Review	Local: **SDHB**	1			

Southern Cancer Network	FCT RFP 2015 project **Head & Neck**	**REGIONAL**

AIM Mapping the Head and Neck Cancer pathway across the South Island to better understand how to improve care for this patient cohort and implementation of identified improvement measures.

WHO This is a regional project and involves all SI DHBs.
Lead: Melanie Ryan, CDHB

TIMESCALES 2 years: Q1 2016/17 – Q4 2017/18

DELIVERABLES

1. **Identification of points in the pathway where measures are required to reduce delays in accessing treatment and follow-up.**
    - Initial data collection of this patient cohort will be inclusive of al SI DHBs who have referred these patients to CDHB allowing common factors to be considered as the process progresses
    - And through the value stream mapping in NMDHB and CDHB measures that can be implemented to achieve service improvements. As part of the value stream mapping, we are going to include
    - Assessment of time from referral to first appointment
    - Assessment of number of visits per patient to first treatment
    - Development of measures to co-ordinate visits, with the aim to reduce number of visits per patients prior to treatment
    - Consumer survey
    - Use of the MOH Health Equity Assessment Tool, (HEAT) at start and end of project will provide progress regarding equity of access
    - Recommendations from both a Review of Consumer survey and repeating the Consumer Survey will influence proposed changes to service.
    - Please note other key measures may become apparent during the work
2. **Identification of measures that reduce delays in accessing treatment and follow-up.**

3. **Implementation of measures to improve performance on the 62-day target and 31-day indicator.**
    - The outcome of the initiative is expected to result in measureable increased compliance against the 62 day target and 31 day indicator
    - The implementation of the identified measures are going to be monitored via the monthly FCT reporting, and progress monitored.
    - Measures that have demonstrated an improvement towards the 62-day target and/or 31-day will be rolled out to all South Island DHBs (most likely candidates are WCDHB and SCDHB).

Southern Cancer Network	FCT RFP 2015 project **Gynae**	**REGIONAL**

AIM Retrospective and prospective application of the new definition for high suspicion of cancer (HSCAN).

WHO This is a regional project and involves all SI DHBs.
Lead: Andy Macknelly, CDHB

TIMESCALES 1 year: Q1 2015/16 – Q4 2015/16

DELIVERABLES

Retrospective and prospective application of the new definition for high suspicion of cancer (HSCAN).

- **retrospectively "triaging" gynae patients with the new HSCAN definition** to assess whether this would have led to different triaging outcomes
- Implementation of the new HSCAN definition for triaging of gynae patients across the SI. The definition, once agreed, will be disseminated to referrers via Health Pathways and through the Southern Cancer Network and South Island Gnaecological Working Group.
- A retrospective timeframe will be chosen dependent on availability of reliable data.
- The following populations will be defined:
    - All gynae referrals
    - All high suspicion gynae referrals
    - All women with confirmed gynaecological cancer.
    - A chart (electronic) review will be performed.
- Referral criteria, outpatient investigations, referral and outpatient appointment dates, high suspicion flags and referral pathways will be documented.
- Sensitivity positive predictive value and outpatient load of current utilisation of high suspicion criteria will be reported. In addition the sensitivity positive predictive value and outpatient load will be estimated with application of the new criteria.
- Following this evaluation the criteria and agreed pre-referral pathways will be reviewed and new criteria will be shared with referrers and applied prospectively to referrals. Sensitivity, positive predictive value, impact on services (ascertainment) and compliance will be reported.
- **Application of the new HSCAN definition across the sector** will enable us to standardise the triaging process; i.e. the new HSCAN definition is going to be implemented across the SI.
- In addition, we will be able to assess whether the new definition achieves an increase in ascertainment, i.e. whether a greater proportion of patients with gynae cancer are monitored by FCT.
- Use of the MOH Health Equity Assessment Tool, (HEAT) throughout the project will provide information regarding equity of access

Southern Cancer Network	FCT RFP 2015 project **Melanoma**	**REGIONAL**

AIM Improve the diagnosis, follow up and surveillance of melanoma by establishing a virtual lesion clinic modelled on the teledermatology services recently established in Waikato.

WHO This is a regional project and involves all SI DHBs.
Lead: Carol Limber, CDHB

TIMESCALES 1 year: Q1 2015/16 – Q1 2016/17

DELIVERABLES

1. Improve prompt access to specialist services closer to the patient's home.

- Additional education plus training and use of high-quality sequential digital dermatoscopy in primary care to assist in:
  - Earlier detection
  - Filtering out of non-cancers (this will be captured as one of the key outcome measures)
- Dermatoscopy training sessions
- Development of a network of specialists for teledermatology
- Establishment of the SI teledermatology service
- Audit data to determine current follow-up regimes
- Engage with pharmacy to involve with patient awareness
- Discuss follow-up options with clinicians and Service Managers based on evidence from literature review

Southern Cancer Network	FCT RFP 2015 project **ED presentations & other Routes to Diagnosis**	**REGIONAL**

AIM Understand the 'routes to diagnosis' for all patients diagnosed and treated within the South Island, and to determine the true volumes of patients first presenting to ED.

WHO This is a regional project and involves all SI DHBs.
Lead: Janine Cochrane, SDHB

TIMESCALES ~2 years: Q1 2015/16 – Q1 2017/18

DELIVERABLES

1. **Understand more about patients first diagnosed through the ED.**
    - Determine the number of cancer patients first presenting to ED
    - Determine the number of cancer patients having a high suspicion of cancer and urgency diagnosed at ED, despite an earlier presentation to the GP
    - Assess any demographic attributes of the cohort that presents to ED
2. **Understand the 'route to diagnosis' for all new cancer patients on the 62 and 31-day pathway**
    - Define dataset for collection, codes for route to presentation could be:
        - HSCan
        - ED
        - Routine referral
        - Screening
        - Inter department transfer
        - Diagnosed by primary care
    - Identify process for recording information as part of routine patient management for delivering FCT locally
    - For a 12 week period assign a 'Route to Diagnosis' code for all cases reported as part of the 31-day policy priority
    - For all patients identified with a new cancer within a SI DHB, analyses will include:
        - Proportion of cases referred by the different 'route' codes
        - Number of cases by tumour site, cultural/socio-economic group, age, gender, etc
        - Numbers referred from primary care
    - Additional education plus training and use of high-quality sequential digital dermatoscopy in primary care to assist in:
        - Earlier detection
        - Filtering out of non-cancers (this will be captured as one of the key outcome measures)

Southern Cancer Network	FCT RFP 2015 project **Improving Maori Cancer Pathway**	**REGIONAL**

AIM Improving equity along the cancer pathway, for all patients across the South Island, and support the 62-day FCT target by promoting & facilitating early and consistent engagement of Māori with cancer services.

WHO This is a regional project and involves all SI DHBs.
Lead: Claire McKenzie, NMDHB

TIMESCALES 3 years: Q1 2015/16 – Q4 2017/18

DELIVERABLES

1. Extend the NMDHB Māori Cancer Pathway Project to other South Island DHBs

- Confirmation findings for the other South Island DHBs
- Identification of key focus areas in the other South Island DHBs
- ensure the other SI DHBs are prepared and ready for the implementation of Project A in year 3
- Improvement the availability of ethnicity-specific data to facilitate confirm and/or monitor issues for Māori
- Engagement with stakeholders (consumers, providers, networks, e.g. Te Waipounamu Māori Leadership) to confirm patient pathway, issues and opportunities for Māori for each DHB

2. Maori Cancer Pathway Educator initiative

- Develop knowledge and health literacy within Māori whānau and communities using a 'train the trainer' type approach to extend the reach and develop sustainability – e.g. developing knowledgeable consumers
- Actively work with general practices and specialist services clinicians to enhance cultural competency in delivering services across the cancer continuum
- Increase the knowledge and skills of community-based nurses and other healthcare workers of cancer and the cancer pathway
- Contribute to the enhancement of service delivery as established in sections 6 and 7 of the Tumour Standards – 6. Supportive care and 7. Care Coordination

Southern Cancer Network	FCT RFP 2015 project **Improving Maori Cancer Pathway**	**LOCAL: NMDHB**

AIM

Better health outcomes for Maori.
Improving equity along the cancer pathway, for all patients in NMDHB, and support the 62-day FCT target by promoting & facilitating early and consistent engagement of Māori with cancer services.

WHO

This is a local project in NMDHB.
Lead: Claire McKenzie, NMDHB

TIMESCALES

2 years: Q1 2015/16 – Q4 2016/17

DELIVERABLES

1. Employ a Māori Cancer Pathway Educator in Nelson Marlborough

- Develop knowledge and health literacy within Māori whānau and communities using a 'train the trainer' type approach to extend the reach and develop sustainability – e.g. developing knowledgeable consumers.
- Actively work with general practices and specialist services clinicians to enhance cultural competency in delivering services across the cancer continuum.
- Increase the knowledge and skills of community-based nurses and other healthcare workers of cancer and the cancer pathway.
- Contribute to the enhancement of service delivery as established in sections 6 and 7 of the Tumour Standards – 6. Supportive care and 7. Care Coordination.
- Earlier and sustained engagement of Māori with health services through the cancer journey.
- Better understanding of and adherence to the treatment plan.
- Improved cultural competency for health professionals.
- Māori patients more likely to engage and continue engagement with health services.
- A pool of health workers is available to support & 'navigate' Māori patients through the cancer journey.
- Improved service integration and coordination.
- Improved equity along the cancer pathway.
- More Māori patients meet the 62-day target.

Southern Cancer Network	FCT RFP 2015 project **System Quality Review**	**LOCAL: SDHB**

AIM Review processes and practices along the cancer pathway and develop greater achievement towards the 31-day and 62-day indicators through increased patient flow, less wastage, improved information availability, and a more patient-centric booking process.

WHO This is a local project in SDHB.
Lead: Janine Cochrane, SDHB

TIMESCALES 1 year: Q1 2015/16 – Q4 2015/16

DELIVERABLES

1. Review interdepartmental referrals

Where interdepartmental referral processes vary across tumour streams patients often face delays in treatment (as they are referred inappropriately), and services are burdened as they unnecessarily process and redirect patients. These outcomes occur as a result of practice variations from referring clinicians and a lack of defining referral protocols. Standardise (and improve the quality of) referral practices, capacity and performance in line with our FCT targets is anticipated to be increased (primarily through eliminating inappropriate processes).

2. Review Interdepartmental Patient Flows

Determine how the patient moves through various services and the speed at which this occurs.

3. Review Departmental Triage practices

The quality of departmental triaging practices affects both the appropriate expediting of patient treatment and the accurate capturing of FCT-eligible patients. We have identified issues with the vast number of triage forms used by services and issues with triage codes meaning different priorities for different services. By reviewing internal (department to department) triaging standards and flagging processes across all tumour streams it is anticipated the level of patients accurately captured for FCT processing and reporting will be increased, with the outcome of overall quality of care improving through an increase in the timely access to treatment.

4. Review Departmental Booking practices

By reviewing patient booking practices and seeking to make practices more patient-focused (for example by allowing patient to select their own booking slots), reductions in Do Not Attends (DNAs) is expected to be achieved. Consequently capacity will be used more effectively across all services, with wasted appointment slots reduced and urgent patients such as those with HSCAN being accommodated.

5. Process mapping documentation processes

In many services there are significant delays in documentation turnaround times, whereby the clinical documentation is not completed for many weeks and is therefore not available for clinicians to make decisions. By process mapping the causes of delays across streams to identify a more efficient distribution of resource.

6. Implement process improvements for better performance

Southern Cancer Network	FCT RFP 2015 project **Referrals**	**LOCAL: SDHB**

AIM Improving the standard of primary referrals and incorporating the new HSCAN definitions.

WHO This is a local project in SDHB.
Lead: Janine Cochrane, SDHB

TIMESCALES 1 year: Q1 2016/17 – Q4 2016/17

DELIVERABLES

1. Improve referral process

- Revised management of referrals
- Amend referral forms to include mandatory requirements and improve completion rates

2. Improve primory and secondary care interface

- Work with primary health to implement opportunities for more timely identification and improve symptom awareness among referrers
- Work with general practices and specialist services clinicians to sustainably enhance cultural competency across the cancer continuum

3. Implement application of new HSCAN definitions in all ten tumour streams

- Apply new HSCAN triaging criteria prospectively

Southern Cancer Network	FCT RFP 2015 project **Diagnostic Fast Track**	**LOCAL: SDHB**

AIM Develop a 'one stop shop' model where patients receive multiple events/interventions at one time, rather than coming back several times over days to weeks, to reduce delays and build appointment capacity elsewhere.

WHO This is a local project in SDHB.
Lead: Janine Cochrane, SDHB

TIMESCALES 2 years: Q1 2016/17 – Q4 2017/18

DELIVERABLES

1. Process map current pathway durations

- Pre-intervention pathway duration analysis
- Process mapping of streams of focus, and refinement of generic model materials to specific stream

2. Development of alterations where required

- Development of generic Clinic model materials including referral standards
- Engagement with specific stream leads, and appropriate diagnostic services regarding implementation
- Audit of referral standard adherence

3. Rollout of tumour-specific Fast Track Clinics

- Implementation of Fast Track Clinics
- Evaluation of clinic effectiveness against FCT pathway duration timing; primary supportive care referrals and internal care referrals (e.g. Māori Health, CNC referrals, counselling/social work referrals)