

Using a rapid improvement event to identify solutions to improve timelines of the oesophago-gastric cancer journey

Carol Parker¹, Michael Leach², Carol Gibbins², Ilana Solo²
 1. Bendigo Health, Bendigo 2. Loddon Mallee Integrated Cancer Service

Aim:

To use redesign methods and the expertise of a multi-disciplinary team to map the process within Bendigo Health for a patient with oesophago-gastric cancer so as to identify blockages to flow and targeted solutions.

Method:

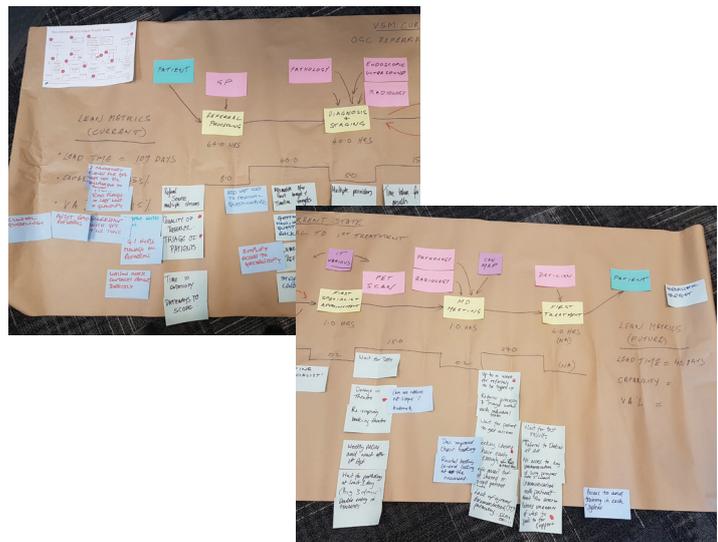
A three-hour rapid improvement event was held with invitations extended to the entire OG cancer team:

- Medical staff including surgeons, oncologists and diagnostics
- Nursing and allied health staff
- Cancer centre director and administrative staff
- Redesign manager
- Specialist clinics liaison nurse and manager
- Consumers
- Project team staff

Value stream mapping (Lean tool Toyota used to define and optimize the various steps involved in getting a product, service or project from start to finish) was carried out for the five stages of:

- Receipt of referral,
- Diagnosis and staging,
- First specialist appointment,
- Multi-disciplinary meeting and
- First treatment.

The *5 Whys method* of root cause analysis was utilized. 5 Whys is an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular problem. Targeted solutions were identified and prioritised.



Results:

- The entire team attended the workshop
- Lead time of 107 days was established from referral receipt to first treatment. The optimal time of 42 days specified in the OG cancer OCP (<https://www.cancervic.org.au/for-health-professionals/optimal-care-pathways>) was achieved for 44% of subjects.
- Primary identified blockage area was from receipt of referral to diagnosis and staging
- Areas requiring further work included:
 - ▶ Staff capacity,
 - ▶ Procedures,
 - ▶ E-referrals,
 - ▶ Medical questionnaires and
 - ▶ Clear triage guidelines.

PROJECT	PRIORITY	EASE	IMPACT
① REFERRAL PROCESSING			
1.1 CLINIC VISITS SUBMITTED	C	H	M
1.2 REVISED CLINIC VISIT BOOKINGS	I	M	H
1.3 IMPROVE PATIENT COORDINATION	K*(a)	L	L
1.4 TRANSFERRED FROM GASTRO TO GASTRO	C	M	M
② DIAGNOSIS / FIRST APPT			
2.1 SIMPLIFY RADIOLOGY REPORTS	P	M	M
③ FIRST TREATMENT			
3.1 MORE SUPPORT IN REGION	C	A	M
④ 5 Whys BASED IMPROVEMENT IDEAS			
4.1 REVIEW BUFFERS	P	L	M

Conclusion:

The project team used a Pick (possible, implement, challenge, kill) prioritization chart to find solutions that would be easiest to implement with the highest pay-off.

Referral processing and staff capacity were chosen as focus areas. The rapid improvement event led to agreed target areas for implementation.

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For further information about this poster, please contact
 Carol Parker: cparker@bendigohealth.org.au