Improving the Cancer Patient Journey

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Outline

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Quick Facts

“the number of deaths attributed to cancer will increase by 45% (11.5 million), by the year 2030”
(World Health Organisation, 2011)

“one in two males and one in three females will be diagnosed with cancer by the age 85”
(Cancer Council Australia, 2013)

“estimated 124,000 new cases of cancer will be diagnosed in Australia this year”
(Cancer Council Australia, 2013)

“this number is set to rise to 150,000 by the year 2020”
(Cancer Council Australia, 2013)
Lymphoma

General term for cancers that develop in the lymphatic system.

*Presents in the form of firm painless swelling in lymph nodes on neck, under the arm or groin region.*

Forty three different sub-types, divided into two divisions:

*Hodgkin’s and Non-Hodgkin’s lymphoma*

Around 4,300 people are diagnosed in Australia with lymphoma each year, making it the fifth most common form of cancer in Australia

89% of lymphoma cases are Non-Hodgkin’s lymphoma.

(leukemia foundation, 2011 & 2013)
Patient Journey Modelling

Patient-centric activity that visually depicts how the patient moves through the overall system of care

Aims to improve patient safety and overall health care quality/outcomes by reducing variability in the care process

Similar concepts: clinical pathway, redesigning healthcare, clinical practice improvement and patient flow redesign
Essomenic

(to show how things will be done in the future)

First and only patient journey modelling tool developed specifically for healthcare from the ground up

Used in a variety of redesign projects in Australia and overseas:

mental health, oncology, osteoarthritis, ambulatory care, maternity (metropolitan and remote indigenous), renal, neonatal intensive care, allied health, bariatric, palliative care, community services, policy development
Essomenic

Overcomes non-human centric nature of other modelling techniques

Includes additional healthcare specific dimensions such as patient needs and clinical guidelines

Explicit identification of meaningful use of IT

Easily understood by all levels of healthcare staff

Increases buy-in and commitment to change from stakeholders
Goals

Analysis of Essomenic models contribute towards:

The removal of unproductive and excessive activities,

*The removal of process duplication*,

Compliance to evidence-based best practice,

*Collecting required information only once*,

Reducing the number of times a patient is moved,

*The application of integrated information technology and*

Improved communications between the patient, carers and clinicians involved in the journey.
Research Questions

1. Can the Essomenic patient journey modelling technique accurately visually represent a cancer patient journey?

2. Can the technique identify areas for journey improvements?

3. What enhancements are required to the Essomenic syntax to accommodate cancer patient journeys?
Methodology

Multi-method approach consisting of:
participatory action research
case study research
constructive research

Data collection methods:
Semi-structured qualitative interviews with lead haematologists, qualitative interviews with other haematologists, cancer care nurses, triage nurses, GPs and administrative staff

Document review
GP diagnostic and referral guidelines, triage guidelines and Hospital treatment protocols
Case Study Site

Calvary Mater Newcastle Hospital

Located in the city of Newcastle in regional New South Wales

Part of the Hunter New England local health district

Hunter regions major centre for oncology, haematology and clinical toxicology

Conducts approx 80% of Hunter regions cancer research
Purpose & Scope

Research aim – to identify pathways to support “getting patients to the chemotherapy chair quicker”

Case study commenced with a patient presenting at the GP with a suspicious lump. Ends when the patient receives their first dose of chemotherapy treatment.

Deliverables:
Current state model
Future state model
Improvement report
Opportunities for Improvement

Elimination of redundant processes - 49 to 31 major processes

Reduction of visits to general practitioner for diagnosis as a result of amendment to clinical guidelines

New guidelines for general practitioners regarding conduct of in-office blood tests for patients. reducing need for referral to pathology providers
Opportunities for Improvement

Electronic referral system to standardise referral process and ensure consistent, quality information is available

Specialist appointment availability system which allows general practitioners to search for next available appointment that is geographically convenient for the patient

Commencement of daily triaging of referrals

Introduction of one stop haematology clinic to service Hunter region.
Calvary Mater Newcastle Hospital Lymphoma Future Patient Journey - High Level Model

21. RESEND PATIENT FOR BONE MARROW BIOPSY

22. REFER PATIENT TO CALVARY MATER

23. RECEIVE REFERRAL

24. TRIAGE

25. BOOKING

Unfavorable delay between conduct of bone marrow biopsy and receiving bone marrow biopsy results.
Proposed design achieves objective of

“getting the patient to the chemo chair quicker”
Questions?

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For information on Essomenic please visit:
www.essomenic.net