EVALUATE/Sustain (FINAL)

Program of work manager: Melissa Shand & Carmel Vermeltfoort **Focus of Work:** Oesophagogastric Cancer **Report due:** Thursday 22 Nov 2018

SECTION ONE: EVALUATE

1.0 Executive Summary

NEMICS has three health services providing care to OG cancer patients, Austin Health (~ 70 cases p.a.), Eastern Health (~55 cases p.a.) and Northern Health (~30 cases p.a.).

Austin and Eastern Health are participating in the statewide OG Redesign program. The OG Redesign projects are working towards the same MDM presentation rate targets as the OG OCP implementation projects. The timeline target for the OG Redesign projects includes the 42 days from time of receipt of referral to first treatment for newly diagnosed OG cancer patients, not the 28-day timeline from diagnosis to first treatment. These projects are working to the OG Redesign Program timelines and are currently implementing their identified solutions via the adoption of PDSA cycles. The implementation phase of these projects is scheduled for completion mid-January 2019 and their evaluation / sustainability phase is due for completion mid-March 2019. Therefore there are no findings available at this time for the evaluate/sustain phase of these projects.

At Northern Health there were 14 cases identified in the statewide OG Audit conducted in 2017 (sample diagnosed Jul-Dec 2016). Of these, only seven went on to receive treatment for their cancer. Those who received treatment showed that 2/7 commenced within the 28 days of diagnosis. Due to the small number of OG cancer cases treated at Northern Health, NEMICS are working with management and clinicians to identify areas of improvement suggested by the results of the OG audit and a project plan to implement the new endoscopy access guidelines to streamline access to endoscopy is underway.

2.0 Summary of Implementation Outcomes (high level)

Problem	Baseline (NEMICS)	Target/Optimal	Actual
State wide, the MDM presentation rate for newly diagnosed oesophagogastric cancers is 70%	Austin: 67% Eastern: 38% Northern: 86% NEMICS: 60%	85%	Available April 2019 for Austin & Eastern. Northern Health at target.
State wide, the time from receipt of referral to treatment for newly diagnosed oesophagogastric cancer is greater than the 42 days recommended in the OCP	Austin: 56% Eastern: 33% Northern: n=5; range 18 to 182 days	100% pts receive treatment within 42 days of receipt of referral	Available April 2019

3.0 Solution Implementation activity

3.1 Solution Implementation activity for PS1 (State wide, the MDM presentation rate for newly diagnosed oesophagogastric cancers is 70%)

List the Solution strategies implemented: Austin Health	List the associated implementation initiatives	Describe the REACH of each	Provide measures applied to assess EFFECTIVENESS	Rate the ADOPTION
1. Review and update of UGI MDM ToR to address case presentation, preparation, documentation and communication. 2. Increasing presentation of Stage IV / metastatic patients at MDM for treatment planning.	MDM working party established - Meeting ToR reviewed. Key changes included documentation of chair responsibilities, updated membership - UGI MD team reviewing case presentation protocol for Stage IV / metastatic cancer patients	Project Steering Committee MDM working party members UGI MD team members NEMICS HumeRICS	Use of the protocol. MDM presentation rate. Updated MDM ToR	Available January 2019
List the Solution strategies implemented: Eastern Health	**List the associated implementation initiatives**	**Describe the REACH of each**	**Provide measures applied to assess EFFECTIVENESS**	**Rate the ADOPTION**
1. Full review of the MDM - timing, frequency, composition and processes.	A number of options are being investigated to address issues with timing, frequency and composition of the meeting. No final solution has yet been identified	Project Steering Committee UGI MD team members GRICS NEMICS		Interim data available January 2019
2. Conduct a trial where all patients are discussed at MDM. This will inform the development of a protocol for patient discussion.	This solution is currently on hold until the solution addressing MDM timing, frequency and composition is finalised		MDM presentation rate	Interim data available January 2019
3. Review MDM administrative processes: preparation, documentation, communication, generation of agreed referrals. This will incorporate a review of the meetings ToR.	Updating meeting ToR Improving communication to regional referrers from the meeting		Updated MDM ToR Communication from the MDM to referrers	Interim data available January 2019
List the Solution strategies implemented: Northern Health	**List the associated implementation initiatives**	**Describe the REACH of each**	**Provide measures applied to assess EFFECTIVENESS**	**Rate the ADOPTION**
MDM audit showed 12/14 records with an MDM, of which 10/14 were prospective. The other 2 were at NH for a specific test or second opinion only.	N/A	N/A	N/A	N/A

3.2 Solution Implementation activity for PS2 (State wide, the time from receipt of referral to treatment for newly diagnosed oesophagogastric cancer is greater than the 42 days recommended in the OCP)

List the Solution strategies implemented: Austin Health	List the associated implementation initiatives	Describe the REACH of each	Provide measures applied to assess EFFECTIVENESS	Rate the ADOPTION
1. Improve management of referrals. Firstly review and update Austin Health GP template for UGI, secondly streamline internal management of referrals once received by the health service.	1. Draft GP referral guidelines developed, feedback is being sought from GPs via the PHN. 2. Streamlining referrals received for triage to the surgical nurse coordinator. 3. Review of specialist clinic allocation of order in which patients are seen in clinic. New diagnoses seen first to facilitate being seen by a Consultant.	Project Steering Committee Treatment & follow-up working party Austin Health UGI clinicians and specialist clinics PHNs Surgical Nurse coordinator and relevant divisional Managers Specialist Clinics	Referrals have all requisite information Agreed and documented process for management of referrals received by Austin Health	Interim data available January 2019
2. Develop a 'care set' to streamline completion of diagnostics prior to MDM presentation	1. UGI Consultant identified as lead to develop diagnostic 'care set' to expedite diagnostic work-up for commonly ordered tests. 2. Routine test identified by clinician 3. 'Care set' request instruction / approval process sent to identified UGI Consultant by PO for further consideration	Project Steering Committee Treatment & follow-up working party UGI Consultants	Diagnostic & Staging tests complete within the 14/7 from first specialist appoint to MDM.	Interim data available January 2019
3. Expedite internal referrals from MDM to reduce timelines from MDM to first treatment	Agreement from Specialist Clinics to use CANMAP documentation for internal referrals and training commenced. Review of CANMAP documentation fields underway.	Project Steering Committee Treatment & follow-up working party Austin Health UGI MD team Specialist clinics UGI Residents and Registrars NEMICS	Increased proportion meeting MDM to 1st treatment ≤ 14/7	Interim data available January 2019
List the Solution strategies implemented: Eastern Health	**List the associated implementation initiatives**	**Describe the REACH of each**	**Provide measures applied to assess EFFECTIVENESS**	**Rate the ADOPTION**
1. Create a centralised referral pathway with documented guidelines that include the need for GPs to flag critical symptoms (red flags) upon referral, which is clearly documented on the EH website.	1. Development of GP referral guidelines and template. Clinicians and GP Liaison Medical guidelines are currently reviewing existing guidelines and are also reviewing the current relevant GP Health pathways and will liaise with EMPHN 2. Review and update of the Rapid Access to Gastrointestinal Endoscopy tool.	Project Steering Committee UGI clinicians Specialist Clinics Eastern Health GP Liaison EMPHN	Referrals have all requisite information	Unable to rate at this time
2. Develop an efficient model of care for patients with known or	Focus on reducing delays in referral timelines to Gastroenterology and access to Specialist Clinic	Project Steering Committee		Unable to rate at this time

suspected OG cancer including centralised contact point and triage processes. Review the OP clinic structure to ensure availability of urgent appointments for patients with OG cancer without compromising patient care for other conditions.	appointments. Proposal developed for the trial of an endoscopy direct access nurse triage. Funding is currently being sought.	Specialist Clinics Gastroenterology Clinicians NEMICS		
3. Seek agreement amongst relevant EH clinicians to identify which EUS services will receive OG cancer patients.	Funding for an EUS service at Eastern Health early in 2019 has been secured, therefore this solution is no longer required.	N/A	N/A	N/A
4. Formalise the process to ensure investigations are completed in parallel rather than in a series	Decision matrix to be developed to guide junior medical staff in ordering diagnostic investigations	UGI Clinicians MD team	Diagnostic & Staging tests complete within the 14/7 from first specialist appoint to MDM.	Interim data available January 2019
4. Establish a process for registrars attending the UGI MDM to make identified referrals.	Registrars will meet at the end of the MDM to make all referrals generated from discussions and decisions made.	UGI Clinicians MD team	Increased proportion meeting MDM to 1st treatment < 14/7	Interim data available January 2019
List the Solution strategies you implemented: Northern Health	**List the associated implementation initiatives**	**Describe the REACH of each**	**Provide measures applied to assess EFFECTIVENESS**	**Rate the ADOPTION**
Review of time to surgery with surgical heads. The solutions identified included workforce FTE and surgical lists adjustments	Issue taken to Exec by Director of Surgery	Surgical units Cancer services unit Health service executive	Pending - Time to surgical treatment from referral	Awaiting re-audit to measure effectiveness – awaiting 2017/18 data
Review of time to start chemo.	Some changes in the pathway to chemotherapy have been made since 2016, when the audit sample was derived.	Surgical units Oncology unit Multidisciplinary teams	Pending - Time to adjuvant chemotherapy	Re-audit a current sample – awaiting 2017-18 data.
Path to diagnosis through the endoscopy unit identified as a source of delay.	New triage system implemented – 3.5 hours of reallocated time is given to senior gastroenterologist to review the referrals to reduce variation.	UGI surgical unit CRC surgical unit Endoscopy department Gastroenterology unit	Audit of timelines in 2019	Awaiting re-audit to measure effectiveness – awaiting 2017/18 data
New endoscopy access guidelines released that should help triage access to endoscopy.	A project has been proposed to implement these guidelines for both upper and lower GI scopes. Funding being sought via NEMICS grants program.	Clinical champion identified. Endoscopy service. CRC & UGI MDT	Adherence to guidelines	Pending – co-design project proposed for 2019

4.0 Impact/ Value

Impact evaluation of the OG Redesign projects at X Austin and Eastern Health will be completed during the Evaluation / Sustainability phase of their projects, January to March 2019. Findings will be available March / April 2019.

5.0 Relationship with Primary Care

OG Redesign projects at Austin and Eastern Health have identified the quality and content of GP referral information as an issue affecting diagnostic and treatment timelines. Contact has been made with each health service GP Liaison Officer and PHN to assist in the development of GP referral guidelines and templates to be located on the Health Service website.

SECTION TWO: SUSTAIN

Solution	**MDM capacity, timing, composition**	**Referral quality**	**Triage processes**	**Diagnostic & Staging Tests**	**MDM to Treatment**
Responsibility	MDM Chair MDM Admin Cancer Quality Unit	OG Redesign PO to March 2019 Specialist Clinics GPLO	Specialist Clinics / Triage service UGI / Gastroenterology Units	Clinical lead at each site. Radiology Units Pathology	MD Teams UGI Surgeons Medical Oncologists & Day Oncology Units Radiation Oncologist & Radiotherapy Units
Accountability	Cancer Services Exec	Cancer Services Exec Specialist Clinics	Cancer Services Exec Specialist Clinics	Cancer Services Exec.	Cancer Services Exec.
Confidence rating ***E**mbedded, **P**rogressing or **S**talling*	Progressing	Early progress	Early progress	Progressing	Early progress
Measurement	MDM presentation rate	Decrease delays due to insufficient information.	Increased proportion meeting receipt of referral to 1st specialist appointment ≤ 14/7	Time from 1st specialist appointment to MDM ≤14/7	Increased proportion meeting MDM to 1st treatment ≤ 14/7
Improvement Target	85%				
Reporting structure inclusive of future governance arrangements	OG redesign Steering Committee (AH & EH) Cancer Quality Unit	Time to treatment monitored via VCPMF	Specialist clinics UGI / gastroenterology clinical leads	Specialist clinics UGI / gastroenterology clinical leads Pathology Radiology	UGI / gastroenterology clinical leads Day Oncology Unit Radiotherapy Unit Surgical Unit
Documentation and resources	ToR, meeting attendance, referral procedures	Education & triage resources	Documented triage processes GP referral guidelines and templates available on health service websites	Diagnostic 'care set' developed Decision matrix developed to guide junior medical staff when ordering diagnostic tests	
Ongoing Training and Education		N/A	Training of Specialist Clinic triage staff to identify OG cancer 'Red Flags' and appropriate referral procedures.		N/A

Key Learnings

- Clinician engagement takes time. Issues impacting on engagement include: new project officer into the team – relationships and trust take time to build, clinical work commitments and time available, agreement with the gaps & solutions identified, planned leave.
- Austin and Eastern Health projects have a short implementation phase due to delays in engaging a project officer. Rigid timeframes of the OG Redesign Program of work risk individual project effectiveness and sustainability.
- Difficulties 'redesigning' a model of care where it crosses many parts of the health service with competing priorities.

Stakeholder Engagement Assessment	
Engagement, Leadership, Participation	**Austin & Eastern Health OG Redesign Projects:** Austin and Eastern Health are actively involved in the implementation phase of their projects. Evaluation of their stakeholder engagement will be undertaken as part of their Sustainability Phase in January to March 2019. See Attachments 1 and 2 for a list of project meetings and attendance demonstrating their engagement with stakeholders. Attachment 1: Austin Health meeting attendees list Attachment 2: Eastern Health meeting attendees list **Northern Health:** Norther Health is in the planning phase for their project implementation. Attachment 3 details the meetings and attendance to complete this project phase.

	Attachment 3: Northern Health meeting attendees list

Building Capacity and Capability	
Benefits: Health services working with small tumour types have little capacity to focus their efforts on initiatives to redesign the way in which they work and their patients flow through the system. Providing an opportunity, including funding, for this to occur provides an opportunity for all members of the MD team to review the way in which they work and the systems and units within the health service work together to provide best patient care. Without these types of projects, there would be limited opportunity to take a system wide view of the service they provide.	**Challenges:** • Changing systems for a small number of patients • Although clinicians are engaged in the project and its outcome, their capacity to attend meetings and effect change can be limited • If clinicians are not in agreement with project outcomes, generating solutions to address identified gaps can be problematic and frustrating for project officers.

Future Proofing		
Supporting the next tranche: • Review of the effectiveness of redesign as the sole method required before embarking on further projects like lung & OG. In particular, the challenges of crossing multiple departments, small target populations and project timeframes. • Having a single tumour stream focus was beneficial to gain understanding of clinical terminology for problems and solutions. • Opportunities for collaboration supported by multiple sites undertaking similar projects via the OG CoP.	**Stakeholder engagement into the future:** • There is limited crossover of clinicians between tumour streams in metropolitan MDTs – so engagement tends to be tumour specific. Ongoing communication of performance aligned with existing quality improvement processes from NEMICS to health services. • Existing relationships with PHNs and services can be leveraged for the next tranche. • Post-summit engagement with Pancreatic MDT will support activities. Limited time post Head & Neck Summit. • Limited engagement with palliative care and ACP program to date.	**Transferability:** • RIE / co-design events very useful in building a common understanding and momentum for change. • Common data processes and reporting • Solution transferability will depend on the problem statements for Tranche 3. • Processes for improving MDM treatment planning and communication to GPs are generic and can be implemented with each MDT.

Submitted by: Katherine Simons Program Manager **Endorsed by:** Mr Siva Sivarajah NEMICS Chair **Date:** 19 November 2018