



Executive Summary

Lung Cancer Services Mapping and Development Project Report 2008

In 2007, the Lung Tumour Group from the Western and Central Melbourne Integrated Cancer Service (WCMICS) received funding to undertake a service assessment and development project. The Lung Cancer Services Mapping and Development Project was undertaken within the four acute health services that provide treatment for lung cancer patients across the WCMICS catchment. These four services are:

- Peter MacCallum Cancer Centre (Peter Mac)
- Royal Melbourne Hospital (RMH)
- St Vincent's Hospital (SVH)
- Western Health (WH).

The aims of the Project were to:

- Map current lung cancer service pathways at each of the four sites
- Develop an ideal lung cancer pathway in collaboration with clinicians, consumers and other stakeholders that is based on Australian and international lung cancer treatment guidelines.
- Conduct an analysis within and across the four services that will form the basis for recommendations for process improvement activities including:
 - Priorities for immediate service redesign activities
 - Areas where further work is required
 - Areas where further resources are required.

Alison Boughey Consulting was appointed to undertake the Project in collaboration with the WCMICS secretariat and the Lung Tumour Group. A mixed methodological approach was adopted. The range of methods used included:

- Review of the current evidence on lung cancer diagnosis and treatment to inform development, in collaboration with lung cancer clinicians, of an "ideal" lung cancer pathway.
- Review of Department of Human Services (DHS) and Cancer Council of Victoria (CCV) incidence, mortality and service utilisation data on Victorian lung cancer patients.
- Collection of data from each of the four sites including:
 - Interviews with clinicians, service executives, consumers and other stakeholders
 - Conduct of retrospective and prospective patient record audits
 - Collection of observational data through attendance at multidisciplinary (MD) meetings, ward rounds and clinics
 - Review of other relevant data as it was identified throughout the project
- Development of recommendations to facilitate closing gaps identified between current and ideal practice at all sites.

Summary of the main Project findings:

Most patients are referred to the four WCMICS acute lung cancer services with probable or suspected lung cancer.

Referrals come from a variety of sources and are of variable quality. Improvements in the quality of GP referrals are required in order to close the gap between current and 'ideal' care.

Most patients receive an initial appointment and are seen in the lung clinics within one week of referral. There is some evidence that inpatients move through the pathway more quickly than outpatients.

Diagnosis at the three city sites occurs in a timely manner with the average time from first appointment to diagnosis being less than 10 days. At WH, time to diagnosis is protracted.

Some gaps were identified between current and ideal care in the area of Imaging and Diagnostic services. Most notably these included:

- Access to timely bronchoscopy services at WH and on-site bronchoscopy at Peter Mac (Peter Mac has since taken steps to improve access to on-site bronchoscopy)
- Access to on-site CT scans for lung cancer patients at RMH
- Delays in access to PET scans were consistently seen as being a restraining factor in patient movement through the diagnosis and staging pathway. In addition, the administrative burden on clinicians of facilitating patient access to PET Imaging and subsequently gaining access to PET images and reports was seen to be significant.

A potential gap between current and ideal practice may exist at Peter Mac in the area of reporting of pathology findings.

Timely communication between lung clinics and referring GPs may represent a gap between current and ideal practice at WCMICS lung services.

Recording of TNM status, performance status and weight loss is inconsistent across WCMICS lung cancer services.

MD meetings are held weekly at Peter Mac, RMH and St Vincent's. WH holds monthly MD meetings. Documentation of MD team discussion in the patient's medical record was inconsistent or poor at all sites except SVH.

For the majority of patients, decision to treat and treatment commencement occurs within timeframes recommended in the ideal pathway although the number of patients for whom this occurs is lower at WH than at the city sites.

The initial treatment received by lung cancer patients varies between sites. This may be a reflection of the treatments that are available at each site.

Across all sites, while the number of longer-term survivors may be quite small, there did not appear to be any formal protocols or guidance on the continuing follow-up of well or stable patients over time.

Lung cancer patients experience high levels of mortality and a high need for involvement of palliative care services.

Supportive care screening requires introduction or strengthening at all WCMICS lung cancer services.

At all sites, allied health involvement is focused predominantly on inpatients and there is limited capacity for allied health staff to be involved in the ambulatory care of lung cancer patients. Current allied health funding mechanisms are a barrier to greater involvement of allied health staff in the ambulatory setting.

A range of tailored and general information is offered to lung cancer patients across sites. Opportunity exists to strengthen information provision across WCMICS sites.

At the three sites at which a nurse coordinator role exists (RMH, Peter Mac, SVH) the role is not standardised and varies according to funding sources and the service context. However there are some common elements to the role across sites. The level of administrative work that is undertaken by the nurse coordinators appears to be substantial in some services.

At WH, the need for enhanced care coordination was identifiable at almost every point in the patient pathway.

Across the WCMICS lung cancer services, there is variation in the range of data collection mechanisms that are in place and how they have been used to facilitate quality care.

A series of recommendations has been made for closing some of the gaps between current and ideal care as identified during the project. A further set of recommendations for their implementation has been developed.

Update June 09

A number of recommendations have been completed and signed off.

- **Recommendation 5** Peter Mac will establish a dedicated bronchoscopy list for its lung cancer patients A dedicated list has been created by Peter Mac.
- **Recommendation 6** The lung service at RMH, with the support of WCMICS, will enter into discussion with the RMH Radiology Department to improve access to on-site CT scanning. The Radiology Department report that CT scanning access has improved under the departments service improvement projects. Lung clinicians who work at RMH note that since the report was release, communication has improved with the Radiology Department and confirm that it is much easier to obtain urgent imaging.
- **Recommendation 7** RMH lung cancer patients will have improved access to on-site CT scanning (As above)
- **Recommendation 20** WH multidisciplinary team meetings are held weekly to facilitate prospective treatment planning for all lung cancer patients. Meetings have begun occurring fortnightly with a focus on Management Planning.
- **Recommendation 23** Protocols are developed and implemented at WH to guide timing and requirements for interdisciplinary referral.

Some recommendations have been partially completed:

- **Recommendation 16** Lung unit letterhead listing names of treating team members is used for all correspondence with referring doctors. RMH, St Vincent's and Peter Mac have all confirmed they have letterhead listing all team members. A department head is currently being recruited at WH. New letterhead will be created on commencement.
- **Recommendation 8** Further work will be undertaken with Radiology Departments that offer PET services (Peter Mac, A&RMC, Moorabbin) to reduce PET waiting times for lung cancer patients. Peter Mac has increased PET throughput has increased 25% since January as new scanner capacity was commissioned at Peter Mac. Tumour group members report that access has significantly improved. The PET Centre has developed a number of indicators relating to access and efficiency. This will allow the unit to measure any future service improvements and which will identify trends in relation regarding PET waiting times, access, the referral process and timing of report availability. Work is yet to commence with Moorabbin and A&RMC.

One recommendation will be modified:

- **Recommendation 1** WCMICS to work with General Practice Victoria (GPDV) to ensure distribution of the NHMRC lung cancer guidelines to all GPs in the North West Metropolitan region, with priority being given to those GPs who currently have patients with lung cancer. The lung cancer tumour stream noted that the guidelines have previously been disseminated to GPs by NHMRC, therefore it was not considered useful to repeat this. If there is deemed to be enough interest an education session may be run for GPs.
- **Recommendation 32** A Standardised WCMICS-wide approach to information provision for lung cancer patients will be developed and implemented. This may include: i) Standard information packs ii) A range of information that can be tailored to the patient's needs iii) Policies and processes that will guide information across sites. The tumour group are not in favour of standardised information pack, preferring a suite of information to be made available as appropriate. A meeting has been held with Nurse Coordinators to review available information.

One recommendation was rejected:

- **Recommendation 17 Process for timely communication of critical information to referring GPs and specialists will be streamlined. This may include: i) Removing the requirement for letters to be proof read and signed by seasonal clinicians. ii) Telephone calls for immediate case-conferencing iii) Electronic letter templates.**
Tumour stream members reported from experience that letters not proof read sometimes contained mistakes that could change the meaning, they also reported trialling templates which increased typing time. Telephone calls are already used for urgent cases.

Many recommendations are being addressed under other WMCIS work streams:

- Supportive Care-Funding has been received as one of the supportive care projects for 08/09 for a project to address the supportive care needs of patients including implemented screening.
- Strengthening MDT Meetings
- Information Strategy
- Cancer Service Positions-To scope need for care coordination roles

The next recommendations to be undertaken are:

- **Recommendation 33 Resources will be developed and implemented to address information gaps and specifically support lung cancer patients from CALD backgrounds.**
- **Recommendation 34 There will be some standardisation of the currently lung cancer Nurse Coordinator role across services while allowing flexibility appropriate to the different service contexts.**