

An Evaluation of Four Lung Cancer Services in Western & Central Melbourne

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Background

In 2007, the Lung Tumour Group from the Western and Central Melbourne Integrated Cancer Service (WCMICS) commissioned 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).

Project Aims

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 to form the basis for recommendations for process improvement activities including:
 - Areas where further work is required
 - Areas where further resources are required.
 - Priorities for immediate service redesign activities



Methodology

A mixed methodological approach was adopted, including:

- Review of the current evidence on lung cancer diagnosis and treatment to inform 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.

Project findings

Access

- 95% patients are seen in a lung clinic within one week of referral
- Referrals come from a variety of sources and are of variable quality

Diagnosis

- Average time from 1st appointment to diagnosis is < 10 days at three sites

Imaging and Diagnostic services

- Gaps were identified in bronchoscopy services, and access to CT and PET scans

Multi-disciplinary care

- MD meetings are held weekly at three sites and monthly at one site
- Documentation of MD team discussion in the patient's medical record was inconsistent or poor at all sites except one

Palliative care

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

Supportive (Psycho-social) care

- Supportive care screening requires introduction or strengthening at all sites
- No re-screening currently occurring

Allied Health Involvement

- 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

Patient Information

- A range of tailored and general information is available

Care Coordination

- A range of strategies are in place – MD meetings, clinics, ward rounds, cross site attendance at MD meetings, GP communication, electronic information systems, nurse coordinator role

Nurse Coordinator Role

- A nurse coordinator role exists at 3 sites
- The role is not standardised and varies according to funding sources and the service context (common elements of the role are listed below)
- Substantial degree of administrative work

Data and Information

- Electronic databases or information systems available at two sites
- Variation in the range of data collection mechanisms that are in place and how they are used to facilitate quality care.



Step 2 of Ideal Pathway

Staging

Staging investigations may include:

- CT scanning
- Biopsy, bronchoscopy, PET scanning
- Thorascopy & post-resection pathology may be necessary

Psychosocial screening/assessment and referral as needed

Multidisciplinary team meeting

Confirm staging and develop recommended management plan including supportive care issues

Recommended treatment and supportive care plan discussed with patient and family

GP communication

Coordination of care

Treatment

Next steps

The project resulted in 38 recommendations which have been prioritised with timeframes and ease of implementation and require action by one of the following:

- DHS
- WCMICS
- WCMICS Lung Tumour Group
- Clinicians
- Individual Hospitals/Health Services.

Some recommendations have already been actioned, such as:

- establishment of a dedicated bronchoscopy service at Peter Mac
- implementation of data systems and linkages with Biogrid and VCOG initiatives
- review of processes around PET access and reports
- rollout of WCMICS "Strengthening MDM Program" to the Lung tumour stream.