

VBHC: To reduce waiting times for prostate cancer patients.

H. Jansen, C. Storck, E.Huiskes, R. Korthorst

Background

Medisch Spectrum Twente is a member of the Santeon group comprising seven hospitals that work together to improve the quality of care at lower costs. In the context of the Santeon Together Better program for prostate cancer patients, our current primary aim is to reduce waiting times for prostate cancer patients. Because longer waits are associated with both patient and family psychosocial distress, reducing waiting times is expected to result in better health-related quality of life and patient satisfaction. In 2019, a new diagnostic pathway, with pre-biopsy MRI was introduced. With the introduction of this new diagnostic pathway, we started an improvement cycle to continuously measure, improve, and monitor waiting times for patients suspected for prostate cancer.

Methods

Based on data from the electronic patient record, three different time intervals were measured for all patients referred to our hospital with an increased PSA level. We measured the number of days between: 1. first consultation and MRI; 2. MRI and second consultation; and 3. second consultation and biopsy (if applicable). For each interval we set a target value. Mean, median, minimum and maximal time intervals were measured as well as the percentage patients with an interval \leq target value.

Results

The data was analyzed and discussed in a multidisciplinary team on a regularly basis. Medical records of individual patients with long waiting times were checked to determine the reason for delay. Potential improvements were determined and implemented immediately. The first results of the analyses are partly displayed in figure 1 and 2.

Number of days between first consultation and MRI		
	Apr. 2019 – Dec. 2019	Nov. 2019 – Feb. 2020
N	191	91
Mean	24,9	9,9
Median	13	9
Minimum	1	2
Maximum	212	40
% pts with an MRI within x days		
≤ 7 days	21%	32%
≤ 14 days	51%	91%

Figure 1: Number of days between first consultation and MRI for all patients referred to our hospital with an increased PSA level between Apr. 2019 – Dec. 2019 vs. Nov. 2019 – Feb. 2020

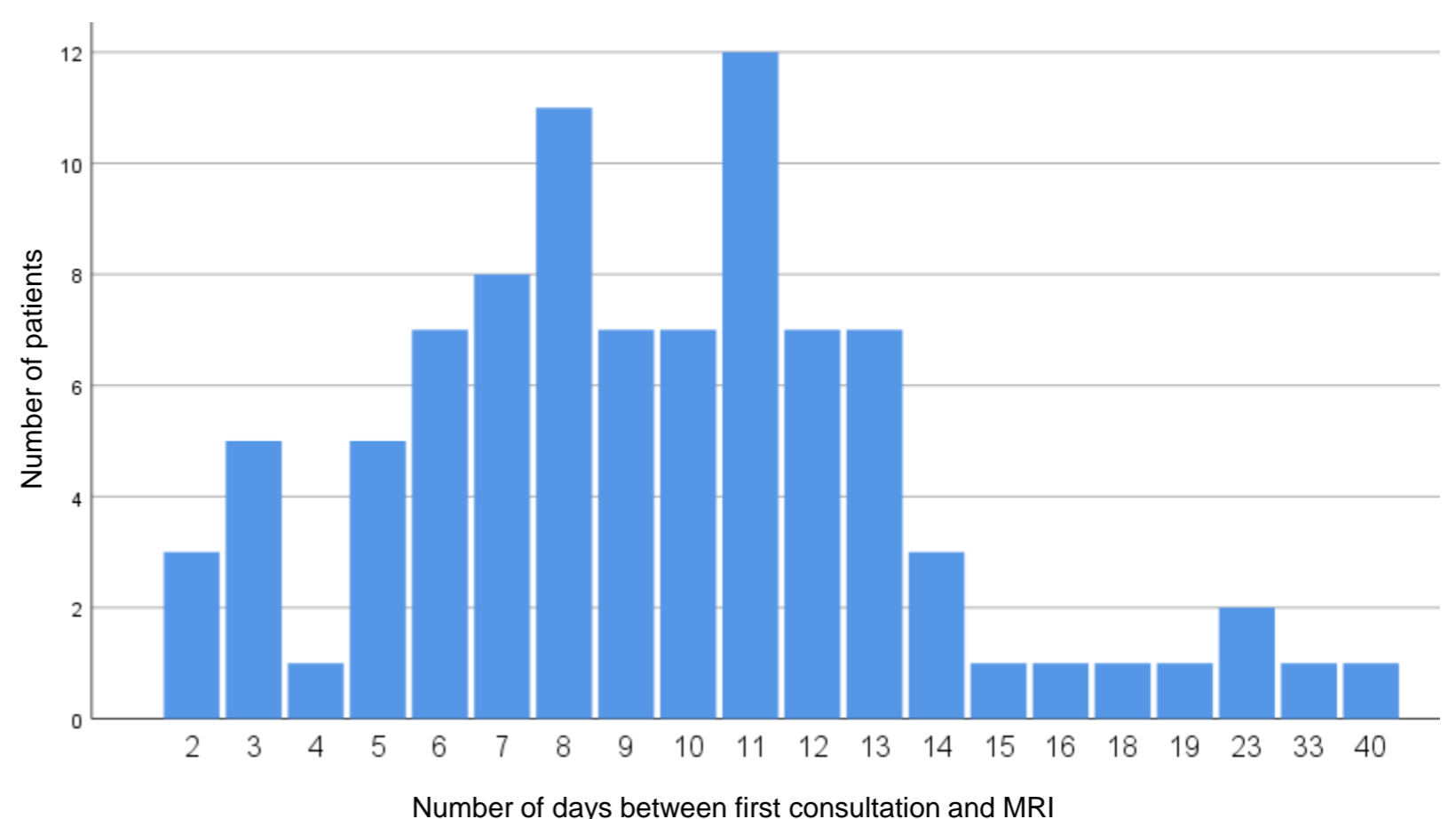


Figure 2: Interval (days) between first consultation and MRI for all patients (n=91) referred to our hospital with an increased PSA level between Nov. 2019 – Feb. 2020.

Conclusion

By implementing an improvement cycle, continuously measuring, improving and monitoring waiting times, the waiting time between first consultation and MRI was significantly reduced in our hospital. Future actions are to further improve the current waiting times of the diagnostic pathway and to extend the improvement cycle with treatment waiting times.