



Reduced waiting times for lung cancer patients

R.A.L. van Erp, A.B.G. Kwast, R. Bretveld, A. Polman, E. Citgez
Medisch Spectrum Twente, Enschede, the Netherlands

Rationale

Medical Spectrum Twente (MST) 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 Value Based Health Care (VBHC) programme “Together Better” for lung cancer patients, MST saw improvement potential for the waiting times. Also because patients indicated that they prefer to go through the diagnostic process as soon as possible given the uncertain period. They are prepared to come back to the hospital more often when necessary.

Aim

Our aim is to have patients discussed in a multidisciplinary team (MDT) within 15 working days from first consultation with the case manager (CM).

Methods

To improve the waiting times, a value stream mapping was conducted with all disciplines involved in the care pathway: pulmonologists, nurse specialist, CM and secretary.



Based on this analysis, improvement actions were implemented. We compared the waiting times

- **before** interventions: sample of 49 suspected lung cancer patients in 2018
 - and **after** interventions: sample of 51 suspected lung cancer patients in 2020
- to assess whether our goal was achieved.

We measured the number of days between:

1. referral GP and first consult CM;
2. first consult CM and first consult pulmonologist;
3. first consult CM and PET scan;
4. first consult CM and EUS (Endoscopic Ultrasound) or EBUS (Endobronchial Ultrasound); and
5. first consult CM and MDT.

Results

Bottlenecks in turnaround times were particularly found in the scheduling of the EBUS and of the treatment rooms. Another improvement point was the method of scheduling. With this insight, planning tasks have shifted from the case manager to the secretary. The secretary plans all appointments up to MDT directly when the patient is referred by the GP.

Median waiting time between:

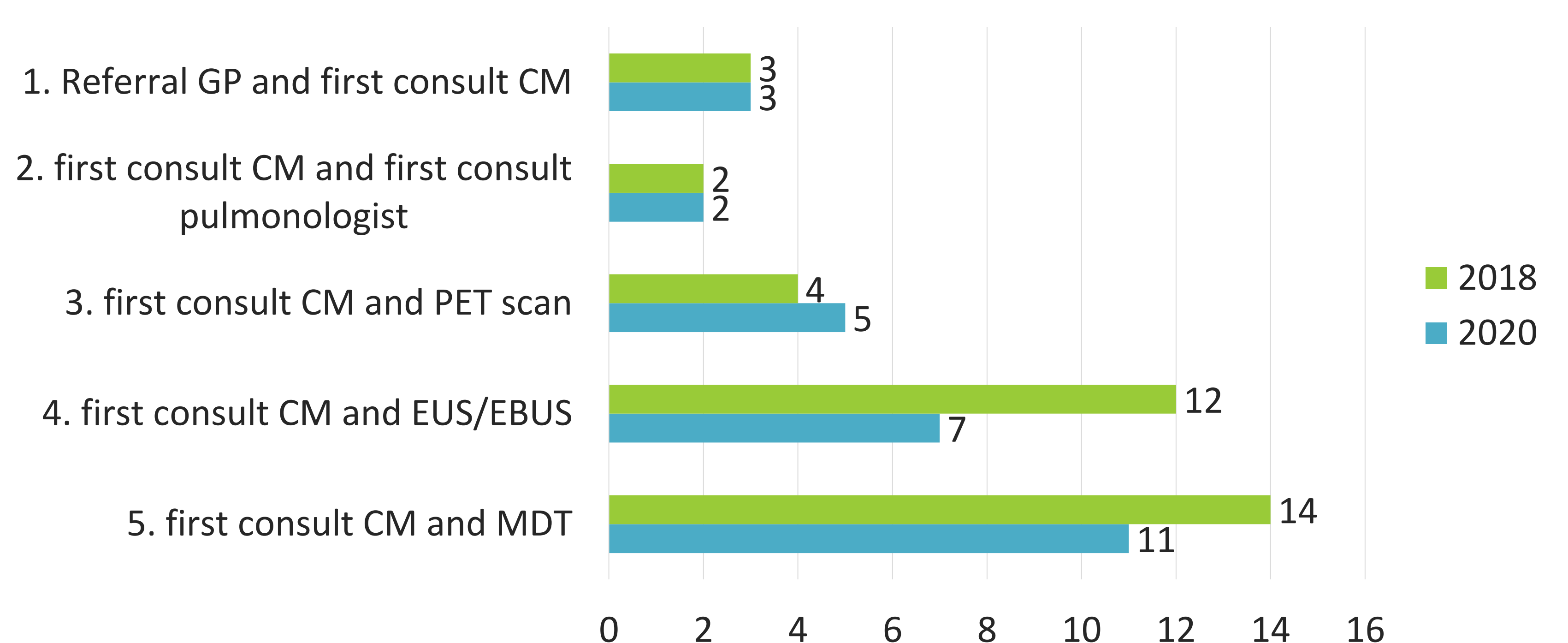


Figure 1. Median waiting times, before (2018) and after (2020) interventions

These actions have led to decreased waiting times from first consult CM to EBUS from median 12 working days to 7 working days and from first consult case manager to MDT from median 14 working days to median 11 working days. The time between referral GP and first consult CM remains the same, median of 3 working days. This also applied to the time between first consult CM and the first consult pulmonologist, median of 2 working days. Only the waiting time for the PET scan did not improve (from median 4 working days to median of 5 working days) (Figure 1).

Aim: patients discussed in a MDT within 15 working days

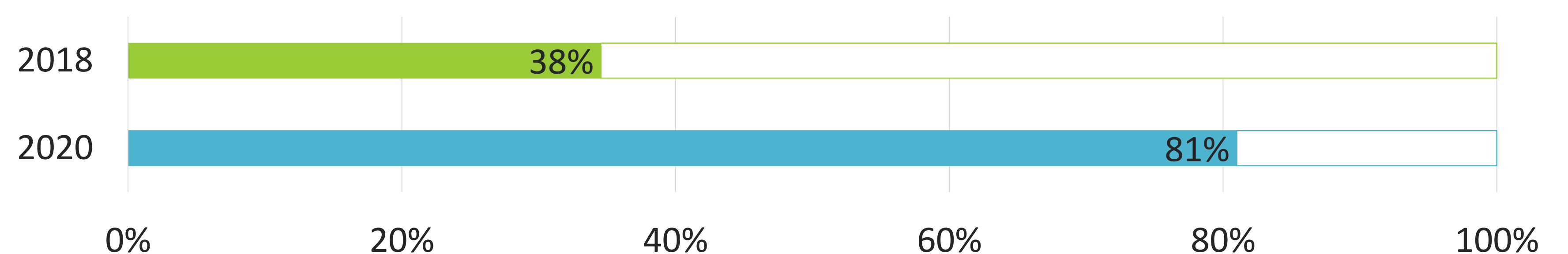


Figure 2. Achieved goal

Before the interventions 38% of the patients were discussed in the MDT within 15 working days which has improved to 81% (Figure 2).

Conclusions

The waiting time between first consultation and MDT was significantly reduced in our hospital. Continuously measuring, improving and monitoring within the VBHC programme of Santeon leads to further quality improvement. Future actions are to further improve the current waiting times of the peri-operative pathway.