

Patient Story

I live in South West Rocks and commenced chemo in September 2019, it's an 86km drive each way to treatment. I've had 118 treatments equating to 20,296km, during this time my wife passes away. I dream of treatment closer to home, so less wear and tear on my car, saving money on petrol and to have more time to do the things I enjoy like fishing and having a beer at the pub with my mates.

Treatment for me is not an option it is essential!

Case for change

MNCCI Port Macquarie treatment room occasions of service have increased by 3599 over the past 5 years leading to the average treatment room occupancy in 2022 sitting at 120%. With 1 in 2 Australians having a cancer diagnosis by the age of 85 service demand is ever increasing.

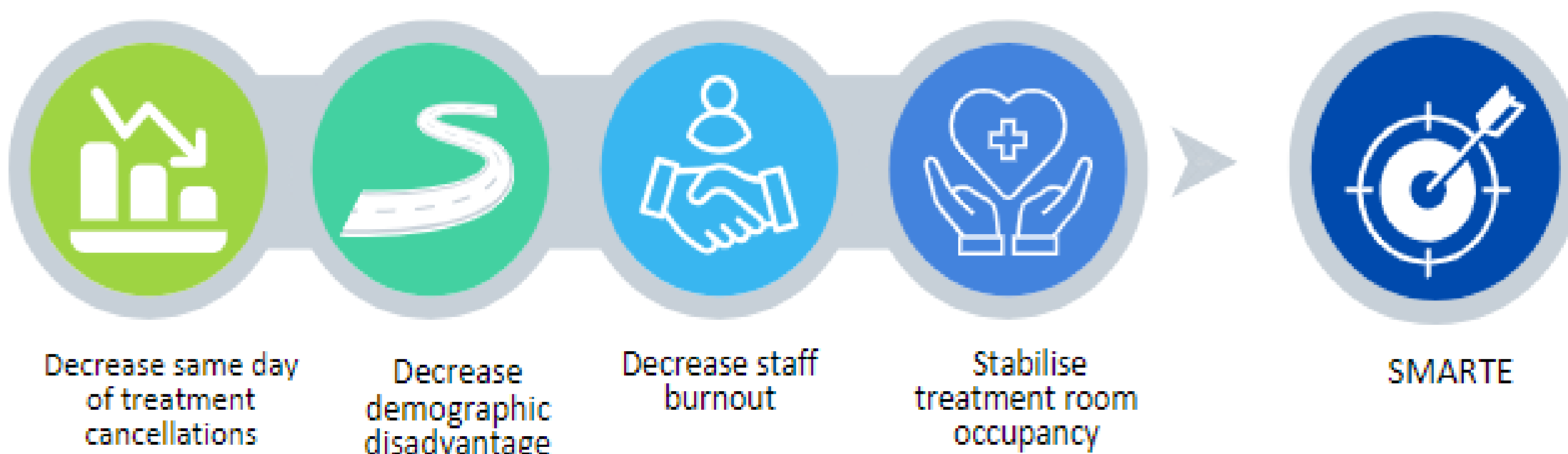
Where our patients live also impacts their treatment. 43% of our patients travel up to 172km per visit to receive their treatment. Patients living in the Kempsey LGA have a higher mortality rate than the state average. 6.2% of our population represents Aboriginal & Torres Strait Islander people which is twice the NSW average and a large proportion of this population reside in the Kempsey LGA.

How we schedule treatments impacts our patient's quality of life and staff satisfaction. It is therefore necessary to evaluate current cancer care provision to ensure the human, financial and infrastructural resources available are used efficiently to provide equitable and efficient access to care.

Goals

To improve access to cancer care for all patients in the HMCN. Develop an efficient service that reflects patient centred care while maintaining a sustainable system that builds a positive environment focusing on a positive team culture.

Objectives



Method

- Patient file audits N50
- Patient experience surveys N200
- Patient tagalongs N30
- VMO surveys N5 Nursing surveys N13
- Process mapping Focus groups N5 with the PHN
- KDH Key stakeholder meetings N4
- Brainstorming sessions N6
- Literature reviews
- Benchmarking

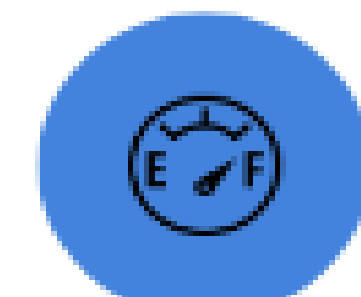
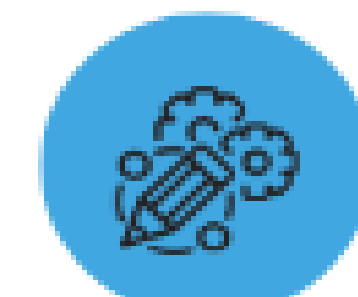
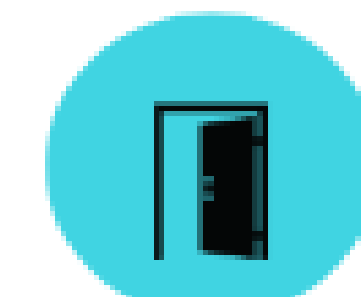
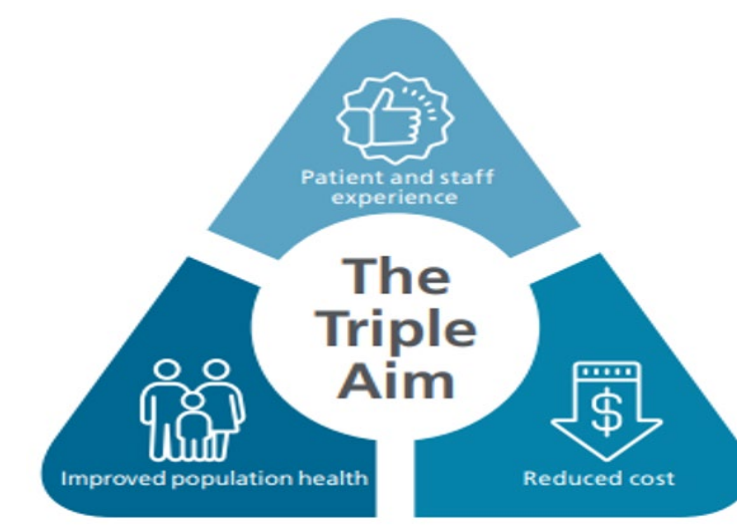
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Mid North Coast Local Health District - Mid North Coast Cancer Institute – Port Macquarie

Key Findings

- 57% OF PATIENTS TRAVEL UP TO 60KM
- 120% DAILY OCCUPANCY RATES
- 21% DAILY CANCELLATIONS
- DELAYS IMPACT SATISFACTION
- PROCESS INCONSISTENCY

Solutions Design

Five focus points were chosen to develop and inform solution design. These focus points were aligned with the triple aim theory, and from this four priority solutions were developed:



QUALITY OF LIFE - FINANCIAL BURDEN - ACCESS - PROCESS VARIATION - OCCUPANCY

Solutions

In collaboration with Healthy North Coast PHN empower cancer patients to transition out of MNCCI into self management and primary health care programs

Establish a satellite clinic at Kempsey District Hospital to improve access to cancer care in the HMCN and decrease demographic disadvantage

Scheduling review to improve ways of working, decrease duplication and improve efficiencies.

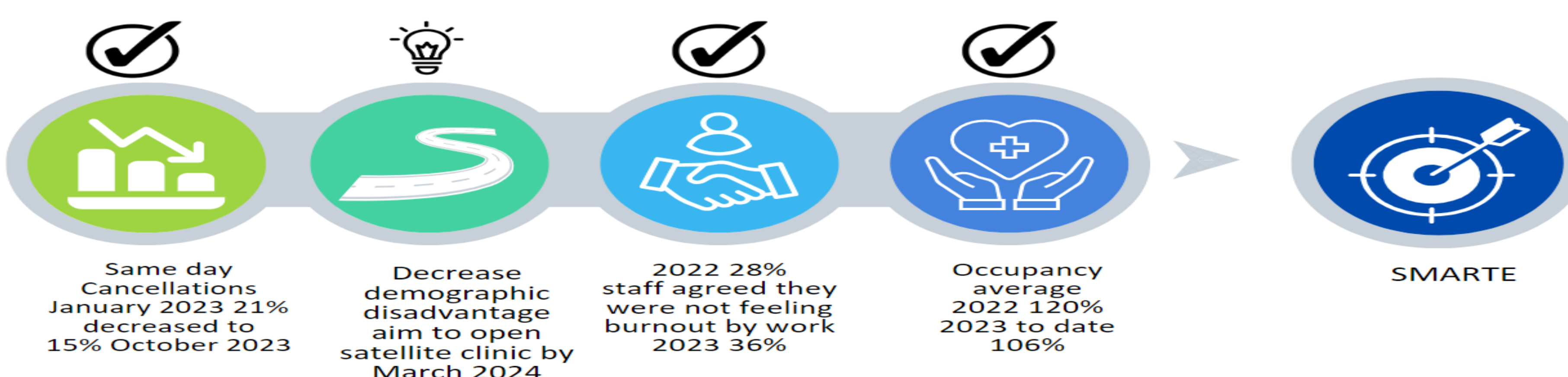
Develop a Model of Care for MNCCI with defined processes and treatment pathways. This will be a governed document updated to reflect current practice

Implementing Solutions

Quick wins

- Defined data set for referrals to reduce delays and duplication improving faster access to care for patients
- Partnerships with patients and the PHN to improve self management strategies. This has led to improved quality of live due to the decreased need to travel for treatment and has reduced the impact on service demand.
- Schedule review and amendment to reflect current practice, patient acuity and treatment demands. This allows defined meal breaks for staff and protected handover and education time. It also means treatment booking are a true reflection of the time needed to attend to quality care.

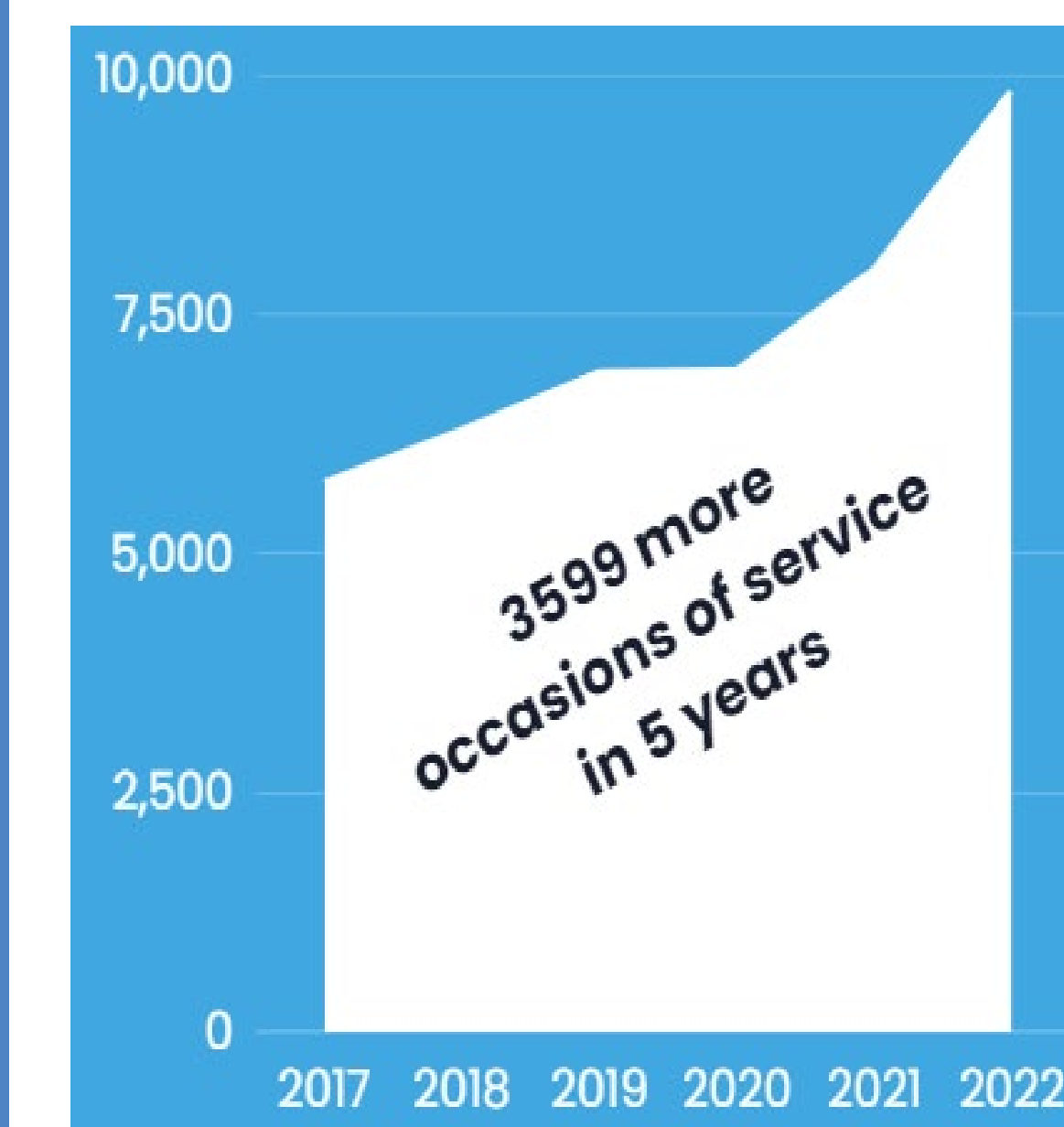
Outcomes to date



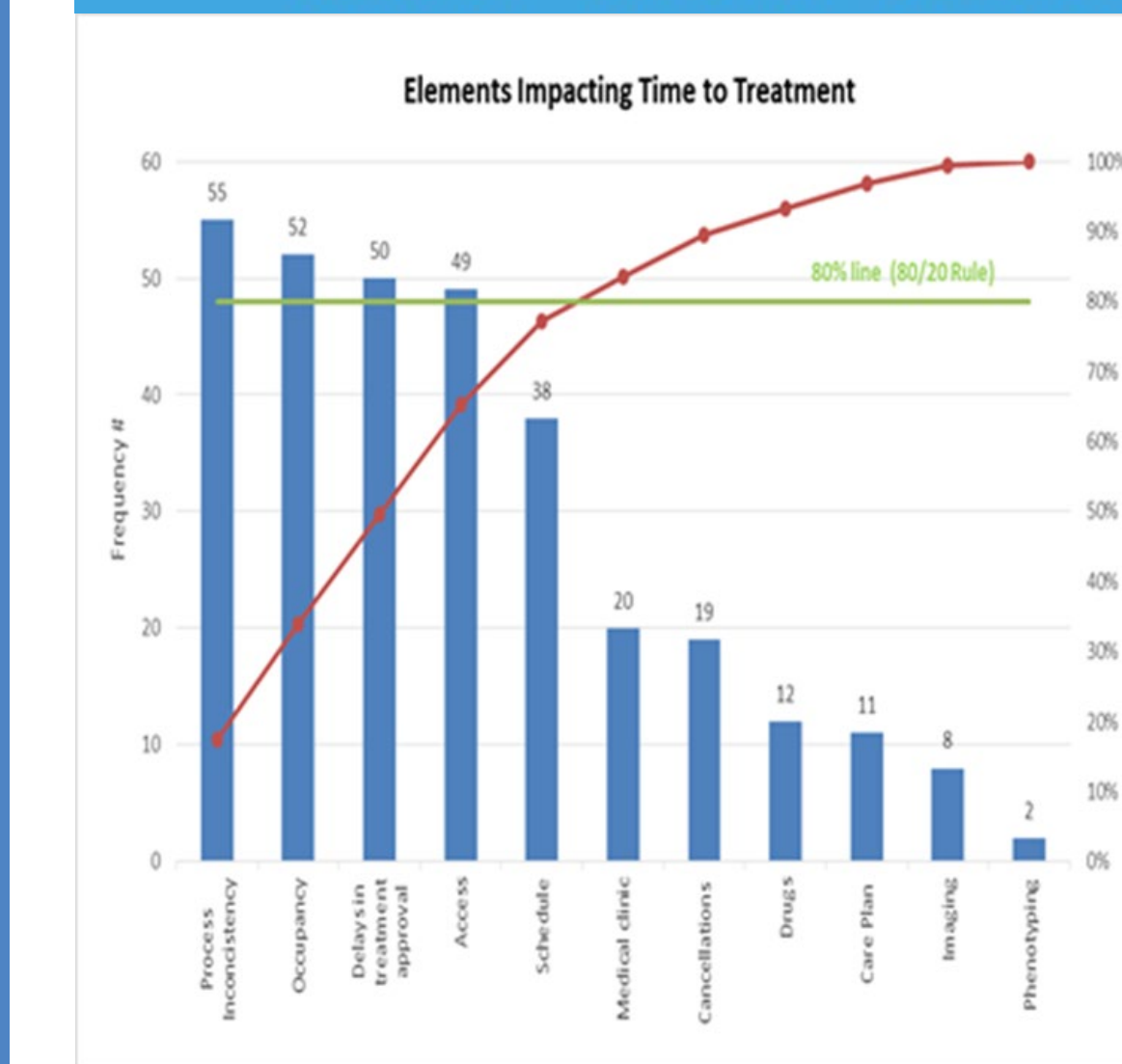
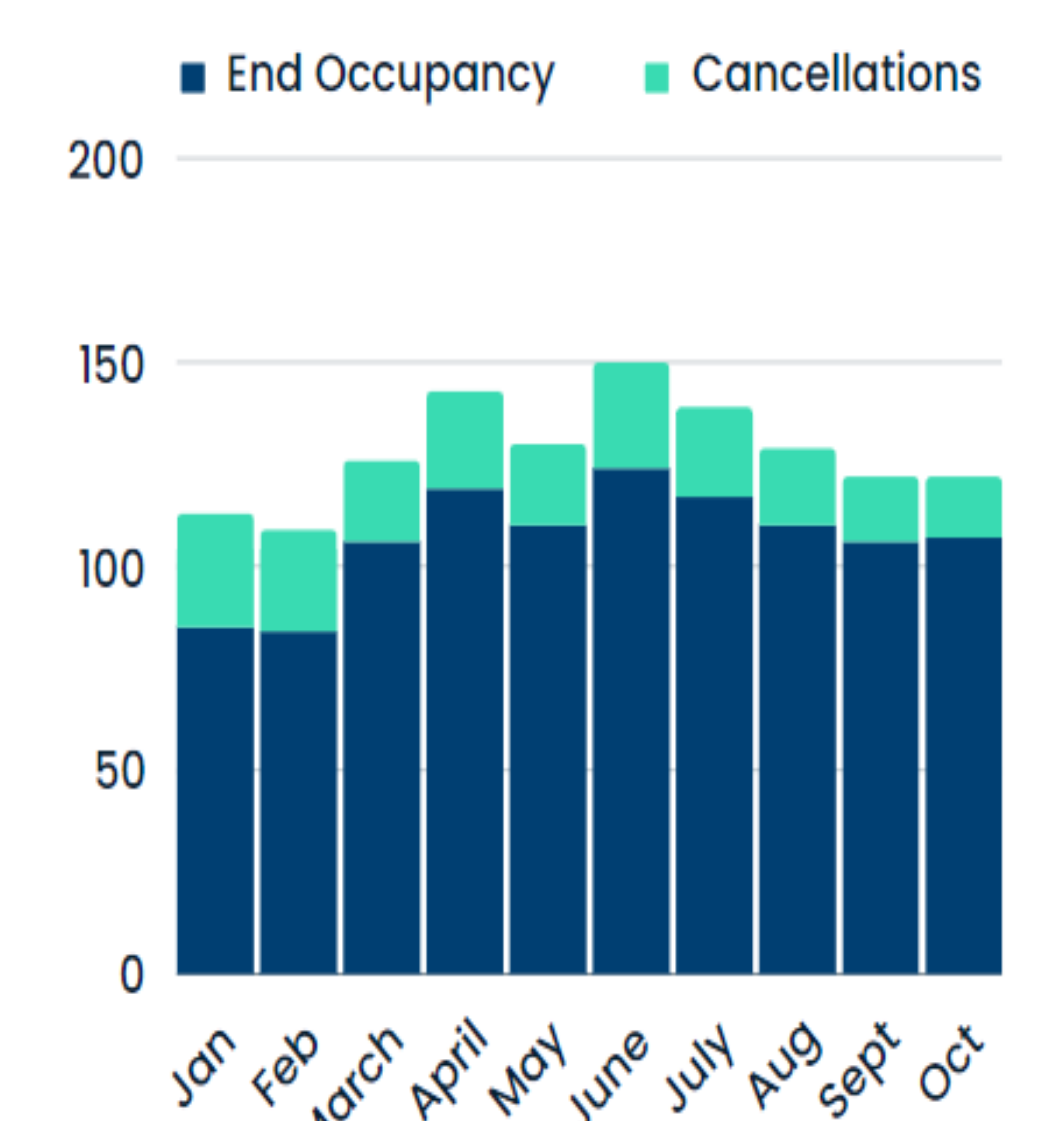
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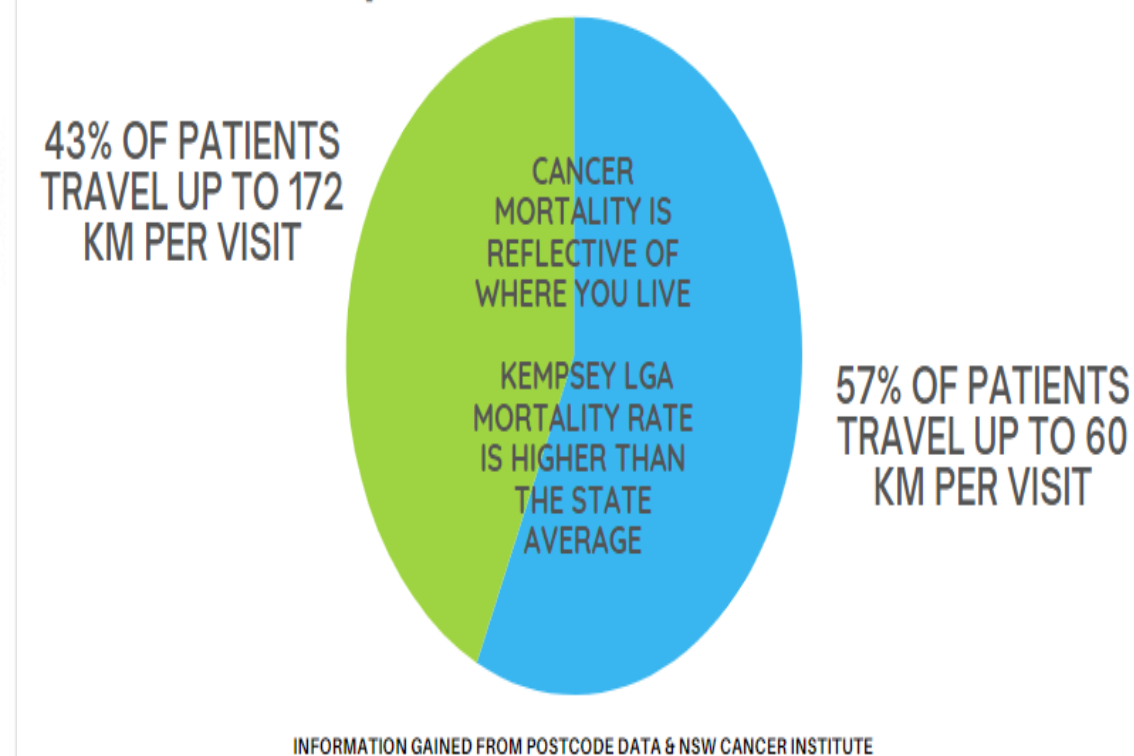
Diagnostics



Occupancy
 • Average occupancy for 2022 120%
 • Average cancellation rate of 21%
 • Our optimal occupancy target is 90% with a 15% day of treatment cancellation rate



Where you live has an impact on treatment



Sustaining change

- The development of a MOC and registration of the document on the policies distribution system, enables a governed document in one central location that informs process and aligns systems.
- Messaging by medical officers, Cancer Care Co-ordinators and floor staff will focus on empowering cancer patients to transition out of MNCCI. Appropriate referrals at defined time points across patient's cancer trajectory will assist in facilitating this process
- Satellite clinic Kempsey District Hospital will commence as a stepped approach. The clinic will have very clear guidelines on scope with ongoing communication and education to key stakeholders
- Treatment room scheduling will be reviewed six monthly with ever changing treatment demands ongoing schedule review will be critical to occupancy stability

Conclusion

SMARTE's key learnings included following the clinical redesign methodology. At each phase evaluation and the amendment of key points prior to moving onto the next phase was a curtail element to the redesign project. The team placed a large importance on maintaining "what's in it for me" and patient-centred care was at the forefront of the project. Having an enthusiast project team that valued open honest and transparent communication across all targets and stakeholders enabled the team to understand the needs of our community and staff. We look forward to sustaining the gains and continuing to provide ongoing patient centred cancer care to our community. Finally, we are very luck to work with an amazing team at MNCCI and we thank them all for their support.