Mapping the optimal Care Pathway for people with oesophagogastric cancer in regional Victoria

Michael Leach[1], Carol Gibbins[1], Amanda Robinson[1], Mwila Kabwe[1], Yachna Shethia[1], Ilana Solo[1], Carol Parker[1,2]
1. Loddon Mallee Integrated Cancer Service (LMICS), Bendigo
2. Bendigo Health, Bendigo

Optimal care pathway for people with oesophagogastric cancer

Aim:

The optimal care pathway (OCP) for people with oesophagogastric (OG) cancer covers seven steps from prevention and early detection through to end-of-life care (Figure 1). This study aimed to determine the extent to which the OCP for people with OG cancer could be mapped across one public hospital and one private hospital located in the Loddon Mallee region (LMR) of Victoria.
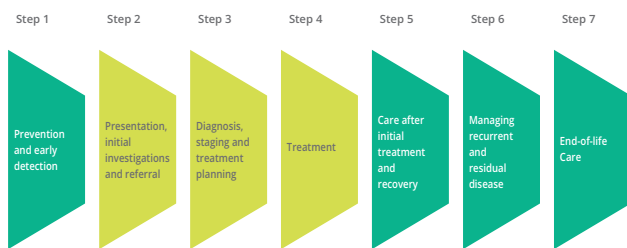
Method:

The cohort comprised people with a new Victorian Cancer Registry (VCR) diagnosis of OG cancer (International Classification of Diseases and Related Health Problems [ICD]-10 diagnosis codes C15 and C16) at two regional Victorian hospitals over 1/7/16-31/12/17. This method built on the statewide Victorian OG Cancer Audit designed by the North Eastern Melbourne Integrated Cancer Service. In preparation for retrospective auditing in the LMR, service and data systems were mapped to identify the best source of data for each key OCP field. Six key OCP dates were then obtained from the paper and electronic records kept in the two health services. The proportions of dates captured were calculated and stratified by diagnosing health service.

Results:

Overall, 62 OG cancer patients were included in this data mapping exercise. The proportion of OCP dates captured ranged from 84% for date of first specialist appointment to 100% for date of OG cancer diagnosis (Figures 2 and 3). In order to achieve this extent of data capture, auditors invested significant time and effort in reviewing eight structured and unstructured hospital databases (Table 1) as well as paper medical records. Consistency checks and data cleaning were also required.
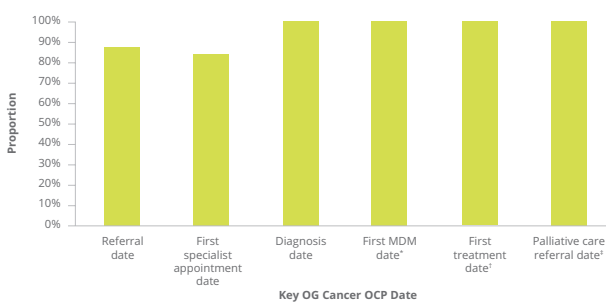
Figure 1: Steps in the OCP

Figure 2: Percentage capture of key OG cancer OCP dates (n = 62)
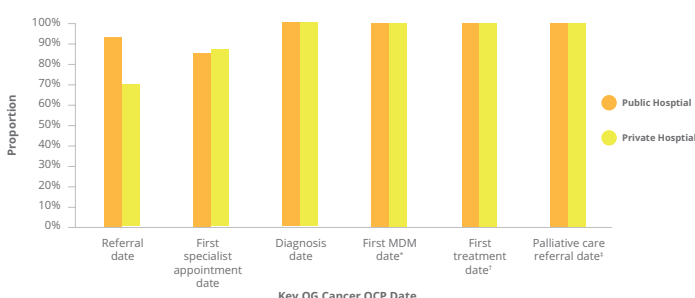

* Among 48 patients who had an MDM
† Among 41 patients who received chemotherapy, radiotherapy, chemoradiotherapy, or surgery
‡ Among 22 patients who received palliative care

Figure 3: Percentage capture of key OG cancer OCP dates by diagnosing health service (n=62)

* Among 48 patients who had an MDM (38 public; 10 private)
† Among 41 patients who received chemotherapy, radiotherapy, chemoradiotherapy, or surgery (35 public; 6 private)
‡ Among 22 patients who received palliative care (18 public; 4 private)

Conclusion:

While it is currently possible to map the OCP timelines for most OG cancer patients at regional hospitals, there is a considerable amount of work involved in obtaining key dates from multiple data sources. LMICS is in the process of advocating for the inclusion of key OCP dates in electronic medical records and repositories at regional hospitals.

Table 1: Hospital databases used to map OG cancer patient journeys against the OCP

Hospital Database	Type of Data
iPM	Extensive data on inpatient management
CanMAP	Clinical details from MDMs to inform treatment recommendations
Sherlock	Test results, community programs, discharge summaries and correspondence
Vitro DMR	A digital version of the paper medical record
Synapse	Radiology data
Verdi	Details of radiotherapy appointments
Medtech	Details of oncology appointments
UNITI	Specific health programs (e.g. community and consultancy palliative care)
FIXUS	Specific health programs (e.g. community and consultancy palliative care)

lmics
Loddon Mallee Integrated Cancer Service

BENDIGO HEALTH

VICTORIA State Government

For further information about this poster, please contact
Michael Leach: mleach@bendigohealth.org.au