Quality Training Program

Project Title: Delay in surgical treatment of prostate cancer

Presenter's Name:

- Inmaculada Bravo Fernández
- Ricardo Collado Martín

Institution: Complejo Hospitalario Universitario de Cáceres

Date: 18/8/20

Institutional Overview

Location: Cáceres

Institution: Complejo Hospitalario Universitario de Cáceres

Patient volume: 250 patients (7 new prostate cancer/month)

Practice setting: Genitourinary cancer patients

Team members:

- Oncologist: one
- Urologist: two
- Pathologist: one
- Radiologist: one

Problem Statement

Patients with suspected prostate cancer who were referred to our multidisciplinary team from 1/2020- 3/2020 experienced a median 6 month delay until radical prostatectomy was performed resulting in patient with disease progression and decreased patient satisfaction

Team Members

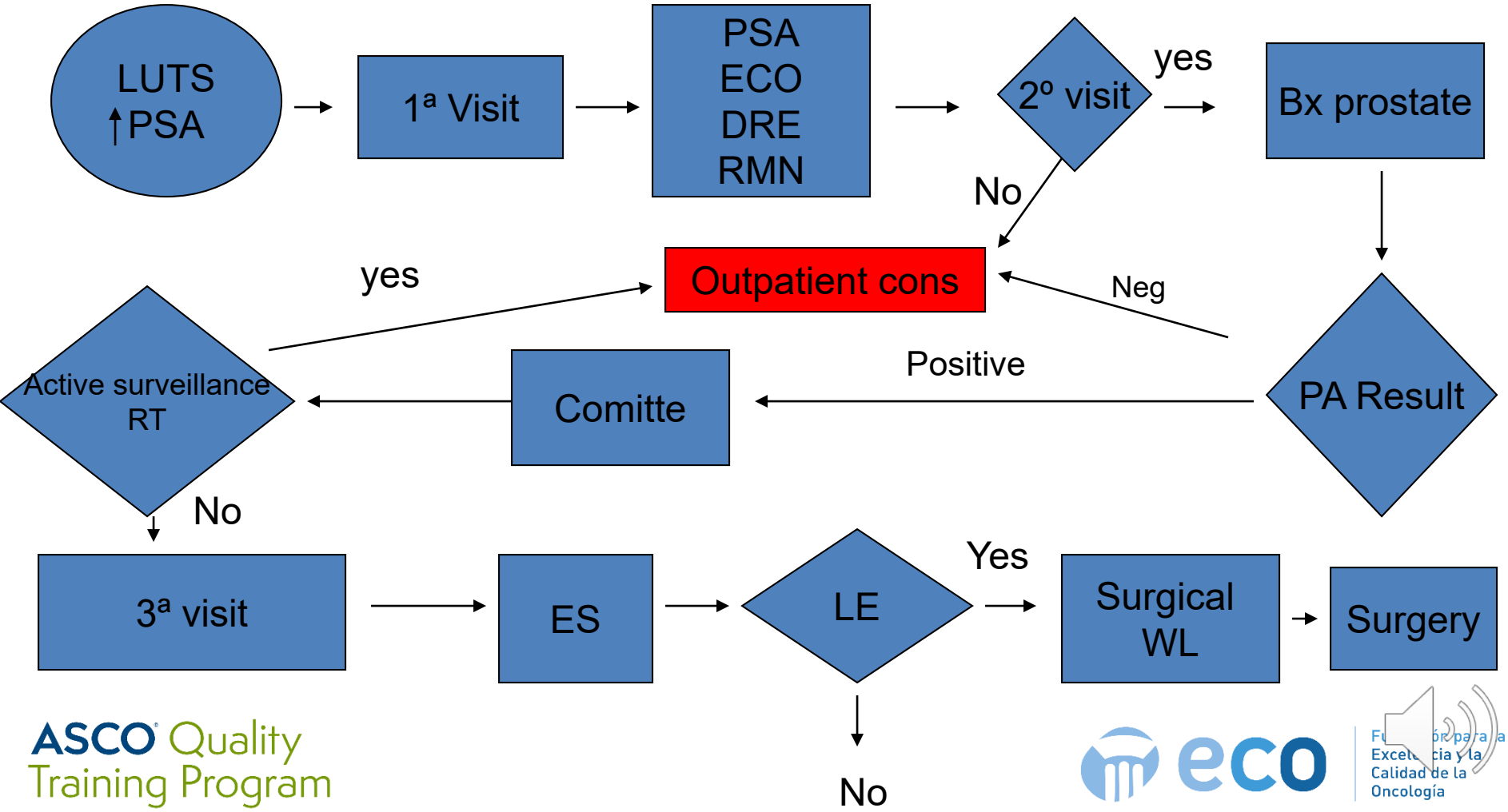
Dra. Bravo, Team Leader

Dr. Collado, Team Member

Dr. Olivares, Other Team Member

Dr. Climent, QTP Coach

Process Map

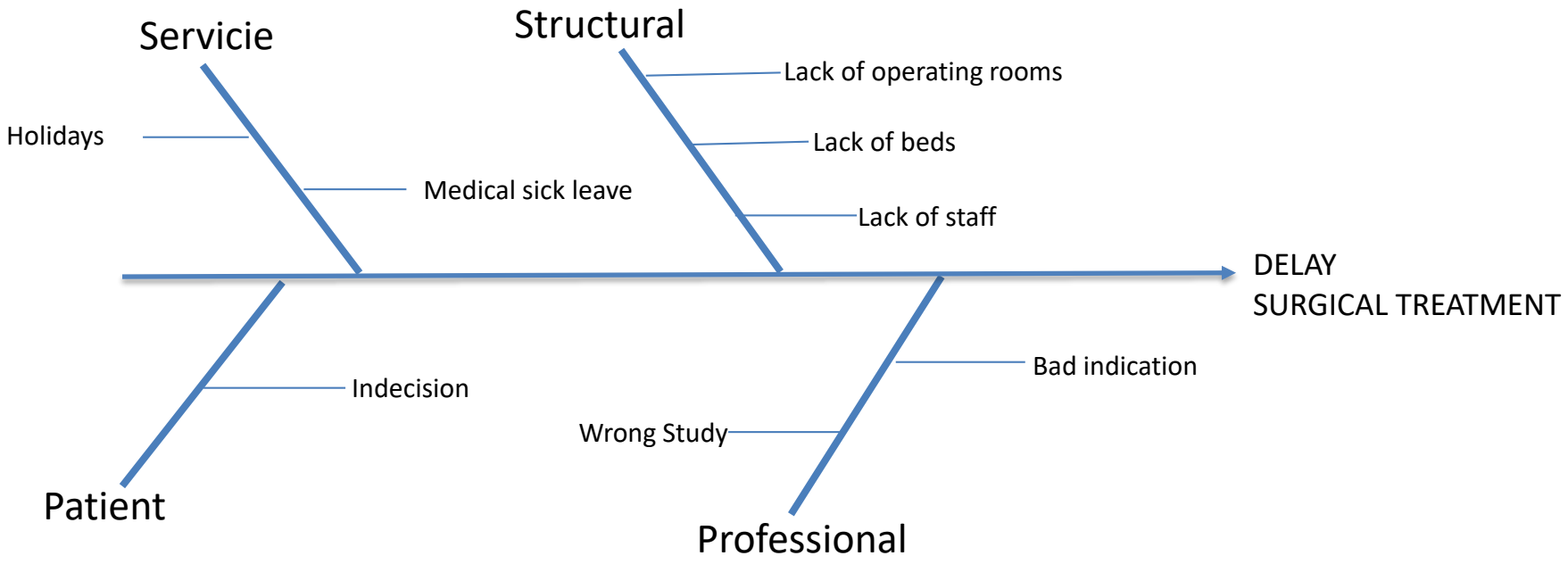


ASCO Quality Training Program

eco

Fundación para la Excelencia y la Calidad de la Oncología

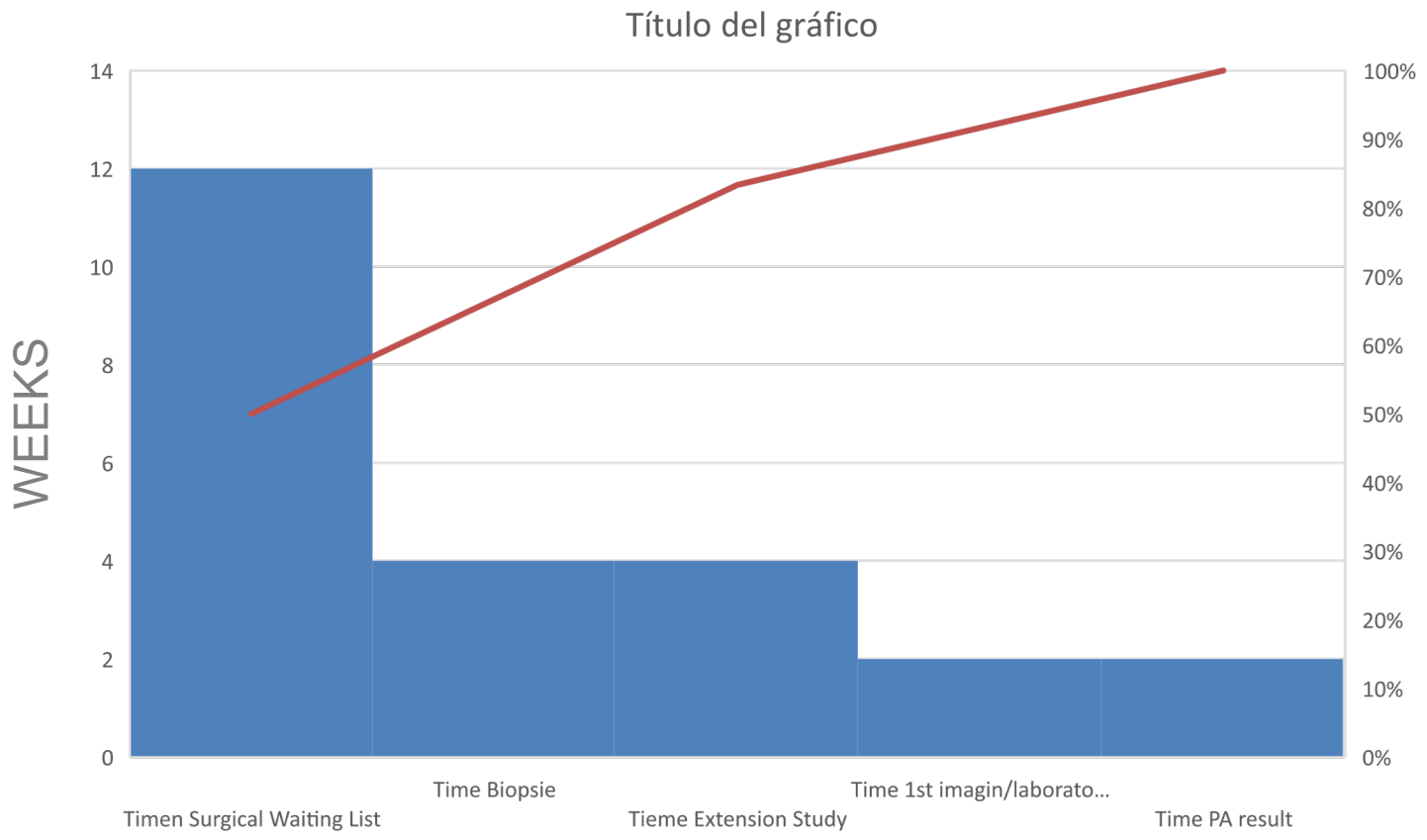
Cause & Effect Diagram



Diagnostic Data

Reason for Deley	Frecuency
Time 1st imagin/laboratory result	2 (8,33%)
Time to Biopsie	4 (16,66%)
Time Pathological Anatomy Result	2 (8,33%)
Time to Extension Study	4 (16,66%)
Time in Surgical Waiting List	12 (66,66%)

Diagnostic Data



Aim Statement

By March 2021, confirmed prostate cancer patients will have a 33% reduction in surgical treatment time from baseline.

Measures

- Measure:
  - Process measure: time from first visit to surgery
  - Outcome measure: weeks of delay (Length of deley)
- Patient population: prostate cancer patients
  - Excluded:
    - Negative biopsies
    - Radiotherapy
    - Active surveillance
- Calculation methodology:
  - -Numerator: number of prostate cancer patients
  - -Denominator: weeks of delay
- Data source:
  - -external query data
  - -surgical waiting list review
- Data collection frequency: three months
- Data quality(any limitations): restrospective collection data

Baseline Data

- Data were reviewed from 1/2020 - 3/2020
  - 60 suspicius prostate cancer patientes were included
  - 30 biopsies positivies
  - 21 were to surgery

- Median time to firts imaging and laboraty result: 2 weeks
- Median time to biopse : 4 weeks
- Media time to pathological anaatomy result: 2 weeks
- Median time to extensión study: 4 weeks
- Median time in surgical wating list: 12 weeks

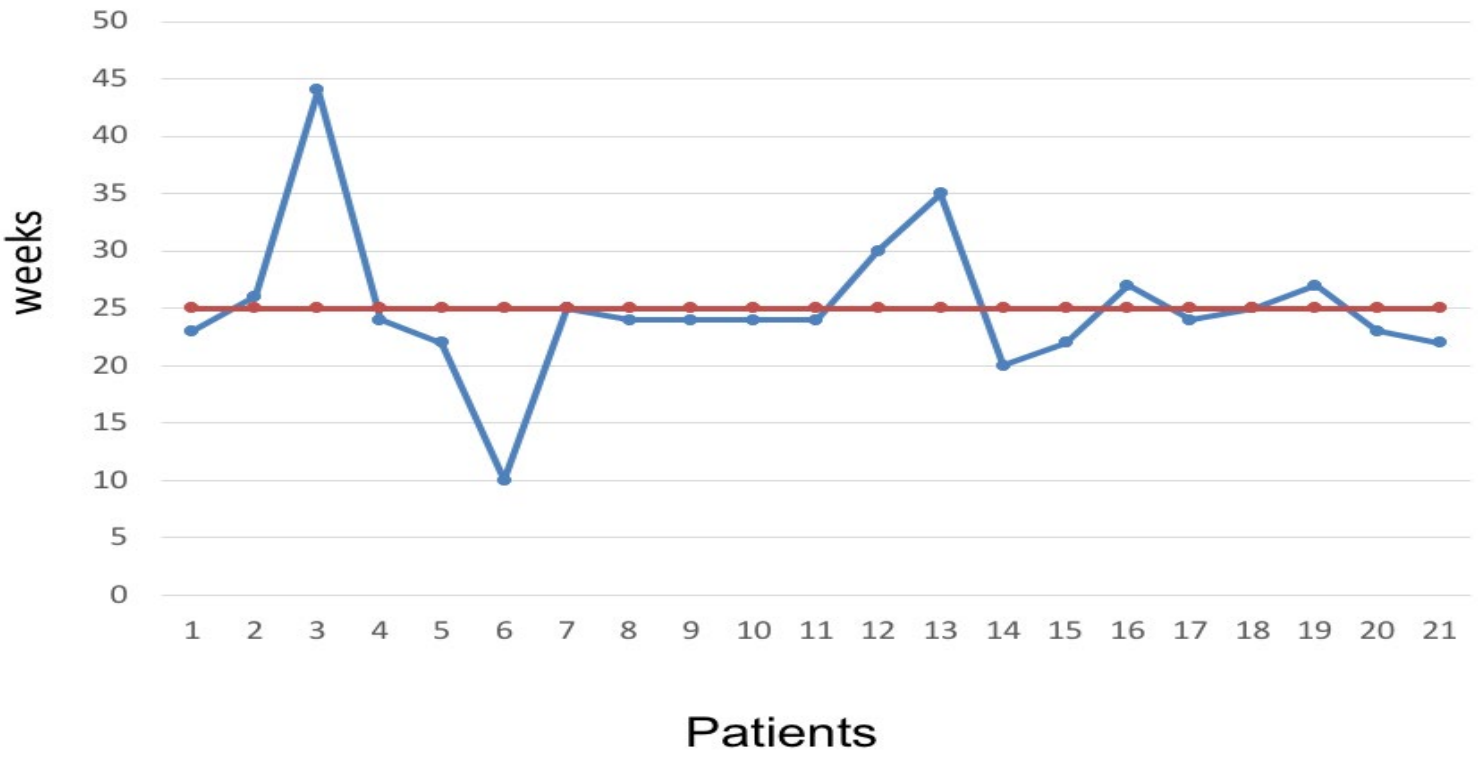
Baseline Data

Consecutive Patients	Nº of week between 1st visit urolory service and surgical treatment
1	23
2	26
3	44
4	24
5	22
6	10
7	25
8	24
9	24

Baseline Data

10	24
11	24
12	30
13	35
14	20
15	22
16	27
17	24
16	25
19	27
20	23
21	22

Baseline Data



Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	Easy	Difficult

High	• Correct indication
	• Increase referral to RT
	• Increase active surveillance
	• Improve diagnostic yield:
	  • mpMRI
	  • Prostate fussion biopsie
		• Increasing number of operating room.
		• Increase staff number

Low	• Answer questions of the patient by phone	• Awareness among professionals in reducing the waiting list

Ease of Implementation

PDSA Plan (Test of Change)

Date of PDSA Cycle	Description of Intervention	Results	Action Steps
15-sept-2020	Refer patients for radiotherapy	Decreases surgical waiting list	Increase by 15% the number of patients referred to radiotherapy
15-Sep-2020	Strength active surveillance	Decreases surgical waiting list	Increase by 5% the number of patients referred to Outpatient Cons
15-Jan-2021	• mpMRI • Echo-MRI Fusion system	Decreases the number of patients with diagnostic	Increase diagnostic improvements

Change Data

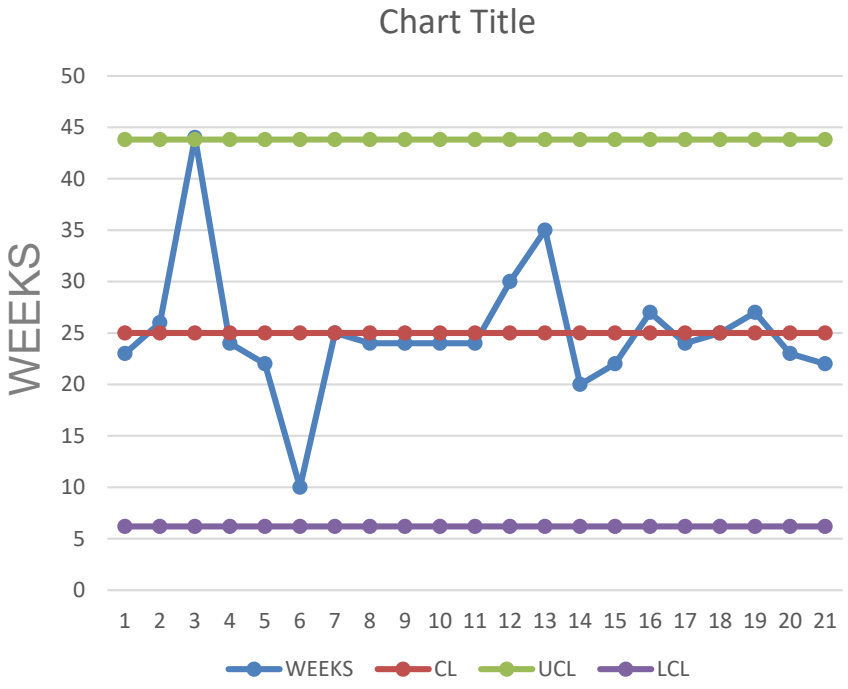


Chart Title
WEEKS
50
45
40
35
30
25
20
15
10
5
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
WEEKS
CL
UCL
LCL

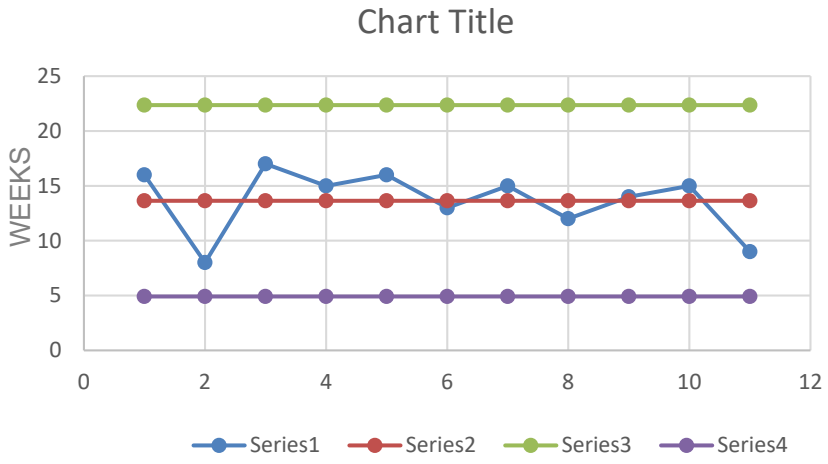


Chart Title
WEEKS
25
20
15
10
5
0
0 2 4 6 8 10 12
Series1
Series2
Series3
Series4

Conclusions

- These preliminary results indicate the need to continue further improvement projects and collecting data.
- Disease progression has decreased , but there is no change in patient´s satisfaction, because they are still thinking that it takes a long time until surgery.

Conclusions

- We think that with the incorporation of Echo-MRI fusion system, we will reach the target proposed reduction: 33% reduction in surgical treatment time from baseline

Inmaculada Bravo Fernández: Urologist
Ricardo Collado Martín: Oncologist

Complejo Hospitalario Universitario De Cáceres

Delay in surgical treatment of prostate cancer

AIM: By March 2021, confirmed prostate cancer patients will have a 33% reduction in surgical treatment time from baseline

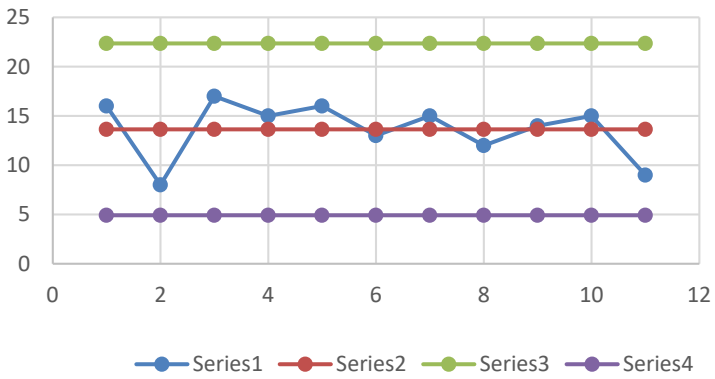
INTERVENTION: The measures we carried out to reduce the time to surgery was try to decrease the number of patients included in surgical waiting list, through:

- **Increase referrals to radiation therapy**
- **Increase active surveillance**
- **Echo- MRI Fusion Sytem**

TEAM:
Dra. Bravo, Team Leader
Dr. Collado, Team Member
Dr. Olivares, Other Team Member
Dr. Climent, QTP Coach

RESULTS: Currently, we have reduced by 24% the time on the waiting list

Graph title



CONCLUSIONS:

- These preliminary results indicate the need to continue further improvement projects and collecting data.

- Disease progression has decreased , but there is no change in patient´s satisfaction, because they are still thinking that it takes a long time until surgery.

NEXT STEPS:
The addition of Echo-MRI fusion system, will allow us to reach the target proposed reduction: 33% reduction in surgical treatment time from baseline

ASCO Quality Training Program

eco Fundación para la Excelencia y la Calidad de la Oncología