

Pancreas Cancer Wait times in Fraser Health

A Case for Development of a Regionalized Programmatic Approach for Complex Cancer

Shawn MacKenzie

Aim

To investigate the impact of a coordinated cancer care model on wait times for pancreas cancer in Fraser Health.

Background

Hypothesis: a coordinated care model for complex cancer on a regionalized scale within FHA will reduce wait time and improve patient care, while reducing patient care costs. B.C and Ontario recommend a wait time < 56 days from Symptoms to Surgery.

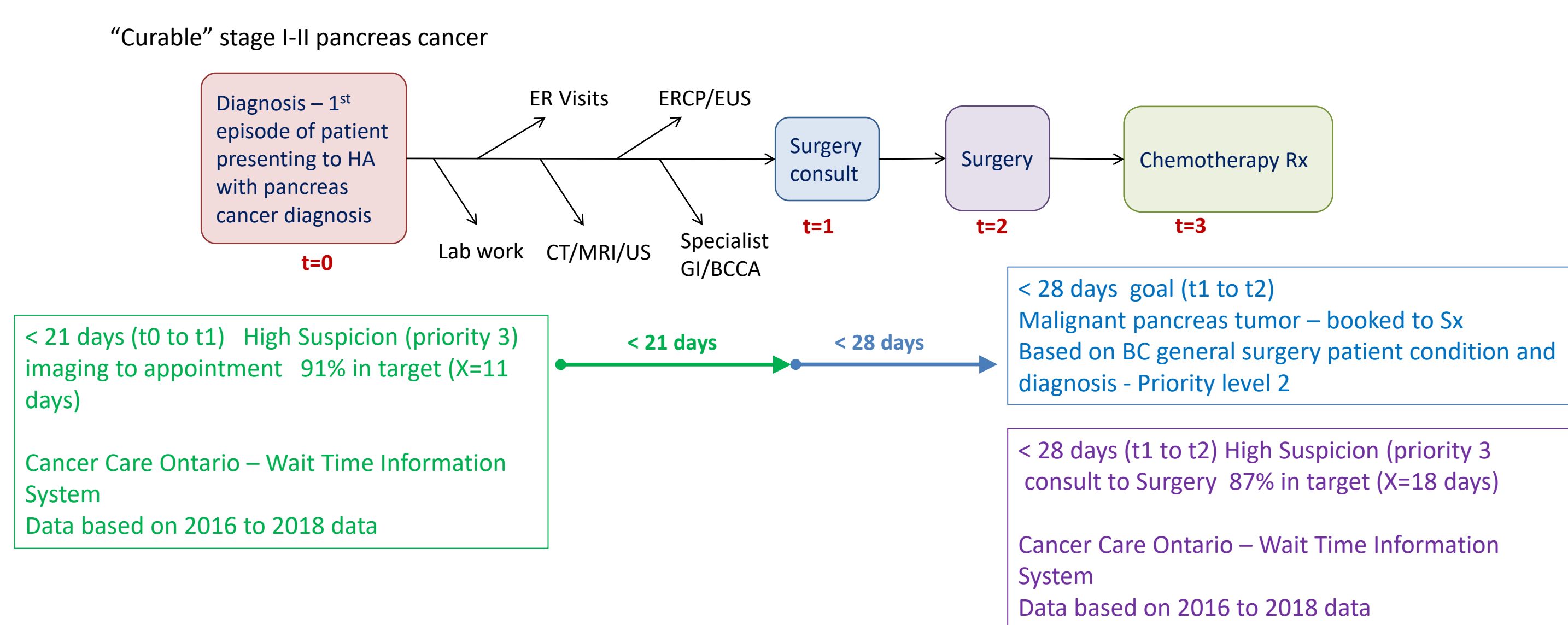
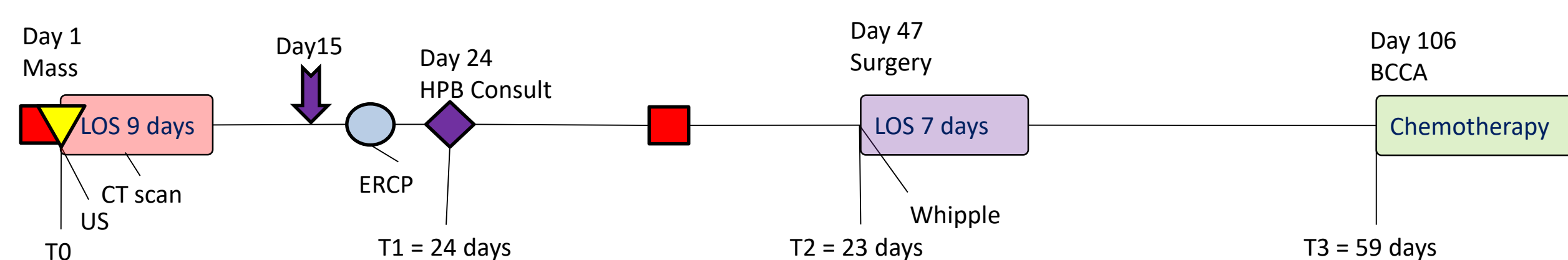


Figure 1. Benchmarks for pancreas cancer care B.C. & Ont.

Project Design & Strategy

Measurables:

1. Decrease wait times from patient diagnosis (t=0) to surgery (t=2) for early stage pancreas cancer (stage I-II) by 30% over 24 months
2. Decreased cost of patient care with reduced waste and redundancy, and a reduction of patient hospital length of stay (LOS)
3. Improved patient outcomes



Patient	T0 – T1 (< 21 days)	Ref to T1 (< 10 days)	T1 – T2 (< 28 days)	T2 – T3	ER visits (1 days)	Preop LOS (0 days)	OR LOS (< 7 days)	Average additional \$	Outcome
Coordinated	23.8 (9-48)	9.1 (4-22)	23.4 (10-41)	59.3 (44-91)	1.9 (1-4)	8.9 (2-23)	7.1 (5-9)	11,186.37 (3618 – 24851)	0% complications

Figure 2. Pancreas Cancer Coordinated Care Patient Process Map.

Changes Made

Implementation of a programmatic approach to pancreas cancer with a dedicated Nurse Coordinator and pancreas cancer clinic with a fellowship trained Hepato-Pancreatico-Biliary surgeon within the FHA started in 2016. Comparisons for wait times pre and post regionalized program approach.

References

1. McLean SR et al. The effect of wait times on oncological outcomes from periampullary adenocarcinomas. J Surg Oncol. 2013 Jun;107(8):853-8.
2. Swords DS et al. Association of time-to-surgery with outcomes in clinical stage I-II pancreatic adenocarcinoma treated with upfront surgery. Surgery 2018 Apr;163(4):753-60.

Results

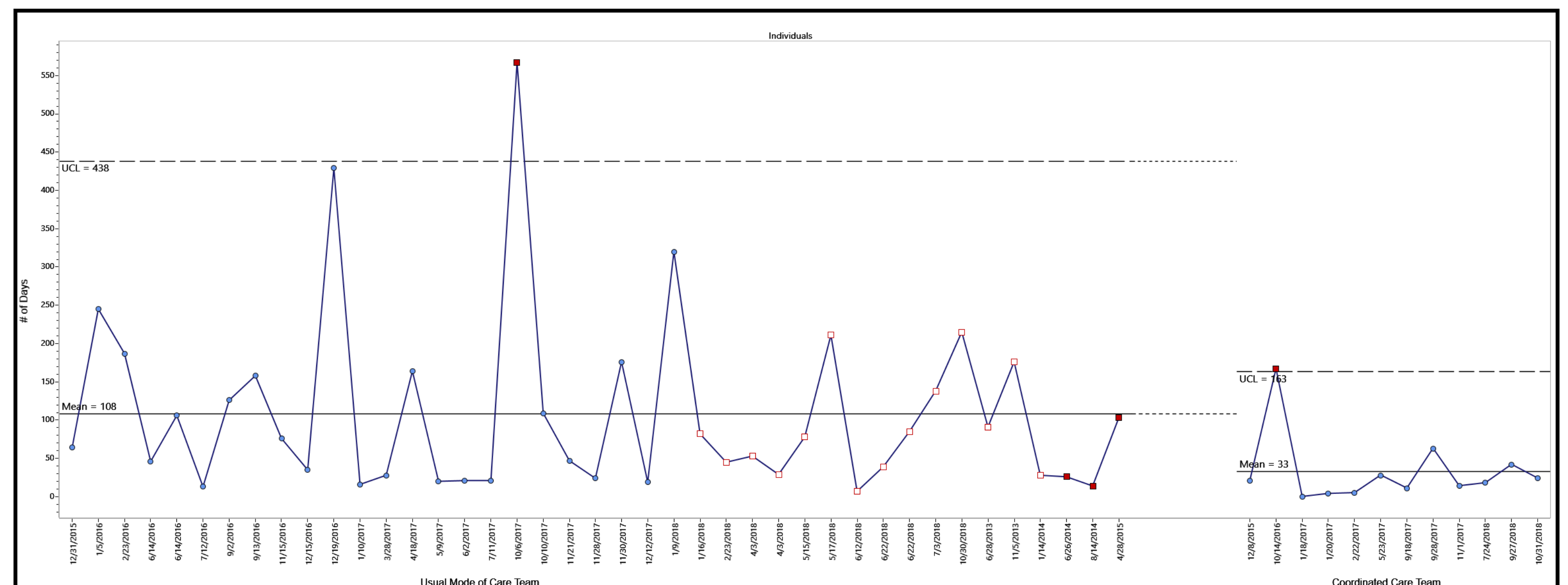


Figure 1. Measurement of time of diagnosis of pancreas cancer to surgery consult (T0-T1)

The graph compares standard practice (mean days 108) vs. coordinated care model (mean days 33) compared to national bench marks of 28 days, for the pancreas cancer care in FHA.

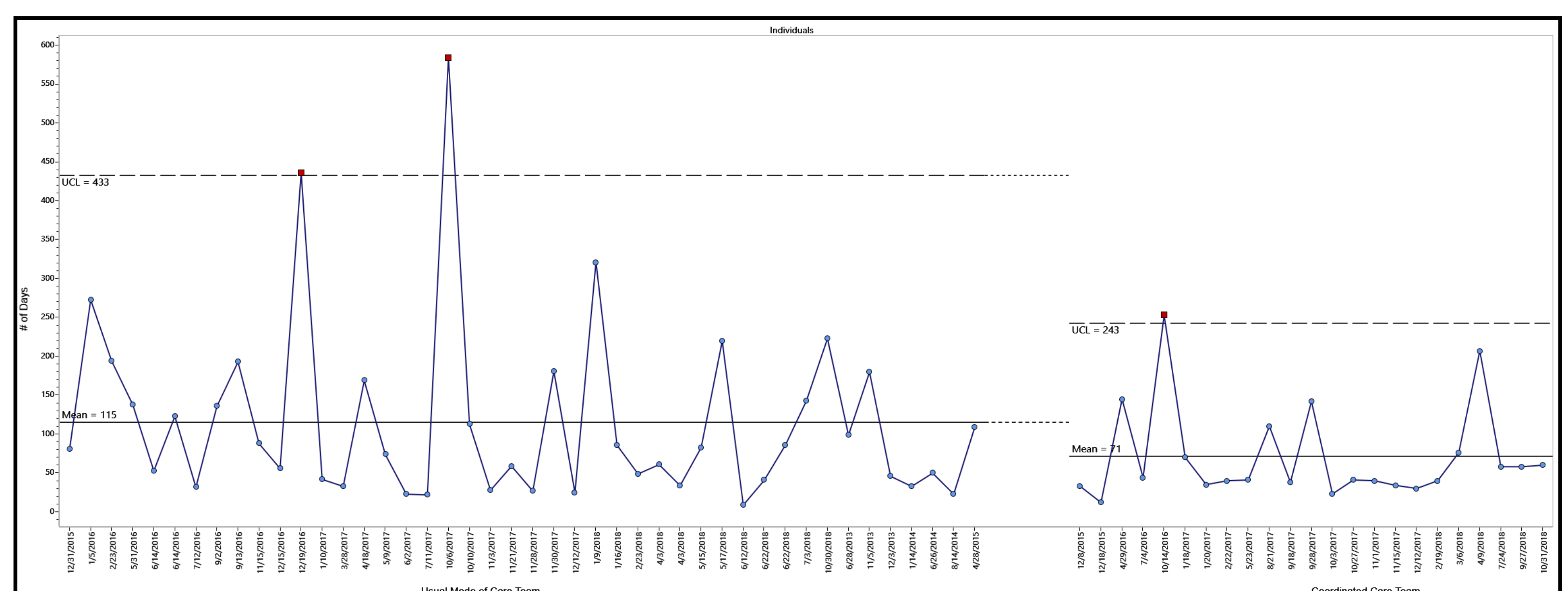


Figure 2. Graphs the measurement of time to diagnosis of pancreas cancer to pancreatotomy operation (T0-T2) for standard practice in FHA (mean days 115) vs. a coordinated care model (mean days 71) compared to national branch mark of 56 days, in FHA.

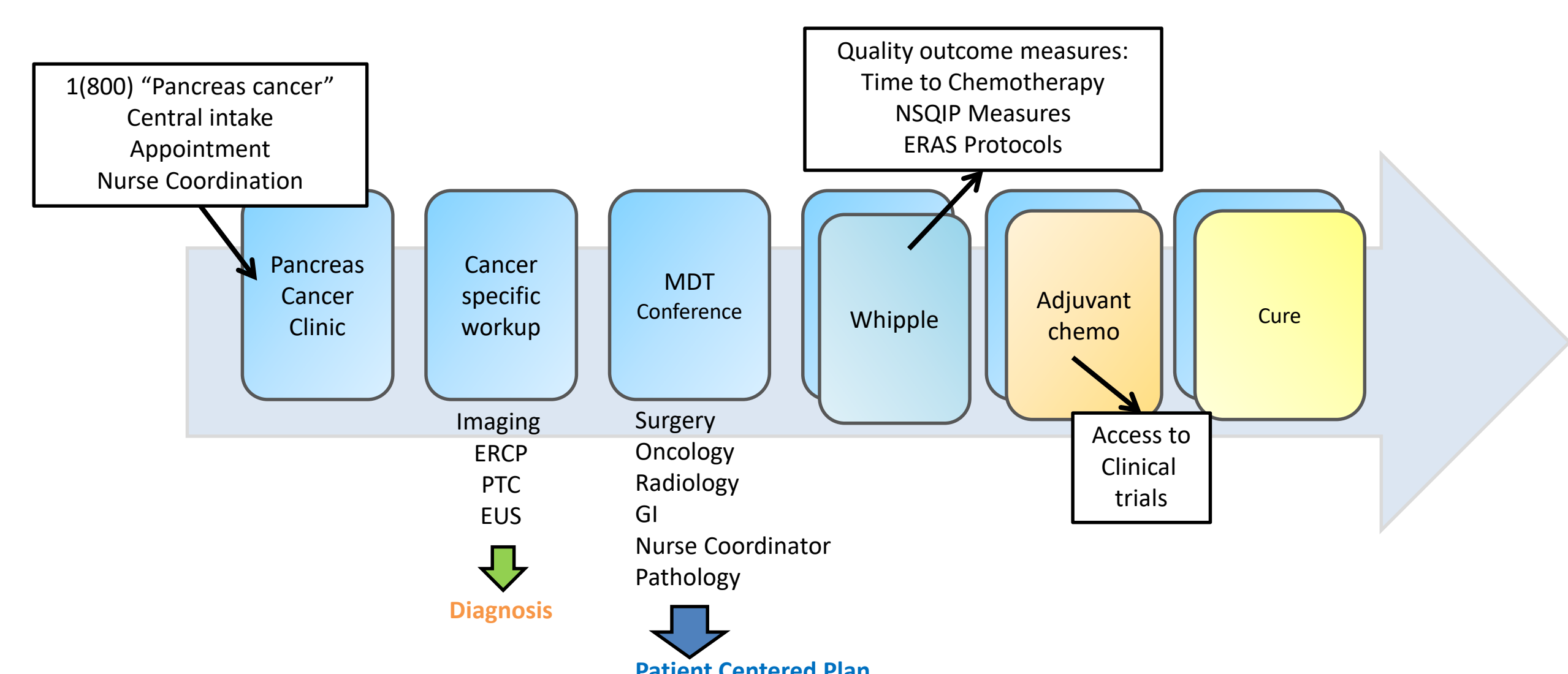
Lessons Learned

A programmatic approach to pancreas in FHA saves ~ 900 hospital bed days/year, decreases cost by 650,000/year, and improves the chances of curative treatments, shortens wait times.



Next Steps

DEVELOPMENT OF A MULTIDISCIPLINARY PANCREAS CANCER PROGRAM



If you are interested in Regionalized Complex Cancer Care in FHA please contact me at shawn.mackenzie@fraserhealth.ca or (604) 970-8710