Diagnostic Assessment Programs (DAPs) in the Central East LHIN

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Faculty/Presenter Disclosure

• **Faculty**: Dr. A. John Dickie MD, MSc, FRCS(C)

• **Relationships with commercial interests:**
  • None
Objectives

• Understanding Diagnostic Assessment Programs and their role in the cancer journey
  • Benefit to Patient
  • Benefit to the clinicians

• Review the current DAPs throughout CE-LHIN

• Focus on the Regional Thoracic Program & DAP
Opening question (clickers) #1

Are you familiar with the concept of “Diagnostic Assessment Programs (Diagnostic Assessment Units)?”

A. YES
B. NO
Have you referred to a Diagnostic Assessment Program (Diagnostic Assessment Unit)?

A. YES

B. NO
Why focus Diagnostic Phase of the Cancer Journey?

- Diagnosis poses many coordination challenges
- Diagnosis involves many system handoffs
- Opportunity for improvements in wait times
- Opportunity to improve patient satisfaction
Diagnostic Assessment Programs (DAPs)

• Intended to provide patients with *coordinated* care from their initial referral regarding a laboratory, imaging, or clinical abnormality to a definitive diagnosis of cancer (CCO, March ‘09)

• The primary goal is to provide reassurance as quickly as possible to those without significant problems, and those with cancer to be diagnosed without delay
Aligning with Current Cancer Care Initiatives

• Ontario Cancer Plan
  
  • Ensure timely access to accurate diagnosis and safe, high-quality care.
  
  • Improve the patient experience along every step of the cancer journey.

Ontario Cancer Plan (2011-2015); http://ocp.cancercare.on.ca
... a great system that will give all Ontarians access to high-quality, timely, and patient-focused cancer care
Essential Components of Diagnostic Assessment Programs

• Coordinated pathway of assessment
  • Captures clinical interactions and account for timelines
  • Coordinated referral and follow-up processes

• A referral process to allow for consistent, reliable and straightforward access to timely surgical consultation

• Quality indicators
Benefits of DAPs

• Benefits to patients
  • Coordinated care
  • Contact in the system through the Nurse Navigator
  • Reduced wait times

• Benefits to Primary care
  • Coordinated care by DAP (rather than in Primary Care office)
  • Contact in the system through the Nurse Navigator
  • Central referral
DAPs throughout the CE LHIN

DAP sites:

• Regional Thoracic Program
  DAP sites located in:
    • RVHS
    • PRHC
    • LH/DRCC

• Local DAPs and disease sites
  • TSH: Breast
  • RVHS: Breast
  • PRHC: Breast
  • LH/DRCC: Breast, Colorectal, Prostate
Currently at LH/DRCC

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Prostate DAU

• Local model

• Participating Urologists:
  • Dr. A. Grabowski
  • Dr. S. Smith
  • Dr. A. Mathur

• Model
  • Unique
    • First step: primary care to urologist for initial consultation
    • Decision for biopsy: the urologist will refer to the Nurse Navigator/DAP
    • Nurse Navigator will facilitate/coordinate next steps along agreed pathway of care
Breast DAU

- Local model
- Heather Griffith Breast Assessment Center
- Participating surgeons:
  - Dr. J. Jones
  - Dr. E. Amurawaiye
  - Dr. L. Wherrett
  - Dr. A. Valiulis
- Model:
  - Onsite clinic
  - Referral rec’d from primary care from suspicion or confirmed malignancy
  - Nurse Navigator will facilitate/coordinate next steps along agreed pathway of care
Colorectal DAU

• Newly established: September 2013
• Virtual Local Model
  • Includes 3 Lakeridge sites: Bowmanville, Port Perry, Oshawa
• Entry point:
  • Patient receives diagnosis by colorectal surgeon; referral made into the DAU and Nurse Navigator upon diagnosis
• Participating surgeons:
  • All general surgeons doing colorectal surgery
Thoracic DAU

- A regional model
- Surgeries at Lakeridge, clinics throughout Region
  - Peterborough Regional Health Center
  - Rouge Valley, Centenary
  - Lakeridge Health, DRCC
- Participating Thoracic Surgeons:
  - Dr. John Dickie (PRHC)
  - Dr. Shannon Trainor (RVC, DRCC)
  - Dr. Herb Marcus (DRCC)
- Malignant Pleural Effusion Clinic, DRCC
  - Respirologist, Dr. Rabae El-Keeb
  - Thoracentesis, PleurX Catheters
Thoracic Department Background: Thoracic Surgery Standards

• May 2005 CCO published organizational standards for Thoracic Surgery Oncology

Question: What is the optimal organization for the delivery of cancer related Thoracic surgery in Ontario?
Decisions:

• Thoracic surgery should be organized in level 1 tertiary care center to improve outcomes and overall survival.

• Primary Criteria for Level 1 Centre:
  • Minimum of 3 Thoracic Surgeon’s
  • 24/7 Thoracic call system
  • Capital infrastructure
  • 20 esophagectomy cases per year
  • 150 anatomic pulmonary resections per year
Challenges Facing the Central East

• 4 large community based programs all providing thoracic surgery services:
  • Peterborough
  • Lakeridge Health Oshawa
  • Rouge Valley Health System
  • The Scarborough Hospital

• Large geographic area

• Durham & Scarborough’s close proximity to Toronto
Core Strategies to Achieve Thoracic Standards:

• Establish a Centre of Excellence at Lakeridge Health.

• Establish Thoracic Diagnostic Assessment Programs across the Central East.

• Establish Regional Nurse Navigator roles.
Central East Thoracic Surgery & DAP Development:

- **Phase I July 2009:**
  - Pilot DAP in Peterborough and consolidation of Peterborough Thoracic surgery at LHO

- **Phase II September 2010:**
  - Established DAP in Durham followed by the Scarborough area

- **Phase III March 2011**
  - Established Malignant Pleural Effusion (MPE) clinic
CE Thoracic Surgery Process Flow

**Regional Clinics (Scar/Peterborough/DRCC)**

**Pre-Op Phase**
- Pre-Post & investigations
  - Nurse Navigator Surgical consult & decision-making
  - Dx: lab, DI, pathology
  - Pulmonary Function
  - Interventional radiology
  - Endoscopy Specialist oncology consults
  - Psychosocial support
  - Surgery for benign disease (TBD)
  - Pathology

**Operative/Therapeutic Phase**
- Pre-op
  - Anaesthesia prep
  - Dx: lab, DI
- OR
  - All surgery for intra thoracic malignancies (lung, esophagus, pleura, mediastinum)
  - Surgery for benign disease (TBD)
  - Pathology
- Post-op
  - PACU
  - Dx: lab, DI
- Inpatient
  - ICU
  - Inpatient bed
  - Dx: Lab, DI

**Post-Op Phase**
- Post-op follow-up
  - Clinic visit with Nurse Navigator Surgeon
  - Post-op dx

**Rehab / CCAC**
- Post-op rehab and/or home care/personal supports

**Consolidated Thoracic Surgical Service (Lakeridge Health)**

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**Care Coordination with Integrated Network (includes Systemic / Radiation Therapy / Oncology resources)**

**Integrated PACS and Laboratory IS**

**Integrated OR booking system - standardize**

**Coverage by thoracic surgeons and multidisciplinary teams – common standards**

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**Coverage by thoracic surgeons and multidisciplinary teams – common standards**
Triage and *Prioritize: connects and maintains consistency and standard of care

* Priority 1:
New or suspicious for malignancy and acutely symptomatic with...
Wait time goal: 5 business days or next available

Priority 2:
New or suspicious for malignancy but not acutely symptomatic (see above)
Wait time goal: 1-2 weeks or next available

Priority 3:
Known treated malignancy
Wait time goal: 2-3 weeks or next available

Priority 4:
Benign disease
Wait time goal: 28 days or next available
Goals of Thoracic Surgery Diagnostic Assessment Program:

- Investigate possible cancer patients
- Investigate benign conditions such as reflux and other lung issues
- Timely tissue diagnosis and staging
- All testing (possible) done at local hospital including endoscopy
- Surgery at Oshawa
- Facilitate patient care at local hospitals when on site and by phone otherwise
Scope of Thoracic Surgery:

- **Malignancy:**
  - Lung cancer
  - Esophageal and Gastric Cancer
  - Thymic tumours
  - Mesothelioma
  - Airway malignancies

- **Benign Esophageal Disorders:**
  - Reflux and hiatus hernia
  - Achalasia
  - Esophageal Injury

- **Benign Pulmonary:**
  - Pneumothorax
  - Pleural effusions
  - Empyema
  - Interstitial / inflammatory lung diseases – diagnostic biopsy
Establishing the Role of the Nurse Navigator

• Site specific Nurse Navigators
• Facilitate and support patients throughout the diagnostic phase with mindful adherence to targeted timelines
• Enhance and bridge interdisciplinary interaction and communication
  • MO, RO, allied health
• Provide education regarding the health care system, procedures, and disease process
Oncology Nursing brings:

- Knowledge of the continuum of oncology care
- Understanding of the importance of a complete work up and accurate staging
- Awareness of the risks and side effects of procedures/treatment modalities
- Expertise in nursing interventions for side effect management and complication recognition

Seek & Hogle, 2007
What have our patients and colleagues had to say about the Navigator Role?

**The patient:** What would I have ever done without you?

**The surgeon:** The telephone assessment is such a vital component; would not willingly return to a system without NN.

**The oncologist:** The navigator was able to see that the patient was seen directly by me and not caught in delays in the system.

**The Oncology Primary Nurse:** There is such a positive difference in DAP patients.

**The family physician:** The NN was so well-informed of the plan of care.
Patient presents with imaging, laboratory, or clinical abnormality: NP/Family MD initiates referral

Nurse navigator as entry to system:
• Resource to patient
• Resource to referring MD

Triage
Priority coding
Medical directives

Clerk

Initial Assessment:
Knowledge base
Psychosocial
Clinical

Education/teaching
• procedures
• diagnosis: benign or malignant
• plan of care
• cancer system

Support

Referral to community support services

Additional tests

Surgical consult

Medical/Radiation Oncology

(Canadian Breast Cancer Initiative, 2002)
Thoracic DAP referrals
(suspicious for malignancy)
Overall Thoracic Volumes
(malignant + benign referrals by month)
Data Collection

1. Referral to diagnosis
   a) Referral to a lung DAP to definitive diagnosis or rule out - % diagnosed within 28 days: 2012/13 target: 50%
   b) New indicator as of CCO Q3 12/13 scorecard
   c) We are currently submitting this data to CCO

2. CT guided biopsy
   a) Target benchmark is 14 days (as per CCO DAP Leads Network)
   b) Individual hospital DI departments have been submitting data x 8 months
   c) Our thoracic DAP currently monitors locally for all participating hospitals in thoracic DAP.

3. Patient satisfaction survey is completed quarterly for all thoracic DAP sites.
Regional Patient Resources

Given to all new DAP patients, throughout LHIN. Reviews what to expect during the diagnostic phase.

Given to all patients having lung surgery at LH. Translated to Tamil, Cantonese, Mandarin.
Patient Satisfaction

• Mailed quarterly to patients who have been through the diagnostic phase of their journey.
• Returned and compiled at CCO; report forwarded to DAP.
  • Used for quality improvement
  • Shared with team members
Strengths identified by patients

• Treating patients with dignity and respect
• Patients trust care providers with private information
• Patients know and understand the role of the Nurse Navigator
  • At or above the provincial satisfaction rate when rating experience with the Nurse Navigator
Comments

• “This unit acted quickly, kindly, professional, knowledgeable.”

• “Very impressed with the total experience. Very organized. Doctor/nurse navigator/hospital staff explained everything as things arised.”

• “The medical care has been excellent ... Dr. and Nurse Navigator are amazing. I can’t say enough about this.”

• “I have confidence in the team and feel that things will get resolved.”
In Summary... What is a DAP?

Video
Closing questions (clickers) #1

Do you have a better understanding of Diagnostic Assessment Programs?

A. YES
B. NO
Would you consider referring your patients to a Diagnostic Assessment Program?

A. YES
B. NO
Central East Thoracic Clinic & Diagnostic Assessment Program

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Thank you...

...any questions?