

Quality improvement project addressing small cell lung cancer wait time from histological diagnosis to first treatment

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Aims

This project aimed to assess to what level our trust adhered to the newly proposed National Lung Cancer Audit standard that 90% of patients with small cell lung cancer histological diagnoses should receive their first treatment within 14 days of histology.

Methods

A search was carried out of the cancer database to identify all small cell lung cancer diagnoses in the 3-month period from 1 October 2014 to 31 March 2015. For each of these patients the clinic letters, database entries and tracking notes were reviewed to create a process map from histological diagnosis to first treatment.

Results

A total of 235 lung cancer diagnoses were made in the 3-month period, of which 26 were confirmed by histology as small cell type. The standard of receiving their first treatment within 14 days of diagnosis was met in eight of these patients, which is 31%. Otherwise: two patients declined active treatment, two patients deteriorated or died before treatment was commenced and 14 received active treatments but after the 14-day target period.

The process mapping revealed wide variations in the pathway. Key issues identified included the fact that two patients waited >14 days to be discussed in MDT after confirmed histology. Two patients went back to chest clinic before being discussed in MDT or referred to oncology. The range of wait time for outpatient chemotherapy after being reviewed in oncology clinic was 7–18 days and was a key factor in the breach for nine patients.

Conclusions

The findings were presented at the lung cancer MDT in July 2015. Agreed actions were for the consultant histopathologist

to implement a system of reviewing all histology at least once a week to identify small cell diagnoses and then to liaise with the MDT coordinator to ensure that they are listed on the next MDT. From the MDT, the oncologists will appoint all appropriate patients into their next clinic. The consultant medical oncologist has agreed to liaise with the chemotherapy day unit to fast-track small cell patients and implement a 'talk and treat' approach whereby patients are pre-assessed and receive chemotherapy in the same session.

The effects of these changes will be measured in January 2016 with further process mapping, followed by further planning of change if the results remain below the standard. ■

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