

# 'HEALTHIER HEALTHCARE' CONFERENCE

30 06 2015

SZÉCHENYI 2020



MAGYARORSZÁG  
KORMÁNYA

**Európai Unió**  
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BEFEKTETÉS A JÖVŐBE

# Health-centered Care Coordination

«Implementing national guidelines on malignancies to local practice  
- actors, processes, coordination, challenges»

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Cancer cases - krefttilfeller  
Patient pathways - forløp  
Cancer packages - pakkeforløp



# My home.....

## Region of Northern Norway

Finnmark County – 74000 citizens  
Troms County – 152000 citizens  
Nordland County – 236000 citizens

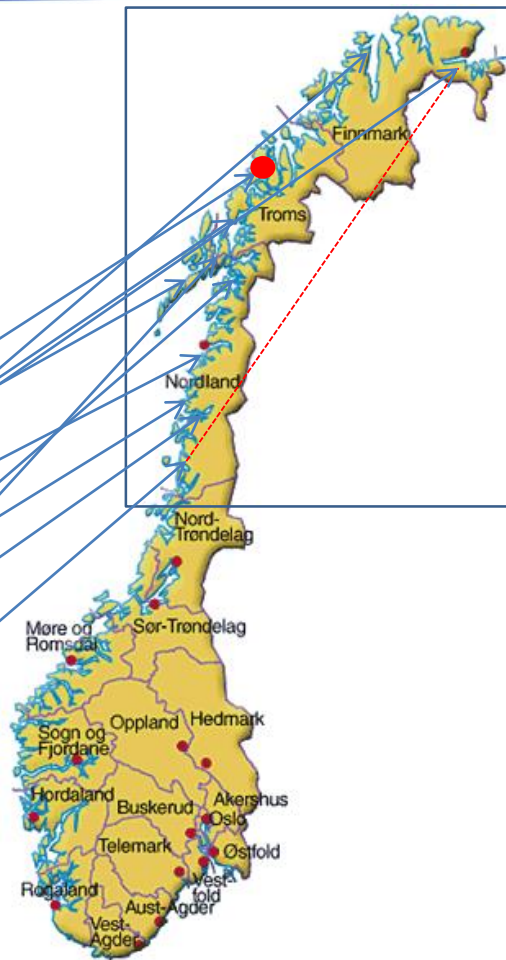
Long distances and sparsely populated area

## Tromsø city

72681 citizens  
70 degrees N (Equator = 0) (Budapest = 47)  
Main city in the region  
Climate - short spring/summer/autumn – long, long winter  
Transportations by boat, aeroplane and cars

## Hospitals in the region

University hospital - Tromsø  
Central hospital - Bodø  
Local hospitals – Kirkenes, Hammerfest, Narvik, Harstad,  
Gravdal, Stokmarknes, Mo i Rana, Mosjøen, Sandnessjøen  
Private secondary care  
1363 km from Sandnessjøen to Kirkenes



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ALAPELLÁTÁS-FEJLESZTÉSI  
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Confederazione degli Esperti  
Confédération des experts  
Confederazione Esperti  
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# Cancer packages reform

- New norwegian reform – 2015 – with 28 cancer «packages»
- Standards for the timeflow between referral and first point of treatment
- Aim to decrease time of patient pathways due to non-medical reasons
- Equality for all malignancies - wherever you live in Norway
- Initiative of the Ministry of Health
- Inspired from danish guidelines – 30 packages in work since 2008
- Lots of official publicity in media
  
- Waitingtime is allways running fast.....

# Actors

- GP's & specialists in private care
- Specialists in secondary healthcare
- Regional centers based on higher professional skills
- «Package»-leaders
- Coordinators within hospitals
- The electronical medical records – technical challenges





# The new guidelines

Patient pathways – organized as “cancer packages”:

- ✓ Investigation of symptoms and initial treatment without non-medical delays
- ✓ Measured with codes and dates from the electronical medical records

28 different types of cancer included:

- ✓ in different organs
- ✓ metastasies without known origin
- ✓ serious disease without known reason

Supported by a regional strategic work – «Regional cancer plan»:

- ✓ centralization of cancer surgery and medical therapy to the university hospital
- ✓ plans for the future



# Our local challenges

- Organizing the service
- Understanding all the steps of a complex pathway
- Need for codes to track the patients way through studies and initial treatment
- Education
- Need for distribution of skills



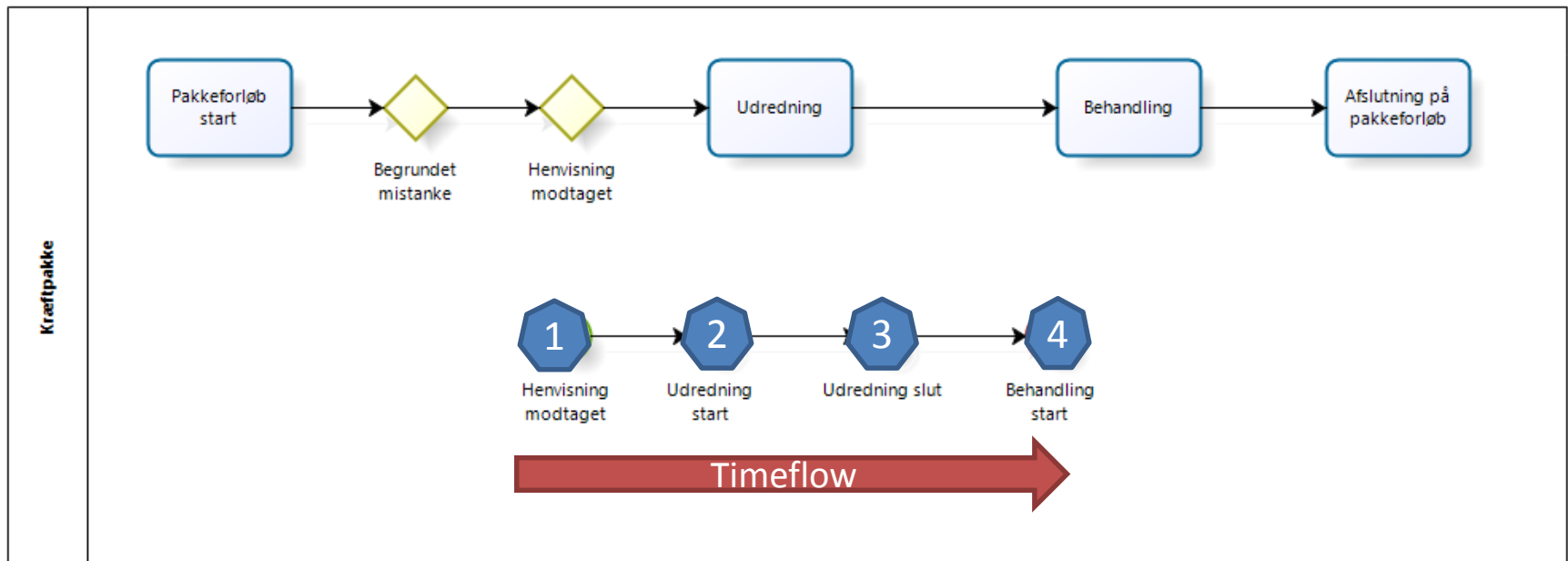


# «The cancer packages»

Problem in primary care:

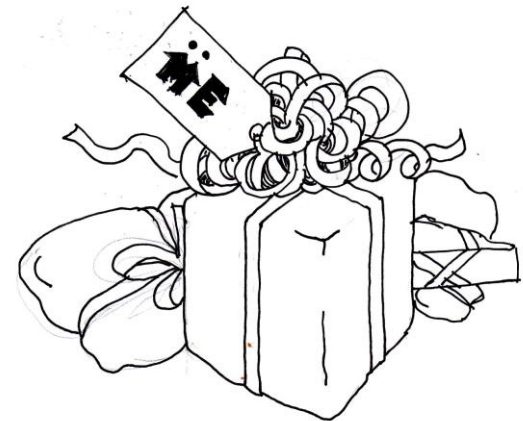
Suspicion of cancer disease – rules/definitions/filters (guidelines)

- ✓ Step 1: Reference to secondary care for rapid diagnostic work-up
- ✓ Step 2: Further work-up in secondary care hospital
- ✓ Step 3: Multidisciplinary team conclusion (or not)
- ✓ Step 4: Initial treatment – surgical, cytostatic or irradiation



# The local management of «packages»

- Dedicated manager to each «package»
- NOT the same person as the head of departments
- Adequate professional education and skills
- Judging referrals with suspicion of cancer disease
- Workload and priority - doctors
- Number of «packages» pr. leader
- Organizational questions



# The local coordination

- Pathway coordinator for cancer cases
  - ✓ Recrute from existing positions ?
  - ✓ Create new positions ?
- Administrative personnel or nurses ??
- Different hospitals involved in the patients pathway
- Main tasks:
  - ✓ Telephone service
  - ✓ Booking consultations in other departments
  - ✓ Planning and organizing MDT-meetings
  - ✓ Clinical coding – in which hospital ?
  - ✓ Adequate data skills – and healthcare knowledge in general
- Lack of established procedures
- Less time between different steps in the pathways
  - ✓ «Push and pull» – lots of «new» organizing problems to solve
- Measure and reports

# The challenges – common coding

- data input between hospitals – intercommunication
- similar electronic medical records
- insufficient system/tools for data input
- lack of procedures
- too much «dummy» inputs
- too many mouse-clicks
- immediate logical checkpoints



# Databases

- Data from all medical records has moved into ONE SHARED DATABASE
- Cross over potentials....
  - ✓ oversight
  - ✓ coordination
  - ✓ measuring time flow
  - ✓ follow ups on each patient
  - ✓ Common resources
  - ✓ Interdisciplinary hang-ups
  - ✓ ?
  - ✓ ?
  - ✓ ?

«King»-indicator:

**Pakkeforløp – kreft (andel innenfor frist forløp fra henvisning til start behandling t.o.m april måned)**

**81 %**

# National support to local practice

- Extraction of data from each local database once a month (last day)
- Exporting data to NPR (national patients registry)
- Feedback after 10 days – learning points
  - ✓ invalid reported codes cancer packages
  - ✓ logical checkpoints
  - ✓ timeflow pr package - results
  - ✓ new cancer cases included in packages (goal 80 %)



# MAIN GOAL: BETTER CARE FOR PATIENTS WITH CANSER DESEASE

- ✓ DECREASED TIME OF PATIENT PATHWAYS DUE TO NON-MEDICAL REASONS



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