

Using digital medical records and electronic systems to map the optimal care pathway for oesophagogastric cancer in regional Victoria

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Background

The optimal care pathways (OCP) for people with oesophagogastric (OG) cancer defines optimal times between stages in the patient journey (e.g. referral and first specialist appointment [FSA]), as determined by an expert working group. The OCP is online (<https://www.cancervic.org.au/for-health-professionals/optimal-care-pathways>).

Objectives

This study aimed to determine the extent to which patient journeys could be mapped against the OCP for people with OG cancer, using the digital medical record (DMR) and electronic systems at a public hospital in the Loddon Mallee region (LMR).

Method

All 62 cases of OG cancer (International Classification of Diseases and Related Health Problems-10-Australian Modification codes C15 and C16) newly diagnosed at a public LMR hospital during 2017 and 2018 were ascertained using the Victorian Cancer Registry. Six OCP dates were obtained from the hospital's DMR and electronic systems. The proportions of dates captured were calculated.

Results

The proportions of dates captured were 97%, 97%, 100%, 98%, and 85% for referral receipt, FSA, OG cancer diagnosis, first multidisciplinary meeting (MDM), and first treatment, respectively. To achieve this data capture, auditors invested considerable time and effort in reviewing Vitro DMR and seven electronic systems (e.g. Medtech and Verdi) with limited interoperability and varied ease of use.

Conclusions

While it is possible to map OCP timelines for most people with OG cancer using the DMR and electronic systems at a regional Victorian public hospital, considerable work is required to obtain data. LMICS is advocating for enhanced interoperability and inclusion of OCP dates in electronic medical records at regional hospitals.