How to map and improve colorectal cancer patients’ journey?  
A healthcare innovation project using design thinking

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Context

What’s our aim?

To map and improve colorectal cancer patients’ journey undergoing surgery.
Methods

How do we make it possible?

An innovation project in 4 steps.

- **Diagnosis** of the current path and identification of areas where to act
- **Project** with built-in change management plan
- **Implementation**
- **Assessment** of impact and results
Methods

To get everyone on board:

- **Interviews** were conducted with healthcare professionals, patients and families involved in the care journey, for a full comprehensive picture.

- This project was endorsed by the Innovation Department of a Portuguese Tertiary Hospital, with the support of a management and innovation advisory team.
Results

Step 1 - Diagnosis

- Antecedent
- Referral to hospital
- Triage
- Diagnosis
  - 27 days
- Medical assessments
  - 46 days
- Exams
  - 53 days
- 1st General Surgery Appointment
  - 2 months
- Treatment Decision and preoperative appointment
  - 44 days
- Surgery
Results

Step 1 - Diagnosis

57% of patients exceeded the maximum time of 90 days between diagnosis and surgery, established by the Ordinance no. 137/2017 of Portuguese government, with a median time from diagnosis to surgery of 131 days.
Results

Step 1 - Diagnosis

**Delays in:**
- Referral from primary care
- Administrative tasks
- Exams scheduling

**Need for more:**
- Exams, tests
- Other medical specialties assessments
- Administrative tasks

**Lack of professionals**
- Need for more test or other medical specialties
- Logistic issues in the ERAS appointment

**Lack of inpatient vacancies**
- Lack of OR slots

- **27 days**
- **2 months**
- **44 days**

Diagnosis  
1st General Surgery Appointment  
Treatment Decision and preoperative appointment  
Surgery
Results

Step 2 – A new journey for patients and professionals
Step 2 – A new journey for patients and professionals

- **Automation** of administrative tasks
- **Checklists** to help referrals and decision-making
- **Creation of 1st appointment and exams slots**
- **Checklists** to help referrals and decision-making about exams
- **Time allocation** for professionals
- **Improve logistics and workflow** of the preoperative appointment
- **Reorganize OR slots and inpatient vacancies**
- **Prioritization** for patients severity

**Diagnosis**
- 15 days
- Referral to hospital
- Triage

**1st Appointment**
- 1 month
- Medical assessments 46 days
- Exams 53 days

**Treatment Decision and preoperative appointment**
- 45 days

**Surgery**
Results

Stepping into the patient’s shoes was a completely different way of understanding their experience and some of the hidden bottlenecks for high quality and timely care.

A project was designed to target each specific missing link in order to improve the waiting time for colorectal cancer surgery.

The project is now being implemented to test novel approaches engaging patients, healthcare professional and managers, to improve the patient journey and bring the waiting time under the 90 days.

Next | Step 3 – Implementation
Thank you/Obrigada!

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