

A systematic approach to closing gaps in lung cancer care in NSW

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Background

Sydney Catalyst Translational Cancer Research Centre (Catalyst) is a 5 year program funded by the Cancer Institute NSW. Catalyst covers a number of major research and cancer service centres across NSW. A key aim of Catalyst is to promote and support Implementation Science in relationship to Cancer Care. To this end Catalyst has funded a 2 year flagship project to address gaps in lung cancer care which is associated with high levels of mortality and morbidity in the Catalyst area.

Method

The Flagship Program has taken a systematic approach to creating a Implementation Program in Lung Cancer. This has included: a review of implementation and knowledge translation frameworks and theories to underpin a systematic approach; an extensive gap analysis around lung cancer care using literature and available local and international data; a priority setting process across three clinical centres (Lifecare/RPA, St Vincent's and Western NSW LHD); a process mapping exercise across these centres; and the establishment of implementation initiatives across these sites that is integrated into existing quality improvement programs matched to priority areas.

Results

The review of implementation frameworks is complete and an integrated implementation program has been developed that draws on a number of theoretical frameworks. The gap analysis has been completed and 7 gaps in lung cancer care have been identified. The prioritisation and process mapping exercise has been completed and implementation plans across the sites have been developed. The findings of the gap analysis and priority setting exercise along with the team's experience in how to develop a comprehensive implementation program will be shared at the conference.

Conclusion

Taking a systematic and structured approach based on evidence has resulted in engaged clinical teams, substantial capacity building in implementation science and a sustainable program that has attracted additional funding.