



Réseau de
cancérologie
Rossy

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Cancer
Network

Hematology Disease Site

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Objectives

- Harmonize care in screening and monitoring practices for HBV in patients treated with rituximab
- Evaluate quality of end-of-life care
- Create a cross-institutional tumor board to evaluate difficult cases



Showcasing Successes!



Multidisciplinary teams implementing improvements



Advancing quality indicators



Active communication



HE1: reducing delays for molecular results



Implemented a specimen transport process

Efforts led by:

- Dr Yury Monczak

Scientific Co-Director, JGH Molecular Pathology

- Nadia Sgarbi

Assistant-Chief Medical Technologist, MUHC





Bi-weekly to weekly batch testing for FLT3

now within MSSS target (12-14 days)

29% reduction from A → C
from an average of 18 days to 13



Working through the challenges

Lack of a common IT system to quickly access molecular results:

- **Solution** → Medical secretary at MUHC to disseminate results

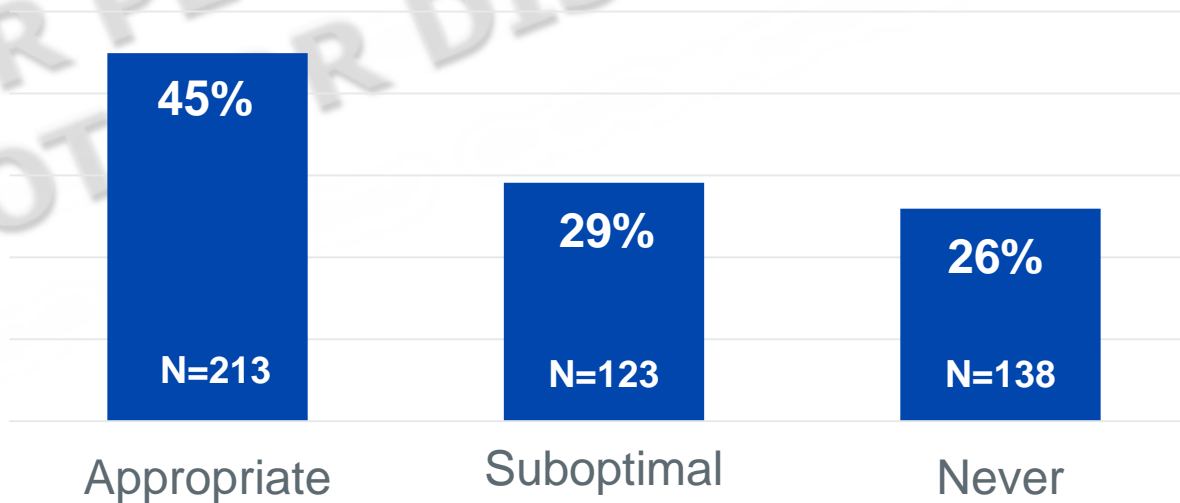




HE2: % of patients appropriately screened for HBV before rituximab

- **Appropriate:** screened for both HB core anti-body and HB surface antigen within 6 months of rituximab
- **Suboptimal:** screened for at least one within 6 months of rituximab

RCN HBV Screening Rates (N=474)



Working through the challenges

CHALLENGE ACCEPTED



- Acceptance of data
- No guidelines for appropriate timing of HBV screening
 - 3 or 6 months before treatment?
 - Or concurrently with first treatment cycle?
- Team approach to launching improvement





HE3: Evaluating care at the end-of-life

INDICATORS TO BE COLLECTED:

- Level of care discussion date
- Palliative care consult date
- Goals of care (curative/slow progression/symptom management)
- Treatments in last 30 days of life
- Place of death (hospital, hospice, home)

IDENTIFYING BARRIERS TO CARE:

- Type of hematologic cancer
- New vs. relapse patient
- Misalignment of patient/patient's family/physician goals of care
- Age

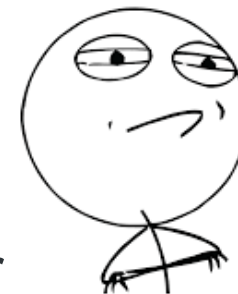
Anticipated quality improvement initiative:

Addressing barriers to incorporate earlier palliative care



Working through the challenges

CHALLENGE ACCEPTED



AGAIN!

- Difficult to evaluate quality of EOL care for hematology patients
 - No defined indicators in literature
- Manual extraction of data (chart review)
- Collected data is an interpretation of patient chart



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Communication

- Tumor board presentations of indicators and results
- Patient transfer across sites for clinical trials
- Creating a joint MUHC-JGH-SMH tumor board (in progress)





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Thank you!



Centre universitaire
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McGill University
Health Centre



Hôpital général juif
Jewish General Hospital



Centre hospitalier de St. Mary
St. Mary's Hospital Center