Measures of performance

Gerald Batist
RCN Executive Committee
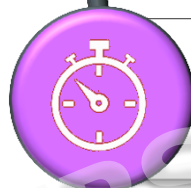
Strategic Priority

World-class Cancer Care

Patient Experience: Outstanding patient support with measured improvement in patient engagement and experiences.

Evidence-Based Care: A common **Scorecard** driving continuous evidence-based quality improvements in patient care.

Access to Care: Improved access and reduced wait times for diagnostic, treatment and supportive services along the cancer care continuum.

Leading-Edge Treatments: Earlier access to breakthrough treatments for patients.

Research & Education: Measured improvements in care and scholarly output, through research and education.

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Scorecard quality dimensions

- Similar to Institute of Medicine quality dimensions, DGC, CCO and others

Safety	Care should be safe for patients
Effectiveness	Patients should receive the most effective care, based on best available evidence
Accessibility	Services should be accessed in a timely manner
Patient centered	Patient and caregiver experience and quality of life should be a focus
Efficiency	Cost effectiveness and value for money should be considered
Continuity	Services should be coordinated to support seamless and effective patient transitions

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Describe & Publish

Pub Med batist g

↓ Full text

Identification of performance indicators across a network of clinical cancer programs.

Khare SR, et al. Curr Oncol. 2016.

Authors

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Author information

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Abstract

BACKGROUND: Cancer quality indicators have previously been described for a single tumour site or a single treatment modality, or according

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Scorecard framework

Patient care trajectory

Quality dimensions	Diagnosis	Treatment Planning	Treatment Delivery	Survivorship, supportive & palliative care
Safety		●	● ● ● ●	
Effectiveness		● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ● ● ● ●	● ●
Accessibility	● ● ● ● ● ● ● ●	● ● ● ● ● ●		
Patient centered			●	
Efficiency				
Continuity			● ● ●	

- 6 dimensions of quality along the patient trajectory
- 50 distinct indicators selected (high-level ● and disease site specific ●)
- **16 indicators collected to date**

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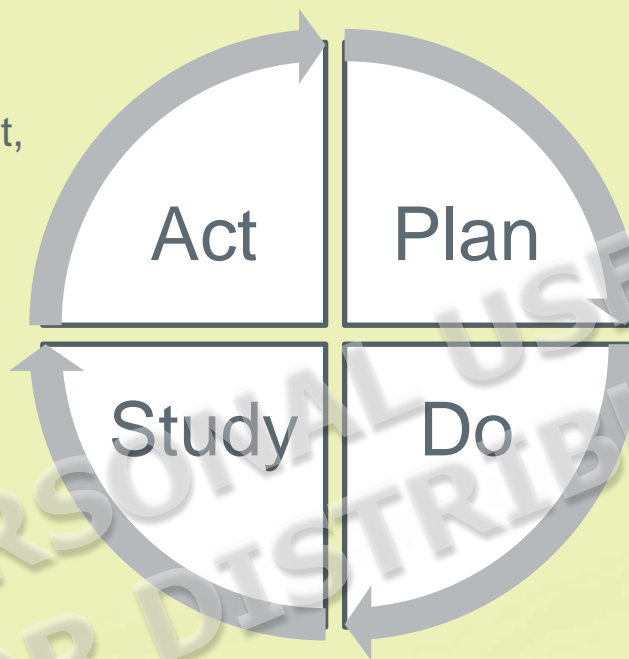Rossy Cancer Network

Step 1 - MEASURE
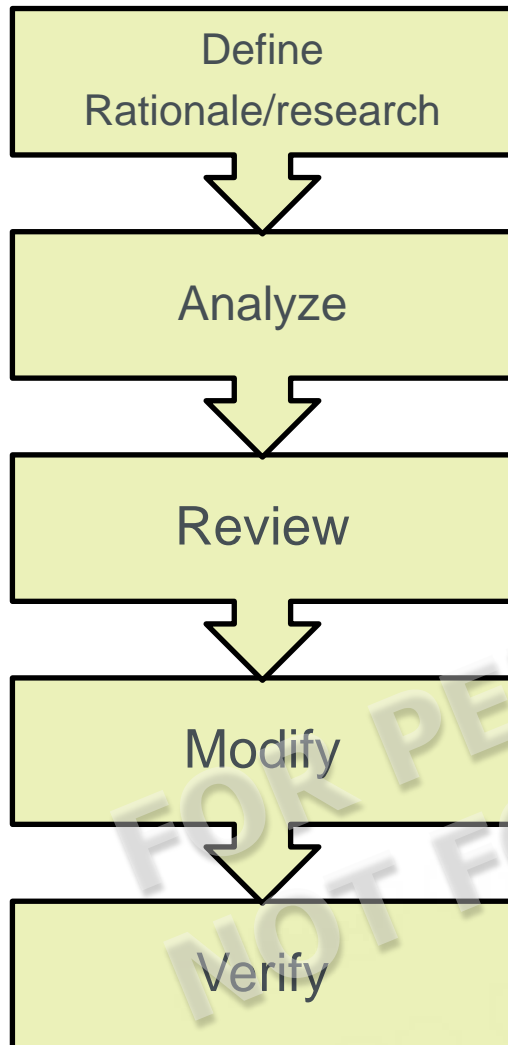
Define Rationale/research	• Define numerator/denominator/exclusions/benchmark/target
Analyze	• Data extraction and consolidation (cancer registry, chart reviews, etc) • Preliminary stats analysis
Review	• Initial review of data with disease site leads, steering committee, or for high-level indicators, the RCN Cancer Quality Council.
Modify	• Refine/revise data • Statistical analyses
Verify	• Final review of data with disease site leads • Data sign-off

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4. Act – adopt the change, or abandon it, or run through the cycle again.

1. Plan a change or a test, aimed at improvement

Act

Plan

Study

Do

3. Study the results. What did we learn? What went wrong?

2. Do – Carry out the change or test (preferably on a small scale)

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Scorecard – next steps

- Governance for the scorecard
  - RCN Cancer Quality Council

- Ongoing collection of indicators

- Knowledge transfer through increased resident involvement in measures and quality projects

- Public reporting: online dashboard of indicators results

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Spotlight on the patient experience during active treatment

	Diagnosis	Treatment Planning	Treatment Delivery	Survivorship, supportive & palliative care
Safety		●	● ● ● ●	
Effectiveness		● ● ● ● ● ● ● ●	● ● ● ● ● ● ● ● ● ● ●	● ●
Accessibility	● ● ● ● ● ● ● ●	● ● ● ● ● ●		
Patient centered			●	
Efficiency				
Continuity			● ● ●	

AOPSS
>100 measures

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Survey items where RCN is performing better or worse than Canadian average

Domain	Domain / Questions	RCN AVG - CAN AVG
Access to Care	Q: Waited longer than expected for IV chemo treatme	-22.8%
Access to Care	Q: Wait longer than expected for radiation	-17.8%
Respect for Pt Preferences	Q: Involved in OP care decisions	-14.2%
Coord. & Integration of Care	Q: Family Dr knew enough re: OP cancer care	-14.1%
Emotional Support	Q: Got help wanted figuring out payment (OP)	-12.0%
Access to Care	Q: Did everything to make IV chemo wait comfortable	-10.1%
Access to Care	Q: Did everything to make radiation wait comfortable	-9.9%
Physical Comfort	Q: Told how to manage radiation effects	-7.7%
Respect for Pt Preferences	Q: OP Considered living situation in treatment	-6.7%
Info, Educ, and Comm.	Q: Explained test results understandably	-6.6%
Physical Comfort	Q: Did everything to help w/radiation effects	-6.3%
Emotional Support	Q: Enough info on sexual activity changes	-6.0%
Emotional Support	Q: OP went out of way to help	-5.5%
Physical Comfort	Q: Did everything to help w/chemo side effects	-5.4%
Coord. & Integration of Care	Q: Providers aware of test results	-5.3%
Emotional Support	Q: Enough info on emotional changes	-5.2%
Info, Educ, and Comm.	Q: Given enough info on cancer therapies (OP)	-4.6%
Emotional Support	Q: Told of diagnosis in sensitive manner	-4.5%
Info, Educ, and Comm.	Q: Comfortable talking w/OP re: cancer	-4.3%
Respect for Pt Preferences	Q: Family/friends involved in OP care/treatment	-3.9%
Physical Comfort	Q: OP did everything to control pain/discomfort	-3.8%
Info, Educ, and Comm.	Q: Enough info on changes in work/activities	-3.4%
Info, Educ, and Comm.	Q: Enough info on physical changes	-3.1%
Respect for Pt Preferences	Q: Comfortable talking w/OP re: alternate therapy	1.8%
Coord. & Integration of Care	Q: Knew who to go to w/questions	2.3%
Info, Educ, and Comm.	Q: Wait for consultation appt. explained	2.8%
Info, Educ, and Comm.	Q: Enough info on nutritional needs	4.0%
Emotional Support	Q: In touch w/other providers for anxieties/fears	10.1%
Emotional Support	Q: Referred to provider for anxieties/fears	12.0%

AOPSS domain scores since inception

■ Canadian Average   ■ RCN   ■ JGH   ■ MUHC   ■ SMH
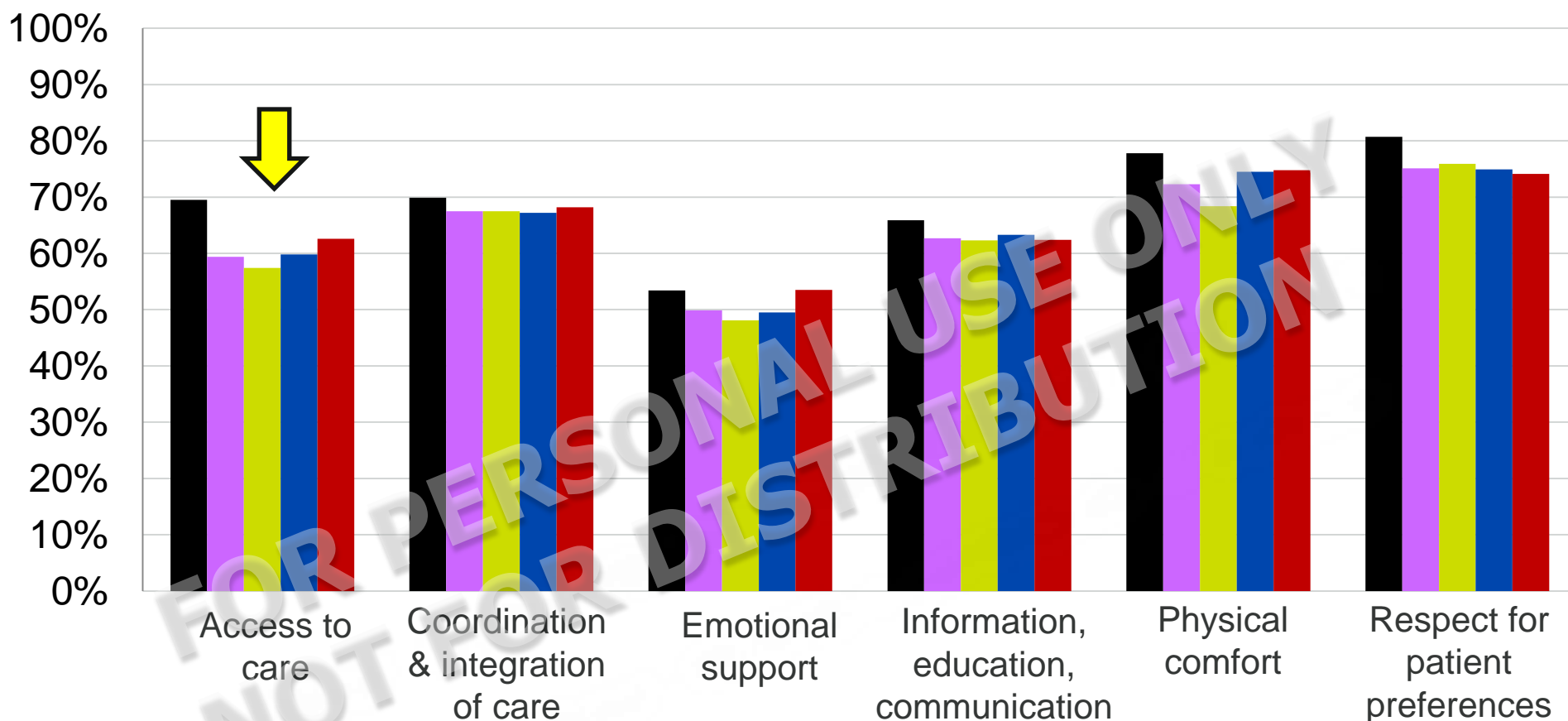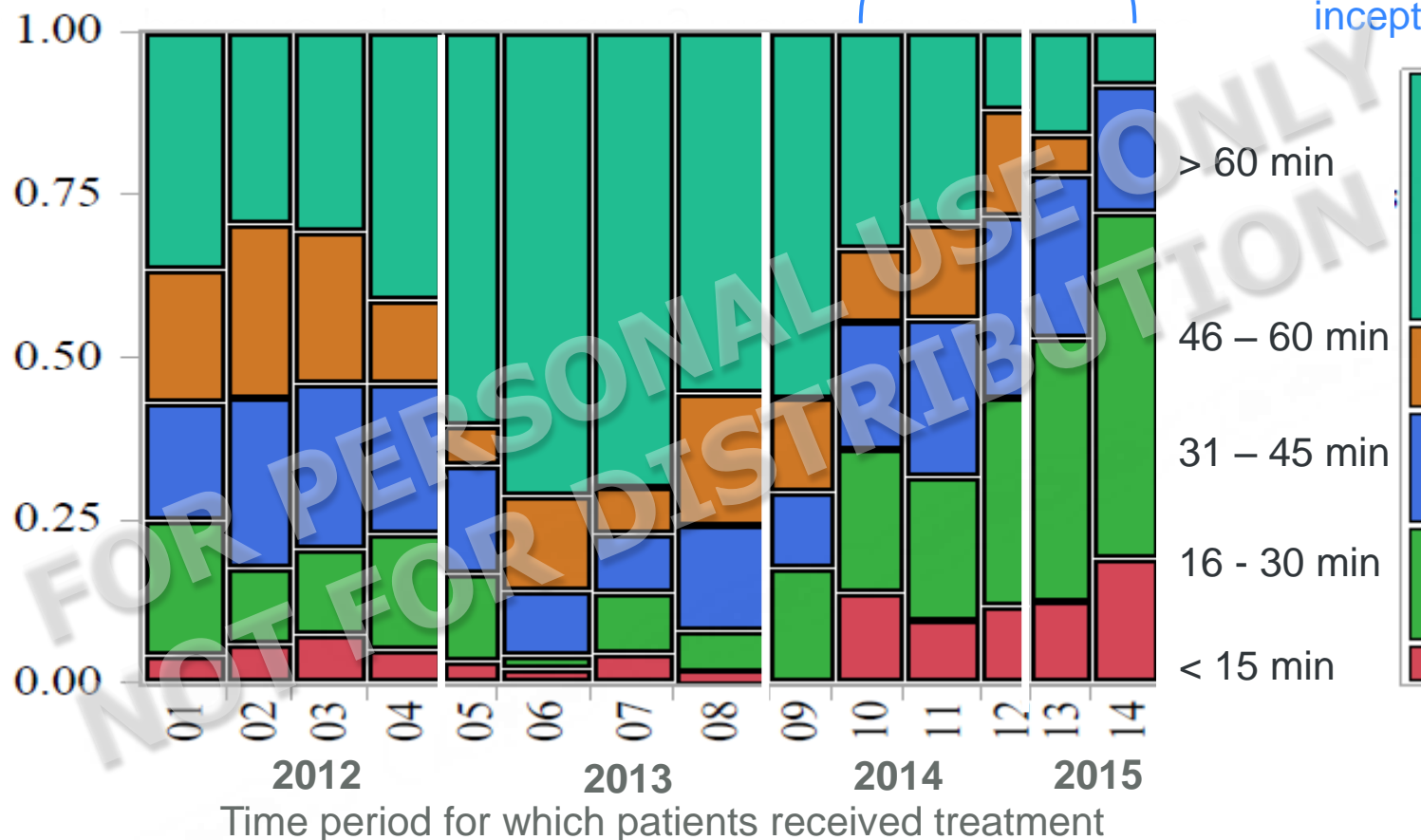
*AOPSS is a benchmarked survey across Canada

Chemotherapy wait times

- 1/3rd of patients reported waiting more than 60 minutes
  41% at JGH, 17% at MUHC, 31% at SMHC

Quality improvement project

Wait times now are better than at AOPSS inception

Time period for which patients received treatment

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E-scheduler Screen View

Discussion

- Important to look at overall trends and not results per quarter

- Improvement initiatives may not necessarily change overall domain scores but should do so over time
  - Changes may be reflected in individual questions within the domains
  - Additional questions may need to be added to understand the root cause of the patient perception leading to dissatisfaction of care

- Every single question is an opportunity for improvement, regardless of the Canadian average (new Supportive & Palliative care group will be evaluating AOPSS in more detail)

- AOPSS is a benchmarked questionnaire for patient experience, used across the US, CA and Europe.

- AOPSS is a now a rich data resource for the RCN (~2500 surveys received since inception)
  - Detailed analyzes can be performed looking at ORs, population attributable fractions, at data stratified by age, cancer, etc)

- Please see the AOPSS poster showing odds ratios for the association of individual question items on their impact with relative dissatisfaction.

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Thank you!