Réseau de cancérologie Rossy
Rossy Cancer Network

Quality Matters:
Results from a network-wide quality scorecard

Carolyn Freeman, MD
on behalf of the RCN Quality Council

McGill
Centre universitaire de santé McGill
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Jewish General Hospital
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St. Mary's Hospital Center

Public reporting

- When performance measures are reported to the general public, management and clinical staff are encouraged to improve or maintain high performance
- Benchmarking is a key element of organizational performance management

The objective, as stipulated in the RCN gift agreement, was to put in place a mechanism to disclose annually to the general public a set of indicators that have a direct impact on patient outcomes, including the targets indicating the desired level of performance

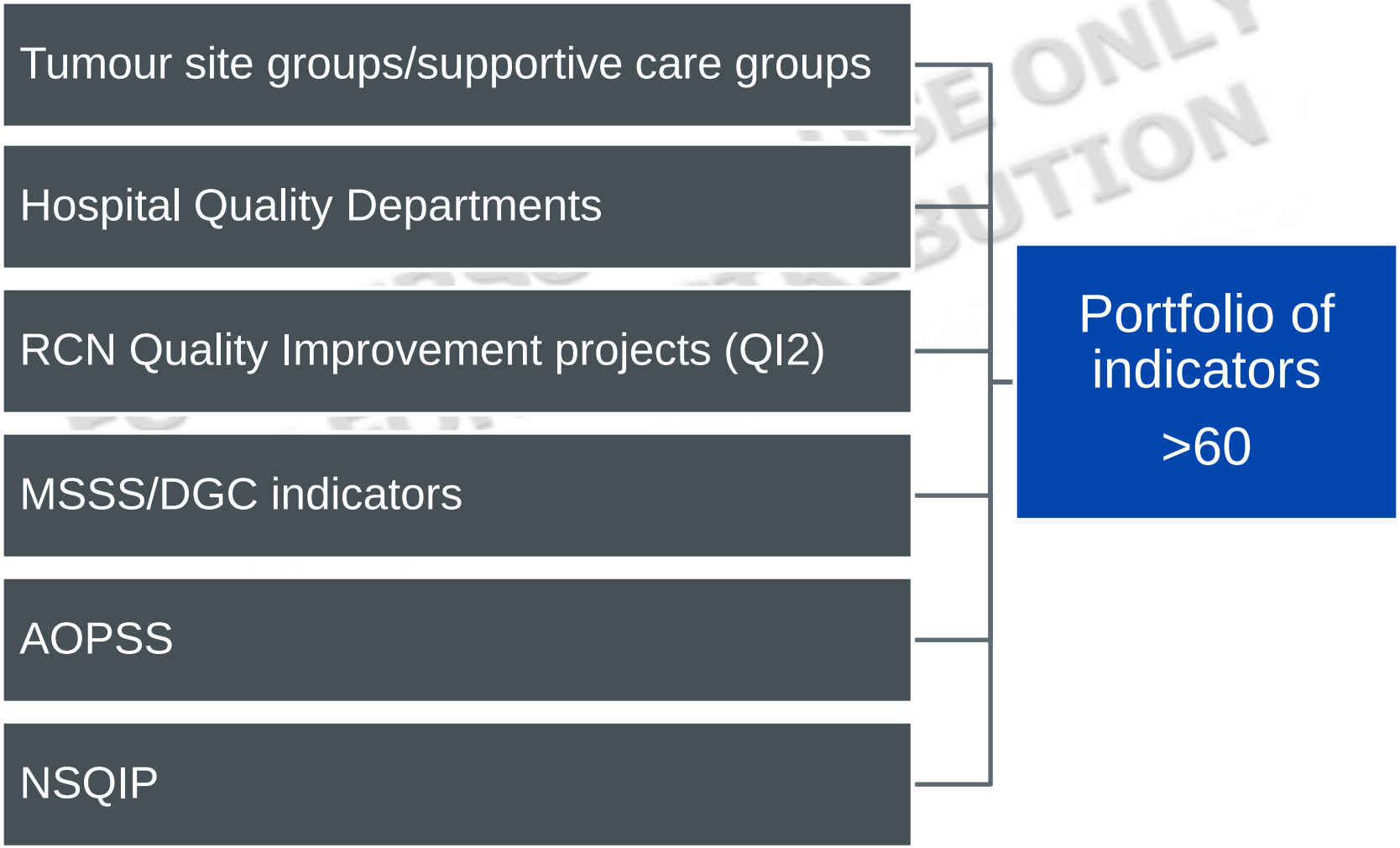
Poster # 16

RCN Quality Council

- Advisory to the RCN Executive Committee
- 1st meeting in August 2016
- Chair: Wilson Miller

	JGH	MUHC	SMHC
Quality & performance	Anne Lemay	Patricia Lefebvre	Nelea Bezman
Clinicians	Chantal Cassis	Carolyn Freeman Lucie Tardif	Adrian Langleben
Patients	Amanda Afeich	Laurie Hendren	Linda Tracey
External Advisor	Dr. J. Jacobson (Dana-Farber Cancer Center)		
RCN	Caroline Rousseau and Tony Teti		

Network-wide source of indicators for public reporting



RCN Quality Council: framework for improvement of services

Provide oversight for selection of indicators	Advise on quality improvement efforts	Disseminate results internally and to the public
• Provide coordinated and collaborative monitoring of key performance indicators to assess gaps in system performance • **Review and approve data collection methodology for indicators (indicator reference sheets)** • **Support requests for data from hospital systems** • **Facilitate data sharing**	• Review the feasibility, impact on hospital staff, and suggest priority level for QI-specific projects arising from indicator measurements • Advise the RCN Executive Committee, cancer programs and/or hospital administration on indicators needing priority focus for improvements •Solicit help from hospital administrators when high-level improvement efforts are needed	• **Oversee the production of the public report (scorecard)** • **Communicate with internal stakeholders of indicator results and quality improvement initiatives** (e.g., *local quality councils, patient committees, hospital administration)*

Indicator reference sheets

Postoperative length of stay (POLOS) for patients with gynecological cancer at RCN hospitals

DEFINITION	Number of days spent in the hospital for a gynecological cancer surgery
REQUESTED BY	Dr. Walter Gotlieb (Gynecology disease site co-lead) Dr. Luis Souhami (Gynecology disease site co-lead) Jida El Hajjar, RCN project manager
RATIONALE	Outcomes measurement such as postoperative length of stay (POLOS) is a standard approach to quality improvement in the field of surgery. There are several variables that extend hospital stays following an operation. First, patients may experience postoperative complications requiring additional management. Second, dissimilarities in POLOS may occur due to practice style differences among hospitals and physicians. Indeed, there is a variable adoption of new surgical technologies, such as minimally invasive or robotic approaches, as well as difference in implementation of enhanced recovery pathways[1,2].Other variables include stage of the cancer, co-morbidity factor, surgeon expertise and volume. A better understanding of the POLOS and associated rate of readmission and ED visits for patients undergoing gynecology surgeries can lead to policy implications and targeted interventions. Such interventions could include increased access to nursing care or follow-up visits, the creation of functional templates to assess patients at risk and capture complications of treatment, or other quality initiatives (such as ERAS protocols) aimed at reducing the risk of unplanned hospital visits.
QUALITY CONSIDERATIONS	An in-depth evaluation of POLOS for patients with gynecological malignancies that underwent surgery at RCN hospitals may lead to the development of standardized postoperative protocols which can facilitate recovery.
RCN STRATEGIC PRIORITIES	Providing evidence-based care and improving the patient experience

FRAMEWORK	QUALITY DIMENSION	PATIENT JOURNEY
Process	Efficiency	Treatment Delivery

METHOD OF CALCULATION	*POLOS= Date of Discharge – Date of Admission*
UNIT OF MEASURE	Calendar Days

DATA DISAGGREGATION	Patient sociodemographics, procedure type (robotic, laparoscopic, open surgery), surgical site, tumor type, 30 day hospital admission (reason), emergency department visit (reason), post-op complications and co-morbidities (if needed)
METHODOLOGY AND DATA SOURCE	Retrieve from OPERA the list of patients who had a gynecologic surgery at RCN hospitals (JGH, MUHC, & SMHC). The list will be matched with RCN cancer registry to extract only oncology cases, Admission information will then be requested to obtain admission date and discharge date. ER visit and re-admission will also be evaluated.
DATA SUPPLY	1. OPERA Surgical database for all gynecologic surgeries (JGH, MUHC, SMHC). 2. RCN data analyst to match with cancer registry data for validation of cancer surgery 3. Request admission date/discharge date from hospital systems. 4. Obtain ED visit data from Med-Urge (including reason for visit). Also capture if patients had an oncology consult. A GYN team member could review reason for admission and identify if possibly related or not related to treatment. If they had an oncology consult, typically it would be related to treatment. 5. Obtain hospitalization data from MedEcho (use local MedEcho and not MSSS). Include reasons for admissions. 6. Chart reviews may be needed to obtain complications or co-morbidity data but this is not part of the initial analysis of the data.
PERIODICITY	Fiscal year 2014-15, 2015-16, 2016-17 Then yearly depending on results
BENCHMARK (Only Gyn Oncology Cases)	Benchmark from London Health sciences center, London, Ontario[3] Debulking surgery (Median= 12 days) Staging procedure (Median = 6 days) Vaginal surgery (Median = 3 days) Abdominal surgery (ex. anterior/posterior exenteration) (Median = 4 days) Minimally Invasive Surgery (Median = 1 day)
SUPPORTING DOCUMENTS	1. Anesth Analg. 2014 May;118(5):1052-61. Reduced length of hospital stay in colorectal surgery after implementation of an enhanced recovery protocol. Miller TE1, Thacker JK, White WD, Mantyh C, Migaly J, Jin J, Roche AM, Eisenstein EL, Edwards R, Anstrom KJ, Moon RE, Gan TJ; Enhanced Recovery Study Group. 2. J Obstet Gynaecol Can. 2006 Feb;28(2):149-55. Factors that influence length of stay for in-patient gynaecology surgery: is the Case Mix Group (CMG) or type of procedure more important? Carey MS1, Victory R, Stitt L, Tsang N.

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PERIODICITY	Fiscal year 2014-15, 2015-16, 2016-17

- Ensure availability of data i.e., hospital support for data extraction from different systems
- Facilitate DPS approval if chart reviews are needed
- Provide another perspective and ensures indicator fits RCN and hospital priorities and can be acted upon
- Serve to inform hospital quality departments and programs of the planned indicator

How were indicators selected for public report?

Quality dimension

- Accessibility
- Effectiveness
- Safety
- Patient experience
- Efficiency
- Continuity

- Meaningful to the care team and important to patients
- Applicable to one of the six quality dimensions of care
- Available from all 3 partner hospitals, when applicable
- Collected in the same way across the RCN with common definitions
- Validated by the Disease Site Groups or the Quality Department of each hospital
- Benchmarkable, with targets indicating the desired level of performance

And, for first public report in March 2017, indicators that were not too controversial…

March 2017 – 7 indicators reported

#	Quality Dimension	Description
A1	Accessibility	Surgical wait times
A2	Accessibility	Radiation therapy wait times
E1	Effectiveness	Adjuvant chemotherapy for stage III colon cancer within guidelines (<12 weeks post op) GI group
E2	Effectiveness	Positive surgical margins for radical prostatectomy GU group
E3	Effectiveness	Multidisciplinary approach to treatment planning for all cases
P1	Pt experience	Overall rating of the patient experience for outpatient care
P2	Pt experience	Outpatient rating of treatment experience according to 6 care domains

https://www.mcgill.ca/rcr-rcn/scorecard

Reporting format

Who is the audience?

Primary audience
- Hospital leaders
- Administrators
- Clinicians

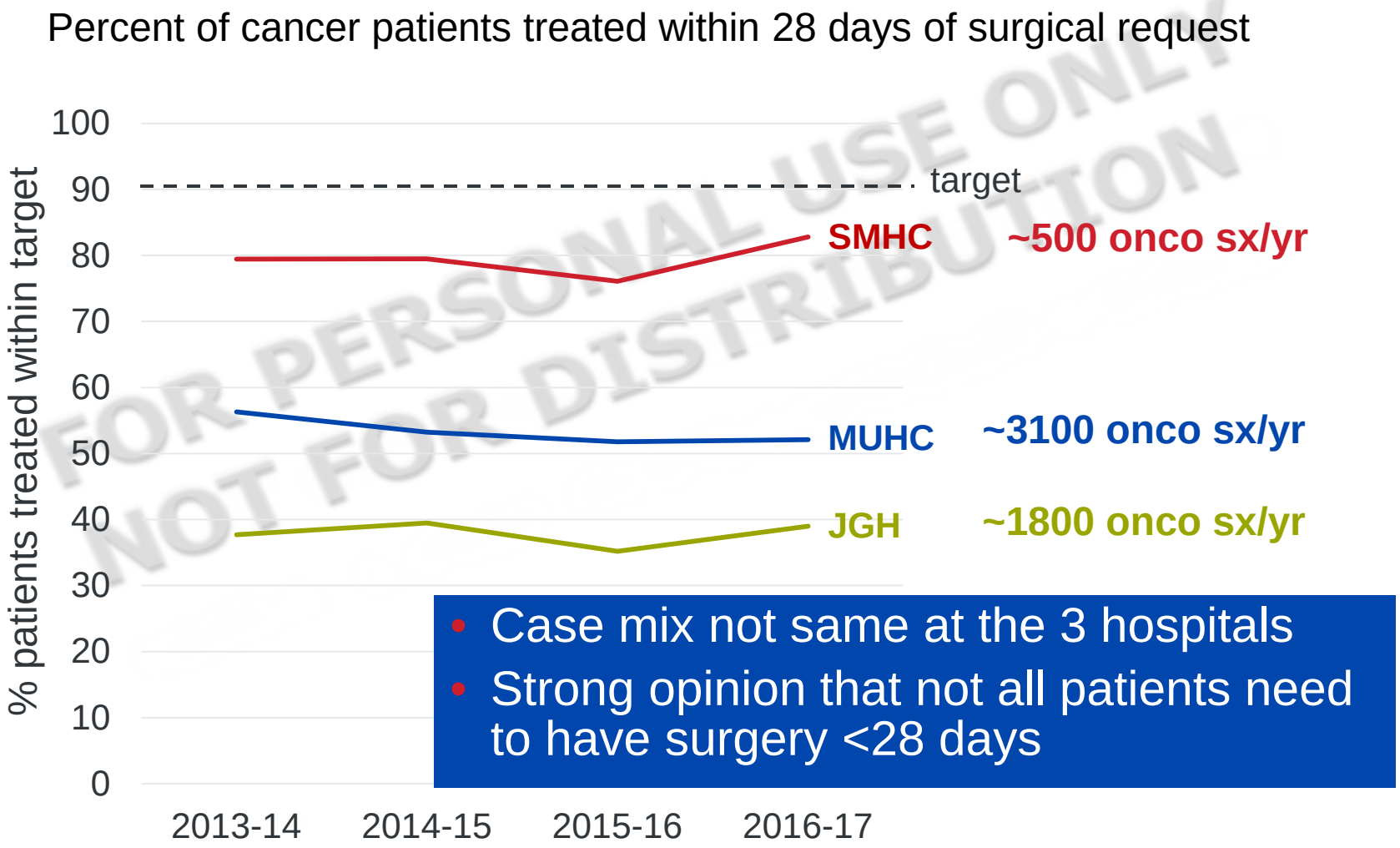
Secondary audience
- Patients
- Public at large

- Executive/managerial and clinical staff are motivated competitively to do a better job and that appears to be what moves the bar on performance measures
- The weight of evidence is that patients are less likely to make decisions on publicly reported performance

Our goal was to present results with sufficient detail for hospital leadership and clinicians who will be the primary ones motivated by them but in such a way that they are accessible to patients

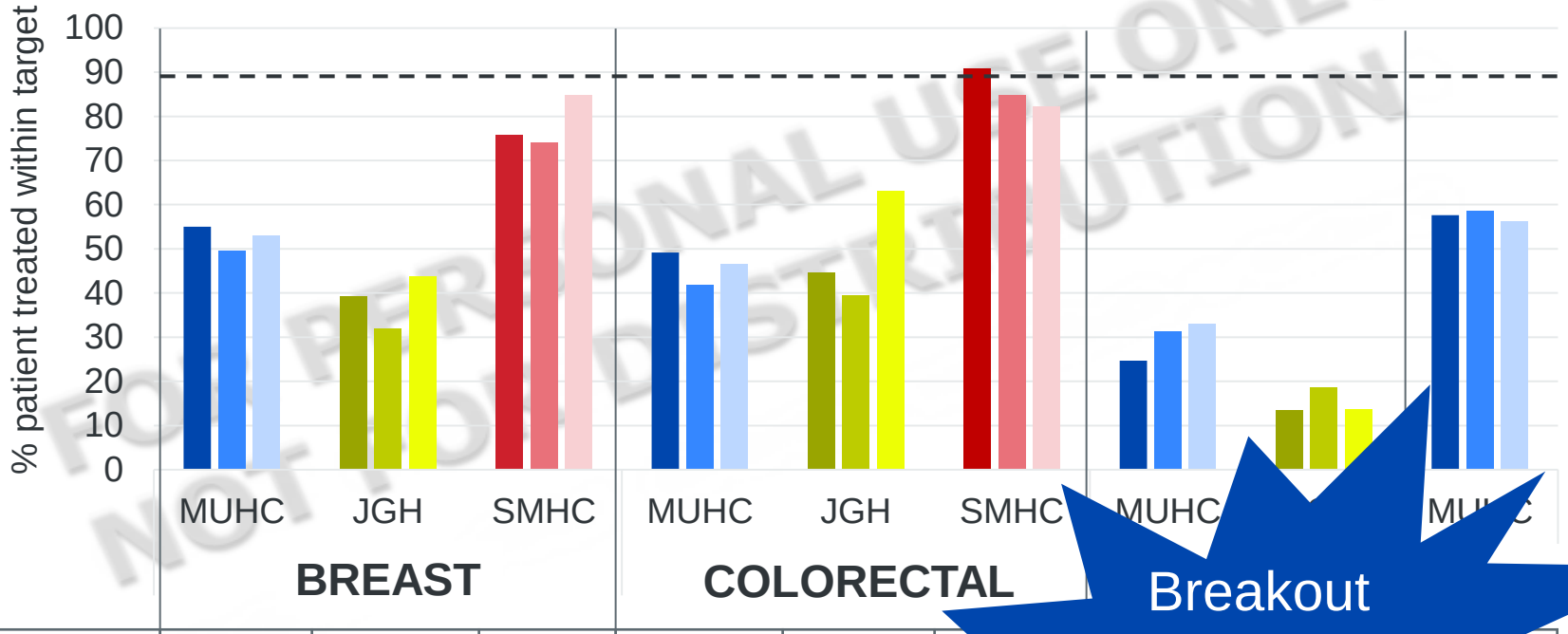
If there were statistically significant differences between hospitals, **we showed each hospital's result.** Otherwise, results were reported as **RCN.**

Access to surgery



For December 2017 release – 4 main cancers

Percent of cancer patients treated within 28 days of surgical request*



Annual surgical volume**	430	418	199	269	182			9

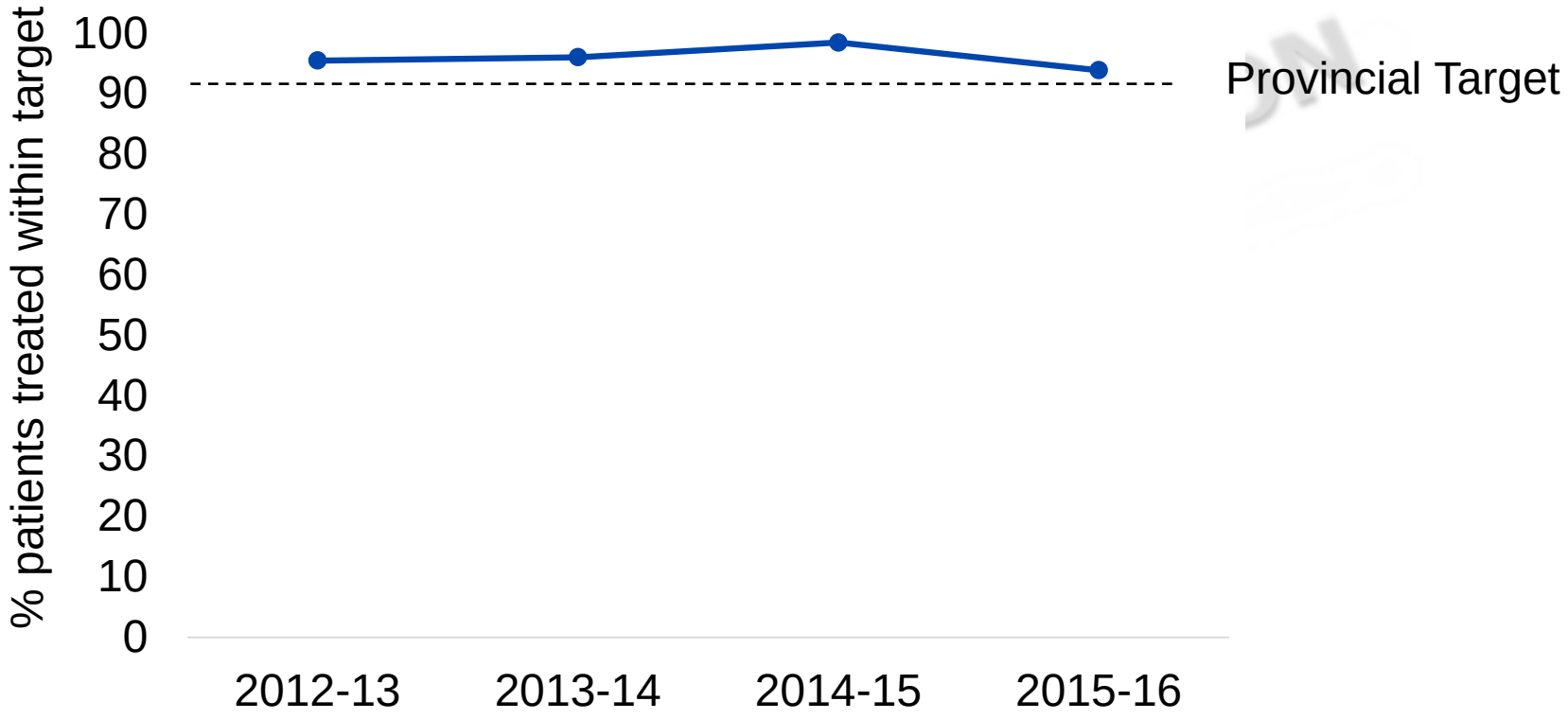
Breakout session at 9:30 with Dr. Aprikian

* Bars represent 3 consecutive FY (2015, 2016, 2017)

** Average of 3 FY. Volume for lung is shown separately for each year due [illegible] differences between years

Access to radiation therapy

Percent of cancer patients treated within 28 days of medically ready date



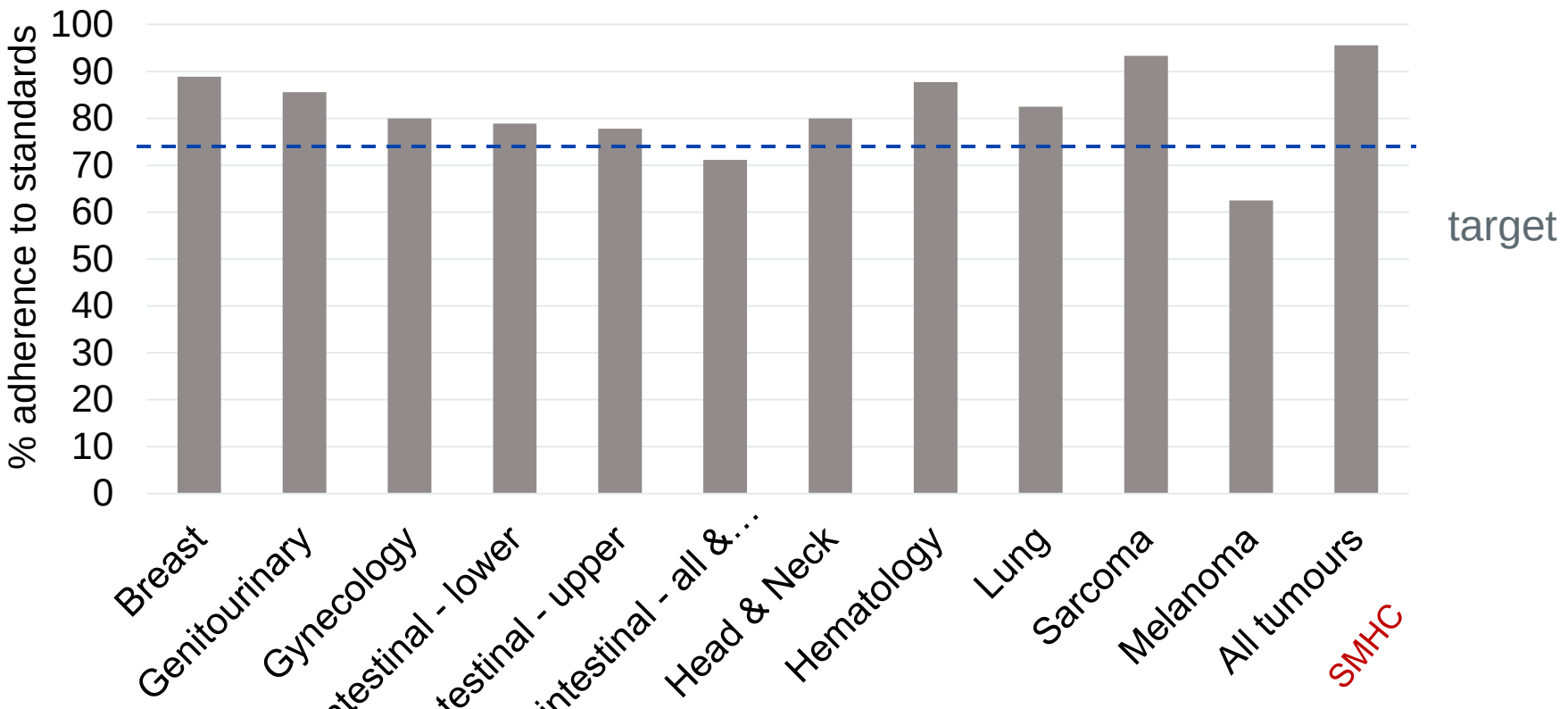
Source: SGAS

Adherence to tumour board standards

CCO framework, with score for **structure** based on:

- Prospective review of cases
- Weekly or biweekly meetings (minimum 5 times Q3 months)
- Assignment of a CDTC coordinator
- Assignment of a CDTC chair
- Attendance by a surgeon, medical oncologist, pathologist, radiation oncologist, and radiologist ≥75% of the time

Adherence to tumour board standards



Work ongoing

- Reporting and recording in chart
- What % patients are presented?
- Recommendations per best practices?
- Recommendations followed?

December 2017 – 3 more indicators will be released

Thereafter: annual release

#	Quality Dimension	Description
A1	Accessibility	Surgical wait times (by the 4 main cancers)
A3	Accessibility	Time to surgery after a diagnosis of breast cancer (biopsy to surgery)
A4	Accessibility	Adult clinical trial participation

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https://www.mcgill.ca/rcr-rcn/scorecard

Where are we going?

- Just starting…

- Main challenge has been/is more streamlined access to data
  - Automated extraction of data for key measures
  - More data for more in-depth analyses

- In 2-3 years, we aim to provide a more balanced scorecard i.e., aligned with strategic priorities and goals with indicators along the trajectory of care (from diagnosis to survivorship) and in each of the quality dimensions

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Thank you!

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