

Public report on oncology quality indicators: the Rosy Cancer Network scorecard

RCN Quality Council: Amanda Afeich, Nelea Bezman, Chantal Cassis, Carolyn Freeman, Laurie Hendren, Adrian Langleben, Patricia Lefebvre, Anne Lemay, Sophie Ouellet, Caroline Rousseau, Lucie Tardif, Tony Teti, Linda Tracey, Wilson Miller (chair)

ABSTRACT

Introduction: Benchmarking is a key element of organizational performance management. Studies have shown that when performance measures are reported to the general public, management and clinical staff are encouraged to improve or maintain high performance. **Objectives:** Our objective 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. Indicators were to be available at the three RCN hospitals (MUHC, JGH, St. Mary's Hospital Center) and include targets indicating the desired level of performance. **Methods:** We established a Quality Council (QC), with representative members from each RCN partner hospital, including at least one patient representative, a member with expertise in measuring quality and performance, and a clinician. The first mandate of this group was to develop a public report on quality indicators. The QC selected quality measures from (i) existing indicators established by each hospital, some of which were required by the Ministère de la Santé et des Services sociaux (MSSS) and (ii) physician-led indicators proposed by the RCN Disease Site Groups. The results and narratives were reviewed by the Disease Site Group, the QC and the RCN Executive Committee. The Director General of each hospital was responsible for the final review and subsequent release of data through the RCN Governance Group. **Results:** The first report was posted on the RCN website on March 22, 2017. During the month following the launch, the web page received over 300 unique page views and since then, maintains ~150 unique page views per month. **Conclusion:** Significant progress has been made in sharing data between network hospitals and the RCN. An important next step is to act on the data. We noted that the mere fact of having defined the indicator and communicated the results highlighted shortcomings that could be corrected and led to improvement efforts by the stakeholders. **To our knowledge, we have set up the first example in Quebec of a series of cancer type specific performance indicators, which has been disclosed to the general public.** The steps that led to the creation of the RCN dashboard could serve as a model for collaboration and coordination in advancing patient care.

Table 1: Quality council members. The group has been meeting monthly since August 2016. For terms of reference, contact Caroline Rousseau

	JGH	MUHC	SMHC
Quality & performance	Anne Lemay	Patricia Lefebvre	Nelea Bezman Sophie Ouellet
Clinician	Chantal Cassis	Carolyn Freeman Lucie Tardif	Adrian Langleben
Patient	Amanda Afeich	Laurie Hendren	Linda Tracey
Non-voting members	Caroline Rousseau, Tony Teti, Wilson Miller (Chair) External advisory member: Dr J. Jacobson (Dana-Farber)		

Mandate: The QC is an advisory committee that makes recommendations to the RCN Executive Committee, cancer programs and/or hospital administration, on matters related to quality of care for cancer patients. Primarily, the QC brings health system stakeholders together through **coordinated and collaborative monitoring of key performance indicators** to assess gaps in system performance, works towards **public reporting of indicators** and advises on strategic **priorities for quality improvement efforts.**

Selection of quality measures

The quality measures for public reporting were selected according to the following general principles.

Quality measures should be:

- 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
- selected from a portfolio of indicators collected by each partner hospital or by the RCN as part of the mandate of the Disease Site Groups
- 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 and with targets indicating the desired level of performance

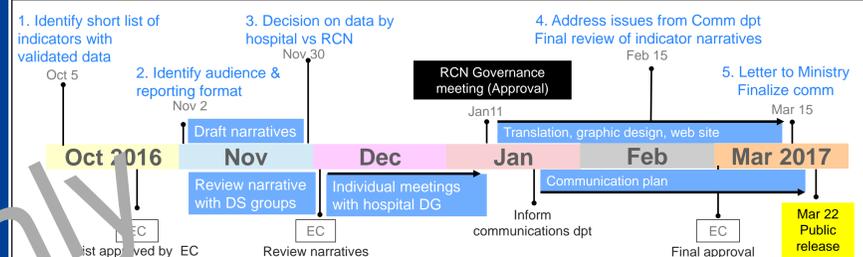


Not all portfolio quality measures were selected for public reporting.

Table 2: Portfolio of RCN quality measures. Indicators may be modified by the Disease Site Groups based on changes in priorities, changes in clinical practice that render the indicator obsolete or unnecessary, or inability to collect quality data across the three partner hospitals. Indicators in bold were reported in the public release March 2017 or will be reported in the next release in December 2017 (C: data complete; P: measurement in progress; blank field: no indicators proposed for discussion.)

Site	#	Quality Dimension	Description	Status
BREAST	BR1	Accessibility	Time to surgery after a diagnosis of breast cancer (biopsy to surgery)	C
	BR2	Accessibility	Clinical trial participation	C
	BR3	Effectiveness	Adjuvant chemotherapy for stage I-III breast cancer within guidelines	C
COLORECTAL	CO1	Effectiveness	Tumour board presentation (preoperatively or within 4 wks of surgery) for patients with proven or suspected stage I-III colorectal cancer	C
	CO2	Effectiveness	Preoperative imaging performed before surgery	C
	CO3	Effectiveness	Positive surgical margins for radical prostatectomy	C
GU	GU1	Effectiveness	Treatment with neoadjuvant chemotherapy for bladder cancer patients and appropriate delays to first treatment	C
	GU2	Effectiveness	Appropriate treatment with salvage radiation therapy for prostate cancer patients	IP
	GU3	Efficiency	Appropriate imaging for kidney cancer patients in survivorship	C
	GU4	Efficiency	Appropriate imaging for kidney cancer patients in survivorship	C
GYNE	GY1	Accessibility	Pathology turnaround time for biopsies and surgical specimens	C
	GY2	Efficiency	Post-operative length of stay for patients with gynecologic cancer.	IP
H&N	HN1	Effectiveness	Referral of endometrial cancer patients for HNPCC testing	C
	HN2	Effectiveness	Referral of high grade serous ovarian cancer to genetic counselling and BRCA1 testing	C
HEME	HE1	Effectiveness	Multidisciplinary approach to treatment planning for all cases	C
	HE2	Safety	Rate of unplanned hospital visits during the peri-treatment period for H&N cancer patients undergoing chemoradiation	IP
	HE3	Continuity	Two year locoregional control for H&N cancer patients	C
LUNG	LG1	Safety	Patients with stage III-IV HNSCC assessed by a nurse pivot	C
	LG2	Effectiveness	Hepatitis B testing before rituximab administration	C
	LG3	Effectiveness	Molecular pathology turnaround time for FLT3 testing	IP
GENERAL	P1	Pt experience	Appropriate end-of-life care for patients with hematologic malignancies	C
	P2	Pt experience	Mortality rates for surgical treatment of lung cancer	NSOIP
	P3	Effectiveness	Delays from procedure to EGFR molecular testing result	C
GENERAL	A1	Accessibility	Wait time intervals from diagnosis to surgery (part I) to adjuvant chemotherapy/radiotherapy (part II) in patients with resectable stage I-III lung cancer	IP
	A2	Accessibility	Surgical wait times (by the 4 main cancers)	C
	A3	Accessibility	Radiation therapy wait times	C
GENERAL	E1	Effectiveness	Chemotherapy wait times	C
	E2.1	Effectiveness	Capture of stage data in the cancer registry (4 main cancers)	C
	E2.2	Effectiveness	Multidisciplinary care: structure of cancer diagnosis and treatment committees (tumour boards)	C
GENERAL	E3	Effectiveness	Newly diagnosed patients discussed at tumour board	IP
	P1	Pt experience	Adult clinical trial participation	C
	P2	Pt experience	Overall rating of the patient experience for outpatient care	C
GENERAL	P3	Pt experience	Outpatient rating of treatment experience according to 6 care domains	C

Critical steps and timeline for first release



Reporting format

Who is the audience?

- Primary audience**
- Hospital leaders
 - Administrators
 - Clinicians

- Secondary audience**
- Patients
 - Greater public

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

Our goal was to present data with sufficient detail for hospital leadership and clinicians (who will be the primary ones motivated by it), but in a way that was at least potentially accessible to patients

- Key messages – media/take home message
- Background – why measuring this
- Charts and tables – all results are together
- What do the results mean? – explains results
- Efforts in this area – if active efforts are being made
- Data specifications – methodology

Future Directions

- Prioritize and implement quality improvement initiatives to address critical issues
- Communicate findings broadly to all stakeholders
- Establish annual public reporting with an increasing list of measures

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