

# The RCN Scorecard: An Approach for Driving Improvements Through Selected Measures

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RCN Strategic Priority: Evidence-Based Care

"If you cannot measure it, you cannot control it" — Lord Kelvin

## INTRODUCTION

Benchmarking is a key component of successful organizational performance management. It identifies the current level of performance and provides a way to set targets for improvements through quality improvement (QI) projects.

A RCN quality report (Version 1.0) was initially developed in 2014, with the intention to 'learn'. It focused on processes and setting up structures at the hospitals to develop a scorecard. To this end, several foundational accomplishments were put in place, including:

- RCN cancer registry
- Bank of clinical indicators (Lung, Breast, Colorectal, Prostate)
- A standardized methodology across the network to track patient experience (AOPSS Survey)
- Disease Site (DS) groups

## SCORECARD – VERSION 2.0 +

V2.0 of the Quality Report (now RCN Scorecard), was developed in December 2015. To build confidence in the quality of the information, it addressed several recommendations received from hospital staff in the review of V1.0. Significant attention was given to data extraction methodology, validation of results, and improved organization and visual presentation of the data. New indicators identified by the DS groups were also included. V3.0 of the Quality Report will be released in March 2017 throughout the three hospitals and will be overseen by the RCN Quality Council.

## BENCHMARKING FRAMEWORK

The RCN scorecard aims to address six dimensions of quality, which were inspired by existing quality programs and are aligned with the dimensions of quality set forth by the Institute of Medicine (Fig 1).

- 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

	Institute of Medicine	Cancer Care Ontario	Direction générale de cancérologie	MUHC Dashboard	Rossy Cancer Network
1	safety	safety	safety	safety	safety
2	effectiveness	effectiveness	effectiveness	effectiveness	effectiveness
3	timeliness	accessibility	accessibility	accessibility	accessibility
4	responsiveness	responsiveness	responsiveness	patient & family centered	patient centered
5	efficiency	efficiency	efficiency	productivity	efficiency
6	equitability	equitability	equitability	collaboration / community	equitability
7		integrated	continuity		continuity

Fig 1: Quality dimensions of scorecard frameworks

## RCN INDICATORS

The RCN scorecard is composed of over forty proposed indicators, which can be mapped to one of six dimensions of quality, and to the patient care trajectory.

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

Fig 2: Indicators mapped on the framework of the RCN scorecard. Black dots are high-level indicators and red dots are indicators selected by the DS groups

Table 1: Partial list of indicators prioritized by the DS Groups

	No.	Indicator	Data collected
Breast	BR1	Wait time between diagnostic biopsy and surgery	YES
	BR3	% patient treated on a clinical trial at any time	
GI	GI1	% stage III colon cancer patients receiving chemotherapy within 8 or 12 weeks of surgery	YES
	GI2	Wait time between diagnostic biopsy and start of therapy	
GU	GU1	% patients with positive surgical margins post radical prostatectomy	YES
	GU2	Delay from diagnosis to start of neoadjuvant chemotherapy for bladder cancer patients → % eligible patients receiving neoadjuvant chemotherapy	YES
GYNE	GY1	Turnaround time for pathology reports for biopsies and surgeries	YES
	GY2	Length of stay after surgery	
H&N	HN1	% cases presented to tumor board	YES
	HN2	Rate of hospitalization during and within 30 days of chemo and/or radiation therapy	
Heme	HE1	Turnaround time for molecular diagnostic testing (FLT3, NPM1, CEPBa, IDH1, IDH2)	YES
	HE2	% patients tested for Hepatitis B prior to start of rituximab	
Lung	LG1	30-day mortality rates for surgical treatment of lung cancer	YES
	LG2	Turnaround time for EGFR testing	YES
	LG3	Delay from procedure to EGFR result. % EGFR+ patients treated with tyrosine kinase inhibitor in first-line.	

## FROM MEASUREMENT TO IMPROVEMENT

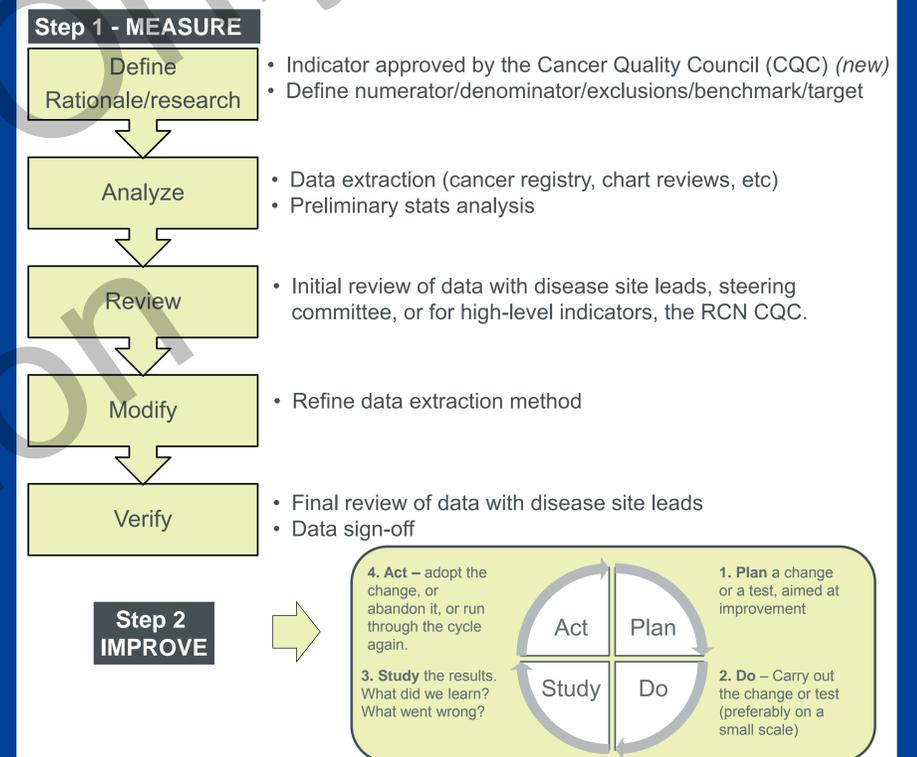


Fig 3. Driving meaningful quality improvements with data. In the first step, the indicator must be measured. In step 2, quality improvement initiatives are put in place using the PDSA cycle.

## ACHIEVEMENTS TO DATE

The purpose of the RCN scorecard is to provide supporting data for decision makers. To date:

- At least **one indicator** has been collected **per DS group** across the 3 hospitals
- **Six high-level indicators** have been collected across the 3 hospitals
- Several **QI projects** have arisen from indicator results: decreasing delays in molecular testing (LUNG), improving % cases presented to tumor board (H&N), ensuring timely adjuvant chemotherapy for colon cancer patients (GI).
- **Three residents from different specialties** are now involved in QI projects, increasing engagement and serving to train future generations of clinicians in quality improvement research.
- Creation of a **RCN CANCER QUALITY COUNCIL**, with representatives from each hospital.

## THE FUTURE OF THE SCORECARD

The RCN Cancer Quality Council will facilitate a coordinated approach to indicator selection, data collection methodology and indicator monitoring. They will advise on quality issues that require attention and will develop a process for **public reporting**.

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