Rossy Cancer Network

McGill and Teaching Hospitals Take Major Step Forward in Cancer Care

Partners launch Rossy Cancer Network at inaugural leadership conference

A landmark collaboration between the McGill University Health Centre (MUHC), the Jewish General Hospital, St. Mary’s Hospital Center and McGill University was inaugurated March 27, 2012, with the goal of becoming one of North America’s leading hubs for cancer care. The Rossy Cancer Network (RCN), a model for continuous improvement in patient-centred delivery, aims to complement the high quality cancer care each institution provides to achieve world-class outcomes in patient survival, mortality and satisfaction.

Launched with the exceptional support from the Larry and Cookie Rossy Family Foundation, the RCN will enable the McGill partners to leverage their talents, find critical mass in areas where it did not exist previously, develop and deploy common tools and information technologies efficiently and, most importantly, offer patients a more integrated and an increasingly higher standard of care.

“This is a once-in-a-lifetime opportunity,” confirmed Heather Munroe-Blum, McGill’s Principal and Vice-Chancellor, to the oncology leadership, patient representatives, hospital board members, government representatives and Rossy family members participating at the event. The sentiment was echoed by conference co-hosts Normand Rinfret, Hartley Stern, Arvind Joshi and David Eidelman.

“It requires change,” Munroe-Blum said. “But it will improve the lives and well-being of our cancer patients and their families, significantly.”

One Shared Focus

Over the past several months, the leaders of the MUHC, the Jewish General Hospital, St. Mary’s Hospital Center and the Faculty of Medicine have been meeting to put the RCN cornerstones in place – a period of common purpose and tremendous engagement across the oncology leadership.

“It is with great pride that the MUHC is associated with this project and gives its full commitment,” said Normand Rinfret, Interim Director General and CEO of the MUHC. “We believe in one certain value – this initiative will have a great impact on our patients, our research and our teaching.”

Hartley Stern, Executive Director at the Jewish General Hospital, likened the partnership to a new neighborhood: “If we think of our institutions as our homes, in which we perform certain activities, what we are doing with the RCN is moving our homes to a new neighborhood, and within each of our homes we will be diagnosing, managing acute episodes. But the majority of quality improvements will be done in the neighborhood, through the network that we are creating, in which we are moving patients seamlessly through the partner institutions.”

“I can assure you that, in the best interest of patient care, teaching and research, we will make this a huge success,” said Arvind Joshi, Director General and CEO at St. Mary’s Hospital Center. “Together, we will move forward on our common vision to create a network of clinical and health care leadership equipped with the skills, devotion and hard work of all the finest experts in cancer care across the province. We will make you proud.”
The RCN model is founded on cancer performance and quality indicators—being defined collaboratively across the partners—that target major areas of progress. It sets out a framework, supported by resources, infrastructure and tools, to develop a consistent, rigorous and accountable way forward to track improvements and to benchmark against international oncology leaders.

"Patients are at the heart of our cancer care," said David Eidelman, McGill Vice-Principal of Health Affairs and Dean of Medicine. "And we know the most reliable means of evaluating quality and consistency of care is by measuring patient outcomes and satisfaction, and targeting improvements. The Rossys have opened a pathway to support us in our efforts to be the very best. This is well within our reach."

To serve as guideposts, the RCN team has laid out several expected outcomes for the coming five years, including:

A common oncology scorecard, to track major RCN performance and quality indicators on a monthly, quarterly and yearly basis, and to improve cancer care based on these data.

A standard oncology patient survey and tools, enabling us to continuously monitor, adapt and improve the patient experience throughout the network and improve the care we collectively provide.

Integrated patient information, so that patient information flows seamlessly among the partner institutions, accessible to clinicians, to improve the delivery of co-ordinated care, without duplication.

Synoptic pathology reporting that is 100% compliant with the College of America Pathologists cancer checklists, to improve care and build a high quality registry.

Common disease standards and guidelines, built on those existing among disease sites, to ensure high quality multidisciplinary/interprofessional cancer conferences across the RCN.

Multidisciplinary case conferences, held regularly, to bring together health-care providers from the disciplines to discuss and make recommendations on the best care for individual cancer patients.

In five years, the RCN vision projects that patient surveys will show 95% of both inpatients and outpatients would recommend the Rossy Cancer Network to friends and family. Clinical indicators will tell a similar story of excellence, while positive margin rates for certain surgeries, such as prostate cancer, will be below 25%. Guideline concordance for certain cancers, such as lung, will be vastly improved. And, most importantly, patient outcomes, such as post-operative mortality for colorectal and lung cancer, will be comparable to the world’s leading cancer centres and networks.

Work Streams at Work

The RCN vision is being implemented through a series of continuous improvement projects that will involve the oncology communities and its supporting systems throughout the hospitals. Four initial streams of work were identified and teams began collaborating across the hospitals and Faculty in 2011.

Indicators & Outcomes

Led by Dr. Gerald Batist, Director, Segal Cancer Centre, Dept. of Oncology at the Jewish General Hospital. 

The team’s mandate: create a common scorecard to produce meaningful metrics that will guide improvement programs.

Patient Experience

Led by Ms. Ann Lynch, Associate Director General, Clinical Operations and Nursing Affairs. Team’s mandate: develop and deploy, in collaboration with our patients, standard patient experience surveys that will help drive continuous improvement across the partner institutions.

A major milestone in the Rossy Cancer Network project schedule is the launch of the Patient Experience Survey in the coming weeks to cancer patients who have recently received treatment. The survey will be sent directly to patients’ homes. Information sessions will be held at each hospital to provide you with the details.

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Achieving and Sustaining Excellence

Bringing to bear expertise in major cancer care transformation, RCN Interim Executive Director and former CEO of Cancer Care Ontario Terry Sullivan, together with members of the RCN Advisory Committee, shared their valuable insights with conference participants.

“You need clear objectives, the capacity to implement and generate performance improvements, and active alignment and engagement of clinicians, patients, managers and policy makers,” said Sullivan, referring to international and domestic experiences in generating rapid cycle improvements in cancer care. “You need institutional alignment at the highest levels, all based on information and data about how we are doing relative to our peers and the best international comparatives,” he stressed.

In a panel discussion chaired by Adalsteinn Brown, of the Dalla Lana School of Public Health, University of Toronto, and Chairman of the Rossy Cancer Network Advisory Committee, the importance of sustaining excellence was addressed from several perspectives.

George Browman, Chair of the Canadian Partnership Against Cancer Guidelines Advisory Group, and also of the British Columbia Cancer Agency, spoke to the primary importance of understanding the working environment and working with the clinicians, based on his personal experience developing guidelines in the province of Ontario using evidence-based principles. “The guidelines that were produced by the program were accepted by the Ministry very quickly,” he stressed.

One of the primary goals of the March 27 conference was to broaden the discussion for each work stream, an exercise that was held in breakout sessions in the afternoon. Input from all participants was outstanding and critical in refining the strategies that will move the RCN forward, as so will be the ongoing discussions within the partners’ oncology communities.
Promise to the Patient

“The challenge is to treat all of the patient, not just the disease, using leading-edge medical technologies and innovative complementary social and psychological therapies and support.” This was the message that patient representative Gwen Andrews Nacos shared with conference participants in closing. Nacos, Founder of Cedars CanSupport and a member of MUHC’s Board of Directors, also spoke of her personal journey through the health-care system as a cancer patient 27 years ago. “We’ve come a long way since that time,” she said, citing evolutions such as psychosocial oncology, support programs and a myriad of services that today help cancer patients within the network cope and live a life fulfilled, be it long or short. “So, patient outcomes must be judged not only in length of life,” she stressed, “but in quality and richness of life.

“It begins and ends with the patient... I look forward to the next five years and join all here today in celebrating what promises to be an exciting journey.”

– Gwen Andrews Nacos

The Rossy Cancer Network is a collaboration within the McGill network of affiliated teaching hospitals that have a cancer mission. Enthusiastically supported by the Larry and Cookie Rossy Foundation, the partners aim to build on and complement the excellence they provide, accelerating their efforts to achieve world-class outcomes in cancer care in this decade. The RCN newsletter is a quarterly publication for partners of the network.

because they saw the due diligence and the quality of what was being done."

“Measurement alone is insufficient to improve care,” was one key message voiced by Joe Jacobson of the Dana-Farber Cancer Institute, who was part of a major national effort to measure processes of care in adult ambulatory cancer centres in the United States through the American Society of Clinical Oncology Quality Oncology Practice Initiative. “No doubt, you are going to be successful. It is vital to measure because you need that data to know that improvements are working, but be certain that you focus on a simultaneous improvement strategy.”

Philippe Couillard, SECOR advisor on strategies in the health and life science sectors and Quebec’s former Minister of Health and Social Services, addressed the importance of the “patient-centric” and “population-based” objectives. “It would be a huge missed opportunity,” he said, “if the results, the consensus, the guidelines, the lessons learned were not shared, as you go, with the rest of the health-care network.”

The Rossy Cancer Network Advisory Committee brings together the expertise, experience and counsel of the following leaders in the health care sector:

Dr. Adalsteinn Brown, (Chair of RCN Advisory Committee), Dalla Lana School of Public Health, University of Toronto
Dr. George Browman, Canadian Partnership Against Cancer, Guidelines Advisory Group
Dr. Michel Coleman, London School of Hygiene and Tropical Medicine
Dr. Philippe Couillard, SECOR Group
Dr. Joe Jacobson, Dana Farber Cancer Institute
Mr. Charles-Antoine St-Jean, Ernst & Young
Mr. Arnold Steinberg, McGill University Chancellor
Dr. Terry Sullivan, Interim Executive Director, Rossy Cancer Network

The Rossy Cancer Network Newsletter is a quarterly publication for partners of the network.