



Réseau de
cancérologie
Rossy

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Cancer
Network

RCN Retreat – The Year in Review

Wilson H. Miller, MD, PhD



3rd Annual RCN Retreat

225 people registered!

5 breakout sessions where we are soliciting your input in the design of the future projects

31 posters (varied projects and DS activities)

What are we hoping out of this retreat?

We hope to leave you here **engaged**, **energized** by new ideas, with a renewed sense of possibility in **collaborating together** and to **inspire new ideas and initiatives** to improve the care of patients.



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Disease site groups &
Supportive care group

Strategic priorities

- Design more accessible care
- Ensure evidence-based clinical practices
- Provide equitable access to breakthrough treatments and clinical trials
- Consider the patient experience in everything we do
- Support research that impacts quality of care

A **common scorecard** with accountability and transparency driving continuous quality improvements in patient care

Accessibility

Effectiveness

Patient Experience

Continuity

Safety

Efficiency

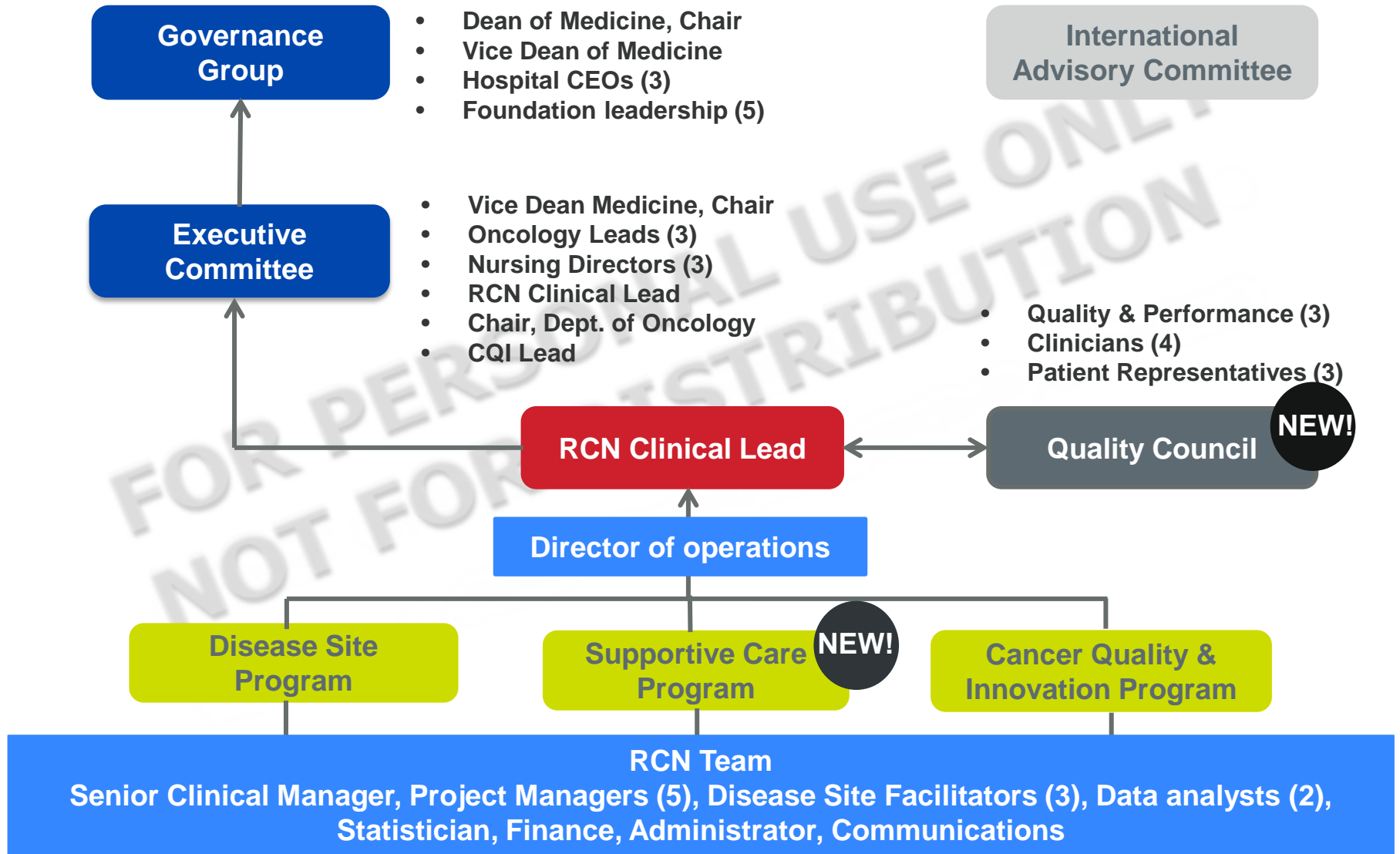
DIMENSIONS OF CARE



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Organizational chart



The Disease Site Program

7 active DS groups

Breast Sarkis Meterissian / Jean-Francois Boileau

GI Petr Kavan / Sender Liberman

GU Simon Tanguay / Franck Bladou

Gyne Luis Souhami / Walter Gotlieb

H&N Anthony Zeitouni / Khalil Sultanem

Heme Kelly Davison / Sarit Assouline

Lung Jonathan Spicer / Jason Agulnik



The Disease Site Program - What is working well

- Enthusiasm of DS leads
- Increased interaction with the Executive Committee
- Interest in indicator results and willingness to address issues
- Improved collaboration between hospitals
- Involvement of residents



Ongoing challenges

- Collaboration from other hospital departments
- Communication & visibility
- Lack of common IT system
- Competing clinical research programs
- 20% of cancers still not included
- Data acceptance is critical to public reporting



The RCN's 5 stages of data acceptance

1. Denial

This is not our result. Data is wrong.

2. Anger

Why are you measuring this in the first place?

3. Bargaining

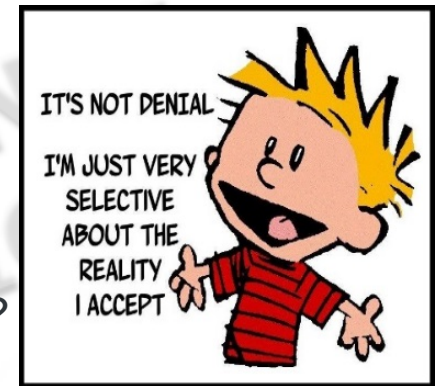
You have to stratify the data, did you take this factor into account, my patients/hospital/practice is special so it doesn't apply, etc.

4. Resignation

Ok. Data might be right.

5. Acceptance

Data is right and we have to do something to improve.



The Supportive Care Program

- Address psycho-social care, survivorship and palliative/supportive care
- Improve collaboration in the delivery of cancer supportive care
- Supportive care indicators
- Quality improvement projects

Session 2
Breakout A

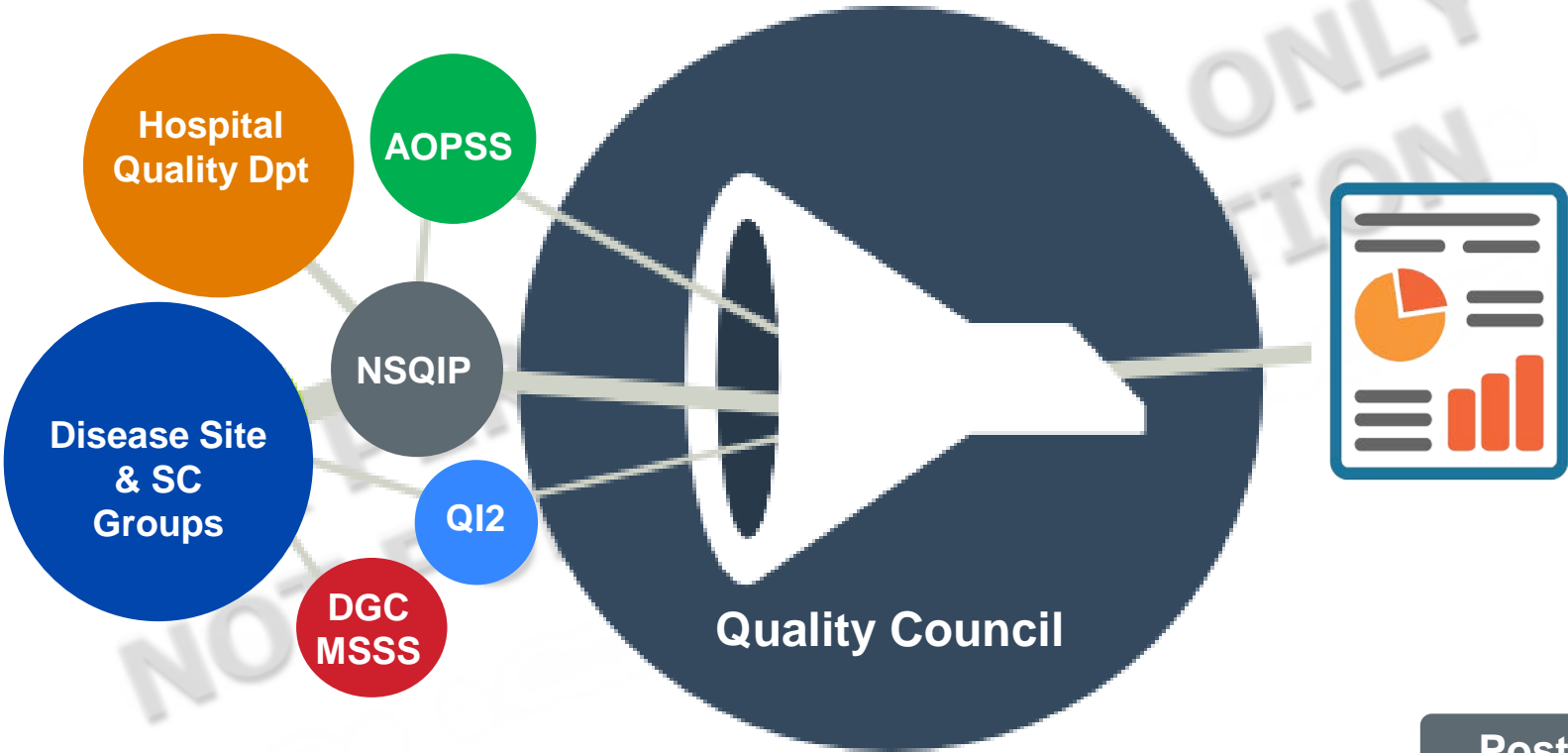


RCN Quality Council (QC)

- Framework for improvement of services
- Coordinated and collaborative monitoring of key performance indicators-critical for data acceptance
- Public reporting
- Advises on strategic priorities for quality improvement efforts.



Process of public reporting



Poster 16

Portfolio of indicators (~60)

March 2017

(7 indicators)

Dec 2017

(+3 indicators)

Thereafter annual reporting



Quality Indicators

- Dynamic list
 - 25 collected or in progress (refer to program)
- Span trajectory of care
- Different disciplines – pathology/surgery/med-onc/RT...

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Cancer Quality & Innovation (CQI) Program



Research Fund

4 grants were awarded
≈ \$320,000



Quality Improvement Initiatives Fund

2 grants were awarded
≈ \$80,000 (including project management support)



Skills Enhancement Fund

40 grants were awarded
≈ \$60,000

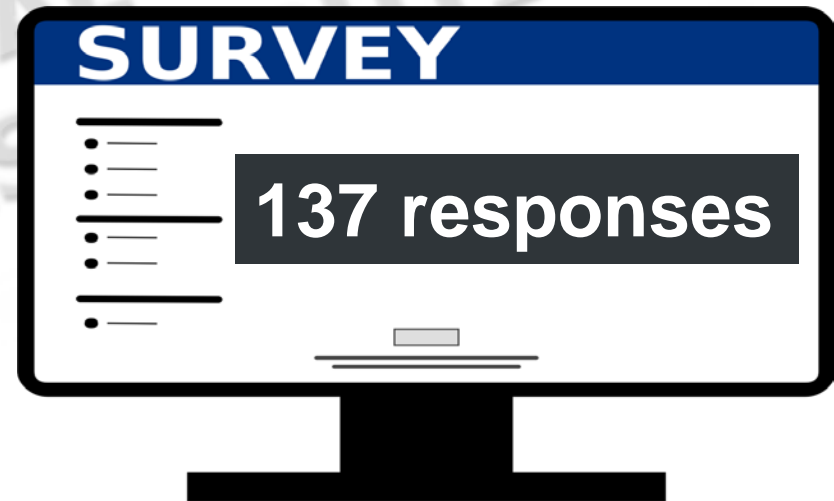


Survey results – your opinion

We have accomplished much, but we can still be better.

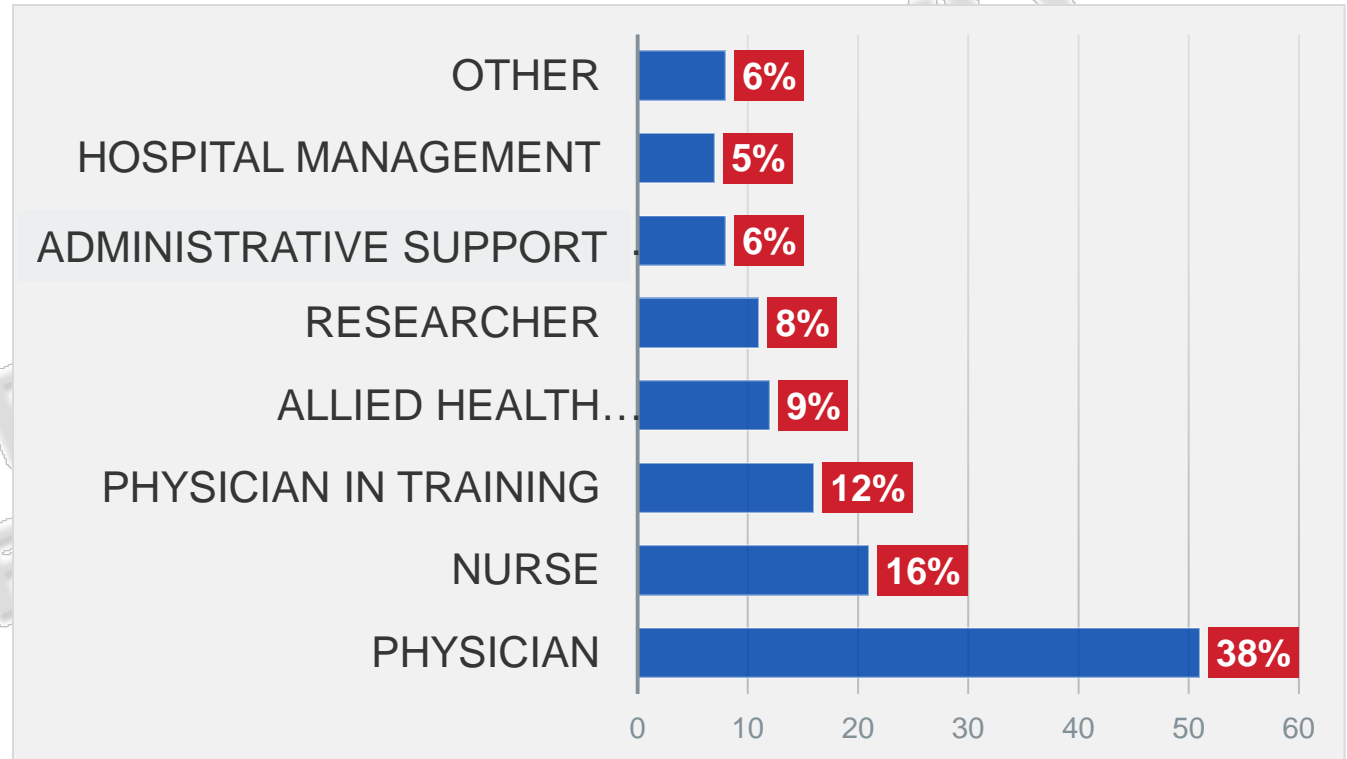
- Online survey
- ~500 recipients

*Complete survey results
are in the program
booklet*



Who responded?

MUHC	47%
JGH	28%
SMHC	14%
McGill	10%

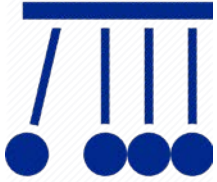




What are some things we're doing well?

- Getting the 3 sites together to **collaborate** (18%)
- Research **support** and **funding** (16%)
- **Improving care** through projects and by supporting best practices (16%)





How can we have the greatest impact together to improve cancer care?

- Through meetings, collaboration & communication (31%)
- By exchanging ideas, best practices and expertise (22%)
- By standardizing and coordinating practices (21%)
- By sharing data (16%)

N=90





What are some things we could do better?

- Communication (22%)
 - *Status of projects and progress*
 - *RCN services and tools available for projects*
- Awareness and visibility (22%)
- Collaboration (18%)
 - *Management should support more front line workers, clinical staff and patients in projects*
 - *Getting true buy-in from other sites to collaborate*



Patient Impact from RCN Activities



Better coordination of services

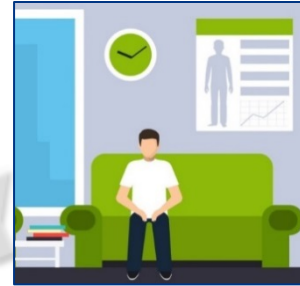
- **Male patients** have improved **access to fertility preservation** thanks to a new referral process and information sessions for health care providers, as well as educational tools for patients
- **Family physicians** increasingly have access to their cancer patients' **treatment summary** to help manage side effects and ensure better surveillance of recurrence

Poster 29

Poster 26



Patient Impact from RCN Activities



Shorter wait times without increased resources

- More leukemia and lung cancer patients are obtaining a **timely molecular diagnosis**, improving how quickly they start treatment for these **aggressive cancers**
- Vulnerable oesophago-gastric patients, who often present weakened due to difficulty swallowing, had the time from diagnostic workup to first treatment streamlined **from 10 weeks to just 3**

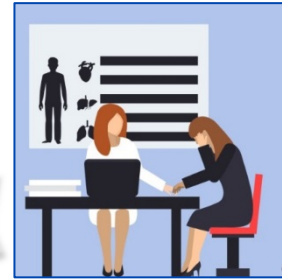
Poster 20

Poster 22

Poster 14



Patient Impact from RCN Activities – *cont'd*



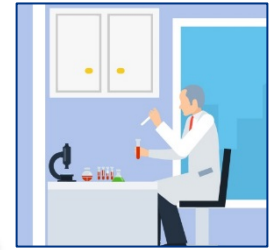
Managing symptoms

- Screening for **pain, fatigue, anxiety and depression** was implemented in close to 3000 patient visits; **80%** of those who reached threshold for intervention received appropriate **management of their symptoms** and therefore benefited from screening.

Poster 27
Breakout A



Patient Impact from RCN Activities – cont'd



World-class care

- **Hematology** cancer patients and patients with **complex gynecological cancers** are benefitting from **multidisciplinary case review**, which the literature indicates improves outcomes
- More bladder cancer patients are treated with **chemo before surgery**, providing them greater survival benefit
- RCN Disease Site Facilitators **increased** the number of patients **transferred between hospitals** to access experimental treatments in **clinical trials**
- **Elderly frail** patients received a **pre-habilitation** regimen to **reduce complications** from colorectal cancer surgery

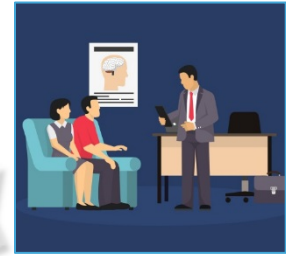
Posters 19

Posters 22

Poster 5



Patient Impact from RCN Activities – cont'd



Asking questions and offering answers

- Patients and health care providers now have access to an online bilingual **resource** to **talk about their diagnosis** with **kids and teens** (startthetalk.ca)
- **Breast cancer** patients and health care providers now have an extensive **video resource** that answers questions about the challenges of the cancer journey, **in patients' own words** (www.healthexperiences.ca)
- Patients receive tailored information booklets and a **post-treatment session** with a nurse in order to alleviate fears about the transition to **survivorship** after their last cancer treatment

Poster 11

Poster 8



Current initiatives and those in the pipeline



Urgent care center tailored for cancer patients **Presentation**

Helping relieve symptoms related to cancer with medical cannabis **Poster 1**

Supporting enhanced recovery after surgery protocols **Poster 30, 31**

Enhancing accrual to interventional clinical trials for breast cancer patients through a pre-screening project **Poster 17**

Initiating early supportive care for metastatic lung cancer patients **Breakout 2A**



Optimizing access to patient nurse navigators (IPO)

Distress screening and symptom management **Breakout 1A**

Meeting the needs of the AYA population **Breakout 2C**



Getting a project in the pipeline

- **Disease site groups**
 - Largely driven by indicator results
- **CQI program – *competition-based***
 - Research
 - Quality Improvement Initiative (QI2) ➔ **Expansion**
Spread initiatives
- **Quality Council**
 - Poor performing indicator (not DS specific)
- **Executive Committee**
 - Based on identified need for change



Getting a project in the pipeline

- **Disease site groups**

- Large ✓ Project leadership

- **CQI projects** ✓ Aligned with RCN strategic priorities

- Res ✓ Benefit 2+ hospitals
- Quality ✓ Stakeholder support

- **Quality** ✓ Capacity and resources

- Pot ✓ Readiness to implement

- **Executive Committee**

- Based on identified need for change

Expansion
Lead initiatives





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Thank you!

