

A National Rectal Cancer Quality Initiative: A Novel Approach to System Improvement

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Background

- Treatment of rectal cancer is multimodal, meaning that many patients will require treatment with surgery, chemotherapy and radiation.
- Currently, variation exists across the country in the uptake and use of best practices for the treatment of rectal cancer.
- Incorporating the patient voice into this work is a key priority to ensure that issues important to patients are being addressed.

Objective

1. To use a multi-disciplinary knowledge translation strategy with physicians and patients to develop and measure specific process indicators for the treatment of rectal cancer.
2. To identify gaps in care based on these selected process indicators to drive local quality improvement across Canada.

Approach

National Workshop (Figure 1)

- Process indicators were developed by a multi-disciplinary team of physicians and patients for:
 - Radiology, surgery, radiation oncology, pathology, multidisciplinary cancer conference (MCC)
- Suggested tools for capture of the process indicators and areas for knowledge translation were identified.

Planning Phase

- The process indicators and tools to capture the indicators were finalized.
- Website and database for data collection were developed.
- Knowledge translation activities were planned.

Implementation

- A series of audit and feedback reports were issued every 3 months over a two year period to identify gaps in care and local quality initiatives were implemented to close these gaps.
- A timeline is provided in Figure 2.

Figure 2: Timeline of Activities

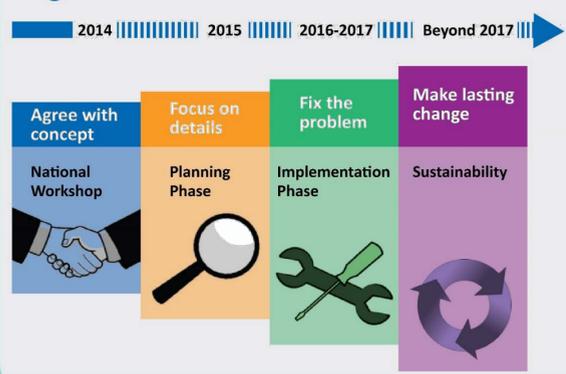


Figure 1: Pan-Canadian, Multi-disciplinary Engagement to Improve Quality of Rectal Cancer Care



National Workshop

- A national workshop was held on May 23, 2014 for the multidisciplinary physician team and patients to select the final list of process indicators.
- 57 process indicators were selected:
 - MCC.....12
 - Pathology.....10
 - Radiation Oncology.....14
 - Radiology.....10
 - Surgery.....11
- Suggested tools for data capture included:
 - Synoptic MRI Report
 - MCC Synoptic Report
 - Radiation Oncology Pre-Treatment Checklist and Treatment Summary
 - College of America Pathologists (CAP) Pathology Checklist
 - BC Cancer Agency Rectal Surgery Checklist
- Areas for knowledge translation included:
 - Radiology MRI Training Set
 - Radiation Oncology Contouring Guideline
 - Guideline to improve venous invasion detection rates for pathology
- 29 patients and family members participated in the national workshop and presented to the multidisciplinary physician team a list of the 10 most important issues to ensure the ideal patient journey (Table 1).

Table 1: The Top 10 Most Important Issues to Patients

1	Information portal that is specific to the patient, including a high level overview of journey (what to expect) and information to a specific point in time (what to act upon immediately).	6	Clear explanation of diagnosis and treatment plans in an empathetic way, with the appropriate amount of information provided.
2	High quality pre-and post-operation support (home care nurse, stoma nurse, "buddy").	7	Transparent and consistent communication (by and within the healthcare team) of the patient's health record and status between phases.
3	Establishing a single go-to person for the coordination of care who can answer or redirect questions.	8	A live or on-call hotline with someone experienced specifically in rectal cancer when concerns arise.
4	Shorter wait times between diagnosis and treatment plan.	9	Transparency around the fact that the healthcare team is working off a central, agreed upon treatment plan.
5	A message of hope when communicating the treatment plan (radiation, chemo, and surgery).	10	Education on how to be an empowered patient and prepare for physician meetings.

Results

Planning Phase

- Tools were developed to assist all centres in capturing the process indicators.
- A webinar was conducted for all the Site Leads to review the final process indicators and data collection tools.
- Site leads at each centre were responsible for organizing a "project launch" to introduce process indicators and data collection tools to their colleagues.
- A web accessible database was developed to allow for on-site data entry.
- Planning of knowledge translation activities is on-going.

Implementation Phase

- Centre specific audit and feedback reports are produced every 3 months to encourage local quality improvement initiative where variations exist.
- Each centre will receive the overall results as well as the overall and anonymized report for each centre.
- Each centre will identify gaps in care at their centre and work together with their colleagues to close these gaps.
- There will be ongoing communication with the site leads and project team to discuss results of each report and discuss further strategies to close gaps and trouble shoot problem areas.
- Data collection started on April 1, 2015 and will continue until December 31 2016.
- It is expected that approximately 1000 to 2000 patients will be included in the study and that all centres will show improvement over time.

Sustainability

- This project employs an "integrated knowledge translation" approach to ensure "buy in" from stakeholders.
- During the study, interviews with the 32 site leads will be conducted to discuss barriers and facilitators for sustainability of these initiatives at each centre.
- Results of the interviews will be used to develop strategies to improve sustainability.
- At the end of the funding period, each centre will be encouraged to disseminate this multidisciplinary model of care across their respective provinces.

Conclusions

- A set of Canadian process indicators for quality rectal cancer treatment have been developed by engaging a multi-disciplinary group of physicians and patients.
- The use of Site Leads considered as local champions as well as audit and feedback is expected to assist centres identify and close gaps in care for rectal cancer to ensure more consistent, high-quality care for all Canadians.
- This pan-Canadian strategy for engaging a national, multi-disciplinary group, including patients, could be leveraged in other areas of cancer and other health care domains to address various quality gaps.