Réseau de cancérologie Rossy

Rossy Cancer Network

Funding excellence.
Uniting care.

4th Annual Retreat Program

Friday, November 16, 2018

Centre Mont-Royal
2200 Mansfield
Montreal

McGill

Centre universitaire de santé McGill / McGill University Health Centre

Hôpital général juif / Jewish General Hospital

Centre hospitalier de St. Mary / St. Mary's Hospital Center

Message from the Executive Committee

For the past 5 years, the Rossy Cancer Network (RCN) has worked towards improving the quality of patient care by building a long-term collaboration with our partners at McGill University's Faculty of Medicine, the McGill University Health Centre (MUHC), the Jewish General Hospital (JGH) and St. Mary's Hospital Center (SMHC). The RCN has funded evidence-based multi-institutional quality improvement initiatives, as well as research into cancer care quality at the RCN partner hospitals. We have provided our partner hospitals with the funding, data and opportunities for collaboration and training that they need to raise the bar in cancer care for their patients. We are proud to share the strides we have made in the past year in our core areas.

QUALITY IMPROVEMENT INITIATIVES - *WE GIVE HEALTHCARE TEAMS THE DATA AND PROJECT SUPPORT TO MAKE LASTING IMPROVEMENTS TO PATIENT SERVICES.*

3 High Impact projects

- **Provide lung cancer patients with an integrated trajectory of care:** Reducing system inefficiencies to streamline care across the partner hospitals. Focus areas include screening & prevention, diagnosis, treatment, survivorship & surveillance, and integrated informatics.
- **Urgent Care Center (UCC) tailored to cancer patients:** Reducing complications and emergency department visits through oncology symptom-management telephone triage.
- **Patient reported outcome measures (PROMs) for distress screening:** Expansion of an RCN-led initiative to a greater number of cancer types to improve symptom management with routine screening and patient-clinician discussions and interventions.

7 Patient trajectory improvements

- **Early palliative care for stage IV lung cancer patients.** Developing a process to discuss goals of care and patient treatment preferences within two months of diagnosis, to better control symptoms and improve quality of life.
- **Enhanced Recovery After Surgery (ERAS) protocols for cystectomy patients.** Shown to decrease complications and shorten length of stay.
- **Fertility planning for female patients.** Improved access to fertility preservation options by means of patient education resources, information sessions for healthcare professionals and a more effective referral process.
- **Optimizing tumour board (CDTC) management.** Creating an administrative tool and an automated CDTC Report Card for all tumour sites. *Project aligned with la Direction gènèrale de cancérologie.
- **Improving communication and reducing PEG complications for Head and Neck cancer patients.** Developing new patient teaching tools for patients undergoing chemoradiation as well as a care card to alert emergency department teams or GPs of the patient's treatment status and care team.
- **Hepatitis B screening and monitoring prior to Rituximab therapy.** Standardizing optimal screening for patients with a hematologic malignancy to eliminate potentially fatal complications from Hepatitis B reactivation.
- **Preparing caregivers to talk to kids about cancer.** Giving healthcare professionals and individuals with cancer the tools to properly address the topic with children and teens through online modules at Startthetalk.ca.

3 Feasibility projects

- **Optimizing access to patient nurse navigators** (IPO: infirmière pivot en oncologie) Phase 1: Understanding the top challenges regarding the IPO role and practice, and providing recommendations to improve collaboration, awareness, and patient access to IPO resources.
- **Medical cannabis as a complementary treatment.** Offering eligible patients specialized medical oversight and regular monitoring to help manage symptoms.
- **Pre-screening breast cancer patients for clinical trials.** Enhancing accrual to interventional clinical trials for breast cancer patients through pre-screening.

MEASURING AND REPORTING - *WE PUBLICLY REPORT ON MEASURES THAT MATTER TO PATIENTS AND ENSURE THAT DATA ARE SHARED WITH HEALTHCARE PROFESSIONALS IN THE PARTNER HOSPITALS.*

28 quality indicators in active measurement (see p. 8) defined in collaboration with the RCN Disease Site Groups and Quality Council to target areas of improvement and develop quality improvement initiatives.

10 publicly reported indicators on the RCN Public Scorecard. Two public updates of data on mcgill.ca/rcr-rcn/scorecard in December 2017 and September 2018, including:

1 Special Report on the Patient Experience based on five years of data and over 3000 responses to the standardized Ambulatory Oncology Patient Satisfaction Survey (AOPSS).

CONNECTING HEALTHCARE PROFESSIONALS

8 Disease Site Groups (DSGs): Collaborate across hospitals on 19 measurements and 11 quality improvement efforts; 4 residents involved in indicator measurements and 2 accepted posters for international conferences. New Sarcoma Disease Site Group led by Dr. Robert Turcotte (see membership p.5).

RCN Governance Group: Approves overall RCN direction and operational budget (see membership p. 4). Previously chaired by the Dean of Medicine, the committee will now be chaired by the CEOs of the partner hospitals on a rotating basis.

RCN Executive Committee: Approves all new projects; new members this year include the clinico-administrative (nursing) leads from the three partner hospitals (see membership p. 4).

RCN Quality Council (QC): Reviews and approves new indicators, public reporting, and other RCN initiatives. The QC is composed of clinician, quality improvement and patient representatives from the 3 RCN partner hospitals (see membership p. 4).

RESEARCH & EDUCATION - *WE SUPPORT RESEARCH AIMED AT IMPROVING THE QUALITY OF CANCER CARE. WE ENHANCE SKILLS AND PARTICIPATE IN TRAINING THE NEXT GENERATION OF HEALTHCARE PROFESSIONALS.*

Over $500,000 invested in the last year

4 CQI Research Grants awarded

3 Quality Improvement Initiatives (QI^2) Grants awarded

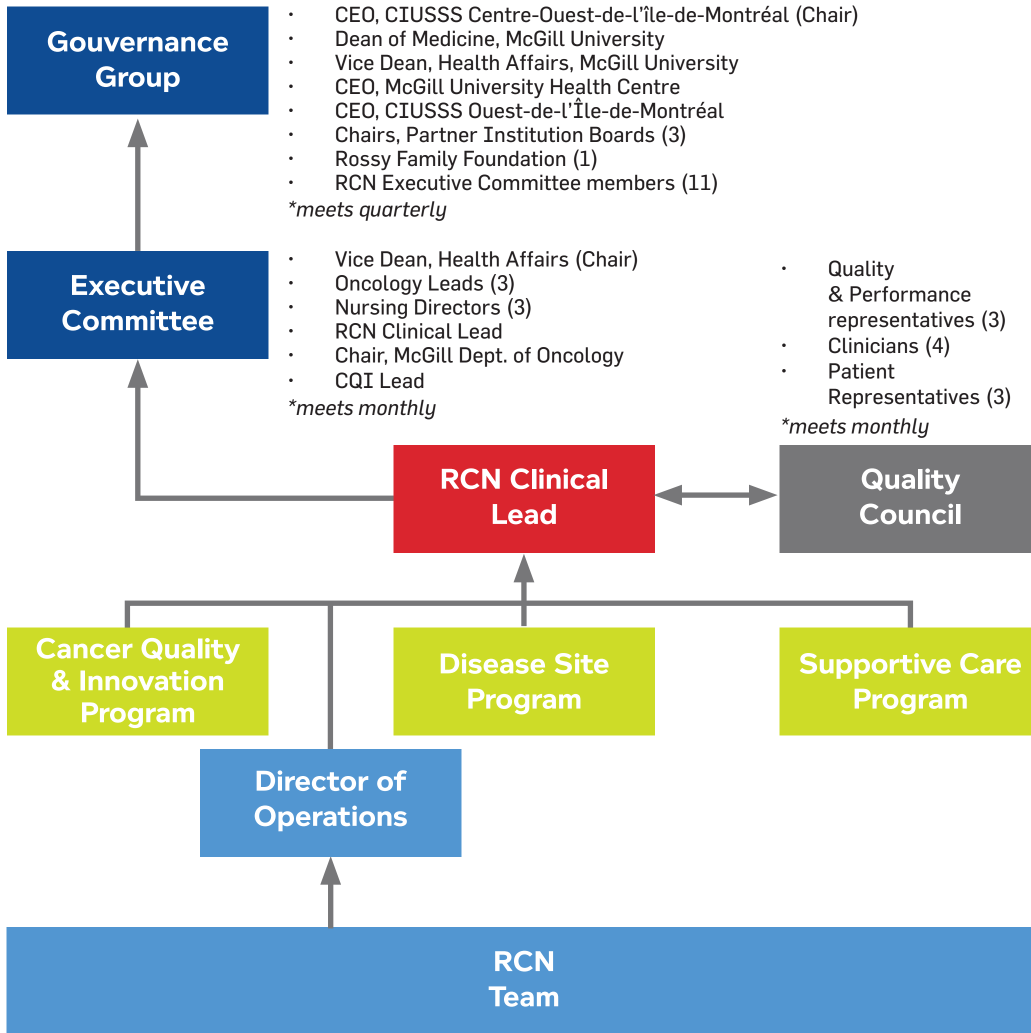
130 nurses trained by the RCN's Skills Enhancement Program to complete oncology or palliative care specific certification or specialized training. The RCN received an Honourable mention from the Canadian Nurses Association for their Employer Recognition Award.

2 Kuok Scholarships supporting a PhD in Epidemiology and a Master's in Counseling Psychology.

We want to express our appreciation to everyone who has played a role in advancing RCN quality improvement initiatives. We know that these projects take time and resources, and that they present many challenges. Your commitment to delivering world-class care to your patients keeps us moving forward. We also thank each of you for taking time out of your busy schedules to attend the Retreat. Thanks to your collaboration and insights, we can continue to strive for excellence together.

Manon Allard
Armen Aprikian
Gerald Batist
Samuel Benaroya
Erin Cook
Eduardo Franco
Adrian Langleben
Ari Meguerditchian
Wilson H. Miller, Jr.
Lucie Tardif
Tony Teti

Organizational chart



Senior Quality Program Manager, Senior Project Manager (PMO), Medical and Scientific Advisor, Project Managers (3), Quality Improvement Coordinators (5), Clinical Analyst, Statistician, Finance Manager, Administrator, Communications Officer, Cancer Registrars (2)

Quality Council members

Wilson H. Miller, Chair, RCN Clinical Lead

MUHC	Patricia Lefebvre	Associate Director General (interim) and Director of Quality, Evaluation, Performance and Ethics
	Carolyn Freeman	Radiation Oncologist
	Lucie Tardif	Clinico-Administrative Coordinator, Cancer Care Mission
	Laurie Hendren	Patient representative
JGH	Anne Lemay	Associate Executive Director for the Support, Administration and Performance Programs
	Sinziana Dumitra	Surgical oncologist
	Amanda Afeich	Patient representative
SMHC	Nelea Bezman	Associate Director of Quality, Evaluation, Performance and Ethics
	Adrian Langleben	Oncologist
	Linda Tracey	Patient representative
RCN	Jackie Girgis	Medical and Scientific Advisor
	Tony Teti	Director of Operations

The Disease Site and Supportive Care programs form the clinical focus of the RCN. They are multidisciplinary teams involved in meeting the needs of a population of patients with cancer. The objectives of these groups are to harmonize and improve the quality of care for patients and their families, across the McGill-affiliated hospitals. The mandate of the Co-Leads is to work collaboratively to:

- develop a network culture
- select and track clinical quality indicators
- lead quality improvement initiatives
- make emerging treatments and clinical trials available to all patients across the network

Disease Site Group co-leads - *alphabetically*

Breast:
Jean-Francois Boileau
Surgical Oncologist, Segal Cancer Centre, JGH

Sarkis Meterissian
Surgical Oncologist / Director, Cedars Breast Center, MUHC

Gastrointestinal (GI):
Petr Kavan
Medical Oncologist / Director, Adolescent and Young Adult Oncology, Department of Oncology, JGH

Sender Liberman
Colorectal Surgeon, Proctologist, MUHC / Program Director, Colon & Rectal Surgery Residency, McGill University

Genitourinary (GU):
Cristiano Ferrario
Medical oncologist, JGH

Simon Tanguay
Uro-oncologist / Director, Urologic Oncology Department, MUHC

Gynecology (GYNE):
Walter Gotlieb
Surgical oncologist / Director, Gynecologic Oncology and Colposcopy, JGH

Luis Souhami
Radiation oncologist, MUHC

Head & Neck (HN):
Khalil Sultanem
Radiation oncologist, JGH

Anthony Zeitouni
Surgical oncologist / Director, Department of Otolaryngology-Head and Neck Surgery, MUHC

Hematology (HEME):
Chantal Cassis
Hematologist, JGH

Kelly Davison
Hematologist, MUHC

Lung:
Jason Agulnik
Pulmonologist / Medical Director, Pulmonary Oncology, JGH

Jonathan Spicer
Cardiothoracic Surgeon, MUHC

Sarcoma:
Robert Turcotte
Orthopaedic Surgeon, MUHC

Supportive Care Program co-leads

Manuel Borod
Palliative care physician, Director, Division of Supportive and Palliative Care, MUHC

Zeev Rosberger
Psychologist, Senior Investigator at the Lady Davis Institute for Medical Research

Clinical activities of the RCN

Table 1: Number of new cases of cancer[1]

	2015/16	2016/17	2017/18
MUHC	4242	4662	4705
JGH	2969	2991	2831
SMHC	762	777	801
RCN	**7973**	**8430**	**8337**

Figure 1: Number of new cases of cancer across the RCN by disease site group[2]

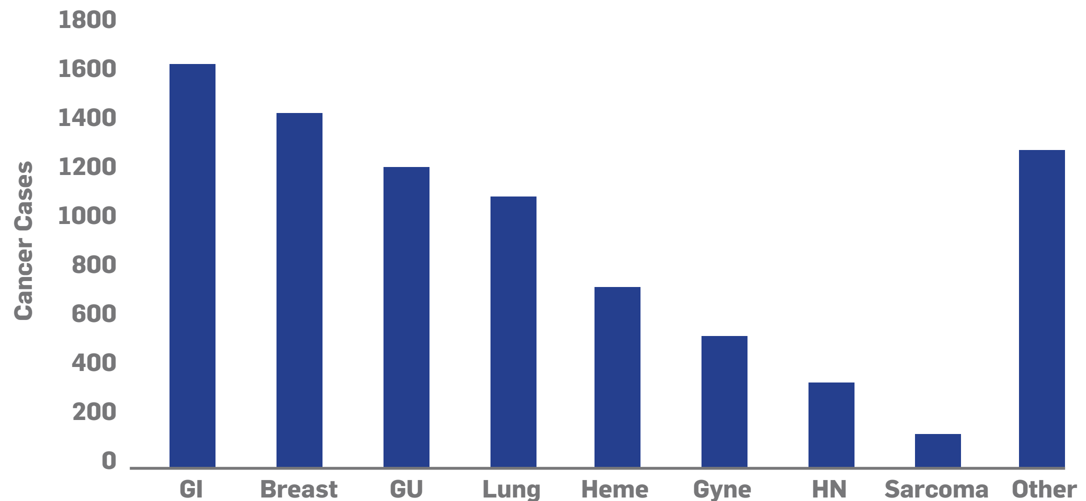


Table 2: Number of cancer surgical procedures[3]

	2015/16	2016/17	2017/18
MUHC	3139	3255	2976
JGH	1860	1801	1778
SMHC	418	500	445
RCN	**5417**	**5556**	**5199**

Table 3: Number of «Mises en traitement» (MET) in radiation oncology[4]

	2015/16	2016/17	2017/18
MUHC	2530	2629	2786
JGH	1609	1630	1578
SMHC	N/A	N/A	N/A
RCN	**4323**	**4244**	**4139**

[1] Data was extracted based on the cancer definitions and methodology used by the Government of Canada to produce their annual Canadian Cancer Statistics report. NEW CASES OF CANCER refers to cases for which the hospital provided the initial diagnosis of cancer and/or for which the hospital contributed to first course of treatment only. Excluded: Pediatric cancer cases, non-melanoma skin cancers, gynecology grade III intraepithelial neoplasias (CINIII, VINIII, VAINIII). Source: RCN cancer registry (merged data from the cancer registries of each hospital)
[2] Data represent the average of 3 fiscal years (2015/16, 2016/17, 2017/18)
[3] Source: SIMASS

Incidence of cancer across the RCN

Approximately 85% of all new cases of cancer can be associated to one of the RCN Disease Site Groups.

Table 4: New cases of cancer by Disease Site Group and RCN partner hospital over the last 3 years

	CANCER	MUHC			JGH			SMHC		
		2015/16	2016/17	2017/18	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
GI	Esophagus	70	62	84	10	19	8	4	3	4
	Stomach	104	108	128	37	35	38	8	12	19
	Small intestine	20	18	11	4	7	6	5	1	3
	Colon & rectum	403	371	423	411	359	367	161	127	163
	Anus & anal canal	26	35	25	16	11	15	4	2	11
	Liver	63	77	48	15	32	25	2	12	6
	Pancreas	83	94	99	80	70	59	13	20	10
	Gallbladder, other	70	62	54	25	33	32	7	6	3
	Total	**839**	**827**	**872**	**598**	**566**	**550**	**204**	**183**	**219**
BREAST	**Total**	**614**	**747**	**705**	**522**	**553**	**497**	**186**	**243**	**204**
GU	Bladder	128	142	139	95	96	89	58	74	79
	Kidney, other	166	178	171	65	81	72	23	17	27
	Prostate	246	324	342	269	258	328	11	13	9
	Testis	15	15	13	12	10	12	7	4	3
	Total	**555**	**659**	**665**	**441**	**445**	**501**	**99**	**108**	**118**
LUNG	Lung & bronchus	755	766	801	201	204	231	55	60	54
	Other	25	15	16	5	5	6	0	2	0
	Total	**780**	**781**	**817**	**206**	**209**	**237**	**55**	**62**	**54**
HEME	Hodgkin lymphoma	11	21	25	23	21	11	6	3	4
	Non-Hodgkin lymph.	142	174	169	158	142	142	33	29	36
	Multiple myeloma	50	53	54	34	32	32	12	13	10
	Leukemia	72	75	87	68	58	58	18	6	13
	Other	32	49	35	39	50	50	26	24	18
	Total	**307**	**372**	**370**	**322**	**303**	**207**	**95**	**75**	**81**
GYNE	Cervix uteri	26	42	31	30	41	21	7	8	7
	Corpus uteri & uterus	116	132	155	89	134	110	31	23	34
	Ovary	50	51	50	49	50	52	12	2	6
	Vulva, vagina, other	31	31	49	23	16	26	2	9	5
	Total	**223**	**256**	**285**	**191**	**241**	**209**	**52**	**42**	**52**
HN	Oral cavity	70	81	76	36	41	37	2	0	2
	Larynx	51	56	38	20	16	11	4	0	1
	Pharynx	51	63	52	41	44	39	2	4	1
	Other	31	20	16	12	22	25	0	4	5
	Total	**203**	**220**	**182**	**109**	**123**	**112**	**8**	**8**	**9**
SARCOMA	Bones & joints	20	1	7	2	0	0	1	0	0
	Soft tissue	89	80	90	9	17	5	4	1	1
	Total	**109**	**101**	**117**	**11**	**17**	**5**	**5**	**1**	**1**

Portfolio of RCN quality measures

This is a dynamic list. 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. The Quality Council must approve all proposed indicators before data can be requested from hospital systems. This ensures that expertise is leveraged across the Network, reduces duplication of efforts and improves communication between the quality departments of each hospital.

Site	Indicator number	Dimension	Description	QI Project
BREAST	BR1	Accessibility	Timely access to breast surgery (diagnostic biopsy to surgery)	
	BR2	Accessibility	Clinical trial participation for breast cancer patients	•
	BR3	Accessibility	Genetic testing turnaround time	
GI	GI1	Effectiveness	Adjuvant chemotherapy for stage III colon cancer within guidelines	
	GI2	Effectiveness	Tumour board presentation before definitive treatment for patients with rectal cancer	
GU	GU1	Effectiveness	Positive surgical margins for radical prostatectomy	•
	GU2	Effectiveness	Treatment with neoadjuvant chemotherapy for bladder cancer patients and appropriate delays to first treatment	•
	GU3	Effectiveness	Appropriate treatment with salvage radiation therapy for prostate cancer patients	
	GU4	Efficiency	Appropriate imaging for kidney cancer patients in survivorship	CKCis[1]
GYNE	GY1	Accessibility	Pathology turnaround time for biopsies and surgical specimens	•
	GY2	Efficiency	Post-operative length of stay for patients with gynecologic cancer	
	GY3	Accessibility	Delay from chemotherapy to start of RT for endometrial cancer patients	
HN	HN1	Effectiveness	Multidisciplinary approach to treatment planning for all cases	•
	HN2	Safety	Rate of unplanned hospital visits during the peri-treatment period for H&N cancer patients undergoing chemoradiation	•

[1] Canadian Kidney Cancer Information System (CKCis)

Site	Indicator number	Dimension	Description	QI Project
HEME	HE1	Safety	Hepatitis B testing before rituximab administration	•
	HE2	Accessibility	Molecular pathology turnaround time for FLT3 testing	•
	HE3	Efficiency	Appropriate end-of-life care for patients with hematologic malignancies	
LUNG	LG1	Safety	Mortality rates for surgical treatment of lung cancer	NSQIP[2]
	LG2	Accessibility	Delays from procedure to EGFR molecular testing result	•
	LG3	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	•
SARCOMA	SR1	Accessibility	Delays within the diagnostic pathway for sarcoma patients	
GENERAL	A1	Accessibility	Surgical wait times (4 main cancers)	
	A2	Accessibility	Radiation therapy wait times	
	A3	Accessibility	Adult clinical trial participation	•
	C1	Continuity	Percent of new cases assigned an IPO (pivot nurse) and the number of visits by IPO	•
	E1	Effectiveness	Multidisciplinary care: structure of cancer diagnosis and treatment committees (tumour boards)	•
	E2	Effectiveness	Newly diagnosed patients discussed at tumour board	
	E3	Effectiveness	Incident cases for which stage data are available in hospital registries (4 main cancers)	

[2] NSQIP : National Surgical Quality Improvement Program

Agenda

Time	Session
8:30	**The year in review and future directions** *Wilson Miller, RCN Clinical Lead*
	Trajectories of Care
9:05	**A word from the CEOs of the RCN partner hospitals on collaborating to improve patient care** *RCN Governance Group members: Pierre Gfeller, CEO McGill University Health Centre (MUHC); Lynne McVey, CEO CIUSSS Montreal-West-Island; Lawrence Rosenberg, CEO CIUSSS West-Central Montreal*
9:15	**A network-wide vision for improving the trajectory of care for lung cancer patients** *RCN Lung Disease Site Co-Leads: Jason Agulnik, Medical Director, Pulmonary Oncology, Jewish General Hospital (JGH); Jonathan Spicer, Cardiothoracic surgeon, MUHC*
9:45	**Coffee break / Poster session**
	BREAKOUT SESSION 1
10:30	**A. Streamlining the diagnostic process: A focus on diagnostic imaging, tissue procurement and pathology** **B. Identifying challenges and opportunities in delivering systemic therapy and radiation therapy**
	The Patient Experience
11:30	**Keynote address: Re-engineering Models of Care for Managing Symptoms and Toxicity During Cancer Treatment** *Monika Krzyzanowska – Director, Quality Program, Division of Medical Oncology & Hematology, Princess Margaret Cancer Centre, Toronto*
12:15	**Developing a coordinated response to patient screening (rEFOCUS project)** *Nathalie Aubin – RCN rEFOCUS project team / Palliative Care Clinical Nurse Specialist, MUHC*
12:30	**What do patients tell us about their care experience?** *Carmen Loiselle – Director, McGill University Psychosocial Oncology and Cancer Nursing Programs*
12:45	**Lunch**
	Cancer Quality & Innovation
13:45	**2017-2018 Cancer Quality & Innovation: Grant recipients and overview of available funding mechanisms** *Ari Meguerditchian – RCN CQI Program Lead / Surgical oncologist, MUHC*
13:50	**PD-L1 testing of EBUS-TBNA samples for NSCLC: feasibility and impact on patient management** *Anne Gonzalez – CQI Research Grant recipient / Director of Interventional Respirology, MUHC*
14:05	**Incorporating medical cannabis into clinical practice** *Antonio Vigano, QI^2 project lead / Director, Cancer Rehab Clinic, MUHC*
14:20	**Risk factors for chronic opiate use in cancer patients after discharge** *Siyana Kurteva – CQI Kuok Fellow / PhD candidate in Epidemiology, McGill University*
14:30	**The positive impact of Canadian Nurses Association (CNA) certification on nursing retention and engagement** *Maya Jeanty – RCN project champion / Clinical Unit director, Oncology, St. Mary's Hospital Center*
	Supportive Care
14:35	**Responding to the unique challenges of patients with hematologic malignancies** *Victoria Korsos – Resident, Internal Medicine, JGH*
14:45	**Better addressing palliative and supportive care needs of metastatic lung cancer patients** *Manuel Borod – RCN Supportive Care co-lead / Director of Supportive and Palliative Care, MUHC*
	Cinical Trials
14:55	**The impact of systematic pre-screening of cancer patients on clinical trial accrual** *Jean-François Boileau – RCN Breast Disease Site Co-Lead / Surgical oncologist, JGH*
	BREAKOUT SESSION 2
15:15	**A. Optimizing access for all patients to clinical trials** **B. Using National Surgical Quality Improvement Program (NSQIP) data to guide quality improvement initiatives to achieve excellence in surgical care** **C. Optimizing nursing access in oncology through pivot nurses (IPOs) and nurse practitioners**