RCN Retreat –
The Year in Review
Dr Wilson Miller Jr.
This year’s retreat goal:

To share with you our vision to improve trajectories of care and to create greater integration between the partner hospitals of the RCN. To leave you engaged in our big initiatives, energized by new ideas, and with a renewed sense of possibility in collaborating together to improve the care of cancer patients.
Organizational chart

Governance Group
- Dr Rosenberg, Chair (rotating)
- Dean and Vice Dean of Medicine
- MUHC and SMHC CEOs
- Foundation leadership (5)
- Executive Committee (11)
- Vice Dean, Health Affairs, Chair
- Oncology Leads (3)
- Nursing Directors (3)
- RCN Clinical Lead
- Chair, Dept. of Oncology
- CQI Lead

International Advisory Committee
- Quality & Performance (3)
- Clinicians (4)
- Patient Representatives (3)

Executive Committee
- MUHC and SMHC CEOs
- Foundation leadership (5)
- Executive Committee (11)
- Vice Dean, Health Affairs, Chair
- Oncology Leads (3)
- Nursing Directors (3)
- RCN Clinical Lead
- Chair, Dept. of Oncology
- CQI Lead

RCN Clinical Lead

Director of operations

Disease Site Program

Supportive Care Program

Cancer Quality & Innovation Program

RCN Team
Sr Quality Program Manager, Sr Project Manager (PMO), Project Managers (3), Medical & Scientific Advisor, Quality Improvement Coordinators (5), Clinical Analyst, Statistician, Finance, Administrator, Communications, Cancer Registrars (2)

For personal use only
Not for distribution
Who are we working for?

8337 incident cases

- Breast: 1406
- Genitourinary: 1284
- Thoracic: 1042
- Hematology: 658
- Endocrine: 460
- Gynecology: 546
- Melanoma: 486
- Head & Neck: 303
- Neurology: 246
- Sarcoma & Musculo-Skeletal: 123
- Others: 76

For personal use only
Not for distribution
The role of the RCN

Measure and Report on Performance
We publicly report on measures that matter to patients and share the data with healthcare professionals in our three partner hospitals.

Drive Quality Improvement Initiatives
We work hand-in-hand with healthcare professionals to make lasting improvements to patient services at the three partner hospitals of the RCN.

Connect Healthcare Professionals
We have in place disease site and supportive care teams to identify and address issues in a multi-disciplinary way. We organize annual meetings and events to encourage sharing of best practices.

Fund Research and Education
We support research aimed at improving quality of care for cancer patients. We enhance skills and participate in training the next generation of healthcare professionals.
<table>
<thead>
<tr>
<th>#</th>
<th>What are we working on?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Public updates on RCN Scorecard (Dec’17, Sep’18)</td>
</tr>
<tr>
<td>10</td>
<td>Publicly reported indicators</td>
</tr>
<tr>
<td>28</td>
<td>Internal indicators on RCN Scorecard (4 new)</td>
</tr>
<tr>
<td>1</td>
<td>Public report on the patients experience</td>
</tr>
<tr>
<td>7</td>
<td>Process Improvements (improving surgical outcomes, reducing time to molecular diagnosis)</td>
</tr>
<tr>
<td>3</td>
<td>High Impact Projects (Urgent care centre, Patient reported outcomes, Early palliative care)</td>
</tr>
<tr>
<td>3</td>
<td>Feasibility Projects (Cannabis clinic, Optimizing access to IPOs, Increasing trial accrual)</td>
</tr>
<tr>
<td>2</td>
<td>Patient Focused Trajectories of Care (Lung and Bladder Cancer)</td>
</tr>
<tr>
<td>8</td>
<td>Disease site groups (Sarcoma – NEW!)</td>
</tr>
<tr>
<td></td>
<td>Supportive Care group, HN annual general meeting, GYN annual symposium</td>
</tr>
<tr>
<td></td>
<td>Quality Council, Executive Committee, Governance Group</td>
</tr>
<tr>
<td>3</td>
<td>Quality Improvement Grants awarded (QI²)</td>
</tr>
<tr>
<td>4</td>
<td>Research Grants awarded</td>
</tr>
<tr>
<td>130</td>
<td>Nurse trained by the RCN’s skills enhancement program</td>
</tr>
</tbody>
</table>
MEASURING AND REPORTING

Indicators → Quality Reports

Disease Sites and Supportive Care Groups
- NSQIP
- AOPSS
- QI projects
- Hospital Quality Departments
- DGC - MSSS

Quality Council

Public Report
Mar 2017, Dec 2017, Sep 2018

10 indicators
Patient Experience Report
Disease Site Program Process Improvements

- **Improving surgical outcomes** for prostate cancer patients undergoing radical prostatectomy by shifting surgeries to high-volume surgeons with lower positive margin rates.

- More leukemia cancer patients are obtaining a **timely molecular diagnosis**, improving how quickly they start treatment for this **aggressive cancer**.
Urgent Care Centre (UCC)

Improve patient access to symptom management services through implementation of an oncology evaluation and treatment center

- Improve the management of Febrile Neutropenia
- Structure telephone symptom management
- Establish a drop-in Urgent Care Centre at each hospital

FEELING UNWELL ON CHEMO?

When in doubt, call to find out.

Call the Symptom Management Hotline as soon as you start experiencing symptoms.

Half of all cancer-related emergency department visits could be prevented with a phone call.

SYMPTOM MANAGEMENT 514 340-8222, ext. 25529
Monday to Friday, 8 AM to 4 PM

Evenings and weekends: 514 340-8232 (ask to speak to the hematologist-oncologist on call)
**Responding to Expanded Outcomes-focused Screening (rEFOCUS)**

Improve patient support during diagnosis and treatment by increasing clinician and patient awareness of symptoms and prompting discussions and interventions.

- Expand the electronic collection of Patient Reported Outcomes (PROs)

- Mobilize healthcare team to assess results with patients and to respond to concerns

**PATIENT IMPACT**

- Improve symptom management
- Increase quality of life (QoL)
Early Palliative / Supportive Care for Metastatic Lung Cancer Patients

- Establish early collaborative partnership between Oncology and Palliative/Supportive Care to put in place a timely plan for patient decline

- Improve documentation of goals of care and advance care planning

- Offer early referral to supportive/palliative care for symptom management (< 60 days of diagnosis)
Feasibility projects

MEDICAL CANNABIS CLINIC
Determine feasibility of incorporating medical cannabis as a complementary treatment option in the care delivery model at the MUHC Supportive & Palliative Care Program.

INCREASING PATIENT ACCESS TO IPO SERVICES
Top challenges were identified through interviews, focus groups, and Health Care Provider and IPO surveys. Findings include:

- Clerical burden
- Caseload
- Documentation
- Unclear IPO referral process and IPO role
Feasibility projects

INCREASING ACCRUAL TO CLINICAL TRIALS

Increase accrual of breast cancer patients onto interventional clinical trials by raising awareness of clinical trials and systematic pre-screening (JGH Pilot Project)

Exemplary clinical trials sites should accrue at least 10% of treated patients onto treatment-based clinical trials (ASCO)

- JGH accrual increased from 15% in 2016 to 18% in 2017 (Target = 20%)
- 16 patients enrolled to date!
COLLABORATION AND NETWORKING

• Lakeshore Foundation has expressed interest in joining RCN partner hospitals to deliver on a shared commitment to improve quality of patient care

• RCN and CIUSS-ODIM leadership met to discuss benefits of the partnership and possible new opportunities created

• Formal discussions on expanding the network to include LGH will take place at the next Governance Group meeting
FUND RESEARCH AND EDUCATION

Research Fund
4 Grants were Awarded
≈ $ 390,000

Quality Improvement Initiatives Fund
3 Grants were awarded
≈ $ 85,000 (including Project Management support)

Skills Enhancement Fund
130 Grants were awarded
≈ $ 195,000

Kuok Scholarship
2 Grants were awarded (PhD, Master’s)
≈ $ 42,000
Retreat theme this year…

INTEGRATED CARE

"Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction, and efficiency."

- World Health Organization

- Optimizing patient focused trajectories and improving quality by establishing corridors of care with partner institutions and their community while streamlining processes within the care pathway
Patient Focused Trajectories of Care

• **Lung Cancer**
  – Developing an integrated trajectory of care for lung cancer patients from screening to treatment to survivorship or palliative care
  – Thoracic Oncology Executive Committee
    • A Langleben, A Spatz, B Abdulkarim, E Cook, J Agulnik, J Spicer, L Tardif
  – 5 multi-disciplinary and cross-institutional sub-committees tasked with addressing areas of improvements (including 1 patient committee)

• **Bladder Cancer**
  – Integrating bladder cancer surgery, systemic therapy and clinical trials across the RCN partner hospitals: best trajectory for patients
Thank you!