A Summary of Activities and a Showcase of What’s Ahead
RCN Gynecology Disease Site Group

DISEASE SITE OBJECTIVES

- Expedite improvements and treatments with key common indicators for measurement
- Design and run projects to implement recommendations generated from indicator results
- Improvements will be applicable to all RCN hospitals to standardize treatment and care
- Contribute to the RCN clinical trials website
- Access to a larger pool of experimental and novel therapies
- Organize workshops to improve collaboration, and enhance staff exchanges and development across RCN hospitals
- Encourage team members to use RCN CQI funds to launch new research projects

SUMMARY OF ACTIVITIES TO DATE

Indicators
- GY1 - Pathology turnaround time (TATs)
- GY2
  - Part A: Post-operative length of stay (POLOS)
  - Part B: Contributors to emergency department visits and hospital re-admissions post-surgery
- GY3 - Wait time from chemotherapy to radiotherapy

Projects
- Effectiveness of a Joint Gyne-Onc videoconference TB

RCN Clinical Trials
- Trials are communicated to investigators via the RCN website and joint CDTCs

Annual Symposia
- 2017: Mindfulness Seminar - Dr. Rob Ruthledge “How to deliver high-quality Gynecology care” - 95% of attendees found this pertinent/beneficial
- 2018: Mindfulness Workshop - Dr. Melrose - “The 60 seconds Fix-a brain change tool” - 98% of attendees found this pertinent/beneficial

CQI Research Grants
- 2017: Dr. Gilbert - “Finding Effective Discriminators to Triage Endometrial Cancer Surgery”

GY1 – Process Improvement
Pathology turnaround time (TATs) for biopsies and surgical specimen

Results: Significant improvements in turnaround times

- No RCN hospital is reaching the target for all reports completed within MSSS target times
- Results were shared with the pathology departments at each of the hospitals
- Follow-up if missing specimens identified

GY2 – Indicator Measurement
Post-Operative Length of Stay (POLOS) and rate of Emergency Department Visits and Hospital Readmissions

Table 1: Patient cohort and collected risk factors

<table>
<thead>
<tr>
<th>Patient Cohort</th>
<th>Risk Factors</th>
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<tbody>
<tr>
<td>All patients post-gyne-onc surgery with cancer between 2014-17</td>
<td>Surgery type, Extent of surgery, Other surgery, Co-morbidities, Medications, BMI, Smoking, ASA score</td>
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Suggestions for reducing EDV & HA:
- Implementing:
  - ERAS
  - Optimization of discharge checklist
  - Improved communications with CLSCs
- Providing:
  - Improved pre-op and post-op home-care information
  - Contact information in case they feel unwell post-op

GY3 – Indicator Measurement
Wait time from end of chemotherapy to initiation of radiotherapy for patients with endometrial cancer who receive Combined Modality Adjuvant Therapy (CMT)

Combined Modality Adjuvant Therapy (CMT) approach improves outcome

Update for 2019

New (2019)

PROJECT: Effectiveness of a Joint Gyne-Onc tumour board (TB) between MUHC and JGH

- A joint TB between JGH and MUHC was established to discuss complex cases (weekly, Friday at 8:30am)
- Two TB audits were performed and assessed:
  1. Participation
  2. Data reporting and completion
  3. Adherence to recommendations and outcome

AUDIT RESULTS
1. 68 patients were presented
2. Recommendations found in chart:
   - JGH 50%
   - MUHC 100%
3. 83% of TB recommendations were adhered to

RCN CLINICAL TRIALS

The enrollment ratio is the number of patients enrolled on a treatment based clinical trial in a calendar year over the number of newly diagnosed patients in that calendar year. No benchmark exists for gynecological clinical trial accruals, but ASCO states that exemplary clinical trial sites should accrue 10% of all patients onto clinical trials. The RCN on average is close to approaching that value for 2017 (ratio of 9.4% of gynec-onc patients on a clinical trial).