



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network



Snapshot Fall 2014

The Rossy Cancer Network

UNITED FOR EXCELLENCE

The Rossy Cancer Network (RCN) is a partnership of McGill University's Faculty of Medicine, St. Mary's Hospital Center (SMHC), the Jewish General Hospital (JGH) and the McGill University Health Centre (MUHC). Together, we represent one of the largest cancer networks in Canada.

Rossy Family Foundation, matched by \$28 million from the dedicated foundations at the partner institutions: the Cedars Cancer Institute of the MUHC, the Jewish General Hospital Foundation, St. Mary's Hospital Foundation and McGill University. ■

Our mission is to improve quality across the continuum of cancer care for patients in the McGill-affiliated teaching hospitals.

Driving the RCN is the vision of becoming a comprehensive cancer network with outcomes in survival, mortality and patient satisfaction that are among the best in the world.

Using a common framework of resources and tools, we are leveraging our strengths to improve efficiency and effectiveness across the network.

The RCN, which forms part of the Réseau québécois de cancérologie, offers an exceptional opportunity to not only improve clinical outcomes, but also to have a positive influence on research and teaching.

This long-term collaborative effort became possible in 2012, thanks to a transformative gift of \$30 million over 10 years from the

A YEAR IN THE NETWORK

New cancer cases diagnosed or referred to an RCN hospital	over 11,000
Hospitalizations of adult cancer patients	over 10,500
Total length of stay for adult cancer patients	over 135,650 days
Pathologies resulting in cancer diagnosis	over 9250
Patients treated by chemotherapy	over 4650
Individual intravenous chemotherapy drug deliveries	over 107,000
Patients treated by radiotherapy	over 6500
Radiation oncology treatments	over 61,000
Initial visits by cancer patients or their relatives in psychosocial oncology	almost 1000
Follow-up visits of cancer patients with a pivot nurse	over 42,000
Imaging studies prescribed in ultrasound, CT, PET, MRI & Nuclear Medicine	over 18,000
Surgical clinic visits	over 47,000

Snapshot – Fall 2014

Bringing together four leading institutions on a common path is a major undertaking. We have worked hard over the past two years to create the infrastructure to support this unprecedented collaboration and advance the cancer missions of the McGill Faculty of Medicine and the partner hospitals. Today, the Rossy Cancer Network is focussed on implementing initiatives to improve the patient experience and outcomes. ■



NEW LEADERSHIP

We have introduced a new leadership structure that positions the chiefs of the oncology departments at the helm. They are supported by a new director of operations who will focus on optimizing budgets and ensuring that projects are closely in line with the network's founding agreement. To learn more, [turn to page 4](#).

COLLABORATIONS

We are collaborating at an unprecedented level, creating new tumour site groups, based on types of cancer, that connect oncology care across the network hospitals. We are also partnering with Cancer Care Ontario on an exciting project that will impact best practices across the country. To learn more, [turn to page 5](#).

IMPROVING THE PATIENT EXPERIENCE

We're listening. Through focus groups and standardized surveys, patients have told us what impacts their satisfaction and quality of life. We have implemented initiatives to respond to their concerns, from reducing wait times for chemotherapy to preparing primary care physicians to support cancer patients. To learn more, [turn to page 6](#).

RESEARCH AND TRAINING

Thanks to the RCN Research Grants, totaling \$550,000, cross-institutional teams will investigate new interventions that impact the delivery of care and patient outcomes. We are also investing in our staff through RCN Education Grants supporting master's level studies in health management and cancer nutrition. To learn more, [turn to page 8](#).

INFRASTRUCTURE AND DATA

We are fine-tuning our network-wide infrastructure by developing both operational and clinical tools that have allowed us to benchmark our performance and target continuous improvement projects where they will make the most difference. To learn more, [turn to page 9](#).

New Leadership

FROM THE HEART OF THE CANCER MISSIONS

The Rossy Cancer Network has witnessed an important transformation in the past year. A new governance structure now shifts the focus and accountability of the network to the clinical leadership of the partner institutions, bringing the RCN closer to the cancer care teams in the hospitals.

The new Executive Committee is composed of the chiefs of the oncology departments of St. Mary's Hospital Center, the Jewish General Hospital and the McGill University Health Centre, along with the Vice-Dean of McGill's Faculty of Medicine, the Chair of the Faculty's Department of Oncology and the lead of the Cancer Quality and Innovation Program.

This cross-institutional group decides the overall vision of network projects. Their operational focus

is on three key priorities: the establishment of cross-institutional tumour site groups, the continued refinement of a network scorecard to benchmark progress and target areas of improvement, and the introduction of IT systems to help sustain these initiatives.

Helping to drive these priorities is a new Clinical Lead, taking office in September, who will report to the Executive Committee.

Another important change is the appointment of a new Director of Operations whose focus is ensuring that projects undertaken are aligned with the founding gift agreement. He will also provide the Clinical Lead with the operational tools and support — from appropriate resources to cost management structures — to execute his mandate. ■



Collaborations

ACROSS THE NETWORK AND BEYOND

ESTABLISHING TUMOUR SITE GROUPS

One of the key priorities of the new Executive Committee is the establishment of tumour site groups — a best practice used in the leading cancer centres in North America.

By combining patient volumes across the network, we can create highly specialized teams around specific types of cancer, beginning with the most common cancer sites: breast, colon, lung and prostate.

These cross-institutional working groups will help customize performance scorecards specific to their tumour site (see page 9 for more), foster the development of network-wide clinical guidelines and best practices, organize a direct link to clinical trials, measure outcomes and drive improvement initiatives, and define the needs of the related IT systems.

A mission statement, goals and tasks have been developed and potential candidates for the leads of each cancer site are currently being approached.

PARTNERING WITH CANCER CARE ONTARIO

The RCN and Cancer Care Ontario have been awarded \$1 million in funding from the Canadian Partnership Against Cancer for a joint project titled "Improving Patient Experience and Health Outcomes Collaborative" (iPEHOC).

This three-year project is designed to address the challenges of integrating patient-reported measures into clinical practice.

The goal is to develop a patient experience measurement system that will become the Canadian standard. This exciting initiative will provide opportunities to share expertise and resources.

This project team will implement specialized assessments of levels of anxiety, depression, pain and fatigue experienced by patients, so those who need help can be referred for psychosocial care. Untreated emotional distress has been shown to impact quality of life and adherence to treatment.

Ultimately, the team will evaluate whether the program leads to a reductions in symptoms, and impacts the overall patient experience. ■



Improving the Patient Experience

PROJECTS LED BY FEEDBACK

To determine how we could best address patient satisfaction and quality of life, we commissioned NRC Picker Canada to deploy the industry standard Ambulatory Outpatient Satisfaction Survey (AOPSS).

The survey is sent out every three months, and in the past two years almost 15,000 patients in the network have responded. Their answers led us to create initiatives that address their most pressing concerns.

REDUCING CHEMOTHERAPY WAIT TIMES

For cancer patients, wait times for appointments add up. One of the RCN's key projects has been identifying inefficiencies in the system.

Focus groups, time mapping and benchmarking at the JGH, MUHC and SMHC allowed us to identify areas for improvement.



Simple changes, such as booking less complex cases earlier in the day, separating check-in and check-out tasks and streamlining the review of patient files before they reach the pharmacy, among others, were found to have an important impact.

Both the JGH and SMHC have begun implementing process changes. The MUHC will incorporate recommendations in its move to the new Glen site. Results will be re-evaluated in October and initiatives will be adjusted, as needed.

RADIOTHERAPY AND ITS EFFECTS

To help reduce the anxiety of patients prescribed radiotherapy, the RCN created tools to demystify the treatment journey.

The project committee surveyed almost 100 patients and 65 health care professionals in radiotherapy and oncology at all three hospitals about their most frequently asked questions.

The committee then created a 20-page booklet describing how to prepare for treatment and the steps involved in radiotherapy.

They also developed a video giving patients a virtual tour of the JGH and MUHC radiotherapy clinics, explaining what to expect.

The material is being distributed to patients and was accessed by over 350 patients on hospital websites in its first two months online.

PATIENT SELF CHECK-IN

A pilot project is underway to make the check-in process more convenient and improve wait times and privacy at the MUHC's radiation oncology clinic — an extremely busy unit with 200 patients per day.

The first phase of the project has been implemented with the addition of a large screen in the doctors' team room, which allows them to see how long patients have waited, and simplifies tracking patients as they move in the unit.

This fall, three new self check-in kiosks will be installed where patients will scan their medicare card, letting the health care team know immediately that they have arrived. ▶

Patients will be able to get questions answered more quickly by registration clerks who will be freed up to help with forms or appointments.

Lessons learned from the MUHC experience will inform similar self check-in systems at the JGH and SMHC.

ENHANCING THE WAITING ROOM EXPERIENCE

Collaborating closely with patient representatives, this project evaluated a number of steps that could be taken to improve quality of life for patients spending long hours in oncology waiting rooms.

This pilot project, introduced at the JGH, includes the installation of a large-screen TV which will feature sit-coms to help distract patients. In addition to ensuring that the waiting rooms in all hospitals are Wi-Fi enabled, the team added four public iPads at the SMHC, to allow patients to browse digital copies of magazines or access the Web while they wait. The project will be expanded this fall to add iPads at the MUHC.

ENGAGING PRIMARY CARE PHYSICIANS

When cancer patients re-enter the primary health care network, information concerning their treatment and follow-up needs is rarely communicated in a comprehensive fashion.

Yet providing family physicians with this information has been shown to be key in preventing new or reoccurring cancer, assessing physical and psychosocial effects, and reducing late complications.

Through a McGill-wide survey, the project team has begun assessing the needs of family physicians in delivering care to cancer patients. Preliminary results show a large gap in their knowledge and a desire for better information.

The team will develop workshops to educate physicians about potential physical and psychosocial complications, and will devise a pilot survivorship care plan, summarizing all pertinent medical information. The team will then assess the impact of these interventions. ■



Research and Training

CANCER QUALITY AND INNOVATION PROGRAM

In order to propel innovation at all levels in the network, the RCN's Cancer Quality and Innovation Program launched two annual funding mechanisms.

The RCN Research Fund and the RCN "Investing in the Future" Education Fund are open to all health care professionals — whether they are physicians, nurses, rehabilitation personnel or psychosocial health experts — actively involved in the delivery of care to cancer patients within the network.

RESEARCH GRANTS: IMPACTING CARE WITH NEW KNOWLEDGE

In 2014, we awarded the first round of RCN Research Grants, totaling \$550,000. The grants, introduced to encourage collaboration, require that co-applicants from at least two hospitals in the network join forces. The projects are selected by an external scientific peer-review committee and cover a broad range of challenges in the cancer care continuum. Teams are led by diverse health professionals: surgeons, oncologists, physiotherapists and clinical psychologists.



The first round of projects target the following areas:

BREAST CANCER Teams from SMHC and the MUHC will create a resource for breast cancer patients where they can hear and read about the experiences and choices of other patients.

GYNECOLOGICAL CANCER Teams from the MUHC and JGH will assess the effect of early compression therapy on the incidence of lymphoedema in patients treated surgically for gynecological cancer.



KIDNEY CANCER Teams from the JGH and the MUHC will adapt an enhanced recovery after surgery pathway for patients undergoing kidney surgery.

OESOPHAGO-GASTRIC CANCER Teams from the MUHC and the JGH will look at streamlining the process for investigation and pre-surgical treatment of oesophago-gastric patients.

PROSTATE CANCER Teams from the MUHC and the JGH will assess the quality of care in the network for prostate cancer with respect to Canadian clinical practice guidelines.

PSYCHOSOCIAL ONCOLOGY Teams from SMHC and the MUHC will evaluate and prepare an intervention to alleviate patient distress after active treatment. ▶

EDUCATION GRANTS: IMPROVING SKILLS

The RCN Education Grants will allow us to develop capacity within our teams and invest in skills acquisition. Knowledge transfer to the candidates' broader teams and across the network is a key goal of the project.

Over \$100,000 in grants were awarded to projects selected by an independent review committee:

The MUHC's associate clinical director of Radiation Oncology will complete a Master's degree in Health Economics, Policy and Management at the London School of Economics, looking at quality assurance strategies outcome measures in oncology and the cost-effectiveness of health care projects.

The head nurse for In-Patient Hematology-Oncology and Internal Medicine at the JGH will complete training at the Harvard Business School in Health Care Leadership, focussing on resource management and budget allocation.

A clinical nutritionist from the MUHC's Cancer Rehabilitation Clinic will pursue a Master's in nutrition therapy for cancer patients.

SMHC surgical floor nurses are embarking on a quality assessment and training program to develop oncology-specific nursing skills. ■

Infrastructure and Data

CREATING A FRAMEWORK FOR IMPROVEMENT

This year, the RCN is moving to the second phase of projects related to network-wide operational tools to support its initiatives.

RCN SCORECARD

The RCN balanced scorecard is an essential tool in standardizing care across the network and improving outcomes. It complements the existing quality improvement programs in each RCN hospital by developing a common set of indicators that provides a roadmap for quality and performance improvement across the network.

The overall aim is to allow cancer patients to benefit from an integrated and increasingly higher standard of care as the data reveals areas to improve with targeted initiatives.

After revising the scorecard with clinician input, we have now captured performance data for two years. The second release of scorecard data is slated for the fall and will identify areas for the next round of projects. ▶



SHARING MEDICAL INFORMATION

This year we completed the second phase of the Remote Access to Patient Information project. The three RCN hospitals had previously approved the cross appointment of 109 staff physicians involved in the diagnosis and treatment of cancer patients. Using a secure password-protected platform, these physicians can now view blood tests, consultation reports and radiology results even if these tests were conducted at another RCN hospital.

This summer, the second phase of the project was rolled out, adding an additional 85 MDs, including emergency room doctors, to the program.

Physicians now have better access to clinical information, reducing duplicate tests and improving access to care.

Patients who have to move within teams or hospitals in the network will benefit, particularly those from SMHC who must go to the JGH or the MUHC for radiotherapy.

SYNOPTIC REPORTING

A synoptic report is a standardized pathology report, customized by cancer type, that uses a consistent checklist. The College of American Pathology (CAP) sets standards for synoptic reporting and that are used by leading cancer centres.

Presented in this format, rather than in narrative form, the diagnostic and treatment information is much clearer, and the data can be more easily mined for future clinical research to improve patient care.

After a thorough collaborative process, the pathologists within the RCN working on the four most common cancers — breast, colon, lung and prostate — agreed to use the CAP standards as the benchmark for reporting.

The process is now well underway, with three out of the four of the most common tumour sites being reported synoptically within the network.

When the RCN hosts the 2015 Pathology Retreat, the team will report on findings to date for the project.

THE PROJECT MANAGEMENT OFFICE

Another important component of network infrastructure is the Project Management Office (PMO), launched in 2013. The PMO implements standard guidelines for documentation and reporting for all RCN projects.

In collaboration with the network hospitals, processes are being put in place to streamline RCN project workflows and simplify accounting of hospital-based resources.

As part of this initiative, project managers have participated in a Project Management Institute-accredited training course at McGill.

Most recently, a cloud-based project management software was customized and launched to provide improved project tracking and reporting. ■

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