NEWS BULLETIN

AUGUST 2003

FROM THE SURGICAL ONCOLOGY PROGRAM, CANCER CARE ONTARIO

This is the first in a series of monthly email *News Bulletins* that will be distributed by the Surgical Oncology program, Cancer Care Ontario, to keep you informed of our activities. This message is being sent to Chiefs of Surgery at Ontario hospitals, the regional Heads of Surgical Oncology, cancer surgeons, and the Vice Presidents of Cancer Services at Ontario cancer centres.

This first installment describes the development of cancer surgery quality indicators that will be used to measure practice patterns in Ontario. The focus of this initiative is on quality improvement, not accountability, therefore the resulting data will be communicated directly to hospitals and surgeons, and not to the general public.

You may distribute this message to others that may be interested. If you have any questions or comments about this month's item, or if you wish to be added/removed from our mailing list, please contact us at (sandy.romas@cancercare.on.ca; 416.971.5100 x1467).

Best regards,

Hartley Stern
Provincial Head
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CANCER SURGERY PERFORMANCE MEASUREMENT

Background

The Institute for Clinical Evaluative Sciences conducted a major study describing cancer surgery practice patterns in Ontario between 1992 and 1995. Variations in surgical rates across regions were associated with incidence and most patients requiring uncommon procedures went to high-volume institutions but the report recommended further in-depth analysis to evaluate access and appropriateness. Few subsequent investigations of access to, and appropriateness of cancer surgery in Ontario have been conducted, and there are few published, well-developed quality indicators by which to measure the quality of cancer surgery.

A systematic plan of quality improvement is required to: 1) develop indicators of quality cancer surgery for all disease sites, including those that measure access, appropriateness, waiting times, volume-outcomes, and clinical and health-related quality of life outcomes; and 2) monitor those indicators on a regular basis such that variations in care and outcomes can be identified and addressed.

Project Description

The Surgical Oncology Program has undertaken a program of performance measurement. This involves the selection of evidence- and consensus-based indicators of quality of care for cancer surgery followed by analysis of Ontario data based on these indicators. The results will be verified by Ontario hospitals. Then a report can be prepared describing the data analysis, highlighting any possible problems, and recommending strategies for addressing those problems. The process is currently focusing on breast and colorectal cancer surgery; prostate cancer surgery will follow.

Methods

Possible indicators were identified through systematic review of the literature. These are being rated by 15-member expert panels in a three-step consensus building process (modified Delphi technique) to arrive at a list of clinically relevant indicators of quality cancer surgery for each disease site.

Once each panel has agreed upon a final list of indicators, analysis of Ontario data will take place based on the selected indicators. The data analysis will be examined to identify possible problems in the organization and delivery of cancer surgery, and recommendations will be issued to address those problems.

Please watch for our next News Bulletin in September 2003!