

Cancer Strategic Clinical Network
Provincial Breast Health Initiative 2018-2019 (Phase I)

Summary Report



Provincial Breast Health Initiative 2018-2019 (Phase I)

March 1, 2019

This report has been prepared by the Cancer Strategic Clinical Network.

Contact

For more information, please contact:

Tara Bond, Manager
Cancer SCN
tara.bond@ahs.ca

Overview

In 2016, the Provincial Breast Health Initiative was established by the Cancer Strategic Clinical Network™ (SCN), in partnership with the Surgery SCN and CancerControl Alberta. The initiative brought together patients, providers, and administrators to achieve provincial consensus on an end-to-end breast health pathway. Using data, best practices and input from patients and families, the initiative designed and implemented improvements to address priority gaps in care across the end-to-end pathway.

In 2018, the Quality, Safety & Outcomes Improvement Committee (QSO) sanctioned the continued work of the Breast Health Initiative until 2020. This QSO endorsement was important to ensure pathway implementation was prioritized across the organization. This report summarizes the work completed between September 1, 2016 and March 31, 2019 for the Provincial Breast Health Initiative, including:

Diagnostic Assessment Pathway: Expedited processes for patients with highly suspicious breast lesions on imaging.

Same-day Mastectomy Pathway: Improved perioperative care for patients undergoing mastectomy.

Advancing Breast Reconstruction: Advanced education, surgical coordination and measurement to improve access and delivery of breast reconstruction. This work complemented the surgical uplift in operating room time for cancer surgeries (a separate initiative led by the Surgery SCN).

Foundational Elements: Created new educational resources to ensure women and their families have access to reliable information about breast cancer, treatment and care, and consolidation of breast cancer measurement reports into an online portal.

Enhanced Navigation: Updated the Comprehensive Breast Care Program patient navigation model based on patient feedback, and extended patient navigation services across the entire north sector of the province with no added resources required.

Successful partnerships between: patients and families; clinical teams; administrators and operational leaders across Alberta; primary and community care providers; community radiology clinics; the Alberta Society of Radiologists; CancerControl Alberta; and, the Surgery SCN have enabled a better understanding of the patient experience along the continuum of care.

Key recommendations for future end-to-end pathway initiatives include the following:

- Developing consensus on an end-to-end pathway, including a detailed visual, facilitates joint priority setting of multiple stakeholders and anchors specific quality improvement work.
- Working with the clinical community to establish relevant metrics with local and national benchmarks and using baseline data and ongoing audit and feedback effectively drives improvement and sustainability of change. This requires using a combination of administrative data sources and establishing new measurement systems for end-to-end pathways.
- Driving change that spans community care requires key partnerships with external groups. This requires building trust and early engagement in the design phases of multi-year initiatives.
- Using a balanced presentation of patient outcome, patient experience and system efficiency metrics to report on measures of success ensures there are opportunities for continuous improvement across the pathway.
- Co-designing with not only the clinical community, but also with patients, ensures that patient needs are addressed and patient experience is optimized.
- Establishing provincial targets that are evidence-informed and creating site-specific timelines for achieving targets to allow for local uptake addresses differences in readiness, ability to implement, and other competing priorities.

Diagnostic Assessment Pathway

Diagnostic work-up for breast cancer has been characterized by lengthy timelines, resulting in considerable patient anxiety and distress. The breast cancer community identified this problem as a priority that could be addressed by implementing a cancer diagnosis pathway. Using approaches already established for breast cancer in Lethbridge and for lung cancer in Alberta (Alberta Thoracic Oncology Program), a pathway was co-designed and implemented in Edmonton and Calgary by Primary Care Networks, community breast imaging providers, and breast surgical programs. This pathway expedites diagnostic work-up and surgical consults for patients with highly suspicious breast lesions on imaging.

Scope:

- Dual notification of primary care providers and breast surgical programs upon suspicious imaging findings by all breast imaging providers in the community
- Standardized clinical reporting recommendations to expedite referrals
- Closed-loop communication between breast programs, primary care providers, breast imaging providers and patients to mitigate delays and ensure no patient is lost to follow-up
- RN coordinator support of patients from the point of suspicious imaging to definitive diagnosis
- Prospective measurement of diagnostic work-up wait-times and patient experience
- Transition of pathway to operations

Accomplishments:

- Reduced average wait-times for:
 - suspicious imaging to biopsy from 8.5 days (N = 185) to 7.5 days (N = 285)
 - suspicious imaging to referral from 18.6 days (N = 181) to 6.2 days (N = 239)
 - biopsy to consult from 19.5 days (N = 185) to 15.5 days (N = 241)
- Over 60% of patients satisfied with diagnosis wait-times (N = 294)
- Improved relationships between providers and resource planning for breast health programs
- Created an early navigation touchpoint that is being leveraged for future work

Lessons Learned:

- Engaging local primary care leaders early, at problem identification stage, enabled engagement, prioritization, and presentation of solutions by primary care to primary care.
- Having a single point of access to anchor diagnosis pathways is critical to address the challenges of primary care to effectively expedite and support patients through diagnosis.
- Having a dedicated champion (i.e., Vice President of Alberta Society of Radiologists) is critical to brokering consensus with community radiologists.
- Bringing together multiple partners (e.g., Primary Care and Radiology) results in ongoing relationships that span beyond the project to future work.
- Resourcing prospective data collection with clerical resources is essential when there is a lack of electronic sources of data.
- Patient experience measurement needs to be incorporated into continuous improvement by local clinical teams to ensure unmet patient needs are being addressed.

Same-Day Mastectomy Pathway

In 2016, Alberta lagged in the adoption of surgical best practices delivering 1.4% of its mastectomies as day surgeries compared to Ontario at 38.7%. Addressing this gap was identified as a priority that could be tackled provincially through an evidence-based perioperative pathway. The Same-day Mastectomy Pathway was implemented across the province for 11 surgical facilities including: QEII, SCH, MCH, UAH, GNCH, RDRH, FMC, PLC, RGH, CRH, and MHRH and delivers high patient satisfaction and substantial resource release to the system.

Scope:

- Provincial consensus among the breast cancer surgical community on principles of care
- Development and dissemination of a provincial perioperative patient education package (print, online, videos)
- Implementation of Same-Day Mastectomy Pathway at 11 surgical facilities
- Delivery of in-services to nurses and physiotherapists to reinforce best practices
- Development and dissemination of a quarterly provincial and site-based dashboard reports

Accomplishments:

- Over 90% of patients were satisfied or very satisfied with information received before and after surgery
- Increased proportions of same-day mastectomies: 48% for 2018/19, 54% for Jan-Mar, 2019
- No increase in unscheduled ambulatory visits, non-elective readmissions, and post-operative complications in 30 days following surgery: 21%, 3%, and 9% for same-day mastectomies versus 23%, 5%, and 10% for mastectomies with overnight stays, respectively
- 880 bed days per year released to the system with same-day mastectomy target for 2018/19 compared to 2011/12

Lessons Learned:

- Facilitating discussions with breast surgeon leads, unit managers, and operational leads during pathway design phase led to consensus on indications and contraindications for same-day mastectomy as well as early adoption of the pathway.
- Resourcing a project team with a dedicated project manager, data analyst, and clinical nurse educators was critical to the co-design and dissemination of a provincial measurement and reporting system as well as a perioperative care education package with patients and breast surgical teams.
- Providing breast surgeon and operational site champions with data on same-day surgery rates and adverse outcomes, benchmarked to other sites and the province as a whole, ensured accountability. Access to accurate and timely site-specific data enabled local problem solving and spread of perioperative care best practices to late adopters within each hospital.
- Conducting supplementary audits of operating room bookings during implementation was used to initiate pro-active dialogue with non-adopters.
- Funding medical leadership for the initiative and receiving endorsement from the QSO committee along with support from the Cancer SCN, as part of an end-to-end multi-year pathway, helped to navigate challenging conversations with non-adopters and reinforced changes in surgical practice.
- Changing physician behavior was essential in adoption of a same-day mastectomy pathway. Some jurisdictions (e.g., Cancer Care Ontario) have explored using incentives such as granting of clinical privileges to mandate changes in practice patterns. Individual physician feedback reporting, in comparison to peers, has also been used in specific areas in Alberta and other jurisdictions to influence clinical practice, and could be contemplated for future pathway work.
- Providing real-time data to sites is important during implementation to facilitate process changes. Because the data was pulled from an administrative data source, which has a 2 month lag, and is reported with a quarterly frequency with

results aggregated by quarter, the data provided sites with a retrospective view of their pathway uptake status that was 2-5 months in the past. During implementation, more frequent monthly reporting with monthly breakdown of results would be a more effective model for future data-driven changes in practice.

- Using a balanced presentation of patient outcome, patient experience and system efficiency metrics to report on measures of success ensures that opportunities for continuous improvement are not missed across the pathway. For example, unscheduled ambulatory visits in 30 days following mastectomy at multiple sites are unusually high regardless of whether the surgery was delivered as a same-day procedure or with an overnight stay. Additionally, while there were high satisfaction rates with education programming, patient feedback in satisfaction reports highlighted opportunities to further enhance the education pathway including consistency of education from different providers for exercises after surgery, drain care, and incision care. A balanced approach to reporting that places emphasis on multiple key measures that reflect different dimensions of the pathway is recommended for future initiatives.

Advancing Breast Reconstruction

In 2017, AHS Leadership directed the Cancer SCN to advance breast reconstruction education, coordination, and measurement as part of the Provincial Breast Health Initiative. This work included establishing provincial education standards, improving surgical coordination and aligning measurement methods. This was done in conjunction with the Surgery SCN's mandate to plan a surgical uplift to increase cancer surgery access.

Scope:

- Provincial consensus on an online resource, breastreconstructioncanada.ca, for incorporation into a Breast Health Topic on MyHealthAlberta.ca and also into breast reconstruction patient information for distribution to the four breast health programs

Provincial Breast Health Initiative 2018-2019 (Phase I)

- Data audit and establishment of provincial coding standards in the surgical system – Alberta Coding Access Targets for Surgery – to accurately measure breast reconstruction
- Trial of a standardized referral form for general surgeons to refer patients to plastic surgeons for both immediate and delayed reconstruction surgeries
- Provincial inventory of plastic surgeons and procedures
- Process efficiencies, tailored to local facilities, to increase the breast reconstruction rates

Accomplishments:

- Increased access to surgery, through the Surgery SCN's coordination of surgical uplift
- Increased rate of immediate breast reconstruction
- Patients are more effectively prepared for reconstruction discussions
- Patients have access to consistent information prior to a referral to plastic surgeon

Context and Lessons Learned:

- In 2016, a breast reconstruction business plan was developed by the breast reconstruction community in Alberta to address gaps in care, but not implemented. In 2017, breast reconstruction was added to the Provincial Breast Health Initiative, after planning for the diagnostic assessment and same-day mastectomy pathways was underway. This led to a gap in communication with the breast reconstruction community from the time the business plan was submitted to the time work was approved to move forward for education, surgical coordination and measurement under the Provincial Breast Health Initiative.
- Historical sensitivities made engagement with the breast reconstruction community challenging and relied on plastic surgeons that did not receive a title or dedicated role within the initiative.
- Project delivery timelines were delayed due to disengagement, lack of relationships, and lack of avenues to build relationships with the plastic surgeon community around key deliverables.
- Opportunities for process improvements required local solutions due to differences in operational and clinical practices for surgery.
- Use of data audits early and throughout the project revealed discrepancies that informed improvements to coding standards in the surgical system.
- Patient advisors and advocates have distinct roles that bring different perspectives and value throughout the project.

Foundational Elements

In 2018, the Provincial Breast Health Initiative Steering Committee identified the need for foundational elements across the end-to-end breast health pathway: a provincial, comprehensive and easy-to navigate online information for breast cancer patients; and a measurement platform within AHS for sustainable evidence-informed decision-making with respect to access, cost and quality measures.

Scope:

- Environmental scan of provincial patient education resources and information, coupled with Patient and Community Engagement Research (PACER)-led patient focus groups to understand gaps and needs for patient education
- Consolidation and dissemination of online patient education resources and information into a Breast Health Topic located online at MyhealthAlberta.ca
- Environmental scan of existing breast cancer dashboard reports in Alberta Health Services
- Consolidation and dissemination of existing dashboard reports into a Tableau Breast Cancer Reporting Portal

Accomplishments:

- Provincial patient information on breast health, breast cancer, and supportive care
- Consolidation of breast cancer dashboards and reports

Lessons Learned:

- Multiple methods of patient involvement (PACER, working groups, and focus groups), in the design of education content resulted in a product that addressed patient needs.
- Guiding principles and consensus on provincial standards were important to address variability in access, content, and mode of delivery of patient education. Development was facilitated by a provincial education working group, patients and stakeholders from every breast health center, and clinicians.
- Discrepancies in clinical practice were resolved by creating a forum for consensus-based discussion with clinical experts and review of evidence.
- The online user experience online was as important to patients as the quality of the information.

- Measurement portal needed greater end-user involvement to improve uptake and use of the information. Additionally, provincial accountability structures that are sustained past the lifetime of the project are needed to ensure continuous quality improvement across the end-to-end pathway.

Enhanced Navigation - North

In 2018, the Cancer SCN collaborated with the Comprehensive Breast Care Program (CBCP) in Edmonton to improve breast cancer patient navigation. Previously, only breast cancer patients undergoing surgery in Edmonton were eligible to receive breast cancer patient navigation support from the CBCP. Now, CBCP has extended its navigation service to patients across the entire North Sector. This work is not only resulting in benefits to patient care, but is foundational to the QSO-approved Enhanced Navigation project that will be undertaken in the 2019/20 fiscal year. This work was completed with no net-new resources.

Scope:

- Patient focus group to identify opportunities for improvement in patient navigation
- Literature review and peer analysis of patient navigation services
- Provincial audit of current state processes for navigation at each of four breast health programs
- Implementation of process improvements within the CBCP team to enable a new, patient-driven model of navigation, based on key milestone events in the patient journey
- Measurement framework for navigation with qualitative and quantitative measurements
- Software changes in the CBCP navigation tool to facilitate processes and data collection on wait times, productivity, and patient experience

Accomplishments:

- Access for all patients across the North sector to breast navigation services

Provincial Breast Health Initiative 2018-2019 (Phase I)

- Enhanced model for patient navigation that includes more frequent interventions at key milestones in the patient journey
- Process improvements eliminated duplicate paper charting system
- Automated, comprehensive data on patient wait times, productivity, and patient experience
- Zero net new resources requested or required

Lessons Learned:

- Involvement of patients at onset defined patient needs and enabled co-design of an effective navigation model.
- Focusing on process improvement and workload measurement reduced duplication and resulted in improvements to navigation service delivery without the need for additional resources for sustainment.
- Patients often preferred remote access options to navigation services (phone, email, text) rather than having to attend navigation appointments in person.
- Defining what navigation services entail, and do not entail, was key to communication strategies with providers in regional centres (Primary Care Networks, Radiology, and Surgery).
- Early provincial engagement of the leads of the four breast health programs across the province enabled shared learnings and potential for spread and scale.

Abbreviations:

Comprehensive Breast Care Program (CBCP)
Foothills Medical Centre (FMC)
Grey Nuns Community Hospital (GNCH)
Chinook Regional Hospital (CRH)
Medicine Hat Regional Hospital (MHRH)
Misericordia Community Hospital (MCH)
Peter Lougheed Centre (PLC)
Quality, Safety & Outcomes Improvement Committee (QSO)
Queen Elizabeth II Hospital (QEII)
Red Deer Regional Hospital (RDRH)
Rockyview General Hospital (RGH)
Strategic Clinical Network (SCN)
Sturgeon Community Hospital (SCH)
University of Alberta Hospital (UAH)