



Redefining Quality Indicators of Oncology Centre towards a more person-centered care by adopting British Columbia Health Quality Matrix.

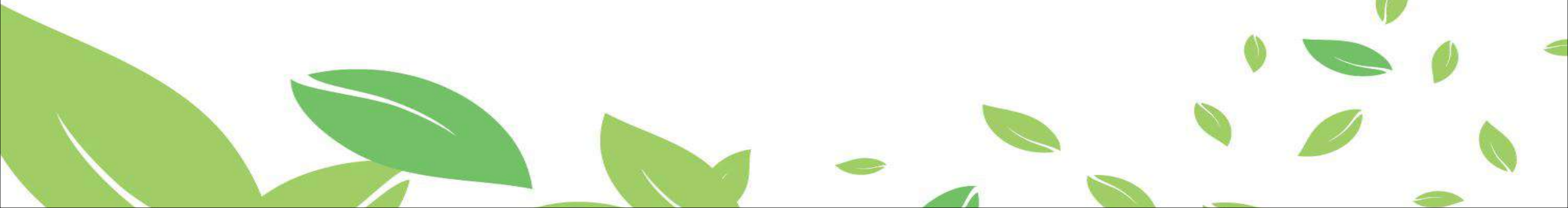


Gopinath Mamballikalam
Clinical Administrator
Email: GMamballikalam@hamad.qa



Declaration of Conflict of Interest

I have no actual or potential conflict of interest in relation to this
presentation





Objectives of Presentation

- Background
- Aim of the project
- Methodology
- Results & Discussions
- Conclusion



Background

- State of Qatar occupies the small Qatar Peninsula,
- Population approximately 2.88 MM
302.43 males per 100 females
90% of population are expats
94 different nationalities
- NCCCR is sole cancer care provider, sees patients from more than 60 nationalities (2021)
- Staff from more than 30 nationalities





Aim

- Review and revision of existing indicators which are more relevant based on need basis and advancement of the Centre
- Transition towards more patient / person centered care spanning around various dimensions of quality considering cultural diversity among the staff and patients
- Introduce a Mechanism to address and continuously monitor the main pillars of activities of the Centre

Methodology

- British Columbia (BC) Health Quality Matrix
 - defines Quality through the lens of five interconnected areas of care (relevant to Oncology)
 - seven Dimensions for each areas of care

- Department segregation,
Team formation,
Workshop,
Brainstorming,
Baseline Analysis ,
Bottle Neck Analysis,
Monitoring,
Dissemination of information

BC PATIENT SAFETY & QUALITY COUNCIL BRITISH COLUMBIA HEALTH QUALITY MATRIX		DIMENSIONS OF QUALITY						
		RESPECT Honouring a person's choices, needs and values	SAFETY Avoiding harm and fostering security	ACCESSIBILITY Ease with which health and wellness services are reached	APPROPRIATENESS Care that is specific to a person's or community's context	EFFECTIVENESS Care that is known to achieve intended outcomes	EQUITY Fair distribution of services and benefits according to population need	EFFICIENCY Optimal and sustainable use of resources to yield maximum value
		INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE		
AREAS OF CARE	OPTIMIZING THE EARLY YEARS Advancing early development and maternal health and wellness							
	STRENGTHENING HEALTH & WELLNESS Promoting well-being and preventing injury, illness and disability							
	RETURNING TO HEALTH & WELLNESS Getting better when faced with acute illness or injury							
	LIVING WITH ILLNESS OR DISABILITY Care and support for living with chronic illness and/or disability							
	COPING WITH TRANSITION FROM LIFE Planning, care and support for life-limiting illness and bereavement							

PC: BC health Quality Matrix Companion guide

Results: Radiation Oncology

- Comprehensive Measurement plan to monitor Quality of care reflecting on all the Dimensions of Quality created for Radiation Oncology Department

BRITISH COLUMBIA HEALTH QUALITY MATRIX		DIMENSIONS OF QUALITY						
		RESPECT Honouring a person's choices, needs and values	SAFETY Avoiding harm and fostering security	ACCESSIBILITY Ease with which health and wellness services are reached	APPROPRIATENESS Care that is specific to a person's or community's context	EFFECTIVENESS Care that is known to achieve intended outcomes	EQUITY Fair distribution of services and benefits according to population need	
AREAS OF CARE	RETURNING TO HEALTH & WELLNESS Getting better when faced with acute illness or injury	INDIVIDUAL PERSPECTIVE			SYSTEM PERSPECTIVE			
		<ul style="list-style-type: none"> * Average patient satisfaction index from Voice of Customer Department specific Feedback form * Net Promoter Score * Percentage of compliance in adherence to patient's rights * Voice of Customer Award * Patient centeric staff Award (People's choice award - 360 degree) * Staff sensitization to cultural requirements (Onboarding program) 	<ul style="list-style-type: none"> * Radiotherapy Dose errors * Output consistency of Radiotherapy Equipment * 100% compliance to Pre-treatment patient specific QA passing criteria for Automatic Beam modulated Radiotherapy * Implementation of Prospective Risk Analysis tool, FMEA for RO procedures * Department specific Incident & Nearmiss Reporting: Adoption of SAFRON (Safety in Radiation Oncology) by IAEA 	<ul style="list-style-type: none"> * Percentage of timely RT Referrals from Clinical Oncology Department * Daily Treatment Waiting time * Treatment commencement TAT for definitive treatment from MDT date 	<ul style="list-style-type: none"> * Treatment commencement TAT for definitive treatment from MDT date * Percentage of non compliance in following MDT (Tumor Board) and Department Clinical meeting protocol to commence the treatment for all curative intend 	<ul style="list-style-type: none"> * Overall Treatment completion TAT for H&N and Cervix from the start of Treatment * Percentage of compliance to Nursing assessment of H&N patients, weekly once from 2nd week of treatment course till completion. * Percentage of compliance to followup consultation as per the protocol * Percentage of compliance to medical record documentation 	<ul style="list-style-type: none"> * Commitment to cultural humility through staff training and awareness * Assurance of cultural and psychological safety * Introduction of Voice of Customer award * Patient satisfaction index from Voice of customer * NPS * Feedback on any patient right's violated * Patient centeric staff Award (People's choice award - 360 degree) 	

Results: Radiation Oncology

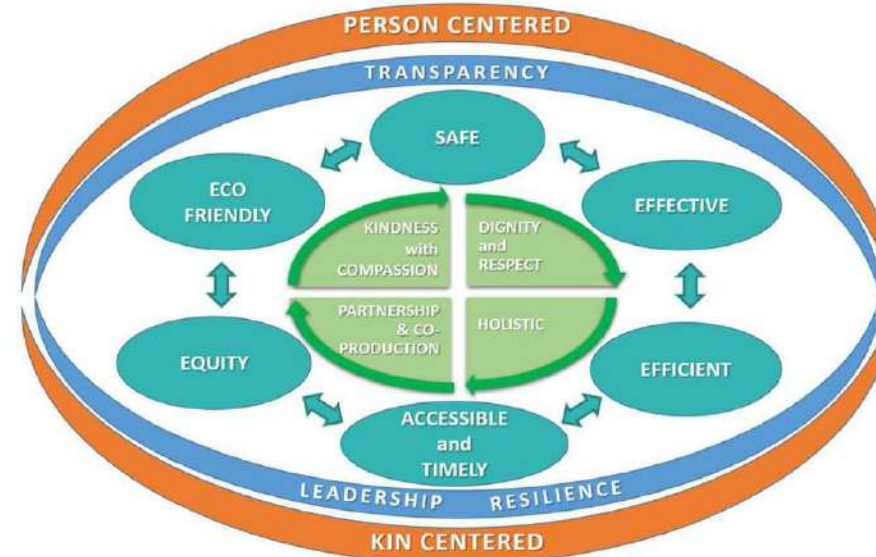
- Quality Indicator Profile: Performance Management Report used by the Institution for addition/ modification of Quality Indicators

PERFORMANCE IMPROVEMENT REPORT – Part One Performance Measurement Plan and Findings

SUBMIT TO: QPS Committee		Submitted by: Gopinath Mamballikalam				
Year: 2022		Date Initiated: January 2022	Date Discontinued: To be decided			
MEASUREMENT PLAN						
PI MEASURE NAME: TAT for definitive treatment from MDT date						
Function: Adherence of TAT for commencement of treatment as per National Guidelines		Type of Measurement: <input checked="" type="checkbox"/> Process Measure <input type="checkbox"/> Outcome Measure				
Dimension of Performance:						
<input type="checkbox"/> Efficacy <input checked="" type="checkbox"/> Appropriateness <input type="checkbox"/> Availability <input checked="" type="checkbox"/> Timeliness <input checked="" type="checkbox"/> Effectiveness <input type="checkbox"/> Continuity		<input type="checkbox"/> Safety <input checked="" type="checkbox"/> Efficiency <input type="checkbox"/> Respect and Caring <input type="checkbox"/> Prevention & Early Detection				
Method of Data Collection: <input type="checkbox"/> Retrospective <input checked="" type="checkbox"/> Concurrent		Sample Size: All patients receiving definitive Radiotherapy (Cervix / H&N)				
Included Population: All patients receiving definitive Radiotherapy (Cervix / H&N)		Excluded Population: Brachytherapy, Palliative RT & Patients treated with chemo / surgery as first mode of treatment.				
Data Source: Yellow form, ARIA						
Individual Responsible for Data Collection: Ms. Bushra		Individual Responsible for Data Aggregation & Display: Ms. Bushra				
Individual Responsible for Analysis: Dr. Palmira / Dr. Suparna		Other Department/s or Teams Involved: Dr. Hissa & Dr. Ghazia				
Frequency of Assessment of Data <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every other Quarter <input type="checkbox"/> Other:						
Rationale for Choice of Performance Measure: To ensure patients are treated within the defined TAT as per the National guidelines						
Goal or Anticipated Outcome: Adherence to the TAT in starting the definitive treatment as per National Guidelines better clinical prognosis is outcome of starting the treatment on time.						
DATA AGGREGATION FINDINGS						
Performance Measure Definition: % of patients treated within 14 days from MDT to the total number of patients treated in defined category per calendar month		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total/ Average
Performance Measure Source: Yellow form, ARIA						
Numerator Definition: Number of patients treated within 14 days from MDT						
Denominator Definition: total number of patients treated in defined category						
Benchmark or Threshold: 90%	Benchmark/Threshold Source: Department QI review committee	Rate:				

Discussion:

- Patient centeredness defined as one of the 6 domains of Quality by IOM is mentioned as Respect in the BC Health Quality Matrix (2019).
- A transition to a complete Person centered/ kin centered proposed by Lachman et.al (2021) to ensure that person centered care is included in every domain





Discussion:

Patient Centered:

- Focus patient during the illness phase
- Involve patient and kin in decision making
- Value Based models: Replace clinical outcome measures to patient reported outcome measures (PROM) and make data sources available to patients (Conscious decisions)
- Evidence based , Multidisciplinary

Person Centered:

- Focus the whole person and promoting wellness while also treating episodic and chronic illness as proposed by BCHQM
- Consider person/ kin/ care provider and institution



Discussion: How ???

- Feedbacks: “If you can't measure it, you can't improve it.”
 - “Weighing a pig does not make it fatter.” – Not just measurement but proper Analysis and Actions
 - Transition from “What is the Matter” to “What Matters to You “(IHI)
 - Partnering patients/ feedbacks in policy making
- Change Management: Perception/the way we do/culture + sensitizing/ trainings
 - Focus on perceived and actual cultural and psychological safety besides physical safety
- Partnering Team: Proper dissemination of information, not just confined to Board rooms
- Patient / Person Journey Mapping: Cancer Journey Mapping in State of Qatar is proposed.



Conclusion:

- Simple steps in the right direction aiming at developing measures that really matter to patients, families, communities, and care providers
- Focusing on Cultural and psychological safety apart from physical safety
- Selection of right Quality Indicators and implementation strategies are very crucial to achieve desired outcome
- There are various definitions and domains of Quality by IOM, BC Health Quality Matrix, IHI and several authors. Every hospital and department can use these models and tailor to the specific requirements.



Thank you



What Matters to You ?

Radiation Oncology
Monthly Quality Indicator Dashboard
February 2022

Gopinath Mambalikkalam
Clinical Administrator