Ontario’s Initiatives in Surgical Quality-
The Successes & Where We are Going

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**Surgical Oncology Program**

- **Mission:** ensure there is timely access to high quality cancer surgery
  - patient centered
  - accessible,
  - integrated, multidisciplinary care
- **Regional/provincial networks of care**
  - complex/uncommon procedures in regional centers
  - Less complex procedures are more distributed and performed in hospitals closer to home
- **Two divisions**
  - Access to Care & Strategic Funding Initiatives
  - Quality Improvement and Knowledge Transfer
Quality Improvement Process

1. Identify Gaps in Quality & Access
2. Develop evidence-based, Guidelines, Standards
3. Create & support strategic funding initiatives
4. Measure & provide feedback
5. Initiate knowledge Transfer strategies/projects
Strategies to Effect Change

- Engagement of Physicians
  - Opinion leaders
  - Communities of Practice
- KT strategies and events
  - Provincial workshops
  - List serv discussions
  - Videocasts
  - Webinars
  - Updates
  - Audit and feedback
Guidelines

- Developed in conjunction with the PEBC
- Expert Panel with multiple stakeholders
- Recommendations based on evidence plus consensus
- Organizational Guidelines
  - HPB (2005)
  - Head and Neck (2010)*
  - Gynecological Oncology (2013)*
  - Sarcoma (2011)
  - Multidisciplinary Cancer Conferences (MCCs) (2006)
Implementation of the TS Standards

• Thoracic Surgery
  • Currently 15 designated centers (13 Level I and 2 Level 2 centers)
  • Approximately 85% of TS is performed in designated centers
  • Post op mortality decreased from 10% to 7% following pneumonectomy and from 6% to 4% following esophagectomy (2005-2010)
  • Expert Panel developed a set of indicators:
    – 7 indicators being populated with data
    – IMS, Margins, LNs, Med Onc referrals, Reoperation and readmission rates, post-op mortality
  • Led to development of a SOP for pathology
  • Quality Initiative: Indications for Invasive Mediastinal Staging
Implementation of the HPB Standards

- Hepatobiliary pancreatic Surgery
  - Currently 9 centers*
  - Approximately 90% of HPB volumes are performed in designated centers (2012 data)
  - Currently mortality following major liver surgery is 3.5% and pancreatic surgery is 3.5%
- Quality Initiatives:
  - Guidelines for Liver Resection for CRC Cancer Mets
  - Quality of pancreatic surgery
Head & Neck Organizational Guideline

- Guideline developed in 2009 by DSG
- Recommendations address:
  - Full continuum of care from diagnosis to post-treatment and rehabilitation in adult patients who present with symptoms of, or have been diagnosed with, head and neck mucosal malignancies including salivary and advanced skin, but not thyroid, cancer.
  - Organizational and Treatment recommendations only are being implemented
Surgery Volume Requirements

• A minimum of 80 HNK surgeries per year and have a minimum of 2 HNK surgical oncologists.
• Considered HNK-R in CSA methods
• Generally, HNK cancer surgery cases should be consolidated to a small number of specialized surgeons to ensure high quality of care.
Radiation-Volume Requirements

• Optimally, all centres offering radiation to HNK cancer patients should treat a minimum of 100 patients per year and have a minimum of 2 radiation oncologists.

• However, radiation may be provided in centres which treat a minimum of 50 patients per year if they meet all of the requirements for radiation services (including 2 radiation oncologists onsite, necessary human and physical resources).
Potential Implications

• Expect minimal implications for the most part, much is regionalized

• Not every LHIN will have a HNK designated Centre
  – Referral patterns and partnerships will need to be developed or enhanced between HNK Designated Centres and these LHINs

• Surgical volumes indicate many hospitals doing very small volumes of HNK-R cases which will require transfer to HNK centres
<table>
<thead>
<tr>
<th>Hospital</th>
<th>HNK-R Volumes</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Health Network</td>
<td>358</td>
</tr>
<tr>
<td><strong>London Health Sciences Centre</strong></td>
<td><strong>220</strong></td>
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<tr>
<td>St. Joseph's Health Care System (Hamilton)</td>
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<tr>
<td>Sunnybrook Health Sciences Centre</td>
<td>146</td>
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<td>The Ottawa Hospital</td>
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<td>Mount Sinai Hospital</td>
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<td>Health Sciences North</td>
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<tr>
<td>Kingston General Hospital</td>
<td>57</td>
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<tr>
<td><strong>St. Joseph's Health Care (London)</strong></td>
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<td>Trillium Health Partners</td>
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<td>Women's College Hospital</td>
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<td>The Scarborough Hospital</td>
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<td>Southlake Regional Health Centre</td>
<td>19</td>
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<td>Toronto East General Hospital</td>
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<td>William Osler Health Centre</td>
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<td>Halton Healthcare Services</td>
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<td>Markham Stouffville Hospital</td>
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<td>Rouge Valley Health System</td>
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<td>Royal Victoria Hospital</td>
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<td>Stratford General Hospital</td>
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<td>Bluewater Health</td>
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<td>Humber River Regional Hospital</td>
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<td>Lennox and Addington General Hospital</td>
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<tr>
<td>Thunder Bay Health Sciences Centre</td>
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<tr>
<td>St. Mary's General Hospital</td>
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</table>

**Note:** 45 additional hospitals performed less than 10 HNK-R surgeries in FY12/13.
## Radiation Volumes, FY12/13

<table>
<thead>
<tr>
<th>Regional Cancer Centre</th>
<th>Total Treated Cases</th>
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<tbody>
<tr>
<td>Princess Margaret Cancer Centre</td>
<td>566</td>
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<tr>
<td>Odette Cancer Centre-Sunnybrook</td>
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<td>Juravinski Cancer Centre</td>
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<td><strong>London Regional Cancer Program</strong></td>
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<td>The Ottawa Hospital Regional Cancer Centre</td>
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<td>Northeast Cancer Centre</td>
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<td><strong>Windsor Regional Cancer Centre</strong></td>
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<td>Cancer Centre of Southeastern Ontario</td>
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<td>Grand River Regional Cancer Centre</td>
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<td>R.S. McLaughlin Durham Regional Cancer Centre</td>
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<td>Carlo Fidani Peel Regional Cancer Centre</td>
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<td>Stronach Regional Cancer Centre at Southlake</td>
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<tr>
<td>Simcoe-Muskoka Regional Cancer Centre</td>
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</table>
Guideline developed in 2013

Two levels of care:

- Gynaecological Oncology Centers (GOCs)
  - Provide surgery, radiation and systemic therapy
  - Have expertise in gynae pathology and radiology
  - Provide care for all gynae oncology cancers (ie: vulvar, cervical, ovarian, endometrial cancers)

- Volume requirements:
  - Surgery 150 cases/year
  - Radiation 100 cases/year
Proposed Gynae Oncology Centres

- London Health Sciences Centre
- Hamilton Health Science Centre
- Credit Valley RCC
- University Health Network
- Mount Sinai Hospital*
- Sunnybrook Health Sciences Center
- Kingston General Hospital
- The Ottawa Hospital
- Royal Victoria Hospital*
Gynaeoncology Organizational Guideline

- Affiliated Centers
  - May provide surgery for low grade endometrial cancer
    - No volume requirements
    - MIS capabilities required/suggested
  - May provide systemic therapy and radiation
  - Must have a formal relationship with a GOC
    - MCCs to review cases
    - Pathology review
Affiliated Centres

- Requested plans from the Regions in January which are being finalized
- **Surgery:**
  - 66 non GOC hospitals are performing gynae surgery
  - 36 have low volumes
  - Currently 33 hospitals are proposed Affiliated Centers
  - 30 were not mentioned in plans
- **Radiation:**
  - 3 RCC are providing radiation but have low volumes
  - Working with Radiation Program to ensure high quality
**Issues-Affiliated Centers**

- **Pathology Review**
  - All low grade endometrial cases require review by 2 pathologists at centers where a quality assurance program is in place or one gynae pathologist at a GOC
  - No designation for a gynae pathologist
  - Many endometrial biopsies are read at private labs

- **Multidisciplinary Discussion of Low Grade Endometrial Cases**
  - MCC or recorded multidisciplinary discussion
  - Affiliated centers must be linked to a GOC
  - Patients need to be listed but do not have to be discussed
  - One suggestion is to have a separate MCC with patients from all Affiliated Centers
Implementation Plans

- Videocast across the province in the fall of 2013
  -Outlined guideline recommendations
  -Discussion around management of low grade endometrial cancer and suspicious ovarian lesions
- Affiliated centers were not confirmed
  -Some confusion exists and concerns about pathology review, multidisciplinary discussion
  -Plan to have another videocast targeted at the Affiliated Centers to familiarize them with the Guideline recommendations
Guidelines

- Laparoscopic Colon Surgery
- Colorectal Cancer Surgery
- Prostate Cancer Surgery
- Sentinel Lymph Node Biopsy
- Indications for Liver Resection of CRC Metastases
- Invasive Mediastinal Staging
- Melanoma - Local Treatment and indications for SLNB
- Pre-operative Assessment of Rectal Cancers*
  - Prostate Biopsy*
  - Active Surveillance (prostate cancer)*
  - Breast Reconstruction
  - Surgical Management of Gastric Cancer
Should we use different criteria to determine who should receive RRX?

Distance to MRF

TME

LNS Margins CRMds
Prostate Biopsy Guideline

CPG: Prostate Cancer Surgery and Pathology Guideline

CPG: Active Surveillance
Guidelines in Progress

- Breast Reconstruction
  - Will address indications, timing as well as the type of procedure that should be performed

- Gastric Cancer
  - Focus on surgical issues
  - Led by SOP or DSG??
Quality Based Procedures

- MOHLTC is transitioning from global budgets to “pay for performance” model
- Funding of cancer surgery will be carved out of the global budget and distributed with the same mechanism that is currently used for allocation of CSA funds
- Two parts:
  - Development of a care pathway
    - includes care from PAU to discharge
    - Costing
  - Procedures: (implemented in 2015)
    - Prostatectomy
    - Colon and Rectal Surgery