

## A cancer team designation model: Evaluation of the process

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## Cancer control program (1998)

- A global approach
  - Hierarchical and integrated network
- Care and services centered on patient's needs
  - interdisciplinary teams and the "Pivot nurse in oncology" (IPO)
- Quality is the utmost guide of our choices
  - Evidence based practice and retroaction



## Designation/evaluation process

September 2004

## Why we did it?

- In 2004, no evidence of implementation of the cancer program
- Mandate received:
  - Where are we?
  - Is there a need to change things?
  - Propositions for change

## What we did-1

- Surveyed the hospitals for cancer programs
- Confirmed the orientations as per cancer program
- Propose a team/hospital designation/evaluation process
- Established a reference framework for an integrated cancer network made of teams/hospitals with local, regional or supraregional mandate

## Fundamental Orientations

### *Elements for change and quality*

- Commitment, leadership and shared management
- Patient-centered program
- The provision of care and services is based on analyses of patient's trajectory
- Interdisciplinary team approach
- Integrated network
- Evidence-based practice
- Training and support
- Analyses of clinical and administrative results and retroaction



### Results over time

Core mandate n = 89	Designation (2005-2006)	Conformity maintained (01-2009)
Full designation	24	52
Conditional designation	34	
Not designated	12	18
Not visited	19	19
Regional mandate n = 9	(2005-2006)	Conformity maintained (01-2009)
Full designation	4	6
Conditional designation	5	
Not designated	0	3

- ### Follow-up results (at 4 years): -1
- Teams/health centers designated by DLCC maintained their designation over time; only 6 teams lost their core designation and 3 the regional one.
  - Reasons for not being designated had a lot to do with lack of leadership and interdisciplinary team work

- ### Follow-up results (at 4 years): -2
- Satisfaction level with IPO-nurse is high; – 167 to 220 between 2006 and 2008 (≅40% increase)
  - The numbers of psychologists, sociologists and nutritionists involved in cancer patient care are more numerous
  - Academic activities are increasing (continuing education and research)

- ### Supraregional teams
- 75 teams evaluated
  - Some had three reevaluations prior to obtaining conformity
  - Our objective for the future is to link up teams with same preoccupations
  - Evaluated what was often missing at first visit

### Supraregional teams: -1 Conformity at first visit

Criteria	% compliant
Endorsement	100
Team composition	5
surgeon	84
pathologist	67
medical oncologist	65
Clinical nurse specialist	34
psychologist	45

### Supraregional teams: -2 Conformity at first visit

Criteria	% compliant
Trajectory of patients	41
Interdisciplinarity	47
Analyses of results and retroaction	43
Adoption of treatment guidelines by team	57
Continuing education	31
Publications	16

### What was appreciated

- Sessions for clarification and coaching about this new interdisciplinary model of care.
- Diffusion of the evaluation matrix with specifics for conformity criteria
- The report card as a tool to bring on change

### Sources of concern

- Complexity of the matrix
- Perception of being judged
- Lack of resources
- Competition between programs/health centers

### secondary gains

- Intensification of institutional support to cancer control
- The designation process
  - was crucial to create a medium for change at all levels of care, in urban and remote areas of the province of Quebec
  - Is promoting a quality improvement culture

### Next step

- Impact on patient care and satisfaction remains to be assessed.
  - An evaluation of existing cancer services was done before the implementation of this new model of care. It will be repeated after.
- Follow-up strategies
- On going process

### Conclusions

- This process has helped implement an interdisciplinary patient centered model of care in line with the Cancer Control Program.
- It is but one step in the development of an integrated cancer network in Quebec