

2009 – 2011 Breast Cancer Quality Measures Project

**Introduction
and
Overview**



Objectives for this presentation

- Describe quality care as it applies to the oncology nursing community
- Provide background on ONS' efforts to define and measure quality
- Describe planned development and testing process for Breast Cancer Care (BCC) measure sets



What is Quality Care?

- “Health care quality is getting the right care to the right patient at the right time—every time.”
 - Carolyn Clancy, MD, Director, AHRQ (2009)
- “Care that is consistently safe, timely, effective, efficient, equitable, and patient-centered” (IOM, 2001)



There is a strong need to improve the national quality of care

- Despite the ability to provide some of the most advanced medical expertise in the world, many patients in the US do not even receive the “basics”
 - Even well-insured, well-educated patients are not consistently being offered the care recommended in established clinical practice guidelines
 - In a landmark 2003 study in NEJM, 55% of patients did not receive recommended care

Why isn't recommended care being provided consistently?

- Many factors may contribute
 - Lack of provider knowledge/confidence in use of evidence
 - Current guidelines conflict with prior training
 - Lack of confidence in strength of current evidence/gaps in evidence
 - Structural or process gaps in ability to provide desired care (e.g. staffing, reimbursement, missing equipment, etc)

Terminology

These terms are frequently used interchangeably – for the purpose of this project, the following definitions are used

- **Quality Indicator**

- *Definition of the standard of care*

- “Radiotherapy is recommended after breast conserving surgery”

- **Quality Measure (QM)**

- *Mechanism to quantify adherence to a standard*

- “Percentage of women who had breast conserving surgery who received radiotherapy”

Shaughnessy 2002



Terminology

- **Denominator** - The statement defining the population of interest
 - Example: “Adult women with Stages I-III breast cancer receiving second administration of highly emetogenic adjuvant chemotherapy”
- **Numerator** - The statement defining the cases within the population of interest **who have received the specific care being measured**
 - Example: “Number of adult women with Stages I-III breast cancer receiving second administration of highly emetogenic adjuvant chemotherapy ***with documentation of assessment of antiemetic control during first cycle***”

Domains of quality

- **Structure**

- Environment care is provided in, including the type and training of providers, type of institution, equipment available, etc.

- **Process**

- What is being done, and how?

- **Outcomes**

- End result of care
- Did the patient get better? If yes, by how much?

Clancy, 2009



Measurement of process vs. outcome

- Most QM's measure process domain
 - e.g. “Pain measured on each visit”
 - Processes are real-time surrogate markers for desired outcomes
 - Can take a long time to measure outcomes, such as 5 year survival – measuring a process such as administration of recommended adjuvant therapy that is clearly linked to that outcome is more immediate
- Evidence base and strong link between a recommended process and the desired outcome is critical

NSPO vs. “Patient-Centeredness”

- Nurse-Sensitive Patient Outcomes (NSPO)
 - “NSPO’s represent the impact of nursing interventions on areas such as patient’s symptom management, functional status, safety, quality of life, psychological distress, costs, and utilization of healthcare resources.”
 - p.774, Given 2005

NSPO vs. “Patient-Centeredness”

- “Patient-Centeredness”
 - “Considers patient’s cultural traditions, personal preferences and values, family situations and lifestyles... Ensures that transitions between different healthcare providers are coordinated and efficient. When care is patient-centered, unneeded and unwanted services can be reduced.”
 - RWJ Foundation 2009
- By focusing on patient-centered QM’s, we ensure that patients are receiving recommended care, including, but not exclusive to that which is influenced by nursing



Local versus National Quality Measurement

- Institutionally-based Quality Improvement programs
 - Are experienced in examining internal processes
 - Frequently have a multidisciplinary membership dedicated to improving care within organization
 - Do not always have access to regional or national comparative benchmark data on what they are measuring
 - Do not generally publish their findings in peer-reviewed literature

Needham 2009



Local versus National Quality Measurement

- Nationally-based Quality Measurement programs
 - Create QM's designed to be used across multiple settings/institutions, to capture performance regardless of where the patient receives care, or from whom
 - They may be provided by or influenced by many disciplines, but should always be focused on meeting the patient's needs
 - QM's are ideally tested for validity and reliability
 - Consistency of definition and measurement allows reporting and comparison across sites



What are the links between Evidence-Based Practice, National Quality Measurement and Local Quality Improvement?

- High-quality evidence guides the clinical practice recommendations that form quality indicators – the “standard of care”
- National quality measures help practices and clinicians see how consistently they are applying that standard, and allow benchmarking between institutions
- Local quality improvement processes help examine reasons for variance and implement effective local practice changes to meet the standards

Why is ONS becoming involved?

- It is crucial that oncology nursing have a voice in defining evidence-based measures that are linked to positive outcomes for our patients
- Nurses must ensure that the quality measures that eventually drive reimbursement are patient-centered, and are valued by patients and their caregivers



History of ONS' Quality Measurement Activities

- This Initiative evolved through the work of several prior ONS project teams
 - 2005-2008 Multi-Site Research Project Team
 - Led by Pamela Hinds, PhD, RN, CS, FAAN
 - 2007-2008 ONS Core Data Set Project Team
 - Led by Diane Otte, RN, MS, OCN®
 - 2008 ONS Quality Indicators Project Team
 - Led by Susan Beck, APRN, PhD, AOCN®, FAAN
 - Culminated in a Quality Summit meeting in December 2008 to draft candidate QM's



The Breast Cancer Care (BCC) Measure Set

- **Pre-treatment Assessment of Distress, Fatigue and Sleep-Wake Disturbances**
 - Were these clinical issues screened/assessed at least once between the time the patient was diagnosed with breast cancer and the day they received their first chemotherapy infusion?
- **Continuing Assessment of Distress, Fatigue and Sleep-Wake Disturbances**
 - Were these clinical issues screened/assessed at least once per calendar month while the patient was receiving chemotherapy?
- **Intervention for Distress, Fatigue and Sleep-Wake Disturbances**
 - If a problem was noted for one of these clinical issues during screening/assessment, was some intervention made by the local care team, or was the patient referred to another professional to manage it?
- **Assessment for Chemo-Induced Nausea and Vomiting**
 - For patients receiving highly emetogenic chemotherapy, was an assessment of how well acute and delayed nausea and vomiting were controlled documented prior to the second chemotherapy infusion?
- **Education on Neutropenia Precautions**
 - Is there documentation that patients were instructed on proper hand hygiene and to call the practice immediately for fever?
- **Granulocyte-Colony Stimulation Factors (GCSF) Prescribed**
 - For patients receiving myelosuppressive chemotherapy with a 20% or greater risk of febrile neutropenia, is there documentation of a prescription for GCSF to begin within 48 hours of chemotherapy infusion?

3 year Quality Initiative

- Develop the processes and expertise necessary to fully test oncology quality measures
 - First QM set will focus on women with breast cancer in active treatment and within the first year post-treatment
 - ONS will work with experienced partners to develop a process for developing and testing QM's
 - A new set QM's to be drafted in the third year of the grant will focus on additional breast cancer survivorship topics
 - The processes and skills learned over the course of this project can be applied to other diagnoses once refined



What do I need to know to promote high-quality care?

- Understand how quality care standards are set and measured in your practice
 - Make sure high-quality evidence is incorporated into your policies and procedures. ONS offers many evidence-based resources, such as
 - The ASCO/ONS Chemotherapy Safety Standards published in ONF in Nov. 2009
 - The Chemotherapy and Biotherapy Guidelines and Recommendations for Practice
 - A Guide to Oncology Symptom Management
 - Putting Evidence Into Practice: Improving Oncology Patient Outcomes.
 - Support local quality improvement activities
 - A multidisciplinary focus on a clinical problem often reveals issues that might benefit from the implementation of new evidence



What do I need to know to promote high-quality care?

- Know how to find high-quality evidence that is already **available** (listed in hierarchical order from highest level to lower. Adapted from Melnyk & Fineout-Overholt, 2005)
 - Clinical Practice Guidelines (e.g. ASCO, NCCN, www.guidelines.gov, etc.)
 - Systematic Reviews/Meta-Analyses of multiple RCTs (e.g. the Cochrane Collaboration, the Joanna Briggs Institute, etc.)
 - Single well-designed randomized controlled trials (RCT's)
 - Single well-designed controlled trials without randomization
 - Single well-designed case-control and cohort studies
 - Systematic reviews of descriptive and qualitative studies
 - Single descriptive and qualitative studies
 - Expert opinion and non-systematic review articles

And of course, there's PEP!

- The ONS Putting Evidence into Practice (PEP) program provides recommendations on many clinical topics that you can use everyday
 - Check them out at <http://www.ons.org/Research/PEP> today!



More to come

Check back to

<http://www.ons.org/Research/Quality>

often to see how the Breast Cancer Quality measure sets are developing, and to learn more about promoting high-quality care in your practice!



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