

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 process for prioritizing 16 draft candidate quality measures (QM's) via survey tool



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 Improvement 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



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



Draft Candidate QM's

Based on the 7 ONS PEP Topics most appropriate to the Early Stage Patient with Breast Cancer

- **Prevention of Infection**
 - I-001 – Appropriate use of colony stimulating factor within 48 hours of administration of myelosuppressive chemotherapy
 - I-002 – Documented instruction to patient and family related to hand washing and immediate contact to practice for fever of 100.5F or greater
- **Fatigue**
 - F-001 – Prescription for exercise program developed at treatment initiation
 - F-002 – Fatigue level assessed and documented at baseline
- **Anxiety**
 - A-001 - Anxiety level assessed and documented at every visit
 - A-002 – Referral or intervention documented for anxiety level greater than 4 on NCCN Distress Thermometer tool
- **Depression**
 - D-001 – Baseline assessment of depression pre-treatment
 - D-002 – Periodic re-assessment of depression during treatment
- **Chemotherapy Induced Nausea and Vomiting (CINV)**
 - CINV-002 – Documentation of antiemetic regimen effectiveness prior to second cycle chemotherapy administration
- **Sleep-Wake Disturbances**
 - S-001 – Baseline assessment of sleep-wake disturbances
 - S-002 – Baseline assessment of daytime impact of sleep-wake disturbances on function
 - S-003 – Referral/intervention documented for sleep-wake disturbances
- **Lymphedema**
 - L-001 – Baseline assessment of arm circumference and patient-reported symptoms
 - L-002 – Baseline documentation of education to patient on lymphedema risk reduction and reporting
 - L-003 – Post-surgical assessment of arm circumference and patient-reported symptoms at 6 month visit
 - L-004 – Documentation of re-education to patient on lymphedema risk reduction and reporting at 6 month visit

3 year Quality Initiative

- Develop the processes and expertise necessary to fully test 1 to 3 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
 - Additional QM's 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 can you do to help?

- By clicking the link to the survey that you received in your email invitation, you can give ONS your feedback on the draft quality measures
 - Are they important?
 - Are they appropriate for the population?
 - Are any redundant with others in the list?
 - Which ones should we work on first?

Taking the survey

- You will see the 5 factors on the next slide listed in the survey after each measure
 - Give us your rating on how each quality measures “measures up” on each factor

Prioritization of the QM's to fully develop and test

- **Meaningfulness**
 - Measures the potential impact on quality of patient care
- **Resource Intensity/ Ease of Collection**
 - Assess level of data collection difficulty (where the data is found) and level of expense, staff resources required to collect data (RN vs. clerk to collect)
- **Literature Support**
 - Degree to which QM is evidence-based
- **Breadth**
 - Measures applicability to all patients with cancer
- **Influenced by nursing**
 - Degree to which performance of the QM is under the control or influence of nursing



How to complete the survey

- Use the link in your invitation email to access the survey
- At the end of the survey, enter your contact information if you would like to be entered into a drawing for your choice to win one of two new ONS Publication texts:
 - Putting Evidence Into Practice: Improving Oncology Patient Outcomes
 - Advancing Oncology Nursing Science

Thank you for your time!

- Your feedback on these measures is VERY important as ONS undertakes this new Initiative
 - If you wish to send additional feedback on this presentation, the survey or the Quality Initiative, please email Kristen Fessele, RN, MSN, AOCN, at kfessele@ons.org



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