

QUALITY MEASURES OF BREAST CANCER CENTERS

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OBJECTIVES :

- Introduction to Quality Concepts and Dimensions
- Implementation of Quality Measures in Cancer Breast Centers

QUALITY

Across the world ,quality is fast emerging as the central focus for healthcare policy makers and service providers

ISQua, The International Society for Quality in Healthcare

QUALITY MEANS DOING THE
RIGHT THINGS RIGHT THE
FIRST TIME .

QUALITY DIMENSIONS

1- Safety :

Do No Harm.... avoid injury to patients from the care that is intended to help them.

2-Timeliness: reduce waits and harmful delays.

QUALITY DIMENSIONS ...CONTINUED

3- Effectiveness :

provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding overuse and underuse, respectively)

QUALITY DIMENSIONS ...CONTINUED

4- Efficiency:

Done without waste ... (resources, time, people), resourced appropriately, done competently.

Quality Dimensionscontinued

5-Equitability :

provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status.

Quality Dimensions ...continued

6- Patient centeredness:

provide care that is respectful of and responsive to individual patient preferences, needs, and values.

QUALITY ASPECTS

1- Measurable Quality:

It can be defined as compliance with / or adherence to standards .

QUALITY ASPECTSCONTINUED

2-Appreciative Quality

is the comprehension and appraisal of excellence beyond minimal standards , requiring the judgment of skilled experienced practitioners (Peer Review Bodies , Expert witness)

QUALITY ASPECTS...CONTINUED

3- Perceptive Quality

is that degree of excellence that is perceived and judged by the recipient or observer of care rather than by the provider of care



"Quality is the result of a carefully constructed cultural environment. It has to be the fabric of the organization, not part of the fabric."

Phil Crosby

INTERNATIONAL STANDARDS

FOR HEALTHCARE SERVICES

HEALTHCARE STANDARDS INCLUDE

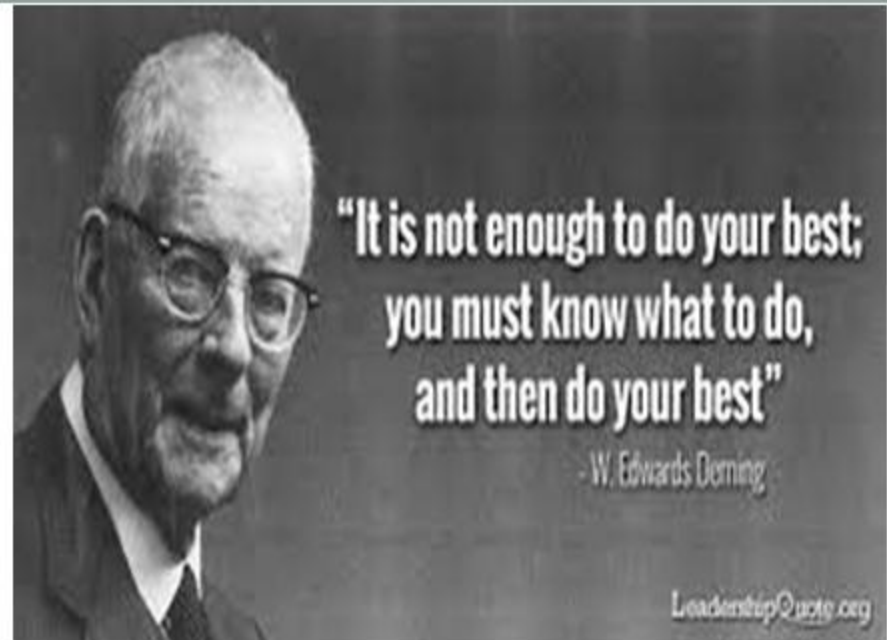
PATIENT CENTERED

- Patient Safety
- Anesthesia and Surgery
- Access to Care
- Assessment and Continuity of Care
- Patient Education
- Patient's Rights
- Medication Management

MANAGEMENT CENTERED

- Staff Education
- Management of Information
- Infection Control
- Facility Management
- Quality Improvement
- Governance and Leadership

Outline of the JCI standards



"It is not enough to do your best; you must know what to do, and then do your best"

- W. Edwards Deming

LeadershipQuality.org

QUALITY MEASURES OF BREAST CANCER CENTERS

ALMOST ALL DIFFERENT CANCER CENTERS' ACCREDITING BODIES SHOW SPECIAL EMPHASIS ON :

- Continuity of Care
- Non-Abandonment
- Quality of Life of the patient and family

Wilson et al. / European Journal of Cancer 49 (2013)

PATIENT AND FAMILY RIGHTS

- Confidentiality
- Informed Consent should be clear yet detailed
- Appropriate communication policy

STAFF QUALIFICATION AND EDUCATION

- Definition of desired education, skills, knowledge
- Staffing and recruitment plan
- Verification and evaluation of the credentials of staff

Guidelines on the standards for the training of specialized health professionals dealing with breast cancer

- Breast radiologists
- Breast diagnostic radiographers
- Breast care nurses
- Breast surgeons
- Breast pathologists
- Breast medical oncologists
- Breast radiation oncologists
- Breast medical physicists

EUROPEAN JOURNAL OF CANCER (2007)

INFORMATION MANAGEMENT

Patient Clinical Record :

- supports the diagnosis
- justifies the treatment,
- documents the course and results of treatment
- promotes continuity of care among health care practitioner

Document Control :

updating and re-visiting of protocols

STANDARDS COVERING SURGICAL APPROACH

- Multidisciplinary Approach
- Infection Control
- Time Out

STANDARDS COVERING CHEMOTHERAPY ,HORMONE THERAPY AND ANY MEDICATION MANAGEMENT

- Organization & Management
- Procurement
- Storage
- Ordering
- Preparing and Dispensing
- Administration
- Monitoring

STANDARDS COVERING SUPPORTIVE CARE

- Social Support
- Psychological Support
- Physiotherapy
- Esthetic Care
- Home Care

STANDARDS COVERING PALLIATIVE CARE

Availability of experienced and appropriately trained staff to ensure non – abandonment and to cover all the patient's needs

The European Parliament Resolution on Breast Cancer (B6/0528/2006)

calls on Member States to 'Ensure nationwide provision of interdisciplinary breast units in accordance with the EU guidelines by 2016 since treatment in an interdisciplinary breast unit has been proved to raise chances of survival and to improve the quality of life

Quality indicators in breast cancer care

In a workshop in 2010 - 24 experts from different disciplines have reviewed the international literature and selected the main process and outcome indicators available for quality assurance of breast cancer care.

EUROPEAN JOURNAL OF CANCER

List of 17 indicators

Quality indicators on diagnosis

- 1- Completeness of clinical and imaging diagnostic work-up
- 2-Specificity of diagnostic procedures (B/M ratio)
- 3- Pre-operative diagnosis
- 4-Completeness of prognostic/predictive characterization
- 5-Waiting time
- 6-MRI availability
- 7- Genetic counseling availability (this standard should be collected but is considered non-mandatory)

Quality indicators on systemic treatment

- 12-Appropriate hormone therapy
- 13-Appropriate chemotherapy and other medical Therapy

Quality indicators on staging, counselling, followup and rehabilitation

- 14-Appropriate staging procedure
- 15- Perform appropriate follow-up
- 16-Avoid inappropriately intensive follow-up
- 17-Availability of nurse counseling

*Summary table of quality indicators in breast cancer care
EUROPEAN JOURNAL OF CANCER 2010*

Quality Indicators on surgery and loco-regional Treatment :

- 8- Multidisciplinary discussion
- 9- Appropriate surgical approach
- 10-Post-operative RT
- 11- Avoidance of overtreatment

KINDLY KEEP IN MIND THAT :

Quality management ensures that the health-care service provided is consistent.

We can't always cure patients ;we can't always correct the problems that brought them to our doors . But we can and always should care for the whole person .Caring will be as important as curing in the overall 'healing environment ' that will characterize the healthcare system of the future . Remarkably enough ,there is nothing at all new about this need.

Ron J.Anderson, MD

THANK YOU

We are what we repeatedly do.
Excellence, then, is not an act, but
a habit.

Aristotle



*"A person who sees
Quality and feels it as
he works is a person
who cares. A person
who cares about what
he sees and does is a
person who's bound to
have some
characteristics of
Quality."*

Robert M.Pirsig