

Improving the Patient Experience Through Better Cancer Symptom Management: A System Wide Improvement Collaborative

Esther Green[†], RN, BScN, MSc(T); Sean Molloy[†], MHSc, CHE; Wenonah Mahase[†], MBA; Doris Howell^{†*}, RN, PhD; Serena Kurkjian[†], MBA; Reena Tabing[†], MA; Laura Macdougall[†], B.Sc.(OT), MBA
Cancer Care Ontario[†]; University Health Network^{*}; University of Toronto[†]

BACKGROUND

Cancer patients experience many physical and emotional symptoms related to their disease and treatment that can lead to high rates of emergency room use, end of life hospital admissions and a decline in quality of life¹. While clinicians are mindful of the benefits in managing symptoms effectively, symptom intensity information is often not collected, is inaccessible to all team members, and may not be tracked over time unless a standardized electronic approach is used.

Cancer Care Ontario (CCO), a government agency in Canada, drives quality and continuous improvement in the delivery of care. Through the Ontario Cancer Symptom Management Collaborative (OCSMC), CCO aims to support the provision of high quality and consistent symptom management by helping to overcome identified barriers. The goal of the collaborative is to **improve the patient's experience by enhancing the quality and consistency of physical and emotional symptom management across the cancer journey.**

OCSMC's roots as the Provincial Palliative Care Improvement Project was based on the IHI's Breakthrough Series Collaborative Model that aimed to achieve small, rapid and locally relevant improvements across a range of clinical and care delivery process issues². The OCSMC has evolved but still maintains a focus on QI methodology to drive improvements.

OBJECTIVES

AIM Statement (Current) – Improve the patient experience through promoting the adoption of electronic symptom screening as a means to better address and manage patient reported cancer symptoms

The objectives of the collaborative are to:

- 1 Promote the adoption of electronic symptom assessment at regional cancer centres
- 2 Expand electronic symptom assessment to partner treatment hospitals and primary care
- 3 Increase the clinical use of evidence based guidelines to effectively manage patient identified symptoms

MEASURES/TARGETS

Data Collected and Analyzed to drive Quality Improvement:

- Symptom Screening and Assessment**
 - Over 70% of cancer patients in regional cancer centres will self screen for cancer symptoms electronically each month
- Symptom Management**
 - Evidence from chart audits show intervention as per evidence based guidelines for patient reported symptom scores
- Patient Experience**
 - 90% of target population indicates that their health care team took their scores into consideration when developing a care plan
- Evidence of Use**
 - 90% of patients state that their doctor or nurse spoke with them about their symptom screen

APPROACH/IMPROVEMENT ACTIONS

Actions taken for this initiative:

- (1) Assess cancer symptoms through patient reported measurement tools
 - Implemented Edmonton Symptom Assessment System-revised (ESAS-r) and Patient Reported Functional Status (PRFS/patient ECOG) tools
- (2) Improve the quality of symptom management through the uptake of symptom management guides and algorithms for care
 - Development of evidence-based clinical tools to assist health care practitioners with the assessment and pharmacological and non-pharmacological management of a patient's cancer related symptoms

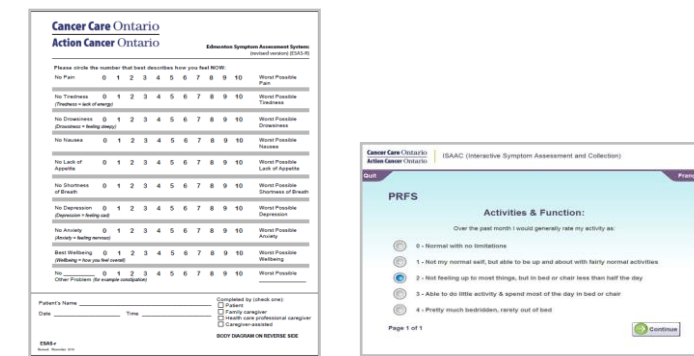


Fig 1. ESAS-r and PRFS measures have been implemented on the Interactive Symptom Assessment and Collection (ISAAC) tool



Fig 2. Copies of the Symptom Management Guides can be accessed at: <http://www.cancercare.on.ca/toolbox/symptoms/> or through a mobile application at: <http://smg.azurewebsites.net>

(3) Improve access and usability of patient reported outcome measures through the adoption of an electronic symptom assessment platform

- CCO developed the Interactive Symptom Assessment and Collection (ISAAC) tool to support electronic symptom assessment and management
- ISAAC is an easy-to-use, standardized, secure, electronic platform that engages patients directly in their care by enabling them to complete an interactive version of patient reported outcome tools (i.e. ESAS-r, PRFS)



Fig 3. Patient entering symptom severity scores into an ISAAC kiosk at a Regional Cancer Centre



Fig 4. Symptom screen as displayed on the ISAAC application

RESULTS

Symptom Screening and Assessment

- The provincial screening rate has steadily increased over the past two years (see Fig.5)
- As of **February 2014**, **57.1%** of patients are screened each month representing over 27,000 people
- Six of fourteen regional cancer sites are above the provincial target of 70%
- Over two million symptom screens in the database from 280,000 patients

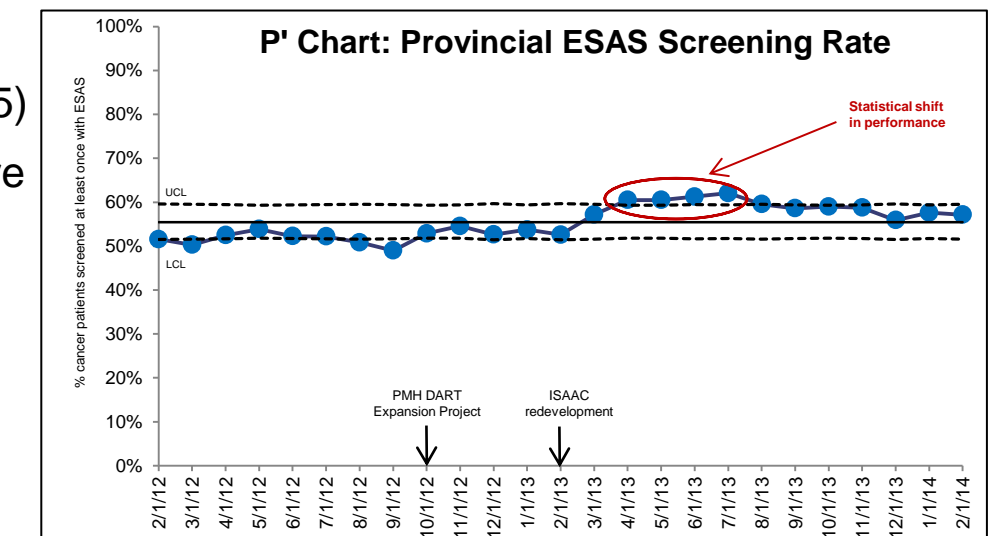


Fig 5. Provincial ESAS-r screening rate over two years

Patient Experience*

- **92%** of patients thought ESAS-r was important to complete as it helps health care providers know how they are feeling
- **89%** of patients agreed that their physical symptoms have been controlled to a comfortable level
- **86%** of patients agreed that their healthcare provider took into consideration ESAS-r symptom ratings in developing a care plan

*Survey of 3,660 patients from 14 Regional Cancer Centres in January 2014

Evidence of Use

- Opportunity for improvement with respect to patient-provider discussions about a patient's ESAS-r symptom rating
- **62%** of patients indicated that their healthcare team talked with them about their ESAS-r symptom rating

CONCLUSIONS/LESSONS LEARNED

Key levers in the success of the symptom management collaborative include:

- a) Leadership at all levels of the system
- b) Clinical tools at the point of care
- c) Engagement of patients in the design of care
- d) Communications support to spread information to all stakeholders

OPPORTUNITIES/FUTURE DIRECTIONS

- Increased Knowledge Translation and Exchange (KTE) across regions through the development of regional KTE plans
- Identify attitudes toward symptom screening and assessment by cancer care professionals across Ontario to inform the future development of strategies to improve symptom management, screening and assessment
- Pilot testing the feasibility of collecting and implementing additional Patient Reported Outcome (PRO) measures (e.g., prostate cancer, chemo toxicity, functional status, depression and anxiety) into clinical practice

Fig 6. The evolution of Symptom Management in Ontario



References
1. Barbara L et al. Indicators of poor quality end-of-life cancer care in Ontario. *J Palliat Care* 2006;22:15-17
2. Gilbert J et al (2012) Quality Improvement in Cancer Symptom Assessment and Control: The Provincial Palliative Care Integration Project (PPICP). *Journal of Pain and Symptom Management* 43(4):663-675