3. The Patient and Physician Perspective on safety and Quality

Sue Evans, M. D.
Yale University
Smilow Cancer Hospital
Department of Therapeutic Radiology
Disclosures

• I have no financial disclosures
Learning Objectives

• To understand quality in radiotherapy from the perspective of the physician community.
• To see quality through the eyes of a patient.
Quality: the patient perspective (patients first...)

- Limited Data available specific to radiation
- Focus groups and concept mapping
7 main themes emerged

- the provision of information
- a patient centered approach
- professional competence
- minimized planning and waiting times
- accessibility
- cooperation and communication
- follow up care
Provision of information

• a complete understanding by the patient and family of the rationale for radiation, the potential consequences of receiving or forgoing radiation, and the prognosis of the cancer.

• All patients in the focus groups expressed a preference for frank discussions about the potential side effects of treatment.
Patient centered approach

• This is characterized by a kind, open, and friendly attitude by the treatment team, with personal attention.

• This also included respect for privacy, as well as frequent checks by the therapists and treatment team on a daily basis for how the individual is doing.
Professional Competence

• Professional competence was highly valued, although this was poorly and variably defined.
• It certainly includes a thorough knowledge of the individual patient’s medical history.
• It was also described as a decisive manner, the inspiration of confidence, and a perception of intelligence and expertise.
• Patients also stated that they desired a level of confidence in the radiation therapists.
Accessibility

• The concept of accessibility includes handicap accessible facilities, ample and easy parking, easy transport to the facility, and the presence of restrooms close to waiting areas (particularly for pelvic malignancies)
Cooperation/ Follow up care

• Cooperation and communication between healthcare providers was highly valued.
• In particular, communication between oncologists and surgeons was valued.
• However, communication between therapists as they change linear accelerators was also considered essential.
• Follow-up care was also important, both in having a contact person to turn to with problems or questions, as well as to have continued monitoring during treatment.
Discussion points

• What is missing from patient quality discussion?
• Why is this not a specific felt need for patients?
The Physician perspective

• Quality of care is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

• For the field of radiation oncology, such quality has many facets, which can be loosely grouped into:
  – high quality decision-making
  – high quality performance
  – high quality resources.
High Quality Decision Making

• Pre consult:
  • Staging, diagnostic imaging, pathology
• Post consult
  – Knowledge of current literature, Assessment of risk
  – Accurate assessment of patient and medical history
  – Proper modality (brachy, ex beam, etc)
High Quality Decision Making

• Post consult

– The quality of the treatment preparation activities is a major determinant of overall treatment quality: the method of immobilization, the use of motion management techniques, degree of bladder/gastric filling, and the use of contrast or anatomic markers.
– Targeting regional nodes, yes or no?
– Determining organs at risk and accurate segmentation of organs at risk
– Once the plan is designated, there is no universal standard to guide practitioners to accept or reject the inevitable trade offs involved in a treatment plans
High Quality Performance

- The quality of images taken at simulation
- Safe radiotherapy delivery and accurate delivery of the dose prescribed, which is discussed elsewhere in this chapter
- The quality of the therapist, nursing, and patient interactions,
- The presence and quality of weekly treatment visits, and nursing education, and
- Peer review at chart rounds, weekly chart checks and ongoing machine QA procedures.
High Quality Performance- another view

Let’s talk about high performing organizations... This effort sought to quantify what made high performing organizations high performing.

• The final result of this study found that a shared sense of purpose, a certain leadership style, an accountability system, a focus on results, and a culture of collaboration were vital to high performance.

• High performing organizations seemed to have a very distinct mission of “patients first,” which they articulated often when looking at gaps between the present unsatisfactory state and the desired future state.
High Quality Performance

• The leadership style found in these high performing organizations was a hands on leader, intimately involved with the staff, who exhibits a great deal of passion about achieving excellence, and seeks grassroots input from the team.

• With respect to the accountability system, the essential elements were the acceptance of responsibility for safety from the chairperson, accompanied by the development of measures and goal setting at every level.

• The focus on results incorporated a strong focus on human behavior and the redesign of work to enhance productivity and safety.
High Quality Performance

- The culture of collaboration included frequent recognition of employee efforts to perform, and collaboration between all staff as vital team members.
Correlation

- This study examined several patient safety indicators (including iatrogenic pneumothorax, selected infections due to medical care, postoperative hemorrhage, etcetera), and found them to be more common in institutions scoring poorly on the indicators of culture tested by the Hospital Survey on Patient Safety Culture.
Correlation

• The safety culture indicators that met statistical significance were frequency of event reported, good handoffs and transitions, management support for patient safety, nonpunitive response to error, organizational learning and continuous improvement, overall good perceptions of patient safety, adequate staffing, management expectations and actions, teamwork across units, and teamwork within units.

• It is increasingly clear that high quality performance requires an excellent safety culture, and excellent organizational culture.
Discussion points

• What keeps your organization from being “high performing”?
• (or...your “friend's” department from being high performing??)
The patient perspective on quality in radiotherapy focuses largely on:

1. Accurate and safe delivery of radiation
2. A radiation experience that is patient centered, with professional competence, cooperation, and provision of information being highly valued
3. Provision of the latest technology in radiation
4. The curriculum vitae of the radiation oncologist and a prestigious educational background
5. Availability of cutting edge clinical trials

“The quality of radiation care: The results of focus group interviews and concept mapping to explore the patient’s perspective” Radiotherapy and Oncology 2011
The physician perspective on quality in radiotherapy includes:

1. Safe and accurate radiation delivery
2. High quality diagnostic imaging, staging, and pathology
3. Extensive support staff to guide patients through acute toxicity and stressors
4. Availability of all applicable modalities of treatment to meet the needs of patients
5. All of the above