SURGICAL ONCOLOGY NETWORK

BC Surgical Oncology Network – Council Executive

AGENDA

March 4th, 2005 - Noon to 4pm

Vancouver: Morris J. Wosk Centre in downtown Vancouver (see attached map)

PURPOSE OF MEETING/DESIRED OUTCOMES

- To review 2004 and provide an update on projects in progress
- Feedback on the SON logo
- To provide feedback into an SON member survey
- To plan for the upcoming year
- To discuss the implementation of a Surgical Oncology 'designation'/certification.

1.	LUNCH		ALL
2.	Review of 2004 SON Activities and Activities In Progress	For review and discussion	T. Strack
3.	Infrastructure Survey – Results	For review	S. Thomson
4.	Logo	For discussion	ALL
5.	2005 SON Member Survey	For discussion	T. Strack/ALL
6.	Planning for 2005 - *Surgical Tumour Groups* - *Newsletter* - *Website*	For discussion	ALL
7.	Surgical Oncology Training/Designation	For discussion	ALL
8.	Other		
9.	Adjournment		

BC Cancer Agency
CARE & RESEARCH

SURGICAL ONCOLOGY NETWORK

Surgical Oncology Network Council Executive
March 4, 2005

MINUTES

Attendance:

Noelle Davis, Co-Chair	Peter Doris	Barbara Poole
Con Rusnak, Co-Chair	Rona Cheifetz	Tina Strack
Abdul Aleem		Sharon Thomson

Regrets:

Andy Coldman	Blair Rudston-Brown	Gil Wankling

T. Strack began by welcoming the council executive members and thanking them for making time to come to a meeting in person. She noted that the goal of this meeting was to set direction for the year and to re-energize the SON. Although the meeting has an agenda, she advised that there was flexibility to discuss topics and concerns as they arise. She began by handing our and reviewing a detailed activity report that summarized activities completed in 2004 and those anticipated in 2005.

Council Executive Meetings

Members discussed the need to review the executive's terms of reference and membership. In particular, they felt that the council executive needs new members. It was noted that there is a new oncologic urologist starting at VGH and this person may be interested in serving as the Academic rep.

Action items agreed upon include:

- Invite Tom Ehlen to participate as the Head of Surgery for VGH (Garth Warnock would stay on as the academic representative from the Department of Surgery).
- Ask Garth Warnock to send a designate in his place if he is unable to attend meetings.
- Send letter to KGH Head of Surgery stating the need for a representative from their region
- Send invitation to Brian Schmidt as participation from the PHSA is needed.
- Invite Patricia Patrician to attend meetings as a committed Ministry of Health representative is needed (one who will take ownership of the role). (The suggestion was made to have this invitation come directly from Dr. Sutcliffe in order to demonstrate the importance).

ACTION: T. Strack to write necessary letters. C. Rusnak and N. Davis to review and follow-up with phone calls if necessary.
BRING FORWARD: Terms of reference and membership of Council Executive.

Annual Council Meeting

The need to have administrators involved with the SON was emphasized. Particularly, those people with budgetary and decision-making responsibility should be involved.

ACTION: Invite administration representatives to annual Council meeting.

Executive members brainstormed ideas for an effective annual council meeting. The council meeting from 2003 was cited as a particularly successful one as it balanced discussion and education (that year's theme was Outcome Measurement). Ideas suggested for the November 5 Council meeting include:

- Wait times – can we develop some momentum on this idea? In particular, it was suggested that the SON could start with rectal cancer to define timelines that are required for quality care.
- Quality of care – it was noted that P. Doris has good knowledge in this area and has done several talks on the subject.

It was noted that the VCHA will be having a meeting on April 4th looking at what evidence there is on wait times. For the November meeting, the SON should start with a general discussion of quality, resources and allocation.

Discussion ensued regarding the SON's role and what the Council should be focussing on:

It was agreed that the SON should be the one to recommend wait times for various surgeries. Each Surgical Tumour Group Chair should determine a recommended target for surgery in their discipline and present this at the November meeting.

Target: Surgeons in province need more "expert" evidence to justify the need for increased resources/access to OR for cancer cases. The SON is the group that should provide this evidence and then communicate with administrators who have the power to allocate resources. This will show STG chairs the relevance of their work. It will also the SON to go to the Ministry when required to demonstrate need for oncologic cases.

Discussion also ensued regarding the Council's role in facilitating referrals. Two examples were cited – the Scottish Cancer Network and the Leapfrog group in the US (http://www.leapfroggroup.org/). This group has assessed and ranked US hospitals based on specific criteria (see attached for more information). One of these is the need for written protocols for transfer. This would be a key area for the SON to work on.

ACTION: Speakers for Annual Council Meeting:
Speaker from Leapfrog group and chair of American College Cancer Committee (ACCC).

Surgical Oncology Levels of Care/Surgical Oncology Training in BC

Discussion then turned to what activities should be done in each community? There needs to be 24/7 emergency care for surgery cases in each health authority. This work involves looking at:

1. Levels of care
2. Resources (infrastructure survey)
3. Referrals

It was agreed the Council needs to do a better job of engaging the Health Authorities. The SON has valuable information and needs to communicate this to Health Authorities. Information that could be sent includes:

1. Cancer surgeries done in the HA
2. Resources in their community
3. Referrals processes
4. Levels of care

This report could be the second half of our day in November, when we present our work and information to them. The Son will develop a standard report, which will be produced for each region.

BRING FORWARD: Council executive members to bring

to the next meeting ideas on what should be included in such a report to HAs.

Another approach to take is for the SON to ask itself – what are the three things that have the greatest impact on improving cancer care and outcomes? Then what can the SON so to influence these things? Evidence suggest the 3 most important elements are:

1. Multi-disciplinary care/referrals to tertiary cancer agencies when appropriate.
2. Written protocols
3. Volume of cancer surgeries done (both individual and institution) and education.

Action: Send letter to Ministry to request next set of data (we have up to 2003). Andy Coldman will need to send this.

Council Executive members also discussed the need for the SON to present a position paper on Surgical Oncology Training in BC. T. Strack apologized for not having completed this after the meeting with Gavin Stuart in May. It was agreed that this is a priority and a position paper should be developed. It should encompass medical education, CME and postgraduate training. Once the Council has agreed on the content, then the co-chiars will meet with Gavin Stuart to present this.

Action: T. Strack to prepare draft of position paper for April meeting with co-chairs.

Infrastructure Survey

Sharon Thomson reviewed the current results of the infrastructure survey (see attached copy of handouts). Council Executive members noticed that there might be some inconsistencies with the data.

Action: Sharon Thomson and Tina Strack to review data for quality and how it is presented.

It was agreed that this is useful information to present to regions. Barbara Poole suggested doing a cluster analysis. This would compare the size of hospital with volume of services, location etc. It would also be useful to ask a group of surgeons what key infrastructure is needed for cancer surgery in their discipline. A small subcommittee could be put together to review this and put together a report. (note: Con Rusnak is wiling top help with this).

Discussion ensued regarding ICUs and the level of care needed there in each community (respirologist, internist or intensivist). The Leapfrog group also noted these levels of care in their quality algorithm.

It was noted that survey respondents may not have known what is meant my multidisciplinary teams. This question may need to be taken back to respondents for clarification.

Discussion ensued regarding ICD-9 versus ICD-10 codes. Not all provinces have adopted the ICD-10 codes and the first version of the Atlas was based on ICD-9 codes.

Performance Evaluation

T. Strack advised that N. Davis had suggested the creation of a “Surgical Oncology” designation that would recognize those people who have contributed to and supported the network. Models to follow would be programs like the Communities Oncology Network and colposcopy program which both recignize specific oncology expertise. Categories could include CME hours, additional hours spent on education and # of oncology patients. Perks of this designation could be that they are brought on board as consultant staff at the BCCA and be given access to CAIS.

Action: T. Strack to collect information and discuss with co-chairs.

SON Survey

T. Strack advised that she and R. Cheifetz have discussed the need to do another survey of the surgical membership. They feel it is time to reassess the educational interests of the community. T. Strack noted that this would be an ideal opportunity to also survey the membership on other items that can go towards assessing the effectiveness of the SON.

Discussion ensued and several points were made – it would be better to do two separate surveys, targeting a survey to the non-participants would be helpful. It was also agreed that the purpose of any survey used for performance evaluation needs to be clearly discussed and understood (as well as assessing how the SON can get more buy-in).

Action: T. Strack to bring preliminary version of this to May meeting.
T. Strack to discuss and review survey with co-chairs in April.

The idea of a research project about how to engage surgeons was discussed. This survey could research the engagement of physicians – what does it take to get them involved (incentives, follow up etc)? There are two things to consider – level of interest and level of engagement.

C. Rusnak emphasized the need to engage surgeons through organization that they already belong to. For example, each STG chair should be approached and asked how they will profile the Surgical Oncology Network in the province. What annual meeting can the SON be a part of?

Action: Need to collect a list of all annual meetings.
C. Rusnak volunteered to call STG chairs and speak to them personally.

C. Rusnak also noted the need to engage the STG chairs in doing performance planning.

Surgical Tumour Group Chairs

T. Strack suggested that a good strategy for the STG chairs is to push them into having meetings. She clarified that those committees that have been "pushed" by her to have a meeting have responded well and that this could be done for more groups.

N. Davis noted that it is important that each tumour group develop a surgical outcome form for their site (or at least identify their minimum data set). In fact, it may be just as easy to identify a minimum data set that can apply to all tumour sites. It was also agreed that giving the STGs a specific task is a much better strategy to engage them than just asking them to meet.

Newsletter

T. Strack advised that only two newsletters were produced last year whereas three were planned. The stumbling block is getting clinical articles and follow through of those who are writing articles for the newsletter. Suggestions from council executive members included asking Ivo Olivotto to prepare an article based on a talk he did; wherever possible, get article from talks that have already been done; and collect as many article in advance as possible.

Website

Discussion ensued regarding the difficulty in having the PHSA recognize the important of "connecting" with surgeons in the community. Surgeon's offices should be viewed as a satellite of the hospital. Council executive members felt it was a central principle to treat surgeons equally.

CME

R. Cheifetz reviewed the planned activities for the year. Discussion ensued regarding a topic for the third Travelling Road Show and general agreement was that hepatobiliary would of most use, particularly pancreatic cancer. In fact, it was suggested that a consensus conference in this area would be useful. This could be done in two phases – the first phase would b to develop a general consensus and then second would be to take that message out to the province. Another option that was discussed was to add an SON symposium to the BC Surgical Society Spring meeting.

Research & Outcomes Evaluation

Discussion ensued regarding the new ICD-10 codes and whether or not, the SON needs to take on the challenge of going through these (like ICES did for ICD-9). Again, it was reiterated that a report would be sent to Health Authorities on a regular basis.

SISWG/RFPs

N. Davis noted that one of the issues identified by David Gavin and Andy Coldman is that the SON does not have a clear vision of where it wishes to proceed with regards to data collection.

Action: T. Strack to send out a copy of the article outlining the Alberta Cancer Board's web-based OR reporting template.