

AGENDA
Council Executive
BC Surgical Oncology Network
BC Cancer Agency

Date: March 9, 2007
Time: 3:30 pm - 5:30 pm
Location: BC Cancer Agency, Vancouver
4th Floor Boardroom

Teleconference:
Lower Mainland: 604-899-2339
Long Distance: 1-877-385-4099
Passcode: 9952948#

PURPOSE OF MEETING:

- Review the status of SON projects and activities
- Update on new initiatives and issues

TIME	ITEM	ACTION	SPEAKER
3:30 pm	1. APPROVAL OF AGENDA	Approval	All
3:35 pm	2. APPROVAL OF MINUTES Attached: October 6, 2006 Minutes	Approval	All
3:40 pm	3. OLD BUSINESS 3a. Clinical Guidelines 3b. Infrastructure Survey 3c. MoH and PHSA Representation on Council Executive	Information	S. Thomson C. Rusnak
3:50 pm	4. 2006 ACTIVITY REPORT 4a. Changes to Council Executive 4b. Terms of Reference 4c. Data Collection Pilot Project 4d. Rectal Cancer Monitoring Project 4e. Newsletter	Information & Discussion	Y. Miller
5. NEW BUSINESS			
4:00 pm	5a. Surgical Resident Travel Awards	Discussion & Decision	Y. Miller
4:10 pm	5b. 2007 Strategic Plan and Activities <ul style="list-style-type: none"> • Council Executive and Leadership • Invite Resident to Join Council Executive • Organization • Clinical Practice Committee • CPD-KT Committee • ROE Committee 	Information, Discussion & Decision	Y. Miller N. Davis R. Cheifetz P. Doris
4:30 pm	5c. Council Executive, Committees and Surgical Tumour Groups Terms of Reference <ul style="list-style-type: none"> • 5-year review • Remuneration Policy – sessional payments, monthly stipend? 	Information, Discussion & Decision	All
4:50 pm	5d. Evaluation of Data Collection Pilot Project	Information & Discussion	All
6. OTHER			

MINUTES OF THE COUNCIL EXECUTIVE MEETING
March 9, 2007
4th Floor Boardroom, BC Cancer Agency

Attending:

Council Executive

- Dr. Noelle Davis, Co-Chair, Council Executive, Provincial Program Leader, Surgical Oncology, BC Cancer Agency
- Dr. Con Rusnak, Co-Chair, Council Executive, Vancouver Island Health Authority Representative
- Dr. Rona Cheifetz, Chair, CPD-KT, Surgical Oncology, BC Cancer Agency
- Dr. Michelle Sutter, Northern Health Authority Representative
- Dr. Sam Wiseman, Vancouver Coastal Health Authority Representative

Staff

- Yasmin Miller, Manager, Surgical Oncology Network
- Denise Des Lauriers, Program Assistant, Surgical Oncology Network (Recorder)
- Paul Mak, Programmer, Surgical Oncology Network
- Colleen McGahan, Biostatistical Analyst, Surgical Oncology Network
- Chrystal Palaty, Research Assistant, Surgical Oncology Network
- Sharon Thomson, Director Clinical, Operations, Surgical Oncology, BC Cancer Agency

Regrets:

Council Executive

- Dr. Abdul Aleem, Community Surgeon, Cranbrook
- Dr. Chris Baliski, Interior Health Authority Representative; Chair, Skin Surgical Tumour Group
- Dr. Nadine Caron, Northern Health Authority Representative
- Dr. Andy Coldman, Vice-President, Population Oncology, BC Cancer Agency
- Dr. Peter Doris, Chair, Research Outcomes and Evaluation Committee; Fraser Health Authority Representative
- Dr. Blair Rudston-Brown, Co-Editor, SON Newsletter
- Dr. Simon Sutcliffe, President, BC Cancer Agency
- Dr. Garth Warnock, Head of Department of Surgery, University of British Columbia

Staff

- Barbara Poole, Director, Provincial Initiatives, BC Cancer Agency

1. Approval of the Agenda

The agenda was approved as circulated.

2. Approval of the Minutes of the October 6, 2006 Council Executive Meeting

The minutes were approved as circulated.

3. Old Business

3a. Clinical Guidelines

S. Thomson reported that there was no new information regarding Clinical Guidelines.

3b. Infrastructure Survey

The hospitals that have not yet completed the Infrastructure Survey are: BC Children's Hospital, BC Women's Hospital, Surrey Memorial Hospital, Vancouver General Hospital and Lion's Gate Hospital. S. Thomson has been unsuccessful in her attempts to set up meetings to complete the survey. The survey from BC Children's and BC Women's is expected to be completed soon.

Action: S. Thomson will continue to follow up.

3c. Ministry of Health and PHSA Representative on Council Executive

C. Rusnak reported that MOH has not provided a representative.

Action: D. Rusnak will follow up with Wendy Hill from the Ministry of Health to identify a representative to the Council Executive.

B. Schmidt has informed the Council Executive that he will remain a member but has requested that he be involved only as a corresponding member and will contribute when there are specific items for his attention.

Action: M. Sutter will contact B. Schmidt to encourage PHSA involvement.

4. 2006 Activity Report

Y. Miller presented the 2006 report, which summarized the Network's activities, accomplishments and changes of the past year.

Highlights included:

- The Network held its 2006 Annual Council Meeting at the Fairmont Waterfront Hotel in January 2007. This year marked the fifth year since the Network was established.
- This was the final year for founding Co-chair, Dr. Con Rusnak, who stepped down at the annual meeting.
- Staffing changes: After four years as Manager, Tina Strack departed in May and moved to England to pursue new challenges. Yasmin Miller was hired as her replacement at the end of June. The Network also hired a part-time Programmer, Paul Mak, in June and a part-time Research Assistant, Chrystal Palaty, PhD, in December.
- Terms ended for several Council members: Dr. Gil Wankling, as the Northern Health Authority Representative on the Council Executive; Dr. Adrian Lee, Chair of the Skin Surgical Tumour Group; Dr. Elissa McMurtrie, Chair of the Gynaecology Surgical Tumour Group; and Dr. Gary Steinhoff, Chair of the Urology Surgical Tumour Group.
- New representatives joined the Council: Dr. Chris Baliski as the Interior Health Authority Representative on the Council Executive and Chair of Skin Surgical Tumour Group; and Dr. Mark Heywood as Chair of the Gynaecology Surgical Tumour Group.
- In January 2007, the Network welcomed Dr. Nadine Caron and Dr. Michelle Sutter to the Council Executive as co-representatives of the Northern Health Authority, and Dr. Alan So as Chair of the Urology Surgical Tumour Group.

- The Network published three newsletters with issues in March, June and September.
- In 2006, the Network held its first national meeting. Dr. Noelle Davis hosted the *National Advisory Panel on Management of the Axilla* September 28-29 in Kelowna.
- The Network also held its first video-conferenced seminar in October. The *Breast Cancer Management Seminar on Methods of Breast Irradiation and Treatment with Aromatase Inhibitors* was held in Vancouver and video-conferenced to multiple sites across the province.
- In October the Network introduced a new travel award for BC surgery residents and fellows, designed to motivate physicians early in their training to pursue an interest in surgical oncology.
- A grant application was submitted at the beginning of November to CIHR for a New Emerging Team Grant: Access to Quality Cancer Care with Dr. Noelle Davis as the principal investigator.
- The fall Annual Update was held November 24. An accredited course in Sentinel Lymph Node Biopsy was offered featuring eight speakers covering staging, mapping and management in breast cancer, melanoma and other malignancies.
- In November and December, the Rectal Cancer Monitoring Study underwent a complete reorganization of the data collection, data entry and patient file management system, to create a higher quality research and reporting process. In addition, data collection forms were revised and a new database was developed.
- In December, three new surgeons joined the Continuing Medical Education Committee: Dr. Jason Francoeur from Peace Arch Hospital, Dr. Elaine McKeivitt from St. Paul's Hospital and Dr. Nathan Schneidereit from Nanaimo Regional General Hospital.
- In January 2007, the Communications and Continuing Medical Education Committees were merged to form the new Continuing Professional Development and Knowledge Transfer (CPD-KT) Committee. Dr. Rona Cheifetz is the Chair of the Committee. She will also be Co-Editor of the Newsletter along with Dr. Blair Rudston-Brown. Drs. Francoeur, McKeivitt and Schneidereit will comprise the other members of the CPD-KT Committee.
- At the end of the year, an evaluation of the data collection pilot project was undertaken by Dr. Andrew Gemino, Assistant Professor, Faculty of Business Administration, Simon Fraser University.

5. New Business

5a. Resident Travel Award

The Network received its first application on January 3, 2007 from Dr. Adrienne Melck, fourth year resident in General Surgery (supervisor Dr. Sam Wiseman). The request was for a presentation at the Society of Surgical Oncology conference March 15-18, 2007 in Washington DC. The Council Executive approved funding of travel expenses up to \$1350.00.

A second application was received on February 13, 2007 from Dr. John Boutros for a Pacific Coast Surgical Association meeting February 17-20, 2007 in Hawaii.

The application submitted by Dr. Boutros raised many issues surrounding the clarity of the application form and existing guidelines. Given the ambiguity of the current eligibility rules, Council Executive approved the application and awarded funding of \$1350.

Y. Miller proposed several changes to improve the application guidelines and review process. Following discussion, there was approval for the following revisions:

- Rather than the entire Council Executive reviewing applications, this responsibility will now go to the Research and Outcomes Evaluation Committee. Applications will be referred to the Chair of the appropriate Surgical Tumour Group when an expert review is needed.
- Geographic restrictions were removed so that conferences are no longer limited to North America.
- Presentations must be part of a peer reviewed selection process by the conference organization.
- Applications will be funded in whole or in part up to a maximum of \$1000, rather than the previous amount of \$2500.
- Deadlines were established and set for May 1 and November 1 of each year.
- A CV and a brief paragraph on the significance of the research work are now required.

Action: Y. Miller will circulate the revised travel award application to appropriate UBC contacts.

5b. 2007 Strategic Plan and Activities

Y. Miller presented the draft of the planning document for the Network, which identified strategic approaches and activities that will shape the organization and direction of the Network over the next year.

Project Management

Y. Miller proposed that to better organize and implement the Network's activities, beginning in 2007 all initiatives will be channelled through one or more of the Network's three Committees, depending on the nature of the project. The Continuing Professional Development & Knowledge Transfer, Clinical Practice and Research and Outcomes Evaluation Committees will oversee all activities of the Network. This approach will also increase integration of activities between the Committees.

Leadership Structure

Y. Miller presented a proposal for a new leadership structure of the Council and Network for consideration. In advance of the meeting, Y. Miller had circulated the proposed changes to the Council Executive and Surgical Tumour Group Chairs for review and comment.

Y. Miller noted that a call for nominations was issued in February to identify a new Co-Chair, after Dr. Rusnak had stepped down in January following a five-year term. Few responses were received.

The question was raised as to why the Network needs two Co-Chairs. The Co-Chair model was implemented during the development of the Network to ensure buy-in from community

surgeons, by having a general surgeon and someone outside the Vancouver region involved in the leadership. Now that the Network has been operating for five years, the issue of getting buy-in may not be as relevant anymore because the community is actively engaged.

The new leadership model would introduce a new corporate structure which would have one Chair and three Vice-Chairs – the Chairs of the three Network Committees: Continuing Professional Development & Knowledge Transfer, Research & Outcomes Evaluation and Clinical Practice.

The following rationale was given for having the Provincial Program Leader at the BC Cancer Agency also be appointed as the Chair of the Council and Network:

1. The Network is an initiative of the BC Cancer Agency and is funded by the Agency's operating budget. Because the Network is embedded within the BC Cancer Agency, it is critical that the Chair be directly linked with, and accountable to, the Agency.
2. The Agency's strategic plan includes expanding the Surgical Oncology Program, which is under the leadership of the Provincial Program Leader. The Network is an integral part of this process.
3. The administration and infrastructure of the Network is located at the BC Cancer Agency.

To ensure that general surgeons are represented in the leadership, the Vice-Chair positions would include general surgeons.

Y. Miller noted that as all activities are now going to be channelled through the Committees, the Vice-Chairs would have active involvement in the decision making around Network initiatives and would work collectively with the Chair on Network planning.

The Chair and Vice-Chairs would also form a new Executive Finance Committee, a sub-committee of the Council Executive. The planning of activities within the operating budget would be under the direction of the Executive Finance Committee. Funds would be allocated to the three Committees based on the planned activities for the year.

Council Executive reviewed the proposal and the new organizational chart. There were some suggestions for the organizational chart and comments that the new structure would encourage more active involvement and accountability.

N. Davis motioned to approve the new framework for the leadership structure.

R. Cheifetz seconded the motion and the motion was carried with unanimous approval.

Residents and Mentoring

To encourage interest in surgical oncology, the Network introduced the new Resident Travel Award for surgical residents and fellows. Y. Miller proposed that to further mentor residents, a surgical resident could be invited to join the Council Executive.

Following discussion, Council Executive decided to invite surgical residents to sit on the Council Executive and the three Committees, and on active Surgical Tumour Groups.

Action: Y. Miller will contact the Dean of Postgraduate Medical Education at the Faculty of Medicine, UBC to identify and invite candidates for these positions.

Strengthening Relationships

Y. Miller noted that while the Network has worked hard in its first five years to engage general surgeons across the province, and has succeeded in attracting community surgeons from the northern, interior and Vancouver Island health regions, the Network has had the least involvement from surgeons in the greater Vancouver area.

This year, the Network will focus on strengthening the relationships within the BC Cancer Agency, PHSA, BC Ministry of Health, UBC, VGH and other hospitals in the Lower Mainland, while also forming closer partnerships with hospitals and Health Authorities across the province.

In addition, the Network will also work to integrate the Surgical Tumour Groups with the BC Cancer Agency tumour groups to broaden the involvement of surgeons.

The Network will also work with the BC Cancer Agency to identify and communicate to Network surgeons the referral process to the Agency.

Outcomes Reporting

A key focus for this year and the next few years will be on outcomes and quality improvement. This will include developing outcomes forms, data collection processes, data analysis and reporting mechanisms. All three Committees, the Surgical Tumour Groups and the Council Executive will be involved in developing and operationalizing an outcomes reporting process.

Surgical Oncology Network Physician Database

To support a more strategic approach to implementing Network activities, a Surgical Oncology Network Physician Database is being developed. The database will allow the Network to better target surgeons for mailings, CPD-KT events, and identify speakers and mentors for particular events or educational initiatives.

Committee Activities

Y. Miller referred to the activities identified in the 2007 plan for each Committee, the Surgical Tumour Groups and the Council Executive.

Action: Y. Miller will circulate the 2007 plan and the organizational chart to Council Executive, Committee members and Surgical Tumour Group chairs.

5c. Terms of Reference

Y. Miller noted that the terms of reference for the Council Executive, Surgical Tumour Groups and Committees, with the exception of the newly formed CPD-KT Committee, are five years old and need to be reviewed and updated.

Each Committee will revise its own terms of reference. The Council Executive will also review and update its own terms of reference and those for the Surgical Tumour Groups.

The new Executive Finance Committee will meet in April to develop its terms of reference, review the budget and create a financial plan for the proposed 2007 activities.

The Executive Finance Committee will also review the Network's remuneration policy.

The terms of reference and remuneration policy will be brought forward to the Council Executive for review and approval at the next meeting.

Action: D. DesLauriers will schedule an Executive Finance Committee meeting for April.

5d. Evaluation of the Data Collection Pilot Project

The evaluation report was circulated to the Council Executive.

N. Davis provided an overview of the project. The purpose of this project was to pilot and assess the potential of an electronic data collection system, using electronic templates made available to BC surgeons through a personal digital assistant (PDA) and web-based forms, for the purpose of collecting surgical data for breast and rectal cancer in a central location. The contracted company was HDC located in Victoria.

Y. Miller summarized the evaluation process. In September 2006, Brian Armstrong of HDC confirmed that the web-based system had been completed by HDC and that he could proceed with training the seven pilot surgeons on using the system. Mid-October was set as the end of the trial period, after which pilot surgeon evaluations would be conducted. The data would be downloaded and encryption and integration evaluated as well. The evaluation surveys for both the web and PDA versions were developed by Dr. Andrew Gemino, Assistant Professor, Faculty of Business Administration, Simon Fraser University. An evaluation of the data collection pilot project was undertaken in the fall. Y. Miller conducted the surveys with four of the seven surgeons. Attempts to conduct the survey with the remaining three surgeons were not successful.

Dr. Gemino submitted a draft report in January 2007 for preliminary review and comment by the Evaluation Committee. A final report was submitted in March 2007 and included evaluation results as well as recommendations for next steps.

The report noted concerns around the stability of the PDA and web-based technologies, the design of the application, and the lack of demonstrated time savings. Pilot surgeons indicated the process is longer and more cumbersome with the PDA and WBF technologies. Dictation and paper reports still hold a relative advantage. Hardware and software issues were found to be challenges for both the PDA and web-based systems.

Dr. Gemino was unable to evaluate data download and security of the data because requests for documentation about data storage and security specifications were not provided by HDC. Consequently, an evaluation of the data download process, data encryption and integration, and data security were not conducted.

Dr. Gemino commented in his report that the relationship with HDC Health Data Consortium Inc. has produced a relatively successful pilot study and resulting applications, but the relationship has been strained. He noted that it would be important to clearly establish the ownership of the applications and templates and define roles and responsibilities for SON and partners. The relationship as it currently stands will not lead to future success in a larger implementation as issues of ownership, support and development have been identified.

Dr. Gemino made the following recommendations in his report:

- Develop a set of templates that will serve as the basis for post operative and outcome reports for cancer surgeries in BC. This should be recognized as the most important task for SON and one that it is perfectly positioned to facilitate.
- Secure funding for an additional round of improvements in the system supporting the standardized, electronic collection of post operative and outcome reports for cancer surgeries in BC.
- Develop a better understanding of how a system can be integrated into surgeons work processes – in clinics, hospitals, BC Cancer Agency and surgeon’s offices. This integration is critical for adoption, as surgeons will not take on additional workload, given that dictation system continues to deliver adequate service.
- Secure a relationship with an external company or organization (or internally with BC Cancer Agency) that can support the ongoing development of the system as well as provide maintenance and support for the system.

Council Executive accepted the final evaluation report.

Council Executive agreed that the Network should continue to develop outcomes templates.

Next Meeting
May 4, 2007