



BC Surgical Oncology Network REPORT CARD & SURVEY RESULTS

Tina Strack, Network Manager

BC Surgical Oncology Network

Vision

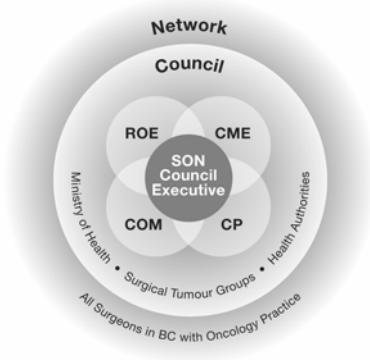
- Equitable, accessible and integrated cancer surgery for British Columbians.

Mission

- By providing surgeons with continuing medical education, communications, practice guidelines and research and outcomes evaluation, the Council & Network will enable the best possible surgical oncology care for all people in British Columbia.



Network Structure



Council Executive

Membership

- 6 Health Authorities, MoH, UBC
- Challenges: Interior Health Authority, MoH

Meetings – Discussion Topics

- Surgical Oncology Training in BC (in development) – Gavin Stuart
- BC Cancer Agency Strategic Plan – Simon Sutcliffe
- Quality Assurance
- Remuneration for Oncology Services
- Volume & Access Standards – Dewey Evans (MoH)



CME – Continuing Medical Education

Chair – Rona Cheifetz

Travelling Road Show

- 2003/04 Melanoma
- 2004/05 Head & Neck
- 2005/06 Hepatobiliary

Other

- Educational research (i.e. survey of "non-attenders")

Conferences

- 2002 & 2003 co-presenter of Management of Rectal Cancer
- 2003 Hot Topics in Surgical Oncology
- 2004 Breast Cancer I and II (April and November)
- 2005 Proximal GI Cancer Management



Impact of CME

1. 2/3 of general surgeons have attended at least one CME event
2. Demonstrated learning
 - Pre and post test
 - Statistical significance

SURVEY: Are you aware of the following initiatives?

62% said CME
83% of general surgeons said CME



Communications

Chair: Blair Rudston-Brown

Newsletter

2005 – 3 issues, 2-3 issues per year

SURVEY: Have you read the newsletter?

All specialties 64%

General surgery 77%

Is it interesting?

All – 51%

Gen Surg – 79%

Is it clinically relevant?

All – 51%

Gen Surg – 68%



Communications

Website - part of BCCA website

SURVEY: Have you visited the website?

All specialties 15%

General surgery 28%

SURVEY: From where do you access the internet?

Home 86%

Office 62%

Hospital 48%

No access 7%

Area for improvement



Committee Achievements

Clinical Practice Committee

Chair: Noelle Davis

- Infrastructure survey of facilities in BC regions
- Identified consistent format for clinical practice guidelines
- Process for guideline development

Research & Outcomes Evaluation

Chair: Peter Doris

- Regular meetings
- Surgical Atlas update

Challenges

- Updated data
- Staffing



Surgical Tumour Groups

Breast

- Two clinical practice guidelines – SLNBx

Proximal GI

- Group formed
- Fall conference

Colorectal

- Rectal Cancer Project is ongoing

Skin

- Two projects – Minimum data set – Patient booklet on SLNBx



2005 SON Survey

Purpose

- How well known is the SON?
- Surgeon's opinions
- Input into future directions of SON

Sent To

- All surgical specialists in BC



Have you heard of the SON?

By specialty:

- Lower in surgical subspecialties
- Good recognition from general surgery and CME-related groups

Specialty	YES	Total	%
Thoracic	3	3	100%
Dermatology	6	7	86%
GenSurg	45	53	85%
Plastics	2	3	67%
ObGyn	15	26	58%
Neurosurgery	4	7	57%
OTL	7	14	50%
Urology	6	12	50%
TOTAL	88	125	70%



Have you heard of the SON?

By region:

- Fairly consistent
- Strong recognition in NHA

Region	Heard of SON?	Total	%
NHA	5	5	100%
FHA	22	29	76%
IHA	17	25	68%
VIHA	19	28	68%
VCHA	25	38	66%
TOTAL	88	125	70%

Have any of the SON's activities had an impact on your practice?

Impact

ALL Surgeons

- 32% said YES

General Surg only

- 51% said YES

What has had an impact? (self-reported)

- Guidelines
- Rectal Cancer Project
- CME

Data Collection

Data Collection

Would you be interested in participating in data collection for outcome evaluation?

All – 67% General surgery – 75%

If yes, what is your preferred mechanism of data collection?

	ALL		GenSurg Only	
	N	%	N	%
Records reviewed by BCCA nurse	97	78%	45	85%
Secretary	76	61%	37	70%
Internet/web based report	61	49%	19	36%
Fax reports	43	34%	26	49%
PDA	26	21%	15	28%
Mail	23	18%	9	17%
Phone Survey	6	5%	5	9%

Data Collection

What would motivate you to participate in prospective data collection?

	ALL		GenSurg Only	
	N	%	N	%
Improving patient care	90	72%	41	77%
Guarantee regarding security and use	66	53%	34	64%
Reminders sent to office	60	48%	31	58%
Remuneration	39	31%	18	34%
Allow for more explanation	27	22%	16	30%

2005 Survey Results

Network Priorities

Please rank the items you believe are most important.
(1 = most important, 8=least important)

	Avg Rank	
	All	Gen Surg
Guideline development	2.92	3.02
CME (conferences)	3.47	2.79
Standards around referral	3.93	4.67
Opportunities for enhanced training	3.93	3.85
CME (road show)	3.98	3.5
Sponsoring oncology speaker at established conferences	4.61	4.38
Online access to BCCA patient records	5.05	5.38
Advocacy for oncology work	5.51	5.32



OVERALL

"Report Card" Analysis

Strengths

- CME
- Rectal cancer project - impact of focussing on a clear issue
- Have had an impact on surgical practice

Opportunities

- Clinical practice guidelines are important but take time to develop
- Promoting research and outcomes evaluation with surgeons
- Improved data collection

