

P R O C A R E

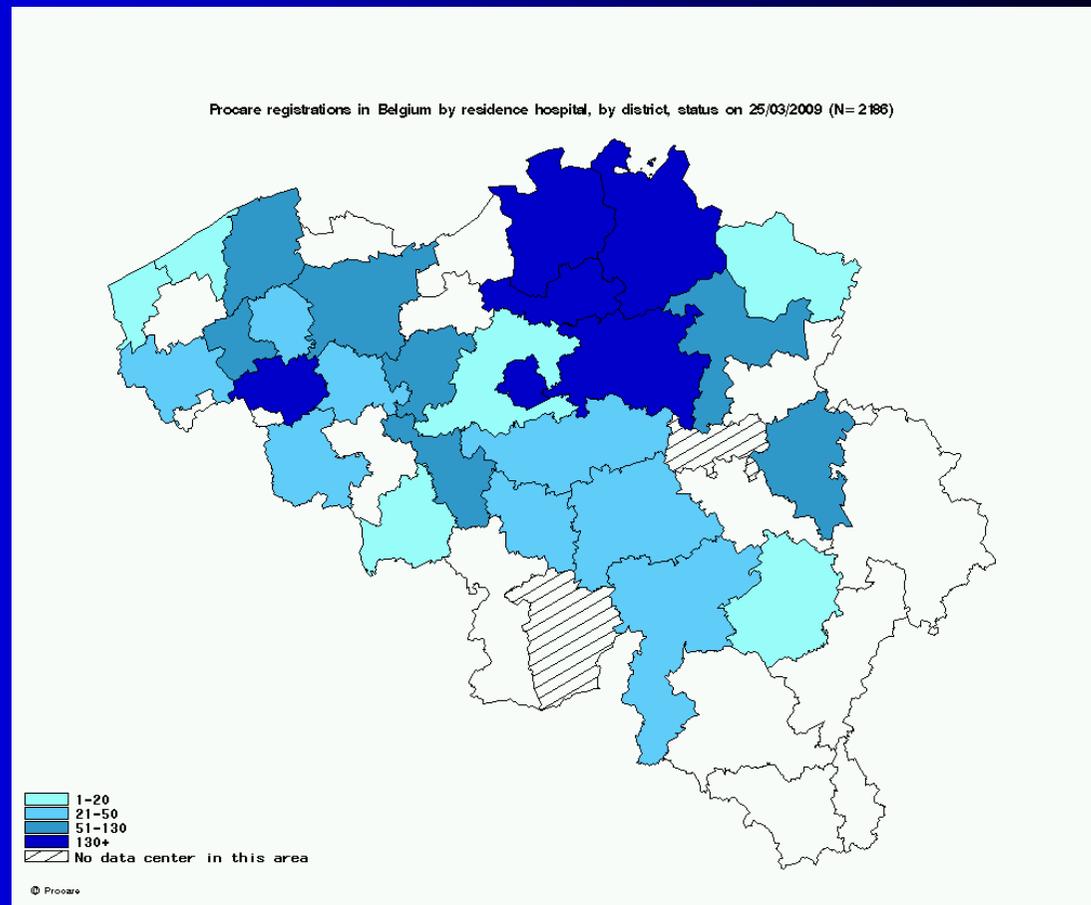
PROJECT ON CANCER OF THE RECTUM

**Reflections on the first feedback
and how to move on**

BSW 30 April 2009

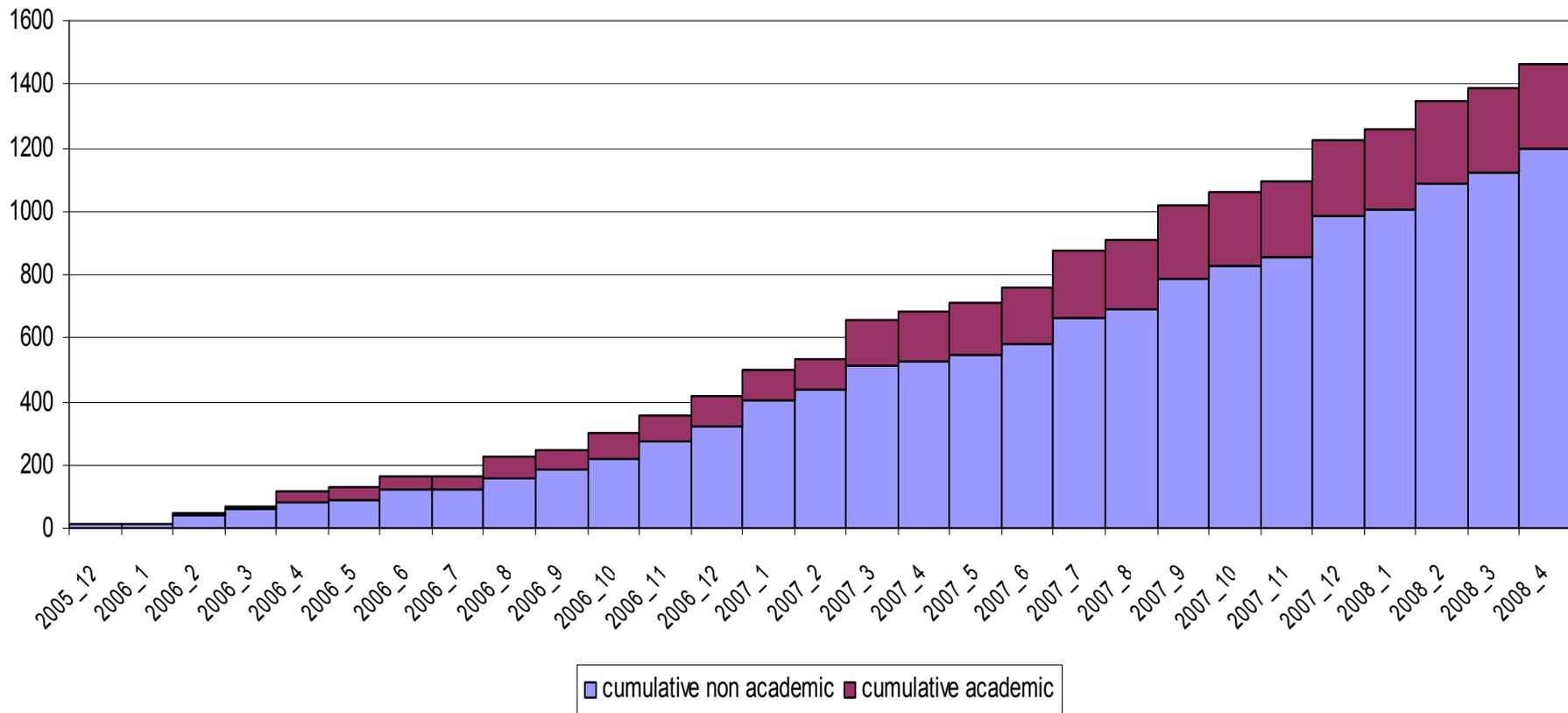
Who made it possible ?

PROCARE steering group & participating teams



Who made it possible ?

Cumulative number of patients by academic status surgeon



Who made it possible ?

Foundation Belgian Cancer Registry



Who made it possible ?

Belgian Federation against Cancer

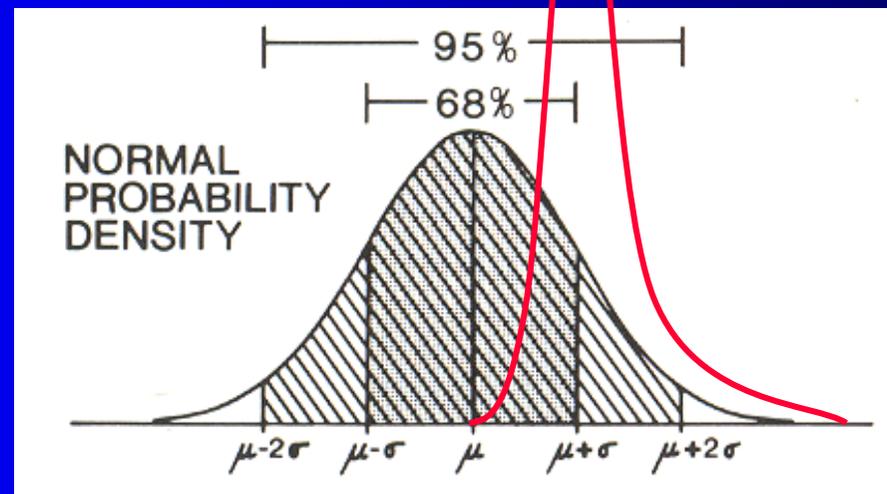
KCE

RIZIV / INAMI

The first feedback (Nov 2008)

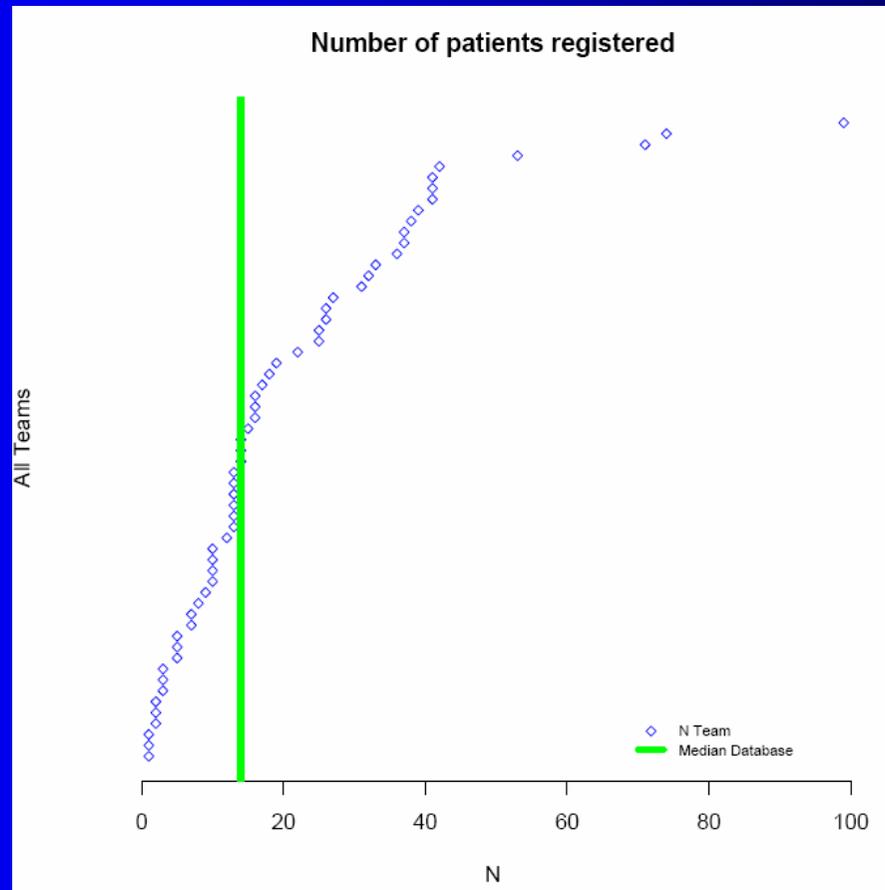
Why feedback with benchmarking ?

1. To know where 'we' stand (Belgium, team)
2. To illustrate variability in management and outcome
3. To induce improvement in all teams



The first feedback (Nov 2008)

Number of cases per team



Feedback given if > 10 cases

Adapted risk adjustment possible for 'low-volume' data ?...

The first feedback (Nov 2008)

Targets achieved ...

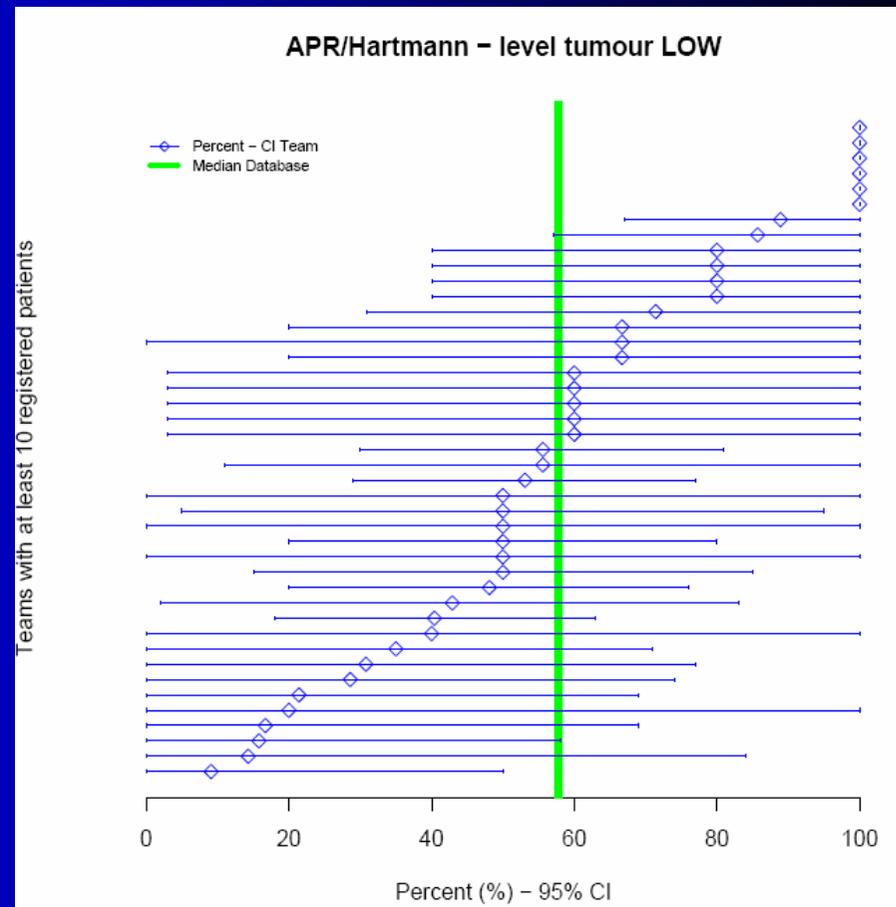
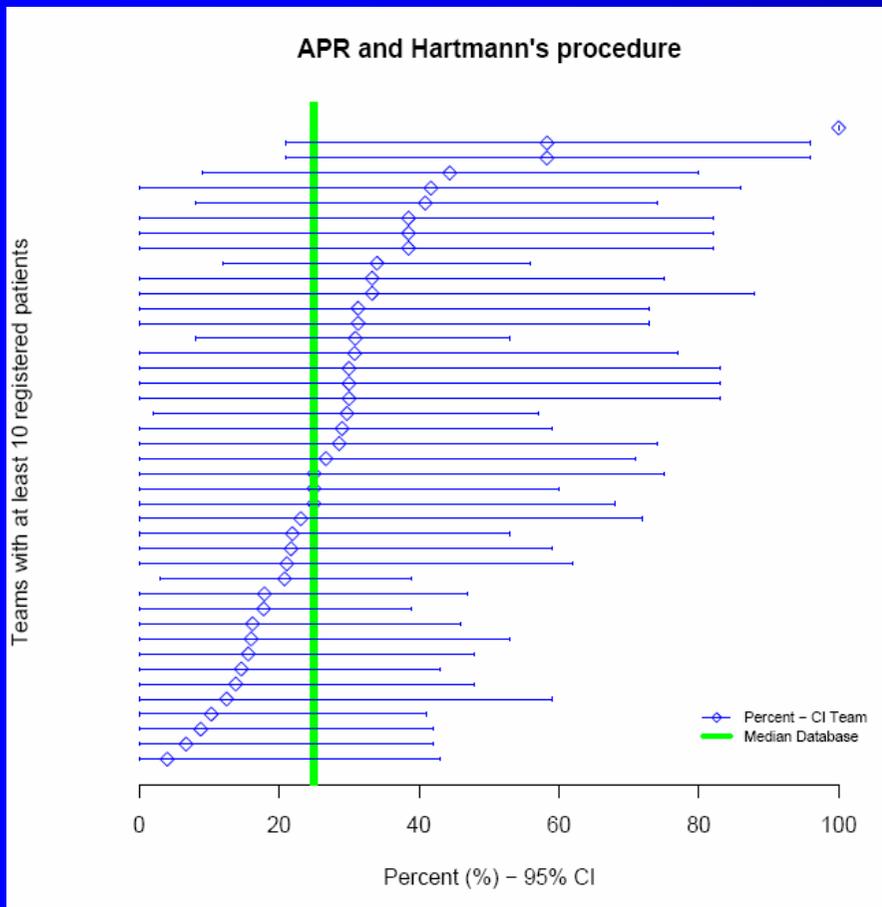
QCI	p25	median	p75
Level	99	100	100
Colon imag.	100	100	100
Mortality	0	0	6.3
APR / HART	16	25	38.5

The first feedback (Nov 2008)

APR and Hartmann

0 – 15 cm

0 – 5 cm



The first feedback (Nov 2008)

Problems and solutions

PROBLEMS	SOLUTIONS
Missing data Missing patients	'required data'; datamanager cross-check completeness (FBCR, IMA)
Quality of data	definition(s): read/apply inconsistency: check ('flags' in web applic) datamanager
Feedback Benchmarking	presentation: better risk adjustment (statisticians + PROCARE)
No onco. outcome	follow-up data

How to move on ?

How to move on ?

- Web application for registration
- Web application for review of CT/MRI staging
- Review of RT planning ?
- Risk adjusted benchmarking & feedback ?
- International benchmarking ?
- Re-allocation of support for TME-training !?
- The burden of registration ...
- Decrease the fear for audit

How to overcome our fear for audit and benchmarking ?

- **guarantee of confidentiality, privacy**
- **audit by clinicians + med. statisticians**
- **educational nature of audit**
 - No shame, no blame**
 - No search for excuses**
- **‘unconditional’ willingness to improve**
- **(re)act as appropriate and
avoid external interference**

How to improve ?

- Knowledge (data)
- Knowledge of the 'best practices'
- Recognise a 'problem'
 - definition(s) applied ?
 - reliability of the data ?
 - plan + re-action

DISCUSSION

The burden of registration (follow-up data !)

Risk adjustment (study 2009 – 2010 ?)

Re-allocation of financial support for TME training

.../...