

Message from the Clinical Director

The idea of a newsletter like this has been in the works for some time now as part of Cancer Surgery Alberta's communications plan.

Communication is a critical part of our job as surgeons and health care professionals. Whether it's communicating the details of a surgery to a patient, presenting research findings to peers, or communicating the needs of diverse communities throughout Alberta to government and health region administration, effective communication is key for success.

We envision this newsletter

not only as a means for keeping Cancer Surgery Alberta's members and stakeholders up to date on our ongoing activities with the Alberta WebSMR and other projects, but as a forum for Alberta's surgical oncology community to exchange ideas and information.

We very much welcome your contributions to the content of future newsletters, anything from upcoming meetings and seminars to educational articles and interesting cases. If you have feedback, or if you'd like to submit content or ideas for upcoming issues, please see page 6 for contact information



Dr. Walley Temple
Clinical Director
Cancer Surgery Alberta

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About Cancer Surgery Alberta

The Cancer Surgery Working Group was established in 1998 in response to a lack of cancer surgery guidelines accompanied with meaningful outcome indicators that would be of benefit to patients, surgeons and health regions in Alberta.

In 2005, the Cancer Surgery Working Group was formalized into Cancer Surgery Alberta. Currently, CSA comprises 10 full-time staff under the leadership of Program Leader Evangeline Tamano and Clinical Director Dr. Walley Temple. Cancer Sur-

gery Alberta's activities include the development and implementation of the Alberta WebSMR synoptic reporting system throughout Alberta, educational programs aimed at improving surgical skills, and collaboration between clinicians, administrators and community leaders in Alberta. CSA's overall vision is to optimize the surgical treatment of cancer through the development and deployment of scientific mechanisms to ensure the right surgery at the right time as close to home as possible

Upcoming Meetings:

February 14–16, 2008
2008 International Outcomes Conference

April 2, 2008
Breast Tumor Group Meeting

April 15, 2008
Thyroid Tumor Group Meeting

April 21, 2008
Liver Tumor Group Meeting

April 28, 2008
Colorectal Tumor Group Meeting

April 30, 2008
Gastric Tumor Group Meeting

Cancer Surgery Alberta Chronology

1997–1998 CSWG established to address lack of cancer surgery guidelines and meaningful outcomes indicators .

1999–2000 First education and consensus workshop. Contracted Softworks Group to develop web-based synoptic surgical medical record (Alberta WebSMR)

2001–2002 WebSMR interfaced with Alberta Wellnet's Person Directory enabling automatic upload of patient demographics. Database put into production and minimum data sets developed for Liver, Rectal, Colon and Ovarian templates

Meet the Cancer Surgery Alberta Team



Back Row L to R—David Stringer (Implementation Coordinator), Rey Romero (Executive Assistant), Jennifer Holden (Program Assistant), Krista Davey (Project Coordinator), Sarah Konschuh-Luc (Systems Coordinator), Vinnie Sandhu (Outcomes Analyst), Dr. Walley Temple (Clinical Director), Dr. Mark Hardy

Front Row L to R—Jennifer Perez (Outcomes and Evaluation Specialist), Evangeline Tamano (Program Leader), Michelle Chanco (Development and Implementation Support), Diane Hanslip (Assistant to Dr. Temple)

Missing: Shirley Chollak (Development and Implementation Support)

Please Note: Effective immediately, Sarah Konschuh-Luc will be taking a one year leave of absence until January 2009. Michelle Chanco will be moving from her role as Development and Implementation Support to Systems Coordinator during this period.

Alberta WebSMR Across the Province

The past year and a half have been a busy time for Cancer Surgery Alberta, working with Canada Health Infoway on the project for the deployment of the Alberta WebSMR across the province. The project is moving into it's third and final phase with completion slated for March 2008.

Cancer surgery Alberta is working in cooperation with Alberta Health and Wellness to ensure that the Alberta WebSMR is an integrated part of the Provincial Electronic Health Record. An interface with Alberta Netcare was developed, and as of September 2007 Alberta WebSMR reports are

viewable throughout the province on Alberta Netcare. Discussions have also begun to include the Alberta WebSMR on the list of applications that will be developed with the Alberta Client Registry, ensuring accurate and up to date demographic information is included on Alberta WebSMR records

The Alberta WebSMR has also been interfaced with Capital Health's Netcare. Additional interfaces with Calgary Health Region's Sunrise Clinical Management system, RSHIP's Meditech system, and the Alberta Cancer Board's ARIA are forth-

coming as well, in order to ensure that the Alberta WebSMR is a part of each regions Electronic Medical Record.

Finally, in collaboration with RSHIP and Alberta Health and Wellness, work is underway to enable the use of the trusted connection between ACB and RSHIP's networks in order to eliminate the requirement for fob log in from RSHIP regions. This will allow direct access to the Alberta WebSMR for RSHIP surgeons from within the RSHIP network.

Cancer Surgery Alberta Chronology

2005 Formalization of Cancer Surgery Working Group into Cancer Surgery Alberta. AB WebSMR live in Calgary, Chinook and Palliser Health Regions

2004 Pilot of AB WebSMR in eight hospitals across the province with eight surgeons. Benefits of synoptic vs. dictated reports published in *Annals of Surgical Oncology*

September 2006 Canada Health Infoway approved proposal to deploy AB WebSMR across Alberta

Alberta WebSMR System Enhancements

The ever-improving Alberta WebSMR will be undergoing some exciting new enhancements by February, 2008. These changes will lead to more intuitive surveys and improved system administration. The new release will include:

Guideline Links – NCCN guidelines will now be available from within the templates. Relevant questions will have a hyperlink that can take you directly to the specific guideline for that focus. This technology will also allow other applicable links to be placed within the WebSMR for reference/educational purposes.

Automatic Breast Staging – Automatic stage calculation will be available through the WebSMR for breast surgery

when the relevant data fields are filled in. Other tumor groups will include staging later in the year.

Exclusive responses – This enhancement will improve accuracy on multi-choice checkboxes. Designating certain answers as exclusive will prevent multiple answers from being selected. For example, if a question has “none” as a response, selecting “none” will disable all other responses within that question.

Multi-branching – Branching will be available from multi-choice checkboxes. This feature will improve the logic and increase simplicity of the templates.

“Operative Report” header – The final WebSMR report will now clearly indicate “Operative Report” on the header.

In addition to the enhancements for the February 2008 release, some additional enhancements are in development and will be available in subsequent releases. These include:

Surgeon Profiling – Templates will default to surgeon’s most commonly chosen selections for each question.

Discharge summary, Comorbidities template and Complications template – New synoptic templates to record and track local and regional recurrence rates.

Booking Form Enhancements – Additional fields on the booking form for cc’s with drop down list of physicians. Streamline the booking form to remove unused fields

Problems accessing the Alberta WebSMR? At any time, for any reason call the toll free Alberta WebSMR 24 hour help desk. The majority of issues can be resolved within minutes.

Alberta WebSMR 24 Hour Help Desk: 1-877-698-8022

Tips from the Development and Implementation Team

How do I view my outcomes?

The Alberta WebSMR generates synoptic reports, allowing for updated outcomes every 24 hours. Once you have entered at least one report in a specific tumor group, you can view your outcomes against the provincial aggregate. Log in to the WebSMR, select a tumor group from the drop-down list, and click the “outcomes” button at the bottom of the page to view your outcomes. Outcomes reports are currently available for the Breast and Rectal tumor groups.

What if a patient is not on my WebSMR patient list?

CSA works with the surgeons’ offices to obtain booking information prior to the surgery date so the patient demographics can be preloaded in the WebSMR. How-

ever, situations do arise where a patient has not been entered. If this occurs, you can use the “create patient” button to enter basic patient information.

Can my resident/fellow enter an operative report on the WebSMR?

Residents & Fellows can enter operative reports on the WebSMR. They will be set up with a unique user ID and password. After completing the report, the resident/fellow will “confirm” it. The attending surgeon must then login, review the report, and click “submit” to sign-off on the report. Training will be arranged with residents/fellows, but anyone who requires training beforehand can contact David Stringer at davidstr@cancerboard.ab.ca or 403-698-8008.

How do I contribute input/recommendations to the WebSMR templates?

The WebSMR is a dynamic reporting tool and we are always interested in feedback. You may contact us by:

Clicking the “email” link at the end of the WebSMR

Emailing michchan@cancerboard.ab.ca

Calling the helpdesk

CSA has tumor group meetings with each tumor group twice a year to discuss template revisions. Your issues will be brought forward during these meetings and changes will be made if consensus is achieved by the surgeons in attendance.

April 2007 Alberta WebSMR database server migrated internally to ACB ensuring more secure environment for users

June 2007 Interface with Alberta NetCare, creating an integrated electronic health record solution available to every health provider across the province.

**Cancer Surgery Alberta
Chronology**

May 2007 Automatic and immediate access to individual and provincial aggregated outcomes reports for Alberta WebSMR Users.

Cancer Surgery Alberta Projects

In November 2006, the Federal Government of Canada established the Canadian Partnership against Cancer (CPAC) as a not-for-profit partnership working to implement the Canadian Strategy for Cancer Control. CPAC's work is organized around several "Action Groups", one of which, the Cancer Guidelines Action Group has undertaken work on a Synoptic Reporting Tools project to facilitate the use of evidence in everyday clinical practice.

A national workshop was held in May 2007 to further explore the value of standardized reporting and synoptic reporting tools in cancer surgery and pathology, to discuss a pan-Canadian collaboration for

creating standards and guidelines for cancer treatment and the establishment of a shared national surgical outcomes data base. The result of the workshop was a near unanimous recommendation that synoptic reporting of surgery and pathology should be the standard method of data capture to optimize cancer outcomes

Synoptic Reporting is a systematized method for structuring healthcare reports to include specific data elements that have been demonstrated to influence health outcomes. Synoptic reporting has been extensively studied in pathology and has recently begun to be investigated for use in surgery, and has

been found to be superior to the traditional narrative report in terms of the important information captured, and in the ability to measure outcomes. An advantage of a synoptic reporting system is that evidence elements and guidelines can be incorporated into synoptic reporting templates ensuring that these guidelines are utilized in routine practice.

Cancer Surgery Alberta has taken a leading role in the Synoptic Reporting Tools Project., with the Alberta WebSMR and the Ontario Pathology Reporting System forming a starting point for the extension of synoptic reporting for cancer surgery and pathology across Canada.

Alberta WebSMR System

Statistics (December 2007)

Current Number of Users—55

Reports:

Liver—109

Breast—1216

Sarcoma—28

Thyroid—55

Rectal—267

Melanoma—172

Ovarian—63

Colon—112

Total Surgeries—2022

SNOMED CT: A terminology standard for electronic health records

The Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) is a standard clinical terminology set used to facilitate the interoperability of Electronic Health Records. Considered to be the most comprehensive multilingual clinical healthcare terminology in the world, SNOMED CT contains over 357,000 concepts with unique meanings and formal logic-based definitions organized into hierarchies.

SNOMED CT was selected by Canada Health Infoway and the International

Health Terminology Standards Development Organization (IHTSDO) as the reference terminology for priority clinical information groupings for the core interoperable Electronic Health Record. This recommendation was made because SNOMED CT captures clinical information at the level of detail needed by clinicians for provision of care in all health care disciplines and in most healthcare settings. When implemented in software applications, SNOMED CT represents clinically relevant information consis-

tently, reliably and comprehensively; an integral requirement for interoperable electronic health records

The Alberta WebSMR is one of the first systems in North America to actively integrate the SNOMED CT terminology standard. Integration with SNOMED CT has been completed for the Diagnosis and Procedure fields in the Alberta WebSMR breast template, and will continue as an ongoing project for additional data elements, and in all templates.

Cancer Surgery Alberta Chronology

September 2007 Alberta WebSMR data elements mapped to SNOMED CT, an international standard allowing the sharing of data world wide, across medical specialties and sites of care.

August 2007 Privacy Impact Assessment completed and accepted by the OIPC signifying that the Alberta WebSMR protects the privacy and security of patient information.

Future Status - System enhancements allowing users to link to guidelines, automatic calculation of clinical stage, standardized discharge summary and development of a family physician e-portal to track and monitor local and regional recurrence rates.

Alberta WebSMR Benefits Evaluation

Canada Health Infoway's mission is to foster and accelerate the development and adoption of electronic health information systems and standards on a pan-Canadian basis. An important part of this is the evaluation of projects to assess their effectiveness in keeping with CHI's goals, and to monitor return on CHI's investments.

A benefits evaluation component is a deliverable of Cancer Surgery Alberta and Canada Health Infoway's Alberta WebSMR project. The formative evaluation was recently completed to provide baseline data and feedback to the project team as the deployment progresses. A summative evaluation will be part of the final stages of the project, to assess the changes that have occurred since the deployment began and provide an assessment of the portability of the system in keeping with CHI's goal of a pan-Canadian EHR.

Benefits of the Alberta WebSMR system were measured in the areas of information quality, system use, user satisfaction and change in provider efficiency. The following is a summary of the findings from

the formative evaluation:

Information Quality

- 90.7% of all eligible breast cancer WebSMR records have the necessary information for breast cancer staging.
- Regionally, there is little variation in staging completeness

User Uptake

- As of March 2007 there was a 13.8% adoption rate for the Alberta WebSMR
- In the Calgary Health Region, 25.8% of all eligible surgeries were documented in the Alberta WebSMR

User Satisfaction

- 75% of respondents were moderately or highly satisfied with the system overall
- 87% of respondents were moderately or highly satisfied with system quality
- 60% of respondents were moderately or highly satisfied with the quality of the information provided by Alberta Web SMR.

- 81% of respondents were moderately or highly satisfied with the quality of the services (i.e. technical support and training services)

- 81% of respondents would probably or definitely recommend the Alberta WebSMR to surgeons at other sites.

Patterns of Completion and Efficiency

- 66.6% of surgery reports were submitted (completed and signed off) through WebSMR on the same day as the surgery, with a mean time of 3.6 days.

- 50.9% WebSMR records were completed within 5 minutes from beginning the record to submitting it.

- 31.2% WebSMR records were completed within 10 minutes.

- 45.8% of surgeons complete most of their WebSMR reports within 5 minutes.

Several barriers to uptake were identified in the evaluation including; concern that the templates could not be used to

“66.6% of surgery reports were submitted (completed and signed off) through WebSMR on the same day as the surgery “

report more complex operative nuances, difficulty in finding links and computer locations, and access difficulties due to FOB log-in requirements.

These findings from the formative evaluation are an important part of the Alberta WebSMR implementation project. The help to provide a sense of how the Alberta WebSMR has been received by users and has helped identify areas to focus on to improve the system implementation in the next phases of the project.

Education

Education is a fundamental focus for Cancer Surgery Alberta, the new year will begin with the 2008 International Outcomes Conference February 14-16 in Banff, Alberta. The program of this conference will focus on the use of outcomes to effect change in patient care in the area of cancer surgery. More information on this conference can be found on page 6.

Another educational opportunity that will begin early in 2008 is the development of

a province-wide surgical oncology rounds set to begin in February. Cancer Surgeons from throughout the province will have the opportunity to present and discuss cases with their colleagues throughout the province through the Alberta telehealth network. Cases and topics will be the choosing of the group, including case reviews, presentations on new techniques and technologies and will involve the participation of Surgeons, Medical Oncolo-

gists, Radiation Oncologists and other members of the cancer care team.

Other opportunities being developed for 2008 include professional development and technical workshops with visiting surgeon consultants. If you are interested in participating in the development of these or other education programs, or if you would like to be part of the CSA Education Subcommittee, please contact Cancer Surgery Alberta.

Article of Interest:

Comparison of magnetic resonance imaging, multidetector row computed tomography, ultrasonography, and mammography for tumor extension of breast cancer.

Uematsu T, Yuen S, Kasami M, Uchida Y. Breast Cancer Research and Treatment. January 12, 2008 [e-pub]

2008 International Outcomes Conference

February 14–16, 2008
Rimrock Resort Hotel
Banff, Alberta, Canada

A *Leap Forward* in the Science of Surgery:
Transforming Outcomes into Practice

2008 International Outcomes Conference

A Leap Forward in the Science of Surgery:
Transforming Outcomes into Practice

Cancer Surgery Alberta, Canada Health Infoway, the Alberta Association of General Surgeons, and the American College of Surgeons Alberta Chapter are hosting the 2008 International Outcomes Conference February 14th through 16th at the Rimrock Resort Hotel, in Banff, Alberta.

The 2008 International Outcomes Conference will feature experts from North America and the world to discuss future directions for the implementation of outcomes to effect change in patient care, and work towards the development of an outcomes based program for quality improvement in cancer surgery. The conference program will center on the

four pillars of an outcomes based program for quality improvement in cancer surgery:

- 1) **Identification of outcomes indicators**
- 2) **Information systems for collecting outcomes data**
- 3) **Analysis and interpretation of outcomes data**
- 4) **Program implementation and dissemination of outcomes research.**

In addition, this conference will mark the completion of Cancer Surgery Alberta and Canada Health Infoway's project for the deployment of the Alberta WebSMR.

We invite administrators, surgeons,

nurses, quality improvement professionals, data analysts, and researchers to participate in this unique forum to help further our understanding of how outcomes data can be used to yield better patient outcomes in cancer surgery.

For information, or to register please visit the conference website:

www.eventplan.net/csa.

Deadline for Registration February 6, 2008



Cancer Surgery Alberta
IMPROVING OUTCOMES
An Alberta Cancer Board Program

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For Alberta WebSMR user inquiries, or to sign up for training, please contact the Cancer Surgery Alberta Development and Implementation team via the Alberta WebSMR 24 hour Help Desk 1-877-698-8022 or visit www.cancersurgeryalberta.ca