Abstract Form

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Title of abstract: Measuring Quality of Lung Cancer Care

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Background:
Quality indicators (QIs) are measurable elements of practice performance which can be used to assess the quality of care. They can be used to benchmark performance, identify variations in care and assess changes over time. Electronic data routinely recorded in oncology information systems can be used to measure QIs.

Aims:
The aims of the study were to:
1. Identify lung cancer QIs relevant to lung cancer multidisciplinary teams (MDTs)

2. Assess feasibility of measuring these QIs at centres with well-established lung cancer MDTs

Method:
Sixty QIs meeting the minimum set of ideal criteria for QIs were identified from a previous systematic review. Of these, 25 were selected as being relevant to a MDT by consensus of four clinicians. These QIs were sent to Australian Lung Cancer MDTs for further consensus using the modified Delphi technique. Evaluation criteria were validity, importance, feasibility of measurement and ability to action. The feasibility of measuring these QIs were tested in one clinical oncology information system in use across three hospitals and two lung cancer MDTs.

Results:
A total of 26 MDT clinicians from nine MDTs representing seven specialties participated in the modified Delphi process. Twelve QIs were identified based on importance scores, and a further five were added by the clinician investigators. Two QIs were not measurable, relating to timing of the overall diagnostic course and referrals to palliative care. The remaining 15 QIs pertaining to documentation of pre-treatment factors important in decision making and actual treatment per disease stage were measureable. However accurate measurement required clinicians to improve recording of specific data items.

Implications that impact on your project:
Oncology information systems can be used to measure QIs in lung cancer care. This is important in ensuring patients are treated according to best practice. Measurement of QIs can also assess equity of care by identifying any populations with significantly lower scores than average for a particular QI, thereby providing impetus for change in practice.

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