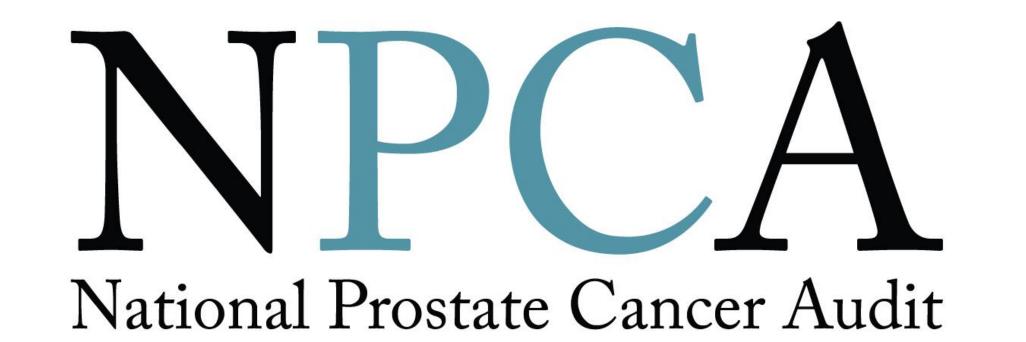
Improving prostate cancer care through the 'outlier' process': a national quality improvement workshop



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Background

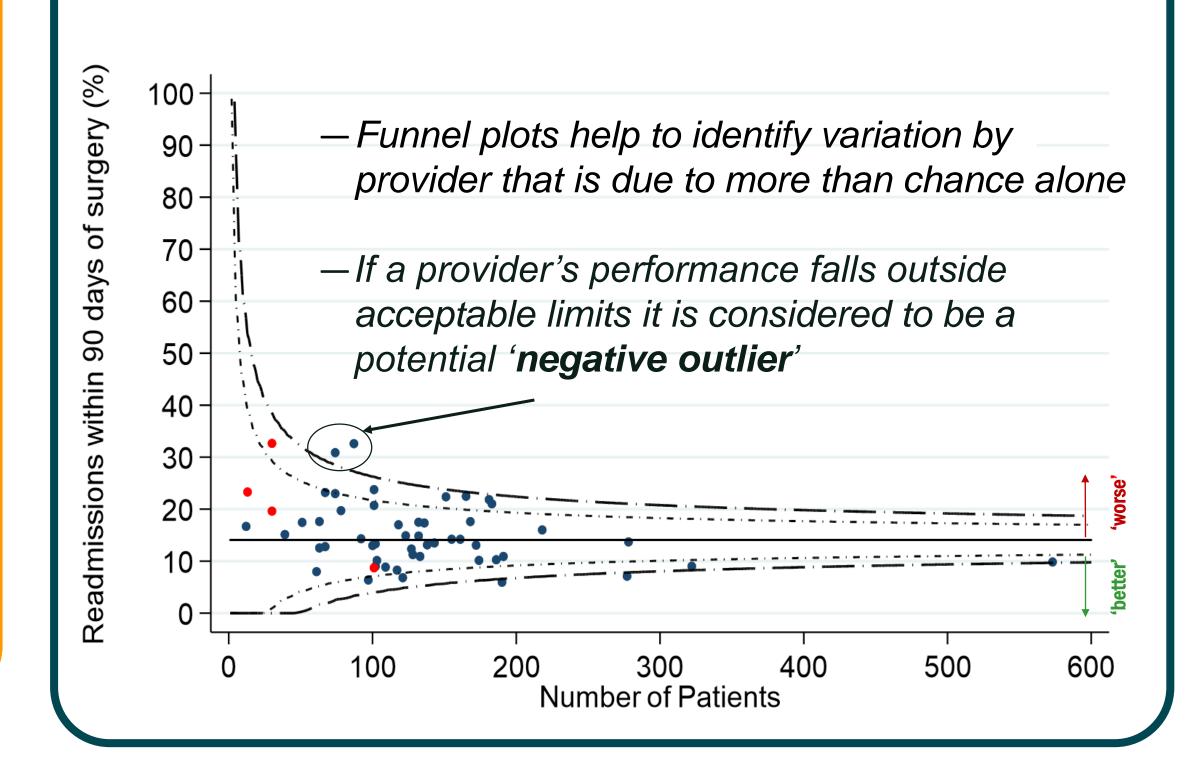
- Since 2019, the NPCA has publicly reported riskadjusted performance indicators (PIs) with the aim of driving quality improvement (QI).
- for all NHS providers of radical prostate cancer treatment (surgery or radiotherapy) in England • and Wales.
- The 'outlier process' formalises the steps that must be taken when a *performance outlier* is detected (Figure 1).
- By targeting a limited number of hospitals, the outlier process mirrors a 'high-risk strategy' of preventing poor quality care.
- This is in contrast to a 'population strategy' that targets all hospitals.
- We invited clinicians from all NHS surgical and radiotherapy centres to a workshop to determine how the outlier process contributes to QI.

Methods

- Results from the NPCA demonstrated the variation in treatment toxicity across treatment centres in England and Wales.
- Clinicians from centres whose outcomes are better ('positive outliers') and poorer ('negative outliers') than the national average shared their experience of:
- developing and implementing practices and processes of care to mitigate the negative impact of radical treatments (positive outliers)
- the outlier process and the changes in practice they made as a result (*negative* outliers)
- Data was collected from onsite interviews. an online platform during the workshop and post-meeting survey.
- Responses were analysed for themes.

Figure 1. Key steps in the outlier process

- Identification of 'potential negative outliers'
- 2. Clinical teams review data accuracy, explore possible causes and respond formally
- 3. Confirmation of outlying performance is escalated within the hospital and a local QI plan developed
- 4. Results are published alongside the QI plan



Results

- 69 clinicians attended including urologists, oncologists, radiographers and CNS representing surgical and radiotherapy centres across England and Wales.
- There were 6 interviews onsite, 21 online comments and 31 responses after the workshop.
- Figure 2 summarises the negative and positive impacts of the outlier process.
- Participants felt that sharing experiences (both good and bad) helps others to improve.
- They also suggested a 'buddy system' between better and worse performing hospitals

Figure 2. Potential negative and positive themes emerging in response to the NPCA outlier process

- × Under performance may lead patients to choose or avoid a provider
- × Clinicians may feel threatened and de-motivated by top-down 'negative' feedback
- Initial scepticism of data and performance indicators
- × Provider teams have limited resources to act on findings, develop and implement action
- × Stigma associated with under performance and negative impact on reputation
- × Challenges of communication between providers within a complex system
- Transparency enables patients to make informed choices when choosing treatments and health care providers
- Encourages careful patient selection and appropriate counselling regarding treatmentrelated outcomes
- Leads to improved training for team members involved in patient follow-up
- Reports robust PIs using routine clinical data and patients' views of their care and outcomes
- Unit-level reporting drives collective responsibility for provider teams to improve outcomes
- Interactive process stimulates detailed inter-disciplinary team review of procedures and implementation of targeted approaches
- Implementation of updated peer-review processes
- Improved communication between providers and sharing best practice
- Development of networks to promote improvement and reduction in variation of care

Discussion

positive

negative

- The outlier process acts as a catalyst to stimulate and promote local quality improvement where it is needed most - 'high-risk approach'
- To be able to scale up quality improvement to a national level ('population approach') methods must be embedded within a robust reporting programme.
- Effective dissemination and peer support networks are key
- examples of both good practice and learnings from hospitals who are embarking upon an improvement journey are important.

- This enables providers to understand their performance relative to their peers and to make improvements as required.
- The QI workshop provided an opportunity to 'close the circle' by bringing together performance exemplars, poorer performers and all hospitals in between.
- Future NPCA QI workshops will provide further opportunities to reflect on the lessons learnt, to share best practice and to spread improvement.













