

VBHC: Improvement cycle with a multidisciplinary team in patients with breastcancer

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Methods

From early 2016, in the context of Value Based Health Care (VBHC), the breast cancer improvement cycle has been implemented in the seven participating Dutch Santeon hospitals.



Figure 1: Santeon VBHC improvement cycle

Santeon Improvement cycle

Every six months, patient-related, cost and process outcomes are collected for breast cancer care in the Santeon hospitals. These data are compared and discussed by professionals of each hospital aiming to improve the quality of care. Each hospital assembled a team, including doctors, nurses, patients, and other relevant professionals, to implement the improvements in the local care process. Every two months, this team meets for progress and process evaluation.

UITKOMST INDICATOREN	1	Vijfjaaroverleving, ongecorrigeerd (%)
	2	Heroperaties na positieve snijvlakken (%)
	3	Heroperatie na post-operatieve complicaties (wondinfecties en nabloeding) (%)
	4	Ongeplande opname, afwijking behandelplan ev/of hartfalen na systeemtherapie (%)
	5	PROMs: Levenskwaliteit (welzijn, functioneren, pijn, e.a.)
	6	PROMs: Specifieke klachten als gevolg van behandeling (borst-, arm, vasomotor)
	7	Lokaal recidief binnen 5 jaar na eerste operatie (%)
KOSTEN INDICATOREN	1	Verpleegdagen per patient (aantal dagen)
	2	Primaire borstsparende operaties zonder klinische opname (%)
	3	OK-tijd per patient (minuten)
	4	Poliklinische consulten per patient (aantal)
	5	Aanvullende diagnostische activiteiten (MRI, PET, CT, mammaprint) per patient
	6	Gebruik dure geneesmiddelen
PROCES INDICATOREN	1	Tijdsduur van verwijzing tot 1e polibezoek
	2	Tijdsduur van 1e polibezoek tot diagnose (PA-uitslag)
	3	Tijdsduur van diagnose (PA-uitslag) tot bespreken behandelplan
	4	Tijdsduur van bespreken behandelplan tot start behandeling
	5	% patiënten dat aangeeft dat mogelijke gevolgen van evt. behandelingen zijn besproken
	6	Vast aanspreekpunt die de patient begeleidt, en deze is bekend bij patient (%)
BEHANDELMIX		% patiënten per behandeloptie (bijv. borstsparend, directe reconstructie)

Figure 2: Breast cancer outcomes

Results

Due to local improvements, in the Medical Spectrum Twente hospital, the percentage of patients with breast-conserving surgery in day treatment increased from 20% in 2014 to 74.5% in 2017.

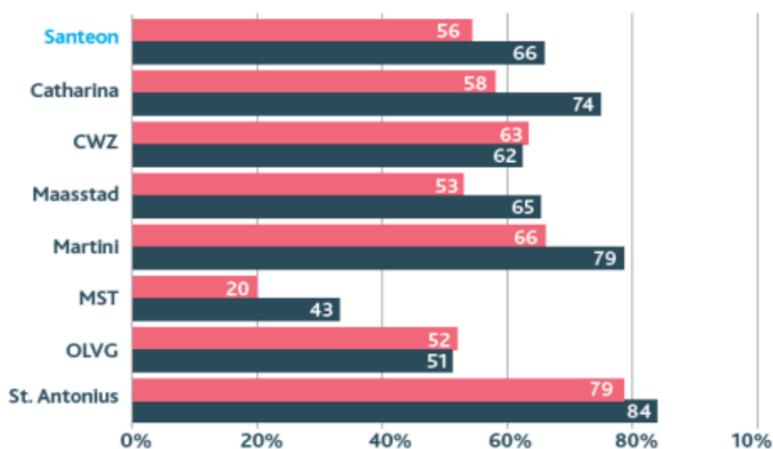


Figure 3: Percentage of primary breast-saving operations in day treatment in the Santeon hospitals in 2014 and 2015

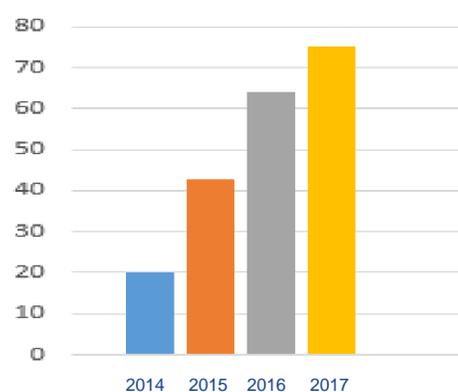


Figure 4: Percentage of primary breast-saving operations in day treatment in the Medical Spectrum Twente Hospital from 2014 to 2017

Conclusion

Every hospital strives to get patients home as soon as possible. By comparing treatments and results between the Santeon hospitals, the insight emerged that more patients who have had breast-conserving surgery can go home the same day. For example, by planning operations differently, better managing patients' expectations or by providing some patients with alternative - but just as effective - pain relief. In 2015, an average of 20% of patients with breast-conserving surgery were able to go home the same day. In 2017 this percentage increased to an average of 74,5%.

