Transforming Oncology Care: Developing a Strategy and Measuring Success

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Objectives: *To examine accountability and performance measurement in health care and present a case study that illustrates the link between goal setting and measurement and how a strategic plan can provide a framework for metric selection.*

Data Sources: *National reports, literature review and institutional experience.*

Conclusion: *Nurse leaders and clinicians in oncology settings are challenged to anticipate future trends in oncology care and create a culture, infrastructure, and practice environment that supports innovation, advancement of oncology nursing practice and excellence in patient- and family-centered care. Performance metrics assessing key processes and outcomes of care are essential to meet this challenge.*

Implications for Nursing Practice: *With an increasing number of national organizations offering their version of key quality standards and metrics, it is critical for nurses to have a formal process in place to determine and implement the measures most useful in guiding change for a particular clinical setting.*

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Leaders of every industry are often asked to predict what the future holds, and to speculate on which factors will drive growth, how organizations can develop new knowledge while responding to change, and how they should leverage access to "Big Data" and define and measure success. Such questions are increasingly debated in health care. With the ongoing shift from fee-for-service reimbursement to value-based care, healthcare organizations are pressed to achieve the triple aim of simultaneously improving population health, reducing costs per capita, and improving the patient experience of care,[1] and the more recently defined quadruple aim, which expands the triple aim to include improving the work life of health care providers.[2] The challenges posed by the quadruple aim are especially acute in oncology care, where the pressure to rein in costs is complicated by the aging patient population and growing demand for services, and by research advances that are yielding promising, individualized but costly treatment options.[3]

Ongoing efforts to achieve the quadruple aim are greatly aided by advances in measurement science and the ability of organizations to harness technology and capture clinical and administrative data reflecting the process and outcomes of care. However, when seeking to implement change and improve care, measurement alone is not enough. As noted by Berwick and colleagues[4] (p. I-31) "Clear purpose, focused goals, and valid and reliable performance metrics set the stage for the use of measurement to pursue changes that are improvements."

This article examines the role of measurement in oncology nurses' efforts to implement care improvements and ensure excellence in oncology nursing practice today and in the future. An overview of accountability and performance measurement in health care is presented, as well as a case study that features the strategic planning process implemented by the Department of Nursing at Dana-Farber Cancer Institute (DFCI; Boston, MA). The case study illustrates how carefully selected performance metrics are essential tools that can help nurse leaders and clinicians guide change and assure the success of improvement efforts.

PERFORMANCE MEASUREMENT IN HEALTHCARE

Measuring the quality of health care and using those measurements to improve care have been a major focus of health services researchers, clinicians, educators, and policy makers for the past two decades.[5-7] Previously, efforts to evaluate health care quality generally followed a quality assurance model and were guided by Donabedian's conceptualization of quality, which identified the contributions of structure, process, and outcome elements.[8-10] In relation to clinical quality, structure refers to human and material resources and other aspects of infrastructure that influence an organization's or clinician's capacity to provide care. Process refers to activities through which an organization or clinician provides care and services to patients; and outcomes refer to the health of patients impacted by or resulting from health care.[11]

In the early 1990s, few hospitals routinely collected and monitored quality measures. Similarly, at the national level there was no ability to systematically evaluate the quality of the health care system and little to no consensus about the types of measures on which data should be gathered.[6,12] Appreciation for the importance of quality measurement and monitoring among hospitals and clinicians grew with the publication of landmark reports by the Institute of Medicine[13,14] that highlighted the prevalence of errors in healthcare and the need to define, and measure adherence to, performance standards. Recognition of measurement's importance was also fueled by the adoption by many healthcare organizations of the performance improvement model, which links measurement to the process of improvement and attaining clearly defined goals.[4]

In response to the growing demand for greater accountability, a presidential advisory commission recommended the creation of the National Forum for Health Care Quality Measurement and Reporting (now called the National Quality Forum or NQF).[12] NQF was charged with aiding efforts to improve health care quality by standardizing the means by which health care quality is measured and reported. Since its inception, NQF has used a consensus development process to identify and endorse more than 600 evidence-based quality measures.[15] Today, NQF-endorsed measures are