Alberta Health Services

KNOW Strategic Objectives

The Strategic Plan is structured around 7 key areas of objectives and outlines how KNOW can assist and advance AHS strategic direction. The objectives are where the program will spend its time, energy and resources. Specific action areas and one or two performance measures are identified for each objective that will be used to monitor progress. The WebSMR will be the source of how the performance measures will be achieved.

1. Improve the Quality of Patient Care Experience by:		
Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Real time Documentation of care • Patient adoption of patient outcomes assessment tools to record functioning; including physical, mental, and social functioning; symptoms; global well-being; and other health-related quality of life metrics • Equitable delivery of service in smaller communities • Adoption and evaluation of new technologies, drugs, interventions • Education of patients regarding the need for outcomes reporting	• Number of surgeons using the WebSMR to document care • Selected number of resources are available to patient, e.g. availability of ultrasound and sentinel node biopsy equipment • Median waiting time for cancer surgery (all tumor sites) – decision date to surgery date • Number of patients completing quality of life questionnaires • Increased use of techniques presented/taught through KNOW educational program, e.g. breast ultrasound, minimally invasive surgeries (MIS)	• Improved patient understanding and awareness of their conditions and facilitates informed decision-making about their treatment/intervention • Increased public awareness, involvement, and understanding of issues that have a major impact on patient care • Improved patient experience for those currently being treated for cancer, and for those living with cancer • Enhanced availability of reliable, current information and supports for patients and their families, cancer support groups, cancer professionals and governments • Point of care entry of patient information prevents errors associated with problems of memory and recall, creating a safe process for generating reports • Timely and effortless communication of patient information within the health care system means no delays in obtaining required information to provide care

2. Create the organizational conditions that enable and promote the creation, sharing, and use of knowledge:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Point of care documentation: unlimited by #'s of templates & adoption • Incorporation and monitoring of safety practices • Outcomes reporting • Contribution to the Transformational Improvement Program (TIPS)	• Number of templates being used by surgeons to document care • Number of reports/surgeons that have indicated using the surgical safety checklist • Median waiting time for cancer surgery (all tumor sites) – decision date to surgery date • Rates of breast conserving surgery vs mastectomy • Anterior peritoneal rates • % of patients staged	• Widely accepted standards and indicators will enable performance assessment of the cancer control system • Collaboration across Canada provides a national perspective that enables comparability, transparency, consistency of standards and indicators across Canada • Real time information that can be used administratively for planning and development of policies. • Outcomes reports can be used to influence patterns of practice • The over 10,000 and growing WebSMR database provides a rich repository of information for research purposes

3. Design organization processes and practices that collect and make available knowledge for learning and reuse through:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Seamless movement of information through the patient, provider and administrative structure • Seamless integration and adoption of guideline- and evidence-based clinical practice • Creation and implementation of efficient care pathways • Development and implementation of	• Number of reports entered on the WebSMR (which means no transcriptions for these reports) • Rate of compliance to embedded guidelines • Rate of surgeons using breast ultrasound as part of their practice • compliance to guidelines e.g. TME, best practice	• Seamless integration of practice guidelines into the WebSMR means that they become part of a clinician's regular practice without formal implementation • Compliance to practice guidelines are measurable • The impact of knowledge translation strategies, adoption of new technologies and or intervention can be measured seamlessly at little or no cost • Timely access to optimal evidence-

innovative Educational strategies	• adoption of preop radiotherapy for rectal cancer • rate of access to individual outcome reports	based information for health professionals, government decision-makers, patients and the community • Enhanced quality of care, accountability and patient safety through the recording of data points. This aspect of synoptic reporting is a subtle but potent educational means of disseminating and refreshing awareness of treatment guidelines.

4. Enhance and formalize existing real time Outcomes Reporting system for administrative and clinical use and support research:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Enhancement of population based surveillance and risk monitoring practices • Collection and reporting of real time outcomes data • Collection and monitoring of Wait times	• Number of patients diagnosed through AHS screening program • Reports on specific tumor site metrics as required • Waiting times targets as defined under TIPS reported by Zones and by tumor site	• Involvement in pan-Canadian cancer research network promoting integration of research across Canada • translation of research into clinical practice and government decision-making • Generation of outcomes reports by applying metrics and analytical techniques to the aggregated data. Outcome reports are major tools for promoting quality care and accountability.

5. Integrate existing CSA activities into relevant AHS Clinical and administrative systems and expand synoptic reporting to other disciplines, e.g. general surgery through:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Consultation and coordination of effort	• Timeline of integration with relevant AHS	• Continuity of care through prompt and effortless electronic

with the relevant AHS portfolios • Collaboration and network • Stakeholder engagement	systems • Implementation date of breast surgery template and pilot • Timelines for stakeholder engagement • Implementation plan of IT Roadmap	communication of synoptic reports to multidisciplinary oncology and follow up teams, and community based, family physicians • Maximized adoption and value through a single, integrated point of care system • Interactive, continuity of care record that is universally accessible, interactive and secure • Equipping clinicians and staff with knowledge-based decision support as part of transaction system • Data collected once, shared and used for system-wide measures and continuous improvement

6. Integrate Data Measurement and Reporting through:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Formalizing outcomes reporting through AHS Data Integration and Measurement portfolio • Using best practice guidelines and assessment tools for care services and patient outcomes • Sharing/benchmarking information locally, nationally and internationally	• Membership in the Data Analytics Group • An integrated and formal outcome reporting process • Use of a patient questionnaire for patient input • Plan and timeline for sharing outcomes nationally	• A common data and technology system for storing and accessing performance indicators and best-practice standards information • The delivery of timely, accurate and aggregated outcomes information to surgeons, physicians, pathologists, health administrators and appropriate organizations has the potential to be a powerful tool for decision making to enable bench marking and best practice analysis, workload planning and policy analysis, policy evaluation or policy development/revision. • Tools and guidance for jurisdictions and other stakeholders to develop better clinical practice guidelines and adapt existing guidelines • Tools to enable consistent decision-making by governments • The collection of new cancer datasets, i.e. staging, surgical synoptic reporting and availability

		of new information on progress in cancer control

7. Workforce Planning:

Targets	Performance Measure/s	Anticipated Outcomes and Benefits
• Capacity building • Cost efficiency and effectiveness • Human resource retention and recruitment strategies • Workplace of choice: positive workforce environment • Eliminate duplication • Resource planning and utilization	• Turn-over rates • Timeline for integration of health record functions to HIM • Rates of resource utilization, e.g. use of MRIs, endo-rectal ultrasound, Bone Scans, PET, frozen sections, etc.	• Potential cost savings in the areas of transcription, avoidance of redundant testing, reduction in paper report requests and processing, reduction of errors associated with reporting results orally, recommendations of optimal testing, facilitate coordination of care and prevention of errors by enabling automatic reminders for follow up. • AHS seen as a world leader in clinical practice guidelines through participation in international projects • Improved capacity for evidence-based policy and programs to meet population needs • Capacity building through leveraging critical expertise and providing to cancer community