

Evaluating benefits is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of an electronic health record (EHR). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care), patients ultimately benefit from higher quality, better informed clinical decision-making.

The cSWO Benefits Realization program uses a research-based approach to identify areas of clinical best practice that are affected by the use of the electronic health record (EHR), and works collaboratively with clinicians to understand the value of the EHR. This formative evaluation process informs change management and adoption, and enables clinicians to use the EHR more effectively. This research does not include the use of any personal health information.

This document is one in a series of case studies which describe the clinical value of the EHR in different clinical settings and contexts, particularly with respect to clinical best practices. The work of the cSWO Benefits Realization program is ongoing; depending on the circumstance, these cases occasionally raise questions for further investigation, and clinicians are invited to participate in benefits evaluation to continue to develop these answers.

Value statement

The cSWO Regional Clinical Viewer, ClinicalConnect™, increases efficiency in accessing breast cancer oncology reports and facilitates faster decision-making related to surgery, thereby reducing time to the operating room (OR).

Impact of wait times for breast cancer surgery

Breast cancer is the most common cancer diagnosis affecting Canadian women.¹ According to the Canadian Cancer Society, one in nine Canadian women is expected to develop breast cancer in her lifetime.¹ However, fewer Canadian women are dying from breast cancer today than in the past, due to earlier detection through mammography screening and advances in screening technology¹. A recent United States population-based study found a relationship between the time from breast cancer diagnosis to surgery and survival, with increased time to surgery associated with lower overall survival rates.² Pre-operative assessments and additional consultations as well as rural location contribute to the time a patient spends waiting for surgical treatment.³

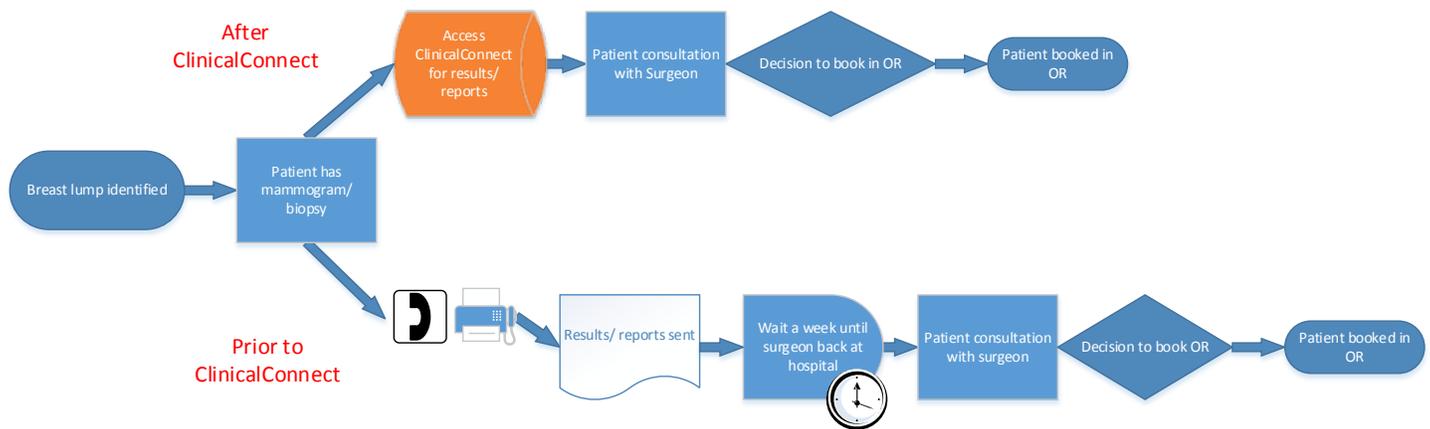
Longer wait times for surgery are not only detrimental to survival outcomes, but also exacerbate patient anxiety. Dickerson et al. describe the phenomenon of “surviving the wait” in which breast cancer patients seek strategies to actively minimize anxiety while waiting for treatment.⁴ In one study, women described this time of waiting in terms of “frightening, hopeless, long, and hard to endure.”⁵ In this study, panic attacks, waves of emotion and fear the cancer was spreading or growing during the waiting period were identified by patients.⁵ Thus, minimizing time from diagnosis to surgery benefits breast cancer patients both physically and emotionally.

Access to ClinicalConnect enables rural clinicians to access information in a timely manner for cancer patients

Louise Marshall is a small, 15-bed rural hospital with an Emergency Department (ED), OR and Obstetrics Unit. Surgeons are itinerant, coming one day per week from Guelph. Gail Bridgwater is the nurse in charge of the OR and Ambulatory Care programs. In a recent interview, Gail explained that patients are sent to either Fergus or Listowel for mammograms and pathology, depending on where the patient lives. However, Listowel’s Picture Archiving and Communication System (PACS) – which would allow them to capture, store, view and share images externally – is not connected to the Louise Marshall Hospital. Consequently, if a patient is sent to Listowel, access to the mammogram or pathology reports is cumbersome. These reports contain important information on the lesion location, centimeters in size, and if it has

cancerous characteristics, which are all essential pieces of information for clinical decision-making. Gail estimates that approximately 50 per cent of imaging is done at Listowel and they have to access those reports 80% of the time (not all imaging is complete when the referral is done).

Prior to ClinicalConnect access, Gail had to phone the hospitals where the mammogram and pathology was done, track down the information and have hospital staff fax it to her. Having to track down reports could be a labour-intensive and time-consuming process, resulting in the patient having to wait and come back again the following week (because the surgeon is only there once a week) for the surgical consult and operating decision to be made. With access to ClinicalConnect, the results and reports are easily available. This means that the surgical consult can often occur more quickly, without having to wait for reports to be faxed. At the consult they make a decision right then as to whether or not the patient needs to be booked into the OR. Decisions are made sooner and time to OR is decreased.



Testimonial

“The ability to access ClinicalConnect has simplified my role and improved patient experience. Patients have often been surprised when we say, ‘we don't have that report.’ They think that the system is connected. ClinicalConnect provides that connection and access to a complete patient record for accurate and timely management of their illness.”

Gail Bridgwater (RN), North Wellington Health Alliance

Questions

For questions, comments, or to participate in cSWO’s Benefits Realization program, please contact: Julia Bickford, Benefits Realization Specialist, Change Management and Adoption Delivery Partner, eHealth Centre of Excellence: Julia.Bickford@ehealthCE.ca

Sources

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