



A closer look at Population Oncology

On-site Accreditation survey

May 31 to June 4, 2009

About Accreditation

The BC Cancer Agency will host Accreditation Canada surveyors at each of our care and research centres from May 31-June 4, 2009.

By participating in the Accreditation program, we are able to demonstrate our population-based cancer control program and our commitment to continuous quality improvement, patient safety, improved efficiency and accountability.

Anand Karvat, Radiation Oncologist
Professional Practice Leader
Abbotsford & Fraser Valley Centres



Population Oncology Goal

The Population Oncology goal is to deliver a population-based cancer control program across the continuum of care, from prevention to end-of-life care.

While Population Oncology has traditionally referred to BCCA's work in cancer prevention, screening, epidemiology and surveillance, the definition has been expanded to match Accreditation Canada. This definition is used more broadly to illustrate our expertise and impact across the spectrum of cancer control.

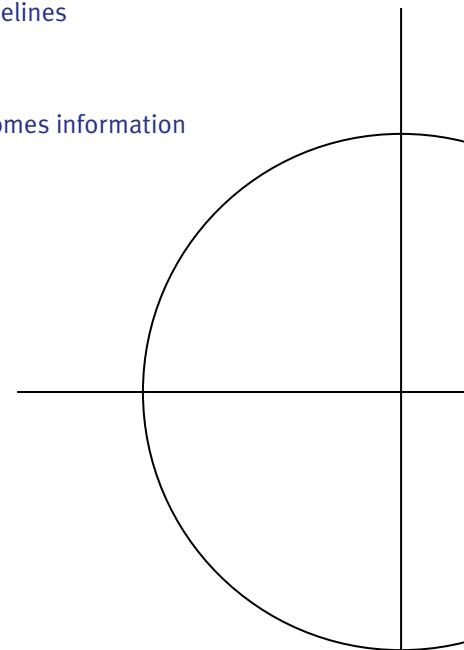
Our cancer control activities are fully integrated through a partnership framework of regional cancer centres, community cancer centres and clinics, and provincial networks, such as the Communities Oncology Network and the Family Practice Oncology Network. Our system is further supported by a number of enabling services including:

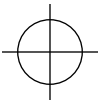
- Cancer Agency Information System
- provincial practice standards and cancer management guidelines
- the Cancer Registry
- surveillance and outcomes information
- our web site

Embedding our Strategic Plan

The underpinning of the Population Oncology goal area is the Agency's Strategic Plan. All of our operations cascade from the Agency's four strategic directions, which are to:

1. Maintain and enhance an advanced system of cancer control
2. Enhance translational research within the provincial cancer control system
3. Refine and enhance cancer outcomes through an integrated, interdisciplinary primary care, community and tertiary provincial cancer control program
4. Enhance BCCA's capacity to meet its cancer control and translational research mandate





Quality and Safety Goals

Our Accreditation program will focus on six Quality and Safety goal areas, including Population Oncology – the topic of this fact sheet. The other goal areas are:

- **Work Life/Workforce** – Create a work life and physical environment that supports the safe delivery of care/service
- **Safety** – Create a culture of safety throughout the BC Cancer Agency
- **Infection Prevention and Control** – Reduce the risk of site-acquired infections and their impact across the continuum of care/service
- **Medication Management** – Ensure the safe use of high-risk medications
- **Communication** – Improve the effectiveness and coordination of communication among care/service providers and recipients across the continuum

Standards and Recommendation

While the Population Oncology goal area is the only category without Required Organizational Practices (ROPs), it contains more than 70 standards, ranging from “*setting measurable goals and objectives for providing cancer services*” to “*identifying interdisciplinary teams based on the needs of our population.*”

The Population Oncology standards are grouped under the following six categories:

- Partnerships
- Leadership
- Teamwork
- Community
- Best Practices and
- Information Technology

In addition to standards, the Population Oncology goal also includes one Recommendation, as a result of our 2005 Accreditation Survey. The Recommendation is to develop operational agreements with our host hospitals for the provision of diagnostic services.

Demonstrate Excellence

We are proud of our demonstrated success in meeting the Population Oncology standards. Most of the standards were classified in our self-assessment survey as “green flags”, which is the highest mark of achievement.

Following are examples of how we meet the standards within each of the six Population Oncology themes. A complete list of the standards, detailed descriptions, and evidence of compliance is available on the H:Drive. Please visit the Accreditation folder at H:\Everyone\Accreditation 2009\Population Oncology.

Partnerships

Examples of the 9 Partnership standards include:

- When developing community partnerships, BCCA has a process to assess the quality of our partners’ services (Standard 3.2 - Cancer Population)

Example:

BCCA has a process to ensure partner organizations follow standards of quality. Our Screening Mammography Program, for example, provides detailed specifications of quality management procedures and conducts quality control testing, physicist site visits, image audits, case reviews and client satisfaction surveys.

- BCCA seeks input from our partners to develop programs and policies for populations with cancer (Standard 3.3 - Cancer Population)

Example:

BCCA actively involves its partners when changing or redesigning services. Recently, in partnership with BCIT, BCCA made changes to the radiation therapy program instruction to better meet the needs of students and therapists. Changes include amalgamating the clinical instructor and radiation therapy educator positions.

- BCCA collaborates with partners to create supportive environments for populations with or at risk for cancer (Standard 4.1 - Cancer Population)

Example:

Working with our partners, BCCA strives to create supportive environments for our patients and families. An example includes patient transportation provided through the Canadian Cancer Society and Masonic Order of the Free Masons.

Partnership Recommendation

Our single recommendation from Accreditation 2005 in Population Oncology is:

An agreement be formed between the host hospitals and the cancer centres for the provision of diagnostic services to ensure clear accountability and reporting mechanisms for planning, implementation and evaluation of diagnostic services.

How we comply:

We have formal agreements in place for diagnostic services between the Centre for the Southern Interior and Kelowna General Hospital; Fraser Valley Centre and Surrey Memorial Hospital; and, Abbotsford Centre and Abbotsford Regional Hospital. An agreement is currently being finalized between Vancouver Island Centre and the Royal Jubilee Hospital, and a plan will be in place by June, 2009.

Leadership

Examples of some of the 14 Leadership standards include:

- BCCA addresses the needs of cancer populations in its strategic and operational plans. (Standard 1.1 - Cancer Populations)

Example:

Based on the unique needs of BC's northern population, BCCA has partnered with the Northern Health Authority to develop the Northern Cancer Control Strategy, which will improve the overall health and cancer outcomes in the North. The strategy includes construction of a regional cancer centre in Prince George to be completed in 2012.

- BCCA sets measurable and specific goals and objectives for its service for populations with cancer. (Standard 1.4 - Cancer Populations)

Example:

BCCA develops annual operational plans that include quality performance indicators and service delivery standards. As an example, one of our radiation therapy indicators is: 90% of our patients

wait less than four weeks between their ready-to-treat date and the date they receive radiation therapy treatment.

- The organization's leaders gather input from community partners and stakeholders to make resource allocation decisions. (Standard 9.1 - Effective Organization)

Example:

BCCA uses input from stakeholders for population-based cancer control planning, including data from our Provincial Cancer Registry for incidence, mortality, and outcomes, as well as input from our regional health authorities for the delivery of cancer control. For instance, we used information from the community to identify a service need in Williams Lake, which has resulted in the delivery of chemotherapy through the community hospital.

Teamwork

Examples of some of the 14 Teamwork standards include:

- BCCA encourages all team members to develop the skills needed to improve the interdisciplinary approach and the team's overall functioning. (Standard 3.4 - Cancer Care and Oncology Service)

Example:

The Agency's interdisciplinary approach is supported through a variety of activities such as regular Tumor Group meetings, monthly Systemic Therapy Updates, and our premier event – the Annual Cancer Care Conference, drawing together more than 1,000 individuals across the spectrum of cancer control.

- The team develops standardized processes and procedures to improve teamwork and minimize duplication. (Standard 3.5 - Cancer Care and Oncology Service)

Example:

Interdisciplinary Cancer Care Teams are present in each of our regional cancer centres and Communities Oncology Network centres. Interdisciplinary teams meet regularly to discuss common approaches for cancer care delivery, such as the development of a standard method for screening patients for emotional distress.



Teamwork (continued)

- The team monitors whether patients achieve their service goals and expected results, and uses this information to identify and address barriers that are preventing patients from achieving their goals. (Standard 9.9 - Cancer Care and Oncology Service)

Example:

BCCA conducts a variety of patient satisfaction surveys, including a monthly Radiation Therapy survey to monitor patient care delivery.

Questions include:

Have you been given enough information about the nature and extent of your illness?

Are you satisfied with the wait times for your doctor appointments?

Our teams use this information to improve radiation therapy service delivery.

Community

Examples of some of the 18 Community standards include:

- BCCA leaders collect or have access to information about the community's health status, capacities and health needs. (Standard 1.1 - Effective organization)

Example:

BCCA liaises with all regional Health Authorities to enhance cancer control across the province. We collect information for use in the BC Cancer Registry, which is designed to generate information on incidence and mortality, to monitor the effectiveness of cancer control programs, and to develop future plans for addressing cancer control needs.

- BCCA leaders select management systems and tools to monitor the implementation of operational plans. (Standard 4.8 - Effective Organization 4.8)

Example:

BCCA monitors and tracks our service delivery on an ongoing basis. Our Screening Mammography program is an example of our ability to monitor our progress against our screening targets. We are able to track the number of women who are screened by region, and we use the information to develop and implement strategies — such as mobile screening units — to address hard to reach populations.

Best Practices

Examples of some of the five Best Practices standards include:

- BCCA has a process to select evidence-based guidelines for its cancer services across the continuum of care. (Standard 10.1 - Cancer Populations)

Example:

The Agency's Tumor Groups — which are comprised of oncologists, radiologists, pathologists, pharmacists and other allied professionals — work together to develop evidence-based standards for cancer control across the province. In developing standards, they draw on their accumulated experience, scientific evidence, and best practices from major cancer centres throughout the world.

- BCCA makes information about evidenced-based guidelines and how to implement them available to staff and service providers. (Standard 10.2 - Cancer Populations)

Example:

The Agency publishes treatment guidelines for health care providers, including Chemotherapy Protocols, Cancer Management Guidelines, and the Cancer Drug Manual. The information is featured online and is designed to ensure all patients have access to standard, evidenced-based care across the province.



Information Management

Examples of some of the 17 Information Management standards include:

- Team members receive education and training on information systems and other technology. (Standard 13.2 - Cancer Care and Oncology Service)

Example:

Technology and systems training is ongoing and delivered in a variety of sources – from project team leaders, to managers to online training programs. Most recently, all BCCA employees have been trained on the Patient Safety and Learning System, our new online incident reporting system.

- Patients have opportunities to access their records. (Standard 12.4 - Cancer Populations)

Example:

Patients are provided with information about how to access their patient records. The patient information request is outlined in the “Notice to our Patients,” which is provided during the patient’s first visit to BCCA. In fiscal 2007-08, BCCA’s Health Information Services team received more than 7,000 patient requests for their information.

A complete list of the standards, detailed descriptions, and evidence of compliance is available in the Accreditation folder on the H:Drive.

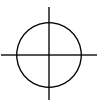
Get involved

During the on-site visit, surveyors will tour the facilities and speak with staff, physicians, students, volunteers, patients and families. Individuals will be interviewed and observed, so it is important to understand our Accreditation program and our Safety and Quality goals.

Learn more

Between now and June, BCCA will provide ongoing education and support on each of the six patient safety goal areas, and host an Accreditation Fair.

For more information about Accreditation 2009 or the Population Oncology goal area, please ask your manager or visit the Accreditation folder at H:\Everyone\Accreditation 2009\Population Oncology.



Characteristics of BC Cancer Agency

There are seven essential characteristics (listed in the BCCA Strategic Plan) that describe BCCA's excellence in care and research. They are:

<i>Population-based, outcome focused, and patient-centred</i>	Providing services across the range of cancer control for the public of BC. The BCCA is population-based, outcomes-focused and patient centred
<i>Equity of services</i>	Provincial standards for access and quality of care and provincial guidelines for cancer management
<i>Evidence-based care</i>	The use of proven effective approaches demonstrated from peer-reviewed clinical studies, i.e. established through rigorous, methodically sound research. Such evidence-based approaches are provided in the context of efficient (measures of process and quality) and accountable care (measures of outcome/performance)
<i>Integrated across sectors</i>	Organized to ensure service across primary care, community, tertiary and quaternary levels through a coordinated system of cancer centres, community centres and clinics, and a series of provincial networks
<i>Technology-enabled</i>	Active deployment of established and innovative health care technologies for clinical services, research and development, e.g. electronic health record, diagnostic and therapeutic equipment, research and development interfaces with cancer imaging and pathology and lab medicine
<i>Research driven</i>	Invested in cancer research across the biomedical, clinical, socio-behavioural and health systems domains as part of the principal "business" of the BC Cancer Agency
<i>Fiscally responsible</i>	Strong record of fiscal prudence and stability



POPULATION
ONCOLOGY



WORK LIFE/
WORKFORCE



CULTURE
OF SAFETY



INFECTION
PREVENTION
& CONTROL



MEDICATION
MANAGEMENT



COMMUNICATION