

# Clinical excellence in cancer care

## A model for safety and quality in Victorian cancer services

**Factsheet** Overview of *Clinical excellence in cancer care*

February 2007

### What is it?

*Clinical excellence in cancer care* is a blueprint for Victorian Integrated Cancer Services to drive an integrated approach to safety and quality in cancer care. It describes the key principles and practices necessary for the effective monitoring, management and improvement of cancer services. It consolidates the work of the Integrated Cancer Services incorporating the key priorities for reform and Patient Management Frameworks while aligning with the quality systems that exist in health services.

*Clinical excellence in cancer care* is **not** an accreditation system and it is not a standard.

### Why has it been developed?

The care of cancer patients represents a significant proportion of all health care delivered in Victoria, with numbers of cancer patients estimated to continue to increase. The complexity of cancer care, and the organisations in which it is planned and delivered, makes the task of measuring, monitoring and improving it equally complex. Without a systematic approach, much improvement activity can be undertaken for little visible advantage.

### How is it being implemented?

The Integrated Cancer Services will lead the implementation of the *Clinical excellence in cancer care* through the local collaborating tumour groups. Valid and reliable data will be used to support meaningful monitoring and improvement in clinical dimensions of care. These data will be employed within an improvement cycle comprising clinical quality tools such as indicators, peer and case review, and audit. All data collected will be fed into a systematic cycle of analysis, discussion, action and follow up by the local collaborating tumour groups. The focus of data collected and action taken will be to improve care and services for patients.

### When is it being implemented?

*Clinical excellence in cancer care* represents a vision for how high quality cancer services need to be delivered and to which Integrated Cancer Services will work over the next five years. The work has already begun with the focus on key priorities for reform (multidisciplinary care, care coordination, psychosocial care and reducing unwanted variation in practice), the establishment of structures to drive the change (Integrated Cancer Services) and the determination of a pathway of optimal care (Patient Management Frameworks). With these building blocks in place, the Integrated Cancer Services are ready to begin measuring the care that is provided and take action to improve it when necessary.

### What does it include?

*Clinical excellence in cancer care* (See Figure 1 on next page) identifies essential elements of high quality cancer care within six clinical dimensions to guide cancer care monitoring and improvement. It also identifies four structural components necessary to provide a solid organisational foundation for quality. The essential elements within the dimensions and structural components have been developed as criteria for monitoring and improvement to achieve high quality cancer services.

Areas recommended for attention within the six clinical dimensions are recognised locally, nationally and internationally as key to improving the safety and quality of care. These include: consumer focus; safety; effectiveness; appropriateness; access and continuity and care coordination.

The structural components of *Clinical excellence in cancer care* recognise that cancer services participate in the quality programs of the health services by which they are governed. These programs are based on a planned approach to improvement, comprising structural components such as clinical governance; workforce credentialling and scope of practice; measurement for improvement; and consumer participation in quality improvement. These components do not duplicate all elements of quality structural components found in health services, but focus on those critical to supporting cancer care, and as they impact on improvement approaches in each of six dimensions of quality clinical cancer care.

**Figure 1: Clinical excellence in cancer care**

