

# Cancer Alliance Queensland

Strategic Plan  
2019.20

Cancer Outcomes Evaluation

# Mission, Vision Values and Culture

*To fulfil our mission and make progress toward our long-term vision, we must focus on the activities and initiatives that will have the greatest impact. Six success factors have been identified as key to achieving our vision for 2019. These interrelated success factors provide the basis for our planned strategic initiatives.*

IMPROVEMENT – COLLABORATION – INTEGRITY – RELEVANCE – RESPECT – EXCELLENCE



**MISSION:** Improved health through evaluation of processes and outcomes of cancer care

# About the Cancer Alliance Queensland

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*The Cancer Alliance Queensland brings together the Queensland Cancer Control Safety and Quality Partnership (The Partnership), Queensland Cancer Control Analysis Team (QCCAT) and the Queensland Cancer Register (QCR). Together with the support of Queensland Health, and in partnership with clinicians, health facilities and external organisations we support and promote clinician led improvement of cancer services in Queensland.*

## Population-based outcomes evaluation that makes a difference

*Since its inception in 2004, QCCAT has led cutting-edge studies that evaluate cancer care delivery and outcomes. QCCAT have access to a vast and secure array of Queensland's public and private health-related data, including population-based cancer diagnoses, pathology and staging, treatment and death information, and clinical and administrative data systems. QCCAT goes to great lengths to protect privacy and is recognised as a national leader in data harvesting, maintaining the privacy and security of cancer information.*

## Impact and Achievements

*Cancer Alliance studies result in a locally driven evidence base that is published as reports and peer-reviewed papers. Cancer Alliance reports are also undertaken to answer specific clinical questions posed by clinical teams, health system stakeholders and policy-makers. Cancer Alliance reports influence the development, implementation and evaluation of cancer services. Cancer Alliance studies and reports are highly regarded in Queensland and Australia.*

## Clinician led service improvement

*The Partnership was established in 2004 with a single goal; clinician-led service improvement. Our priority is to provide clinicians with clear process and outcome evaluations of cancer care so they can improve services. The Partnership is a gazetted quality assurance committee under s82 Hospital and Health Boards Act 2011. This legislation allows The Partnership to access identifiable information and use it to better understand the safety and effectiveness of the cancer care delivered across Queensland.*

## A growing network across Queensland and Australia

*The Cancer Alliance is located on the campus of Princess Alexandra Hospital in Brisbane. We partner with over 60 data system owners to compile the data which forms the foundation of our program of work. Today over 1000 clinicians across Queensland are demonstrating their commitment to safe quality cancer care by embracing systems such as QOOL and participating in Partnership activities. The program of work is well respected nationally with other states adopting QOOL and our data analysis techniques.*

## World-class teams

*The Cancer Alliance is a community of data, research and clinical experts. Many of them are practicing clinicians who understand the everyday challenges of cancer care delivery. They lead multidisciplinary teams that include expert statisticians and epidemiologists, as well as specialists in knowledge translation and information security, privacy and technology. The diversity within these teams and their expertise at using the linked data sets are the foundation of the innovative approach to outcomes evaluation at Cancer Alliance Queensland.*

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# Data leadership

Key to the Cancer Alliance program of work is our ability to link population-based cancer information from multiple sources. This centralised repository, Queensland Oncology Repository (QOR), contains the Queensland Cancer Register, hospital admissions, treatment, public and private pathology and death data; over 60 sources.

Queensland Cancer Control Analysis Team (QCCAT) has developed a suite of information resources to support multidisciplinary cancer care and service improvement known as QOOL

Over 1500 reports have been produced regarding cancer incidence, demographics, process of care and outcomes for the whole of state and for hospitals and health services for specific cancer diagnoses.

This core data and statistics entity assumed management responsibility for the Queensland Cancer Register in 2018. The Register records information on every person residing in the State of Queensland who is diagnosed with a cancer (except non melanoma skin cancer). The QCR notification and processing of data has been improved in completeness, integration, automatic transfer and processing times. The flow of information is bi-directional – to and from clinical services.

## For the Cancer Alliance, this means:

We will continue to strategically expand and enhance our data holdings and data partnerships in a targeted manner to enable monitoring, evaluation and research of cancer services. The capture of cancer stage and pathology descriptors will continue to be a key focus for the Cancer Alliance.

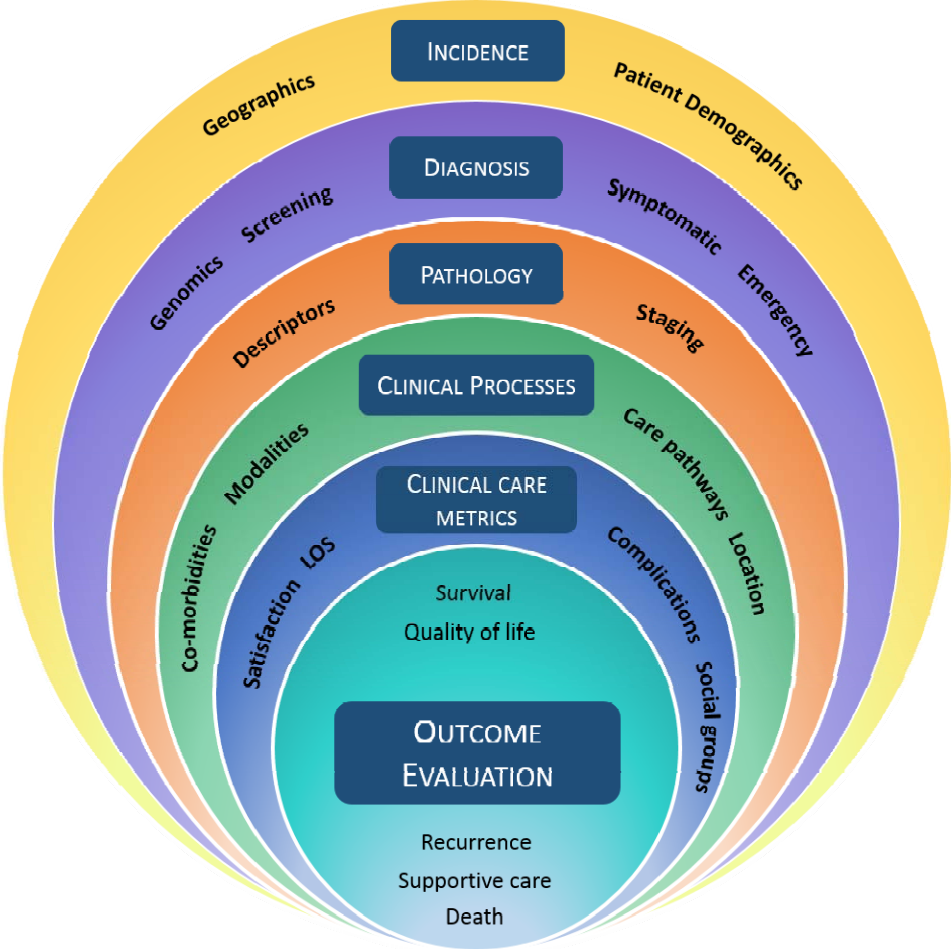
We will continue to utilise the latest technology, skills, experience and understanding of QCCAT to support the health evaluation and research program.

We will grow our team. The highest level of technical and personal skills will be applied to the full scope of the data stewardship.

## Elements

<p><b>1 Accuracy with confidentiality</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Maintain responsibility for Queensland Cancer Register</li> <li>• Increase completeness of data collection</li> <li>• Define mechanisms to capture and display treatment complications</li> <li>• Establish greater liaison with AIHW and other databases</li> <li>• Collaboratively improve completeness and systematization of pathology reports</li> <li>• Ensure full staging of all cancers</li> <li>• Find mechanisms to better record and display quality of life and causes of death.</li> </ul>	<p><b>2 Data harvesting and transfer</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Maintain privacy and confidentiality</li> <li>• Expand data collections</li> <li>• Maximise automatic electronic transfer of information to the Cancer Alliance data systems</li> <li>• Bring data as close as possible to real time</li> <li>• Expand the comprehensive capability to comprehensive delivery</li> <li>• Maximise QOOL usage by Multidisciplinary teams.</li> </ul>	<p><b>3 Using the data</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Clearly define mechanisms of access to the Cancer Alliance data</li> <li>• Ensure that reports are viewed by all who can influence outcomes</li> <li>• Facilitate access to cancer data without compromise on confidentiality</li> <li>• Increase data-led presentations, research and publications</li> <li>• Demonstrate our methodologies to other cancer and data collecting entities.</li> </ul>
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# Data leadership



# Organisational excellence

*The Cancer Alliance brings the best and brightest talent together in Queensland. We recognise that our clinicians are our strength. Many clinicians are not only internationally recognised leaders in their fields but are also practicing across public and private sectors. They understand the grassroots of health care delivery, making our analysis services clinically focused and useful in changing practices.*

*Team members have statistical training, epidemiological backgrounds, software development, project management, health services research and leadership and clinician engagement expertise. The variety of skill sets and educational backgrounds ensure a multidisciplinary approach to cancer care evaluations.*

*Evaluations guide improvement and contribute to optimal care pathways and guidelines. The ultimate aim is best practice cancer management in Queensland, to give the greatest benefit to Queenslanders who live with cancer.*

## For the Cancer Alliance, this means:

*We will continue to draw on clinical perspectives from the whole state, public and private health systems, all treatment modalities, and for all cancer diagnoses.*

*We will empower our clinician led subcommittees to ensure they have the skills, expertise, data, systems and tools to deliver accurate and thorough evaluations and champion our mission, values and vision.*

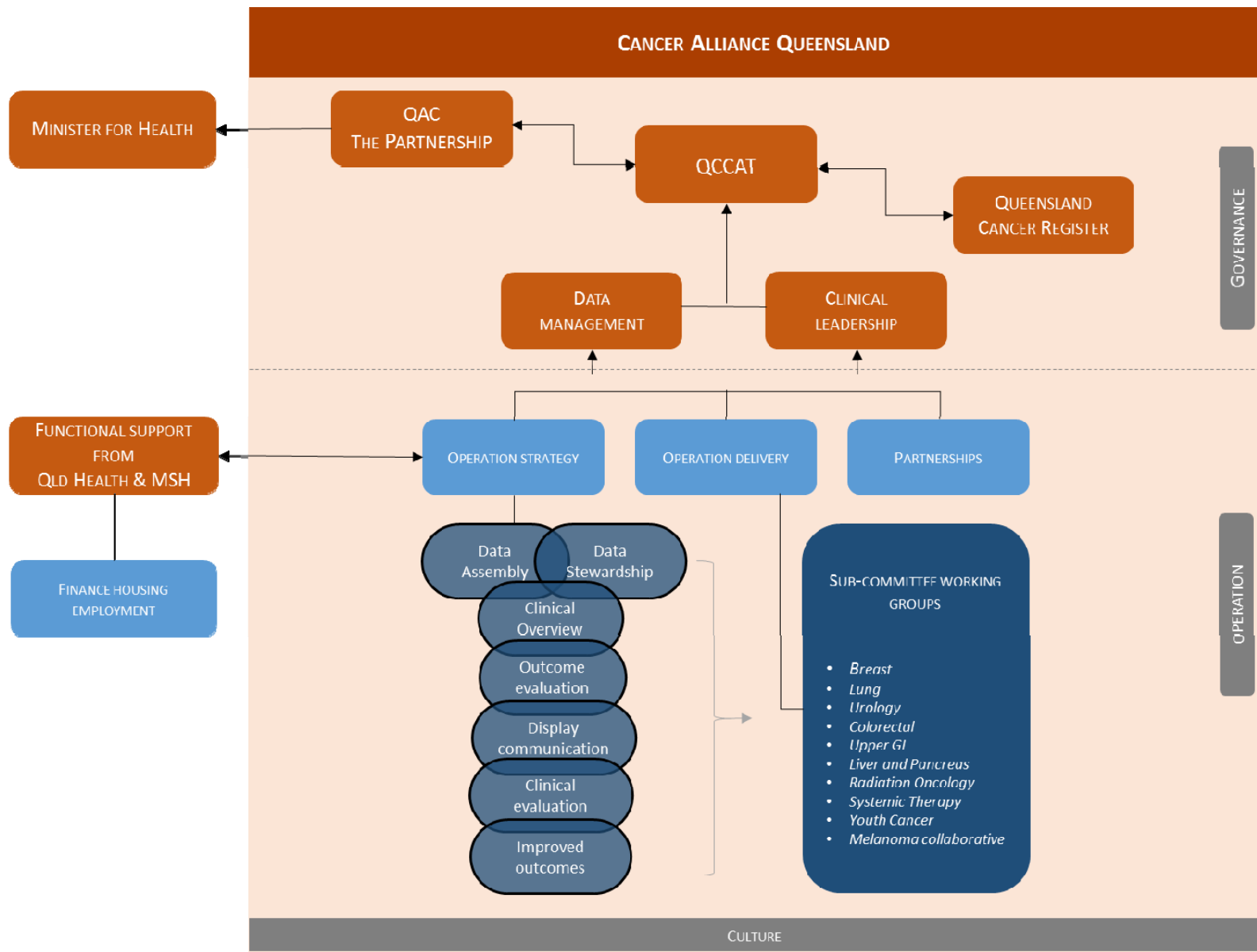
*We will pursue opportunities for financial support to continue to expand the Cancer Alliance activities.*

*We will be an organisation that promotes excellence and improvement in all the functions and outcomes of the Cancer Alliance.*

## Elements

<p><b>1 Data stewardship</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Present stakeholders with quality information that is easily accessible in a consistent manner</li> <li>• Oversee and honour legislative requirements</li> <li>• Ensure data element definitions are clinically peer reviewed and are clear and unambiguous</li> <li>• Accurately map data between disparate systems for robust interpretation.</li> </ul>	<p><b>2 Culture</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Progress the culture of improvement amongst the staff, The Partnership, its subcommittees and contributors and give impetus to improvement amongst collaborators and all cancer care clinicians and administrators</li> <li>• Enhance clinician and administration commitment to critical self-appraisal and improvement actions by presentation of process and outcome evaluations.</li> </ul>	<p><b>3 Collaboration and engagement</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Ensure intense collaboration of data management and clinical skills within the Cancer Alliance by multidisciplinary membership of committees and subcommittees</li> <li>• Enhance collaboration and engagement more broadly by communication via reports and presentations; response to requests; demonstrated leadership; expanded relationships within Queensland and interstate.</li> </ul>
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# Organisational excellence





## Strategic collaborations

*The Cancer Alliance has many collaborative partners, including universities, NGOs, research institutes, professional colleges, clinical societies, hospital and health services and government.*

*The effectiveness of communications is dependent on interactions in the broad, by facilitated pathways of reports to effector destinations, engaging in feedback discussions and by overall elevation of the profile of the Cancer Alliance.*

*Exemplary performance is already achieving requests for capability transfer and sharing with other states.*

### For the Cancer Alliance, this means:

We will work in partnership with others to achieve important outcomes that neither the Cancer Alliance nor the partner could have achieved on their own.

We will strengthen established collaborations through an expanded culture of critical appraisal, more effective communication and through clinical appraisals when specific improvements are required.

We will pursue opportunities for collaboration with National databases and expansion and transfer of capabilities to other organisations and states.

We will be an organisation that promotes excellence and improvement in all aspects of cancer management.

## Elements

### 1 Unity of purpose

#### ACTIONS

- Explore and foster partnerships with entities collecting and studying cancer data
  - commonwealth, state & national registries, research institutes, national clinical databases
  - cancer delivery services – public and private hospitals, cancer care centres, interstate cancer centres and health departments
  - health education institutions
  - community cancer care groups and non-government organisations
- Promote state and national unity of purpose

### 2 Comparability of methods and outcomes

#### ACTIONS

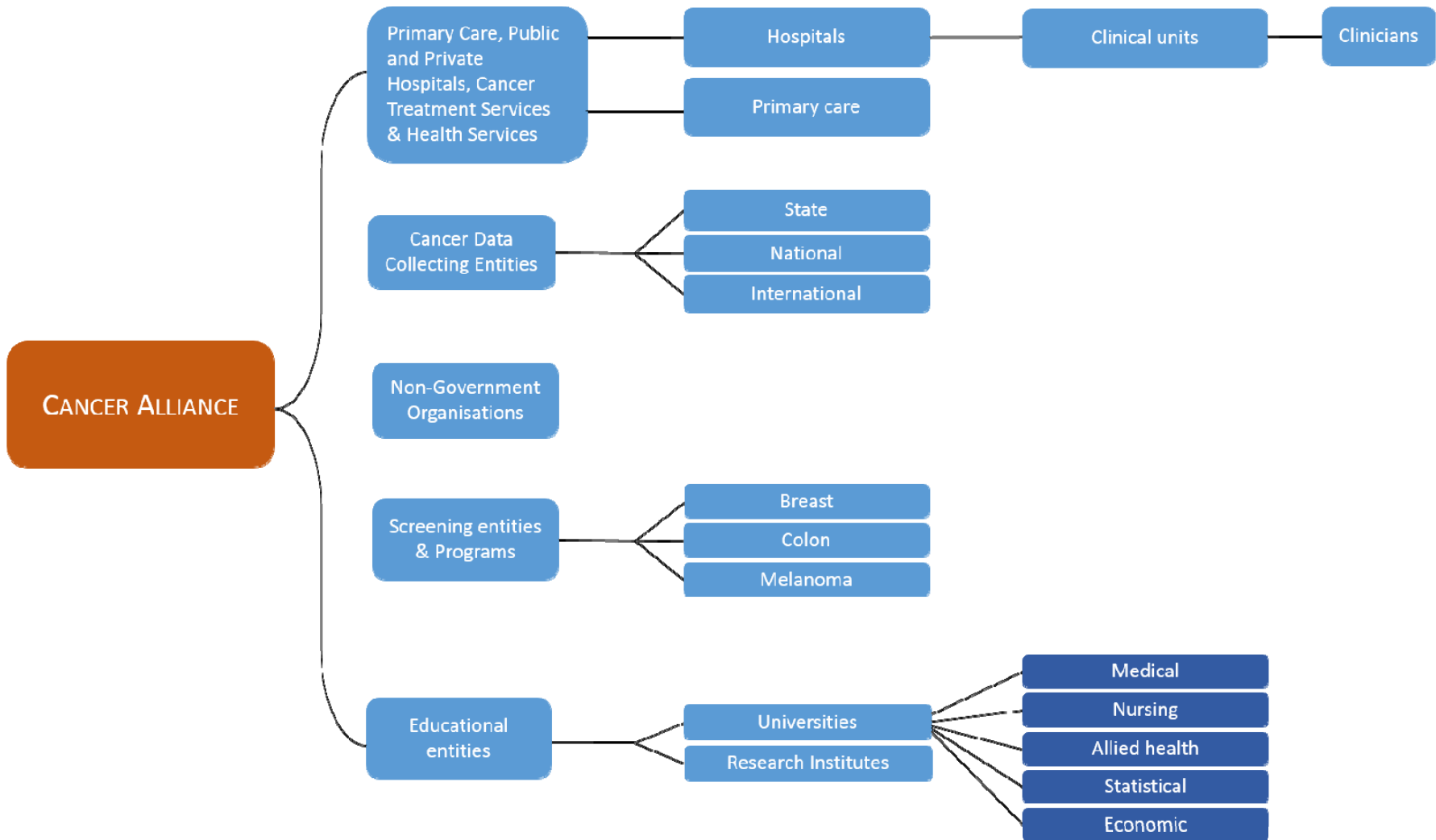
- Promote the general operations, productivity, and relevant capabilities of the Cancer Alliance
- Compare methods to generate process improvements
- Present comparison of outcomes with appropriate confidentiality. These are the key drivers of outcome improvement

### 3 Opportunities for integration of efforts

#### ACTIONS

- Collaborate with other entities to enhance information exchange and to eliminate unnecessary duplication of effort

# Strategic collaborations



## Research impact

*Data driven clinical and health services research involve input and output relevant to the Cancer Alliance's activity.*

*There is considerable scope for increasing researcher utilisation of the Cancer Alliance's data holdings. Evaluation and outcome study is currently under-attended in our health community.*

*The population based focus of the data provides robust local context for evaluation of quality and effectiveness of cancer care at individual hospital and health service levels.*

*New capabilities in cancer diagnosis and management are being explored and implemented: - improved imaging, new pharmaceuticals, new therapeutic technologies, genomics, personalised care and clinical process efficiencies.*

### For the Cancer Alliance, this means:

*We will publicise mechanisms for research opportunities and improved access to data holdings will be enacted.*

*We will expand the publication of peer-reviewed papers and presentations.*

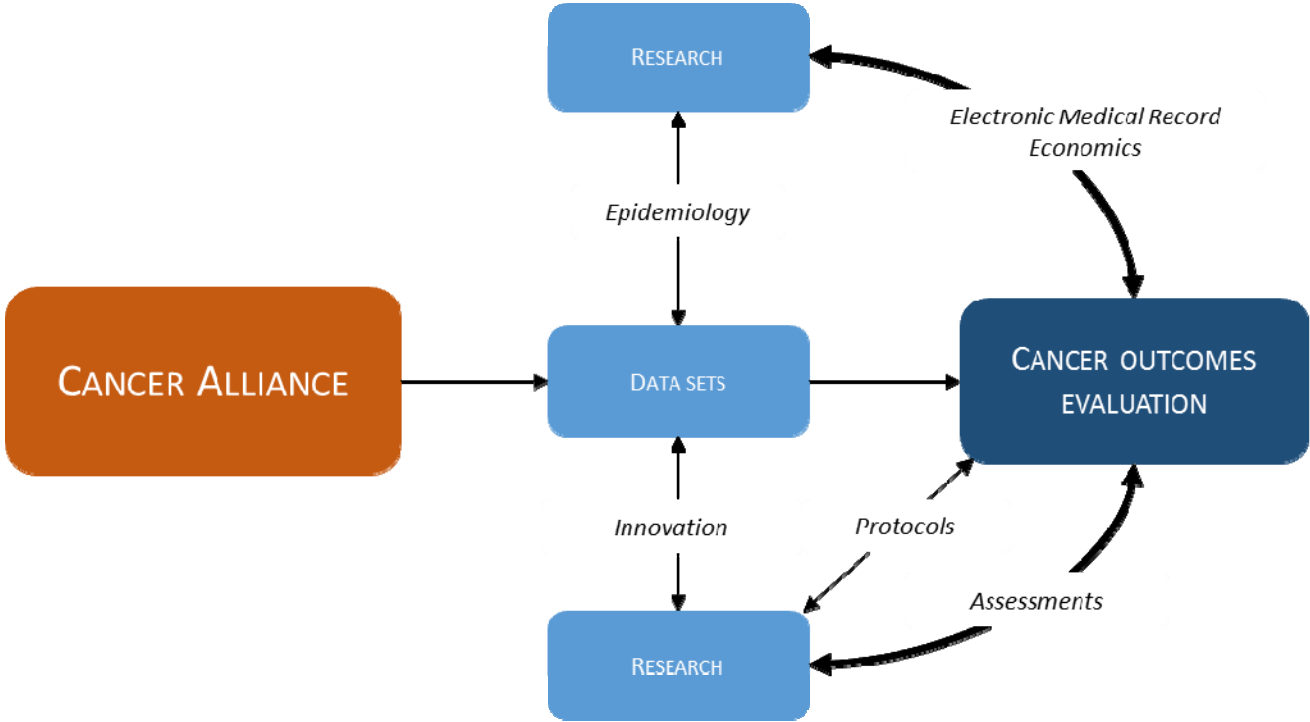
*We will boost the profile and expand the scope of influence of the Cancer Alliance with acknowledgements in research outputs and publications.*

*We will establish collaborations to position and assess the value of the products of expanding research areas, such as genomics and imaging.*

## Elements

<p><b>1</b> Epidemiology</p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Increase awareness and utilisation of research opportunities provided by the Cancer Alliance</li> <li>• Take leads from epidemiologic research perspectives that indicate a need for focused data study</li> </ul>	<p><b>2</b> Clinical and health services research</p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Use Cancer Alliance data to direct clinical innovations and to indicate targets for further research</li> <li>• Gain acknowledgement of the Cancer Alliance in presentations and publications</li> <li>• Develop effective means for earlier identification of research candidates</li> </ul>	<p><b>3</b> Implementation and improvement research</p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Closely assess the effectiveness of improvement initiatives and new diagnosis and treatments with the appropriately structured data systems of the Cancer Alliance</li> <li>• Contribute to the assessment of cost effectiveness through collaboration with health economists to ensure new developments emerging from research are appropriately targeted.</li> </ul>
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# Research impact



## Community and stakeholder benefit

*The overall activities of the Cancer Alliance are directed towards improvement in 'cancer care and outcomes' including focus on a range of demographic groups.*

*The Cancer Alliance's products assist the decision making and planning of health administrations. The quality of Health services is the key aim. Contributions can be made to cost effectiveness and cost efficiency analysis.*

*The Cancer Alliance presents cancer information for all Queenslanders across the community, and in all disciplines that impact on the health of the community.*

### For the Cancer Alliance, this means:

*We will direct efforts towards identifying areas for improvement and to reduce inequity among groups such as older people, Indigenous, the geographically dispersed and the socially disadvantaged.*

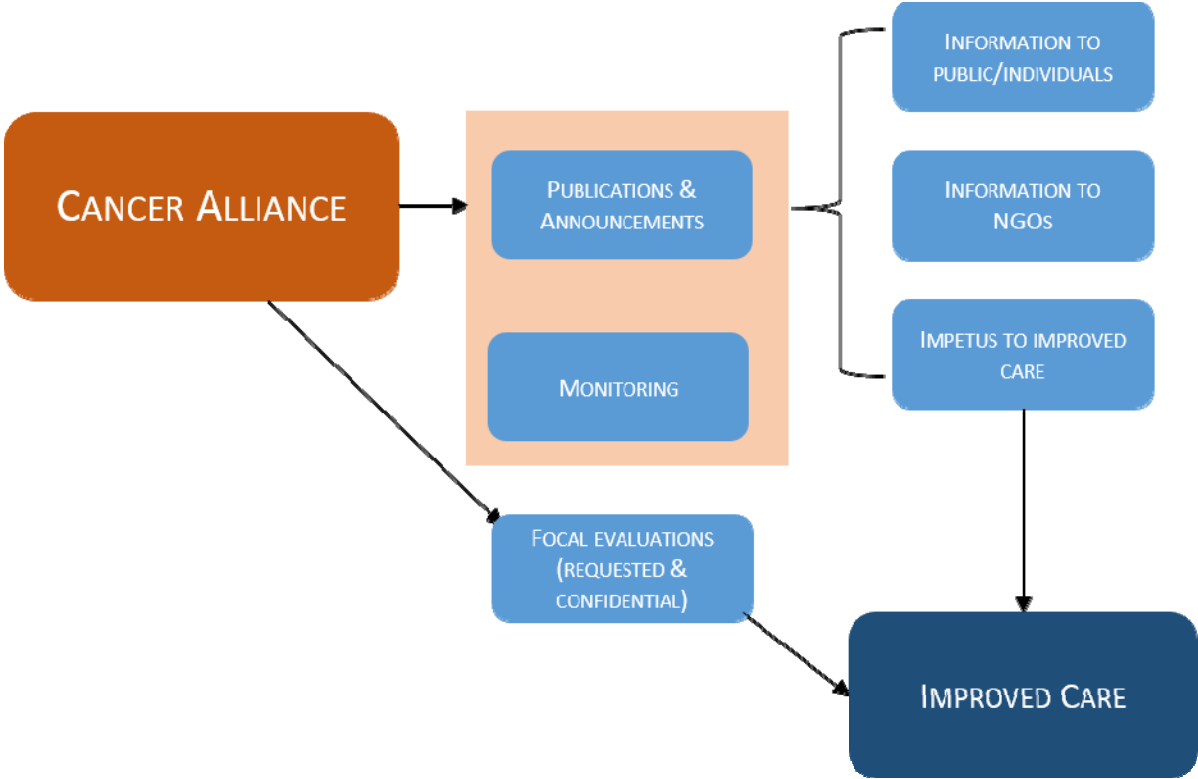
*We will measure quality of life in parallel with outcome evaluations. This will be facilitated by interactions with community cancer organisations.*

*We will publish reports tailored to best inform and educate health professionals and the public.*

## Elements

<p><b>1 Improve the health of all Queenslanders with cancer</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Display the process and outcome data for all Queenslanders and for all social and geographic groups to provide impetus for targeted improvement efforts</li> <li>• Place evaluation information in the hands of community members and groups as well as care providers</li> </ul>	<p><b>2 Multidisciplinary cancer care</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Recognise and display the multiple disciplines and layers of care involved for every patient</li> <li>• Boost the display of multidisciplinary decision-making and care in MDT's reporting to QOOL and match that care to accepted guidelines</li> </ul>	<p><b>3 Opportunities for integration of efforts</b> ACTIONS</p> <ul style="list-style-type: none"> <li>• Ensure that Cancer Alliance evaluations contribute to scientific and clinical meetings, to community discussions and to relevant cancer publications</li> </ul>
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# Community and stakeholder benefit



# Education

*With its comprehensive cancer data collections and its quest for improvement the Cancer Alliance is well equipped to contribute to the education of all practitioners in the translational sequence: from science to clinical research; to clinical applications and innovation, clinical implementation; to data collection, management and analysis; and commercialisation of capabilities.*

*The activity and publications of the Cancer Alliance abound in factual displays, commitment to critical appraisal and improvement, multidisciplinary input and valuable collaboration. This provides a rich field for educational opportunities.*

*The multiple components of the Cancer Alliance's approach can be drawn upon by those at all stages of their professional education and development.*

## For the Cancer Alliance, this means:

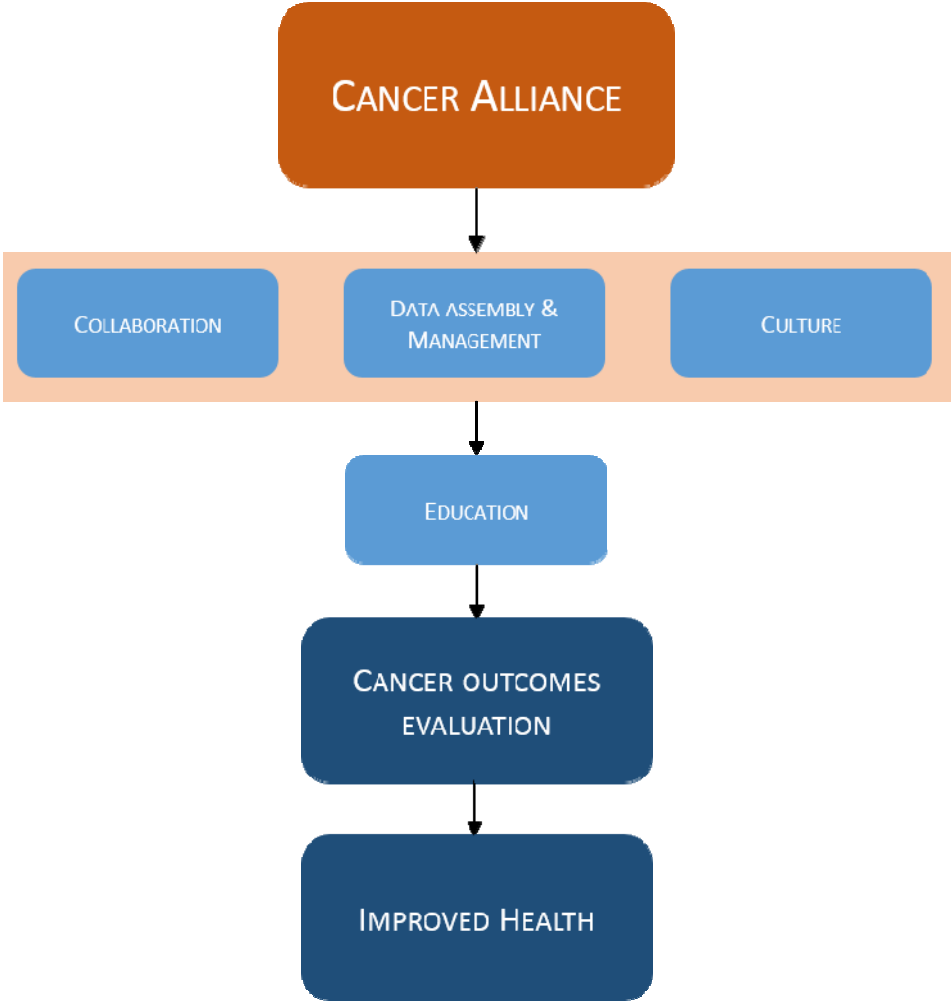
*We will widely distribute reports providing recommendations, prompting improvement, inviting feedback, initiating and enriching research.*

*We will provide Queenslanders with access to wide range of relevant cancer information to improve the health of the population*

## Elements

<p><b>1 Access to data</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Ensure all authorised users (clinician, researcher and community) can gain access to Cancer Alliance information for improved knowledge and capability, specific research projects or as part of a qualification or higher degree achievement</li> </ul>	<p><b>2 Embedding of a culture</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Through the display of its process and specific material the Cancer Alliance contributes to acceptance and enhancement of a culture of critical appraisal, collaboration, data-driven evaluation and improvement</li> </ul>	<p><b>3 Public information and assurance</b></p> <p>ACTIONS</p> <ul style="list-style-type: none"> <li>• Education of the public through the Cancer Alliance's public documents</li> <li>• Give specific advice (regarding prevention, early diagnosis and treatment) which will be separately presented.</li> <li>• Reassure the community about the quality of cancer care across the state and at particular sites.</li> </ul>
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# Education





# Measuring Our Success

*We will be accountable for the work we undertake. Through regular monitoring, measurement and reporting, we will be transparent about our progress toward implementing each strategic initiative, using the following measures to track our progress against the objectives and actions set out:*

## Success Factors

## Measures of Success

### Data Leadership

Increased number of novel and non-health data sets (e.g., electronic medical records, genomics and other “omics” data, and patient reported outcomes data)

Increased number of studies using the data holdings

### Organisational Excellence

Strong staff and clinical satisfaction and engagement as measured using novel interview and satisfaction survey techniques and by staff and clinician engagement in activities such as data set development, concept analysis development, workshops, and service improvements

Stable financial outlook with an adequate reserve maintained, and with multi-year funding agreements in place

An increase in total annual funding with greater diversification (i.e., the proportion of total funding from the Department of Health versus other sources such as grants)

### Strategic Collaborations

Number of tangible outcomes produced through partnerships (e.g., new data made accessible, treatments being utilised, new knowledge, clinicians receiving evidence from Cancer Alliance, new data shared and used in a study)

Measures of partner engagement, satisfaction and impact as indicated through a survey of partners, including qualitative inputs about benefits achieved

### Research Impact

Evidence/exemplars of impact, including number and nature of impact stories and publications for Cancer Alliance research

Increased number of collaborations (e.g., with research institutes or organisations from other sectors)

Increased number of integrated knowledge translation and exchange activities and partnerships

### Community and stakeholder benefit

Public engagement mechanisms and processes established

Number of public engagement activities

Impact stories that illustrate how patient or public engagement has influenced Cancer Alliance outcomes evaluation, research and services

### Education

Publication and reports are reaching a wide cross section of the cancer community

Increased number of clinicians involved in Cancer Alliance activities, across all disciplines and specialties

Cancer Alliance information is used to progress higher education degrees for health professionals