



Partnering for Safety and Quality

Impact & Achievements
2005-2011

Queensland Health

Queensland Cancer Control
Safety & Quality Partnership



Queensland

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Message from the Chair

As the Chair of the Queensland Cancer Control Safety and Quality Partnership, I feel privileged to introduce this, our first report, to you. It describes the significant improvements in cancer care that have been achieved between 2005 and 2011.

These improvements have been made possible by the commitment and persistence of my colleagues, the multidisciplinary teams across Queensland, the Queensland Cancer Control Analysis Team and the members of The Partnership.

For me, one of the most significant improvements has been the cancer community's willingness to embrace multidisciplinary care and the changes to work practices which have resulted from this. For example, multidisciplinary meetings are routine practice in most cancer

services and more patients than ever before are benefiting from a review by a multidisciplinary team.

The ongoing commitment from clinicians to contribute to a statewide cancer data collection has also been significant. Clinicians have willingly shared local data collections, adopted new data collection tools such as Queensland Oncology On-Line and worked with us to test and validate the data we compile. The achievements described in this report are the direct result of this collaboration.

Over the past six years we pursued a single goal; clinician-led service improvement. When faced with difficult technology, data and information, and clinical issues we listened and were guided by the views of clinicians, patients and

others. We also endeavoured to be flexible in how we responded to local needs.

As we move into the next phase of The Partnership, we are in the fortunate position of having quality data on our patients, the treatments we provide and cancer outcomes. We must now incorporate this information into our day-to-day decision making to deliver safe, quality cancer care. We look forward to this, our next challenge.



Euan Walpole
Chair

Queensland Cancer Control Safety
and Quality Partnership

“As we move into the next phase of The Partnership, we are in the fortunate position of having quality data on our patients, the treatments we provide and cancer outcomes.”

PHOTO OF CHAIR

What is the Queensland Cancer Control Safety and Quality Partnership?

The Partnership was established in 2004 with a single goal; clinician-led service improvement.

We aim to achieve this by providing the cancer community with the systems and tools to routinely review, share and compare data on cancer treatment and outcomes. Involving cancer clinicians in deciding how to achieve the best possible cancer outcomes is our priority.

The Partnership is a gazetted quality assurance committee under s31 Health Services Act 1991. This legislation allows The Partnership to access identifiable information and use it to better understand the safety and quality of the cancer care services delivered across Queensland. Compiling the data has been an important part of our work over the past six years.

The Partnership is supported by the Queensland Cancer Control Analysis Team (QCCAT). While QCCAT are the secretariat for The Partnership they support us in other ways. QCCAT undertakes the analysis and interpretation of data and advises on the best use of cancer data for service improvement. Working with QCCAT, we use data to create opportunities for clinician-led service improvement.

“Over the past six years we pursued a single goal; clinician-led service improvement.”

Membership

The members of the partnership are:

Current members (July 2011 - 2014)

- Chair: Dr Euan Walpole, Medical Director Cancer Services Southern.
- Professor Joanne Aitkin, Director Cancer Registries and Scientific Consultant, Epidemiology, Cancer Council Queensland
- Dr Roger Allison, Director of Oncology, Royal Brisbane and Women’s Hospital
- Dr Andrew Johnson, A/District Chief Executive Officer, Townsville Health Service District
- Dr Liz Kenny, Medical Director Central Integrated Regional Cancer Service (CIRCS)
- Associate Professor of Surgery Mark Smithers, Chairman Upper GI and Soft Tissue Unit, Princess Alexandra Hospital
- Lexie Sphere, Director of Nursing and Midwifery Services, Redcliffe Hospital

Progress toward the Queensland Cancer Control Strategic Directions 2005-2010

Progress toward the Queensland Cancer Control Strategic Directions 2005-2010

There are three key areas in the *Queensland Cancer Control Strategic Directions 2005-2010* where The Partnership has made a significant contribution:

- multidisciplinary care
- quality and safety systems
- cancer information systems.

Multidisciplinary care

QCCAT has developed a suite of information resources for multidisciplinary teams called Queensland Oncology On-Line. These resources deliver many benefits, including:

- Generates an online clinical summary which uses routine sources of data to reduce the burden of manual data entry for clinicians.
- Allows clinicians to schedule patients for a multidisciplinary team review or case conference.
- Allows clinicians to view, update and share patient information securely, over the web.
- Generates an electronic GP/Specialist letter and case notes summary.

Quality and safety systems

The Oncology Analysis System (OASys), is part of Queensland Oncology On-Line. Using any computer in the Queensland Health network approved users

have unprecedented access to quality cancer data. OASys provides de-identified, aggregate data on over 176,000 individuals diagnosed with cancer between 2000 to 2008.

This tool enables multidisciplinary teams, cancer services and Local Health and Hospital Networks to benchmark their practice against others. It currently provides data on cancer incidence, mortality, rurality, socio-economic status and survival by a range of variables. These cancer statistics are available for Queensland and the Local Health and Hospital Networks. In the future it will provide information such as treatment rates and waiting times and other quality cancer measures.

Cancer information systems

Queensland Oncology On-Line is a working example of the *National Cancer Data Strategy for Australia* (Cancer Australia) filling crucial gaps in existing data systems and tools.

- Data quality: 800 clinicians and 48 multidisciplinary teams across Queensland contribute to the collection of an agreed clinical dataset for all types of invasive cancers and lymphoma.
- Data integration: a fully-automated patient matching application links records from 32 systems including the Queensland Cancer Registry, death registry, pathology, hospital admissions, radiation oncology and hospital pharmacy databases.
- Data sharing, analysis and reporting: currently there are over 176,000 cancer-specific linked and matched patient records from public and private services available for analysis and reporting.

Impact and achievements

We were guided by our colleagues when choosing the impacts to report in this publication. Those listed below reflect those areas which the clinicians we work with believe make the biggest difference to people with cancer.





1

More public patients with cancer are benefiting from a multidisciplinary review.

Where are we now?

Over the past six years we have focussed on supporting multidisciplinary cancer care. In particular, we have promoted that cancer patients benefit from a multidisciplinary team review. In Queensland public hospitals, multidisciplinary team review takes place in either the multidisciplinary team meeting or the multidisciplinary clinic where clinicians come together to plan their patients' treatment.

Since our first data collection in 2006, we estimate that 30 per cent more public cancer patients are benefiting from a multidisciplinary team review.

What is our plan moving forward?

Currently we have no record of multidisciplinary team review for almost 50 per cent of public cancer patients which suggests that some patients may be missing out. Understanding who might be missing out is important to us and we will continue to work with multidisciplinary teams across Queensland to better understand this data and where possible reduce this gap.

Multidisciplinary team review is an important part of good cancer management and we believe that every cancer patient who could benefit should get this opportunity.

MDT Review Rate



MDT Review Rate	2004	2011
Breast	26%	51%
Colorectal	8%	36%
Lung	63%	68%
All Cancers	20%	51%

2

In 2011, 30% of cancer patients had a treatment recommendation recorded in QOOL.

Where are we now?

Treatment recommendations provide the multidisciplinary team with a written record of the treatment/s that have been decided. Treatment recommendations take into account the combined expertise of the multidisciplinary team and the individual preferences of the person with cancer. They are an important communication tool for busy clinicians who often work across many hospitals.

In 2011, at least 7,839 people newly-diagnosed with cancer had their treatment discussed at a multidisciplinary meeting, and of those 94 per cent have a treatment recommendation recorded in Queensland Oncology On-Line (QOOL).

The value of recording a treatment recommendation in Queensland Oncology On-Line is not just the recording of important information. It allows the multidisciplinary team to automatically generate letters and reports. In the near future it will allow the information to be viewed securely on-line by patients, their carers and primary care.

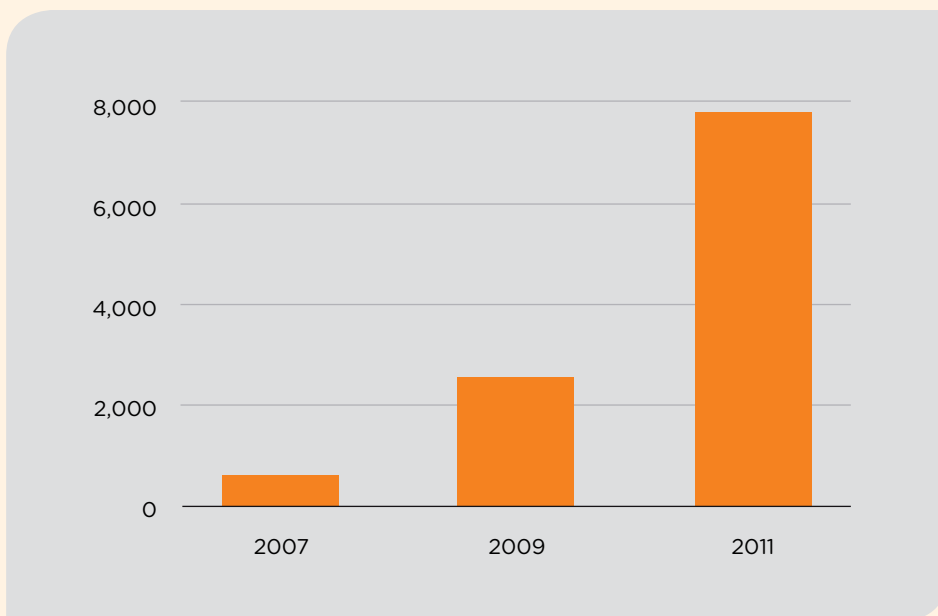
What is our plan moving forward?

We have demonstrated that patients who are reviewed by a multidisciplinary team can have their treatment recommendation documented electronically and that Queensland Oncology On-Line supports the capture and sharing of this important treatment information.

In 2012 we will continue to work with multidisciplinary teams across Queensland and further develop Queensland Oncology On-Line to support the sharing of information between the multidisciplinary team, primary care, patients and their carers.

We consider that no-one involved in the care of a person with cancer should miss out on receiving important treatment information.

The number of cancer patients who had their treatment recommendation recorded in QOOL



3

The recording of cancer stage at diagnosis has more than doubled since 2004.

Where are we now?

Knowing the stage of a person's cancer when they are diagnosed is critical information for the multidisciplinary team. Clinicians use it to decide on the right treatment for patients and understand differences in treatment outcomes between groups of patients.

We estimate that 66 per cent of patients recorded as being reviewed by a multi-disciplinary team have their stage captured electronically in Queensland Oncology On-Line.

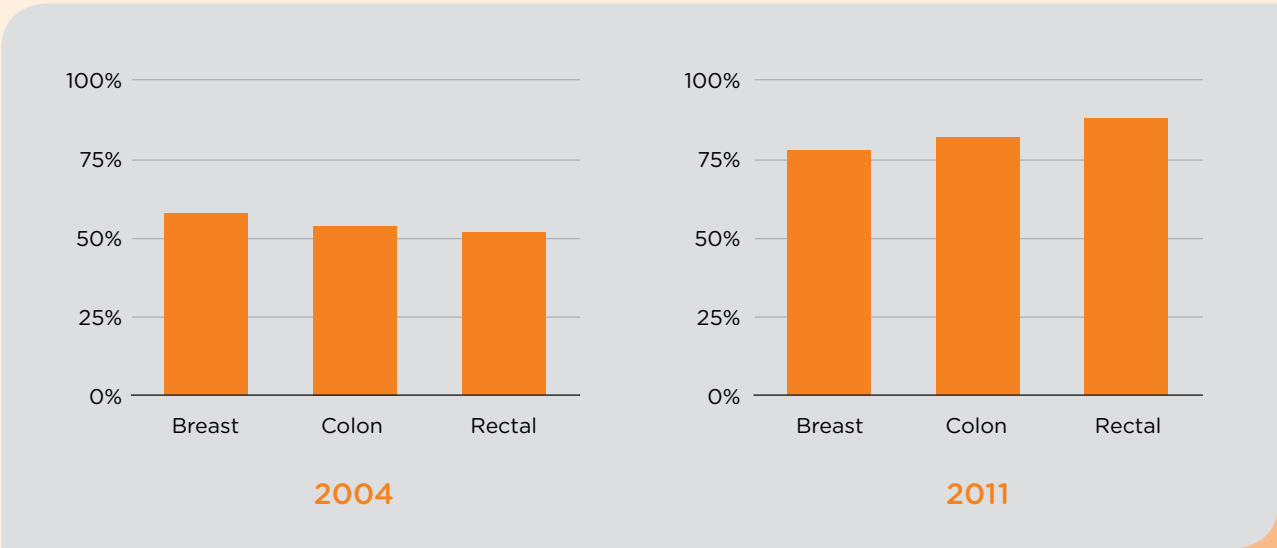
This figure signifies significant improvement. In 2004 we had estimated that only 30 per cent of public patients being treated for one of the five most common cancers had stage recorded in their medical record.

What is our plan moving forward?

The lack of cancer stage is seen as a critical gap in our cancer information and as a result many important clinical and research questions which could improve outcomes for people with cancer remain unanswered. The improvements we have observed are the result of a broad approach which has included strategies such as Queensland Oncology On-Line and clinical practice improvement payments.

The challenge for us in 2012 is to broaden our approach and find practical ways to encourage more clinicians and multi-disciplinary teams to participate in the electronic capture of information on cancer stage.

% Public patients reviewed by a MDT with stage recorded



4

Over 26,000 patients now have an online cancer profile.

Where are we now?

Queensland has led the way in Australia and internationally in creating Queensland Oncology On-Line (QOOL), a web-based information management system that supports the information needs of multidisciplinary teams and cancer services. For the first time multi-disciplinary teams are able to capture important clinical information in electronic form, creating an online 'cancer profile'. Before Queensland Oncology On-Line, online cancer profiles did not exist.

Queensland Oncology On-Line went live with 4 lung multidisciplinary teams in 2007. In 2011 Queensland Oncology On-Line is being used by clinicians in 23 hospitals across Queensland.

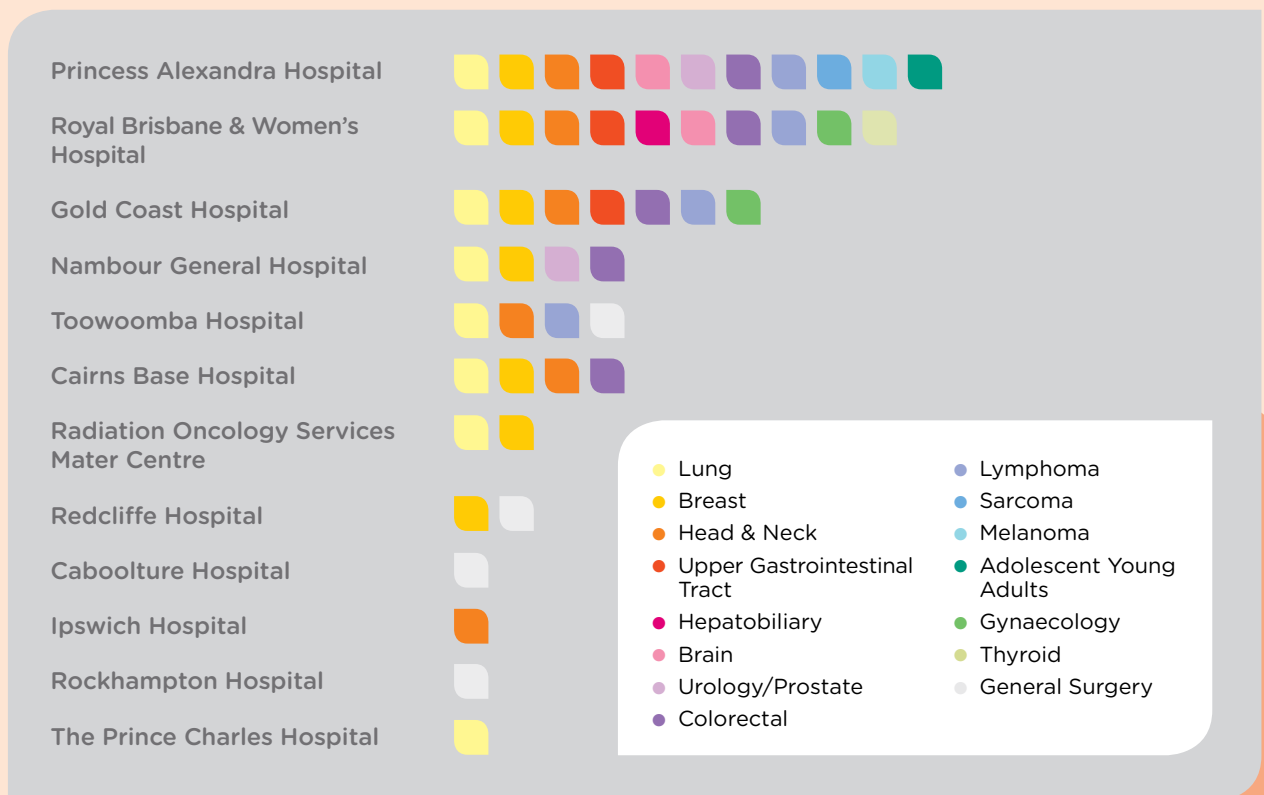
Multidisciplinary teams utilise the Queensland Oncology On-Line platform to refer patients for multidisciplinary team review, staging and treatment

planning. To date Queensland Oncology On-Line has been used by clinicians to generate electronic cancer profiles for over 26,000 patients. Each cancer profile is a summary of the patient history, pathology, diagnostic, staging and treatment planning information.

What is our plan moving forward?

Every complete cancer profile is a comprehensive source of patient, clinical and outcomes data for multidisciplinary teams. Over the next 18 months multidisciplinary teams will be able to view information on surgery, chemotherapy and radiotherapy received by their patients. In 2012 we hope to see more patients benefiting from a multidisciplinary team review and as a result more complete cancer profiles. This data will enable clinicians to audit their practice and monitor the outcomes of their patients to achieve the best possible care for Queenslanders with cancer.

Which MDT's can share online cancer profiles through QOOL?



5

Data comparing cancer outcomes across Queensland is available for clinician-led service improvement.

Where are we now?

Queensland Oesophago Gastric Cancer Collaborative (QOGCC) was established in 2008 and is a multi-disciplinary group that brings together clinicians from regional and metropolitan cancer services across Queensland.

QOGCC was established because clinicians wanted to know whether outcomes for patients receiving surgery for gastric cancer were the same across Queensland. They are the first clinician-led group in Queensland to examine 8 years of data on outcomes for gastric cancer. Through this process QOGCC clinicians became aware that some patients have poor outcomes.

Queensland Oesophago Gastric Cancer Collaborative (QOGCC) is a working example of clinicians using outcomes data to lead practice change across Queensland.

What is our plan moving forward?

Generating baseline data on outcomes for gastric cancer surgery across Queensland has been the easy part of the journey. The challenge now faced by us all is to incorporate this knowledge into the day to day decisions made by clinicians on where Queenslanders diagnosed with gastric cancer receive their surgery.

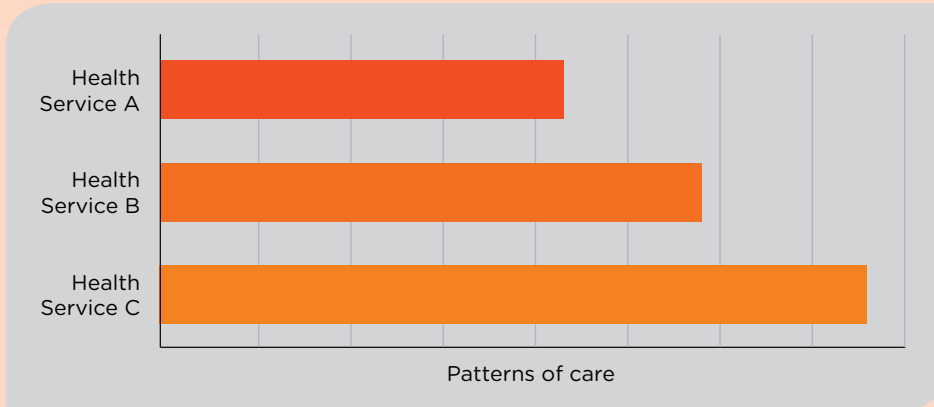
“This data gives a valuable new perspective on cancer care.”

Dr David Theile, CEO Metro South Health Service District

How are clinicians using data?

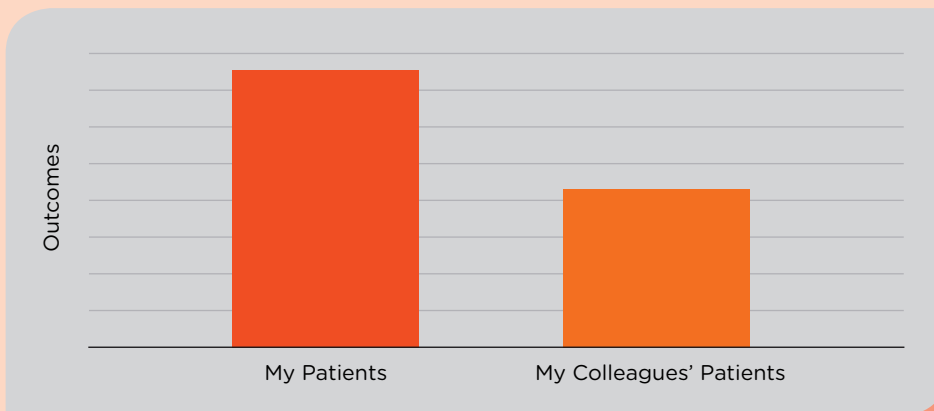
Audit

How do outcomes in my Health Service compare with other Health Services in QLD?



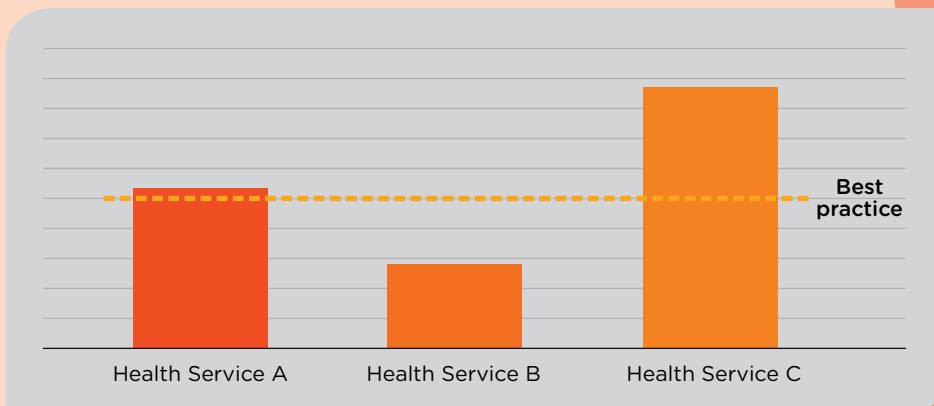
Peer Review

How does my practice compare with my colleagues?



Benchmarking

How do the treatment practices in my Health Service compare with best practice?



Moving Forward: Our Focus for 2012 onwards

Sustaining the improvements we have described and creating more opportunities for clinicians to participate in safety and quality will be our focus in the next phase. Specifically we will focus on these key areas.

1. Increasing the number of public cancer patients who would benefit from having the opportunity of a multidisciplinary team review.
2. Further developing Queensland Oncology On-Line to enable the sharing of important treatment information between the multidisciplinary team, primary care, patients and their carers.
3. Working with multidisciplinary teams to find practical ways to involve more clinicians and multidisciplinary teams in the electronic capture of information on cancer stage.
4. Demonstrating the value of Queensland Oncology On-Line as a data collection tool for clinicians who wish to implement local safety and quality audits and projects.
5. Building on the lessons learned from the Queensland Oesophago Gastric Cancer Collaborative and establishing clinical sub-committees of The Partnership to lead practice change in other cancers.

We are now fortunate to have the support of many individual clinicians and multidisciplinary teams across Queensland. In the coming years we will rely on their expertise and wisdom to help us interpret the data and work through the issues that emerge. Many of you reading this report will be asked to comment on the data and these issues. We hope that you will take up this opportunity and, like us, see it as an important step towards clinician-led service improvement.

The challenges ahead of us lie less in technology but in using the data that we have compiled in ways which will support clinicians to deliver safe, quality cancer care.

PHOTO OF QCCAT

Note from the team

We hope that this publication gives you some insight into our values and our approach and how this has led to the innovation described in this report. Every day as multi-disciplinary care occurs across Queensland we are reminded of the interest and commitment shown by clinicians and others to our program of work. Today hundreds of clinicians across Queensland are demonstrating their commitment to safe quality cancer care by embracing systems such as Queensland Oncology On-Line and participating in Partnership activities. We are continually thankful to those of you who give up your valuable time and enthusiastically work with us to support the goals of The Partnership.

Acknowledgements

We gratefully acknowledge past members of The Partnership and individual members of the Queensland Cancer Control Analysis Team who have conceived many of the original ideas and made significant contributions to the impact and achievements described in this report.

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QCCAT is a statewide program of work hosted by Metro South Health Service District.



