

health

# Cancer Service Performance Indicators

## 2013 Round 1 Report

Integrated Cancer Services

January 2014

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## Introduction

The cancer service performance indicators described in this report have been established to measure progress with the implementation of Victorian Government policy in the areas of multidisciplinary care (MDC) and supportive care. The indicators are one component of a number of program evaluation strategies including MDC survey evaluation, patient experience survey, indicator/activity benchmarking and local evaluation conducted by the Integrated Cancer Services (ICS). Together, these quality monitoring and evaluation initiatives underpin the model for safety and quality in Victorian cancer services as outlined in *Clinical Excellence in Cancer Care* (DHS, 2007).

The collection of data by ICS via a medical record audit is used to inform three cancer service performance indicators, related to targets outlined in *Victoria's Cancer Action Plan (VCAP) 2008-2011* and other relevant policies. The *Victorian Cancer Service Performance Indicators, Data Collection Methodology 2013* document describes the three cancer performance indicators including rationale, definitions and targets. The indicators include:

1. Documented evidence of multidisciplinary team recommendations
2. Documented evidence of disease staging in the multidisciplinary team recommendations
3. Documented evidence of supportive care screening.

Indicators provide a flag rather than a definitive answer to practice issues; they can suggest potential problem areas for further investigation and action. They support monitoring and evaluation to inform the continuous quality improvement cycle at the ICS level. These performance indicators have now been tracked continuously for several years providing a record of progress.

This report, the findings and recommendations are intended for use at the health service, ICS and Department of Health (the department) levels to focus future cancer service improvement activities. To support this, these reports have regularly been presented at a range of departmental Committees including the Cancer Quality and Outcome Committee, the VICS Governance and Network Group meetings, and are provided to other states de-identified for benchmarking purposes. Results of the audits will continue to be presented at high level committees by the Department of Health.

The Cancer Service Performance Indicator data are collected in accordance with the departmental Data Reform Program and approval for this data collection has been received. It is a requirement of all ICS to collect and report accurate data and ensure appropriate data storage as per the Financial Management Act 1994.

## Key recommendations

The cancer service performance indicators allow for monitoring and evaluation of relevant policy implementation and progress.

### *Performance against policy:*

- ICS should ensure that adequate processes and protocols are in place to promote the presentation of new cancer patients at a multidisciplinary team meeting and the inclusion of documented treatment recommendations in the patient's medical record.
- Support for multidisciplinary team meetings should include the promotion of good meeting practices and protocols to ensure the effective use of this resource, adequate documentation and clear recommendations and the engagement of the team in quality and service improvement activities.
- ICS should encourage inclusion of staging information (where appropriate) in case discussion and documentation of it as part of the meeting record as it underpins treatment decision making, risk adjustment of health outcomes and is a mandatory reporting requirement for Victorian hospitals from 1 July 2013 – as defined in the Cancer (Reporting) Regulations 2013.
- In particular, **ICS should continue their efforts to implement systematic and sustainable supportive care screening** processes locally at a health service level and ensure that these articulate with access to supportive care referral and treatment services. Whilst the results for this indicator remain below target it is

acknowledged that good progress has been made in this area during 2011, 2012 and in this recent period with the state-wide average result for round 1 2013 now at 33%.

*Data quality assurance:*

- Data and information submitted under this performance reporting program must be reviewed locally and be approved by the program manager or director prior to submission to eliminate ongoing data quality issues.
- All ICS should ensure the audit methods are followed as defined. This requirement includes the over-sampling of regional ICS main host site patients (at least 50% of the sample in each cycle).

*Dissemination of findings:*

- The cancer performance indicators should be presented at the local ICS governance and/or clinical advisory committees. Where relevant they should be presented to tumour group/s or multidisciplinary team meetings to inform quality improvement activities.

## Overview of results

The data presented in this report are derived from audit 1 for 2013, for indicators 1 to 3. The number of patients included in the data collection for audit 1 is 1727 state-wide (1049 MICS, 633 RICS, 45 PICS).

Table 1 provides a high-level summary of the state-wide results against the 2013 target (unchanged from the 2012 target) and against prior period results.

**Table 1: State-wide summary of results**

Indicators	Aggregate Result 2010	Aggregate Result 2011	Aggregate Result 2012	Result audit 1 2013	Target 2013*
Documented evidence of multidisciplinary team recommendations	38%	49%	62%	64%	80%
Documented evidence of disease staging in the multidisciplinary team recommendations	61% <sup>#</sup>	72% <sup>#</sup>	75% <sup>#</sup>	80% <sup>#</sup>	100%
Documented evidence of supportive care screening	5% <sup>*</sup>	18% <sup>*</sup>	31% <sup>*</sup>	33% <sup>*</sup>	50%
Number of medical records audited	2310	3430	3333	1727	

Note: <sup>#</sup> the state-wide result excludes Haematology and CNS data, <sup>\*</sup> the state-wide results exclude PICS data.

The following sections of this report present data by ICS and by tumour stream against the 2013 targets. Indicators 1 and 3 have to date had progressive targets and performance over time, should compare against the applicable target.

Whilst direct comparison of results at the individual ICS level may be problematic (due to the variation in population size, geography and cancer services available) it is noted that comparison of broad trends can assist ICS for the purpose of sharing learnings about what works well locally.

# 1. Documented evidence of multidisciplinary team recommendations

Target: **80 per cent**

Performance: **64 per cent** (state-wide)

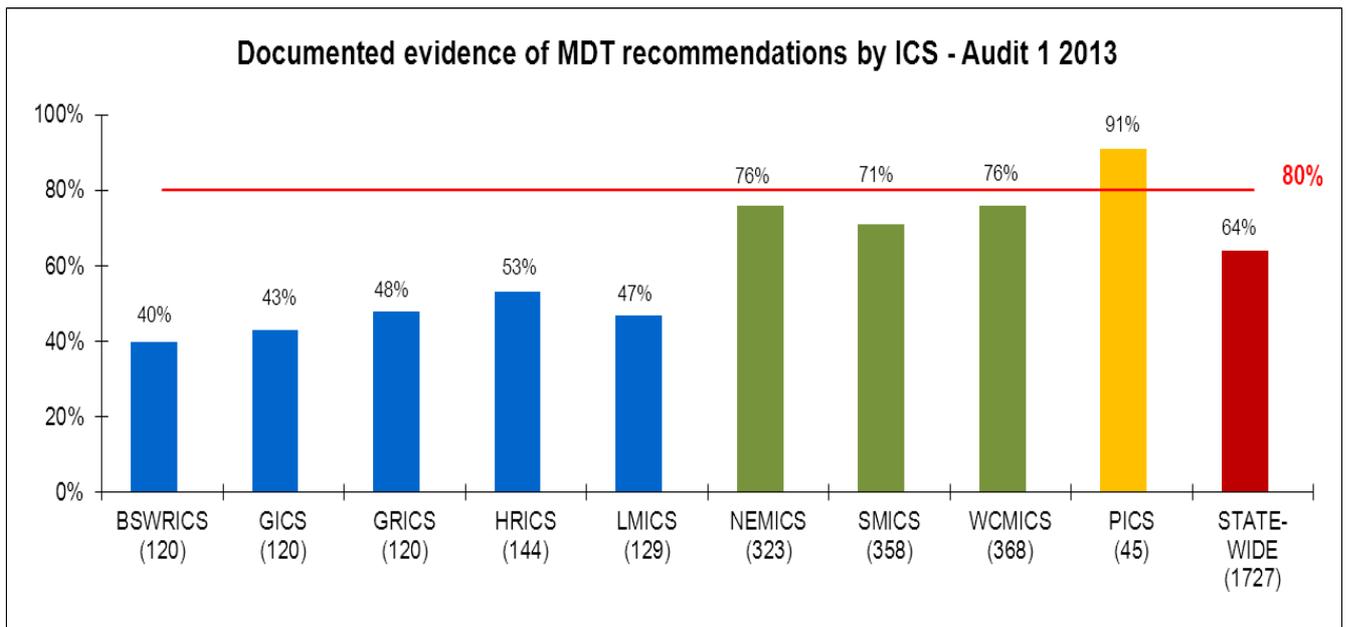
**Definition:**

<i>Numerator</i>	Total number of new cancer patients with documented evidence of multidisciplinary team recommendations
<i>Denominator</i>	Total number of new cancer patients audited per tumour stream

**Results:**

Figure 1a shows the documented evidence of multidisciplinary team recommendations for 2013 (audit 1) by ICS. Figure 1b presents pooled data showing the proportion of patient records audited which show documented evidence of multidisciplinary team recommendations by Regional ICS and Metropolitan ICS (data does not include PICS). Figure 1c shows the documented evidence of multidisciplinary team recommendations for 2013 by tumour stream for audit 1.

**Figure 1a:**



**Figure 1b:**

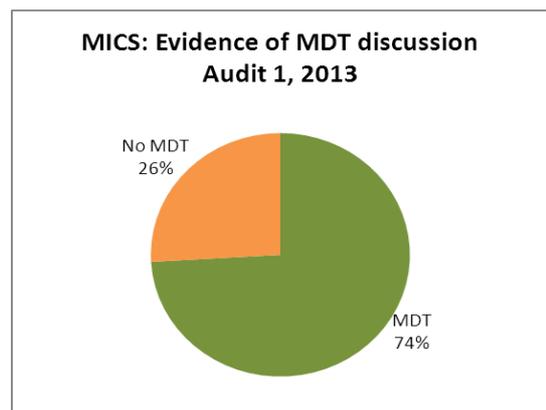
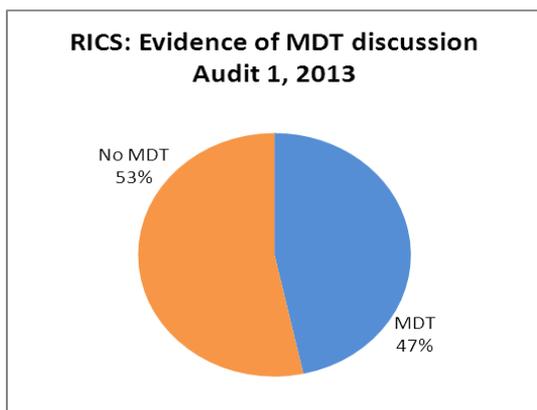
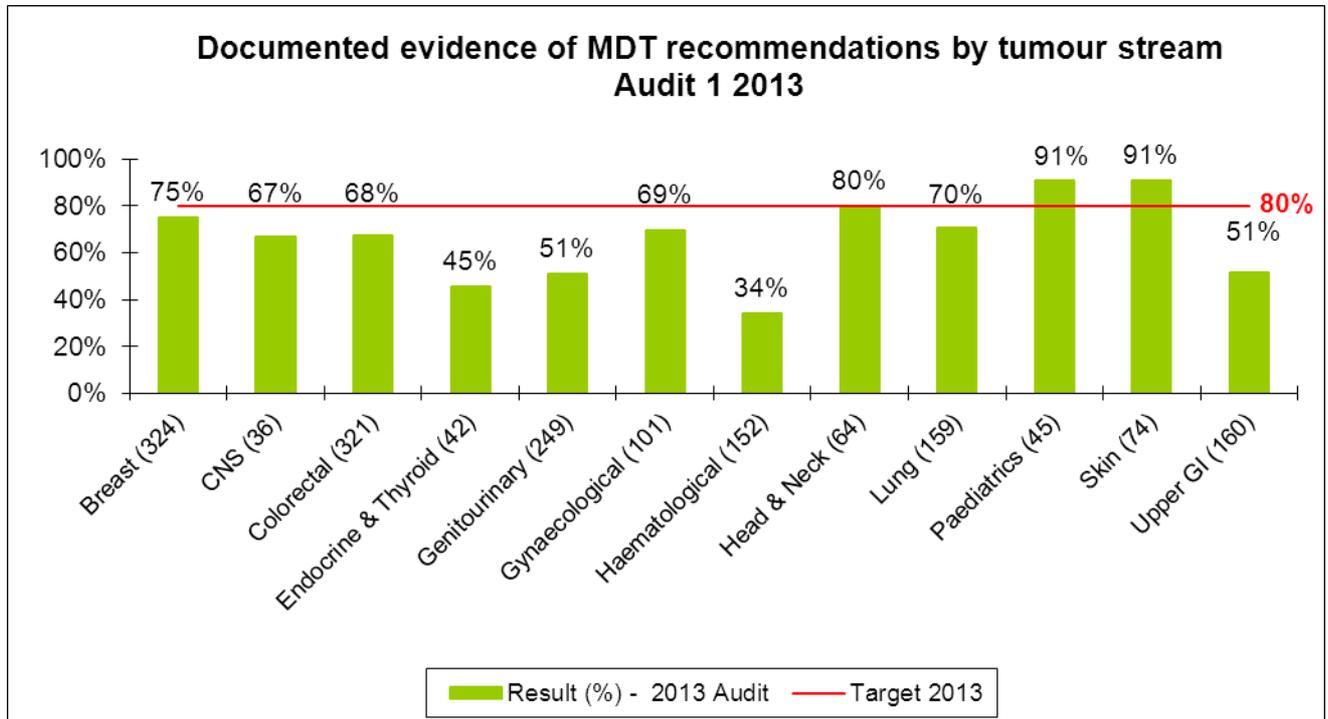


Figure 1b shows differences in achievement against this target between regional and metropolitan health services, based on pooled data. Although this result will reflect differences in the cancer services available it does flag the potential opportunity offered through creating MDT meeting linkages across regions.

**Figure 1c:**



## 2. Documented evidence of disease staging in the multidisciplinary team recommendations

Target: **100 per cent**

Performance: **80 per cent** (state-wide)

### Definition:

<i>Numerator</i>	Total number of new cancer patients with documented evidence of cancer staging* in the MDT recommendations
<i>Denominator</i>	Total number of new cancer patients with documented MDT recommendations per tumour stream

\*Staging should be recorded as per AJCC staging (TNM), SEER or other accepted staging system for the disease type as endorsed by local tumour groups or MDTs.

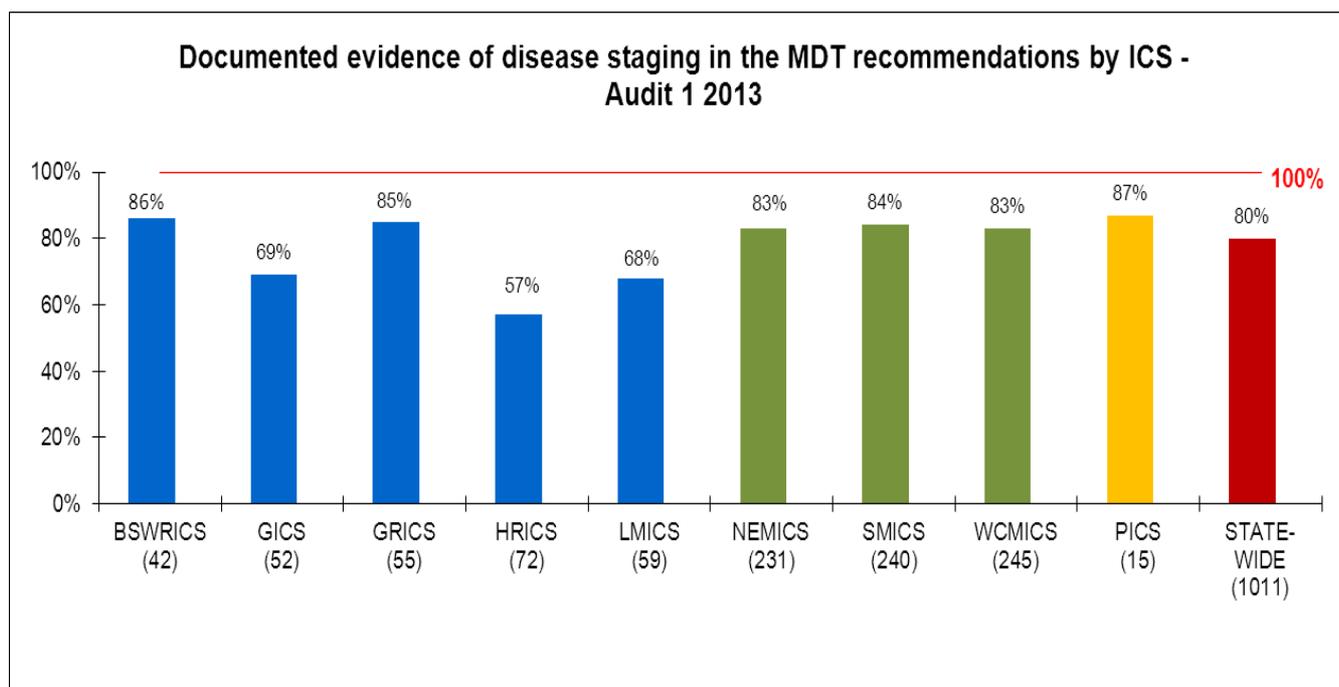
### Exclusions:

CNS and haematology tumour streams

### Results:

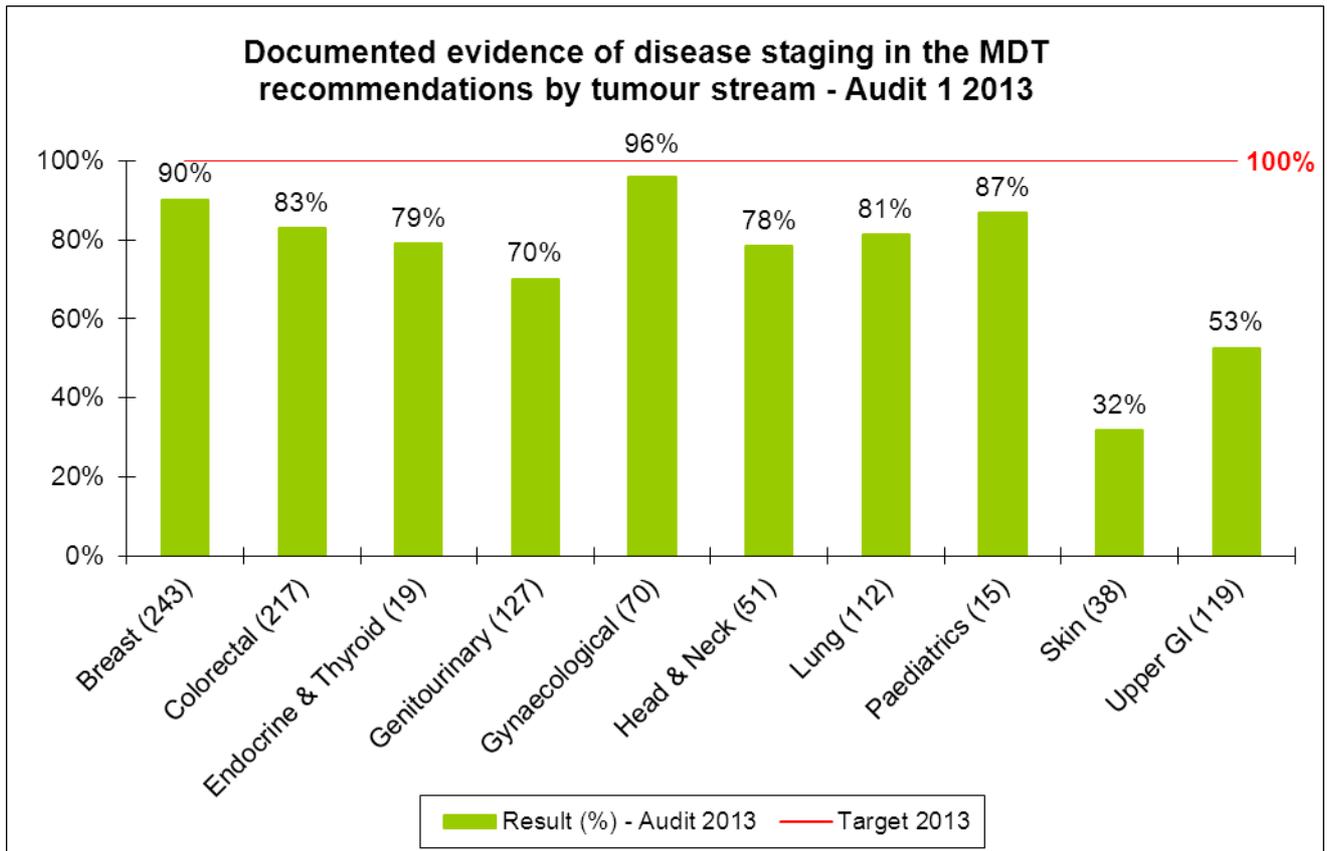
Figure 2a shows the documented evidence of disease staging in the multidisciplinary team recommendations for 2013 (audit round 1) by ICS. Figure 2b shows the results by tumour stream. It should be noted that these results only include patients who have documented team meeting recommendations exclusive of CNS and Haematology (n=1011). Consideration of results for each ICS should be within the context of their respective sample numbers.

Figure 2a:



Note: Excludes haematology and CNS data.

Figure 2b:



Note: Excludes haematology and CNS data.

### 3. Documented evidence of supportive care screening

Target: **50 per cent**

Performance: **33 per cent** (state-wide)

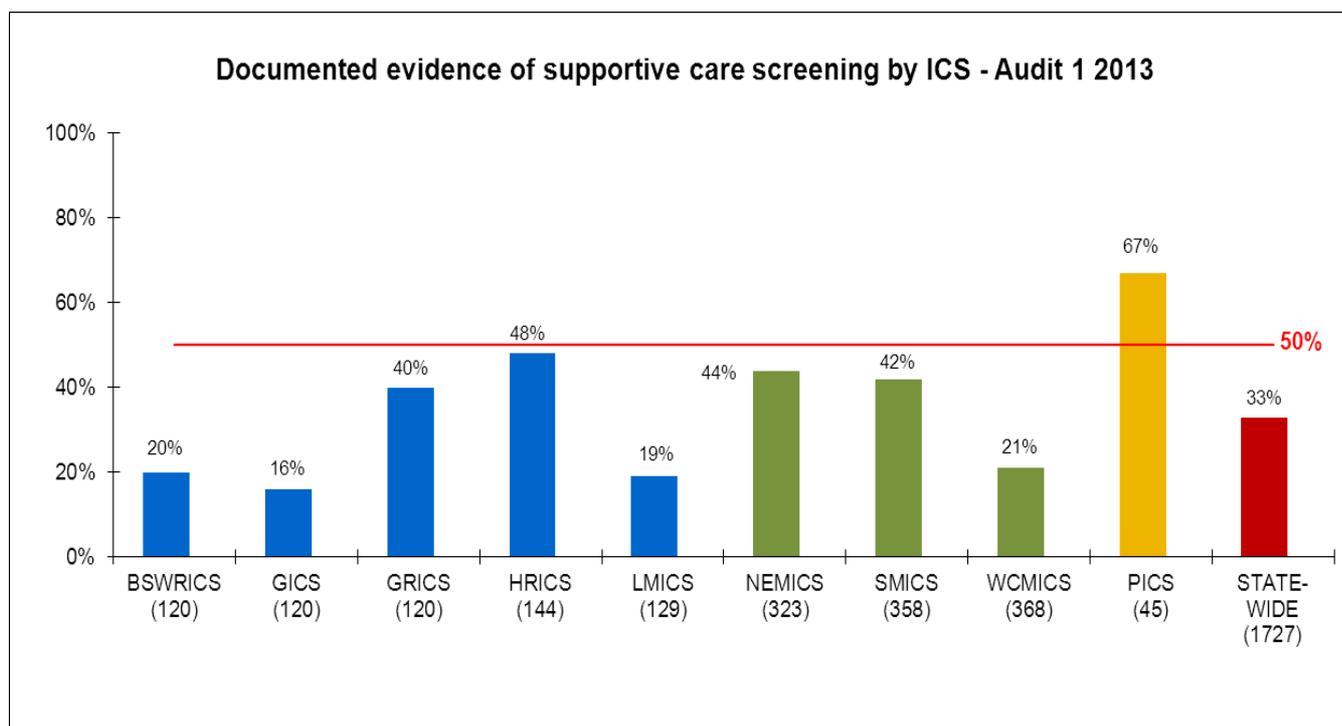
**Definition:**

<i>Numerator</i>	Total number of new cancer patients with documented evidence of supportive care screening
<i>Denominator</i>	Total number of new cancer patients audited per tumour stream

**Results:**

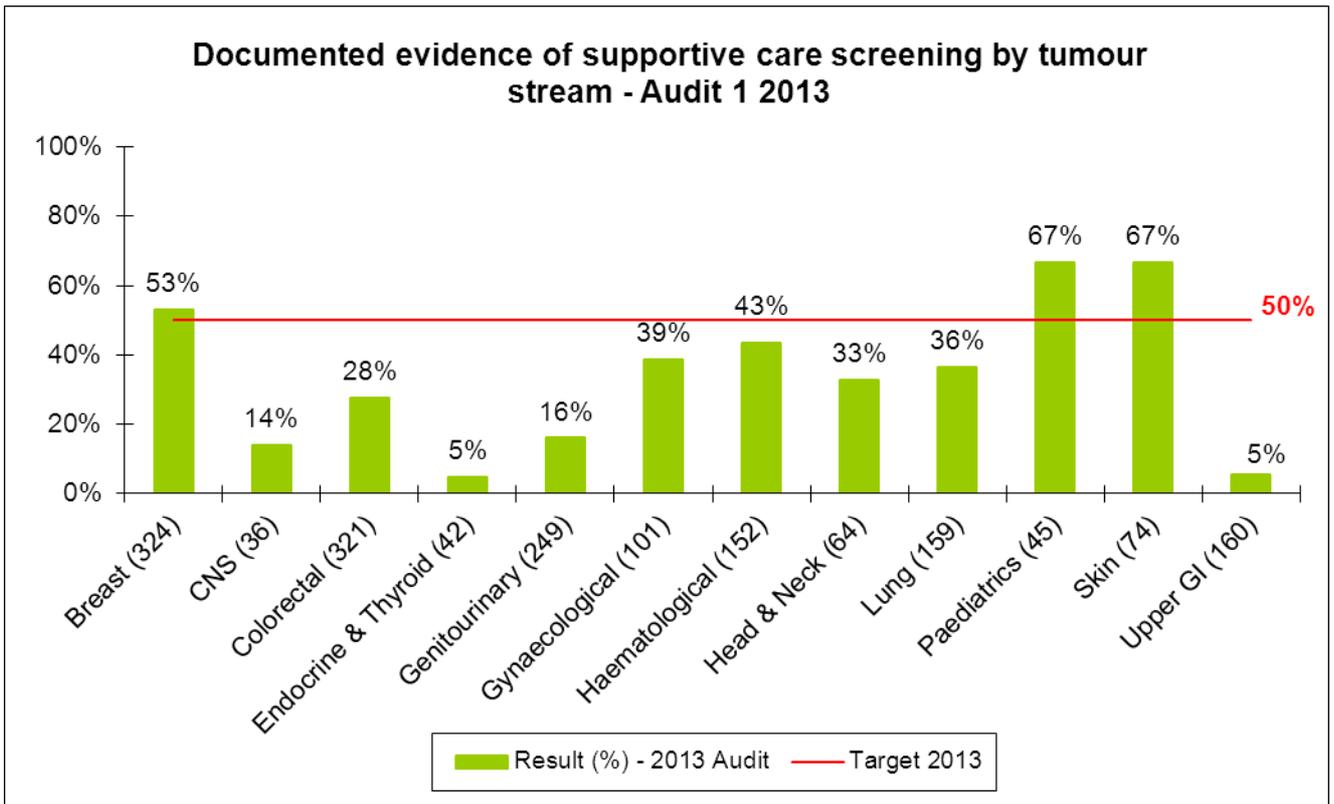
Figure 3a shows the evidence of supportive care screening by ICS for 2013, audit round 1. Figure 3b shows the results by tumour stream. Whilst this target has not been achieved ongoing progress has been made.

**Figure 3a:**



Note: The state-wide result excludes PICS data: until recently, there was no paediatric validated screening tool available in the Australian setting.

Figure 3b:



## Method

The ICS secretariats undertake the collection of data for the cancer service performance indicators, which are obtained from the patient central medical record. The method for the audit is outlined in the *Victorian Cancer Service Performance Indicators, Data Collection Methodology 2013*.

**Inclusion criteria:** patients who are newly diagnosed and have undergone active treatment locally.

All ICS conduct data collection and reporting twice a year. There is a two month minimum lag time between patient cancer diagnosis and inclusion in the audit. The audit rounds include cancer patients from all tumour streams. Adult patients are identified for audit using the Victorian Admitted Episode Dataset (VAED) and the Victorian Cancer Registry (VCR) dataset. Patients must have received their primary treatment in the ICS in which they are reported. Random sampling processes are applied to identify the sample for data collection from all treated cancer patients. Paediatric patients are identified for audit using the paediatric haematology/oncology database which contains data for most paediatric oncology patients.

**Table 2: 2013 Audit Requirements** - record numbers by round and due dates

Audit	ICS	Minimum Records	Tumour Streams	Date Due
<b>Round 1</b>	Metro	320	All*	<b>12 Dec 2013</b>
	Regional	120	All*	
	Paediatrics	45	Paediatrics	
<b>Round 2</b>				
<b>Round 2</b>	Metro	320	All*	<b>13 June 2014</b>
	Regional	120	All*	
	Paediatrics	45	Paediatrics	

**Notes:**

- All\* = whilst the selection of cases may aim to ensure representative data capture across the ICS and/or tumour streams it is important to avoid any obvious and/or systematic bias which would skew results. ICS may be asked to explain their case selection strategy.
- Record numbers are a minimum and ICS are encouraged to capture data above these numbers if considered important locally.

The data collection process captures information recorded in the central medical record (or equivalent) and it is acknowledged that results may reflect inadequate documentation or filing rather than failure to deliver quality care. Documentation is however a key requirement for clinical communication, quality cancer services, and to ensure patient safety.