

# Department of Health & Human Services

Cancer Services Performance Indicators

Round 1 2014 Report

For further information please contact Kathryn Whitfield, Acting Manager, Cancer Strategy & Development

Tel (03) 9096 2134 or Email [Kathryn.Whitfield@health.vic.gov.au](mailto:Kathryn.Whitfield@health.vic.gov.au).

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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), supportive care and coordination of 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 four 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 2014 document describes the four 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 communication of initial treatment plan to GP
4. 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 & Human Services (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 de-identified to other states for benchmarking purposes. Results of the audits will continue to be presented at high level committees by the Department of Health & Human Services.

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:

1. ICS should encourage good multidisciplinary team meeting (MDM) practices including:
  - adequate processes and protocols to promote the presentation of all new cancer patients at an MDM
  - the inclusion of documented treatment recommendations in the patient's medical record and communication to referring doctor and/or GP
  - engagement of the team in quality and service improvement activities.
2. ICS should continue to promote inclusion of staging information where appropriate in case discussions and documentation of stage as part of the meeting record. Staging information 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.

**It is noted that for the majority of ICS (and at the state-wide level) there is good achievement against this indicator.**

3. ICS should promote the communication of the initial treatment plan to the person's referring doctor and/or GP as a key component of coordinated care. The increasing use of software to support MDMs provides an opportunity to streamline this process in a timely fashion.
4. ICS should continue with effective strategies to implement systematic and sustainable screening processes to identify and manage supportive care needs and review implementation and change management processes where progress has been slow. Whilst the results for this indicator remain below target it is acknowledged that ongoing progress was made in this area during 2011- 2013; however the results for this audit round shows a slowing of progress and in some cases decline. Persistent and significant variation between ICS suggests that collaboration between ICS to extend effective implementation strategies may improve achievement in this area.

## Data quality assurance:

5. 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 on the provided template to eliminate ongoing data quality issues.
6. 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:

7. The cancer performance indicators should be presented at the local ICS governance and clinical advisory committees. Where relevant they should be presented to tumour group/s and/or multidisciplinary team meetings and to other stakeholders involved in local quality improvement activities, including health service quality units.
8. ICS secretariats are encouraged to provide local analyses to support individual health services to improve performance over time.

# Overview of results

The data presented in this report are derived from audit 1 for 2014, for indicators 1 to 4. The number of patients included in the data collection for round 1 2014 is 1688 state-wide (979 MICS, 664 RICS, 45 PICS).

Table 1 provides a high-level summary of the state-wide results against the 2014 target (unchanged from the 2013 target) and against prior period results. Indicators 1 and 4 had progressive targets until 2012 and performance over time should compare against the applicable target.

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

Indicators	Result 2010	Result 2011	Result 2012	Result 2013	Result audit 1 2014	Target 2014
Documented evidence of multidisciplinary team recommendations	38%	49%	62%	64%	68%	80%
Documented evidence of disease staging in the multidisciplinary team recommendations	61%#	72%#	75%#	79%#	74%#	100%
Documented evidence of communication of initial treatment plan to GP	68%	N/A	N/A	N/A	67%	100%
Documented evidence of supportive care screening	5%*	18%*	31%*	36%*	35%	50%
Number of medical records audited	2310	3430	3333	3401	1688	

Notes:

# the state-wide result excludes Haematology and CNS data,

\* the state-wide results exclude PICS data.

The following sections of this report present data by ICS and by tumour stream against the 2014 targets.

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 knowledge about what works well locally.

# 1. Documented evidence of multidisciplinary team recommendations

**Target:** 80 per cent

**Performance:** 68 per cent (state-wide)

**Definition:**

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

**Results:**

Figure 1a shows the documented evidence of multidisciplinary team recommendations for round 1 2014 by ICS.

Figure 1b presents pooled data showing the proportion of patient records audited which show documented evidence of multidisciplinary team recommendations by ICS.

Figure 1c shows the documented evidence of multidisciplinary team recommendations for 2014 by tumour stream.

**Figure 1a:**

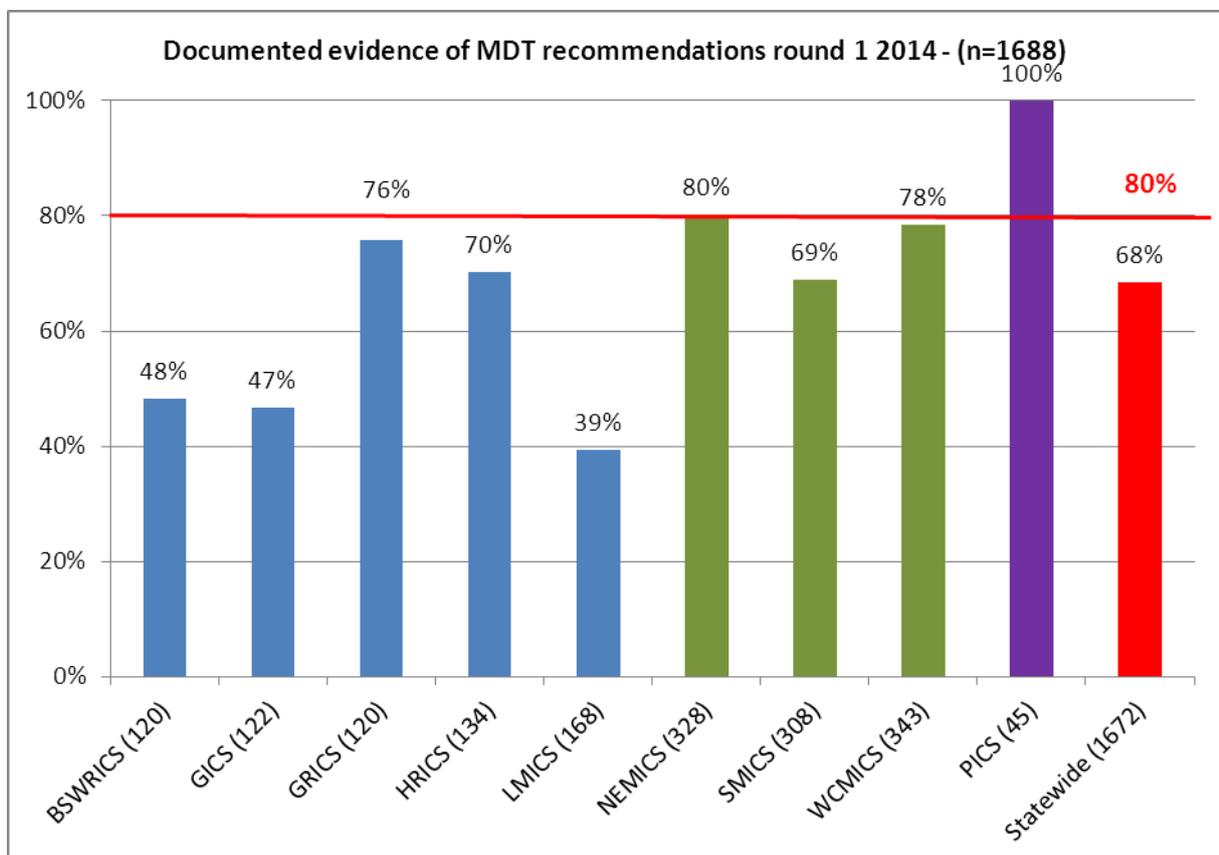


Figure 1b:

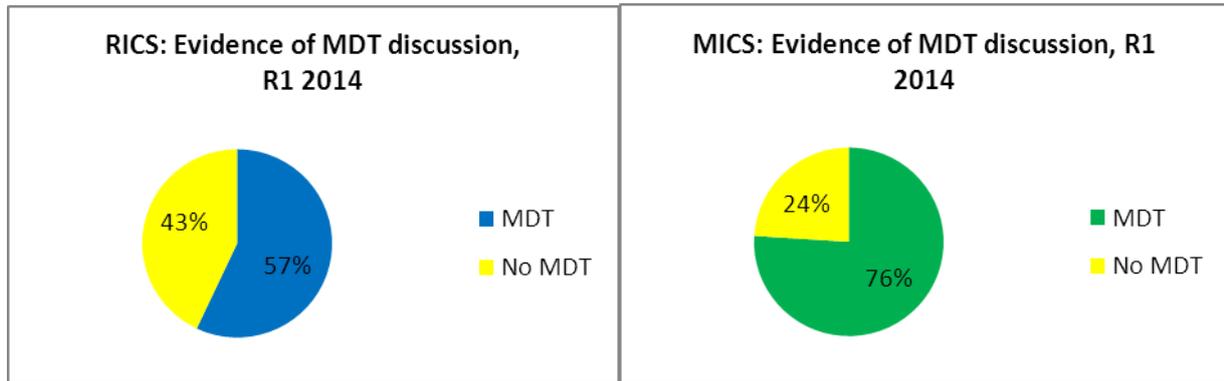
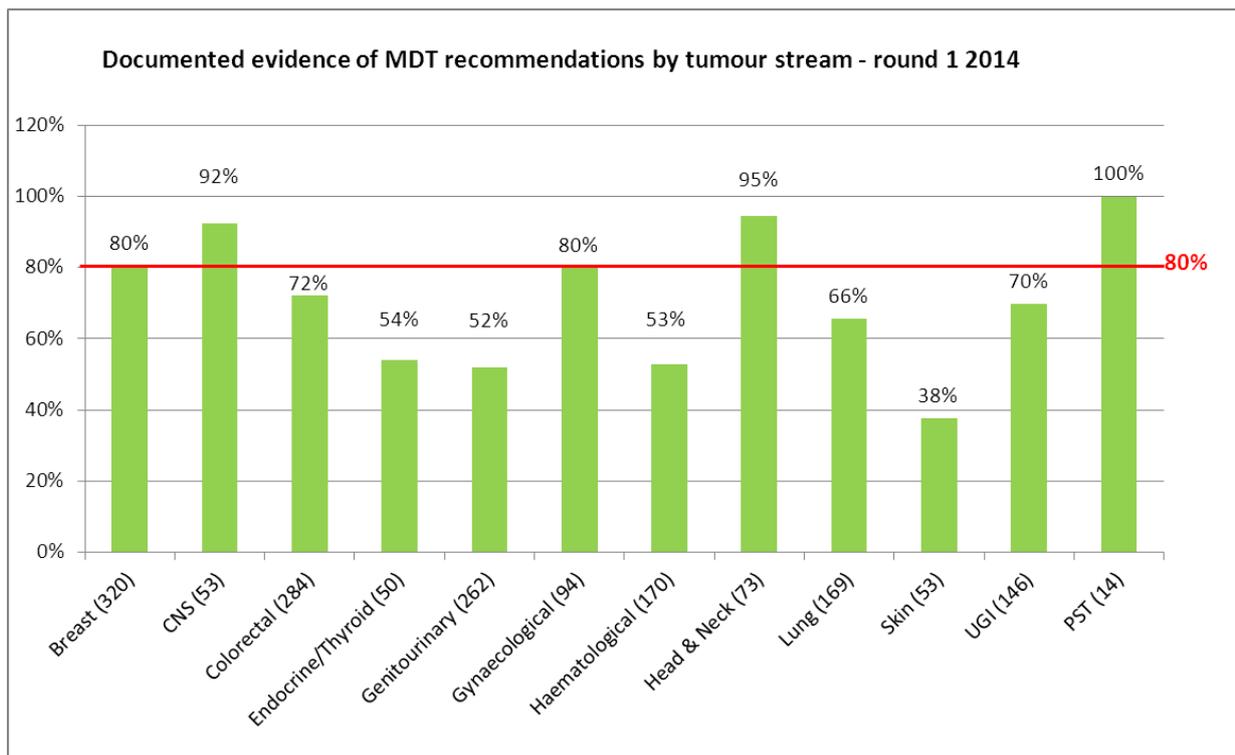


Figure 1b shows differences in achievement against this target between regional and metropolitan health services, based on pooled data. This difference persists in spite of steady increases in evidence of MDT discussion. Although this result will reflect differences in the cancer services available it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

Figure 1c:



Note: PST – paediatric solid tumours. Paediatric CNS and haematological cancers are included with the tumour streams.

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

**Target:** 100 per cent

**Performance:** 73 per cent (state-wide)

**Definition:**

<b>Numerator</b>	Total number of new cancer patients with documented evidence of cancer staging* in the MDT recommendations
<b>Denominator</b>	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:**

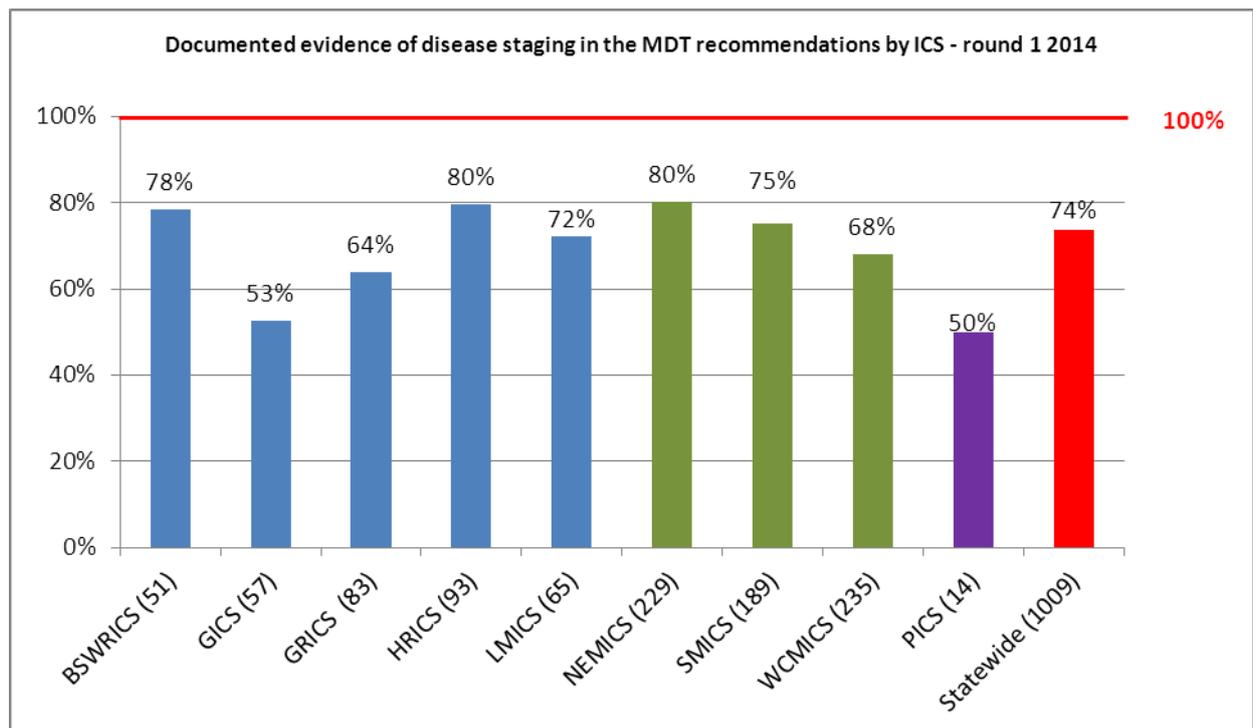
CNS and haematology tumour streams

**Results:**

Figure 2a shows the documented evidence of disease staging in the multidisciplinary team recommendations for round 1 2014 by ICS.

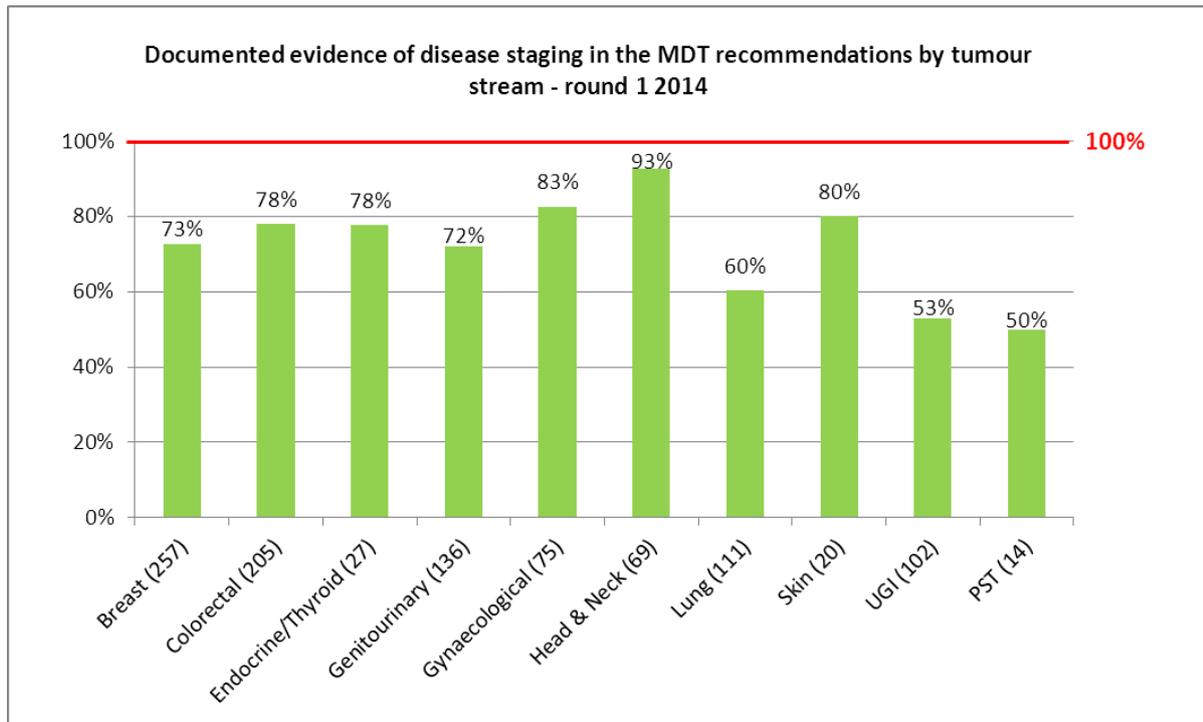
Figure 2b shows the results by tumour stream. It should be noted that these results only include patients who have documented team meeting recommendations exclusive of CNS and haematology (n=1016). Consideration of results for each ICS should be within the context of their respective sample numbers.

**Figure 2a:**



Note: Excludes haematology and CNS data.

**Figure 2b:**



*Note: Excludes haematology and CNS data. PST – paediatric solid tumours.*

### 3. Documented evidence of communication of initial treatment plan to GP

**Target:** 100 per cent

**Performance:** 67 per cent (state-wide)

**Definition:**

<b>Numerator</b>	Total number of new cancer patients with evidence of communication of the treatment plan to the General Practitioner (or paediatrician)
<b>Denominator</b>	Total number of new cancer patients audited per tumour stream

**Results:**

Figure 3a shows the documented evidence of communication of the initial treatment plan to the GP for round 1 2014 by ICS.

Figure 3c shows the documented evidence of communication of the initial treatment plan to the GP for round 1 2014 by tumour stream.

**Figure 3a**

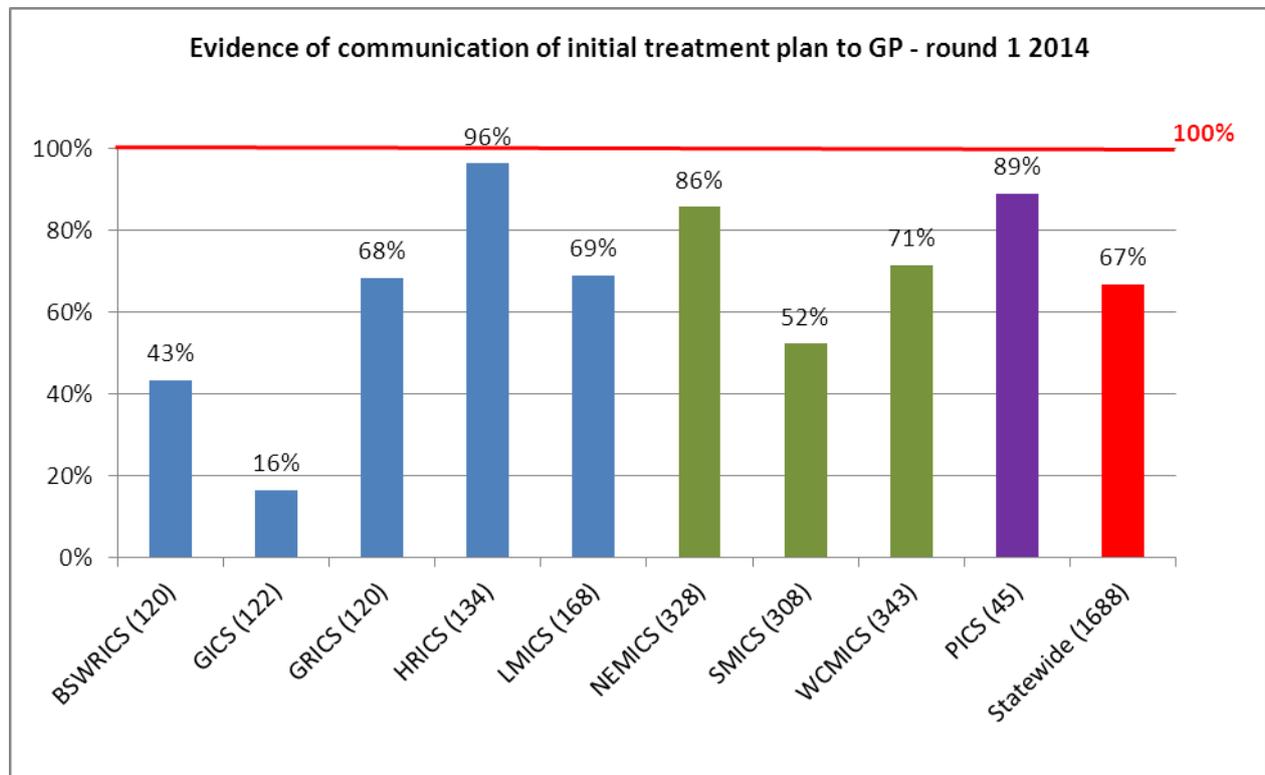
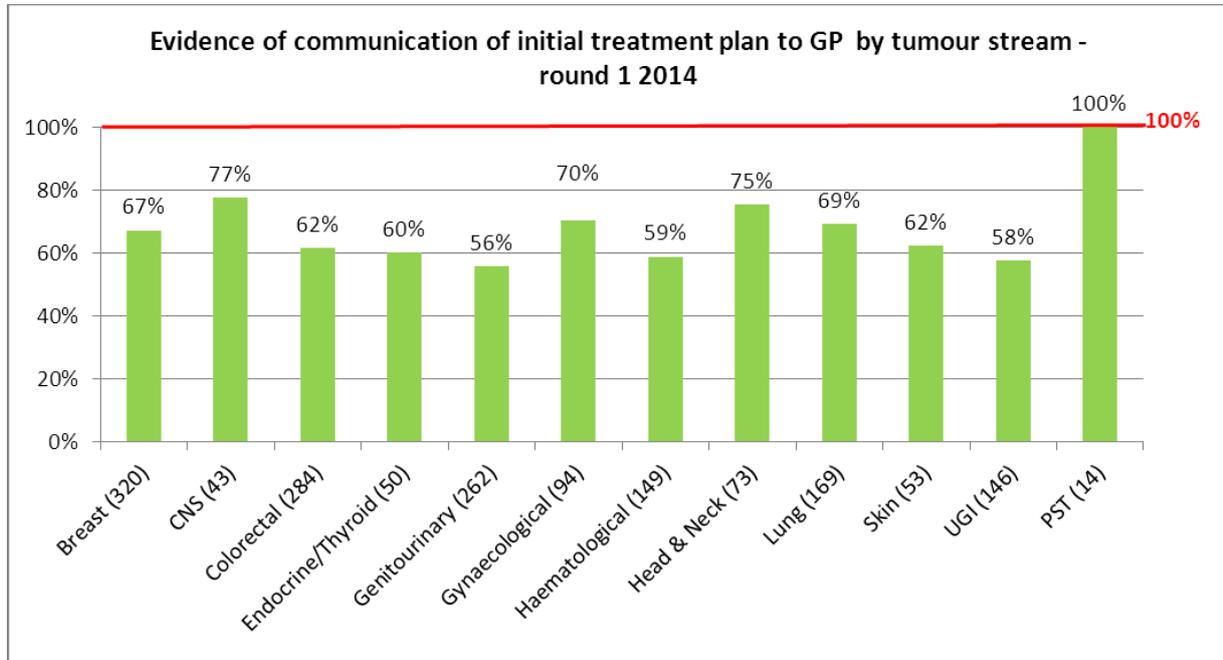


Figure 3b



Note: PST – paediatric solid tumours. Paediatric CNS and haematological cancers are included with the tumour streams.

#### 4. Documented evidence of supportive care screening

**Target:** 50 per cent

**Performance:** 35 per cent (state-wide)

**Definition:**

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

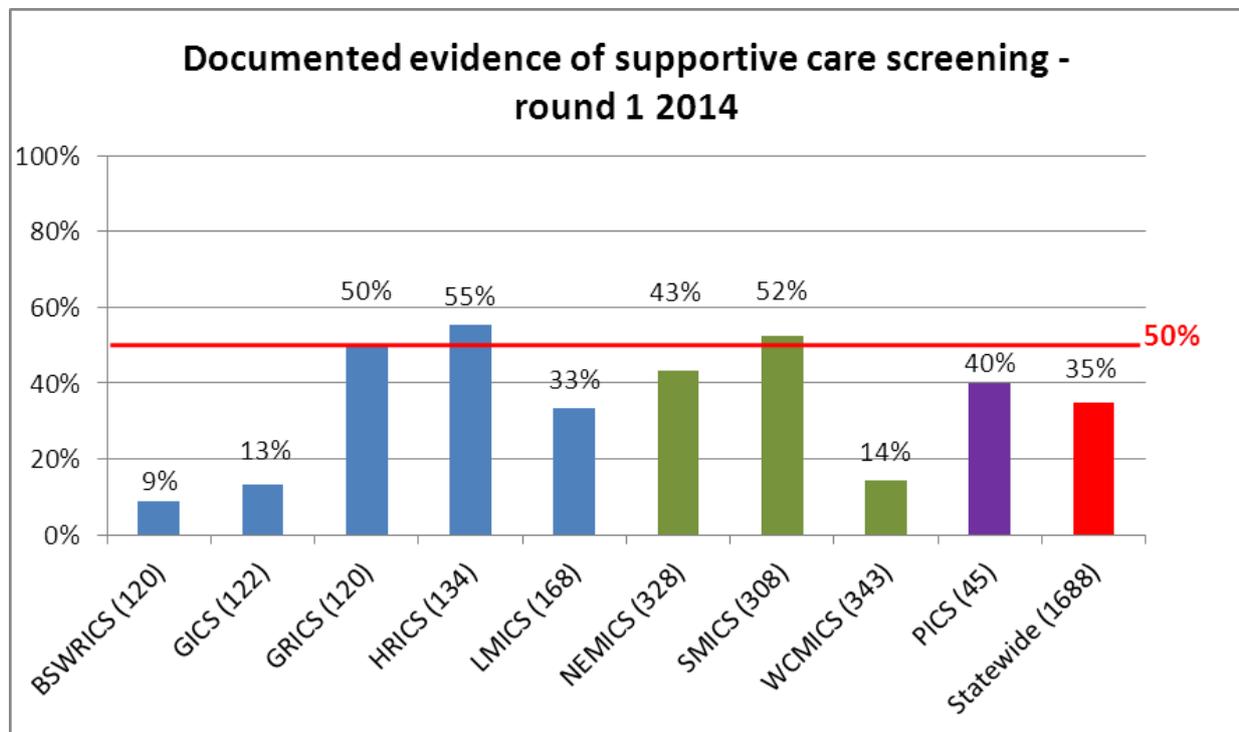
**Results:**

Figure 4a shows the evidence of supportive care screening by ICS for round 1 2014.

Figure 4b shows the results by tumour stream.

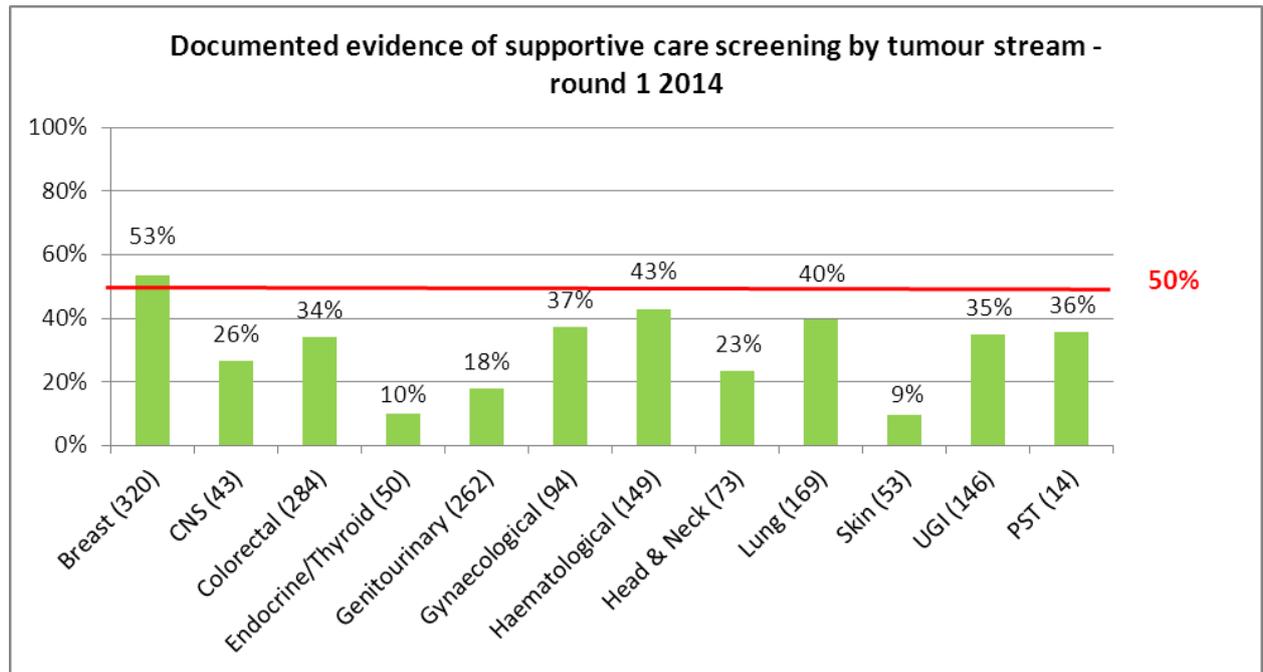
Figure 4c shows progress in this area by ICS since 2010. Although this target has not yet been achieved, some ICS have demonstrated steady progress from 2010-13. There is a slowing of progress in round 1 2014 and in some ICS a decline in performance over two or more time periods. This data suggests some ICS will need to reassess current implementation strategies.

**Figure 4a:**



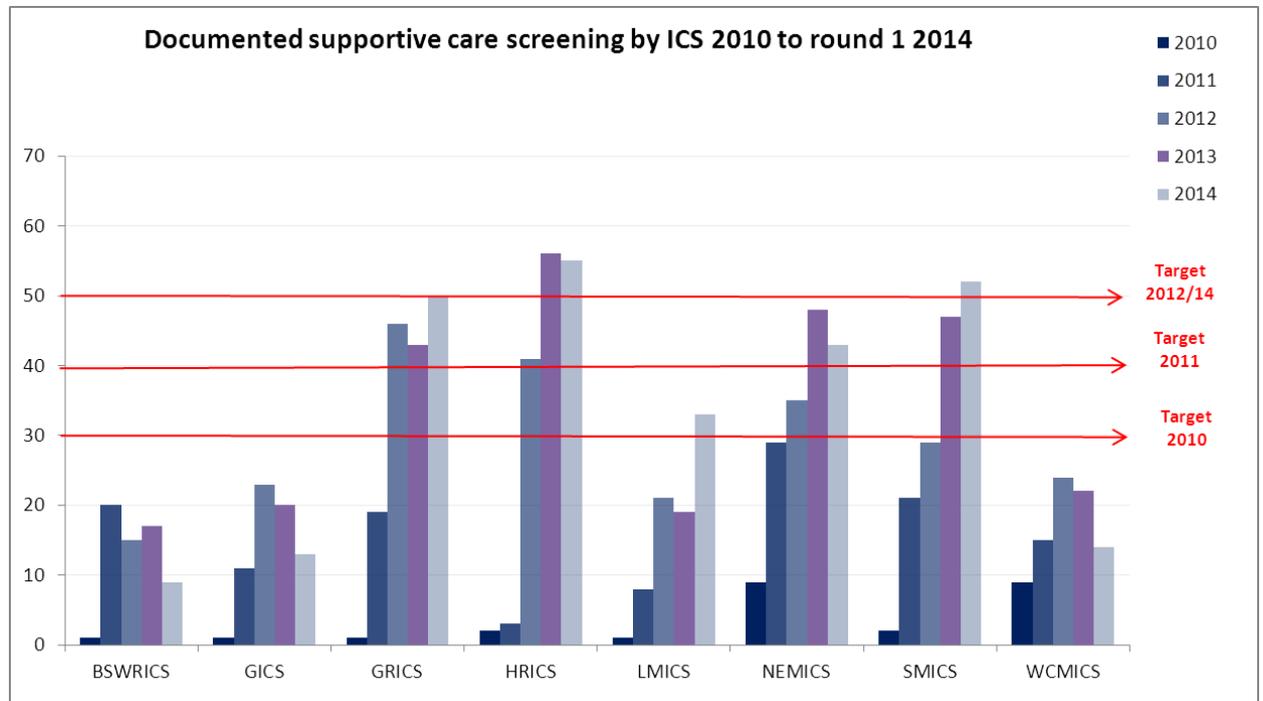
*Note: The state-wide result includes PICS data for the first time reflecting the availability and implementation of a paediatric validated screening tool in the Australian setting.*

Figure 4b:



Note: PST – paediatric solid tumours. Paediatric CNS and haematological cancers are included with the tumour streams.

Figure 4c



Note: PICS data excluded as a paediatric validated screening tool for the Australian setting has only recently been available.

# 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 Method 2014*.

**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: 2014 Audit Requirements** - record numbers by round and due dates

Audit	ICS	Minimum Records	Tumour Streams	Date Due
Round 1	Metro	320	All*	19 Dec 2014
	Regional	120	All*	
	Paediatrics	45	Paediatrics	
Round 2	Metro	320	All*	12 June 2015
	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.