

Cancer Standards and Accreditation Model Development Project

Cancer Institute NSW literature review for standards development and accreditation

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Prepared by Communio
for
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Introduction This paper aims to build on and summarise other literature reviews already undertaken in the areas of cancer services, standards development and accreditation models. Published and non-published material has been reviewed.

This is a selective literature review and its purpose is three-fold. To review:

1. standards for cancer services currently available at the state, national and international level and generic standards development
2. generic accreditation models and those with specific relevance to cancer services, nationally and internationally
3. other generic literature related to the delivery of cancer services.

The paper will identify possible principles, frameworks, criteria and models for the development of standards and an accreditation model for NSW Cancer Services.

The paper is broken in the following sections:

- 1. Generic principles for standards development**
 - 2. Principles for the development of cancer specific standards**
 - 3. State based cancer plans and frameworks**
 - a. NSW Cancer Plan
 - b. Victorian Cancer Services Framework
 - 4. International Standards**
 - a. Commission on Cancer, USA
 - b. National Health Service, England and Wales
 - c. Clinical Standards Board for Scotland
 - 5. Use of evidenced-based guidelines and documents**
 - 6. Professional Standards and credentialing**
 - 7. Links with other standards**
 - 8. Models of Accreditation**
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Principles for Standards Development

Generic Principles for Standards Development

The International Society for Quality in Health Care (ISQua) has developed *International Principles for Healthcare Standards* (2004, second edition). ISQua determines that processes for the external evaluation of healthcare services should be based on a well-established and tested set of standards. The following important questions must be addressed:¹

1. What basic processes need to be completed to achieve appropriate standards?
2. What must be the focus content and scope of the standards?
3. How can standards be measured and tested over time?

According to the ISQua Council, standards that measure quality of health services should be based on the nine dimensions of quality as per the *Australian National Health Performance Framework*.² ISQua's five international principles for healthcare standards (2004 – second edition) include:³

1. Standards contribute to quality and performance improvement in the health organisation and the wider health system.
2. The scope of standards is patient/client focused and encompasses the management and support infrastructure of that organisation or service.
3. The content of the standards is comprehensive and reflects the following dimensions of quality: accessibility, appropriateness, capacity, continuity, effectiveness, efficiency, responsiveness, safety and sustainability.
4. Standards are planned, formulated and evaluated through a defined process.
5. Standards enable consistent measurement.

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¹ The International Society for Quality in Health Care. *International Principles for Health Care Standards*, Second Edition. March 2004. ISQua: Victoria, Australia.

² National Health Performance Framework Report – A report to the Australian Health Ministers Conference: National Health Performance Committee. August 2001.

³ The International Society for Quality in Health Care. *International Principles for Health Care Standards*, Second Edition. March 2004. ISQua: Victoria, Australia.

Principles for Standards Development, Continued

Principles for the Development of Cancer Specific Standards

The Australian Cancer Network (ACN) was commissioned by the National Breast Cancer Centre in 2004 to undertake a scoping study of current international and Australian cancer services accreditation systems and processes. The ACN identified the following principles that could inform the development of accreditation and standards for cancer services in Australia.⁴ Under these principles standards should:

- be clinician led
- include support services
- centre on patients and be designed to answer patient needs
- have the ability to demonstrate benefits for patients
- include a framework to prioritise safety
- use a whole-team approach
- be service based, rather than specific to a single cancer type or tumour stream
- involve all sectors that provide cancer care, including public and private services, using a distributed service model.

Further, elements that ensure a cancer service meets patient needs include:

- timely access eg to treatment and information
- multidisciplinary care
- coordinated care across hospital and community services
- psychosocial support
- safety
- compassionate and effective communication
- information
- education
- clinical trials access and through trials to new treatments.

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⁴ The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. A core strategy for cancer care: accreditation of cancer services – a discussion paper. 2005. National Breast Cancer Centre, Camperdown, NSW.

Principles for Standards Development, Continued

Principles for the Development of Cancer Specific Standards

In 1995, the *Calman-Hine report*⁵ was developed to outline the direction in which cancer services in England and Wales should progress. This report also developed a set of principles to govern the provision of cancer care. The principles are:

- There should be access to high quality, safe and effective treatment for all patients close to their home.
 - Cancer services should provide public and professional education to help early recognition of systems, and screening programs.
 - Patients and families should receive clear information about treatment options and outcomes.
 - Cancer service should be patient centred.
 - The primary care team is central to the patient care and involves good communication at all stages.
 - Psychosocial aspects should be considered at all stages of cancer treatment.
 - Cancer registration and monitoring of outcomes are essential at all stages.
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⁵ Department of Health, Welsh Office. A Policy Framework for Commissioning Cancer Services, A report by the expert advisory group on cancer to the chief medical officers of England and Wales (Calman-Hine Report). April 1995.

State based cancer plans and frameworks

NSW Cancer plan

The principles for the development of cancer standards should also consider the NSW Cancer Plans.

*A Cancer Care Model for NSW*⁶ was developed in 1999. The document outlined an organisational model for optimal delivery of cancer services in NSW. Subsequently the *Clinical Service Framework for Optimising Cancer Care in NSW 2003*,⁷ was developed. This framework set clear standards for cancer service delivery.

The standards in the framework included:

1. Implementation, monitoring and review of standards for cancer care in NSW
2. An area wide approach to optimising cancer care
3. Patient centred care
4. Access to appropriate clinical services
5. Multidisciplinary care
6. Communication between primary, secondary and tertiary services
7. Education training and continuing professional development

*The NSW Cancer Plan 2004–2006*⁸ was Australia's first comprehensive plan to improve the survival rates and quality of life for cancer patients. The Cancer Plan outlined 33 goals divided into 10 major strategic areas, with number ten being "quality, evaluation and accreditation". Goal 32 states: Review cancer control programs throughout NSW and accredit them. *The NSW Cancer Plan 2004-2006, Lessening the Impact of Cancer, a two year progress report*⁹ identifies steps that have been taken towards achieving this goal, namely the establishment of the Quality and Clinical Effectiveness Committee and the undertaking of key quality programs.

The second cancer plan *The NSW Cancer Plan 2007-2010*, focuses on five high priorities most likely to improve cancer results. They are:

- preventing cancer
- detecting cancer early
- improving cancer services and professional education,
- accelerating improvement through research and relevant data and information.

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⁶ NSW Health Department, Cancer Care Model Working Party. *A Cancer Care Model for NSW*. NSW Health, Sydney, February 1999.

⁷ NSW Department of Health. *A Clinical Service Framework for Optimising Cancer Care in NSW*. 2003. NSW Health, North Sydney, NSW.

⁸ Cancer Institute NSW. 2004. *The NSW Cancer Plan 2004-2006*. Sydney.

⁹ Cancer Institute NSW and NSW Health. *NSW Cancer Plan 2004-2006, Lessening the Impact of Cancer, A two year progress report*. 2007.

State based cancer plans and frameworks, Continued

Victorian Cancer Services Framework

*The Victorian Cancer Service Framework*¹⁰ identified the need to develop evidenced-based specific standards of care for the ten most frequently occurring cancers. It was determined that standards should cover:¹¹

- access, diagnosis, treatment, continuing care, and outcome measurement
- the provision of coordinated multidisciplinary care
- issues in linkages among services
- requirements for accreditation of services.

*The Victorian Patient Management Frameworks*¹² for the ten tumour streams were subsequently developed. The frameworks set out seven critical steps of the patient journey that provide a consistent structure across the ten tumour streams. It is evident in practice that patient care varies according to the particular cancer, diagnosis, prognosis, management decisions and patient decisions. The seven steps of the patient journey are underpinned by five key principles that support all steps. These principles include:

- patient centred care
- safe and high quality care
- multidisciplinary care
- supportive care
- care coordination.

The specific patient management frameworks include:

- Breast tumour stream: breast cancer.
- Colorectal tumour stream: colon and rectal cancer.
- Lung tumour stream: non-small cell lung cancer.
- Skin tumour stream: melanoma.
- Head and neck tumour stream: larynx, pharynx and oral cancer.
- Central Nervous system tumour stream: malignant glioma.
- Central Nervous system tumour stream: cerebral metastases.
- Haematological tumour stream: acute myeloid leukaemia.
- Haematological tumour stream: immediate grade non-Hodgkin lymphoma.
- Gynaecological tumour stream: ovarian cancer.
- Genitourinary tumour stream: prostate cancer.
- Genitourinary tumour stream: testicular cancer.
- Upper Gastrointestinal Tumour Stream: pancreatic cancer.
- Upper Gastrointestinal Tumour Stream: oesophagogastric cancer.

¹⁰ Barton M. Frommer M. Olver I. Cox C. Crowe P. Wall B. Jenkin R. and Gabriel G. A Cancer Services Framework for Victoria and future directions for the Peter MacCallum Cancer Institute, A report from a consortium led by The Collaboration for Cancer Outcomes Research and Evaluation; July 2003.

¹¹ Barton M. Frommer M. Olver I. Cox C. Crowe P. Wall B. Jenkin R. and Gabriel G. Cancer Service Framework highlights report. A report from a consortium led by The Collaboration for Cancer Outcomes Research and Evaluation; 2003.

National and International Standards

National Standards Framework

The discussion paper A core strategy for cancer care: accreditation of cancer services,¹³ suggested a possible National Cancer Service Standards Framework covering:

- Safety, quality and outcomes (safe and effective care, quality improvement, patient outcomes).
- Patient focus.
- Accessibility.
- Facility requirements (ie accreditation by another body ie ACHS; governance of a cancer service as well).
- Elements in the patient pathway (population screening services, familial clinics, diagnostic services – radiotherapy and pathology, clinical management, supportive care, palliative care, rehabilitation, community outreach, follow-up, coordination and communication between elements in the patient pathway).
- Multidisciplinary care.
- Professional and staff development (includes credentialing).
- Data management and cancer database operations.
- Research.

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12 Victorian Department of Human Services. Upper Gastrointestinal Tumour Stream: oesophagogastric cancer. 2006. Metropolitan Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne, Victoria.

13 The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. A core strategy for cancer care: accreditation of cancer services – a discussion paper. 2005. National Breast Cancer Centre, Camperdown, NSW.

National and International Standards, Continued

Cancer specific standards have been developed by the Commission on Cancer in the USA, the National Health Service (NHS) in England and Wales and the National Health Service Quality Improvement Scotland (NHS QIS).

The Commission on Cancer was established by the American College of Surgeons. They are dedicated to improving survival and quality of life for cancer patients through standards setting, prevention, research, education and the monitoring of comprehensive quality care.¹⁴

The standards focus on aspects of process and outcomes and include:

- Facility accreditation
- Cancer program leadership (responsibility and accountability)
- Cancer data management and cancer registry operations
- Clinical management (diagnostic services, treatment services, other: cancer staging, oncology nursing, patient guidelines, rehabilitation)
- Clinical trial information
- Community outreach
- Professional education and staff support
- Quality improvement.

The NHS released their second version of cancer standards in 2004.¹⁵ The first edition was released in 2000. Changes have been made to the standards to reflect recommendations from national publications, including those published by the National Institute for Clinical Excellence (NICE) and feedback from the use of the standards and the evaluation of the first round of peer reviews. The standards cover three topic areas known as measures, these include:

- management and organisation of the network
- multidisciplinary teams for a particular cancer site or related group of cancers
- services, which are not specific to a particular cancer site. they cover specialist palliative care MDTs, cancer imaging, chemotherapy, cancer pathology and radiotherapy.

Some themes, such as service improvement, patient centred care/general supportive and palliative care and data collection are addressed at various places. Standards are grouped into level 1 and level 2 to identify their priority.

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¹⁴ Commission on Cancer. Cancer Program Standards Revised Edition 2004. 2006. American College of Surgeons, Chicago, USA.

¹⁵National Health Service. Manual of Cancer Services Standards 2004; 2004. NHS.

National and International Standards, Continued

The Clinical Standards Board for Scotland has developed a range of standards for specific cancers as well as generic standards. The generic standards are grouped under two broad heading:¹⁶

1. Patient focus covering assessment, patient involvement, patient information, patient staff communication, patient feedback, access to services and discharge arrangements
2. Safe and effective clinical care covering clinical guidelines, clinical audit, risk management, risk environment and staff.

The specific clinical standards cover the patient journey through different parts of the system. This reinforces the patient focus and highlights the links between primary, community and hospital services and between the work of all the healthcare professionals involved in the provision of each service.

¹⁶ Clinical Standards Board for Scotland. Clinical Standards, Breast Cancer. January 2001, Edinburgh, Scotland.

Evidence-based resources

Use of evidence-based guidelines and documents

The development of cancer standards will be underpinned by evidence-based guidelines and other published documents. Organisations that have developed such documents include the National Health and Medical Research Council (NHMRC) in conjunction with the Australian Cancer Network (ACN), the Victorian Department of Human Services and The National Breast Cancer Centre (NBCC).

NHMRC clinical practice guidelines provide the basis for tumour specific groups. These include Clinical Practice Guidelines for:

- the Prevention, Detection and Management of Early Colorectal Cancer
- the Management of Cutaneous Melanoma (under review)
- familial aspects of cancer, a guide to clinical practice
- the Prevention, Detection and Management of Lung Cancer
- the Diagnosis and Management of Lymphoma
- non-melanoma skin cancer, guidelines for treatment and management in Australia
- the Management of women with epithelial ovarian cancer
- evidence-based information and recommendations for the management of localised prostate cancer
- the psychosocial care of adults with cancer
- the Management and Support of Younger Women with Breast Cancer
- the Management of Advanced Breast Cancer.

The National Breast Cancer Centre provides a range of evidence-based guidelines and resources. These have been written for both general and clinical audiences covering a range of breast and ovarian cancer topics. Resources also cover areas such as psychosocial care and multidisciplinary care.

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Evidence-based resources, Continued

Professional standards and credentialling

In 2004 the Australian Council for Safety and Quality in Health Care published the *National Standard for Credentialling and Defining the Scope of Clinical Practice*.¹⁷

This national standard provides an overall credentialling framework that applies to all medical practitioners working in public and private hospitals, including practitioners involved in the management of patients with cancer.

Subsequently two reports have been produced that relate specifically to cancer services. The reports were produced for the Australian Cancer Network by the Sydney Health Projects Group of the University of Sydney lead by Professor Michael Frommer. The first of these reports, *The Credentialling of Cancer Clinicians in Australia*¹⁸ describes important aspects of credentialling and defining the scope of practice with a specific interpretation for Cancer Service Clinicians. The second report, *Credentialling of Cancer Clinicians – A Guide for Australian Health Care Organisations*¹⁹ sets out sixteen practical steps to be followed when developing and implementing a local cancer credentialling system.

Standards should reflect the credentialling documents outlining the responsibility of clinicians for ensuring that cancer patients receive high quality, integrated multi-disciplinary care within an organised system of care that meets patient's needs.

The Australian Standards for Specialist Cancer Nursing Education Programs were developed in 1999. The standards for Specialist Cancer Nursing Education have been designed to articulate with the Outcome Standards for Cancer Nursing Practice by providing a framework for evaluating the structure, process and content of cancer nursing education programs. The Standards have been developed as guidelines for evaluating the quality of programs relevant to specialist cancer nursing practice.

Credentialling standards should also consider professional Colleges provide Continuing Medical Education (CME) or Continuing Professional Development (CPD) to advance the knowledge and skills of their fellows.²⁰

¹⁷ Australian Council for Safety and Quality in Health Care. Standards Setting and Accreditation Systems in Health: Consultation Paper. 2003. Commonwealth of Australia, Canberra.

¹⁸ Frommer M. Heinke M. Barton M. for The Cancer Council Australia/The Australian Cancer Network. The credentialling of cancer clinicians in Australia. 2005. The Cancer Council Australia/The Australian Cancer Network. Sydney, Australia.

¹⁹ Frommer M. Heinke M. Barton M. for The Cancer Council Australia/The Australian Cancer Network. The credentialling of cancer clinicians in Australia. 2005. The Cancer Council Australia/The Australian Cancer Network. Sydney, Australia.

²⁰ The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. A core strategy for cancer care: accreditation of cancer services – a discussion paper. 2005. National Breast Cancer Centre, Camperdown, NSW.

Links with other standards

Links with other standards

Standards for radiation oncology are currently being developed. There are sixteen draft standards for Radiation Treatment Services. The standards are currently undergoing a broad review process. The standards cover:

- staffing
- workforce
- administration and record keeping practices
- data collection and audit processes
- facility infrastructure
- facility process management
- equipment
- radiation treatment prescription
- patient immobilisation and set up
- planning procedures
- dosimetry
- radiation treatment delivery
- quality improvement and quality processes
- radiation safety
- requirements of Australian standards, codes of practice and regulatory and control including patient safety frameworks
- participation in clinical trials.

The *BreastScreen Australia Standards*²¹ were developed in response to the implementation of the BreastScreen program. A comprehensive quality improvement program was implemented to improve screening outcomes for women, minimising the potential adverse effects of mammographic screening and maximising benefits.

The standards were developed to assist in achieving four overall outcomes critical to a high quality program:

- to maximise the proportion of women aged 50–69 years who are screened every two years, and to ensure equitable access for women in this age group
 - to maximise the number of small cancers and cancers detected, while minimising the number of unnecessary recalls and investigations
 - to ensure that services are acceptable and appropriate to the needs of the eligible population
- to ensure that services are managed effectively and efficiently.

²¹ National Quality Management Committee of BreastScreen Australia. BreastScreen Australia National Accreditation Standards, Quality Improvement Program. July 2001 revised November 2004. BreastScreen Australia.

Models of Accreditation

Models of Accreditation

The only cancer specific accreditation model in Australia is the BreastScreen model. The accreditation process includes:²²

- provision of data on all of the National Accreditation Standards by the Service (in annual data reports and through a data audit);
 - self-assessment by the Service
 - a site visit and subsequent report
 - any response from the Service to issues raised
 - recommendation to the National Quality Management Committee (NQMC) by the State Accreditation Committee (SAC)
 - consideration and subsequent accreditation decision by the NQMC.
- Standards for radiation oncology are currently being developed and it is assumed that an accreditation model will follow.

There are numerous accrediting bodies in Australia, who are responsible for accrediting a variety of healthcare facilities and services, namely the Australian Council on Healthcare Standards (ACHS), SAI Global, AGPAL, the Aged Standards Accreditation Agency and NATA.

The Australian Council for Safety and Quality in Health Care has identified a number of principles for health care accreditation.²³ These principles should be considered in the development of any accreditation system that supports the implementation of the cancer standards. The principles include:²⁴

- Stakeholder confidence in the rigour of accreditation systems and the reliability of responses to significant non-compliance is enhanced.
- Accreditation of health care services is supported. Varying regulatory and funding options for achieving greater national consistency are utilised to encourage accreditation of health care services.
- Effective consumer engagement occurs throughout the accreditation system.
- The administration of accreditation is efficient.
- Standards against which compliance is assessed are capable of adaptation to varying health environments – but are firm and credible.
- Surveying against standards is credible, robust and consistent.
- Accreditation processes encompass both assessment of compliance with minimum standards and encouragement of continuous improvement.

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²² Commonwealth of Australia. BreastScreen Australia National Accreditation Handbook endorsed by National Quality Management Committee of BreastScreen Australia. November 2004. BreastScreen Australia.

²³ Australian Council for Safety and Quality in Health Care. Standards Setting and Accreditation Systems in Health: Consultation Paper. 2003. Commonwealth of Australia, Canberra.

²⁴ Australian Council for Safety and Quality in Health Care. Standards Setting and Accreditation Systems in Health: Consultation Paper. 2003. Commonwealth of Australia, Canberra.

Models of Accreditation, Continued

- Standards setting and accreditation processes are externally validated.
- Assessment options are flexible.
- Responsibility for taking action on accreditation outcomes is clearly defined.
- Accreditation processes and outcomes are transparent.
- Information learned from accreditation is used for system-wide improvement.
- The direct and indirect relationship between accreditation and safety and quality in health care is evaluated through research.

These principles also highlight the need to avoid duplication of effort in any cancer services accreditation process.

The report, *A core strategy for cancer care: Accreditation of cancer services – a discussion paper*,²⁵ identifies key issues to be considered in the development of an Australian model for cancer services.

- The appropriateness of the model to the context in which it will function
- The structure of the accreditation agency/ies
- Appropriate assessment process
- Support for continuous quality improvement
- Compliance by cancer services to accreditation processes
- The accreditation/validation of the nominated accreditation agencies
- Data issues
- Appropriate representation in the accreditation processes
- Transparency.

²⁵ The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. *A core strategy for cancer care: accreditation of cancer services – a discussion paper*. 2005. National Breast Cancer Centre, Camperdown, NSW.

Conclusion

Conclusion The key information that has been gleaned from the literature review in relation to cancer standards suggests that standards should cover the following areas:

- Access
- Patient focus
- Safe and effective care
- Care planning and delivery
- Multidisciplinary care
- Patient outcomes
- Quality improvement
- Governance including leadership and accountability
- Facility accreditation
- Credentialing and professional development
- Data management and cancer registry/database operations
- Research and clinical trials
- Support services.

Standards for cancer services can be both generic in nature or tumour specific. Tumour specific standards provide additional detail particularly related to the patient journey.

There are three components that should be included in an accreditation model for cancer services:

- Cancer specific standards
- A self assessment against the standards
- An external verification of the self assessment.

However there has been no specific guidance in any of the documents from the literature about who the accrediting body should be or how often this process should take place.