
Cancer Standards and Accreditation Model Development Project

**Proposed standards framework
Gap analysis**

Version: 1.0

cancerinstitute
NSW



Prepared by Communio
for
Cancer Institute NSW

23 May 2007



Proposed cancer standards and criteria

Purpose

The purpose of this document is to conduct a gap analysis to determine a possible standards framework and hierarchy.

The gap analysis incorporated the following steps:

1. Identification of standards applied in NSW Health.
2. Review of the standards.
3. Identify gaps between current NSW practice and other practices as identified in the literature review and stakeholder consultations.
4. Develop a standards framework for NSW Cancer Services.

Current NSW practice

Most NSW Cancer Services participate in an accreditation program under the umbrella of their parent organisation. In NSW the vast majority (if not all) of cancer services sit within organisations that are accredited by The Australian Council on Healthcare Standards through the EQUiP program. The ACHS EQUiP 4 standards and criteria cover all generic areas of health services provision and management. All cancer services are working toward these standards.

The ACHS standards are listed in three groups; clinical, support and corporate. There are 13 standards and 45 criteria sit underneath these standards.

It needs to be remembered also that there are other cancer specific standards either currently in use or under development. These include the Palliative Care Standards, the BreastScreen Australia Standards and the draft Radiation Oncology Standards.

Continued on next page

Proposed cancer standards and criteria, Continued

The current standards framework

Clinical function	Support function	Corporate function
<p>1.1 Continuity of Care 1.1.1 assessment system 1.1.2 care planning and delivery 1.1.3 consent process 1.1.4 care evaluation 1.1.5 discharge / transfer 1.1.6 ongoing care 1.1.7 care of dying and deceased 1.1.8 health record</p> <p>1.2 Access 1.2.1 services information and access 1.2.2 access prioritisation according to clinical need</p> <p>1.3 Appropriateness 1.3.1 appropriate care</p> <p>1.4 Effectiveness 1.4.1 best available evidence, most effective way</p> <p>1.5 Safety 1.5.1 medication 1.5.2 infection control 1.5.3 pressure ulcers 1.5.4 falls and fall injuries 1.5.5 blood and blood components 1.5.6 correct patient, correct procedure, correct site</p> <p>1.6 Consumer focus 1.6.1 input and participation 1.6.2 rights and responsibilities 1.6.3 culturally & linguistically diverse backgrounds & special needs</p>	<p>2.1 Quality Improvement and Risk Management 2.1.1 continuous quality improvement system 2.1.2 risk management policy and system 2.1.3 incidents, complaints and feedback</p> <p>2.2 Human Resources Management 2.2.1 human resources planning 2.2.2 recruitment, selection and appointment system 2.2.3 continuing employment and development system 2.2.4 learning and development system 2.2.5 employee support systems and workplace relations</p> <p>2.3 Information Management 2.3.1 records management system 2.3.2 information and data management and collection systems 2.3.3 Data and information are used effectively 2.3.4 information and communication technology</p> <p>2.4 Population Health 2.4.1 health promotion, health protection and surveillance</p> <p>2.5 Research 2.5.1 research governance</p>	<p>1.1 Leadership and Management 3.1.1 strategic and operational planning and development 3.1.2 governance, structures, delegation practices 3.1.3 credentialling and defining the scope of clinical practice 3.1.4 external service providers 3.1.5 corporate and clinical policies</p> <p>1.2 Safe Practice and Environment 3.2.1 safety management systems 3.2.2 buildings, signage, plant, equipment, supplies, utilities and consumables 3.2.3 waste and environmental management 3.2.4 emergency and disaster management 3.2.5 security management</p>

Gap analysis

Gap analysis method

Following identification of current standards used in NSW cancer services, a gap analysis was conducted. The aim of the gap analysis was to determine areas specific to cancer services that were not covered in existing practice. The gap analysis was based on the literature review (including of international standards), stakeholder interviews and initial stakeholder workshops.

The following information identifies particular areas that should be covered within the standards framework for NSW cancer services. Further explanation as to what each area incorporates is also specified. Based on current NSW practice a recommendation for suggested inclusion in the standards framework has been given.

Facility accreditation

Confirmation that the facility is accredited by a recognised authority is suggested as a key standard for all cancer services.

Suggested inclusion: Element under governance (EQuIP 3.1.1).

Access

This topic covers:

- Coordination between services – knowing major referral services and setting up linkages
- Availability of services – in accordance with evidence based guidelines
- Waiting times / lists – guidelines for response times
- After hours care and support for patients
- Barriers to access eg transport, rural locations
- Equal access
- There are specific waiting time limits outlines in the Clinical Services Framework

Suggested inclusion: Topics above may fit under current access (EQuIP 2.1.1 and 2.1.2) criteria, possibly with some elements but also guidelines specific to cancer services.

Continued on next page

Gap analysis, Continued

Patient focus / patient centred care

This topic covers:

- Information, education and support provided to clients (EQuIP 1.1.2, 1.1.6)
- psychosocial care
- support self management (EQuIP 1.1.6)
- physical comfort (EQuIP 1.1.2)
- consumer and carer participation (EQuIP 1.1.2 and 1.6.1)
- CALD – cancer helpline available in specific languages (EQuIP 1.6.3)
- Decision making (EQuIP 1.1.2)
- Patient feedback (EQuIP 1.1.4)
- Transport included here in NSW clinical Services Framework.

Suggested inclusion: Psychosocial care may be included under the continuity of care standard (EQuIP 1.1) as a stand alone criterion (along side EQuIP 1.1.2). All other topics are covered in the generic standards to a sufficient extent (see linkages beside topics above). Patients are central to all criteria in the clinical function.

Safe and effective care

This topic covers both safety and effectiveness:

- specifics about particular tumour streams
- evidence-based guidelines
- risk management
- incident management

Suggested inclusion: Tumour specific groups may be included under the effectiveness standard (EQuIP 1.4) as a new criterion. The criterion should be generic to all tumour streams and specific guidelines for individual tumour streams included. Risk management is covered under EQUIP criterion 2.2.1 and incident management is covered under EQuIP criterion 2.1.3.

Continued on next page

Gap analysis, Continued

Effectiveness and specific tumour groups

There are some sets of standards that have been designed specifically for particular tumour groups. Within these sets of standards there is however considerable duplication. The specifics appear to relate to care planning and delivery. The Victorian patient management frameworks (although not standards as such) only outline specific requirements for the seven steps of the patient journey.

These are outlined below:

Step 1: at the community level, recognition of potential cancer signs or symptoms from a screening test or investigation (screening, those at higher risk, signs and symptoms that lead to GP consultation, timeframe for GP consultation)

Step 2: Initial diagnosis and referral (GP, referral, diagnosis and staging)

Step 3: Determination of treatment (MDT, MD planning, next steps)

Step 4: Treatment (Surgery – patients who may benefit, training and experience of surgeon, hospital unit treatment characteristics, radiotherapy, drug therapy)

Step 5: Follow-up care (plan for follow up, persons involved in follow up care)

Step 6: Determination of plan and treatment of recurrence (investigative tests, MDT, treatments)

Step 7: End of life care (MDT, service required).

The patient management frameworks are similar to clinical practice guidelines.

Effectiveness and specific tumour groups

Other tumour specific standards such as the NHS standards also incorporate a particular amount of duplication. Many areas within the standards are similar across tumour streams. Areas that are specific include:

Establishment and functions of the MDT

Areas that are specific are generally preceded by generic standards, for example generic standards for networks are then followed by functions of networks site specific tumour groups. The NHS standards are generally written as measures for compliance, performance indicators or targets.

Continued on next page

Gap analysis, Continued

Care planning and delivery

This topic covers:

- Diagnostic service (pathology and radiology)
- Palliative care (EQuIP 1.1.7 and linkage to palliative care standards)
- Rehabilitation (EQuIP 1.1.6)
- Community outreach
- Population screening (EQuIP 2.4.1)
- Clinical management – surgical, radiotherapy, chemotherapy, symptom management, psycho-social intervention and support, pain management (EQuIP 1.1.2)
- discharge (EQuIP 1.1.5)
- care coordination – specific responsibilities of each health professional, linkages
- effective communication between primary, secondary and tertiary providers

Suggested inclusions: Most topics are covered under the generic EQuIP criteria as outlined above. Care coordination and effective communication cover more elements than currently specified in the generic standards. It may be possible to combine these two topics and create a new criterion to address this. The responsibility for care coordination mainly sits with the health professionals. It will also be crucial for care planning and delivery to include psycho oncology support.

Multi-disciplinary care

This topic covers:

- Documented procedures
- Multidisciplinary teams
- MDC regardless of remoteness or size of facility
- Appropriate referrals and linkages (where MDT not possible)
- principles of multidisciplinary care including the team, communication, full therapeutic range, quality, involvement of patient
- Quality improvement of the MDT is dependent on regular review of results, change of practice, integration of recent research finding.

Suggested inclusion: Multidisciplinary care may be included under the continuity of care standard (EQuIP 1.1) as a stand alone criterion (along side EQuIP 1.1.2) or as elements within this criterion. Guidelines outlining the core members of each cancer type team should be included.

Continued on next page

Gap analysis, Continued

**Patient
outcomes**

This topic covers:

- Methods to measure patient outcomes – clinical audit, peer review, medical record audit, benchmarking (comparison with national performance), performance indicators
- May include cancer priorities and targets

Suggested inclusion: Patient outcomes are evaluated through the MA level of each criterion. A specific criterion is also dedicated to care evaluation (EQuIP 1.1.4) and incorporates the above topics.

**Quality
improvement**

Suggested inclusion: Topic is covered through evaluation of all criteria and the specific quality improvement criterion (EQuIP 2.1.1). However outcomes are poorly documented at all levels and reporting needs to be more specific than in the current standards.

Governance

This topic covers:

- Leadership and accountability including structures and delegations
- Clinical and corporate governance of cancer services
- Cancer committee
- Cancer strategic and operational plans

Suggested inclusion: Specific elements may need to be included to address cancer specific governance. This may be included as a new criterion under the leadership and management standard (3.1) or incorporated into existing criteria.

Continued on next page

Gap analysis, Continued

Credentiailling

This topic covers:

- credentialing and scope of clinical practice for cancer clinicians
- clinicians incorporate medical practitioners, nurses and allied health professionals
- new interventions
- cancer is complex for a number of reasons – the large number and type of cancers, the range of clinicians with different professional expertise, the range of specialties involved in treatment, complications and side effects of some treatments, rapid advances in technology.
- To ensure patient access to safe and quality care it is important that clinicians have the skills, links with other specialties and MDT, follow evidence base, involved in CPD, patients have other referral options.

Suggested inclusion: Credentiailling may be included as a standalone criterion under the leadership and management standard (EQuIP 3.1) along side the credentialing criterion (EQuIP 3.1.3).

Education, training and continuing professional development

This topic covers:

- Skills and competence
- Enhance core skills
- Covers all health care professionals irrespective of geographical location
- Encouraging participation of non cancer clinician including GPs
- Clinical supervision

Suggested inclusion: Education, training, review of emerging research findings and continuing professional development may be included as a standalone criterion under the human resources standard (2.2).

Continued on next page

Gap analysis, Continued

Data management

This topic covers:

- Cancer database / registry operations
- Implementation of minimum data set
- Accurate and timely collection of outcome data
- Data about staging
- Quality of data
- Data managers (or similar)
- Data reporting

Suggested inclusion: data management may be a standalone criterion within the information management standards (EQuIP 2.3)

Research and clinical trials

This topic covers:

- Awareness of relevant clinical trials and encourage participation (where eligible)
- Consumer access to information about clinical trials and outcomes, side effects
- Collection of data on participation in trials

Suggested inclusion: the governance of research is covered in the research criterion (EQuIP 2.1.5). however specific elements relating to clinical trials, participation and information will need to be added to cover the above topics.

Other considerations

- Screening programs maybe considered under population health (EQuIP 2.1.4). Breast screening services are within the AHS and are becoming more integrated over time. Also included under population health may be how the services works with the community to promote, prevent or detect cancer. Pap Test laboratory services are also contracted to the AHS but do not fit under population health.
-

Proposed framework

Summary

The suggested **new criteria** cover the following topics:

1. Psychosocial care
2. Multidisciplinary care
3. Care coordination and communication
4. Credentialing
5. Outcomes and effectiveness
6. Education, training and continuing professional development
7. Data Management and reports

Suggested **new elements** cover:

1. Access
2. Governance
3. Research and clinical trials

Topics not included at this stage, requiring further review or already sufficient covered in generic standards:

- Quality improvement
 - Population health
 - Assessment
 - Consumer participation, rights and responsibilities
 - Consent
 - Patient outcomes
-