

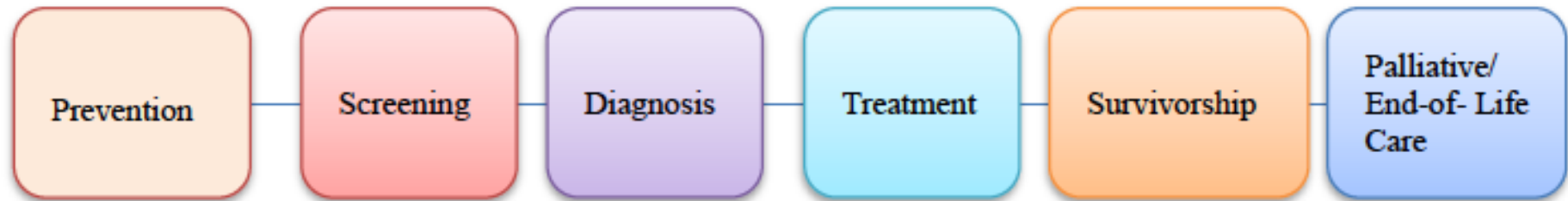
Cancer Control and Comprehensive Cancer Centres

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Princess Margaret Cancer Centre
Toronto, Canada

Cancer Control

.....designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation.....


(WHO 2002)



Adapted from Cancer Care Ontario, 2013b



Cancer Care Ontario

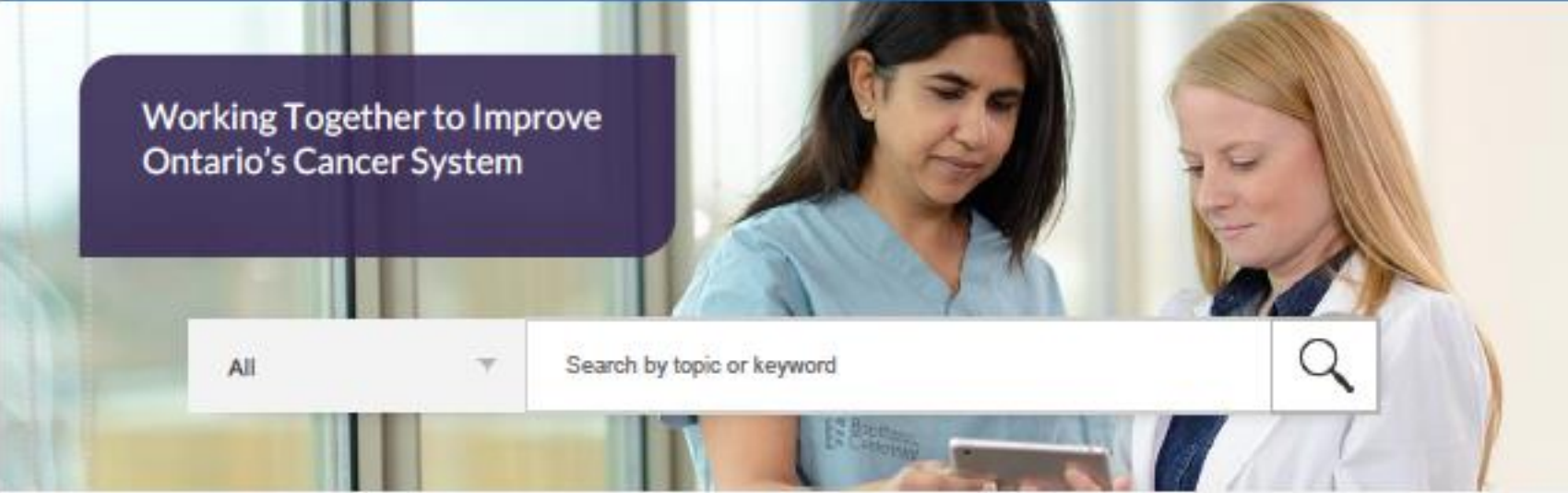
CCO Cancer Care Ontario Ontario Renal Network [Recently Viewed](#) EN | FR

CCO Cancer Care Ontario **HOME** DRUG FORMULARY GUIDELINES & ADVICE PATHWAY MAPS DATA & RESEARCH 

Types of Cancer Cancer Treatments Get Checked for Cancer Find Services First Nations, Inuit & Métis

Working Together to Improve Ontario's Cancer System

All  Search by topic or keyword 



Cancer Care Ontario - purpose

- Collect and analyze data about cancer services
- Monitor and measure the performance of the cancer system
- Oversee a funding and governance model that ties funding to performance
- Engage cancer patients and their families in the design, delivery and evaluation of Ontario's cancer system



Cancer Care Ontario

Ontario Cancer Plan IV

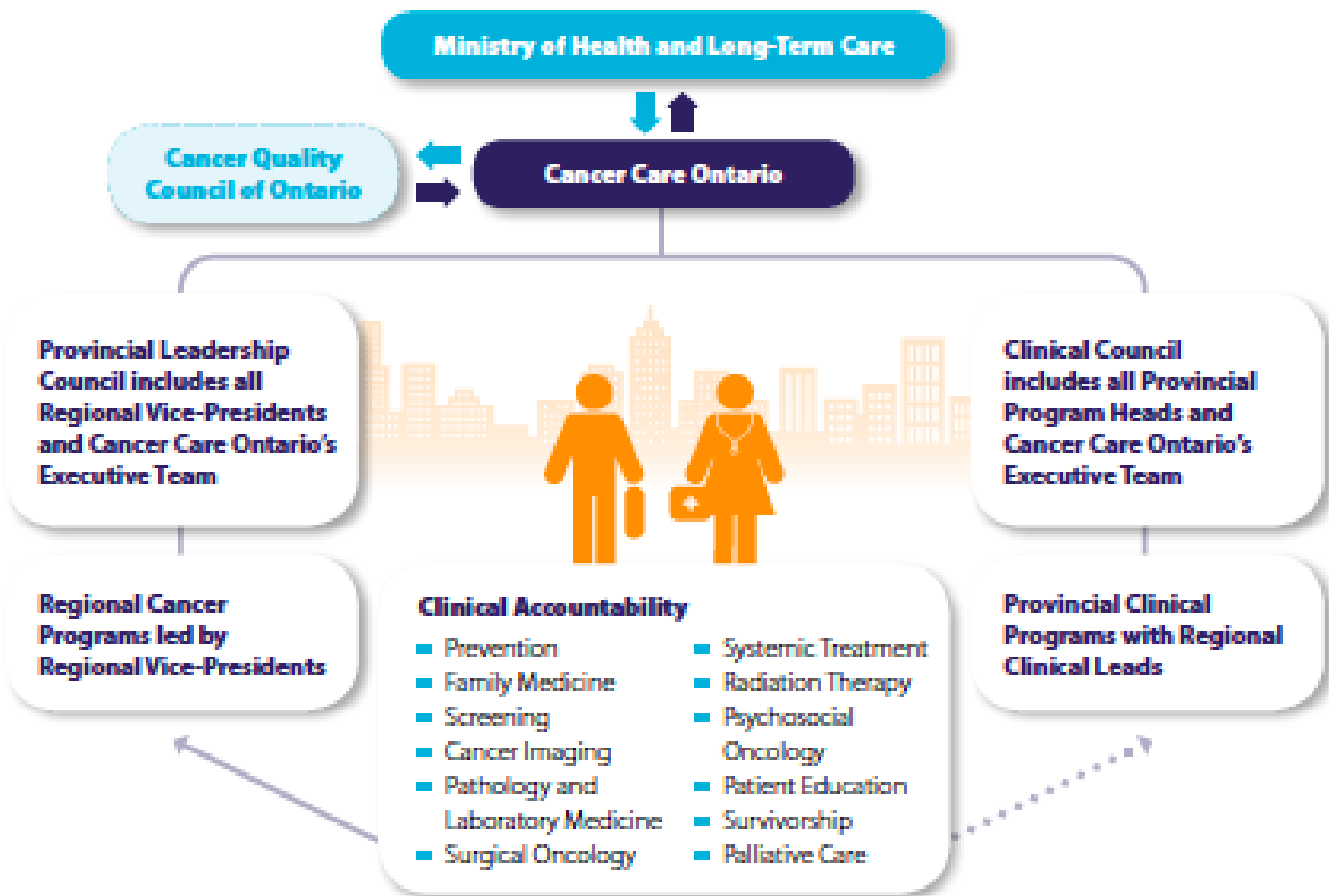
2015-2019

together we will

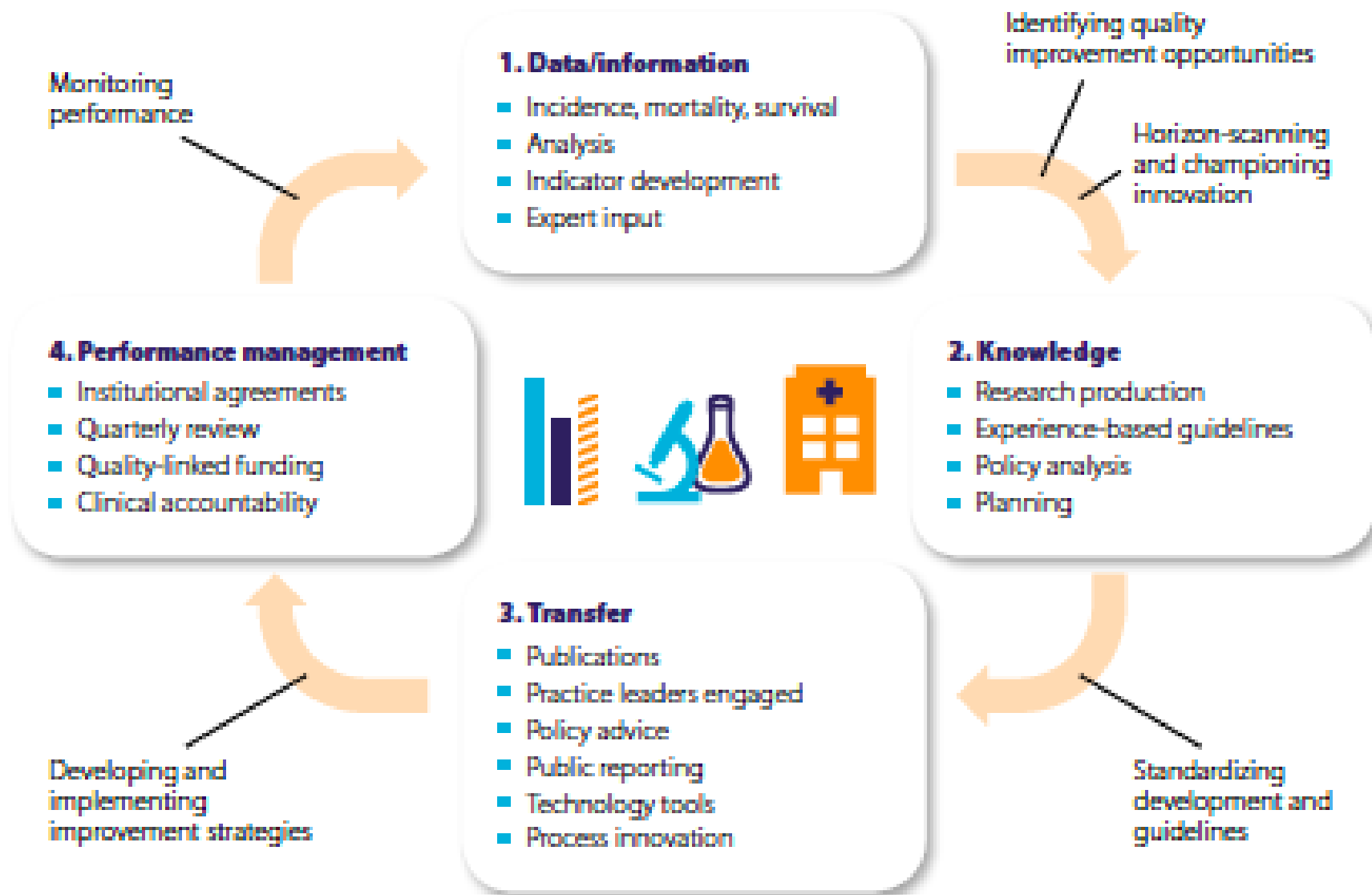


Ontario
Cancer Care Ontario

PROVINCIAL AND REGIONAL LEADERSHIP ACCOUNTABILITY



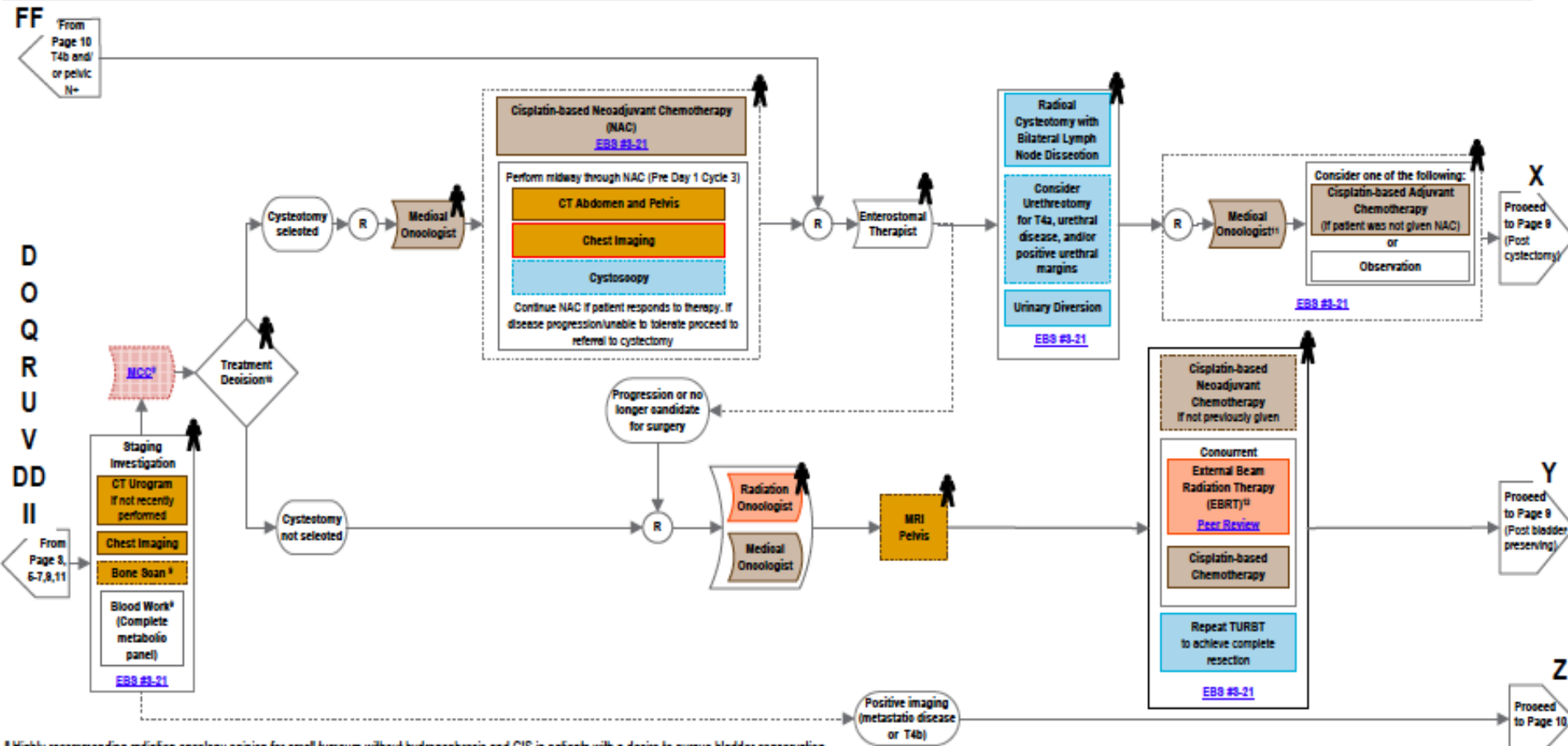
CANCER CARE ONTARIO'S PERFORMANCE IMPROVEMENT CYCLE



The pathway is intended to be used for informational purposes only. The pathway is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathways are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway. The information in the pathway does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



[¶] Highly recommending radiation oncology opinion for small tumours without hydronephrosis and CIS in patients with a desire to pursue bladder conservation

[§] Indicated if symptoms present or alkaline phosphatase and calcium levels are elevated as per guideline EBS #3-21

Ontario Cancer Centres



Developing institutions for cancer care in low-income and middle-income countries: from cancer units to comprehensive cancer centres

Bhawna Sirohi, Kalipso Chalkidou, C S Pramesh, R Venkataramanan, Groesbeck Parham, Mulindi Goura K Rath, Richard Sullivan

Panel 2: New cancer centre models in India

Tata Trusts in partnership with the Government of India, are rolling out a step-down distributed cancer centre model, commencing initially in north-east India. The vision is to create patient-centric cancer centres to deliver standardised and affordable care close to patients' homes. The programme has six key factors:

Infrastructure development

The network will have three levels:

- Level 1: comprehensive cancer centres (around 200 beds) providing services ranging from diagnostics to complex therapies and research
- Level 2: cancer centres (around 100 beds) located near existing government medical colleges offering common diagnostic and treatment services with complex care being delivered at level 1
- Level 3: stand-alone day care cancer units near district hospitals offering diagnostics, chemotherapy, and radiotherapy

Awareness, prevention, and early detection

Health communication, prevention, and screening programmes for early detection

Community and hospital palliative care

Integration of clinical guidelines and training

Through the National Cancer Grid of India

Human resource development

Up-skilling and para-skilling the health-care workforce

Technology to link centres

Implementation of a Digital Nerve Centre to ensure seamless flow of patient information across centres. All the centres will be linked through teleradiology, telepathology, and virtual tumour boards

Comprehensive Cancer Centres

- **develop and translate scientific knowledge** from promising laboratory discoveries into new treatments for cancer patients
- centers not only **disseminate evidence-based findings into communities** that can benefit from these findings, but the centers can also, through the experience of working with patients, help inform national research and treatment priorities.
- centers also **provide public education and outreach programs on cancer prevention and screening**, with special attention to the needs of underserved populations.

DCP 3 Volume 3: Cancer

DISEASE CONTROL PRIORITIES • THIRD EDITION

3

Cancer



EDITORS

Hellen Gelband
Prabhat Jha
Rengaswamy Sankaranarayanan
Susan Horton

WITH A FOREWORD BY

Amartya Sen

ut

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Publications

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Cancer Services and the Comprehensive Cancer Center

Authors: Mary Gospodarowicz, Anil D. Cruz, Felicia Knaul, Jamal Khader, Joann Trypuc, Sherif Omar

Abstract


The modern cancer system is composed of the comprehensive set of functions starting with population based cancer plans, cancer registries, public health functions, health system institutions that deliver all components of clinical care. Recent emphasis on health systems focuses on the population wide intervention. However, cancer centres, or cancer programs within health care institutions, are critical to the delivery of cancer care. Cancer centers are complex organizations that evolved over time to being able to provide a comprehensive set of interventions and act as champions for cancer prevention, treatment and supportive care, while at the same time promoting cancer research and education. Cancer centres may be supported in a country regardless of its resource level and they play an important role in advancing the clinical functions of cancer systems. In this chapter we describe a framework for a comprehensive cancer center which although focused on clinical care acts as an important anchor for a cancer system. The framework we propose outlines structures for clinical management, clinical services, core services, and system support with quality as an integrating theme. We describe the elements required for each clinical service to deliver care and the core services to support their functions. The significant benefits of comprehensive centers are identified.

Contact

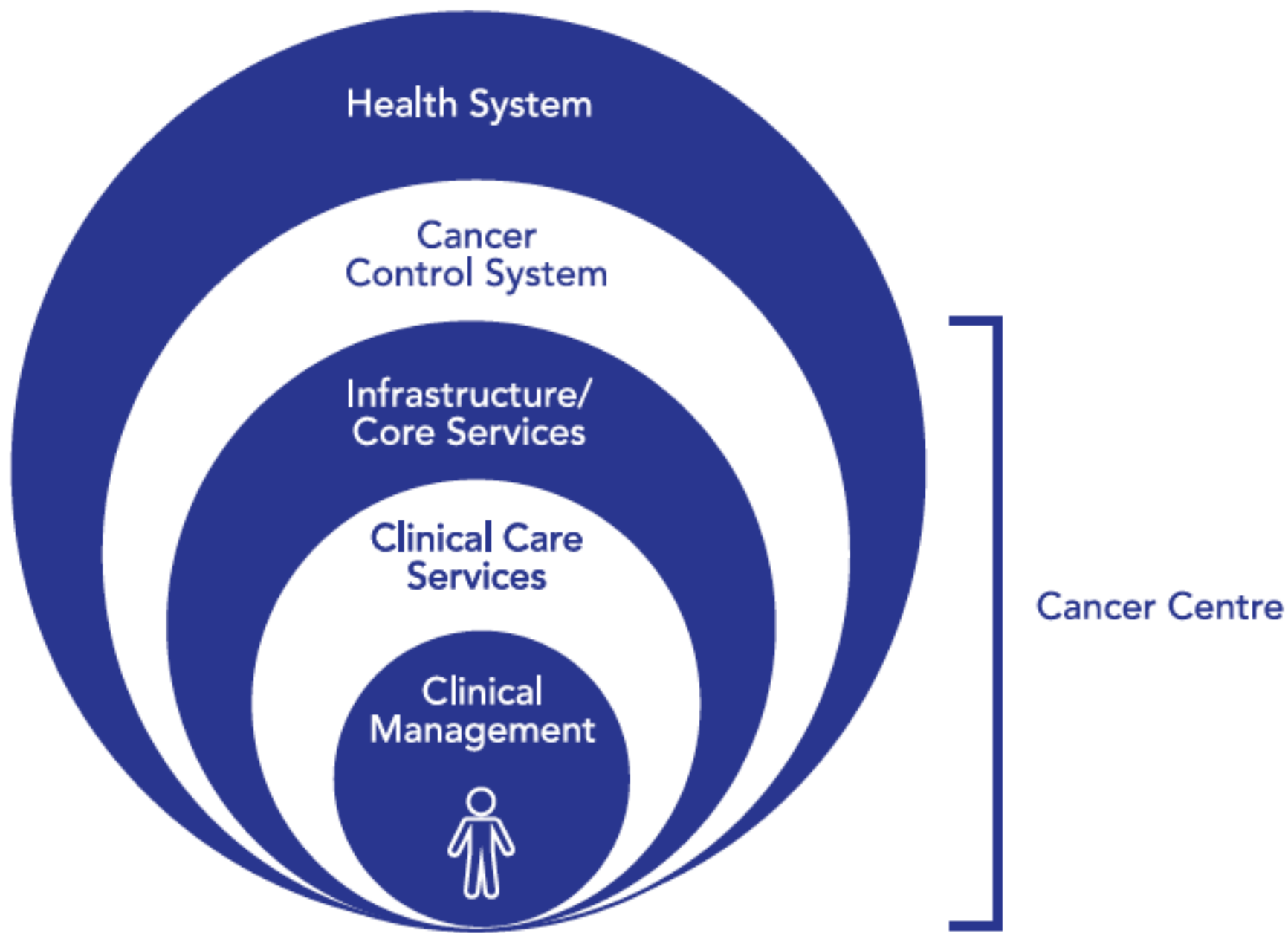
To submit queries or comments about this chapter, please email the corresponding author, Mary Gospodarowicz at mary.gospodarowicz@mdp.uhn.on.ca

Attachment

Size

 CANCER.Ch11 Cancer Services.pdf

951.06 KB



CANCER PEDIA

A Framework for Comprehensive Cancer Centres



www.cancerpedia.ca

Framework for organizing services to deliver care, education, and research in a comprehensive cancer centre.

Missing link between cancer control planning and delivery.

www.cancerpedia.ca

Clinical Management

Framework for decision making in cancer screening, diagnosis, treatment, support, and on-going care

- Objectives of care, appropriate interventions, timelines
- Care plans aligned to the local context
- Clinical practice guidelines to standardize care
- A comprehensive cancer centre should have
 - practice guidelines for various clinical scenarios
 - process for multidisciplinary decision making and review
 - process for review of the quality of clinical care
- Engagement in research / training programs

Clinical Services

- Management plans identify required interventions
- Specialised clinical services are needed to provide these interventions
- Clinical services usually required for cancer include:
 - Office/Clinic Ambulatory Care
 - Medical Imaging
 - Pathology and Laboratory Medicine
 - Surgery
 - Systemic Therapy
 - Radiation Therapy Services
 - Palliative Care, Pain Control
 - Supportive Care and Survivorship



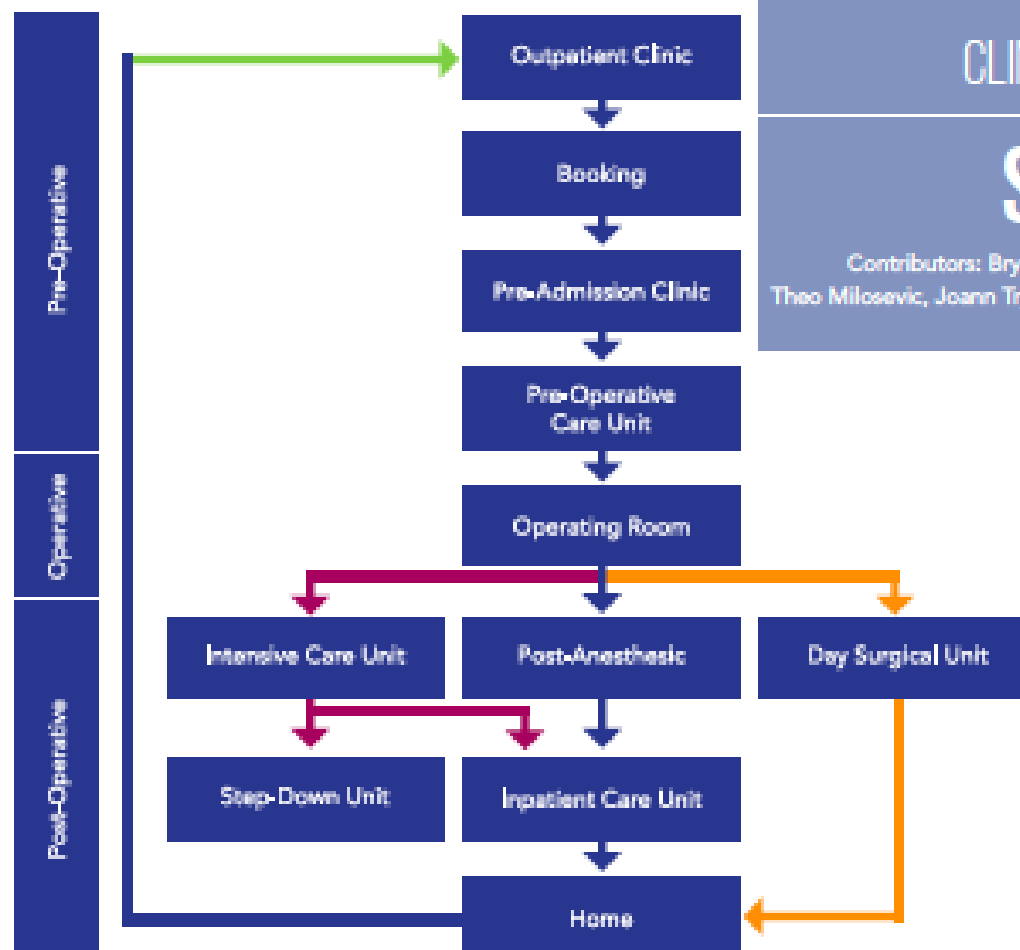
SURGERY

- A. INTRODUCTION
- B. CLINICAL SERVICES
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- 2. Surgical Specialties
- 3. Pathway
- C. RESOURCES
- 4. Facilities And Equipment
- 5. Human Resources
- 6. Information Management
- D. MANAGEMENT
- 7. Leadership
- 8. Operating Standards And Guidelines
- 9. Policies, Processes And Procedures
- 10. Management Of Patient Flow
- 11. Data-Informed Management Decisions
- E. QUALITY
- 12. Standard Guidelines and Best Practices
- 13. Performance Monitoring, Reporting and Quality
- F. THE FUTURE
- 14. Innovative Trends
- 15. The Impact Of Innovative Trends
- G. REFERENCES

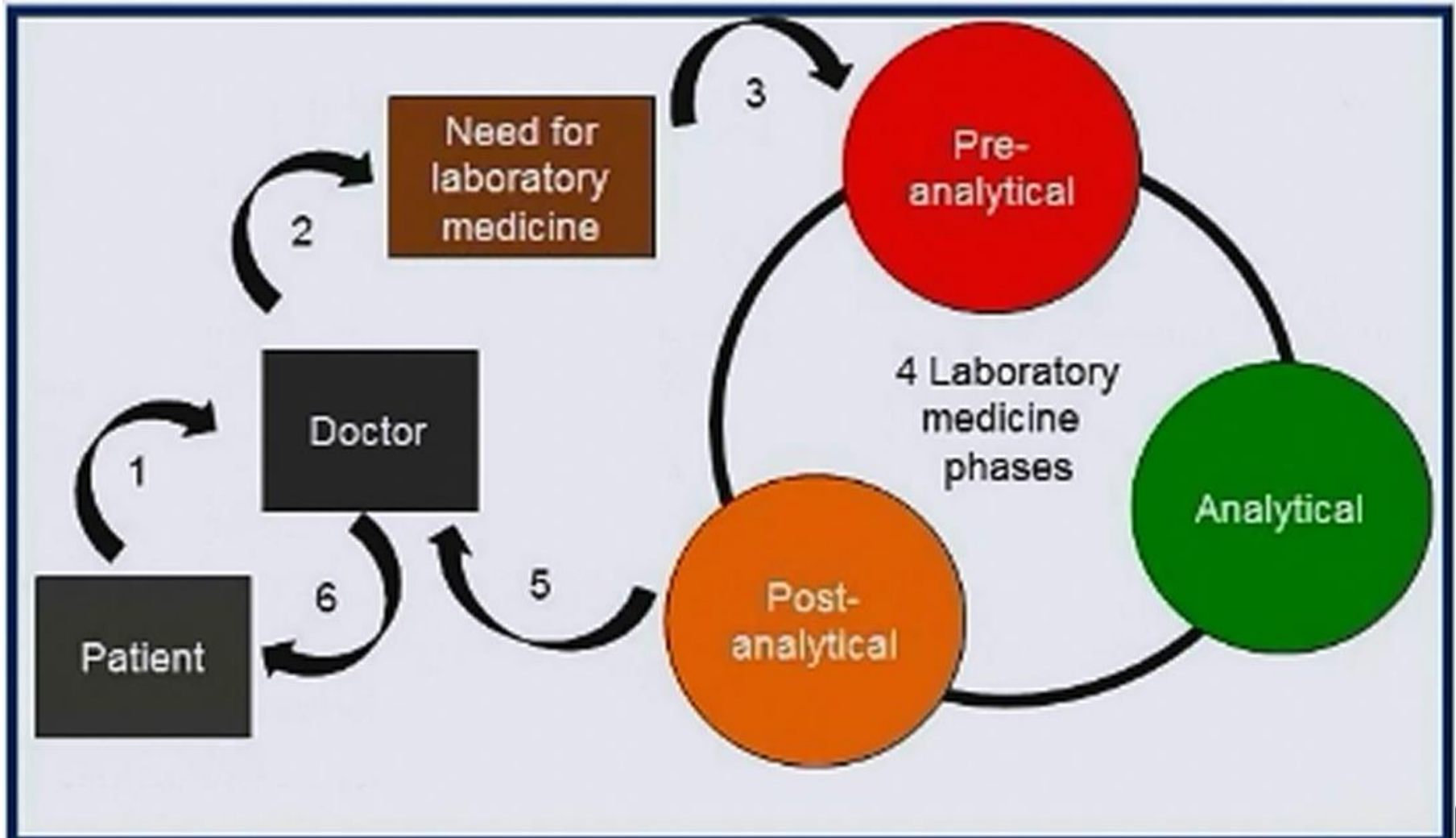
CLINICAL SERVICES

SURGERY

Contributors: Bryce Taylor, Amanda Chudak, Theo Milosevic, Joann Trypuc, Mary Gospodarowicz



Laboratory medicine and the patient



SUPPORTIVE CARE



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- B. CLINICAL SERVICES
- 1. Goals
- 2. Scope
- 3. Pathway
- 4. Concepts
- 5. Levels
- 6. Settings
- C. RESOURCES
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- 11. Operating Standards, Guidelines, Policies, Processes and Procedures
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- E. QUALITY
- 13. Standards, Guidelines and Best Practices
- 14. Performance Monitoring, Reporting and Quality Improvement
- F. THE FUTURE
- G. REFERENCES

CLINICAL SERVICES

SUPPORTIVE CARE

Contributors: Gary Rodin, Amanda Chudak,
Evelyne Jhung, Joann Trypuc, Mary Gospodarowicz



Core Services

Services extend across a health care facility and support many clinical services:

- Information technology and Telecommunications
- Health records
- Quality and safety programs management
- Admission and discharge planning, patient transport
- Infection prevention and control
- Pharmacy and drug supply
- Equipment and technology support services
- Supplies and materials management – supply chain management
- Facilities
- Risk Management - Fire safety, radiation protection, disaster preparedness
- Occupational health and safety
- Administration / Management
- Human resources – professional development / competence

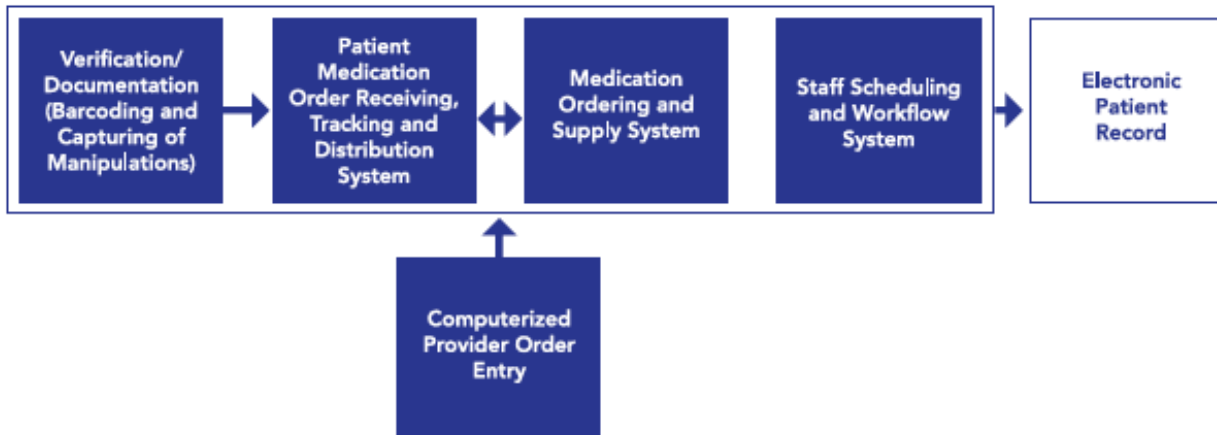
PHARMACY

- A. INTRODUCTION
- B. OVERVIEW
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- 2. Human Resources
- 3. Information Management
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- 6. Supply Chain Management
- 7. Data-Informed Management Decisions
- E. QUALITY
- 8. Standards, Guidelines and Best Practices
- 9. Performance Monitoring, Reporting and Quality Improvement
- F. THE FUTURE
- G. REFERENCES

Figure 1: Pharmacy Physical Facilities Pathway



Pharmacy Information System



CLINICAL SERVICES

PHARMACY

Contributors: Jin Huh, Emily Musing, Amanda Chudak, Evelyne Jhung, Joann Trypuc, Mary Gospodarowicz

QUALITY

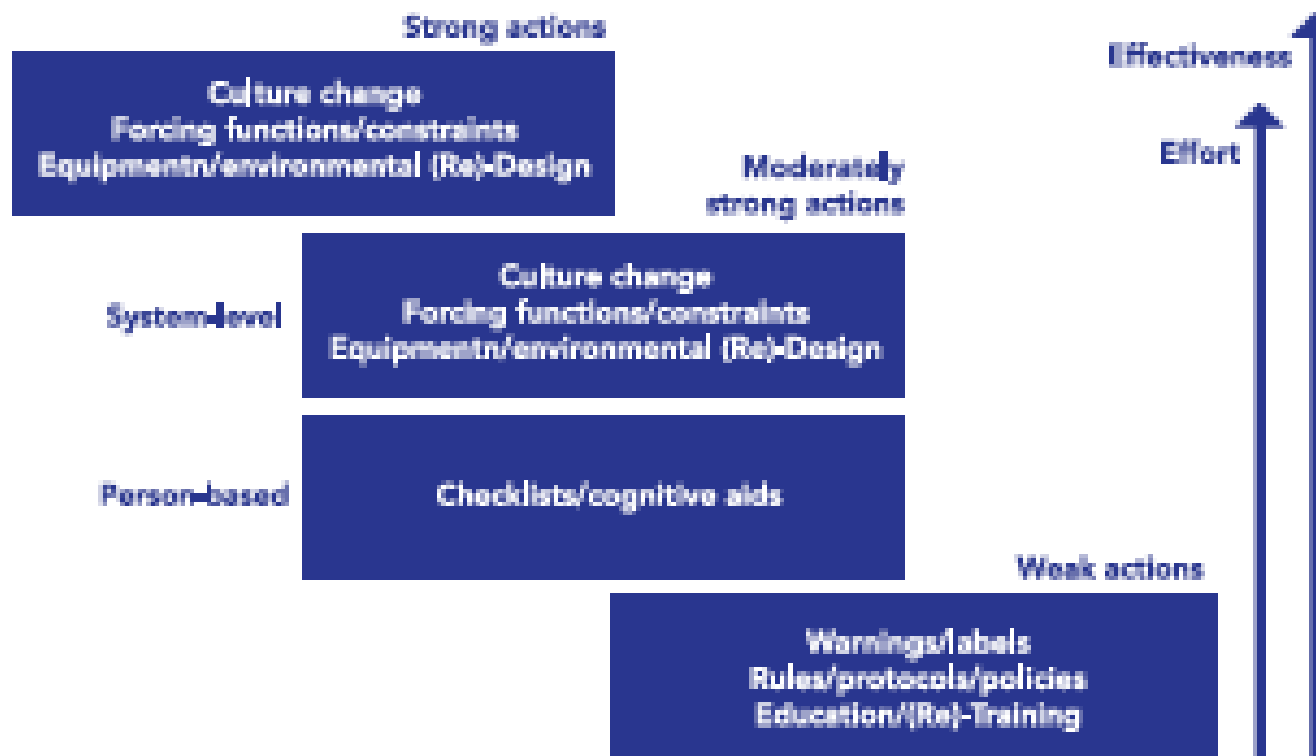
- A. INTRODUCTION
- B. OVERVIEW
- 1. Quality in Healthcare
- 2. Quality in Cancer Care
- C. KEY COMPONENTS
- 3. Culture of Quality
- 4. Guiding Quality Framework
- 5. Quality Plan
- 6. Resources
- 7. Leadership
- 8. Standard Reporting
- 9. Patient Engagement
- D. USEFUL APPROACHES AND TOOLS
- 10. Implementation of Initiatives
- 11. Incident Prevention and Analysis
- E. THE FUTURE
- F. REFERENCES

GOVERNANCE AND QUALITY

QUALITY

Contributors: Emily Musing, Amanda Chudak, Meena Merali, Joann Trypuc, Mary Gospodarowicz

Hierarchy of Effectiveness



Delivering quality health services

A global imperative for universal health coverage



Table 5.2 Quality-related interventions: engaging key actors

Actors	Roles
Government	<ul style="list-style-type: none"> • Definition of national priorities and quality goals • Provision of essential quality infrastructure, e.g. information technology, utilities • Improvement of regulation • Reporting data for transparency and motivation • Inspection and licensing of health care providers
Health care facilities	<ul style="list-style-type: none"> • Clinical governance • Establishing care protocols and clinical pathways • Clinical decision support • Use of safety protocols • Inter-institutional learning mechanisms
Clinical providers	<ul style="list-style-type: none"> • Clinical standards and patient pathways • Monitoring adherence to standards of care • Peer review and clinical audit • Shared decision-making
Patients and public	<ul style="list-style-type: none"> • Patient, family and community engagement • Patient education and self-management • Participation in governance • Patient feedback on experience of care

Desirable Population-based Cancer System

- Robust cancer center network
 - Aligned to population needs
 - Partnerships to centralize expertise
 - Common guidelines, standards, SOPs
- Internal and external integration
 - Other elements of health system
- Adaptability
 - Response to epidemiologic transitions, disasters
 - integrates innovation
- Monitoring and accountability

Beyond the Cancer Centre

- Integration with the community
 - Primary care, Palliative networks, hospices, etc...
 - Social agencies, NGOs
- Engagement with academia
 - Create new HPs, research / innovation
- Partnership with public health agencies
 - Prevention initiatives
- Partnerships with industry
 - Co-development; accelerating innovation
- Engagement with government
 - Generate evidence, data, information

Summary

- Cancer centres are excellent vehicles for cancer care delivery
- Centralized expertise is a natural resource for education and research
- Data and information generated by cancer centres is a rich source of new knowledge
- Cancer centres are the vertical element in the diagonal approach to building robust health systems

Remaining questions

- How should cancer centres be transformed to prepare for future cancer control challenges
 - Growing cancer burden, human resource shortages, rising cost of cancer care
- What incentives / barriers must be considered
 - To develop collaborative network of cancer care resources
 - To collaborate locally / globally
- What are the best governance and stewardship models.....



Thank you