

# Strategic Directions 2011 – 2015

London Regional Cancer Program



**London Health Sciences Centre**  
London Regional Cancer Program

# Table of Contents

<b>Mission, Vision and Values</b> .....	1
<b>Key Areas and Directions</b> .....	2
Leading in Patient Care and Service Delivery.....	2
Improving Quality and Safety .....	5
Strengthening Culture, Values and People.....	7
Advancing Research, Learning and Innovation .....	9
<b>Enabling Strategies</b> .....	12
Advancing Multi-disciplinary Disease Site Based Program and Teams .....	12
Improving Management Practices, Systems and Supports ...	13
Planning Cancer Care for the Next Generation.....	14



# The Mission, Vision and Values

**MISSION:** The London Regional Cancer Program (LRCP) provides patient centred care according to evidence based guidelines and standards. We undertake basic, clinical and translational research aimed at improving outcomes for cancer patients. We support and guide patients and families throughout their journey with cancer. We educate and train our staff, regional health care providers, the next generation of caregivers, and researchers. Together with our partners, we plan, evaluate and improve the cancer system throughout Southwestern Ontario.

**VISION:** To provide the best possible care today, improve care for tomorrow and diminish the need for care in the future.

**VALUES:** As part of LHSC, we are guided in our everyday work by the core values of **Respect, Collaboration and Trust**. LRCP has adopted these values, and has incorporated their significance and meaning with our program values identified and developed by staff and leaders in 2001. This allows us to embrace not only how we wish to do to our work and treat each other, but also remain focused on the ultimate end goal for us all, to find a **C.U.R.E.**

## Care

Foster a culture of compassion, operate as a team, to provide exemplary service and communicate effectively

## Unity

Work together toward a common purpose, increase collaboration and effective communication, enhance awareness of our unique identity and foster dynamic partnerships

## Respect

Treat everyone with empathy, sensitivity and honesty, uphold trust and confidentiality, understand and value each other's roles and welcome individuality, creativity and diversity of opinion

## Excellence

Encourage learning, discovery and knowledge sharing, embrace change that promotes innovation in the field of cancer care, support the retention and recruitment of staff and be accountable to those we serve and to ourselves

# Key Areas and Directions

## Key Area #1: Leading in Patient Care and Service Delivery

**DIRECTION:** We will continue to evolve our programs to improve all aspects of cancer control from prevention to end-of-life care.

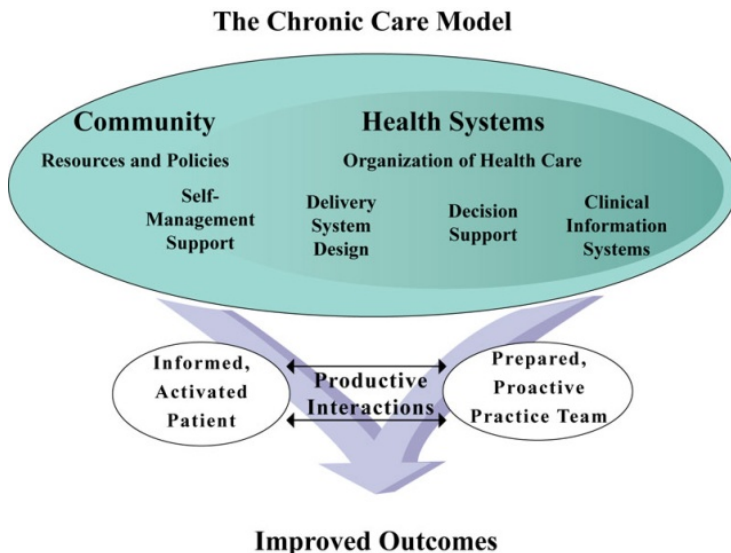
**BY 2015 WE WILL HAVE:**

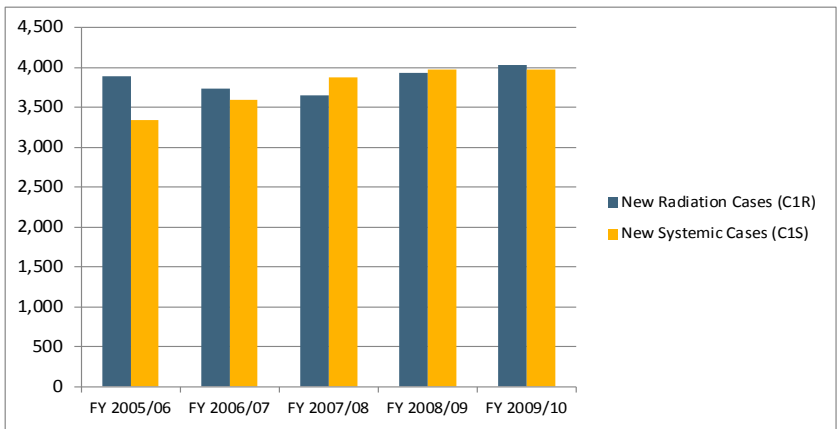
- Established an integrated screening program throughout the Southwest centered on screening for breast, colorectal and cervical cancers.
- Established Diagnostic Assessment Programs for lung, colorectal, breast, prostate and head and neck cancers.
- Increased regional capacity to deliver chemotherapy by 25%.
- Implemented computerized physician order entry for chemotherapy drug administration throughout the South West Region.
- Implemented recommendations from the Cancer Care Ontario document, "Psychosocial healthcare for cancer patients and their families: A Framework to Guide Practice in Ontario, and Guideline Recommendations" to ensure that patients are receiving care to meet the range of their social, psychological, emotional, spiritual, quality of life and functional aspects of cancer as applied across the cancer trajectory from prevention through bereavement.
- Met or exceeded provincial targets for patient experience/satisfaction and effective management of symptoms.
- Explored and developed partnerships that allow us to meet the holistic needs of patients.

**DIRECTION:** We will integrate cancer care into an overall chronic disease management framework.

**BY 2015 WE WILL HAVE:**

- Blended and translated a number of different chronic disease management models into one workable model for Cancer Care in the Southwest, with a common set of definitions and descriptions within one reference document.
- Further identified and defined other elements of a required service delivery model to support the overall framework as it is developed. (i.e. Integrated screening model, Psychosocial Oncology Framework)
- Improved the design of the delivery system (i.e. Cultural competency training for service providers to enable them to work with multicultural populations)
- Improved decision support – to include improved relationships between specialists and primary care
- Improved clinical information systems i.e. – InScreen (ColonCancerCheck)
- Implemented the “Your Health Matters” program to provide the information and control patients/clients require to manage their own cancer screening and prevention (encompasses all points of chronic disease prevention)





**DIRECTION:** We will protect and sustain our current ability to provide comprehensive, safe and timely care to patients.

**BY 2015 WE WILL HAVE:**

- Implemented new technologies and methods that will enhance our ability to deliver safe, effective and timely care. (e.g. increased use of telemedicine services in direct clinical care)
- Implemented clinical pathways for at least 67% of patients receiving care at the London Regional Cancer Program.
- Established Diagnostic Assessment Programs for lung, colorectal, breast, prostate, gynecological and head and neck cancers.
- Implemented an electronic referral mechanism to ensure optimal access to specialty services.
- Developed rigor in evaluating emerging new technologies and clinical practice methods and their impact on established clinical process and resource allocation.
- Developed expertise in LEAN and Six Sigma methodologies across multiple work teams and staff groups and integrated process improvement methodologies and thinking into everyday practice and decision making.
- Developed strong fiscal management practices that ensure we are making the best use of resources with every decision we make.
- Developed and operationalized a business model that allows for the continued sustainability of clinical research as part of care and service delivery at the LRCP and expands across the Southwest Regional Cancer Program.

## KEY AREA #2: Improving Quality and Safety

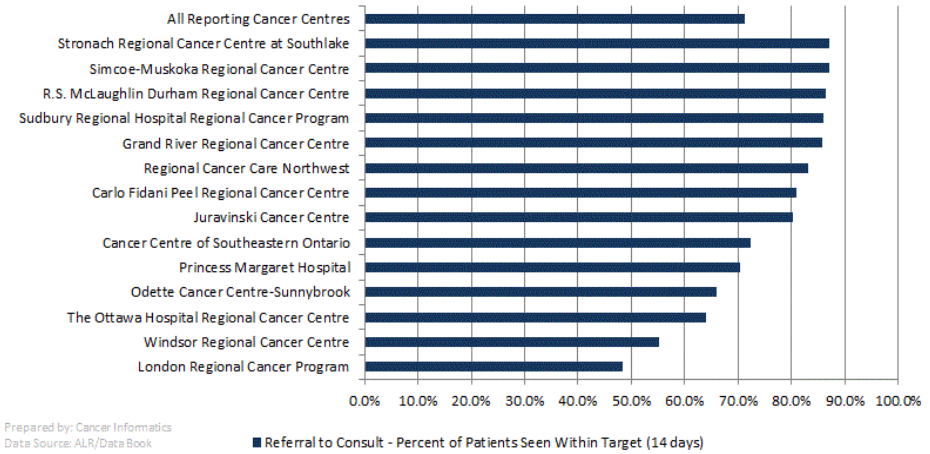
**DIRECTION:** We will improve outcomes related to clinical effectiveness and safety and improve access to care at LRCP and across South Western Ontario.

### BY 2015 WE WILL HAVE:

- Achieved best quartile performance for hospital based infections (MRSA, VRE and C.Diff) on our Oncology Inpatient unit.
- Met or exceeded all established targets for provincial, regional and hospital publicly reported performance and quality metrics related to access, quality and safety. (see Appendix III for a comprehensive list of all of these metrics)
- Adhered to provincial practices, standards and guidelines across all aspects of the cancer system. Care at the LRCP will be disease site team driven, using evidence based models of care for all disease sites. (See page 23 for more information)
- 67% of all patients at the LRCP will be cared for following an established clinical pathway.
- 90% of all chemotherapy administered in the South West regional cancer program ordered via a computerized physician order entry system.

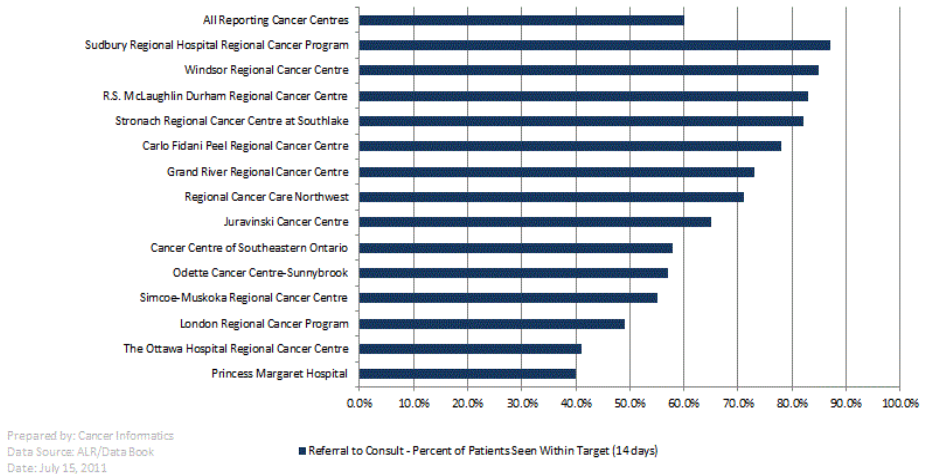


**Radiation Therapy Wait Times by Regional Cancer Centre**  
**Referral to Consult - Percent of Patients Seen Within Target (14 days)**  
**May 2011**



\*\*\* Data Submission Issues

**Systemic Therapy Wait Times by Regional Cancer Centre**  
**Referral to Consult - Percent of Patients Seen Within Target (14 days)**  
**May 2011**



\*\*\* Data Submission Issues

## Key Area #3: Strengthening Culture, Values and People

**DIRECTION:** We will foster a culture and environment that supports team development, individual performance and continuous improvement.

### BY 2015 WE WILL HAVE:

- Fully implemented all relevant Healthy Organization Team corporate initiatives.
- Re-aligned our leadership and committee structures to better support our strategies and initiatives.
- Developed expertise in LEAN and Six Sigma methodologies across multiple work teams and staff groups.
- Realized a 7% improvement in staff attendance rates.
- 80% of staff with current performance development plans in place.
- Mandated training compliance rates that exceed 90% in all areas.



**DIRECTION:** We will actively profile the LRCP and tell our story locally, provincially, nationally and internationally.

**BY 2015 WE WILL HAVE:**

- Invested in marketing and public relations expertise dedicated to serving the needs of our program, our patients and staff.
- Developed and implemented a comprehensive public relations strategy for LRCP
- Developed social media opportunities for patient and staff interaction and communications.
- Redeveloped the LRCP website to be an interactive, current tool for effective knowledge transfer and communication.
- Increased the profile of LRCP as evidenced through increased donations in support of our efforts.



**DIRECTION:** We will develop high performing leaders.

**BY 2015 WE WILL HAVE:**

- 100% of leaders with annually updated performance development plans.
- At least 90% of leaders at full performance in the established leadership competencies.
- Fully implemented the LHSC Talent Management Strategy for leaders and emerging leaders.

## Key Area #4: Advancing Research, Learning and Innovation

**DIRECTION:** We will continue to grow and sustain vibrant clinical, translational and basic cancer research programs.

### BY 2015 WE WILL HAVE:

- Have mechanisms in place that allow us to sustain the basic science and clinical research programs that we have in place as key foundational pieces to a robust translational research program.
- Officially launched the Gerald C. Baines Centre for Translational Cancer Research and partnered in the development of the Citywide Centre for Translational Cancer Research to facilitate the work of inter-disciplinary teams in the movement of knowledge from discovery to patient care and back.
- Through the Cancer Development Council, established comprehensive development strategies and fund raising targets in each of our current four established translational areas (breast, prostate, ovarian, head and neck)
- We will participate in the development and growth of at least three additional translational teams.
- Effectively engaged with and be seen as key partners aligned with the strategic directions of the OICR and CIHR as relates it to cancer research





**DIRECTION:** We will advance ourselves as a major training centre for select cancer related disciplines.

**BY 2015 WE WILL HAVE:**

- Advanced comprehensive MD education, research and care delivery through all aspects of the cancer journey, not just treatment intervention. This will include relationships with other academic departments and partners and will include delivery of specific oncology learning objectives throughout the undergraduate curriculum.
- Received and maintained full accreditation for all formal training programs undertaken at the LRCP and secured full funding from non-operating budgets for all training programs.
- Strengthened linkages between cancer training programs such as the CIHR STP in Cancer Research and Technology Transfer with other citywide training programs to enhance interdisciplinary cancer research training
- Disease Site Teams that have extended participation for all types and levels of trainees to facilitate the participation of basic and clinical trainees in the academic functions of the DSTs to facilitate and encourage interdisciplinary and translational research training (see page 23 for additional details)

**DIRECTION:** We will evolve and grow a sustained, cancer clinical trial program in London.

**BY 2015 WE WILL HAVE:**

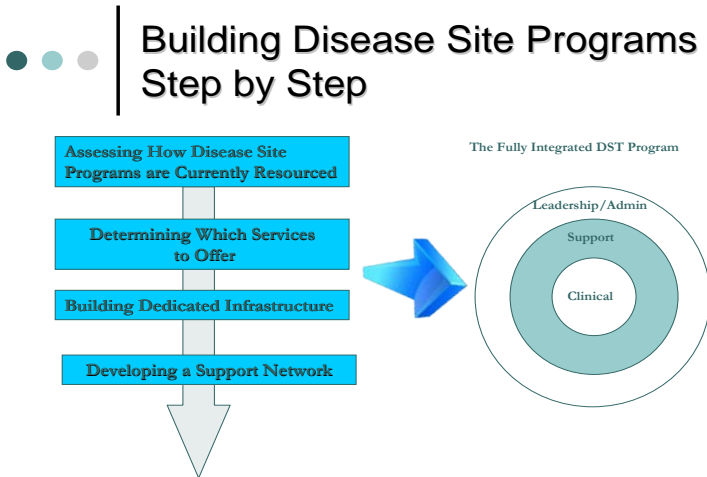
- Fully implemented a re-investment strategy that encourages increased patient accruals to clinical trials and enhances the quality of care delivered to patients.
- Enhanced our ability to participate in Phase 1 clinical trials through the opening of the Gerald C. Baines Centre for Translational Cancer Research and strengthened linkages to citywide clinical research units (e.g. Clinical Investigation Unit at University Hospital led by Dr. Richard Kim)
- Developed and operationalized a business model that allows for the continued sustainability of clinical research as part of care and service delivery at the LRCP and expands across the South West Regional Cancer Program.
- Established ourselves as key partners in the Ontario Institute for Cancer Research High Impact Clinical Trials Program.



# Enabling Strategies

## Enabler #1 – Advancing Multi-disciplinary Disease Site Based Program and Teams

**DIRECTION:** We will develop a model for the operation of integrated disease site based programs and operationalize the “Office of Disease Site Teams”.



### BY 2015 WE WILL HAVE:

- Established the Office of Disease Site Teams and developed role descriptions for all members of this office.
- Developed annual plans, goals and measures for all disease site teams covering patient care, education and research initiatives.
- Developed required systems and communication supports to enable full functioning teams.
- Ensured and maintained compliance with Cancer Care Ontario Multidisciplinary Case Conferencing standards and guidelines.
- Extended participation for all types and levels of trainees in the functions of the Disease site teams to facilitate and encourage interdisciplinary and translational research training.

## **Enabler #2 – Improving Management Practices, Systems and Supports**

**DIRECTION:** We will develop and implement an IT strategy that links to the London Hospitals Enabling Technology plan and supports our clinical, academic and research information and reporting needs.

### **BY 2015 WE WILL HAVE:**

- Implemented computerized physician order entry for chemotherapy drug administration throughout the South West Region.
- Fully integrated clinical information systems within the LRCP.
- Developed and implemented a comprehensive Cancer Patient Outcomes/Data Registry for academic, clinical care and educational uses.
- Implemented an electronic referral mechanism to ensure optimal access to specialty services.
- Developed social media opportunities for patient and staff interaction and communications.
- Redeveloped the LRCP website to be an interactive, current tool for effective knowledge transfer and communication.

**DIRECTION:** We will integrate decision support and evidence based decision making into our daily management practices.

### **BY 2015 WE WILL HAVE:**

- Implemented Cancer Care Ontario's Data Quality Framework.
- Developed and implemented LRCP Data Quality Scorecard at the Executive and operational levels.
- Further developed expertise in data mining and analysis at the point of care.

## Enabler #3 –Planning Cancer Care for the Next Generation

**DIRECTION:** We will develop facilities that meet the needs of our patients, families, caregivers, educators and researchers into the year 2025 and actively engage and embrace the Vision 2020 work being led by LHSC.

### BY 2015 WE WILL HAVE:

- Pulled together a vision for the next generation cancer centre, anticipating the needs of the future in current trends and integrating care amongst service providers wherever possible along the patient journey from assessment and diagnostics to end-of-life care.
- Determined the anticipated state of the art equipment and facility requirements to meet this vision for the future, including technology required for a “green” facility, minimizing the environmental footprint whenever possible.
- Produced schematic designs including artist renditions of what the future centre will look like.
- Determined an approximate fundraising target for this new state-of the art facility.



**DIRECTION:** We will develop a comprehensive engagement strategy with LHSF that aligns our goals and objectives for the future with the philanthropic interests of donors and community partners.

**BY 2015 WE WILL HAVE:**

- Developed a comprehensive case for support and communication strategy that enables fundraising to support our capital redevelopment plans.
- Identified and fostered a team of program ambassadors to work with LHSF and represent the LRCP at key fundraising events and donor engagement opportunities.
- Implemented an annual fundraising plan that sustains our current donor sponsored programs and services (\$ 5 million per year) and allows us to grow this base by 5% per year.
- Established comprehensive development strategies and fund raising targets in each of our current four established translational areas (breast, prostate, ovarian, head and neck)





For a full online copy of this plan please visit:  
[http://www.lhsc.on.ca/About\\_Us/LRCP/Mission\\_Vision\\_and\\_Values/index.htm](http://www.lhsc.on.ca/About_Us/LRCP/Mission_Vision_and_Values/index.htm)



**London Health Sciences Centre**  
London Regional Cancer Program