

Translated summary of «Kreftstrategi OUS 2017-22»

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1. Background

Why a cancer strategy at Oslo University Hospital?

Oslo University Hospital (OUS) is heavily involved in the diagnosis, treatment, and follow-up of cancer patients. Extensive research and innovation are in relation to the disease. Cancer-related activities occur in various locations within OUS, encompassing almost all clinics and numerous departments. Patient pathways, resource allocation, competency requirements, and professional development cut across these boundaries. Projections indicate that the number of cancer cases and the duration of patient treatment will increase in the future. Furthermore, there is significant public engagement, including from user organizations and politicians, as well as notable scientific and technological advancements in the field.

Unifying

Given these circumstances, there is a need for focused and coordinated efforts to develop the cancer domain within OUS. This work must have a long-term perspective and should commence immediately. A cancer strategy should encompass all relevant areas within OUS, rather than being specific to just one facility or clinic. It is a strategy for cancer-related activities throughout the entire organization.

Action Plans

The development of a cancer strategy must be accompanied by action plans. This will require engagement from involved units, and coordination at the hospital level may be necessary for certain areas. Collaboration with external partners outside the hospital should also be involved.

OUS as a Comprehensive Cancer Centre

The development and follow-up of the cancer strategy at OUS are crucial investments to ensure that the hospital and the Norwegian healthcare system can provide the best possible treatment for cancer patients, enhance patient involvement, and optimize the use of hospital resources, both for individual patients and overall patient care. The strategy is also a key step towards OUS becoming a European Comprehensive Cancer Centre (CCC). A CCC certification requires adherence to high European standards and entails continuous improvement in the field of cancer in the years ahead.

2. Vision:

The overarching goal of Oslo University Hospital's cancer strategy is to establish the institution as a leading cancer center in Europe. The vision is for OUS to be a complete cancer center and the hub of Norwegian cancer care, developing the hospitals of the future in collaboration with patients.

OUS as a cancer center has several unique attributes and advantages. It offers a comprehensive range of diagnostics and treatments for all types of cancer, carried out by highly skilled professionals. It houses the Cancer Registry, which includes national quality registries, epidemiological research,

and screening programs. OUS also boasts a large cancer research community, with dedicated institutes and organizational units for clinical research, innovation, and commercialization. The hospital collaborates closely with various academic departments at the University of Oslo, as well as with primary healthcare services in Oslo. It also has partnerships with innovation ecosystems and actively engages with user organizations for patient involvement. OUS's comprehensive cancer services are consolidated within a single hospital, enabling it to lead in local, regional, and national collaborations.

3. Strategic aims

The cancer strategy of Oslo University Hospital (OUS) for 2017-2022 outlines twelve strategic initiatives in ten key areas for ongoing development and improvement.

1. Patient Involvement
2. Standardized Patient Pathways
3. Diagnostics and Treatment
4. Cancer Research
5. Collaboration and Coordination
6. Education and Competence
7. Quality Registries
8. Infrastructure, ICT, and Medical Equipment
9. Organization
10. Societal Engagement

1. Patient Involvement

- User involvement and shared decision-making regarding their own treatment
- Online communication (e.g., *My Journal*) between patients and the hospital related to their illness and treatment process
- Uniform and easily accessible information about different types of cancer, diagnostics, treatment, patient pathways, and prevention tailored to different prerequisites, including contributing to the development of Helsenorge.no
- Clear guidelines for handling external proposals for diagnostics and treatment that patients have obtained themselves
- Patient and caregiver training integrated into patient pathways
- Patient-reported evaluations as a crucial part of improvement work
- User involvement in the Centre's governance and patient pathway work

2. Standardized Patient Pathways

- Common standardized pathways with safe transitions for all types of cancer within OUS and the region, package pathways "*from home to home*," providing equitable treatment regardless of socioeconomic background and place of residence

- Further development of ICT systems that support safe transitions internally and externally, as well as planning and secure and accessible patient information related to the pathway
- Differentiation of pathways according to disease extent, primary cancer or recurrence, and organ and functional impairment
- Linking research-based professional development, clinical trials, laboratory research, and experimental treatment to all stages of the patient pathway
- Pathway descriptions that include side effects, comorbidity, secondary prevention, rehabilitation, late effects, palliative care, and patient and caregiver education
- Clear and integrated leadership and professional responsibility for the patient pathway
- Regular evaluation and improvement of the pathways

3. Diagnostics and Treatment

- Diagnostics and treatment according to recognized international standards
- Implementation of precision medicine in diagnostics and treatment, integrating relevant genomics and other molecular biology in interdisciplinary evaluations of each patient
- Aggressive testing of new treatment modalities, including immunotherapy
- Multidisciplinary teams (MDTs) that gather necessary expertise in diagnostics and treatment around patients with an efficient decision-making structure in MDT meetings
- Making experimental treatment an integral part of our regular treatment offering and increasing participation in clinical trials
- Facilitating diagnostics, treatment, and follow-up to avoid overdiagnosis and overtreatment
- Developing and employing new technology, including automation and robotics in diagnostics, radiation therapy, and pharmacological treatment
- Faster implementation pace and equal availability of new treatment within the framework of method assessments and national guidelines

4. Cancer Research

- Facilitating strengthened quality
 - Strengthening interdisciplinary research groups tied to the patient pathway
 - Integrated clinical research and basic/translational research for all types of cancer
 - High quality of both basic and translational research and clinical research
 - Increased scope of clinical trials (including independent trials) and more patients in clinical trials
 - Research on treatment pathways involving healthcare research
 - Establishing a prospective general cancer biobank and quality registers for all types of cancer
 - Strengthened research support for conducting clinical research and clinical trials
 - Separate development plan for renewal of equipment for laboratory research and core facilities

- Developing career plans for postdocs and researchers, including international career development
- Building expectations that clinicians are research-active, supported by better practical facilitation for combining clinical work and research
- Research organization that ensures holistic and strategic development of cancer research (keywords: research leader, protocol committee, international Scientific Advisory Board, and biobank board)
- Strengthening international cooperation and profiling
 - Further development of internationally strong research environments and increased international funding
 - Identifying and systematically developing a selection of prioritized new areas with great potential
 - Strengthening collaboration with other internationally leading cancer centers and cancer research environments
 - Increasing recruitment of researchers with international backgrounds
- Strengthening the interaction between:
 - clinic, research, and innovation within OUS
 - the Cancer Registry and OUS - in both applied quality registers and epidemiology/prevention
 - relevant academic communities at UiO, the other university hospitals in Norway, and OUS
 - municipalities and primary healthcare services and OUS in research on comprehensive healthcare services in cancer
- Research results are made visible, communicated, and utilized in the clinic

5. Collaboration and cooperation

- Clear role and responsibility as a local hospital for parts of Oslo's population and as a regional hospital in HSØ in treatment, research, professional development, education, and advisory services
- Responsibility for content and continuous updates of procedures in regional professional systems to ensure common standards, updated treatment, development, and consistent practice in HSØ
- ICT solutions that promote safe transitions between hospitals with secure and accessible patient information in common databases
- Working towards establishing a regional treatment center for late effects
- Task sharing and transfer of activity in medical cancer treatment, radiation therapy, follow-up, and palliative care to other hospitals
- Clarified task sharing and support for competence building in primary healthcare related to follow-up of cancer patients including palliative care
- Joint improvement processes with collaborating hospitals and primary healthcare services

6. Education and competence

- Rolling analyses of competency and staffing needs in the field of cancer and plans to meet them

- Collaboration with UiO and universities to strengthen cancer as a topic in undergraduate programs
- Active use of own research and networks in OUS continuing education and further training
- Strengthened recruitment, establishment of new educational offerings, and dissemination of expertise in "new" specialized areas such as bioinformatics, genomics, biostatistics, molecular biology, etc.
- Strengthened collaboration with the Cancer Registry to build expertise in epidemiological methods and molecular epidemiology
- Expanded and targeted continuing education and further training related to cancer for all involved disciplines, professions, and specialist groups, with a particular focus on multiple further training programs in clinical nursing and logistics
- Competence offerings for researchers/clinicians in innovation
- Stimulation of master's and doctoral degrees related to cancer in health sciences and providing all resident doctors the opportunity to participate in PhD projects during their education
- Stimulation of international careers
- Develop leaders with a focus on relational competence to lead interdisciplinary processes and matrix processes
- Contribute to capacity building in cancer in other hospitals in the HSØ region and in primary healthcare services
- Contribute to capacity building in low-income countries

7. Quality registries

- National quality registries for all types of cancer in the Cancer Registry with corresponding databases in OUS
- Uniform and integrated production of quality data for hospitals in the region, along with the development of new patient-related quality parameters
- Operational and quality data readily and quickly accessible for improvement analysis in business management and for research
- ICT solutions and structured medical records that ensure the registration of necessary data in one place, automated extraction to quality registries, and collaboration with the Cancer Registry to develop simple methods for processing and analysis
- Systematic work on cancer prevention in collaboration with the Cancer Registry
- Systematic use of patient-reported quality
- Organization and leadership that stimulates the use of available knowledge and information in ongoing quality improvement

8. Construction, ICT, and medical technical equipment

- Develop plans that describe the development of ICT, equipment, and space needs within the field of cancer, along with plans for change, development, and investment needs
- Take care of the cancer field's need for space adapted to multidisciplinary and research-based treatment in all ongoing spatial processes
- ICT solutions that enable good communication between professional communities, hospitals, primary health care, patients, and relatives
- ICT solutions that provide efficient and integrated registration, processing, and dissemination of data from various sources and organizations
- Develop the prerequisites for utilizing large databases and data sets in decisions about individual patients and in research
- Leading in Norway in the use of new technology, including the establishment of a proton center with a national or multi-regional function
- Consolidate equipment to provide well-coordinated and efficient patient care

9. Organization

- One OUS Cancer Center (Comprehensive Cancer Center, CCC) with an overarching role in realizing the cancer strategy, prioritizing and coordinating the management of patient pathways as a supplement to the line organization
- One pathway management for each defined patient pathway, with a pathway manager and pathway responsible line managers from involved units
- Consolidate the same type of patient treatment in one place in OUS
- Coordinated, strategic leadership of cancer research within OUS to ensure coherence and synergies (ref. research director, SAB, protocol committee, biobank board, etc.)
- Improved integrated collaboration with the Cancer Registry on epidemiological, molecular epidemiological, and clinical epidemiological research
- Improved integrated collaboration on cancer research with UiO, among other things, in connection to UiO's focus on life sciences, innovation, and business development
- Regular collaboration on the evaluation of patient pathways with hospitals and municipalities that OUS has significant interaction with in cancer care

10. Societal actor

- Strengthened engagement in preventive cancer work
- Contribute to the development and revision of national guidelines for cancer treatment
- Increased popular science dissemination of cancer research
- Visible actor in public discourse on the understanding of cancer research and treatment
- Provide information and influence debates and decisions on screening programs
- Influence framework conditions required to deliver desired activity and quality
- Contribute to public discussions on priorities regarding the introduction of new technology and medications
- Active and clear engagement with collaborating organizations related to the organization and financing of research and innovation.

The most important strategic actions for the next 5 years:

1. Strengthen information, education, and involvement for patients at all levels
2. Develop standardized care pathways for all patient groups
3. Consolidate the same type of patient treatment in one place in OUS and improve infrastructure, including new buildings and proton centers
4. Increase the use of personalized diagnostics as a basis for accurate treatment and to avoid over- and under-treatment
5. Further develop collaboration with other hospitals in the region and primary healthcare services
6. Further develop existing and establish new priority research areas with particular international weight or potential
7. Increase the number of clinical trials and the proportion of patients included in these
8. Establish national and enterprise-based quality registers for all cancer groups
9. Establish ICT solutions that facilitate quality improvement and patient safety, greater efficiency in patient pathways, and support research
10. Increased engagement in primary and secondary prevention of cancer in collaboration with the Cancer Registry
11. Clear and unifying organization of leadership in a Cancer Center as a supplement to the existing line organization
12. Set the agenda for public discussions on cancer in Norway