Abstract
One of the longest-established quality oversight organizations in Canadian healthcare, the Cancer Quality Council of Ontario (CQCO) is an advisory group formed in 2002 by the Ministry of Health and Long-Term Care. Although quasi-independent from Cancer Care Ontario (CCO), the council was established to provide advice to CCO and the ministry in their efforts to improve the quality of cancer care in the province. The council is composed of a multidisciplinary group of healthcare providers, cancer survivors and experts in the areas of oncology, health system policy and administration, governance, performance measurement and health services research. Its mandate is to monitor and report publicly on the performance of the Ontario cancer system and to motivate improvement through national and international benchmarking. Since its formation, the council has played an evolving role in improving the quality of care received by Ontario cancer patients. This article will briefly describe the origins and founding principles of the CQCO, its changing role in monitoring quality and its relationship with CCO.

The Origins of Cancer Services Organization in Ontario
Before 2001, Ontario had no integrated provincial system for delivering cancer care, and patients were treated at Cancer Care Ontario (CCO) centres, at Princess Margaret Hospital (PMH), and at other hospitals across the province.

CCO had evolved from the Ontario Cancer Treatment Research Foundation, which had been established in 1943; its name changed officially to Cancer Care Ontario in 1997. Until the late 1990s, CCO managed its delivery of cancer services at regional cancer centres that provided much of the radiotherapy in the province. CCO centres also administered a significant component of systemic treatments (chemotherapy). However, CCO was responsible for none of the cancer surgery that is a crucial part of cancer treatment and had no jurisdiction over pathology, medical imaging or palliative care. As a consequence, CCO coordinated only a relatively small part of the cancer care in the province.

PMH, which had opened its doors in 1958, was the other provider of radiation services in Ontario. PMH also delivered chemotherapy, cancer surgery, pathology, medical imaging and palliative care, as did many other hospitals across the province.

This state of affairs changed in 2001 when the Ontario cancer system was restructured, following a review of cancer services undertaken by a group of CCO and non-CCO cancer experts supported by a CCO secretariat. The report of this Cancer System Implementation Committee led to the devolution of management of the cancer centres from CCO to the host hospitals via a formal Cancer Program Integration Agreement (Ministry of Health and Long-Term Care [MOHLTC] 2001). CCO retained the annual operational funding and established contracts with the host hospitals for their delivery of services on an annual basis. This allowed CCO to attach expectations to the funding for volumes of activity, including data provision and quality improvement initiatives. In return for receiving the capital assets and operational funding for the cancer centres, the host hospitals agreed to maintain their cancer treatment activity at the same quality and volumes of care provided before the asset transfer. CCO developed a new role as an independent, incorporated Schedule A agency of the ministry. With a board appointed by provincial cabinet Orders-in-Council, CCO became responsible for advising the ministry on the provision of an integrated cancer system.

In taking responsibility for advising the ministry, CCO undertook a review of the existing state of the province’s cancer
services, engaging outside experts as well as its own. CCO also provided a secretariat function to provide data to inform the analysis. This secretariat extended the usual sources of cancer information available through the Ontario Cancer Registry to include the Discharge Abstract Database (DAD) from the Canadian Institute of Health Informatics. The DAD provided a wealth of new information about the extent of cancer surgery across Ontario as well data describing inpatient chemotherapy provision.

The Cancer System Implementation Committee also signalled a need for an external oversight body to ensure continuous monitoring of quality (MOHLTC 2001). The oversight body was the foundation of one of Canada's first health quality councils, the Cancer Quality Council of Ontario (CQCO). Officially established in 2002 by an announcement by Health Minister Tony Clement, the council was positioned at arm's length from CCO and challenged the provincial agency to improve the documentation of the quality of care in cancer services. The council's mandate was to monitor and publicly report on the quality of Ontario's cancer system.

First, the council focused on the quality issues of existing cancer services in Ontario. It published its findings in a book, *Strengthening the Quality of Cancer Services in Ontario*, in 2003 (Sullivan et al. 2003). The council's first product, the book describes the challenges inherent in creating an integrated provincial cancer system. Michael Decter, a former Ontario deputy minister of health, was recruited to chair the council and provided the book's executive editorial leadership.

The council's governance is a self-renewing body, with members meeting as a whole to nominate new members, achieving a skill mix matrix. CQCO members recognized that expertise was required from clinical experts in and out of the CCO system, as well as from members of the public knowledgeable about healthcare and cancer services, cancer patients and their families, and health service experts. Throughout its ten-year lifespan, the Council has recruited members who fit this skill and experience matrix. It has also retained a secretariat administered by CCO and has an agreement that data sources available to CCO should be provided to the council. This “inside–outside” relationship provides the council with sophisticated expertise and access to extensive data holdings, while maintaining an independent oversight role with respect to CCO performance.

The council's initial work emphasized just how little was known about the quality of cancer treatment, especially outside the treatment centres previously managed by CCO and PMH. Indeed, the CQCO recognized that complete information about the extent of cancer care was available only for radiation therapy. Cancer surgery was essentially a black box, with treatment provided at virtually every hospital in Ontario, and with little information about quality of service. Similarly, information about chemotherapy provided outside previous CCO centres, as well as pathology, imaging and palliative care services, was not available.

In its early days, the CQCO held CCO accountable to develop a cancer control strategy for Ontario. The groundwork began in 2003, with CCO working with system stakeholders to redefine its vision, mission and guiding principles and to lead the development of a three-year provincial cancer plan encompassing a full range of cancer services. Subsequently, CCO published its first Ontario Cancer Action Plan, for the years 2005–2008 (Cancer Care Ontario 2005). The CQCO challenged CCO to develop an outcomes-based strategy and emphasized the use of verifiable quality metrics. This approach culminated in the council's most important product, a North American first in 2005 – the Cancer System Quality Index (CSQI) (CQCO 2012a).

The CSQI is a web-based, interactive public reporting tool that presents comprehensive information on key indicators of cancer system performance, including data on mortality and survival.

**CQCO’s Cancer System Quality Index**

The CSQI is a web-based, interactive public reporting tool that presents comprehensive information on key indicators of cancer system performance, including data on mortality and survival. The CSQI is structured as a matrix reflecting the seven dimensions of quality as well as the patient's cancer journey from prevention and screening to active treatment, survivorship and end-of-life care. A valuable system-wide monitor that tracks the quality and consistency of key cancer services delivered across Ontario's cancer system, the CSQI is one of the most comprehensive reports of its kind in its breadth of measurement, jurisdictional comparisons and international benchmarks.

As such, the CSQI is an important tool for health professionals and cancer organizations, planners and policy makers in identifying cancer trends and in planning and making improvements in all areas of cancer control. Indicators within CSQI are a specific measure of progress against one of the seven quality dimensions:

- Safe (avoiding, preventing and ameliorating adverse outcomes or injuries caused by healthcare management)
- Effective (providing services based on scientific knowledge to all who could benefit)
- Accessible (making health services available in the most suitable setting in a reasonable time and distance)
- Responsive/patient-centred (providing care that is respectful...
of and responsive to individual patient preferences, needs
and values, and ensuring that patient values guide all clinical
decisions)

• Equitable (providing care and ensuring health status does not
vary in quality because of personal characteristics (gender,
ethnicity, geographic location, socioeconomic status, age)

• Integrated (coordinating health services across the various
functions, activities and operating units of a system)

• Efficient (optimally using resources to achieve desired
outcomes)

The CSQI has evolved since its inception and most recently
reflects CCO’s vision of “creating the best cancer system in the
world” (Cancer Care Ontario 2011: 16). International compar-
isons of quality in cancer care are achieved by comparing cancer
survival and patient experience across developed countries that
maintain well-documented cancer registries. In 2011, an inter-
national comparison of cancer outcomes in several developed
countries was published in The Lancet; it reported that Ontario’s
cancer survival was among the best in the world (Coleman et
al. 2011).

The progressive measurement of cancer quality metrics
generated by the CSQI has resulted in many improvements and
has been incorporated within CCO’s performance improvement
cycle and clinical governance structures (Dvulako et al. 2009).
Improvements include decreased surgical 30-day mortality
related to consolidation of complex care in Ontario founded
on evidence-based standards (i.e., thoracic surgery for lung and
esophageal cancer as well as hepato–pancreatic–biliary surgery
for pancreatic and liver cancer). Survival compares favourably
with that of other jurisdictions; this is attributed to many factors,
including oversight, accountability and the use of evidence to
drive practice (e.g., pathology reporting being submitted in a
standardized synoptic electronic format with discrete data fields
that improve quality and readability).

In addition to ensuring accurate measurements of wait times
for cancer treatment, CCO now reports wait times for more
than 190 procedures and diagnostic exams for cancer and other
conditions. Public reporting of these wait times has shown
where bottlenecks are in the system and where quality improve-
ment initiatives are needed.

The CSQI has also documented improvement in both
modifiable cancer risk factors and improved uptake of cancer
screening. Non-clinician members of the council have focused
on ensuring there are indicators that measure the patient experi-
ence in the journey across the cancer. Indicators related to
system integration and customer service are difficult to develop
and measure, but doing so remains a goal of the Council.

The annual CSQI serves as an important benchmarking
exercise that holds CCO accountable for progress in the quality
of cancer services across Ontario. The CSQI also tracks Ontario’s
progress toward better outcomes in cancer care and highlights
where cancer service providers can advance the quality and
performance of care.

**CQCO Products: Signature Events, Programmatic Reviews and Quality and
Innovation Awards**

The council not only measures CCO’s progress, using the CSQI,
it also suggests which elements of the cancer system require
CCO’s focused attention. The vehicle for council’s annual focus
on strategic priorities became known as the Signature Event.
These one-day events are action-oriented and bring national
and international expertise to the province, providing practical
solutions and identifying areas of opportunity to improve the
quality of health service delivery within the Ontario context.
Annually since 2003, the Signature Event series has brought
together practice leaders, policy makers, providers and patient
representatives to solve pressing quality challenges in Ontario’s
cancer system. Subsequently, these events have been used as
a catalyst to shape strategic directions and models to imple-
ment globally recognized best practices, helping CCO realize its
vision of being the “best cancer system in the world” (Cancer
Care Ontario 2011: 16).

Signature Events have explored topics such as cancer wait
times and access to cancer services, palliative cancer care
and colorectal cancer screening. They have explored using
technology to improve the patient experience in cancer care,
innovative models of care, the patient experience and, most
recently, a system approach to preventing chronic disease (a
collaborative engaging the Council, CCO and Public Health
Ontario) (CQCO 2012b). These Signature Events are particu-
larly important to quality improvement, since CCO’s clinical
council chair reports back to the CQCO on changes in program
provision and initiatives undertaken by CCO as a result of the
event recommendations.

A more recent CQCO product is the Programmatic Review,
undertaken at the request of the clinical programs that are repre-
sented in the CCO Clinical Council. The first was a forma-
tive review focused on disease pathway management, in 2010.
For these reviews, the CQCO invites international experts to
Ontario to review progress, analyze the effectiveness of CCO
programs and provide the programs with international expert
advice on best practices. The result of the Programmatic Review
is a set of recommendations on the strategic directions and
improvements that the CCO program should undertake.

Finally, the CQCO sponsors annual Quality and Innovation
Awards, which are provided to recipients at an event following
the annual Signature Event. Since their inception in 2006, the
Quality and Innovation Awards have recognized significant
contributions to quality or innovation in the delivery of cancer
care within Ontario. The 2011 awards expanded to include...
contributions to cancer prevention, and the 2012 awards will include primary care integration with cancer. The awards are hosted and co-sponsored by the Council, CCO and the Canadian Cancer Society – Ontario Division.

These awards serve to recognize and promote front-line quality improvement. They complete the CQCO’s quality improvement strategy, which includes measurement of cancer system performance (CSQI), identification of areas of opportunity (Signature Events) and analysis of program progress (Programmatic Reviews). The work of the CQCO is fundamental to CCO’s quality agenda and will remain a central aspect of that agenda for the foreseeable future.

**Conclusion**

Over the last decade the CQCO has consistently improved its role in monitoring and reporting on quality, as well as providing tools to improve system performance and the quality of care that Ontario cancer patients received. The CQCO’s next chapter is to ensure that the quality of the patient’s experience is given equal weight in the quality agenda as clinical outcomes.

The source of the CQCO’s success is directly linked to the commitment of its volunteer members, as well as to its productive working relationships with CCO, the regional cancer programs and other measurement/performance organizations locally, nationally and internationally. The shared beliefs in transparency, dedication to quality improvement and the perspective of the patient have been the critical success factors that will continue to serve the CQCO in its future work.

**About the Authors**

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**References**


