ORGANISATION OF EUROPEAN CANCER INSTITUTES

PEER REVIEW OF TRINITY ST JAMES's CANCER INSTITUTE

2024

SUMMARY OF REPORT

Strengths and Opportunities

Strengths

Multidisciplinarity and MDTs

The backbone of clinical care at the centre is the system of MDTs. They fulfil their clinical role to a high standard. Furthermore, the documents on the functioning, roles and use of MDTs show that the centre considers MDTs as core and strategic operational units. Similarly, the MDTs play an important role in general improvement and quality improvement in the centre. This is an exemplary use of MDT capacity in both everyday clinical care and strategic development.

Research structure and support

With the collaboration of the TCD and SJH, the cancer institute has great potential across the spectrum of cancer research. Current research activities are organised in well-defined research themes and research groups. The theme leads are always dual from the hospital and university side, which effectively ensures input from the clinical and basic research side, helping to ensure that the research has a strong translational character. There are dual employments and a clear strategy and programme to support young talent as well as to attract experienced and renowned experts to the centre, on several occasions from leading international or US centres. Moreover, there is a full range of support available for both clinical and basic-translational research, from setting up clinical trials to submitting grant applications and exploiting intellectual property.

Nurse empowerment

Everything that is needed for the optimal functioning of the nursing discipline is present at TSJCI, making nurses really empowered and creating a powerful force in the care of patients. Nurses are generally highly educated. In addition, they receive many opportunities for further training and their educational advancement is also a career advancement. There are several levels of nurses according to their competence, and responsibilities are well defined so that those who acquire more knowledge are formally assigned higher competence. Nursing research is well supported within the hospital and also through the TCD Nursing PhD programme. Finally, as it is clear that being a nurse is very demanding, there is a well organised support and wellbeing programme for those who have personal problems such as burnout.

Patient-centredness

There are several ways in which patient-centredness is expressed at the centre. In everyday clinical care, a compassionate approach can be strongly felt during the audit. There are good practices for informing patients, there are several support mechanisms, including the Daffodil Centre. There is a well organised patient education programme. However, there is another, strategic level of patient centredness, they are proactively involved in the life and development

of care and research, as one patient said during the interview, they feel they have the opportunity to drive improvements in the Institute.

Supportive care, palliative care and survivorship

These are usually the areas that are difficult to organise in a cancer centre. At TSJCI, all of these elements are not only implemented but are at the centre of patient care. These services include a full range of support, including pain services, palliative care and the management of the two possible final outcomes of the patient pathway: survivorship and end of life care. Patients have quick access and are easily referred to these services, not only by physicians but also by nurses. There are quality improvement programmes in these areas, as well as educational activities and research. There is also community outreach, particularly in palliative care.

Education system

Education has already been mentioned in relation to the empowerment of nurses, but all staff from all disciplines at the Institute are offered ample opportunities to participate in high level education and this includes researchers. There is a multidisciplinary education centre, the Centre for Learning and Development. This is a hospital-wide service but provides significant support to those working in cancer care. In addition, the HOPe directorate has specific oncology training programmes that are freely available to employees. Besides oncology, this programme also includes wellbeing education.

Prevention and Screening

In terms of prevention and screening, there are many activities together with significant community outreach on healthy lifestyles, smoking and alcohol, healthy diets and the availability of screening and early detection programmes. A well-established oncogenetic service is available for hereditary cancer syndromes. The TSJCI participates in most common screening programmes. It also has a specific and unique early detection programme for upper GI cancers, and there is active research in the field of prevention and screening.

Power BI/ dashboard

In a complex system like a cancer centre, it is a challenge to keep track of how activities and procedures are going. A lot of data can be collected, but it is very important to handle it in a way that it can be used for quality development. At TSJCI there is a very good solution, the Power BI system. This dashboard is used throughout the centre, from top to line management, to analyse key performance indicators, which are then discussed at management level. It is also used to monitor waiting times and has the potential to be used at every level from bottom to top.

Haematology transplantation ward

The audit team visited several excellent clinical departments and if there is one to highlight, it is the Haematology and Transplantation Unit. In this unit, the high level of clinical care, professionalism and patient-centredness meets thorough quality assurance and research orientation.

Opportunities for the cancer centre with regard to the OECI quality standards

Governance and integration

The Trinity St. James's Cancer Institute (TSJCI) is a complex entity formed by St. James's Hospital (SJH), the Trinity College Dublin (TCD) and the St. Luke's Radiation Oncology Network (SLRON). There is an identifiable governing entity with two important bodies, the Governance

and an Executive Committee (EC), and these committees are clearly operational. Currently the TJSCI management is more in between the TCD and SJH, creating a very useful link, but a further goal would be that the TSJCI receives more and better defined authority in the overarching cancer management issues. The TJSCI Board should also be more involved in financial planning, and this influence on budget planning should be extended to the whole research area. Moreover, clinical cancer management may become more robust and the TSJCI management would be the major source of strategic input on the complete agenda of comprehensive cancer management. Currently, the Research Strategic Plan is part of the cancer institute's overall strategy, with specific parts dedicated to research with priority programmes and KPIs per goal. For the next strategy round, a more detailed version of the research strategic plan with more specific research KPIs is encouraged.

Quality system

There is an advanced quality culture at TSJCI, however there are some elements that need improvement. Some parts of the quality systems are not cancer specific and cancer specific information is not readily available to support decision making or to safeguard processes. Cancer-specific patient satisfaction surveys should be used systematically and a system for obtaining PREMs and PROMs is advised. Similarly, a cancer centre specific system of registering and reporting of complications as well as the related improvement actions should be implemented. Finally, all activities, including research activities, should be brought under the umbrella of an overarching quality assurance system.

Biobank / Research

TSJCI has great potential to conduct clinical and translational research. Nowadays, a well-functioning centralised biobank is a prerequisite for competitive cancer research, therefore the establishment of a centralised biobank system linked to the clinical database is a priority. Some other points in research should be addressed, such as developing mechanisms to define the research budget as mentioned before; evaluating individual research groups and research support facilities.

Physical environment, medical devices

Some parts of the institute are in new buildings, some are not. While the new parts are really nice, the older buildings are not very patient-friendly or functional. There are some areas where the available space is clearly not enough to serve the large number of patients, as has already been mentioned for the day care unit. Several medical devices are outdated and need to be changed, especially in radiology and nuclear medicine.