



STRATEGIC PLAN 2013- 2018

مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

For Distribution, Engagement and Feedback

March 10, 2013



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Kuwait Cancer Control Center

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A Message from KCCC's Director, Dr. Ahmad Al Awadhi



It is with great pleasure I present the Kuwait Cancer Control Center (KCCC) Strategic Plan for 2013-2018. Our vision is for KCCC to achieve the best cancer care and control regionally and internationally and this will be done by providing integrated, professional cancer care for patients, their families and the society as a whole. Our services include prevention, early detection, treatment and palliative care.

This strategic plan was developed through the input we received from KCCC staff who represented all the departments of the hospital, our partners from The University Health Network (UHN) and other external stakeholders. It aims to meet our vision while addressing the critical issues identified by our teams through Specific-Measurable-Attainable-Realistic-Time-related (SMART) long and short term goals. Every day is a new opportunity for learning and I am grateful for all the effort and dedication put forward from KCCC staff.

The Strategic Plan is an encouraging tool to help KCCC expand and move towards the direction we choose. I believe in KCCC's staff and I am optimistic about what the future holds for KCCC and cancer care in Kuwait.

A special thank you to all those involved in the UHN and Kuwait Partnership. This fruitful partnership between the KCCC team and the UHN team has set the foundation for KCCC to launch towards becoming the best cancer control center in the region.



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Summary of KCCC's Strategic Priorities

The development of KCCC's 2012 -2015 strategic plan has been an iterative process. Through extensive engagement and consultation with patients and their families as well as staff and our external partners, the following strategic priorities emerged in alignment with KCCC's vision, mission and values:

STRATEGIC PRIORITIES

CLINICAL MANAGEMENT

- Create specialized multidisciplinary teams for deliver of disease specific patient and family-centred cancer care in keeping with international best-practice.

CLINICAL SERVICES

- Strengthen specialized cancer care clinical services necessary to provide high quality cancer care and ensure ongoing commitment to continuous quality improvement and collaboration

HOSPITAL INFRASTRUCTURE

- Modernize KCCC's infrastructure to provide patients and staff with the facilities, tools and technologies to deliver state of the art cancer care

KUWAIT CANCER CONTROL

- Assume leadership in developing a cancer plan for Kuwait including a comprehensive cancer strategy for cancer prevention, screening, treatment, palliative and supportive care and performance measurement.



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Who We Are

KCCC VISION

KCCC will achieve the best cancer care and control regionally and internationally.

KCCC MISSION

KCCC provides integrated, professional cancer care for patients, their families and society including prevention, early detection, treatment and palliative care.

Research, training and continuing education are integral to comprehensive health promotion and cancer care in Kuwait.

KCCC VALUES

Outcome Focused

Respect

Education

Teamwork

Excellence

Leadership

Safety

KCCC Vision

KCCC will achieve the best cancer care and control regionally and internationally.

KCCC Mission

KCCCC provides integrated, professional cancer care for patients, their families and society including prevention, early detection, treatment and palliative care. Research, training and continuing education are integral to comprehensive health promotion and cancer care in Kuwait.

KCCC Values

Top Values at KCCC	What does it mean?
Outcome Focused	All KCCC activity is directed towards improving the health status and quality of life of our patients. We align and direct our resources through National Accreditation Standards to achieve better cancer care and prevention.
Respect	Respect encompasses both trust and compassion. The KCCC team, patients and families are compassionate and trust that the end goal is betterment of the patient's condition. All staff are mindful of each other's time, efforts, ideas, knowledge, training and contribution to quality care.
Education	The constant pursuit of knowledge always includes learning from and imparting lessons to colleagues, patients and families for the betterment of care. KCCC nurtures an environment whereby everyone is a life-long student and teacher sharing experiences, wisdom and technical skills.
Teamwork	KCCC promotes team-based care rooted in collaboration, consultation and collegial support. Teamwork is based on a foundation of integrity, trust and partnership. The primary focus of teamwork is to collectively deliver the best care possible while acknowledging everyone's contribution and skills. We are all team members from the porter to medical director focused on providing excellent care to our patients and their families.
Excellence	KCCC always strives to go beyond what is expected. For KCCC, excellence is an unending journey focused on ensuring our patients receive the best evidence-based care available with continuously improving outcomes and quality.
Leadership	Leadership at KCCC is actively supporting change through motivating and empowering staff. Innovation, ambition and teamwork are the foundation of successful leadership at KCCC.
Safety	At KCCC, we take seriously our pledge to provide the safest possible environment for our patients, staff and the community. We are committed to prevention and the control of risk factors that can impede the quality of cancer care.

Kuwait Cancer Control
Hospital Infrastructure
Clinical Services
Clinical Management



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The Kuwait Cancer Control Centre will embody the following values in all the work it does; the care it provides; and the relationships it builds with its patients, staff, care partners and the community.

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Where We Are Today

KUWAIT CANCER CONTROL CENTER



POPULATION STRUCTURE OF KUWAIT

According to the latest available statistics: mid-year population of Kuwait in 2009 reached 3,442,945. Males counted for 62.1% and females 37.9% with male to female ratio 1.61:1. Kuwaiti population totaled 1,102,485 (32%). Male represent 539,973 (48.1%) while females represented 562,512 (51.0%). Male to female ratio was 1:1.04. On the other hand, the non-Kuwaitis represented 2,340,460 (68.0%) individuals male were 1,599,165 (68.3%) while female totaled 741,295 (31.7%). Male to female ratio was 2.2:1.

HEALTH REGIONS

Through a ministerial decree issued in 1984, Kuwait was divided into 6 health areas/region namely Capital, Hawali, Ahmadi, Jahra, Farwania and Al –Sabha. Each health region office supervises and manages at least one general hospital and a number of primary and specialized clinics and the health system are based on three levels of health care delivery: primary, secondary, tertiary health care.

HISTORY OF KUWAIT CANCER CONTROL CENTER

The Kuwait Cancer Control Center was developed in the early 1970's as a Tertiary Health Care Center, located at Shuwaikh in Sabah health region. This is the only oncology hospital covering all the cancer patients in Kuwait. Kuwait Cancer Control Center is composed of 6 centers and 542 bed capacity, these centers are 143 bedded Hussain Maki Al- Juma for specialized surgeries old and new buildings, 150 bedded Sheikha Badriya medical oncology and stem cell transplantation, 104 bedded Palliative Care Center, 33 bedded Yacoub Behbehani laboratory building & bone marrow transplantation, 83 bedded National Bank Of Kuwait Pediatric oncology department and Faisal Eisa Sultan center for radiology & radiotherapy.

The Center provides all available services for cancer patient with a wide number of competent Medical and Para medical staff and all available treatment modalities. Total number of Doctors in surgery 15, Chemotherapy 23, Nuclear Medicine 7, Radiotherapy 18, Clinical Radiology 17, Physiotherapy 4, Anesthetics 14, Hematology 7 and Cytology lab 19 accordingly. Total number staff nurses are 580 excluded National Bank of Kuwait Pediatric Oncology.

The Total number of Inpatient and outpatient received hospital services in the Year of 2011 is 4105 and 28,697 accordingly.



The Available Hospital Services

Surgery

Chemotherapy

Radiotherapy

Diagnostic Services

A. Clinical Radiology

Nuclear Medicine

Laboratory Services

Pathology

Hematology

Stem Cell Laboratory

Bone Marrow Transplant

Intensive Care Unit

Physical Therapy

Palliative Services

Out-patient Department

A. Surgical Out Patient Department

B. Radiation Oncology Out Patient Department

C. Medical Oncology Outpatient Department

D. Radio Diagnostic Center: is situated in the 1st floor of Faisal Sultan Bin Essa Center. (It consists of Nuclear Medicine, PET scan, Thyroid Therapy clinic & Radiology investigation.)

E. Pain Clinic



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Anesthesia

Pain Management

Cancer Registry

Psychiatric Clinic

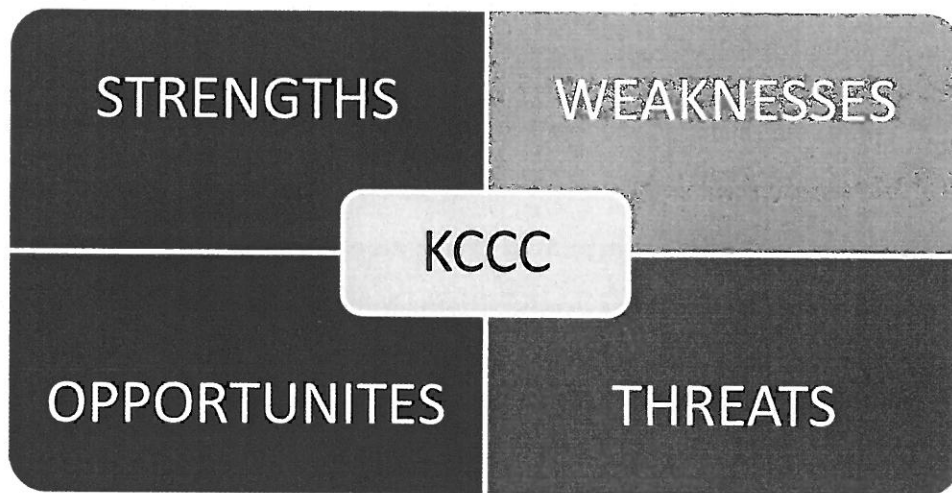
Nutrition Clinic

According to the KCCC Cancer Registry, a grand total of 16,557 patients received chemotherapy in 2011 -8679 Kuwaitis and 7878 Non Kuwaitis. A total of 4 radiotherapy machines delivered 15,877 treatments. The total number of surgeries conducted at KCCC was 1407 – 584 for Kuwaities and 823 for non-Kuwaitis 823.

The hospital supportive services are Physiotherapy department, Pharmacy department, Laundry Department, Maintenance Department, Medical Record Department and Dietary department.

See Appendix 1 for KCCC's vital statistics

Environmental Analysis



The following is a summary of KCCC's strengths, weaknesses, opportunities and threats. This information has been collected from a number of sources, including:

1. A consolidation of the most recent KCCC operational plans, which included numerous department SWOT analyses;
2. Departmental and program reviews by the University Health Network (UHN) conducted under the terms of the KCCCC-UHN partnership; as well as,
3. Interviews with external stakeholders.



Strengths

- Dedicated staff committed to improving cancer services
- Ample nursing levels compared to international standards
- Strong charitable and community support
- Commitment to psychosocial and palliative care and the new Palliative Care Centre
- Mutually supportive and collegial working relationships between hospital leaders
- Medical staff maintain and continuously update knowledge and skills
- Relatively rapid access to high quality diagnostic services and the latest approved chemo and biologic therapy
- Supportive Ministry of Health towards the enhancement of cancer services in Kuwait
- Investment in technologies such as tele-pathology and video-conferencing to provide real-time connections to cancer diagnosis, care and team development

Weaknesses

- Lack of basic information management and technology
- Lack of sub-specialized surgical oncology
- Approval delays for essential equipment and supplies
- Inadequate mechanisms for developing and approving cross-departmental, hospital wide policies, procedures and priority setting
- Weak referral arrangements with other hospitals
- Absence of an outpatient booking system
- Disorganized medical record
- Inadequate genetic diagnostic capacity and associated counseling
- Lack of consistent data/information to support patient safety and quality improvement initiatives
- Inconsistent responsiveness to required routine maintenance and supply chain
- Old physical facilities that are not appealing nor inviting to patients, families and staff
- Lack of trained educational staff and trained medical secretaries



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- Lack of clear patient care pathway
- Lack of integrated cooperation between departments to standardize patient care
- Lack of admission privacy

Opportunities

- Patient and family education to increase compliance and confidence in treatment plans
- New National Accreditation Standards provide quality improvement roadmap
- National evidenced-based cancer protocols designed to promote standardized diagnosis, referral and intervention for patients across Kuwait
- Plan to deliver some surgical oncology services at KCCC with selected specialized partnering hospitals (e.g. thoracic, neuro-oncology)
- Developing formal education and research links with Kuwait University and the Faculty of Medicine
- Build new state of the art large, new cancer center
- Centralized print shop to enable continuously updated hospital-wide policies procedures and patient/family education material
- Collaboration with interested stakeholders in Kuwait
- Strengthening existing relationships with international medical centers through video conferencing



Threats

- Delays in implementing basic information system, including MOSAIQ, an essential system for Radiation Medicine
- Development of private radiation medicine facilities in Kuwait which are not integrated with medical and surgical oncology services
- Risk of infection associated with new Bone Marrow Transplant service
- Inadequate hand hygiene facilities
- Patient injuries associated with inadequate quality controls and information management for medical physics and radiation medicine
- Weak occupational health and safety
- A "shame and blame" culture which impedes development of a learning environment required to continuously improve quality of care and patient safety
- Potential reductions or limits in the volume of patients treated at KCCC as other private centers in Kuwait and abroad increase their efforts to be providers of choice for cancer treatment; thereby further impacting the ability of KCCC to provide sub-specialty care



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How Our Stakeholders View KCCC

The most recent annual operational plans prepared by each department, together with interviews conducted in December 2011 with Department Heads, provide staff perspectives on KCCC strategic priorities. Interviews were also held with key stakeholders from other hospitals, the Nursing Directorate, KIMS and Kuwait University.

OUR STAFF

- Hospital Information System (HIS) is long overdue
- Need to develop cancer genetic diagnosis and counseling
- Medical records are in poor condition
- Need stronger ties with Kuwait University
- Inadequate facilities for patients and staff
- The system for ordering essential supplies and equipment is too slow
- Patient compliance with treatment plans is a challenge; more of an emphasis needed on patient and family education
- Nursing staff often feel threatened by patient families
- Need for a dedicated Kuwait Cancer Council accountable to the MOH Undersecretary with input from medical oncology, surgical oncology, radiation medicine and nursing to develop nation-wide cancer protocols, prevention, screening and public education programs
- A dedicated, comprehensive budget for KCCC managed by the Hospital Director and controlled by the National Cancer Council
- Performance measurement and performance management system



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OUR EXTERNAL PARTNERS

- KCCC has been making real progress in improving services over the past two years
- Patients and families continue to see KCCC as a frightening place; reducing the stigma and fear of cancer needs to be a priority
- Referral systems and communication with other hospitals referring patients to KCCC for cancer diagnosis and treatment must be improved
- More emphasis needs to be placed on patient and family education, psychosocial and palliative care
- National protocols for treating cancers in MOH hospitals need to be standardized; specifically all non-emergent cancer patients should be referred to KCCC before treatment plans are developed
- Wait times for outpatient chemotherapy are unacceptable

Critical Issues & Themes Emerging from the Strategic Planning Process

- Multidisciplinary and inter-professional collaboration and patient care planning
- Cancer Council with authority and budget to oversee KCCC and implementation of prevention, treatment and palliative care plans throughout Kuwait
- Better and more timely data, including patient and staff satisfaction survey information, to inform clinical decision making and quality improvement plans
- Development and approval of a KCCC Risk and Quality Plan
- Implementation of KCCC Hospital Information System based on Radiation Medicine (Mosaik) System
- Timely approvals and compliance monitoring relating to Hospital-wide policies, procedures and quality improvement plans
- Strengthened Psycho-Social and Palliative Care Services
- Urgent need for inpatient and outpatient central referral office and structured multi-disciplinary cancer site based teams
- Standardized, complete and timely medical record
- Community education campaign to reduce stigma associated with cancer
- Strengthened internal and external communication between staff, leadership and community
- Active succession planning within service areas
- Specialized training for cancer care
- Inconsistent management of adolescent patients



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KCCC's Five-Year Strategic Goals by Priority

For each of the four strategic priorities, a number of specific goals have been identified based on the critical issues identified through the strategic planning process. The following goals are meant to be Specific, Measurable, Attainable, Realistic and Timely (SMART) with the intent being to focus hospital priorities over the next three years. The goals are also organized into efforts that will require effort over the short-term (2 years) and over the long-term (5 years).





CLINICAL MANAGEMENT:

Create specialized multidisciplinary teams for delivery of disease specific patient and family-centered cancer care in keeping with international best-practice.

SHORT-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Establish clinical guidelines and a process for annual review.	<p>Develop clinical guidelines based on a review of existing KCCC guidelines and UHN guidelines.</p> <p>Each site-based clinical team will review clinical guidelines annually.</p> <p>Treatment is compliant with agreed upon guidelines.</p>
2. Increase expertise in disease based cancer teams at KCCC.	<p>At least one sub-specialized oncology team (e.g. breast) will be piloted in 2013 and evaluated in 2014.</p> <p>Annual conferences will be organized for each site-based area.</p> <p>Mechanisms will be established to compare treatment provided with intended outcomes.</p> <p>Staff's professional development plans include objectives to increase expertise in site based care.</p>
3. Improve patient satisfaction.	<p>Develop a strategy for measuring and improving patient satisfaction.</p> <p>Implement a standardized patient satisfaction survey and report results twice a year through the Hospital Council. Develop an action plan for increasing the % of patients who would recommend KCCC to friends and family).</p>
4. Implement inter-professional care planning	<p>Active participation of nursing and allied health professionals in case conferences and patient rounds.</p> <p>Documentation of care by allied health professionals in the medical record.</p>



GOAL	HOW WE WILL KNOW
5. Engage the patient and their family in the treatment plan.	<p>Develop and implement a standardized process for obtaining informed consent.</p> <p>Develop and distribute patient education material for high volume disease groups.</p> <p>Evaluation of selected patient education materials demonstrates that patients understand their treatment plan.</p>
6. Capture clinical data	<p>Identify critical data sets for priority areas and disease groups</p> <p>Structure database</p> <p>Clinical data collection processes established</p> <p>Resources for data collection and analysis identified and secured</p>
7. Research and development	<p>Clinical Services embed research projects into operations.</p> <p>Research is in collaboration with Kuwait University</p> <p>Compile and utilize current research for best practices--Library</p>

LONG-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Establish a governance process to ensure compliance with and advancement of clinical guidelines and best practices.	<p>Establish a Quality of Care Committee for clinical management.</p> <p>Clinical audits conducted on selected indicators.</p> <p>Published results of clinical audits (quarterly).</p> <p>Documented action plans based on clinical audit results.</p>
2. Develop tumor boards at KCCC in partnership with other Kuwait hospitals.	<p>Establish and use a MCC tumor board checklist.</p> <p>Site specific tumour boards held weekly.</p>
3. Measure and Improve Outcomes.	Monitor compliance of treatment guidelines



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Measure compliance rates; disease control rates and survival.

4. Improve the reputation of KCCC so that patients and staff see it as the institution of choice for cancer treatment.

Staff recruited to fill positions at KCCC have the required education, skills, knowledge and experience to provide specialized care.

Increase in the number of educational experiences being provided for trainees.

Research program established.

Increase the number of publications 80 % of patients surveyed rate KCCC as a hospital they would recommend to family or friends.

International patients come to Kuwait for Cancer for treatment.

5. Implement precision medicine treatments.

Introduction of new technologies and therapies.

6. Research will be integrated into clinical practice.

Standardized research processes and policies

Research ethics committee established

Journal clubs established

Pre-printed orders based on clinical experiences

7. Provide patients with psychosocial support.

Active counseling service

Survivorship program

Staff have training in the delivery of supportive care

Multidisciplinary approach to supportive services

CLINICAL SERVICES:

Strengthen the specialized cancer care clinical services required to provide high quality cancer care and ensure ongoing commitment to continuous quality improvement and collaboration.

SHORT-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Develop clinical service policies and procedures and review these policies and procedures annually.	Each service area will have a policy and procedure manual readily accessible to all staff. Annual review of policies and procedures.
2. Improve quality and patient safety at KCCC.	Accreditation Canada International (ACI) accreditation is achieved in 2013. Staff are aware of quality improvement and patient safety activities.
3. Each clinical service will develop a service specific improvement plan based on the recommendations from the KCCC and UHN partnership.	Each service area will establish a Quality Improvement team with a quality improvement plan that will be reviewed quarterly.

LONG-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Establish operational scorecards that describe and track service/department-specific key performance indicators.	Each service area will have a scorecard linked to the KCCC Balanced Scorecard. Regular scorecard review meetings will be held.
2. Establish a competency based training framework to build clinical/professional knowledge and capacity.	Each department will develop annual education/learning plans for all staff. There is a long term Human Resource strategy for the recruitment of specialized staff.
3. Each service will monitor patient wait-times to receive appointments and care.	Service-specific wait times.



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GOAL

HOW WE WILL KNOW

4. Provide patient and family friendly care processes.

Patient journeys will be mapped and communicated to all patients.

Specific clinical care pathways will be established.

5. Provide multidisciplinary care pathway.

Specific care pathways for most common disease groups.

Multidisciplinary Cancer Conferences

Standardized order sets

HOSPITAL INFRASTRUCTURE:

Modernize KCCC's infrastructure to provide patients and staff with the facilities, tools and technologies to deliver state of the art cancer care.

SHORT-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Physical facilities and medical equipment meet patient care needs.	Physical facilities support patient centered care. Medical equipment is available and regularly maintained. Medical supplies meet Patient safety requirements.
2. To provide access to relevant, accurate cancer care related information for patients, families, referring doctors and community.	Build a comprehensive KCCC Website (e.g. website). Patient education and information materials developed.
3. Improve timely access to care at KCCC	Establish referral policies and procedures. Implement standardized referral forms. Establish centralized referral office at KCCC to triage, streamline and coordinate referrals to KCCC.
4. Proactively plan a cross-departmental and cross-functional team for approving KCCC's infrastructure, supplies and capital needs.	Establish a multi-directorate Ministry of Health committee for specialized cancer services in Kuwait that has influence to provide timely access to resources, supplies, decision-making and HR planning. Centralized approach to Ministry of Health engagement.
5. Improve the timely access to accurate and relevant clinical information in the medical record.	Newly organized medical record that complements a KCCC health information system and MOSAIQ (Cancer specific information system). Policies and procedures for clinical documentation are current and accessible. Routine chart audits indicate areas for improvement.



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GOAL

HOW WE WILL KNOW

- | | |
|---|---|
| 6. Establish use of unique patient identifiers. | Policy established
Use of policy despite technology platform |
|---|---|

LONG-TERM GOALS:

GOAL

HOW WE WILL KNOW

- | | |
|--|---|
| 1. Establish a health information system (HIS). | HIS selected and purchased.
KCCC HIS roll-out (go-live summer 2013). |
| 2. Ensure HIS functionality for chemotherapy and radiation medicine recommendation of MOSAIQ. | Approval of radiation medicine upgrades and licenses for MOSAIQ. |
| 3. Involve staff in all hospital infrastructure planning and (re)design for current and future KCCC space including the new hospital building. | All departments to sign off on new KCCC specifications.
New Cancer Centre reflects recommendations of staff and UHN Partnership expertise.
KCCC-wide renovations to upgrade space and improved patient environments. |
| 4. Create a human resources (HR) function at KCCC with an initial focus on orientation, occupational health, safety and training. | Every department will have an orientation plan that reflects KCCC's values, staff's role in clinical pathways and performance expectations.
Reduced sick days and staff injuries.
Staff training plan focused on cancer service delivery. |
| 5. Increased patient self-management | Increased access to cancer information.
Presence of online tools.
Patient education center established. |



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GOAL

HOW WE WILL KNOW

6. Facilitate and implement a more responsive materials management system.

Develop and implement KCCC –wide supply chain and equipment ordering policies, procedures and processes.

Medical supplies and pharmaceuticals are in sufficient supply to meet patient care needs.

Quarterly review of KCCC Department's supply and capital requirements, priorities and results.

WAIT CANCER CONTROL:

- Assume leadership in developing a cancer plan for Kuwait including a comprehensive cancer strategy for cancer prevention, screening, treatment, palliative and supportive care and performance measurement.
- This part of the KCCC Strategic Plan is an initial draft of what will be a comprehensive national cancer strategy for the systematic and equitable implementation of evidence based strategies for prevention, early detection, diagnosis, treatment and palliation. KCCC will assume a leadership role in development of this national strategy.*

SHORT-TERM GOALS:

GOAL	HOW WE WILL KNOW
1. Raise awareness for the need for a national cancer control governance model.	<p>A Cancer Control Advisory Committee is established and meets regularly.</p> <p>The Advisory Committee is comprised of representatives from Governmental cancer related agencies and institutions; Non-governmental cancer organizations; Private cancer related institutions; and Patients groups.</p>
2. Establish process for developing a National Cancer Control Plan.	<p>Task force established for the planning process representing a balance among stakeholders, including - consumers, providers, government, non-governmental and private sectors.</p> <p>Representatives in the planning process included experts in public health, cancer prevention, early detection, treatment, palliative care and information systems.</p>
3. Explore creating a formal partnership between KCCC and Kuwait University, Public Authority for Applied Education and Training (PAAET), Kuwait Institute for Scientific Research (KISR), Kuwait Foundation for the Advancement of Science (KFAS) as well as international agencies.	<p>A formal inter-professional working group mandated to develop recommendations will be established.</p>



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LONG-TERM GOALS:

GOAL

HOW WE WILL KNOW

1. Launch a National Cancer Control plan.

A Ministry of Health Plan exists that is aligned with NCD Control Plan

The plan aims at reducing cancer incidence and mortality as well as improving quality of life.

The plan considers the systematic implementation of evidence based interventions across the whole cancer continuum.

2. Develop a public education strategy on cancer control.

There is a general awareness on the cancer problem and possible solutions.

There is involvement of the community to fight cancer.

Stigma against cancer is limited.

There is a strategy for purposeful public awareness campaigns.

3. Establish a population based screening program.

There are current evidence based national guidelines on cancer prevention and treatment.

Cancer control activities are well coordinated and integrated to the health system.

Develop nation-wide screening program

Note: Breast Cancer and Colon Cancer Screening to be activated in the immediate future.

4. Cancer control activities are well coordinated and integrated to the health system.

There is balanced and efficient use of resources across the cancer continuum.

Decision-making is generally based on evidence, equity and affordability.

There is equitable access to good cancer care.



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5. Become a reference in Kuwait for knowledge and information about cancer.

Key messages for public campaigns.

Internal public relations and education committee.

Active website with resources and treatment guidelines.



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KCCC's Five-Year Strategic Summary of Goals

PRIORITY	SHORT-TERM GOALS (2 years)	LONG-TERM GOALS (5 years)
CLINICAL MANAGEMENT	1. Establish clinical guidelines and a process for annual review.	1. Establish a governance process to ensure compliance with and advancement of clinical guidelines and best practices.
	2. Increase expertise in disease based cancer teams at KCCC.	2. Develop tumor boards at KCCC in partnership with other Kuwait hospitals.
	3. Improve patient satisfaction.	3. Measure and Improve Outcomes.
	4. Implement inter-professional care planning.	4. Improve the reputation of KCCC so that patients and staff see it as the institution of choice for cancer treatment.
	5. Engage the patient and their family in the treatment plan.	5. Implement precision medicine treatments.*
	6. Capturing clinical data.	6. Research will be integrated into clinical services.
	7. Research development.	7. Providing patients with clinical support.
CLINICAL SERVICES	1. Each clinical service will develop a service specific improvement plan based on the recommendations from the KCCC and UHN partnership.	1. Establish operational scorecards that describe and track service/department-specific key performance indicators.
	2. Improve quality and patient safety at KCCC.	2. Establish a competency based training framework to build clinical/professional knowledge and capacity.
	3. Develop clinical service policies and procedures and review these policies and procedures annually.	3. Each service will monitor patient wait-times to receive appointments and care.
		4. Provide patient and family friendly care processes.
		5. Establish a multidisciplinary care path.

precision medicine: tailoring of medical treatment to the individual characteristics of patient.



PRIORITY	SHORT-TERM GOALS (2 years)	LONG-TERM GOALS (5 years)
HOSPITAL INFRASTRUCTURE	1. Physical facilities and medical equipment meet patient care needs.	1. Establish a health information system (HIS).
	2. To provide access to relevant, accurate cancer care related information for patients, families, referring doctors and community.	2. Increased patient self-management.
	3. Improve timely access to care at KCCC.	3. Involve staff in all hospital infrastructure planning and (re)design for current and future KCCC space including the new hospital building.
	4. Proactively plan a cross-departmental and cross-functional team for approving KCCC's infrastructure, supplies and capital needs.	4. Create a human resources (HR) function at KCCC with an initial focus on orientation, occupational health, safety and training.
	5. Improve the timely access to accurate and relevant clinical information in the medical record.	5. Facilitate and implement a more responsive materials management system.
	6. Identify unique identifiers for easy retrieval of patient information.	6. Ensure HIS functionality for chemotherapy and radiation medicine recommendation of MOSAIQ.
KUWAIT CANCER CONTROL		7. Increase staff satisfaction and provide psychological support.
	1. Raise awareness for the need for a national cancer control governance model.	1. Launch a National Cancer Control plan.
	2. Explore creating a formal partnership between KCCC and Kuwait University, Public Authority for Applied Education and Training (PAAET), Kuwait Institute for Scientific Research (KISR), Kuwait Foundation for the Advancement of Science (KFAS) as well as international agencies.	2. Develop a public education strategy on cancer control.
	3. Establish process for developing a National Cancer Control Plan.	3. Establish a population based screening program.



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PRIORITY	SHORT-TERM GOALS (2 years)	LONG-TERM GOALS (5 years)
		<ul style="list-style-type: none">4. Cancer control activities are well coordinated and integrated to the health system.5. Becoming a reference in Kuwait for knowledge and information about cancer.

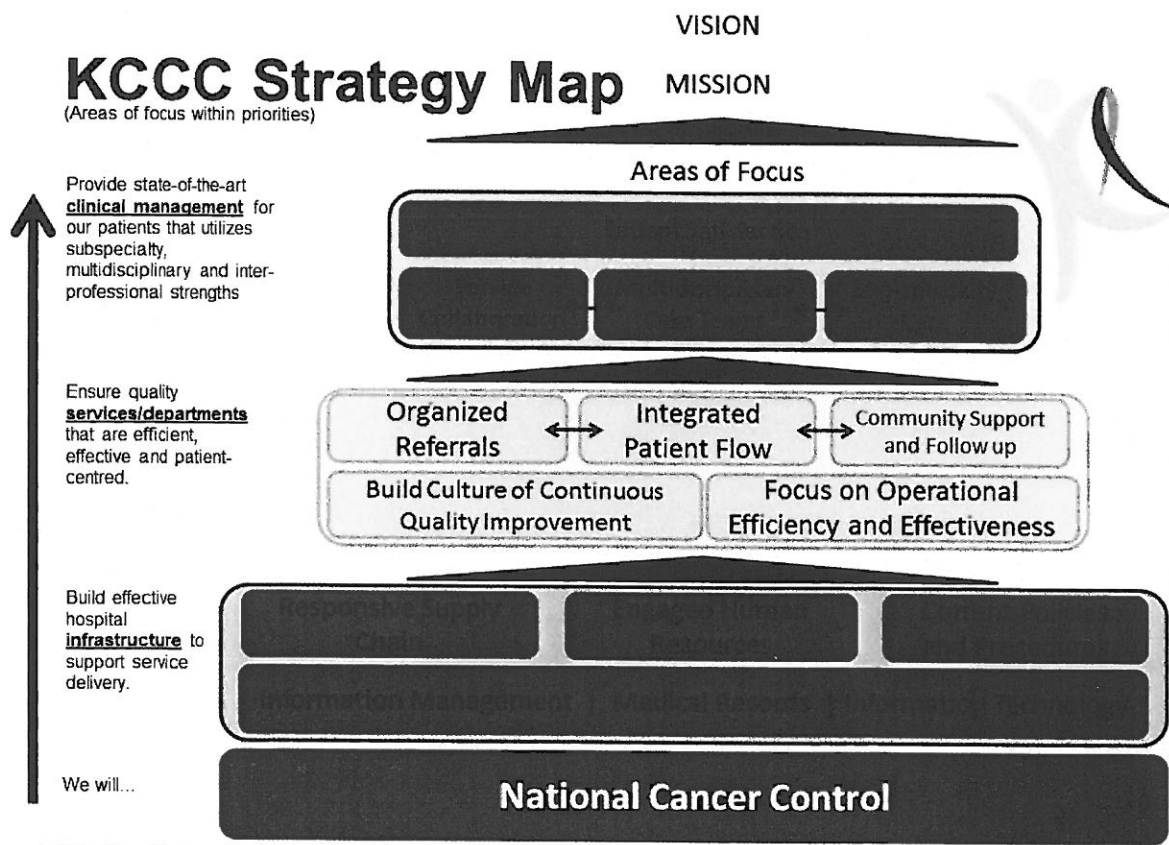


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KCCC's 2012 -2015 Strategy Map

A strategy map describes how the various elements, such as goals, areas of focus, perspectives and directions, complement one another and collectively move an organization towards fulfilling its mission and vision.

The strategy map below illustrates how KCCC's strategy should support a much needed Kuwait national cancer control plan. The 2012-2015 Strategic Plan aims to build the necessary infrastructure to support efficient, effective, patient-centered services so that patients receive state-of-the-art clinical management utilizing subspecialty, multidisciplinary and inter-professional teams.





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Closing Remarks from KCCC's Director. Dr. Ahmad Al Awadhi

This strategic plan will act as a guideline for KCCC to move forward and work on specific goals and areas of development. With this milestone, I anticipate great improvement and development for KCCC and consequently better cancer care for patients and families.

I would like to thank all KCCC members, department heads and external stakeholders for their collaboration and hard work to accomplish KCCC's 2012 – 2018 strategic plan.

Special thanks for the Kuwait-UHN Partnership for their ongoing support and hard work.



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PPENDIX 1: Cancer Statistics in Kuwait

The total number cancer registration until the end of 2009 totaled about **41,702 cases**

The 10 most commonly diagnosed cancers, Kuwait, 2000-2009(Kuwaiti) (ASIR=Age standardized incidence rate/100,000)

Male N=3165			Female N=4270		
SITE	N(%)	ASIR	SITE	N(%)	ASIR
Colorectal	358(11.3)	16.1	Breast	1555(36.4)	49.4
NHL	340(10.7)	11.3	Colorectal	389(9.1)	13.4
Leukemia	281(8.9)	7.4	Thyroid	333(7.8)	8.2
Trachea Bronchus & lung	277(8.8)	13.5	NHL	211(4.9)	6.5
Prostate	271(8.6)	14.2	Leukemia	210(4.9)	5.0
Bladder	173(5.5)	8.0	Corpus uteri	187(4.4)	7.0
Liver	151(4.8)	7.4	Ovary	153(3.6)	5.1
Brain & Nervous system	135(4.3)	4.3	Cervix	118(2.8)	3.9
Hodgkin's Disease	135(4.3)	3.2	Trachea Bronchus & lung	106(2.5)	4.4

There were 1,751 new cases of cancer in Kuwait in 2009, of which 889 cases occurred among Kuwaiti and 862 among Non-Kuwaiti



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The most commonly diagnosed cancers, Kuwait, 2009(Kuwaiti)

Male N=366			Female N=523		
SITE	N(%)	ASIR	SITE	N(%)	ASIR
Colorectal	50(13.6)	18.2	Breast	223(42.6)	59.4
NHL	47(12.8)	14.0	Thyroid	42(8.0)	8.3
Prostate	40(10.9)	17.8	Colorectal	39(7.4)	11.5
Leukemia	23(6.3)	6.8	Corpus uteri	30(5.7)	9.2
Bladder	26(7.1)	10.8	Ovary	22(4.2)	6.5
Trachea Bronchus & lung	24(6.6)	9.3	NHL	31(5.9)	8.3
Hodgkin's Disease	18(4.9)	4.1	Leukemia	14(2.7)	3.8
Kidney	18(4.9)	5.5	Hodgkin's Disease	12(2.3)	3.0
Brain & Nervous system	14(3.8)	4.0	Cervix	9(1.7)	2.1
Liver	13(3.6)	6.0	Trachea Bronchus & lung	9(1.7)	3.1



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ENDIX 2: Key External Stakeholders Interviewed

Abbas Ramadan	- Director, Al Sabah Hospital
Kazen Behehbani	- Secretary General, Dasman Diabetes Centre
Hanaa Al Khamis	- Department Head Physiotherapy, Ibn Sina Hospital
Ibrahim Al Hadi	- Secretary General, KIMS
Mohammad Awaida	- Director, Ibn Sina Hospital
Ibrahim Muzairai	- Head Laboratory Directorate
Adel Alasfoor	- Regional Director, Sabah Specialized Hospital District
Ms Khawlah Yacoub Taleb	- Acting Dean, College of Nursing
Adel Ayed	- Dean, Faculty of Medicine, Kuwait University
Dr. Fawziya Al-Kandari	- Head, Nursing Administration

Strategic Plan Participants

Dr. Ahmad Al Awadhi	• Dr. Fareeda Al Kandari	• Ms. Mariam Abdulrahman
Dr. Reem Al Asousi	• Dr. A. Reddah Ismail	• Ms. Manal Ashkanani
Dr. Abeer Al Enezi	• Dr. Fahad Marafi	• Ms. Nora Mohammed
Dr. Medhat Oteifa	• Dr. Meshari Al-Naaimi	• Ms. Awatif Al Mutawa
Dr. Noha Al Saleh	• Dr. Hanaa Al Khawari	• Ms. Hanan Al-Khardiri
Dr. Amal Yousif	• Dr. Kazem Mirza	• Ms. Noora Al Hadan
Dr. Yasser Qutb	• Dr. Adel Wahba	• Mr. Misheal Mal Allah Bader
Dr. Souad Al Bahar	• Dr. Harry Ram	• ADN Darley Varghese
Dr. Anish Nair	• Dr. Naema Ali	• ADN Basma Said
Dr. Ramesh Pandita	• Dr. Naglaa M. Abdo	• ADN Najat Faraj
Dr. Salem Al Shammari	• Ms. Raji Rajan	• Ms. Susan Thomas
Dr. Sharifa	• Dr. Amani Al Basmi	• Dr. Hareram
Dr. Fahad Al Enezi	• Rogini Govindan	• Dr. S. Narayanan
Dr. Jaroslav Nemec	• Ms. Boaz Glory Rajakumari	• Mr. Abdullah Johar
Dr. Khaled Al Saleh	• Dr. Manal Ashkanani	• Mr. Bader Al Mutiri
Dr. Nashwa Abdulaziz	• Dr. Abdulla Al Mutairi	• Dr. Mashael Bander
Dr. Rania	• Dr. Ahmed El Sheashaey	• Dr. Rasha Ibrahim
Dr. Salah Al Waheeb	• Dr. Hamdan Ado Al Magd	• Nrs. Yasmin A. Haleem
Dr. Sundus Hussein	• Dr. Hana Al-Khamis	• Nrs. Aurora M.
Dr. Abdullah Akbar	• Ms. Amal Alishaiji	• Nrs. Soumya Victor
Dr. Mohammad Al Khashti	• Ms. Maria Monica	
Dr. Svetlana Ioukhova	• Mr. Mohammad Rawash	
Dr. Fawzy Nour el Hoda	• Dr. Khaled Al Saleh	
Dr. Ehab Mohy Aldeen	• Dr. Nagla Abdo	

Thank you everyone for supporting the
new e-scheduling ... you are all great

Carole and Fadi

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Carole and Fadi