Over the last year, the Department of Oncology has been immersed in an engaging and collaborative strategic planning process to set our course for the next five years and beyond. During this time, we engaged over 200 people through focus groups and conversations, a survey and task groups. The counsel and suggestions from our stakeholders were wise, thoughtful and imaginative and the core messages were remarkably consistent across the diverse range of individuals we heard from.

The number one theme we heard was, going forward, the seamless integration of patient care, education and research must be the nucleus of the Department of Oncology’s academic mission. Each of us must be prepared to develop new and innovative approaches to working together; with our clinicians channeling their “inner scientist” and our scientists channeling their “inner clinician” to maximize our shared impact on cancer.

This strategic plan, justifiably entitled ‘Integrated. Innovative. Impactful.’ will be a living document that builds on our strengths and track record of success, while asking us to raise the bar even further and pursue new, innovative and distinctive ways of performing our collective work that will enable us to achieve the vision of the Department of Oncology.
INTRODUCTION

The impact of cancer is astonishing. Every day it strikes a powerful blow. In Ontario over 200 people learn they have cancer and almost 80 people die from the disease on a daily basis. Equally ominous, the growth and aging of the Canadian population are predicted to lead to a further significant rise in the cancer burden, with the highest number of new cancer cases occurring in people 65 years old and over. In Ontario, the financial cost of this disease exceeds $1.5 billion a year and will continue to balloon in step with escalating cancer rates.

The fight against cancer is personal for the thousands of patients and their families and friends whose lives are changed forever because of their cancer diagnosis. It is also very personal and challenging for our dedicated team of clinicians, scientists, educators, trainees and staff who devote their lives to reducing the burden of cancer. Every day they are:

Caring
Providing excellent care, support and service to thousands of cancer patients

Researching
Conducting important research focused on solving challenges to improve cancer prevention, detection, diagnosis and customized treatment

Training
Inspiring and preparing trainees to contribute to the cancer community’s work

Collaborating
Building collaborative partnerships across the city and the world to tackle current and new challenges in cancer care

For a highly complex disease, where the speed of evolving challenges often exceeds available resources and answers, we want to do even better. In developing our strategic plan we have set out a new vision for the Department of Oncology, one that recognizes that we are stronger when we bring the diverse talents of our members together:

VISION
Where exceptional cancer care, research and education unite to improve the future for cancer patients.

MISSION
We optimize the health and well-being of cancer patients by working together to deliver excellence and innovation in patient care, trainee education and basic, translational and clinical research.

1 Canadian Cancer Statistics 2015, Special topic: Predictions of the future burden of cancer in Canada, Government of Canada
CHARTING OUR FUTURE

Responding to the ongoing challenges of cancer and the increasingly complex healthcare system and research funding landscape that we operate in, the Department of Oncology launched our strategic planning process in the fall of 2015. During the past year, we have embarked on a journey of strategic exploration, self-reflection and discovery to identify our greatest assets, limitations, challenges and opportunities.

GUIDING PRINCIPLES FOR STRATEGIC PLANNING

Throughout the strategic planning process, our work was shaped by seven guiding principles.

1. Our planning process will inspire, engage and involve internal and external stakeholders.
2. Our strategic plan will reflect the complex and rapidly changing environment in which we operate.
3. Our planning process will be open, transparent and trust-based.
4. Our strategic plan will be aligned to the strategic plans of the Schulich School of Medicine & Dentistry and the London Regional Cancer Program.
5. Our planning process will be dynamic and challenge the status quo.
6. Our strategic plan will be reviewed periodically to ensure it reflects the changing environment we operate in.
7. Our strategic plan will be aligned with the needs, aspirations and expectations of our stakeholders.
The first step on our journey was to establish a Strategic Planning Steering Committee, led by Dr. Alison Allan, Senior Oncology Scientist, reporting to Dr. Glenn Bauman, Chair/Chief of the Department of Oncology. The committee was comprised of 16 individuals, representing the diverse stakeholders of the department. Committee members were passionate and committed to their mandate and guided the process with integrity, thoughtfulness and rigour.

The committee spearheaded the planning process, which encompassed three priority phases.

**Stakeholder Engagement Phase: January – June 2016**

More than 200 people joined the conversation, including clinicians, researchers, trainees, patients, staff, partners and leaders. Stakeholders participated via one or more of the following modes of consultation:

- Faculty, staff and trainee survey;
- Focus groups;
- One-on-one interviews;
- Strategic discussions;
- Communication initiatives, such as information articles, and a strategic planning web page where updates were posted for general broadcast and feedback.

More than 200 people joined the conversation, including clinicians, researchers, trainees, patients, staff, partners and leaders. Stakeholders participated via one or more of the following modes of consultation:

**Environmental Scan: December 2015 – June 2016**

Our environmental review and analysis included:

- External scan related to trends, issues and opportunities in education and research; healthcare and education systems; funding and economic climate; social determinants of health; social factors, such as demographics and health status; technology and infrastructure; and more;
- Best practices review;
- Review of relevant white papers on clinical practice, education and research directions;
- Internal organization assessment.

**Data Analysis and Decision Making: September 2016 – December 2016**

We established strategic task groups to analyze the data we collected through the engagement phase and from the environmental scan, and asked them to make recommendations in three key areas: clinical care, education and research.

As a result of these planning phases, the Department of Oncology’s greatest strengths were identified. In addition, the most important forces of change in our internal and external environment were determined, which underscored the importance of building the department’s inaugural strategic plan as a ‘living document’.

The following is a review of the Department of Oncology’s strengths, external strategic influences and the factors necessary for future success.
CELEBRATING OUR STRENGTHS

Our People
Talented, committed and passionate people are the heart of the Department of Oncology. Their diversity of skills, academic backgrounds, cultures, disciplines and interests ensure we bring a purposeful balance of deep and wide expertise, coupled with a drive to defeat cancer, to everything we do.

Our Trainees
Our trainees are exceptional. They are smart, talented, and inquisitive and consistently make us proud. They succeed in competitions for external awards and scholarships, have strong publication records, and go on to acquire prestigious positions in research, education and medicine. Our trainees will be the oncology leaders of tomorrow.

Our Work is Patient-Inspired
Every member of the Department of Oncology is passionate about improving outcomes for patients. Whether it is mentoring an oncology resident or PhD candidate; conducting a research study to better understand which genes are essential for tumor survival; or collaborating with a patient to develop their treatment plan; they give 100% each and every day towards the common goal of conquering cancer.

Clinical Care
Our dedicated medical oncologists, radiation oncologists and cancer surgeons work in tandem with a talented team of staff and specialists to provide high quality care to over 20,000 patients each year through the London Regional Cancer Program and ambulatory clinics. We strive to actively engage our diverse range of patients in their care journey, through communication, collaboration and ongoing education.

Education
Trainees thrive in the Department of Oncology’s stimulating, supportive and engaging environment; experiencing high-quality teaching, mentoring and support from dedicated and inspiring faculty and staff. They are exposed to diverse training opportunities that span comprehensive patient-inspired care, clinical trials, and basic/translational research.

Research
From cancer prevention and diagnosis to treatment, our researchers are driven to discover. Our basic, translational, and clinical scientists from across London collaborate on research projects to provide answers to important questions and to translate discoveries into clinical use, benefitting cancer patients.

Unique Geography
As the primary provider of cancer services for London Middlesex and a tertiary provider for Southwestern Ontario, the Department of Oncology and London Regional Cancer Program (LRCP) serves almost 1,000,000 people in our Region. In addition, we are uniquely positioned to collaborate with a variety of academic partners in or adjacent to our Region, including research institutes, hospitals and universities. Within the LRCP building, the Department of Oncology offices and the Baines Translational Cancer Research Centre are located on the 4th floor, the patient treatment areas are located on the 1st and 2nd floors. This co-localization of our cancer clinics, patients, clinicians, scientists, and trainees allows for one-on-one multidisciplinary interactions on a daily basis and enables abundant opportunities for productive and innovative approaches to research, education, and clinical care.

Partnerships
Working with a diverse range of hospital, academic and community providers is a core commitment of the Department of Oncology. Whether it is training learners in the community; working with city-wide multi-disciplinary research teams; engaging patients in clinical research trials; collaborating with industry to develop better diagnostics or therapy; working with local providers to successfully transition patients into the community; disseminating knowledge and information to the communities we serve; or influencing health care policy and practice change, our impact is significant.
EXTERNAL DRIVERS OF CHANGE

Through the engagement processes and environmental scan, dozens of factors relevant to shaping the Department of Oncology strategic plan for the next five years were identified. The list was narrowed down to 11 key influences that must inform and shape the work we perform.

1. The number of new Canadian cancer cases per year is expected to grow from 196,900 to 277,000 in 2030. Concurrently, the number of cancer survivors will grow. These increases will continue to put a bigger strain on families and the health-care system, requiring more health-care facilities, health professionals and supports, and ultimately resources.

2. Cancer is more difficult to treat than other diseases, as it is very complex, and can adapt and evolve as its environment changes or in response to treatment. While there are no easy answers, a focused, integrated and supported pipeline of innovative research spanning discovery to clinical practice will be critical to beating this disease.

3. The most significant advances in cancer patient outcomes will emerge when there is purposeful and intense integration and coordination between clinical care, and research, in tandem with high quality education of the next generation of oncologists and cancer researchers.

4. We cannot work alone. The complex world of cancer research and clinical care requires strong partnerships between individuals, teams, and organizations; focused on sharing knowledge, expertise and resources.

5. Research priorities, models and processes are continuously evolving in the face of stiff competition for support and funding.


7. Significant innovations in technology and digital solutions will continue to shape how we deliver clinical care, educate our trainees and conduct research.

8. Increasing emphasis on home or community based care means more weight is placed on team-based continuity of care by health providers from diverse specialties, such as oncologists, primary care physicians, pharmacists, genetic counselors, mental health professionals, pain and palliative care practitioners, and other specialists.

9. Burnout is a risk amongst oncology professionals due to the demanding workload and the strain of working closely with patients battling such an obstinate disease.

10. The economics of universities, the research environment and the health care system will continue to be major challenges for the foreseeable future.

11. An accelerated focus on performance, assessment, outcomes and accountability to ensure that we are delivering on our promises will persist.

CRITICAL SUCCESS FACTORS

There are obvious critical success factors interwoven across the 11 drivers of change. If we are to successfully accomplish our academic vision and mission, we must:

1. Patient-Inspired

   Ensure that our approaches to clinical care, research and education are patient-inspired.

2. Top Talent

   Attract and develop top talent and leaders, across all disciplines and functions.

3. Foundations

   Construct strong foundations in the way we organize, value and integrate research and education with clinical care.

4. Allocate

   Wisely allocate scarce resources to focused priorities across our tripartite academic mission.

5. Technology

   Leverage technology, data and infrastructure to advance the integration of patient care, research and education.

6. Leaders

   Develop and support transformational oncology leaders for the future.

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2 Canadian Cancer Statistics 2016, Government of Canada
**BUILDING THE STRATEGY MAP**

Throughout our stakeholder consultations, we reflected on five critical questions:

**QUESTION #1**
What is our **Vision** for the Department of Oncology for the next five years?

**QUESTION #2**
In order to achieve our Vision and academic mission that encompasses clinical care, education and research, what **Strategic Outcomes** must we achieve for the patients, trainees and communities we serve?

**QUESTION #3**
In order to achieve the strategic outcomes, what processes and practices must the Department of Oncology excel at – our **Strategies of Excellence**?

**QUESTION #4**
In order for us to excel in these areas, what **Capacity** do we need, specifically linked to Department of Oncology culture, human resources, technology and infrastructure?

**QUESTION #5**
In order to build and sustain this capacity, what resources do we need and how will we allocate and use these resources to ensure the Department of Oncology’s **Sustainability**?

The Department of Oncology’s **Strategy Map** charts our course for the next five years. It provides us with the clarity and foresight we need to overcome the challenges and take hold of the opportunities that lie ahead. The Strategy Map enables us to work in a coordinated, inter-dependent and purposeful way.

The Strategy Map tells our strategic story in one page by answering the four questions. Moving from the bottom of the map to the top of the map, The Department of Oncology will be:

- **Guided by our Values**,
- And, will use our resources wisely and responsibly,
- And, build a strong and vibrant Department of Oncology,
- And, meet the needs of the stakeholders and communities we serve,
- Thus, achieving our Mission and Vision.
Our VISION
Where exceptional cancer care, research and education unite to improve the future for cancer patients.

InTEGRATED, INNOVATIVE, IMPACTFUL.
Strategic Stakeholder Outcomes

1. The quality of life and survival of our patients improve as a result of our integrated mission of clinical care, education and research.
2. We produce and translate innovative research in focused areas along the spectrum from discovery to clinical practice.
3. Our research is widely disseminated, recognized as impactful, and adopted internationally.
4. Our trainees are part of an integrated learning community that provides them with the competencies and skills they need to be future Oncology leaders.
5. Our faculty and staff are lifelong learners who incorporate new knowledge to advance care, education and research.
6. Our patients receive timely access to advanced treatments, care and technologies.
7. Our patients experience personalized, seamless and consistent continuity of care from our faculty, trainees and staff; and their voices and needs drive the integrated care we provide.
8. We are recognized internally and externally for our achievements in cancer care, research and education.

STRATEGIES OF EXCELLENCE – What must the Department of Oncology EXCEL at to achieve our Strategic Outcomes?

INTEGRATED, INNOVATIVE AND IMPACTFUL CLINICAL CARE – What must we excel at?

• Partnering with patients to deliver compassionate, personalized and supportive care responsive to the patient's physiological and psycho-social needs
• Optimizing the use of evidence-based care paths, performance standards and patient experience metrics
• Actively working with community providers to effectively coordinate optimal patient care closer to home
• Enabling multi-disciplinary team-based communication, collaboration and decision making

INTEGRATED, INNOVATIVE AND IMPACTFUL EDUCATION – We must excel at:

• Mentoring, supervising, evaluating and supporting trainees and helping them transition to successful careers
• Delivering high quality and integrated training programs
• Recognizing and celebrating educational contributions, innovation and achievements
• Supporting and enabling our faculty to be exceptional educators and life-long learners who incorporate new knowledge into their clinical care, education and research

INTEGRATED, INNOVATIVE AND IMPACTFUL RESEARCH – What must the Department of Oncology EXCEL at to achieve our Strategic Outcomes?

• Aligning research efforts and building inter-disciplinary, collaborative research teams around clinical problems and questions of importance
• Maximizing access to and participation in clinical trials for cancer patients at LRCP, LHSC and in our region
• Implementing policies and measures that foster, incentivize and protect investments in research and innovation
• Sharing and celebrating research outcomes and successes with the scientific community and the public at large

DEPARTMENT OF ONCOLOGY CAPACITY – What capacity do we need to enable excellence?

INNOVATIVE, INTEGRATED AND ACCOUNTABLE CULTURE – We must:

• Strengthen bridges between clinical care and basic science to enable shared learning and capacity building
• Support individuals at all levels to lead and champion an integrated and patient-inspired focus on cancer research, education and clinical care
• Nurture a culture of accountability where everyone contributes to our academic mission

PASSIONATE AND PURPOSEFUL PEOPLE – We must:

• Attract, motivate, and mobilize the best talent
• Provide relevant and personalized skill and professional development to trainees, faculty and staff
• Foster resiliency and a healthy work/life balance for all faculty, trainees and staff
• Provide dedicated administrative staffing and support for the most critical research, education and clinical care processes
• Recognize and celebrate integrated, innovative and impactful contributions and accomplishments

ROBUST INFRASTRUCTURE – We must:

• Stay at the forefront of technological advances for clinical care, education and research
• Leverage the power of social media, digital communication and other collaborative information technologies
• Create physical and virtual spaces across the department that enable collaboration, learning and best practices
• Bolster our research infrastructure to provide state-of-the-art facilities, data sharing platforms, equipment and tools

DEPARTMENT OF ONCOLOGY SUSTAINABILITY – How will we sustain and support the Department of Oncology?

EFFECTIVE RESOURCE UTILIZATION – We must:

• Use our resources strategically, allocating them to focused priorities where we can lead, innovate and have impact
• Ensure a stable and sustainable financial structure to support our integrated mission of cancer care, research and education
• Ensure faculty have the necessary time and the critical resources to achieve the academic mission and respond to changing needs
• Understand how we are funded and resourced and leverage this knowledge in setting our academic goals

CONTINUOUS QUALITY IMPROVEMENT – We must:

• Track, measure and analyze all aspects of our academic mission including research, education and patient metrics
• Leverage performance data to continuously improve our processes, productivity and results
• Monitor, anticipate and respond to emerging opportunities and challenges in the cancer field

TARGETED ADVOCACY – We must:

• Partner effectively for mutual benefits
• Promote and provide evidence of Department of Oncology’s impact and value to our stakeholders as well as our scientific and clinical communities
• Advocate for and gain philanthropic and donor support to enable our academic mission

OUR GUIDING VALUES

Respect                                Trust                                Collaboration
Innovation                            Lifelong Learning
Search Engine Optimization

The Strategy Map translates the Department of Oncology’s Mission and Vision into tangible outcomes that we must achieve over the next five years. As outlined above, this section describes the outcomes that will be delivered for the people we serve. In turn, the Strategy Map identifies the processes, people, support systems, technologies and resources required to achieve those outcomes.

OUR ACADEMIC MISSION

“We optimize the health and well-being of cancer patients by working together to deliver excellence and innovation in patient care, trainee education and basic, clinical and translational research.”

OUR VISION

“Where exceptional cancer care, research and education unite to improve the future for cancer patients.”

OUR VALUES

We value:
- Respect
- Trust
- Collaboration
- Innovation
- Lifelong learning

HOW WILL WE ACHIEVE OUR VISION? THE STRATEGIC PILLARS

STRATEGIC PILLAR #1: STRATEGIC OUTCOMES: INTEGRATED. INNOVATIVE. IMPACTFUL.

- The quality of life and survival of our patients improve as a result of our integrated mission of clinical care, education and research
- We produce and translate innovative research in focused areas along the spectrum from discovery to clinical practice
- Our research is widely disseminated, recognized as impactful, and adopted internationally
- Our trainees are part of an integrated learning community that provides them with the competencies and skills they need to be future Oncology leaders
- Our faculty and staff are lifelong learners who incorporate new knowledge to advance care, education and research
- Our patients receive timely access to advanced treatments, care and technologies
- Our patients experience personalized, seamless and consistent continuity of care from our faculty, trainees and staff, and their voices and needs drive the integrated care we provide
- We are recognized internally and externally for our achievements in cancer care, research and education
The ‘Strategies of Excellence’ pillar answers the question: In order to achieve our strategic outcomes, as defined above, at what processes and practices must we excel?

**INTEGRATED, INNOVATIVE AND IMPACTFUL CLINICAL CARE**

We must excel at:

- Partnering with patients to deliver compassionate, personalized and supportive care responsive to the patient’s physiological and psycho-social needs
- Optimizing the use of evidence-based care pathways, performance standards and patient experience metrics
- Actively working with community providers to effectively coordinate optimal patient care closer to home
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- Delivering high quality and integrated training programs
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**INTEGRATED, INNOVATIVE AND IMPACTFUL RESEARCH**

We must excel at:

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- Maximizing access to and participation in clinical trials for cancer patients at LRCP LHSC and in our region
- Implementing policies and measures that foster, incentivize and protect investments in research and innovation
- Sharing and celebrating research outcomes and successes with the scientific community and the public at large

**INNOVATIVE, INTEGRATED AND ACCOUNTABLE CULTURE**

We must:

- Strengthen bridges between clinical care and basic science to enable shared learning and capacity building
- Support individuals at all levels to lead and champion an integrated and patient-inspired focus on cancer research, education and clinical care
- Nurture a culture of accountability where everyone contributes to our academic mission

**PASSIONATE AND PURPOSEFUL PEOPLE**

We must:

- Attract, motivate, and mobilize the best talent
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- Foster resiliency and a healthy work/life balance for all faculty, trainees and staff
- Provide dedicated administrative staffing and support for the most critical research, education and clinical care processes
- Recognize and celebrate integrated, innovative and impactful contributions and accomplishments

**ROBUST INFRASTRUCTURE**

We must:

- Stay at the forefront of technological advances for clinical care, education and research
- Leverage the power of social media, digital communication and other collaborative information technologies
- Create physical and virtual spaces across the department that enable collaboration, learning and best practices
- Bolster our research infrastructure to provide state-of-the-art facilities, data sharing platforms, equipment and tools

**STRATEGIC PILLAR #3: DEPARTMENT OF ONCOLOGY CAPACITY**

What enables excellence? The Department of Oncology’s culture and our people, as well as technology and a robust infrastructure, enable excellence. Therefore, this strategic pillar describes the capacity we need in order to excel.

**INNOVATIVE, INTEGRATED AND ACCOUNTABLE CULTURE**

We must:

- Strengthen bridges between clinical care and basic science to enable shared learning and capacity building
- Support individuals at all levels to lead and champion an integrated and patient-inspired focus on cancer research, education and clinical care
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Finally, the question was asked - to build and sustain the capacity (culture, people and technology and infrastructure), what resources will we need and how will we utilize the resources to ensure long-term sustainability?

**EFFECTIVE RESOURCE UTILIZATION**

We must:
- Use our resources strategically, allocating them to focused priorities where we can lead, innovate and have impact
- Ensure a stable and sustainable financial structure to support our integrated mission of cancer care, research and education
- Ensure faculty have the necessary time and the critical resources to achieve the academic mission and respond to changing needs
- Understand how we are funded and resourced and leverage this knowledge in setting our academic goals

**CONTINUOUS QUALITY IMPROVEMENT**

We must:
- Track, measure and analyze all aspects of our academic mission including research, education and patient metrics
- Leverage performance data to continuously improve our processes, productivity and results
- Monitor, anticipate and respond to emerging opportunities and challenges in the cancer field

**TARGETED ADVOCACY**

We must:
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- Advocate for and gain philanthropic and donor support to enable our academic mission
Mike’s Story

At 58, Mike has been quite healthy and has made a point of staying in touch with his wellness counselor who he has seen at his local gym. In their previous discussions, they had talked about screening for different types of cancers and in particular some of the controversies regarding screening for prostate cancer. When a close friend was diagnosed with prostate cancer and required treatment, Mike became more worried about the potential for prostate cancer. His wellness counselor suggested he get in touch with the nurse navigator at the Prostate Diagnostic Assessment Centre. Mike did so and together he and the Nurse Navigator discussed the various options for prostate cancer screening and together they completed an online risk assessment and education tool. Based on these results, Mike decided that he wanted to pursue screening tests for this cancer and at the conclusion of the visit they collected blood and urine samples.

They scheduled a return visit in a week and again they worked through the online tool, this time with the test results and with this additional detail, they discussed the need for a prostate biopsy. The online tool suggested that there was a significant risk that there could be a cancer that would require treatment so he consented to have a biopsy. Fortunately, he was able to have an MRI followed by a targeted ultrasound-guided biopsy on that same visit and he was given a return appointment in a week to discuss the results. He was told he could see both a Urologist and Radiation Oncologist at that follow-up depending on the results. Dr. Simon Siyed and Dr. Nancy White. When he got home, he Googled both the Doctors and was reassured to see that they were both well known as prostate cancer doctors. In particular, there was an online news clip of an interview with Dr. Siyed discussing a major clinical trial that London had helped lead that had influenced how men with prostate cancer were being treated. He also found a number of provincial guidelines for prostate cancer that Dr. White had co-authored. He was reassured that the doctors who he would be seeing knew their stuff!

The night before his visit for the test results he received a text message on his phone inviting him to complete a symptom survey in advance of his visit. This would save him time in the clinic. He also verified that he would be able to attend the appointment. A link to a Hospital floor plan showed him exactly where he needed to go for his appointment in the afternoon.

Over lunch the next day with his wife, he received another text message to say the clinic was running a bit behind and his 2pm appointment was being pushed to 2:30pm. They used the time to run an extra errand on the way to the hospital (they wanted to pick up a birthday card for their niece) and he still made it to the hospital in good time. He found the clinic without difficulty and a volunteer greeted him as he walked in. The volunteer checked the patient list on her tablet and registered Mike as having arrived and noted he had already completed his symptom score, so Mike was able to be escorted directly into an examination room.

Within a few minutes, an unfamiliar doctor entered and she introduced herself as Dr. Lucille Kim. She explained that she was one of the resident physicians and she was working with Dr. Siyed and Dr. White. She explained that she would start out with the consultation and Dr. Siyed and Dr. White would be in shortly. Mike and his wife were reassured by the way she was able to confidently introduce herself and explain her role on the team and the consultation got underway. During the consultation it was clear that Dr. Kim was very familiar with Mike’s history and she was able to confirm the fact that Mike had been receiving treatment for high blood pressure from his family doctor as she consulted his comprehensive medical record on her own tablet. After a brief examination, she stated she would be returning with Dr. Siyed and Dr. White.

A short time later they all sat down together in the room to talk. Dr. Kim took the lead and explained in a clear fashion the results of the biopsy. She explained that while many men have prostate cancers that can be safely monitored, Mike’s biopsy unfortunately demonstrated a cancer that had the potential to grow in the near future and could be a threat to Mike’s well-being. She also explained that part of the testing included detailed analysis of the genetic makeup of the tumor and on the basis of these tests, they could tell that his prostate cancer would likely be quite sensitive to radiation treatments. She outlined the process of delivering radiation treatments for his cancer and the potential side effects, and also outlined the option of surgery as well. There were a few questions about surgery that Dr. Kim couldn’t answer and Dr. White was able to clarify these after Dr. Kim had provided the initial counseling. Dr. Siyed provided some additional information about a clinical trial that Mike could participate in if he was receiving radiation treatments. Dr. Kim explained this trial was examining the use of detailed analysis of his prostate MRI to guide where the radiation was delivered to the prostate. At the end of the conversation, Mike explained that at that point he was probably leaning towards radiation treatments and would consider the clinical trial. Dr. Kim offered to have their research associate contact Mike by Skype in a day or two to discuss the trial and if he was interested he could complete the online consent form to sign up for the trial. At the end of the meeting, Dr. Kim offered to book a time for radiation planning for Mike. He wanted a bit of time to think about his decision so they decided on a day and time the following week and Dr. Kim booked the spot through her tablet PC and Mike verified his consent for the planning with an onscreen signature.
After Mike’s team of doctors left, the Nurse Navigator came back and checked to see if Mike and his wife had any additional questions. Mike’s wife had some specific concerns about the potential effects of the treatment on their sex life. Intimacy was an important component of their relationship but they felt a little bit intimidated discussing this when there were several people in the room. The Nurse Navigator was able to explore some of these issues with Mike and his wife and offered to put them in touch with a social worker with expertise in counseling around sexual rehabilitation for people undergoing cancer treatment. Mike also had some questions about where to go for his radiation planning and treatment and through her tablet PC, the Nurse Navigator was able to run through a virtual tour of the facility so Mike knew what to expect for the treatment visits to come.

For the actual treatments themselves, things unfolded exactly as described. Mike appreciated the ability to view and modify his treatment appointment times online and was impressed that the treatments were always on schedule. He had a few side effects on treatment but he always had these dealt with efficiently. He was happy to see Dr. Kim again on a couple of these occasions and was pleased with the way that she effectively dealt with his symptoms and answered his questions. Dr. White made a point of stopping in to say hi as well and check how things were going which Mike appreciated. After his Skype visit with the Clinical Research Associate he did sign up for the clinical trial and during treatment this did mean he filled out a few additional questionnaires but he was able to do this online at home when it was convenient for him. Overall he was able to complete his treatments while continuing to work and he found the scheduling to be quite convenient. He really enjoyed hitting the gong after his last radiation treatment!

About three months after treatment, Mike came back to clinic to see Dr. White. He was interested to see a new face with Dr. White at the appointment – a molecular biology graduate student, John McLeod, who was studying prostate cancer in the lab. John explained that part of his training, as a basic science researcher was to do clinical observerships to learn more about prostate cancer and how it affected men. Suddenly Dr. White received an urgent page, and while she was out of the room answering it, John told Mike all about his exciting research. It was focused on studying the genes responsible for determining whether prostate cancer would respond well to treatment versus act aggressively and progress to metastasis. John was a great communicator and was able to explain his complex research to Mike in terms he understood easily. Mike was excited to hear about the research and learned a lot. He was particularly interested to find that many of the genes that John was studying had also been included in his genetic testing that was part of his workup at the outset of his treatment. The chance to interact with John really gave Mike an appreciation for the important role that research plays in improving cancer treatment and outcomes.

Dr. White came back into the exam room and sat down to discuss Mike’s health and progress. The week before, Mike had had another set of blood and urine tests and he and his wife were relieved to find out the tests indicated an excellent response to the treatment. Dr. White said that Mike could have his prostate cancer follow-up in his family doctor’s clinic; she would transfer the follow-up instructions electronically to their office. Mike was happy with this; he liked Dr. White, but he wasn’t too keen on having to come back to the cancer clinic all the time as it was across town and was inconvenient. Dr. White explained that both she and Mike’s family doctor would be monitoring the results of the follow-up tests and if there was a concern, Mike’s family doctor would connect with Dr. White through the provincial medical messaging system to request a reassessment.

For the clinical trial, Dr. White explained that Mike could expect to receive periodic text messages asking him to complete online surveys and that results of his tests would also be shared by secure electronic link with the clinical trials team. Mike felt good about being part of a study that could help men like him in the future. As he went home after his visit he reflected on how fortunate he was to be able to be treated in London and he had a new appreciation for all the positive news items about cancer care and research showing up on the New London Free Press newsfeed to his phone...
MEASURING PERFORMANCE

What gets measured, matters.
Our Strategy Map matters. We have set clear, long-range aspirations for the Department of Oncology that will require us to implement change across all facets of the department’s academic mission. It is now imperative to develop a Performance Scorecard to track and measure progress and results. The Performance Scorecard will establish targets across each Strategic Pillar and the associated outcomes and goals. Performance will be measured on a regular basis, against targets and performance improvement programs established to address negative variances. Leaders will also place performance data at the heart of decisions and change initiatives and will facilitate collaborative discussions about performance results with their teams.

In addition to the Performance Scorecard, performance will be evaluated and improved:

- By harnessing the diverse perspectives and ideas of the Department of Oncology’s greatest resource – our faculty and staff – to gauge how we are doing and what we can improve;
- By actively seeking input from patients and their families, trainees and communities we serve;
- By actively seeking input from partners, funders and other stakeholders;
- By benchmarking performance against peers in our sector, both on a Canadian and global level.

CLOSING WORDS

When we set off on this planning process in late 2015 to build the Department of Oncology’s Strategic Plan, the purpose was clear. We wanted to define the vision that would be our ‘true north’ for the next five years. We embraced the opportunity to explore, study, ask questions, listen to the answers and learn in order to ensure our Strategic Plan reflected the changing environment and needs of our stakeholders. More than 200 people stepped forward to provide input and ideas into the plan, and the result demonstrates the power of engagement and collaboration. The Strategic Plan builds on our successes to date, while establishing four Strategic Pillars that are a bold declaration of what we stand for and where we are headed.

Our Collective Call to Action

This plan is our collective call to action, and an invitation for you to get involved on the next phase of the evolving journey. Our way forward is clear, and through the power of each of us pulling together around a shared vision, we will achieve extraordinary results.
Where exceptional cancer care, research and education unite to improve the future for cancer patients.