Appendix CANCER STRATEGY 2025-2027

Aarhus Comprehensive Cancer Centre

Content

CCC in a Transformation Perspective

The 2024 Health Reform and *Cancer Plan V* represent a national political decision in Denmark, establishing a new structural and organisational framework for the healthcare system, which Aarhus CCC actively adapts and align its cancer patient efforts with.

Through its ongoing improvement work, Aarhus CCC exemplifies an AUH in transformation. Development occurs through collaboration across traditional boundaries such as departments, professional groups, patient involvement, research, and competence development. The development is data-supported and evidence-based, focusing on quality assurance and professional prioritisation in line with the highest professional and international standards. There is a clear expectation that developments in CCC will have positive synergy effects for other professional areas and patient groups.

Development work in CCC is carried out through a targeted transformation of healthcare practices and structures, based on an improvement plan and concrete action plans. These tools support a systematic approach to quality development and ensure that strategic goals are translated into operational efforts with a direct effect on patient pathways and treatment quality.

Introduction – From Ambitions to Reality in Aarhus CCC

To fulfil the ambitions in the Cancer Strategy 2025-2027 and the Cancer Research Strategy 2025-2027, Aarhus Comprehensive Cancer Centre (CCC) has chosen to prioritise its development efforts in an improvement plan.

The improvement plan and associated action plans were approved by the Hospital Management Board at Aarhus University Hospital (AUH) on 16th of September 2025. The content in the strategies have been prioritised by selecting strategic tracks with specific and targeted action plans to ensure a focused and coordinated effort in key improvement areas and strengthen cohesion across cancer initiatives.

This appendix outlines the work with the Cancer Strategy as implemented in Aarhus CCC's improvement plan. It provides an overview of identified challenges and needs, as well as the strategic initiatives under each track.

The improvement plan includes the four strategic tracks from the Cancer Strategy and two new supporting tracks: Governance, and Communication and Branding.

COMMUNICATION AND BRANDING

PATIENT-CENTRED FOCUS	PROFESSIONAL DVELOPMENT	QUALITY AND DATA	RESEARCH

GOVERNANCE

The six tracks are prioritised and initiated in a stepped manner to ensure structured and sustainable implementation. It is emphasised that there will be a need for ongoing and long-term focus on quality development in the cancer field.

The improvement plan is used as a management tool for implementing the Cancer Strategy and Cancer Research Strategy. The plan is dynamic and updated continuously. New action plans are developed as existing ones are completed, and initiatives are added for areas not yet prioritised.

Aarhus CCC works with two-year rolling action plans, with new plans starting in 2027. These will build on the strategies and the current improvement plan, while also allowing space for new ideas and development within the tracks.

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Tracks and Action Plans in Aarhus CCC 2025-2027

Below is an overview of the current 27 action plans, organised according to Aarhus CCC's six tracks:

Track 1. Governance	
Action 1.1	Governance Structure
Action 1.2	Vision and Strategies
Action 1.3	Policy for Quality and Data
Action 1.4	Branding Policy and Strategy for CCC
Action 1.5	Coherent Patient Pathways
Action 1.6	Benchmarking
Action 1.7	Policy for Patient Education Programs
Action 1.8	Policy for Cancer Nursing

Track 2. Research	
Action 2.1	Research Organisation
Action 2.2	Research Quality (including Scientific Advisory Board)
Action 2.3	Research Budget and Funding
Action 2.4	Research Database
Action 2.5	Research Implementation
Action 2.6	Biobank and Animal Facilities
Action 2.7	Research Communication on Clinical Trials

Track 3. Quality and data	
Action 3.1	Quality System
Action 3.2	MDT
Action 3.3	Complications
Action 3.4	Data Dashboards
Action 3.5	Pharmacy and Medicine
Action 3.6	System for Patient Complaints
Action 3.7	Frozen Sections

Track 4. Patient-centred Focus	
Action 4.1	Patient involvement and empowerment
Action 4.2	Patient pathways
Action 4.3	Psycho-oncology

Track 5. Professional Development	
Action 5.1	Education and training
Action 5.2	Support system for results of appraisal meetings

Track 6. Communication and Branding	
	Supporting role

Governance

Focuses on strengthening the management structure and decision-making processes through a clear distribution of responsibilities within the CCC organisation. The aim is to ensure clear role delineation, transparency, and efficient coordination across units and departments. At the same time, the integration and active involvement of the entire hospital are prioritised to create coherent initiatives and shared ownership.

Challenges and Needs

- Need for strategic and holistic development in the cancer field with a shared vision.
- Increased need for coordinated and cohesive patient pathways across Aarhus CCC.
- Quality data and budget for cancer treatment and research are not systematically addressed.
- Applications for development and grant funds are uncoordinated and lack a common direction.
- Incomplete integration of Aarhus CCC and CCC initiatives in operations and quality work.
- Need for clearer frameworks for staff responsibility regarding patient education.
- Potential for further strengthening of cancer nursing.
- Need to strengthen Aarhus CCC's internal and external profiling, including the need for a formalised approach to internal knowledge of CCC.

Strategic Initiatives and Action Plans

Start in the first half of 2025

- Further development of the governance structure for Aarhus CCC, including revision of terms of reference for the CCC Board, CCC Research Council, CCC Forum and CCC Secretariat.
- Strengthening and formalising the cooperation with Aarhus University (AU).
- Joint plan for prioritising and allocating resources to development initiatives within CCC.
- Participation in national and international networks.
- Development of a communication strategy for Aarhus CCC.

Start in the second half of 2025

- Formalisation of the CCC Board's role in financing processes in the cancer field.
- Investigation of possibilities for an overview of the annual budget for cancer-related treatment and research.
- Development of a Policy for Quality and Data to use data strategically for quality assurance, patient safety, and continuous quality development.
- Investigation of how initiatives and activities from the clinic, not initiated by the CCC Board, can best be integrated into CCC's governance structure.
- Development of a Policy and Strategy for branding Aarhus CCC as an important foundation for effective internal profiling of Aarhus CCC, ensuring that the CCC organisational structure becomes a natural part of the solution to the challenges faced by the clinics in strengthening coherence across the cancer care pathway.

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- Active participation in the development of national cooperation around CCC and common challenges.

<u>Start in the first half of 2026</u>

- Development of a policy for patient education programmes to ensure high quality and strategic coherence.
- Development of a policy with a shared vision for cancer nursing, focusing on both education and research.
- Investigation of how successful solutions can best be shared across the hospital.
- Explore the possibilities for establishing a cross-cutting learning community.
- Mapping and determination of how Aarhus CCC can best support the development of cohesive and patient-centred treatment pathways.

<u>Start in the second half of 2026</u>

- Visibility of relevant accreditations and certifications on the website.
- Preparation and planning for the development of a new Cancer Strategy.

Research

Aims to support and promote high-quality research in the cancer field by strengthening collaboration, securing funding and competencies, and integrating research more closely with clinical practice.

Challenges and Needs

- Need for clearer organisation of cancer research in Aarhus CCC.
- Lack of uniform structures and procedures can lead to inconsistent assessment of research projects and limiting of quality assurance.
- Support for transferring research results into clinical practice.
- Lack of external advice on further development of cancer research.
- Lack of an objective internal assessment system to ensure overall quality of research applications.
- Lack of overview of research data and research groups.
- The absence of a unified system for registering research and associated data within Aarhus CCC limits the ability to maintain oversight, coordination, and quality assurance on research activities.
- There is no formalised overview within Aarhus CCC of the use of biobanks and the handling of biological samples, including a lack of systematisation and centralisation of biobanks. This limits quality assurance, transparency, and the research-related utilization of the samples.

Strategic Initiatives and Action Plans

<u>Start in the second half of 2025</u>

- Establishment of an independent CCC Research Council.

- Definition of minimum standards for department-specific clinical research councils and initiation of the appointment of members to such councils in all relevant departments.
- Uniform policy/standard procedures (SOPs) for clinical trial units within the cancer area.
- Establishment of an external Scientific Advisory Board.
- Internal policy for grant submissions to strengthen quality assurance and ensure consistency and transparency in the evaluation of research projects.
- Overview of available colloquia, seminars, and thematic conferences for researchers.
- Overview of research funding applications and their assessment, including success rate.
- Overview of total research activity in the cancer field.
- Setting goals for research performance in the cancer field.
- Implementation of a uniform system for handling clinical trials throughout the hospital.
- Standardised process for identifying possible patients for clinical trials.
- Policy for promoting clinical trials, including visibility of available trials.

Start in the first half of 2026

- Overview and clear structure for research groups and clinical research units in Aarhus CCC.
- Development of a quality management plan/policy for internal audit of clinical cancer research.
- Monitor research groups' performance at regular intervals, including the definition of performance goals.
- Explore how the cancer research budget can be defined at the centre level, including internally allocated resources to the CCC (activities within cancer research).
- Create an overview of the financial and other relevant resources used for research activities within the centre.
- Establish an overview and develop a policy for biobanks and animal facilities.
- Create an internal and external overview of clinical research trials (via a database) to ensure that all groups of cancer patients are offered relevant trial participation opportunities.
- Publish information on ongoing clinical trials and trial results both internally and externally, i.e., develop a communication strategy for clinical trials.
- Develop a policy for the clinical implementation of new practices based on both internal and external cancer research.
- Prepare a research report in the field of cancer, covering a relevant range of years

Future work

- Overview of staff resources in cancer research.

An appendix has been prepared for the *Cancer Research Strategy 2025–2027*. This appendix expands on the main strategy and outlines additional priorities related to the cancer research strategy. Reference is made to this appendix for further description of the work within the cancer research area.

3. Quality and Data

Focuses on improving data infrastructure and quality monitoring, as well as promoting evidence-based decisions to ensure consistent and measurable improvements for patients.

Challenges and Needs

- Need for a more systematic and proactive approach to monitoring and follow-up on cancer-related data that can support the work of the CCC Board and the MDTs.
- Need for a more structured implementation of improvements based on analyses of quality and patient safety data.
- Internal audits are not carried out systematically.
- Lack of systematic cross-organisational analysis of cancer-related patient complaints.
- Lack of systematic cross-organisational analysis of cancer-related serious adverse events.
- Lack of a standardised model for conducting and evaluating MDTs.
- Lack of systematic registration of complications and side effects.
- Lack of integration between the electronic patient record and BD Cato.
- Need to investigate improvement initiatives related to the delivery and handling of medical cancer treatment.

Strategic Initiatives and Action Plans

Start in the second half of 2025

- Develop a policy for quality and data that outlines how the CCC organisation will monitor and follow up on data, as well as develop quality improvement initiatives based on these data.
- Explore the opportunities for improving the system for registering complications and side effects.
- Develop a data dashboard with standardised indicators for the CCC Board and MDTs to support operational management and quality development.
- Prepare and publish an annual data-driven report accompanied by a corresponding quality improvement plan.
- Reduce reporting time for frozen sections.
- Clarify and ensure procedures for the delivery and handling of medical cancer treatment.

Start in the first half of 2026

- Explore the possibilities for preparing an annual report on cancer-related patient complaints to identify areas for improvement.
- Explore the possibilities for preparing an annual report on cancer-related serious adverse events to identify areas for improvement.
- Develop a standardised Aarhus CCC SOP for conducting and evaluating MDTs.
- Explore opportunities for digital integration between the electronic patient record and BD Cato to enhance coherence and safety in medication management.
- Strengthen collaboration with the Regional Pharmacy to optimise medication management and professional support, including exploring opportunities and benefits of increased pharmacist presence in clinical departments.

Start in second half of 2026

- Explore the possibilities for systematic risk assessment of new technologies and interventions before they are implemented in clinical practice.
- Explore the possibilities for establishing an annual internal audit plan and defining audit topics that cover all departments under Aarhus CCC.
- Explore the possibilities for establishing a system for publishing results from inspections and accreditations.

Future work

- Increased focus on the use of aggregated patient-reported outcomes (PRO data) to improve treatment pathways and the patient experience.
- Systematic use of patient-experienced quality and satisfaction data (LUP data).

Patient-centred Focus

Aims to support a patient-centred focus at Aarhus CCC by ensuring systematic involvement of each patient in the cancer pathway.

Challenges and Needs

- There is a need to strengthen the cancer care pathway through the development of standardised and coherent patient pathways.
- There is a need to systematically incorporate the cancer patient's perspective into the strategic planning of the cancer care area.
- There is a need for more consistent and systematic planning of, and referral practices to, services within rehabilitation, follow-up, palliative care, psycho-oncology, etc., with explicit inclusion of the patient's perspective and needs.
- There is a need for a more formalised and cross sectoral approach to patient satisfaction surveys that ensures systematic learning and improvement across Aarhus CCC.

Strategic Initiatives

Start in first half of 2026

- Explore a model for coherent and more standardised patient pathways.
- Explore how patients and patient organisations can be systematically involved in Aarhus CCC to ensure a more individualized healthcare that reflects the diverse needs and priorities of patients.
- Explore the development of a uniform policy for follow-up and support for cancer survivors.
- Explore how individual follow-up and late effects plans can be integrated into all tumour specific cancer pathways at Aarhus CCC, including digital screening for late effects.
- Explore how a standard procedure for referral to cancer rehabilitation can be developed within tumour specific cancer pathways.
- Explore the desired level of ambition for a prehabilitation program at Aarhus CCC.
- Explore how palliative care can be described more explicitly in patient pathways, including referral to primary care and hospice.

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- Decide how Aarhus CCC will ensure timely and consistent referral of all cancer patients to psychological support, and whether a standard referral procedure should be implemented.
- Decide whether there is a need for a validated screening tool for psyko-onkological support.

Start in second half of 2026

- Explore potential effects of evaluating patient involvement and decide on relevant indicators for improvement – for example, the National Survey of Patient Experiences (LUP), including the proportion of patients who experience shared decision making.

Future work

- Increase the focus on precision treatment to ensure effective cancer care with fewer side effects and late effects.
- Plan diagnostics, treatment, and follow-up according to the principle of doing what is necessary and sufficient.
- Support cancer prevention and early detection through screening programs.
- Further strengthen the role of the patient responsible physician and the care pathway coordinator to ensure well coordinated patient pathways (in line with coherent care pathways).
- Enhance relational coordination between hospital departments and external actors so that cancer care is experienced as more coherent (in line with coherent care pathways).
- Increase the use of patient reported information to enhance dialogue, promote health literacy, and avoid unnecessary hospital visits.
- Increase the use of shared decision making and systematic communication in dialogues with patients and relatives.
- Explore the structure and opportunities for differentiating services to the individual patient.

Professional Development

Concerns supporting continuous learning and competence development among clinical staff, thereby ensuring that the capabilities required to deliver cancer care at the highest international level are in place.

Challenges and Needs

- Need for a structured and sustainable approach to educational responsibilities within the cancer field at AUH.
- Need for a greater systematicity and overview within education and competence development.
- Need for clearer frameworks defining who is responsible for planning, coordinating, and assuring the quality of competence development of professionals within the cancer field.
- Lack of an overall strategy and policy for competence development in cancer nursing.
- Need for a systematic, professional, and evidence-based approach to competence development from both a monodisciplinary and interprofessional perspective to ensure robustness and high professional standards in research, clinical practice, education, and leadership.

Strategic Initiatives and Action Plans

Start in first half of 2026
- Initiate a mapping of the education and training area both within postgraduate, further and higher education
- Explore how a systematic and comprehensive oncology training program for staff at AUH can be established in relation to the CCC.
- Begin identifying best practices for integrating educational initiatives into clinical practice by examining:
    - how structured feedback and evaluation are collected, analysed, and used to inform and develop practise,
    - which competencies are expected for each profession and department, including training needs.
- Explore how training needs can be collected and recorded in connection with the implementation of a digital support system for gathering data from employee performance reviews (MUS/appraisal).
- Develop a policy for cancer nursing, including research and education.

Future work
- Investigate whether there is a need for development of employee skills to collaborate on professional clinical priorities based on data and dialogue with patients according to the danish concept of choosing wisely
- Identify opportunities and incentives for international exchange across professional groups to ensure access to—and development of—the highest level of clinical expertise.
- Strengthen the roles of the care pathway coordinator and the the senior physician responsible for the individual patient's treatment to achieve better coordination of quality,

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logistics, and the integration of treatment, research, and education across departments/AUH.
- Increase the focus on integrating advanced digital tools, including automation and the use of robotics, to improve diagnostics and treatment.
- Increase efforts to use digital solutions in the treatment and monitoring of patients across the different phases of the care pathway.

Communication and Branding

Supports the implementation of CCC's improvement efforts by strengthening involvement, motivation, and the effect of the other five tracks through strategic communication, stakeholder involvement, improved patient communication, and a comprehensive branding policy and strategy.

Challenges and Needs

- Need for increased awareness of activities in Aarhus CCC.
- Support the sense of community.
- Spread understanding of the CCC mindset and knowledge of Aarhus CCC.

Initiatives and Activities

- Ongoing news on the CCC website, CCC newsletter, and internal media at AUH and AU.
- Visibility of the organisation and work of Aarhus CCC through its website.
- Support for line communication about Aarhus CCC.
- Maintain and develop a communication culture that creates dialogue about the work in Aarhus CCC.