



Innovations in Supportive Care Oncology: Developing a Supportive Care Oncology Network in Northeastern Ontario – Facilitating Best Practice

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Why stand alone?

When you have Supportive Care

Presentation Plan

- Background
 - Understanding the context
- Strategic Plan
 - Objectives
- Evidence and Trends
 - Reports, Evidence-Based Guidelines
- Technology and Systems
 - Ontario Telemedicine Network
- Outcomes to Date
- Next Steps

Supportive Care

“The provision of necessary services defined by those living with or affected by cancer to meet their physical, informational, emotional, psychological, social, spiritual and practical needs during the pre-diagnostic, diagnostic, treatment and follow-up phases.

Encompasses issues of survivorship, palliative care and bereavement.”

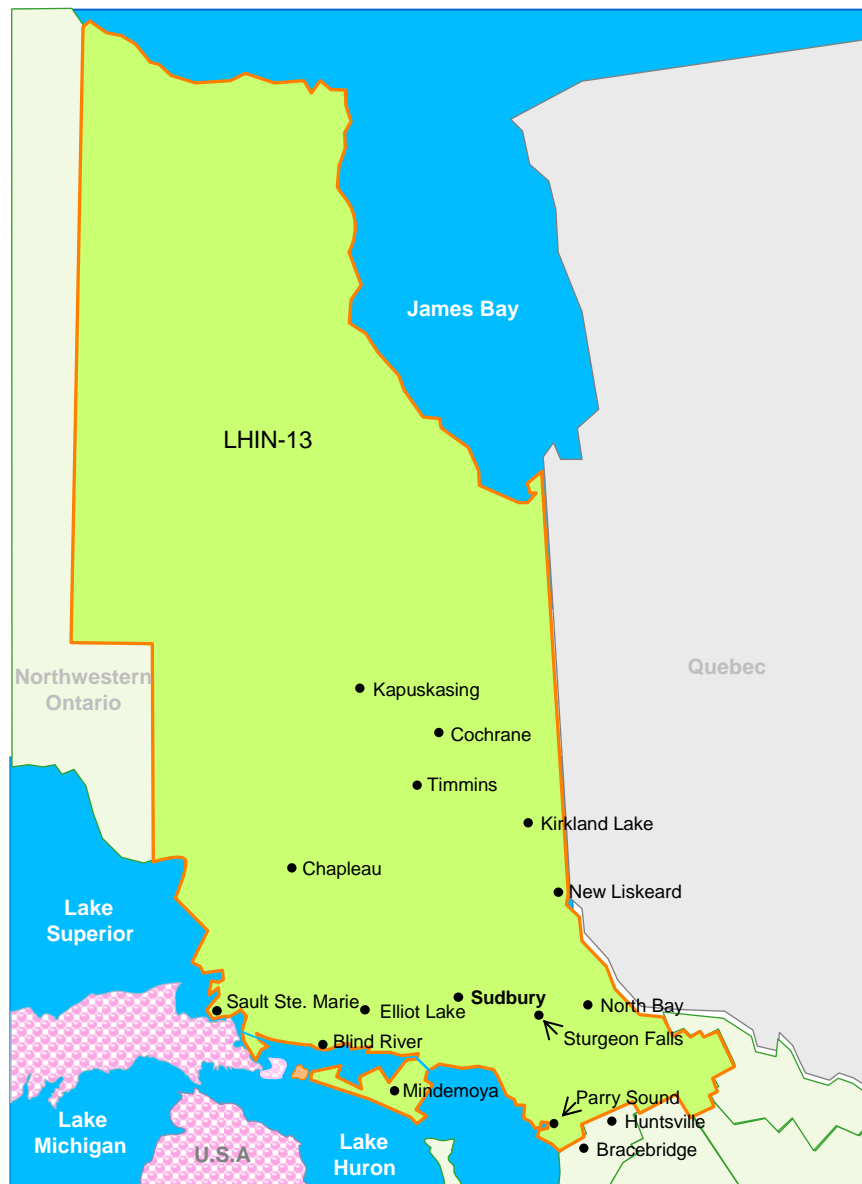
(OCTRF, Supportive Care Task Group, 1994)

The Context - Canada



[http:// www.comeexplorecanada.com/canada](http://www.comeexplorecanada.com/canada)

1. Prince Edward Island (PEI)
2. Nova Scotia
3. New Brunswick
4. Newfoundland and Labrador
5. Quebec
6. Ontario
7. Manitoba
8. Saskatchewan
9. Alberta
10. British Columbia (BC)
11. Yukon
12. Northwest Territories
13. Nunavut



Community Oncology Clinic Network (COCN)

NE Local Health Integration Network (LHIN-13)

Uniqueness of this population

- 52% of patients referred to the Supportive Care Program reside outside of the Sudbury District
- The Community Oncology Clinic Network administers approximately 35% of systemic treatment (n=5,754) ordered by the Regional Cancer Program oncologists at 14 community hospitals in the region
- Cancer hospitalization rates are higher than provincial averages (average length of stay in hospital is 14 days vs. 8 days)

Uniqueness of this population

- Population in our region
 - 22% French
 - 10% Aboriginal
 - 1.3% visible minorities
- High prevalence of smokers
- Higher proportion of population with a high body mass index
- Lower rates of physical activity
- Larger proportion of population with less than secondary school education
- Decreasing population in most communities

Supporting Documents

Addressing the GAPS

A comprehensive care needs assessment for Northeastern Ontario

- Research conducted in 1999
 - 35 communities
 - 353 people
 - 46% patients and family members
 - 54% caregivers providing some aspect of service
 - open public forums
- Report was presented to the CCOR NE Council in April 2000

Addressing the GAPS

A comprehensive care needs assessment for Northeastern Ontario

Formalized what we knew from practice ...

- *a universal need to develop an effective and coordinated supportive care system*
- *current services are centralized in the larger centres*
- *expanding them to rural areas is difficult due to large distances, lack of funding*

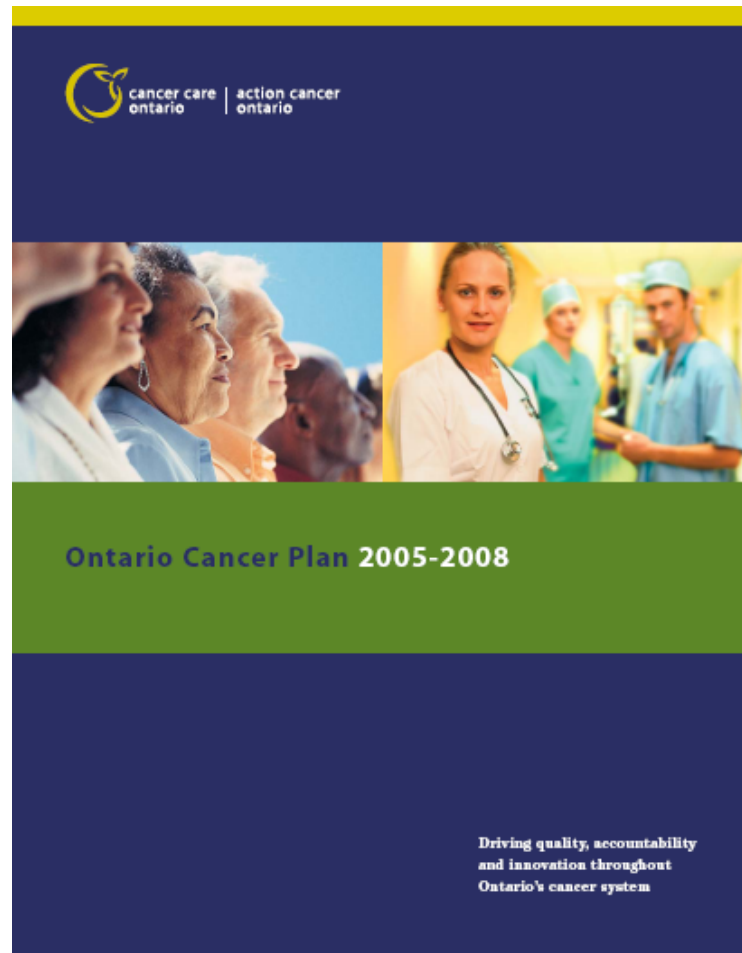
Addressing the GAPS

A comprehensive care needs assessment for Northeastern Ontario

Formalized what we knew from practice ...

- *entire family needs help coping with the diagnosis and the adjustments that must be made*
- *videoconferencing may be a workable means to put people in touch with the specialists they need to see*
 - *must be supported with a qualified counselor in community/hometown to intervene when client is in crisis*

<http://www.cancercare.on.ca/documents/OntarioCancerPlan.pdf>



Ontario Cancer Plan 2005 - 2008

... a roadmap for how health care providers, Cancer Care Ontario and the Ontario government are working together to prevent cancer and care for cancer patients

...

- Cancer prevention and screening to detect cancer earlier
- Improving access to services and care
- Providing the highest quality care
- Creating a reliable and accountable cancer system
- Research and innovation

<http://www.cancercare.on.ca/documents/OCP2006-07FullReport-Web.pdf>

Ontario Cancer Plan 2008 - 2011



<http://www.cancercare.on.ca/english/home/about/initiatives/ocp/>

Ontario Cancer Plan 2008 - 2011

The plan is organized around six goals that span the continuum of cancer care:

1. Reduce the incidence of cancer
2. Reduce the impact of cancer through effective screening and earlier detection
3. Ensure timely access to effective diagnosis and high-quality cancer care
4. Improve the patient experience along every step of the cancer journey
5. Improve the performance of Ontario's cancer system
6. Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

Ontario Cancer Plan 2008 - 2011

- Improve the patient experience along every step of the cancer journey
 - a truly patient-centric system through measuring, understanding and developing targeting strategies to improve the patient's experience at every phase of cancer
 - Improve psychosocial care for cancer patients
 - Improve palliative and end-of-life care

<http://www.cancercare.on.ca/english/ocphome>

Psychosocial Oncology Key Outcomes

- Cancer patients are assessed for psychosocial oncology distress
- Cancer patients receive appropriate psychosocial care based on best available evidence and expert consensus
- Barriers to the provision of psychosocial oncology services are minimized
- Patients receive care in a coordinated way by matching the level of psychosocial need to an appropriate level of care
- Patient experience and the patient satisfaction scores in all cancer programs are improved

Cancer Care Ontario

Psychosocial Oncology Program

Psychosocial oncology is a specialty in cancer care concerned with understanding and treating the social, psychological, emotional, spiritual, quality-of-life and functional aspects of cancer, from prevention through bereavement. It is a whole-person approach to cancer care that addresses a range of very human needs that can improve quality of life for people affected by cancer.

Canadian Association of Psychosocial Oncology

Evidence Based Resources

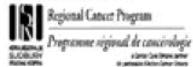
- Provider-Patient Communication: A report of Evidence-Based Recommendations to Guide Practice in Cancer (2008)
- Advance Care Planning with Cancer Patients: Guideline Recommendations (2008)
- The Treatment of Lymphedema Related to Breast Cancer (2003)

[http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/clin-program/jointcollab-eps /](http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/clin-program/jointcollab-eps/)

NRC Picker Data


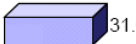
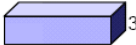

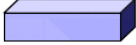
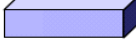

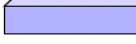
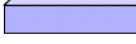

February 24, 2009

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Ambulatory Oncology Patient Experience-Lowest Percent Positive (Areas for Improvement)
 Sudbury Regional Hospital
 February - July 2008 (n=386, Response Rate= 64.8%)

Detail

Mar-Aug '06	Mar-Aug '07	Items ranked in ascending order by current score	Ontario ONC AVG	Ontario ONC HP	Canada ONC AVG
		<i>% Positive Score</i>			
		OP: In touch w/other providers for anxieties/fears 			
34.9%	35.7%	Enough OP info re: relationship changes 	31.8%	40.0%↓	32.7%
44.4%	41.7%	Enough OP info on emotional changes 	37.4%	48.3%↓	38.2%
		OP: Wait for consultation appt. explained 			
		OP: Referred to provider for anxieties/fears 			
52.3%↓	47.5%	Enough OP info on sexual activity changes 	41.7%	53.5%↓	44.2%
52.9%	51.8%	Enough OP info on changes in work/activities 	46.6%	58.5%↓	47.5%
65.8%↓	53.3%	Wait longer than expected for OP chemo 	26.0%↑	59.5%↓	43.3%
71.8%↓	61.5%	Wait longer than expected for OP radiation 	50.4%	77.3%↓	58.6%
64.3%↓	59.0%	Enough OP info on nutritional needs 	56.9%	70.0%↓	56.4%

Supportive Care Oncology Network Northeast Region

Strategic Plan

2006 – Present

SCON-NE Goals

1. Raise awareness to Supportive Care issues in LHIN 13
2. Increase competence and confidence in allied health care professionals
3. Create a network for allied health care professionals
4. Increase Supportive Care visits to patients in NEO
5. Become leaders in regional development of Supportive Care services in oncology

Strategic Plan Implementation

1. **Raise awareness to Supportive Care issues in LHIN 13**

- Secure administrative support to permit allied health care professionals to meet the needs of oncology patients in LHIN 13
- Research and understand the value of networks in preparation for meetings in NEO LHIN 13 communities

2. Increase competence and confidence in allied health care professionals

- Provide educational sessions
- Explore curriculum development
- Explore videoconferencing for clinical consultation and case review
- Develop survey

3. Create a network for allied health care professionals

- Increase communication of best practice evidence amongst each profession (inclusive of allied health care providers in the fields of nutrition, psychology, social work, physical therapy, speech language pathology, pediatric oncology)
- Case consultation
- Maximize resources
- Continued relationship building with First Nation communities to ensure people are aware of and access Supportive Care services throughout the cancer trajectory – inclusive of sensitivity, diversity, culture

3. Create a network for allied health care professionals (continued)

- Continued relationship building with francophone communities to ensure people are aware of and access SC services throughout the cancer trajectory
 - inclusive of sensitivity, diversity, culture
- Keep inventory current of allied health care professionals working in the NE region
- Use of technology to implement connection of network members

4. Increase Supportive Care visits to patients in NEO

- Information gathering
- Increase funding and continue advocacy for enhancing SC service in LHIN 13
- Videoconference for patients isolated in remote sites when AHCP not available

5. Become leaders in regional development of Supportive Care services in oncology

- Knowledge transfer and dissemination
- Increase funding and continue advocacy for enhancing SC service in LHIN 13
- Videoconference for patients isolated in remote sites when AHCP not available

Definitions

- Networks
- Professional Isolation
- Best Evidence Practice

Networks

Network is described as “... designed to incorporate ‘linked’ groups of health professionals and organizations from primary, secondary, and tertiary care working in a coordinated manner; unconstrained by existing professional and [organizational] boundaries to ensure equitable provision of high-quality effective services” Edwards, 2002

Professional Isolation

“Professional isolation can be viewed from many different dimensions: geographic, professional, strategic, resources and even psychological.”

St. George, 2006

Best Evidence Practice

Best practices are “Systemically developed statements (based on best available evidence) to assist practitioner and patient decisions about appropriate health care for specific clinical (practice) circumstance.” Field & Lohr, 1990

Community Oncology Clinic Network Site Visits: 2007-2008

1. Introduce Supportive Care Oncology Network
– NE Region
2. Define Supportive Care
3. Psychosocial Oncology Program of Cancer
Care Ontario
4. Present reported information
5. Review goals of SCON Coordinator
6. Promote completion of the survey
7. Promote SCON-NE Annual Meetings
8. Site tour

Inventory

SCP Professionals

Dietitians

Nurse

Physiotherapists

Psychosocial

- Social Workers
- Psychologists

Speech Language Pathologists

We have added

Administrators

Art Therapists

Community Health

Representatives from Aboriginal
Communities

Chiefs

Educators

Family Health Teams

Guidance Counsellors

Kids Care Screenings

Naturopaths

Nurses

Occupational Therapists

Pharmacists

Physicians

Registered Massage Therapists

Traditional Healers

Survey – Health Care Professionals

... This survey is an attempt to gather information about your professional needs. The information you provide will be used to understand and plan for the professional needs of oncology Allied Health Care Professionals in Northeastern Ontario.

Annual Meetings

- Forum – 18 October 2007
 - 40 participants from 7 communities
- Teleconference – 30 April 2008
 - 29 participants from 7 communities
- Face to Face – 24 October 2008
 - 53 participants from 15 communities
- Teleconference – 30 April 2009
 - 44 participants from 10 communities
- Face to Face – 22 October 2009

Where we are now

Website - Portal

Supportive Care Oncology Network

- Password protected access for professionals
- Patient education materials
- Professional education resources, guidelines and reports on best practices
- Health care professional directories
- Terms of Reference

Ontario Telemedicine Network

- **Patient Education**
 - Nutrition During Treatment Classes
 - Breast Cancer Information Sessions
- **Professional Education**
 - Lymphadema 101
- **Administration**
 - annual Face to Face Meeting





Ontario Telemedicine Network

- **Clinical**
 - Women's Return to Work After Cancer Treatment Group
 - Nutritional visits as part of follow-up with oncologists
 - Physical Therapy assessment
 - Social Work intervention



Next Steps

New Project

- Expanding Screening for Distress in Northeastern Ontario
- Funding of \$227,000 over two years from the Cancer Journey Action Group, Canadian Partnership Against Cancer
- Carole Mayer - Project Lead
- Sheila Damore-Petingola - Project Coordinator as part of current position in region
- Focus on 14 COCN sites

Distress Screening, Referral and Intervention in the Region

Our next efforts will focus on educating health care professionals at the Community Oncology Clinic sites in Northeastern Ontario on:

- Identifying patient distress
- Quantifying the distress with validated instruments - screening
- Responding to distress by initiating appropriate referrals for assessment and intervention
- The evaluation will be undertaken through the Supportive Care Oncology Research Unit (SCORU)

Workshop

- Introducing the project ...
 - May 29, 2009
 - 31 participants
 - Invitation extended to:
 - Nurses, Nurse Managers, Physicians, CEOs
 - 11 COCN sites
 - one site via Ontario Telemedicine Network
 - 1 cancer program
 - regional cancer centre
- Working Committee

Further Inquiries

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