



CCO South West Collaborative for Safe Chemo Practices

Harry Milne, Senior Program Specialist



Knowledge transfer is a challenge in healthcare today. Healthcare professionals know what needs to be done to improve outcomes for patients; however, the “system” often impedes attempts to implement changes based on this knowledge.

Breakthrough Series Collaboratives were designed to help organizations close the gap between what is known and what is applied. Collaboratives create a structure in which interested teams can easily learn from each other and from recognized experts, about topics where improvements are required. Canada, the UK, USA, Sweden and Norway have successfully applied Collaboratives to improve quality and safety in healthcare.

Cancer Care Ontario (CCO) has funded, supported and endorsed a program to address safety and quality issues across the province. In the South

West LHIN, CCO funding helps to implement the Computerized Physician Order Entry (CPOE) and the Oncology Patient Information System (OPIS) at all regional sites. The Regional Systemic Treatment Program (RSTP) Collaborative will improve the delivery of parenteral systemic treatment from ordering and preparation through to administration. Specifically, this initiative will:

- Reduce unintended harm from parenteral treatment
- Improve safety
- Improve efficiencies of administration
- Promote a culture of safety

The RSTP Collaborative will bring together teams that share a commitment to making significant and rapid changes to achieve results. Teams from across the country will share ideas and knowledge, set specific aims, implement interactive tests of change, measure progress and share successful methodology for organizational change. Successes that are achieved and maintained through this Collaborative will be shared with other sites to improve the quality, safety and efficiency of systemic (chemotherapy) treatment across the province.

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MESSAGE FROM THE DIRECTOR

Brenda Fleming, Director
South West Regional Cancer Program (SWRCP)

Russell Baker, an American Pulitzer Prize-winning writer penned the phrase, “Ah, summer, what power you have to make us suffer and like it.” As Canadians, we can relate to this quote. As the temperatures soar and children prepare for summer vacation, activity at the South West Regional Cancer Program is heating up.



On behalf of the South West Regional Cancer Program, I would like to extend a warm welcome to the Ontario Breast Screening Program administrative staff that moved into our office at 746 Baseline Road in May. The closer proximity and collaboration are part of a regional integrated cancer screening process.

In an effort to streamline access to cancer surgery and reduce wait times, the South West LHIN has provided funds to support the Cancer Surgery Improvement Project. I am happy to report that the project is on track, the steering committee has been assembled and the inaugural meeting will take place early this summer. Stay tuned for progress reports as the project commences.

In May, the Canadian Cancer Society released its 2011 Cancer Statistics. If you have not had an opportunity to review the statistics, the booklet can be accessed online at the following link: <http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics.aspx>.

I wish you and your family a safe and enjoyable summer.

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Enhancing Supportive Care Services Across the South West

Gale Turnbull Manager, Education, Supportive Care and Regional Palliative Care

To guide the delivery of Psychosocial/Supportive Care services across the province, Cancer Care Ontario and the Program in Evidence-Based Medicine (PEBC) recently published the "Psychosocial Health Care for Cancer Patients and Their Families: A Framework". The Framework is an adaptation of the Institute of Medicines' report, "Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs".

The full report, including details of the adaptation process can be found at <http://cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=10457>

The Framework is comprised of the following domains:

- A. Raising Awareness: Understanding and Defining Psychosocial Care
- B. Standard of Care
- C. Health Care Providers
- D. Patient and Family Education
- E. Quality Oversight and Monitoring Progress
- F. Workforce Competencies
- G. Standardized Nomenclature
- H. Psychosocial Research

These eight domains include thirty-one actionable recommendations aimed at creating high quality psychosocial/supportive care services. Each recommendation has been reviewed by the South West Supportive Care Network to assess our performance. While the South West is doing very well overall, some opportunities for improvement have been noted.

As a result, two goals have been identified for the next year. The first goal is to enhance the identification of psychosocial health needs. Within the London Regional Cancer Program, patients are asked to complete an ESAS (Edmonton Symptom Assessment System) screen to help care providers know what symptoms are troubling to them. Care providers then use this information to help develop a care plan. Over the next year we will be working to enhance symptom management in the regional chemotherapy clinics through the implementation of ESAS and practice guides.

The second goal is to provide information about supportive care services to surgery-only patients. We have learned that these people may not be aware of the many supportive care services available in the South West. Our goal is to ensure that all people diagnosed with cancer in the South West have access to the information and supportive care services they may need.

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South West CANCER NEWS LINK

Canadian Cancer Society Releases 2011 Cancer Statistics

Sheila M. Densham, Health Promotion Coordinator

Released May 18, 2011, the annual cancer statistics provide a fundamental understanding of Canada's cancer burden. As our population ages, cancer incidence rates continue to rise; however, mortality rates for some cancers are showing a promising decline. "Every hour of every day [in Canada], an average of 20 people will be diagnosed with some type of cancer and eight people will die from cancer."¹



The chart below outlines Ontario's incidence and mortality rates for cancers screened by the three Integrated Screening Programs (ICS): ColonCancerCheck, Ontario Breast Cancer Screening and Ontario Cervical Cancer Screening Programs.

Canadian Cancer Society Statistics 2011 estimated incidence and mortality rates for Ontario

Cancer (Ontario)	2010 estimated incidence	2011 estimated incidence	2010 estimated deaths	2011 estimated deaths
Colorectal	8300	8100	3400	3250
Breast	8900	9000	2100	1950
Cervix	490	500	140	140
Totals	17,690	17,600	5,640	5,340

¹Canadian Cancer Society's Steering Committee on Cancer Statistics. Canadian Cancer Statistics 2011. Toronto, ON: Canadian Cancer Society; 2011. May 2011 ISSN 0835-2976

This booklet can be found online at: <http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics.aspx>

PROFILE: Regional Imaging Lead SWRC

Dr. Donald H. Taves, MD FRCP(C)

Dr. Donald Taves recently assumed the position of Regional Imaging Lead for the South West Regional Cancer Program (SWRC). He is also Medical Director of GI Imaging at St. Joseph's Hospital where he maintains a secondary interest in breast imaging. In 1992, he was named Chief of the Department of Radiology at St. Joseph's Hospital, remaining in this leading role until last year.

Regarded as a prominent figure in the academic community, Dr. Taves has held numerous positions at The University of Western Ontario, including Professor in the Department of Medical Imaging. In 2009, he was presented the Annual Award for Academic Excellence in Research, Teaching, Clinical Imaging, Role Modeling, Administration and Health Care Leadership. In 2010, he received the President's Award for Leadership in Mission.

Dr. Taves' research portfolio includes more than 25 peer-reviewed papers plus 26 abstracts and poster presentations. His primary research interests include swallowing disorders and breast imaging.

Between 1997-2010, he served as a member of both hospital and foundation boards, chairing the Medical Advisory Committee, "I believe it is important to become involved and contribute to advancing medicine in our community," says Taves.



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Creating A Dedicated Breast Care Centre at St. Joseph's Hospital, London

Dr. Donald Taves, MD FRCP(C), Regional Imaging Lead

Recognizing that it takes more than medical care to help women (and men) fight breast cancer, St. Joseph's Hospital is building a dedicated breast care centre, where education and support will help ease anxiety and empower patients during their breast care experience.

Prior to October 2010, breast imaging, including Ontario Breast Screening Programs (OBSP) and surgery clinics, were located at both St. Joseph's and London Health Sciences Centre (LHSC).

Consolidation of London hospital breast imaging and surgery services to one location at St. Joseph's Hospital, was the first step in positioning St. Joseph's Breast Care Program as a model of care for Canada. The next step will be the opening of the dedicated centre, as a permanent home to these services. For the residents of London, radiation therapy and chemotherapy remain at the London Regional Cancer Program at LHSC.

Expected to open in fall 2011, the new Breast Care Centre will occupy 6,300 square

feet. Specially designed to meet the needs of all breast care patients from screening and assessment, to surgery and follow-up, the centre will provide seamless, comprehensive care – all in one location.

On May 1, 2011, the OBSP Talbot site closed. Three mammography radiology technologists transferred to St. Joseph's. OBSP regional administrative staff moved to the South West Regional Cancer Program, becoming part of integrated cancer screening services.

OBSP volumes in London will be sustained by London X-ray Associates, Canadian Medical Laboratories and St. Joseph's Hospital. Appointments can be made by calling (the same numbers) 519-432-0255 or 1-800-461-0640. Patients will be informed about OBSP location choices when they phone to schedule their next appointment.

Contact Dr. Taves at: donald.taves@sjhc.london.on.ca or 519-646-6100 ext. 65644

Palliative Cancer Patients Benefit From Referral to Rapid Response Radiation Clinic.

Dr. Belal Ahmad, BSc MD FRCPC, Radiation Oncologist



Radiation is an integral part of the treatment for many cancers. For the palliative patient, radiation can improve their quality of life and physical comfort by helping control pain, bleeding, neurological dysfunction, shortness of breath and other symptoms.

Unfortunately, a large percentage of patients living in the South West LHIN, Chatham and Sarnia, may benefit from these treatments but are not being referred.

The Rapid Response Radiation Clinic (RRRC) was created in 2008 to streamline access for semi-urgent and urgent palliative patients who are receiving care from a primary care physician. The most common patients are those who have brain metastases (mets), painful bony mets, cancer related bleeding and/or airway obstructions.

Using a straightforward referral system, the clinic integrates consultation and radiation treatment planning into a single clinic where patients can be assessed and treated within a short time, often on the same day. Physicians

can refer palliative patients for a radiation oncology consult by:

- listing "rapid response radiation clinic" at the top of the cancer referral form
- faxing relevant details to the new patient referral office

The RRRC has a dedicated radiation oncology physician, radiation therapist and nurse who work together to optimize the patient experience. The first visit to the clinic typically includes a one hour consultation, a baseline CT scan and the patient's first radiation treatment. Appropriate referrals to other oncology specialists are made as required. The clinic is currently available on Wednesday mornings and plans to expand operations in the future.

For patients who live over forty kilometers from London and need more than a single treatment of radiation, Thameswood Lodge can provide free accommodation and shuttle service Monday to Friday. A meal plan is also available for a small fee.

The London Regional Cancer Program (LRCP)

is home to the largest academic radiation oncology program in Southwestern Ontario. This program offers a comprehensive range of cutting-edge radiation treatment including intensity-modulated radiation therapy, image-guided radiation therapy, tomotherapy, gated stereotactic body radiation therapy, an innovative brachytherapy program and photodynamic therapy. The RRRC is an integral part of the program and exemplifies how the LRCP and its partners continue to provide Southwestern Ontario with the best cancer care possible.

Physicians across the region are encouraged to refer their palliative cancer patients to the RRRC where they will receive high quality and timely treatments to help ease their pain and discomfort.

Referral inquiries: (ph) 519-685-8602

RRRC referrals: (fax) 519-685-8664

Thameswood Lodge: (ph) 519-667-6727

Canadian Cancer Society Transportation Services: (ph) 1-888-939-3333

London Regional Cancer Program:

www.lhsc.on.ca/About_Us/LRCP/

Expanded Funding for Patients with Small Breast Cancers

Dr. Ted Vandenberg, MD, FRCPC, Regional Systemic Clinical Lead

Approved for women with node negative, small Her2 positive breast cancers – Herceptin, when used in conjunction with chemotherapy – has become the first drug to be funded by Cancer Care Ontario (CCO) through the Evidence Building Program (EBP).

Eligibility criteria for EBP funding dictate that there must be evolving, but incomplete evidence of benefits. This will oblige CCO to collect real-world data on the clinical and cost effectiveness of Herceptin. The Ministry of Health and Long-Term Care will then use the

data to help inform a final change to existing funding criteria.

For more info visit: <http://www.cancercare.on.ca/toolbox/drugs/ebp/program/>