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Delivering Exceptional Care Across the Northwest

Regional Cancer Care Northwest
Includes 14 Regional Care Sites

Legend

- Nursing Stations / Health Facility
- Ontario Breast Screening Program
- Friendship Centres
- Aboriginal Health Access Centres
- Hospitals
- Metis Nation of Ontario
- Local Health Integrated Network Boundary

1,092 km distance from Kenora to Chapleau.
Approximately 15.27 hours drive time.
For those of us who have devoted our lives to delivering cancer care, we have done so for one reason – to improve the lives of people living with cancer. We have all, in some way been touched by cancer. It is the common thread that connects us and compels us.

Cancer is arguably one of the most complex, challenging and life-changing diseases to understand, detect and treat. And it’s not going away. Although we have advanced very quickly and new treatments are highly effective, the best we can do is detect cancer earlier and treat it in the most timely, effective way possible. This is as close to a cure as we can get, and it is working.

“Cancer” is a word; it is no longer considered a death sentence. People in the Northwest are surviving much longer with cancer than in the past. I personally see this small miracle each and every day through my patients’ own personal journeys. At Regional Cancer Care Northwest, we are leaders in the province for the care we deliver. We have maintained excellent wait times, we have some of the highest patient satisfaction rates in Canada, and despite the challenging size of our region, we continue to excel at delivering care as close to home as possible with our 14 regional care sites. There have been exceptional new advances in treatment technologies, and our leading telemedicine program is bridging great distances. Diagnostic wait times have improved dramatically, as have surgical wait times.

But it hasn’t been an easy road. There have been challenges. Our screening rates for some of the most common cancers, including colorectal cancer, are well below the provincial target. This needs to improve. We also need to streamline the diagnosis process for patients to lessen their anxiety and detect disease earlier.

In terms of satisfaction, our patients tell us that we are not meeting their communication needs. They want access to better information, to their care plans, and to their own health records. And our own internal challenge is that we are experiencing a disconnect among staff. We need to foster relationships and ensure that staff feel connected to each other, and to our vision of the future.

There is also the challenge of embracing a research agenda at every stage in the cancer journey. Research must be accepted as a natural part of improving the quality of care. We need to make patients aware of clinical trials and leading-edge studies. Along with an emphasis on research, we need to also embrace professional development and teaching. We must make an organized, concerted effort to offer more educational opportunities.

Our vision is to deliver Exceptional Cancer Care. To realize that vision, together we need to embrace change, commit to improving the patient experience, and ensure quality of care through innovation. We are a top performer in the province. To become ‘exceptional’ we must go above and beyond. That is what this plan sets out to do.

Dr. Dimitrios Vergidis
Chief of Oncology at Regional Cancer Care Northwest
As a woman in my 50’s, I eat well, exercise, don’t smoke, have regular medical check-ups, and am screened for all possible cancers. I drink in moderation, am careful in the sun, and overall I lead a healthy lifestyle.

In 2015, HPV vaccines are available to both girls and boys, and cancer screening tests are accessible and easy to do. However, I have just learned about my positive screening test for cancer and have immediately been enrolled in a Diagnostic Assessment Program.

My family physician tells me that I have cancer and she provides me with a referral to the cancer centre. I receive a notice telling me that I have an appointment with my cancer team and require follow-up tests within one week. The notice explains that I can bring a friend or family member with me.

We arrive at the cancer centre and meet the members of my cancer team. First, I meet a member of supportive care, followed by a radiation oncologist, medical oncologist, or surgeon. I am also introduced to my nurse navigator at this appointment. This meeting is to talk about my diagnosis, the next steps, and to discuss bringing my case to a Multidisciplinary Case Conference, where a team creates the best treatment plan for me.

The same day, I have additional tests including blood work and a PET scan for staging and planning. At my next appointment, within one week, my oncologist explains that I need chemotherapy. I know it will be effective because I’ve already had genetic testing. I also need radiation. I know that will also be very precise, sparing healthy tissue and bones. At this appointment I am able to make the best decision for myself. My navigator provides me with a personalized care plan and information directing me to a website. The site allows me to see information about the cancer centre, my cancer, my treatments and my team.

At each appointment I complete an electronic symptom management questionnaire, tracking my pain, emotions, and well-being. The program instantly alerts my navigator and oncologist if a symptom is worsening. When I am not feeling well, I easily phone the cancer centre and receive immediate assistance because the person on the line has access to my electronic medical record.

Although cancer is scary, the staff at Regional Cancer Care Northwest always do everything they can to ensure a smooth pathway. I don’t ever feel like just another patient. I am thankful to my care team who continues to care for me through my survivorship program.

Dawn Powell
A cancer survivor and now a Patient Family Advisor at Regional Cancer Care Northwest
Patient & Family Centred Care (PFCC) Initiatives: New PFCC Initiatives include: four retreats, whiteboards for all inpatient rooms, signage in Cree and Oji-cree, the WE-Can Wellness & Exercise program, strengthened regional partnerships, bookmarks as reminders to new patients for self-referral to Supportive Care.

Research & Academics: PET/CT Program We are one of only nine sites to be funded as a PET/CT Centre in Ontario. Approximately 300 cancer patients in the Northwest had access to PET/CT in the past two years. The list of funded clinical trials in PET/CT is growing.

Prevention & Screening: Colorectal Screening Clinic in Marathon In 2008, a colorectal cancer screening clinic opened in Marathon. Our colorectal cancer rates in the Northwest are higher than the province and improved access to colorectal programs is imperative considering we will have an additional seven diagnosed colorectal cancer patients per 100,000 by 2015.

Prevention, Screening and Diagnostics: Diagnostic Assessment Programs (DAPs) In 2009 and 2010, Diagnostic Assessment Programs improving diagnostic care were launched for colorectal, lung, and malignant lymphoma. The Linda Buchan Centre also provides many elements of DAP. We were also selected as a pilot site for an Electronic Pathway Solution to improve the flow of information and communication.

Diagnostics: Synoptic Reporting In January 2009, Cancer Care Ontario recognized our Pathology Team for being the first in Canada to fully implement an innovative synoptic reporting initiative. Synoptic reporting allows pathologists and oncologists to work with standardized electronic reports when diagnosing cancer.

Surgical Treatment: Improvements in Multidisciplinary Case Conferences (MCCs) & Wait Times We have seen a dramatic improvement - from 65% to 82% in standards-compliant MCCs. MCCs have been implemented for various cancer disease sites including breast, thoracic (lung), colorectal, head & neck, endocrine (thyroid), genitourinary (with prostate), gynecologic, and hematology. Our cancer surgery wait times improved from 84% to 87% within target in 2010.

Systemic Treatment: Bridging distances using Telemedicine and the Physician Order Entry System There were 2,800 telemedicine consults in 2010, up to 59% from 2008. Additionally, fitting telemedicine units in regional chemo suites in 2010 was popular with patients and chemo nurses. In 2009, we were the first cancer program in the province to implement OPIS 2005 – an electronic system for ordering and documenting chemotherapy – across 14 regional sites, and the inpatient unit.

Radiation Treatment: Intensity-Modulated Radiation Therapy (IMRT) program is building IMRT was implemented in 2009, offering personalized radiotherapy doses based on body tissue thickness to benefit prostate cancer patients. The IMRT program has increased from 8% to 17% in two years. We have also seen a considerable improvement in radiation treatment wait times from 75% in 2008, to 89% in 2010.

Supportive & Palliative Care: Online Support is offered to patients Our Supportive and Palliative care programs launched Care2talk.ca – a web-based resource for young adults with cancer and cancer survivors. The program offers support to patients from their own home. In 2010, 59% of ambulatory oncology patients reported being satisfied with the emotional support provided – improving from 52% in 2008 and 55% in 2009. Our program is ranked among the highest in Canada.

Accomplishments 2008-2011 We Celebrate Many Accomplishments as a Result of Our Previous Regional Cancer Plan
Northwestern Ontario has some of the highest cancer incidence rates per capita in Ontario. With higher than average rates of our most common cancers, there is a direct link with lifestyle choices such as tobacco use, obesity, low physical activity levels and diets low in vegetables and fruit.
I lost my father to a form of cancer called non-Hodgkin’s lymphoma. Although he received excellent care at the time, his experience was my first glimpse into the potential future of our cancer program in the Northwest. My family and I are passionately devoted to cancer care and I have the privilege of working in close partnership with the highest calibre of professionals, who are equally dedicated.

This is an exceptional implementation plan in response to Cancer Care Ontario’s new strategic plan and is also aligned with the strategic plans of Thunder Bay Regional Health Sciences Centre and Thunder Bay Regional Research Institute. It is the result of over nine months of visioning, planning and consultation with patients, families, doctors, nurses, dozens of healthcare professionals, volunteers, and other partners.

Right now, we excel at delivering leading cancer care. We rank among the top three cancer care programs in the province and have maintained that ranking for many years. Now we are poised to become even better. We recognize that being ranked as “leaders” or “good” isn’t good enough for our patients nor for us. We want to be known for Exceptional Cancer Care.

If I could leave you with overall impressions of this plan, I would want you to remember the following three priorities:

- Quality
- Patient Experience
- Innovation

We are focused on delivering the highest-quality care for patients; the best possible patient experience; and the latest innovations in cancer care.

This plan is a direct response to the needs identified by patients, staff and our healthcare providers across Northwestern Ontario who are working together to deliver cancer care. I urge you to take a moment to review this plan. After all, we have all experienced cancer at some point in our lives; similarly this plan will affect all of us. This plan is devoted to the health of our families, friends, communities, and region. Together, we WILL deliver Exceptional Cancer Care by 2015.

2015 Priorities and Objectives

Outcomes and Staff Satisfaction
By 2015, the Northwest will reach the Ontario level for 5-year relative survival rates for prostate, breast, colon, and lung.
We will also be the highest performer among all provincial cancer centres for overall staff satisfaction (as per the NRC Picker staff survey results).

Access
80% of all new lung, colon, breast and prostate cancer patients in Northwestern Ontario will have a personalized pathway from cancer assessment through to follow-up.

Patient Satisfaction
We will be the highest performer in Ontario for patients reporting that their informational and emotional needs were met (as per the NRC Picker patient satisfaction survey results).
Mission: We will improve the performance of the cancer system by driving quality, accountability and innovation in all cancer-related services.

Mission: To advance world-class patient and family centred care in an academic, research-based, acute care environment.

Mission: To improve the quality of healthcare through excellence in patient-centred research.

Goals
1. Reduce the risk of developing cancer.
2. Reduce the impact of cancer through effective screening and early diagnosis.
3. Ensure timely access to accurate diagnosis and safe, high quality care.
4. Improve the patient and family experience along every step of the patient journey.
5. Ensure an optimal work environment for all cancer care staff, physicians, and volunteers.
6. Strengthen our ability to improve cancer services through enhanced academic performance and research.

Summary of Initiatives

Quality
- Quality program in Diagnostic Imaging
- Expanded Multidisciplinary Case Conferences
- Formalized Surgical Oncology Network
- Further development of a culture of teamwork and respect through staff "connectedness"
- Regional Systemic Therapy Program

Innovation
- Integrated Cancer Screening program
- Advanced radiation treatment techniques
- Accelerating our research agenda
- E-Health strategies
- Enhanced academics

Patient Experience
- A more responsive outpatient environment
- Expanded Diagnostic Assessment Programs
- Advancements in Personalized Medicine
- More accessible Supportive Care
- New Oncology Palliative Care Program
We are organized into regional operational networks that coincide with the cancer care continuum to address the challenges that patients face. Each network has a physician lead and an executive lead who together will ensure the implementation of this regional plan.

Patients are at the centre of all decision making.
Integrated Cancer Screening

In Northwestern Ontario, rates for developing lung, breast, colorectal and prostate cancer continue to be the highest in the province. We have the ability to reduce our cancer rates when more people stop or don’t start smoking, eat more vegetables and fruit and increase activity levels to maintain healthy weight. Our participation rates for cancer screening to find cancer early also remain below provincial targets.

Awareness of cancer prevention and screening services must be increased with a particular focus on under-screened and never-screened populations such as our Aboriginal and First Nations communities. Regional Cancer Care Northwest will work with community partners and health care providers to find cancer early and reduce our risk for developing cancer.

By 2015, we commit to:

1. Offering three Cancer Care Ontario screening programs including: ColonCancerCheck, the Ontario Breast Screening Program (OBSP), and Ontario Cervical Screening (OCS) Program. All three programs will be bundled into one regional Integrated Cancer Screening program to deliver more coordinated breast, cervical and colorectal cancer screening.

2. Increasing access with delivering mobile, drop-in and outreach services as well as a new screening mobile coach.

3. Improving cancer screening completeness (the percentage of women with up to date breast, colorectal and cervical screening) by 10% by 2012, and by 10% each of the following years.

4. Improving regional uptake of the ColonCancerCheck kits by a minimum of 3,000 kits annually and reduce the rate of rejected/incomplete kits by 5% by 2012. Regular screening can result in a 16% reduction in colorectal cancer mortality using the FOBT kit and a 20% reduction in incidence of colorectal cancer.

5. Ensuring patients receive follow-up when abnormal screening results occur. The new program will be aligned with Diagnostic Assessment Programs (DAP) and the Diagnostic Assessment Program - Electronic Pathway Solution (DAP-EPS) to help guide patients through diagnostic testing.

6. Supporting innovative models of care for cancer screening such as RN performed flexible sigmoidoscopy and Pap testing.

7. Promoting supportive environments for health and self-management opportunities to reduce cancer risk.

8. Partnering for more timely follow-up of abnormal breast screening results with regional satellite breast assessment programs in Sioux Lookout and one other regional site (pending digital mammography implementation) by 2012/13.

9. Partnering with Ontario MD and Cancer Care Ontario to increase the number of physician offices with electronic medical records (EMR) that are integrated with other available cancer related information systems.
Diagnostic Assessment Programs (DAP)

To a cancer patient, the wait time between visits when an abnormality or concerning symptom is found, to the time it takes to reach diagnosis can be one of the most stressful phases of the cancer journey. Cancer Care Ontario has recognized the importance of improving this phase of care, and has invested in strategies that will accelerate the time it takes to reach a definitive diagnosis by expanding Diagnostic Assessment Programs (DAPs). Just as fitting the pieces of a puzzle together forms the true picture, DAPs help to fit the pieces of the care pathway together.

Interdisciplinary teams of care professionals, including physicians, technologists, nurses, support staff and therapists, work together to accelerate time to diagnosis by removing barriers to access and improving communication. DAP services can either be coordinated and delivered in one physical location, or they can be more ‘virtual’ where professionals in different locations can collaborate to create continuity during the diagnostic phase of care.

By 2015, we commit to:

1. Improving existing DAPs and developing new DAPs for other disease sites including prostate and gynaecological.
2. Improving communication, meaning that patients will have a clear understanding of their pathway to diagnosis.
3. Implementing a Diagnostic Assessment Program - Electronic Pathway Solution (DAP-EPS) will allow both patient and healthcare providers to access information. Also DAP-EPS administrators will be able to access electronic information to support all DAP-EPS programs.
4. Decreasing wait times for patients in DAPs. For example, the lung DAP program will improve lung diagnostic wait times from 18 weeks down to 7 weeks.

Quality Program in Diagnostic Imaging

In our quest to improve access to diagnostic services and deliver personalized medicine, our priority is to ensure that all testing is both appropriate and safe. Diagnostic information must be shared with oncologists and clinicians in a clear, consistent format that will aid clinical decision making.

By 2015, we commit to:

1. Creating structured reporting for specific cancers. Better reporting will make it easier to interpret test results and allow clinicians to make decisions about additional testing or treatment.
2. Working with an industry partner to develop and eventually test a true synoptic reporting system for diagnostic imaging reports.
3. Building a peer review process by radiologists and molecular imaging specialists to ensure that diagnostic reports are both accurate and useful for those making treatment and therapeutic decisions. An investment in peer-reviewed software and the development of standards and guidelines, will create an auditable record of quality assurance and quality control activities.

PET/CT located in Radiation Therapy at Thunder Bay Regional Health Sciences Centre.
A More Responsive Outpatient Environment

The outpatient clinic at Regional Cancer Care Northwest is host to more than 53,000 patient visits annually. Throughout the next four years, the outpatient clinic will focus more than ever on the needs of patients.

One of the main frustrations for patients is that their appointment schedule can frequently change and can run behind schedule. To compound the problem, patients have difficulty finding a parking spot, as well as finding their way around the cancer centre in Thunder Bay.

To solve this, some workflow processes and use of information technology must improve. The introduction of a fully electronic chart will lay the foundation for more readily accessible information. We all look forward to a time in the future when patients have access to their appointment schedule, upcoming tests, and possibly even personal test results. In addition, the e-chart will enable immediate and secure access to patient information by care staff in different departments and locations. This will help minimize the wait times patients experience on the day of their appointment.

By 2015, we commit to:

1. Addressing and resolving parking problems experienced by cancer patients at Thunder Bay Regional Health Sciences Centre (TBRHSC).
2. Improving the outpatient experience by making it easier to schedule appointments and increasing the number of patients that are seen on time with the use of more efficient scheduling tools and processes.
3. Implementing electronic documentation to be used by nurses and physicians at the point of care. Less reliance on the paper chart will improve clinic efficiencies.
4. Offering a wider variety of services to patients.
5. Helping patients navigate the cancer centre using better signage.
6. Providing consistent and efficient methods for patients to contact their care providers, both during and after treatment.
7. Promoting a positive, team-based work environment that will ensure a positive patient experience.
8. Strengthening the cultural and patient education competencies of our staff and physicians.
9. Revising the patient orientation program to include more actively engaged volunteers who assist patients and families.
10. Establishing a person-centred information framework to support patients and families with the online Oncology Interactive Navigator™ system.

Dawn Aho, wife, mother, member of the Lac de Milles Lac First Nation, and cervical cancer survivor pictured with her son Reid.
A multitude of molecular imaging and laboratory tests are starting to change what we know as ‘personalized medicine’ from something futuristic, that we read only about in magazines, into real diagnostic options for cancer patients. Personalized medicine is a medical model that aims to customize healthcare, with all decisions and practices being tailored to the individual patient. Through a combination of genetic counselling and testing services offered through the Thunder Bay District Health Unit, as well as advanced molecular imaging technologies afforded through the Thunder Bay Regional Research Institute and Thunder Bay Regional Health Sciences Centre, Regional Cancer Care Northwest will focus on offering select molecular testing services to ensure that patients have fair and equitable access to services that have the greatest potential to optimize their treatment.

By 2015, we commit to:

1. Having an organized program in place to ensure equitable access to select genetic testing that will help clinicians determine most appropriate approaches to cancer screening and treatment.

2. Adopting new technologies, research, and diagnostic tests which will inform patients’ treatment plans and/or monitor treatment effectiveness.

3. Making Diagnostic Imaging technology available that will improve the detection of disease (e.g., PET/CT).

4. Following Cancer Care Ontario’s lead in determining which molecular tests will best guide cancer treatment decisions. For example: patients can undergo difficult, expensive treatments without success. These treatments could be prevented or stopped sooner with testing for targeted genetic markers, or with PET imaging that permits assessment of disease response at a much earlier stage than conventional anatomical imaging.

“I lost my father to colon cancer. If today’s technology and treatment options had been in place for him, he probably would have survived. I am committed to exceptional cancer care. We must all commit to being healthy together.”

Andrée G. Robichaud, President and CEO, Thunder Bay Regional Health Sciences Centre
A Formalized Surgical Oncology Network

The Northwest Surgical Oncology Program has successfully promoted excellent access to surgical procedures and treatment at Thunder Bay Regional Health Sciences Centre, evidenced by our consistent top provincial performance in surgical wait times. However, the program has recently identified the need to develop a more formalized Surgical Oncology Network. This will result in all cancer patients in Northwestern Ontario, independent of their geographic locale, having equitable access to high quality surgical procedures and treatment. In the near term, the program will comply with provincial surgical quality guidelines and standards, and in the longer-term, the program will enable more advanced surgical procedures throughout the region.

By 2015, we commit to:

1. Hosting semi-annual, regional meetings to identify priorities and develop an annual operating plan within the context of a long-term regional plan. These meetings will include regular participation of surgeons and will develop plans for equipment, space, case volumes, Continuing Medical Education training, and the expansion of research.

2. Improving to 90%, the percentage of surgical patients seen within the target wait time in the “decision to treat, to treatment” phase of care, compared to the current 87%.

3. Ensuring access throughout the region to high quality sentinel lymph node biopsy (SLNB) for early breast cancer patients.

4. Implementing full regional surgical quality guidelines and standards as identified by Cancer Care Ontario Standards of Practice. Areas of focus will include radical surgery for colorectal cancer as well as radical prostatectomy. We will also ensure staging guidelines are followed.

5. Actively participate in research and education programs in surgical oncology for physicians, residents, and undergraduate medical students at Thunder Bay Regional Health Sciences Centre, Northern Ontario School of Medicine and other educational institutions.

Expanded Multidisciplinary Case Conferences

The highest quality care is provided when the entire team of cancer care professionals makes decisions collaboratively about the best treatment for each patient. The venue where a medical oncologist, a radiation oncologist, a surgeon, a pathologist, a radiologist, and others, come together to ensure all appropriate diagnostic tests have been considered, and then determine the treatment options, is called a Multidisciplinary Case Conference (MCC). MCCs are currently available for the following disease sites: breast, thoracic (lung), colorectal, head & neck, endocrine/thyroid, GU (with prostate), gynaecology, and hematology. Our goal is to provide all cancer patients in Northwestern Ontario, independent of their geographic locale, with the opportunity to have their case reviewed in an MCC.

By 2015, we commit to:

1. Connecting all patients from a disease-site specific Diagnostic Assessment Program (DAP) with a disease-site specific Multidisciplinary Case Conference (MCC).

2. Offering MCCs for additional cancer sites which include: brain and melanoma/skin.

3. Becoming 100% compliant with Cancer Care Ontario standards regarding MCCs, up from our current 82%.
Over the next four years, both the number of cancer patients receiving radiation therapy and the complexity of those treatments are anticipated to increase. The most significant advancement in radiation technology will be the replacement of our two existing linear accelerators, to deliver treatment using the latest techniques.

To support radiation treatment techniques, the record & verify system will be updated. This update will allow for optimal radiation treatment to the disease sites where it is most effective. It will also expedite plan calculations, optimize sequencing of treatment delivery, and improve dose calculations.

From the patient’s perspective, side effects will be minimized by treating less of the healthy tissue and focusing on the tumour.

With updated radiation equipment, patients will benefit from more advanced treatment techniques and best practices. The improved use of available advanced functional imaging technologies (PET/CT, MR spectroscopy) will continue to be essential in the implementation of new treatment techniques.

By 2015, we commit to:

1. Replacing our two existing linear accelerators and introducing a new record and verify system. A treatment planning system upgrade is also planned.
2. Increasing the number of radical courses treated by Intensity Modulated Radiation Therapy (IMRT) to 50%, compared to the current 15%.
3. Increasing to 90% the number of patients who are seen within standard radiation wait times, (up from the current 76%).
5. Improving our strategies to better engage patients, surgeons and primary care providers in the region. Radiation utilization will increase from 41% to 45%. Although all patients referred to Regional Cancer Care Northwest who require radiation treatment are being treated, evidence has shown that there is a gap between the number of patients who should be receiving radiation treatment and the number of patients treated. This gap may be related to our region’s geographic size and referral patterns.
6. Securing accreditation through the Commission on Accreditation of Medical Physics Educational Programs (CAMPEP) for the existing Medical Physics Residency Program and the potential for aligning with a Thunder Bay Regional Research Institute medical physics imaging residency.

“The new technology in radiation therapy will expedite delivery of advanced treatments to patients and improve treatment accuracy,”

Dr. Sunil Gulavita, Head of Radiation Oncology.
Further Developing Our Regional Systemic Treatment Program

By 2015, we commit to:

1. Furthering collaboration with other hospitals in the Northwest region that are providing cancer services by introducing a Northwest RSTP steering committee, and promoting excellent access to chemotherapy.

2. Recruiting a 6th Medical Oncologist.

3. Fully implementing the Northwest RSTP regional plan, ensuring compliance with the 36 evidence-based Cancer Care Ontario provincial RSTP standards.

4. Formalizing the relationship with hospitals and care partners in Northwestern Ontario, ensuring that the roles of oncologists, supervising family physicians and other care providers are clearly articulated, and that education plans are in place.

5. Ensuring the financial sustainability of the Northwest RSTP, particularly as we enter the era of personalized medicine, by guiding optimal resource allocation across the region, including plans for new capital equipment.

6. Increasing accruals to chemotherapy-related clinical trials.

7. Continuing to establish the role of a drug reimbursement specialist who works with patients, families and pharmaceutical companies to cover out-of-pocket drug expenditures. This specialist will also decrease the program’s drug expenditure.

8. Increasing use of web-based videoconferencing to improve the efficient delivery of chemotherapy in the region and improve communication.

The Northwest Regional Systemic Treatment Program (RSTP) has established and maintained a strong relationship with its 13 regional community hospital partners and physicians. This partnership and robust telemedicine program have been critical to our ability to offer chemotherapy and other services to the more than 20% of our patients who want treatment as close to home as possible. Although this relationship is supported with an annual hospital partner agreement, this partnership has been otherwise informal. The new RSTP will implement tangible, wide-reaching advancements including improvements to patient safety in the delivery of systemic treatment and improving timely access to high quality systemic treatment closer to home.
Easier Access to Supportive Care

By 2015, each patient will be seen by a Supportive Care Counsellor on their first visit in order to connect with services. An early visit will help to ensure that patients and their families are aware of supportive services available to them including counsellors, discussion forums, a nutritionist, and a smoking cessation program counsellor. Supportive Care is changing the way patients are able to access services by embracing web-based technology. The launch of online support services and weekly chat groups such as Care2talk.ca will make it easier for some patients in the Northwest to access services at times that are most convenient for them.

By 2015, we commit to:

1. Ensuring that 1200 new patients per year will meet a member of the supportive care team on their first visit to the cancer program, compared to approximately 550 now.

2. Expanding Care2talk.ca to include older adults, long term survivors, and bereaved family members.

3. Improving access to services so fewer patients report “they wanted, but did not receive information.” That number is currently at 34% and will decrease to less than 10%.

4. Staying connected. Every patient will be contacted by one of the psychosocial counsellors at the end of their treatment in order to remind them of the services that are available at no cost.

5. Partnering with other care providers to ensure that the necessary grief and bereavement follow-up work provided to families will continue to be available to them.

Dr. Scott Sellick
Director of Supportive Care

New Palliative Care Program

People are living longer with cancer and while 5-year relative survival rates have improved to approximately 60%, many of these individuals will also require palliative care at some point. Approximately 40% of all patients diagnosed with cancer in 2010 will die from their cancer by 2015. In terms of real numbers, this represents approximately 2,000 individuals who will require palliative care between now and 2015. One of the greatest ways for clinicians to facilitate healing in their patients is to control their symptoms, especially pain. By meeting these basic needs we allow people to contemplate other areas of life such as existential questions around their illness, their future and their family. Discussing wants and needs, and ensuring dignity as well as allowing one to die in the place of choice is very important.

By 2015, we commit to:

1. Establishing a referral mechanism with centralized intake that will ensure timely enrollment, access and follow-up for palliative patients wherever they live in Northwestern Ontario.

2. Offering a palliative care team of specialists who will see each eligible patient in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy.

3. Increasing the number of staff dedicated to palliative care from 2.7 to 8. This includes the number of palliative care physicians in Thunder Bay Regional Health Sciences Centre increasing from 0.6 to 3.4.

4. Establishing a process for transfer of services for palliative care to the most responsible physician, and developing clinical pathways for addressing specific palliative care needs.

5. Decreasing admissions of palliative patients through the Emergency department from 79.8% to less than 50%, and unplanned readmission to acute care settings will decrease from 15.6% to 7.6%.

6. Doubling the inter-professional symptom management clinics to the equivalent of 3 days per week.

7. Planning and implementing a system to evaluate the effectiveness of the palliative care program using established, agreed-upon benchmarks related to the number of people receiving service.
People Make All the Difference

How survivor Debora Prokopich Buzzi found comfort throughout her battle with breast cancer

Debora Prokopich Buzzi is a wife, stepmother, sister and favourite aunt. She’s also a breast cancer survivor. She was diagnosed in 2007 at the age of 40.

“I didn’t have any symptoms or family history of breast cancer,” she explains. “I was shocked when I was told I had two tumours in my breast. It was definitely a scary time, full of uncertainty,” she says. “I had a lot of questions,” Debora says.

Fortunately the Linda Buchan Centre was there to help. In a search of answers, she called the Linda Buchan Centre and met with Judy Drainville, the Breast Assessment Coordinator. “She was absolutely wonderful. She listened to my concerns and introduced me to everyone. Words can’t express how much that helped,” Debora recalls.

Debora underwent a lumpectomy and later began chemotherapy treatment at Regional Cancer Care Northwest.

“Everyone on my care team was fantastic - from the reception staff to my oncologist - everyone was so caring and professional. They went the extra mile for me,” she says. “I thank God every day that I live just minutes away from world-class cancer care,” she says.

Not only did she receive remarkable care, but she was able to stay home with her husband and continue to work every day. She says this played a huge role in her recovery. “It was vital for me to keep busy. Cancer takes a lot from you, but I wasn’t going to let it take my family and my job.”

Once treatment ended, Debora found programs to help support her ongoing recovery. She enrolled in a fitness program called ‘We-Can’ for cancer survivors, and she joined the Breast Cancer Support Group. “I began to regain not only my strength but my confidence. I felt as though I had my life back.”

Debora says she is very grateful to those who donated in support of the Northern Cancer Fund of the Thunder Bay Regional Health Sciences Foundation. Donations help fund the programs, services and equipment that saved her life - from the Linda Buchan Centre, to the We-Can fitness program and the Breast Cancer Support Group. New donations will help support new future initiatives and programs to benefit patients and families.

“I am so grateful to live in a community that works together to make hope possible,” Debora says.
As a cancer program, we have a longstanding history of offering training and mentoring opportunities for radiation therapists, physicians, medical physicists, nurses, and psychosocial counsellors, to name only a few. With the growing mandate of Thunder Bay Regional Health Sciences Centre (TBRhSC) as a teaching and research facility, we plan to enhance and better coordinate our teaching activities.

**Enhancing Our Academic Cancer Program**

*Students at Thunder Bay Regional Research Institute with Dr. Oleg Rubel (third from right)*

**By 2015, we commit to:**

1. Developing an interdisciplinary team, led by Thunder Bay Regional Health Sciences Centre’s Medical and Academic Affairs, to formalize our academic cancer program.

2. Being recognized across Canada as a site that fosters training and support for oncology nursing by 2015, to ensure quality and standardization for all nursing professionals.

3. Supporting all nurses within the regional oncology program, to ensure they hold a minimum of one Canadian Nurses Association (CNA) certification related to their role within the oncology program.

4. Cross-training nurses between the 1A inpatient unit and the chemotherapy outpatient unit will support nursing competence and ensure seamless care across settings.

5. Supporting oncologists with appropriate scheduling to accommodate Northern Ontario School of Medicine teaching requirements.

6. Ensuring all radiation therapists in the regional oncology program will have Canadian Association of Medical Radiation Technologists certification.

7. Ensuring every major disease site will have at least one specialized radiation therapist.

8. Securing Commission on Accreditation of Medical Physics Educational Programs (CAMPEP) accreditation for the existing Medical Physics Residency Program and the potential for aligning with a Thunder Bay Regional Research Institute medical physics imaging residency.
By 2015, we commit to:

Supporting our Nurses

As part of this plan, our program will formalize support for nurses within the regional oncology program. As part of our academic program, courses are offered through the de Souza Institute - an innovative centre of learning dedicated to improving cancer care by supporting excellence in oncology nursing. Nurses play a vital role in caring for patients throughout the cancer journey – in prevention, screening, diagnosis, treatment, survivorship and palliation.

Sarah Rowsell and Kurt Schultz, Oncology Nurses, 1A at Thunder Bay Regional Health Sciences Centre
Since 2007, the Thunder Bay Regional Research Institute (TBRRRI) has been transforming patient care at Thunder Bay Regional Health Sciences Centre (TBRHSC), specifically in diagnostics and cancer care. Researchers and clinicians collaborate to solve important patient challenges. Our team of staff, physicians, radiologists, and leaders are embracing research as an important driver of clinical excellence and leading-edge patient care technology at Regional Cancer Care Northwest (RCC-NW).

1. Pioneering a new standard of excellence in the clinical investigation of novel molecular imaging-based diagnostic technologies for disease prevention, early detection and image-guided treatment with a focus on cancer.

2. Recruiting outstanding scientists and providing them with the tools to flourish. TBRRRI and RCC-NW will jointly appoint one Clinician Scientist in Radiation Oncology in addition to the appointment of 50% of RCC-NW oncologists as affiliated Clinical Researchers.

3. Dedicating teams to research with a renewed focus in personalizing treatment options through advanced therapeutics and psychosocial research.

4. Ensuring more benefit for patients as a result of advances in:
   a. Imaging Guided Interventions that offer non-invasive surgical options by using an imaging instrument such as an MRI to guide new treatments.
   b. Advanced Detection Devices to better detect small tumours in the body and improve treatment planning. These advancements are in X-ray, Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI).
   c. Molecular imaging involving probes, or biomarkers, that are radioactive isotopes or drugs inserted into the body to seek out cancer cells at the molecular level. Using MRI or PET scanner as the imaging tool, cancerous cells will “light up,” making early detection possible through non-invasive techniques. Scientists will use this to create customized therapies for individual patients.

5. Increasing collaboration with Diagnostic Imaging services at TBRHSC.

6. Monitoring the most prevalent disease sites in Northwestern Ontario to guide and offer more patients the opportunity to participate in clinical trials. Our goal is to increase patient participation in clinical trials by 50%.

7. Offering at least one Phase 1 clinical trial in Northwestern Ontario on a technology that has been developed by TBRRRI and is not yet available elsewhere.

8. Becoming more established with industry partners to offer novel clinical trials.

By 2015, we commit to:

PET/CT at Thunder Bay Regional Health Sciences Centre is being used to advance research and patient care.
Our Scientists and Doctors Team-Up to Put the Heat On Cancer

Dr. Laura Curiel is breaking new ground in the treatment of uterine fibroids and cancer. She is a Thunder Bay Regional Research Institute (TBRRI) Scientist and an Adjunct Professor of Electrical Engineering at Lakehead University. Laura works alongside Dr. Neety Panu, Radiologist at Thunder Bay Regional Health Sciences Centre (TBRHSC) and Dr. Andrew Siren, Obstetrician & Gynecologist at TBRHSC.

Together, they are researching a new surgical procedure that uses ultrasound waves to treat unwanted tissue and tumors. The procedure is called MRI-guided High Intensity Focused Ultrasound (HIFU). TBRRI and TBRHSC are working in partnership with Sunnybrook Health Sciences Centre in Toronto to conduct this study.
We believe that electronic health (E-health) solutions are key enablers of this entire plan, and will truly transform the patient journey.

As the patient moves from one care setting to the next, currently their health information does not easily follow them. There is no one place with a comprehensive health record. We and our partners want to change that in the next five years and are committed to resolving gaps in the information flow.

We also share a common vision for an integrated system or provider portal that will make the e-chart and other patient information, such as region-wide lab results, viewable by all authorized clinicians in the circle of care.

By 2015, we commit to:

1. Establishing an electronic medical record and Clinical Management System for the cancer centre.
2. Partnering to replace the old way of faxing referrals with new e-referral systems.
3. Partnering to optimize the use of Electronic Medical Records (EMRs) in physician offices region-wide to increase screening rates.
4. Replacing the handwriting of orders and treatment records, and the printing and signing of notes and lab results, with electronic processes and reports that are available online for electronic signature.
5. Ensuring the dramatic improvement of workflow, clinic efficiencies, and access to information by all involved in the circle of care; especially given the new-found portability of clinical information and guidelines on secure devices such as iPhones, e-tablets or Blackberries.
6. Working with Cancer Care Ontario to bring three separate screening systems (for colorectal, breast and cervical) together into one electronic system, improving communication and coordination with primary care providers. Geographic information systems will also allow better targeting of messaging campaigns to under-screened and never-screened populations.
7. Piloting a Diagnostic Electronic Pathway System to enable primary care providers and others in the care team to refer and track their patients’ progression throughout the diagnostic journey, and provide specialists with immediate access to patient diagnostic information.
8. Establishing a person-centred information framework to support patients and providers with the online Oncology Interactive Navigator™ system. Integrated within the clinical system to support provider-to-patient communications, and at all points along the cancer journey, patients and families are supported with consistent medical, emotional, psychosocial and practical information.
9. Ensuring regional clinicians have access to additional patient-related information and educational opportunities and online courses.
10. Implementing an improved regional contact database and PC-based videoconferencing tools that will help to connect us, as well as a secure website for region-wide communication of policies, procedures and other knowledge exchanges.
11. Partnering to develop a Telehomecare system for palliative patients, as well as determine how best to track palliative cancer patients and ensure they can easily connect with their care team.

Information and communications technologies will truly enable our strategic priorities and vision of Exceptional Cancer Care.
No matter how successful we have been, we face day-to-day challenges. Our plan is to tackle these issues head on and build a culture of teamwork and respect, something we call “connectedness”.

Our Regional Cancer Care program is impressive from the standpoint of overall program performance, and challenging from a staff engagement and quality of work environment perspective – we want to enhance quality of worklife. We want to be a part of a team which offers Exceptional Cancer Care. We value and celebrate exceptional commitments to the service of our patients, to achieving the best results and outcomes for our patients. We value the relationships we establish and maintain with those we serve, and with whom we work.

Together we are setting the tone for this new work environment. We are holding ourselves to a new standard. Every decision we make and every interaction we have, from here forward, will be tied to our values. This is our commitment to each other.

By 2015, we commit to:

1. Reorganizing our decision-making structures to ensure that interdisciplinary staff are at the table and feeling as though their voice is being heard.

2. Establishing a committee that meets regularly to discuss and identify challenges. Building a culture of teamwork and respect to create and implement working strategies.

3. Improving the overall cancer care staff satisfaction by 5%, improving upon our 71.9% (2009) overall staff satisfaction rate.

4. Improving our staff orientation processes, connecting new staff with those who work in various departments.

5. Implementing evaluations and wide-scale (360 Degree) performance appraisals.

6. Implementing and maintaining a sustainable calendar of events that allows staff to connect.
This cancer plan is a roadmap to delivering exceptional cancer care and addressing patient, family and care provider needs in the Northwest region. In order to truly transform care over the next four years, we will not only invest in new technologies and programs, but also in an ehealth strategy that will improve access to information across the region.

A key component to this plan is our commitment to finding cancer earlier. By 2015, patients and families will receive better access to prevention and screening services, specifically for those living in hard-to-reach, remote or far north communities. Cancer screening services for breast, colorectal and cervical cancers will be bundled into an Integrated Screening Program, and delivered via the Mobile Coach to communities across the Northwest. A regional screening hub site in Sioux Lookout will reach out to far northern communities.

If there is suspicion of cancer, there will be more supports to help patients and families cope during the diagnostic phase of care. Diagnostic Assessment Programs - Electronic Pathway Solution (DAP-EPS) will streamline the entire diagnostic process and provide better access to information online (including the steps to expect and a listing of scheduled appointments).

As well, new education and communication tools will be available to meet patient and family care needs. For example, the Oncology Interactive Navigator - an online tool tailored to specific disease sites with treatment plans - will be available to provide the highest quality information. This is but one example of a number of new tools that will be offered by 2015.

For those who require treatment for cancer, more advanced options including surgery, radiation and systemic therapy will be available. All patients will have more access to an interdisciplinary team and less invasive techniques. Molecular testing will be used to ensure that patients respond positively to chemotherapy. More targeted radiation treatment and the installation of two new linear accelerators at the cancer centre in Thunder Bay will improve the precision of radiation therapy treatment. To better assess their symptoms, every patient will be offered improved symptom tracking.

Together, we must all commit to improving the patient and family experience. By 2015, patient’s emotional needs will be met through a more holistic approach to patient care and more services will be offered via the internet for those who prefer that convenience. A much more robust palliative care program will ensure that from the very beginning of care, the quality of life discussions are part of the conversation with the patient, and a key step in tailoring the care plan to each patient and family situation.

We hope each of us can see ourselves in this plan whether as a care provider, an administrator, a volunteer, a patient, or a family member. This plan belongs to all of us. Together, we commit to Exceptional Cancer Care and to the success of this plan.

Dr. Dimitrios Vergidis
Chief of Oncology at Regional Cancer Care Northwest

Dawn Powell
A cancer survivor and now a Patient Family Advisor at Regional Cancer Care Northwest
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