



Regional Cancer Program

Programme régional de cancérologie

a Cancer Care Ontario partner
Un partenaire d'Action Cancer Ontario

The Supportive Care Oncology Network: Building Supportive Care Oncology Capacity in a Diverse Region

Northern Health Research Conference 2008

Northern Ontario School of Medicine

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Sheila Damore-Petingola, MSW, RSW

Carole Mayer, MSW, RSW, PhD (Candidate)

sdamore-petingola@hrsrh.on.ca





Supportive Care

The provision of the 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.

Cancer Care Ontario
M. Fitch, 2000

Addressing the GAPS – A comprehensive care needs assessment for Northeastern Ontario

- Research conducted in 1999
- 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*
 - *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*

What the NRC Picker Data tells us



Ambulatory Oncology Patient Experience-Lowest Percent Positive (Areas for Improvement)
 Sudbury Regional Hospital
 March - August 2007 (n=388, Response Rate= 65.9%)

			<i>Detail</i>			
Mar-Aug '05	Mar-Aug '06	Items ranked in ascending order by current score	Ontario ONC AVG	Ontario ONC HP	Canada ONC AVG	
			<i>% Positive Score</i>			
21.3%	25.7%	Put in touch w/OP to help w/anxiety/fear	26.1%	32.2%	25.2%	
32.2%	34.9%	Enough OP info re: relationship changes	33.1%	39.8%	31.3%	
45.3%	42.4%	Put in touch w/OP to help w/diagnosis anxiety/fear	38.9%	46.4%	37.1%	
40.2%	44.4%	Enough OP info on emotional changes	38.7%	46.8%	37.0%	
46.6%	52.3%	Enough OP info on sexual activity changes	43.5%	52.8%	43.2%	
52.2%	52.0%	Enough OP info on changes in work/activities	47.6%	55.0%	46.8%	
59.0%	63.9%	Comfortable talking w/OP re: alternate therapy	56.6%	66.0%	55.2%	
39.2%	65.8%	Wait longer than expected for OP chemo	28.9%	66.9%	48.0%	
54.5%	58.1%	OP explained wait for first treatment appt	52.5%	61.6%	51.6%	
56.9%	58.0%	Enough OP info on energy changes	56.1%	63.2%	54.8%	

Arrow represents statistically significant differences, at the 95 % confidence level, from your current score.
 Your current score is: higher or lower .



Strategic Plan 2006 - 2008

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

S. Damore-Petingola and C. Mayer
2006



Networks

... 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
British Medical Journal
324, 7329, p. 63



Professional Isolation

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

St. George, 2006

The Journal of Continuing Education in the Health Professions

Vol 26, No 3, p. 216



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

<http://www.openclinical.org/guidelines.html>

Community Oncology Clinic Network Visits - 2007

1. Introduce Supportive Care Oncology Network – NE
2. Define Supportive Care
3. Describe the Psychosocial Oncology Program of Cancer Care Ontario
4. Present reported information
5. Review the strategic plan for SCON-NE Region
6. Promote completion of the survey
7. Promote Supportive Care Forum (Oct/07)
8. Site tour

Inventory

□ SCP Professionals

- Dietitians
- 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

... 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.



What is your professional discipline?

- 16 dietitians
- 13 social workers
- 6 physiotherapists
- 1 occupational therapist
- 1 Community Care Access Centre (Home Care)
- 1 psychologist
- 1 speech language pathologist
- 8 others (massage therapist, pharmacists, nurse practitioners, physio assistants, managers)



Survey Results

- 94% provide services to cancer patients and families
 - 43% out-patient
 - 40% in-patient/out-patient
 - 17% in-patient
- 66% experience professional isolation working in oncology
- 98% would benefit from being connected to others in their field providing services to cancer patients and families in Northeastern Ontario



Dietitians - Professional Isolation and Benefit to Being Connected

- ❑ To be informed of what level of service is available in some of the more remote areas
- ❑ Referrals not received from regional centre and patients not aware of my services
- ❑ Networking with others working in the oncology field
- ❑ To develop a more seamless delivery of care for our cancer patients
- ❑ Standardize pt's care/resources (handouts...) as much as possible
- ❑ Improve patient care/decrease patient burden to repeat history



Dietitians - Professional Needs

- ❑ Adequate staffing
- ❑ Educational resources
- ❑ Networking
- ❑ Up to date nutritional information and best practice information for nutrition in oncology
- ❑ Resources related to nutrition for surgical oncology
- ❑ Consultation with colleagues re: best practices

Social Workers - Professional Isolation and Benefit to Being Connected

- ❑ I may be the only one in my agency that is providing service to an oncology patient at any given time
- ❑ I have very few cases and I am working alone. The people I see are people who have come to see me in the past for other issues. I am not a specialist and am not identified as a medical social worker
- ❑ I am one social worker at the centre providing this service to those that have been referred to our centre
- ❑ Geographical distance
- ❑ Resources/support from other oncology and palliative social workers
- ❑ Just started as SW in hospital. Not comfortable with this related presenting problem
- ❑ I don't see a lot of cancer patients/and or their families and sometimes wonder if I am doing the right things
- ❑ To start a support group for kids who have lost a parent to cancer or some other illness



Social Workers – Professional Needs

- ❑ Gain understanding of the issues that may be specific to oncology patients and their family members. How best to assist them; strategies, interventions, etc.
- ❑ Access to information about services; information for children; someone to consult about the process
- ❑ I need to understand the course of treatments, of the cancer and what one expects, support, know the difference services available to families for additional support and professional support
- ❑ More information about children and cancer
- ❑ More knowledge about cancer phases and their psychosocial impact
- ❑ Need to be more familiar with counselling approaches used in theory
- ❑ I'd like to set up a support group for children who are grieving the loss of a parent because of cancer or other illness and have never done anything like this before
- ❑ Support, knowledge, understanding of the clients issues

Physiotherapists – Professional Isolation and Benefit to Being Connected

- Professional
- Resources, approaches...I work as a generalist and oncology is another specialized field that I am called upon to offer assistance to clients ...
- Lack of experience and information
- Resources, lack of knowledge from other professionals, so always having to explain, education, and other professionals thinking there is nothing that can be done to help people with cancer



Physiotherapists – Professional Needs

- ❑ Best practice guidelines, networking, review of clinical skills, exposure to new clinical skills
- ❑ Understanding the different treatments provided
- ❑ Best practice; info on aids, appliances, splints, prostheses
- ❑ Assessment, treatment options
- ❑ Resources for myself as a professional and handouts and literature for patients and families
- ❑ Physiotherapy best practices



Identify the best method of connectivity for you.

- 26 – regular videoconference meetings
- 20 – annual face to face meetings
- 19 – website
- 15 – distribution list
- 12 – list server
- 8 – regular telephone conference meetings
- Other – telephone consult as necessary



Supportive Care Regional Provider Network Forum

- October 18, 2007
- 40 participants from 7 communities
- Disciplines
 - dietitians, social workers, physiotherapists, speech language pathologists, psychologist, nurses, massage therapists, research officer, health planner, radiation therapist, project coordinator, physicist, regional vice president, students,
- Speakers
 - Toronto, Edmonton, Calgary and Sudbury

Outcomes

1. Supportive Care Program promotional materials sent to all COCN sites
2. October 2007 Forum report
 - Distributed to all forum participants
 - Posted on Cancer Care Ontario, Psychosocial Oncology website
 - Distributed to all members of the Supportive Care Oncology Network
3. Listing of all professionals attending the forum included in the report
4. Evaluations & next steps recommended by attendees in the report
5. Teleconference meeting held 6 months following forum (April 30/08)
6. Nutrition Education Classes for Patients via Ontario Telemedicine Network (pilot May and June 2008)
7. Presentation of our model/strategic plan to other networks/providers
8. Building the Regional Cancer Program website including the SCON-NE Region portal for health care professional directory/connection
9. Tracking the gaps in Supportive Care oncology services in NEO
10. Building capacity where gaps are identified

In Summary ...

- We have had informal relationships ... connected by phone with referrals and information exchange to ensure best care possible for the patients and families traveling back and forth from home communities to regional cancer centre
- Now we have the opportunity to further develop these informal relationships through partnerships with all providers in our region ... working toward:
 - **Improving access to care and services for all patients**
 - **Providing the highest quality care**
 - **Move towards 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**