



Revised

**SOUTHWEST REGIONAL  
CANCER PLAN**

As reviewed and approved by the  
RCSA Executive on  
July 25, 2006

September, 2006

## Acknowledgements

We acknowledge the efforts required by many to complete the revisions to the Southwest Regional Cancer plan in a timely, comprehensive, and quality fashion. Specifically, we wish to note the Regional Cancer Planning Team members, Kevin Churchill, Sue Nugent, Mike Barrett, Gale Turnbull, Ingrid Harle, and members of the Regional Cancer Services Alliance (RCSA) Executive, Pat Campbell, Sandra Coleman, Nancy Maltby-Webster, who joined the team to guide the work. Thanks goes also to the cancer service networks and work teams who provided content for the revised plan.

In particular, we would like to thank Brenda Carter for initiating this effort and Manuella Giuliano who worked with each team to develop planning templates, performance indicators, and work plans.

Finally we wish to thank Harry Milne for completing the final phases of the planning work and for writing the report.

Betty Kuchta & Nancy Maltby-Webster  
Co-Chairs, Regional Cancer Services Alliance, Executive

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## Executive Summary

In March 2004, stakeholders and partner organizations in cancer care began this most recent phase of cancer service planning for Southwestern Ontario. The aim of the Southwest Regional Cancer Plan was to:

- Critically review the entire continuum of cancer services currently being provided,
- Identify opportunities to improve the system,
- Commit to realistic performance measures to monitor improvements,
- Set a 3-year work plan to improve cancer system performance in the region.

### Regional Developments

Since completion of the regional cancer plan in 2004, several significant changes regarding the organization of health care and cancer care in particular have occurred. Some of these changes include:

- Local Health Integration Networks charged with the responsibility to improve integration and coordination of all health care in each Ontario region.
- Reviews of Community Care Access Centres (CCACs) and Public Health Units (PHUs) to determine how care is best organized and delivered within a regional context continue with the announcement of CCAC re-organization to align with LHIN structures anticipated imminently.
- Cancer Care Ontario continues to develop as a provincial cancer care/ service quality monitoring organization, placing accountability for the coordination and integration of cancer services across the continuum on the 14 regional cancer programs.
- In February 2006 and in response to CCO call for improved coordinated cancer service, Thirty-four provider and service organizations in the Southwest and Erie St Clair LHINs, signed an agreement holding each other accountable for the improvement of care and service within their part of the cancer system.

From January to March 2006 and with the help of an experienced community planner, leaders from each of the cancer service sectors engaged in a review and re-fresh of the 2004 southwest regional cancer plan. Planning leaders represented prevention and early detection, radiation therapy, systemic therapy, disease site teams, surgical oncology, supportive care and palliative care. Erie St. Clair and South West Local Health Integration Network Senior Planning Directors were asked to take part and provide input to the plan revisions.

Based on an analysis of the information collected, a number of strategic directions, performance indicators, and work plans were identified for the SW Regional Cancer Services Alliance. Recommended strategic directions are provided below, with the entire revised plan presented Chapter 3 of this report.

## SUMMARY OF RCSA STRATEGIC ACTIVITIES 2005-2008

ELEMENTS OF THE REGIONAL CANCER PLAN	STRATEGIC ACTIVITIES
<b>PREVENTION AND EARLY DETECTION</b>	<ul style="list-style-type: none"> <li>• To implement Phase II of the OBSP unattached woman's program targeting women 50-69 years in Southwest who don't have a family physician.</li> <li>• To develop and implement a cervical screening health promotion project targeting all women in the South and Southwest regions of Ontario to raise awareness regarding issues of access to cervical screening.</li> <li>• To implement a project targeting youth to reduce ultraviolet exposure using regional and local activities that address Cancer 2020 targets for sun/UV.</li> </ul>
<b>SYSTEMIC THERAPY</b>	<ul style="list-style-type: none"> <li>• To provide education opportunities through Videocare for all community chemotherapy clinic staff in the region and cancer patients.</li> <li>• To explore the feasibility of clinical trials in community chemotherapy clinics within the LRCP region.</li> <li>• To maximize the delivery of safe &amp; effective chemotherapy services in existing community chemotherapy clinics.</li> </ul>
<b>RADIATION TREATMENT</b>	<ul style="list-style-type: none"> <li>• To identify, develop and implement process improvement strategies through the Cancer Services Improvement Program (CSIP) for all areas of the radiation treatment program to improve access to radiation therapy services.</li> <li>• To identify and develop strategies to increase the rate of referrals to the LRCP radiation treatment program.</li> </ul>
<b>DISEASE SITE TEAMS</b>	<ul style="list-style-type: none"> <li>• To develop and implement integrated and coordinated regional cancer guidelines/care pathways.</li> </ul>
<b>SURGICAL ONCOLOGY</b>	<ul style="list-style-type: none"> <li>• To facilitate the development of communities of practice within LRCP region to support the sharing of knowledge and evidence-based practice to improve the quality of cancer surgery.</li> <li>• To support dissemination and use of clinical guidelines to facilitate evidence-based practice.</li> </ul>
<b>SUPPORTIVE CARE</b>	<ul style="list-style-type: none"> <li>• To continue to support and grow the Oncology Care Coordination (OCC) Program within the RCSA region.</li> <li>• To collaborate with End of Life and Palliative Care to implement common assessment tools, Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS) within the RCSA region.</li> <li>• To coordinate a SW Supportive Care in Oncology Conference for Spring 2007.</li> </ul>
<b>PALLIATIVE CARE</b>	<ul style="list-style-type: none"> <li>• To establish a platform, in collaboration with End of Life Networks in LHIN 1 &amp; 2, to facilitate the integration of palliative care physicians within the Southwest Regional Palliative Care Program.</li> <li>• To implement a disease site based physician palliative care model at LRCP: identify palliative care physician champions within the RCSA region.</li> <li>• To develop and implement clinical practice strategies to ensure quality palliative care service delivery.</li> <li>• To develop and implement education strategies to meet the needs of oncology patients and their families and cancer care professionals.</li> <li>• To collaborate with CCO's Palliative Care committee in developing a mechanism to accurately capture and report palliative care data.</li> </ul>

## 1.0 Introduction

In March 2006, stakeholders and partner organizations in cancer care began this most recent phase of cancer service planning for Southwestern Ontario. Building from the previous Regional Cancer Plan (2004) and following the recent signing of the Regional Cancer Services Alliance (February, 2006), planners focused on validating the previous plan ensuring that strategic activities were aligned with Cancer Care Ontario's (CCO) strategic directions, measurable, and represented improvements from across the continuum of cancer care and service. The aim, 2004 Regional Plan status, description of the planning process, and key elements of the revised plan are described in this chapter.

### 1.1 Aim

The aim of the Southwest Regional Cancer Plan was to bring together partners and stakeholders and with to:

- Review the entire continuum of cancer services currently being provided,
- Identify strategic activities that would improve the system,
- Commit to realistic performance measures to monitor improvements,
- Set a 3-year work plan to improve cancer system performance in the region.

The review included:

- Southwest Regional Cancer Plan 2004,
- Southwest community consultations completed in 2005,
- Cancer Care Ontario (CCO) strategic directions (Ontario Cancer Plan, 2004) and Cancer Service Quality Indicators (CSQI)
- Southwest Regional Cancer Services Alliance – Accountability Agreement (February, 2006)
- Priority-setting framework based on the Ethical Framework: "Accountability for Reasonableness" (AFR) to the selected strategic initiatives.

### 1.2 2004 Regional Plan Status Update

In the 2004 Southwest Regional Cancer Plan, a number of initiatives were identified.

**The initiatives that have been completed include:**

- Regional and local accountability for the delivery of cancer services in Southwest Ontario.
- Oncology care coordination for patients and families.

**Cancer plan initiatives that are in progress include:**

- A coordinated system for palliative care in Southwestern Ontario.

**No further work has occurred on the following 2004 plan initiatives:**

- Implementation of comprehensive clinical pathways for breast and lung cancer
- Wait times from suspicion of cancer to definitive surgical treatment

### Description of the Process

From January to March 2006 and with the help of an experienced community planner, leaders from each of the cancer service sectors engaged in a review and re-refresh of the 2004 Southwest Regional Cancer Plan. Planning leaders represented prevention and early detection, radiation therapy, systemic therapy, disease site teams, surgical oncology, supportive care and palliative care. Erie St. Clair and South West Local Health Integration Network Senior Planning Directors were asked to take part and provide input to the plan revisions.

Using the "logic model" framework (Appendix A), leaders requested input and confirmed the content of the revised plan with members of already existing regional networks and work teams.

Finally, priority setting for the identified strategic initiatives was determined by applying the Ethical Framework: “Accountability for Reasonableness” (Appendix B). In August 2006, the strategic directions were reviewed and approved by the Southwest Regional Cancer Services Alliance Executive.

### **1.3 Key Elements of the Revised Southwest Regional Plan 2006**

Strategic activities from across the cancer continuum are presented in the following table. A complete description of the activities that includes performance indicators and work plans are presented in Chapter 3 of this report.

**SUMMARY OF RCSA STRATEGIC ACTIVITIES 2005-2008**

<b>ELEMENTS OF THE REGIONAL CANCER PLAN</b>	<b>STRATEGIC ACTIVITIES</b>
<b>PREVENTION AND EARLY DETECTION</b>	<ul style="list-style-type: none"> <li>• To implement Phase II of the OBSP unattached woman's program targeting women 50-69 years in Southwest who don't have a family physician.</li> <li>• To develop and implement a cervical screening health promotion project targeting all women in the South and Southwest regions of Ontario to raise awareness regarding issues of access to cervical screening.</li> <li>• To implement a project targeting youth to reduce ultraviolet exposure using regional and local activities that address Cancer 2020 targets for sun/UV.</li> </ul>
<b>SYSTEMIC THERAPY</b>	<ul style="list-style-type: none"> <li>• To provide education opportunities through Videocare for all community chemotherapy clinic staff in the region and cancer patients.</li> <li>• To explore the feasibility of clinical trials in community chemotherapy clinics within the LRCP region.</li> <li>• To maximize the delivery of safe &amp; effective chemotherapy services in existing community chemotherapy clinics.</li> </ul>
<b>RADIATION TREATMENT</b>	<ul style="list-style-type: none"> <li>• To identify, develop and implement process improvement strategies through the Cancer Services Improvement Program (CSIP) for all areas of the radiation treatment program to improve access to radiation therapy services.</li> <li>• To identify and develop strategies to increase the rate of referrals to the LRCP radiation treatment program.</li> </ul>
<b>DISEASE SITE TEAMS</b>	<ul style="list-style-type: none"> <li>• To develop and implement integrated and coordinated regional cancer guidelines/care pathways.</li> </ul>
<b>SURGICAL ONCOLOGY</b>	<ul style="list-style-type: none"> <li>• To facilitate the development of communities of practice within LRCP region to support the sharing of knowledge and evidence-based practice to improve the quality of cancer surgery.</li> <li>• To support dissemination and use of clinical guidelines to facilitate evidence-based practice.</li> </ul>
<b>SUPPORTIVE CARE</b>	<ul style="list-style-type: none"> <li>• To continue to support and grow the Oncology Care Coordination (OCC) Program within the RCSA region.</li> <li>• To collaborate with End of Life and Palliative Care to implement common assessment tools, Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS) within the RCSA region.</li> <li>• To coordinate a SW Supportive Care in Oncology</li> </ul>

Since completion of the regional cancer plan in 2004, several significant changes regarding the organization of health care and cancer care in particular have occurred. Some of these changes include:

- Local Health Integration Networks charged with the responsibility to improve integration and coordination of all health care in each Ontario region.
- Reviews of Community Care Access Centres (CCACs) and Public Health Units (PHUs) to determine how care is best organized and delivered within a regional context. The CCAC will be reorganized into 14 CCACs across Ontario. The new structures will be aligned with the LHIN boundaries.
- Cancer Care Ontario continues to develop as a provincial cancer care/service quality monitoring organization, placing accountability for the coordination and integration of cancer services across the continuum on the 14 regional cancer programs.
- In February 2006, and in response to CCO's call for improved coordinated cancer service, 34 provider and service organizations in the Southwest and Erie St Clair LHINs, signed an agreement holding each other accountable for the improvement of care and service within their part of the cancer system.

Opportunities continue to exist to work closely with the Windsor Regional Cancer Centre (WRCC) on the west side and Grand River Regional Cancer Centre (GRRCC) on the east. Work with WRCC has started to build care closer to home capacity within Chatham Kent, leveraging local interest and capability to the extent possible and to coordinate appropriate distribution of referrals between WRCC and LRCP for optimized access to specialized services such as radiation therapy treatments. Both LRCP and GRRCC have agreed to work closely together to build each centre's profile and credentials over this time through disease site team development and close collaboration on strategic initiatives where appropriate to ensure smooth redefinition of referral patterns in the future as patient access dictates.

## 2.1 Map of the RCSA Region



**3.0 Strategic Directions, Performance Indicators, Work plans**

**2006-2008 STRATEGIC INITIATIVES**

**3.1 PREVENTION AND EARLY DETECTION**

**Strategic Activities**

- To implement Phase II of the OBSP unattached woman’s program targeting women 50-69 years in Southwest who don’t have a family physician.
- To develop and implement a cervical screening health promotion project targeting all women in the South and Southwest regions of Ontario to raise awareness regarding issues of access to cervical screening.
- To implement a project targeting youth to reduce ultraviolet exposure using regional and local activities that address Cancer 2020 targets for sun/UV.

**Performance Indicators**

**Goal:**

- Increase by 10 % the number of women, without a family physician, participating in organized screening

**CCO Indicator:**

- % of screen-eligible women participating in organized screening

**Regional Indicator:**

- % of women, without a family physician, participating in organized screening by county

**Goal:**

- **Increase by 5% the overall number of eligible women participating in organized screening.**

**Regional Indicator:**

- % of screen-eligible women participating in organized screening

**Work Plan**

➔ Indicates work currently conducted within resource availability.

⇨ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1(06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>ACTIVITY 1-</b> To implement Phase II of the OBSP Unattached Woman’s program targeting women 50-69 years in Southwest who don’t have a family physician.	Project is ready for implementation.			➔	➔				



STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1(06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p>and local activities that address Cancer 2020 targets for Sun/UV exposure.</p> <p>1. Support and endorse any local/provincial/federal policy development regarding tanning beds</p> <p>2. Collaborate with the South West Skin Cancer Prevention Network to distribute “Overexposed” to teen audiences within the region and to explore peer led health promotion strategies</p>	<p>At the provincial level, all health units have participated in the development of a position paper supporting the development and implementation of a provincial policy regarding tanning beds. The Prevention and Early Detection Network will identify how to support the provincial initiative.</p> <p>“Overexposed”, a magazine for teens about artificial and solar tanning, has been disseminated region wide.</p> <p>The South West Skin Cancer Prevention Network will lead the exploration of peer led health promotion strategies, which will be supported by the Prevention and Early Detection Network.</p>		→						

**3.2 SYSTEMIC THERAPY**

**Strategic Activities**

- To provide education opportunities through Videocare for all community chemotherapy clinic staff in the region and cancer patients.
- To explore the feasibility of clinical trials in community chemotherapy clinics within the LRCP region.



STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
provided for systemic therapy community chemotherapy clinics.									
<b>ACTIVITY 2</b> – To explore the feasibility of clinical trials in community chemotherapy clinics within the LRCP region.  OUTPUTS 1. Identify criteria for conducting clinical trials within community chemotherapy clinics.	Subcommittee will be struck to identify needs of community chemotherapy clinic with respect to information about clinical trials and potential for participation in phase 2 & 3 trials according to criteria.			→	→				
2. Identified community chemotherapy clinics able to conduct clinical trials	Once the subcommittee has identified their needs and eligibility criteria, activities 2 and 3 can be implemented in year 2.					→	→	→	→
3. Identification of patents eligible for clinical trials within the community chemotherapy clinics.						→	→	→	→
<b>ACTIVITY 3</b> – To maximize the delivery of safe and effective chemotherapy services within existing community chemotherapy clinics.  OUTPUT 1. Development of an alert system to redirect patients to community chemotherapy clinics	All the community chemotherapy clinics have agreed to discuss the development of a standard template to capture information about alert systems as well as costs related to drug wastage, supply costs and current human resources capacity and implementation of activities 2, 3 and 4 will occur in year 2.			→	→				
2. Development of a compliance system for consistent safe practice within community chemotherapy clinics in						→	→	→	→

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
SW									
3. Identification of a financial accountability system for drug acquisition, wastage costs, resource utilization and supply costs.						→	→	→	→
4. Development of an evaluation process to identify the use of supportive care drugs as related to chemotherapy administration and other indicators.						→	→	→	→

### 3.3 RADIATION TREATMENT

#### Strategic Activities

- To identify, develop and implement process improvement strategies through the Cancer Services Improvement Program (CSIP) for all areas of the radiation treatment program to improve access to radiation therapy services.
- To identify and develop strategies to increase the rate of referrals to the LRCP radiation treatment program.

#### Performance Indicators

##### Goal:

- To improve access to radiation therapy services

##### CCO Indicator:

- Median waits from referral to start of radiation treatment
- Median and 90<sup>th</sup> percentile waits in weeks from referral to start of radiation for breast, genitourinary

##### Regional Indicator:

- Proportion of cancer cases receiving radiation within year of diagnosis by county

#### Workplan

- Indicates work currently conducted within resource availability.
- ⇒ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p><b>Activity 1</b> - To identify, develop and implement process improvement strategies through the Cancer Services Improvement Program (CSIP) for all areas of the radiation treatment program to improve access to radiation therapy services.</p> <p>1. CSIP process mapping; data collection</p> <p>2. Result of CSIP process.</p> <p>3. Implementation of priorities</p> <p><b>Activity 2</b> - To identify and develop strategies to increase the rate of referrals to the LRCP radiation treatment program.</p> <p>1. Establish a committee to address the rate of referrals with representatives from the continuum of cancer care in the LRCP region.</p> <p>2. Recommendations articulated identifying strategies to address rate of referrals.</p> <p>3. Implement strategies proposed.</p>	<p>Awaiting findings of the CSIP process regarding priorities.</p>	→						→	→
			→						
			→						
			→	→	→	→		→	
			→					→	→
				→	→				
					→	→	→	→	→
						→	→	→	→
							→	→	→
							→	→	→

**3.4 DISEASE SITE TEAMS**

**Strategic Activities**

- 1) To develop and implement integrated and coordinated regional cancer guidelines/care pathways.

**Performance Indicators**

Goal:

- To develop and implement integrated and coordinated cancer care pathways

**Regional Indicator:**

- Proportion of patients registered on regional pathway to total patients eligible.

Workplan

- ➔ Indicates work currently conducted within resource availability.
- ⇒ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	1.1 CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p>CLINICAL</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>1. To develop and implement integrated and coordinated cancer care pathways                             <ul style="list-style-type: none"> <li>▪ Cancer care pathways in place addressing the continuum of cancer care.</li> </ul> </li> </ul>	<p>Process to disseminate and monitor regional care guidelines currently not in place. Additional resources would be required to develop and implement this initiative.</p>			⇒	⇒	⇒	⇒	⇒	⇒

### 3.5 SURGICAL ONCOLOGY

#### Strategic Activities

- 1) To facilitate the development of communities of practice within LRCP region to support the sharing of knowledge and evidence-based practice to improve the quality of cancer surgery.
- 2) To support dissemination and use of clinical guidelines to facilitate evidence-based practice.

#### Performance Indicators

Goal:

- To support dissemination and use of clinical guidelines to facilitate evidence-based practice.

#### Regional Indicator:

- Proportion of patients on surgical guidelines to total number of patients eligible for guidelines.

Workplan

➔ Indicates work currently conducted within resource availability.

⇒ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q 1	Q2	Q3	Q4
<b>ACTIVITY 1-</b> To facilitate the development of communities of practice within LRCP region to support the sharing of knowledge and evidence-based practice to improve the quality of cancer surgery	Work has started to identify London-based surgical leaders.			⇒	⇒	⇒	⇒	⇒	⇒
<b>ACTIVITY 2 –</b> To support dissemination and use of clinical guidelines to facilitate evidence-based practice.	Not started					⇒	⇒	⇒	⇒

### 4.6 SUPPORTIVE CARE

#### Strategic Activities:

- 1) To continue to support and grow the Oncology Care Coordination (OCC) Program within the RCSA region.
- 2) To collaborate with End of Life and Palliative Care to implement common assessment tools, Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS) within the RCSA region.
- 3) To coordinate a SW Supportive Care in Oncology Conference for Spring 2007.

**Performance Indicators:**

**Goal:**

To continue to support and grow the Oncology Care Coordination (OCC) Program

**Regional Indicator:**

- # of individuals referred to CCAC's for Oncology Care Coordinators (Baseline data available from the pilot phase to act as comparator. Also compared to # people diagnosed with cancer for corresponding period).

**Goal:**

- To implement common assessment tools, Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS).

**Regional Indicator:**

- # of Community Care Access Centres, hospitals, long-term care facilities and hospices utilizing ESAS and PPS (# orgs implemented/total # orgs).

**Workplan:**

➔ Indicates work currently conducted within resource availability.

⇒ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1				YEAR 2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
To continue to support and grow the Oncology Care Coordination (OCC) Program within the LRCP region.	OCC is available in each county for all people living with cancer throughout the full illness continuum.	➔	➔	➔ Data Pull	➔	➔ Data Pull	➔	➔ Data Pull	➔
To collaborate with End-of-Life Care Networks and Palliative Care to implement common assessment tools, Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS) within the LRCP region.	In progress, SW EOLC Network and local networks are working on implementation. Team is being assembled at LRCP to determine how best to implement at LRCP. Work plan to be developed and presented to SW EOLC Network in September.			➔	➔	➔	➔	➔	➔
To coordinate a SW Supportive Care in Oncology Conference for Spring 2007.	Conference Planning Team identified.	➔	➔	➔	➔	Conference to be held			

**3.7 PALLIATIVE CARE**

**Strategic Activities:**

- 1) To establish a platform, in collaboration with End of Life Networks in LHIN 1 & 2, to facilitate the integration of palliative care physicians within the Southwest Regional Palliative Care Program.
- 2) To implement a disease site based physician palliative care model at LRCP: identify palliative care physician champions within the RCSA region.
- 3) To develop and implement clinical practice strategies to ensure quality palliative care service delivery.
- 4) To develop and implement education strategies to meet the needs of oncology patients and their families and cancer care professionals.
- 5) To collaborate with CCO's Palliative Care Committee in developing a mechanism to accurately capture and report palliative care data.

**Performance Indicators:**

**Goal:**

- To implement clinical practice strategies to ensure quality palliative care service delivery.

**CCO Indicator:**

- Proportion of palliative care providers in receipt of standards and guidelines
- Proportion of palliative care patients dying in setting of choice (hospital, home, other)
- Rate of emergency room visits locally and regionally by patients deemed palliative.
- Rate of physician visits in clinics and in the home for palliative care services

**Regional Indicator:**

- Proportion of patients referred to palliative care compared to the total diagnosed with cancer (as identified by palliative treatment flag – LRCP).
- % of providers utilizing ESAS and PPS.

**Workplan:**

➔ Indicates work currently conducted within resource availability.

⇒ Indicates achievements if additional resources were available.

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p><b>ACTIVITY 1-</b> To establish a platform, in collaboration with End of Life Networks in LHIN 1 &amp; 2, to facilitate the integration of palliative care physicians within the Southwest Regional Palliative Care Program.</p> <ol style="list-style-type: none"> <li>1. Program administrative support acquired.</li> <li>2. Recruitment of partners and key stakeholders</li> <li>3. Regular meetings conducted</li> </ol>	<p>Meetings with LHIN #2 stakeholders, End of Life Network, CCACs and Pain and Symptom Groups initiated by Dr. Ingrid Harle regarding palliative care program and disease site based physician model. (Elgin, Huron Perth, Oxford, Norfolk, Grey Bruce)</p>	➔	➔	⇒	⇒	⇒	⇒	⇒	⇒



STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Dr. Ingrid Harle has provided training to LRCP GPOs via videoconference and county physicians were invited to attend the weekly education sessions.								
<p><b>Activity 3</b> - To develop and implement clinical practice strategies to ensure quality palliative care service delivery.</p> <ol style="list-style-type: none"> <li>Dissemination of palliative care common assessment tools (ESAS and PPS) to appropriate palliative care service providers</li> <li>Development and dissemination of CCO palliative care guidelines and standards for all palliative care service providers</li> <li>Training provided for use of common assessment tools and guidelines and standards</li> <li>Usage of common assessment tools and palliative care standards and guidelines</li> <li>Development of consistent documentation standards</li> <li>Development of an effective referral process</li> </ol>	<p>Dr. Ingrid Harle has provided training regarding PPS and ESAS to London Middlesex CCAC with invitations to Elgin and Huron Perth. LHSC, Parkwood and LRCP will receive training with invitation to regional stakeholders to participate via videoconference.</p> <p>CCACs, End of Life Network and Pain and Symptom management are scheduled to implement a referral process by 2007.</p>		➔	⇒	⇒	⇒	⇒	⇒	⇒
<p><b>Activity 4</b> - To develop and implement education strategies to meet the needs of oncology patients and their families and cancer care professionals.</p> <ol style="list-style-type: none"> <li>Patient education resources identified, developed, if needed, and disseminated</li> <li>Education strategies for cancer care professionals developed and implemented</li> </ol>				⇒	⇒	⇒	⇒	⇒	⇒

STRATEGIC ACTIVITY	CURRENT STATUS	EXPECTED IMPLEMENTATION OF STRATEGIC ACTIVITY							
		YEAR 1 (06-07)				YEAR 2 (07-08)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<p><b>Activity 5</b> - To collaborate with CCO's Palliative Care committee in developing a mechanism to accurately capture and report palliative care data.</p> <ol style="list-style-type: none"> <li>1. Participation in CCO Palliative Care Committee meetings</li> <li>2. Dissemination of information from CCO Palliative Care Committee to local and regional stakeholders</li> <li>3. Identification of barriers within the region to collecting consistent data</li> <li>4. Identification of strategies to improve data collection and analysis in the region</li> <li>5. Dissemination of new knowledge re palliative care throughout the region to palliative care providers</li> </ol>				⇒	⇒	⇒	⇒	⇒	⇒

## 4.0 Conclusions

As first reported in the 2004 Southwest Cancer Plan, the burden of illness from cancer in Southwestern Ontario over the next 10 years can be expected to be higher than other regions in the province given the age profile in the region, the expected growth within that older population and the associated impact on the prevalence of cancer.

In Southwestern Ontario there is a higher proportion of 50+ individuals living in the region when compared to the provincial average. The growth in the population is expected to result in a higher incidence and mortality due to cancer over the next 10 years compared to the averages for Ontario overall. The data reveals that Southwest population rates are less than the provincial averages for consuming a healthy diet and adequately controlling weight. Additionally, the percentage of smokers or those who have smoked is higher in the region than the province and a higher rate (42%) of non-smokers are exposed to second-hand smoke in their homes. Particularly alarming is the increase in smoking rates for teenage women. Clearly, work to prevent cancer needs to be enhanced.

Opportunities to develop colorectal and cervical screening programs exist throughout the RCSA. However, without sizable investment progress in these areas, progress will continue to be slow and outcomes limited.

Transportation to and from care within and between counties, as well as a lack of family and specialist physicians currently and in the future, continues to be a “burning” issue in the region.

Since the 2004 regional plan, improvements in the areas of patient navigation through the Oncology Care Coordination Program need to be noted. Additionally, work to implement complex chemotherapy care closer to home has happened in Chatham Kent and sustaining program development at the Owen Sound site has occurred. The signing of an accountability agreement in February 2006, marked the bringing together of public health units, consumers, hospitals and hospital networks, Canadian Cancer Society, and Community Care Access Centres to improve the system of cancer care and prevention services is regarded as a landmark development for the region.

Based on an analysis of all of the information collected, a number of strategic directions, performance indicators, and work plans were identified for the SW Regional Cancer Services Alliance. The RCSA Executive approved the revisions to the plan in July 2006.