2019 - 2023

Central East Regional Cancer Program

Refreshed Strategic Plan

Together we will –
Together we can

Central East
Regional Cancer Program
in partnership with Cancer Care Ontario

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On behalf of the Regional Cancer Program, we respectfully acknowledge that the Central East Region is located on the traditional and treaty territories of the Mississaugas of Scugog Island First Nation and the Williams Treaties First Nation of Curve Lake, Hiawatha, Georgina Island, Beausoleil and Rama First Nations. Our work on these lands acknowledges their resilience and their longstanding contributions to the Central East area. We offer our gratitude to the Indigenous peoples for their care and teachings about our relationship to Mother Earth and all living things; that we may foster these healthy teachings and relationships in the Cancer Journey of Indigenous and non-Indigenous patients.

We also acknowledge and support the Truth and Reconciliation Commission's 94 Calls to Action to advance Canada through the process of reconciliation with First Nations, Inuit, Métis and urban Indigenous peoples. The Call to Action "Health" section envisions improving health outcomes for Indigenous peoples in Canada. May the partnerships with our First Nations, Inuit, Métis and urban Indigenous communities help us work together to provide the best cancer care system for all.

Footnote: Throughout this plan, First Nations, Inuit, Métis and urban Indigenous peoples will be referred to as Indigenous peoples.

Welcome to our 2019-2023 Strategic Plan

We are very excited to share the refreshed strategic plan for the Central East Regional Cancer Program (CE RCP). It builds on the many accomplishments and lessons learned from the CE RCP's 2016-2019 strategic plan and aligns with the Ontario Cancer Plan 5 (OCP5) 2019-2023 priorities released by Ontario Health, formally Cancer Care Ontario, in 2019. OCP5 provides a roadmap for how the RCP, our health system partners and patient and family advisors will work together to reduce Ontarians' risk of developing cancer and to improve outcomes for those affected by cancer.

Our patients and families, as well as the communities we serve, are at the heart of all we do. In the CE region, we celebrate the diverse patient populations we are privileged to care for. This includes persons living in highly urbanized centres, rural areas and Indigenous peoples who live in Indigenous communities. Meeting the needs of each individual takes dedicated teamwork built on communication, collaboration, the provision of culturally safe care, and an unwavering commitment to person-centred care.

Dr. Nicole Bell, an associate professor of Indigenous studies in the School of Education at Trent University, underwent treatment for rectal cancer and then breast cancer, and has shared her experiences in many unique ways as a Patient and Family Experience Advisor. As a member of the Anishinaabe (Bear Clan) from Kitigan Zibi First Nation in Quebec, Dr. Bell has lived in the Kawartha Lakes area for close to 30 years and is "dedicated to doing what is necessary to beat cancer because I have a family who needs me". When she underwent radiation treatments, it was important for her to receive care in her home community, Peterborough, allowing her to balance western medicine with that of her Indigenous culture. With a PhD in Native Studies from Trent University and years of teaching and research pertaining to Indigenous culture-based education, Nicole has unique knowledge to bring to the health system and cancer care programs. Her contributions have helped to ensure the CE RCP appropriately responds to the needs of Indigenous communities and has supported the inclusion of Indigenous values throughout this refreshed cancer plan. "I am deeply grateful for the radiation team's support to extend my life so I can continue to make a difference in the world as a mother and an educator."

Dr. Kirsten Burgomaster,
Regional Vice President
CE RCP Ontario Health

Dr. Nicole Bell,
Patient Experience Advisor, Associate Professor of Indigenous Studies and proud Mother

As per Dr. Bell's comment regarding the importance of her radiation team, consistent high quality care requires teamwork from all areas across the system. It is intentional the previous plan continues in the refreshed plan along with the theme of *Together we will – Together we can*. In updating this multi-year strategic plan, we engaged health system partners, regional leaders and care providers through a strategic planning session that opened with a patient story and included creative activities to generate discussions regarding gaps and future opportunities. To ensure we obtained unique insights and perspectives regarding the needs of our patients, and opportunities to further strengthen the cancer system in the CE, we also engaged regional and organizational partners through meetings and surveys. In addition, the support and input of Patient and Family Experience Advisors was instrumental in the refresh of this plan. Their input through meetings, shared stories and personal experiences have driven initiatives throughout the years and have shaped future plans that address the needs and values of the residents of CE.

This plan is a result of the engagement with all of these stakeholders and guidance from our dedicated working group members.

With ongoing input from these stakeholders, the plan will guide us and serve as a living document that will continuously evolve, taking into consideration the current healthcare landscape. We did not anticipate the COVID-19 pandemic. We are reminded of how the world around us can change quickly forcing the need to adapt, explore and implement new ways of doing things. New and emerging challenges encourage us to innovate as we continue to deliver exceptional care across the region. Accelerated adoption of person-centred approaches like virtual care, are making it easier for people to access care when and where it is needed, changing how health care will be delivered in the future. As a province, we will focus on recovery and stabilization of access to cancer services, to support change management and minimize the impact of the COVID-19 pandemic on cancer outcomes.

Through it all, we continue to focus on advancing the cancer system in CE, ensuring we work closely with our health system partners to provide the same level of care, compassion and safety that our patients and families have come to know. As our health care and cancer system changes, we will evolve with it. With this plan we continue working together to transform the words on these pages into reality. *Together we will – Together we can.*

Two Row Wampum was used as an agreement and the conditions under which the Haudenosaunee welcomed the newcomers to this land. The belt consists of two rows of purple wampum beads symbolizing two paths or two vessels travelling down the same river (mutual respect and living in parallel) on a white background. Three rows of white beads symbolizing peace, friendship, and respect separate the two purple rows.

Our Story

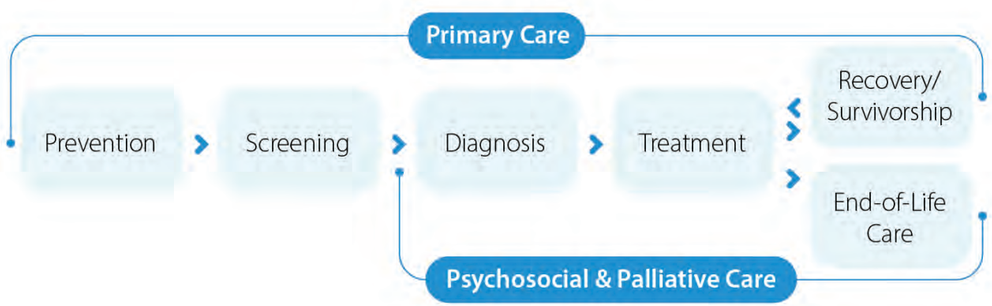
Regional cancer programs were established by Cancer Care Ontario to more accurately reflect the growing regional focus on cancer care in the province. The CE RCP is a network of cancer services and hospitals providing care to ~1.6 million people living in the Durham, Haliburton, Kawartha Lakes, Northumberland, Peterborough and Scarborough areas. The CE RCP is one of 14 regional cancer programs of Ontario Health designed to ensure patients have access to the same high quality care no matter where they reside in the province.

Our regional program is championed by a CE RCP Leadership Council that includes a Regional Vice President, cancer system leaders and experts, and clinical leaders focused on specialized areas along the cancer journey. Along with enabling collaboration across facilities, regional clinical leads help to ensure each of our partners are aligned with provincial goals and working towards measurable improvements. The Leadership Council provides support and guidance in developing and implementing strategies to improve the delivery and quality of cancer services across the region.

To support the refresh of the strategic plan, the CE RCP Leadership Council participated in a planning session focused on identifying gaps and uncovering future opportunities to guide our future work. Through self reflection exercises and table discussions, prominent themes emerged around the importance of strengthening home and community care to support patients outside of the hospital, encouraging patients in the self-management of their care with education and information, leveraging and creating meaningful relationships across the regional cancer system and exploring innovative technologies and virtual care. These identified concepts are found in various areas of this plan and all are critical in ensuring we are meeting patients' needs during and after the pandemic.

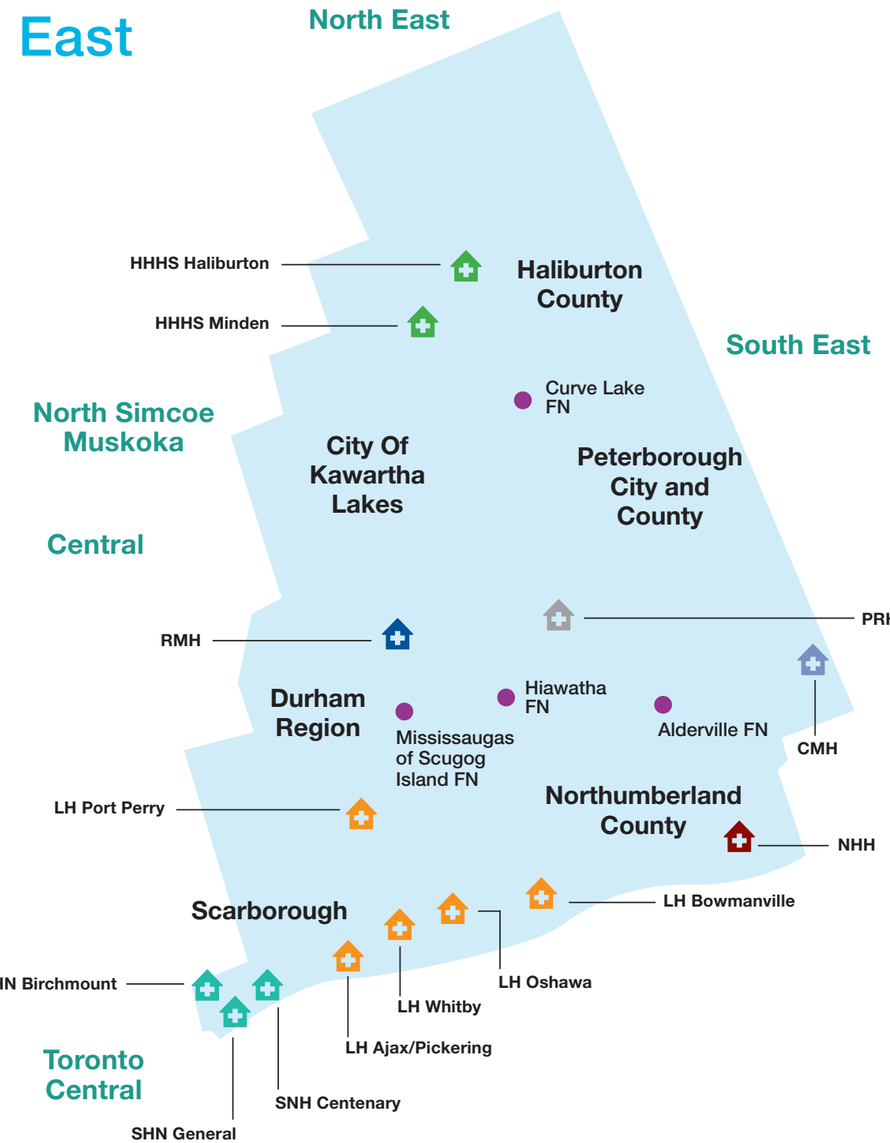
Our story does not exist without the patients and families we serve. Feedback and contributions from patient and family advisors are integral to creating the best cancer care system for our region. As the residents and communities continue to change so will the needs of our population. We are committed to working together and acknowledging the voice of all individuals as fundamental to writing our next chapter.

The Cancer Journey



Our Region

Central East



Legend | Map not to scale

- Campbellford Memorial Hospital (CMH)
- Haliburton Highlands Health Services (HHHS)
- Lakeridge Health (LH)
- Northumberland Hills Hospital (NHH)
- Peterborough Regional Health Centre (PRHC)
- Ross Memorial Hospital (RMH)
- Scarborough Health Network (SHN)
- First Nation (FN)

Our Network and Services

Most individuals will have an encounter with cancer in their lifetime either by supporting a family member/partner-in-care or through a personal experience. According to the Ontario cancer statistics, about 1 out of every 2 Ontarians will develop cancer in their lifetime[1]. On a positive note, Ontario has among the highest cancer survival rates in the world.[2] In CE, we recognize a person's cancer journey touches so many lives along the way and one's experience is influenced by the care they receive. High quality cancer service delivery is dependent on the strength of the interconnection and interdependence of all providers across the network.

The CE RCP is comprised of one regional cancer centre, the R.S. McLaughlin Durham Regional Cancer Centre (DRCC) at Lakeridge Health (LH) in Oshawa and six partner hospitals. This network includes clinics, independent health facilities, First Nation health centres, urban Indigenous organizations, home and community care teams, public health units and family health teams. As a RCP, we work with a full range of service providers and multi-disciplinary team members to deliver cancer care. We also work closely with other cancer programs, agencies and health service providers across Ontario linking specialized services both regionally and provincially.

Collectively, we aim to provide the best patient care for individuals living in the CE now and in the future.

Our Hospital Partners

Campbellford Memorial Hospital

Campbellford Memorial Hospital (CMH) partners with Peterborough Regional Health Centre (PRHC) in providing palliative services and treatment for the 30,000 residents of Campbellford, Peterborough County, Hastings County and surrounding areas. Although CMH does not have treatment services such as chemotherapy and radiation, CMH has been proactive in ensuring that inpatients receive high-quality standardized palliative care, including an on-site palliative physician and MAiD procedures as close to home as possible. CMH led the Trent Hills Palliative Collaboration, which includes partners Community Care Northumberland, East Region Home & Community Care, long-term care facilities and Bridge Hospice. The multidisciplinary team has achieved five objectives: continuing to enhance current education health care providers and community members; a common referral form; direct admission for patients who present to our Emergency Department; an order set for palliative patients; and patient and family education material.

www.cmh.ca

Haliburton Highlands Health Services

With primary sites located in Haliburton and Minden, the Haliburton Highlands Health Services' (HHHS) mission is to work with partners and be accountable to the community, promoting wellness and providing access to essential, high-quality health services, while striving to be leaders in innovative rural healthcare. Working with our partners, HHHS plans to proactively identify, evaluate and consider opportunities, making the best use of technology to bring new services or enhance existing ones for the community. Although HHHS does not have treatment services such as chemotherapy and radiation, we have a Hospice and Palliative program which offers compassionate care and support for people facing a life-threatening or serious illness, and their loved ones. Hospice provides practical and emotional support to residents in their own homes, in the palliative bed at HHHS, as well as through the Cancer Support Group and the lending library. Following the death of a loved one, Hospice can offer one-to-one bereavement support to family members to help them cope with their loss.

www.hhhs.ca

1. Canadian Cancer Statistics Advisory Committee. Canadian Cancer Statistics 2018. Toronto, ON: Canadian Cancer Society; 2018. Available at: cancer.ca/Canadian-Cancer-Statistics-2018-EN

Lakeridge Health

The DRCC is located at LH in Oshawa, where the goal is the delivery of high quality, safe care while continuously seeking opportunities to further develop provincially led integrated systems of cancer care. More than 500 people come through our doors each day at the DRCC, where patients are partners in their care, collaborating with an interprofessional team dedicated to supporting them through their entire journey. The DRCC provides a full range of cancer care services including prevention, screening, diagnosis, treatment, psychosocial oncology, palliative care and survivorship. Oncologists at the DRCC also practice at partner hospitals in our region supporting high-quality cancer care services closer to home for patients and families.

www.lakeridgehealth.on.ca

Ross Memorial Hospital

Ross Memorial Hospital's vision, "Exceptional Care – Together," involves working closely with our health system partners, such as the DRCC. Cancer services at the hospital in Lindsay include OBSP; mammography; ultrasound biopsies; high-risk breast Magnetic Resonance Imaging (MRI) scans and biopsies; endoscopy and colposcopy; breast and bowel surgery, including minimally invasive colorectal surgery; surgicalpathology services; and the palliative pain and symptom management clinic. We work with the DRCC to offer a radiation oncology clinic so patients can see an oncologist for pre- and post-treatment visits in their own community.

www.rmh.org

Northumberland Hills Hospital

Through our stated mission, Exceptional patient care. Every time, Northumberland Hills Hospital (NHH) aspires to be both a leader and a partner in creating health care excellence. The health care team in NHH's Cobourg Lions and Lioness Cancer and Supportive Care Clinic provides care for cancer patients living in the surrounding communities in partnership with the DRCC. Services offered at NHH include the delivery of chemotherapy, biotherapy and supportive treatments, as well as education, palliative care, symptom and pain management. We respectfully support Clinic patients and their families through all stages, from diagnosis, treatment, follow up, palliative care and survivorship. Our patients benefit from the expertise of the many health care professionals here at NHH in addition to visiting specialists with expertise in oncology, hematology and radiation oncology. Our Cancer Clinic team is committed to providing exceptional patient care, close to home.

www.nhh.ca

PRHC

The Cancer Care program at PRHC provides an interprofessional approach to the assessment, treatment, follow-up and support of cancer patients and their families. In collaboration with our health care partners, PRHC provides a full spectrum of cancer care services, from diagnosis through to treatment, survivorship and end-of-life care. As part of our program CE RCP works in partnership with the DRCC at LH, to provide exceptional, seamless, accessible care, closer to home, throughout the patient journey. At PRHC, our goal is to leverage the expertise, talent, research and knowledge within our cancer care program to enhance quality of care and the patient experience.

www.prhc.on.ca

SHN

Across our three hospitals and eight satellite sites, SHN is shaping the future of care. Our many programs and services are designed around the needs of one of Canada's most vibrant and diverse communities. We are home to Ontario's largest nephrology program, as well as the designated cardiac care and spine centre for Scarborough and surrounding communities to the east. We are proud to be a community-affiliated teaching site for the University of Toronto and partner with a number of other universities and colleges, helping to train the next generation of health care professionals.
www.shn.ca

2. The Lancet Oncology. Progress in cancer survival, mortality, and incidence in seven high income countries 1995-2014 (ICBP SURVMARK-2): a population-based study. Volume 20, ISSUE 11, P1493-1505; November 01, 2019. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(19)30456-5/fulltext

CE Regional Indigenous Cancer Plan

Certain cancer rates are increasing disproportionately for Indigenous peoples in Ontario when compared to the general population. As such, the CE RCP, through a collaborative partnership with Ontario Health, is in the process of developing its second CE Regional Indigenous Cancer Plan, building off of the first. The purpose of these Plans are to improve cancer service delivery for Indigenous peoples; the Plans are collaboratively developed with Indigenous communities and organizations in the CE Region. The Plan will build on the framework of the fifth OCP (2019-2023); the fourth Indigenous Cancer Strategy (2019-2023); the vision, values and goals of the CE RCP; and, most importantly, direction on cancer care priorities from Indigenous partners in the region. This collaborative process will provide the necessary foundation to develop a CE Regional Indigenous Cancer Plan with Indigenous peoples that is impactful, respectful and sustainable.

The Indigenous Cancer Care Unit (ICCU):

The ICCU collaborates with regional, provincial and national Indigenous and non-Indigenous partners and organizations to develop and implement Indigenous Cancer Strategies. Working together, the ICCU and Indigenous partners ensure that proposed programs and strategies are relevant and have the potential to be highly effective at individual, family and community levels.

First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 - 2023:

This strategy is the result of Indigenous partners coming together and working with Cancer Care Ontario (now a part of Ontario Health) to address cancer issues and to create unique and diverse solutions for healing and health. It aligns with the six goals in the fifth OCP 2019 – 2023.

Ontario Health:

Ontario Health is a single health agency that will oversee healthcare delivery, improve clinical guidance and support providers to ensure better quality care for patients. Effective December 2, 2019, Cancer Care Ontario's work – including multi-year planning for the cancer system, kidney care system and access to care for key health services is now part of Ontario Health's work. Ontario Health (Cancer Care Ontario) recognizes and commits to the importance of working with Indigenous peoples and organizations, health organizations, professionals and groups involved in the healthcare system.

Ontario Cancer Plan 5 (OCP5):

The fifth OCP is a comprehensive road map that sets out goals, and strategic objectives for improving the provincial cancer system from 2019 to 2023.

Indigenous Communities:

The CE RCP works with the Indigenous communities in the CE region to ensure that cancer care services are relevant and meet the needs of the Indigenous peoples living in the region. The CE RCP works to support Indigenous communities and address the disproportional burden of cancer among Indigenous peoples in the region.

There are 7 strategic priorities listed in the CE Regional Indigenous Cancer Plan; here are some highlights of key priorities:

Building Productive Relationships

- Strong commitment to seek innovative ways to engage and support Indigenous communities including through the use of virtual platforms during COVID-19.
- Bi-monthly engagement with the CE Local Health Integration Network Indigenous Advisory Circles.

Palliative and End-of-Life Care

- Provide Indigenous knowledge and input at regional palliative care committees/network(s) and ensure two-way dialogue with community partners.
- In partnership with Indigenous communities, develop a pathway for the delivery of palliative care supporting timely and seamless access for care at home

Prevention

- Reduce rates of cancer and other chronic diseases through culturally-appropriate health workshops/ information sessions.
- Continue to work with Elders and Knowledge Keepers/Holders regarding guidance on culturally based Indigenous health practices.

Screening

- Continue to develop culturally-appropriate cancer screening materials and workshops, with the goal of increasing Indigenous peoples' cancer screening rates.
- Ongoing partnership with the CE RCP's Screening and Prevention Team to measure and monitor screening rates and to identify barriers for Indigenous peoples.

Education

- Provide ongoing education to health care providers on cultural safety for Indigenous peoples.
- Promote hospital Smudge Policies and improve access to Indigenous practices for Indigenous patients and families.
- Co-facilitate the Annual Dawaagin Dabigiizis Indigenous Health and Wellness Conference in partnership with Indigenous partners in the CE Region.
- Facilitate hospital tours for Indigenous peoples to increase knowledge of cancer care services.

Equitable Access

- Continue to ensure patient related polices reflect the recommendation of the Truth and Reconciliation Commission of Canada's Calls to Action.
- Address gaps and improve access to cancer care through a trauma informed approach.
- Ensure Indigenous representation on hospital and regional committees.
- Continue to ensure seamless transitions within the Indigenous patient and family member/partner-in-care experience.

Measurement, Monitoring and Evaluate

- Continue to promote the Ontario Lung Screening Program.
- Continue to share Indigenous-specific health data/reports with Indigenous communities.

PRIORITY

Person-centred:

Deliver responsive and respectful care, optimizing individuals' quality of life across the cancer care continuum

Respectful Collaboration, Close to Home

Cindy's Story

Haliburton is a small, rural community 1.5 hours north of Peterborough. It is the type of town where everyone knows everyone – one of the things Cynthia (Cindy) Storie liked best about it. An east coaster from New Brunswick, she made Haliburton her home 10 years ago, working as a Personal Support Worker before training to be a Developmental Service Worker. She was all about giving back.

Over the years, Cindy had treatment for different cancers. She would travel to LH Oshawa and the DRCC 2.5 hours away from her home for her surgeries, chemotherapy and radiation. Wherever possible, check ups, Magnetic Resonance Imaging (MRIs) and Computed Tomography (CTs) happened closer to home in Peterborough to spare Cindy from travelling.

In January 2019, the cancer metastasized and spread to her brain. Her health was declining and she was having trouble speaking. Patient Navigator Beth Archibald, who supports patients and families with responsive and respectful care through their cancer journey, started working with Cindy in her home four week's later.

"I was there to help her and her family with whatever they needed, discussing plans and preparing them for what would come next," says Beth.

Cindy died on June 17, 2020. During her final months, she received a range of supports to help her stay at home with the goal of optimizing Cindy's quality of life.

"As part of the Haliburton Highlands Health Services' focus on person centred care, many local groups came together to support Cindy and her family. Community programs, the local palliative care community team, Home and Community Care, Paramed and Medigas, the Haliburton Highlands Family Health Team and many others collaborated in partnership with Cindy and her family to offer as much support locally as possible," Beth added. This respectful collaboration throughout her journey was important to Cindy and her family. "The community has been fantastic. All the programs have been great. Apparently, I made quite an impression on people," she laughed. Having the ability to call anyone with a question and receiving a responsive and respectful answer was most important. "It's very helpful having that available because when you go in for a diagnosis for what you think is a blocked bladder and find out you have cancer, it's tough. Being able to talk to someone and finding the humour in it, helped me to cope."

Provincial Objectives by **2023**

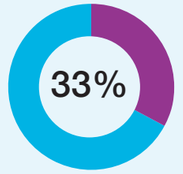
- Expand the use of patient-reported outcomes and improve symptom management.
- Expand patient experience measurement and equitable engagement with patients, family members/partners-in-care and the public.
- Promote early conversations relating to advance care planning, prognosis and goals of care, and share identified goals with the care team.
- Improve health literacy competencies among healthcare professionals, patients and family members/partners-in-care to improve communication, self-management and quality of life.
- Improve access to cancer information for patients and family members/partners-in-care.

Examples of Regional Opportunities by **2023**

- Enable patients to be more active in their care continuum with the implementation of a common Clinical Information System (CIS) for hospitals in the CE.
- Improve the collection of Patient Reported Outcome Measures (PROMs) and the response to patient symptoms in the face of new and emerging patient care delivery models developed as a result of COVID-19.
- Support person-centred decision making throughout the patient's cancer journey.
- Work with system partners to promote a culture of equity, diversity and inclusion in the cancer care continuum for patients and their family members/partners-in-care.

Examples of Regional Achievements to Date

- Implemented the Your Voice Matters survey to measure patient experience with the cancer journey at DRCC and NHH in partnership with Ontario Health.
- Supported the development of the Building Emotional Therapies Through Education and Relationships (BETTER) Clinic allowing for timely access to a psychiatrist through a partnership between DRCC, LH's Mental Health Services and Patient and Family Experience Advisors.
- Developed the CE RCP Patient Education Community of Practice to support information sharing and the identification of quality improvement opportunities across the RCP.



of Haliburton's population is greater than 65 years of age, which is double the CE average.

PRIORITY

Safe: Improve the safety of patients, caregivers and healthcare professionals across care settings

Peace of Mind

Annette's Story

Annette Bracci has been through various cancer treatments for a lump she discovered in her left breast and later in an adjacent lymph node. The 50-year-old Port Hope resident underwent mammograms, ultrasounds, biopsies and eventually a lumpectomy before tackling chemotherapy and radiation. Annette received chemotherapy treatment at NHH's Cancer Clinic in Cobourg with radiation treatment taking place at the DRCC. When diagnosed a third time, Annette's treatment changed to oral chemotherapy she could manage from the comfort of her own home with telephone check-ins from Cancer Clinic staff.

"I would take six pills, 12 hours apart in the morning and evening for about six months. I would get very tired and run down with occasional light headedness, but that was it," says Annette. "Overall, I handled the oral chemo very well and was relieved to have the hospital checking in on me."

At NHH, most patients who require chemotherapy will receive it intravenously in the clinic. A pharmacist speaks with each of these patients prior to their treatment to review their regimen and address any questions or concerns they have. Some patients are prescribed treatment for their cancer in oral (pill) form. In these cases, it is important the patient understands how to correctly take their treatment as well as prevent and manage any possible side effects from the medication.

"I had the pharmacist call a couple of days into my treatment just to check up and make sure all was good, if I had any concerns, any questions. A week or two later, I had a call from a nurse from the cancer clinic to see how things were going," says Annette. "I felt refreshed. I did have a few questions for the pharmacist. He answered them. Same with the nurse."

"A few days after Annette started her oral chemotherapy regimen, I had the pleasure of speaking with her. I ensured she had accessed the medication from her pharmacy, understood the dose and proper medication administration times, and was aware of the various side effects that could have arisen during treatment," says Andrew Osinga, a Clinical Pharmacist at NHH.

Without these calls, Annette would have had to remember to call the Cancer Clinic directly. "I had a doctor's appointment every three weeks to get prescriptions, but it was nice to know someone else was checking in on me. It gave me peace of mind."

Provincial Objectives by **2023**

- Implement a model of care to provide comprehensive symptom and side-effect management.
- Develop and implement clinical standards and practices to improve treatment quality and safety.
- Strengthen the culture and system-level oversight for safety.

Examples of Regional Opportunities by **2023**

- Continue the Regional Oncology Nursing Advisory Group's focus on ensuring clinical guidelines and best practice recommendations are implemented through knowledge transfer, specifically in the areas of systemic treatment administration and oncology nursing telepractice.
- Support the development of a standardized training program for nurses who administer chemotherapy and biotherapy in partnership with Ontario Health.
- Standardize systemic therapy treatment plans and implement Ontario Health's antiemetic protocols across all sites in preparation for the regional CIS implementation.
- Develop interactive tools to support patient monitoring while on oral chemotherapy through the regional CIS platform.
- Continue to implement and monitor performance of regularly scheduled Multi-Disciplinary Cancer Conferences (MCCs) to support high-quality cancer management for all patients.

Healthcare providers at the Lions & Lioness Cancer & Supportive Care Clinic at NHH

Examples of Regional Achievements to Date

- Enhanced the CE Regional Systemic Therapy oversight structure to further support the quality and safety of cancer treatment, while enabling a unified and consolidated approach to programmatic management at the regional level.
- As part of a provincial initiative, launched a telephone support program in partnership with Bayshore HealthCare Ltd. to provide oncology patients on treatment with access to after-hours symptom management support.
- In 2019, began collaboration and planning towards the implementation of a common CIS within the CE region to support one patient chart for those who access services within the region.
- Implemented Robotic Intravenous Automation (RIVA) in the DRCC to support chemotherapy compounding and enhanced patient and staff safety.

PRIORITY

Equitable: *Improve health equity across the cancer system*

Access to Culturally Safe Cancer Care

Heather and Krystal's Story

Heather Sararas and Krystal Townsend are mother and daughter, and best friends. In November 2018, Krystal was diagnosed with thyroid cancer. Two months later, Heather learned she had Non-Hodgkin lymphoma. With no history of cancer in the family, it came as a surprise to both of them. Heather requested to be seen at Peterborough Regional Health Centre (PRHC), a 1.5-hour drive away. It was the same hospital where Krystal had received her surgery and treatment. "You don't get a lot of choices when you get cancer, but building your health care team is one of them," says Krystal, herself a nurse.

Heather worked with her oncologist, Dr. Gordon Swain, to explore her options and, with the encouragement of her husband, she chose chemotherapy. "Dr. Swain made me realize it wasn't a death sentence and that it was my choice when it came to my own care." Having a say in her treatment was important to Heather. She did not want anyone telling her what to do.

In May 2019, Heather started her treatment and met Kathy MacLeod-Beaver, the Indigenous Navigator with the CE RCP. Kathy provides support for Indigenous patients and families throughout their cancer journey.

"When I came to PRHC, I reached out to Kathy as my family are Mohawk," says Heather. "It was reassuring to have this connection. It was not a connection of words, but more her presence felt safe."

"As the Indigenous Navigator for the CE RCP, I provide cultural support and advocacy for Indigenous cancer patients and families," says Kathy. "Collaboration and relationship-building with all involved is vital to ensure the best possible health outcomes." Kathy's practice has been led by the ongoing relationship between the CE RCP and leadership in Indigenous communities since 2013, ensuring patients and families have timely access to culturally-safe cancer care that supports their needs. "There's a comfort in knowing that our own people are in these roles. It builds trust," says Krystal. PRHC is committed to providing culturally safe care for its patients and has identified this as a priority in its strategic plan.

"As an organization, PRHC recognizes the importance of aligning and collaborating with Indigenous and marginalized communities to deliver an equitable, culturally safe, positive experience for patients, families and caregivers," says Brenda Weir, Executive Vice President and Chief Nursing Executive at PRHC.

"We have been working with our Indigenous partners for many years to continuously improve the care and support we provide, and we are very proud of what we have achieved in that time. We look forward to continuing this important work in the years to come."

In November 2019, Heather received the wonderful news that her cancer was in remission. It was a day to celebrate, as Krystal was also in remission.

Provincial Objectives by **2023**

- Build capacity to address health equity through expanded use of data, tools and partnerships at provincial and community levels.
- Develop health policy advice and implement strategies for supporting identified underserved and vulnerable populations.
- Implement the fourth First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy with a focus on engagement with local communities.
- Plan and allocate funding, capital equipment and infrastructure, and health human resources to support equitable care across the province.

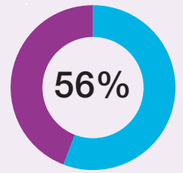
Examples of Regional Opportunities by **2023**

- Develop strategies to support cancer screening for underserved and vulnerable populations.
- Conduct an environmental scan and gap analysis of palliative care services for Indigenous peoples with the goal of developing a clear pathway and improved access to culturally safe services for patients and families.
- Develop and implement the CE Regional Indigenous Cancer Plan.
- Ensure continued access to state of the art technology and high-quality cancer care through regular renewal of radiation equipment and technology across the region (e.g., in partnership with the DRCC, PRHC and Ontario Health, replace the linear accelerator at PRHC).

Kathy MacLeod-Beaver, Indigenous Navigator

Examples of Regional Achievements to Date

- Developed and implemented the 2015-2019 CE Regional Indigenous Cancer Plan.
- Implemented, in collaboration with the SHN Family Medicine Teaching Unit, a Pap Smear Clinic focused on improving cervical screening for under-screened women in the Scarborough community.
- Created Pap competency workshops to offer a simulation-based educational program for inter-professional health care providers to increase their pap testing skills to meet the unique needs of local communities.
- Completed primary care quality improvement projects focused on increasing screening by decreasing barriers to cancer screening (e.g., education, safe environment and after-hours access).



of the CE Indigenous population identifies as First Nation.

PRIORITY

Efficient: Improve the efficiency and coordination of cancer services

Specialty Care Close to Home

Ronald's Story

When it comes to life in a small town, access to specialized healthcare is critical, especially for a senior who does not drive. Seventy-two year old Ronald Hopkins resides in Lindsay, Ontario, where he has lived most of his life. He has epilepsy and was diagnosed earlier this year with colorectal cancer. An hour from Oshawa and 45 minutes to Peterborough, Ronald has depended on his local community hospital, RMH, for the majority of specialized care throughout his cancer journey.

"In April, I wasn't feeling well and went into the hospital. They did a test then booked me for a colonoscopy. They found some cancer and scheduled me for an operation in June," he explains.

Ronald was given a fecal immunochemical test (FIT), a safe and painless test that checks a patient's stool for tiny amounts of blood sometimes caused by colorectal cancer or large polyps.

"Ronald's initial visit showed an abnormal FIT test result, and we were able to see him within two weeks in our clinic, and four weeks for a colonoscopy," explains Dr. Joshua Greenberg, a specially trained minimally-invasive colorectal and general surgeon at RMH. "That's when we discovered he had large polyps on both the right and left sides of the colon as well as a cancer. The larger polyps required specialized expertise that we now offer at RMH."

As recently as a few years ago, patients like Ronald would be referred to larger centres like St. Michaels Hospital in downtown Toronto, and the diagnosis would often require surgery to remove the entire colon. Today, with the right expertise in minimally invasive surgical and endoscopic techniques, patients can be safely and effectively treated in a community hospital.

"We're seeing an increasing number of complex polypectomy cases, and have completed almost 30 of these procedures in the last year at RMH. The goal is to remove these large, precancerous polyps by colonoscopy so we can save as much of the colon as possible, and then remove the smallest amount necessary by minimally invasive surgery" says Dr. Greenberg.

RMH continues to evolve its models of care and has expanded its capacity to offer streamlined, coordinated cancer care locally.

"I had five sessions of radiation in Oshawa and had to rely on friends or community transportation. It cost a lot of money and time travelling back and forth," says Ronald. "I had my surgery done here and I go in for regular check-ups once a year or so. It makes it much easier having care in town."

Provincial Objectives by **2023**

- Advance the chronic disease prevention strategies.
- Strengthen Ontario's organized cancer screening programs for breast, colorectal, cervical and lung cancer.
- Reduce variation in the quality of care for patients undergoing diagnostic assessment, from suspicion of cancer to treatment decision.
- Develop approaches to address healthcare professional burnout.
- Increase value of services through funding models, evaluation, policy development and new models of care.
- Assess real-world clinical benefit and value of treatment strategies.
- Facilitate the adoption of biosimilar drugs.

Examples of Regional Opportunities by **2023**

- Develop and implement models of care for Complex Malignant Hematology, palliative care, toxicity management and genetic counselling.
- Strengthen Ontario's organized screening programs through implementation of Human Papillomavirus testing for cervical cancer screening.
- Develop approaches to address health care professional burnout across the region.
- Collaborate to ensure patients in the CE region receive cancer surgery within provincially defined wait time targets.
- Improve the efficiency and coordination of cancer services through building and leveraging partnerships, in particular through the Ontario Health Team structure, to support care across the region.
- Continue to develop and evaluate processes to boost participation in academic clinical trials via the Canadian Cancer Clinical Trials Network (3CTN).

Examples of Regional Achievements to Date

- Implemented Ontario Health's High Risk Lung Cancer Screening pilot program at LH, 1 of 3 original participating sites, such that eligible individuals are screened annually with a low dose computerized tomography.
- Planned and implemented the FIT as the primary colorectal cancer screening tool for average risk individuals as of June 2019.
- Developed an Interventional Radiology Oncology Service Expansion plan in collaboration with PRHC, LH and SHN so that patients in the CE have access to a growing number of innovative cancer treatment options.
- Expanded radiation clinics at PRHC, SHN, RMH and NHH to enable appointments with radiation oncologists closer to home.
- Participated in over 250 oncology clinical trials to date spanning multiple disease sites.

TOP 5

Top 5 places of emigration to the CE: China, India, Philippines, Sri Lanka, and United Kingdom.

PRIORITY

Effective: *Provide effective cancer care based on best evidence*

Offering Cancer Care Close to Home

Tara's Story

Tara Rogers is a Registered Nurse with the Trent Hills Family Health Team (FHT), an interdisciplinary team offering primary health care in the Campbellford area. Patients receiving care and treatment for cancer are among the many patients Tara provides care for. Most patients need to travel from their home community to receive care and treatment at a cancer centre.

"Our patients have to travel to Peterborough, Belleville, Cobourg, Kingston or Oshawa and these locations are 45 minutes to over an hour away. Many patients are retired and elderly, and not everyone drives, so they have to pay to get someone to take them. Minimal cancer resources are offered close to their home. I knew that this had to change", explains Tara.

Regular feedback received from patients cared for by the Trent Hills FHT, and Tara's own experience caring for her Dad who has been living with advanced cancer for 3 years, identified a need for survivorship care close to home. "I was hearing stories from patients who were being discharged and feeling lost and vocalizing a need for more support close to home," said Tara. "They get comfortable being seen regularly by their oncologist and care team. Knowing that someone is looking out for them offers them peace of mind and lessens their anxiety. Being able to offer services here in the community is what people want and what they need and deserve".

In an effort to improve patient experiences, a plan was developed in 2019 for the implementation of a survivorship program. "Anyone living with cancer is a survivor", states Tara. This program offers close to home care and support throughout all phases of the cancer journey including diagnosis, treatment, survivorship and palliative care. Tara partners with patients and their family members/partners-in-care to facilitate timely access to supports and services close to home and supports patients in navigating the next steps in their care. "I am here to help our patients navigate the oncology world, which for many can be overwhelming. I think of how difficult it must be for those who do not have family", explains Tara.

The goal for this program is to provide local ongoing support, education, and resources to our FHT patients at any stage of cancer. "I often tell our patients that they are in charge. They need to know that they have the final say in how they choose to treat and live with cancer", says Tara. The program is officially up and running and it is hoped it will also lead to early identification for palliative care. The FHT is incredibly blessed to have Dr. Kelly Parks, Palliative Care Physician, on staff and a small rural residential hospice in Warkworth, which serves Northumberland County and the greater region.

"Our goal is to ensure our patients are getting the supports they need when they need it", explains Tara.

Provincial Objectives by **2023**

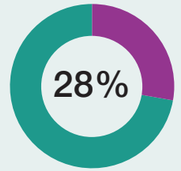
- Expand measurement of clinical outcomes and compare outcomes against other jurisdictions.
- Examine the association between patients' receipt of evidence-based cancer care, and clinical and patient-reported outcomes.
- Develop strategies to support evaluation and implementation of innovative technologies and interventions.
- Implement a framework for using personal and tumour genetics (personalized medicine) to strengthen quality, service delivery and system planning.
- Expand tobacco smoking cessation programs.
- Expand quality measurement to include non-hospital settings and reporting at the facility and provider level.
- Advance integrated standardized clinical documentation (synoptic reporting) and enable real-time clinical decision-making and system reporting.

Examples of Regional Opportunities by **2023**

- Implement a framework for genetics (personalized medicine) to strengthen quality, service delivery and system planning.
- Optimize the use of virtual care (video/telephone appointments and email communication) to support new and emerging patient care delivery models.
- Build capacity to support the expansion of smoking cessation programs to partner hospitals.
- Continue to engage regional stakeholders to monitor quality measures for colorectal screening and FIT+ colonoscopy through the GI Endoscopy Quality Improvement and Performance Committee.

Examples of Regional Achievements to Date

- Developed a CE RCP Scorecard to support monitoring of key performance indicators established by Ontario Health and the RCP.
- Increased registration to Ontario Health's Screening Activity Report for primary care providers which provides information regarding cancer screening status of patients.
- Improved participation in MCCs across the CE such that performance has exceeded the provincial target of 80% of MCCs being compliant with Ontario Health's standard criteria.
- Facilitated the adoption of structured radiology reporting templates for CT cancer staging and restaging, lung cancer staging CT, MRI rectal cancer, high risk lung cancer screening and thyroid nodule description using ultrasound.



The population in the Durham Region is expected to increase by over 28% in the next 25 years.

PRIORITY

Timely: *Deliver timely care across the cancer care continuum*

Support When It's Needed

Ted's Story

William Edward Dumarsh, "Call me Ted," is no stranger to health care. The 62-year-old Scarborough resident has been living with cancer since his late 50s. "It started in June 2017 with pain in my legs that got steadily worse," he explains, adding that getting the exact diagnosis was frustrating, annoying and maddening. "I could see where they were coming from, but it wasn't until someone took the time to do a thorough analysis that it was discovered and dealt with."

Ted is a patient of Scarborough Health Network (SHN), having had a variety of tests and appointments over the years at their multiple sites (SHN - Birchmount, SHN - General for oncology and SHN - Centenary for ongoing memory tests). He has received care as an inpatient and outpatient, supported by members of SHN's Psychosocial Oncology Support Team (POST).

"At the time when all of this was developing, I was not really noticing the true impact of the care, how it was being coordinated. Looking back, that's when I saw it. It didn't really seem to matter what SHN hospital I was in – I couldn't have asked for better care than what I received. My various doctors and medical team were able to call up my medical history and test results immediately…I think this is wonderful."

Scott Wisner, a Social Worker at SHN - General, worked with Ted as his case worker and advocate, acting as a sounding board to talk through his journey with cancer, its treatment and side effects, and helping him access supports.

"It was clear from the start that Ted was an individual with great potential and capacity to recover, and rejoin his regular life and the things that bring him joy and meaning. Even still, he, like all the patients we work with, experienced a roller coaster of successes and setbacks, hope and despair. Support from the team for Ted meant patience and gentle encouragement through the lows and genuine excitement through his wins. Advocacy meant making the system and its resources work for Ted, respecting his needs and his timeline". This was something Ted said he needed at that time in his life.

"The help I was getting helped me to focus, improve my quality of life, find hope and reduce stress. I realized Scott had my best interest at heart," says Ted.

"Every patient's cancer journey is different but one of the most common features is the anxiety that comes with waiting. At SHN, we are proud to have seamless collaboration across many departments including allied health and mental health to not only ensure our patients' needs are met, but that their care is accessed in a timely manner," says Dr. Paul Lau, Medical Oncologist, Division Head, Hematology/Oncology at SHN.

"When I needed the support, they were there. They were personal coaches for me in my corner, supporting me, empowering me to make decisions that were in my best interest."

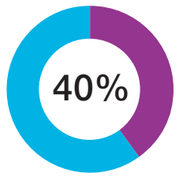
Provincial Objectives by **2023**

- Improve transitions across the cancer care continuum.
- Expand and support timely access to Psychosocial Oncology (PSO) services.
- Expand and support timely access to palliative care.
- Improve timeliness of diagnostic and treatment services by advancing wait time monitoring and performance management strategies.

Examples of Regional Opportunities by **2023**

- Establish a thorough understanding of the needs of cancer survivors while undertaking an in-depth review of current clinical practices. Disseminate and adopt clinical best practice guidelines, and optimization of information technology.
- Improve timely access to PSO services, provide education to enhance awareness of services and implement new secondary screening tools to ensure PSO is an active part of the care plan for patients across the region.
- Support continued monitoring of wait times for diagnostic and treatment services through innovative performance management tools.
- Engage primary care through monthly webinars that highlight Ontario Health program guidelines and best practices to support the timely delivery of care across the cancer continuum.

Dr. Paul Lau, M.D, FRCPC
Medical Oncologist
Division Head -
Hematology/Oncology, SHN



of Scarborough's population speaks a primary language other than English or French.

Examples of Regional Achievements to Date

- Developed annual CE regional palliative care action plans since 2018/19 to improve access to equitable, high-quality, sustainable palliative care services.
- Established an Acute Leukemia Regional Service Plan for the CE and expanded Complex Malignant Hematology services including the development of a Day 1 transfer program at LH to support the recovery of Stem Cell Transplant patients, and implementation of acute leukemia consolidation therapy at DRCC in support of care close to home.
- Developed a prostate diagnostic assessment program in 2017 at PRHC to service patients in the community, streamline and improve biopsy wait times, enhance radiation referrals and overall patient experience.
- Planned and implemented a Gynecologic Oncology Centre (GOC) at LH in 2018, 1 of 3 community hospitals in Ontario with such a centre. The GOC is dedicated to diagnosing and treating women with gynecological cancers through surgery, systemic therapy and/or radiation therapy and supports coordinated and timely access to care throughout all phases of the journey.

Coordinated and Timely Access to Care

Jane's Story

When LH became a Gynecology Oncology Centre (GOC) in October 2018 with the successful recruitment of three gynecology oncologists. LH was the third community hospital in Ontario named as a GOC, making it easier for women who need complex cancer surgeries to receive timely access to care close to home. Previously, women had to travel to Kingston or Toronto for complex gynecologic oncology surgery, resulting in time away from home and added stress during a difficult period.

At the same time, the Diagnostic Assessment Program (DAP) at the DRCC expanded to include gynecology oncology and supported the successful implementation of the GOC as the source of referral for patients with a suspicion of gynecology cancer as well as those who are newly diagnosed. A key component of this program is access to a nurse navigator who works closely with the patient, the gynecology oncologist and the healthcare team to coordinate the patients' care through the diagnostic process and facilitate transitions in care. 1070 patients have been seen in consultation through the Gynecology Oncology DAP since its launch.

After being diagnosed with cervical cancer in 2015, Oshawa resident Jane Dimitriou-Currie had to travel to Kingston multiple times for tests as she prepared to undergo a radical hysterectomy. "If we had been able to receive care close to home, my wife and I would have had the healing support and comfort of the people we needed the most, our children and friends," said Jane.

DRCC's commitment to the engagement of Patient and Family Experience Advisors (PFEAs) was key to ensuring the voice of the patient served to inform the planning and implementation of the GOC. As PFEAs, Jane Dimitriou-Currie and Christina Handley were integral members of the Steering Committee tasked with this work.

The surgical expertise of three gynecology oncologists complements the existing specialized Medical Oncology and Radiation Oncology teams at the DRCC, to provide a comprehensive program in the delivery of high quality gynecology oncology care.

"This Centre improves a patient's experience. Through the use of minimally invasive techniques, women will experience less pain, faster recovery and smaller incisions," said Dr. Julie Ann Francis, Gynecologic Oncologist.

"The multidisciplinary Gynecology Oncology team brings together exceptional knowledge, passion and commitment to person-centred care for this specialized population. The continued enhancement of this program was demonstrated with the recent launch of a sexual health clinic led by our Gynecology Oncology Nurse Practitioner and the DRCC Social Workers", said Patti Marchand, Clinical Director, DRCC.

Virtual Connection Takes on New Meaning

Cherise's Story

As a healthy 45-year-old active wife and step-mom with a passion for life, Cherise McDonald wasn't thinking about getting screened for cancer. However, when several of her family members were diagnosed with cancer, Cherise grew concerned and knew she had to act.

Although she had no signs of cancer herself, Cherise wanted to be certain and asked her family doctor to refer her to Lakeridge Health's Clinical Genetics Program.

"Here we were, in the midst of the COVID-19 pandemic, and I had no idea what to expect. I just knew I wanted answers for myself and my family," says Cherise.

Cherise's initial in-person appointment was cancelled due to COVID-19 restrictions on outpatient appointments. However, two weeks later, when she was asked to participate in a virtual appointment from her home she "jumped at the chance."

"Virtual appointments online or by phone are streamlining the way patients are seen and are an important tool in our efforts to slow the spread of COVID-19," said Stephanie Hurst, Lakeridge Health Genetic Counsellor.

"Virtual counselling and consultations help patients reduce unnecessary travel to and from the hospital, allowing them to connect safely with their health care team and minimizing their risk of any infection. Where a physical examination is needed, patients can also safely schedule an in-person appointment at the Genetics Clinic to be assessed," says Dr. Inara Chacon.

"Virtual appointments online or by phone are streamlining the way patients are seen and are an important tool in our efforts to slow the spread of COVID-19," says Stephanie.

"When I logged on, the counsellor was there waiting for me. It was seamless and efficient. I had their full attention one-on-one without any distractions. I would definitely recommend virtual appointments to anyone."

Strategic Planning Engagement Session

On December 12, 2019, the CE RCP Leadership Council, cancer system leaders and experts, and clinical leaders from across the CE region came together with the Strategic Planning Working Group for an insightful strategic planning engagement session. This session was kicked off with a patient story from Stephanie Horgan, setting the stage for an evening of collaboration and discussion about “what really matters” and what an optimal cancer system looks like. The pictures below serve to highlight moments from this important engagement session.

CE RCP Regional Leads

Patti Argier
Regional Psychosocial Oncology Lead

Dr. Jim Chiarotto
Regional Systemic Quality Lead

Debbie Devitt
Regional Patient Education Lead & Symptom Management (OCSMC) Lead

Dr. Julia Jones
Regional Surgical Oncology Lead

Dr. Hugh Kendall
Regional Gastrointestinal Endoscopy Lead

Darrilyn Lessels
Regional Nursing Lead

Patti Marchand
Regional Diagnostic Assessment Program Lead

Dr. Avnish Mehta
Regional Primary Care Lead

Dr. Ed. Osborne
Regional Palliative Care Lead

Dr. Jason Pennington
Regional Indigenous Cancer Lead

Dr. Nathan Roth
Regional Cervical Cancer Screening and Colposcopy Lead

Dr. Rola Shaheen
Regional Breast and Cancer Imaging Lead

What our patients had to say about us:

"Everything was addressed and I was left with a good understanding of my situation and choices."

.....

"Staff are very caring and understanding, making a difficult time a little easier."

.....

"Appreciated how quickly I was given appointments after being diagnosed with cancer – even during COVID-19."

.....

"I always was treated with respect and always asked how I was feeling and if I had any concerns. Excellent patient care."

.....

"I felt like I was in excellent hands."

.....

"Very respectful and encouraging and very informative when I had a question."

Patients told us their healthcare team was .... knowledgeable, supportive, helpful, kind, friendly, attentive and amazing!

Central East
Regional Cancer Program
in partnership with Cancer Care Ontario

Central East Regional Cancer Program
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