

Goals and Priorities

GOAL 1

Reduce the incidence of cancer.

Priorities

- Provide social marketing, public education, outreach, and information programs to increase awareness of cancer risk factors and the benefits of cancer screening.
- Work with community partners to implement evidence based nutrition and physical activity interventions and raise awareness of the impact of environmental carcinogens.
- In collaboration with the Regional Aboriginal Cancer Care Committee and others implement a regional Aboriginal cancer strategy.

GOAL 2

Reduce the impact of cancer through effective screening and earlier detection.

Priorities

- Integrate screening efforts to optimize participation rates, performance, and system efficiencies for breast, colorectal and cervical screening.
- Improve equitable access and increase opportunities for cancer screening for regional, Aboriginal and First Nations populations.
- Ensure timely access and improved patient/provider experience to screening follow-up and diagnosis for breast and colorectal cancer.
- Support continuing innovation in health human resources, including the creation of advanced practice roles.
- Partner in high-impact education and social marketing initiatives.

GOAL 3

Ensure timely access to effective diagnosis and high-quality care.

Priorities

- Ensure the availability of timely, high quality cancer services as close to home as possible through the regional systemic therapy program, outreach clinics and increased use of telemedicine.
- Implementation of advanced treatments such as Intensity Modulated Radiation Therapy, interstitial prostate High Dose Rate brachytherapy.
- Continued alignment of cancer surgery with evidence and evaluation of performance.
- Develop organized diagnostic assessment programs to accelerate time to diagnosis for cancer patients.
- Develop a strategy for bio-predictive testing (molecular oncology) as well as molecular imaging in order to bring new research advances into clinical practice.
- Continue to refine existing and implement new site specific Multidisciplinary Cancer Conferences (MCCs) to ensure the provision of optimal treatment strategies to individual patients.

GOAL 4

Improve the patient experience along every step of the cancer journey.

Priorities

- Develop and implement an integrated, regional, and clinical palliative care service for cancer and other chronic disease management patients.
- As part of moving to a patient-centric model, develop a strategy to measure the patient experience across the continuum of care and then work with regional partners to implement needed improvements in areas such as regional referral systems; coordination of the different touch-points of care including surgeons and primary care physicians.
- Launch a new culturally appropriate, regional psycho-social oncology program to address the needs of patients and their families throughout Northwestern Ontario.
- Appoint Community Liasons to become the presence in the region for information, communications, education, and response to cancer care related issues.
- Increase the provision of profession-specific and inter-professional education opportunities for clinicians and students.

GOAL 5

Improve the performance of our cancer system.

Priorities

- Improve the patient journey for our most predominant disease site groups (breast, lung, colorectal, prostate and gynae) and implement a disease pathway management approach to cancer care.
- Replace our existing oncology patient information system (OPIS) and integrate systems as much as possible leading to advancements such as automatic reminders for screening, increased patient access to on-line information and ultimately to a paperless and filmless operational environment.
- Advance our performance, planning and communications framework to more effectively measure, report and manage the use of resources including, but not limited to recoveries for increasingly expensive drugs.
- Optimize human resources and continue to foster a collaborative corporate culture by developing a recruitment, retention and succession plan; investing in skill development; and monitoring workload.
- Continue to monitor wait times and refine strategies to ensure optimal performance when expediting treatment.

GOAL 6

Strengthen our ability to translate cancer research into improvements in cancer services and control.

Priorities

- Implement the Advanced Diagnostics and Molecular Imaging Research program at the research institute and further develop the cancer research portfolio with integration of research into the clinical realm.
- Implementation of a PET/CT program to provide opportunity for developing new radiopharmaceuticals, new radioisotopes, new treatment modalities, and new clinical trials.
- Expand our clinical trials program by increasing accruals and identifying key new clinical trials.
- Recruit additional oncologists who are clinician scientists and aligned with Cancer Care Ontario's Imaging theme.
- Construct new translational research facilities including a radiopharmacy capable of producing established and novel radiopharmaceuticals for use in both research and direct clinical application.
- Align research activity within the Radiation Therapy Operational Network with the major themes of investigation being established at the Research Institute.

GOAL 7

Expand and enhance the academic performance of our regional cancer program.

Priorities

- Build upon existing research and teaching initiatives and support the formalization of academic affiliations.
- Expand existing training programs for external learners such as radiation therapists, medical residents, and nurses as well as internal staff learners.
- Create the structures, relationships and accountabilities to advance our teaching and learning agenda.
- Develop a formal plan for supporting educators and learners including developing curriculum, providing dedicated teaching and research time, allocating space, addressing remuneration and scheduling learning time.
- Design a strategic communications plan to engage key stakeholders in dialogue about: our intentions to bolster education and innovation; how that dovetails with what we already do well; and the cultural shifts required to support these directions.

Regional Cancer Care - Northwest Performance Indicators

May 2008

Prevention

Are Northwestern Ontarians living lives that reduce their risk of cancer?

2007	2008	Ontario	Northwest Target 2011	
X Obesity: The percentage of adults (aged 18+) self-reporting obesity	17.3%	21.5%	15.0%	16.0%
X Smoking: The percentage of adults (aged 20+) who are current smokers	28.2%	28.7%	21.8%	25.0%
X Vegetable & Fruit Intake: The percentage of adults (aged 18+) eating vegetables & fruit 5 or more times daily	39.6%	38.0%	42.9%	45.0%
* Physical Activity: The percentage of adults (18+) who are active or moderately active	60.4%	58.1%	51.1%	65.0%
X Alcohol: The percentage of adults (aged 19+ not following the Centre for Health and Mental Addiction (CAMH) low-risk drinking guidelines	27.0%	29.4%	23.2%	25%

Quick Statistics

	North West	Ontario
Total Population	239,119	12,874,409
Percentage of Population over 50	33.2%	31.3%
Projected New Cancer Cases 2008-09	1,185	62,545
Projected Number of Deaths from Cancer 2008-09	493	26,049

Legend for Regional Cancer Care Northwest

- ✓ Services on target
- * Successes
- X Needs improvement
- TBD To Be Determined
- NA Not Available

2008 data acquired in 2007 as per Cancer Care Ontario's Cancer System Quality Index.

2007 data acquired in 2006 as per Cancer Care Ontario's Cancer System Quality Index.

Access

Do cancer patients receive equally accessible and equitable care across the province?

2007	2008	Ontario	Northwest Target 2011	
✓ FOBT: Percent of men and women (ages 50-74) who received a fecal occult blood test during the last 2 years	13.4%	18.3%	19.9%	40%
✓ Colonoscopy Wait Times: Percent of FOBT plus colonoscopies completed within guideline	37%	44%	55%	60%
✓ Cervical Cancer Screening: Percentage of women (aged 20-69) who reported having had a Pap test in the last three years	NA	66.8%	70.5%	71%
* Breast Cancer Screening: Percent of screen-eligible women (ages 50-69) receiving a screening mammogram in the past 2 years	65.0%	67.9%	62.8%	70%
✓ Cancer Screening Completeness: Percentage of women who are "up-to-date" in their cancer screening tests (FOBT, cervical & breast)	NA	48.6%	50.7%	54%
* Breast Cancer Assessment Wait Times: Median waiting times (in weeks) for women receiving an abnormal mammogram to:				
✓ 1. First surgery (women with cancer)	32.7	30.6	20.0	25 weeks
✓ 2. Beginning resolution (women with no cancer)	25.0	18.9	7.1	14 weeks
✓ Radiation Treatment Waits (referral to consult): Percent of patients seen within target, referral to consult, by Regional Cancer Care	NA	72.3%	56.2%	80%
* Radiation Treatment Waits (ready to treat to start of treatment): Percent of patients treated with radiation therapy within targets, ready to treat to start of treatment, by Regional Cancer Care	NA	84.9%	51.9%	85%
* Cancer Surgery Waits: 90th percentile wait (in days), decision-to-treat to operation, for new cancer patients (breast, GI, GU, lung)	45.0	54.0	64.0	49
* Systemic Treatment Waits: Median wait (in days), referral to start of systemic therapy treatment	23.1	27.3	32.9	27.3
* Access to Radiation Treatment: Percent of Ontario breast cancer patients treated with radiation following breast conserving surgery by of patient residence	NA	83.6%	75.7%	TBD
✓ Symptom Management: Percent of cancer patients who were screened at least once per month for symptom severity using ESAS				
✓ 1. Lung patients	25.7%	66.7%	42.9%	90%
✓ 2. Other cancer patients	NA	30%	NA	60%
✓ End of Life Care: Proportion of patients who died of cancer that visited the ER during the last 2 weeks of life	31.3%	37.4%	40.6%	TBD
✓ End of Life Care: Length of stay (days) in acute care for last 6 months of life for patients who died of cancer in Ontario, 2000-2004	NA	19.3	19.4	TBD

Evidence

Are we using the latest and best standards of practice when caring for patients?

2007	2008	Ontario	Northwest Target 2011	
✓ Radiation Guidelines for Breast Cancer: Percent of Stage I and II (early stage) breast cancer patients treated with guideline recommended radiation following breast conserving surgery	NA	88.8%	83.9%	90%
✓ Chemotherapy Guidelines for Colon Cancer: Percent of Stage III colon cancer patients treated with guideline recommended chemotherapy	NA	73.1%	55.2%	75%
✓ Chemotherapy Guidelines for Lung Cancer: Post operative treatment of Stage II or IIIA non small cell lung cancer patients - percent treated with CCO guideline recommended adjuvant chemotherapy following surgery	NA	47.6%	51.7%	55%
✓ Chemotherapy Guidelines for Lung Cancer: Treatment of unresected Stage IIIA or IIIB non small cell lung cancer patients - percent treated with guideline recommended chemo-radiation	NA	35.8%	36.7%	45%
✓ Cancer Patient Participation in Clinical Trials: Percent of cancer patients treated in ICPs recruited to treatment and intervention-based clinical trials	3.0%	6.9%	12.4%	10%
✓ Use of Best Practice Drug Ordering Technology: Percent of systemic treatment visits supported by Computerized Physician Order Entry (OPIS), 2004-2006	74.9%	76.5%	61.7%	90%
✓ Adherence to Standards: Percent of thoracic surgeries completed at a designated centre				
✓ Lung Surgeries	NA	100%	71.2%	100%
✓ Esophageal Surgeries	NA	100%	67.9%	100%
✓ Completeness of Pathology Lab Reports: Percent of pathology lab reports meeting provincial standard: radical prostatectomies	100%	100%	96.8%	100%
✓ Stage Capture Rate: Percentage of valid new "stageable" cases/visits by Cancer Centre, Fiscal Year 2005/06 and 2006/07	90.0%	97.9%	85%	100%

Outcomes

What are Northwestern Ontario's cancer rates? Are we improving the quality of cancer care?

2007	2008	Ontario	Northwest Target 2011	
✓ Deaths Following Cancer Surgery: Percent of patients dying in hospital or within 30 days following cancer surgery	2.4%	1.7%	2.7%	1.7%
* Lung Lobectomy	6.3%	8.5%	6.5%	6.3%
X Pneumonectomy	58.4%	56.0%	50.0%	60%
✓ Patient Satisfaction: Average satisfaction score for emotional support, based on Ambulatory Oncology Patient Satisfaction Survey	70.1%	72.1%	70.1%	TBD
✓ Pain Management: For those experiencing severe to moderate pain, did staff do everything they could to control pain?	25.3%	25.6%	25.5%	TBD
✓ Yes, completely	4.6%	2.3%	4.7%	TBD
✓ Yes, somewhat	NA	58.3%	61.7%	62%
✓ No				
* Survival: Age-standardized 5-year relative survival for all cancers combined, 2000-2004, both sexes combined				

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