When I tell people I work at the Northeast Cancer Centre, they often share a personal story of a parent, grandparent, child, sibling, friend, neighbour or their own experience with cancer. These stories often reflect upon difficult journeys in peoples’ lives, yet what I hear repeatedly is the strength of the human spirit in living with and beyond cancer.

In my role as Regional Vice President, I am committed to doing whatever I can to make these experiences the best that they can be for patients. I am fortunate to work alongside an extremely talented team of professionals across the region that are equally as committed to providing the best quality cancer care.

The Northeast Regional Cancer Plan lays the foundation for how cancer care will be delivered. The six regional priorities and 17 clear action plans contained in the plan not only describe where we will focus our efforts over the next three years but more importantly, it represents our commitment to working in partnership with patients, providers and organizations to not only meet our patients’ needs, but exceed their expectations.

Through continued partnerships, we have achieved many successes in the areas of breast screening, regional radiation and chemotherapy treatment, and the designation of a Level 1 Thoracic Oncology Surgery Centre for the region. We continue to make improvements in our diagnostic assessment programs, complex radiation treatment areas, and palliative care and symptom management. Our strong and long-standing partnership with the Northern Cancer Foundation has been critical to our success and we look forward to their continued support of leading-edge cancer research, education and patient care initiatives for the Northeast.

Looking ahead, we will continue to work to reduce cancer risk factors, improve cancer screening, improve access to regional specialized care and improve Aboriginal cancer screening rates.

I believe that there is no greater compliment than hearing someone say their care was better than they had ever expected. I look forward to working together with our patients, staff, physicians and our partners to realize our vision of providing exceptional cancer care to all of those we touch throughout our communities.

Mark Hartman
Vice President, Regional Cancer Services and Medical Imaging, Health Sciences North
Regional Vice President, Cancer Care Ontario
Introduction

This action plan for improved cancer services in northeastern Ontario builds on the framework of Cancer Care Ontario’s third Ontario Cancer Plan 2011-15 (OCP III) and the visions and missions of Cancer Care Ontario (CCO) and Health Sciences North (HSN).

**Cancer Care Ontario**

**Vision**
Working together to create the best cancer system in the world.

**Mission**
To improve the performance of the cancer system by driving quality, accountability and innovation in all cancer related services.

**Northeast Cancer Centre**

**Vision**
Leading and innovating for excellence.

**Mission:**
- To provide exceptional patient care;
- Foster excellent teaching and learning;
- Conduct innovative breakthrough and evaluative research;
- Advance health promotion and prevention.

By aligning with these directions the Northeast Cancer Centre (NECC) will strive to develop:

**Cancer care that exceeds patient expectations.**
To achieve the missions of CCO and HSN, the NECC will focus our efforts on our core purpose of:

**Advancing the quality of all cancer services for patients in north-eastern Ontario through integration, partnerships and innovation.**

What this means for patients is that they can expect **well organized care** that is **close to home** when quality allows in an environment that includes **research** and **teaching**.

We have developed this Northeast Regional Cancer Plan 2011-15 based on consultation with over 130 stakeholders including physicians and staff of the Northeast Cancer Centre (NECC) and Algoma District Cancer Programs (ADCP), volunteers, patients, 10 partner hospitals, the Canadian Cancer Society and the North East Community Care Access Centre. We also drew upon an extensive parallel consultation and planning process of the Northeast End of Life Care Network to develop palliative care action plans. Cancer Care Ontario is currently developing a comprehensive Aboriginal Cancer Plan and following its release we intend to work with Aboriginal communities in developing an associated Aboriginal regional cancer plan.

## The Ontario Cancer Plan 2011-2015

### Strategic Priorities

The six strategic priorities of the Ontario Cancer Plan 2011-15 have provided the overarching framework from which regional priorities for the Northeast have been developed.

<table>
<thead>
<tr>
<th>GOALS</th>
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<tbody>
<tr>
<td>Help Ontarians lessen their risk of developing cancer</td>
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<tr>
<td>Reduce the impact of cancer through effective screening and early detection</td>
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<tr>
<td>Ensure timely access to accurate diagnosis and safe, high quality care</td>
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<tr>
<td>Improve the patient experience along every step of the cancer journey</td>
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<tr>
<td>Improve the performance of Ontario’s cancer system</td>
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<tr>
<td>Strengthen Ontario’s ability to improve cancer control through research</td>
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<table>
<thead>
<tr>
<th>STRATEGIC PRIORITIES</th>
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<tbody>
<tr>
<td>Develop and implement a focused approach to cancer risk reduction</td>
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<tr>
<td>Implement integrated cancer screening</td>
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<tr>
<td>Continue to improve patient outcomes through accessible, safe, high quality care</td>
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<tr>
<td>Continue to assess and improve the patient experience</td>
</tr>
<tr>
<td>Develop and implement innovative models of care delivery</td>
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<tr>
<td>Expand our efforts in personalized medicine</td>
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</table>
The Cancer Journey

This Northeast Regional Cancer Plan has been developed to improve cancer services across the cancer patient journey.

As people live longer with and beyond a cancer diagnosis, this approach recognizes the need to consider cancer as a chronic disease. The cancer journey aligns well with HSN’s development of a chronic disease management model across all chronic diseases. Some of the action plans are focussed on a particular step in the patient journey, however, many of the action plans address the transitions in care between and across steps in the journey.

What we’ve been doing in an effort to exceed patient expectations.

• **Ontario Breast Screening Program:** Through partnerships with providers of mammography services across the region the Northeast has consistently achieved OBSP screening rates that are the highest in the province.

• **Regional radiation treatment:** Through a unique partnership with the Sault Area Hospital’s Algoma District Cancer Program, in April 2011 we commenced operation of Ontario’s first permanent single radiation treatment unit facility in Sault Ste. Marie.

• **Regional systemic (chemotherapy) treatment network:** Through partnerships with 14 community hospitals in the region we have implemented CCO’s regional models of care systemic treatment standards, providing close to 40% of all chemotherapy ordered by medical oncologists in Sudbury at community hospitals across the region. This accounts for 6500 patient visits annually.
• **Oncology use of the Ontario Telemedicine Network:** Our use of telemedicine continues to grow and remains at the highest use for oncology care in the province. Over 5000 Medical, Radiation and Supportive care oncology telemedicine visits are conducted annually, significantly reducing the travel burden for patients in the region to access the care they need.

• **Level 1 Thoracic Oncology Surgery:** The designation of Health Sciences North as the Level 1 Thoracic Oncology Surgery Centre for the region resulted in the strengthening of this specialized regional service through the recruitment of a 3rd Thoracic Surgeon to the Northeast.

**What we are still working on in an effort to exceed patient expectations.**

• **Diagnostic Assessment Programs:** Reducing the time that patients wait from suspicion of cancer to a definite diagnosis has been achieved through the efforts of breast cancer assessment affiliates in Sault Ste. Marie, Timmins and Sudbury. This has resulted in 30% improvement in the number of patients diagnosed within target wait times. We have established the NE-Lung Diagnostic Assessment Program (DAP) at Temiskaming hospital, HSN, and North Bay Regional Health Centre. Both the Breast and Lung DAP's include patient navigation through the diagnostic phase of care.

• **Regional ambulatory oncology information system:** We have implemented an extensive regional ambulatory oncology information system that supports Computerised Physician Order Entry in Sudbury with remote use for 90% of satellite chemotherapy treatments across the region. This same single information system is used for all radiation treatment information in the region at both Sudbury and Sault Ste. Marie and is connected to 20 hospital information systems in the Northeast.

• **Complex radiation treatment:** We have implemented Intensity Modulated Radiation Treatment (IMRT) in disease sites where there is clear evidence of benefit. With the implementation of Volumetric Modulated Arc Therapy (VMAT) in 2011 we have exceeded CCO IMRT targets. With new equipment installed in 2010 we systematically introduced Image Guided Radiation Treatment that is now well established.

• **Multidisciplinary Case Conferences (MCCs):** Through the commitment of Surgeons, Radiation Oncologists, Pathologists, Medical Oncologists and Radiologists in Sudbury, North Bay, Timmins and Sault Ste. Marie we have doubled the number of cancer case conferences where treatment plans are developed for complex cases in 7 cancer disease sites.

• **Palliative care and Symptom Management:** With the establishment of a symptom management ambulatory clinic that links closely with community and hospice care we have enhanced this service.
Where we need to improve to exceed patient expectations.

- **Cancer risk factors:** People living in the Northeast have cancer risk factors that are amongst the worst in the province including smoking rates, unhealthy weight and alcohol consumption. This results in higher than provincial average rates of many types of cancer.

- **Colon cancer check screening program:** Participation rates for Colon Cancer Check colorectal cancer screening are lower than the provincial average.

- **Wait times for colonoscopies:** People with a family history of colon cancer or a positive screening test wait longer than the provincial average for colonoscopies at NE LHIN hospitals participating in the Colon Cancer Check colonoscopy program.

- **Access to regional specialized care:** The capacity of medical oncologists and haematologists at the NECC and ADCP has resulted in longer wait times than the provincial average for consultation. For leukaemia patients from the Algoma district it means being treated outside of the region. The consultation services of a surgical Gynaecology Oncologist are only provided by a single visiting specialist on a monthly basis.

- **Aboriginal cancer and screening rates:** Rates of cancer are increasing more rapidly and screening rates are lower for aboriginal people than the rest of the population.

- **Sensitivity to cultural diversity:** With a higher proportion of aboriginal and francophone populations than the provincial average, more culturally sensitive approaches to care are required.
The Northeast Regional Cancer Plan

Priorities and Action Plans

The provincial strategic priorities of the Ontario Cancer Plan III, HSN’s four pillars of its academic mission, the cancer journey model and the input of cancer care providers, patients and families in the Northeast and have been taken into account to develop the Northeast Regional Cancer Plan.

Together we have established six regional priorities aligned with the OCP III strategic priorities. These regional priorities will be achieved by 2015 through 17 action plans that translate the priorities into more specific implementation activities. These action plans have been summarised in the subsequent pages and will be the focus of our efforts in northeastern Ontario through to 2015 as we strive to develop:

Cancer care that exceeds patient expectations.
Ontario Cancer Plan Strategic Priorities

- Focused cancer risk reduction
- Integrated cancer screening
- Improve patient outcomes through safe, accessible, high quality care
- Assess and improve the patient experience
- Innovative models of care delivery
- Expand efforts in personalized medicine

Northeast Regional Cancer Plan Priorities

1. Reduced cancer risk through education and support programs
2. Increased screening rates for Breast, Colorectal and Cervical Cancer
3. Improved timeliness, safety and accuracy of diagnosis and treatment
4. Ensure patients have a voice in the delivery of cancer services
5. Redesigned systems to optimize provider capacity
6. Expanded HSN research capacity in cancer genetics, tumour biology and cancer immunology

NE Regional Cancer Plan of Action. By 2015 we will implement:

- Tobacco Dependence Treatment Programs
- Healthy Workplace Programs
- UV and sun safety education
- The Under/Never Screened project with Aboriginal partners
- Integrated cancer screening initiatives with partner hospitals and primary care
- Diagnostic Assessment programs for Breast, Lung and Colorectal cancer
- A Patient and Family Advisory Committee
- Sustainable access to high-complexity regional cancer services
- Innovative patient communication and support approaches
- Improvements in colon cancer screening rates and colonoscopy access
- Improved safety of chemotherapy ordering, dispensing and delivery
- Interventions to reduce symptoms identified through distress screening
- Enhanced primary care support for regional systemic treatment network
- Improved access to Multidisciplinary Case Conferences
- Improved systems of palliative care across sectors
- Bio-banking capabilities
Alignment with Health Sciences North Mission

The priorities identified in the Northeast Regional Cancer Plan align well with HSN’s four core mission priorities:

1. To provide exceptional patient care;
2. Foster excellent teaching and learning;
3. Conduct innovative breakthrough and evaluative research; and
4. Advance health promotion and prevention.

This is mapped on the following pages to identify where specific action plans align. Some action plans have elements that will have an impact on multiple mission priorities of HSN. This is particularly noticeable in the category of the Foster Excellent Teaching and Research because an effort has been made to embed research and evaluation into many of the action plans.

The details of the specific activities associated with each regional priority and action plan are described in the subsequent pages, with the segment of the patient journey identified by the colour chevrons.
# Northeast Regional Cancer Plan 2011-2015

## NE Regional Cancer Plan Priorities

<table>
<thead>
<tr>
<th>Priority</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Prevent</td>
<td>Reduced Cancer Risk through Education and support programs</td>
</tr>
<tr>
<td>Screen</td>
<td>Increased screening rates for Breast, Colorectal and Cervical Cancer</td>
</tr>
<tr>
<td>Diagnose</td>
<td>Improved timeliness, safety and accuracy of diagnosis and treatment</td>
</tr>
<tr>
<td>Treat</td>
<td>To ensure that patients have a voice in the delivery of cancer services</td>
</tr>
<tr>
<td>Recov</td>
<td>Redesigned systems to optimise provider capacity</td>
</tr>
<tr>
<td></td>
<td>Expanded HSN research capacity in cancer genetics, tumour biology and cancer immunology</td>
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## NE Regional Cancer Plan of Action. By 2015 we will implement:

<table>
<thead>
<tr>
<th>HSN Mission</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Provide exceptional patient care;</td>
<td>Improvements in cancer care; screening rates and obstacles to access</td>
</tr>
<tr>
<td>Foster excellent teaching and learning;</td>
<td>Diagnostic Assessment Programs for Breast, Lung and Colorectal cancer</td>
</tr>
<tr>
<td>Conduct innovative breakthrough and evaluative research;</td>
<td>Interventions to reduce symptoms identified through distress screening</td>
</tr>
<tr>
<td>Advance health promotion and prevention.</td>
<td>Tobacco Dependence Treatment programs</td>
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</tbody>
</table>

### Health Sciences North Mission Statement

- **Tobacco Dependence Treatment programs**
- **A Healthy Workplace Program**
- **Integrated Cancer Screening written in partnership hospitals and primary care**
- **Tobacco Dependence Treatment programs**
Reduced cancer risk through education and support programs

The health care team at the Northeast Cancer Centre is committed to delivering the most advanced state-of-the-art therapy for patients with smoking related cancers in the Northeast. We have recently introduced new methods of treating both lung and head and neck cancers with radiation which is leading to improved cure rates while minimizing side effects. Even as we make significant gains in early detection and treatment, we also recognize that preventing smoking related cancers would be the most effective and least expensive way to manage this health care issue. The physicians and health care professionals at the Northeast Cancer Centre are committed to developing and implementing methods to reduce smoking rates. Potential barriers to smoking cessation are being investigated in the hopes of producing a meaningful and long lasting impact on our community.

Dr. Andrew Pearce, Radiation Oncologist
Northeast Cancer Centre, Health Sciences North
Northeast Regional Cancer Plan of Action. By 2015 we will implement:

1.1 Tobacco Dependence Treatment (TDT) Programs.
- TDT programming will be implemented and research conducted for outpatients of the NECC and ADCP.
- Partnerships with Regional Systemic Treatment Network staff, Family Health Teams and Public Health Units (PHU’s) will be established to ensure continuity and sustainability across the region.
- Collaborations with hospital based inpatient and outpatient smoking cessation and chronic disease management programs will be made.

1.2 Healthy Workplace Programs.
- The Your Health Matters workplace screening and prevention program will be implemented at four healthcare organizations in the region.
- The initial focus will be healthcare organizations with the goal of implementing in other sectors.

1.3 UV and Sun Safety Education.
- The development of a regional program in UV and sun safety education through the Northeast Cancer Prevention and Screening Network and its Sun Safety Working Group in collaboration with the Northeast Cancer Centre, five Public Health Units and the Canadian Cancer Society.
- The program will include:
  - Promotion to reduce artificial tanning among youth and the general public.
  - Targeted program development to improve sun safety in schools and public places.
  - Promoting the use of sun screen, protective clothing and shade.
 Increased screening rates for Breast, Colorectal and Cervical Cancer  

Breast: 67-75%  
Colorectal (FOBT): 24-40%  
Cervical: 71-85%  

The Northeast Aboriginal Under/Never Screened project for increasing breast and colorectal cancer screening rates in First Nations/Aboriginal communities is a true partnership of these communities and the various partners of the Northeast Cancer Centre in decision making, design, implementation and evaluation. We look forward to building on these partnerships to improve Aboriginal cancer care services beyond screening and develop a regional Aboriginal cancer plan for the Northeast.

Elaine Johnston, Executive Director, RN., BScN.  
Mnaamodzawin Health Services Inc.
Northeast Regional Cancer Plan of Action. By 2015 we will implement:

➤ 2.1 An Under/Never Screened project with Aboriginal partner organizations.
   • Engage aboriginal partner organizations in developing and leading sustainable community based screening improvement projects
   • Assist aboriginal health centres with detailed analysis of current screening practice profiles
   • Support aboriginal health centres in identifying and inviting eligible people to screening
   • Assist in removing barriers to screening

➤ 2.2 Integrated Cancer Screening initiatives with partner hospitals and primary care.
   • Implement OBSP high risk breast screening at additional NE hub hospitals.
   • Develop and maintain an inventory of primary care provider screening practice profiles used in conjunction with proposed In-screen reports.
   • Implement quality improvement initiatives in primary care settings.
   • Perform a detailed analysis of under/never screened populations and develop methods to improve screening rates

➤ 2.3 Improvements in colon cancer screening rates and colonoscopy access.
   • Implement primary care knowledge transfer programs
   • Develop partnerships with more NE hospitals to simplify access to CCC screening colonoscopy.
Improved timeliness, safety and accuracy of diagnosis and treatment

Every patient has a unique cancer with different characteristics. MCCs allow patients, regardless of geographic location, access to the highest standards of care, and allow us to work collaboratively with other physicians in the Northeast to deliver high quality, coordinated care.

“Every patient has a unique cancer with different characteristics. MCCs allow patients, regardless of geographic location, access to the highest standards of care, and allow us to work collaboratively with other physicians in the Northeast to deliver high quality, coordinated care.”

Dr. Eric Labelle, Surgeon, Timmins, ON
3.1 Improved access to Multidisciplinary Case Conferences.
- All organisations with more than 35 cases in any cancer disease site will participate in MCC’s made available through telemedicine.
- Pathology digital imaging will be established to enhance the quality of MCC’s, teaching and research.

3.2 Diagnostic Assessment Programs for breast, lung and colorectal cancer.
- Partner with North Bay Regional Health Centre to establish a breast cancer assessment affiliate.
- Complete regional participation in the NE-Lung DAP at SAH, West Parry Sound Health Centre and Timmins and District Hospital and evaluate the program.
- Establish colorectal DAP’s in the region

3.3 Improved safety of chemotherapy ordering, dispensing and delivery.
- Implement Computerized Physician Order Entry (CPOE) at ADCP and Electronic Medication Administration Record at remaining satellites for 100% of chemotherapy ordered and administered in the region.
- Provide access to physician notes and treatment summary for chemotherapy and radiation treatment through the NEON and other hospital EMR’s.
- Implement and conduct research of the oral chemotherapy safety program including enhanced patient education, oral chemotherapy CPOE, centralized dispensing, standardized packaging and adherence monitoring.
- Implement ambulatory oncology medication reconciliation at NECC and ADCP.

3.4 Sustainable access to high-complexity regional cancer services.
- Implement and conduct research in advanced radiation treatment capabilities including stereotactic ablation radiation treatment (SABR)
- Explore models and implement a sustainable surgical gynaecology oncology service
- Establish a sustainable regional leukemia service
- Surgical oncology wait times will be improved including resumed participation in cancer surgery wait time funding opportunities.
- Work towards sustainable oncology pathology services for the region.
To ensure that patients have a voice in the delivery of cancer services

Patient Advisory Committees bring together patients and provider representatives to promote a safe, compassionate, innovative health care community that listens, learns and responds collaboratively with the patients and families that are served.

“I was honoured to hold the position of Patient Advisor on the Coordinated Breast Screening and Assessment Centre Steering Committee. My time spent working with the committee has been a very positive experience and I now have a greater understanding of health care delivery. I felt appreciated and understood and my concerns were heard and addressed. Through experience, patients gain an expertise that cannot be matched or duplicated by any other voice.

It is important that we take advantage of every opportunity given for involvement in the delivery of cancer services. I enjoyed being a part of a process that enables people to easily access the health care they need in a framework that has been designed to eliminate anxiety and confusion.”

Lanya Kennedy, Patient Advisor
Coordinated Breast Screening and Assessment Centre Steering Committee
Northeast Regional Cancer Plan of Action. By 2015 we will implement:

4.1 A regional oncology patient advisory committee.
   • A patient and family advisory committee will be established to provide ongoing input into NECC goals and initiatives.
   • Patient advisors will be integrated into cancer improvement projects.

4.2 Innovative patient communication and support approaches.
   • Pilot and research on-line support groups
   • Provide electronic access for patients’ to their own oncology information
   • Expand patient education and communication training for oncology health care providers.
   • Implement innovative ways for patients to communicate with providers and access education

4.3 Interventions to reduce symptoms identified through distress screening.
   • Implement and conduct research in screening for distress for the psychosocial, practical and physical domains
   • Support the clinical practice of professionals to manage symptoms through education of CCO Symptom Management Guides
   • Direct patients to the appropriate clinical services and resources to reduce distress
   • Conduct research on the prevalence of distress for Aboriginal and Francophone populations
“As we work to strengthen partnerships and provider capacity in our communities, we will strive to ensure that every patient experience is as positive as Mr. Dubien’s.”

Mark Hartman, Regional Vice President, Cancer Services, Northeast Cancer Centre

“...So much uncertainty comes with hearing you have cancer, but the wonderful team of staff and physicians at the Northeast Cancer Centre changed all of that and guided me through each step of the way.

My journey has been a long one but I cannot say enough about the care that I received from this world-class cancer centre and the network of community supports that work well together to deliver quality patient care. The exceptional care, compassion and dedication I receive from the staff and physicians at the centre cannot be measured.

Despite everything, I am grateful for the ongoing support and love of my family who accompany me to almost all of my appointments and to the group of caring individuals at the Cancer Centre and throughout this great community who have helped me through this unforgettable journey.”

Conrad Dubien, Cancer Patient, with his wife Denise Dubien
Northeast Regional Cancer Plan of Action. By 2015 we will implement:

5.1 Enhanced primary care support for the regional systemic treatment network.
   • Engage primary care in developing sustainable models for consistent regional chemotherapy patient supervision
   • Develop and implement formal continuing education program for physicians supervising chemotherapy in regional systemic treatment hospitals

5.2 Partnerships with primary care to provide appropriate follow-up care for breast and colorectal cancer.
   • Engage primary care in developing mechanisms to support follow up that includes supportive care.
   • Implement standard post active treatment patient and provider summaries and guides
   • Implement patient education for transition from active treatment to follow up care
   • Improve patient education in self-management

5.3 Improved systems of palliative care across sectors.
   • Expand specialized outpatient and inpatient palliative physician capacity
   • Establish medical learner opportunities in Palliative Care with NOSM
   • Collaborate with the NE-End of Life Care Network on establishing interdisciplinary community palliative care teams
   • Expand palliative consultation services regionally when capacity allows
Expand HSN research capacity in cancer genetics, tumour biology and cancer immunology

Dr. Michael Conlon became the Director of Research in Epidemiology, Outcomes and Evaluation in 2008. His projects often combine survey-based research with laboratory-based genomics to answer important questions about how a person’s genetics and behaviours can affect cancer incidence and treatment outcome.

“Bio-banking is the storing of biological samples obtained from an individual’s saliva, blood or tissues, and offers exciting research opportunities for Health Sciences North. These biological samples are stored within a repository that contains associated medical, treatment, and demographic information. This information can then be accessed and shared among researchers to address important research questions such as whether this type of information can predict who will experience a favourable treatment response or benefit most from specific therapies or interventions. Finding answers to these questions may help us better personalize a person’s health care.”

Dr. Michael Conlon, Director of Research, Epidemiology Northeast Cancer Centre, Health Sciences North

Northeast Regional Cancer Plan of Action. By 2015 we will implement:

6.1 Bio-banking capabilities

- Research currently underway and envisioned by Tumour Biology and Epidemiology researchers involves genetic analysis to predict outcomes of treatment.
- A mechanism to collect and retain both cancer and normal biological material will be developed to serve as a repository of cancer and control group material for research purposes.