Patient Navigation

Clearing a Path for Patients

Action Plan

April, 2001

Cancer Care Nova Scotia

many hearts. many minds. one goal. *many hearts. many minds. one goal.* *many hearts. many minds. one goal.*

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BACKGROUND

Cancer Care Nova Scotia (CCNS) is a program of Department of Health initiated in 1998 to coordinate, strengthen and evaluate the cancer system in Nova Scotia. Working with many partners in the field of cancer and health, ***CCNS*** programs cover prevention, screening, education, treatment, follow-up care, and palliation. All of the programs are patient-centred, cost effective, and based on sound evidence.

Patient Navigation was identified early in the CCNS mandate

The concept and need for Patient Navigation was identified early in the ***CCNS*** mandate by clinicians, patients, and survivors. A Patient Navigation Working Group (PNWG) of the Board of ***CCNS*** was established to address this issue. Working group members were chosen for their various perspectives and for their experience as practitioners (see Appendix A for working group membership).

Patient Navigation was identified by the Nova Scotia Breast Screening Program as a way to improve outcomes with women undergoing investigation for breast cancer through decreased time to access full diagnostic services. ***CCNS*** wants to build on this model to assist all cancer patients on their journey through the cancer system from diagnosis to treatment and follow-up.

Research and Consensus Building

Focus groups with patients, survivors, and families and one-on-one interviews with health professionals were carried out by ***CCNS*** in the Spring of 2000. Focus groups and individual interviews are presently being held with members of the African Nova Scotian community and talks are under way to sponsor a similar project with members of Nova Scotia's First Nations Communities.

Four distinct recommendations

Four distinct recommendations resulted from the initial focus groups and interviews:

- ***CCNS*** should develop a multi-disciplinary approach to cancer care service that addresses the medical, emotional, and financial needs of those affected by cancer.
- ***CCNS*** should develop written materials regarding cancer in general, and what patients can expect as they journey through the cancer system.
- There is an important role for a patient navigator, but a navigator's responsibilities need to be clearly defined and communicated to patients upon diagnosis.
- ***CCNS*** should work to include family doctors in their patient's journey through the cancer system.

Following the release of the report, Patient Navigation: A Qualitative Study, ***CCNS*** decided to work with stakeholders to develop an action plan to implement the recommendations, with particular focus on recommendations

three and four. A Round Table was convened for March 2, 2001 at the Dartmouth Holiday Inn.

Approximately 150 participants from all Health Districts attended. The participants included physicians, nurses, other health professionals, District Health Authority administration, volunteers, representatives from the Canadian Cancer Society, the Union of Nova Scotia Indians, the Confederacy of Mainland Mi' Kmaq, African Nova Scotian communities, the Nova Scotia Breast Screening Program, Nova Scotia Department of Health, as well as patients, survivors, and family members.

…strengthen and support the role of Family Physicians

The purpose of the Round Table was to develop a Patient Navigation System for Nova Scotia and to strengthen and support the role of Family Physicians in caring for and supporting patients with cancer and their families.

Eleven challenges were identified as issues related to Patient Navigation: access, communication, information, patient navigation, relationships, the diagnostic process, psychosocial/spiritual support, timely reporting, role of family physicians, role of oncologists, and education.

…guiding and supporting patients and families

The Patient Navigation System assists in guiding and supporting patients and families through the cancer continuum, i.e. diagnosis to treatment and continuing care/support. This means being able to:

- respond to their questions and concerns
- identify and facilitate access to additional supports as needed
- identify action to provide supports

The participants developed a provincial action plan including identified actions, accountabilities, and timelines for each of the eleven challenges. District groups identified key considerations for implementing Patient Navigation in their Districts. This information will be used by ***CCNS*** to develop a Patient Navigation System that recognizes the uniqueness of each district.

Following the Round Table the PNWG met on March 20, 2001 to:

- prioritize the actions identified by Round Table participants
- review and finalize timelines and accountabilities for these actions
- finalize the implementation plan, including a communications component and taking into account District specific considerations

Outcomes

Eleven distinct outcomes

As a result of this meeting, the actions from the Round Table dealing with similar items were grouped together. The result was eleven distinct outcomes:

1. The development of a provincial Patient Navigation System.
2. The provision of timely reports from cancer specialists to the referring physician.
3. The development of a Patient Passport to accompany the patient on their journey through the cancer system.
4. The provision of information about the cancer journey for patients and health professionals.
5. The enhancement of educational opportunities for health professionals working with cancer patients and their families.
6. The development of an advocacy position to ensure a provincial health information technology system to improve communication between health professionals.
7. The support of quality patient community care through Clinical Site Teams.
8. The establishment of Outreach Cancer Clinics throughout Nova Scotia.
9. The development of a plan for disseminating information to health professionals in relation to access and ways to improve access.
10. The removal of barriers to family physicians spending adequate time with their patients, i.e. remuneration practices.
11. The resolution of issues related to the recruitment and retention of health professionals in Nova Scotia.

District Cancer Program

In order to understand the context in which the Patient Navigation System will function, it is necessary to understand the concept of the District Cancer Program (DCP).

…DCP will ensure district availability and access to defined core cancer services

The DCP is ***CCNS'***s vehicle for integrating primary and secondary cancer services within each District. Each DCP will ensure district availability and access to defined core cancer services, ranging from public education and awareness, prevention, screening, diagnosis, elements of treatment, support, rehabilitation, and palliative care.

The DCP model was developed with stakeholders using a consensus building process that began with a Roundtable Conference in June of 2000 with 110 attendees. The model was reviewed and revised based on the stakeholder input.

The DCP model and the implications for its implementation have been discussed with more than 300 health care professionals, hospital managers, and hospital and community-based physicians at 34 meetings across the province between September 2000 and March 2001. To date, all have supported the DCP and its proposed implementation.

ACTION PLAN FOR PATIENT NAVIGATION

Listed below are actions to support the outcomes listed on page 3. These actions incorporate all the specific action steps identified by participants of the Round Table Patient Navigation: Making It Work held on March 2, 2001. Listed in Appendix B, in chart format, are the individual actions. Each action is preceded by the number of the action statement found in the original report released immediately after the Round Table. The actions have been grouped together into eleven categories.

Provincial Patient Navigation System

1. A Provincial Patient Navigation System will be established.

Accountability:

- ***Cancer Care Nova Scotia***
- District Health Authorities
- District Cancer Programs

Timeline for implementation:

• Phase I – Pilot Programs in three districts	September 2001
• Phase II – Patient Navigation Systems in all districts	September 2002

CCNS is responsible for the development and funding of the Patient Navigation Pilot Project. Developmental framework will include a template for patient navigation within a DHA, a method to identify early adopters and supports to assist them in determining their state of readiness. Immediately following the release of this report, ***CCNS*** will communicate with the DHAs to advise them of the announcement of the Pilot Project. ***CCNS*** will advise DHAs of the parameters which will determine district readiness to be an "early adopter" (a participant in the pilot project).

The design phase of the Patient Navigation Pilot Project will involve:

- Clarification of the Patient Navigator role.
- Identification of existing navigational aids and resources in the health districts and the supplements required to these resources.
- Assessment of current information for patients and health professionals and development of resources to fill the gaps.
- Provision of a simple and effective telephone system to allow health professionals at the district level to communicate quickly and efficiently with cancer specialists.

In order to facilitate the Patient Navigation System visits to regional and community hospitals will be held throughout the province with ***CCNS*** and the DHAs. The purpose of these visits is to build relationships, understand issues, and share information. Community based groups, with a role to play in the health care of the cancer patient and their family, will be consulted.

CCNS will work with the DHAs, the DCPs and the Canadian Cancer Society (CCS) to clarify the roles of health professionals and volunteers caring for cancer patients. All those who play a significant role in the cancer care of patients and their families will be consulted. ***CCNS*** will encourage buy-in from all stakeholders through a marketing and education process.

Implementation of the pilot program in three districts of the province is expected to take place in September 2001. An evaluation design will be developed and applied to ensure process and outcome indicators are identified and monitored. The results of the evaluation will be the basis for the extension of a quality Patient Navigation System throughout the province in the next fiscal year.

Timely Reports

2. Reports from cancer specialists will be provided to the referring physician in a timely fashion.

Accountability:

- ***Cancer Care Nova Scotia***
- QE II Cancer Program
- Cape Breton Cancer Centre
- Sites of Outreach Cancer Clinics
- Department of Health

Timeline for Implementation:

• Phase I – reports available in five working days	October 2001
• Phase II – reports available in two working days	March 2003

At the present time, reports from cancer specialists to referring physicians may take several weeks to reach their destination. Because of the delays, patients may have completed treatment by the time their family or referring physician receives the report. As a result, the family physician may not have adequate information to assist patients in times of crisis. It is possible that a family physician may first hear of the patient's diagnosis from the patient or the family themselves instead of the cancer specialist.

Implementation of Phase I will allow family and referring physicians to play an increased role in the cancer care of their patients, something requested by patients, family members, and physicians alike.

An expert committee will be convened immediately

An expert committee consisting of oncologists, family physicians, Health Records personnel, and management staff will be convened immediately to focus efforts on addressing this situation and identify solutions and work with ***CCNS*** for rapid implementation.

Implementation of Phase II of this action is largely outside the jurisdiction of ***CCNS*** and will be dependent on the initiation of an Information Technology System for transmission of health records and reports among all care givers in Nova Scotia.

Patient Passport

3. A patient passport will be developed to allow sharing of information between health professionals, patients, and their families.

Accountability:

- ***Cancer Care Nova Scotia***
- QEII Cancer Program
- Cape Breton Cancer Centre
- District Health Authorities
- District Cancer Programs
- Medical Society of Nova Scotia

Timeline for Implementation:

• Phase I – Development of tool	September 2001
• Phase II – Trial tool	Sept – March 2002
• Phase III – Implement tool	April 2002

At the present time, patients do not consistently have a record to carry with them on their journey through the cancer system. Patients are encouraged to keep a list of questions and answers as well as a record of various tests and results. This is entirely up to the patient. Some patients may use a journal provided by the cancer centres.

…a communication tool between patients and care givers

A Patient Passport will serve as a communication tool between the patient and their physicians as well as among health professionals. With a Patient Passport, every patient will have a record of their diagnostic tests, diagnosis, prognosis, cancer site, stage of their cancer, treatment regime with expected treatment outcomes and side effects. The passport will allow health professionals to record information to be shared with other care-givers in the cancer system. It will be a record of cancer care that travels with the patient from family physician to surgeon to cancer specialist to nurse to social worker and so on. With the initiation of a Patient Passport, patients and their families will always have access to current information about their cancer and the treatment plan.

Information about the cancer journey

4. Patients and health professionals will have access to information about the cancer journey.

(a) A web site will be developed for provision of educational material to patients, families, and health professionals.

Accountability:

- ***Cancer Care Nova Scotia***

Timeline for Implementation:

- Initiation of Web Site June 2001

CCNS is working towards a launch of the web site in June 2001. The design concept is finalized, the writing is underway, the photos are being taken, and links are being vetted.

(b) Information will be provided to patients and their families prior to their first visit to a cancer centre or out reach program.

Accountability*:*

- ***Cancer Care Nova Scotia***
- Patient Orientation Information Task Force of the QEII Cancer Program in collaboration with the Cape Breton Cancer Centre
- Living Well With Cancer
- Medical Society of Nova Scotia

Timeline for Implementation:

- Phase I – Information for patients attending a cancer centre or an outreach program September 2001
- Phase II – Information for patients not attending a cancer centre or an outreach program September2002

Answering patients' questions

CCNS has worked with the Patient Orientation Information Task Force (POITF), a committee of the QEII Cancer Program, and the Living Well With Cancer (LWWC) group to produce useful information packages for patients and their families about cancer and its treatment. (LWWC is a partnership among people living with cancer, health professionals, people who represent cancer, professional organizations, and Janssen-Ortho Inc.) This information package is already being distributed to cancer patients by over 30 community and regional hospitals in Nova Scotia.

The POITF and ***CCNS*** are presently in the process of working with LWWC and the Cape Breton Cancer Centre to develop an orientation booklet for patients. This booklet will be used by patients prior to their first visit to the cancer centre or an outreach clinic. The booklet will contain information about cancer and its treatment, support services, the cancer team, how to get to the cancer centre or outreach clinic as well as information on where to stay and services available in the city or town where the centre/clinic is located. This booklet is expected to be in circulation by September 2001.

The POITF and ***CCNS*** will continue to work collaboratively with others to develop educational materials for patients and their families as needs are identified.

Identifying who can help and where they are

(c) A cancer resource directory and database will be developed.

Accountability:
- ***Cancer Care Nova Scotia***
- Canadian Cancer Society (CCS)
- District Cancer Programs
- Community and Volunteer Organizations

Timeline for Implementation:

• Development of a Resource Directory	November 2001
• Internet access to the Canadian Cancer Society's Community Resource database	November 2001

At the present time, the Canadian Cancer Society has a Community Resource database of services available for cancer patients in Nova Scotia. Calling the Cancer Information Service at 1-888-939-3333 can access this database. The information in the CCS database will be available on line in November 2001.

CCNS staff has visited all regional and community hospitals in Nova Scotia to discuss the DCP. During these visits they collected information about services available in the various DHAs. This information, combined with that from the CCS database, will be compiled into a region specific Resource Directory available in November 2001.

Education for Health Professionals

5. Educational opportunities in cancer care will be provided to health professionals at the undergraduate and graduate level and though continuing education programs.

(a) A provincial needs assessment will be conducted to examine the educational needs of health professionals in cancer care.

Accountability:
- ***Cancer Care Nova Scotia***
- Dalhousie University Continuing Medical Education (CME)
- Canadian Association of Nurses in Oncology (CANO)
- Registered Nurses Association of Nova Scotia (RNANS)
- Health Professional Organizations
- Department of Health (DOH)

Timeline for Implementation:

• Phase I – Needs assessment survey of family physicians, community based physicians, pharmacists, and nurses	June 2001
• Phase II – Multi-disciplinary focus groups in all districts	June – Oct 2001

…a needs assessment is underway

The needs assessments with physicians, pharmacists, and nurses is presently underway. ***CCNS*** is working with Dalhousie University CME and an Advisory Group to carry out a survey with family physicians, community-based specialists, and pharmacists about their educational needs in cancer care. The survey investigates the educational needs of physicians and pharmacists as well as strategies for providing continuing education. Barriers to obtaining continuing education are examined. The results of the survey are expected in June 2001.

CCNS is also working with the DOH Action Team on Nursing Education, RNANS and CANO to develop a survey tool to assess nursing needs for continuing education. The results of this survey are also expected by June 2001.

Once the results of these surveys are available, multi-disciplinary focus groups will be held in all districts starting in June 2001 and continuing in the fall of 2001. The results of the surveys and focus groups will provide direction for continuing education for physicians, pharmacists, and nurses working with cancer patients and their families.

Similar needs assessment projects will be carried out with other health professionals as the need is identified.

(b) A multi-disciplinary continuing education program in cancer care will be developed.

Accountability:

- ***Cancer Care Nova Scotia***
- Dalhousie Continuing Medical Education
- Universities Training Health Professionals
- Professional Associations
- QEII Cancer Program
- Cape Breton Cancer Centre

Timeline for Implementation:

• Phase I – An initial module	November 2001
• Phase II –Additional Basic modules	February 2002

…initial module ready for fall of 2001

CCNS will work with the cancer programs and professional organizations to have an initial module ready for the fall of 2001. Additional modules, to support the provision of cancer care in the patient's community, will follow as identified by the needs assessment process. ***CCNS*** is committed to providing quality continuing education to all health professionals working with cancer patients and their families.

These programs will be provided in a variety of ways as identified in the needs assessment. This may include, but not be restricted to, travelling road shows, academic detailing, and symposiums in cancer care.

Among other topics, curriculum will focus on the psychosocial and spiritual aspects of cancer care. It should assist health professionals in giving bad news to patients and in helping patients and families cope with dying and grief. The attitudes of the health professional about dying and grief should be examined, as well ways to deal with ones own stress and sadness.

CCNS will continue to promote educational opportunities as they arise, i.e. the Cape Breton Cancer Symposium, though the ***CCNS*** newsletter, doctorsNS.com, professional newsletters, medical continuing education coordinators, and eventually the ***CCNS*** web site.

(c) Medical and Health Professional University curriculums will be enhanced at both the undergraduate and graduate level.

Accountability:

- ***Cancer Care Nova Scotia***
- Universities
- Professional Associations
- Dalhousie University Division of Oncology
- Dalhousie University Department of Radiation Oncology

Timeline for Implementation:

• Medical Oncology Residency Training Program	June 2002
• Palliative Care Speciality Training Program, conjointly approved by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada – available	July 2001

BROAD SCOPE ACTIONS

The participants at the March 2, 2001 Patient Navigation Roundtable recognize that there are many actions that need to be taken that will not only assist with the implementation of patient navigation but will also benefit the cancer system as a whole. The very nature of these actions is that they are beyond the scope and responsibility of ***CCNS***, and indeed, any one organization. They truly are systemic changes required to support patient navigation and community cancer care in the province of Nova Scotia. These actions follow and the reader must recognize that they are not "doable" in the way in which the previous actions can be done.

A number of the following actions are in process and are the way in which ***CCNS*** works with its partners to 'do its business' – to strengthen the cancer system in Nova Scotia. This would include, for example, such items as the development of referral information for common cancer sites. This action is already underway and being worked on by the fourteen cancer site teams. These will continue to be worked on and realized and their progress and achievements will be noted as the Patient Navigation system is refined and implemented in Nova Scotia.

Advocate for IT system

6. An Information Technology System will be advocated for in order to provide expedient transmission of patient information and reports to all health professionals.

Accountability:

- ***Cancer Care Nova Scotia***
- Department of Health
- Medical Society of Nova Scotia
- Professional Associations

Timeline for Implementation:

• Phase I - Advocate for an IT system	Ongoing
• Phase II – Implementation of an IT system	April 2003

In the recent budget from the government of Nova Scotia, monies were allocated to developing a health information technology system. Along with partners, ***CCNS*** will advocate and support the development of this system in order to provide timely access to health information and reports. This will ultimately result in faster diagnosis for patients and will serve to keep the family and community based physicians and health professionals up to date on the progress of their patients.

The information technology system could also link to educational sites to provide another method of continuing education for health professionals.

Clinical Site Teams

7. Quality patient community care will be supported through Clinical Site Teams.

(a) Critical care pathways will be developed for most common cancer sites.

Accountability:
- ***CCNS***
- Cancer Site Teams (CST)

Timeline for Implementation:
- Phase I - common cancer sites April 2002

(b) Referral information will be identified and communicated to referring physicians for common cancer sites.

Accountability:
- ***CCNS***
- MSNS
- CST

Timeline for Implementation:
- Phase I - common cancer sites April 2002
- Phase II

(c) A process will be developed to promote standardized and shared care between cancer specialists, community based specialists and family physicians.

Accountability:
- ***CCNS***
- MSNS
- CST
- QEII Cancer Program
- Cape Breton Cancer Centre

Timeline for Implementation:
- Phase I – Template developed April 2002
- Phase II – Shared care implemented October 2002

(d) Provincial standards will be developed for reporting of abnormal test results, including diagnostic imaging, blood work, and pathology.

Accountability:
- DOH

- Professional Associations

Timeline for Implementation:

• Phase I – Define standards	May 2002
• Phase II - Implement standards	May 2005

Cancer clinics reach out to communities

8. Outreach Cancer Clinics will be available to all patients in Nova Scotia.

Accountability:
- ***CCNS***
- DHA
- DCP
- QEII Cancer Program
- Cape Breton Cancer Program

Timeline for Implementation:

• Establishment of Outreach Cancer Clinics	Ongoing

At present, cancer outreach clinics are being considered for Kentville and Amherst.

Improved Access

9. The report from this Round Table will be used to develop a plan for disseminating information to health professionals in relation to access and ways to improve access.

Accountability:
- ***CCNS***

Timeline for Implementation:

• Phase I – Disseminating information re: access	Ongoing
• Phase II – Release a plan to stakeholders	April 2001

Remuneration for Physicians

10. Ensure that family physicians have adequate time to spend with patients and their families by removing barriers, such as adjusting the remuneration practice.

Accountability:
- DOH
- MSNS
- ***CCNS***

Timeline for Implementation:

• Improved remuneration system	April 2004

Recruitment & retention of health professionals

11. Resolve issues related to the recruitment and retention of health professionals in Nova Scotia.

Accountability:

- DOH
- MSNS

Timeline for Implementation:

- Resolve issues May 2003

EVALUATION

A critical component of the development of the Patient Navigation System is the evaluation of the entirety of the system and its component actions. An appropriate evaluation will be designed that measures the influence of the changes being made to the system. Some of the dimensions to be evaluated will include: patient and provider satisfaction, increasing access to services, and if possible, improved wait times. The design of the Evaluation will be a priority action in the overall implementation of the Action Plan for the Patient Navigation System.

In addition, the Action Plan will be revisited at six months, 12 months, and 18 months to ensure that the necessary and appropriate progress is being made and milestones of development and implementation reached in the identified timeframe. The results of the review of the progress being made will be available publicly, keeping the whole of the System's development dynamic, transparent and open.

Appendix A

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Appendix B

Provincial Patient Navigation System

Action	Accountability	Timeline
4.1 Form a multi-disciplinary working group.	***Cancer Care Nova Scotia (CCNS)*** Patient Navigation Working Group (PNWG)	Complete
4.1 (a) Clarify role description of Patient Navigator.	***CCNS*** PNWG	April 2001
4.3 Design a pilot on the Patient Navigator role in an urban and rural community, funded through CCNS (DoH).	***CCNS*** **-** Patient Navigation Coordinator (PNC) PNWG	May 2001
4.2 Identify Patient Navigator requirements in specific areas across the province.	***CCNS*** **-** PNC District Health Authorities (DHA) District Cancer Program (DCP)	June 2001
4.1 (b) Determine what navigational aids are currently available so we can build on them.	***CCNS*** **-** PNC DHA DCP	June 2001
4.1 (c) Identify additional tools required to implement the role.	***CCNS*** - PNC DHA DCP	June 2001
3.1 Assess the current information available and review what is being done now.	***CCNS*** - PNC Patient/Orientation Task Force (POITF)	Ongoing
3.2 Develop required resources using an existing model (e.g., Pink Rose Package) as a starting point.	***CCNS*** – PNC	October 2001
10.2 Create a simple and effective telephone system to enable easy access to specialty services and support teams.	***CCNS*** – PNC QEII Cancer Program Cape Breton Cancer Centre (CBCC) DHA	January 2002
4.4 Obtain buy-in from stakeholders through an education and marketing process.	***CCNS*** – PNC DHA DCP	Ongoing

Provincial Patient Navigation System – Continued

Action	Accountability	Timeline
4.3 Implement a pilot on the Patient Navigator role in an urban and rural community, funded through CCNS (DoH).	***CCNS*** - PNC DHA DCP	September 2001
4.3 Evaluate the pilot on the Patient Navigator role in an urban and rural community funded through CCNS (DoH).	***CCNS*** – PNC DHA DCP	Septmeber 2002
6.2 Hold site visits to regional hospitals and communities by multi-professional teams to build relationships, understand issues and share information related to diagnosis.	***CCNS*** Patient Navigator (PN) DHA	June 2001 to October 2001
7.3 Integrate community-based groups with existing healthcare services to promote care of the total person and work towards increasing resources in healthcare.	***CCNS*** DHA DCA	September 2002
5.1 Clarify role description of health care professionals and volunteers in each district.	***CCNS*** DHA DCP	Ongoing

Timely Reports

Action	Accountability	Timeline
9.1/8.4/10.1 Establish an information management process for patient-related information so that family doctors have reports and the management plan within five working days.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre	October 2001 – Phase I: reports available in 5 working days. March 2003 – Phase II: reports available in 2 working days.
8.4/9.1/10.1 Encourage the transmission of all reports from cancer centres to family doctors within 48 hours of their dictation.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre	October 2001 – Phase I: reports available in 5 working days. March 2003 – Phase II: reports available in 2 working days.
10.1/8.4/9.1 Establish and achieve a firm target time (e.g. 48 hours) for receipt of patient/clinic notes by family doctors and community-based specialists.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre	October 2001 – Phase I: reports available in 5 working days. March 2003 – Phase II: reports available in 2 working days.
10.2 Create a simple and effective telephone system to enhance easy access to specialty services and support teams.	***CCNS*** – Patient Navigation Coordinator (PNC) QEII Cancer Program Cape Breton Cancer Centre District Health Authority	January 2002

Patient Passport

Action	Accountability	Timeline
2.2/8.1 Develop a "patient record/portfolio" to include all patient related material, e.g., traveling chart.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre DHA	September 2001 – Phase I Develop tool September 2001 – March 2002 Phase II – Trial tool March 2002 Phase III – Implement tool
8.1/2.2 Develop and implement an effective paper patient passport that travels with the patient to facilitate information sharing.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre DHA	September 2001 – Phase I Develop tool September 2001 – March 2002 Phase II – Trial tool March 2002 Phase III – Implement tool

Information about the Cancer Journey

Action	Accountability	Timeline
2.1 A provincial web site for educational material for health care professionals, patients, and families.	***CCNS***	June 2001- Phase I: Initiation of ***CCNS*** Web Site
3.3/2.6 Provide information to the patient at point of entry, e.g., family physician, surgeon.	***CCNS*** POITF Living Well With Cancer (LWWC)	September 2001 - Phase I: Information for patient attending cancer centre or outreach clinic September 2002 - Phase II: Information for patients not seen at a cancer centre of outreach program.
2.6/3.3 Ensure that information to patients at time of diagnosis includes supports available, e.g., phone numbers to call, Cancer Society support.	***CCNS*** POITF LWWC	September 2001
2.7 Provide patients with information at time of visit to oncologist, surgeon, i.e. encourage patients to record interviews related to initial diagnoses; provide the patient with a copy of the taped diagnosis; provide written material for patients.	Medical Society of Nova Scotia (MSNS)	Ongoing
7.1/2.3 Develop a complete cancer resource directory (identifying region specific resources) to communicate and inform patients/family of available services that focus on “total person”.	***CCNS*** CCS Patient Navigator (PN)	November 2001
2.3/7.1 Enhance the Canadian Cancer Society’s Community Resource data base (CIS) to include optional profile of community services and programs available in Districts (to meet the needs of Navigators, health professionals etc).	***CCNS*** Canadian Cancer Society (CCS)	March 2002

Education for Health Professionals

Action	Accountability	Timeline
11.1 Conduct a provincial assessment of educational needs of health care providers involved in cancer care.	***CCNS*** – Education Coordinator Dalhousie Continuing Medical Education (CME) Canadian Association of Nurses in Oncology (CANO)	June 2001
11.7 Explore strategies: travelling, teaching road show; academic detailing of family doctors; symposia on cancer care.	***CCNS*** – Education Coordinator	June 2001
11.5 Develop a CME program for the cancer care team (including physicians, nurses, physiotherapists and dietitians) on oncology basics. Involve community basics.	***CCNS*** Universities Professional Associations	November 2001 – Initial Module
11.7 Implement strategies: travelling, teaching road show; academic detailing of family doctors; symposia on cancer care.	***CCNS*** Professional Associations Universities	November 2001 – Initial Module
9.6 Educate physicians and other health professionals regarding attitudes and beliefs around giving bad news, death and grief.	***CCNS*** Dalhousie Continuing Medical Education (CME) Bayer Communications	April 2002
7.2/9.6 Develop an ongoing curriculum (for those involved in cancer care) that focuses on psycho-social/spiritual education from a holistic perspective. Note: We believe this should be mandatory but recognize possible limitations.	***CCNS*** Universities Health Professional Associations	April 2002

Education for Health Professionals - Continued

Action	Accountability	Timeline
11.6 Publicize Cape Breton Cancer Symposium and health related issues, doctorsns.com, Medical Society, CME coordinators.	***CCNS*** Cape Breton Cancer Centre Medical Society of Nova Scotia Professional Associations	Ongoing
9.5 Enhance the University medical and other health professional curriculums to include more exposure to oncology, palliative care and recognition of the family doctor's role along the continuum of cancer care. 11.3 Develop an enhanced core curriculum in oncology for health professionals.	***CCNS*** Universities Professional Associations Division of Oncology, Dalhousie University	September 2002

Advocate for IT System

Action	Accountability	Timeline
2.1 Advocate for the development and implementation of a province wide IT system for transmission of patient related material and also to meet information/ educational requirements. 11.4 Advocate for the development and implementation of a electronic information sharing tools between physicians and institutions, including an integrated electronic patient record with links to education components, starting with delivery of lab results and Xray reports. 9.4 Advocate for the implementation of a centralized computer information system for diagnostic information for patients that is accessible to family doctors and other health care professionals. 2.4 Get health information systems up and running among health care facilities.	***CCNS*** Department of Health	April 2002 - 2003

Clinical Site Teams

Action	Accountability	Timeline
11.2 Develop interdisciplinary critical care pathways for common cancers.	***CCNS*** CST	April 2002 – Phase I Cancer Sites
6.1 Identify and disseminate referral information required for common cancer problems. Communicate to family physicians. 2.5 Ensure complete reports are received in a timely fashion, e.g., tests needed prior to seeing oncologists.	CST MSNS	April 2002 – Phase I Cancer Sites
9.2 Develop a process to standardize and share care between the treating specialist and family doctor, including a template for assessment and shared reporting that respects patient preferences.	***CCNS*** Cancer Site Teams (CST) Medical Society of Nova Scotia (MSNS)	April 2002 – Phase I: Template developed October 2002 – Phase II: Shared care initiated
10.3 Set up a follow-up plan that guarantees visits to family doctors to maintain continuity of care and close the loop.	***CCNS*** QEII Cancer Program Cape Breton Cancer Centre CST	May 2002
8.2 Create provincial standards for reporting of abnormal test results, including diagnostic imaging, blood work and pathology.	Department of Health (DOH) Professional Associations	May 2002
8.3 Implement provincial standards.	DOH	May 2005

Outreach Clinics

Action	Accountability	Timeline
1.3 Provide services to rural areas via outreach clinics and tele-health.	***CCNS*** DHA DCP	Ongoing (Amherst and Kentville – identified and pending)

Improved Access

Action	Accountability	Timeline
1.1 Use the report from this Round Table to develop a plan for disseminating information to health care professionals in relation to access and ways to improve access.	***CCNS***	Ongoing
1.2 Release the plan to stakeholders through various avenues such as RNANS, CMA, telehealth etc.	***CCNS***	April 2001

Remuneration for Physicians

Action	Accountability	Timeline
9.3 Ensure family physicians adequate time with cancer patients by adjusting remuneration practices e.g., salary, billing methods, reimbursement for time spent, telephone remuneration.	DOH	April 2004

Recruitment and Retention of Family Physicians

Action	Accountability	Timeline
9.7 Resolve issues related to the recruitment and retention of family physicians for Nova Scotia.	DOH	May 2003