

Patient Navigators Helping Cancer Patients Find Their Way



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When William Martin of D'Escousse, Nova Scotia was diagnosed with prostate cancer last February he didn't know where to turn. He had questions and concerns about his cancer, treatment options and side effects he might face and he wondered how he would cope financially. His family physician, Dr. Lawrence MacNeil, referred him to Charlene Porter, Patient Navigator for Guysborough Antigonish Strait Health Authority. She worked with Mr. Martin to provide him with the information he needed to address his concerns.

"When Dr. MacNeil told me I had cancer, you could have knocked me over with a feather," he said. "I had so many questions, but by the time I got home Charlene had called. She came to the house, listened to my concerns, sent me information on the Internet and straightened everything out. I don't know what I'd have done otherwise."

"Patients feel lost after a cancer diagnosis," said Dr. MacNeil, General Practitioner and Chief of Staff for St. Anne's Community Centre in Arichat and Medical Coordinator, Canadian Cancer Society – Isle Madame, Louisdale Unit. "The Patient Navigator is a wealth of information for patients and a great resource for physicians who are under tremendous time pressures. Charlene continues to help 12 of my patients with care coordination and because of her role, I'm able to focus more of my time on patient care."

"As a Patient Navigator, my role is multi-faceted," said Charlene. "We are the newest members of the cancer team and we work and liaise with physicians and

other health professionals, cancer patients, community programs and services, tertiary health centres and others to ensure cancer patients have the information and support they need to play an active role in their care."

For Mr. Martin the cost of drugs was first and foremost in his mind. Charlene worked with a number of community groups and agencies, including MSI Pharmacare and the Bikers Memorial Cancer Fund, to find solutions to his financial concerns.

The immediate financial worry behind him, Mr. Martin had questions about his radiation treatments, the treatment process and what to expect. He and Charlene discussed who would be providing the treatment, and thanks to technology, he had a virtual tour of the Cape Breton Cancer Centre before his first visit.

Then, prior to Mr. Martin's first trip to Sydney, Charlene had him contact the local chapter of the Canadian Cancer Society, who helped him with transportation costs between his home in D'Escousse and the Cancer Centre in Sydney and she worked with him to find a place for him to stay during his treatments.

"I didn't know Sydney; I was a stranger in a strange town," said Mr. Martin. "Again, Charlene helped me out. She suggested the Holy Redeemer Centre and they greeted me with open arms. They can't do enough for me. It's my home away from home. I am totally satisfied and totally pleased. I can't thank Charlene enough."

In addition to William Martin, Charlene Porter is currently assisting with the care coordination of over 60 cancer patients in Guysborough Antigonish Strait Health Authority.

Patient Navigation is also being pilot tested in two other district health authorities: Pictou County and Southwest Nova. For more information about Patient Navigation, please call 1-866-524-1234.



William Martin and his wife, Corinne

Improving Patient and Health Provider Satisfaction

The Care Delivery Model project is examining the role of nurses and physicians to find new and better ways to address quality and consistency in cancer care, which will ensure patient, family and provider satisfaction and clinical and financial efficiencies.

As the demonstration site for the project, *Cancer Care Nova Scotia's* Thoracic Cancer Site Team is responsible for the design, implementation and evaluation of a model of patient care in which providers' roles and accountabilities are well defined, integrated, appropriate to their scope of practice and legislated mandate, and developed to their fullest potential to support consistent, appropriate and timely care.

"Our group has been encouraged to think freely about all imaginable possibilities," said Dr. Drew Bethune, Thoracic Surgeon, Capital Health Cancer Care Program and team member of the project working group. "We'll be seeking input from patients and families, referring physicians and other groups affected by our clinic work. Through consultation and discussion we will develop new ways of care delivery, which are critical to our currently over-burdened health care system."

The project focuses on the roles of the ambulatory oncology nurse and physician, with involvement and consultation of other team members such as social work, pharmacy, radiation therapy and support services, regarding the impact of the design on their roles and relationships.

Currently in phase one, the project has an estimated

life of four years. Participants from the Thoracic Cancer Site Team are currently working on the development of an action plan for the design, implementation and evaluation of the model of care delivery. During this phase, participants and administration will be working together to ensure that necessary resources are in place to support the model. Team members will plan for potential barriers to the design and its implementation. They will also decide how the implementation phase will be evaluated.

The practice model will be ready for implementation in the Thoracic Cancer Site Team's ambulatory clinic by February 2003, with the evaluation phase beginning 24 months later. Based on results, the model will be fine-tuned and implemented in other areas of the Capital Health Cancer Care Program, with plans for ongoing measurement and review.

"We are 'wiping the slate clean' and building a model from the ground up," said Donna Grant, Registered Nurse, Acting Health Services Manager, Capital Health Cancer Care Program and team member of the project working group. "This project demonstrates the leadership, innovation and commitment of the Capital Health Cancer Care Program to improve cancer care for patients and their families."

The project coordinator for the Care Delivery Model Project is Leslie McLean. She can be reached at 902-473-3162. Funding for the project is provided by Capital Health and Cancer Care Nova Scotia.

Working with District Health Authorities

Over the past several months, *Cancer Care Nova Scotia* staff have been traveling to health districts throughout the province to engage districts in discussion about the best ways to enhance district cancer services.

Recently, Dr. Andrew Padmos, Commissioner, *Cancer Care Nova Scotia*, had the opportunity to meet with all district CEOs during a meeting of the Nova Scotia Association of Health Organizations.

Issues discussed included creating a link between *Cancer Care Nova Scotia*, the Managed Systemic Therapy Program and the Pharmacy and Therapeutic Committees in each district to centralize the reviewing and recommending

of oncology drugs and therapeutics. The important areas of prevention and health promotion were also discussed and a suggestion was made that a Roundtable focusing on prevention and health promotion would be well-received. In addition, CEOs emphasized the continued need for effective and timely communication between *Cancer Care Nova Scotia* and district health authorities.

Cancer Care Nova Scotia will continue its work with district executive and their staff to address these issues and others to ensure all Nova Scotians have access to high quality, evidence-based cancer services.



Improving Access for Unscreened and Under-screened Women

It's almost entirely preventable, but approximately 50 Nova Scotian women will be diagnosed with cervical cancer this year. While regular Pap tests are effective in detecting early changes in the cells of the cervix before they develop into cancer, over 60 per cent of Nova Scotian women do not have regular Pap tests. Through innovative community partnerships and approaches, like the Eastern Region RN Pap Community Educator Pilot, *Cancer Care Nova Scotia's* Gynaecological Cancer Screening Program is working to address these high rates.

The goal of the pilot is to increase the number of women accessing cervical cancer screening in six participating communities: North of Smokey, Baddeck, Guysborough, Waycobah, Wagmatcook and Strait Richmond. In doing so, the program is evaluating two community initiatives designed to meet this goal: providing Pap tests by specially trained registered nurses in several rural communities in Cape Breton and Guysborough County and providing basic cancer prevention education to women in the same communities through community lay education.

During the federally funded Cape Breton Pilot, initiated by the Gynaecological Cancer Screening Program, these two community initiatives were showing promise but there was not ample time or resources to demonstrate and evaluate the services appropriately. *Cancer Care Nova Scotia* provided the funding to the Eastern Region Pap Committee to further evaluate whether these initiatives would be successful in reaching the unscreened and under-screened population.

Over the past 18 months, eight nurses who were originally trained in the Cape Breton Pilot continued to provide screening services with attention to reducing many of the barriers to Pap screening that women have clearly identified. In the same communities, trained community lay educators provided information and education on cervical cancer screening and breast health. Educators met women in their homes and in community groups, encouraging them to have a Pap smear and informing them of the RN Pap service available in their community. The training models for both initiatives were designed in the initial Cape Breton Pilot and re-tested in this present pilot.

Because of the Eastern Region RN Pap Community Educator Pilot, women from participating communities can now access Pap testing through Well Woman Clinics, staffed by specially trained nurses, all of whom are employed through their local health care facility. Community volunteers have been instrumental in hosting Well Woman

Clinics, transforming community centers and fire halls into health clinics. With the use of portable examination tables, isolated communities such as Bay St. Lawrence, Dingwall, and Judique have been able to access screening in their own communities. They now also have access to important information about cancer prevention.

To date, the results are exciting. The response from women to the quality and usefulness of the RN service and the community lay education has been overwhelmingly positive. Of the over 900 women screened as part of this pilot, all of the women surveyed have rated their experience as excellent, very good or good. Women responded similarly when asked about the value of having a specially trained RN perform the Pap test. Recently, 11 more RNs received training to perform Pap tests.

"The nurses are quickly making an impact in parts of rural Cape Breton and Guysborough," said Janet Bickerton, Management Committee Chair, Eastern Region RN Pap Community Educator Pilot and Community Health Promotion Coordinator, Cape Breton Wellness Centre, University College of Cape Breton. "Up to 50 per cent of the women having Paps, performed by nurses, are from the under-screened population."

The community educators have also been well received. Evaluations indicate that 85 per cent of those surveyed who had contact with an educator found the information helpful and a similar percentage noted that the information was 'just what they needed.'

"Beyond attaining the goal of reaching unscreened and under-screened women, this pilot has clearly demonstrated how a primary health care service can be delivered effectively in isolated and rural parts of Nova Scotia," said Janet. "Even more exciting is the use of registered nurses in reaching women who, for a combination of reasons, have not been accessing the traditional health care system."

The pilot, now in its final phase, will document and evaluate both the RN Pap service and the community education. The committee will make recommendations for the development of a provincial model and guidelines and will develop a "how to" manual for other regions that may be interested in implementing a similar service.

For more information contact Janet Bickerton at the Cape Breton Wellness Centre at 902-563-1634.

The Eastern Region RN Pap Community Educator Pilot is funded by *Cancer Care Nova Scotia*.





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This is a newsletter for and about the people and issues affected by Nova Scotia's cancer care system. It is produced by *Cancer Care Nova Scotia*.

We welcome and encourage everyone's input to this newsletter. Please submit your stories or story ideas to:
Cancer Care Nova Scotia
Heidi Little
1278 Tower Road
Bethune Building, Room 547
Halifax, Nova Scotia B3H 2Y9

Telephone: 902.473.2630
Toll-free: 1.866.599.2267
Facsimile: 902.473.4631
heidi.little@ccns.nshealth.ca
www.cancercaresc.ca

If you want to be added to our mailing list, or if you want to regularly receive additional copies of this newsletter for your office or waiting room, please contact us at the above address with the number of newsletters you need.

The deadline for articles and story ideas for Volume III, Issue Five is October 10, 2002.

Cancer Care Nova Scotia is a program of the Nova Scotia Department of Health, in partnership with Dalhousie University's Faculty of Medicine and the QEII Health Sciences Centre.

Skills for Healing Retreat

The fourth annual Skills for Healing Retreat for cancer patients and their families will be held October 18-20, 2002 in Halifax.

Facilitated by Dr. Rob Rutledge, Radiation Oncologist and Susan Kenney, Social Worker, both from the Queen Elizabeth II Health Sciences Centre and Tim Walker, psychotherapist, Eastwinds Stress Reduction Clinic, its goal is to improve the quality of life of patients and families / caregivers. The agenda will combine presentations with group discussion and practical exercises in relaxation, yoga and meditation. Participants will learn basic information about cancer, its treatment and the medical system, in addition to stress and relaxation techniques, and the role of complementary and alternative medicine. There will also be an opportunity for networking with fellow cancer survivors and for giving and receiving emotional support through professionally led group discussions about the emotional impact of cancer.

"Participant response to past retreats has been very positive," said Susan Kenney. "It's a great chance for patients and families to talk about their fears and stresses and learn valuable and positive ways to cope."

For registration details and information about travel and accommodations, please contact your local chapter of the Canadian Cancer Society or call toll-free 1-800-639-0222.

The Skills for Healing Retreat is funded by the Canadian Cancer Society – Nova Scotia Division, with in-kind support provided by Capital Health.

Our New Look

As you've noticed by now, our newsletter has a new look. We hope you like the changes we have made. Let us know what you think. We also welcome your comments and suggestions for stories. Email us at info@ccns.nshealth.ca

News and Notes

The fifth annual Cape Breton Cancer Symposium will be held on October 4, 2002 at Centre 200 in Sydney. The focus is colorectal cancer. For more information or to obtain a registration package, contact Mona Baryluk by phone at 902-567-7772 or by email at barylukm@cbdha.nshealth.ca

Regular Pap tests can prevent cervical cancer. Communicating this message is the goal of Pap Test Awareness Week, held each year in October. *Cancer Care Nova Scotia's* Gynaecological Cancer Screening Program partners with communities and organizations across the province to promote Pap Test Awareness Week. This year, it is scheduled for October 20 – 26. For information about Pap testing, call 1-800-480-8588 or speak with your family doctor or public health nurse.

A brochure entitled, "Preparing for an Expected Death at Home" is now available on the Nova Scotia Department of Health Web site, www.gov.ns.ca/health, under Reports.

For anyone preparing for an expected death at home, the brochure may answer some questions and identify some of the issues people face. The brochure has two sections: the first is written for the person who is terminally ill; the second will help family, friends and others understand what is happening to their loved one during the last days and hours of their life.

CCNS congratulates Medical Oncologist Dr. Bruce Colwell and his team of colleagues from the QEII and Dalhousie University, who received approval from the Royal College of Physicians and Surgeons for a residency training program for Medical Oncology. The first residents are expected to begin training in July 2003.

