



Connecting Earlier: Improving Care for Island Cancer Patients

Presentation to BC Patient Safety Quality Council
Quality Cafe
January 20, 2021

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- Set the Context – Heather
- Tell Story of Improvement – Cloe
- Next Chapter - Theresa

Cancer Care Evidence

- 1 in 2 Canadians to develop cancer in their lifetime
- Cancer is the leading cause of death in Canada
- Cancer rates are rising
 - 39% in BC between 2017 and 2030 (28-48%)
- Current system of cancer care is complicated and challenging to navigate.



Cancer Care Delivery

- ★ CON Clinic (Island Health)
- ★ Inpatient (Island Health)
- ★ Ambulatory (BC Cancer–Victoria)

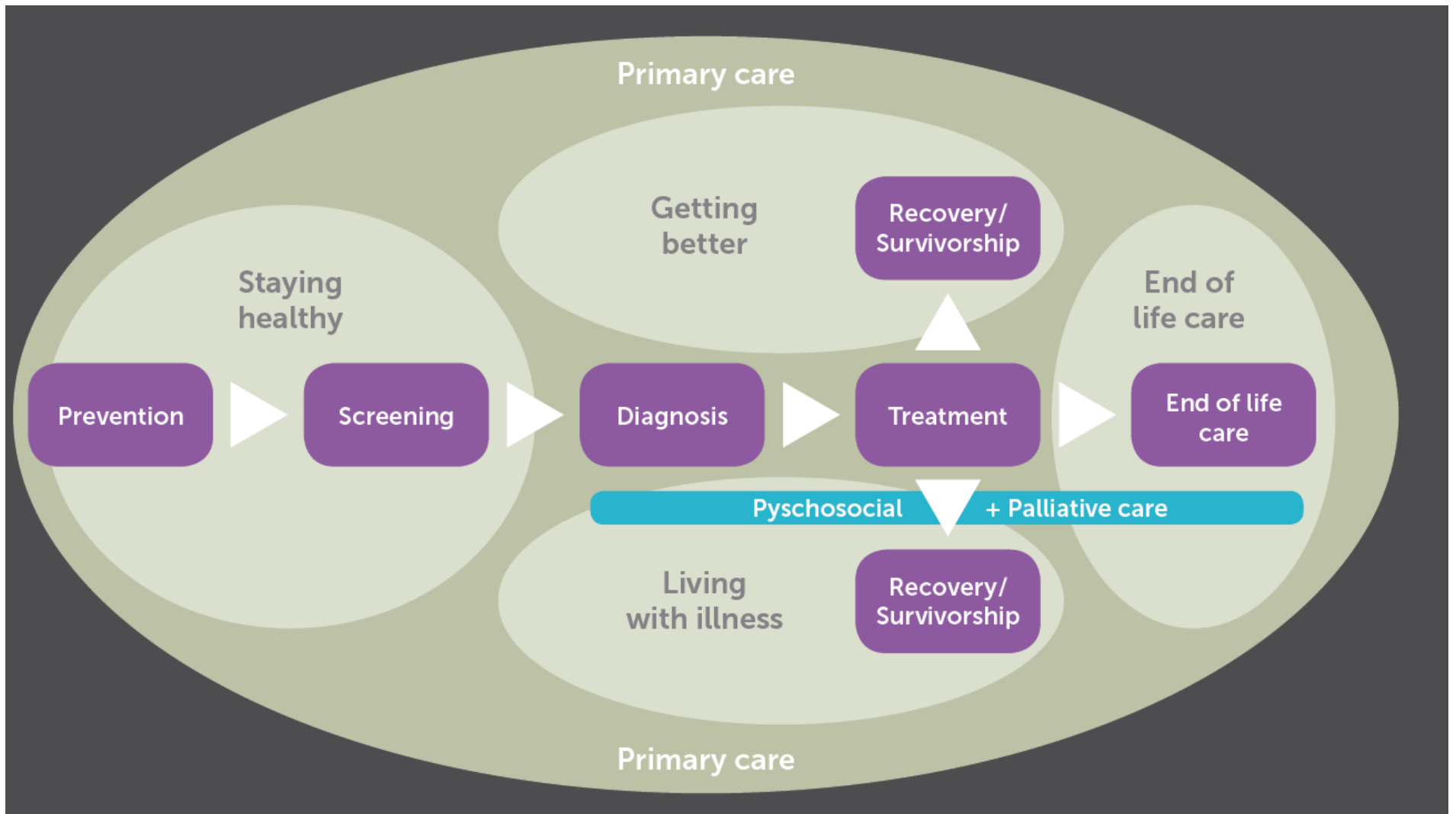


CANCER PATHWAYS: JOURNEY MAPPING

OCT. 12, 2018



Continuum of Cancer Care



What do Vancouver Island patients with cancer want?



- Consistent Communication
- Navigation Support
- Emotional Supports
- Whole-Person Approach
- Care Closer to Home
- Trusting Relationship With Providers
- Collaborate on Improvement

BC Outpatient
Cancer Care
Patient
Experience
Survey

BC Cancer
Patient
Comment Cards

Patient
Experience
Committees

PHSA & Island
Health Patient
Care Quality
Office (PCQO)

Patient Experience of Island Cancer Care



**BC
CANCER**
PROVIDING HEALTH SERVICES PARTNERSHIP

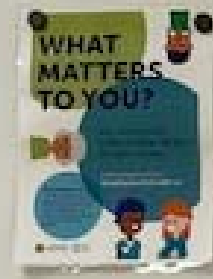
Continuous Improvement Board

**Patient & Family
Improvement Ideas**

Improving Patient Experience

NEW IMPROVEMENT IDEAS





PICK Chart

Opportunity	Challenge
On Hold (Opportunity)	Challenging Process
Quick Win	Fast Move
Share With Your Co-Workers	Prioritization (Pick Chart)

WORK IN PROGRESS

Parking We clearly hear that parking is a challenge for patients. Our Regional Patient Experience Committee will be discussing this at our next meeting.

Navigators + Peer Buddies Investigating how to expand service currently provided by Breast Health Navigators (intern).

New Patient: Patient Held Medical Records Binder Project

IDEAS IMPLEMENTED



What Went Well Today!

Lonely for Volunteers ☺
Chemo nurses are angels & ❤️

Thanks for posting info on this board - very helpful!

the warmth + help from the amazing volunteers ^{Chemo nurses are angels & ❤️} ^{survive!!}

Today would have been Even Better if —
→ could connect with others w/ similar conditions ☺



Why We Needed to Improve

Current State 2019

BC Cancer
Oncologist
Appointment

3-4 days

BC Cancer
RN PRISM
Triage

16% of patients
will be mailed
some info

34% of patients
will be contacted
by phone

50% of patients
will not be
contacted by RN

What are we trying to accomplish?

- Reduce gap from referral to nurse assessment
 - Reduce wait time for new patient care
 - No missed risk assessments
 - No missing intake documentation & referrals

- Improve Patient experience
 - Person-centred approach
 - Reduce anxiety

BC CANCER **New Patient Intake Assessment at BC Cancer Victoria: From problem-centered to person-centered care**

© Emily Nguyen-Ducuan, A. Sharma, S. Chhabra, H. Shah, T. Wilson, M. Wilson, C. McCreath, T. Ong, K. Heston, L. Rennie, A. Nash, A. Patel

Background:

The intake form used at BC Cancer in the Patient Reported Information System (PROMIS) was a problem-centered approach. It contained patient medical history, risk factors, assessment and care, symptoms and assessment, psychological and social assessment.

The patient completed this form at their first visit and the form is kept by a registered nurse (RN) to take to a day after that appointment. Hence BC Cancer had to rely on the RN to ensure patient information was entered into the system. This process was often delayed and incomplete, leading to missed assessments and referrals.

Key components to improving patient-centered care is to integrate this into patient's history, care and assessment in order to respond to their clinical situation and other support needs.

Reasons for BC Cancer's Electronic Health Record include electronic documentation of the PROMIS form.

Issue:

Our current New Patient Intake process does not integrate this into the patient's history. This leads to gaps and delays in patient care, patients experiencing a sense of disconnection and needs to make appointments to provide person-centred care.

Current Condition:

- A patient is referred to BC Cancer - Victoria and will be booked to see an oncologist on average 21 days after referral.
- During this time a patient or their family will be contacted by phone to discuss their needs and needs that have been identified. 50% of patients do not get contacted by a nurse.
- The opportunity to see their referral to see an oncologist is often delayed for up to 21 days. Some patients receiving messages in our inbox and/or via text message.

Target Condition:

- We will see patient on the day of their appointment with oncologist to complete intake form, meet patients' immediate needs and energy needs. We will have a "ready and wait" approach.
- We will have an intake form after appointment with oncologist to address specific needs.

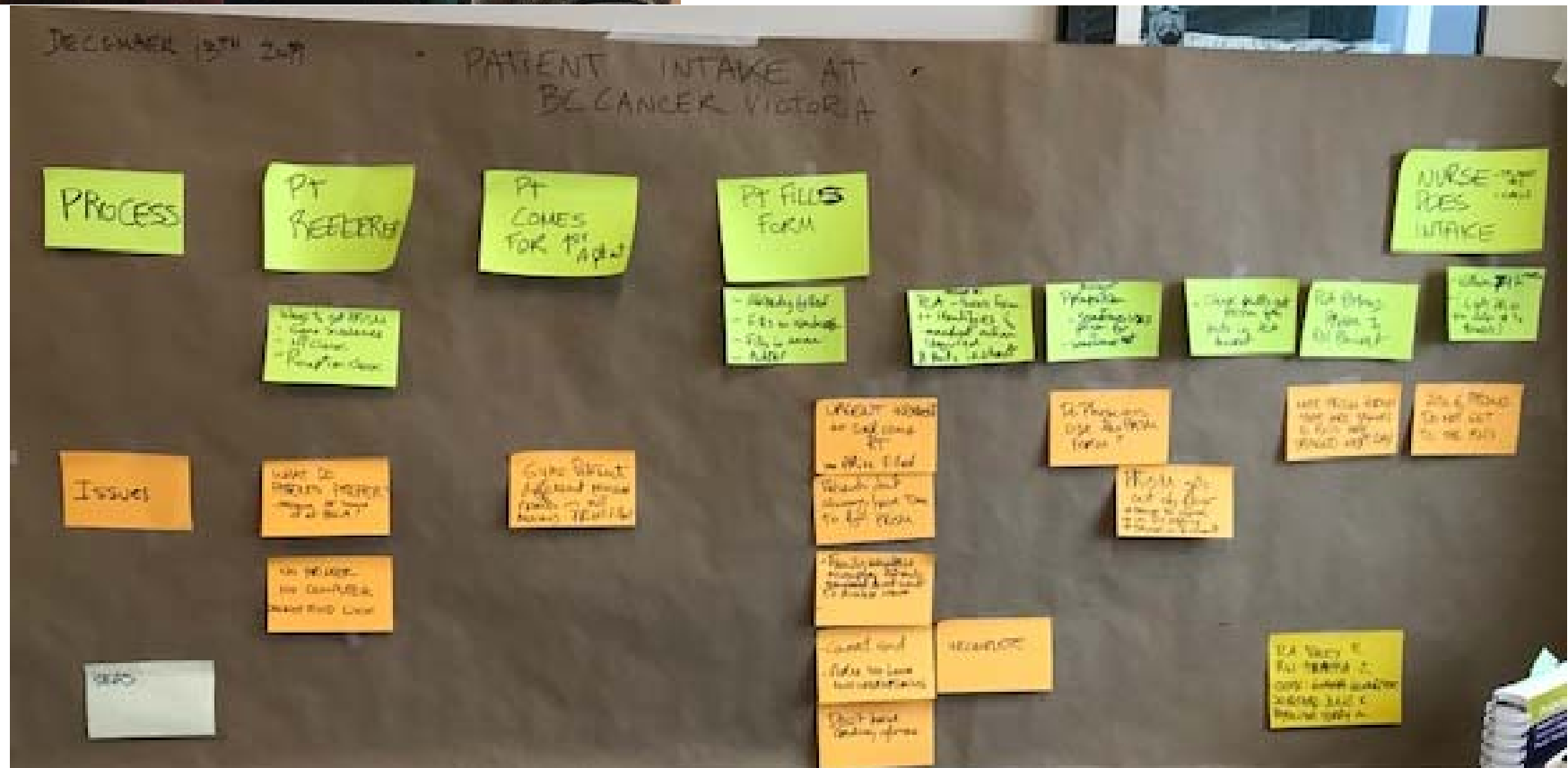
Today:

All New Patients benefit from a risk assessment by an RN after they have been referred to BC Cancer - Victoria. Through the risk review, patients receive support and guidance with learning needs, issues and concerns. Complex situations are identified in advance to best support patients when they have their first appointment and the multidisciplinary team is better prepared to provide the best patient experience possible.

Results:

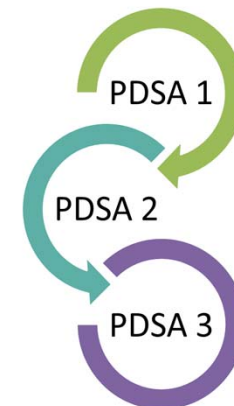
The New Patient Intake Assessment project has developed into something bigger and better than we had anticipated. It is becoming an integral part of care and is being adopted by BC Cancer - Victoria teams in being person-centred from day one.

Mapping the Current Process



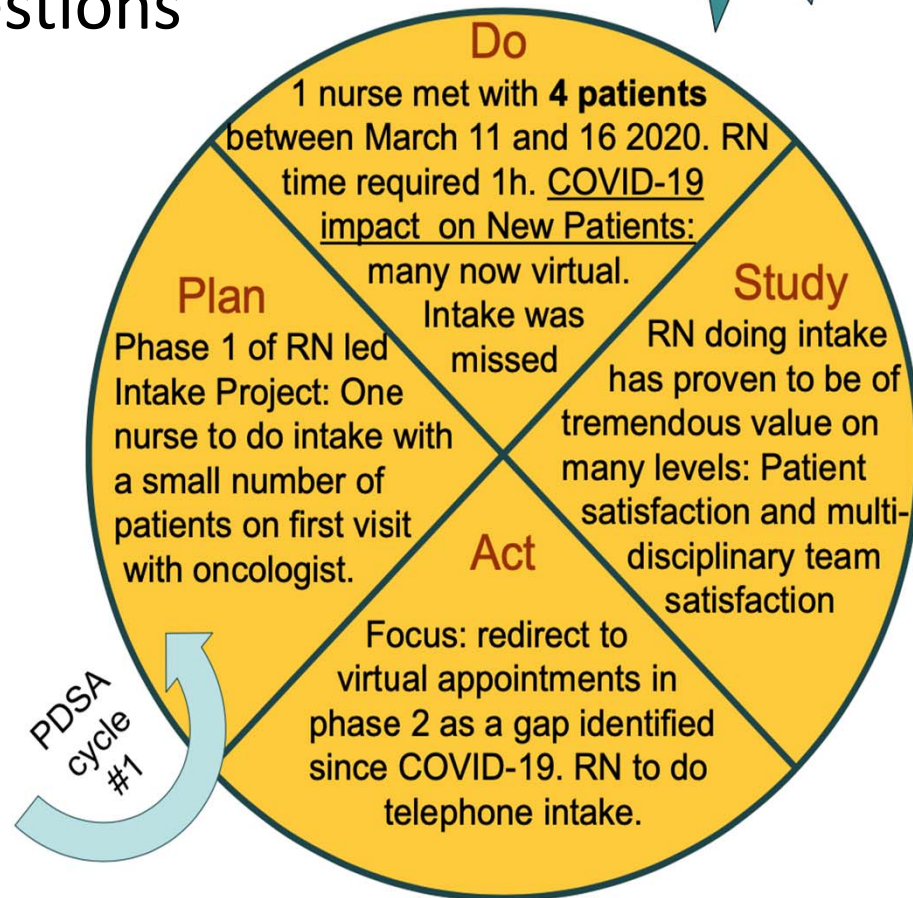
How Will We Know A Change is an Improvement?

- **Outcome Measures**
 - Patient experience
 - Team experience
 - Patient safety: missed risk assessments
- **Process Measures**
 - % New Patients called by Nurse prior to first visit with Oncologist
 - # days after referral that a New Patient is contacted by a Nurse
 - % charts with completed intake information available at first visit
- **Balancing Measures**
 - Team experience (time spent on intake, workflow)
 - Patient experience (time spent on intake)
 - # days from Referral to First Appointment



PDSA Cycle 1 – Feasibility

- 1 Nurse with 4 Patients
- Reduced length of time for intake
- Identified essential questions

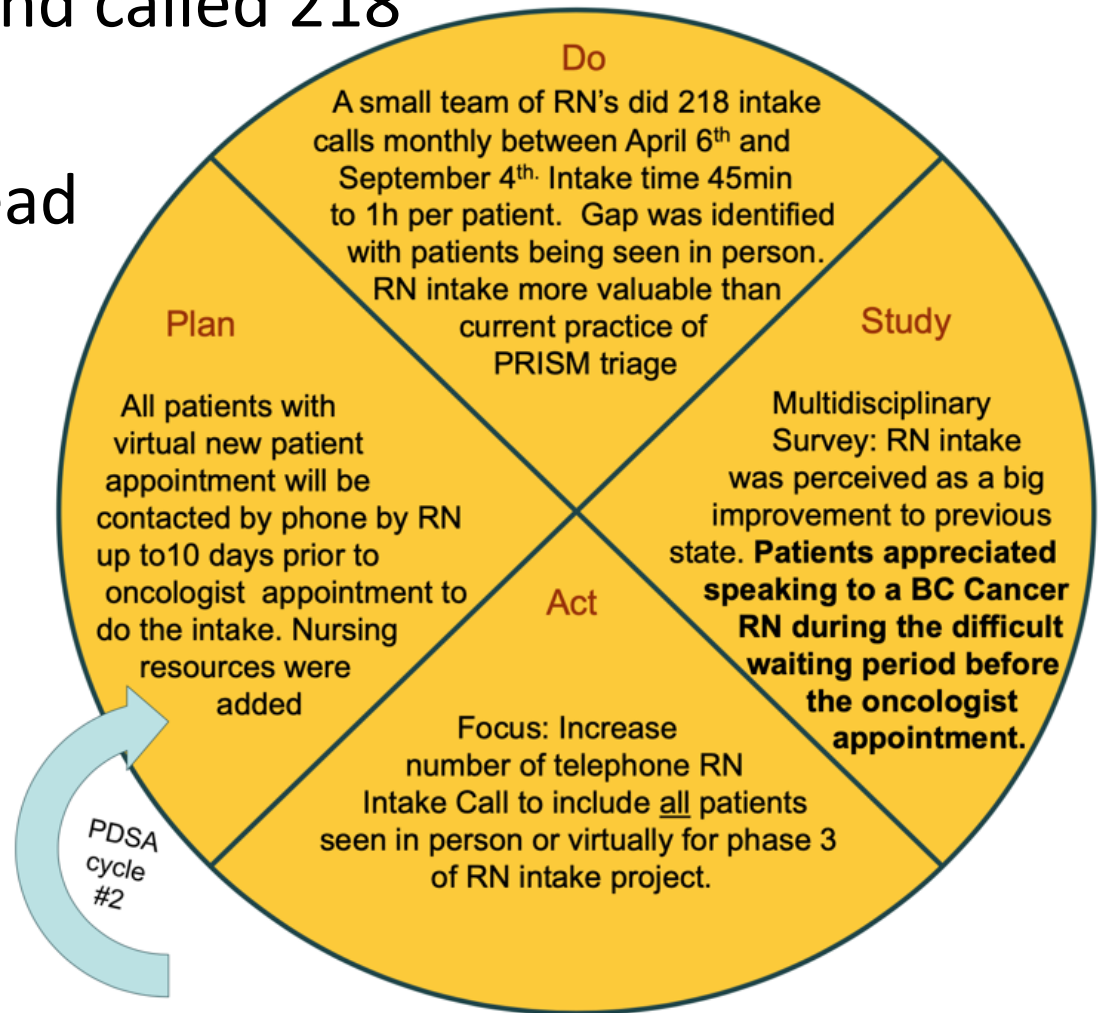


PDSA Cycle 2 – Spread & Virtual

- Responding to COVID
- Increased # nurses and called 218 patients/month
- Called 5-10 days ahead

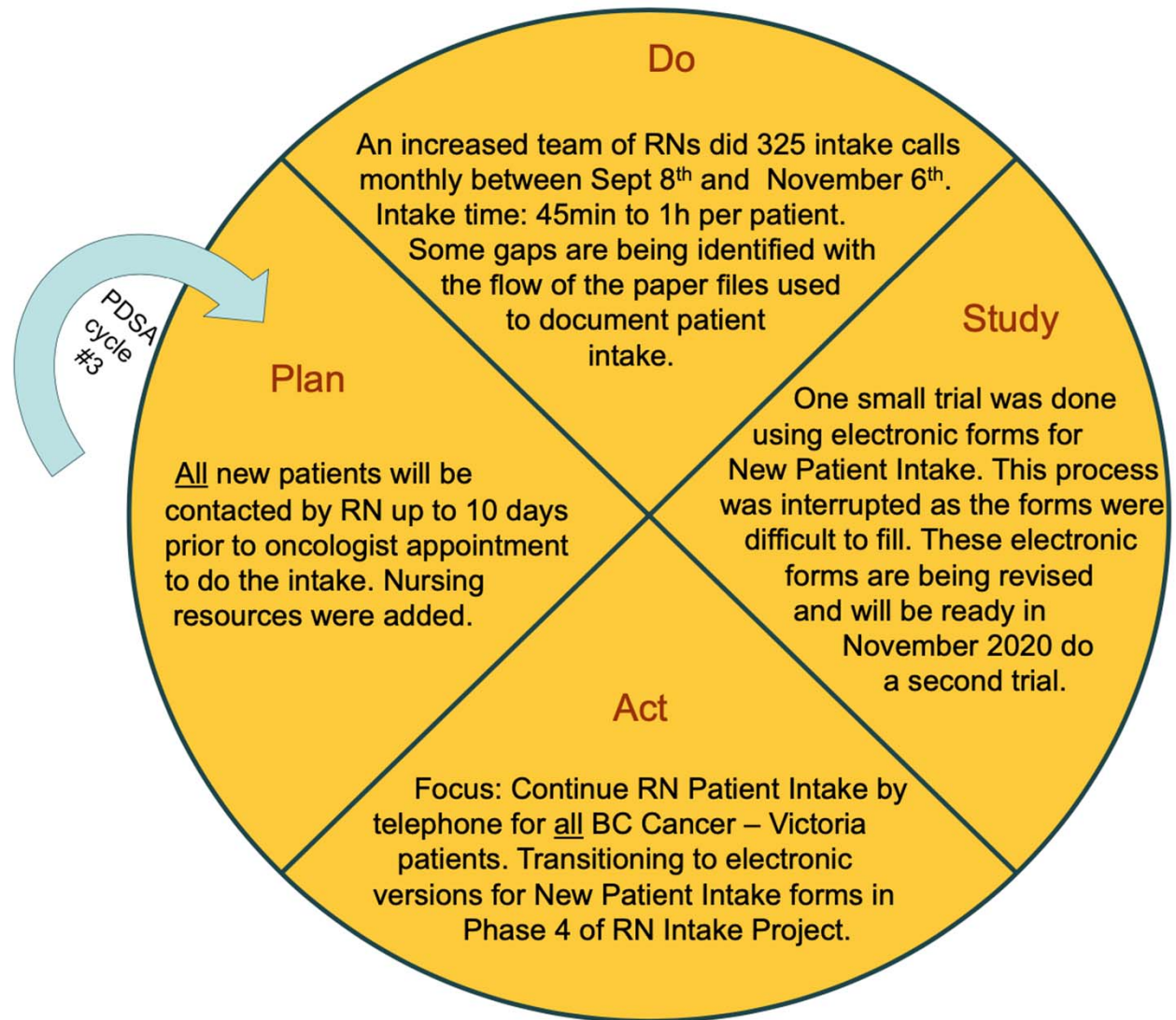
BUT:

- Unequal standard of care



PDSA Cycle 3 – Spread & Electronic

- 325 New Patient calls/month
- Improved chart flow
- Earlier interventions for complex patients



The Improved Current State

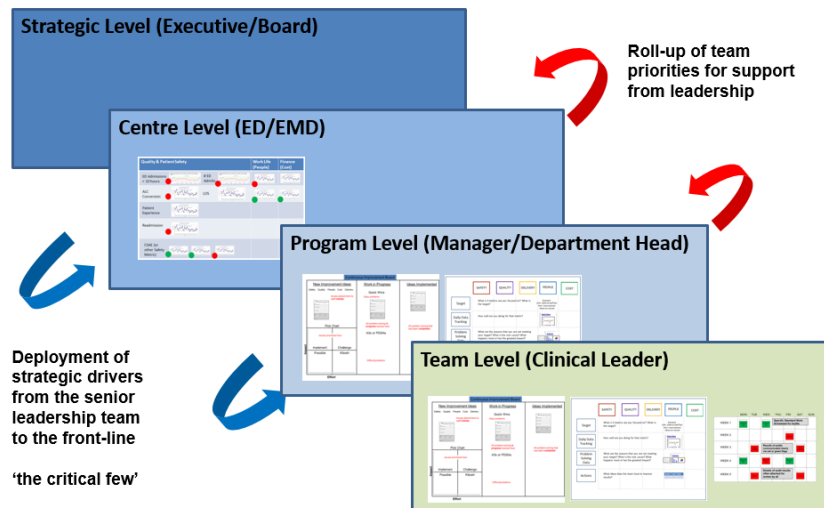
Current State 2021



- All New Patients called by a Nurse prior to booked appointment with Oncologist
- Nurses speak to New Patients 7 days earlier
- No missed risk assessments in December
- Patients feel supported with reduced anxiety

BC Cancer – Victoria 2020/21 Annual Strategic Priorities

Aligned Performance & Improvement








Expand & Optimize
Ambulatory Care &
Chemotherapy
Administration
Capacity

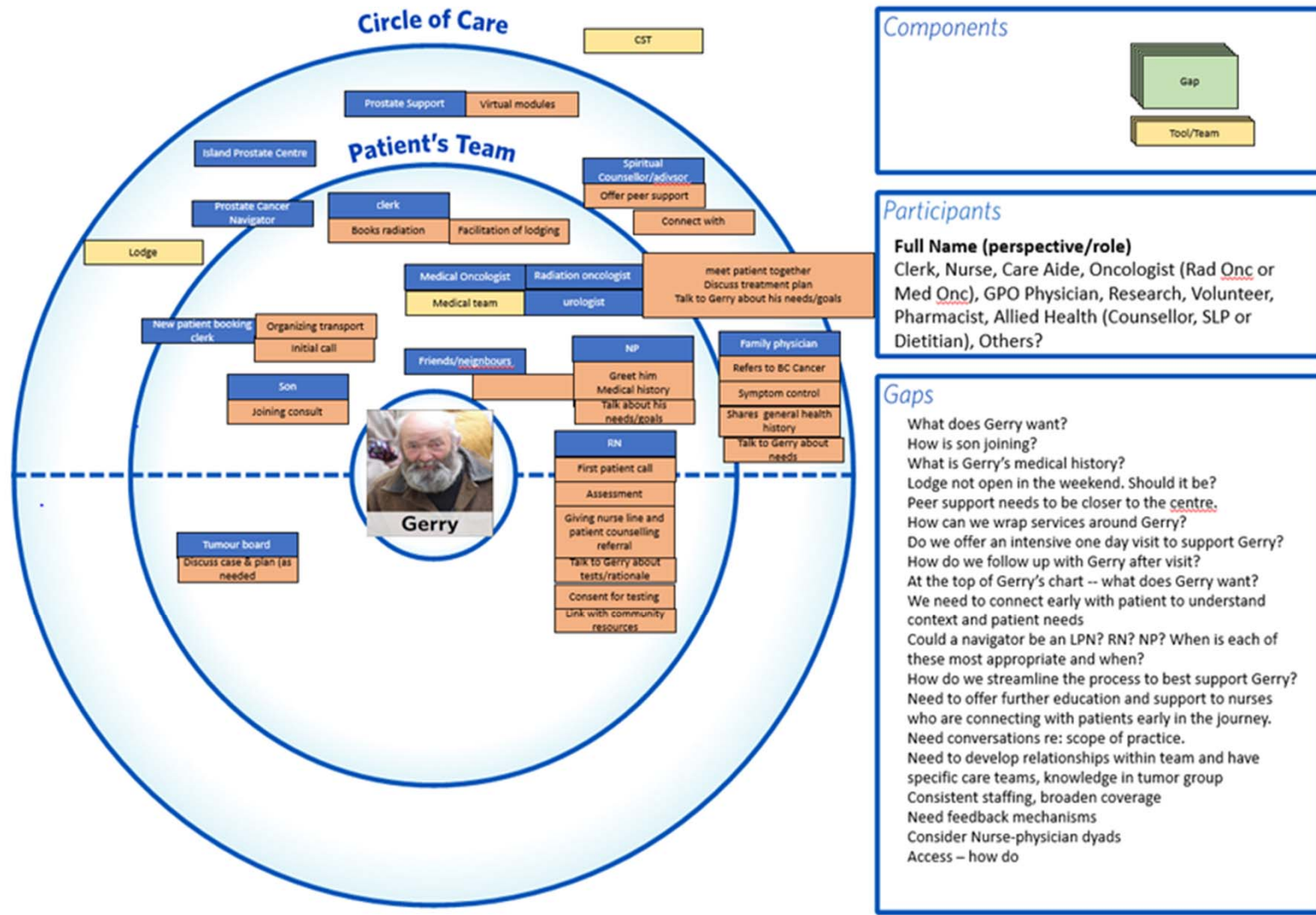
Redesigning the Model of Care in ACU

- Virtual Workshop



Name	Brief Description	Purpose and Points Explored
 Gerry	75-year-old male with a new diagnosis of metastatic prostate cancer. He is a retired fisherman who lives alone in Port Hardy. His son lives in Toronto and has infrequent contact with his dad but has asked to be included in Gerry's new patient consultation. Gerry has a primary care physician but until recently had not seen him in the past 5 years. Gerry has his driver's licence but is concerned about driving at night.	<ul style="list-style-type: none"> Metastatic prostate cancer Remote with no local support Retired, travel a challenge Limited access to primary care but referred by primary care provider.
 Zoe	37-year-old female with a new diagnosis of locally advanced breast cancer. She lives in the Cowichan Valley and is part of the Halalt First Nation community. She works full time at the BC Forest Discovery Centre, has two young children (6 months currently breast feeding; and 3 years) and is married. She does not have a primary care physician but the nurse practitioner at the local health centre has cared for Zoe and her family for the past 2 years. She is interested in research opportunities. Zoe's surgeon referred her to BC Cancer – Victoria to consider chemotherapy and radiation before surgery. She is anxious because she has been told by her surgeon that she needs immediate treatment	<ul style="list-style-type: none"> Locally advanced breast cancer Strong family & primary care provider support Indigenous Rural but near CON New mother with young children Employed Clinical trials opportunity
 Rob	53-year-old transgender male with a new diagnosis of stage 3-colon cancer (with comorbidities that include diabetes and inflammatory bowel disease). He lives in Victoria with his partner Sam. Rob works full-time as a professor at Camosun College. Rob went to see his primary care physician four months ago due to lower abdominal pain. Rob had surgery six weeks ago and has recovered well. He is now exploring whether he should use complementary and alternative therapies versus standard medical treatment.	<ul style="list-style-type: none"> Stage 3 colon cancer with comorbidities Urban (Victoria close to cancer centre) Strong partner support Employed Primary care provider supports Post-surgery (referred by surgeon) Alternative/complementary therapy
 Dorothy	62-year-old female with a new diagnosis of small cell lung cancer. She was admitted to Royal Jubilee Hospital last week with a cough and severe shortness of breath. Dorothy has smoked tobacco since she was twelve and has a history of asthma. Dorothy is on disability and lives in a group home in downtown Victoria. She has complex mental health challenges. She has recently been to see the care team at Victoria Cool Aid Society.	<ul style="list-style-type: none"> Small cell lung cancer Smoker with asthma Mental health challenges Community linkages (Cool Aid) Referred by specialist (respirologist)
 Jack	19 year old male with a new diagnosis of stage 4B Lymphoma (Hodgkin). He is a university student who lives in Nanaimo. His family lives in Vancouver. In March, Jack returned from Australia where he worked and traveled. Since his return, he has lost 25 pounds, and recently went to see his family physician.	<ul style="list-style-type: none"> Stage 4B Lymphoma (Hodgkin) Student living away from family Advanced and rapid cancer

Patient Personas



Common Themes

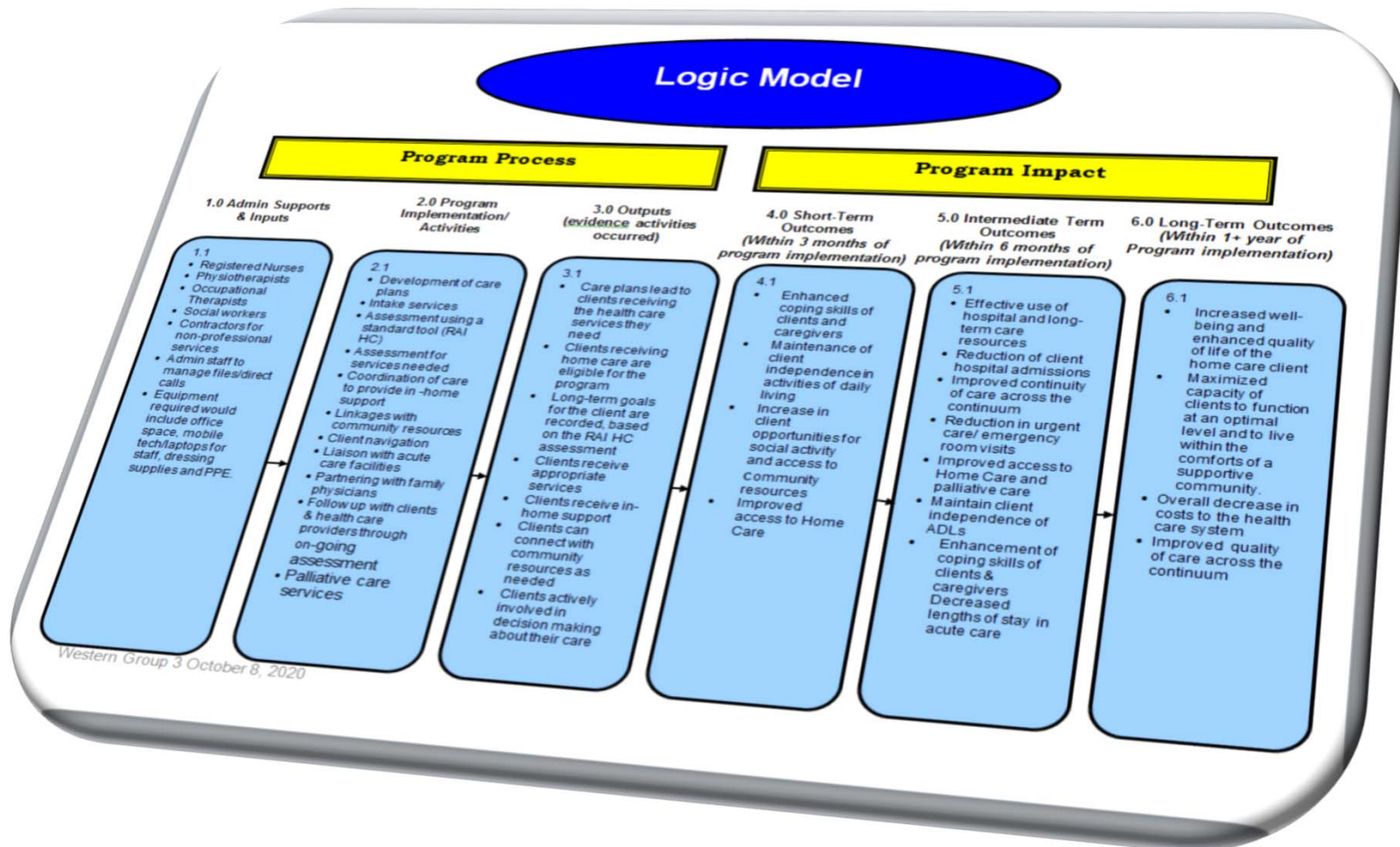
Navigation

*Multidisciplinary
teams*

*Streamlined
Processes*

*Communication
& Education*

Next Steps...





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