



CANCER PATHWAYS: Journey Mapping





PEOPLE ENTER THE SYSTEM IN DIFFERENT WAYS

SYMPTOMATIC + ASYMPTO MATIC screening or incidental)

PRE-DIAGNOSIS



LONG WAIT
FOR TESTSFROM WEEKS TO MONTHS! HAPPENS NEXT?

"SOMETHING ISN'T

MULTIPLE, OVER WEEKS OR MONTHS COMMUNICATION:

WHAT'S HAPPENING NEXT?"

OPTIONS

HOW WILL I FEEL AFTER?"

A CALL?" 'SOMETHING RIGHT" TIME IS EXHAUSTING FOR RESULTS+ MORE TESTS

DO I WAIT FOR

NO CONSIDERATION FOR HOW THE NEWS IS DELIVERED DIAGNOSIS (PHONE, IN-PERSON)

POSITIVE &

THE REAL PROPERTY.

NCONSISTENT

ACROSS PROVINCE

HELPFUL SUPPORT

DEMONIZATION CANCER: BUT PEOPLE DO GET THROUGH THISI

PEOPLE MAY WANT CULTURALLY HOW DO I THE TRAUMA IS VERY REAL TELL MY FAMILY

LANGUAGE + CULTURE: CARE TALK ABOUT THE SCIENCE IN LAYMAN'S TERMS

WHAT SHOULD

OVERARCHING THEMES



NO COOKIE CUTTERS: EVERY PERSON IS DIFFERENT!



DECISION . MAKING GUIDES





CONFLICTING INFORMATION OR NOT ENOUGH

PARTNERS:

GP +> PATIENT

& SPECIALISTS &

EMOTIONAL

THRU JOURNEY

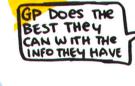
SUPPORTS



LIFESTYLE + RISK INABILITY TO TRACK WHERE YOU ARE IN FACTORS JOURNEY







OF SYMPTOMS, UNDERSTANDING RESULTS

SOMETIMES FEEL

OF CONTROL -

NOT ASKED

WHAT WE

WANT!

PARKING FRES, UNCERTAN LENGTH OF TIME

NEEDED IS A BIG

TREATMENT IS OUT

EMOTIONAL SUPPORTS

SEVERAL CANCERS ARE CUTED" BY SURGERY AND PATIENT IS NOT REFERRED TO THE CANCER "System"

CHEMOTHERAPY +OTHER (HEMICAL TREATMENTS RADIATION

MATCH ABC WITH ONCOLOGIST PATIENT is Key! ONCOLOGIST/

GOOD

ABOUT YOU TIMELY +

PATIENT NEEDS TO UNDERSTAND ALL OPTIONS, AFFECTS, INFORMATION: WHAT TO EXPECT

COMMUNITY RESOURCES INFORMAL MEET-UPS RURAL SUPPORT RETREATS NORTHERN BC Residents AND RESOURCES NOT CONSISTENT CONNECTION 000000 WITH OTHERS

CANADA PEER SUPPORT ONLINE: TIPS, RESOURCES,

NEXT CHAPTER

INCED SUPPORTS FOR ALL WHO HAVE CANCER: LONG + SHORT TERMI

"CURED" -

THIS IS LIFE-

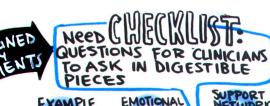
LONG IT'S

HARD TO PLAN

BEYOND THE NEXT

JUNE

SCAN



INFORMATION: NETWORKS EVERY PERSON NEEDS/WANT A DIFFERENT AMOUNT. WARIETY OF

EXAMPLE JOURNEY TO EXPECT HOPE IS IMPORTANT

BUT SHARE "WHATS BEHIND THE CURTAIN"

IT SHOULD BE A

PARTNERSHIP

WHAT'S THE TREATMENT PLANP

WAIT UNTIL YOUR NEXT APPOINTMENT

SPECIFIC TO

I" EXPECT? THIS INFORM

HAD TO BE MY OWN DURING A VERY DIFFKULT TIME

CALL YOU". SHOULD BE CALLED RIGHT AWAY: "We're on it!" [PATIENT

"DON'T CALL

THEM, THEY'LL

I'M MORE THAN A "PATIENT" OR A "FILE"

HOW MUCH INFO DO YOU WANT?

FORMALIZED Standards FOR INFO. TRAISFER



TO MANAGE!

MECHANISM FOR

ONCOLOGISTS OR SPECIALISTS IF ITS

NOT A GOOD FIT. WITH NO WORRY OF

IMPACT ON CARE

ALWAYS INFORMED

LOSE THE LOOP!

SURGEON

HEALTH AUTHORITIES

ONCOLOGIST

PATIENT

CHANGING

RURAL PATIENTS HAVE

MORE FINANCIAL

TRANSFER

OR SPECIALIST.

FROM ONCO LOGIST

INCONSISTENT: HKP DOESN'T ALWAYS KNOW WHAT TO LOOK FOR: NOT IN GUIDELINES GPS use



SAME GP

SELF-ADVOCACY REQUIRED TOPROMPT FOLLOW UPS

THE PATIENT CAN'T BE THE ONLY ONE



TREATMENTS

TREATMENT PLANS NEED TO INCORPORATE RTSD -PNOT "POST"ING.

BUILDING, NOT

OPTIONS

MANY LANGUAGE

WE NEED + SURVIVORSHIP CARE PLANS: WHAT ARE LONG TERM AFFECTS!

SHARED CARE: ONCOLOGIST, ETC.

NOT "DISCHARGED"-ALWAYS FOLLOW-UP CHECKS WITH GPS.

