Woodstock General Hospital Celebrates Care Close to Home

The ribbon cutting officially opened the Chemotherapy Clinic on May 16. Pictured left to right: Neil Johnson, Regional VP, South West Regional Cancer Program; Dawn Alexander, Chemotherapy Patient; Natasa Veljovic, President & CEO, Woodstock Hospital; Ruth Baker, Chemotherapy Patient; and Ed Down, Chair, Woodstock Hospital Board of Trust.

For Ruth Baker and Dawn Alexander, there’s no place like home. This spring, Ruth and Dawn completed chemotherapy treatment for breast cancer. What makes their journey unique involves their proximity to care. These two women were among the first to receive chemotherapy treatment within their own community.

In May, hospital employees, partners, patients and survivors gathered at Woodstock General Hospital to celebrate the opening of the chemotherapy clinic.

The expanded clinic in Woodstock brings quality chemotherapy services to the community of Woodstock and Oxford County. The redistribution of cancer services throughout the region will help to improve the cancer experience for patients like Ruth and Dawn. Decentralizing less complex chemotherapy treatments to community hospitals ensures timely access to accurate diagnosis and safe, high quality care.

“It’s important for the public to know that care received in community hospitals is the same care that is received in larger centres,” says Neil Johnson, Regional Vice President, South West Regional Cancer Program. “Care delivered close to home offers many benefits, including the support of friends and family, as well as reduced travel time.”

It is estimated that the chemotherapy clinic in Woodstock will collectively save residents of Oxford County more than 250,000 km in travel expenses and over 3,600 hours in travel time. The Clinic operates five days per week and can accommodate up to 270 systemic therapy clients (2,700 visits) per year.

Care close to home is an important step to recovery and getting on with your life as quickly as possible,” says Ruth Baker.

To learn more about Ruth and Dawn’s cancer care journey, watch their video on YouTube: http://youtube/HiSoz2qWmni4

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The South West Regional Cancer Program continues to perform well in Ontario’s cancer system. "I would like to congratulate everyone who is doing their part to ensure quality services are provided to cancer patients in South West,” says Neil Johnson, Regional Vice President.

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A recent success garnering attention in the South West involves cancer surgery wait time performance. The South West Regional Cancer Program has strived to improve wait times that have ranked 14th out of 14 programs since 2004-05. As a result of solutions implemented in the Cancer Surgery Wait Times project, and with collaboration and tremendous effort of all hospitals in the SW LHIN, 90th percentile cancer surgery wait times have improved from 104 days to 55 days. The South West Regional Cancer Program now ranks seventh in provincial performance.

The South West Regional Cancer Program is a strong performer in the areas of wait times for systemic treatment (consult to treatment), colorectal cancer screening (follow-up of abnormal results), and synoptic pathology reporting.

To view the full report visit: www.csqi.on.ca

2012 CSQI Results: Health Care is Improving for South West Cancer Patients

In May, the Cancer Quality Council of Ontario (CQCO) released its annual Cancer System Quality Index (CSQI) report. The CSQI is a web-based public reporting tool that enables the CQCO to track the quality and consistency of key cancer services delivered across Ontario’s cancer system.

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South West Cancer News Link

This summer has been productive in the South West. Congratulations to our staff and partners who were successful in obtaining approval from the Public Health Agency of Canada for the project, “Mobilizing Newcomers and Immigrants to Cancer Screening Programs”.

The Cancer Surgery Improvement Project, funded by the South West LHIN, has identified and implemented several solutions to improve cancer surgery wait times. As a result, our region now ranks seventh in provincial performance — and climbing! Colorectal will be the next disease site of focus. Stay tuned for progress reports.

We have been working hard over the past several months to develop a regional web presence in the South West. The new website will serve as a hub for cancer information in our region and will provide an opportunity to share stories through an online digital medium. There will be a secured login section targeted to physicians and care providers that will house information and resources to simplify the search for policies, forms and documents. The site will debut in October.

What’s going on in your area? We want to hear from you! We are always looking for stories to profile in our newsletter. If you have news to share about your organization, let us know at: swrcpcommunications@lhsc.on.ca

Message from the Director

Brenda Fleming, Director
South West Regional Cancer Program

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Regional “Breast” Practices Developing for Follow-Up Care

Cancer Care Ontario (CCO) has provided funding to all regional cancer programs in the province to develop and implement a sustainable strategy to transition follow-up care for breast cancer patients.

Breast cancer is the most common type of cancer for women in Ontario. The promotion of early screening and detection, enhanced diagnostic processes, and improved treatments have changed the outcomes for breast cancer patients. In fact, 88 per cent of women with early breast cancer are surpassing the five-year survival mark. Consequently, the number of breast cancer survivors who attend “well” follow-up visits after treatment has increased.

Research demonstrates that follow-up by family doctors and nurse practitioners can provide well breast cancer patients with high levels of satisfaction and positive outcomes in their care.

Despite this evidence there is significant variation in the way breast cancer follow-up care is provided in Ontario. For example, half of breast cancer survivors receive more imaging than recommended for follow-up. Although there are some breast cancer patients who require longer follow-up at the regional cancer centre, most could be followed by primary care closer to home. This change will allow regional cancer centres to focus on the provision of timely, quality cancer care for patients with newly diagnosed breast cancer.

Dr. Tracy Sexton, radiation oncologist at the London Regional Cancer Program and clinical lead for the Breast Cancer Model of Care project at the South West Regional Cancer Program, is working with a project team to develop the best practice model for the region. The model includes a number of initiatives such as, “After Breast Care” workshops for patient transition and continuing medical education for primary care providers.

As transitioning breast cancer survivors to primary care moves forward, the project team will be updating CCO on the impact of all initiatives in the South West region. Feedback to CCO will include information about patient and primary provider satisfaction.

“By actively engaging primary care providers and specialists in breast cancer follow-up care, we hope to improve the transition of well breast cancer survivors from active treatment to wellness,” says Dr. Sexton.

For more information contact: Jane Van Bilsen at 519-685-8600, Ext: 54525, or jane.vanbilsen@lhsc.on.ca

In June, Cancer Care Ontario started work to transition the distribution of the ColonCancerCheck Screening Activity Report (CCC SAR) to a secure electronic format.

About the CCC SAR:
The CCC SAR provides physicians with a detailed review of colorectal screening activities of their enrolled patients, including FOBT and colonoscopy data. The electronic version of the report offers an interactive search feature and the ability to sort data and customize how physicians would like to view the information contained within it.

The new electronic report will allow physicians to generate lists of patients who require follow up. It also provides aggregate practice screening data with average screening rates for patients enrolled with Patient Enrolled Model family physicians in the South West Local Health Integration Network and across Ontario.

How to Access the Report:
When it becomes available online, physicians can access the report by registering for ONE* ID which includes a number of initiatives such as, “After Breast Care” workshops for patient transition and continuing medical education for primary care providers.

As part of a registration drive to grant Patient Enrollment Model physicians their ONE* ID login credentials, eHealth Ontario team members will call to book a registration appointment. In some larger practices with 10 or more physicians, an office administrator will be trained to register the practice.

Send your questions to: ONEIDBusinessSupport@ehealthontario.on.ca

CANCER NEWS LINK
ColonCancerCheckOnline Access to Screening Activity Reports

PROFILE: Regional Program Specialist
Jane Van Bilsen, RN

Jane Van Bilsen recently celebrated her first Anniversary as Program Specialist at the South West Regional Cancer Program. Jane has many years of project management experience at London Health Sciences Centre through leadership roles in Endoscopy and IV Services as well as the Multi-Organ Transplant Program. Jane has been successfully leading the Cancer Surgery Wait Time Improvement Project for the last year, and is expanding her portfolio to include a new Cancer Care Ontario project entitled, New Models for Breast Cancer Well Follow-Up Care. Jane is a registered nurse who also has formal training in both Project Leadership and LEAN methodologies. “I have met many talented partners across the region in the past year,” says Jane. “As our regional project work expands, I look forward to building relationships and collaborations within our LHIN to continually improve the patient experience.”

Contact Jane at: 519-685-8600 Ext: 54525 or jane.vanbilsen@lhsc.on.ca

New Cervical Cancer Screening Guidelines

Cervical cancer, most common in women age 30 - 59 years, is almost entirely preventable. With regular screening plus appropriate and timely follow-up of abnormal results, cell changes caused by persistent human papillomavirus (HPV) infection can be found early and treated before they become cancer.

HPV is a family of viruses commonly found in both men and women. It is passed from one person to another through intimate sexual contact. Early HPV immunization in women age 9 to 26 years, before they become sexually active, or have come into contact with the virus, can block HPV infections before they occur.

This year, it is estimated that about 550 Ontario women will be diagnosed with cervical cancer and 160 women will die from the disease. Most cervical cancers are diagnosed in women who have never been screened, or have not been screened regularly.

In May 2012, Cancer Care Ontario released updated cervical cancer screening cytology (Pap test) guidelines.

New Recommendations:
The new Cervical Cancer Screening Guidelines recommend Pap tests every three years for women starting at age 21 who are or have ever been sexually active. Pap tests can stop at 70 years of age in women who have had three or more normal tests in the prior 10 years. Cervical cancer rarely occurs before age 21. It is also rare in women over the age of 70 who have been appropriately screened in the previous 10 years.

Sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of either gender.

Women who have not been sexually active by 21 years of age should delay cervical cancer screening until they are sexually active. Regardless of sexual activity, there is no evidence to support screening women under 21 years of age. Based on the latest clinical evidence, cervical cancer screening is effective when completed every three years.

Women still need to be screened for cervical cancer if they:
- feel healthy and have no symptoms
- are no longer sexually active
- have only had one partner
- are in a same-sex relationship
- have been through menopause
- have no family history of cervical cancer

Women who have had a hysterectomy should talk to their healthcare provider about getting screened for cervical cancer.

For cancer screening information visit: http://www.cancercare.on.ca/screenforlife

For information about new guidelines visit: https://www.cancercare.on.ca/pcs/cancerscreening/cervicalcancer
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