cancer care ontario | action cancer ontario

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Ontario Cancer News

Holiday message from Dr. Alan Hudson

The past year will be remembered by many as a transformational period in the history of Cancer Care Ontario. In a few short weeks, we will have realized our goal of integrating cancer services across the province. This fundamental change in Ontario's cancer system could not have happened without the strong commitment of CCO's partners and staff, and I would like to acknowledge their hard work, dedication and faith in our ability to succeed.

I look forward to continuing to work with you during the coming year as we move toward achieving our new vision of working together to create the best cancer system in the world.

Best wishes to you and your families for a very happy holiday season, and a healthy new year.

CCO to launch new Web tool to bring together people and information

Ontario Cancer News spoke with IT Manager Wayne Roberts about a new electronic tool that will change the way we create, collaborate on, store and disseminate information.

What is Interchange?

InterChange is a Web application that will replace the Cancer Care Ontario intranet, and also will be used to connect, outside our walls, with our cancer system partners through an "extranet." Because InterChange is a Web application, you only need a browser, such as MS Internet Explorer, to run it.

InterChange will provide one-stop access to all the cancer information and tools or applications (such as DS-Web and the Virtual Library) that Cancer Care Ontario staff and partners will need to do their jobs. It includes search and notification tools that will help them find cancer information both internally and externally, so they won't have to visit multiple sites to find what they're looking for.

Why are we making this change?

Now that Cancer Care Ontario is focused on system change and no longer managing the cancer centres and their staff, we must find a new way to connect with our cancer partners across the province, so that, together, we are able to plan, report, advise and develop knowledge products that will generate quality improvement. Specifically, InterChange will provide the Provincial Leadership Council, the Clinical Council and the Cancer Quality Council of Ontario with a mechanism to interact with partners

What partners will we be connecting with through InterChange?

Once Cancer Care Ontario staff are using InterChange, we will turn our attention to those outside our walls, working in the integrated cancer programs. In the future, we anticipate that InterChange will include a regional focus and incorporate regional cancer program partners—that is, staff who are part of a community hospital cancer program, district health council, or any organization involved in providing cancer service in the region.

How is this different from what we do now?

InterChange is a tool that will help us collaborate with geographically dispersed partners and organizations. One of the tools within InterChange is a collaborative tool—a Web-based, secure space where users can log in and create documents together, share documents and have real-time discussions. InterChange will include a document management system where documents can be stored in a central, searchable repository. Finding documents and information will be very easy because everything is stored in a common repository rather than in different network drives and e-mail systems across the province.

Are all of the documents in the document management system available to everyone who has access to InterChange?

Some will be, but documents that require extra security will be available only to certain people. Not everything that is in InterChange will be available to everybody. Users of the document management system can secure a document and make it available to only certain users.

We've heard people using the term "knowledge products." What does that mean?

A knowledge product is any document or information we produce around cancer—guidelines, reports, newsletters, publications etc. We can't produce these products alone, so we need to collaborate with cancer programs around the province to create and disseminate the information.

How will InterChange change the way we work?

It's a new way of working. Currently, everyone stores documents in their own network drives and their own e-mail directories. With InterChange, all of this information will be stored in a central, organized repository; it's a different way of creating and storing information.

The way we share information with our partners will change too. We will be able to do a better job at connecting people so they can exchange information. This way, the same information can be used over and over again by different people who need to use it. InterChange will improve our ability to identify subject matter experts across the province and make sure that people who are asking the questions get connected with people who know the answers.

Will people need any special training to use InterChange?

Most people will use InterChange to view and search for information, and they will simply need some orientation training on how to get in to InterChange. Those people who will be actively using the document management and collaborative tools—a handful of people in each CCO department, and some people from the ICPs—will need some training in how to work in the document management system.

How does InterChange relate to the public Web site?

The Web site and InterChange serve two different audiences. Our public Web site is available globally to patients, families and the general public. Interchange is focused on cancer system management in Ontario, and will be available only to people in the cancer system—administrators, managers, planners, researchers etc. The Web site is a static display of information, but InterChange is an active system for developing and producing content.

Will InterChange be organized into the same sections as the external Web site?

No. Interchange will be organized in a series of sections we call "knowledge places" that represent the key areas of activity in the new Cancer Care Ontario. These knowledge places include the Clinical Council, Provincial Leadership Council, Quality Council, Virtual Library and the intranet. The CCO intranet will be further broken down into departments including Human Resources, Facilities, Finance etc.

New knowledge places will likely be added as we continue to develop the tool. Within each knowledge place (or, in the case of the intranet, each department), the information will be organized in several subsections, such as news, FAQs, documents, collaborative space, contacts. The people who are responsible for the content in a knowledge place can choose which subsections to include in their area of InterChange.

Can you describe a scenario to illustrate how a group might use InterChange?

If a geographically dispersed group is developing a new document, say a guideline, they may want to use the collaborative tool to come together to develop their content. Instead of e-mailing a document back and forth, they would do it all within the collaborative environment. Everyone in the group can get in to view and revise the document. Each version is kept in the document management system, and all changes are tracked so everyone in the group knows who made changes and when. They can discuss the document, in real time, and that information also is kept in the collaborative space as part of the project, so everything is in one spot and it's all tracked. If there is an approval process required for the document, this can be automated through a workflow in the document management system.

Once the document is finalized, it can be submitted into the document repository to be made available to a wider InterChange audience. It can also be published out to the Cancer Care Ontario Web site if that's appropriate.

Can you explain the intranet part of InterChange for the CCO staff?

The intranet is a staff only section of InterChange. For now, our focus is on updating and transferring some of the content and tools that are on our current intranet site, such as policies and procedures and DS-Web. Initially, staff will use InterChange on a day-to-day basis as their intranet. But over time it will evolve so that each department—Finance, Human Resources, Facilities etc—can use InterChange as a vehicle to communicate with staff. So just as we can use InterChange

to connect and communicate with external partners, we can also use it to communicate with staff. The intranet will have all of the same functionality as the other components of InterChange. We can answer frequently asked questions, send out announcements, keep staff up-to-date on policies and procedures—anything that can help staff be more efficient in how they work day-to-day.

When will we see InterChange in action?

The first phase of InterChange—the CCO intranet site—will be launched early in the new year. Once we have that established, we hope by early spring, we plan to launch the second phase of InterChange and bring in our partners in the integrated cancer programs. Until then, our existing intranet site will continue to be available to those people outside CCO's walls who use it to access tools such as DS-Web and the Virtual Library.

If you have questions about InterChange, send e-mail to publicaffairs@cancercare.on.ca.

Quality Council appoints external adviser

Michael Decter, chair of the Cancer Quality Council of Ontario is pleased to announce that Dr. Kenneth W. Kizer will join the CQCO as an external adviser in January 2004. Dr. Kizer will advise the CQCO on issues related to quality measurement and improvement. Dr. Kizer is the president and chief executive officer of the National Quality Forum (NQF), a private, non-profit, membership organization. The CQCO is a member of the National Quality Forum.

Previously, Dr. Kizer served for five years as the under secretary for Health in the U.S. Department of Veterans Affairs (VA). Dr. Kizer will bring to the CQCO his expertise on performance quality monitoring and improvement. As well, Dr. Kizer brings important information on international reporting of quality indicators. Dr. Kizer is widely credited as being the chief architect and driving force behind the greatest transformation of VA healthcare since the system was created in 1946.

For more information on Dr. Kizer's work, read the summary of his October 22 presentation to the CQCO.

A new publication from the CQCO: Improving the Management of Colorectal Cancer

The Cancer Quality Council of Ontario has published the proceedings from its first annual signature event on quality improvement in colorectal cancer. The event, held in June 2003, consisted of a working meeting that brought together clinical practice leaders, policy makers, health care administrators managers, patient advocates and patients to focus on quality improvement strategies for the control of colorectal cancer. A major focus of the meeting was the significant gains that could be achieved through screening and early detection of this disease. In addition, workshops were held on quality improvement in each domain of colorectal cancer care.

The report includes recommendations for prevention and screening, surgery, radiation therapy, systemic therapy and supportive care.

The proceedings are available on-line (http://www.cancercare.on.ca/pdf/CQCOColorectalProceedings.pdf), or through Ann Kohen at ann.kohen@cancercare.on.ca or 416-971-5100 ext. 1388.

Second issue of Insight on Cancer now available

Ontario residents are eating too few vegetables and fruits and are missing out on their cancer fighting benefits, according to the results of a new survey completed by Cancer Care Ontario.

The Ontario Nutrition and Cancer Prevention Survey, the first survey of its kind in recent history, also shows that Ontario adults are not meeting recommended levels of daily physical activity or maintaining healthy body weight levels.

The results of the survey are published in *Insight on Cancer—news and information on nutrition and cancer prevention*. This is the second in a series of publications developed by the Canadian Cancer Society (Ontario Division) and Cancer Care Ontario to provide the most current information on cancer and cancer risk factors in Ontario.

Highlights of the report include these findings:

Fruit and vegetable consumption

- About 40% of Ontarians surveyed failed to meet the Canada's Food Guide recommendations to eat five to 10 servings of fruits and vegetables daily.
- Women ate significantly more vegetables and fruit than men: their average number of daily servings was 6.3 compared to 5.4.

Body weight

- The survey found that 48% of Ontario adults were above a healthy weight range:
  - 36% were overweight and 12% were obese.
- Significantly more men than women were overweight or obese:
  - 47% of men and 25% of women were overweight
  - 15% of men and 9% of women were obese

Physical activity

- To reduce cancer risk, at least 30 to 45 minutes of moderate to vigorous physical activity on most days of the weeks is recommended.
- The survey found 43% of men and 53% of women did not meet the minimum recommendation and reported less than three hours of moderate to vigorous physical activity per week.

Insight on Cancer is posted on the Cancer Care Ontario and Canadian Cancer Society (Ontario Division) Web sites. For a hard copy, call the Canadian Cancer Society's Cancer Information Service at 1.888.939.3333.

- News Release
- Backgrounder
- Insight on cancer — news and information on nutrition and cancer prevention

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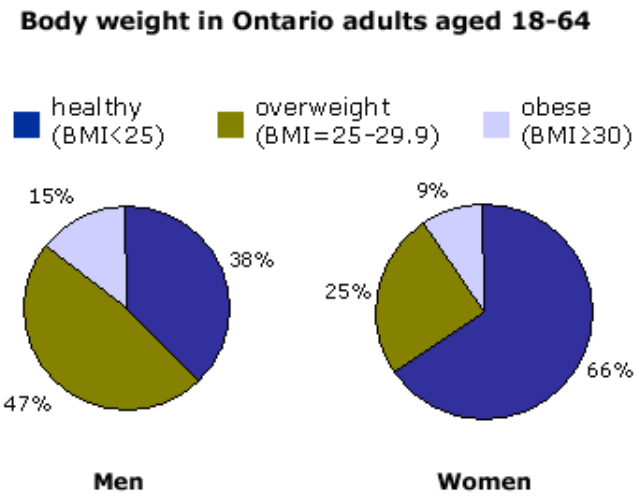
Ontario Cancer Fact
A healthy body weight lowers cancer risk

Keeping a healthy body weight lowers the risk of cancer and other conditions like diabetes, stroke and heart disease.



Source: Cancer Care Ontario, Ontario Nutrition and Cancer Prevention Survey, 2003

Body mass index (BMI) is used to find out if someone has a healthy body weight, or is overweight or obese. It is measured as weight (in kilograms) divided by height (in metres) squared, kg/m^2.

To lower the risk of cancer, people should stay at a weight that makes their BMI less than 25. The more overweight someone is, the greater the risk of cancer. Some sample BMIs are shown in the chart.

Height	BMI*	Weight
5'3"/1.60m	25	141lbs/64kg
	30	169lbs/77kg
5'6"/1.68m	25	155lbs/70kg
	30	186lbs/84kg
5'9"/1.75m	25	169lbs/77kg
	30	203lbs/92kg
6'0"/1.83m	25	184lbs/84kg
	30	221lbs/100kg

*Body Mass Index in kg/m^2

9% of Ontario women and 15% of Ontario men are obese (BMI of 30 or more). This puts them at especially high risk of cancer. 25% of women and nearly 50% of men are overweight. About two-thirds of women and 38% of men have healthy body weights.

The best ways to control weight are a healthy diet and regular physical activity.

To calculate your own BMI, and for more on healthy weights, see
http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/bmi_chart_java_e.html
http://www.halls.md/body-mass-index/bmi.htm
http://www.shapeup.org/bodylab/tools/bmi2.asp

For more information, talk to your health care provider or call Cancer Information Service (1-888-939-3333).

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