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## Ontario Cancer News

### A Holiday Message from Terry Sullivan

The past year has been a banner year for cancer and Cancer Care Ontario. We have made significant strides in building across the spectrum of cancer care, especially in the management of cancer information, which underpins all of our work. With the support of our staff and regional partners, Cancer Care Ontario will move further the standard of quality and knowledge in cancer services across Ontario in 2007.

I am grateful to the staff and Board of CCO, and to our many provincial and regional partners for their dedication in 2006. I wish you all the best for the holiday season, and a prosperous 2007.

### Quality and Innovation Awards Celebrate Advances in Cancer Care in Ontario

Earlier this fall, Cancer Care Ontario, the Cancer Quality Council of Ontario and the Ontario Division of the Canadian Cancer Society issued a call for nominations for the inaugural Quality and Innovation Awards. The call for nominations was met with great enthusiasm and the Quality and Innovation Awards committee members had many worthy submissions to review and select as winners.

“We all wish there was some magic bullet or single innovation that could move cancer care dramatically forward, but the reality of it is cancer care is a game of inches and people fight everyday for those inches in prevention, treatment and therapy,” said Michael Decter, chair, Cancer Quality Council of Ontario. “We are here to celebrate those people who put these inches together in a powerful way.”

Winning submissions were chosen based on their outstanding contributions to quality and innovation in the delivery of cancer care.

This year’s Innovation Award winners are:

- Princess Margaret Hospital – Patient Education Program (team award)
- Champlain Regional Cancer Program Team (team award)
- London Regional Cancer Services Alliance (team award)
- Jane Stacey, Regional Coordinator, Ontario Breast Screening Program, Waterloo Wellington Regional Cancer Program – For Leadership in Improving Access to Breast Cancer Screening (individual award)

This year’s Quality Award winners are:

- Calvin Law, Frances Wright, Dr. Andy Smith, Linda Last and Anna Gagliardi, Sunnybrook Regional Health Sciences Centre – For Leadership in Improving the Quality of Colorectal Surgery (team award)
- Dr. Mahmoud Khalifa, Sunnybrook Health Sciences Centre – For Leadership in Improving the Quality of Pathology Reporting (individual award)

Innovation Awards seek to recognize, encourage and reward the development of innovative initiatives that enhanced and improved cancer care locally within a program or institution. The Innovation Awards are sponsored by Cancer Care Ontario and the Canadian Cancer Society – Ontario Division.

Quality Awards aim to recognize, encourage and reward quality initiatives that have improved cancer care across multiple institutions, a region or beyond. The Quality Awards are sponsored by the Cancer Quality Council of Ontario and the Canadian Cancer Society – Ontario Division.

The Quality and Innovation Awards were presented during CCO’s annual Board Retreat, which brings together a mix of CCO and other leaders in cancer care and the broader health care system who support and champion the work being done in the cancer system. The objective of the Board Retreat is to cultivate relationships and practical strategies to reduce the number of people getting cancer and improve access and quality for those who do.

Submissions for the 2007 Quality and Innovations Awards will be announced in the early fall of 2007.

For more information on the Quality and Innovation Award winners, watch a video highlighting the winning projects and initiatives.

- http://www.cancercare.on.ca/images/qiaward.wmv

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### CCO Publishes First Nursing Guideline

In response to needs expressed by cancer programs, Cancer Care Ontario's oncology nursing program and Program in Evidence-Based Care have collaborated to develop a guideline for nurses, ***Managing Central Venous Access Devices in Cancer Patients***.

Evidence-based clinical practice guidelines are essential for consistent, high-quality patient care across the province. While there have been policies and procedures in place in hospitals and community agencies related to central venous access devices, patients often reported that the ways that the lines were flushed varied. The variation in practice created confusion for patients because at each hospital, ambulatory care centre or community clinic, the lines were accessed and flushed differently depending on the policy of each organization.

The new guideline -- the first evidence-based nursing guideline produced in the cancer system in Ontario -- addresses this lack of a standardized approach and absence of evidence-based practice.

To develop the guideline, an expert panel consisting of advanced practice nurses, nurse educators, and leaders in both adult and pediatric oncology, conducted a systematic review of the literature and an environmental scan of existing guidelines.

The development of more guidelines and standards in topics related to nursing, palliative care, psychosocial oncology and supportive care is under way, under the leadership of a Joint Steering Committee co-chaired by Dr. Rebecca Wong; Dr. Deborah Dudgeon, CCO's provincial lead for Palliative Care; and Esther Green, CCO's provincial lead for Nursing and Psychosocial Oncology. These include:

- Cancer-related pain standards, in collaboration with colleagues in the palliative care program;
- Patient safety standards in systemic therapy, in collaboration with the systemic therapy program;
- Extravasation guidelines.

For more information, contact Raquel.ShawMoxam@cancercare.on.ca.

- Download the nursing guidelines, *Managing Central Venous Access Devices in Cancer Patients*

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### Retreat Brings Together Leaders in Cancer Care

In late November, Cancer Care Ontario's Board of Directors hosted more than 150 leaders in health care from across Ontario at its annual Board Retreat. The Board Retreat brings together a mix of leaders in cancer care who support and champion the work being done in the cancer system.

This year's Retreat, titled Building a patient-centred cancer system across every LHIN: Progress, Pitfalls and Promise, examined the cancer system using colorectal cancer as an example. The retreat -- which included two patients who spoke about their own personal cancer quality and access issues -- was broken into three sessions:

- A strategy to improve the cancer system and current efforts toward that end,
- Regional cancer issues, and
- Research and innovation projects that are or will have an impact on Ontario's cancer system.

The Honourable Dalton McGuinty, Premier of Ontario, sent a video greeting thanking CCO staff for their dedicated work toward reducing the burden of cancer and improving the quality of care.

"Cancer Care Ontario reminds us all of what we can achieve when we give. You do a great deal of good in an impressive number of ways," said Premier McGuinty. "Operating screening and prevention programs, promoting innovative research on treatments, supporting new knowledge that leads to better cancer care, but you also do something much more profound then any of that, you give families living with cancer hope. Hope that one day together we will beat this terrible disease."

Building on last year's Board Retreat, which focused on the working relationships among CCO, Local Health Integrated Networks (LHINs), regional cancer program partners and government decision makers, the Retreat continues to be an opportunity to build new and enhance existing relationships among CCO and its regional partners and key cancer

stakeholders.

“We heard some interesting things about how we could listen and learn from others whether it be a patient, whether it be industry, whether it be other countries with institutions that have had success driving process improvement and the warning that if we don’t increase collaboration . . . the consequences will be continued unnecessary replication, and from a patient's perspective, worsen the situation” said Ron Yamada, Founder, MDS Inc.

A report including the proceedings of this year’s Board Retreat will be e-mailed to everyone who was invited to the event.

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**Ontario Cancer Fact**

Use of tanning equipment increases the risk of melanoma, the most serious – and potentially fatal – form of skin cancer. This is especially true for those who begin using tanning equipment before the age of 35.

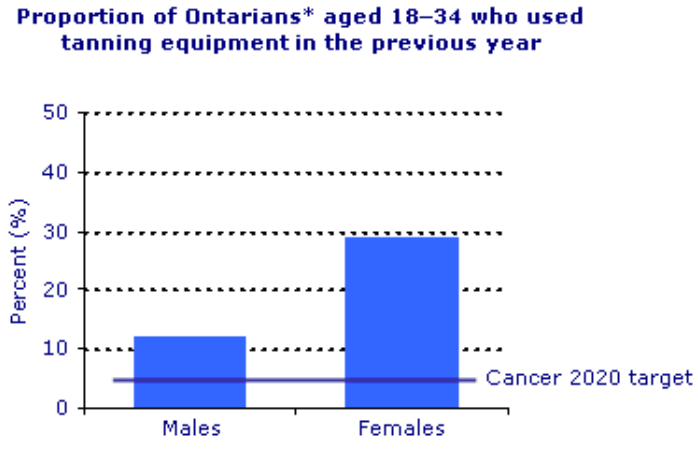
The facts about exposures from tanning equipment:

- Tanning equipment emits ultraviolet radiation (UVR) – most often both UVB and UVA rays. UVB is the primary cause of sunburn, and UVA causes skin aging and wrinkling, while both cause DNA damage.
- UVR from tanning equipment usually has a similar mix of UVA and UVB as the sun, but may be much stronger.
- The International Agency for Research on Cancer has determined that UVR is a human carcinogen, causing all forms of skin cancer.
- Exposure to sunlamps or sunbeds has been determined to be carcinogenic by the U.S. National Toxicology Program’s Reports on Carcinogens.

The facts about skin cancer:

- Skin cancer is the most common cancer in Canada, with over 70,000 new cases each year (about one-third of all new cancer diagnoses).
- About 1 in 7 Canadians will develop skin cancer during their lifetimes.
- 4,500 of these skin cancers are melanomas, which kill nearly 900 Canadians every year.
- Many of those who get melanoma are still relatively young: about 1/3 will be diagnosed before their 50th birthday.
- People with light skin that burns easily and tans poorly, and especially those with red hair, are particularly susceptible to skin cancer.

As part of the *Cancer 2020 Action Plan* to reduce the incidence of cancer in Ontarians, Cancer Care Ontario and the Canadian Cancer Society (Ontario Division) have identified as one of their targets a 75% reduction in the percentage of young adults using tanning equipment. In 2004, about 20% of 18–34 year olds in five Ontario Public Health Units reported using tanning equipment in the previous year: 29% of young women and 12% of young men. This should be reduced to 5% by the year 2020.




Source: Rapid Risk Factor Surveillance System (RRFSS) 2004
*5 Public Health Units (PHU)

There are no data about tanning equipment use by Ontarians younger than 18. A recent U.S. survey estimates that 9% of 14–17 year olds had used an indoor tanning device in the previous year.

The World Health Organization recommends that governments enact comprehensive, legally enforceable legislation governing operation of tanning equipment, particularly to protect youth. One of its recommendations calls for restricting the

use of tanning equipment by those under the age of 18. Cancer 2020's progress report, *Report on Cancer 2020: A Call for Renewed Action on Cancer Prevention and Detection in Ontario*, supports the development of provincial legislation to implement this recommendation in Ontario.

For more information, see:

- Artificial tanning sunbeds: risk and guidance, a publication of the World Health Organization
- Gallagher RP, Spinelli J, Lee TK. Tanning beds, sunlamps, and risk of cutaneous malignant melanoma. Cancer Epidemiology Biomarkers & Prevention 2005; 14(3): 562-566.

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**People News**

**CCO's CIO Sarah Kramer wins prestigious health informatics award**

At a gala event co-hosted by Canada's Health Informatics Association (COACH) and the Canadian Healthcare Information Technology Trade Association (CHITTA), **Sarah Kramer**, vice president and chief information officer at Cancer Care Ontario was awarded the distinguished Leadership in the Field of Health Informatics Award.

The Leadership in the Field Award honours individuals who are broadly recognized for their outstanding leadership and contributions to health informatics over many years.

"Sarah leads the implementation of an ambitious information management strategy for the entire cancer system in Ontario," says Terry Sullivan, President and CEO, Cancer Care Ontario. "Her ability to bring people together from across the system and motivate them to undertake significant changes that directly benefit the quality of patient care is her greatest accomplishment."

Sarah has led the creation of numerous information tools that bring the latest information and evidence to cancer decision-making. She is currently spearheading CCO's Computerized Physician Order Entry system (CPOE), an online system for ordering chemotherapy that replaces the current paper-based system. CPOE makes chemotherapy safer by identifying potential medication errors and drug interactions. It also improves quality by providing physicians, nurses and pharmacists with guidelines each time they place an order enabling them to make the best treatment decisions. In addition, the system can be used for research and better treatment planning and management. In hospitals that use it, CPOE has achieved unprecedented adoption rates - 100% - largely because clinicians were heavily involved in the product design.

Under Sarah's leadership, CCO is implementing the information architecture to support the entire Wait Time Strategy on behalf of the Ministry of Health and Long-Term Care. The Wait Time Information System (WTIS), one of Ontario's first province-wide ehealth applications, provides surgeons, administrators and health systems managers with information to better monitor and manage wait lists based on priorities established between the surgeon and the patient. WTIS is supported by an Enterprise Master Patient Index (EMPI) or client registry, which links patient information together accurately and securely, and forms the cornerstone for Ontario's planned electronic health record. WTIS-EMPI is currently being used by 53 hospitals representing 90 per cent of the volume for the province's five key priority procedures – cancer surgery, cardiac procedures, cataract surgery, hip and knee replacement and diagnostic imaging (MRI and CT Scans). Over the coming year, it will be rolled out to monitor all surgeries.

"Sarah has proven to be an inspirational leader in the development of Ontario's first single Wait Times Information System, which is key to sustaining the reduction of wait times for surgical and diagnostic procedures," says Alan Hudson, Lead, Access to Services and Wait Time Strategy, Health Results Team. "Thanks to her vision and skills, Ontario is now a leader in wait time management and building on continual success to further the revolution of health care IT."

"It is extremely gratifying to be recognized amongst such an accomplished group of individuals on a national scale," says Sarah. "This award is directly attributed to the talented team of professionals that I have had the pleasure to work with and learn from over the years."

**Sue Robertson named acting regional vice president of cancer services in Grand River**

**Sue Robertson** has been appointed acting regional vice president of cancer services for Cancer Care Ontario and Grand River Hospital, effective immediately. She replaces **Patrick Gaskin**, who has been appointed acting president and CEO of Grand River Hospital. Sue will hold the post of acting regional vice president over the next few months until the search to fill the hospital CEO position is completed and Patrick resumes his role as RVP.

Sue has been employed at Grand River Hospital since 1996 as program administrator at the Freeport Health Centre site. She joined the oncology program in 1999 as the corporate director, Cancer Planning and was integrally involved in the development of the new Grand River Regional Cancer Centre. Most recently she has been involved in the development of the Waterloo Wellington Regional Cancer Program.

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