Psychosocial Oncology Program Newsletter

cancer care ontario | action cancer ontario

Fall/Winter 2009, Issue 3

Special points of interest:

- The Psychosocial Oncology Program has a committee made up of regional leaders in Psychosocial Oncology.
- Members of the committee have formulated a workplan.
- Each member takes information from the committee and the workplan back to their regional programs and centres.
- Two of the regional sites featured in this newsletter are Odette RCC and St. Michael's Hospital.
- Distress is now being considered the 6th vital sign.

Inside this issue:

Enhancing Quality of Life for Those Affected by Cancer

The Canadian Partnership Against Cancer (CPAC) has a mandate to improve cancer control in Canada by being a catalyst for a coordinated approach that will:

- reduce the expected number of cancer cases
- enhance the quality of life for those affected by cancer
- lessen the likelihood of Canadians dying from cancer, and
- increase effectiveness and efficiency of the cancer control domain.

Enhancing the quality of life for those affected by cancer is a goal that is mutually shared by Cancer Care Ontario (CCO) and the Regional Cancer Programs. For the past three years, the Cancer Journey Action Group, led by Dr. Margaret Fitch, has focused attention on person-centered care. This focus has enabled the development of elements related to survivorship, navigation, guideline development, patient education, psychosocial care education, and distress screening. All these areas are critical to the work that we do in Ontario's Psychosocial Oncology Programs to improve the patients' experience across the continuum. In this newsletter, Dr. Fitch and Dr. Barry Bultz share the work that they have co-led in Canada to develop and implement distress screening as the sixth vital sign. As they articulated in the first article, distress screening is the only the initial element to identify the issues of major concern to cancer patients; but screening is only effective if it is followed by comprehensive assessment of the symptoms causing distress, and interventions to relieve/manage the problem. We have been working in collaboration with Dr. Fitch and Dr. Bultz on the minimum data set, which includes the use of ESAS as a first level of screening. The Canadian Problem Checklist has been tested in Alberta by Dr. Bultz's team and is being utilized in a study supported by a grant from CPAC in north-eastern Ontario's regional program. Kudos to our colleagues in north-eastern Ontario for

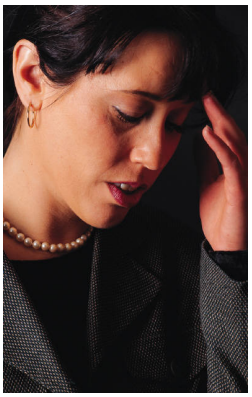
obtaining this significant grant. In this newsletter we have profiled two of the Programs: the Patient and Family Support Program at the Odette Cancer Centre, and an approach to enhancing awareness of Psychosocial Oncology at St. Michael's Hospital in Toronto. Both of these programs are excellent examples of inter-disciplinary care models. We will continue to profile programs around the province in future newsletters. We learn from each other, about new ways of working, and by examining outcomes related to care.

Esther Green
Provincial Head
Oncology Nursing and

Psychosocial Oncology Program Committee

The Psychosocial Oncology (PSO) Program Committee meets monthly via teleconference and usually has one in-person meeting per year. We have a web-based platform to communicate, share information and manage meetings. The program committee is an opportunity for regional leaders in PSO to exchange information and ideas, communicate with each other, and work towards the program goals and objectives. Since the last in-person meeting, the committee has been working on articulating the long-term and medium- to short-term goals, the objectives that are essential to accomplish, and the activities which are the focus over the next three years. Indicators are being developed to measure the progress of work. More information on the workplan will follow in the next newsletter, so stay tuned! For more information, please contact:

frances.jackson@cancercare.on.ca.



Unmet needs contribute to physical and psychological morbidity, poor quality of life, and increased health care use.

Screening for Distress— the 6th Vital Sign

Cancer and its treatment have more than a physical impact. There are a myriad of other consequences resulting from a diagnosis of cancer – emotional, social, psychological, spiritual, informational and practical (Fitch, 2008). These consequences emerge for individuals to greater or lesser extents throughout the cancer journey (Ashbury et.al., 1998; Gustafson et.al., 1993; Richardson et.al., 2005; Sanson-Fisher et.al. 2000). The Institute of Medicine reported that many of these needs are not fully acknowledged across cancer systems leading to a high prevalence of unmet needs (IOM, 2008). Unmet needs, in turn, contribute to physical and psychological morbidity, poor quality of life, and increased health care use (Wen & Gustason, 2004).

The Cancer Journey Action Group, under the auspices of the Canadian Partnership Against Cancer, is providing leadership to ensure that clinicians have the tools they need to recognize and reduce unmet needs, and improve the experience of living with cancer. The Cancer Journey Action Group is committed to fostering a person-focused cancer system that is responsive to the full range of psychosocial and support needs of Canadians and their families. We are moving closer to this vision with an initiative we call Screening for Distress (6th Vital Sign).

The work to foster the implementation of Screening for Distress (6th Vital Sign) is based on the notion that there are other important sources of distress during the cancer journey in addition to treatment and physical symptom related issues. These other sources of distress need to be taken into account to understand the patient experience and take steps to improve it. Integrating the use of standardized structures and processes in clinical settings, which incorporate the psychosocial and practical domains together with the physical, allow us to implement effective methods for recognizing and managing patient concerns in busy clinical settings.

Efforts are underway in several programs across Canada to implement Screening for Distress as a platform for achieving person-centered cancer care. A national task group (the Screening for Distress Toolkit Working Group, under the auspices of the Cancer Journey Action Group) has agreed upon items for a common minimum dataset for Screening for Distress. The items are contained within the Edmonton Symptom Assessment Scale (ESAS) and the Canadian Problem Checklist. These screening instruments provide a basis for discussing concerns with patients and for documenting in a standardized way what is of concern to patients. Individual patients complete the screening instruments – either on paper or electronically – while waiting for a clinic appointment. The results are available to the clinical team during the appointment and are the starting point for the dialogue with the patient. This allows the patient concerns to be the beginning focus of the conversation. The health care professional is then able to engage in subsequent assessment, relevant intervention, or necessary referral if the issue is within the scope of practice for another discipline. Over the long term, the approach can facilitate prospective longitudinal documentation of patient concerns and their subsequent resolution.

It is important to realize that screening alone does not improve patient outcomes. To accomplish this goal, screening must be accompanied by changes in care processes or actions taken by providers to respond effectively to assessment findings. Assessments and subsequent interventions must be guided by evidence. The newly development national practice guidelines on psychosocial assessment will be an important tool for cancer program personnel to use in their setting.

"Implementing screening for distress has the potential to create practice change and influence the culture within the clinical environment. "

Implementing screening for distress has the potential to create practice change and influence the culture within the clinical environment. By starting discussion with patients, with an intentional effort to focus on their concerns and what is important to them first, is a key aspect of person-centered care. Following through and connecting patients to the appropriate services that will attend to the full range of needs requires inter-professional collaboration and partnership. Success will require all members of the clinical team to hold an attitude that care needs to be person-centered and directed toward the whole person.

As this initiative on Screening for Distress (6th Vital Sign) unfolds, we will be creating implementation guides and resources that will be available to jurisdictions. It is anticipated that jurisdictions will embrace the learning from this early work and use it to their own advantage. Be sure to check the Canadian Partnership Against Cancer website for additional details.

Margaret I Fitch RN PhD
Chair, Cancer Journey Action Group
Barry Bultz PhD RPsych
Chair, Screening for Distress Implementation Group

"...consequences emerge throughout the cancer journey"

The Patient and Family Support Program—Odette RCC

February 2008 saw the launch of an innovative new program within the Odette Cancer Centre of Sunnybrook Health Sciences Centre in Toronto. The new program is the product of formal integration of previously existing initiatives in psychosocial oncology research, supportive care, and palliative care. Each of these respective initiatives shared in the vision of addressing the broad range of needs experienced by patients and families throughout the cancer journey. The new program was launched following recommendations of an inter-professional working group brought together to conceptualize and draft a vision, mission, and structure for the program.

The Mission for the newly named Patient and Family Support Program is:
To generate and translate knowledge that will ensure the provision of excellent psychosocial, supportive and palliative care to cancer patients/survivors and their family members as part of the comprehensive cancer delivery at the Odette Cancer Centre.

Our Vision is:
By generating new knowledge; translating relevant current and new knowledge in a meaningful way that directly impacts patient care; and aligning with Patient and Family Education to ensure adequate education for patients, survivors, families, colleagues, and trainees about the care provided by individuals within the Cancer Program, the Patient and Family Support Program will ensure the Odette Cancer Centre is a leader in the dimension of cancer care that extends beyond disease sites.

The Intended Outcomes of the program are embodied in the following hypotheses:

Clinical care will be higher in quality if linked academically
Academic rigor will be heightened by clinical linkages, and
Actively incorporating the value of "inter-professional care" will further improve both the patient and family experience and clinical outcomes.

With a unique dyadic model of leadership, the Patient and Family Support Program join the other four Clinical Programs (Systemic, Radiation, Surgery, Preventive Oncology) at the OCC senior executive table. Margaret Fitch (nursing, psychosocial expertise) and Jeff Myers (physician, palliative care expertise) are Co-Program Heads and bring a wide range of expertise and leadership. A new role of Program Manager was created and filled by Pat Brown.

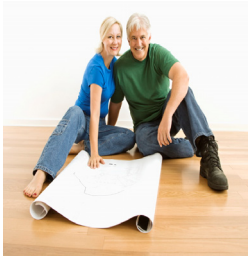
The Patient and Family Support Program provides an aspect of leadership to both inpatient and outpatient HCPs within the following areas: social work, psychology, psychiatry, nutrition (registered dieticians and nutrition technicians), drug reimbursement, spiritual care, palliative care, physiotherapy, occupational therapy, speech language pathology and administration. The Program is in close alignment with both the Patient and Family Education Program and with Volunteer Services. In addition, our key internal collaborators include Nursing, Radiation Therapy, and Pharmacy. Finally, we are expanding the collaborative relationships with many community based partners including the Canadian Cancer Society and Wellspring. As it stands today, over 70 individuals comprise the key stakeholder group for the Patient and Family Program (which includes all clinicians and collaborating partners).

Under the direction of a Steering Committee, the Program has moved forward the past year thanks to the great work of the four strategic working groups. The contribution of all key stakeholders during the Program's inaugural retreat in November 2008 informed the process of identifying critical action items. What emerged were clear themes forming the basic purpose of each of the four working groups: Visibility and Awareness, Building on Strengths and Opportunities, Building on Partnerships, Academic Productivity (Education and Research).

Examples of key activities include creating a sense of community and belonging among individuals within the program, and improving awareness and visibility for all staff members and clinicians within the cancer centre. A specific and clinically relevant strategy we are exploring is the clear articulation of referral criteria and pathways. One of the most successful (and fun) activities was a "Patient and Family Support Program Marketplace Morning" - in a large open lobby area, each discipline within the program set up and manned display tables about their services. The two hour session provided a wonderful time for interaction with other cancer center staff members, profiled the work of the individuals within the Program and set the stage for integration activities in the future.

Driving the enormous amount of work required to get us to this point is the ultimate goal of having the clinicians and staff within the Patient and Family Support Program viewed as integral to the provision of comprehensive cancer care – an authentic example of care that is truly interprofessional.

Dr. Margaret Fitch, Dr. Jeff Myers, Ms. Pat Brown, Odette Regional Cancer Centre



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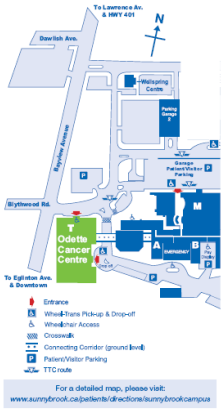

Sunnybrook
ODETTE CANCER CENTRE
A Cancer Care Ontario Partner

Psychosocial Oncology Program Newsletter

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Improve the Patient Experience Along Every Step of the Cancer Journey

The Psychosocial element is an important dimension in cancer care.

St. Michael's Hospital—An Approach to Enhancing Awareness of the Psychosocial Dimension of Cancer Care Across the Hospital

Oncology patients and their family members commonly meet clinicians from a number of different services and care teams within the hospital (including general medicine and surgery units, the chemotherapy clinic, the inpatient oncology unit, and the palliative care unit) during the course of their care. It was identified that there was an opportunity to raise awareness of psychosocial oncology related topics beyond the identified oncology unit's team.

In the fall of 2007, a virtual "Psychosocial Oncology Interest Group" was created. "Members" of this virtual interest group include oncologists, nurses, social workers, case managers, chaplains, dietitians, pharmacists, ethicists, palliative care physicians, and managers.

The initial intent was to use an email distribution list to send out "information alerts" in order to:

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ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

1) create a method for disseminating information about new resources and standards / guidelines for practice,

2) share information about upcoming conferences and presentations in the psychosocial oncology and palliative care arena,

3) promote discussion both within and across teams about new articles or research findings from the realm of psychosocial oncology, and

4) ensure that this important dimension of care delivery remains highlighted across clinical areas, for all members of the interprofessional team.

Given high levels of interest, rounds and workshops have also been offered on topics such as: couples coping with cancer, patient/proxy differences in rating symptoms, a problem-solving skills training intervention, diversity and end-of-life care, and patient education techniques. Recently members have also started attending CCO's PSO rounds. Several teams are involved in quality improvement projects related to using ESAS to enhance collaborative care.

This initiative has succeeded in increasing awareness of the psychosocial dimension of cancer care as well as engaging the teams to look at these topics from the perspectives of different professions.

Susan Blacker, MSW, RSW
Director, Cancer Services Planning and Performance
St. Michael's Hospital

Working collaboratively to improve the patient experience, and quality of psychosocial care increasing patient satisfaction scores in all cancer programs.

Cancer Care Ontario is the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, Cancer Care Ontario works to reduce the number of people diagnosed with cancer and make sure that patients receive better care every step of the way.

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