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TORONTO REGIONAL CANCER PROGRAM



Message from the Regional Vice Presidents of the Toronto Regional Cancer Program

Dear Colleagues,

We are pleased to present to you the 2011 Annual Report for the Toronto Regional Cancer Program (TRCP). This is the third annual report; we hope that you find it informative and that it provides context for our overall vision to deliver the best cancer care in the world. Our joint mission is to improve the performance of the cancer system; this will be enabled by the vision set out in Cancer Care Ontario's Ontario Cancer Plan III (OCP III). Our region has a key role in the provincial cancer system because of its size and the leadership and specialized support it provides for other areas of Ontario. The TRCP delivers in excess of 40% of the cancer services in Ontario. Additionally, its practitioners and researchers have a significant impact on driving the field of cancer care forward across the province of Ontario and beyond.

There is an extraordinary amount of exceptional work that occurs across the Toronto Central Local Health Integration Network (TC LHIN), and this report aims to highlight that activity. Not surprisingly, you will find an emphasis on the people – individuals and groups – that are so crucially important to our success. Important themes reflected in this report include collaboration, leadership, and an increased effort to focus on our mission through a regional lens. Collaboration is evident in many of the city-wide quality improvement initiatives; these initiatives succeed when we work together. Leadership is a necessary ingredient in driving groups forward and, catalyzed by Cancer Care Ontario, new leaders have been appointed across the LHIN. Screening and optimal diagnostic assessment units are two specific challenges that demand a team approach.

The future holds many challenges and opportunities for those of us engaged in the fight against cancer. We hope that this report will showcase the work of our growing cancer care team and inspire you to think about optimizing your important role in our continuing efforts to strengthen cancer control in our region.



Mary Gospodarowicz, MD, FRCPC, FRCR (Hon)
Medical Director, Princess Margaret Cancer Program
Regional Vice President, CCO for Toronto Central South

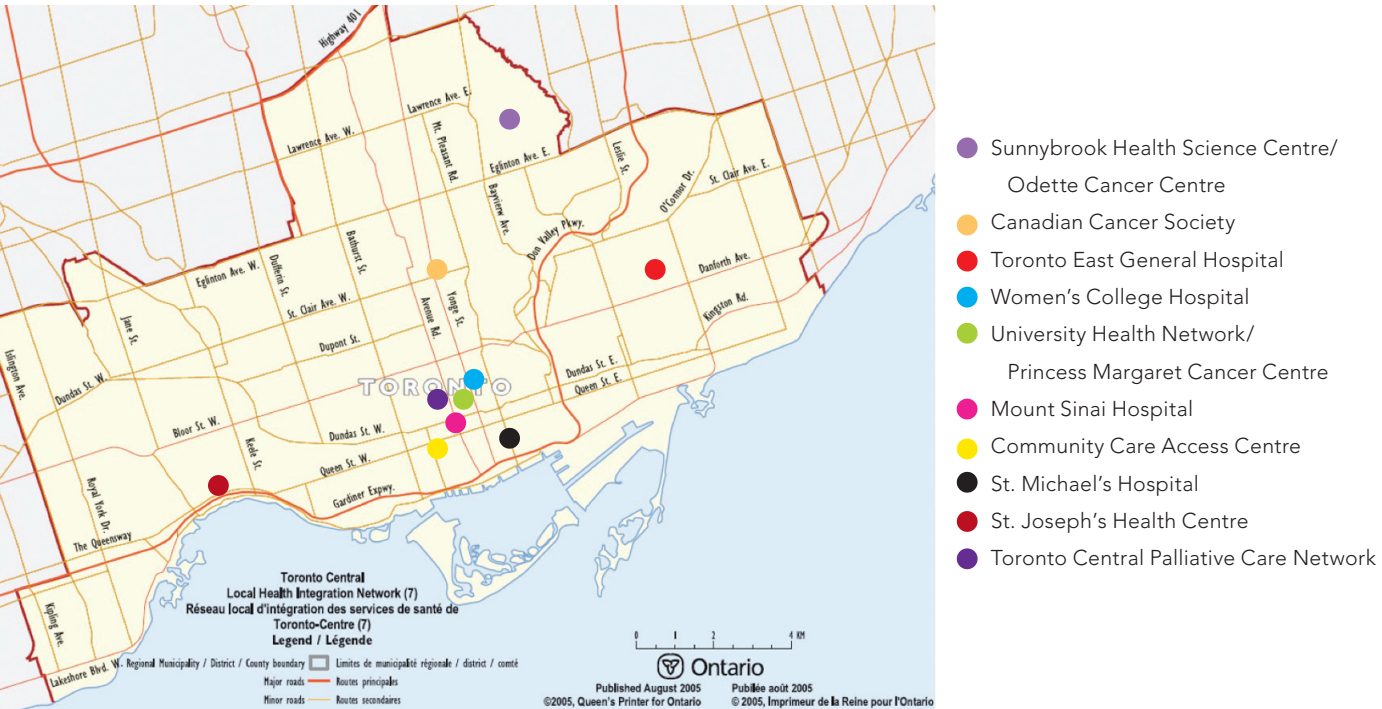


Andy Smith, MD, MSc, FRCSC, FACS
Chief, Odette Cancer Centre
Regional Vice President, CCO for Toronto Central North

Overview

The TRCP is located within the TC LHIN boundaries and is comprised of: two large Cancer Centres, the Princess Margaret Cancer Program at the University Health Network and the Odette Cancer Centre at Sunnybrook Health Sciences Centre, five partner hospitals, and many organizations that provide and/or support cancer care in the community.

The TRCP also actively interacts with neighbouring cancer programs, linking patient traffic patterns, specialized services, and regional/provincial programs.



The TRCP is unique in the province with a high concentration of specialized cancer services, two Cancer Centre Cancer Programs, a focus on academia with several teaching hospitals and the University of Toronto programs, and a highly diverse patient population. With the two very large Cancer Centres, the Princess Margaret and the Odette Cancer Centre, the TRCP is informally divided into South and North.

The TRCP is responsible for implementing provincial standards and programs for cancer care and ensuring service providers meet the requirements and targets set out in their partnership agreements with Cancer Care Ontario. In order to fulfill this responsibility, we have a variety of regional committees to respond to local cancer issues, coordinate care across local and regional healthcare providers, and to continually improve access to care, wait times and quality.

Cancer Care Ontario Goals and Strategic Priorities



In 2010/11, the TRCP performed:

SCREENING

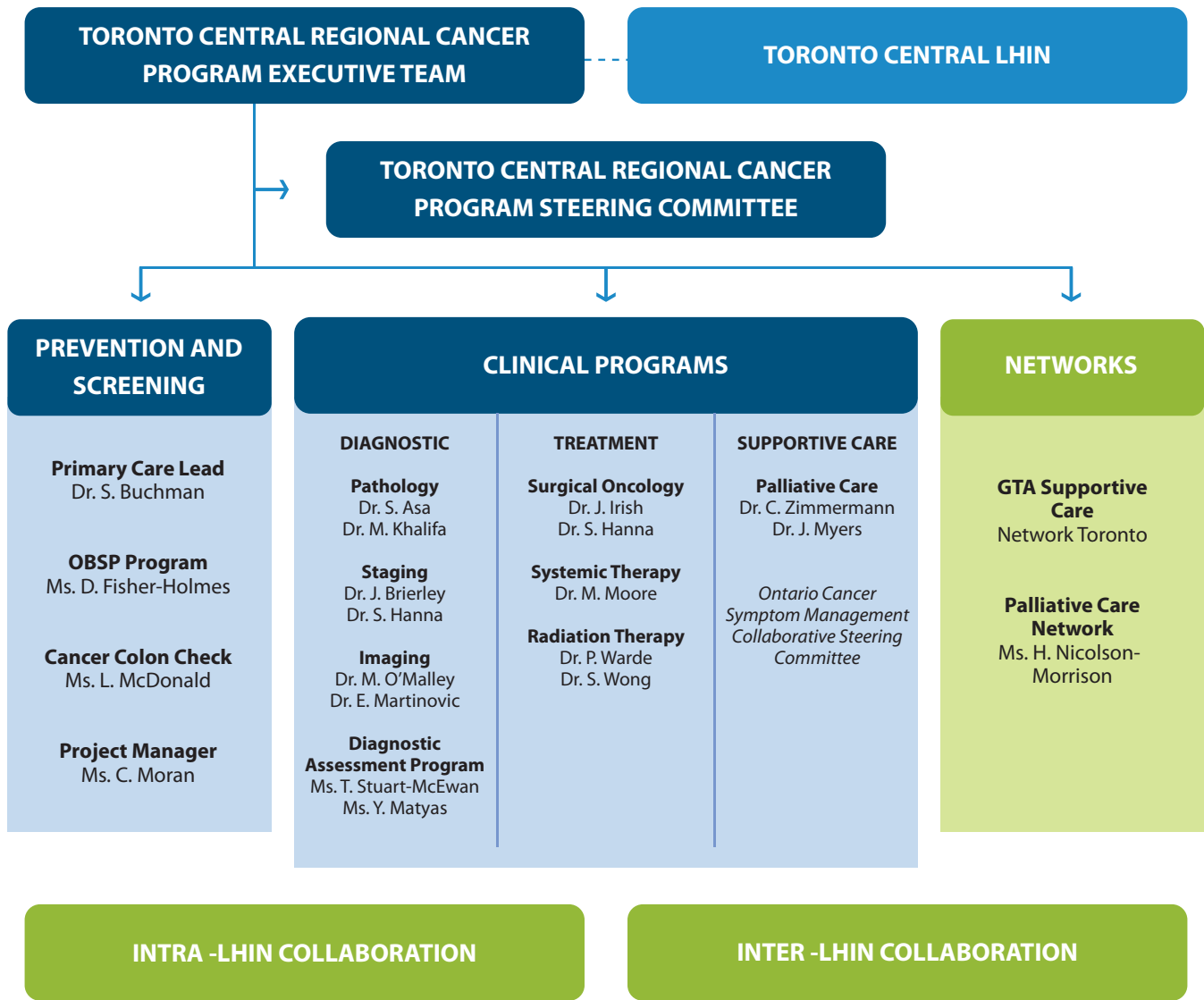
- 43,732 women screened in the Ontario Breast Screening Program
- 32,284 Fecal Occult Blood Test kits processed as part of the ColonCancerCheck Program

TREATMENT

- 11,595 index cancer surgeries
- 12,278 outpatient chemotherapy treatments, and
- 15,768 cases of radiation treatment*

* Princess Margaret numbers reflect radiation courses;
OCC numbers reflect CIRs

Structure



Steering Committee

The TRCP Steering Committee is co-chaired by Dr. Gospodarowicz and Dr. Smith. This committee provides assistance and guidance for the development and implementation of strategies to improve the delivery and quality of cancer services in the region. The steering committee includes membership from across the spectrum of Cancer Care for a robust overview of the cancer system in the TC LHIN. The membership and overview of key topics and presentations from 2011 are outlined below.

MEMBERSHIP

Mary Gospodarowicz (Co-Chair), The Princess Margaret
Andy Smith (Co-Chair), Odette Cancer Centre
Dipti Purbhoo, Community Care Access Centre
Laura McDonald, ColonCancerCheck
Mary Bean, Canadian Cancer Society
Helen Taylor Camacho, Canadian Cancer Society
Mary Agnes Beduz, Mount Sinai Hospital
Debbie Fisher-Holmes,
Ontario Breast Screening Program, GTA LHIN
Yvette Matyas, Odette Cancer Centre
Marnie Escaf, The Princess Margaret
Roxana Sultan, The Princess Margaret
Martha Wyatt, The Princess Margaret
Sandy Buchman, Regional Primary Care Lead
Shelley Dehay-Turner, St. Joseph's Health Centre
John Blondal, St. Joseph's Health Centre
Susan Blacker, St. Michael's Hospital
Ori Rotstein, St. Michael's Hospital
Heather Nicolson-Morrison,
Toronto Central Palliative Care Network
Bill Manson, Toronto Central LHIN
Chris Sulway, Toronto Central LHIN
Richard Shao, Toronto East General Hospital
Penny Walcott, Toronto East General Hospital
Victoria Noguera, Women's College Hospital
John Semple, Women's College Hospital

KEY TOPICS ACTIVITIES

CCO Cancer Plan III
Integrated Cancer Screening
High risk-under/never screened
OCP III Strategic Plan for Region

TRCP Priorities

Each year the TRCP determines three priorities for the fiscal year in order to focus improvement efforts. In 2010/11, priorities included: Multidisciplinary Cancer Conferences (MCC), Colorectal Cancer Screening, and Edmonton Symptom Assessment System (ESAS) Screening.

Goals in these three areas are outlined below:

MULTIDISCIPLINARY CANCER CONFERENCES

- Ensure complete and accurate reporting on MCC activity within the region
- Continue to improve MCC quality:
 - Joint MCCs as appropriate
 - Occurrence of appropriate MCCs
 - Multi-disciplinary participation in all MCCs
 - Appropriate site-specific expertise present
- Achieve **90%** compliance by year end

COLORECTAL CANCER SCREENING

- Increase uptake of colorectal cancer screening among the screen-eligible population in the region.
- Achieve **20%** increase on current levels of Fecal Occult Blood Test Screening Rates and monitor that incremental volumes are met
- Challenges: require more primary care lead allocation to reach the physicians of Toronto Central (>**2000** family physicians) and reinvigoration of the public education program

EDMONTON SYMPTOM ASSESSMENT SYSTEM SCREENING

- Increase ESAS screening rates in the region to **15-20%** of patients

Prevention and Screening

The Prevention and Screening Program encompasses the Ontario Breast Screening Program (OBSP) and the ColonCancerCheck (CCC) Program – both population-based, organized screening programs developed to reduce the mortality of breast and colorectal cancer in Ontario. In the Ontario Cancer Plan 2011-2015, Cancer Care Ontario identified the development of an Integrated Cancer Screening (ICS) Program as one of its strategic priorities. Primary care leads are an integral part of this program; ultimately the vision is for primary care leads to champion optimal engagement and full integration of primary care in the cancer care system.

The key elements of the ICS strategy are:

- Increase patient participation in screening;
- Improve primary care provider performance in screening; and
- Establish a high-quality integrated screening system and information management and technology infrastructure

The TRCP Prevention and Screening Team includes: Dr. Sandy Buchman – Regional Primary Care Lead, Ms. Deborah Fisher-Holmes – OBSP GTA Regional Administrator and Ms. Laura McDonald – Health Promotion Coordinator. In 2011, the team welcomed Ms. Carol Moran, Project Manager, to the lead the GTA OBSP Transition Plan.

Highlights

In July 2011, the OBSP implemented screening for women aged 30 – 69 at high risk for breast cancer at 19 selected high risk screening centres across the province. These centres facilitate genetic assessment and testing, and offer access to annual mammography and breast MRI for eligible women. The five new sites in the TC LHIN include: St. Michael's Hospital, the Princess Margaret, Women's College Hospital, the Odette Cancer Centre, and Mount Sinai Hospital.

The TRCP Prevention and Screening team implemented public and provider education strategies to promote the awareness of and increase participation in breast, cervical, and colorectal cancer screening. The educational campaigns include:

Development of three socio-culturally tailored articles to promote awareness of cancer prevention and screening among immigrant populations in the GTA Region; these articles were translated into 8 different languages and published in ethnic newspapers in the GTA.

Launch of the "e-Screen Newsletter" to the primary care community of the TRCP in February 2011; the newsletter links family physicians and nurse practitioners to the latest information and resources about breast, cervical, and colorectal cancer screening.



Ms. Deborah Fisher-Holmes



Dr. Sandy Buchman



Ms. Laura McDonald



Ms. Carol Moran

Partnering between the OBSP, Toronto Public Health and selected Community Health Centres (CHCs) in October to raise awareness about the importance of screening for breast and cervical cancer and to increase screening participation rates among the under- and never-screened populations; Toronto Public Health Nurses delivered a one-hour breast and cervical health presentation to the clients of participating CHCs.

Support for the Federation of Medical Women of Canada Pap Test Campaign by encouraging primary care providers to open their offices for one day to provide pap smears to the under- and never-screened populations.

Other initiatives including: poster campaigns on the TTC subway, radio PSAs, advertisements in ethnic newspapers, ICS presentations to primary care providers at individual family practices and CHCs, and media interviews with Beyond the Mic on

NewsTalk 1010, Rogers Daytime Toronto TV, Asian Connections Newspaper, Caribbean Camera Newspaper, Canadian Jewish News, and Salam Toronto.

Women's College Hospital and St. Michael's Hospital are collaborating on a project coordinating outreach and educational activities for women who have rarely or never been screened for breast or cervical cancer.

The Patient Education and Survivorship teams at the Princess Margaret have completed the first phase of planning and implementation of an 8-week smoking cessation intervention that addresses cravings, dependence and motivation to quit; results of this intervention will help to inform the delivery of a smoking cessation program as a standard of care for all Princess Margaret patients..

Screening Participation in TC LHIN

ONTARIO BREAST SCREENING PROGRAM

- **16** facilities provide average risk screening mammography;
- **5** hospitals provide high risk screening mammography and breast assessment:
 - St. Michael's Hospital
 - The Princess Margaret
 - Women's College Hospital
 - Sunnybrook Health Sciences Centre
 - Mount Sinai Hospital
- **11** are Independent Health Facilities
- **43,732** women screened
 - 10,241** new clients
 - 2768** first mammograms

COLON CANCER CHECK

- **32,284** CCC FOBT kits processed
 - 2,714** (6.7%) of CCC FOBT kits were rejected. The most common reason was that the cards were not labeled
- Perforation rates were **1/3674** colonoscopies performed; exceeding the CCO Colonoscopy Standard
- **1,972** Family History(FH)/FOBT positive colonoscopies were performed in contract hospitals (FH=1,486, +FOBT = 486)

Diagnosis

Waiting is the Hardest Part

Diagnostic Assessment Programs (DAPs) are organizational structures that are designed to coordinate the patient journey from the earliest suspicion of cancer to a definitive diagnosis.

Guiding principles of an effective DAP are:

- Patients have access to high-quality diagnostic care and are well supported throughout the diagnostic process
- Patients have a diagnosis of cancer made or ruled out in a timely fashion

Key elements of a successful DAP are:

- Coordinated referral and follow-up system
- Indicators of quality are well established and monitored to evaluate performance outcomes

Access and wait times are key indicators of quality care and have been a focus in the province of Ontario. The implementation of DAPs is focused on the first part of a cancer journey – the time from suspicion to diagnosis, which is often a time of increased anxiety and stress for patients and families. Research and evidence clearly indicate that this portion of the journey is longer than desired from both a clinician and patient perspective.

CANCER IMAGING

Since its creation in 2010, the Cancer Imaging Program (CIP) has worked to identify and implement strategic priorities for quality improvement for cancer imaging in Ontario.

Dr. Elaine Martinovic is the lead for Toronto Central North and Dr. Martin O'Malley is the lead for Toronto Central South.

Within the TC LHIN, communication has been established to engage the various stakeholders associated with the CIP. The important role of MCCs in providing quality care has been emphasized in the radiologist community; barriers to participation in disease sites are being identified where targets have not been met. The CIP supported the successful expansion of high risk OBSP at multiple sites within the LHIN as well as the DAPs. On a provincial level, the CIP is working on several projects including:

Five DAPs have been implemented in the TC LHIN, three of which are supported with funding from Cancer Care Ontario, including:

- Thoracic/Lung Cancer DAPs at Toronto East General Hospital and University Health Network
- Colorectal DAP at the Odette Cancer Centre in partnership with North York General Hospital

These DAPs are virtual and support a coordinated effort to streamline diagnosis, as well as facilitate and standardize the patient care pathway. Both the Princess Margaret and the Odette Cancer Centre have Breast Diagnostic Centres that utilize a “one-stop-shop” DAP model.

Each of the DAPs have demonstrated improved access to care for patients through the redesign, standardization, and streamlining the patient’s diagnostic journey. Key success factors reported by the teams include: nurse navigation, multidisciplinary teamwork, a focus on the patient experience, clinical care redesign, clinical practice standards and guidelines, strong clinical leadership, and implementing quality targets and benchmarks.

As we move forward in this area, expansions are underway to develop more DAPS in our LHIN including: prostate, pancreatic, and endocrine/thyroid programs.

- Implementation of Synoptic Reporting for MRI for Rectal Cancer;
- Exploring the possibility of moving from narrative reporting to structured or synoptic reporting for other disease sites;
- Improved capturing of wait times associated with CT and MRI for cancer staging; and
- Identification of the barriers to access to oncology-related interventions such as vascular access and CT-guided lung biopsies.



Dr. Martin O'Malley



Dr. Elaine Martinovic

PATHOLOGY AND LABORATORY MEDICINE

Cancer Care Ontario's synoptic reporting initiative, aimed at improving the quality and completeness of cancer stage data collection and cancer pathology reporting, transitioned to an operational model on March 31st, 2012.

With the implementation of Phase 2, hospitals across Ontario updated their synoptic reporting to align with the 2010 College of American Pathologists (CAP) electronic cancer checklists

(eCC), increasing from the previously mandated five CAP checklists to a total of 63.

All centers in the LHIN have successfully completed the synoptic reporting project. In addition, they have all transitioned from sending their electronic reporting from the previous Cancer Care Ontario Pathology Information Management System (PIMS) to the new ePath system (eMARC).

STAGING

Quality improvement

Both the Princess Margaret and the Odette Cancer Centre continue to exceed Cancer Care Ontario's stage capture rates of 95% by conducting monthly data quality audits and follow-up of un-staged cases through the quality reports from the Cancer Care Ontario Databook production runs. Due to the complex

nature of cases seen, there are occasionally unusual combinations of disease site and morphology that get flagged for review. A close working relationship with Cancer Care Ontario ensures that the correct information is collected.



Dr. Sylvia Asa



Dr. Mahmoud Khalifa



Dr. Jim Brierley



Dr. Sherif Hanna

Treatment

SURGERY

The TRCP surgical oncology program is the largest in the province with seven hospitals providing surgical oncology services including: Mount Sinai Hospital, St. Joseph's Health Centre, St. Michael's Hospital, Sunnybrook Health Sciences Centre, Toronto East General Hospital, University Health Network, and Women's College Hospital.

MEMBERSHIP

Sherif Hanna (Co-Chair), Sunnybrook Health Sciences Centre
Jonathan Irish (Co-Chair), University Health Network
Robin McLeod, Cancer Care Ontario
Mary Agnes Beduz, Mount Sinai Hospital
Jay Wunder, Mount Sinai Hospital
Yvette Matyas, Odette Cancer Centre
Shelley Dehay-Turner, St. Joseph's Health Centre
Lloyd Smith, St. Joseph's Health Centre
Susan Blacker, St. Michael's Hospital
Ori Rotstein, St. Michael's Hospital
Penny Walcott, Toronto East General Hospital
Rob Zeldin, Toronto East General Hospital
Martha Wyatt, The Princess Margaret
Judy Costello, University Health Network
Scott McIntaggart, University Health Network
Victoria Noguera, Women's College Hospital
John Semple, Women's College Hospital

KEY TOPICS ACTIVITIES

QUALITY

- Quality improvement events, education webinars, expert panels, workshops and educational listservs
- Multi-disciplinary Cancer Conferences
- Diagnostic Assessment Programs
- Focus on colorectal, hepatic pancreatic, prostate and thoracic cancers

VOLUME AND WAIT TIMES

- Regular review of volume targets and performance
- Tracking and improving regional wait times to meet provincial targets

STRATEGIC PLANNING

- Development of regional strategies to achieve the Ontario Cancer Plan 2011-2015



Dr. Johnathan Irish



Dr. Sherif Hanna

As 2011 gave way to 2012, Dr. Sherif Hanna handed off the Surgical Oncology Program at the Odette Cancer Centre and Toronto Central North to Dr. Calvin Law. Dr. Hanna leaves a terrific legacy of 10 years of leadership devoted to promoting growth of surgical oncology at Sunnybrook Health Sciences Centre and in the region. He has been a tireless advocate for cancer surgery in the broader healthcare system. Finally, he has presided over a period marked by increased multidisciplinary and cross-institutional collaboration across the LHIN and beyond. Congratulations and thank you, Dr. Hanna!

Highlights

In 2011, the Surgical Oncology Program engaged clinicians in the region to develop and implement best practice guidelines for the use of diagnostic and staging tests in prostate cancer. Early results from this initiative indicate that hospitals are implementing new practice standards. As a result of the success of this initiative, a review of best practices will be conducted for active surveillance for the standardization of care of prostate patients in 2012.

The Surgical Oncology Program and regional leads played a huge role in the implementation of MCCs. These MCCs provided a forum that brought together experts from across the province to share best practices and discuss over 21,000 cases in a multidisciplinary setting.

As part of a series of educational events, world renowned colorectal cancer clinicians, Drs. Gina Brown, Phil Quirke, Bill Heald, and Robert Glynn-Jones came to Ontario to lead interactive webinar sessions and a provincial Colorectal Cancer

Community of Practice meeting in April, 2011. This event was partially supported by the Toronto Central Surgical Oncology Program and organized by Drs. Robin McLeod and Andy Smith. These sessions provided physicians from across Ontario the opportunity to learn various aspects of quality improvement of colorectal cancer. This event attracted over 300 clinicians from 45 hospitals, representing all 14 regions in Ontario.

This past year also marked the launch of our first Endocrine Quality Improvement Event. The event focused on the management of papillary thyroid cancer and provided physicians with an opportunity to discuss case management. The event was attended by 39 surgeons, endocrinologists, pathologists, radiation oncologists, medical imaging, and nuclear medicine physicians. Evaluation of the event was very positive and plans are underway to implement another event. The goal of the improvement events is to reduce medical and surgical practice variation.

Access to Care

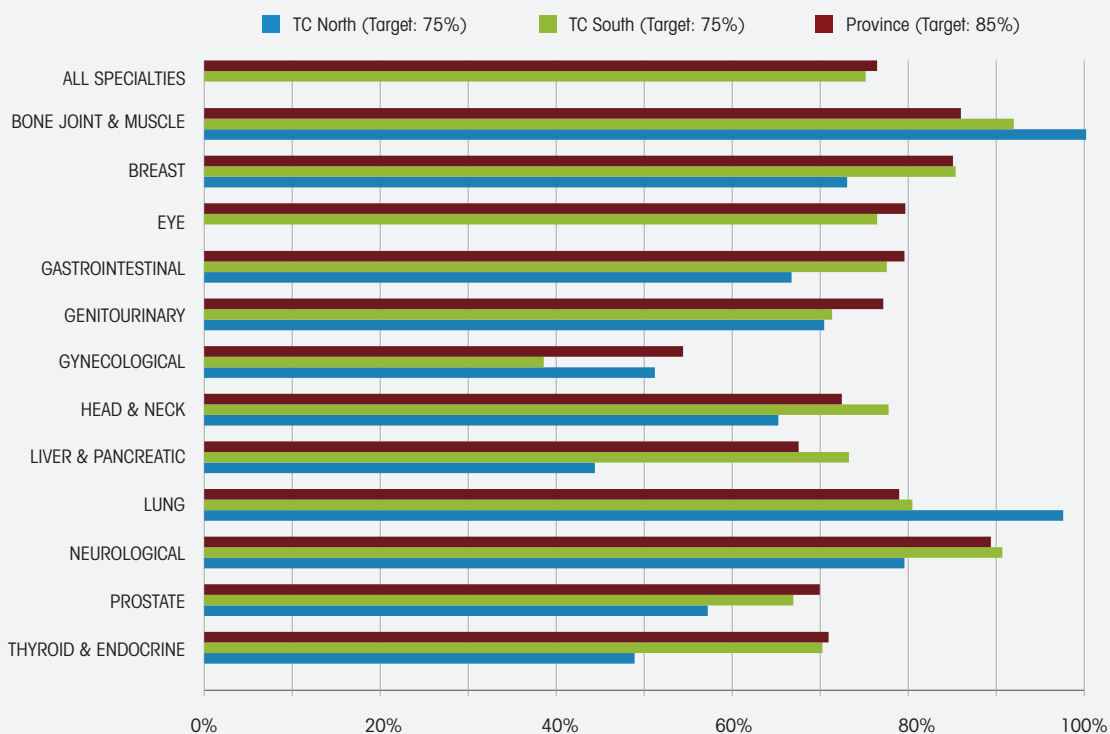
The Toronto Central Surgical Oncology Program is a provincial resource for cancer surgery in Ontario; with a large concentration of specialty hospitals, the majority of our patients come (70%) from outside the TC LHIN. Together, our seven hospitals completed over 11,000 surgical procedures in 2011.

Wait times for cancer surgery improved in 2011, particularly in Gynecologic Oncology, where our hospitals partnered with hospitals in other LHINs to share patient volumes and improve access to care.

Index Surgical Procedure Volumes 2010/11

DISEASE SITE	MSH	SJHC	SMH	OCC	TEGH	UHN	WCH	TOTAL
Breast	380	156	345	438	131	680	253	2,383
Central & Peripheral Nervous System	2	3	373	279	2	517	1	1,177
Colorectal	271	133	163	204	73	158	1	1,003
Stomach	20	9	26	32	10	15	0	112
Endocrine	377	111	111	69	119	333	133	1,253
Genitourinary	19	48	76	155	76	225	3	602
Prostate	11	45	43	105	81	365	0	650
Gynecological	42	37	83	396	37	440	10	1,045
Head & Neck	169	29	27	193	43	552	10	1,023
Hepatopancreatobiliary	0	90	1	155	2	299	0	547
Lung	0	144	0	0	167	376	0	3
Esophagus	0	14	1	0	11	40	0	66
Eye	73	3	5	24	3	17	247	372
Sarcoma - Bone & Soft Tissue	486	8	12	23	22	38	4	593
Other	14	2	4	47	7	50	2	126
Total	1,864	832	1,270	2,120	784	4,061	664	11,595

Cancer Surgery: Percentage of Patients Treated Within Target



SYSTEMIC THERAPY

The Toronto Regional Systemic Therapy Program is the largest systemic treatment program in the province with 6 hospitals providing care including; Mount Sinai Hospital, St. Joseph's Health Centre, St. Michael's Hospital, Odette Cancer Centre, Toronto East General Hospital and the Princess Margaret. The RCCs have many specialized and provincial programs including complex haematology that impacts planning in the GTA.

The Systemic Therapy Program established a Nursing/Pharmacy sub group with representatives from each of the hospitals in the LHIN to network and share best practices. Key areas for discussion included:

- Nursing and pharmacy audit results;
- Chemotherapy safe administration policies; and
- New Drug Funding Program process.

MEMBERSHIP

Malcolm Moore (Chair), The Princess Margaret
Ron Burkes, Mount Sinai Hospital
Mary Agnes Beduz, Mount Sinai Hospital
Yoo-Joung Ko, Odette Cancer Centre
Yvette Matyas, Odette Cancer Centre
Martha Wyatt, The Princess Margaret
John Blondal, St. Joseph's Health Centre
Shelley Dehay-Turner, St. Joseph's Health Centre
Susan Blacker, St. Michael's Hospital
Christine Brezden, St. Michael's Hospital
Penny Walcott, Toronto East General Hospital
Richard Shao, Toronto East General Hospital

KEY TOPICS ACTIVITIES

Systemic Therapy Collaborative
Wait Times Reporting
OPIS/CPOE implementation
Quality Improvement Initiatives



Dr. Malcolm Moore

RSTP Patient and Provider Safety Collaborative

From April 2011 to March 2012, 26 interdisciplinary hospital teams across the province of Ontario participated in the RSTP Collaborative. The RSTP Collaborative brought together physicians, nurses, pharmacists, administrators and others, from systemic treatment hospitals to develop and advance patient and provider safety in the delivery of high quality systemic treatment across Ontario. The Collaborative provided a venue for inter-regional Collaboration related to patient and provider safety.

Two hospitals from the TC LHIN participated in the Collaborative during 2011/12:

The Princess Margaret is evaluating a standardized process for the centralized documentation of infusion-related hypersensitivity reactions (HSR):

- Evaluated current documentation practice as well as incidence of HSR events;
- Developed a standardized process for HSR e-documentation with a new electronic tool; with implementation just starting in a PDSA cycle; and
- Planned future evaluation of HSR management algorithm, HSR policies, and procedures

St. Michael's Hospital restructured current processes for providing safe and timely systemic treatment administration by:

- Developing an algorithm to refine the flow of future orders; and
- Improving communication through the collective agreement of the definition of a signed "future order", testing the feasibility and satisfaction of the current blank pre-printed order.

Moving forward, quality and safety improvement efforts will be expanded by:

- Identification of two medical oncologists as Systemic Treatment Quality Leads who will provide regional direction for quality improvement efforts; and
- The inclusion of the Odette Cancer Centre, in addition to the aforementioned hospitals in the Regional Quality and Safety Network—a newly formed provincial team focusing on Systemic Treatment Quality and Safety and sharing best practices.

Minimum Data Set Wait Times Reporting

The availability of consistent, high-quality data from all systemic treatment facilities is critical to support ongoing planning, funding, and performance management and improvement in the delivery of systemic treatment. As such the Regional Systemic Program Provincial Plan (published in 2009) called for the expansion of measurement and reporting of systemic treatment delivery across the province.

In April 2009 Cancer Care Ontario implemented a collection process for non- RCC hospitals that were not submitting data through its Activity Level Reporting (ALR) process. Initially, the collection of this Minimal Data Set (MDS) supported wait times data collection for all level 3 RSTP hospitals (i.e., oncologist on staff and on site) in Ontario. Combined with RCC wait times data, this enables Cancer Care Ontario to collect information and measuring wait times for all systemic treatment hospitals in the TC LHIN.

Toronto Central Hospitals submitted data to the Minimum Data Set (MDS): St. Michael's Hospital, Mount Sinai Hospital, St. Joseph's Health Centre, and Toronto East General Hospital. The MDS collects information for the same wait-times intervals that are currently reported for systemic treatment.

Referral to Consult: This interval is defined as the time between a referral to a specialist to the time that specialist consults with the patient. The target for this interval is 14 days.

Consult to Treatment: This interval is defined as the time between a specialist consult with the patient and the time the patient receives his or her first chemotherapy treatment. The target for this interval is 28 days.

Systemic Treatment

Volumes (cases) 2010/11

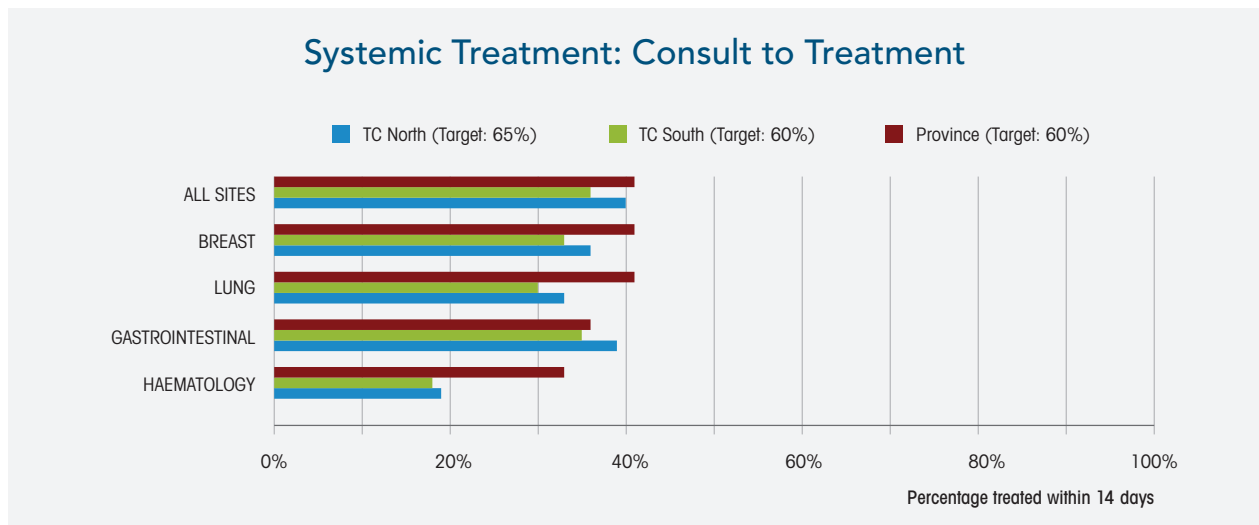
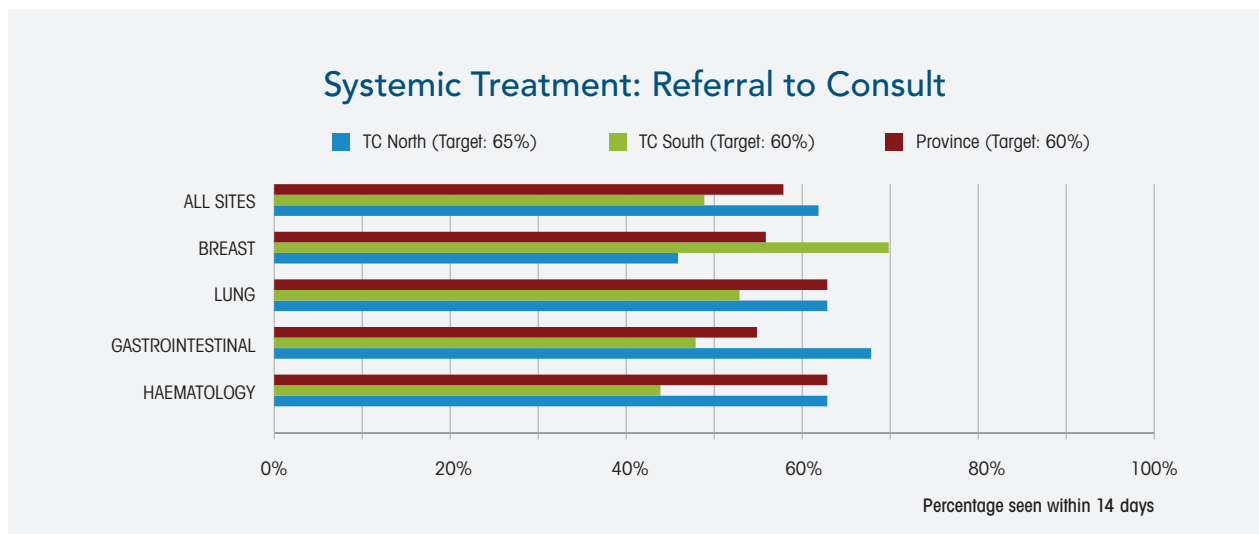
Princess Margaret	6176
Odette Cancer Centre	4305
Toronto East General Hospital	395
Mount Sinai Hospital	484
St. Joseph's Health Centre	342
St. Michael's Hospital	576
Total	12,278

Safe Label Evaluation

In October 2011, each systemic treatment hospital across Ontario was asked to submit sample labels for the purposes of conducting an assessment of provincial compliance with the Program in Evidence Based Care & Cancer Care Ontario Developed Guidelines “Key Components of Chemotherapy Labeling”. The evaluation was also intended to identify areas of improvement in regards to label preparation. All hospitals in the TC LHIN participated in this evaluation. In early 2012/13, results will be shared with regional representatives in order to support the implementation of improvement strategies.

CPOE Implementation

A goal of the OCP III is to improve patient outcomes through accessible, safe, high-quality care (OCP III Priority #3) 90% of chemotherapy treatment visits will be supported by computerized physician order entry which will reduce errors and increase safety. Toronto East General Hospital is one of 15 hospitals across the province who are in the midst of installing OPIS; as a result of this installation 50% of systemic treatment hospital in the TC LHIN will be supported by computerized physician order entry (Toronto East General Hospital, the Odette Cancer Centre, and the Princess Margaret).



RADIATION THERAPY

Radiation treatment is provided in the TC LHIN by the two RCCs, the Princess Margaret and the Odette Cancer Centre. These two programs provide significant leadership throughout the province including academic leadership and partnerships with other centres' programs:

The Princess Margaret has provided support for the startup of the Southlake Regional Cancer Centre which opened in March 2010, including the appointment of Dr. Warde as the Acting Radiation Treatment Program Director until April 1st 2011. Additional support was provided in clinical physics, information technology, and radiation therapy during the start up phase. A formal Memorandum of Agreement now outlines continued collaboration between the centers including co-appointment of radiation oncologists to Southlake Regional Cancer Centre and the Princess Margaret, and support of the Clinical Physics and Information Technology departments at Southlake Regional

Cancer Centre with Dr. David Jaffray appointed as Head of Clinical Physics. The Princess Margaret also supports the physics department for Credit Valley Hospital, with Dr. David Jaffray as Head of Clinical Physics.

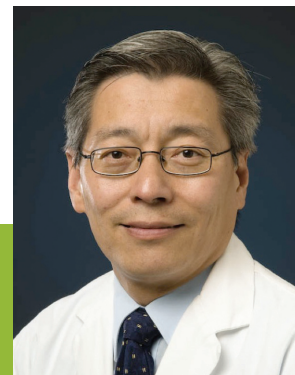
The Odette Cancer Centre is partnering with the Royal Victoria Hospital in Barrie to support the startup of their Radiation Treatment Program including the co-appointment of radiation oncologists, and provision of medical physicists and radiation therapists for planning and treatment.

Radiation Therapy Treatment Volumes (cases) 2010/11

Princess Margaret	9612
Odette Cancer Centre	6156
Total	15,768

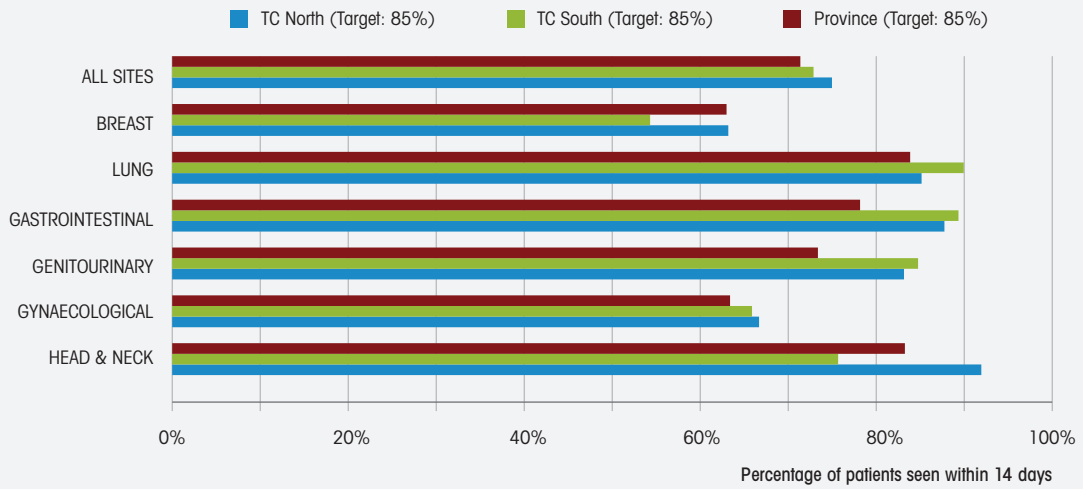


Dr. Padraig Warde

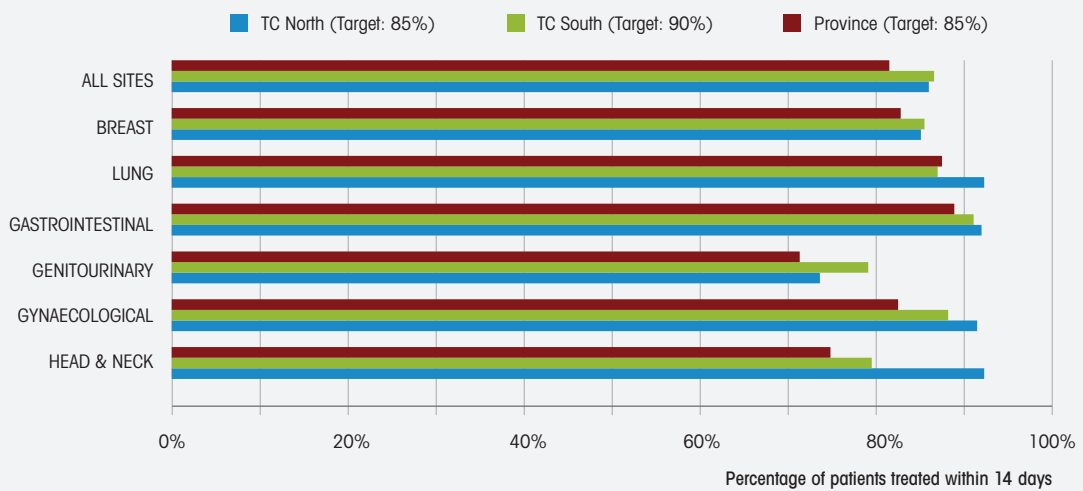


Dr. Shun Wong

Radiation Treatment: Referral to Consult



Radiation Treatment: Ready-to-Treat to Treatment



Palliative Care

The Ontario Cancer Symptom Management Collaborative (OCSMC) continued to be an important focus of the Palliative Care Program in 2011. The OCSMC aims to improve the integration of palliative care into the cancer continuum by:

- Improving symptom screening through use of the Edmonton Symptom Assessment System;
- Improving screening of performance status by routine use of the Eastern Cooperative Oncology Group or Palliative Performance Status measures; and
- Encouraging action related to distressing symptoms by use of Symptom Management Guidelines.

Cancer Care Ontario has focused on performance measurement in the RCCs, which has therefore continued to be a focus of the regional initiative in 2011. However, a committee was formed in 2011 to encourage uptake of screening and SMGs at other centres such as St. Michael's Hospital, Mount Sinai Hospital, St. Joseph's Health Centre, Toronto East General Hospital, and the Toronto-Central CCAC. This resulted in a successful knowledge translation event in February 2012.

Substantial Progress in ESAS Screening

Due to changes implemented at both RCCs to facilitate screening of symptoms, both the Odette Cancer Centre and the Princess Margaret have made excellent progress in both the numbers and percentages of patients screened. The percentage of increase in screens compared to 2010 was more than 100% for the Princess Margaret and more than 500% for the Odette Cancer Centre, now ranking 5th and 6th, respectively, in the province for both number of patients screened and total number of screens.



Dr. Camilla Zimmerman



Dr. Jeff Myers

Highlights

The Princess Margaret

The roll-out of the OCSMC tools is continuing through the implementation of the Distress Assessment and Response Tool (DART), a computer-completed self-assessment tool that screens for symptoms using the ESAS, as well as depression, anxiety, and social difficulties using validated measures. A DART Steering Committee meets monthly and ensures continued progress with regard to OCSMC objectives.

Significant achievements at the Princess Margaret this year include:

- Hiring a volunteer coordinator to coordinate the activities of the >40 volunteers currently needed to assist patients with screening;
- Working together with Information Technology to ensure that the ESAS can be entered into the electronic patient chart, and that longitudinal tracking of symptoms is possible;
- Instituting routine screening of symptoms as a standard of care for nurses, with mandatory charting regarding significant ESAS symptoms in the electronic patient record; and
- Adding the patient-completed ECOG as an item in DART, to ensure regular screening of performance status together with symptoms

Odette Cancer Centre

Over the past year the Odette Cancer Centre has engaged in a centre-wide Clinical Care Redesign process that aims to improve the cancer patient experience overall. The routine screening of patients for both distress and symptom severity (i.e. ESAS and the Canadian Problem Checklist) was identified early on by the highly supportive Odette Cancer Centre Leadership Team as a critical success strategy. Interprofessional oncology teams have utilized the ESAS and associated clinical processes to reconfigure clinic visits such that the patient and their experience will be central to clinical interactions. In addition to the integration of a process for patient self-report of performance status, specific highlights include:

- Real time linkage of Interactive Symptom Assessment and Collection (ISAAC) to our newly implemented electronic documentation system allowing for immediate identification of patients who require a preliminary assessment;
- Patient Education tools serving as therapeutic interventions have been directly embedded in to electronic documentation system allowing for consistent messaging and reinforcement on the part of all staff and clinicians;
- Implementation of a centre-wide professional development and continuing education program that ensures oncology teams effectively assess and manage both symptoms and distress at the primary level of complexity; and
- Research projects that endeavour to examine the association between ESAS symptom screening and both quality of life and patient satisfaction.

TC LHIN Leadership in Education

Toronto Cancer Conference

This year, the annual Princess Margaret Conference merged with the annual Surgical Oncology Conference and partnered with the Odette Cancer Centre for the first annual Toronto Cancer Conference at the Metro Toronto Convention Centre. This new partnership enabled a significantly expanded program, with over 100 speakers from a wide range of disciplines delivering sessions in five concurrent streams over two days. Topics discussed at the event covered the continuum of cancer care from diagnosis and screening to end of life care, from treatment management of breast and gastrointestinal malignancies to survivorship and community oncology care for family health teams and community nurses. The format included scientific sessions, reviews, case discussions and panels and interdisciplinary complex case rounds.

Keynote speakers included:

- Dr. Dave Williams, CEO of Southlake Regional Health Centre
- Dr. John Haggie, President, Canadian Medical Association
- Phillip Crawley, CEO, The Globe and Mail
- Dr. Malcolm Moore; Chief of Medical Oncology, The Princess Margaret
- Dr. Anthony Miller, Chair, Occupational Cancer Research Centre, University of Toronto
- Dr. Marla Shapiro, health journalist and host of Balance
- Barry Stein, President, Colorectal Cancer Association of Canada

Topics included:

- An update on evidence-based cancer screening
- Diet and exercise as therapy for secondary cancer prevention
- DAPs improving access to care
- The latest strategies for the management of breast cancer and common gastrointestinal malignancies
- Managing oncology emergencies in the community
- Exploring the limits of specialized home palliative care
- Exploring shared care models of post treatment follow-up care
- Family practice integration in the cancer system
- Meeting patients' needs over the internet
- New models of community based care and support
- Managing late effects of breast cancer treatment from the provider and patient perspectives

Hospitals

PRINCESS MARGARET

The past year has seen a number of exciting developments at the Princess Margaret. Following an extensive search process, Marnie Escaf assumed the role of Senior Clinical Vice-President, as Sarah Downey left to take a leadership position at the Centre for Addiction and Mental Health.

We have developed a "One Stop Multidisciplinary Thyroid Assessment Clinic" with our partners at Women's College Hospital, which will be staffed by clinicians from Women's College Hospital and University Health Network. The Gattuso Rapid Diagnostic Centre for patients with breast abnormalities has continued to expand and provide comprehensive assessment, diagnosis and treatment plans within 24 hours, reducing wait times and offering patients personalized care and support throughout the process. With ongoing streamlining, our acute leukemia rapid assessment program now assesses new patients from a large catchment region of the GTA and beyond, within 24 hours. This program facilitates rapid diagnosis of this population and addresses increasing demand for services.



Princess Margaret Hospital
University Health Network

ODETTE CANCER CENTRE

2011 was a year of growth and progress for the Odette Cancer Program marked by the building of the Gloria Odette Cancer Centre Pharmacy, Patient Education and Research Learning Centre (PEARL), and soon to be completed Chemotherapy Unit. Growth beyond the walls of the cancer centre was highlighted by enhanced partnerships with neighboring cancer programs. Examples include commencement of the joint surgical oncology robot initiative with Toronto East General Hospital, and the DAP for colorectal cancer with North York General Hospital. The Odette Cancer Centre radiation oncology team continues to optimize outreaches to surrounding hospitals in an effort to offer multidisciplinary assessment and care in as seamless a way as possible. Finally, efforts at Sunnybrook Health Sciences Centre to integrate the research efforts of the Sunnybrook Research Institute and the Odette Cancer Centre have been highlighted by the launch of several Phase 1 trials evaluating the role for integrated MRI and high intensity focused ultrasound (HIFU) therapy in a number of sites.



A Cancer Care Ontario Partner

HIGHLIGHTS



*Patient Education
and Research
Learning Centre
at the Odette
Cancer Centre*

MOUNT SINAI HOSPITAL

Having established Ontario's first Peritoneal Malignancy Program, MSH admitted its first patient in January 2011. Since then, 20 patients with peritoneal-based malignancies of colorectal origin have received cytoreductive surgery in combination with the infusion of heated intraperitoneal chemotherapy. Ontario patients no longer have to go to the US for treatment. This program is lead by Dr. Andrea McCart (MSH) in collaboration with surgical oncologists, Dr. Erin Kennedy (UHN) and Dr. Calvin Law (OCC). Patients' care is coordinated by Peritoneal Malignancy Program Nurse Navigator, who provides continuity of care, communication and education for patients, families, referring physicians, surgical oncologists and all other team members involved in this complex clinical pathway.

In November 2011, MSH – a partner in the Joint Department of Medical Imaging – joined UHN and WCH in providing breast cancer screening by becoming an OBSP site. To facilitate access to breast cancer screening for women, MSH's Familial Breast Cancer Clinic has also partnered with SMH to provide genetic counseling services for high risk patients.

ST. JOSEPH'S HEALTH CENTRE

With the support of our Surgical Oncology Thoracic Team, grateful patients and their families, St. Joseph's Health Centre is raising funds to purchase the minimally invasive Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA). In the past, St. Joseph's Health Centre patients had to be transferred to other hospitals within the GTA for the procedure, which is not optimal for patient flow or timing. St. Joseph's Health Centre is excited to purchase this leading edge technology to better support the care of patients and facilitate their care closer to home.

St. Joseph's Health Centre and Dr. Richard Hart, in particular, was the third largest contributor to this province-wide randomized trial assessing the use of PET scanning prior to hepatic resection of colorectal metastases. A multicentre trial of 404 patients concluded that the addition of staging PET/CT scanning prior to resection had less impact than expected on surgical management in the population. Results were presented at the 2011 American Society of Clinical Oncology conference.



ST. MICHAEL'S HOSPITAL

St. Michael's Hospital launched Cancer Care Ontario's ISAAC kiosks in the Medical Daycare Clinic. Patients are now able to self-report on their symptoms using a computerized system and review a printout of their current and previous symptom scores with their care team during each treatment visit. St. Michael's Hospital's Medical Daycare Unit team participated in the Regional Systemic Therapy Program Collaborative. This initiative focuses on optimizing patient and provided safety in the systemic therapy clinic.

Several partnerships continued, including:

- Thoracic Surgeons from St. Joseph's Health Centre provide onsite consultation for patients newly diagnosed with lung cancer, working with the Patient Navigation Specialist and Respiriology team to coordinate their care; and
- A collaborative initiative between surgeons at the Princess Margaret and St. Michael's Hospital's gynaecology surgeons continues to provide enhanced inter-institutional coordination of care.

St. Michael's
Inspired Care.
Inspiring Science.

TORONTO EAST GENERAL HOSPITAL

Dr. Richard Shao has assumed the role of Division Head of Oncology at Toronto East General Hospital and Dr. Patricia Disperati joined the Oncology Team as a Hematologist/Oncologist in April 2011. In September 2011, Toronto East General Hospital added a Head and Neck MCC.

Toronto East General Hospital formed an integrated Cancer Care Committee which will work in collaboration with the Odette Cancer Centre - Toronto East General Hospital Cancer Care Committee to ensure care across the continuum. Toronto East General Hospital is continuing to work in collaboration with the Odette Cancer Centre to implement the ISAAC kiosk. Patients will be able to self-report on their symptoms using computerized technology. The ultimate goal of the clinic is to integrate this information into the patients' electronic health record.

Toronto East General Hospital and Sunnybrook Health Sciences Centre are extending their collaborative relationship even further so that eligible patients from both hospitals who can benefit from robot assisted laparoscopic surgery may have their surgery performed at Toronto East General Hospital. The robot will be in place by spring 2012 and treatment on the first patient is targeted for May 2012. The procedure targeted initially is radical prostatectomy.

After receiving a Quality and Innovation Award in 2010, the Collaborative Thoracic Intake Clinic (Royal Victoria Hospital and Toronto East General Hospital):

- Was recognized by Accreditation Canada as a practice leader in 2011;
- Increased the average number of referrals per quarter by 12%;
- Increased the number of appointments 2.5 times; and
- Reduced wait time from referral to DTT by 56%.



WOMEN'S COLLEGE HOSPITAL

Women's College Hospital and St. Michael's Hospital are collaborating on a health promotion project involving 17 community-based agencies in the TC LHIN. Entitled the CARES project, this new initiative involves the coordination of outreach and educational activities for women who have rarely or never been screened for breast or cervical cancer. The project has been designed specifically for women who are refugees, immigrants, newcomers, homeless, under-housed and/or low-income, and for people who identify as lesbian, bisexual, transgender, or queer (LBTQ). Funding has been provided by Cancer Care Ontario through to March 2013.

Key features of this project include:

- Tailored educational sessions involving peer leaders;
- Provision of transportation, child care, interpretation and translation services;
- Same-day Pap tests on-site at partner agencies;
- Supportive accompaniment to mammography appointments;
- Dedicated nurse practitioner support from both hospitals;
- Involvement of peer leaders in outreach activities;
- Follow-up support to coordinate appointments and/or encourage life-long screening behaviours;
- Capacity building activities for future sustainability; and
- Evaluation of the effectiveness of the program through data collection at all phases of the project, including pre and post educational intervention measures, focus groups and 1:1 interviews

If the health promotion strategies used in this demonstration and research project positively impact breast and cervical cancer screening uptake, lessons learned will be shared with health care providers across the province. This project will address a significant health need and will also contribute to narrowing the current gap in knowledge and empirical evidence for effective cancer education and screening strategies with marginalized populations.



Partner Organizations

CANADIAN CANCER SOCIETY

The Canadian Cancer Society (Ontario Division) continues to work in close partnership with the members of the TRCP in the areas of cancer prevention, screening, and access to services.

In 2011, Canadian Cancer Society together with the Odette Cancer Centre, started two pilot projects to improve the journey of those touched by cancer. The first project, is examining the desire and value of offering the Living Well Beyond Cancer program in a clinical setting. This self-management program for survivors and caregivers is designed to aid participants in addressing and managing the many challenges faced upon completion of active treatment. The pilot could lead to the program being offered regularly at the Odette Cancer Centre other cancer centres in the future.

The second project is focused on improving patient awareness of services and information available both within the cancer centre and their home community. The project will improve the skill level of the Information and Referral Volunteers supporting the Patient Education and Research Learning Centre at the Odette Cancer Centre. Specialized training will equip volunteers with advanced navigation skills of Society resources such as the Cancer Encyclopedia and Community Services Locator and will offer insights into adult learning styles, cross cultural competence and health literacy. Once again, if successful, these learnings and training will be shared among other centres and hospitals.

In addition to these projects, the Society will be working in partnership with other members of the Region Cancer Program to achieve our mutual goals in all areas of the cancer continuum.



Canadian Cancer Society
Société canadienne du cancer

COMMUNITY CARE ACCESS CENTRE

The Toronto Central Community Care Access Care (CCAC) was one of 6 sites selected provincially in 2011 to participate in a multi-year initiative developing, implementing and evaluating a palliative care model in the community.

The goal of this initiative is to improve value and quality for the client, and the healthcare system, through:

- Coordination: the right combination of service providers, and enhancing team performance through the management and timing of good client care;
- Integration: integrating services through the development of multi-disciplinary care teams - professional and other; and
- Specialization: organizing care around palliative clients and focusing care to achieve higher quality and better value.

This quality improvement initiative is co-sponsored by the Ministry of Health and Long-Term Care, TC LHIN and the Ontario Association of CCACs working in partnership with Health Quality Ontario to respond to health system challenges for the palliative population.

The new approach to care brings together health providers across the TC LHIN to develop a model of integrated care that is embedded in the community and uses existing resources and programs across primary care, specialized care, CCAC, service provider organizations, community support sector, EMS and acute care. Specialized palliative case managers will support the integration of the care team and will be the central point coordinating across the health care continuum, ensuring seamless movement for clients across transition points.

Key indicators of success will include: improved client symptom management and reduced caregiver burden, ER visits and hospital re-admissions.

Results of this initiative will be used to inform a larger provincial palliative strategy.



TORONTO CENTRAL PALLIATIVE CARE NETWORK

After undertaking a survey of the Toronto Central Palliative Care Network membership in the summer of 2011, it was found that the members had two major interests – the development of a true integrated network (expanding the network to encompass all areas of value to the patient and service provider and truly acting as a knowledge exchange through networking); and communication/education/advocacy (all in regards to the palliative care community and the public). Working with the results of the survey and in light of the impact of the Caring for Our Aging Population and Addressing Alternate Level of Care Report by Dr. D. Walker, the Drummond Report and the Ontario government's Advancing Hospice Palliative Care Engagement, in the early spring, strategic planning sessions will take place to chart the future of the Network. The Toronto Central Palliative Care Network's Annual State of the Union event, to be held May 4, 2012, will focus on the many facets of Communications. Expert speakers in music therapy, politics and public relations, language bias, and knowing one's clients will participate in the event.

Over the past year the Network has become an incorporated entity, with bylaws and polices and the development of a new website.



TRCP Response to Ontario Cancer Plan III

STRATEGIC PRIORITIES 2011-2015

#1

Develop and implement a focused approach to cancer risk reduction

- Evolve and enhance tobacco control strategies in alignment with Cancer Care Ontario direction
- Develop enhanced partnerships with public health to engaged in cancer risk reduction
- Share best practice workplace health promotion programs and target adoption in the LHIN
- Develop, implement, and evaluate best practices to support cancer reduction for patients and their families receiving cancer treatment,
- Share practices across the LHIN of risk reduction intervention/approaches
- Work together to support cancer risk reduction strategies through hospital websites e.g. links to heart and stroke/diabetes/HPV etc.

#2

Implement integrated cancer screening

- Finalize and implement the GTA OBSP transition plan
- Implement TC LHIN ICS model that integrates CCC, OBSP and cervical screening
- OBSP assessment programs
- Work with Cancer Care Ontario to implement, streamline and enhance the OBSP high risk program
- Establish ICS steering committee to:
- Implement UNS initiative and support the sustainability of the program
- Develop Women's College Hospital leadership role in screening and diagnostic phase of journey

#3

Continue to improve patient outcomes through accessible, safe and high quality care

- Ensure that all patients being treated in the TC LHIN have the opportunity to be discussed at an MCC and continue to provide leadership for MCCs with the community hospitals both within and outside of our LHIN
- Continue to support and enhance the current lung DAPS and Colorectal DAP as well as continue to look to develop new DAPs to improve access, quality and communication to our referring physicians and patients
- Increase radiation utilization rates/access.

- Strengthen and identify new partnership opportunities to build capacity and improve access to surgery in the LHIN (e.g. endocrine, gynaecology, colon cancer, and breast reconstruction opportunities)
- Continue to expand Community of Practice opportunities and Quality Improvement initiatives
- Disease Pathway Management
- Implement CPOE at Toronto East General Hospital, St. Joseph's Health Centre, and St. Michael's Hospital
- Work with Cancer Care Ontario to address gaps in access and translating new technologies and therapeutics into standard care
- Continue to work with surrounding LHINs to decrease duplication (e.g. shared imaging databases, better organized handoffs and information sharing)

#4

Improve the Patient Experience

- Increase utilization and functionality of online and social media tools already in existence in our LHIN (e.g. My Chart at the Odette Cancer Centre, Caring Voices at the Princess Margaret)
- Expand ambulatory redesign initiatives at the Princess Margaret and the Odette Cancer Centre to better support a patient centred approach to care including empowerment, continuity of care and integration of psychosocial support
- Establish strong regional linkages through the recruitment of patient education leads at the Princess Margaret and Odette Cancer Centre
- Establish strong regional linkages through the recruitment of Psychosocial Oncology leads in order to share best practices and to develop regional goals
- Promote and increase utilization of DeSouza Institute education and resources to support all areas of nursing care
- Use technology to improve the patient experience

#5

Innovative Models of Care Delivery

- Innovate through the Odette Cancer Centre and the Princess Margaret's Ambulatory Redesign Initiatives including increasing use of self- management (symptom screening and distress assessment programs) ELLICSR, My Chart, and improve navigation of patients through the alignment of nursing to disease sites
- Support the sharing and adoption of best practices as a regional program through current committee structures (e.g. Regional Steering, Patient Education and other applicable committee's and highlighting these roles in our annual report)

- Patient education and community programs to improve integration of community programs within our hospital institutions to provide enhanced support to our patients and improve staff knowledge on what community services are available and how to access them in order to support our patients throughout their cancer journey
- Continue to support and implement new Clinical Specialist Radiation Therapy roles for radiation therapy at the Princess Margaret and the Odette Cancer Centre
- Expansion, development and evaluation of Survivorship Models of care (e.g. colorectal/hematology on-line, social networking program at Odette and the After Care Transition Treatment (ACTT) program at Women's College Hospital in partnership with the Princess Margaret Living Well Beyond Cancer)

#6

Personalized Medicine

- Conduct first-discovery based research in personalized medicine
- Move personalized medicine evidence forward
- Create areas with strong evidence into standard practice.
- Support work towards more consistent use of decision aids regarding personalized medicine options such as prostate cancer risk, breast cancer risk

The Princess Margaret will expand current work on genotyping tumours, using technology to identify specific mutations, identify markers that will predict drug toxicity and using personalized medicine for direct patient care through:

- Personalized medicine in our front line care (e.g.) CML testing for sensitivity to Gleevec) by investing in research and laboratory medicine
- Clinical trials in this area (e.g.) IMPACT trial looking at breast, colon, lung and ovarian tumour sequencing
- New technology in the achievement of personalized medicine (e.g.) high throughput sequencing
- Leadership/membership on the Molecular Oncology Advisory Committee at Cancer Care Ontario and the Ontario Genetics Secretariat

The Odette Cancer Centre will continue its internationally-recognized program, developing imaging and therapy as it relates to personalized medicine by continuing to:

- Develop and test new technologies and methods in MRI, ultrasound and optical methods for tumour response imaging and evaluate these in patient treatments
- Implement these novel imaging methods into the trial-based customization of patient care with first-in-human changes in therapy based on functional-imaging-based responses
- Develop new technologies for new biophysical-based treatments which permit non-invasive scalpel-less surgical approaches for tumour ablation, new chemotherapy enhancing approaches, and new methods to significantly enhance the effects of radiation
- Translate the technologies in (3) into first-in-human uses and lead international trials in collaboration with academic and industrial partners bringing these new cancer treatment methods into the clinic



Canadian Cancer Society
Société canadienne du cancer



cancer care ontario | action cancer ontario

Toronto Central
Community Care Access Centre



Centre d'accès aux soins communautaires
du Centre-Toronto



Princess Margaret Hospital
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TORONTO EAST
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