Strategic Plan
2012-2016

“Improving the Cancer Journey through Engaging Community Partnerships”

Document finalized: December 2011
A Message from the Regional Vice President

Dear Partners,

I am pleased to introduce the South West Regional Cancer Program’s strategic plan “Improving the Cancer Journey through Engaging Community Partnerships.” This plan has been approved by Cancer Care Ontario and key stakeholders and builds on the success of previous plans.

The plan reinforces the vision and guiding principles of the South West Regional Cancer Program. The foundation for our strategic plan is the engaging partnerships that we have with all of our community and hospital partners. It is through the combined efforts of every organization and healthcare provider across our region that we are able to strive towards providing exceptional care to every person who is at risk, is currently living with, or in the past has had cancer.

Our shared strategic plan is aspiring and sets long-term goals and a vision of providing a comprehensive regional cancer system serving all people living in the South West Region. The plan sets ambitious goals in terms of improving access to a full range of cancer services, improving the quality and outcomes of cancer care, developing a regional cancer program that is aligned with Cancer Care Ontario and improving the value of the region’s cancer system. The plan also highlights the efforts that are required to obtain the resources necessary to achieve our goals and commitment to supporting families and patients throughout the continuum of care.

As well as being aspirational, the plan is practical and recognizes the challenges that lie ahead. We are committed to improving the value of the overall regional cancer system from the standpoint of the patient as well as the Province. With the economic conditions facing Ontario over the next several years, the Regional Cancer Program, along with all other aspects of the healthcare system, must improve the value provided to patients while improving the cost-effectiveness of the range of services and programs that make up a comprehensive regional cancer system.

Five key strategies are outlined in the plan and will be our main focus over the next several years. The strategies emphasize cancer control from the perspective of the patient and focus on providing individuals with the knowledge they need to make informed decisions affecting their care. In addition, the strategies will provide the necessary resources for patients to effectively manage their care.

As we move forward, it will be important to incorporate the goals and aspirations of the strategic plan into planning at all levels within the region. This plan will help us to transform preventive, treatment and palliative services across the region in an effort to provide high-quality cancer care.

I look forward to continuing to work together with Cancer Care Ontario, stakeholders and regional partners over the years ahead to accomplish the goals we have established.

Yours sincerely,

Brian Orr
Regional Vice President
Our Guiding Principles

- Recognize patient-centred care and population health as complementary to a comprehensive cancer system
- Employ iterative development, continuous performance improvement and learning through experience
- Apply sound evidence and best practice in decision-making
- Recognize the need to improve the “value for money” in the region’s entire cancer system

The South West Regional Cancer Program is committed to preventing, screening for, detecting and treating cancer, providing the highest quality comprehensive care possible, and to supporting families and clients/patients throughout the continuum of care.

Our Vision

To provide a comprehensive regional cancer system, the highest quality cancer care to all people living in the South West Region, and ensuring access to the right services, in the right place, at the right time, by the right provider for all forms of cancer.

Our Goals

- Improve access to and utilization of cancer services and improve the experiences of patients living with cancer, through the integration and coordination of cancer services across the full continuum of care
- Enhance the quality and outcomes of cancer care based on quality and performance indicators
- Continue development of a comprehensive, patient-centred regional cancer program, aligned with Cancer Care Ontario’s direction, and delivers value to all parts of the South West Region.
- Promote and support cancer prevention, early detection and screening
- Advocate for healthy public policy and cancer prevention

1 “Value” is a term introduced in Cancer Care Ontario’s latest direction. It is taken to recognize the public expectation that the cancer system will continually improve the ability to provide safe and timely care, improve outcomes for cancer patients and families, control the burden of cancer; and operate in a cost effective manner.
### Projected Population and Cancer Incidence of South West LHIN Residents

By age groups, selected years

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Incidence</td>
</tr>
<tr>
<td>00-49 years</td>
<td>618,853</td>
<td>567</td>
</tr>
<tr>
<td>50-69 years</td>
<td>242,199</td>
<td>2,425</td>
</tr>
<tr>
<td>70+ years</td>
<td>105,448</td>
<td>2,398</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>966,500</strong></td>
<td><strong>5,390</strong></td>
</tr>
</tbody>
</table>

Our Partners

Alexandra Hospital
Alexandra Marine and General Hospital
Canadian Cancer Society
Cancer Care Ontario
Elgin St. Thomas Public Health
Erie St. Clair Regional Cancer Program
Grey Bruce Health Services
Grey Bruce Health Unit
Hanover & District Hospital
Huron Perth Healthcare Alliance
Listowel Memorial Hospital
London Regional Cancer Program
London Health Sciences Centre
Middlesex Hospital Alliance
Middlesex London Public Health Unit

Oxford County Public Health and Emergency Services
Perth District Health Unit
South Bruce Grey Health Centre
South Huron Hospital Association
South West Community Care Access Centre
South West Local Health Integration Network
S.T.A.R. Family Health Team
St. Joseph’s Health Care London
St. Thomas Elgin General Hospital
Tillsonburg District Memorial Hospital
Waterloo Wellington Regional Cancer Program
Wellspring, London & Region
Wingham & District Hospital
Woodstock General Hospital

Our Priorities

As one of 13 regional cancer programs across the province of Ontario, the South West Regional Cancer Program is committed to the goals and strategic priorities that are found in the Ontario Cancer Plan 2011-15. For a full copy of this plan, visit: http://ocp.cancercare.on.ca/

Using the plan as a guide, we have explored what is important to us in the South West and have engaged a number of key stakeholders in identifying where we should focus our efforts to see the most improvement in the system by 2016. The population data for our region identifies rapid growth in the 50 – 69 year age band. This is the target age group for many of our screening programs and reflects the age of the majority of “consumers” of our services. Given these statistics, over the next four years we have collaboratively decided to focus on:

- Improving the value of the South West Region’s cancer system,
- Reducing cancer incidence,
- Incorporating screening and early intervention into primary care
- Improving patient outcomes, and
- Improving the patient experience.
The following paragraphs explain each priority in detail.

**Improving Value in the Regional Cancer System**

Over the last several years the South West Regional Cancer Program has focused on enhancing the availability and quality of cancer care across the South West LHIN. We have done this in collaboration with our regional partners, in a manner that is aligned with the Chronic Disease Management Strategy adopted by the SW LHIN as part of an Integrated Health Service Plan. It is recognized that the challenging economic conditions currently facing us will require a continued focus on improving the “value” of the services provided by the cancer system.

By 2016 we will:

- Improve our collective ability to provide safe and timely care, improve outcomes and experiences for patients and their families, controlling the burden of cancer; and operating in an efficient and cost effective manner.

We will achieve this through the following initiatives:

- Developing and refining inventory of all current cancer services components and locations.
- Investigating and identifying best practice models for chronic disease management (e.g. Ontario Stroke Strategy)
- Developing a Regional Cancer Services Plan that defines the range of services to provide; preferred location of those services, and links to other cancer services outside the SW LHIN.
- Developing an implementation strategy that recommends components of this Plan that are to be established or enhanced by 2016.
- Establishing additional methods and metrics to measure the continued value and overall cost of the South West cancer system.

**Reducing Cancer Incidence**

To determine where the South West Regional Cancer Program currently is, in terms of preventing the incidence of cancer, we look to the Cancer System Quality Index (CSQI) and the indicators found under prevention. Based on these performance metrics, it is evident that the South West falls behind the rest of the province in many of the indicators of unhealthy lifestyles (e.g. smoking, alcohol consumption, and obesity). Where the South West exceeds the Ontario average, the percentages are too low to be considered a “success”. The South West has a higher incidence of cancer than most other geographic areas in the province.

In order to reduce incidence rates, a focused approach to reducing the modifiable risk factors is required. The benefits of maintaining a healthy lifestyle extend beyond the risks of developing cancer. Through partnerships with public health and other chronic disease prevention and management stakeholders, we will leverage our actions to help the residents of Southwestern Ontario live longer, healthier, more active lives.
### Prevention at a Glance

<table>
<thead>
<tr>
<th>Metric</th>
<th>2007/08</th>
<th>Ontario Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults (aged 19+) exceeding the cancer prevention maximum for alcohol drinks</td>
<td>29.0%</td>
<td>26.5%</td>
</tr>
<tr>
<td>Percentage of adults (aged 18+) eating vegetables and fruit five or more times daily</td>
<td>35.8%</td>
<td>36.2%</td>
</tr>
<tr>
<td>Percentage of adults (aged 18+) who are active or moderately active</td>
<td>50.1%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Percentage of adults (aged 30+) who participate in sedentary activities</td>
<td>41.6%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Percentage of adults (aged 20+) who are current smokers</td>
<td>23.5%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Percentage of adults (aged 18+) self-reporting obesity</td>
<td>20.2%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Percentage of male adults (aged 20+) who practice healthy behaviours</td>
<td>6.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Percentage of female adults (aged 20+) who practice healthy behaviours</td>
<td>10.3%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Percentage of adults (aged 20+) who had successful quit attempts</td>
<td>8.3%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Percentage of adult non-smokers (aged 20+) exposed to second-hand smoke in their home, a car, or public place</td>
<td>15.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Percentage of adult non-smokers (aged 20+) exposed to second-hand smoke in their home</td>
<td>4.3%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

**Source:** Cancer System Quality Index, 2011 ([http://www.csqi.on.ca/indicators_lhin/sw_lhin/](http://www.csqi.on.ca/indicators_lhin/sw_lhin/))

**By 2016 we will:**

- Partner with Public Health Ontario and other health agencies to promote initiatives that reduce the percentage of adults who are smokers to below the Ontario average and increase the overall health of residents in our region.

We will accomplish this through the following initiatives:

- Implement the “Your Health Matters” program at all SWRCP partner sites across the region. The program will provide the information and self-management tools that participants require to manage their own cancer screening and prevention.

- Implement a smoking and chewing tobacco cessation program across the region at all hospital sites.

- Develop an aboriginal and other “hard to reach” health strategy that is aligned with Cancer Care Ontario and SWLHIN strategies.

We will accomplish this through the following initiatives:

- Implement a smoking cessation program in collaboration with Aboriginal Care Centres and representatives groups.

- Participate in a province wide screening blitz aimed specifically at aboriginal audiences.
Incorporating Screening and Early Intervention into Primary Care

Our performance is close to or slightly better than the Ontario average in screening and early intervention performance; yet, there is still significant room for improvement. Using the Cancer System Quality Index (CSQI) measures of quality, we can see that there is much more work to do to meet the health care needs of our residents.

<table>
<thead>
<tr>
<th>SCREENING</th>
<th>At a Glance</th>
<th>Prior Data</th>
<th>Most Recent Data</th>
<th>Ontario Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Cancer Screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage (adjusted) of females 50-69 years old with a Mammogram within a two-year time interval</td>
<td></td>
<td>66.3%</td>
<td>67.4%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Percentage of females 50-69 years old whose abnormal OBSP breast screen was resolved without need for a tissue biopsy within a 5 week target</td>
<td></td>
<td></td>
<td>73.0%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Percentage of females 50-69 years old whose abnormal OBSP breast screen was resolved with need of a tissue biopsy within a 7 week target</td>
<td></td>
<td></td>
<td>50.2%</td>
<td>61.8%</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage (adjusted) of females 20-69 years old with a Pap test within a three-year time interval</td>
<td></td>
<td>70.9%</td>
<td>71.9%</td>
<td>72.5%</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage (adjusted) of males and females 50-74 years old with an FOBT within a two-year interval</td>
<td></td>
<td>22.9%</td>
<td>30.2%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Percentage of males 50-74 years old who had follow-up colonoscopy within six months of a positive FOBT</td>
<td></td>
<td></td>
<td>65.0%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Percentage of females 50-74 years old who had follow-up colonoscopy within six months of a positive FOBT</td>
<td></td>
<td></td>
<td>64.4%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Percentage of colonoscopies among men and women 50-74 years old within 8 weeks of a positive FOBT</td>
<td></td>
<td></td>
<td>75.2%</td>
<td>75.4%</td>
</tr>
</tbody>
</table>

Source: Cancer System Quality Index, 2011 ([http://www.csqi.on.ca/indicators_lhin/sw_lhin/](http://www.csqi.on.ca/indicators_lhin/sw_lhin/))

The South West Regional Cancer Program will continue to evolve and grow our screening program to meet the needs of our residents.

By 2016 we will:

- Increase screening uptake in the eligible population for breast, colorectal and cervical cancer screening to 70%, 35% and 75% respectively.
We will accomplish this through the following initiatives:

- Establishing an integrated screening program that focuses on screening for the patient, not the body part.
- Consolidating all data reporting and information transfer into electronic formats to ensure the ongoing stewardship and protection of personal health information.
- Developing an “under and never screened” engagement strategy to ensure that all rural residents have appropriate access to screening programs.
- Ensure wait times from time of abnormal screen to resolution meet provincial standards across all programs.

We will achieve this through the following initiatives:

- Developing Breast Assessment Program clinical pathways.
- Implementing electronic referral mechanisms for screening and diagnostic services in the region.
- Establishing Diagnostic Assessment Programs for lung, colorectal, prostate and head and neck cancers, to improve access to imaging and other diagnostic testing.
- Implementing enhanced reporting and communication of performance metrics to stakeholders to ensure quality programs exist across the system.

**Improving Patient Outcomes**

Historically, this is where the focus of our efforts has been, yet there is much to do to meet the quality targets that have been established.

<table>
<thead>
<tr>
<th>Treatments</th>
<th>At a Glance</th>
<th>Prior Data</th>
<th>Most Recent Data</th>
<th>Ontario Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wait Times for Cancer Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of cases completed within priority access targets 2, 3 and 4, decision-to-treat to operation</td>
<td>56.6%</td>
<td>61.2%</td>
<td>74.9%</td>
<td></td>
</tr>
<tr>
<td>Percentage of synoptic colon and rectum cancer resection reports with 12 or more nodes examined</td>
<td>60.1%</td>
<td>73.8%</td>
<td>78.3%</td>
<td></td>
</tr>
<tr>
<td>Percentage of synoptic prostate cancer resection reports with positive pt2 (stage 2) margin</td>
<td>84.6%</td>
<td></td>
<td>86.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Radiation Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of cancer cases treated with radiotherapy at any time during the course of illness</td>
<td>35.7%</td>
<td>35.6%</td>
<td>36.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Systemic Treatment (Chemotherapy)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of systemic treatment visits supported by Computerized Physician Order Entry</td>
<td>78.3%</td>
<td>83.8%</td>
<td>69.5%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Cancer System Quality Index, 2011 ([http://www.csqi.on.ca/indicators_lhin/sw_lhin/](http://www.csqi.on.ca/indicators_lhin/sw_lhin/))
The South West Regional Cancer Program will improve outcomes related to clinical effectiveness and safety and improve access to care across Southwestern Ontario.

**By 2016 we will:**

- **Meet or exceed negotiated annual targets in the CSQI indicators related to treatment quality in Surgery, Radiation and Systemic Treatment.**

We will achieve this through the following initiatives:

- Engaging in the Cancer Surgery Wait Time Project. We will study patient flow for all types of cancer in an effort to identify the barriers and bottlenecks that have contributed to long surgical wait times across the LHIN.

- Implementing electronic referral mechanisms for treatment services in the region.

- Increasing multi-disciplinary case conference participation rates to ensure that cancer patients have their care plan discussed and treatment options fully developed by a cross disciplinary specialty team.

- Developing comprehensive community based cancer programs that meet quality and patient safety standards for care and are appropriately scoped to ensure value add for health care resource investment.

- Developing and operationalizing a common business model within regional systemic therapy that allows for the continued sustainability and growth of care closer to home.

- Establishing a functional program for radiation services at Grey Bruce Health Services.

- Implementing new technologies and methods that will enhance our collective ability to deliver safe, effective and timely care (e.g. increased use of telemedicine services in direct clinical care).

- Redeveloping the SWRCP website and implement other social media tools to create interactive effective knowledge transfer and communication amongst health care providers, patients and their families, and members of the public.

**Improving the Patient Experience**

The South West Regional Cancer Program is committed to improving the patient experience. The data indicates that we are currently performing better than the rest of the province as it relates to assessing cancer related symptoms; however, we are not meeting the needs of almost 45% of our patients according to the absolute scores.

<table>
<thead>
<tr>
<th>Patient Experience with Outpatient Cancer Care</th>
<th>2009</th>
<th>2010</th>
<th>Ontario Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cancer patient satisfaction scores for emotional support</td>
<td>53.9%</td>
<td>56.0%</td>
<td>53.3%</td>
</tr>
<tr>
<td>Of those reporting that they had anxieties, patient satisfaction scores for selected questions &quot;Were you referred to provider for anxieties and fears at diagnosis?&quot;</td>
<td>46.6%</td>
<td>46.2%</td>
<td></td>
</tr>
<tr>
<td>Of those reporting that they had anxieties, patient satisfaction scores for selected question: &quot;Were you in touch with other providers for anxieties/fears during treatment?&quot;</td>
<td>33.9%</td>
<td>36.4%</td>
<td></td>
</tr>
</tbody>
</table>
Symptom Assessment

<table>
<thead>
<tr>
<th>Percentage of lung cancer patients who were screened at least once per month for symptom severity</th>
<th>56.0%</th>
<th>64.7%</th>
<th>59.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of cancer patients, excluding lung cancer patients, who were screened at least once per month for symptom severity</td>
<td>56.0%</td>
<td>67.0%</td>
<td>40.3%</td>
</tr>
<tr>
<td>Percentage of patients who said that they somewhat agreed or strongly agreed that their health care provider took into account their ESAS score</td>
<td>80.5%</td>
<td>78.2%</td>
<td></td>
</tr>
<tr>
<td>Percentage of patients who said that their symptoms were managed to a comfortable level always or most of the time</td>
<td>81.4%</td>
<td>78.2%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Cancer System Quality Index, 2011 [http://www.csqi.on.ca/indicators_lhin/sw_lhin/](http://www.csqi.on.ca/indicators_lhin/sw_lhin/)

Note: Historic data collection for this method has been at the London Regional Cancer Program (LRCP) level only. Our “green” status is reflective of this location only and is not reflective of true regional activities.

By 2016 we will:

- Create new and improved opportunities for patients to share their experiences and take an active role in the ongoing management of their personal journey.

  This will be achieved through the following initiatives:

  - Establishing patient navigation supports and symptom assessment mechanisms in established diagnostic assessment programs, systemic therapy satellite sites and others.
  - Developing social media opportunities for patient and staff interaction and communication.
  - Redeveloping the SWRCP website to be an interactive, intuitive tool for effective knowledge transfer and communication.
  - Developing a patient engagement strategy for regional cancer program services.
  - Developing an integrated survivorship program for colorectal cancer patients post treatment to ensure a smooth transition between the treatment and surveillance phases of the cancer journey.