



Regional Cancer Care Northwest Report Card

2010

- | | | |
|--------------|--------------|---------------|
| Atikokan | Marathon | Sioux Lookout |
| Dryden | Manitouwadge | Terrace Bay |
| Fort Frances | Nipigon | Thunder Bay |
| Geraldton | Rainy River | Hearst |
| Kenora | Red Lake | |



Hard Work Pays Off



Regional Cancer Care Northwest continues to raise the bar by offering world-class cancer services in our region. We should all take a bow and celebrate our respective roles in keeping our cancer program in the top three provincial performers.

Our surgical wait times, diagnosis, treatment and overall patient satisfaction lead the pack.

Over the past two years we have placed even more emphasis on quality and performance. To do so, we've made improvements in diagnostics as well as standards of practice; clinical and patient education; and proactive monitoring of our performance. We've employed innovative solutions to lessen wait times and improve quality of care such as synoptic pathology reporting and the regional roll-out of OPIS 2005.

More emphasis is being placed on Patient and Family Centred Care as we constantly strive to improve the patient journey. Recognizing that primary care is an integral part of the cancer care continuum, we are liaising and integrating with our community more than ever before.

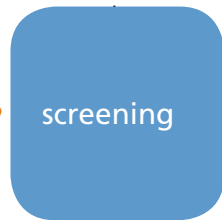
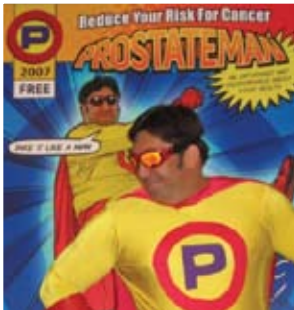
With a strategic focus on new research and clinical trials we are moving forward to "Bring Discoveries to Life" for our patients. The many successes outlined in this report illustrate the spirit, passion and genuine hard work of our team that spans the region from Hearst to the Manitoba border.



Michael Power,
Regional Vice President,
Regional Cancer Services and Diagnostics



Cancer Care Continuum



Prevention and Screening Network
 Dr. Heather McLean
 Alison McMullen

Diagnostics Network
 Dr. Karl Granberg
 Dr. Joseph Wasielewski
 Joanne Lacourciere

Surgical Oncology Network
 Dr. Kenneth Gehman
 Aaron Skillen

Systemic Therapy Network
 Dr. Dimitrios Vergidis
 Aaron Skillen

Radiation Therapy Network
 Dr. Sunil Gulavita
 Dr. Peter McGhee

Clinical Trials
 Dr. Adrien Chan
 Tarja Heiskanen

Supportive and Palliative Care Network
 Dr. Geoff Davis
 Dr. Scott Sellick

Supportive and Survivorship Network
 Dr. Scott Sellick

Research and Academics

Major Network Accomplishments + Updates

Regional Cancer Care Northwest (RCC Northwest) offers world-class services in cancer prevention, early detection, diagnosis, treatment, and supportive and palliative care to the 235,000 residents of Northwestern Ontario. Patients can receive care closer to home in one of thirteen affiliated hospital sites across the region.

During the past two years there have been multiple improvements for patients and health care professionals. We have consistently led the province in quality of care metrics reported by Cancer Care Ontario. Our spirit of collaboration, in concert with partnerships and generous donations to the Northern

Cancer Fund from citizens of Northwestern Ontario, make it possible for RCC Northwest to ensure equitable access to quality cancer care for all patients.

PREVENTION & SCREENING

Pulling the Region Together: Primary Care Network Established

In 2009, a Primary Care Provider and Cancer Network was established to improve integration of primary care into the regional cancer system. Three nurse practitioners, ten physicians, and a regional Primary Care Lead for prevention and screening are working together across Northwestern Ontario to link smaller communities and practitioners. One task is to gather important information around prevention and screening efforts like ColonCancerCheck. In addition, they consult regional network members about cancer education learning opportunities. Recently, the Network was able to provide information on the upcoming discharge of early colorectal and breast cancer patients back to their primary care providers.

Colorectal Screening Clinic in Marathon

In 2008, a colorectal cancer screening clinic opened in Marathon, providing an important new service to regional residents. A grant of \$115,000 from the Northern Cancer Fund of the Thunder Bay Regional Health Sciences Foundation combined with \$75,000 from Hemlo Operations, purchased the necessary medical equipment. Screening colonoscopy (for positive Fecal Occult Blood Tests or those with first degree family history of colorectal cancer) is



now offered two days per month at the Wilson Memorial General Hospital. Patients have access to follow-up screening when they need it, without the additional stress of travel. Colorectal cancer rates in Northwestern Ontario are higher than provincial averages, making access to screening and assessment programs imperative.

Getting the Word Out: ColonCancerCheck

Regional Cancer Care Northwest launched the Stick Around colorectal cancer awareness and social media campaign in combination with promotional events to encourage people to participate in ColonCancerCheck screening. ColonCancerCheck is an Ontario-wide program aimed at reducing colorectal cancer by increasing early detection of the disease. The program provides access to screening through the use of the fecal occult blood test (FOBT), or for those at increased risk, access to a colonoscopy procedure.



Stick Around

A simple test could
save your life.

www.ColonCancerCheck.ca



Flex Sig Screening

In 2008, RCC Northwest participated in a Cancer Care Ontario pilot project offering nurse-performed flexible sigmoidoscopy for colorectal cancer screening. Nurses in Thunder Bay were specially trained to use a flexible sigmoidoscope (a thin tube with a camera) to visually explore the lower third of the colon and rectum for polyps, similar to colonoscopy. The successful pilot led to a full-fledged Endoscopy Program in April 2009. Over 280 nurse-led flex sig procedures have been done at TBRHSC, with high patient satisfaction scores.

The Regional 150/50 Breast Screening Challenge: Setting a New Record

Our region was challenged by Northeastern Ontario to screen 150 women, 50 years of age and older in one day. On October 26, 2009, the Ontario Breast Screening Program (OBSP) Northwest screened 174 women in one full day of drop-in breast screening appointments at all 5 affiliate sites in Kenora, Fort Frances and Thunder Bay.

■ DIAGNOSTICS

DAP Colorectal Underway

Diagnostic Assessment Programs (DAPs) provide a single point of access, coordinating diagnostic processes and improving patient experience and quality of care. RCC Northwest implemented a DAP for colorectal patients as part of ongoing efforts to accelerate time to diagnosis for cancer patients. Cancer Care Ontario is working toward the implementation of other DAPs throughout the province of Ontario.

Synoptic Reporting

In January 2009 Cancer Care Ontario recognized the Pathology Team of RCC Northwest and TBRHSC for being the first in Canada to fully implement an innovative synoptic reporting initiative. Synoptic reporting allows pathologists and oncologists to work with standardized electronic reports when diagnosing cancer.



Using special software, pathologists can quickly and easily enter lab results into electronic checklists. The “synoptic” or standard checklists enhance patient safety by minimizing the risk for incomplete reports or confusion regarding results. The simple and efficient process helps reduce diagnostic wait times and gives oncologists quick access to thorough, consistent reports as they create the best possible treatment plans for patients.

■ TREATMENT - SURGICAL

Breast Core Biopsy Program

In 2007, at least 50% of women who required additional investigation following the identification of a suspicious abnormality on a mammogram or ultrasound needed to undergo surgery to obtain a biopsy and definitive, pathological diagnosis. In 2010, only 17% require surgery to achieve a pathological diagnosis. The large majority of women (83%) now have access to a much less invasive, image guided needle biopsy. Needle biopsies are performed in the Diagnostic Imaging department by a radiologist. The provincial target is for 90% of breast cancers to be diagnosed by a core biopsy so that patients require only one, definitive breast surgery. We are on pace to achieve the provincial target in 2010.

The More We Get Together: MCCs

Representatives from medical, radiation and surgical oncology, together with pathology, diagnostic radiology, and nursing participate in Multidisciplinary Case Conferences (MCCs) at RCC Northwest. MCCs provide a venue for the most up-to-date evidence and treatment options to be considered. RCC Northwest outperforms Cancer Care Ontario’s target for the percentage of standards-compliant multidisciplinary case conferences for funded disease sites.

Wait Times

RCC Northwest takes great pride in having some of the shortest wait times in Ontario in all three treatment options: chemotherapy, radiation therapy, and cancer surgery. We rank among the best in the province for our high performance in Radiation and Systemic Wait Times: recently we were ranked #1 in three out of four wait



times. Reducing wait times for cancer therapy isn’t just about increasing chances for successful treatment, it helps patients stay positive and accept what might be a long road ahead. While wait times cannot tell the whole story about cancer treatment in Northwestern Ontario, they are a good indicator of the effectiveness of our cancer program in delivering quality patient care.

TREATMENT - SYSTEMIC

OPIS 2005 - Regional Computerized Physician Order Entry System

Rather than travelling hours to Thunder Bay, cancer patients often choose to receive their chemotherapy closer to home. In April 2009, RCC Northwest became the first cancer program in Ontario to implement OPIS 2005 – an electronic system for ordering and documenting chemotherapy administration – across 14 regional sites spanning over 1,000 km. Now physicians, nurses, and pharmacists throughout the region share standardized treatment information safely and efficiently in real-time. The innovative implementation of this Computerized Physician Order Entry system (CPOE) is a model for other regional cancer programs that are moving toward a CPOE as part of the Ontario Cancer Plan goal to improve the performance of the provincial cancer system.

Symptom Assessment

Regional Cancer Care Northwest has implemented the Edmonton Symptom Assessment System (ESAS), a nine question electronic survey used to monitor common cancer patient symptoms. ESAS allows patients to work in partnership with their healthcare team by rating their symptoms on a scale of 1 to 10. Each time they come for treatment they can use two electronic kiosks in the reception area of RCC Northwest. ESAS helps healthcare providers better understand how patients are feeling and identify problems as early as possible, and it provides an electronic symptom history of the patient. A regional, web-based system will be implemented in 2010.



TREATMENT - RADIATION

IMRT Comes to RCC Northwest

Intensity-Modulated Radiation Therapy (IMRT) became a reality at RCC Northwest in spring of 2008. IMRT alters the radiotherapy dose based on body tissue thickness and is a new Cancer Care Ontario standard of care. Because of the clear evidence of benefit, our first IMRT delivery was treatment of prostate cancer. Since January 2010, we are treating the majority of head and neck patients – a more difficult site – with IMRT.



PALLIATIVE / RECOVERY

Picker Says Patients are Highly Satisfied

Over 95% of oncology patients say they are treated with dignity and respect by staff at Regional Cancer Care Northwest. NRC Picker regularly surveys our patients about their experience. Since 2007, our ambulatory oncology patient satisfaction has always exceeded 95% and their current satisfaction level is over 98%. We are proud to rank above the Ontario Oncology Average in patient satisfaction.

Supportive & Palliative Care Come Together

Patients and families benefit when psychosocial and spiritual care are integrated with clinical care. Recognizing this, Palliative Care and Supportive Care have integrated their services in a Supportive and Palliative Care Network. The network will provide patients and families with both clinical and psychosocial care. Feedback from supportive care and palliative care teams is very positive – collaboration of palliative medicine and psychosocial oncology helps provide a more seamless journey for patients and their families.



RESEARCH AND ACADEMICS

PET Imaging

April 2010 marked the 100th patient scanned via Positron Emission Tomography (PET) at the Thunder Bay Regional Health Sciences Centre. This includes patients referred through the PET Registry, the Ontario Clinical Oncology Group feasibility study for Diagnosis of Recurrent Cancer (also called PETREC), and PET Access. The imaging device gives a more detailed view of activity in the body and therefore treatment and diagnosis can be more precise. PET allows us to offer patients the opportunity to participate in a clinical trial or a registry that could provide information and improve care.

Clinical Trials & Translational Research

A Translational Research Program (TRP) is being established. It is the first in the corporate history of Thunder Bay Regional Health Sciences Centre (TBRHSC) and Thunder Bay Regional Research Institute (TBRRI). The TRP will transition or “translate” TBRRI discovery research to first in human studies and coordinate clinical research at TBRHSC. This program will create opportunity for ‘collisions’ among leading scientists and clinicians. It will promote collaborative work that finds innovative solutions to health care problems in Northwestern Ontario. This coordinated approach to clinical research and trials will ensure that all patients (not just cancer patients) at TBRHSC have access to relevant clinical trials that expand their treatment options.



TBRRI

The Thunder Bay Regional Research Institute (TBRRI) is Canada’s newest molecular imaging and advanced diagnostic research institute. TBRRI has a unique mission to improve the quality of healthcare through excellence in patient-centred research. The goal of our scientists is to pioneer new standards of excellence in the clinical investigation of novel molecular imaging-based technologies for screening, early detection, and image-guided treatment of cancer and other diseases. We currently have 13 scientists and world-class technology including a PET/CT scanner (one of only nine in Ontario), a 3T Research MRI, and plans for a Cyclotron and radiopharmacy to develop our own supply of medical isotopes. The TBRRI is leading the way in establishing Northwestern Ontario as a hub for research and innovation in healthcare.

NOSM

We continue to work closely with the Northern Ontario School of Medicine to provide ongoing training, partnerships and educational opportunities for students, staff and faculty. The Thunder Bay Regional Research Institute (TBRRI) recently signed a monumental agreement with Lakehead University that will sponsor the creation of undergraduate and graduate programming in Medical BioPhysics. This will support the recruitment of up to eight new TBRRI scientists and university professors. These individuals will bring our dedicated faculty close to 20 – making it one of Canada’s largest in the molecular imaging field.



DeSouza Certificate

Oncology nurses from the Thunder Bay Regional Health Sciences Centre and RCC Northwest can take the Oncology Nursing Certification exam with courses offered by the de Souza Institute, a learning centre dedicated to improving cancer care. The certification, governed by the Canadian Nurses Association (CNA), ensures that each nurse has a strong background knowledge of cancer including staging, prevention, treatment, and supportive care. Nurses who pass the exam are given the designation CON(C).

Performance Scorecards and Accreditation

We all want to be successful in providing our patients with the best possible care as they navigate the cancer system in Northwestern Ontario. We, our patients, and Cancer Care Ontario (CCO) define success using a number of indicators. We monitor and report on these indicators on our monthly scorecard. This keeps us focused on achieving our goals and targets. You can see from this report card that we are high achievers. Quality and performance standards set by CCO ensure we meet the standards set by the Canadian Council of Health Services Accreditation.

Human Touch Awards

Staff at RCC Northwest was recognized for Exceptional Patient Care at the Third Annual Human Touch Awards in 2009. The Human Touch Awards honour front-line cancer care professionals from across the province who provide exceptional and compassionate care to cancer patients. Dr. Nicole Laferriere, a Hematologist at Regional Cancer Care, and Sue Bailey, Palliative Care Nurse, at Thunder Bay Regional Health Sciences Centre received the prestigious provincial Human Touch Awards.

In 2008, Human Touch Awards were given to key staff in the region. One was awarded to Darlene Furlong, Senior Vice President of Patient Care Services & Program Development at Dryden Regional Health Centre, and her chemotherapy team in Dryden. Another went to Diane McManaman, RN, in Fort Frances. Dryden and Fort Frances are two of 13 regional hospital sites in Regional Cancer Care's program network that provide cancer care services like chemotherapy closer to home for Northwestern Ontario patients. The outstanding care and compassion they provide their patients is truly inspiring.

CCO Quality and Innovation Award

Dr. Joseph Wasielewski and the Pathology Team of RCC Northwest and Thunder Bay Regional Health Sciences Centre (TBRHSC) were awarded the 2009 Cancer Care Ontario (CCO) Quality and Innovation. Their innovative work in laboratory response times led to improvements in access for cancer patients. We are the first in Canada to fully implement synoptic reporting initiatives. Pathologists were able to reduce pathology turn-around times from 22 days to 7 days. A \$270,000 grant from the Northern Cancer Fund of the Thunder Bay Regional Health Sciences Foundation purchased special software – mTuitive. Now pathologists can quickly and easily enter lab results into electronic checklists. The "synoptic" or standard checklists enhance patient safety by minimizing the risk for incomplete reports or confusion regarding results. The simple and efficient process also helps reduce diagnostic wait times.





Regional Cancer Care Northwest Report Card

Quick Statistics

| | Actual 2008/2009 | Projected 2009/2010 | Change Percentage |
|---|---------------------|------------------------|----------------------|
| OBSP Screens | | | |
| | 10,132 | 11,335 | +10.6 % |
| Indexed Cancer Surgeries | | | |
| | 703 | 700 | - 0.4 % |
| New Radiation Cases (C1R) | | | |
| | 891 | 900 | + 1.0 % |
| New Systemic Cases (C1S) | | | |
| | 1,382 | 1,430 | + 3.4 % |
| Cancer Care Telemedicine Consults | | | |
| | 1,834 | 2,583 | + 29.0 % |
| Screening Colonoscopies (Base + Incremental Volumes) | | | |
| | 1,373 | 1,404 | + 2.2 % |

GOALS AND PRIORITIES

GOAL 1

Reduce the incidence of cancer.

Priorities

- ✓ Provide social marketing, public education, outreach, and information programs to increase awareness of cancer risk factors and the benefits of cancer screening.
- ✓ Work with community partners to implement evidence based nutrition and physical activity interventions and raise awareness of the impact of environmental carcinogens.
- ✓ Collaborate with the Regional Aboriginal Cancer Care Committee and others to implement a regional Aboriginal cancer strategy.

GOAL 2

Reduce the impact of cancer through effective screening and earlier detection.

Priorities

- ✓ Integrate screening efforts to optimize participation rates, performance, and system efficiencies for breast, colorectal and cervical screening.
Improve equitable access and increase opportunities for cancer screening for regional, Aboriginal and First Nations populations.
- ✓ Ensure timely access and improved patient/provider experience to screening follow-up and diagnosis for breast and colorectal cancer.
- ✓ Support continuing innovation in health human resources, including the creation of advance practice roles.
- ✓ Partner in high-impact education and social marketing initiatives.

GOAL 3

Ensure timely access to effective diagnosis and high-quality care.

Priorities

- ✓ Ensure the availability of timely, high quality cancer services as close to home as possible through the regional systemic therapy program, outreach clinics and increased use of telemedicine.
- ✓ Implement advanced treatments (e.g. Intensity Modulated Radiation Therapy, interstitial prostate High Dose Rate brachytherapy).
- ✓ Continued alignment of cancer surgery with evidence and evaluation of performance.
- ✓ Develop organized diagnostic assessment programs to accelerate time to diagnosis for cancer patients.
- ✓ Develop a strategy for bio-predictive testing (molecular oncology) as well as molecular imaging in order to bring new research advances into clinical practice.

- ✓ Continue to refine existing, and implement new, site specific Multidisciplinary Cancer Conferences (MCCs) to ensure the provision of optimal treatment strategies to individual patients.

GOAL 4

Improve the patient experience along every step of the cancer journey.

Priorities

- ✓ Develop and implement an integrated, regional, and clinical palliative care service for cancer and other chronic disease management patients.

As part of moving to a patient-centric model, develop a strategy to measure the patient experience across the continuum of care and then work with regional partners to implement needed improvements in areas such as regional referral systems, and coordination of the different touch-points of care including surgeons and primary care physicians.

Launch a new culturally appropriate, regional psychosocial oncology program to address the needs of patients and their families throughout Northwestern Ontario.

Appoint Community Liaisons to become the presence in the region for information, communications, education, and response to cancer care related issues.

- ✓ Increase the provision of profession-specific and inter-professional education opportunities for clinicians and students.

GOAL 5

Improve the performance of our cancer system.

Priorities

- ✓ Improve the patient journey for our most predominant disease site groups (breast, lung, colorectal, prostate and gynae) and implement a disease pathway management approach to cancer care.
- ✓ Replace our existing oncology patient information system (OPIS) and integrate systems as much as possible leading to advancements such as automatic reminders for screening, increased patient access to on-line information and ultimately to a paperless and filmless operational environment.
- ✓ Advance our performance, planning and communications framework to more effectively measure, report and manage the use of resources including, but not limited to, recoveries for increasingly expensive drugs.
- ✓ Optimize human resources and continue to foster a collaborative corporate culture by developing a recruitment, retention and succession plan; investing in skill development; and monitoring workload.

- ✓ Continue to monitor wait times and refine strategies to ensure optimal performance when expediting treatment.

GOAL 6

Strengthen our ability to translate cancer research into improvements in cancer services and control.

Priorities

- ✓ Implement the Advanced Diagnostics and Molecular Imaging Research program at the research institute and further develop the cancer research portfolio with integration of research into the clinical realm.
- ✓ Implement a PET/CT program to provide opportunity for developing new radiopharmaceuticals, new radioisotopes, new treatment modalities, and new clinical trials.
- ✓ Expand our clinical research program by increasing accruals and identifying key new clinical trials.
- ✓ Recruit additional oncologists who are clinician scientists and aligned with Cancer Care Ontario's Imaging theme.

Construct new translational research facilities including a radiopharmacy capable of producing established and novel radiopharmaceuticals for use in both research and direct clinical application.

Align research activity within the Radiation Therapy Operational Network with the major themes of investigation being established at the research institute.

GOAL 7

Expand and enhance the academic performance of our regional cancer program.

Priorities

- ✓ Build upon existing research and teaching initiatives and support the formalization of academic affiliations.
- ✓ Expand existing training programs for external learners such as radiation therapists, medical residents, and nurses as well as internal staff learners.
Create the structures, relationships and accountabilities to advance our teaching and learning agenda.
Develop a formal plan for supporting educators and learners including developing curriculum, providing dedicated teaching and research time, allocating space, addressing remuneration and scheduling learning time.
Design a strategic communications plan to engage key stakeholders in dialogue about: our intentions to bolster education and innovation; how that dovetails with what we already do well; and the cultural shifts required to support these directions.

REGIONAL CANCER CARE NORTHWEST PERFORMANCE INDICATORS

| COMPARISON DATA | MOST RECENT DATA | ONTARIO AVERAGE | NORTHWEST TARGET |
|--|---|-----------------|------------------|
| GOAL 1 | | | |
| Modifiable Risk Factors: | | | |
| X | Percent of adults with selected cancer risk factors, smoking | | |
| n/a | 28.4% | 22.0% | – |
| X | Percent of adults with selected cancer risk factors, obesity | | |
| n/a | 20.6% | 16.9% | – |
| X | Percent of adults with selected cancer risk factors, alcohol | | |
| n/a | 23.8% | 19.8% | – |
| X | Percent of adults with selected cancer risk factors, physical activity | | |
| n/a | 54.3% | 41.2% | – |
| X | Percent of adults with selected cancer risk factors, vegetable and fruit consumption | | |
| n/a | 36.1% | 47.4% | – |
| X | Percent of male adults (aged 20+) who practice healthy behaviours | | |
| n/a | 8.3% | 10.3% | – |
| X | Percent of female adults (aged 20+) who practice healthy behaviours | | |
| n/a | 16.3% | 16.2% | – |
| Exposure to Second-Hand Smoke: | | | |
| X | Percent of non-smokers (aged 12+) who are exposed to second-hand smoke in their home | | |
| n/a | 7.1% | 5.4% | – |
| X | Percent of male non-smokers (aged 20+) exposed to second-hand smoke in their home, a car, or in public places | | |
| n/a | 24.8% | 19.6% | – |
| * | Percent of female non-smokers (aged 20+) exposed to second-hand smoke in their home, a car, or in public places | | |
| n/a | 12.3% | 17.7% | – |
| Smoking Cessation: | | | |
| ✓ | Percent of male adults (aged 20+) self-reporting quit attempts | | |
| n/a | 47.2% | 46.9% | – |
| ✓ | Percent of female adults (aged 20+) self-reporting quit attempts | | |
| n/a | 46.9% | 47.6% | – |
| GOAL 2 | | | |
| Colorectal Cancer Screening (FOBT) Participation: | | | |
| X | Biennial fecal occult blood test (FOBT) participation (ages 50-74) | | |
| 18.1% | 23.8% | 29.7% | 35.0% |
| Cervical Screening (PAP) Participation: | | | |
| X | Percent of women (aged 20-69) who had a Pap test within a three year time interval | | |
| 67.0% | 70.4% | 72.2% | 85.0% |

| COMPARISON DATA | MOST RECENT DATA | ONTARIO AVERAGE | NORTHWEST TARGET |
|--|---|-----------------|------------------|
| Breast Screening (Mammography) Participation: | | | |
| * | Participation in Ontario Breast Screening Program (OBSP) and non-OBSP screening | | |
| 71.6% | 69.2% | 66.1% | 70.0% |
| Cancer Screening Completeness: | | | |
| ✓ | Percent (standardized) of women aged 50-69 who are up-to-date on cancer screening | | |
| n/a | 17.5% | 21.0% | – |
| Wait Times: | | | |
| X | For Colonoscopy: After positive FOBT within 8 week benchmark | | |
| 34.5% | 36.4% | 62.5% | 60.0% |
| ✓ | For Breast Assessments: Median wait time (weeks) to surgical excision of breast cancer after abnormal mammogram | | |
| 24.4 wks | 19.0 wks | 19.1 wks | – |
| X | For Breast Assessments: Median wait time (weeks) to benign resolution after an abnormal mammogram | | |
| 17.3 wks | 8.6 wks | 4.6 wks | – |
| ✓ | For Breast Assessment: Time from abnormal screen to first assessment within 3 weeks for women 50+ | | |
| 30% | 71% | – | 90% |

| GOAL 3 | | | |
|---------------------------------------|---|--------|-------|
| Stage Capture Rate: | | | |
| ✓ | Population-based stage capture rate | | |
| n/a | 79.3% | 73.4% | 90.0% |
| ✓ | Population-based distribution of cancer stage, colorectal cancer, Stage I | | |
| n/a | 22.7% | 21.6% | – |
| X | Population-based distribution of cancer stage, colorectal cancer, Stage II | | |
| n/a | 26.5% | 29.70% | – |
| ✓ | Population-based distribution of cancer stage, colorectal cancer, Stage III | | |
| n/a | 31.8% | 29.40% | – |
| ✓ | Population-based distribution of cancer stage, colorectal cancer, Stage IV | | |
| n/a | 18.9% | 19.3% | – |
| * | Facility-based stage capture rate, percent of Regional Cancer Centre cases with valid stage | | |
| 93.9% | 91.5% | 91.6% | 90.0% |
| Wait Times for Cancer Surgery: | | | |
| * | Percent of surgery cases completed within priority access target 2, 3 and 4, decision-to-treat to operation | | |
| 74.4% | 84.4% | 72.7% | – |

Legend

✓ On target
 ✱ Successes
 ✕ Needs improvement
 Additional indicator from the RCC Scorecard
 n/a Not Available

REGIONAL CANCER CARE NORTHWEST PERFORMANCE INDICATORS

| COMPARISON DATA | MOST RECENT DATA | ONTARIO AVERAGE | NORTHWEST TARGET |
|---|------------------|-----------------|------------------|
| GOAL 3 continued | | | |
| Multidisciplinary Cancer Conferences: | | | |
| * Multidisciplinary Cancer Conferences: Percentage of standards-compliant MCCs in place for funded disease sites | | | |
| n/a | 59.7% | – | 50.0% |
| Wait Times - Radiation: | | | |
| * Percent of patients seen within target (14 days) referral to consult, by cancer centre | | | |
| 73.9% | 81.5% | 67.7% | 80.0% |
| * Percent of patients treated with radiation within targets, ready to treat to start of treatment, by cancer centre | | | |
| 72.7% | 89.3% | 75.3% | 85.0% |
| Radiation Therapy Utilization: | | | |
| * Percent of cancer cases treated with radiotherapy at any time during the course of illness | | | |
| 40.8% | 40.5% | 35.5% | – |
| Intensity Modulated Radiation Therapy: | | | |
| ✓ Total percent of all radical courses delivered using IMRT by cancer centre | | | |
| 6.4% | 5.6% | 25.9% | 10.0% |
| Radiation Machine Efficiency: | | | |
| ✓ Adjusted radiation courses per megavoltage machine, by Regional Cancer Centre | | | |
| 405 courses | 452 courses | 579 courses | – |
| Wait Times - Chemotherapy (Systemic Treatment): | | | |
| * Percent of patients seen within target (14 days), referral to consult, by cancer centre | | | |
| 69.1% | 81.9% | 48.7% | 60.0% |
| ✓ Percent of patients treated within target (14 days), consult to start of treatment, by cancer centre | | | |
| 36.4% | 43.1% | 41.7% | 50.0% |
| Diagnostic Imaging: | | | |
| ✓ Pathology Report Turn Around Time - Percent within 7 days | | | |
| 95% | 83% | – | 90% |
| ✓ MRI (routine) - 90% of patients seen within n days | | | |
| 24 days | 27 days | – | 28 days |
| * CT (routine) - 90% of patients seen within n days | | | |
| 28 days | 24 days | – | 28 days |
| * PET CT - 90% of patients seen within n days | | | |
| n/a | 13 days | – | 14 days |

| COMPARISON DATA | MOST RECENT DATA | ONTARIO AVERAGE | NORTHWEST TARGET |
|---|------------------|-----------------|------------------|
| GOAL 4 | | | |
| * Percent of patients providing a positive rating of outpatient cancer care in past 6 months | | | |
| 95.6% | 98.2% | – | 97% |
| Patient Experience with Outpatient Cancer Care: | | | |
| ✓ Average cancer patient satisfaction scores for emotional support by centre | | | |
| 51.5% | 55.0% | 53.7% | – |
| Symptom Assessment: | | | |
| ✓ Percent of lung cancer patients who were screened at least once per month for symptom severity by cancer centre | | | |
| 43.8% | 75.3% | 57.3% | 90.0% |
| * Percent of cancer patients, excluding lung cancer patients, who were screened at least once per month for symptom severity by cancer centre | | | |
| 29.9% | 69.9% | 31.2% | 60.0% |
| Palliative/End-of-Life Care: | | | |
| ✓ Percent of cancer patients who died in acute care hospital (who died of cancer) | | | |
| 45.3% | 44.2% | 52.1% | – |
| ✗ Percent of Ontario lung cancer patients who visited the emergency department in the last 2 weeks of life | | | |
| 33.9% | 44.7% | 40.8% | – |
| ✓ Median length of stay (days) in acute care for last six months of life, for patients who died of cancer in Ontario | | | |
| n/a | 14 days | 14 days | – |

| GOAL 5 | | | |
|---|-------|-------|---|
| Cancer Incidence: | | | |
| ✗ Prostate cancer incidence rates | | | |
| n/a | 153.2 | 137.6 | – |
| * Female breast cancer incidence rates | | | |
| n/a | 94.8 | 99.5 | – |
| ✗ Colon and rectum cancer incidence rates | | | |
| n/a | 56.8 | 49.4 | – |
| ✗ Lung and bronchus cancer incidence rates | | | |
| n/a | 60.6 | 52.4 | – |
| * 5-year relative survival for prostate cancer | | | |
| 81.5% | 92.6% | 97.1% | – |
| * 5-year relative survival for female breast cancer | | | |
| 81.2% | 85.2% | 87.1% | – |
| * 5-year relative survival for colon and rectum cancers | | | |
| 54.2% | 64.8% | 63.1% | – |
| ✓ 5 year relative survival for lung cancer | | | |
| 16.5% | 15.5% | 16.4% | – |


Legend

- ✓ On target
- * Successes
- ✗ Needs improvement
- Additional indicator from the RCC Scorecard
- n/a Not Available


| COMPARISON DATA | MOST RECENT DATA | ONTARIO AVERAGE | NORTHWEST TARGET |
|-----------------|------------------|-----------------|------------------|
|-----------------|------------------|-----------------|------------------|

GOAL 5 continued

Treating Lung Cancer According to Guidelines:


 Percent of resected Stage II or IIIA non small cell lung cancer patients treated with guideline-recommended adjuvant chemotherapy following surgery

| | | | |
|-----|-------|-------|---|
| n/a | 71.8% | 52.1% | – |
|-----|-------|-------|---|

 Percent unresected Stage IIIA or IIIB non small cell lung cancer patients treated with guideline-recommended chemo-radiation


| | | | |
|-----|-------|-------|---|
| n/a | 20.0% | 28.5% | – |
|-----|-------|-------|---|

Systemic Treatment Safety:

 Percent of systemic treatment visits supported by Computerized Physician Order Entry (OPIS)


| | | | |
|-------|-------|-------|-------|
| 76.5% | 75.8% | 66.3% | 90.0% |
|-------|-------|-------|-------|

Regional Systemic Treatment Planning (RSTP):


 Percent of programs with nursing and pharmacy RSTP administrative leads identified to manage strategic and operational issues related to implementation

| | | | |
|-----|------|---|------|
| n/a | 100% | – | 100% |
|-----|------|---|------|

Systemic Treatment Safety:


 Percent of hospitals with process of identifying and reporting serious systemic treatment adverse events

| | | | |
|-----|------|---|------|
| n/a | 100% | – | 100% |
|-----|------|---|------|


 Percent of hospitals with current policies and procedures related to safe handling of cytotoxic agents in accordance with CCO guidelines

| | | | |
|-----|------|---|------|
| n/a | 100% | – | 100% |
|-----|------|---|------|


Cancer Surgery Standards:

 Percent of hospitals synoptically reporting discrete data field format for 5 common cancers

| | | | |
|-----|-------|---|-----|
| n/a | 59.7% | – | 50% |
|-----|-------|---|-----|


 Percent of discrete synoptic reports completed according to College of American Pathologists (CAP) / Collaborative Staging (CS) standards

| | | | |
|-----|-------|---|-----|
| n/a | 79.5% | – | 90% |
|-----|-------|---|-----|

 Percent of hepato-pancreato-biliary (HPB) operations performed in HPB centre

| | | | |
|-----|------|---|-----|
| n/a | 100% | – | 80% |
|-----|------|---|-----|


Inpatient Oncology Length of Stay (LOS):

 1A inpatient LOS (days)

| | | | |
|-----------|-----------|---|-----------|
| 10.6 days | 8.84 days | – | 8.75 days |
|-----------|-----------|---|-----------|

GOAL 6

Clinical Trials:

 Percent of cancer patients treated at cancer centres recruited to treatment-based clinical trials

| | | | |
|------|------|------|---|
| 6.0% | 8.4% | 8.5% | – |
|------|------|------|---|