



**Royal Victoria
Regional Health Centre**



The Team

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Vice President

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Care Lead

SIMCOE MUSKOKA REGIONAL CANCER PROGRAM e-newsletter

MESSAGE FROM THE RVP



It is hard to believe that I have been in the role of Regional Vice President for two months already. It is such an exciting time in the region with the Phase 1 Expansion Project, which includes the Simcoe Muskoka Regional Cancer Centre, near completion and on-track to open this spring.

Everyone I have met has been very friendly and welcoming. I wanted to thank the teams and the many regional cancer care partners for their support as I take the time to get to know everyone. These meetings have been a very valuable learning experience for me. I have, in my brief time here, discovered what is working well and what needs improvement. I have taken that knowledge and created a blueprint for how I can best provide leadership to our collective work.

I have also learned that we have a phenomenally skilled team of providers who care deeply for their community, patients and clients. I am committed to adding my skills, as a leader, to advancing cancer care across our region with commitment to delivering access to safe, high quality cancer care for patients and families as close to home as possible. The themes emerging from my meetings all focus on the importance of providing an excellent regional cancer system of care. The themes include:

- ✦ Partnerships – a team focus across the continuum of care
- ✦ Performance – using data to drive and measure quality improvements
- ✦ Visioning and strategic direction – raising the bar of cancer care
- ✦ Common goals – collectively working toward common goals

These themes complement the Ontario Cancer Plan (OCP) III priorities and, moving forward, will help us develop a regional strategic plan. The four year Ontario Cancer plan is centered on people and patients across the continuum of care – from prevention, screening, diagnosis, treatment and follow-up to palliative care. It is driven by a commitment to quality and is guided by the vision of providing Ontarians with the best cancer system in the world. The six strategic priorities within OCP III are:

- ✦ Help lessen the risk of developing cancer
- ✦ Reduce the impact of cancer through effective screening and early detection
- ✦ Ensure timely access to accurate diagnosis and safe, high quality care
- ✦ Improve the patient experience along every step of the cancer journey
- ✦ Improve the performance of the cancer system
- ✦ Strengthen the ability to improve cancer control through research

I anticipate that once the Simcoe Muskoka Regional Cancer Centre has opened and the program has moved and settled in, that it will be a great opportunity to bring all of the NSM RCP partners together for a strategic planning session. This would be a great way for us to identify and discuss cancer related needs across the NSM region and the collective efforts that would be required to address these needs and to support the strategic priorities of OCP III.

Establishing some strategic priorities and related plans for action will move us closer to our vision of providing “world class cancer care every step of the way.” Working together, we have the opportunity to build on past successes and meet new challenges in our quest to lessen the burden of cancer within our region and to improve the cancer experience of our patients, families and friends.

I look forward to working with all of you.

Lindsey Crawford



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Events

Mark your calendars!



**NSMPCN 2012
Conference
Dates**

The North Simcoe Muskoka Palliative Care Network is offering FOUR conferences In 2012, including:

**National Advance Care
Planning (ACP) Day in
Barrie
April 16, 2012**

&

**4th Annual Spring
Palliative Care
Conference**

**Tuesday April 24, 2012
Deerhurst Resort, Huntsville
HOT TOPICS & ETHICAL
DILEMMAS
IN PALLIATIVE CARE**

For more dates and info
visit the website:

www.palliativecarenetworksm.ca

**SIMCOE MUSKOKA REGIONAL
CANCER PROGRAM e-newsletter**

RVH UNVEILS NEW VISUAL IDENTITY AND NAME



As it prepares to open a facility that is double the size and offers expanded, specialized services for residents throughout Simcoe Muskoka, Royal Victoria Hospital recently unveiled a new visual identity, including a new name -- **Royal Victoria Regional Health Centre**. The centre will also continue to be referred to by the well-known acronym "RVH".

RVH is a progressive and inspiring organization and the new name and visual identity reflects the exciting future of our health centre, while cherishing our proud 114 year history," says Janice Skot, RVH President and CEO. "The name also better represents the forward-thinking nature of RVH's people and communicates the excitement and enthusiasm found within our organization as we expand our integral regional role."

The redevelopment will open this spring, so there is no better time to revitalize RVH's identity, which will help write the next exciting chapter of our journey.

SMRCC Expansion Update—Plain Language Nomenclature Update



With the expansion construction now about 90% complete, the time has come to develop the new signage that will guide patients and visitors through the facility. Signage is included in construction costs and will be erected as part of the expansion project, providing an efficient opportunity to update the organization's identity.

The Royal Victoria Regional Health Centre Signage & Way finding Committee has recommended a plain language approach to signage and is committed to making it as patient and public-friendly as possible.

**PALLIATIVE CARE MENTORSHIP AND COLLABORATIVE PRACTICE
(LEAP COURSE)**

The Simcoe Muskoka Regional Cancer Program was the successful recipient of the Palliative Care and Collaborative Practice Mentorship Program grant from Cancer Care Ontario. The goal for this grant is to increase skills in palliative care and inter-professional collaborative practice among primary health providers across our region. This is achieved by building supportive relationships between primary health providers and palliative care experts.

This project is unique in linking a formal, theory-based curriculum into practice. Implementation of the program supports strategic priority number 4 from the Ontario Cancer Plan III: "continue to assess and improve the patient experience." We have already identified and trained 1 mentor pair (Dr. Marianne Belau and Cate Roote) and will roll out a robust train-the-trainer session in the spring.

QUIT SMOKING AND WIN!

Quit smoking or tobacco use for the month of March 2012 and you could win YOUR CHOICE of a new Ford Fusion hybrid or Ford Edge, one of two \$5,000 dream vacation getaways or one of seven \$2,000 cash prizes!

Have you recently quit? If so, you may be eligible to enter too!

For more details and to enter, visit: www.smokershelpline.ca

THE DRIVEN TO QUIT CHALLENGE
QUIT SMOKING AND YOU COULD WIN
Countdown until quit period: 21 days 09 hours 09 min
ONTARIO RESIDENTS ONLY
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SIMCOE MUSKOKA REGIONAL CANCER PROGRAM e-newsletter

MULTIDISCIPLINARY CANCER CONFERENCES (MCC)

Multidisciplinary Cancer Conferences (MCC) are regularly scheduled meetings where multi-disciplinary health care providers discuss the diagnosis and treatment of individual cancer patients.



The primary function of an MCC is to “ensure that all appropriate diagnostic tests, all suitable treatment options and the most appropriate treatment recommendations are generated for each cancer patient and are discussed prospectively in a multidisciplinary forum” (Cancer Care Ontario, 2007).

Success of the MCC's in North Simcoe Muskoka (NSM) has been demonstrated by the sustainability of rounds over the last seven years, the development of a MCC Community of Practice called the Georgian Bay Oncology Group, and through the enthusiastic participation of various disciplines, at all five hospitals across the region, through the Ontario Telemedicine Network. Physician's at all five regional sites in NSM present patient cases for review.

NSM is the provincial leader in virtual MCC rounds and has been profiled by Cancer Care Ontario (CCO) as a success story. Nine measures, including frequency and attendance of specialized physicians, are reported to CCO on a quarterly basis, and reported publicly in the Cancer System Quality Index.

Breast rounds are held the first and third Friday of the month and Gastrointestinal (GI) and Hepato-Biliary- Pancreatic (HPB) rounds are held the second and fourth Friday of each month. Thoracic rounds are held weekly in conjunction with the Toronto East General surgeons who attend the thoracic clinic at RVH that day. Genito – Urinary (GU) rounds are held the first Friday of each month.

MCC rounds have access to surgical oncology support and expertise from Odette Cancer Centre for breast, thoracic and GU rounds, and from St Joseph Health Centre in Toronto for support of GI/HPB rounds. The goal of the MCC team in North Simcoe Muskoka (NSM) is directed towards improving access to and improving quality of MCC's in the region.

If you are interested in participating or require further details please contact Carole Beals at bealsc@rvh.on.ca

SPOT LIGHT ON COMMUNITY PARTNER—GILDA'S CLUB



Serving all of Simcoe, Muskoka, Parry Sound, Grey-Bruce and Dufferin Counties, Gilda's Club Simcoe Muskoka exists as a cancer support community to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

An innovative program of support and networking groups, workshops and lectures, in addition to a variety of fun social activities, allows men, women, teens and children who have been diagnosed with cancer along with their families and friends to enter through the **Red Door** for social and emotional support, *so that no one faces cancer alone.*

Gilda's Club Simcoe Muskoka
10 Quarry Ridge Rd.
Barrie, ON L4M 7G1
Ph: (705) 726-5199 ext. 224
Fax: (705) 726-7101
Web: www.gildasclubsimcoemuskoka.org



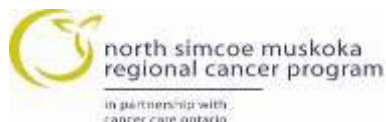
CONGRATULATIONS TO RVH'S CLINICAL TRIALS TEAM!!

RVH's Clinical Trials team has received the Award of Excellence certificate from the MPACT team in recognition of being one of the top-enrolling sites in the country in October for the MPACT Metastatic Pancreatic Cancer Study.

MPACT is a randomized Phase III study to evaluate the efficacy of the combination of ABI-007 (albumin-bound paclitaxel) and gemcitabine versus gemcitabine alone in improving overall survival in patients with metastatic adenocarcinoma of the pancreas.



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Inspiring care...worthwhile work

Allison Roberts will never forget the day Dr. Bryn Pressnail told her she could go ahead and try to have another baby. Those words meant so much. It meant she had finally beaten the breast cancer that had taken so much of her life. It meant she could have the second child she thought she'd never have. His words contained so much hope for Allison and her family. Those simple words inspired her to continue the fight. And yet, Dr. Pressnail is quick to turn the spotlight around, and off of himself.

"She is the one who is inspiring to all of us who work in cancer care," says Dr. Pressnail, as his blue eyes well up with tears. He explained that Allison was a very young woman when she was diagnosed with breast cancer, which is unusual. She bravely faced all the treatments, the difficulties, and hardship the disease threw at her. Along the way she organized golf tournaments and participated on a dragon boat team to raise money to help build the Simcoe Muskoka Regional Cancer Centre.

"She goes through all the treatments and goes on to live her life. That is what makes my job worthwhile. It's all about helping our patients through this so they can go on with their lives," says Dr. Pressnail, as he watches Allison's three-year-old daughter, Taryn, run around. "And thanks to better cure rates, that is happening more frequently. Seeing Allison again with her daughter is actually a big thrill. It is the whole reason I do what I do."



*Dr. Bryn Pressnail, Clinical Director,
Regional Cancer Program,
Allison Roberts, Cancer Survivor and
Daughter, Taryn, 3*

OUTPATIENT PALLIATIVE CARE CLINICS HOSTED WITHIN THE REGIONAL CANCER PROGRAM

Patients with metastatic non small cell lung cancer experience a high symptom burden and low quality of life, and the prognosis is generally established to be less than 1 year after diagnosis. Palliative care is intended to support improvements in the quality of life for these patients and their families by managing pain and symptoms, providing assistance with decision making and incorporating psychosocial and spiritual care. Two studies, in 2005 and 2008, suggested that the quality and delivery of care are unchanged when patients are referred to palliative care late in the course of disease.

However, a recent study in the New England Journal of Medicine suggests that integrating palliative care with standard oncologic care early in disease progression:

- Improves quality of life
- Increases survival length
- Increases documentation of resuscitation preferences, and
- Reduces aggressive end-of-life resource use, which includes reduced chemotherapy use within two weeks of death and improved rates of hospice care

In November 2011, we were pleased to open our first phase one clinic with sessions running on Tuesday evenings in Outpatient Oncology, from 4:30pm-8:30pm due to limited space during regular business hours.

Despite there being a physical and temporal separation from the outpatient oncology clinic during phase one, prior to the opening of the new Regional Cancer Centre, having the PC clinic as part of the SMRCC will provide the patient with a sense of continuity through physical location, a key aspect recognized in the 2010 study by Temel et al., and allow the patient records to be integrated with other SMRCP patient records through the RVH EMR.

In this model, the new patients are seen in 1 hour time slots by both a Palliative Care Resource Nurse and a palliative care physician. The patients are then seen as needed for follow-up, in a 30 minute appointment. At this time, we have four Palliative Care physicians and 3 resource nurses (from the Palliative Care Network in NSMLHIN). There has been additional interest from other primary providers in the community to join the rotation. The clinic is booked with the flexibility to accommodate urgent cases, given the acuity of this patient population. With this model RVH provides space and the clerical staff for clinic.