

EMPOWERING & ENGAGING PATIENTS: THE PERSON-CENTRED CARE MOVEMENT >



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We all got used to the idea of Patient-Centred Care, now we are hearing more and more about Person-Centred Care. What is the difference? While both concepts are about greater involvement of patients in their care and care decisions, the notion of person-centredness is about considering someone with an illness in the context of their whole self. This context includes their family members and those that are most important to them. The person-centred care movement in health care is thinking more broadly than about a person with an illness. It is a change in philosophy from “What is the matter with you?” to “What matters to you?”.¹ By providers practicing in a more person-centred way, patients and families will be more empowered to be partners in care and decision making, leading to improved patient experience, outcomes and even clinician satisfaction.²

All of us, at one time or another, have been on the receiving end of health care. As a patient or as the family member of a patient, we feel vulnerable. Anxiety and worry makes even the most seasoned health care provider forget to ask important questions or clarify instructions when they are ill. Even Don Berwick, former CEO of the Institute for Health Care Improvement, speaks of his fear of being a patient, losing dignity and losing influence over what happens to him.³

What does person-centred care mean to you as a clinician? Do you think about making decisions with patients or for patients? Do you use language that patients and families easily understand? Do you listen to the whole answer to a question, or jump to a solution during a patient encounter? While primary care providers often have the advantage of knowing their patients over a long period of time, there are still opportunities to create more of a care partnership.

The CCO PCC Guidelines⁴ (<http://bit.ly/2gEvs5N>) provide 65 recommendations that fall under 5 distinct domains:

1. Knowing the Patient as an Individual
2. Essential Requirements of Care
3. Tailoring Health Services for Each Patient
4. Continuity of Care and Relationships
5. Enabling Patients to Actively Participate in their Care

To assist health care providers to better understand this philosophy, Cancer Care Ontario (CCO) released a Person-Centred Care (PCC) Guideline through their Program in Evidence Based Care in May 2015.⁴ In their guideline, CCO defines person-centred care as “an approach to care that involves partnering with patients and healthcare professionals to: give patients a voice in the design and delivery of the care they receive; enable patients to be more active in their journey in order to deliver better health outcomes and greater value through a wiser use of resources; and improve the patient experience” (p.3). Although the guideline is written within the context of cancer care, many of the recommendations could be operationalized in any setting, including primary care. Things such as being prepared to raise and discuss sensitive issues, asking the patient how they wish to be addressed, or summarizing information at the end of a consultation and checking that the patient has understood the most important information. Reflecting on your own practice: what small change could you make today to be more person-centred with your patients?

For more information, visit https://www.cancercare.on.ca/pcc/person_centred_care/ or contact rfbarker@southlakeregional.org.

EXPRESSION
OF
INTEREST

The Central Regional Cancer Program will be sending a letter to offices in the near future as a call of interest to complete a quality improvement project (QIP). The QIP must focus on increasing breast, colorectal and/or cervical cancer screening rates. We will support the chosen project(s) by providing funding. If you have any questions please contact Lisa Rhodenizer, Coordination Advisor for Health Promotion: lrhodenizer@southlakeregional.org.

AROUND THE REGION >

MARKHAM STOUFFVILLE HOSPITAL BREAST HEALTH CENTRE CELEBRATES 10 YEAR ANNIVERSARY



Breast Health Centre team at its 10 year celebration. (L - R), Wendy PUNCHARD, Diana SALMINGO, Kim OLICIS, Pamela ANDERSON, Dr. Crystal PALLISTER.

The Markham Stouffville Hospital (MSH) Breast Health Centre (BHC) started off with a goal of bringing care closer to home for our patients.

Over the last 10 years, the BHC improved access to breast care services for individuals in the community and reduced wait times from diagnosis to surgery to just three weeks. That means MSH's team of interdisciplinary healthcare professionals provide diagnosis, surgery and treatment, all in one place and all within three weeks.

Patients will be contacted by the BHC within 2 business days of receipt of the referral, and every effort is made to schedule an appointment within a week. If a referral does not meet the BHC criteria, a formal letter is faxed back to the referring physician.

Patients with the following conditions do not meet the BHC criteria and should be followed by a Family Physician: simple, asymptomatic breast cysts; milky nipple discharge; bilateral mastalgia; and routine screening.

It is with the support of family physicians in that the Breast Health Centre has grown significantly in the last 10 years. Since 2007, the centre has diagnosed and treated 6,887 women.

To learn more, visit: www.msh.on.ca/breasthealthcentre

Contact: Breast Health Centre at 905-472-7606

Referrals can be faxed to 905-472-7607

Referral form can be found online at:

www.msh.on.ca/sites/default/files/BHCR%208-16.pdf

WHERE SHOULD I REFER MY PATIENTS FOR BREAST CANCER SCREENING?

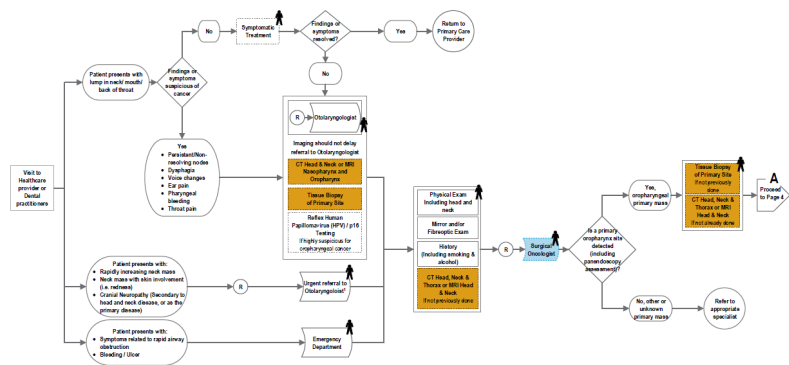
MYTH: Screening mammograms performed at Independent Health Facilities (IHF) and hospitals are different.

FACT: Ontario Breast Screening Program (OBSP) offers no charge breast cancer screening services at hospital and IHF locations. All OBSP sites are accredited by the Canadian Association of Radiologists' Mammography Accreditation Program and meet the highest standards in mammography quality. All OBSP sites are monitored and audited regularly to ensure compliance in equipment quality assurance, staff competency and wait time management. Women are encouraged to get screened regularly at a convenient OBSP location of their choice.

For a full list of OBSP locations, visit:

www.cancercare.on.ca/pcs/screening/breastscreening/locations

OROPHARYNGEAL CANCER PATHWAY MAPS NOW AVAILABLE



Clinicians and stakeholders from across Ontario have collaborated to develop a set of Oropharyngeal Cancer pathway maps that provide an overview of the evidence-based best practices for the management of patients in Ontario. This set of pathway maps include: an Oropharyngeal Cancer

Diagnosis map, and two individual Oropharyngeal treatment pathway maps based on HPV status of cells.

To access the pathway maps, visit: <http://bit.ly/2zweJtJ>

RESOURCES AND NEW INFORMATION >

SOUTHLAKE REGIONAL HEALTH CENTRE DISBANDS RNFS PROGRAM

As of August 2017, RN-performed Flexible Sigmoidoscopy will no longer be offered at Southlake Regional Health Centre. Patients referred to book an appointment, or those due for re-screening this year, have been contacted to advise them of this change.

Colon Cancer screening guidelines advise that average risk patients should be screened once every 10 years if their RNFS was negative for adenomatous polyps or hyperplastic above the level of the rectum. Additionally, your average risk patients should follow the Cancer Care Ontario guidelines that recommend screening by Fecal Occult Blood Test every two years.

To find more information on colon cancer screening, visit: <https://www.cancercare.on.ca/coloscreening>



FIT RESOURCE HUB FOR PRIMARY CARE

Cancer Care Ontario has developed FAQs to support the transition to Fecal Immunochemical Testing (FIT) and to supply Primary Care Providers with information regarding FIT and changes to the current ColonCancerCheck program. The hub will be updated as more information becomes available closer to the projected go-live date in late 2018.

Resources are available at: www.cancercare.on.ca/FIThub

START *the* TALK
PARLONS-EN



PSYCHOSOCIAL SUPPORT FOR YOUTH AFFECTED BY CANCER: E-LEARNING SERIES

An e-learning series has been developed by the Canadian Association of Psychosocial Oncology (CAPO) in partnership with the de Souza Institute for educators and Healthcare Professionals to support children and teens when a family member is affected by cancer. Four modules are available, approximately 15 minutes each.

Access the modules here: <https://startthetalk.ca/>

IT'S NEVER TOO LATE FOR YOUR PATIENTS TO QUIT SMOKING - YORK REGION PUBLIC HEALTH CAN HELP

York Region Public Health is pleased to host the Centre for Addiction and Mental Health's STOP on the Road (Stop Smoking Therapy for Ontario Patients). This program provides five weeks of cost-free nicotine replacement therapy and smoking cessation information to help eligible participants in their quit attempt.

A Stop on the Road workshop is offered each month in locations throughout York Region. Patients can self-refer by calling 1-877-464-9675 extension 73052 to see if they are eligible and to register. For more information, visit www.york.ca/tobacco



Upcoming workshops for 2017:

Wednesday, November 1 6:00 – 9:00 p.m. Richmond Hill

Tuesday, December 5 6:00 – 9:00 p.m. Newmarket

HAVE YOU HEARD? >

CANCER CARE ONTARIO RELEASES ACUTE LEUKEMIA PROVINCIAL PLAN

Cancer Care Ontario (CCO) has released the Acute Leukemia Provincial Plan, which provides an overview of how adult acute leukemia services should be organized and delivered in Ontario.

Created collaboratively by regional, clinical, and patient representatives, this plan is intended to lay the groundwork to achieve a vision of care in Ontario where there will be strong networks of service providers that deliver coordinated care across the province.

For more information, and to download the full plan and Executive Summary, visit: <http://bit.ly/2zgzey4t>



EMILY CHEUNG >

NEW: COORDINATION ADVISOR, QUALITY & ASSESSMENT



What inspired you to work in healthcare? From a young age I have always wanted to work as an allied health professional. I enjoyed spending my high school and university years volunteering at various health organizations. A hospital tour of the Diagnostic Imaging department is what inspired me to pursue an education in X-Ray Technology.

What are the most rewarding aspects of your job? Knowing that each day I'm making a difference in many clients' lives. I had 3 friends who reached out to me when they discovered cancer symptoms or had positive screening results, they were anxious and I was able to navigate them through the screening and assessment options available. Also, ensuring high standards are implemented and maintained across hospitals and IHFs ensures clients are accessing accurate and reliable services.

What have you learned that others may not know? I learned that screening tests and cancer treatments can be very costly in many countries. I've talked to clients who had spent thousands of dollars on screening and treatment performed overseas. We are so fortunate to have an universal healthcare system where cost is less of a burden for clients and families.

MAINPRO+ CREDITS AVAILABLE

Do you want a quick tutorial or need a refresher on using your Screening Activity Report? Earn 0.5 Mainpro+ credits while increasing your proficiency and knowledge of CCO's SAR in only 30 minutes. [Understanding and Utilizing your SAR 2017](#) is now available online. To enrol, or for more information, visit <https://elearning.cancercare.on.ca/course/index.php?categoryid=9>



**Central
Regional Cancer Program**
in partnership with Cancer Care Ontario

QUESTIONS? CONCERNS? NEWSLETTER IDEAS, DISTRIBUTION INFORMATION, TOPICS YOU'D LIKE TO SEE COVERED? CONTACT US:

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