Reducing registration times from 10 minutes to 10 seconds
Waiting at the front desk is a thing of the past! A self-check-in system is making life easier for patients ...p2

Radiotherapy: everything you need to know
The unknown can be daunting when you have cancer: our new information kit gives patients peace of mind ...p2

Cancer care quality gets a shot in the arm
Improving the quality of care takes teamwork. RCN Research Grants encourage collaboration and innovation ...p6

Moving forward together
Some of McGill’s leading cancer experts are helping to standardize care across the network ...p8

Inclusive leadership: why teamwork matters
After learning from top health care professionals, a head oncology nurse returns with a new way to lead ...p3

Supporting survivors by educating physicians
From education sessions to treatment summaries and care plans — we’re giving MDs the tools they need ...p4

You may have noticed that the RCN has been in the news lately. We were featured in the Winter issue of Montreal en Santé magazine, which discusses wellness initiatives in Quebec.
And as part of World Cancer Day activities, Dr. Geneviève Chaput, one of our project leaders, spoke to Montreal media about the new Cancer Survivorship Program being launched at the MUHC which will benefit from work the RCN is doing to improve communication with family doctors (turn to page 4 for more).

Check out all the media coverage at mcgill.ca/rcr-rcn

Follow us on Facebook to stay up to date on all the latest news.
facebook.com/rcr.rcn
Reducing registration times from 10 minutes to 10 seconds

The last thing cancer patients need when they are dealing with fatigue, pain and other side effects of treatment is having to line up to register when they arrive for their appointment. As part of its commitment to improve the experience of cancer patients, the RCN is set to make the check-in process more convenient and improve privacy in the network hospitals.

A request for change

Like all RCN Patient Experience projects, the impetus came from feedback gathered from standardized surveys and focus groups. Almost three-quarters of patients told us that the paper-number system used for check-in led to uncertainty, and that the wait to access the front desk was too long.

As a result, a multi-hospital team managed by RCN project manager Gligorka Raskovic, and which included oncologists, medical physicists, technologists and IT and administrative technicians, is addressing these concerns with the help of a pilot project at the MUHC’s radiation oncology clinic — an extremely busy unit with 200 patients per day.

Returning patients in radiation oncology just scan their medicare card to register.

Inclusive leadership: why teamwork matters

AN RCN EDUCATION GRANT HELPS A HEAD ONCOLOGY NURSE GET THE BEST OUT OF HER TEAM

“Good leaders critique their own decisions. Good leaders encourage ongoing innovation.”

These are two key takeaways for Karine Lepage who went back to school last June for a week-long course titled “Leading High Performance Health Care Organizations.”

Ms. Lepage, head nurse on the Hematology-Oncology and Internal Medicine floor at the JGH, received one of three inaugural Education Grants awarded by the RCN’s Cancer Quality and Innovation program (CQI). As part of its goal to support excellence in the McGill-affiliated cancer care centres, the RCN created the Education Grants to empower existing teams to integrate multiple complex skill sets such as change management, practice guideline development, as well as measurement and reporting.

“If you are in our teams, they will bring back the attitude and aptitudes needed to achieve quality,” explains CQI program lead Dr. Ari Meguerditchian. “They can become vectors of change for the network.”

The course, led by the Harvard Business School, was a week-long immersion training for 20 professionals from Australia, the United States, Kuwait and Europe.

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“People now know coming in exactly what they are facing, not only in terms of treatment details, but also the team they are going to meet. As a result, they are more comfortable and less anxious.”

For Ornella, a radiotherapy patient at SMHC, the information was valuable. “There is a reassuring message there. It’s very important for patients to know this: They have someone to communicate with regarding their situation.”

One problem, many solutions

Ms. Lepage says the course helped her better understand that when it comes to resolving workplace issues, there isn’t one right answer. A good leader, she says, curbs the reflex to impose a solution; instead, he or she helps employees think through the issue.

Not long after her course, Ms. Lepage used this approach during a staff meeting while reviewing an incident and accident report with her team of nurses. “The goal of the meeting was not to point fingers,” says Ms. Lepage. “We needed to find a solution so the situation didn’t happen again.”

She asked them to prevent the error from recurring and they came to her with a proposal; their ideas were sound and were immediately implemented.

Tapping into creativity

Ms. Lepage points out that the reorganization of the health care system is leading to increased organizational complexity and adding to already heavy workloads and stress levels. She says that the Harvard Business School course underscored the importance of tapping your team’s creativity to unleash a wealth of ideas that management may have overlooked.

She points out that good leaders are able to take a step back and evaluate their own performance and make improvements.

“One idea might not be the right idea. You can’t defend it no matter what, just because you’re the boss. You have to change with your team and at the same speed as your team — as a leader, you can’t stay the same and expect everyone around you to change.”

Asked if her team has noticed a difference in her leadership style, Ms. Lepage laughed, “I sure hope so! But you’ll have to ask them.”

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Asked if her team has noticed a difference in her leadership style, Ms. Lepage laughed, “I sure hope so! But you’ll have to ask them.”

2015 Education Grants: launching this summer!

Find out if you qualify, or read about last year’s other Education Grant recipients at mcgill.ca/rcr-rcn
Supporting survivors by educating physicians

A new project is giving family doctors the tools to better care for their cancer patients.

"Whenever you communicate, you improve care"

The RCN Update | SPRING 2015

Are you a primary care provider following cancer survivors? Would you be interested in joining an education session about common survivor issues and surveillance needs? Let us know at mcgill.ca/rcn/rrc/survivorship
Cancer care quality gets a shot in the arm

RCN RESEARCH GRANTS HELP SIX MULTI-HOSPITAL TEAMS TEST NEW WAYS OF IMPROVING CARE

Improving the quality of care for cancer patients takes teamwork. “Clinical problems are not unique to individual hospitals; we can learn from each other,” explains Dr. Ari Meguerditchian, Program lead for the RCN Research Quality & Innovation Program. “The goal of the RCN Research Grants is to stimulate innovation, collaboration and a network approach to problem solving.”

Last fall, the RCN awarded six research grants, totaling $550,000. Selected projects aim to impact cancer care quality, helping to ensure that the McGill-affiliated hospitals become lead partner institutions, since teams had to include co-applicants from at least two of the hospitals in the network.

“Centres that do quality of care research tend to be better at what they do,” says Dr. Meguerditchian. “The grants also allow us to ensure that the McGill-affiliated hospitals become leaders in the field of cancer care quality, developing innovative ways of delivering care and evaluating their impact.”

In this issue, we feature three of the six projects currently underway.

Straight talk about breast cancer

When a woman is diagnosed with breast cancer, she has no idea what to expect and often does not know where to find reliable information.

A team of RCN breast cancer specialists from SMHC and the MUHC is undertaking a research project, which involves interviewing Canadian breast cancer patients and survivors to capture their experiences in their own words. The recordings will then be posted on HealthExperiences.ca and will allow researchers to determine if the type of information provided by actual patients is more useful than standard information sources currently available. “There is a value in seeing how breast cancer patients are doing in their own lives,” explains Dr. Donna Stern, project leader and oncologist at SMHC. “In addition, we hope this project will describe breast cancer in a way not available from health professionals or accurately from the internet.” Indeed, the interviews will also provide health care professionals with a deeper understanding of the experience of breast cancer.

The initiative is based on the award-winning Health Experiences Research Group at the University of Oxford in the United Kingdom. Patients from across the country and from a broad range of cultural and socio-economic groups will tell their stories. The team is using rigorous qualitative research methods to capture the full range of experiences associated with breast cancer: Patients can be newly diagnosed or survivors spanning a number of years. While the interviewer will prompt patients with questions, the focus will be on the patient’s story and what is most relevant to her, including the elements surrounding the diagnosis and treatments, as well as the support systems available.

SMHC-MUHC team: Oncologist Dr. Donna Stern will lead a team that includes Dr. Tarek Hijal, Dr. Neil Kopek, Dr. Susan Law and Ms. Itojo Omel.

Looking for ways to reduce lymphedema

Beat cancer is a tremendous victory, however some patients face debilitating long-term complications. For instance, 10 to 30% of patients who undergo surgery for a gynaecological cancer will develop lymphedema. Lymphedema, a condition in which excess fluid (lymph) collects just beneath the skin causing swelling (edema), usually presents three to six months post-surgery and has a major impact on a patient’s self-image and quality of life. Symptoms of lower limb lymphedema can include feeling as though your clothes are too tight, a feeling of fullness and stiffness in your legs and difficulty walking.

Currently, there are no guidelines on the prevention of lower limb lymphedema in gynaecological cancer patients. Lymphedema, a condition in which excess fluid (lymph) collects just beneath the skin causing swelling (edema), usually presents three to six months post-surgery and has a major impact on a patient’s self-image and quality of life. Symptoms of lower limb lymphedema can include feeling as though your clothes are too tight, a feeling of fullness and stiffness in your legs and difficulty walking. Currently, there are no guidelines on the prevention of lower limb lymphedema in gynaecological cancer patients.

“Centres that do quality of care research tend to be better at what they do”

Dr. Donna Stern: giving breast cancer survivors a voice.

Dr. Anna Towers and physiotherapist Shirin Shalwani: keeping lymphedema at bay.

Reducing post-operative complications for kidney cancer patients

Imagine potentially reducing post-operative complications after kidney cancer surgery by up to 50 percent. This is just one of the goals of an RCN research project being undertaken by urologists at the JGH and MUHC. The study’s overall aim is to optimize the quality of care for patients with kidney cancer and decrease complications, side effects, mortality and length of stay.

To achieve this, an Enhanced Recovery After Surgery (ERAS) team will be put in place in the Urology Departments of the JGH and the MUHC.

ERAS is an internationally recognized program that focuses on improving patient outcomes and speeding up recovery. ERAS programs focus on ensuring that patients are active participants in their own recovery process and that they always receive evidence-based care at the right time.

“The RCN-sponsored ERAS team will look at all areas of the patient’s journey through the surgical process with the aim of replacing traditional practices with evidence-based best practices when necessary,” says Dr. Francisk Bladou, lead researcher and Chief of Urology at the JGH.

The seven-member JGH ERAS team which includes nurses, a urologist, anesthetist, a surgeon and a dietician have begun meeting. A pre-study has been launched and will last six months. It involves establishing protocols, reviewing and creating education materials, developing checklists and conducting patient surveys.

Following this, the team will implement ERAS protocols and track various data pre and post establishment of the ERAS program to determine if over the two years of study patient outcomes have improved.

“If our study achieves the expected results of improving the patient experience and reducing post-surgical complications, teams in other surgical programs for cancer or other diseases will likely be interested in establishing their own ERAS program,” suggests Dr. Bladou.

JGH-MUHC project team: Urologist Dr. Francisk Bladou will lead a team that includes Dr. Maurice Anjor, Dr. Wassim Kassouf, Dr. Simon Tanguy.

Dr. Francisk Bladou: helping patients sail through surgery.

2015 RCN Grant Recipients

Coming soon! We’ll be announcing the latest RCN Research Grant recipients. Check back on mcgill.ca/rcr-rnc to find out more.
Moving forward together
MCIGILL’S LEADING CANCER EXPERTS ARE WORKING TOGETHER TO STANDARDIZE CARE ACROSS THE NETWORK

T
e the cancer centres of the McGill University-affiliated hospitals have always fostered a collegial approach to patient care. A number of oncologists from the different teaching hospitals already meet regularly to discuss cases in their specific tumour site (breast, colon, etc...).

But the best cancer networks in the world take this approach one step further: they have their oncologists pool their knowledge in order to concentrate expertise as cancer care continues to become more sub-specialized, and they present a united front to obtain the latest new treatments.

Starting last fall, the RCN did just that, creating seven tumour-specific Disease Site Teams. These teams unite experts in their fields who have contributed to the development of new effective therapies; researchers with hundreds of clinical trials and publications to their name; leaders and future leaders in their sub-specialty. Their role will be to develop consensus and align colleagues behind a shared vision of care for their tumour site.

“This is not only a practice that is the standard in world-class cancer centres, it’s also essential to a network like ours where patients come from multiple institutions,” explains Dr. Wilson Miller, Clinical Lead of the RCN and the Deputy Director of the Segal Cancer Centre at the JGH. “We need to ensure that each patient gets optimal care with input from experts across the McGill hospitals. The Disease Site Teams are crucial to creating a true network at the level of the delivery of cancer care for patients.”

The teams are led by some of McGill University’s foremost oncologists. They are experts in their fields who have contributed to the development of new effective therapies; researchers with hundreds of clinical trials and publications to their name; leaders and future leaders in their sub-specialty. Their role will be to develop consensus and align colleagues behind a shared vision of care for their tumour site.

For the first phase of the project last summer, a plasma screen was installed in the doctors’ team room, allowing physicians to see how long patients have been waiting, and clarifying where patients were as they moved in the unit to see various health professionals. At the same time, a new work flow for managing the waiting room and the doctor’s team room was implemented.

“When you see how long your patient has been waiting, that pushes you to adjust your behaviour – at least it certainly helped me adjust mine!” explains Dr. Tarek Hijal, project co-lead and a radiation oncologist at the MUHC. “Now that we see where our patient is in the unit, we can more easily go to see them.”

Quick and easy

The next phase of the project last fall saw three new self-check-in kiosks installed. Now, returning patients just scan their medicare card to register and the entire health care team is notified of their arrival.

“Not only do they save time, but it’s a very satisfying process -- a patient can be installed in the waiting rooms indicating which patient is being called and what room they should go to. As a result, patients won’t need to strain to hear their name being called, and won’t worry that they’ve missed their turn if they step out for a moment. Lessons learned from the MUHC experience will inform similar self-check-in systems at the JGH and SMHC.”

To learn more about the professional background and roles of the team leaders as well as each group’s specific mandates, visit mcgill.ca/rcr-rcn/disease-site-teams
MUHC Open House
Last December, as part of the MUHC’s massive Open House weekend activities which welcomed 15,000 people, members of the RCN were able to speak to hundreds of visitors—both health care professionals and the public—and share how RCN initiatives are making a real difference in the lives of cancer patients in the network. It was an inspiring weekend for the team which met people whose lives are directly touched by our initiatives!

McGill Department of Pathology Annual Retreat
The RCN is proud to have sponsored the McGill Department of Pathology retreat. Pathologists are a crucial part of the cancer care process: Without their precise diagnoses of the stage and type of cancer, doctors couldn’t prescribe the most effective treatment and obtain the best possible outcome for their patients. Dr. Wilson Miller, the RCN Clinical Lead was on hand and spoke of the importance of working together across hospitals and disciplines towards standard pathology reporting. In this way, the McGill-affiliated hospitals can benchmark their outcomes against leading cancer centres, and target improvements.

As a centre of excellence in Canada, McGill’s teaching hospitals have instituted synoptic reporting—a best-in-class practice that uses standardized checklist for pathology reports. Thanks to the collaboration of the Chair of McGill’s Pathology Department, Dr. Zu-Hua Gao and the Director of Pathology at the JGH, Dr. Alan Spatz, pathology reporting in all three hospitals is now done synoptically for the four major cancers (breast, colon, lung, prostate).

World Cancer Day!
February 4 was World Cancer Day and the RCN celebrated by being on hand along with Cedars CanSupport to greet cancer patients, survivors and their families who turned out for the inspiring lecture held by McGill’s Goodman Cancer Center titled Surviving Cancer: Not Beyond Us.

About the RCN
The Rossy Cancer Network is a partnership of McGill University’s Faculty of Medicine, the McGill University Health Centre (MUHC), the Jewish General Hospital (JGH) and St. Mary’s Hospital Center (SMHC), dedicated to providing world-class patient care, research and teaching. Its mission is to improve quality, effectiveness and efficiency across the continuum of cancer care for patients in the McGill-affiliated hospitals. Launched in 2013, thanks to a transformative gift from the Rossy Family Foundation, the RCN is proudly supported through the fundraising efforts of McGill along with the Cedars Cancer Foundation of the MUHC, the Jewish General Hospital Foundation and St. Mary’s Hospital Foundation.