

Delivering Excellence



2016-2021 **MANITOBA CANCER PLAN**

Preface

The Manitoba Cancer Plan (MCP) was developed by CancerCare Manitoba (CCMB) to provide a comprehensive plan to deliver the best cancer services to our patients, despite ever increasing challenges. The MCP meets the legislated requirements of Manitoba Health, Healthy Living and Seniors (MHLS) and outlines CCMB's strategic directions, objectives and operational strategies for the five-year period of 2016-2021. The MCP also serves as a frame of reference for CCMB staff and health care partners as well as the Manitoba public with respect to the initiatives CCMB will be taking during the MCP period.

The MCP is built upon CCMB's vision, mission, and values. The strategic directions contained within rest on three pillars: Clinical Excellence, Operational Excellence and Academic Excellence. The MCP has been developed in close alignment with MHLS's priorities, goals and health objectives.

This MCP is in effect from April 1, 2016 through to March 31, 2021.



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Leadership



I am honoured to present the Manitoba Cancer Plan 2016-2021 as President and CEO of CancerCare Manitoba (CCMB). This Manitoba Cancer Plan (MCP) charts our course of action over the next five years and beyond as we strive to reduce the impact of cancer on Manitobans. It will augment the work already being done by CCMB and its partners to prepare for an estimated 50% increase in the number of people diagnosed and living with cancer over the next decade, the increased complexity and cost of cancer treatments, and the compounding economic impact of these trends.

In responding to these challenges, we must expand our capacity to adopt new approaches and new technologies for diagnosis and treatment in order to continue our commitment to providing state-of-the-art health services to Manitobans while working diligently to increase efficiency and contain costs.

The overall theme of the MCP, "Delivering Excellence," is intended to convey our view that achievement of a high quality of cancer care rests on the three pillars of Clinical Excellence, Operational Excellence and Academic Excellence. Implemented effectively, the six strategic directions described in the MCP and the objectives and operational strategies associated with them will strengthen the foundation for exemplary cancer care – care that is patient-centred, sensitive to cultural and social determinants of health and is subject to ongoing evaluation of its outcomes; care that embraces evidence-based innovation and contributes to the education and training of new generations of health care professionals.

Successful implementation of the MCP will depend, to a significant extent, on collaboration and shared commitment of our partner organizations throughout Manitoba including the provincial government, regional authorities, health care institutions, the universities and the members of the extended CCMB family – dedicated staff and volunteers at CCMB, and the CancerCare Manitoba Foundation. Together, we will reduce the burden of cancer.

Every Manitoban is touched by cancer in some way. It is expected that 40% of Manitobans will be diagnosed with cancer in their lifetime. It is our privilege and commitment to help reduce the physical and emotional impact of cancer for Manitobans as we walk that path together.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Navaratnam". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. S. Navaratnam

**President and Chief Executive Officer,
CancerCare Manitoba**

Governance



The Manitoba Cancer Plan 2016-2021 is the product of many months of intensive review and analysis involving all levels of CancerCare Manitoba; extensive consultations with the network of Cancer Program Hubs throughout Manitoba, partner organizations, regional health authorities, Manitoba Health, Healthy Living and Seniors; and an assessment of national and international trends in the incidence and prevalence of cancer.

The five-year plan represents a blend of innovation and continuity that is the hallmark of an organization committed to continuous learning and improvement, driven by enlightened human values and a steadfast dedication to high professional standards. It also reflects the inspiration everyone at CancerCare Manitoba (CCMB) derives from daily contact with patients and families facing daunting challenges.

The Manitoba Cancer Plan (MCP) addresses four key imperatives being: (i) the need to incorporate new knowledge and evidence into the nature and direction of CCMB services; (ii) the need to maintain a sharp focus on quality and safety; (iii) the need to mitigate or eliminate risks; and, (iv) the need to balance the unyielding increase in the demand for CCMB services with its human and financial capacity to continue to deliver those services to the highest standard.

Over the MCP period, CancerCare Manitoba expects to see several important current initiatives come to fruition such as new clinical resources for patients, enhancements to the patient experience, significant broadening of the scope of our research enterprise, the strengthening of the network of alliances within the Manitoba Health, Healthy Living and Seniors care community and intensified community outreach with a special emphasis on underserved populations. What will not change is the dedication of CCMB's Board of Directors, management and staff to our mission of reducing the burden of cancer and blood disorders on Manitobans.

The Board of CancerCare Manitoba has carefully considered and approved the Manitoba Cancer Plan 2016-2021. On the Board's behalf, I thank those who have contributed to its development by weaving the many strands of a complex organization together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tallon'.

Gregory Tallon

**Chair of the Board of Directors,
CancerCare Manitoba**



The Manitoba Cancer Plan speaks to the need to expand capacity – physically and with human resources – to respond to the projected growth in cancer incidences in our province. As a strategic partner of CCMB, the CancerCare Manitoba Foundation is committed to supporting the strategic directions outlined in this five-year plan. With the generous support of our donors, our 400-plus community event fundraising partners and our dedicated volunteers, we are ready to meet this challenge and we thank them for entrusting us with their precious donations and for supporting CancerCare Manitoba through the Foundation.

CancerCare Manitoba Foundation raises funds exclusively for CCMB. Since 2000, the Foundation has invested more than \$98 Million in CCMB to support our shared vision of reducing the impact of cancer on all Manitobans. Each of those dollars has been carefully and strategically directed to improve patient outcomes. This investment has also helped to leverage millions of dollars of additional funding from other provincial and national agencies.

CancerCare Manitoba Foundation is the only charity in Manitoba where all of the dollars raised are invested back into cancer research and care right here in our province. Why is this so important? Because it helps CCMB in recruiting the best and brightest cancer specialists to Manitoba, provides critical funding to operate a state-of-the-art cancer research centre, ensures access to clinical trials here in Manitoba, and most importantly, provides real hope for Manitobans and their families facing a cancer diagnosis.

The challenge ahead is formidable. By working together, we can and will *Kick Cancer*.

Sincerely,

Annitta Stenning

**President and Chief Executive Officer,
CancerCare Manitoba Foundation**

Executive Summary

The Manitoba Cancer Plan was developed by CancerCare Manitoba (CCMB) to describe the key initiatives we propose to undertake during the five-year period between 2016-2021. These initiatives build on those in the previous Manitoba Cancer Plan (MCP) and are aligned with CCMB's legislated mandate, as well as its vision, mission and values. These initiatives reflect our commitment to strengthening three pillars upon which the achievement of high quality cancer care rests: Clinical Excellence, Operational Excellence and Academic Excellence. In addition to its submission to the Province of Manitoba, the MCP will be shared with CCMB's staff, volunteers, supporters, allied organizations, and the public at large.

The process of crafting the Manitoba Cancer Plan involved contributions from, and extensive discussions with, a variety of internal and external stakeholders (Appendix 1) at a successful Strategic Forum: *Cancer for the Next Decade* organized by CCMB's President and CEO.

The context for the development of the Manitoba Cancer Plan includes:

- CancerCare Manitoba's mandate, its major sites of operation in Manitoba, the provincial scope of its programs of clinical service and of research, organizational partners in Manitoba and beyond, and the communities it serves.
- Cancer incidence, prevalence, survival and mortality in Manitoba and the key findings of the most recently published 2013-2014 Community Health Assessment.
- The current challenges in coping with the rising prevalence of cancer cases in Manitoba due to both increasing incidence and survival; escalating cost of providing state-of-the-art services, facilities and operating systems - all in the face of tightening fiscal constraints.
- Current resources and processes for mitigating the effects of constraint.
- CancerCare Manitoba's dedication to its mission, institutional ethos and values; and its commitment to the maintenance of high standards and continuous improvement of performance.

Strategic Directions and Objectives

The MCP identifies six goal-oriented strategic directions and their associated specific objectives are summarized below. The operational strategies for achieving the objectives are described in the main body of this document.

The strategic directions, objectives and operational strategies are, in general, aligned with the Province's statement of priorities in "Capacity Building, Health System Innovation, Health System Sustainability, Improved Access to Care, Improved Service Delivery and Improving Health Status & Reducing Health Disparities" and several continue initiatives arising from the 2011-2015 MCP.

STRATEGIC DIRECTION 1

Toward State-of-the-Art Patient Care

CCMB patients expect the best care and treatments available. This will be achieved by driving innovation within the cancer care system and providing patients with access to state-of-the-art services and technologies. Our specific objectives are focused on radiation oncology, chemotherapy, clinical genomics, cancer surgery, clinical trials and prevention.

OBJECTIVES

1. Enhanced access to advances in radiation therapy.
2. Ready access to and delivery of novel systemic therapy.
3. Increased availability of genetic testing to support personalized treatment.
4. Achievement of province-wide leadership in cancer surgery.
5. Increased opportunity for patients to participate in clinical trials.
6. Established leadership in the broad communication of current, evidenced-based knowledge on prevention of cancer and in the conduct of specific prevention programs in selected areas.
7. Introduction of new and improved screening methods for early detection of cancer and increased rates of public participation.

STRATEGIC DIRECTION 2

Toward Timely Access to Multidisciplinary Care

Achieving a high quality of clinical service and patient experience involves close attention to the smooth coordination of care team members operating in a patient-centred system that provides the right care, at the right time, in the right place.

OBJECTIVES

1. Significant reduction in the time patients wait from when a suspicion of cancer first arises until treatment is initiated.
2. Efficient, expedited patient flow within the CancerCare Manitoba system.
3. Timely access to quality clinical services close to home.
4. Multidisciplinary organization of care.
5. Expanded access to specialized urgent care services.
6. Provide coordinated and efficient in-patient cancer care in host hospitals.
7. Improved planning and broadened options for continuing care.

STRATEGIC DIRECTION 3

Toward Enhanced Reporting on Performance, Quality and Safety

Establishing a set of performance and quality indicators allows the organization to monitor and measure its system performance, analyze trends, compare performance to targets and benchmarks, and improve both system efficiencies and quality of care. It provides a mechanism for accountability and establishes a culture of transparency, moving us from a reactionary to a proactive state. These efforts, supported by a sustainable, integrated health information system and guided by best practices in performance management, will contribute significantly to CCMB's growth and sustainability.

OBJECTIVES

1. Development of a comprehensive and integrated set of performance indicators regarding quality, patient safety, and clinical outcomes.
2. Sustained engagement in quality improvement projects, including Medication Reconciliation.
3. Advanced methods established for assessing and reporting on the level of patient satisfaction.

STRATEGIC DIRECTION 4

Toward Building Capacity to Meet Growing Needs

The 2013-2014 Community Health Assessment indicates that the prevalence of cancer cases in Manitoba will continue to rise for several years and significantly increase the need and the demand for access to cancer services. In order to meet these needs, we must ensure effective and efficient use of existing resources and further develop the infrastructure (facilities and operating systems) and human resources that enable service that is both effective and efficient. Strong organizational infrastructure facilitates standardization of processes for enhanced patient safety and quality of care, the introduction of new treatment regimens, and technologies as they emerge. It also contributes to high levels of job satisfaction amongst staff and a highly positive experience for patients.

OBJECTIVES

1. Establishment of a comprehensive Health Information Systems Program.
2. Introduction of new and improved operational practices.
3. Enhanced processes for encouraging high performance of staff.
4. Provision of expanded facilities to accommodate increased patient volume, improve operating systems, and enhance the patient experience. (Capital Facilities Development Plan).

STRATEGIC DIRECTION 5

Toward Improved Care for Underserved Populations

Many Manitobans experience obstacles in accessing health care services. The challenges encountered by underserved populations have a variety of origins: cultural, socio-economic, demographic, geographic and unique needs. We aim to improve our service delivery efforts by targeting key gaps in health status and reducing health disparities. A major focus will be on ensuring equitable access to cancer services and care for all Manitobans of every culture, language, age and geographic location.

OBJECTIVES

1. Provision of new and enhanced access to services for First Nations, Metis, and Inuit people with special attention to newcomers, the elderly and residents of geographically-isolated areas.
2. Development of a new multidisciplinary care program for adolescents and young adults.

STRATEGIC DIRECTION 6

Toward a Broadened Scope and Enhanced Strength of Research

Research informs best practices for patient care, clinical programs, training and education. We are committed to increasing the scale and scope of our research programs and our complement of world-class scientists, not only to expand the generation of new knowledge locally, but also to ensure we have the expertise that will allow us to reap the benefit of new knowledge generated throughout the world. Our clinician-scientists facilitate the translation of scientific advances into innovations in clinical services that improve outcomes for patients.

OBJECTIVES

1. Expanded scope and strength of research.
2. Provision of state-of-the-art laboratories and research technology platforms.
3. Greater collaborations to enhance cancer and blood disorders research.
4. Increased complement of highly-qualified researchers.

CAPITAL FACILITIES DEVELOPMENT PLAN

The Capital Facilities Development Plan outlined below is critical to the operationalizing of the strategic directions, objectives, and operational strategies associated with the programmatic components of the Manitoba Cancer Plan summarized above. The key elements of our plan are:

1. Construction of a new clinical care and research facility, integrated with the CCMB MacCharles site, to provide for continuity and consolidation of services and efficient use of space. The new facility will:
 - a. Accommodate the expected increase in patient volume in the coming years;
 - b. Enhance the patient experience by improving access and reducing wait times;
 - c. Accommodate new diagnostic, surgical and overnight care units; and
 - d. Allow expansion of research with a special focus on patient-oriented studies.

The development of the facility involves close collaboration with and the support of the CancerCare Manitoba Foundation and the province of Manitoba, Manitoba Health, Healthy Living and Seniors.

2. Renovation and expansion at the St. Boniface site to enhance the patient experience as described above, through a major renovation of the current Patient and Family Resource Centre in order to improve emotional support for patients.
3. Equipment and technology enhancements to implement a regular updating and replacement schedule for specialized radiation therapy equipment and to accommodate advances in diagnosis and treatment.

Capital Facilities Development Plan

The number of cancer cases in Manitoba will rise to the highest level in the province's history within the next two decades. The resulting demand for increased services must be met by increased infrastructure. The objectives of the Capital Plan closely align with the strategic directions, objectives and operational strategies embodied in the Manitoba Cancer Plan 2016-2021.

A New Building

The design and construction of a new state-of-the-art treatment and research facility, integrated with the existing MacCharles facility for continuity and consolidation of services, is fundamental to the future of cancer care.

FACTORS DRIVING THE NEED FOR A NEW BUILDING

A. INCREASED VOLUME OF CLINICAL AND RELATED SERVICES

The new facility will provide an optimal care and research environment required to meet the growing demand for cancer services resulting from Manitoba's aging population. New cancer cases and the continuing increase of existing cases that require follow-up are estimated to increase by 40-50% between the time of the 2011 new facility announcement and 2025.

*Manitoba Health, Healthy Living and Seniors (MHLS)
Priorities Addressed: Capacity Building, Improved Access,
Cancer Patient Journey*

B. REQUIRED IMPROVEMENTS IN PATIENT EXPERIENCE

The new facility will provide vital improvements to access, reduce wait times and improve the quality of the cancer patient experience in a sustainable manner. Incorporation of physical components not currently part of the CancerCare Manitoba infrastructure will further enhance clinical service provision through the addition of a procedures/surgical unit, a diagnostic centre including diagnostic imaging, and a day/night unit for patients requiring overnight care.

MHLS Priorities Addressed: Capacity Building, Improved Access, Improved Service Delivery, Improved Patient Experience

C. INCREASED RESEARCH AND INNOVATION ACTIVITY

Research informs best practices and is critical to advancing cancer care. Increased translational research and clinical trials lead to improved care, and more importantly improved health outcomes for patients. Currently, CCMB's research facilities are severely limited due to space constraints, thereby limiting research capability. Without the facilities to increase research and clinical trials, CCMB will be restricted to offering yesterday's care. State-of-the art facilities offering new and innovative functional areas in which to carry out research attract the best researchers and clinicians.

MHLS Priorities Addressed: Health System Innovation

D. FRAGMENTED SERVICES

At present, new space requirements can only be met by fragmenting operations to community hospital sites and by using scarce operating dollars to lease space from third parties. For example, program-specific laboratories, Epidemiology and Cancer Registry staff currently operate in separate facilities, apart from the main CCMB facilities. The Capital Plan includes development and inclusion of these operations to streamline the flow of patient services. Consolidation of space and services will lower overall costs and provide a physical environment that is conducive to coordinated multidisciplinary care.

A growing critical mass of expertise including researchers, care providers, administration and support staff is vital to addressing the cancer services required for the growing patient and cancer survivor population. A sustainable infrastructure, bringing all operations together under one roof, is of paramount importance to ensure sufficient and appropriate clinical, research and operational space is accessible for all services.

MHHLS Priorities Addressed: Capacity Building, Improved Access, Cancer Patient Journey, Health System Sustainability and Improved Service Delivery

RENOVATION AND EXPANSION AT THE CCMB ST. BONIFACE SITE

As it will take some time for the new CCMB facility to be fully realized, the Capital Plan includes major renovations to CCMB's St. Boniface site. Major renovations for this facility will reduce wait times by improving patient flow and increasing the capacity to deliver chemotherapy. As well, a key renovation also occurring at the St. Boniface site is the expansion of the Patient and Family Resource Centre. While the 2013-2014 Community Health Assessment (CHA) findings indicate that overall patient experience for outpatient cancer care is high (96%), the satisfaction with emotional support is low (less than 50%). Good patient support and education can significantly reduce patient anxiety and depression and improve health outcomes.

MHHLS Priorities Addressed: Capacity Building, Improved Access, Cancer Patient Journey, Improved Patient Experience, Improved Service Delivery

EQUIPMENT AND TECHNOLOGY ADVANCEMENT

Additional capital funding and strategic investment are required to implement a regular replacement schedule for outdated specialized radiation therapy equipment and to fully realize advances in diagnostic, laboratory and treatment technologies. Advances in radiation therapy, chemotherapy, immunotherapy, hormone therapy and gene therapy hold great promise for ultimately reducing cancer incidence, morbidity and mortality, as well as improving the quality of life of cancer patients.

Implementing a fully electronic oncology record (EOR) and other health information systems to improve overall system performance are imperative to the functionality of our organization. Improving our health information system will require considerable capital and operating funds.

MHHLS Priorities Addressed: Health System Innovation

Who We Are

CancerCare Manitoba was the first provincial cancer agency in Canada. Its origins in the 1930s represent remarkable foresight on the part of the Government of Manitoba. CCMB operates under a legislative mandate.¹ It is Manitoba's major organizational strategy for cancer control.

Comprehensive cancer control embraces efforts to: reduce cancer risk; find cancers earlier; improve diagnosis, treatment and care; and, enhance the infrastructure required; increase the number of people who survive cancer and improve their quality of life; encourage people to live a healthy lifestyle and participate in cancer screening; perform research; increase access to good cancer care and evaluate its outcomes; assess the burden of cancer and identify disparities among population groups; and build partnerships.²

CANCERCARE MANITOBA PROVIDES DIRECT CLINICAL SERVICES AT THREE DIFFERENT SITES:

- **CCMB MacCharles site** – the main tertiary care site linked to the Health Sciences Centre-Winnipeg campus provides direct clinical services including consultation by cancer specialists in surgery, internal medicine, radiation therapy and pediatrics. Clinical services for adolescents and young adults with cancer are also provided at this site.
- **CCMB St. Boniface site** – the second tertiary care site at the St. Boniface Hospital provides direct clinical services including chemotherapy and support services.
- **CCMB Cancer Screening Programs** – the BreastCheck, ColonCheck and CervixCheck programs are located at the Misericordia Hospital site which is in close proximity to the Breast and Gynecology Cancer Centre of Hope, which provides information and support services.

RESEARCH INSTITUTE IN ONCOLOGY AND HEMATOLOGY

The Research Institute in Oncology and Hematology (RIOH) is a centre of research excellence in Manitoba and is housed within the CCMB MacCharles site. The institute brings together researchers providing important knowledge and expertise in all areas of cancer and blood disorders research.

¹ The CancerCare Manitoba Act, June 17, 2010; www.gov.mb.ca/laws/statutes/ccsm/c020e

² Derived from CDC Division of Centers for Disease Control and Prevention; <http://www.cdc.gov/cancer/dcpc/about?>

COMMUNITY ONCOLOGY PROGRAM

CCMB's Community Oncology Program (COP) works in partnership with all provincial regional health authorities to enable patients to receive cancer care close to their homes, families and communities. This care is provided through the Winnipeg Regional Health Authority Oncology Program at Winnipeg's four community hospitals (Victoria, Seven Oaks, Concordia and Grace Hospitals), and at Regional Cancer Program Hubs in hospitals located across the province. The COP integrates the Community Cancer Program Network and Uniting Primary Care and Oncology (UPCON) Program, as well as outpatient sites in the Winnipeg region.

- Seven Regional Cancer Program Hubs provide an enhanced complement of services and support the smaller CCP Hubs within their Regions.
- The UPCON Program promotes and supports the shared care of cancer patients through collaborative relationships with primary care providers. There are over 50 primary care clinics in the UPCON network across Manitoba.
- The Winnipeg Cancer Program Hub, a virtual clinic, provides expert clinical advice, psychological support and navigation services to patients and health care providers to ensure timely referral, diagnosis and coordination of care.



TOP: CancerCare Manitoba, MacCharles site **MIDDLE:** CancerCare Manitoba, St. Boniface site **BOTTOM:** CCMB Cancer Screening Programs, Misericordia Hospital site.

Our Vision

Vision

Working together, we will reduce the impact of cancer on all Manitobans.

Mission

Through early detection, care, research, education and public outreach, CancerCare Manitoba will contribute to the prevention of cancer and improve the outcomes and quality of life for Manitobans with cancer or blood disorders.

Values

Patient/Family/Community Focus, Respect, Teamwork, Continuous Learning and Improvement, Stewardship

These declarations are formulated with patient, public and partner input, and are advanced through public outreach. They are reflected in CCMB's Corporate Planning and Management Framework (Appendix 2).



The Community We Serve

CancerCare Manitoba's mandate is to provide clinical services and leadership in cancer control and blood disorders to the 1.3 million people living in Manitoba. The population of Manitoba is projected to increase at an average annual growth rate of 1.2% between 2011 and 2020. The median age of Manitoba's population lies between 37 and 38 years of age and is expected to increase to 39.1 years by 2020³.

Approximately 84% of Manitoba's population lives in the Winnipeg, Southern and Prairie Mountain Health Regions of the province⁴ with the greatest concentrations in Winnipeg and Brandon. This percentage is projected to increase over time. In the less-populated and remote areas of the province, such as Northern Manitoba, access to cancer services can be logistically and geographically challenging. An effort to improve equitable access to cancer services for all Manitobans is a strategic direction in this plan.

Manitoba is a multicultural province representing many ethnic peoples. In response to the needs of the First Peoples of Manitoba, CCMB formed the First Nations, Metis, Inuit Cancer Control Program almost a decade ago with major expansion made possible through the Cancer Patient Journey Initiative (*In Sixty*) with Manitoba Health, Healthy Living and Seniors. This program decreases barriers to accessing cancer services including language, culture, living in a remote community, poverty, or other health challenge barriers. The Manitoba Cancer Plan will broaden the scope of underserved populations to include newcomers, the elderly and geographically-isolated populations. This will further enhance access to care, reduce health disparities and improve the health status of all Manitobans, regardless of whom they are or where they are located.

Population, age, gender, ethnicity, socioeconomic status and geographic location are all factors taken into consideration in planning and projecting for cancer care and control.

CancerCare Manitoba relies on the ongoing support of MHHLS and on effective working relationships with our strategic partners for planning and delivering cancer services to Manitobans.

³ Manitoba Bureau of Statistics, January 1, 2014.

⁴ Manitoba Population Projections: 2013-2042, George & Fay Yee Centre for Healthcare Innovation, 2014.

Our Partners

The work entrusted to CancerCare Manitoba can only be accomplished with the participation of our valued local, provincial, and national partners. Appropriate patient care is accomplished by coordinating our efforts with the active participation of Manitoba's regional health authorities (RHA) and Diagnostic Services Manitoba.

WINNIPEG REGIONAL HEALTH AUTHORITY (WRHA)

- Health Sciences Centre Winnipeg – CCMB oncologists and hematologists provide 24-hour in-patient consultation services in Adult and Pediatric Oncology and Hematology. They also provide 24-hour attending physician services for Leukemia/BMT (GD6 Oncology Unit).
- St. Boniface General Hospital – CCMB oncologists and hematologists provide 24-hour in-patient consultation services in Adult Oncology and Hematology.
- Victoria General Hospital – CCMB oncologists and hematologists provide 24-hour in-patient consultation services and outpatient clinical services in Oncology and Hematology through the Buhler Cancer Centre.
- WRHA Oncology Program– our regional colleagues work together with CCMB Family Physicians in Oncology (FPO) to provide outpatient clinical services including consultation and follow-up care, chemotherapy and support services at Concordia Hospital, Grace General Hospital and Seven Oaks General Hospital.



Health Sciences Centre

WESTERN MANITOBA CANCER CENTRE

In 2011, CCMB partnered with the Prairie Mountain Health region to create the WMCC located at the Brandon Regional Health Centre. Clinical services including chemotherapy and radiation therapy, and a full complement of support services are provided for patients from the Western regions of Manitoba. This is the first site providing radiation therapy outside of Winnipeg within the province.

FOUR REGIONAL HEALTH AUTHORITIES

Outpatient clinical services including chemotherapy and support services are provided by our regional colleagues through the Community and Regional Cancer Program Hubs.



Western Manitoba Cancer Centre in Brandon, Manitoba



UNIVERSITY OF MANITOBA

CancerCare Manitoba is closely linked to the University of Manitoba in its research efforts through the Research Institute in Oncology and Hematology (RIOH), functioning as a joint CCMB/U of M facility, providing research education to students. CCMB physicians, nurses and other colleagues carry out the university's mandate to provide medical education in cancer and blood disorders to trainees in a wide range of disciplines.

DIAGNOSTIC SERVICES MANITOBA

Provides laboratory and diagnostic imaging services to the province.

CANCERCARE MANITOBA FOUNDATION

The Foundation is a key partner that has provided sustained and strategic funding in all areas of our service and programs – research, clinical trials, epidemiology, patient and support services, and training. Without this significant funding it would not be possible to have the research program or clinical trial programs that currently exist within CCMB. The Foundation ensures that all funds raised stay in our province to support our mandate of reducing the impact of cancer on all Manitobans.

RESEARCH MANITOBA

This provincially funded granting agency provides funds for research in Manitoba through a number of grant and award programs.

CANADIAN PARTNERSHIP AGAINST CANCER

Funded by the federal government, this organization brings together cancer experts, cancer agencies, government, health and charitable organizations, and cancer patients to develop and implement cancer control strategies for Canada.

CANADIAN ASSOCIATION OF PROVINCIAL CANCER AGENCIES

A Canada-wide organization of cancer agencies and other cancer control programs, created to promote high quality care across the country through collaboration and advocacy.

UNIVERSITY OF WINNIPEG

CCMB and the University of Winnipeg have recently partnered to provide the educational program for radiation therapists in the province.

OTHER FUNDING PARTNERS

Canadian Cancer Society (Manitoba Division), Genome Prairie, Public Health Agency of Canada, Terry Fox Research Institute, and the National Research Council.

OTHER RESEARCH PARTNERS

Manitoba Centre for Health Policy, Children's Hospital Research Institute of Manitoba, National Microbiology Laboratory.

An Overview of Cancer in Manitoba Today and Tomorrow

CANCER INCIDENCE AND MORTALITY IN MANITOBA

Cancer is a significant health concern for Manitobans. Over 6,000 patients receive a new cancer diagnosis annually, and an estimated 2,700 Manitobans will die of the disease per year.⁵ The increasing incidence of new cases each year, and the fact that many patients now survive longer means that the number of people living with cancer is greater than ever before. Recent data show that nearly 40,000 Manitobans are living with a cancer diagnosed in the previous 15 years.⁶ These patients require additional clinical follow up, which may include treatment of recurrence or even a new cancer.

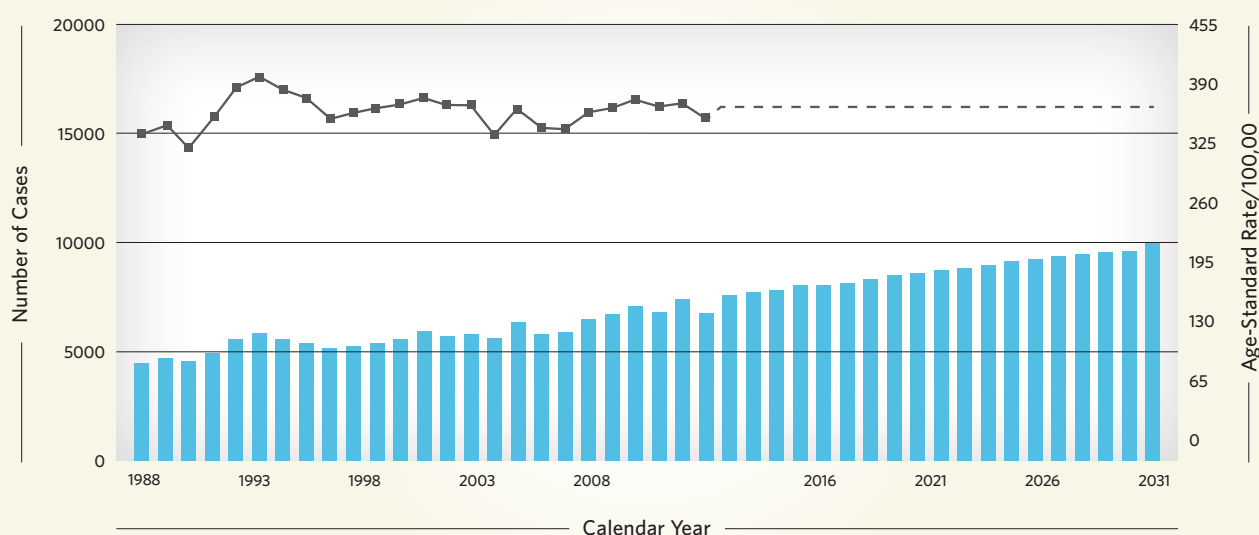
Similar to other Canadian jurisdictions, the number of new cancer patients is expected to rise by about 3% per year over the next 10 to 20 years (Figure 1). This increase is due largely to Manitoba's aging population, given that the incidence rate is steady and population growth is historically flat. Further, the number of Manitobans living with cancer is expected to increase from 43,000 in 2015 to 55,000 in 2025, and over 61,100 in 2030.⁷

Projections for Manitoba indicate that the four most frequently diagnosed cancers – lung, breast, colorectal and prostate – will remain the most common diagnoses. Kidney cancer will replace non-Hodgkin lymphoma (currently in fifth place) in the next 20 years.

Factors such as age and gender can also play a role in cancer incidence, since cancer is most common as people age and certain cancers occurs more often (or sometimes exclusively) in one sex over the other (Figure 2).

FIGURE 1

Actual and projected cancer incidence in Manitoba, 1988-2032: Number of Manitobans diagnosed with cancer each year.



Data from CCMB's Department of Epidemiology and Cancer Registry.

⁵ Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2014. Toronto, ON: Canadian Cancer Society; 2014.

⁶ http://www.cancerviv.ca/idc/groups/public/documents/webcontent/cspan_top10_prev_prof_mb.pdf

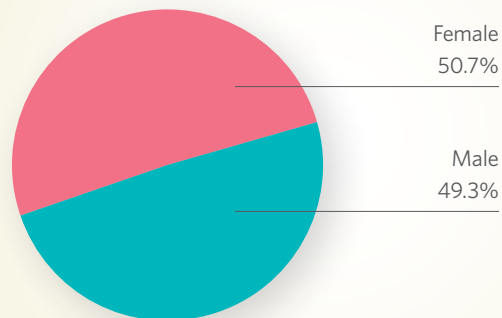
⁷ 15-year prevalence, estimated by CCMB's Department of Epidemiology and Cancer Registry.

FIGURE 2

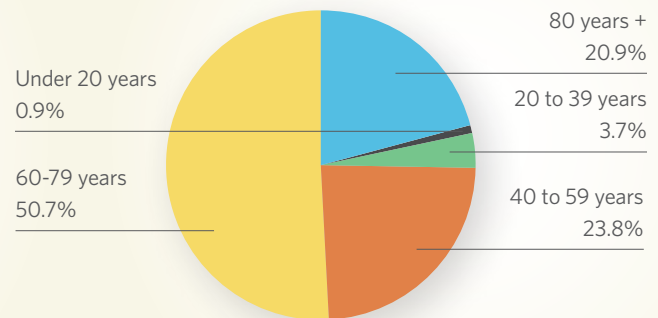
Cancer incidence by age and sex

Data from CCMB's Department of Epidemiology and Cancer Registry.

**Invasive Cancer Diagnosed in Manitoba
by Gender (2010-2012)**



**Invasive Cancer Diagnosed in Manitoba
by Age Group (2010-2012)**

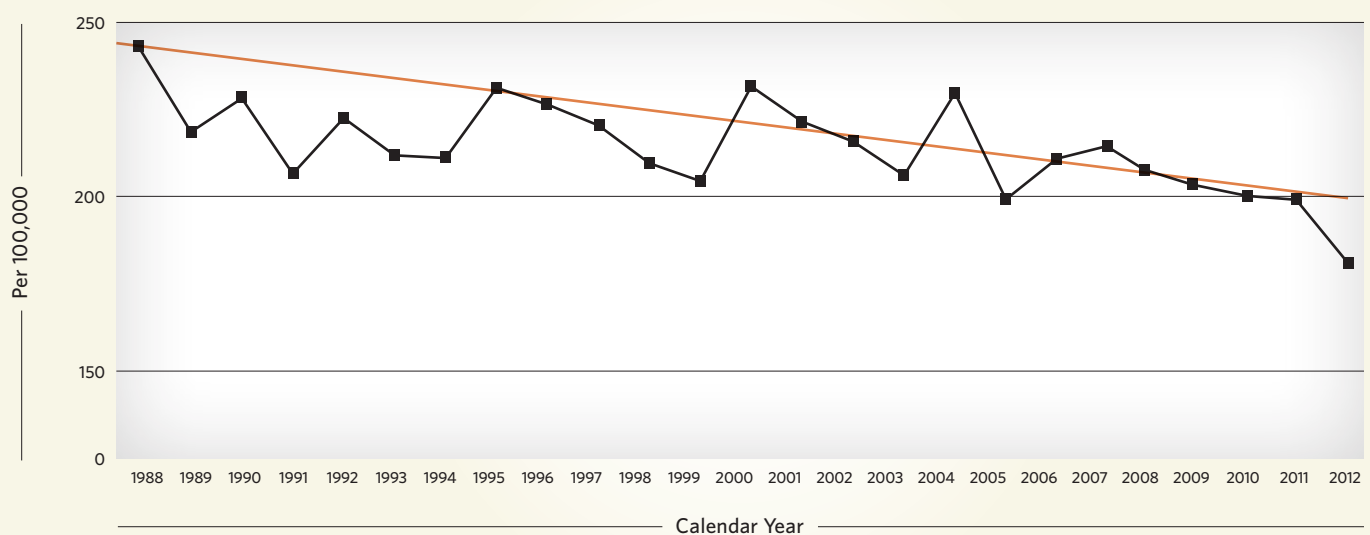


It is encouraging that overall, cancer mortality rates are declining (Figure 3); however, mortality rates for some types of cancer are declining more slowly than others.

FIGURE 3

Cancer mortality in Manitoba

AGE-STANDARDIZED MORTALITY RATES FOR MANITOBBANS DYING OF AN INVASIVE CANCER BETWEEN 1988 AND 2012



Data from CCMB's Department of Epidemiology and Cancer Registry.

BARRIERS WHICH MAY INFLUENCE CANCER OUTCOMES IN MANITOBA

Cancer survival can be influenced by the timeliness of diagnosis and the availability of effective treatments. Barriers in accessing diagnosis and treatment include geography, culture and language, low levels of income and education, physical and mental disabilities, additional chronic diseases (such as diabetes) and very advanced age.

Manitoba's population is multifaceted:

- 15% of Manitobans identify as Aboriginal (First Nations, Metis or Inuit)⁸
- 14.3% of Manitobans are foreign-born⁹
- 20.8% of Manitobans' mother tongue is a non-official language¹⁰
- 9.6% of Manitobans are a non-Aboriginal visible minority¹¹
- Over 100,000 Manitobans are adults with disabilities who need help with everyday activities¹²
- Almost half (45%) of all people diagnosed with cancer in Manitoba are aged 70 years or older¹³

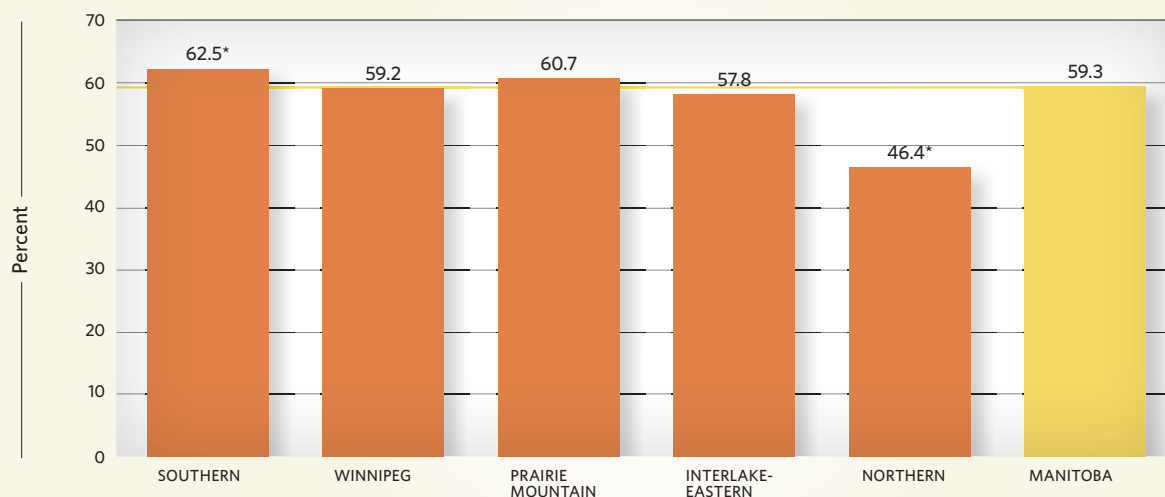
Each of these factors is a potential barrier to accessing cancer services. Although a challenging long-term goal, CancerCare Manitoba is committed to working to ensure equity in terms of access to cancer services and outcomes for all Manitobans.

Additional evidence regarding the strengths and challenges of cancer service delivery is reported in CCMB's 2013-2014 Community Health Assessment, which includes a core set of cancer indicators analyzed for trends over time and by geography. Regional Health Authorities (RHAs) are presented according to their 'healthiness'. For example, cancer survival varies by geography, with the lowest survival and highest premature mortality occurring in the most remote region, the Northern RHA.

FIGURE 4

Cancer survival, by current Regional Health Authority

AGE-STANDARDIZED FIVE-YEAR RELATIVE SURVIVAL (%)



SOURCE: Manitoba Cancer Registry, patients diagnosed 2006-2008.
*Significantly different from Manitoba rate ($p < 0.05$).

⁸ Statistics Canada. 2006. "Number and % age of population reporting Aboriginal identity, Canada, provinces and territories, 2006" (table).

Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census. Aboriginal Peoples, 2006 Census. Statistics Canada Catalogue no. 97-558-XIE. Ottawa, Ontario. p. 11.

⁹ Manitoba Labour and Immigration. Volume 1: Foreign-born Population. Ethnicity Series – a Demographic Portrait of Manitoba. p. 3.

¹⁰ Manitoba Labour and Immigration. Volume 2: Population by Mother Tongue. Ethnicity Series – a Demographic Portrait of Manitoba. p. 3.

¹¹ Manitoba Labour and Immigration. Volume 3: Population Groups and Ethnic Origins. Ethnicity Series – a Demographic Portrait of Manitoba. p. 3.

¹² Statistics Canada. 2006. "Adults with disabilities that need help with everyday activities, by province, Canada, 2001 and 2006" (table).

Participation and Activity Limitation Survey 2006: Tables (part VI). Statistics Canada Catalogue no. 89-628-X - no. 15. Ottawa, Ontario. p. 8.

¹³ Department of Epidemiology and Cancer Registry (2015). Cancer in Manitoba: 2012 Annual Statistical Report. Winnipeg: CancerCare Manitoba.

KEY FINDINGS OF CANCERCARE MANITOBA'S 2013-2014 COMMUNITY HEALTH ASSESSMENT

PREVENTION

- Risk factors for cancer show considerable variation by region and are frequently higher in the North. If unaddressed, there could be serious implications for cancer rates and a requirement for significantly increased service delivery in the future.

ACCESS

- Screening is an important part of a healthy lifestyle. Some Manitoba communities have embraced testing more than others. Lower participation rates are found in the North. Colorectal cancer screening is the newest provincial screening program and, not surprisingly, has a lower rate of uptake than the more established breast and cervical programs; still, Manitoba's colorectal screening rates are the highest in the country.
- Of the components measured along the cancer journey (wait times from mammogram to final diagnosis and ready to treat to start of radiation therapy), women in the North wait almost twice as long for a final diagnosis after an abnormal mammogram. However, radiation therapy waits for all cancer patients have declined considerably in Manitoba since the late 1990s and have generally reached the national benchmark of 100% treatment within four weeks of being ready to treat.
- Data show CCMB is responsive to updated clinical guidelines and new treatments. For example, radiation and surgical treatment has decreased for prostate cancer, likely due to an increased (and appropriate) use of "watch and wait" management strategies.
- Radiation therapy use is the lowest in the southwest corner of the province. This is expected to change in future reports given the opening of the Western Manitoba Cancer Centre in Brandon.
- BreastCheck is well established and the community is aware of signs and symptoms of breast cancer. The proportion of breast cancer found at a late stage is low – around 5% – which corresponds with the survival rate approaching 90%.
- The highest proportion of people diagnosed with late-stage cancer is seen in the North, which correlates directly with mortality and inversely with survival data in this region.

OUTCOMES

- Outcomes are the ultimate measures of cancer control, and while Manitoba outcomes (incidence, mortality and survival) are fairly stable, overall there is room for improvement.
- Cancer rates in the rural south are relatively low, consistent with lower risk factor prevalence (for example smoking and alcohol consumption rates are low).
- The ultimate measure of overall cancer system success is a lower mortality rate. As an early indicator of success, there is a lower proportion of late stage diagnosis in areas where screening programs, for example colorectal cancer screening, have become part of the population's regular health care routine. Unfortunately, not all cancers can be screened for.
- Manitoba's cancer mortality rate is similar to the overall Canadian rate – but not as good as the national leader, British Columbia. This is due to the relative advantage in cancer incidence among British Columbians, strongly associated with low prevalence of major cancer risk factors.
- Overall, patients report they are satisfied with care they receive throughout the province. However, when the components of care are separately categorized, there is room for improvement.

Current Challenges

1. Increase in Demand

The number of cancer cases in Manitoba is projected to rise dramatically over the next two decades. This is largely due to Manitoba's aging population and the higher incidence of cancer in older age groups. As well, advances in cancer treatment have improved outcomes, resulting in a greater number of cancer patients who are living longer and require ongoing care. Moreover, some of these patients will develop secondary or new cancer diagnoses requiring more aggressive treatment. These factors add up to an increased volume of patients requiring clinical services at CancerCare Manitoba in the coming decades.

2. Rising Cost of Providing State-of-the-Art Services (Diagnosis and Treatment)

To deliver state-of-the-art services, significant improvements in technology and treatment have been implemented in the last decade. Advanced technologies for cancer diagnosis and individualized complex cancer treatments are becoming increasingly available. For example, clinical genomics is an evolving field in which specialized genetic testing provides information that allows treatment to be tailored to meet the risk profile of the individual patient. These advances often require an increase in time spent with individual patients, thereby increasing the overall volume of work and demand on the health system. Advances in treatment and technology also come with increased monetary costs. Providing costly state-of-the-art services, coupled with the challenge of drug cost sustainability, will be challenging in the next decade.

3. Sustainability of Services

An increase in strategic investment will be needed to provide the material, space and human resources to effectively manage the increase in clinical demand, the rising cost of providing state-of-the-art services and to undertake new initiatives.

- a) **Material** – Our clinical, operational and academic activities must include providing advanced technology and treatment to ensure patients receive the right care at the right time. We must be equipped to meet evolving standards, respond to emerging trends, replace outdated specialized equipment and supply increasingly costly cancer drugs.
- b) **Space** – There is an urgent need for a new CancerCare Manitoba building to expand the space available for continued and improved service delivery to patients. Our current CCMB sites have reached capacity. The WRHA Oncology Program facilities in community hospitals offered a temporary solution to clinical space issues; however, these too have now exceeded their capacity. Use of space in off-site areas for administrative and laboratory functions is not optimal for patients, staff, or resource allocation. These space constraints result in inefficient work processes impacting wait times and decreasing collaborations focused on expedited patient care and research. Recruitment and retention of world class researchers, physicians and staff are impeded due to insufficient space for research and clinical activities.

c) Human Resources – Our greatest resource is a strong workforce. Current and ongoing human resource challenges include increasing work demands, a shortage of staff trained in oncology, and an identified need for continued education and development of current staff. With the anticipated increase in numbers of patients requiring care, human resource planning for recruitment, retention and talent management of professional staff – nurses, oncologists, hematologists, other physicians, radiation therapists, physician extenders, support and administrative staff – must be a high priority. As a centre of excellence attracting world-class cancer specialists, CCMB must be able to offer competitive and appropriate funding and resources through an aggressive and comprehensive recruitment and retention plan to address the ongoing challenge of recruiting cancer specialists to Manitoba.

4. Patient Experience

As the number of patients in the cancer system increases, and treatment and technology become more complex, the time spent with patients must be carefully coordinated to ensure their understanding of complex information. Navigation through services for patients can be challenging if not carefully planned and coordinated to ensure a positive patient experience.

5. Health Information Systems

CancerCare Manitoba faces challenges in both clinical and operational health information systems:

- a) Electronic Oncology Record** – The limitations of our current electronic oncology record (EOR) and the continued use of the hybrid paper/electronic chart lead to inefficiencies in the patient care process, increased risk to patient safety and reduced quality of care. Implementation of a fully electronic oncology record and the deployment of other integrated health information systems will require considerable capital and operating funds.
- b)** A lack of health information system connectivity and functionality between CCMB and our health care partners leads to fragmented and delayed care.
- c)** The current lack of database and inventory systems, as well as outdated software, are challenges faced in our day-to-day operations. The cost of modernizing health information systems to improve overall system performance and enhance business functions will be substantial.

Current Opportunities

1. Provincial Mandate

CancerCare Manitoba is the provincial agency responsible for providing clinical services to cancer patients and leadership for the provision of cancer services across the province. We are supported in our efforts in cancer control by our strong relationships with key local, provincial and national partners. CCMB has been resourceful and responsible in earning the trust placed in us by Manitobans by our stewardship of the resources made available to us.

2. Centre of Clinical Excellence

CancerCare Manitoba's world-class health care professionals bring leading-edge talent and skills to Manitoba. With the appropriate funding and resources in place, emerging advances in cancer medicine and services offer exciting opportunities for future improvements to patient care and the patient experience. Specifically, opportunities exist within the areas of clinical genomics, adolescent and young adult oncology, rapid diagnostic clinics, clinical trials, and new screening modalities.

3. Academic Institution

The Research Institute in Oncology and Hematology jointly sponsored with the University of Manitoba and based at the CCMB Research Centre, makes it possible for research to directly impact cancer treatment from discovery to patient experience. The institute brings together leading researchers with expertise in cancer and blood disorders, for the benefit of Manitobans.

4. Operational Efficiencies

a) **Health information systems** – CancerCare Manitoba is one of two Canadian centres employing a completely electronic-based radiation therapy scheduling, treatment and information system enabling seamless communication between health care providers. As a result of this paperless transformation, radiation therapy information is transported quickly, efficiently and safely for patients' treatment needs and care. CCMB is committed to advancing electronic-based solutions to support high quality patient care and outcomes across the organization.

b) **Lean Six Sigma** – Lean Six Sigma methodology aims to improve processes and eliminate redundancies and wasted effort. Process improvement projects have provided excellent opportunities to realize efficiencies within the organization. Value Stream Mapping, one of a number of CCMB's Lean Six Sigma tools, allows for easy ongoing assessment of gaps and areas of improvement. Value Stream Mapping will provide opportunities to measure performance of patient services, enabling data driven decisions for optimal allocation of resources.

5. Partnerships

Our strong partnerships with Manitoba Health, Healthy Living and Seniors, the regional health authorities and Diagnostic Services Manitoba are crucial to carrying out our mandate. Collaborative efforts with many partners across the province have led to improvements in cancer care delivery throughout the health care system. The Cancer Patient Journey Initiative (*In Sixty*) would not have been possible without the partnership. We anticipate this project will lead the way for change management in other health services, resulting in improvements across the health care system in Manitoba.

The Cancer Care Quality Framework

The development of the Manitoba Cancer Plan (MCP) 2016-2021 was based on the articulation of a **Cancer Care Quality Framework** consisting of three pillars that reflect the MCP's theme of Delivering Excellence. The motivational and operational attributes associated with each of the pillars are summarized below.



Clinical Excellence

We are committed to patient-centred clinical care and population-focused cancer leadership. Patient care is provided with compassion and professionalism, using state-of-the-art and innovative treatment and technology based on best practices and evidence-based research across the continuum of care. We will continually work to improve the patient experience, the quality of care we provide to patients and ultimately health outcomes.

Academic Excellence

We are committed to improving health outcomes of Manitobans by providing leadership in research and education related to cancer and blood disorders. We are committed to strengthening our academic pursuits by expanding areas of research and creating an environment where learning, collaboration, and partnerships flourish.

Operational Excellence

We are committed to fair and transparent operational practices supported by a strong infrastructure consisting of physical resources, human resources and health information systems. We will continually improve the effectiveness and efficiency of the organization, administration and delivery of our services and regularly measure and report on our performance.

Building on the Manitoba Cancer Plan 2011-2015

Five strategic directions guided the 2011-2015 Manitoba Cancer Plan (MCP):

PREVENTION

Enhance efforts aimed at reducing the incidence of cancer.

ACCESS

Ensure timely access to cancer services for all Manitobans.

SAFETY & PATIENT-CENTRED CARE

Keep people safe and put patients and their families at the centre of care.

EFFICIENCY & EFFECTIVENESS

Improve the system's performance and responsiveness.

EDUCATION & RESEARCH

Prioritize the roles of research and education to promote improvements in cancer control.

Successful initiatives arising from the implementation of the 2011-2015 MCP include:

- Launching the Manitoba Cancer Patient Journey Initiative (*In Sixty*) to reduce cancer patient wait times;
- Expanding the Community Oncology Program to enable more Manitobans to receive chemotherapy close to home;
- Opening the Western Manitoba Cancer Centre in Brandon to bring radiation therapy closer to home for Manitobans in the Western regions of the province;
- Launching the Manitoba Home Cancer Drug Program;
- Mapping patient journeys and care pathways to enable more efficient processes;
- Increasing availability of psychosocial care to cancer patients across the province;
- Expanding cancer surveillance activities and data;
- Implementing Urgent Cancer Care and Cancer Helpline to improve access to timely care;
- Improving screening and diagnostic services through advanced diagnostic machines and digital mammography;
- Increasing availability of genetic testing for Lynch Syndrome and colon cancer; and
- Expanding the Breast Cancer Centre of Hope services to include all women's cancers.

Although progress has been made in other areas described in the 2011-2015 Manitoba Cancer Plan, the time horizon for their implementation has been lengthened as a result of intervening circumstances including financial constraints. For these and other reasons, the previously-published plan is an important part of the background and context for the development of the 2016-2021 MCP.

Strategic Planning Process

The process of developing the Manitoba Cancer Plan began in February 2014, with discussions at the Board and CCMB's senior leadership levels. These discussions focused on sustaining and improving cancer services for the increasing numbers of Manitobans with cancer and blood disorders projected over the next five years and beyond. Input was sought from a comprehensive range of sources including CCMB staff, department and program heads, regional health partners, and the patient and public voice. This approach ensured representative information on which to base the future direction of cancer services. An expert, Dr. Terrence Sullivan, was engaged as an external advisor to assist with the planning process.

CCMB Staff Engagement

Town Hall meetings were held and an anonymous online suggestion box invited employees' ideas on how cancer services could be improved for the future.

Unit Level Engagement

Departments and programs were invited to identify their current challenges, possible solutions and specific strategic priorities over the next five years.

Environmental Scan

The CCMB 2013-2014 Community Health Assessment (CHA) provided guidance for our strategic directions. Developed and coordinated through the Population Oncology Program, this report reflects the most current and complete information from data sources including the Canadian Community Health Survey, Manitoba Health, Healthy Living and Seniors, NRC's Ambulatory Oncology Picker Satisfaction Survey (AOPSS; also called the "Picker Survey") and CCMB's Manitoba Cancer Registry, Screening Programs, Radiation Oncology Program, Epidemiology Unit and Patient Navigation. The results of the 2014 CCMB Patient Satisfaction Survey were also considered to further represent the patient/public voice.

Strategic Forum: *Cancer for the Next Decade*

The feedback provided from unit-level engagement and the environmental scan laid the groundwork for the CCMB Strategic Forum. This forum provided the opportunity for CCMB, its external partners (Appendix 2) and patient representatives to articulate and discuss key emerging trends in the future of cancer care in the province. Outcomes of the forum served as a basis on which to articulate the organization's strategic priorities.

Formulating CCMB Strategic Directions

The recommendations arising from the forum and other feedback sources were synthesized and further defined by CCMB's senior leadership, the Board of Directors, and key subject matter experts to yield six strategic directions. The success of these strategic directions is dependent on the achievement of the supporting objectives and operational strategies. Tracking the key performance indicators linked to the proposed operational strategies will be crucial in measuring progress towards achieving our objectives over the five years of the Manitoba Cancer Plan.



Dr. Sullivan, external advisor at the Strategic Forum



Topic-related workshops helped to define strategic directions

STRATEGIC DIRECTION 1

Toward State-of-the-Art Patient Care

CCMB patients expect the best care and treatments available. This will be achieved by driving innovation within the cancer care system and providing patients with state-of-the-art clinical services. Advances in the radiation therapy, chemotherapy, genomics-based diagnosis, surgery, clinical trials and prevention will redefine the way Manitoba delivers cancer care, ultimately resulting in improved health outcomes.

STRATEGIC DIRECTION 1 → OBJECTIVE 1

Enhanced access to advances in radiation therapy

Why this is important

CancerCare Manitoba's Radiation Oncology Program provides radiation therapy services to cancer patients living in Manitoba and some parts of Northwest Ontario, Saskatchewan, Nunavut and the Northwest Territories. CCMB must be both comprehensive and up-to-date in the care offered to meet the needs and expectations of the population. In addition to trained personnel from several disciplines, a large and continuous investment in radiation therapy equipment, computers, proprietary software and numerous ancillary devices related to treatment delivery and quality control are required. All of these items depreciate and/or become obsolete and must be replaced regularly to remain current with recognized standards of care.

Where we are now

The Radiation Oncology Program has created an equipment replacement sequence/schedule. This will ensure the program remains current and enables continued treatment provision aligned with best practices and recognized standards of care for patients receiving radiation treatment as part of their cancer care.

Future opportunities

The future will include the delivery of state-of-the-art radiation treatment, including innovative implementation of new technology. This improvement in health care delivery will enhance clinical excellence by enabling us to better meet the needs of patients. Other opportunities include research and development as well as education and training opportunities for staff professional development.

State-of-the-art treatment



CCMB radiation therapists delivering treatment on a linear accelerator

OPERATIONAL STRATEGIES

- Implement the use of magnetic resonance imaging (MRI). MRI technology is used not only in the diagnosis of cancer, but is now to become part of the complete radiation therapy management plan.
- Replace aging linear accelerators and associated infrastructure. Replace aging equipment with new equipment installations to provide patients with the latest treatment techniques.

KEY PERFORMANCE INDICATORS

- Degree of success in obtaining the amount of funding required for new technology and replacement of outdated equipment (MRI, CT, High-Dose Rate Brachytherapy, Linear Accelerators).
- Milestones achieved in multi-year Radiation Therapy Equipment Project Plan including research.

STRATEGIC DIRECTION 1 → OBJECTIVE 2

Ready access to and delivery of novel systemic therapy

Why this is important

Chemotherapy is being more extensively used as new drugs are developed to treat a broader array of types of cancer. Moreover, patients have longer life expectancies with adjuvant chemotherapy (combinations of treatment modalities), and remain on their chemotherapy regimens longer. Enhancing drug utility and delivery to ensure future sustainability is an important initiative of the Provincial Oncology Drug Program. Greater emphasis on the safety of oral chemotherapy and targeted agents will need to be undertaken as more oral agents are approved for use in cancer treatment.

Where we are now

To better serve the health care needs of cancer patients, the chemotherapy treatment area operates seven days a week at the CCMB MacCharles site. To improve treatment wait times and delivery, three Lean Six Sigma quality improvement projects were implemented as part of the Manitoba Pursuing Excellence Program announced in 2013. The outcomes of these projects maximized capacity by developing more effective processes for ensuring patients' readiness for chemotherapy, as well as improving efficiency of processes for chemotherapy scheduling. Additional work is underway in a Lean Six Sigma project focused on providing accurate automated wait time measurement for chemotherapy consistent with national standards and Manitoba Health, Healthy Living and Seniors requirements.

Outpatient dispensing of oral cancer agents is being undertaken as part of the Manitoba Home Cancer Drug Program. Treatment with these agents requires close monitoring of side effects. This service, alongside patient education, will not only improve the efficiency of treatment delivery, but also patient care and safety.

Currently, the Pharmacy Department is looking at implementing a provincial drug inventory system to decrease drug wastage. To improve workflow, the potential for the further automation of chemotherapy admixing is being explored.

Future opportunities

The number of patients requiring chemotherapy continues to rise; therefore, our ability to provide timely, quality patient care will largely be impacted by the availability of space and efficiency-enabling charting tools.

Moreover, since the number of chemotherapy treatment regimens available is steadily increasing, participation in systemic therapy outcomes research is crucial. The Manitoba Oncology Drug Utilization and Clinical Outcomes team will assist with the review of outcomes of agents used within the Provincial Oncology Drug Program. CancerCare Manitoba will also be required to comply with the evolving national standards associated with the handling and storage of systemic drugs.



Educating patients about their oral anti-cancer therapy is one strategy to increase adherence and minimize adverse affects.

ERIN, ONCOLOGY NURSE

OPERATIONAL STRATEGIES

- Ensure availability of novel systemic therapy.
- Optimize current work space.
- Meet national standards on the safe handling of systemic cancer therapies.
- Increase dispensing of oral systemic therapy to enhance drug utility.

KEY PERFORMANCE INDICATORS

- Number of novel systemic therapies available for Manitobans.
- Chemotherapy chair utilization.
- Number of patients being provided oral systemic therapy and the volume of agents dispensed at CCMB compared to other provincial cancer agencies.
- Drug inventory and drug wastage compared to baseline.



Intravenous chemotherapy is provided at the MacCharles and St. Boniface CCMB sites, Cancer Program Hubs, and WRHA Oncology Program sites

STRATEGIC DIRECTION 1 → OBJECTIVE 3

Increased availability of genetic testing to support personalized treatment

Why this is important

Applications of genomics to clinical medicine are being developed that allow advanced genetic testing to be used to identify genetic risk factors for disease and to develop new treatments to target the specific genetic abnormalities of individuals. Genetic testing can inform prognosis, prediction of treatment response, and the risk of future disease in patients and/or their close relatives. This information is critical for treatment decisions and discussing prevention options. A more direct impact is that the efficacy of some drugs depends on the presence or even absence of specific gene alterations. Advances in clinical genomics significantly increase our ability to deliver the right care, to the right patient, at the right time and thereby optimize both the quality of patient care and the use of resources.

Where we are now

The use of genetic testing to inform clinical decisions is fast becoming a new standard of care. CCMB has formed a strategic partnership with Diagnostic Services Manitoba to develop a Clinical Genomics Program for Manitoba. Improved access to genomic testing takes time, often is not readily available in Manitoba, and funding sources are not always apparent. Public knowledge of clinical genomics is also growing and is resulting in increased demand. Early implementation will reduce costs and improve cancer care in the province.

Future opportunities

Currently the use of clinical genomics is ad hoc with test prioritization and availability dependent on the effective lobbying of interested parties. Dedicated funding will remove barriers to progress in molecular diagnostics in Manitoba, particularly as public demand grows. Opportunities to connect clinical genomics to existing health administrative databases would expand research and attract new investment in clinical trials.

OPERATIONAL STRATEGIES

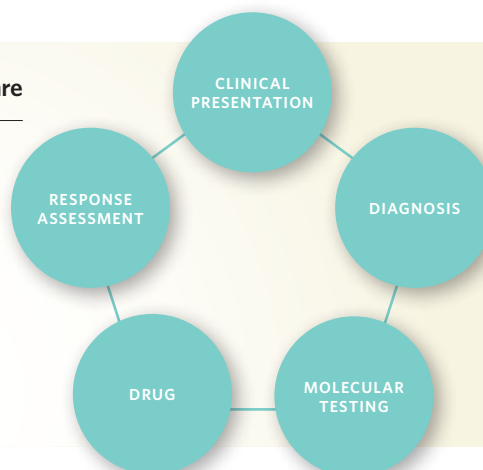
- Establish a Central Advisory Group with a provincial mandate which will be responsible for setting the priorities for genomic testing under Manitoba's Clinical Genomics Strategy.
- Establish a Clinical Genomics Strategy business model.
- Establish sustainable funding partnerships.
- Develop national research/operational partnerships.

KEY PERFORMANCE INDICATORS

- Degree of success in obtaining the amount of sustainable funding required.
- Number of molecular tests made available for Manitobans.

Clinical Genomics is the new standard of care

*The Right Patient.
The Right Drug.
The Right Time.*



STRATEGIC DIRECTION 1 → OBJECTIVE 4

Achievement of province-wide leadership in cancer surgery

Why this is important

Often, the first specialists encountered by cancer patients are surgeons, as over 50% of patients with cancer are treated with surgery. Many other individuals undergo surgical biopsies for the initial diagnosis of their cancer or have a surgical procedure during their cancer treatment using other modalities. Therefore, the quality of and timely access to surgical care is extremely important for the diagnosis and treatment of cancer and can have a positive effect on reducing the overall wait times for cancer services experienced by Manitobans throughout the province.

Where we are now

Although Manitoba continues to perform well nationally relating to a number of surgery indicators, there is room for improvement in standardizing practices in both rural and urban regions.¹⁴ Surgical leaders, engaged as local cancer experts, are being identified in each Regional Cancer Program Hub. These surgical leaders will provide their expertise to assist primary care practitioners with cancer diagnoses and treatment. These efforts will help to strengthen the oncology care network across Manitoba and bring standardized, quality care to patients.

There is a rich history of outcomes analysis and reporting in the Surgical Oncology Program. We continue to engage in surgical outcomes analyses to better understand and improve our services.

Future opportunities

For the established Surgical Oncology Program to grow, CancerCare Manitoba will need to create formal relationships and collaborate with a greater number of surgical leaders. These surgeons could be based at CCMB or arrangements would need to be developed in order to facilitate the cancer surgery they perform in other institutions. Capacity building both inside and outside of Winnipeg will improve access, wait times and increase patient satisfaction. Connecting surgeons provincially with CCMB, the Regional Cancer Program Hubs and Community Oncology Program, may increase recruitment and retention of surgical positions outside of Winnipeg. An interconnected team of health care providers will facilitate timely diagnosis and treatment options for cancer patients.



Dr. Jason Park (left), Surgeon and Associate Staff, CCMB
Dr. Helmut Unruh (right), Surgical Lead, Department of Surgical Oncology at the St. Boniface site, CCMB.

OPERATIONAL STRATEGIES

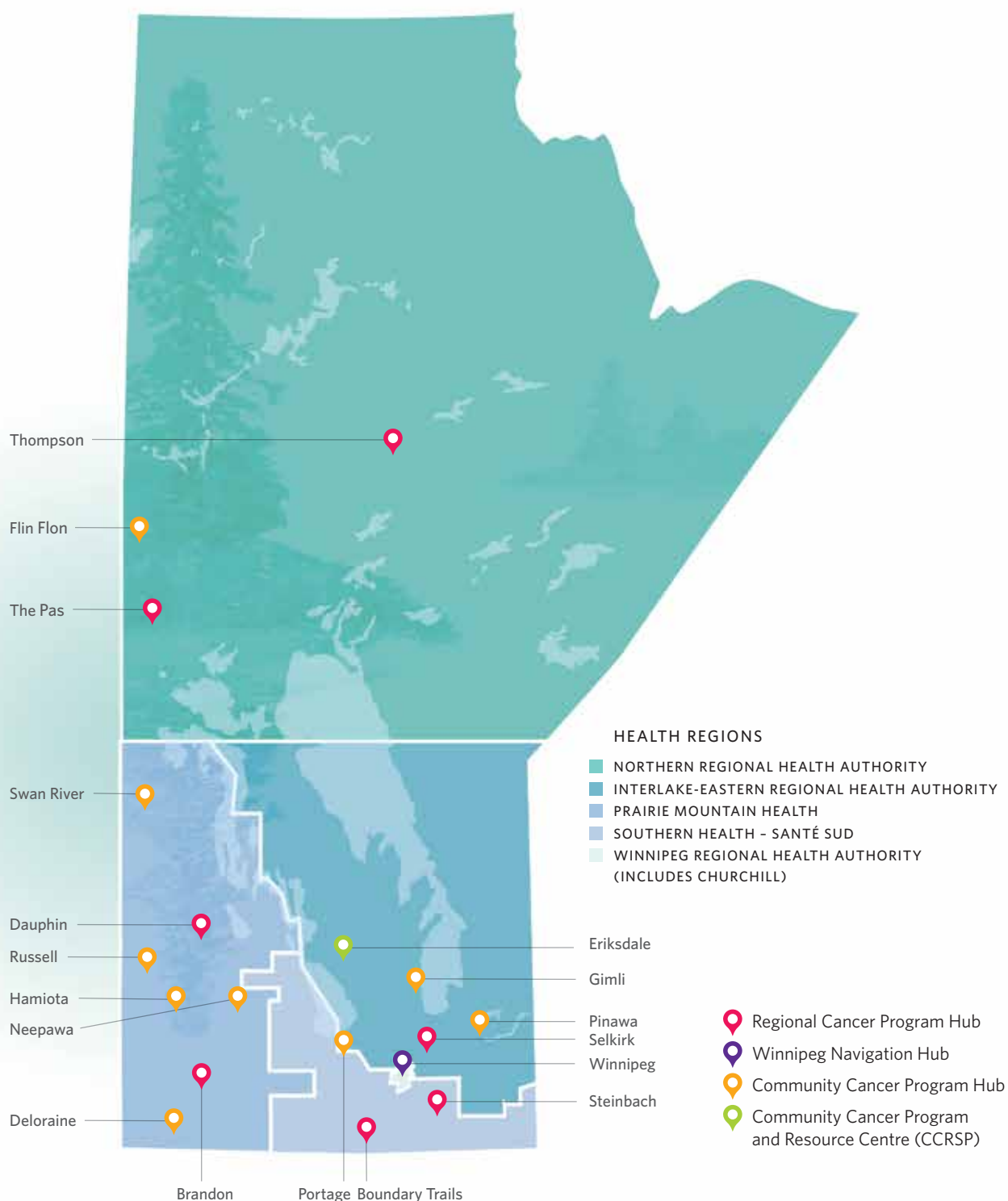
- Assign a surgical leader to each Regional Cancer Program Hub.
- Establish a Surgical Executive Committee representing specialty leaders from each major surgical disease site group to spearhead quality improvement activities in their areas as well as to develop clear policies and guidelines.
- Undertake a provincial quality improvement project in each major surgical disease site.
- Build outcome and wait time measurements that are provincial, regional and disease site group-based.

KEY PERFORMANCE INDICATORS

- Number of surgical leaders in the province.
- Number of quality improvement projects initiated, their outcomes and sustainability.
- Provincial wait time for cancer surgery.

¹⁴ CancerCare Manitoba 2013-14 Community Health Assessment, Canadian Partnership Against Cancer System Performance Reports

Our 16 Community Cancer Program (CCP) Hub services have expanded. We have eight Regional Cancer Program Hubs (including Winnipeg) that support and integrate services with nine Community Oncology Program Hubs and one Community Cancer Resource and Support Program. In addition, many CCP Hub clinicians also work at the 25 rural and 32 urban primary care clinics that make up the Uniting Primary Care and Oncology Network.





Dr. Rajat Kumar, Medical Director of Clinical Investigations Office

I really appreciate the thoughtfulness and care shown to me by my clinical trial nurse. She was always with me and encouraged me to be brave for myself and my family. I couldn't have done the long journey without her. Thank you very much.

JULIE, CLINICAL TRIAL PATIENT

Increased opportunity for patients to participate in clinical trials

Why this is important

An active and robust clinical trials program improves patient care and clinical outcomes. Through participation in clinical trials, patients gain access to leading edge methods of prevention, diagnosis and treatment. The knowledge gained through clinical trials contributes not only to the development of safe and effective clinical methods for future patients but also to high quality care for trial participants.

Where we are now

CancerCare Manitoba continues to improve availability of and access to clinical trials. There are over 100 adult and pediatric clinical trials open to participation each year. The Clinical Investigations Office currently enters hundreds of new patients into trials per year while continuing to follow thousands of participants in long-term follow-up. The Clinical Investigations Office (CIO) was awarded a 4-year Canadian Cancer Clinical Trials Network (3CTN) contract with designation as both a network coordinating centre and regional lead for the Prairie Region. This has enabled the recruitment of new staff to assist with trial recruitment and launch two operational strategies for improved availability of and access to trials. Additionally, the CIO has secured increased funding through the CancerCare Manitoba Foundation and Manitoba Health, Healthy Living and Seniors that will further expand access.

New trial prioritization criteria have also been created to identify trials that should be accorded high priority for early activation (i.e., with trial activation period targets of four months). The Pediatric and Transplant Programs have an outstanding record with a majority of children and transplant patients being enrolled in clinical trials across the spectrum of industry, national and local investigator-initiated studies.



Clinical Investigations Office leadership and research nursing team

*Increasing access to
clinical trials*

Future opportunities

The 3CTN contract will enable the sharing of best practices and support effective working relationships with other centres across Canada. The implementation of a Clinical Trials Management System will also be possible with the contract secured. Improvement of collaborations with the Centre for Health Care Innovation will reduce duplication within trial approvals. Through drug cost savings resulting from clinical trials participation, a greater number of trials at CCMB are anticipated in the future. As recruitment targets are met, additional physical infrastructure will be required for the research nurses and other clinical research professionals caring for clinical trials patients. Additionally, ongoing participation in Children's Oncology Group trials should occur, which allows for participation in international trials.

OPERATIONAL STRATEGIES

- Increase availability of access and recruitment to clinical trials through meeting or exceeding local accrual targets.
- Reduce trial activation timelines to attract trials that have the potential to significantly impact clinical practice.
- Obtain increased funding from Manitoba Health, Healthy Living and Seniors for advanced patient care by demonstrating drug cost savings resulting from participation in clinical trials.

KEY PERFORMANCE INDICATORS

- Accrual to trials (actual rate versus projected rate).
- Time to study activation (evaluate compliance with a four-month target).
- Number of trials of clinical methods that have the potential to significantly impact clinical practice.
- Degree of success in obtaining the amount of funding required to expand the number and scope of clinical trials.

STRATEGIC DIRECTION 1 → OBJECTIVE 6

Established leadership in the broad communication of current, evidence-based knowledge on prevention of cancer and in the conduct of specific prevention programs in selected areas

Why this is important

Prevention is an important and long-term strategy for reducing the burden of cancer. Research indicates that almost 35% of cancers can be prevented by not smoking, with a further 30% additionally prevented through adoption of healthy-lifestyle behaviours. Promotion of healthy-living strategies and risk avoidance contribute not only to primary prevention but also to making cancer treatments more effective and improving the quality of life of cancer survivors.

Where we are now

CancerCare Manitoba is a recognized partner with the Province, the Alliance for the Prevention of Chronic Disease, the CancerCare Manitoba Foundation, the Primary Prevention Syndicate, and other groups collectively focused on reducing disease incidence through healthy living. These efforts target risk factors that cancer has in common with other diseases where the voice of the provincial cancer agency is deemed important in terms of influencing the public. As a subset of this effort, CCMB has initiated its own work focusing on healthy living programs for cancer patients and their families. An example of this is the smoking cessation program started in 2012 for patients, their families and CCMB staff. Almost 50% of all participants reduced, or quit, smoking. CCMB also piloted “Moving Forward After Cancer,” a fitness program at the Reh-Fit Centre for cancer survivors. The eight-week program includes psychosocial support, nutrition and physical activity.

Additional risk factors uniquely associated with cancer include radiation and sun/UV exposure. CancerCare Manitoba helps to protect Manitobans from these major risk factors by leading the Radiation Protection Program, which monitors radiation-emitting devices in our province. Moreover, CCMB has educated more than 4500 Manitobans about sun/UV safety and the detrimental effects of unprotected exposure.

Future opportunities

CancerCare Manitoba, by virtue of its expertise and its broad mandate, has the opportunity and responsibility to convey to the public a comprehensive understanding of cancer risk factors and how they affect Manitobans. In addition to ongoing collaboration with other agencies, CCMB will provide leadership and expand efforts in areas focused on cancer risk reduction such as UV/Sun-safety, radiation protection, and clinical tobacco cessation programs. CancerCare Manitoba will undertake collaborative and concerted efforts to educate patients, public and staff about cancer prevention, including specific tools and messaging for populations within Manitoba who are at particularly high risk and/or underserved.

OPERATIONAL STRATEGIES

- Expand smoking cessation initiatives as part of a comprehensive tobacco control strategy for cancer patients and their families.
- Formalize other prevention activities through enhanced partnerships with chronic disease stakeholders.
- Expand work in summarizing and disseminating cancer prevention knowledge and providing expert advice for development of public policy.

KEY PERFORMANCE INDICATORS

- Number of participants in CCMB Smoking Cessation Program per year.
- Number of messages, position statements, monitoring reports and targeted prevention efforts per year.
- Number of partnerships made with external stakeholders in relation to messaging efforts.

STRATEGIC DIRECTION 1 → OBJECTIVE 7

Introduction of new and improved screening methods for early detection of cancer and increased rates of public participation

Why this is important

Screening has been shown to reduce both mortality and incidence of colorectal and cervical cancer, as well as mortality from breast cancer. By detecting cancer at an early stage, screening programs improve the likelihood of successful treatment and ultimately save lives¹⁵. Colorectal cancer is the second leading cause of cancer death in Manitoba. Screening using the fecal occult blood test can reduce the chance of dying from colorectal cancer by up to 25% for men and women 50 to 74 years of age¹⁶. Regular screening with pap tests can prevent up to 80% of cervical cancer¹⁷. Screening mammograms can also reduce mortality from breast cancer by at least 25% in women 50 to 69 years of age¹⁸. To achieve these outcomes, high quality screening needs to be accessed by a large proportion of the target population.

Reaching out to the community



Spreading the message about screening,



BreastCheck mobile screening unit

Where we are now

Manitoba's cancer screening programs are among the best in the country. Screening participation is a major key performance indicator, and Manitoba has achieved rates at or above the national level. Yet we are still working to increase these rates as they are below target levels. BreastCheck, the provincial breast screening program, has seen participation rates for women 50-69 years of age decline. This is because the upper age limit was removed in 2008 but no additional appointments were funded; as a result, while older women are being screened, we have fewer appointments available for the target group. With the introduction of ColonCheck, rates of colorectal cancer screening in Manitoba are the highest in Canada, but there is unequal use of the program among Regional Health Authorities. The program has not been fully funded to achieve the target participation rates. CervixCheck's recent introduction of updated guidelines has also influenced participation rates for cervical cancer screening. In all cases, underserved populations are a concern and the screening programs have targeted initiatives to encourage participation among these groups.

¹⁵ CancerCare Manitoba (2014) Community Health Assessment 2013 -2014.

¹⁶ Hewitson P, Glasziou P, Irwig L, Watson E. (2007). Screening for colorectal cancer using the fecal occult blood test, Hemoccult. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD001216. DOI: 10.1002/14651858.CD001216.pub2.

¹⁷ International Association for Research in Cancer (2005). Handbooks of cancer prevention: Cervical cancer screening. Lyon: IARC Press.

¹⁸ International Association for Research in Cancer (2002). Handbooks of cancer prevention: Breast cancer screening. Lyon: IARC Press.

We are also experiencing the impact of new, improved types of testing – and as a result, each of CancerCare Manitoba’s screening programs is in a transition phase associated with the introduction of new technology. BreastCheck is involved in the province-wide implementation of digital mammography. For colorectal screening, ColonCheck is piloting fecal immunochemical testing (FIT) to determine its feasibility and impact compared to the fecal occult blood test. Finally, CervixCheck is preparing for the introduction of human papilloma virus (HPV) testing for triage of borderline pap test results. In each case, the new technology represents an advance in the way we find cancers at the earliest possible stage but also changes the way that the screening programs operate.

Future opportunities

Having the appropriate screening technology in place for all three screening programs (breast, cervix, colorectal) will ensure efficiencies and optimal outcomes. CancerCare Manitoba has the opportunity to increase screening participation rates, particularly in underserved populations. Our aim is to have screening rates reach or exceed national targets. In addition to these advances, lung cancer screening is emerging as another potential screening program for Manitobans at high risk.

OPERATIONAL STRATEGIES

- Introduce evidence-based screening technology improvements into existing programs; digital mammography for breast cancer, HPV testing for cervical cancer, and FIT for colorectal cancer.
- Assess cost benefit of low dose CT scanning for lung cancer detection in Manitoba and, if appropriate, create a plan for the development of a lung cancer screening program.
- Focus on improving participation in screening programs by currently underserved population groups to reduce disparities in cancer detection.

KEY PERFORMANCE INDICATORS

- Screening participation rates.
- Number of new technologies for screening implemented.
- Number of new disease sites for screening (where appropriate screening tests exist).

High quality screening needs to be accessed by a large proportion of the target population.

STRATEGIC DIRECTION 2

Toward Timely Access to Multidisciplinary Care

Quality, expedited and multidisciplinary care is pivotal in providing the best care possible for our patients. CancerCare Manitoba continues to work towards reducing wait times and providing the right care at the right time.

STRATEGIC DIRECTION 2 → OBJECTIVE 1

Significant reduction in the time patients wait from when a suspicion of cancer first arises until treatment is initiated

Why this is important

Timely diagnosis and treatment is critical to improve clinical outcome and patient satisfaction. As the majority of cancer diagnoses are made outside of CancerCare Manitoba, building strong relationships with diagnostics and regional partners is essential in facilitating prompt diagnosis. This is the mandate of the Cancer Patient Journey Initiative (*In Sixty*), a system-changing project to which the provincial government is strongly committed. CancerCare Manitoba will also continue to provide strong support to this initiative.

Where we are now

Currently, access to biopsy for timely diagnosis is problematic and requires considerable improvement. In an effort to make sustainable improvements, a Winnipeg Regional Health Authority virtual hub has been established where diagnostic experts review patient data to determine the most appropriate diagnostic pathway(s). This virtual hub will streamline the current diagnostic process, resulting in more efficient and rapid diagnoses. Moreover, the development of province-wide leadership in cancer surgery will improve access to surgical biopsy across the province through the placement of surgeons at each Cancer Program Hub. There has been some implementation of new clinical genomic testing and these efforts are continuing.

Future opportunities

With appropriate funding and strong partnerships in place, CCMB will be in a position to take on a greater role in the diagnosis of cancer. A commitment from regional programs in Surgery, Radiology and Pathology will be required for the successful development of comprehensive Rapid Diagnostic Units in Winnipeg and the Regional Cancer Program Hubs. With the recognition from all stakeholders that diagnosis is a high priority, significant improvement is anticipated.

OPERATIONAL STRATEGIES

- Develop a systematic approach to providing expert advice on the essential diagnostic pathway(s) for cancers of uncertain primary origin.
- Establish diagnostic clinics at CCMB.

KEY PERFORMANCE INDICATORS

- Number of patients seen at CCMB diagnostic clinics per year.
- Percent change in diagnostic wait times from baseline (i.e., wait time measure pre- and post-establishment of CCMB diagnostic clinics).

STRATEGIC DIRECTION 2 → OBJECTIVE 2

Efficient, expedited patient flow within the CancerCare Manitoba system

Why this is important

The monitoring of wait times will assist in providing patients with timely care. Tracking wait time data is essential for identifying where current processes can be improved in order to enhance efficiencies and maximize patient flow. Centralized referral services and development of an electronic wait time data system to ensure accurate and efficient data collection are essential for wait time tracking. This data system will assist CCMB in its responsibility to report wait times to Manitoba Health, Healthy Living and Seniors, the Canadian Institute for Health Information and the public.

Where we are now

The creation of disease site group pathways through the Cancer Patient Journey Initiative (*In Sixty*) and key performance indicator data collected through CCMB's value stream mapping are also important for improving current processes and wait times. CCMB regularly engages in routine dialogue to improve wait time measurement and reporting with Manitoba Health, Healthy Living and Seniors, and the Canadian Institute for Health Information.

Although central referral services were initiated at CCMB in 2008, the individual service elements provided to disease site groups (DSG) remains variable. Currently, referrals are processed spanning approximately 18 DSGs and service groups at CCMB. Standardized processes have been created by the Central Referral Office for all referral-related documentation including scanning of these documents into our electronic oncology record.

Wait times for radiation therapy in Manitoba have been publicly available via the Manitoba Health, Healthy Living and Seniors website for more than a decade and are among the lowest in the country. The Radiation Oncology Program continues to work on improving processes to further decrease wait times.

Future opportunities

In order to enable accurate wait time monitoring and reporting, defined processes and adequate resources are required for standard data entry, collection and analysis. Critical future goals also include the development of disease site specific wait time indicators and associated targets, as well as operational strategies to be followed if targets are not met. To enhance public access to wait time information, wait time information should be displayed on the CCMB website.

OPERATIONAL STRATEGIES

- Expand central referral services to include all DSGs.
- Establish disease site specific targets based on best practice to improve wait times.
- Build patient triaging into the electronic oncology record to enable more efficient and better triage processes.
- Establish processes to enable sustainable electronic collection of wait time data provincewide.

KEY PERFORMANCE INDICATORS

- Turn around time from: 1) Referral to First Consult and from 2) First Consult to Treatment.
- Percent increase in central referral processes tailored to DSG specific needs.

Improving processes to further decrease wait times.

Services close to home.



Community Cancer Program Steinbach staff: Dr. Curtis Krahn and Nurses Bev and Angela

This is a wonderful program. Being a mother of two young children I was so pleased to be able to have treatments closer to home. This decreased my stress level and helped me be close to family. I am so grateful for the Community Cancer Program.

CCP PATIENT

Timely access to quality clinical services close to home

Why this is important

The Community Oncology Program integrates the Community Cancer Program Network and Uniting Primary Care and Oncology Network programs. This objective also includes outpatient sites in the Winnipeg Regional Health Authority. These programs are leading models of care delivery for community-based cancer care in the rural/northern and urban settings. They are also leading models for the development of cancer care expertise and system improvements in the primary care sector. Through strong partnerships we are able to continually address major gaps and challenges, and provide for future growth of community-based care.

Where we are now

The Community Cancer Program oversees referral and treatment of rural cancer patients at Community Cancer Program Hubs, providing 28.5% of all intravenous chemotherapy treatments in Manitoba every year. "Shared-care" standards have been developed for these sites. As part of the Cancer Patient Journey Initiative (*In Sixty*), seven Regional Cancer Program Hubs have been implemented, providing a more robust complement of cancer services available at the existing CPP Hubs. Additionally, one Winnipeg-based Cancer Program Hub has been implemented to provide early detection and diagnostic services, and the timely provision of coordinated management of other services to patients presenting in emergency departments.

Regional Cancer Program Hubs

Seven Regional Cancer Program Hubs have been established with a full complement of nurses, nurse navigators, psychosocial oncology clinicians, and community engagement liaisons. Family Physicians in Oncology have been identified for all sites. Surgical leaders have been identified for all seven sites.

A provincial "open referral" process has been implemented, allowing all patients with a confirmed diagnosis or suspicion of cancer to self-refer or to be referred by a range of providers. The current process follows standardized procedures for patient referral, assessment, documentation and data collection. This enables effective patient care and ensures access to timely diagnostic workup. Any system gaps and/or barriers impacting this pathway are reported using established processes.

A Provincial Cancer Program Hub Working Group has been established to facilitate the strong regional leadership required to develop and implement innovations in quality evidence-based cancer care. A significant focus of this working group is to advance comprehensive cancer care and improve the patient experience. Building on the strength of existing networks, the range of cancer services available closer to home will be expanded.

Future opportunities

The Regional Cancer Program Hubs are in a position to continue to build and strengthen relationships of trust and rapport with underserved and culturally diverse communities. This ensures their ability to enhance capacity, overcome barriers to timely and appropriate care, provide culturally sensitive and responsive health information, as well as provide any necessary guidance and support.



Gimli Community Health Centre, Community Cancer Program site

Winnipeg Cancer Program Hub – Navigation Services

On December 8, 2014, the Winnipeg Cancer Program Hub Navigation Team began receiving appropriate referrals for patients with a new clinical suspicion of specific cancers (renal, liver, testicular, abdominal, head and neck) from emergency departments in the Winnipeg Health Region (WRHA). These referrals are effectively managed by Nurse Navigators who help to ensure patients receive appropriate interventions including access to timely diagnostic workup. This continuity of care enhances the transition between emergency and primary care services.

Future opportunities

Future plans include the expansion of the Winnipeg Cancer Program Hub Navigation Team. Additional personnel would provide the opportunity to implement an “open referral” process whereby all patients with a confirmed diagnosis or suspicion of cancer can self-refer or be referred by a range of providers.

OPERATIONAL STRATEGIES

- Develop a communication strategy to enhance public awareness and engagement;
- Enable modern technologies to improve health information delivery;
- Establish Cancer Program Hub Working Groups within each provincial health region to provide strong leadership and build capacity to maximize comprehensive cancer services across the continuum of care;
- Ensure ongoing evaluation and measurement of current work and quality improvement initiatives; and
- Specific to the Winnipeg Cancer Program Hub
 - **Phase 1:** Facilitate early detection and provision of diagnostic services to patients presenting to WRHA emergency departments and the Misericordia Urgent Care Centre.
 - **Phase 2:** Incorporate navigation and consultation expertise to support primary care providers in investigating, diagnosing and referring patients to specialized, complex and urgent cancer care.

KEY PERFORMANCE INDICATORS

- Volume of patients referred to and served at the cancer program hubs and sites.
- Number of goal-directed visits to the community sites by the COP.
- Number of service interruptions at the cancer program hubs and sites.
- Number of annual accredited continuing medical education hours offered and annual positions trained per discipline (i.e., Nurse, Family Physician in Oncology, etc.).

Multidisciplinary organization of care

Why this is important

Multidisciplinary care is the hallmark of high-quality cancer management and is practiced in consultations, clinics, case conferences and education rounds. The crucial elements of multidisciplinary care are the disease site groups which cross traditional departmental lines in favour of groups composed of professionals from diverse disciplines and areas of expertise. Disease site group (DSG) members recognize that progress in their oncologic domain can only be made through multidisciplinary collaboration in patient care and research. The best care for patients, as well as advancements in clinical research, is most effectively pursued through a multidisciplinary care model.

Where we are now

Disease site groups are in place for all existing major disease categories at CCMB. Terms of reference governing all DSGs have been drafted and reviewed by their respective Chairs. Data on DSG performance metrics is being collected on an ongoing basis. CancerCare Manitoba also has a well-resourced and highly functional Clinical Practice Guidelines Department that is integrated into DSG activity.

Future opportunities

Moving forward, all DSG members must take greater ownership of clinical trials in their domain in order to increase trial availability and recruitment. To achieve ownership, the DSG needs to regularly evaluate clinical trial proposals. Once a consensus is reached to go forward with a particular trial it must be adopted by all in the DSG. This approach would help ensure previously set enrollment targets are met. Guidelines specific to each DSG need to be developed and should be “fluid” in nature, continually responsive to changes in therapeutic advances. In the future, guidelines should articulate not only recommendations for treatment, but also for appropriate investigational testing to improve efficiencies and cost avoidance through elimination of unnecessary testing.

OPERATIONAL STRATEGIES

- Establishment of effective case conferences for all DSGs.
- Development of clinical practice guidelines for all DSGs.
- Increase participation in clinical trials and contribute to innovation and research.

KEY PERFORMANCE INDICATORS

- Annual number of case conferences that meet established criteria.
- Percent progress on reviewing developed clinical practice guidelines.
- Number of new clinical trials and accrual rates.

STRATEGIC DIRECTION 2 → OBJECTIVE 5

Expanded access to specialized urgent care services

Why this is important

As cancer incidence and survival increase and treatment regimens evolve, the number of patients requiring access to urgent care will continue to rise. The staff and physicians at Urgent Cancer Care, including the Cancer Helpline, are experts in oncology who have immediate access to patients' records. This reduces duplication and unnecessary tests that often occur in emergency departments where staff may not be aware of the diagnosis, prognosis or treatment regimen. Urgent Cancer Care enhances access to services, enabling patients to receive timely care by oncology professionals. Patients are cared for in a familiar environment with wait times that are often less than an hour, compared to multiple hour wait times in an emergency department. The CancerCare Manitoba chemotherapy area at the MacCharles site is also open late during weekdays to manage needs for hydration, transfusions, intravenous antibiotics and further supportive care which previously may have required an overnight admission to hospital.

Where we are now

Urgent Cancer Care (UCC) and the patient care model it uses to provide specialized acute oncological care is the second of its kind in Canada. The multidisciplinary health care team has used resources effectively to decrease the financial burden on the health care system. Since opening in November 2013, UCC has helped thousands of patients with urgent concerns related to their cancer diagnosis and treatment. Of those patients, many received supportive treatment, preventing either a transfer to an emergency department or a hospital admission. Urgent Cancer Care is also the first CCMB clinic to successfully implement "real time" customized charting methods within the electronic oncology record.

Future opportunities

Urgent Cancer Care is operating well below its potential capacity due to staff and space constraints. The location of UCC is not optimal and patient care space is very limited. Current staffing could manage more patients given a larger assessment area. Furthermore, hours of operation are currently restricted to Monday to Friday daytime hours. In order to more effectively meet the high volume of patient care needs and enhance patient flow, hours of operation need to be extended to include evening and weekend hours. This would require additional staffing with specialized nurses and physician on-call services. Additionally, a dedicated treatment and observation unit within the treatment area would further facilitate an expanded spectrum of cancer care.

OPERATIONAL STRATEGIES

- Increase staffing and operational hours to include evenings and weekends.
- Increase the capacity of the Cancer Helpline to encompass all telephone triage for the organization.
- Work with our hospital partners to enable UCC patients to directly access beds on an in-patient unit in an adjoining hospital or within the organization.
- Develop and implement electronic reporting for the routine collection of statistical information.

KEY PERFORMANCE INDICATORS

- Urgent Cancer Care patient volume and acuity statistics.
- Percent of statistics retrieved electronically.
- Number of patients admitted directly to an in-patient unit.



Urgent Cancer Care is a great clinic. The people that work there are caring professionals who alleviated my fears, diagnosed my problem and answered all of my questions. Having cancer is not fun but it is good to know I can always go there for care.

LYNN, UCC PATIENT

STRATEGIC DIRECTION 2 → OBJECTIVE 6

Provide coordinated and efficient in-patient cancer care in host hospitals

Why this is important

Currently, the majority of cancer in-patients receive their care in units throughout the hospital by providers with limited oncology expertise. This care model leads to fragmented care and delays in oncologic management. Therefore, it is important to strengthen our clinical partnerships in order to improve the cancer in-patient experience. Improving the communication, processes and information transfer between CancerCare Manitoba and host hospitals will help to achieve Cancer Patient Journey Initiative (*In Sixty*) deliverables and provide safe, integrated in-hospital services to Manitobans comparable to those of other Canadian cancer centres.

Where we are now

There has been strong engagement by CCMB and its key stakeholders in articulating both the advantages of a specialized oncology hospital unit and the pragmatic challenges of implementing this within our hospital community. Although consensus has not been reached on how to best achieve and implement the optimal in-patient experience for cancer patients, we continue to work with our partners to arrive at an agreed upon plan.

Future opportunities

Explore establishing clusters of cancer in-patients in specialized dedicated units within the hospital system to benefit both the health care system and increase patient satisfaction. From a system perspective, a shared model would contribute to an overall enhancement of care provider oncology expertise and could create the opportunity for increased uptake of resident rotations in oncology. This ultimately benefits cancer patients' journey, as it ensures they are receiving specialized care. Direct access to oncology experts enables timely diagnosis and facilitates the appropriate treatment process so that patients receive the right care and at the right time.

OPERATIONAL STRATEGIES

- Collaborate with stakeholders to develop sustainable improvements to the in-hospital care of cancer patients and the cancer patient experience in general.
- Collaboration should be multidisciplinary, including Internal Medicine and Nursing, educational leaders including training directors in Medical Oncology, Hematology and Internal Medicine, as well as CCMB physicians.

KEY PERFORMANCE INDICATORS

- Define and implement future state of improvement plans for in-patient care.
- Evaluation of process changes made based on pre-defined criteria of staff experience related to oncology in-patient care.

Improved planning and broaden options for continuing care

Why this is important

Patients transitioning to continuing, follow-up or palliative care are at a crucial point in their cancer journey and are frequently referred to other health providers at this time. There is a need to improve patients' transition back to their primary care provider, or to other services such as palliative care, as patients are often unclear about how their follow-up care will be managed. Post-treatment problems may present in the primary care sector; therefore, communication between patients and their primary care providers is key. Poor coordination of this transition has significant consequences for patients and the health care system. Appropriate transitioning of patients back to their primary care provider also improves access and wait times for new patients waiting for cancer treatment.

Accreditation Canada has defined a Required Organizational Practice related to Information Transfer as follows: "The team transfers information effectively among service providers at transition points."¹⁹ We must comply with this Required Organizational Practice.

Cancer rehabilitation and education on living with cancer are of emerging importance to patients either during treatment or at transition points. Physical activity can mitigate some of the side effects of cancer treatment and can enhance long-term cancer outcomes and quality of life. Exercise produces a positive therapeutic effect on cancer-related fatigue, depression and anxiety. It is important to develop these services, in partnership with other health providers, for optimal patient care and to promote healthy living and well-being initiatives for people living with cancer.

Where we are now

A number of CCMB projects have been initiated to address the identified needs. Moving Forward After Cancer Treatment provides a consistent approach to the transitioning of patients from active treatment to ongoing or follow-up care in the primary care setting. The transitional appointment process is for patients with curable disease or for those with advanced cancer. A written follow-up care plan including a treatment summary is provided to the patient and sent to their primary care provider and surgeons/specialists. This appointment provides the opportunity for discussion of next steps and provides closure and confidence for the patient in transitioning back to their primary care provider. Initially introduced to the breast and colorectal disease site groups (DSG), this project will be expanded to other DSGs over time.

The Changing Focus-Living with Advanced Cancer initiative is working to enhance communication and assist patients and caregivers who are now living with advanced cancer transition to a palliative approach to care by creating care plans and implementing transitional appointments. Monthly patient and family education sessions about living with advanced cancer have been initiated in partnership with Patient and Family Support Services.

Several cancer rehabilitation programs are also offered through CancerCare Manitoba which include Pilates and Cancer, Yoga and Cancer, Mindfulness Practice, Eat Well-Get Fit-Live Well, and the Moving Forward After Cancer Wellness Program offered through the Reh-Fit Centre in conjunction with CCMB.



Symptom Management and Palliative Care
Disease Site Group

¹⁹ Accreditation Canada, Required Organizational Practices Handbook, 2014, p.12.

Currently, palliative care services and resources are not equally accessible throughout the province, particularly for underserved populations. The Community Oncology Program is addressing this issue by formalizing a Palliative Care Clinic via Manitoba Telehealth, which will be made available throughout the Regional Hubs using a phased approach. As well, education events focused on palliative care for regional staff will increase expertise in those regions.

Future opportunities

Palliative care services will be expanded at the Regional Program Hubs to provide a multidisciplinary team for patients. A palliative care training course led by provincial experts will be developed for multidisciplinary professionals. An additional transitions initiative will provide project management and leadership in collaboration with disease site groups, nursing, Patient and Family Support Services, First Nations, Metis, Inuit Cancer Control and palliative care to develop a provincial standard of care.

OPERATIONAL STRATEGIES

- Phase in transition appointments to all DSGs.
- Expand palliative care services to all Regional Program Hubs.
- Increase cancer rehabilitation services.

KEY PERFORMANCE INDICATORS

- Number and type of DSGs where transition appointments are occurring.
- Number of transition appointments carried out per year and where they are occurring (i.e., CCP, WRHA, or CCMB).
- Number of referrals made to palliative care from CCMB.
- Number of cancer rehabilitation services offered.

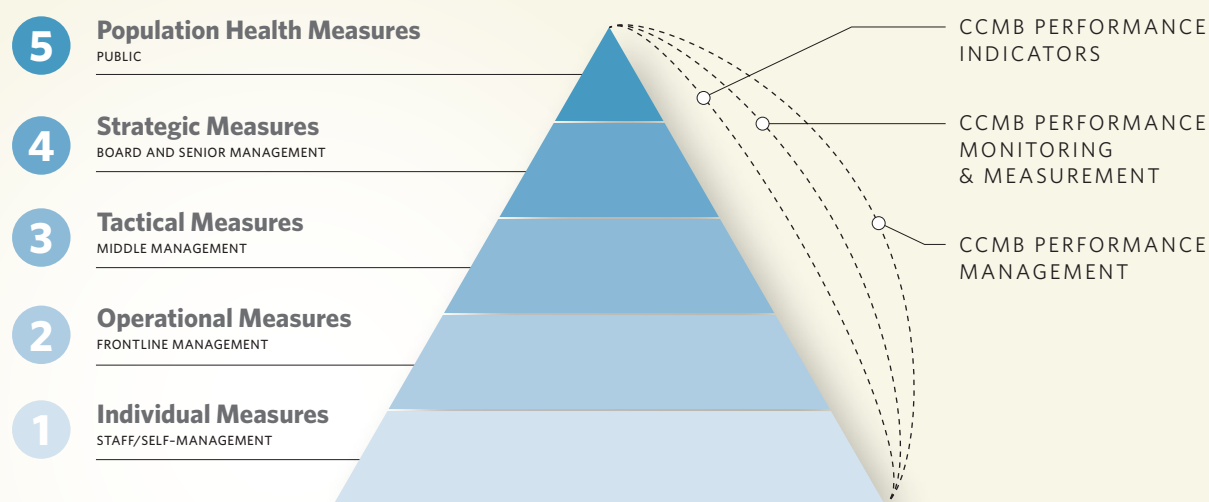
STRATEGIC DIRECTION 3

Toward Enhanced Reporting on Performance, Quality and Safety

A Performance Management Framework is in the late stages of development by Manitoba Health, Healthy Living and Seniors. CancerCare Manitoba welcomes this development and intends to use it as a guide in formalizing the performance management components already in place as part of CCMB's Corporate Planning and Management Framework (Appendix 2).

Establishing a set of performance and quality indicators is an important component of the Performance Management Framework. The indicators allow an organization to monitor and measure its performance, analyze trends, compare performance to targets and benchmarks and improve system efficiencies and quality of care. It provides a mechanism for accountability and contributes to a culture of transparency and enables pro-action rather than reaction in dealing with deficiencies. In the current 2016-2021 Manitoba Cancer Plan, we focus on performance measurement and monitoring as the foundation of performance management.

CCMB Performance Management Framework



Adapted from MHLS's Performance Management Framework

Development of a comprehensive and integrated set of performance indicators regarding quality, patient safety, and clinical outcomes

Why this is important

Measurement is a key aspect of performance management, identifying gaps and enabling assessment of improvement efforts. The development of a comprehensive and integrated set of indicators, built on the foundation of the organization's strategic directions and objectives, is fundamental: comprehensive to ensure the breadth of the organization is incorporated, and integrated to show how the various elements connect with and complement each other. Reporting these indicators is important for transparency and accountability. As the provincial leader and source of expertise in cancer, it is natural that our patients and partners look to CancerCare Manitoba for this information.

There are three priority themes to consider: quality, patient safety and the overall cancer system's performance, including measures associated with clinical outcomes.

Having defined quality and patient safety indicators of demonstrated feasibility and validity are key to ensuring high quality cancer care services. This is facilitated by employing a scorecard framework incorporating various dimensions of quality. This framework not only guides identification of areas of focus, but also the measurement and benchmarking of clinical practice and outcomes.

Where we are now

Over the past decade, there has been increased interest in reporting indicators about cancer service delivery and outcomes and a renewed emphasis on ensuring quality and patient safety, which has prompted the creation of new performance indicators. The challenge is how to select from a wide range of measures that add value and are measurable, reliable, timely, effective and efficient. The outcome of the evaluations of performance also need to be reported in a way that directly contributes to performance management and quality improvement goals.

The CCMB Quality Focus Group has developed the scorecard framework which will be used to guide the selection of indicators and targets. This framework is guided by the four key elements that are essential to a successful quality program: (1) aligned with the organization's strategic directions, (2) evidence-based, (3) supported by strong leadership, and (4) intends to promote excellence across all levels of the organization.²¹

CancerCare Manitoba provides data to the Canadian Partnership Against Cancer's System Performance Reports, which has enabled benchmarking to emerging national targets. Ongoing clinical outcomes projects, such as the Manitoba Oncology Drug Utilization and Clinical Outcomes team, further enable CCMB to understand patterns of care and associated patient outcomes.

11 Dimensions of Quality

☐ POPULATION FOCUSED

☐ ACCESSIBLE

☐ SAFETY

☐ WORK LIFE

☐ PATIENT/FAMILY CENTERED

☐ CONTINUITY OF SERVICES

☐ EFFECTIVE

☐ EFFICIENT

☐ EQUITABLE

☐ TIMELY

☐ INTEGRATED

²¹Caramanica, L., Cousino, J., & Petersen, S.(2003). Four Elements of a Successful Quality Program: Alignment, Collaboration, Evidence-based Practice, and Excellence, Nursing Administration Quarterly, 27,336-343.

Future opportunities

Working systematically with expanded groups of clinical and analytical experts, and building on its health information systems infrastructure, CancerCare Manitoba will be in an excellent position to report on indicators. Working with external partners will provide the organization an opportunity to access pertinent health data outside of CCMB. Expansion of our health information system infrastructure will support standardized collection and timely reporting to the appropriate stakeholders. It will also be beneficial to report on these measures on the public CCMB website, and to display them in CCMB patient care areas. Engaging patients in our quality processes will transform “patient-centred care” to “patients as partners in care”.

OPERATIONAL STRATEGIES

- Establish a Quality Indicators Measurement team to set and report indicators.
- Expand the work of Manitoba Oncology Drug Utilization and Clinical Outcomes to include radiation oncology and surgery to report on clinical outcome.
- Report performance indicators in a publicly accessible format on a regular basis.
- Engage executive sponsorship for implementation of monitoring and evaluating indicators.

KEY PERFORMANCE INDICATORS

- Number of performance, quality and safety, outcome indicators established.
- Percent of indicators that are consistently monitored and evaluated on a quarterly basis.
- Number of targets met for indicators identified as high priority for CCMB.
- Meet 100% of target for Required Organizational Practices and standards in order to achieve Exemplary Standing for Accreditation 2019.

Ensuring quality and patient safety.



*Hand hygiene remains the most effective
infection prevention and control strategy.*

DR. E.J. BOW, MEDICAL DIRECTOR, INFECTION CONTROL SERVICES

STRATEGIC DIRECTION 3 → OBJECTIVE 2

Sustained engagement in quality improvement projects, including Medication Reconciliation

Why this is important

Delivery of quality care is at the core of CancerCare Manitoba's operations. When we provide care, it is assumed to be of the highest quality; by the same token, the quality of activities that support patient care – including those enhancing frontline services as well as finance, health information systems, decision support and research – is expected. Quality assurance is an ongoing activity, requiring constant monitoring of our processes and making adjustments, such that the concept of continuous quality improvement is now an essential element in all service and business considerations.

Where we are now

CancerCare Manitoba has enjoyed Accreditation Canada certification at the highest level. This is a major indicator of the organization's emphasis on quality of care including continuous quality improvement. In addition, CCMB has undertaken initiatives surrounding the development of a "just" culture, which promotes an environment in which staff feel safe reporting adverse events. This encourages staff to learn from errors and helps to lessen the chance of them occurring again. This drive towards promoting a safe work and patient care environment is reinforced by having Human Factors experts throughout the organization. A group of staff, employed in departments across the organization, received comprehensive training on how humans act, both physical and mentally, within complex systems. Understanding human factors plays a critical role in improving health care quality and patient safety. CancerCare Manitoba is also a leader in Manitoba for introducing Lean Six Sigma principles to its operations. Trained staff have implemented several high profile quality improvement projects designed to improve patient care at the frontline (direct service) level. These efforts all demonstrate a foundation of commitment to quality services for our patients.



Future opportunities

Regular Accreditation Canada reviews are scheduled for late 2015 and 2019, which will be important reference points in demonstrating quality and offering opportunities for learning from rigorous review and benchmarking to national standards. At the same time, CCMB is poised to expand Lean Six Sigma training and continue to undertake new projects, while ensuring sustainability of improvements. The development of dashboards of quality indicators for public, management and governance use will further enable CCMB to measure, and to be accountable for, its practices.

OPERATIONAL STRATEGIES

- Focus on demonstration of quality, including certification by Accreditation Canada and development of an indicators dashboard.
- Implement medication reconciliation for all disease site groups.

Medication Reconciliation: Collection of accurate and complete information to improve patient safety

Why this is important

Medication Reconciliation is widely recognized as an important safety initiative and a patient safety priority. There are two Required Organizational Practices for Accreditation that CancerCare Manitoba must achieve.

1. “Medication Reconciliation as a Strategic Priority: The organization has a strategy to partner with clients to collect accurate and complete information about client medications and to utilize this information during transitions of care.”²²
2. “Medication Reconciliation at Care Transitions: With the involvement of the client, family or caregiver (as appropriate), the team generates a Best Possible Medication History and uses it to reconcile client medications at ambulatory care visits where the client is at risk of potential adverse drug events. Organizational Policy determines which type of ambulatory care visits require medication reconciliation, and how often medication reconciliation is repeated.”²³

Where we are now

An interdisciplinary Medication Reconciliation Steering Committee has been established for executive sponsorship and project oversight. A project manager is engaged and a draft project plan has been created. Prototype patients have been tested for process flow and task timing.

Future opportunities

Development and implementation of a comprehensive electronic medication reconciliation process in Manitoba for ambulatory oncology patients. Electronic interface of medication reconciliation with other e-health records, for example, eChart.

OPERATIONAL STRATEGIES FOR MEDICATION RECONCILIATION

- Standardize the process for collection of Best Possible Medication History (BPMH).
- Clarify provider roles and responsibilities for completing medication reconciliation.
- Create a sustainable electronic medication reconciliation process in the electronic chart.
- Audit the medication reconciliation process to assess compliance and make improvements when required.

KEY PERFORMANCE INDICATORS

- Development of a quality indicator dashboard.
- Percent compliance with medication reconciliation policy and process from baseline (see examples below):²⁴
 - The quality of the collection of BPMH;
 - Whether the BPMH is documented; and
 - Whether medication discrepancies are identified and resolved.

²² Accreditation Canada, Required Organizational Practices (2014), p. 13

²³ Accreditation Canada, Required Organizational Practices (2014), p. 16

²⁴ Accreditation Canada, Required Organizational Practices (2014), p. 22



My support group at CancerCare Manitoba is an amazing group of women. They are caring, helpful and extraordinary. Every day I am thankful that they are in my life.

SHEILA, CCMB PATIENT

Once you go to a support group, you realize how much better you feel inside and the support you get really helps ... you realize you are not alone ... I wish I had started sooner.

DEBBIE, CCMB PATIENT



*Thank you so much for your very kind
volunteers and the cookies and soup today.
It is a service like no other.*

CCMB PATIENT

Advanced methods established for assessing and reporting on the level of patient satisfaction.

Why this is important

CancerCare Manitoba (CCMB) aims to provide effective treatment of cancer and blood disorders. This is often interpreted to mean maximizing survival (or even providing an ultimate cure) while minimizing the impact of the disease on patients' quality of life. Patient experience is an essential quality of care measure. Even when cure is not possible, we strive to ensure patients have a good experience throughout their entire cancer journey. Patients' feedback regarding CCMB services is essential in ensuring we engage in continual quality improvement to better serve Manitobans.

We strive to ensure patients have a good experience throughout their entire cancer journey.

Where we are now

A variety of efforts are underway to measure and expand patient-reported outcomes in cancer clinics and centres across Canada. CancerCare Manitoba has participated in many of these efforts, with a longstanding history of participation in the NRC's Ambulatory Oncology Patient Satisfaction Survey which has been performed routinely at intervals coinciding with Accreditation since the early 2000s. This standardized patient satisfaction survey has enabled us to monitor our patients' experience over time, as well as facilitate benchmarking with other Canadian jurisdictions. To complement this work in non-Accreditation years, CCMB has administered other patient satisfaction surveys to provide additional information and feedback about specific cancer services and clinical care.

Future opportunities

The NRC's Ambulatory Oncology Patient Satisfaction Survey coordinating group is introducing a variety of options to facilitate routine reporting of cancer patient satisfaction. CCMB plans to increase its survey frequency to at least every two to three years, with local targeted surveys performed in between, and will explore the feasibility of an ongoing and more real time survey schedule. No matter the survey strategy exercised, patient satisfaction will be reported to staff, patients and the public on an increased frequency as a key performance indicator.

I had nothing but exemplary care and compassion from my oncologist and the entire staff. The care I received is proof of CancerCare Manitoba's values of treating individuals with respect, honesty, openness and fairness. CCMB is a world-class facility with world-class people!

CCMB PATIENT

OPERATIONAL STRATEGIES

- Perform the NRC Ambulatory Oncology Patient Satisfaction Survey on a more frequent and regular schedule (every two to three years), augmented with CancerCare Manitoba surveys.
- Focus on areas identified as having room for improvement in previous patient satisfaction surveys.

KEY PERFORMANCE INDICATORS

- Overall patient satisfaction rate.
- Patient satisfaction on key sub-indices (e.g., emotional support, coordination and continuity of care, provision of information, respect for patient preference).

The Patient Experience



Patient Satisfaction

overall average satisfaction score for outpatient care based on patient satisfaction survey (% positive responses)

average satisfaction score for emotional support based on patient satisfaction survey (% positive responses)

PAST ESTIMATE	CURRENT ESTIMATE	TIME TREND	RANGE OF CURRENT ESTIMATES (Lowest RHA - Highest RHA)
95.4%	96.6%	→	95.6%-100.0%
46.9%	46.4%	→	39.7%-50.2%

SOURCE: NRC Picker, Ambulatory Oncology Survey, June 1, 2007 – March 31, 2008 (past), June, 2011 – October 31, 2011 (current).
 Note: Trend arrow is based on + or - 10% of the past value. Colour indicates if the trend is good (green), neutral (yellow) or needs to improve (red).
 RHA refers to Regional Health Authority.

Overall patient satisfaction is high, but more can be done to improve in the area of emotional support.

COMMUNITY HEALTH ASSESSMENT 2013-2014

STRATEGIC DIRECTION 4

Toward Building Capacity to Meet Growing Needs

The 2013-2014 Community Health Assessment informs us that the number of cancer cases will continue to rise over time, requiring access to cancer services by a greater percentage of Manitobans. In order to meet the growing need for cancer care, we need to ensure effective and efficient use of existing resources including electronic health information systems, quality improvement projects, physical infrastructure and human resources.

Strong organizational infrastructure components allow appropriate spaces for both patients and staff, facilitate standardization of processes for increased patient safety and quality of care, and place us in a position to respond to new treatment regimens and technologies as they emerge. We will build sustainable, innovative and evidence-based methods to ensure accountability in the use of resources and to enhance the work experience of a strong and dedicated staff population.

In this section we focus on enhancement in operating systems (notably health information systems) and on agency practices to allow us to operate efficiently. The need for space and other facilities are discussed under the section: Capital Facilities Development Plan.

Building capacity



Health Information Services Department

STRATEGIC DIRECTION 4 → OBJECTIVE 1

Establishment of a comprehensive Health Information Systems Program

Why this is important

The establishment of a Health Information Systems Program at CancerCare Manitoba is important for providing adaptable, sustainable and effective services for patients, streamlining clinical and other operations, as well as managing clinical and research data. A Health Information Systems Program is integral to supporting CCMB's agency functions and in facilitating a culture of innovation. Advanced health information systems provide the data needed by care providers to enhance efficiency and accountability.

Where we are now

Five Health Information Systems projects are in the completion stage. Nine projects are in the active stage including three Lean Six Sigma projects, Medication Reconciliation, IT Renewal, Hybrid Chart Removal, ARIA upgrade and ARIA training materials.

Future opportunities

With the development of a Health Information Systems Program, future opportunities include: Consumer Health (Patient Portal), CCMB Informatics Fellowship Program (University of Manitoba), CCMB Informatics Data Centre (New Building), Pan Canadian Data Sharing Agreements to facilitate collaboration and Canada Health Infoway Grants.

OPERATIONAL STRATEGIES

- Eliminate the hybrid chart (use of paper and electronic charts) and full implementation of electronic workflow.
- Integrate and improve interoperability with other provincial data systems for enhanced continuity of care across jurisdictions.
- Facilitate data driven practices in administrative functions by investing in methods, software and processes improving the quality and effectiveness of operations and patient care.

KEY PERFORMANCE INDICATORS

- Percent completion of identified projects.
- Degree of end-user adoption.



Some of the Lean Six Sigma project team members

The Stuff-FX Lean Six Sigma project resulted in a time savings of 75% and a cost savings of \$14,000/year in CancerCare Manitoba supplies.

NADIA, CCMB GREEN BELT

Introduction of new and improved operational practices

Why this is important

Lean Six Sigma is a business improvement system. There are several new and ongoing projects currently underway targeting process improvements throughout the organization. These projects are aligned with the Cancer Patient Journey Initiative (*In Sixty*) to ensure quality patient care and access targets are met. The Lean Six Sigma methodology eliminates redundancies and wasted effort, while at the same time ensuring continuous quality improvement. The result is an overall cost savings to the organization, and importantly enhances patients' cancer journey experience and overall satisfaction.

Where we are now

Seven CancerCare Manitoba Lean Six Sigma projects, as well as three partner Lean Six Sigma projects, were launched in 2013-2014. Two additional projects were launched under the 2014-2015 funding year. We are currently in our final year of project funding under the Manitoba Pursuing Excellence Program, and therefore, we need to develop and implement a long-term operational strategy to build internal capacity for the future. This is crucial to ensure knowledge transfer and continued quality process improvements throughout the organization.

Future opportunities

Manitoba Health's Quality Safety Collaborative has invited CancerCare Manitoba to provide a representative on a working group to develop a curriculum for ongoing Lean Six Sigma training. Through mentorship and ongoing education, CCMB will build internal capacity of Lean Six Sigma subject matter experts and become a self-sufficient hub for process improvement projects.

OPERATIONAL STRATEGIES

- Develop a "visibility wall" displaying all organizational process improvement projects.
- Build internal Green/Black Belt capacity through training and mentorship.

KEY PERFORMANCE INDICATORS

- Number of successfully completed process improvement projects per year and associated savings.
- Cost and time savings to CCMB.
- Number of internal Green/Black Belts.

Enhanced process for encouraging high performance of staff

Why this is important

A skilled and committed workforce, supported by a strong team of human resources professionals who effectively manage human capital, is one of our most important resources in reinforcing Operational Excellence to achieve Clinical Excellence and Academic Excellence. The benefits of a robust workforce include improved communication and engagement of staff, as well as strong working relationships where role clarity is advanced. Key to this is the existence of an effective performance evaluation program that recognizes both achievement and areas for improvement. Opportunities for professional and skill set development are important for increased job satisfaction and performance, building expertise and retention of staff. Developing management skills, improving productivity and succession planning are key areas of focus for the organization's human resources plan.

Where we are now

A recently-created competent and enthusiastic team of human resources professionals have positioned CancerCare Manitoba to embark on performance evaluations across the organization. Managers have been informed of this initiative and their involvement going forward. Senior leadership is championing these efforts as key to continued performance improvement, staff engagement and high staff morale.

Future opportunities

Human resources professionals will increase their engagement with all levels of leadership to develop management skills, including guidance on having difficult conversations, effectively providing feedback, motivating staff and communicating the processes involved in completing an effective performance evaluation. Included in the performance evaluation initiative is the opportunity to update job descriptions, identify key areas of responsibility, clarify roles and collaborative work processes, and provide guidance on performance improvement and succession planning. Opportunities for continuous learning through professional development will be enhanced and made available to a greater percentage of staff.



*The achievements of an organization
are the results of the combined effort
of every individual.*

VINCE LOMBARDI

OPERATIONAL STRATEGIES

- Review and revise all job descriptions including expectations and key areas of responsibility for the purposes of performance evaluation and recruitment efforts.
- Provide performance evaluation for all roles and positions highlighting key areas of emotional intelligence, team building, customer service, and behaviors fostering a respectful workplace.
- Train and coach managers in the process and benefits of performance evaluation.
- Empower staff by enhancing opportunities for education and professional development.

KEY PERFORMANCE INDICATORS

- Number of quarterly education and coaching sessions for managers.
- Number of workshops for employees.
- Percent compliance of completed evaluations according to set milestones: 50% by 2016; 75% by 2017; and 90% by 2018.
- Number of staff participating in education and professional development activities.



It's been a privilege to meet such amazing patients, staff and volunteers.

GERRY, SENIOR COMMUNICATION CLERK, RECIPIENT OF THE CCMB 40-YEAR SERVICE AWARD
AT THE STAFF APPRECIATION TOWN HALL

STRATEGIC DIRECTION 4 → OBJECTIVE 4

Provision of expanded facilities to accommodate increased patient volume, improve operating systems and enhance the patient experience

Please refer to the Capital Facilities Development Plan (page 10)

STRATEGIC DIRECTION 5

Toward Improved Care for Underserved Populations

Many Manitobans experience obstacles in accessing health care services. The challenges encountered by these underserved populations are due to a variety of barriers including cultural, socio-economic, age and geographic location. This strategy aims to improve service delivery efforts by targeting key gaps in health status and reducing health disparities. A major focus will be on ensuring equal access to cancer services and care for all Manitobans of every culture, language, age and geographic location.

STRATEGIC DIRECTION 5 → OBJECTIVE 1

Provision of new and enhanced access to services for First Nations, Metis, and Inuit people with special attention to newcomers, the elderly and residents of geographically-isolated areas

Why this is important

Certain populations are at risk for being underserved due to geographic, cultural, physical, language and other barriers. CancerCare Manitoba is expanding its current focus on First Nations, Metis and Inuit populations to include other groups that may need special and/or unique supports. These groups include newcomers, the elderly and residents in remote parts of the province. The goal is to improve access and delivery of cancer services to all of these groups.

Where we are now

Since the inception of the initial Aboriginal Cancer Control Unit in 2006, CCMB has had increased visibility in First Nations, Metis and Inuit communities including various prevention and screening initiatives. To ensure CCMB staff have an understanding of cultural context for First Nations patients, a foundational program in Cultural Safety was developed and implemented. The CCMB First Nations, Metis, Inuit Cancer Control Unit is nationally and internationally recognized for its community and stakeholder engaged approaches to enhancing cancer services, supports and resources. Efforts are underway to facilitate “self-identification” by underserved populations, which will in turn enable us to offer services that may be of particular interest to each patient.

Future opportunities

A comprehensive program is in place to ensure that all Manitobans can be provided with access to cancer services according to their preferences (i.e., cultural, language, etc.) with the goal of equitable access for all Manitobans. Enhanced cancer surveillance and data monitoring are available to ensure equity for underserved populations.

It totally blindsided me... it's the last thing you expect when you're 25. I felt cheated. I watched friends getting married, going on trips, advancing in their careers – and I was in a stalemate.

AYA SURVIVOR, AGE 25

OPERATIONAL STRATEGIES

- Expand outreach to include more underserved populations in Manitoba, starting with newcomers, followed by the elderly, residents of remote parts of Manitoba and others (e.g. physically disabled, etc.).
- Enhance clinical connections between CCMB's Underserved Populations Unit (an expansion of the current First Nations Metis Inuit Cancer Control Unit) and various cancer service delivery sites and specialties.
- Sustain and expand foundational work with First Nations, Metis and Inuit communities to ensure access to appropriate, high-quality cancer services.

KEY PERFORMANCE INDICATORS

- Number of participants in underserved populations supported per year.
- Percentage rate of underserved populations meeting cancer service targets (e.g., wait times, treatment according to clinical practice guidelines, etc.) relative to all other Manitobans.

STRATEGIC DIRECTION 5 → OBJECTIVE 2

Development of a new multidisciplinary care program for adolescents and young adults

Why this is important

Approximately 120 new cases of invasive cancer are diagnosed each year in the adolescent and young adult (AYA) population (15-29 years of age) in Manitoba. This population is often lost in the cancer care continuum. Inadequate psychosocial, educational and vocational support during and after cancer therapy, challenges with fertility preservation, lack of standards of care and clinical trial availability all negatively impact the cancer journey for the AYA population.

Currently, adolescent and young adult care is not centrally coordinated. There is no dedicated AYA team to deal with the unique needs of this age group. Moreover, there are variable standards of treatment across age barriers. For instance, a patient diagnosed at 16.99 years of age will be treated one way under pediatric care, whereas a patient diagnosed at 17 years of age will be treated using a different approach under adult care. It is very difficult to get an AYA patient >17 years treated on certain pediatric protocols, even if the upper age limit extends to 30 years. Therefore, an improved approach to care for this age group is required, a focus of which should be on providing optimal care independent of age.

Where we are now

In 2008, the Canadian National Task Force on adolescent and young adult cancer care was formed to address these challenges. Supported by the National Task Force, provincially driven Regional Action Partnerships were created to carry out this work according to nationally accepted principals for optimal care of AYA cancer patients. This cross-functional group routinely meets to discuss how Manitoba plans to implement an AYA framework aimed at supporting appropriate and effective health care for the AYA population in the province. Several subgroups to advance the agenda have been or are being formed.

Future opportunities

It would be of great value to adolescent and young adults' cancer journey to develop a coordinated, multidisciplinary team addressing their unique psychosocial, vocational, educational, and treatment needs. This is best accomplished by adapting best practices, trying new approaches, seizing opportunities as they present themselves and then sharing this so that others can learn. This innovative approach to AYA care would significantly improve health outcomes by maximizing survival rates and significantly improving the quality of life of survivors.

Another significant focus would be on coordinating more clinical trials targeting AYA patients. A single clinical investigations office could coordinate clinical research trials applicable to these patients as a means to overcome barriers to clinical trial accrual for AYA.

OPERATIONAL STRATEGIES

- Improvement in the psychosocial, educational, and vocational support network for AYA with cancer.
- Creation of optimal standards of care (best practices) for certain common diseases shared between the pediatric and adult care teams (e.g. acute lymphoblastic leukemia), to ensure that patients are treated similarly regardless of whether they are treated by either a pediatric or adult-focused medical team.
- Increasing clinical trial accrual, for AYA patients with cancer.
- Creation of standards of practice as it relates to fertility preservation for young men and women facing treatments with high risks of infertility (e.g; breast cancer, testicular cancer, stem cell transplantation).
- Improve access to, and affordability of, oncofertility services to AYA patients.

KEY PERFORMANCE INDICATORS

- Progress towards development of a multidisciplinary adolescent and young adult support team with specific expertise in AYA care, composed of educational/vocational counselor, psychologist, social worker, teen life specialist, rehabilitation specialists (occupational therapy/physiotherapy), nursing and physician(s).
- Increase clinical trial accrual by a factor of five in the AYA population.



STRATEGIC DIRECTION 6

Toward a Broadened Scope and Enhanced Strength of Research

Research informs best practices for patient care, clinical programs, training and education. We are committed to improving our efforts in cancer and hematology research which will ultimately translate into improved service delivery and outcomes, as well as keeping abreast of emerging health research discoveries and treatments. Through research innovation, we will positively impact health outcomes of Manitobans.

Academic excellence



Research Institute in Oncology and Hematology at CancerCare Manitoba Research Centre



STRATEGIC DIRECTION 6 → OBJECTIVE 1

Expanded scope and strength of research

Why this is important

CancerCare Manitoba is both mandated and strongly committed to research in cancer and blood disorders. Research is important to cancer care as it informs best practices for patient care, programs, medical training and education. Clinical innovation and translational research are possible when research and clinical services are housed within the same facility where strong collaborations are fostered more readily.

The Manitoba Institute of Cell Biology, formed in 1969 as a joint CCMB (then the Manitoba Cancer Treatment and Research Foundation) and University of Manitoba facility, has focused efforts in the area of discovery research. The formation of the Research Institute in Oncology and Hematology at CCMB will bring together all types of research and researchers at CCMB (including basic discovery research, clinical research, population oriented research and health services research) in order to foster collaborative research programs and projects on complex clinical problems, on exploring new frontiers in diagnosis, treatment and prevention, on identifying epidemiological trends, on research aimed at the social determinants of cancer risk; on studies on the organization, management and delivery of cancer services; and on the psychosocial aspects of the patient experience.

Where we are now

Although there is much research currently carried out at CCMB, researchers are often not connected to each other nor aware of other research efforts. Access to infrastructure such as integrated databases, biobanking and investigator-initiated clinical trials is limited. Funding for research is becoming increasingly more difficult to attain and researchers need to adapt to changing priorities in the funding environment. Discussions regarding the formation of Research Institute in Oncology and Hematology (RIOH) have been strongly supportive, and an agreement is now in place with the University of Manitoba and the implementation of the structure and function of RIOH began in April 2015. The new Institute will be the platform for all CCMB research going forward and will be a major beneficiary of the projects and grants support provided by the CancerCare Manitoba Foundation.

Future opportunities

Through the Institute, a research and training environment will be created to attract the best and brightest researchers and trainees across disciplines. The formation of the RIOH will foster improved connections between researchers and improved access to infrastructure components. Other opportunities to be realized will be more efficient and effective processes, increased collaboration between disciplines, and a more cohesive shared goal of improved patient care and outcomes. There will be increased opportunities for translational research from multidisciplinary research teams to develop, test, and implement evidence-based changes to patient care. Trainees will have increased exposure to new disciplines during training.

OPERATIONAL STRATEGIES

- Develop Research Institute in Oncology and Hematology administrative structure and strategic plan within the first year of operation.
- Identify and foster collaborations through the new structure.
- Leverage funding for collaborative projects from external agencies.

KEY PERFORMANCE INDICATORS

- Administrative structure in place including strategic plan, appointment of leaders across disciplines, and development of programs.
- Number of collaborative programs including projects, grants, abstracts, and peer-reviewed manuscripts.

STRATEGIC DIRECTION 6 → OBJECTIVE 2

Provision of state-of-the-art laboratories and research technology platforms

Why this is important

The result of expanding the scope of research will be an increase in researchers, research efforts and the space required for research to flourish. The CancerCare Manitoba Research Centre accommodates the newly established Research Institute in Oncology and Hematology and other research functions and physical resources. The future growth of cancer research in Manitoba needs to keep pace with the growth and increasing complexity of CancerCare Manitoba clinical programs and clearly requires significant expansion in research space and other research infrastructure.

Where we are now

The physical infrastructure required to carry out research is stretched to the limit in our current facility and is a serious obstacle in our ability to recruit highly qualified cancer experts for whom adequate opportunity to conduct research is mandatory.

Future opportunities

Planning for the development of a new building that will provide for a significant expansion of research space will greatly enhance the scope and quality of cancer research in Manitoba. (The new building project is discussed in the Capital Facilities Development Plan section in this MCP; page 10).

The expansion of research space will remove one of the major obstacles to the recruitment and retention of world-class researchers and scientifically-oriented cancer specialists. It will help to improve efficiency and productivity of our current researchers and foster collaborations within the Research Institute in Oncology and Hematology, and between our institute and researchers elsewhere in Winnipeg, Manitoba, Canada and beyond.

OPERATIONAL STRATEGIES

- Work intensively with partners to acquire the resources necessary to construct the facility.
- Develop a task group of expert scientists to provide advice on the design and equipment of new laboratories and on the rationalization of the allocation of new and existing space to increase efficiency; and, with timely repurposing as new research needs and methods evolve.

KEY PERFORMANCE INDICATORS

- Adherence to budget and timelines.

STRATEGIC DIRECTION 6 → OBJECTIVE 3

Greater collaborations to enhance cancer and blood disorders research

Why this is important

Strengthening and broadening research collaborations with our external partners will expand areas of existing research expertise and foster cross-fertilization of research programs into different areas. Aligning with our research partners including the University of Manitoba, St. Boniface Research Centre, Winnipeg's Health Sciences Centre (HSC), Manitoba Centre for Health Policy, Children's Hospital Research Institute of Manitoba and our health care partners in the Winnipeg Regional Health Authority (WRHA) and Diagnostic Services Manitoba (DSM) will strengthen relationships and provide partnership opportunities on research initiatives. Partnerships with provincial and national funding agencies will be enhanced, including those with Research Manitoba, Canadian Institutes for Health Research, Terry Fox Research Institute and Canadian Cancer Society. These are important strategies toward our research goal of improved patient care and outcomes, as well as to increase the profile of Manitoba as a centre of choice and excellence in research.

Where we are now

Strong research collaborations exist for researchers within breast cancer and chronic lymphocytic leukemia. Researchers in prostate cancer and brain cancer are developing similar collaborations. We have a strong partnership with Research Manitoba and recently with the Terry Fox Research Institute in funding studentships and fellowships. The University of Manitoba is an active partner in our research platforms, and training and education programs. The closest partner of all is our sister organization, the CancerCare Manitoba Foundation, which plays an integral role in facilitating the development of cancer research in Manitoba.

Future opportunities


Going forward, the goal is to develop strong research collaborations for researchers in all disease sites. Improved funding opportunities, investing in innovative technology and access to facilities and skills not previously available will be a benefit of stronger research partnerships. Through increased collaborative efforts, researchers will be able to adopt new technologies and techniques in a timely manner. Access to funding opportunities will be better enabled through the formation of research clusters and teams.

OPERATIONAL STRATEGIES

- Develop research alliances and build upon existing partnerships.
- Develop multidisciplinary team "clusters."
- Improve the research environment to foster trust and working together to support research efforts.

KEY PERFORMANCE INDICATORS

- Evidence of collaborations across disciplines and with partners - abstracts, research, grants and publications.
- Evidence of supportive environment - research funding, integration into the health care environment, equipment funding and establishment of cluster groups.



*Great teamwork is the only way
we create the breakthroughs
that define our careers.*

PAT RILEY

STRATEGIC DIRECTION 6 → OBJECTIVE 4

Increased complement of highly-qualified researchers

Why this is important

With the creation of the Research Institute in Oncology and Hematology, we need to maintain and expand the scale and scope of research in cancer and blood disorders. This requires the recruitment of researchers to the institute in the areas of discovery, clinical innovation, prevention, patient experience and health care outcomes. Maintaining this high level of research activity is also essential to recruit highly qualified trainees to become the next generation of researchers. This will keep Manitoba in the forefront of cancer and blood disorder research.

Where we are now

The Research Institute in Oncology and Hematology was created on April 1, 2015. The researchers of the previous Manitoba Institute of Cell Biology (MICB) were the first researchers in the new institute. This includes scientists in the areas of discovery and clinical innovations. In the past several years, researchers were recruited through a partnership with the University of Manitoba and CCMB, or were cross-appointed as senior or affiliate scientists to MICB. In 2013, the Manitoba Cancer Research Training Program was created to integrate training across CCMB departments. Funding for trainees is obtained through partnerships with Research Manitoba, CancerCare Manitoba Foundation, Canadian Breast Cancer Foundation, National Sciences and Engineering Research Council of Canada, Canadian Institute for Health Information, Terry Fox Research Institute, Varian, Toshiba and the Breast Cancer Society of Canada. Trainees participate in CancerCare Manitoba's annual CCMB Research Days.

Future opportunities

With the creation of RIOH, new members of the Institute will be recruited in three categories. The first is the appointment of established researchers at CCMB, University of Manitoba and/or University of Winnipeg whose primary focus is on research related to cancer or blood disorders. The second is the recruitment of researchers in leadership positions through endowed chairs and the third is the recruitment of early career researchers in partnership with University of Manitoba and CCMB.

Future scientists will be recruited through two areas: partnerships with non-profit organizations such as the Terry Fox Research Institute, and by leveraging collaborative research grants such as the Chronic Lymphocytic Leukemia cluster grant.

OPERATIONAL STRATEGIES

- Recruit a new Director for the RIOH.
- Develop a strategic plan with all stakeholders.
- Creation of new partnerships to fund researchers and trainees.

KEY PERFORMANCE INDICATORS

- Number of researchers.
- Number and diversity of trainees.
- Total amount of funding.

RIOH at the CancerCare Manitoba Research Centre will bring together all researchers at CCMB.

Acknowledgements

The development of the CancerCare Manitoba Cancer Plan 2016-2021 involved input from a wide variety of stakeholders, staff and partners. The following activities provided helpful information early in the planning process:

- NRC Picker 2011 Patient Satisfaction Survey
- CCMB 2014 Patient Satisfaction Survey
- Input from CCMB portfolios (i.e., Clinical Services, Operations, Patient Services, Population Oncology)
- Multidisciplinary focus groups
- CCMB Staff Suggestion Box
- Strategic Forum: *Cancer for the Next Decade*

The insight gained from the Community Health Assessment, 2013-2014, forms the framework for this MCP.

The development process was led by CCMB's Strategic Planning Steering Committee. Through discussions at various levels, six strategic directions were identified for the organization. The objectives were written in close consultation with subject matter experts across the organization. Throughout the process, the CCMB Board provided valuable guidance, review and feedback to the CCMB Strategic Planning Steering Committee. A special thank you goes to the various departments and programs that provided the support and expertise essential in the development of this Manitoba Cancer Plan.

CancerCare Manitoba Strategic Planning Steering Committee

Mr. Bill Funk
INTERIM CHIEF OPERATING OFFICER

Dr. Sri Navaratnam
PRESIDENT AND CHIEF EXECUTIVE OFFICER

Dr. Terrence Sullivan
EXTERNAL ADVISOR, FORMER CHIEF
EXECUTIVE OFFICER OF CANCER CARE
ONTARIO

Dr. Donna Turner
PROVINCIAL DIRECTOR OF POPULATION
ONCOLOGY

Ms. Valerie Wiebe
VICE PRESIDENT AND CHIEF OFFICER
OF PATIENT SERVICES

Ms. Ingrid Anderson
POLICY OFFICER

Ms. Rachel Ganaden
PROJECT MANAGER TO SENIOR LEADERSHIP

Ms. Carla Krueger
FACILITATOR OF DATA AND PROJECTS

Ms. Jackie Shymanksi
DIRECTOR OF COMMUNICATIONS

Appendix 1.

Participation in the Strategic Forum

Our External Partners who provided their valuable input at the Strategic Forum:

Manitoba Health, Healthy Living and Seniors

Minister of Health

Honourable Sharon Blady

Deputy Minister of Health, Healthy Living and Seniors

Ms. Karen Herd

Assistant Deputy Minister, Healthy Living and Seniors

Ms. Marcia Thomson

Assistant Deputy Minister, Provincial Policy & Programs

Ms. Bernadette Preun

Assistant Deputy Minister, Regional Policy & Programs

Ms. Jean Cox

Executive Director, Provincial Cancer & Diagnostic Services

Ms. Teresa Mrozek

Executive Director, Acute, Tertiary & Specialty Care

Ms. Brie DeMone

Executive Director, Administration & Finance,
Health Information Management

Ms. Deborah Maladrewicz

Director, Provincial Diagnostic Services,
Cancer & Diagnostic Services Branch

Ms. Michele Mathae-Hunter

Manager, Tobacco Control & Cessation,
Healthy Living and Seniors

Mr. Andrew Loughead

Chief Provincial Medical Officer

Dr. Michael Routledge

University of Manitoba

Associate VP Research, Administration

Dr. Gary Glavin

Assistant Dean, Research, Medical College

Dr. Kevin Coombs

Head, Department of Family Medicine

Dr. José Francois

Head, Department of Internal Medicine

Dr. Dan Roberts

Winnipeg Regional Health Authority

Chief Executive Officer,
Ms. Arlene Wilgosh

Senior VP & Chief Medical Officer
Dr. Brock Wright

Medical Director, Diagnostic Imaging
Dr. Blake McClarty

Senior Executive Director,
Division of Quality & System Performance
Mr. Dan Skwarchuk

Interlake-Eastern Health Region

Former Chief Executive Officer,
Mr. John Stinson

Regional Director of Acute Care, Emergency & Medicine
Ms. Katherine Podaima

Northern Health Region

Executive Director, Clinical Services
Ms. Marion Ellis

Prairie Mountain Health Region

Director of Acute Care, Brandon Regional Health Centre
Ms. Debbie Poole

Southern Health – Santé Sud

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Mr. Louis St-Cyr

Canadian Cancer Society, Manitoba Division

Executive Director & Chief Revenue Officer
Mr. Mark McDonald

Chair, Board of Directors
Mr. Jeff Cooke

Senior Director, Cancer Issues & Government Relations
Ms. Erin Crawford

Appendix 2.

Corporate Planning and Management Framework

Outcome

Reduced burden of cancer and related disorders on Manitobans

Achieved by	<ul style="list-style-type: none">▪ Optimum access to and performance of programs of prevention, diagnosis, treatment & rehabilitation
Facilitated by	<ul style="list-style-type: none">▪ Research & innovation▪ Education & training▪ Communication▪ Community engagement
Implemented by/with	<ul style="list-style-type: none">▪ People▪ Material resources▪ Operating Systems▪ Technology▪ Policies & procedures
Assured by	<ul style="list-style-type: none">▪ Stewardship (planning, risk management)▪ Accountability (performance review and evaluation)

Driven by

VALUES

Respect
Compassion
Sensitivity
Integrity
Objectivity
Teamwork
Patient focus
Continuous improvement

STANDARDS

Timeliness
Efficiency
Effectiveness
Relevance
Reliability
Accuracy
Safety
Security

This framework was approved by the CCMB Board of Directors.

Appendix 3. Abbreviations

3CTN

Canadian Cancer Clinical
Trials Network

AOPSS

Ambulatory Oncology Patient
Satisfaction Survey

AYA

Adolescent and Young Adult

BPMH

Best Possible Medication History

CAPCA

Canadian Association of Provincial
Cancer Agencies

CCMB

CancerCare Manitoba

CCMF

CancerCare Manitoba Foundation

CCP

Community Cancer Program

CCPN

Community Cancer
Program Network

CHA

Community Health Assessment

CIHI

Canadian Institute for Health
Information

CIO

Clinical Investigations Office

COP

Community Oncology Program

CPAC

Canadian Partnership
Against Cancer

DSG

Disease Site Group

DSM

Diagnostic Services Manitoba

EOB

Electronic Oncology Record

FIT

Fecal immunochemical testing

FNMICC

First Nations, Metis,
Inuit Cancer Control

FPO

Family Physicians in Oncology

HPV

Human papillomavirus

HSC

Health Sciences Centre

MCP

Manitoba Cancer Plan

MHHLS

Manitoba Health, Healthy Living
and Seniors

MICB

Manitoba Institute of Cell Biology

MODUCO

Manitoba Oncology Drug Utilization
and Clinical Outcomes

MRI

Magnetic Resonance Imaging

NRC

National Research Council

PMF

Performance Management
Framework

PODP

Provincial Oncology Drug Program

RHA

Regional Health Authority

RIOH

Research Institute in Oncology
and Hematology

ROP

Required Organizational Practice

UCC

Urgent Cancer Care

UPCON

Uniting Primary Care
and Oncology Network

VSM

Value Stream Mapping

WMCC

Western Manitoba Cancer Centre

WRHA

Winnipeg Regional Health Authority



2016-2021 **MANITOBA CANCER PLAN**

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