Clinical Improvement: Collaborating to Improve Post-Treatment Transitions of Care for Albertans with Cancer

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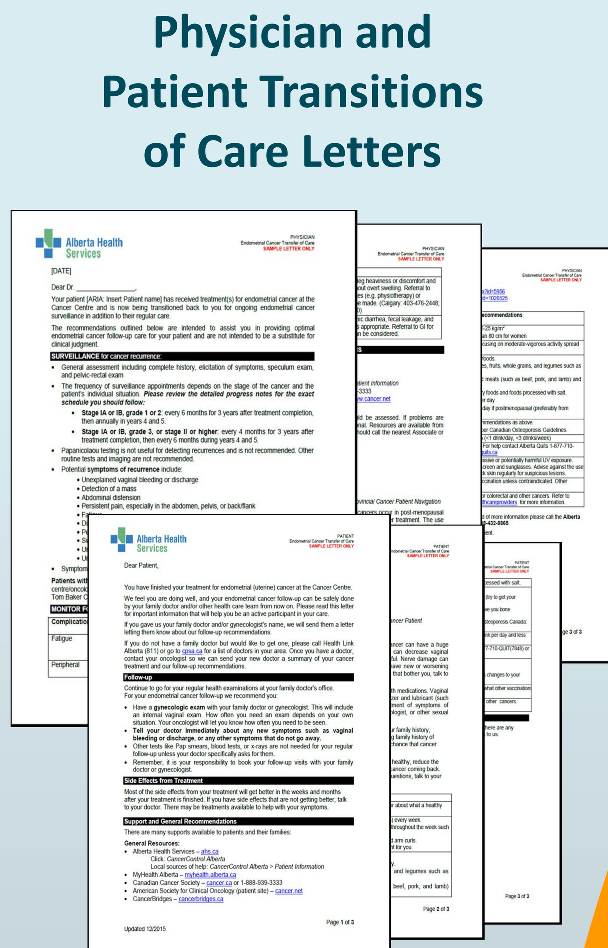
Physician and Patient Transitions of Care Letters



Post Treatment Transitions Class and Living Your Best Life Event

Sources of Help & Disease Specific Patient Self-Management Resources

Knowledge To Action Process[3]

Monitor Knowledge Use and Evaluate Outcomes

- Living Your Best Life longitudinal evaluation
- Transitions Class Pilot
- Phase 1 Baseline Analytics for Breast, GU & Gyne subpopulations

Sustain Knowledge Use

Embed changes in existing AHS programs & maintain transition resources within current knowledge management teams

Identify Problem/Review Select knowledge

Development of a provincial business plan based on engagement/understanding of key end users experiences

Project Key Deliverables:

- Provincially standardized patient education
- Provincially standardized follow-up guidelines, and transition/discharge templates
- Collaboration with community agencies & other healthcare programs to ensure access to supports

Adapt Knowledge to Local Context

Environmental scan & adaptation of transitions programs, care plan templates and patient education curricula to Alberta context

Assess Barriers to Knowledge Use

Identification of operational capacity and limitations (human resources, infrastructure & governance), through analytics and stakeholder engagement

Select, Tailor, Implement Intervention

Implementation planning in progress with 3 Provincial Tumour Teams (5 patient populations) & 17 cancer care delivery sites

- Follow-up guidelines, primary Care & patient letter templates, & disease specific patient self-management resources
- Post-treatment transitions education resources
- Baseline analytics and change management
- Healthy system and community engagement

Cancer Care Clinicians

"Clinicians are hesitant to discharge patients because they have concerns about their patients not having a family physician and not receiving adequate follow-up in the Primary Care setting."

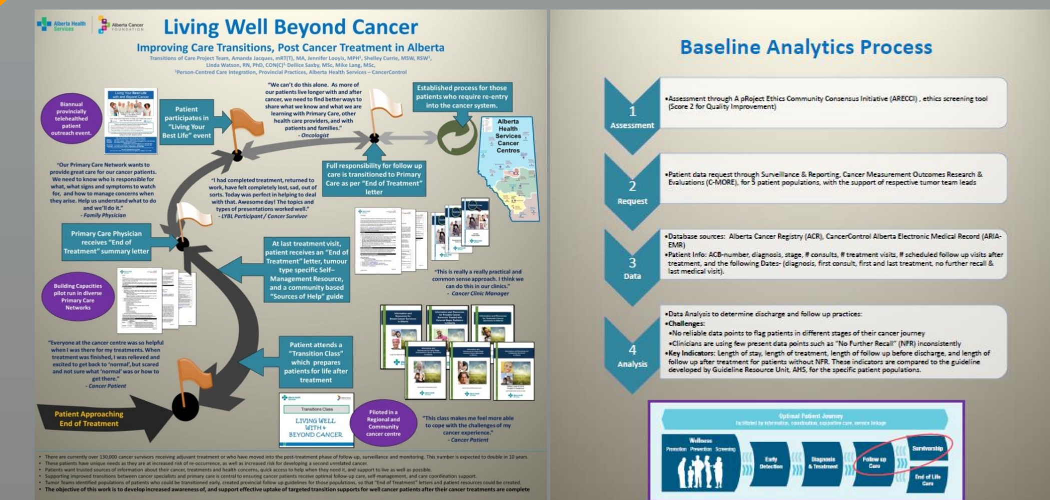
Family Physician

"Our Primary Care Network wants to provide great care for our cancer patients. We need to know who is responsible for what, what signs and symptoms to watch for, and how to manage concerns when they arise. Help us understand what to do and we'll do it."

Cancer Patient

"Everyone at the cancer centre was so helpful when I was there for my treatments. When treatment was finished, I was relieved and excited to get back to 'normal', but scared and not sure what 'normal' was or how to get there."

Transition Model & Baseline Analytics (Handout)



[3] **Adapted from The Knowledge to Action Framework.** From Graham I, Logan J, Harrison M, Strauss S, Tetroe J, Caswell W, Robinson N: Lost in knowledge translation: time for a map? *The Journal of Continuing Education in the Health Professions* 2006, 26, p. 19.