

Transformational Roadmap

2020-2024



The Cancer Strategic Clinical Network™ Transformational 2020-2024 Roadmap At A Glance

AHS Vision: Healthy Albertans. Healthy Communities. Together.

CSCN Mission: Lead transformation to improve care across the cancer continuum in Alberta

Strategic Directions

1. Build a community that strategically transforms cancer care

2. Translate evidence and data to inform priorities, practice, policy, and planning

3. Enhance experiences for patients and families, outcomes, and efficiencies

Priorities

a. Launch a coalition of researchers to answer questions important to patients and providers

b. Establish partnerships to maximize community supports closer to home

a. Build capacity to analyze and interpret cancer related data

b. Advance CSCN Pipeline

a. Advance new models of care and pathways in targeted areas

b. Improve cancer diagnosis

Quality Indicators

- i. Priorities (or questions) tackled by network partners
- ii. Participation of network partners
- iii. Impact of network partners

Projects advancing to:

- i. test for impact
- ii. spread and scale
- iii. sustainment

- i. Return on investment
- ii. Projects achieving proposed measures of success
- iii. Change in key clinical outcome measures

Key Actions (projects) to align under each priority

Guiding Principles: Engage | Consensus | Disrupt | Innovate | Implement | Sustain



Revised: Oct 2020 | ahs.ca/cancerscn | cancer.scn@ahs.ca



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A Word from our Leadership Team

One in two Albertans will be diagnosed with cancer in their lifetime. The rising trends of cancer risk-factors, the numbers of new cancer cases, and the impact cancer has on Alberta's families and its economy are concerning.

The Cancer Strategic Clinical Network™ (CSCN) is part of the fabric of cancer prevention, treatment and care in Alberta and is comprised of a broad network of patients, health experts, and community partners. Together, our mandate is to improve experiences and outcomes of Albertans who face cancer, and to address the increasing burden and high costs to the health system. The CSCN has a proven track record for doing this work – co-designing evidence-based strategies to tackle cancer and sustain positive changes.

Our mission for 2020-24 is to *lead transformation to improve care across the cancer continuum in Alberta*. To achieve this mission we aim to:

- Build a community that strategically transforms cancer care
- Translate evidence and data to inform priorities, planning, practice, and policy
- Enhance experiences for patients and families and improve outcomes and efficiencies across the health system

These strategic directions serve as important guideposts for our network as we continue to evolve, disrupt, and demonstrate value. Leveraging the strength and passion of our network, we will:

- Mobilize communities and other non-traditional partners in co-designing solutions
- Optimize efficiency in delivery of care across the cancer continuum
- Work with partners to ensure that the work we have implemented is sustained
- Continue to ensure patient voices and experiences remain at the centre of all our efforts

Cancer SCN Transformational Roadmap 2020-2024

- Leverage strengths within and beyond the organization by promoting optimal use of cancer-related data, making it more meaningful
- Use the Health System Innovation Pipeline to foster rapid and systematic adoption of innovations into the health system

Finally, given that diagnosing cancer early is critical for better patient outcomes, that palliative care is an urgent, humanitarian responsibility, and that appropriate cancer treatments are essential, the CSCN will implement processes and pathways to make the best use of Alberta's resources to improve outcomes and experiences in each of these domains.

Thank you to the many people who have provided input into developing the mission, strategic directions and future priorities. We want to especially recognize the valuable input we received from our Core Committee members, who represent Albertans and individuals who work in the health system. We look forward to working together to improve the lives of Albertans impacted by cancer.

Sincerely,



Paula Robson,
Scientific Director
Cancer Research



Barbara O'Neill,
Senior Provincial
Director



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Alberta's Strategic Clinical Networks

Strategic Clinical Networks (SCNs) are multidisciplinary teams working across the health system to ensure high quality care and value for Albertans. There are 13 networks and two associated Centres of Excellence embedded within Alberta Health Services (AHS). Their mandate is to identify gaps in care and improve health outcomes across the province and care continuum. Having a single, province-wide health system is an asset that enables SCNs to maximize available health resources, assess current practices, implement health system improvements, and manage change on a provincial scale. Together, we improve access to health services, reduce unwarranted variation, and improve the quality and appropriateness of care. We develop integrated care pathways, support local and system-wide improvements, and use evidence and measurement to improve patient and family experiences, quality of care, health outcomes, and health system sustainability.

Networks focus on a specific area of health, but are united by a common mission: *to improve the health of Albertans by bringing together people, research and innovation*. Each SCN has a Transformational Roadmap (TRM), which serves as its strategic plan.

Cancer Strategic Clinical Network

The continuum of cancer services includes: health promotion, prevention, screening, diagnosis, treatment, and long-term management, including surveillance and survivorship, palliative and end of life care. Figures one and two were developed by the cancer community in Alberta to illustrate the continuum and range of services related to cancer.

Cancer SCN Transformational Roadmap 2020-2024

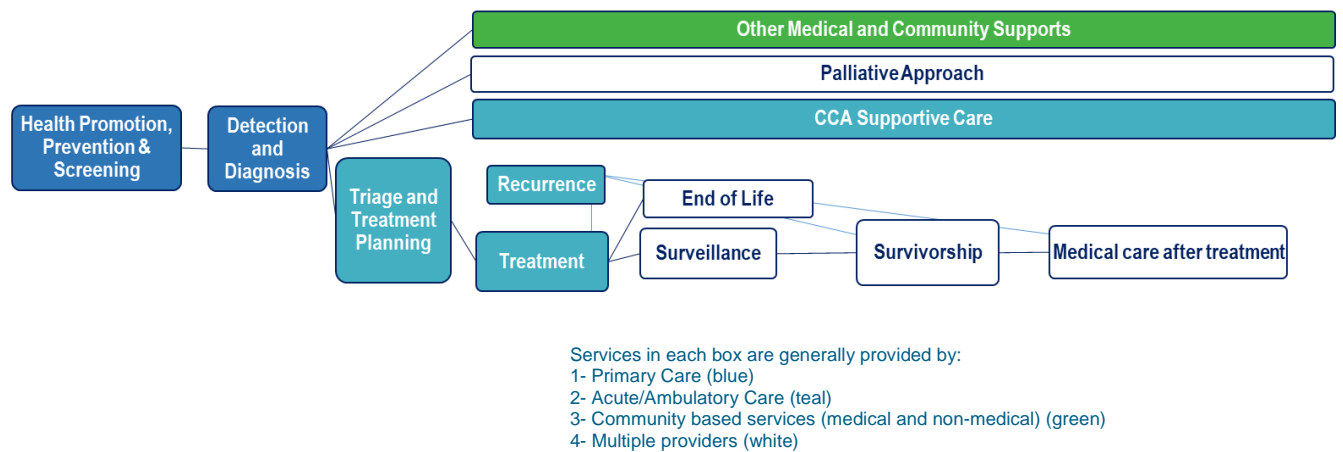


Figure 1 The Cancer Continuum in Alberta

These services are delivered in multiple settings and by multiple providers; however, no one entity in Alberta owns the mandate to address unwarranted variation, improve linkages between services and programs, or advance innovation across the entire cancer continuum. The CSCN addresses this gap by leading health system improvements impacting Albertans across the cancer continuum.

Prevention & Screening	Primary Care Services (Primary Care, PCNs, Labs, DI)	Acute/Ambulatory Care Services (Surgery, CCA, EDs)	Primary Care Services (Primary Care, PCNs, Labs, DI)	Medical (Community) Care Services	Other Community Care & Supports
<ul style="list-style-type: none"> •Smoking cessation program •Nutrition counselling •Weight management •Exercise facilities •Public Education •Screening tests •Dental 	<ul style="list-style-type: none"> •Prevention •Symptom Recognition •Diagnostic tests/procedures •Diagnosis •Referrals •Primary palliative 	<ul style="list-style-type: none"> •Treatment planning •Palliative Consult •Medical treatments (cancer and non-cancer) •Pharmacy •Management of long-term toxicities •CCA supportive care/ other supportive care services •Survivorship / long-term follow up •Screening •Surveillance •Patient navigators 	<ul style="list-style-type: none"> •Survivorship •Screening •Surveillance •Health Promotion •Palliative and End of Life Care (PEOLC) 	<ul style="list-style-type: none"> •Psychosocial supports •Rehabilitation •Exercise programs •Nutrition counselling •Peer group support •Community paramedics •Home care/ Palliative home care (integrated and specialist) •Mental health •Social workers •EMS PEOLC assess, treat and refer program •Pharmacy •Indigenous health programs •Dental 	<ul style="list-style-type: none"> •Informal caregivers •Exercise facilities •Rehabilitation •Peer groups •Workplace programs •Transportation assistance •Child minding •Financial counselling •Psychosocial supports •Mental health therapy •Volunteer groups •Social Media •Bereavement programs •Alternative /complementary therapies

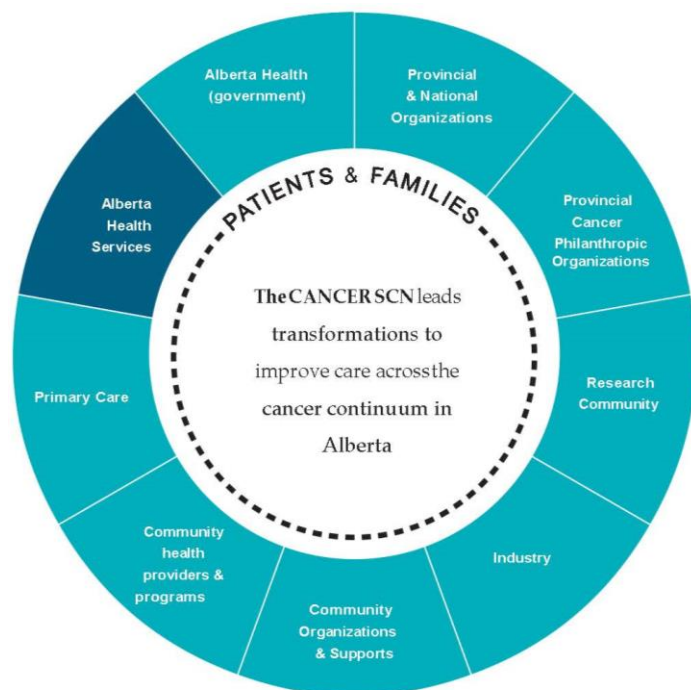
Figure 2 Examples of Services related to Cancer in Alberta

Within the AHS organizational structure, the CSCN has the unique position of being aligned with CancerControl Alberta (CCA), while being part of the broader SCN family and the Provincial Clinical Excellence portfolio.

The CSCN is led by a leadership triad comprised of a Senior Medical Director (SMD), a Senior Provincial Director (SPD), and a Scientific Director (SD), whose leadership ensures strong clinical, operational, and scientific foundation of expertise for the network. The CSCN leadership team also includes an Executive Director, Manager, and a Senior Project Manager who oversee the day-to-day operations of the network and advancement of priority initiatives. The SD and Assistant Scientific Director (ASD) add critical analysis and academic rigour to the CSCN's work and enhance its capacity to support evidence-based, patient-centered care and decision-making. They also ensure close alignment with a broad network of researchers, helping to build capacity to address research priorities identified by the CSCN in collaboration with key stakeholders.

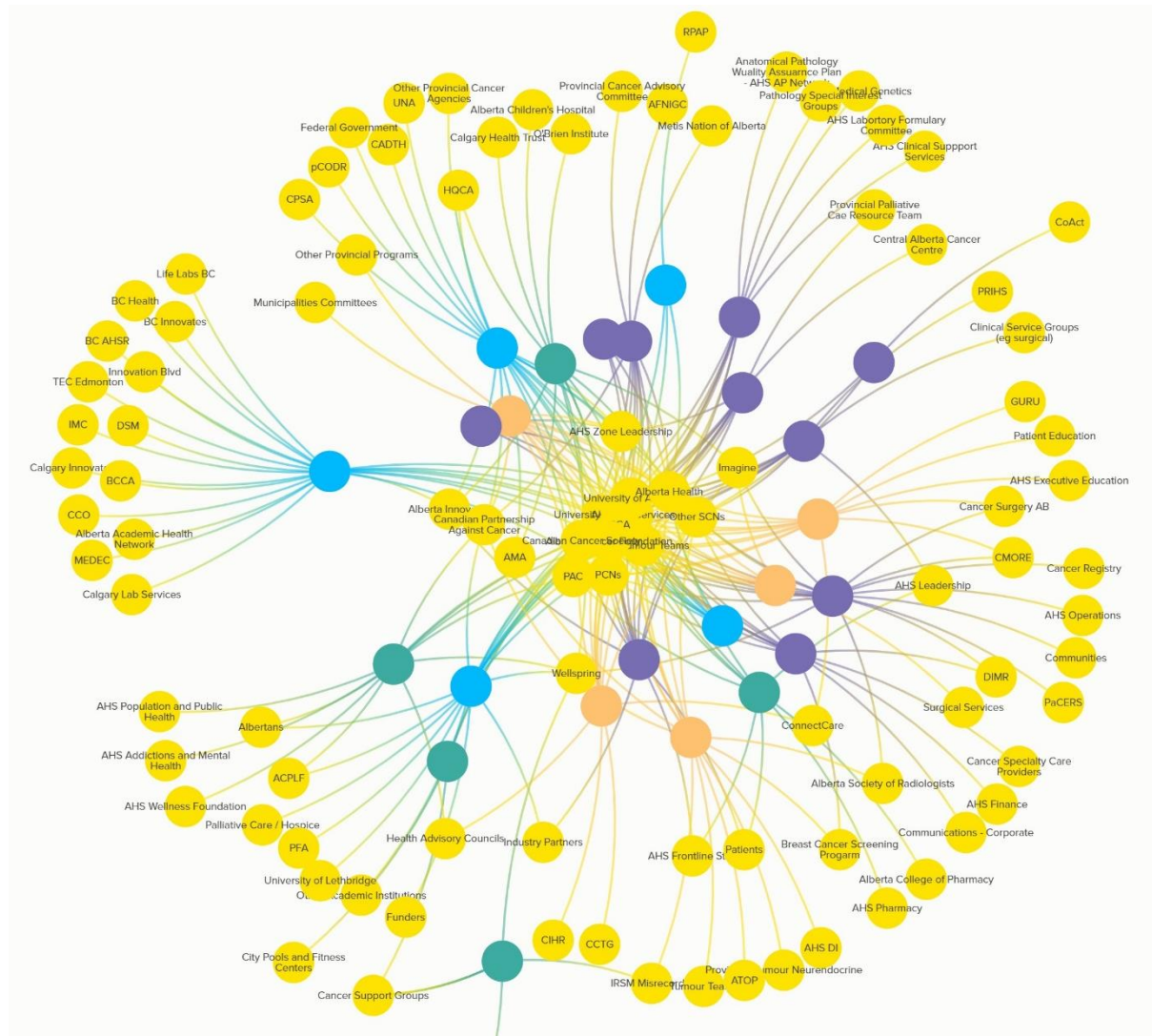
Core Committee

Each SCN has a Core Committee whose members provide important insights into its work. They help identify emerging issues, assist with priority setting, and contribute to planning and solution design. Members are proponents of change, bringing not only a wide range of expertise and experience, but also voices of and access to broader communities that can be mobilized when required to advance innovation and health system improvements.



Transformational Roadmap 2020-2024

The CSCN Core Committee composition is depicted in Figure three. It includes patients and families, representatives from national and provincial organizations, clinical leaders and experts, researchers, primary care, operational leaders (provincial and zone), and government. See Appendix A for a full list of Core Committee members.



Core Committee members typically serve a two to three year term, but many remain as network members after completing their term. As our new priorities gain momentum, fostering strategic alliances with non-health system stakeholders is essential and there is a heavy reliance on Core Committee members to facilitate linkages with community partners from municipalities, not-for-profit groups, community-based organizations, and Research communities they represent. Figure four illustrates the breadth and number of organizations (in yellow) Core Committee members interact with.

For example, Bretta Maloff spent many years as a leader in Alberta's health system and serves as a national and provincial board member with the Canadian Cancer Society. She was also diagnosed with cancer in 2013 and served as a participant in a cancer rehabilitation research project. As a Core Committee member, she contributes her experience, expertise, and leverages her network when required.



Similarly, other Core Committee members bring a wide variety of perspectives including, voices of Indigenous and rural Albertans, advocacy groups, foundations, researchers, the health technology industry, diagnostic imaging, government, and primary care.

Patient and Family Advisors

AHS believes patient and family input is vital in making decisions pertaining to the safety and quality of healthcare in Alberta. Involving patient and family advisors, many of whom have lived experiences, at planning tables has been linked to increased patient safety, decreased re-admission rates, fewer hospital-acquired infections, shorter lengths of stay, and greater patient satisfaction¹ Advisors are individuals who have experienced the health system; they may be patients, family members, or caregivers. Advisors

¹ Patient Engagement Action Team. 2017. Engaging Patients in Patient Safety – a Canadian Guide. Canadian Patient Safety Institute. Last modified December 2019. Downloaded from www.patientsafetyinstitute.ca/engagingpatients

volunteer their time, working alongside clinicians and administrators as equal partners in innovating health care and ongoing quality improvement.

The CSCN has worked actively with patients and advisors since its inception. Our advisors have led meetings, contributed to strategic documents, co-presented at conferences, co-designed and participated in research and been members of project teams. Principles for co-designing health care solutions were developed collaboratively with input from our advisors, Core Committee, and Cancer SCN leadership. Co-design is embraced across all the CSCN projects and has become foundational for aspects of our work.

The CSCN Co-design Principles:

- Trust and respect the voice of co-design team members and the co-design process: a partnership with patients, clinicians and administrators, with a shared purpose of improving healthcare, with equal voices from all stakeholders
- Patient perspectives will be prioritized in discussions and broader patient input will be collected
- Disruptive and innovative changes will be explored to achieve the desired end. Decision-making will be based on consensus and guided by collective evidence where everyone agrees there has been broad input and the approach is reasonable
- Co-design team members will be informed and adequately prepared to contribute to decision-making
- Active and open communication with the community will be encouraged to support information sharing back and forth to enhance the process and the end product

- Regular, timely feedback of new processes will be sought. The co-design team will maintain a flexible, nimble approach to adapt processes based on feedback

Advisors' Perspectives

The CSCN extends its sincere thanks to our patient and family advisors who contribute in so many ways to priority setting, planning, and implementing our different initiatives. Their voices, stories, and experiences are invaluable and continue to inspire and inform our work. Below are perspectives from a few of our patient advisors.



"I volunteered shortly after recovering from two surgeries and radiation to treat my tongue cancer. Little did I know at the time but my post-surgery hospital stay was reduced from 14 days to 10 days because of the CSCN's Head and Neck Cancer Clinical Pathway. I know if my cancer diagnosis and treatments had been quicker, radiation and a second surgery may have been avoided. This is why I'm so excited to be a patient advisor on the CSCN's Accelerated Cancer Diagnosis Initiative. Once implemented, it will truly be transformative, saving the healthcare system resources and improving patient outcomes. I am a member of the CSCN Core Committee and know my thoughts and perspectives are heard and valued. I've learned so much and have a renewed appreciation of the complexities of Alberta's healthcare system. I'm very grateful for all the treatments I have received so it's a privilege and so worthwhile to contribute a patient voice to the CSCN's research and unique innovations."

"I remember my first meeting with the CSCN, walking into a room filled with individuals who were highly educated and trained, incredibly skilled and committed to excellence in every aspect of their work. I paused and took a few deep breaths and reminded myself that I was there to share the perspective, experience and voice of a caregiver. That day I facilitated a session with my friend, Tricia Antonini, and afterwards we agreed that our voice had been heard and that we had made an impact. That was January 2013, and the warm welcome and value I felt that day has intensified. The CSCN Leadership & Core Committee have an unwavering commitment to embedding the patient and family voice in all initiatives. This past year they invited advisors from the Core Committee to be part of co-designing the Accelerated Cancer Diagnosis Initiative. I always appreciate the strong engagement and communication that has become regular practice for the CSCN. It has been such a privilege for me to be part of the team and to have the opportunity to inform many initiatives; all with the same goal of improving patient experience and care, improving quality of life & enhancing survivorship, and to wisely use the funding available. Over the past seven years, I have seen the CSCN "live the values" of AHS which includes compassion, accountability, respect, excellence, and safety."



"I was diagnosed with breast cancer in the fall of 2015, and underwent surgery and chemotherapy. The following year, I became a patient advisor for the CSCN. I feel honoured to be part of this dedicated, inspiring team, and am proud of the work we have accomplished. I appreciate the CSCN's leadership, whose vision and persistence is improving the lives of cancer patients. My perspective as a cancer patient is valued and respected. From participating in a breast cancer perioperative working group that created patient educational materials to attending patient focus groups, my involvement with the CSCN has been an empowering and positive experience for me. I hope to contribute to the work of the CSCN for years to

come."

The CSCN TRM 2020-2024

This TRM is a result of a comprehensive consultation and planning process that sought input from the cancer community on how to strategically transform cancer care in Alberta (see Figure 9). In 2019, the CSCN engaged with its Core Committee and other stakeholders to refresh the TRM. Based on experience from previous projects, evidence, and advice from patients and experts our mission and strategic directions evolved. Core Committee meetings were used to help inform development. Individual interviews with each Core Committee member were completed to further describe approaches, projects, and required connections. The TRM is aligned with national and provincial organizations such as Canadian Partnership Against Cancer, Canadian Cancer Society, Alberta Cancer Foundation; and Alberta Health. We also reviewed AHS strategic plans from provincial programs (e.g. CCA, Primary Care, Seniors), other SCNs, and AHS organizational priorities (e.g. Transitions, Enhancing Care in the Community). Quality indicators were developed as a way to measure the progress of our three strategic directions. Details on the measures and data sources can be found in Appendix D.



Figure 9 Transformational Roadmap Development

Our Strategic Directions

In this section, we outline the strategic directions for 2020-2024 that will support the CSCN's Mission to **“Lead transformation to improve care across the cancer continuum in Alberta”**. While we are invested in all three strategic directions, our work will not always be equally weighted across each of these areas and has potential to change over time. The work outlined represents areas that we believe will have a significant impact across the cancer continuum. A graphic summary (or placemat) of the strategic directions and priorities can be found on page two.

#1. Build a community that strategically transforms cancer care

Why is this important?

Cancer is and continues to be a burden for Albertans.

One in two Albertans will be diagnosed with cancer in their lifetime and 27,000 new cancer cases are expected by 2030²; representing a 65% increase since 2010³. Once diagnosed, cancer treatments, which may be lengthy, are not always delivered close to home. In some cases, patients need to relocate to a major urban centre during and after treatment and incur costs associated with travel and accommodation. As a result of technological advancements in early detection and cancer treatment, together with improved pathways to diagnosis and treatment, more people survive cancer. Many cancer survivors are older, have higher levels of comorbidities and complex needs requiring lifelong management and supportive care. Younger survivors may also deal with complex issues, such as fertility and challenges establishing or resuming their careers. Cancer care is more than just treatment (e.g. chemotherapy, radiation therapy,

² Canadian Cancer Statistics Advisory Committee. (2019). Canadian Cancer Statistics 2019. Toronto, ON: Canadian Cancer Society.

³ Alberta Health. (2013). Changing our future: Alberta's Cancer Plan to 2030. Retrieved from <https://open.alberta.ca/publications/9780778983707>

immunotherapy, surgery). Patients need support from a wide range of services in the community to manage their cancer and chronic or co-morbid conditions, as well as to address their needs related to psychological, psychosocial, physical, sexuality, and/or palliative or end-of-life care issues. After treatment, people experience various physical and psychological changes, some of which can persist for years and even become a permanent part of their lives. The role of community supports is not as well integrated with the formal health system as it could be.

The rising incidence of cancer and the growing numbers of cancer survivors, coupled with an ageing population who want to live well closer to home, are changing the way we think about cancer and the care people receive. Hospital care will always remain a crucial component of the health system, but improving community care improves the overall patient experience. People need support in their residences or in their communities so they can enjoy the highest quality of life possible. Within AHS there is a vision to move appropriate services out of hospital and into the community so that Albertans can have needs met by community-based multidisciplinary teams.

Together, these factors constitute new and substantial opportunities and challenges for the provision of cancer care in Alberta. The scale of the cancer burden means we cannot do it alone. There is a compelling need for leadership, research, cost-effective solutions, and new models of care to better involve community support and solve these looming challenges. The CSCN has a role and a responsibility to mobilize a diverse cancer community to identify, prioritize, and address issues comprising the burden of cancer.

Practitioners in cancer risk reduction, screening, treatment, survivorship, supportive, and palliative care have many ideas about how care across the cancer continuum should be enhanced. People in Alberta also have ideas and questions that need to be considered and factored into much needed solutions and changes to current service delivery. The CSCN will build partnerships among patients, families, and communities to

identify and address opportunities for enhancing outcomes and experiences for Albertans facing cancer.

Academic researchers have skills to help refine ideas and questions; they also have the ability to apply rigorous methods that will help answer those questions. The CSCN will develop a comprehensive and well-coordinated research network for exchanging ideas, ensuring positive impacts, and ultimately informing the work we do. We will partner with research teams and other key stakeholders, including patient and family advisors and CCA, to support the identification of research priorities, generation of evidence, and dissemination of research findings that have direct relevance to addressing cancer burden. In the past, the CSCN has awarded seed grants to researchers for proposals that result in evidence generation and synthesis for directly (or indirectly) informing our work. Researchers have shared their results and we have been able to either continue to help advance related work or help with connecting research teams for knowledge translation.

Over the next four years, the CSCN will focus on bringing together a coalition of funders to explore novel approaches to supporting research that improves outcomes and experiences for people in Alberta who are facing cancer. This will require creating formal structures and venues for discussions that bring researchers, clinicians, patient and family advisors, and the broader community together to study new solutions and build evidence.

Starting March 2020, we will:

- review cancer statistics and trends to help guide priority setting;
- develop a formal strategy to bring together coalitions of researchers and other key stakeholders, including patients and families, to shape priorities for cancer research locally and nationally; and
- leverage the cancer community to explore and co-design solutions that transform cancer care in Alberta.

How will we know we are successful?

By 2024, we will have:

- conducted a number of events and discussions regarding how we generate and apply evidence to anticipate and address needs of people in Alberta who are facing cancer;
- mobilized highly energized coalitions of researchers, funders, clinicians, communities and patients and families aimed at tackling the most pressing cancer issues facing Alberta; and
- have evidence-informed work underway to address immediate and long-term pressures faced by the health system.

How will measure our success?

Key quality indicators for this strategic direction are:

- list of priorities (or questions) identified by CSCN that are important to patients and providers and are tackled by network partners working to improve cancer care;
- participation of network partners working to improve cancer care; and
- impact of network partners working to improve cancer care.

#2 Translate evidence and data to inform priorities, practice, policy and planning

Why is this important?

There is universal acknowledgement that innovation in the health system should be based on the best available evidence⁴. Evidence, often derived from research and data, is foundational to identify trends and predict issues for the health system that need to be addressed. With the full implementation of Connect Care, the availability of information documenting healthcare encounters across AHS will be unprecedented.

⁴ Atun R. Health systems, systems thinking and innovation. Health policy and planning. 2012 Oct 1;27(suppl_4):iv4-8.

Connect Care is a provincial electronic clinical information system that is scheduled to be fully operational in all AHS facilities by 2022. Connect Care is a bridge between information, healthcare teams, and patients within AHS. Connect Care will also allow healthcare providers a central access point to patient information, common clinical standards, and best healthcare practices⁵. However, not all data related to cancer will be available in Connect Care.

When researchers and people interested in quality improvement request data to answer questions related to cancer prevention, screening, treatment, and supportive care, there will typically be a need to link multiple datasets across different systems. Currently, cancer-related data are available by applying to multiple custodians including, but not limited to, CCA, AHS Analytics, and Alberta Health. The data can be complex, requiring highly experienced analysts and people with advanced skills to interpret findings. Our partners in CCA (Cancer Research & Analytics) are working in collaboration with key partners within AHS on a refreshed strategy to optimize access to cancer-related data.

The CSCN will work collaboratively with CCA and other key stakeholders to help researchers and others interested in quality improvement initiatives to use data to identify and address questions that are important in enhancing prevention, treatment and care across the cancer continuum. This work will enhance our ability and capacity to maximize data from the health system, and potentially other sources, to inform priorities, practice, policy and planning.

The CSCN will also leverage AHS's Health System Innovation Pipeline (Appendix B). AHS has established framework that describes steps needed to advance and adopt promising innovations into the health system. The Health System Innovation Pipeline describes five steps: idea generation; proof of concept testing; implementation test in Alberta; implementation work to scale; and implementation for sustainability. Each step defines the level of evidence and assessments of economic value needed to advance

⁵ <https://www.albertahealthservices.ca/assets/info/cis/if-cis-faq.pdf>

an innovation. It also sets out criteria for unsuccessful innovations to be stopped early and successful innovations that improve health and/or results in cost savings to be scaled and spread provincially. The CSCN will establish a working group to create and test a robust process for gap (needs) identification, idea generation, and project selection for the CSCN's innovation pipeline.

Starting March 2020 we will:

- work collaboratively with CCA Cancer Research & Analytics to inform data infrastructure needs; and
- launch the CSCN Pipeline Working Group to
 - define a strategy, including research avenues, for funding enablers for proof-of-concept evaluations; and
 - recommend quality indicators for monitoring efficiency and innovation level of the CSCN pipeline.

How will we know we are successful?

By 2024, we will have:

- facilitated the provision of funding for at least three research projects that are aligned with CSCN strategic directions and priorities identified using the pipeline process
- been successful in using the pipeline process to identify, select and support new priorities

How will measure our success?

Key quality indicators for this strategic direction are:

- Proportion of projects related to innovative solutions pilot-tested in the cancer healthcare setting that have advanced to test for impact in the Alberta healthcare system;
- Proportion of projects related to innovative solutions tested for impact that have advanced to spread and scale in the Alberta cancer healthcare system ; and
- Proportion of projects related to spread and scale of innovative solutions that have advanced to sustainment in the Alberta cancer healthcare system.

3. Enhance experiences and outcomes for patients and families and improve efficiencies across the health system

Why is this important?

SCNs were launched in 2012 to help Alberta attain a sustainable health system with the healthiest population and best health outcomes in Canada. Every patient, family, provider, operator, researcher and community partner has a place in the networks and a role to play in bringing this plan to life.

Patients are the end users of the health system and many Albertans receive excellent end-to-end cancer care. Improvements like the diagnostic assessment pathway for breast cancer, improved genetic testing processes, and clinical pathways for head and neck cancers have created better care experiences. Our ability to share and analyze data is improving the way the system and processes are managed. Despite these advancements, some patients have poor experiences and outcomes, and there is room for improvement with respect to efficiencies.

Delays and lack of supports during cancer diagnosis have been identified by the cancer community (patients, providers and administrators) as a priority area for improvement. Patients suspected of having cancer are referred and triaged to specialty care through multiple inconsistent processes, without appropriate multidisciplinary assessment, and may not receive expedited diagnostic work-up. Many patients find the system challenging to navigate, and may experience a lack of psychosocial and educational support. Many cancer survivors live with fear of relapse. There are also inequities across populations and jurisdictions in Alberta. For example, some patients in rural and remote areas do not have the same access to care and support as those living in urban areas and therefore, require support from their communities and services outside the healthcare system. Cancer care is a significant and growing part of the healthcare system, but sustainability issues are a challenge. The CSCN's efforts to improve cancer

care must address these problems across the continuum, whether by building healthier communities, improving linkages with primary care, increasing sustainability of and adherence to clinical pathways, or expanding supportive community and palliative care.

In the next four years, the CSCN will continue addressing unexplained variation and inefficiencies in cancer care and will establish sustainability models for all of its projects. Using well established methodologies we will co-design a strategy for an overarching provincial cancer diagnosis program with patients, primary care providers, specialty care providers, and operational leaders. We will seek input from Tumour Teams on the design and implementation of cancer pathways, appropriate treatments including better palliative care, and over-testing for cancer recurrence. We will seek to understand the needs of primary care providers to support cancer patients and models of care that can support cancer patients during their cancer journey.

Our work continues to be grounded by the patient experience. By enhancing our cancer community, by using making better use of data, implementing a framework to advance innovation, and applying proven methodologies for quality improvement, we will have a strong foundation to support solving these complex problems.

Starting March 2020, we will:

- advance a plan to address cancer diagnosis;
- establish a framework to sustain clinical pathways;
- determine Tumour Teams priorities for appropriateness and ultimately, cost-saving initiatives; and
- explore the needs of primary care providers to support cancer patients and models of care that can support cancer patients during their cancer journey.

How will we know we are successful?

By 2024, we will have:

- improved patient experiences and health system efficiencies in targeted priority areas;
- decreased proportions of people who are diagnosed with late stage cancers; and
- calculated cost savings of key initiatives.

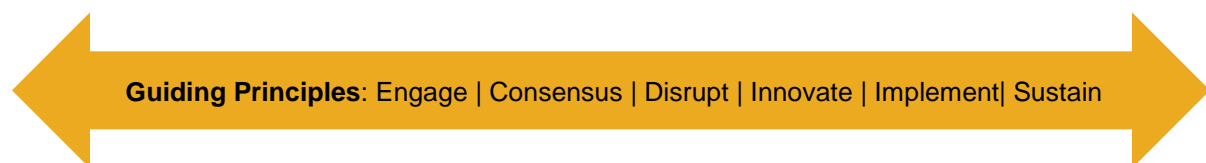
How will measure our success?

Key quality indicators for this strategic direction are:

- return on investment attributed to system improvements
- CSCN projects achieving their proposed measures of success; and
- change in key clinical outcome measures of CSCN projects .

Guiding Principles

The CSCN has six guiding principles that anchor our work. As an innovative network that is adapting and evolving in the face of change, guiding principles help ground our work and stay true to our core values.



Engage

We engage, seek input from, and actively involve patients and families, providers, administrators, policy makers, researchers and community partners from across the continuum of care, in developing initiatives from planning to implementation to sustainability.

Consensus

We use consensus as a process to make better decisions. We incorporate expertise and experiences of all affected stakeholders to meet the needs of patients, providers, and the health system. We use consensus to create a sense of meaning, purpose, and ownership by the cancer community for our work.

Disrupt

We disrupt the current state of cancer care in Alberta by challenging the way we think about cancer and cancer care. We disrupt existing policies and practices to implement change.

Innovate

We innovate by developing and implementing new pathways, policies, models, and treatments to improve cancer care across the continuum.

Implement

We are action-oriented and work with community and operational leaders to implement change and understand how solutions can be scaled, spread, and sustained.

Sustain

We measure and evaluate the impact of our initiatives for patients and the health system to continually improve and ensure sustainability of the changes.

Conclusion

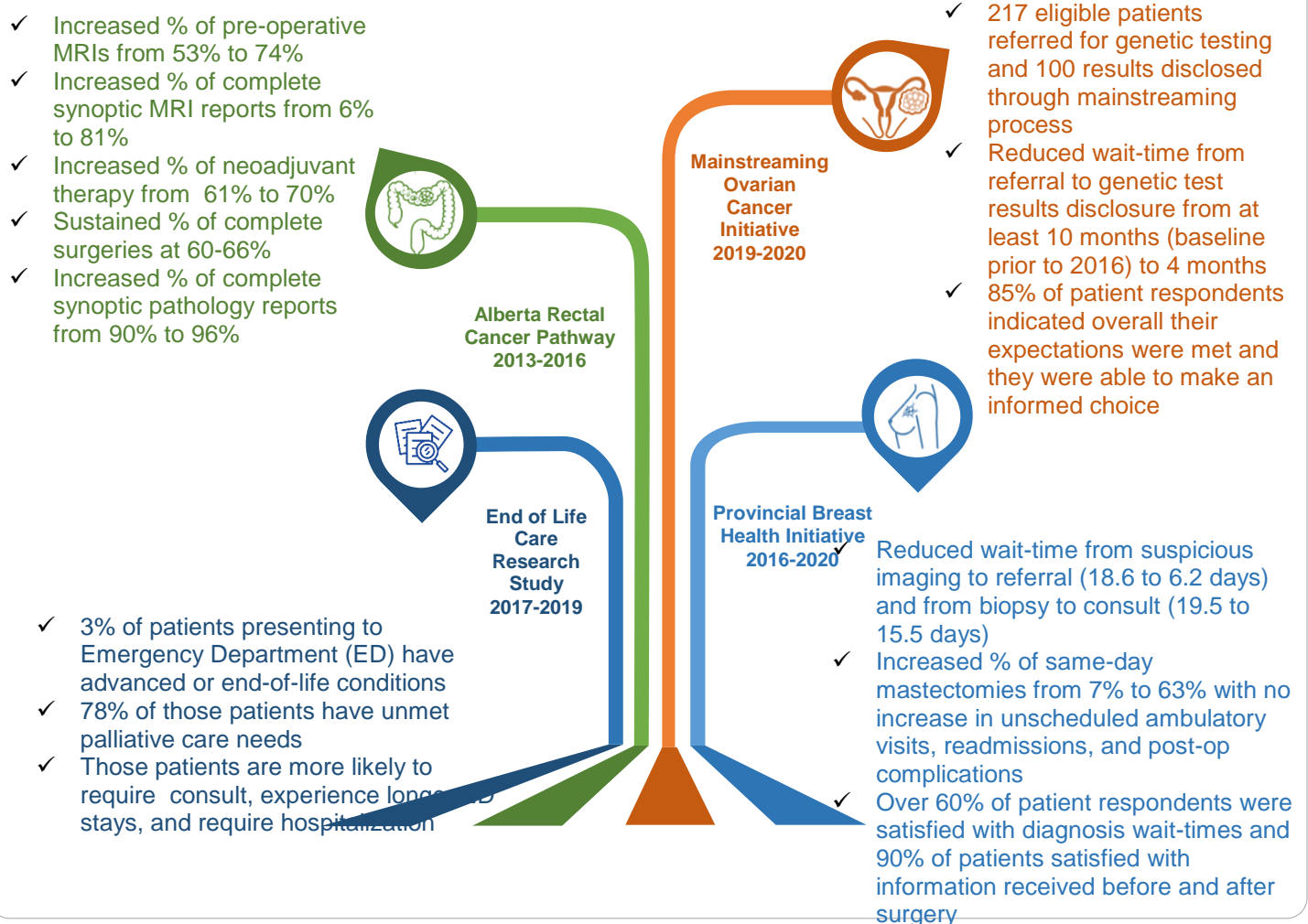
This TRM was developed with input from the cancer community. The three strategic directions identified are intended to set a course to achieve the CSCN's mission: lead transformation to improve care across the cancer continuum in Alberta. However, as the world around us changes and new priorities emerge, the strategic directions will evolve. The TRM is an iterative document that will be adapted to reflect the context of the

cancer community. The CSCN will continue to engage the cancer community to ensure the strategic directions are the right ones. We look forward to working together with our network to meet the challenges and opportunities ahead.

Celebrating our Successes 2017-2019

Our previous TRM (2017-2020) focused on developing and implementing clinical care pathways to improve health outcomes; strengthening appropriateness of care to eliminate unnecessary tests and treatments; and engaging in health services innovation and research. A description of major initiatives completed during this period can be found in Appendix C. Select project outcomes are described below.

Select CSCN Project Outcomes



Related Documents:

[Cancer Strategic Clinical Network: Improving cancer care in Alberta](#)

[Scientific Office Report: 2018-2019](#)

[Alberta' Strategic Clinical Networks: Past, Present, Future](#)

[Improving Health Outcomes: SCN Retrospective 2012-2018](#)

Appendix A: Core Committee Members

Core Committee Members	
Adam Brown	Patient Advisor
Andrea DeYoung	Patient Advisor
Bettina Lott	Family Physician - Edmonton
Brenda Hubley	Cancer Control Alberta Operations
Bretta Maloff	Community Member
Carolyn O'Hara	Alberta Precision Laboratories
Cathy Edmond	Calgary Zone Operations
Chris Molnar	Alberta Society of Radiologists
Dean Ruether	Community Oncology CCA
Dinesh Witharana	Family Physician - Edmonton
Don Wood	Family Advisor
Donna Matier	North Zone Operations
Elizabeth Kurien	Provincial Tumour Programs, AHS
Frances Folkman	Patient Advisor
Gary Teare	Alberta Cancer Prevention Legacy Fund
Jane Rogerson	Patient Advisor
Judith Hockney	Edmonton Zone Operations
Kate Murie and Tim Buckland	Alberta Health

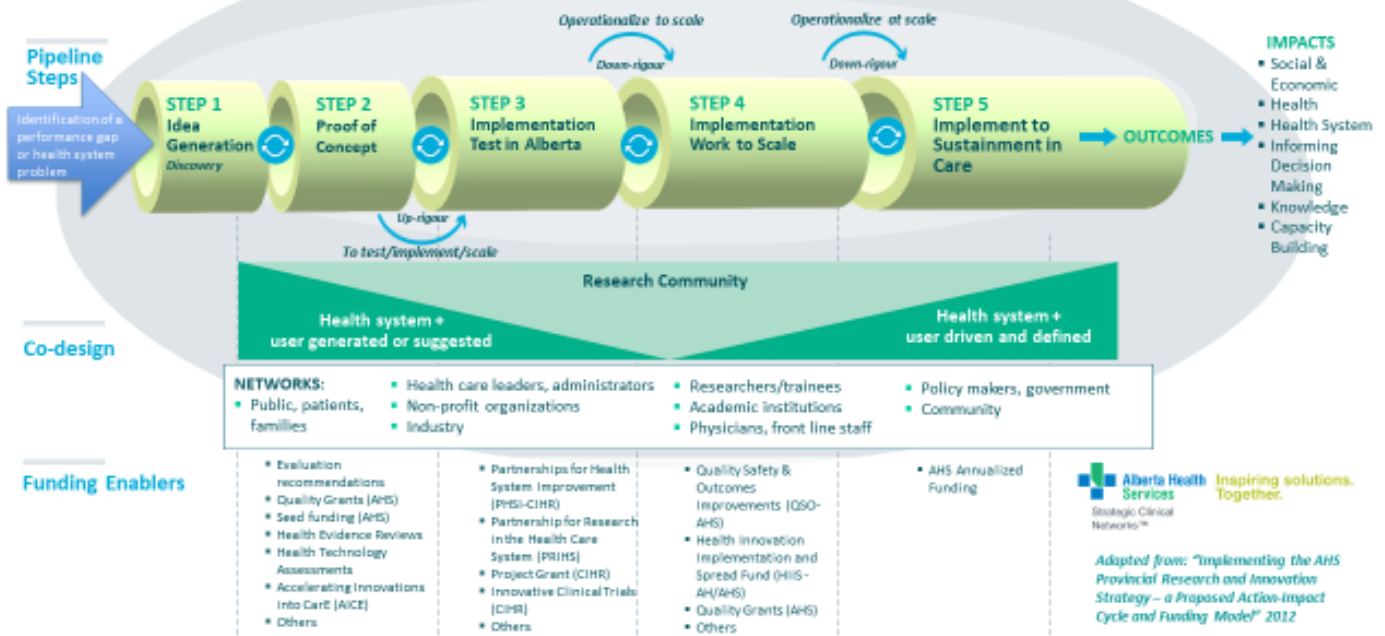
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Katherine Chubbs	South Zone Operations
Kathy Rooyakkers	Rural Municipalities of Alberta
Lloyd Mack	Cancer Surgery
Lorelee Marin	Family Advisor
Marc Leduc	Innovation & Research Management AHS
Meghan Elkin	Family Physician -Cochrane
Rick Ward	Family Physician - Calgary
Sandi Kossey	Canadian Patient Safety Institute
Stephen Urquhart	Community Member
Theresa Radwell	Alberta Cancer Foundation
Tracey Reberger	Central Zone Operations
Warren Michael	Indigenous Advisor CCA

Appendix B: AHS Innovation Pipeline

THE AHS INNOVATION PIPELINE

The AHS Health System Innovation pipeline enables idea generation, and early rigorous testing, enabling unsuccessful innovations to be stopped early, and successful innovations that improve health and/or results in cost savings to be scaled and spread provincially.



Appendix C: Overview of Select CSCN Projects 2017-2019

Rectal Cancer (2014-2017)

With funding from Alberta Innovates Health Solutions' Partnership for Research and Innovation in the Health System (PRIHS) the CSCN focused on multidisciplinary team care for stage II and III rectal cancer patients. The project developed and implemented a rectal cancer clinical care pathway to address appropriate preoperative staging, consideration of neoadjuvant and adjuvant therapy, and appropriate surgery. The pathway was developed in collaboration with a multidisciplinary physician group (radiologists, surgeons, oncologists, and pathologists) as a comprehensive sequence of interventions tailored for local practice environments. Pathway implementation included physician engagement and education, implementation of structured reporting checklists, development of a measurement and reporting system, and creation of tools to support the establishment of multidisciplinary tumor boards. The work:

- Increased % of pre-operative MRIs from 53% to 74%
- Increased % of complete synoptic MRI reports from 6% to 81%
- Increased % of neoadjuvant therapy from 61% to 70%
- Sustained % of complete surgeries at 60-66%
- Increased % of complete synoptic pathology reports from 90% to 96%

Bladder Cancer (2016-2018)

In 2016, the CSCN collaborated Dr. Nimira Alimohamed, an oncologist with the Tom Baker Cancer Centre in Calgary, Susan Nguyen, a PaCER researcher and two-time bladder cancer survivor, and fellow PaCER researcher Marlyn Gill, who has familiarity with cancer and chronic disease. Together they set out to understand the experiences of people with bladder cancer. Bladder cancer is the fifth most common cancer in

Canada. It is one of the more persistent cancers with a high recurrence rate of 50-80% making it the most costly cancer to treat per patient because of the repeated surgeries, treatments and lifelong follow-up. While there is abundant clinical research about bladder cancer, little has been published about the patient experience.

Thirteen patients participated through a focus group or narrative interview. The study data revealed that although care for bladder cancer patients is very good overall, there are gaps at different points along the journey. The main gap identified was patients' difficulty in obtaining necessary information especially pertaining to next steps. This included: ongoing contact with providers and information between the various diagnostic and treatment stages along the current Bladder Cancer Pathway, follow up after surgery with appropriate information, and a belief that waiting in isolation for test results and surgery negatively impacted their overall health and wellbeing. This work helped inform priorities for the provincial Tumour Team.

Breast Cancer (Phase I - 2016-2018)

In 2016, the CSCN leveraged its experience and expertise to lead a multi-year initiative to improve care across the continuum for women at risk of or with breast cancer in Alberta. The CSCN brought together patients and health partners to evaluate and better coordinate processes for diagnosis and surgical care. Using Alberta data, best practices and input from breast cancer survivors, the team designed integrated care pathways to address gaps and improve breast cancer care.

The Breast Cancer Diagnostic Assessment Pathway addressed variation and wait-time between discovery of a highly suspicious imaging finding and referral to a breast program. In 2017, the median wait time to surgical referral was 15 days, which was associated high patient anxiety⁶. The CSCN pathway, implemented in 2018, resulted in a 50% reduction in the median wait time to referral to a breast program (from 15 to 6

⁶ Crocker A, Anderes S, Verbeek L, et al. Breast cancer care in Alberta: a patient's perspective. Int J Popul Data Sci 2018;3. doi: 10.23889/ijpds.v3i4.704.

days) and patients report high satisfaction⁷. The pathway improved communication and notifications to primary care physicians and the breast programs, prompted an immediate referral to a surgeon, and initiated early patient navigation during the diagnosis period. The CSCN also established relationships required to integrate data from non-AHS providers and develop a provincial measurement system in collaboration with the Alberta Society of Radiologists.

The Same Day Mastectomy Pathway increased the proportion of mastectomies performed as day-surgery. In 2014, Alberta was performing very few day-case mastectomies compared to other provinces (1.4% vs. 38.7% in Ontario, for example⁸. To address this gap and adopt best practices, the CSCN coordinated stakeholders to define which patients can receive same-day mastectomy and developed audit and feedback mechanisms for operational leaders and clinical teams to benchmark adoption and continuous improvement. Between January to March 2019, 54% of mastectomies were day-cases with high patient satisfaction and access to consistent perioperative education⁹.

The CSCN also worked with patients to design a provincial education package that better met their needs before and after surgery. It is available on MyHealthAlberta.ca by searching “Know Your Breasts”. Patients were instrumental in guiding its content and format.

⁷ Laws A, Crocker A, Dort J, et al. Improving wait-times and patient experience through implementation of a provincial expedited diagnostic pathway for BI-RADS 5 breast lesions. *Ann Surg Oncol* 2019;26:3361-7.

⁸ Breast cancer control in Canada: a system performance special focus report. Toronto: Canadian Partnership Against Cancer; 2012.

⁹ Keehn AR, Olson DW, Dort JC, et al. Same-day surgery for mastectomy patients in Alberta: a perioperative care pathway and quality improvement initiative. *Ann Surg Oncol* 2019;26:3354-60.

Mainstreaming Ovarian (2018-2019)

In collaboration with Hereditary Cancer Clinic (HCC) and CancerControl Alberta, the CSCN implemented a new process, called Mainstreaming, to increase access to genetic testing.

In Alberta, approximately 200 women are diagnosed with ovarian cancer each year. Between 15 to 20% of ovarian cancer is due to an inherited cancer gene, most commonly known as the BRCA1 or BRCA2 gene. Identifying this gene mutation can impact treatment decisions, indicate risk for other cancers, and inform risks for cancer for family members.

Historically, genetic testing was offered after pre-test genetic counselling in the Hereditary Cancer Clinic (HCC). Given limited resources and logistical issues of referral and booking a separate genetics appointment, the genetic testing process from referral to results in Calgary was up to 10 months. By implementing Mainstreaming, oncology clinicians can order hereditary cancer genetic testing for ovarian cancer patients, bypassing the need for separate pre-test genetic counselling in the HCC. This resulted in a time savings. Now, the time between a clinician offering genetic testing to results disclosure is approximately 4 months.

Palliative Care (2017-2019)

In collaboration with the Emergency Medicine Research Group, the CSCN worked with Emergency Departments (EDs) to

- identify patients with end-stage disease who needed palliative care and who presented to emergency;
- determine frequency of their hospital visits;
- investigate ED provider and patient perspectives on unmet end of life care needs; and
- conduct systematic literature reviews on effectiveness of ED-based palliative care screening tools and interventions.

The study involved two EDs in Edmonton. Volunteer physicians identified palliative care patients and recorded data on their type of illness, unmet palliative care needs, and

their palliative care referral recommendations based on a modified screening tool to identify patients in need for palliative care. Adult patients with life-limiting, chronic conditions including cancer, chronic obstructive pulmonary disease, chronic kidney disease, heart failure, cirrhosis, dementia and/or progressive central nervous system disease, were eligible. A total of 663 palliative care patients (over 26328 total ED visits) were enrolled from 45 participating physicians. Palliative care varied between EDs and cancer remains the most prevalent condition of the palliative care patients. This study may facilitate the identification of potential deficits in care and serve as a baseline for future studies.

2017 Seed Grant Recipients

For more information or a copy of the seed grant final reports please contact the CSCN.

Project Title
Feasibility of Guiding Systemic Therapy for Colorectal Cancer based on Response-Associated Changes in Circulating Metabolites
Test of cure: Use of Human Papillomavirus (HPV) testing to optimize the cervical cancer screening clinical pathway post-treatment.
Surgical Decision Making in the Management of Metastatic Bone Disease: Matching Patient Expectations with Surgical Goals
Defining Energy Requirements during Cancer Trajectory

Appendix D: CSCN Quality Indicators

The Cancer SCN presents the following set of quality indicators to account for the progress and success our work as outlined in the Transformational Roadmap 2020-2024 and in alignment with our three strategic directions:

- Build a community that strategically transforms cancer care
- Translate evidence and data to inform priorities practice, policy, and planning
- Enhance experiences for patients and families, outcomes, and efficiencies

These quality indicators have been developed in consultation with experts, partners and key stakeholders in the cancer community and beyond, and endorsed by our Core Committee. They join a roster of measures already used by the CSCN to measure the impact of our work on improving care across the cancer continuum in Alberta.

Indicators Strategic Direction 1

Build a community that strategically transforms cancer care

The Cancer SCN has a role and responsibility to: a) mobilize a cancer community to identify, prioritize, and address issues comprising the burden of cancer, and b) create a coalition of researchers to answer questions important to patients and providers.

Key quality indicators for this strategic direction are:

SD1-1. Questions/priorities

Definition	List of questions or priorities identified over the last year that are important to patients and providers and tackled by the partners working to improve cancer care
Data source	Cancer SCN internal records (e.g., meeting notes from pipeline working group meetings, expressions of interest, terms of reference for commissioned work or award letters)
Measurement tool	N/A
Measure	List of questions/priorities identified and tackled
Data collection	Ongoing
Reporting	Once a year

Type	Structure indicator
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SD1-2. Participation

Definition	Participation in the community of partners working to improve cancer care Note: Participation involves partners' engagement, commitment, common vision, cohesiveness, contributions, and effective use of their abilities.
Data source	Online survey to partners
Measurement tool	Tool validated by Hays, Hays, DeVille, and Mulhall (2000). Survey question: The Cancer SCN has built a community of partners that aims to strategically transform cancer care in Alberta. As a member of the community, please rate the following statements [response categories range from 1 ("strongly disagree") to 5 ("strongly agree")]: <ol style="list-style-type: none"> 1. All members are engaged in a meaningful way 2. All members share a common vision for the community 3. There is cohesiveness among members 4. All members make meaningful contributions to the community 5. Our separate abilities as members are effectively used by the community 6. All members feel committed to the community
Measure	Average rating based on mean of the rating given by each member on the six items
Data collection	Once a year
Reporting	Once a year
Type	Process indicator

SD1-3. Impact

Definition	Impact of the community of partners working to improve cancer care on cancer care practice Note: Impact involves effect on key cancer care organizations' policies/procedures, and resources/effort devoted to improving cancer care
Data source	Online survey to key groups in cancer care
Measurement tool	Tool by McMillan, Florin, Stevenson, Kerman, and Mitchell (1995). Survey question: The Cancer SCN has built a community of partners that aims to strategically transform cancer care in Alberta. As a member of the community, please rate the following statements [response categories range from 1 ("none") to 5 ("a great deal")]. How much impact has the community of partners had on <ol style="list-style-type: none"> 1. Your organization's policies or procedures concerning cancer care? 2. The resources and effort your organizations devotes to improving cancer care?

Measure	Average rating based on mean of the rating given by each member on the 2-item scale
Data collection	Once a year
Reporting	Once a year
Type	Outcome indicator

Indicators Strategic Direction 2

Translate evidence and data to inform priorities, practice, policy and planning

The Cancer SCN will leverage the AHS Innovation Pipeline to advance and adopt promising innovations into the health system. The Innovation Pipeline describes five steps: 1) identification of problems and generation of solutions, 2) proof of concept of these solutions, 3) implementation test of the solutions, 4) spread and scale of the solutions, and 5) sustainment of the solutions.

The Cancer SCN will also work collaboratively with stakeholders to help researchers and others interested in quality improvement initiatives to access and use data to identify and address questions important for our work.

Key quality indicators for this strategic direction are:

SD2-1. Solutions advancing to test for impact

Definition	Proportion of projects led by the Cancer SCN or with high involvement of the Cancer SCN related to innovative solutions pilot-tested in the cancer healthcare setting that have advanced to test for impact in the Alberta healthcare system over a 3-year period (i.e., initiatives in Step 2 of the Innovation Pipeline that advance to Step 3)
Data sources	Cancer SCN internal records, grant submissions
Measurement tool	N/A
Measure	Number of pilot-test projects that advance to test for impact divided by total number of pilot-test projects
Data collection	Ongoing
Reporting	Once a year
Type	Process indicator

SD2-2. Solutions advancing to spread and scale

Definition	Proportion of projects led by the Cancer SCN or with high involvement of the Cancer SCN related to innovative solutions tested for impact that have advanced to spread and scale in the Alberta cancer healthcare system over a 3-year period (i.e., initiatives in Step 3 of the Innovation Pipeline that advance to Step 4)
Data sources	Cancer SCN internal records, grant submissions
Measurement tool	N/A
Measure	Number of test-for-impact projects that advance to spread and scale divided by total number of test-for-impact projects
Data collection	Ongoing
Reporting	Once a year
Type	Process indicator

SD2-3. Solutions advancing to sustainment

Definition	Proportion of projects led by the Cancer SCN or with high involvement of the Cancer SCN related to spread and scale of innovative solutions that have advanced to sustainment in the Alberta cancer healthcare system over a 3-year period (i.e., initiatives in Step 4 of the Innovation Pipeline that advance to Step 5)
Data sources	Cancer SCN internal records, grant submissions
Measurement tool	N/A
Measure	Number of spread-and-scale projects that advance to sustainment divided by total number of spread-and-scale projects
Data collection	Ongoing
Reporting	Once a year
Type	Process indicator

Indicators Strategic Direction 3

Enhance experiences for patients and families, outcomes and efficiencies

The Cancer SCN will apply proven methodologies to advance new models of care and pathways in targeted areas including improving cancer diagnosis.

Key quality indicators for this strategic direction are:

SD3-1. Return on investment

Definition	Return on investment attributed to system improvements (achieved or projected) arising from projects led by the Cancer SCN or with high involvement of the Cancer SCN over the last year
Data sources	Cancer SCN internal records, grant submissions, project reports

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Measurement tool	N/A
Measure	Sum of dollar amount for all initiatives
Data collection	Ongoing
Reporting	Once a year
Type	Outcome indicator

SD3-2. Projects achieving proposed measures of success

Definition	Proportion of projects led by the Cancer SCN or with high involvement of the Cancer SCN that have achieved their proposed measures of success in terms of targeted patient/family outcomes and system efficiencies over last 3 years
Data sources	Cancer SCN internal records, project reports
Measurement tool	N/A
Measure	Number of projects that achieved their measures of success divided by total number of projects
Data collection	Ongoing
Reporting	Once a year
Type	Outcome indicator

SD3-3. Change in key clinical outcome measures

Definition	Proportion of overall change in key clinical outcome measures for projects led by the Cancer SCN or with high involvement of the Cancer SCN with implementation in the last 3 years
Data source	Project reports
Measurement tool	N/A
Measure	Aggregated value across projects (composite measure). Project measures vary depending on project objectives and scope. Examples of measures for current projects are: Lymphoma diagnosis project: % decrease in diagnosis during hospital admissions Colorectal diagnosis project: % decrease in diagnosis during hospital admissions Breast surgery project: % increase in same-day mastectomy Appropriateness of cancer treatment at end-of-life project: % decrease in chemotherapy treatment in last 2 weeks of life Appropriateness of cancer-related imaging use project: % decrease in imaging exams use in 2 years after diagnosis Note: Values to be normalized according to the direction of change for each outcome
Data collection	Ongoing
Reporting	Once a year
Type	Outcome indicator

References

- Hays, C. E., Hays, S. P., DeVille, J. O., & Mulhall, P. F. (2000). Capacity for effectiveness: the relationship between coalition structure and community impact. *Evaluation and Program Planning*, 23(3), 373-379. doi:10.1016/S0149-7189(00)00026-4
- McMillan, B., Florin, P., Stevenson, J., Kerman, B., & Mitchell, R. E. (1995). Empowerment praxis in community coalitions. *Empowerment theory, research, and application*, 23(5), 699-727..