

Cancer Strategic Clinical Network

Quarterly Newsletter April-June 2020

The Cancer Strategic Clinical Network (CSCN) is committed to providing our Core Committee and stakeholders with updates regarding our projects and activities. Copies of previous newsletters and updates can be found online at www.ahs.ca/cancerscn or by contacting tara.bond@ahs.ca

Publishing the CSCN Transformational Roadmap:

The CSCN Transformational Roadmap 2020-2024 is now available on our webpage www.ahs.ca/cancerscn. Thank you to everyone who contributed their ideas and expertise to define new strategic directions and priorities.

Developing a Treatment Prioritization Framework for CancerControl Alberta:

The CSCN co-developed a CCA treatment prioritization framework for pandemic contingency planning with provincial tumor teams and supportive care leads. The framework guides the delivery of CCA services (systemic therapy, radiation therapy and supportive care services) in the event of staff shortages during a pandemic. It does not include cancer services outside CCA such as surgery.

- The CSCN coordinated input from Provincial Tumor Teams, departments of medical oncology, hematology, radiation oncology, community oncology, and medical physics, supportive care, cancer centre operations, CCA executive, clinical ethics and legal. Patient and family advisors made recommendations on communications and key messaging related to potential future implementation of the pandemic framework.
- The framework was not implemented during wave 1 of COVID-19 pandemic. CCA services were not disrupted due to staff shortages. However, the framework supports future decision-making for CCA service delivery in the event of multiple waves of COVID-19 pandemic, future pandemics or other events that significantly impact capacity.

Providing expertise to the COVID-19 Scientific Advisory Group:

The Scientific Advisory Group (SAG) plays a key role in AHS' response to the COVID-19 pandemic. SAG undertakes a timely review of current evidence and makes recommendations to the Emergency Coordination Centre (ECC) to aid in their decision making. Questions related to any aspect of COVID-19 are within their scope, including risk for transmission, personal protective equipment, strategies for isolation, treatment strategies, and management of patients in hospitals.

- The CSCN contributed research expertise to develop recommendations on how to deliver cancer treatments to patients with COVID-19



- Delivering cancer treatment during the COVID-19 pandemic is challenging. Cancer patients are at increased risk of infection and serious complications from COVID-19. The safety of patients and providers needs to be considered. The review developed criteria for deciding when it is safe for patients and providers to initiate (or re-initiate) cancer treatment for cancer patients with COVID-19.
- CSCN provided project management and research expertise to complete a rapid evidence report: *Indicators/Thresholds for AHS Services during the Pandemic*.
 - Given the experience of wave-1 of the pandemic, Alberta's healthcare system can create sufficient hospital and ICU bed capacity within 7-10 days if needed.
 - Together with SAG Committee, the Surgery SCN, the Digestive Health SCN, the Critical Care SCN, AHS Analytics and Operations, and others, the CSCN developed recommendations for indicators that can be used to make changes to AHS' services if we experience a another wave of COVID-19.

Responding to the AHS Review - Clinical Support Services Theme

The [AHS performance review](#) is a report that outlines opportunities for further sustainability of our healthcare system. The report is broken into five themes: People, Clinical Services, Clinical Support Services, Non-Clinical Services, and Governance.

- Together with other SCNs, the CSCN is supporting Zone operations and CCA with the prioritization of options for implementation for two recommendations in the Clinical Support Services theme, which looks at how care is delivered across Alberta to optimize ambulatory care operating models and to reduce acute length of stay.
 - For ambulatory care operating models, the CSCN contributed to the evidence review and the environmental scan, leveraging CCA's work on transitions of follow-up care from specialty to primary care for cancer survivors. The CSCN contributed to a report, which prioritizes strategies for zones and sites to optimize ambulatory care operating models.
 - The CSCN contributed to the evidence review and completed a comprehensive environmental scan on best practices and initiatives aimed at reducing acute length of stay. The CSCN contributed a report, which prioritizes strategies for zone and sites to reduce acute length of stay for hospitalized patients. The report included considerations for specific diseases or populations such as heart failure, COPD, and elder friendly care.

Supporting colleagues at Health Link

Health Link or 811 is Alberta's 24/7 tele-health triage and advice service. Health Link is managing assessments of COVID symptoms and requisitions for COVID testing for Alberta.

- CSCN staff assisted with the pandemic response by providing front-line and leadership support at Health Link.
 - Clinical staff answered calls, triaged and assessed caller's symptoms, and provided orientation, oversight and clinical supervision for COVID-19 RN staff.

- Non-clinical staff provided leadership and on-site management of the COVID-19 requisitions and ensured processes were in place to manage testing requisitions with Zones' public health teams.

Accelerating the Diagnosis of Cancer:

This emerging initiative aims to design and implement a provincial cancer diagnosis program to expedite diagnosis and provide navigation, psychosocial and educational support.

- Implementation planning for provincial lymphoma diagnosis pathway was paused during wave 1 of the COVID-19 pandemic and is anticipated to resume in June, 2020
 - Foundational information gathering for provincial colorectal cancer diagnosis pathway has continued during wave 1 of the COVID-19 pandemic including completion of a study on provider perspectives and literature reviews and pathway design work is anticipated to resume in June, 2020
 - A no-cost timeline extension for the initiative has been submitted

\Last updated: June 2020