2009 Systemic Therapy Terrace and Kitimat Review

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Review Team Members

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2. INTRODUCTION

The Systemic Therapy review of the Terrace and Kitimat oncology programs set forth to assess the delivery of chemotherapy in the region and provide guidance to the Northern Health Authority (NHA) with respect to delivery and integration of clinical services into a region wide program. The main deliverable from the review is to recommend a model of oncology practice for all disciplines that is optimal for the management of clinical cancer services and that provides the appropriate access to care in the community, while ensuring the appropriate adherence to quality and risk management standards and policies.

3. EXECUTIVE SPONSORS

Dr. Ronald Chapman, Northern Cancer Control Strategy Executive Director, NHA and Dr. Charles Blanke, Systemic Therapy Program Leader of the British Columbia Cancer Agency (BCCA), a partner organization within the Provincial Health Services Authority.

4. THE REVIEW PROCESS

The BCCA and NHA jointly proposed a review process that sought input from health care professionals and patients involved with the delivery of systemic cancer care within the communities of Terrace and Kitimat.

The review team convened on November 12, 2009 in Terrace. All members participated in the review of the Terrace oncology unit and the chemotherapy services in Kitimat.

Review in Terrace consisted of a meeting with Dr Jaco Fourie, Director of Clinical Oncology Services and Margaret McDaniel, oncology nurse, to view the oncology unit and hear about the challenges, issues and opportunities in the centre and the region.

In Kitimat, meetings were scheduled with Jonathan Cooper, senior hospital administrator, Sheena Fraser, oncology nurse, and Dr Derek Carstens, chief physician. A tour of the hospital and the chemotherapy unit included discussions with Natosha Correia, oncology nurse. A group of 4 patients kindly met at the hospital to provide the review team with their perspective on their experiences in the course of their cancer care in Kitimat. Telephone interviews were facilitated with LaDonna Fehr, Regional Oncology Nursing Leader for NHA and Daphne Gross, Acute Care Director for Terrace and Kitimat. A videolink was provided for discussion with Rob Watt, Regional Oncology Pharmacist, Prince George, and Rachel Marshall, Terrace pharmacy technician, who provide the pharmaceutical services for the patients treated in Kitimat. A dinner meeting was attended by most Kitimat general practitioners to facilitate discussion of different models of providing cancer care and the successes and challenges inherent in care delivery in a small northern community.

The review team then collaborated on the high level recommendations and drafted the components of the report and agreed on a final submission to the Northern Health Authority and the BC Cancer Agency.

In both Terrace and Kitimat, the review was well organized and there was active participation from all professional disciplines. The review team would like to thank all of the individuals in each of the centers for their participation and their dedication to the delivery of excellent care for their patients.

5. STATEMENT OF STANDARDS FOR SAFE DELIVERY OF CHEMOTHERAPY

Governance and Administration

The Northern Health Authority oversees and manages the delivery of cancer therapy in their region. The BC Cancer Agency sets standards for cancer care delivery and provides partial funding to the Northern Health Authority to assist in developing some of their operational base for cancer care. The BC Cancer Agency also reimburses the Northern Health Authority for all cancer drugs that are prescribed in accordance with evidence-based guidelines. The Communities Oncology Network is a collaborative voluntary partnership with hospitals that deliver cancer care in conjunction with BCCA Cancer Centers and the Systemic and Radiation Programs.

Components of the Communities Oncology Network include patients and their families, community health care providers and volunteers, hospitals, community groups, Health Regions, the BC Cancer Agency Regional Centers and all the processes facilitated by the Agency. The components are interdependent and held together by trust, mutual respect, communication and education.

BCCA Medical Oncologists who transfer care to the community to receive chemotherapy have the responsibility to ensure that the accepting physician has the necessary knowledge, skill and ability to manage this care and that the community facility meets the BCCA standards as defined by the Communities Oncology Network (CON) model. These standards outlining infrastructure and processes necessary for a comprehensive community cancer care program are found at the BCCA website: http://www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/default.htm

Evidence supports the observation that patient outcomes from their cancer treatment are related to the experience of their care providers. Quality care for cancer patients requires a dedicated team of health care professionals knowledgeable about all aspects of cancer care, working together to deliver that care.

The CON facilities must have at a minimum, appropriately trained and competent staff (nurses, physicians, pharmacists) to administer and manage the cytotoxic and hazardous products used to treat cancer. As well they must have access to clinical diagnostic services, such as haematology, with the capability to provide all of the information required to monitor cancer therapy. Additionally these communities must have the capabilities to respond to complications of therapy 24 hours per day.

Each Community Cancer Centre must have a multi-disciplinary team with a physician leader, a nurse leader and a pharmacist, as well as participation from social services and nutrition. This team must meet at a minimum monthly and have responsibilities for enhancing the care process, communication, education and navigation. A well functioning, truly multidisciplinary team is the backbone of the care delivery process. Each team member should be supported to fulfill the roles and responsibilities reflective of their professional expertise.

Human Resources Planning

Recruitment and retention of the key disciplines of medicine, pharmacy and nursing are critical to the stability of cancer services in rural areas. The appropriate staffing must be related to the vision for the provision of cancer services, in relationship to population density and distance from treatment centers.

Professional Competencies

Each of the community health care professionals must be supported to develop and maintain their competency:

Physician: The medical staff within the health care community ought to identify one or two physicians who have an interest in cancer care and chemotherapy delivery and are willing to obtain oncology expertise through the Family practice oncology Network preceptorship program or other similar experience. Maintenance of competency would be by yearly updates such as at a Regional Cancer Centre, the BCCA Annual Cancer Conference or other means. These GPs require up to date knowledge of chemotherapy drug management, treatment protocols, safety, risk management, patient supervision and assessment of treatment response of cancer. They must develop expertise in adjusting treatments according to side effects and in order to maximize clinical benefit. These physicians also need understanding of progress in pain and symptom management. GPs who supervise chemotherapy need to have a sufficient volume of practice to maintain this competency.

Registered Nurses: The appropriate health care leader(s) within the community ought to identify nurses who have an interest in oncology nursing and are willing to obtain chemotherapy certification at the BCCA, or other similar training program in a regional Health Authority. Each chemotherapy certified nurse is responsible for maintaining continuing competency in the care of patients receiving chemotherapy and will demonstrate this annually by:

- Recording administration of at least 50 chemotherapy drugs per year.
- Recording participation in at least 10 hours of continuing education annually that is specifically related to care of patients receiving chemotherapy.

The nursing leadership supports the nurse in meeting requirements for continuing competency by facilitating scheduling and education relief time.

Information about chemotherapy certification education for nurses, including course outline, expectations for continuing competency, nurse selection, and application process is available on the BC Cancer Agency website at:

http://www.bccancer.bc.ca/HPI/CE/Nursing/chemo/certification/default.htm

Pharmacy Staff: The appropriate health care leaders within the community ought to identify one or two pharmacists who have an interest in oncology pharmacy care and are willing to expand their knowledge of oncology care. This knowledge can be obtained in different ways such as liaising with pharmacy staff from the BCCA, participating in professional development opportunities provided by the BCCA, and the Pharmacy Professional Meeting at the BCCA Annual Cancer Conference. In addition, pharmacy technicians trained in the safe handling and preparation of cytotoxics and hazardous drugs should be supported to maintain their expertise and competency.

In order to be certified to deliver chemotherapy, individuals are required to demonstrate expertise and competency in oncology pharmacy and in the safe handling of hazardous products.

BCCA Medical oncologists will not be referring patients to communities that do not support health care professionals to meet the foregoing standards.

(www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/default.htm)

Professional Practice Standards

Each of the community health care professionals must be supported to develop and maintain their competency.

BCCA Systemic Therapy Policy III-10 outlines the responsibilities of physicians, pharmacists and nurses in providing an independent triple check of each chemotherapy order. It can be found at: http://www.bccancer.bc.ca/NR/rdonlyres/B10C0DC3-D799-45E8-8A61-A93F00906737/34320/III_10_ChemotherapyProcess_1May091.pdf

Physician: Physicians must be in the habit of understanding treatment protocols sufficiently well that they are able to readily calculate body surface areas and calculate doses without having to rely on chemotherapy nurses. If physicians are unable to do this, then they are not meeting the requirement of triple checking in which the physician, nurse and pharmacist have independently calculated the appropriate chemotherapy doses. This essential safety rule is the greatest protection against any errors in treatment delivery. Complete chemotherapy orders should be written by the physician where date written, date to be delivered and cycle number should be specified.

Nurses: As previously noted in the 2005 Systemic Therapy Review, nurses should not provide written calculations of chemotherapy doses to the physicians but should confine their checking responsibilities to independently reviewing the order and making their own assessment as to the appropriateness of the dosage calculations.

Nurses must assess patients and be knowledgeable in the prevention and management of side effects and in the provision of patient education, in addition to delivering therapy.

The nurses have developed a leadership role in their communities and are providing excellence in education, navigation, treatment and support. Their linkage to BCCA educational programs and their familiarity with website treatment policies and protocols has raised the standards of care and the scope of practice in these centers.

Pharmacists: Pharmacists have a vital role in chemotherapy checking and dispensing. There is a mandatory requirement that pharmacists independently assess all relevant clinical parameters and calculate the appropriate doses for each IV and oral chemotherapy treatment. Pharmacists should participate as part of the multidisciplinary team as an information resource to patients and other health care professionals. All pharmacists should be compliant with the standards of the College of Pharmacists of BC and should be knowledgeable with regards to standards of aseptic technique and the safe handling of hazardous drug products.

Communication

The documentation of treatment plans and ongoing treatment outcomes must be consistent, particularly when patients are being managed by physicians in one institution but being treated in another institution.

Transportation and Access

Weather and staffing challenges impact greatly on the ability to have qualified staff, properly prepared hazardous drug products and patients in the same location at the most efficient time. Consideration needs to be given to each of these issues when planning a chemotherapy delivery service.

6. Review of Terrace and Kitimat Cancer Services

TERRACE

Overall Summary

The review team met initially with Dr. Fourie, and Margaret McDaniel. In fiscal year 08/09 there was 503 chemotherapy treatments reported to BCCA. From January to October 2009 there was an average of 115 IV and oral prescriptions dispensed for Terrace patients each month.

According to BCCA's levels of service, the oncology program is considered to be a Level 3 Full Service Community Chemotherapy Centre: A Full Service Community Cancer Centre is located in a general community hospital and delivers out patient oral and parenteral cancer chemotherapy as well as provides medical and nursing support for cancer patients. The Centre is typically staffed with community physicians who are general oncologists, internists, general practitioners and/or General Practitioners in Oncology (GPO) graduates of the BC

Cancer Agency's Family Practice Oncology Network Preceptorship Program, chemotherapy certified oncology nurses, oncology experienced pharmacists and pharmacy staff. http://www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/cservices/levelsofservice.htm

The treatment area is spacious and well equipped for patient safety and comfort and the team's access to resources for clinical care and patient education (including computers to access BCCA web-based orders, guidelines, policies). This includes private space for consultations and counseling, as well as "quiet space" for writing, checking, and processing orders.

Dr Fourie is very dedicated, and knowledgeable in his role as Director of Clinical Oncology Services. This is his third year in this role. He is actively working on developing a surveillance program for oncology patients that will help improve treatment outcomes. This program will prompt the monitoring of key clinical parameters and phone patients to remind them of appointments for physicians, lab work and treatment.

In addition, another physician in the community should be sought as a backup to Dr. Fourie.

In her role as community cancer service nurse for Terrace, Margaret McDaniel provides chemotherapy administration and related chemotherapy care, education, information, navigation and psychosocial support for patients and families, and offers nursing consultation to hospital and community nursing staff related to cancer care. Margaret's knowledge and experience contributes to a network of support for nurses in this role in NH. There is a need to have additional nursing relief consistently available to cover vacation, illness, or other absences.

The recent addition of clerical support has been beneficial to the oncology program in Terrace.

Medical

Although all Terrace physicians are five minutes away from the hospital by car, there is no doctor in the building 24 hours per day. There is emergency room coverage and the Doctor-on-call does attend chemotherapy patients. Dr. Fourie notes that "local ER physicians have acquired a skill level sufficient to deal with the most common chemotherapy-related emergencies".

Dr. Fourie stays for 30 minutes after administration of hot drugs, which are scheduled usually first thing in the morning. It was noted that there is some fragmentation in communication. There is standardized follow-up for each patient. For patients treated in Terrace, a BCCA website copy of follow-up for the disease site being treated is made available by the chemotherapy nurse and distributed both to the patients and their family physicians. One major concern is that there is no backup for Dr. Fourie.

Nursing

The nurse works five days per week as a 0.8 FTE, and on average treats one to two patients per day. Daily number of treatments may vary to meet needs for safe and efficient

administration of drugs with significant hypersensitivity potential ("hot" drugs) according to BCCA Systemic Policy. She also provides transfusion therapy, and counseling and education of patients and navigation assistance is included. She has communication processes in place to ensure continuity of treatment and care for patients referred to Vancouver or other BCCA regional centers, and regularly liaises with other members of the interprofessional team to address additional supportive care needs. Her role also includes involvement in promotion of cancer prevention and screening activities in the community. One major concern is that there is a need to have two RNs certified to administer chemotherapy.

Pharmacy

The Pharmacist, Rob Watt, is providing appropriate safety checks for prescriptions remotely from Prince George. These prescriptions are then prepared by the Pharmacy Technician, Rachel Marshall, in Terrace. The Pharmacist is as active a member of the cancer care team as can be accomplished from a different geographic location. He receives a faxed copy of the doctor's orders and the nursing clinical assessment of the patient. He then checks the order. The Pharmacy Technician prepares the drugs and through a telepharmacy connection has her preparation checked by the Pharmacist. The patient's treatment schedules are communicated to the Pharmacy and time for telephone counseling sessions are arranged with the patient. Because Dr Fourie sees his patients from the oncology unit the receipt of orders is reasonably timely. Any changes in the orders are made in writing by the physician. Oral medications are sent to the oncology unit for pickup but patients are able to talk to the Pharmacist by telephone when required.

Summary Recommendations for Terrace:

Governance and Administration	A requirement of ongoing support for chemotherapy is the formation of a multidisciplinary team that meets on a regular basis to oversee all of the process of delivery of chemotherapy in this center. In addition, Terrace has the opportunity to develop a regional approach to collaboration with the oncology service in Kitimat. The two communities are strongly linked, assurance of the continued competency of the delivery of service often requires the collaboration of health care professionals to work from both communities and Kitimat patients may require direct patient care from the Terrace professionals intermittently. A collaborative and consistent regional approach would offer the opportunity for enhancements to the service in both communities.
Human Resources	Appropriate identified staffing is required for all three disciplines in order to support cancer services. All community cancer services should have two chemotherapy trained nurses. A second Nurse should be certified for back up.

Professional Competencies and Professional Practice	Anyone involved in the delivery of chemotherapy must adhere to the BCCA Policy III-10 (triple check) and III-60 (physician on site during administration of “hot” drugs). The role of the community cancer service nurse should be enacted by nurses in designated positions, to enable nurses to provide patient education, information, navigation, psychosocial support, and staff consultation, in addition to safe chemotherapy delivery and care. Ensure that Nursing competency is maintained (by rotating through Prince George if necessary) to maintain patient numbers and expertise. Ongoing participation in the BCCA’s Pharmacy Chemotherapy Certification process for Pharmacy staff is required.
Communication	The documentation of treatment outcomes is inconsistent when patient care is being managed by physicians in Kitimat but patients are traveling to Terrace to receive treatment. Consistent documentation and access to that documentation is required for staff in both communities.
Transportation and Access	Transportation of medications to and from Terrace can be problematic, particularly in winter. Although many innovative solutions are found to these problems on an adhoc basis it would be preferable for all if a reliable process for ensuring that patients and/or medications can be transported consistently.

KITIMAT

Kitimat is 70 km from Terrace. Kitimat's community cancer service is a Level 2 facility as outlined by BCCA: "Chemotherapy services offered are limited with restrictions to types of chemotherapy treatments, specialized equipment or specialized skill. A basic community chemotherapy service typically consists of at least a chemotherapy certified oncology nurse. One or more physicians may be involved in the medical management of patients on chemotherapy. It may not be advisable to do first cycle in these centers depending on the expertise available and the particular chemotherapy regimen." http://www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/cservices/levelsofservice/htm

The chemotherapy treatment unit is located in Kitimat's new health facility, and meets requirements for space, computer access, safety equipment, and adjacencies to physician and other support services.

The physicians who have completed the BCCA General Practitioner in Oncology program are Dr. Andries Van Schalkwyk (Scully) and Dr. Sabina Kay, who share a practice, each being available in the community approximately 6 months of the year. There is no pharmacist in Kitimat. There is a pharmacy technician but there are no facilities or equipment for the preparation of hazardous products. Oncology drugs for the program are mixed in Terrace by the pharmacy technician there who is supervised by the pharmacist in Prince George. From January to October 2009, there was an average of 24 IV and oral prescriptions dispensed for Kitimat patients each month. There are 8-10 patients on active treatment at any point in time resulting in 2-3 treatments per week. There are 4 general practitioner practices in Kitimat that support 8 physicians including the 2GPO's. Physicians are present to meet requirements for administration of "hot" drugs. Two physicians, Dr. Scully and Dr. Kay, have offices in the hospital and are available if problems arise.

The cancer service in Kitimat has benefitted from experienced and knowledgeable oncology nursing staff, but there have been five nurses in the position over four years. At the time of this review, the nurse had just days until her resignation was effective. She will be returning to her home and position elsewhere in BC. Plans were being made for patients to receive their chemotherapy treatment in Terrace.

The patient forum generally provided evidence of satisfaction with the services provided, specifically an appreciation for the skill of the nurses, the privilege of not having to travel for treatment over treacherous winter roads and the security that comes from knowing those that are providing their care and having access to local volunteer services and support.

Physicians

Concern was also expressed with the inconsistent standard of practice regarding documentation of the clinical status of patients on active treatment. When the patients are seen in the individual physician's office there is no consistent process for having the office dictation available in the hospital and no consistent practice of the information that is to be provided. This contributes to lack of efficiency and unnecessary workload for the nurse.

Significant nursing time and energy is expended in coordination and communication to ensure the requisite information is available in preparation for obtaining, checking and implementing patients' chemotherapy orders. In the days before a patient's appointment to receive treatment, the patient attends lab and imaging departments to complete the testing necessary, and has an appointment with the nurse for assessment of treatment side effects and toxicities, to gather information needed to establish readiness for treatment and any dosage adjustment parameters. Much of this could be accomplished with some clerical support and by having documentation of physician care made easily available to the nurse, pharmacist, and other team members. The need to make physician documentation available to team members involved in the chemotherapy care and treatment process in both Kitimat and Terrace should be addressed. Family physicians in Kitimat assured us that this requirement could easily be accomplished. The nursing assessment could then be more focused and less time consuming for both nurse and patient.

The major issue in Kitimat is the ability for the physicians to offer a level of expertise and care of the oncology patients requiring systemic treatment. The optimal level of care is two trained GPO's, one primary the other secondary. The primary GPO should be the main physician deciding and writing up planned systemic treatment and future management and follow up. He or she is responsible for supervising treatment and being physically present during hot drug delivery. He or she is the contact physician for any oncologic emergencies and a resource for other physicians. The secondary GPO is responsible for these issues when the primary physician is away or workload necessitates. In Kitimat, there are two trained GPO's but they are each away for approximately one half of the year. Although they are never away together, there is still a problem with continuation of care and being identified or accepting responsibility to be the primary GPO in the community. Both are keen to make the appropriate changes to deliver chemotherapy in Kitimat.

Questions were raised as to whether the intent of an independent triple check process is actually being followed and whether the treatment protocols are being used with the full knowledge of the implications of the requirements. The time allowance and intent of this audit was not to judge their expertise or care. None the less, there was no physician documentation in the chemotherapy charts on diagnosis, stage, treatment intent or treatment plan.

Questions were raised if there are sufficient patients in the community to justify treatment locally. Approximately three patients are treated with intravenous chemotherapy a week.

Dr. Scully did state in an electronic communication to Dr. Melosky that a consensus was reached by the physicians and all chemotherapy would pass through his office which he shares with the other GPO Dr. Kay. As well, he stated that he has started to have dictations done at the hospital on the oncology patients.

Nursing

In the four years since the Northern Systemic Therapy Review, NHA and BCCA have collaborated to provide the services of a number of chemotherapy certified nurse to Kitimat. Despite some recruitment challenges, Kitimat has had high caliber nursing support for the developing community cancer service. Nurses have been a critical key to ensuring that chemotherapy treatment is administered according to BCCA and NHA standards of care.

Without exception, they have been knowledgeable, competent, caring, and committed to providing cancer care “closer to home” that meets BCCA standards for safety and quality.

A burning issue in the program is the need for a consistent certified chemotherapy nurse and backup. Currently there is a 1.0 FTE position that consists of 0.6 FTE Kitimat and 0.4 FTE Terrace. This was created with the intention that a full time person would be able to bring expertise to both communities but the reality has been that this structure has not been attractive and the incumbent has recently resigned. Because of the inability to recruit and retain a consistent chemotherapy nurse position, Kitimat patients will need to travel to Terrace for treatment delivery which is creating problems in terms of validity of orders and consistent documentation of patient assessments. The administrators feel they have everything in place to provide treatment in Kitimat but there are a lot of resources required to manage a small number of patients.

It isn’t entirely clear how much working in both Kitimat and Terrace (and resultant travel challenges) serves as a deterrent to recruitment and retention of nursing support for Kitimat’s cancer service. Individual personal and professional factors have influenced the decision-making of nurses working in this area. There is recognition that the role of the oncology nurse in small communities is both rewarding and daunting – rewarding in providing cancer care closer to home, and daunting in the often heavy responsibility felt by nurses for “having to be the local expert”, relied on to “make sure things are safe”. The nurses are very appreciative of the support received from the regional oncology pharmacist in Prince George, the team in Terrace, the excellent local surgical services providing venous access device insertion, and the quick responses from BCCA to e-mails or phone calls. They appreciate the value of the regional nursing teleconferences, and would like to be able to participate. (They are not able to attend at the scheduled time). The nurses provided leadership for a quarterly CQI committee, but attendance has decreased and concerns were expressed by administrators about membership and confidentiality issues.

Nurses are aware of the education and learning experiences available to physicians through the Family Practice Oncology Network’s Preceptor Program. They see the value in working with key physicians (GPO’s) who are knowledgeable about chemotherapy treatment and care and assume responsibility for their adherence to critical standards such as the independent triple checking for chemotherapy and appropriate monitoring and care for patients receiving drugs with high potential for hypersensitivity reactions (“hot” drugs). Nurses working in community cancer services throughout NH have noted the contribution of the GPO in reducing the sense of isolation and promoting shared responsibility for quality and safety.

Physicians, administrators, and patients all expressed concern about the recruitment and retention of oncology nursing expertise for Kitimat and identified the shared Kitimat/Terrace FTE as problematic. Discussions with community cancer service nurses in BC have identified the following factors as attractive in recruitment and retention:

-Opportunity to practice with an interprofessional care team available for cancer care and consultation

-Availability of an identified GPO to provide physician expertise in chemotherapy treatment and related medical care, and to share in the responsibilities for safety and quality.

-Shared responsibility for effective collaboration and communication among team members.

-Availability of clerical support

-Consultation with other oncology professionals within NHA and the BCCA and education for ongoing professional development.

Further identification of factors contributing to recruitment and retention is recommended.

With regard to the question of resources expended in both Kitimat and Terrace for the numbers of patients, this may be an opportune time to consider the commitment to dimensions of the community cancer service nurse role in addition to providing local chemotherapy services and care. Nurses in NHA community cancer services have demonstrated the value of their expertise in prevention and health promotion; patient, family and public education related to cancer; navigation throughout the cancer journey, and other aspects of supportive care.

Pharmacy

The same pharmacy team as provides the care for patients in Terrace are responsible for the treatment of patients in Kitimat and the same process is utilized. The distance results in additional complications in ensuring that the prepared drugs are available for the patients when needed. This means that efficient communication and the sense of teamwork in this practice setting is even more essential. The need for the physician to be responsive to enquiries from the pharmacist, to provide orders within the required timeframes and to document the clinical assessment of the patient in the chart in a way that is accessible to all of the health care team is critical to the success of treatment and the ability to maintain the efficiency of the unit. The working relationship between pharmacy and nursing is very collaborative and contributes a lot to the patient's experience.

Summary Recommendations for Kitimat:

Governance and Administration	A requirement of ongoing support for chemotherapy is the formation of a multidisciplinary team that meets on a regular basis to oversee all of the process of delivery of chemotherapy in this center. In addition, Kitimat has the opportunity to develop a regional approach to collaboration with the oncology service in Terrace. The two communities are strongly linked, assurance of the continued competency of the delivery of service often requires the collaboration of health care professionals to work from both communities and Kitimat patients may require direct patient care from the Terrace professionals intermittently. A collaborative and consistent regional approach would offer the opportunity for enhancements to the service in both communities.

Human Resources	Appropriate identified staffing is required for all three disciplines in order to support cancer services. Support the GPO model as articulated by the BC Cancer Agency. It is recommended that two Physicians, a primary and secondary practitioner, obtain GPO training. All community cancer services should have two chemotherapy certified nurses available. Additional exploration of issues related to recruitment is recommended, including the concept of shared staffing between Kitimat and Terrace.
Professional Competencies and Professional Practice	Anyone involved in the delivery of chemotherapy must adhere to the BCCA Policy III-10 (triple check) and III-60 (physician on site during administration of "hot" drugs). It is strongly recommended that Doctors see the patient between treatments to assess the patient's status and responsiveness to therapy. It is essential that documentation of physician care be available and accessible to the interprofessional team. Ensure that nursing competency is maintained by rotating through Terrace as needed to maintain patient numbers and expertise. Ongoing participation in the BCCA's Pharmacy Chemotherapy Certification process for Pharmacy staff is required.
Quality and Risk Management	Reinstitute quarterly Continuous Quality Improvement meetings for the cancer care team to discuss safety issues and concerns. Establish terms of reference for this committee to address membership, focus, and accountability.
Transportation and Access	In recognition of the difficulties imposed by winter travel, greater coordination with NHA's bus service should be considered to enhance patient utilization. Enhancements to the NHA delivery system for medications from Terrace to Kitimat should be investigated.

Overall Summary of Recommendations

The Terrace unit is working well and should be supported to continue on with their plans to continue to enhance their care of cancer patients.

The Kitimat program requires changes to meet the standards of professional practice and patient care demonstrated to have a positive effect on patients' treatment outcomes. The

medical physicians should make a commitment to adopt the GPO model without reservation. They need to improve the communication with the other pharmacy and nursing members of the health care team to ensure that all can apply their skills to the best of their ability to care for the cancer patient. Northern Health should be encouraged to facilitate this. If this consensus cannot be reached then an oncology program in Kitimat will not be viable and should not be supported.

A similar situation existed in Quesnel in 2005. The changes they instituted resulted in a successful chemotherapy program. We encourage the Kitimat team to learn from this experience.

Both Terrace and Kitimat need to find a way to harmonize their practices to take advantage of the synergies that this collaboration will bring. The reality that they will often share a nurse and share the patients and have the same needs to remain current regarding the standards of oncology practice makes this essential. There is great potential to have two well run programs in these two communities that work together.

7. APPENDICES