





Cancer Provincial Advisory Council Meeting Minutes

February 11, 2023 | 8:30 – 12:30pm | Virtual – Zoom Meeting

ATTENDEES & INTRODUCTIONS	
Members	Wendy Plandowski (Chair), Mark Armstrong, Soulafa Al-Abbasi, Sheena Clifford, Wally Sinclair, Carol Van Slyke, Ernie Grach
AHS	Karen Horon, Brenda Hubley, Dean Ruether, Janine Sakatch, Monica Schwann, Shaffina Jiwa, Tara Bond
Regrets	Andrea DeYoung (Vice-Chair), Wanda Redel, Dr. Francois Belanger
Public	0
Welcome & Introductions	Wendy opened the meeting with Acknowledgement of Traditional Lands. Wendy welcomed all in attendance. Round table introductions were made.
Approval of previous minutes	May 26, 2022 minutes were reviewed and approved by consensus.
PRESENTATIONS	
Accreditation 2022: Achievements & Opportunities for CCA  Accreditation 2022 Achievements & Opportunities for CCA	Presented by Amy Kantor and Winter Spence, Quality Consultants, CCA - AHS <ul style="list-style-type: none"> • Cancer Care Alberta underwent an unannounced Accreditation visit in the Fall of 2022. • To be accredited means that Cancer Care Alberta meets the standards for safe, high quality and accessible care and that the organization is continually working to improve the quality of care and the safety of our patients. • How does Accreditation Happen? <ul style="list-style-type: none"> ○ Accreditation Canada publishes a set of standards based on the service area, as well as foundational standards based on common processes that apply to all services (such as governance and medication management). ○ Next, the program, site, or unit, reviews their program and practices against the standards. These standards can be quite lengthy; rather than Accreditation Canada assessing everything on site, the programs/unit/site will submit an Attestation. This is a self-assessment that is done in advance of the visit, where we attest that we are or are not meeting the standard.



	<ul style="list-style-type: none"> ○ Once the attestation is complete, Accreditation Canada provides a window of time where they will arrive in person for an unannounced visit. ○ During the visit, the surveyors spend time reviewing the information, talk to all types of staff and patients and families to listen and observe how we are applying what is in the standards and putting it into action. All of this information is collated to determine the results of their assessment. If there are standards that are not met, the organization is given time to do the work, to meet the standard, and report back to Accreditation Canada. ○ This process is repeated every 3 years. ○ Over the span of one week, the team of surveyors visited 11 adult cancer care centers and 2 pediatric centers. They conducted over 300 interviews with all groups of staff, as well as patients and their families. The services were assessed against 5 different sets of standards with the Cancer Care standards encompassing the majority of the assessment. ○ In total, the survey assessed 759 criteria from the standards through the attestation process where we submitted responses online through the portal in advance of the onsite visit. ○ For the in person on site visit, 93 criteria were closely assessed. Many of these criteria would have been assessed multiple times as the same criteria are assessed across all of the sites that are visited. ○ The results are that we met 98% of the criteria we attested to, 94% of the criteria assessed in person through the visits, giving us an overall result of 94% of criteria met. Overall, 27 criteria were not met. Unmet criteria means that we either did not share or demonstrate sufficient evidence to show that we meet the criteria. A small number of these were criteria that we attested to not meeting through the attestation process.
<p>One Wellspring for all Albertans</p>  <p>Wellspring Alberta_ Cancer PAC Presenta</p>	<p>Presented by Sheena Clifford, Wellspring Alberta</p> <ul style="list-style-type: none"> ● Wellspring was a model created in Toronto by a patient and oncologist team. This team recognized all of the support needed for people facing cancer. ● Logistically, how do people find out about Wellspring? Wellspring would love to attend and do presentations at the cancer centres to share about their services. They would also welcome the opportunity to supply brochures to cancer centres and family physician clinics. ● Action: Shaffina to share with Sheena contact information for our council members (for distribution of brochures).



NEW ITEMS	
Meeting Dates	<ul style="list-style-type: none"> • 2023 meeting dates were reviewed. • Given the Spring Forum is scheduled for June 2nd and 3rd, it was suggested we move our June 3rd meeting to June 2nd in the morning, to allow full participation of council members on June 3rd at the Forum. • We have tentatively scheduled September 16th to be an in-person meeting in Calgary.
Appointment of Vice Chair	<ul style="list-style-type: none"> • As Andrea DeYoung's term is finishing as Vice Chair, we are going to need to recruit into this position. • The role of the vice chair is to step in when the chair is not available, to lead meetings, as well as being involved in helping set the agenda for the meetings and then once a year, the vice chairs are invited to join the chairs at the Council of Chairs meeting. • Mark Armstrong volunteered to step into this role. Motion approved by Soulafa and seconded by Ernie.
STANDING ITEMS	
Council Round Table	<p>The following was shared by Council members:</p> <ul style="list-style-type: none"> • Wendy shared that she continues to hear about people being diagnosed with Stage IV cancer. In Lloyd, local health champions are starting a podcast to focus on making sure people understand the pathways to getting care in the community (healthcare in general) and encouraging people that they need to be their own advocates for health. • Wally has been actively involved in sharing the Indigenous People Cancer Risk Factor and Screening. • Ernie welcomed the idea of sharing the Wellspring posters and brochures within his local medical clinic(s). • Mark has returned to volunteering at the Cross Cancer Institute last fall. • Soulafa provided a quick ACF update. WE CROSS campaign has wrapped up successfully. ACF is continuing on with raising funds for the OWN CANCER campaign in Calgary. The tour team that supports many of the core provincial programs and growing of site funds across the province is recruiting for different teams across the province. With the mobile unit, ACF has surpassed more than 50% fundraising commitment, and they are continuing to look for partners across the province, who might be interested in supporting either as volunteers or as donors. ACF has also increased their commitment towards the Patient Financial Assistance Program.
Quarterly Updates	<p>Karen Horon, Interim Vice President provided the following updates:</p> <ul style="list-style-type: none"> • The Minister of Health appointed Dr. John Cowell as the official administrator on November 17, 2022, in replacement of the board. The official administrator has all of the legal obligations and duties. Dr. Cowell has served as the official
a) Alberta Health Services (AHS)	



<p>b) Cancer Screening – Provincial Population and Public Health</p>	<p>administrator for AHS in the past. He was also the past CEO of the Health Quality Council of Alberta, and he has also been the CEO of the Worker’s Compensation Board of Alberta and is a medical doctor by trade.</p> <ul style="list-style-type: none"> ● AHS has been working urgently to address 4 key priorities <ul style="list-style-type: none"> ○ Improving EMS response times – the government and AHS will be adding 20 more ambulances, in addition to the ones already added in 2022. This will be mainly in the two urban centres. In addition, recruitment of additional paramedics is underway. AHS recently launched the EMS 811 Shared Response. This is for the low acuity calls into EMS. ○ Decreasing the emergency department wait-times – lots of work underway to improve the ambulance transfer times at the emergency departments. ○ Reducing wait-times for surgeries – many steps are being taken in AHS to reduce the surgical wait-times. We are now performing more cancer surgeries than we did pre-pandemic. AHS has also worked diligently to get more orthopedic and ophthalmology surgeries performed, done through the contracted chartered surgical facilities in both Edmonton and Calgary. ○ Improving access to acute care beds and community care (patient flow) – we are looking at the continuum of care from primary care through to continuing care and back into the community. This will enable AHS to open more acute care beds, more critical care beds, as well as more community care spaces. ● The community lab services were transitioned from Alberta Precision Laboratories to DynaLife Diagnostics. Phase one of this transition occurred on December 5, 2022. The South Zone lab transition will occur later this month. <p>Monica Schwann provided the following updates:</p> <ul style="list-style-type: none"> ● Screening programs operate screen tests (screening mammography in Calgary and Edmonton) and two mobiles. Currently, the services delivered is designed as a clinic on wheels, however, the team has been looking at different options on how to enhance mobile services for cancer screening. The team has entertained having a nurse practitioner travel in alignment with the mobile units, to look at cervical and colorectal screening. ● The Cancer Screening programs introduced the option where patients can order their FIT KIT (colorectal cancer screening kit) online or can phone into the client services line. This has been very successful; have had over 15,000 people opt for this option. ● HPV self-sampling for cervical phase is in the planning phase.
---	---



	<ul style="list-style-type: none"> • Looking to change how the screening program delivers their services to better engage with nurse practitioners, nurses, and pharmacists. • Cancer Screening is undertaking a pilot program with funding from Canadian Partnership Against Cancer to work with three physicians and three Primary Care Networks (Grande Prairie, Edmonton, and Calgary), and three AHS diagnostic sites in order to test the processes and to inform the feasibility of a province wide Lung Cancer Screening Program. • Working with the First Nations Information Governance Centre to do some data matching, which shows cancer screening utilization in first nations. A project is currently underway with the Metis Nation of Alberta to build the profile of what actually is happening in cancer screening within Metis people in Alberta.
<p>c) Cancer Strategic Clinical Network</p>	<p>Tara Bond, Cancer Strategic Clinical Network provided the following updates:</p> <ul style="list-style-type: none"> • Within Alberta, there are established programs for the many high performing cancer system elements, such as prevention and screening, within treatment and palliative care, and supportive care services, however, none of these programs have oversight for cancer diagnosis. The goal of the Alberta Cancer Diagnosis Program is to stitch these programs together and improve the patient journey. The Cancer Strategic Clinical Network is looking to design a program that will expedite cancer diagnosis, help create the safety net to ensure follow-up for those who do not have a primary care physician and for those who are accessing the system through the emergency departments, and help patients and families with navigating and wayfinding information and supportive care resources in their own community. • The next steps include finalizing the Alberta Cancer Diagnosis Pathway report, to outline what the program will look like, what the resource needs are, in order to continue to advance the work. The aim of the proposed program is to be a cancer diagnosis support service that would be operated by Health Link, with oversight from Cancer Care Alberta.
<p>d) Cancer Care Alberta (CCA)</p>	<p>Brenda Hubley, Chief Program Officer, Cancer Care Alberta provided the following updates:</p> <ul style="list-style-type: none"> • Connect Care Launch 5 happened on November 6, 2022. All of the cancer facilities went live as part of the Launch 5. As part of Connect Care, the impact on patient care was minimal. • MyAHS Connect is a patient portal that enables patients more direct access to health information such as test results and allow patients the opportunity to communicate with their care providers.



<p>e) Community Engagement</p>	<ul style="list-style-type: none"> • AHS did take possession of the Calgary Cancer Centre in November 2022, through substantial completion. There are many things that continue to be worked on by the builders to address deficiencies, in order to achieve total completion, and therefore access to the site remains restricted. • Ongoing work with philanthropic partners around augments to core funded and core standard care services within the sites. CCA is working closely with the foundations. • Cancer Care Alberta has undertaken an extensive engagement with First Nation Elders and the communities surrounding the Calgary Cancer Centre. There have been many conversations with Treaty 7 First Nations, Blackfoot, Metis Nation of Alberta Region 3, Friendship centres, Calgary Cancer Centre and Tom Baker Cancer Centre leadership in order to ensure the facility embraces all of our communities, and embed within the centre, opportunities for ceremony, art, wayfinding, etc. that are going to meet the needs of our Indigenous partners. • The Palliative Cancer Care Strategy work is close to finalization. This strategy looks at opportunities of optimizing how palliative care services are being delivered. • There have been challenges with recruitment and retention of staff and physicians. However, Cancer Care Alberta was successful in recruiting an oncologist into Medicine Hat, as well as recruiting a GP oncologist into Medicine Hat. In order to address these challenges, Cancer Care Alberta is working on a multitude of strategies for recruitment. • Through the collaboration and support of the ACF, Alberta Innovates, Canadian Institutes for Health Research, Cancer Care Alberta was able to bring our Alberta invented Linac MR into clinical practice, in a clinical trial space and treat our first patient, at the Cross Cancer Institute. <p>Janine Sakatch, Community Engagement, provided the following updates:</p> <ul style="list-style-type: none"> • Community Engagement is in the preliminary phase of reviewing the results from the Advisory Council Satisfaction Survey. Overall the satisfaction rate is 72%, which is up only one percent from last year. • Onboarding of 90 new council members between January 1 and December 31, 2022. • Community Engagement has been working on recruitment of members.
<p>Cancer PAC Priorities and Commitments 2021-2023</p>	<ul style="list-style-type: none"> • Deferred to next meeting.



Action Item(s) arising from today's meeting	<ul style="list-style-type: none">• Sheena and Shaffina to connect offline to coordinate dissemination of Wellspring materials across the Cancer PAC membership.• Shaffina to amend the next Cancer PAC meeting date to June 2, 2023.
Date of Next Meeting	Date: Friday, June 2, October 22, 2022 Time: 9:30am – 12:30pm Location: TBD

Our meetings are open to the public. Dates and locations are [available here](#).
Visit [Together 4 Health](#) (T4H) to engage with AHS online.