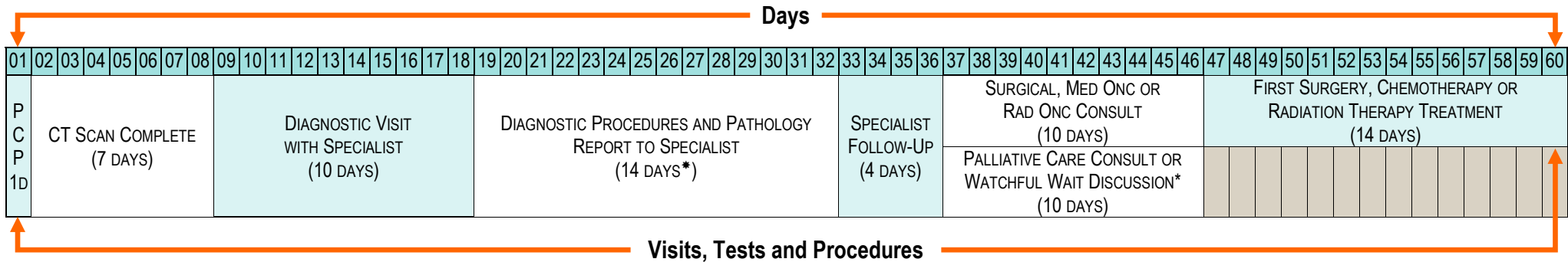


# Timeline Model in Manitoba for the Lung Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days

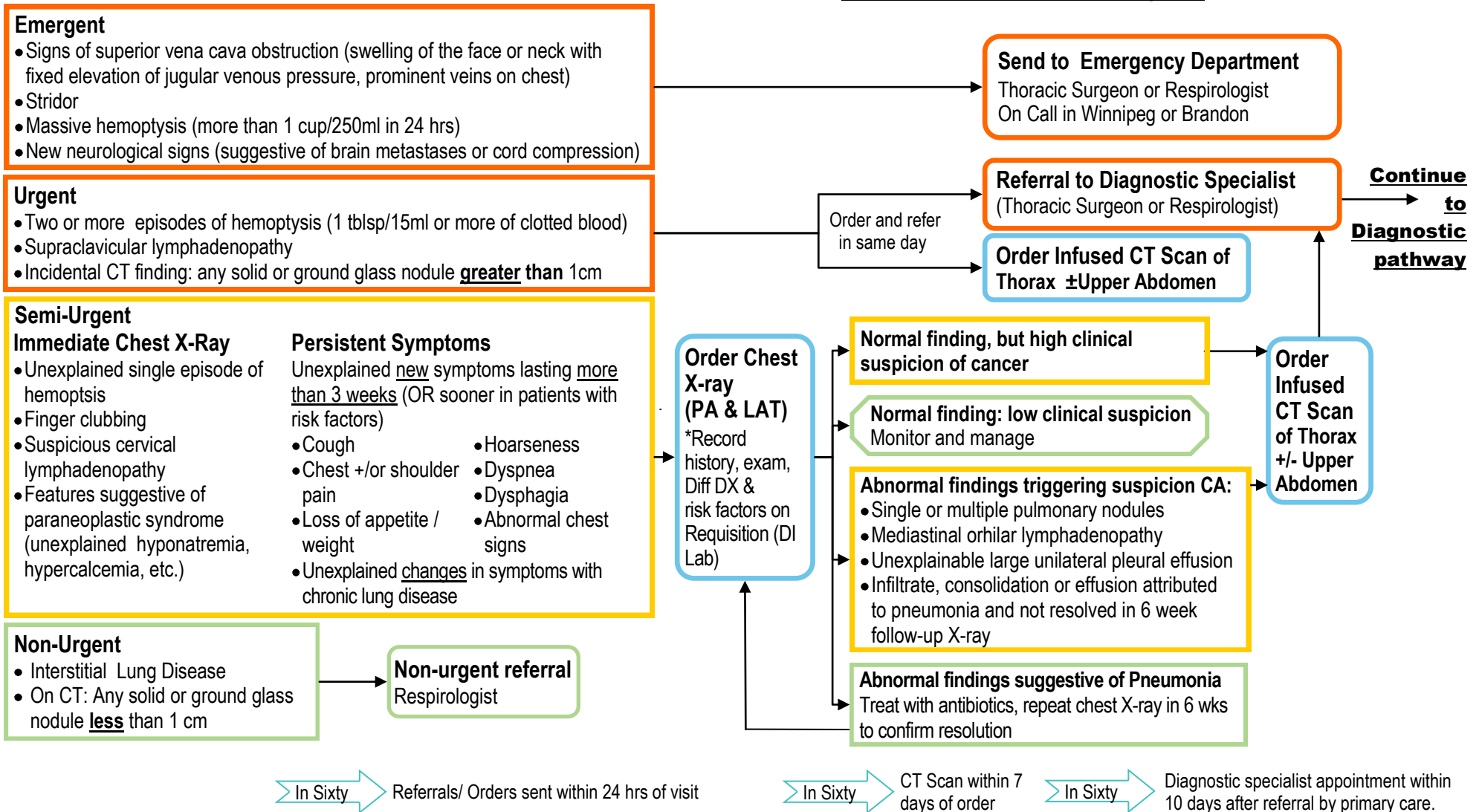


Milestones in the Lung Cancer Clinical Pathway	Timeline
1. Primary care orders CT Scan (or sends to Emergency department if Emergent) and may initiate referral to diagnostic specialist	Within 1 day of patient visit
2. CT scan complete	Within 7 days of ordering
3. Diagnostic visit with specialist	Within 10 days of referral or CT scan
4. Diagnostic procedures and pathology report back to specialist	Within 14 days* of diagnostic visit with specialist *7 days for procedure + 7 days for pathology
5. Follow-Up appointment with diagnostic specialist	Within 4 days of diagnostic procedures and pathology report
6. A) Surgical or Med Onc / Rad Onc consult B) Palliative Care Consult or watchful wait discussion with patient (*considered first treatment)	Within 10 days of follow-up appointment with diagnostic specialist
7. First surgery or chemotherapy or radiation therapy treatment	Within 14 days of Surgical / Med Onc / Rad Onc consult



- RISK FACTORS:**
1. Smokers, former smokers, second hand smoke exposure
  2. History of COPD
  3. Previous Cancer
  4. History of TB, Silicosis;
  5. Asbestos / radon / wood dust / silica exposure

**PRACTICE POINTS:** All referrals sent within 24 hrs of visit. Provide complete information as requested to avoid delays. Ensure patient and family is well informed and receives appointment information. If patient is in distress, offer referral to local counsellor. See Supporting Information for Clinicians (pg 4) for contacts and resources. Contact the Cancer Question Helpline for Primary Care for assistance.

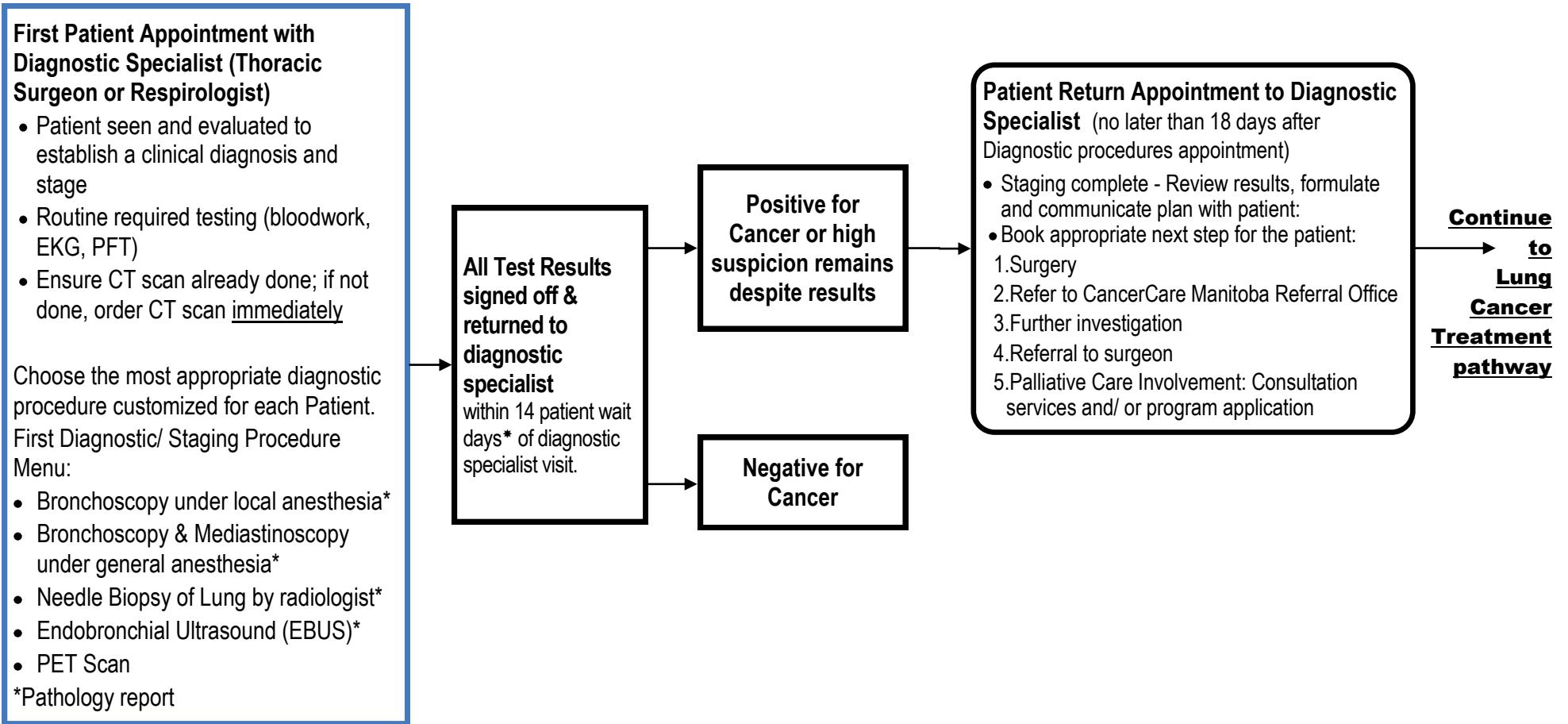


**Suspicion Pathway Notes:**

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a high clinical suspicion of cancer triggers further cancer-focused investigation. Only requisitions for patients who fit the red pathway should be noted as "urgent" to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.

**PRACTICE POINT:** All patients return to Diagnostic Specialist within 14 days of diagnostic appointment, unless referred to Palliative Care during initial diagnostic appointment.

**PRACTICE POINT:** Ensure patient is well informed and receives appointment information. Allow time for questions. Offer patients connections with psychosocial clinicians and cancer navigation services (see Supporting Information for Clinicians, pg 4.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussion with patients.



**In Sixty** → Diagnostic specialist appt. within 10 patient wait days after referral by primary care.

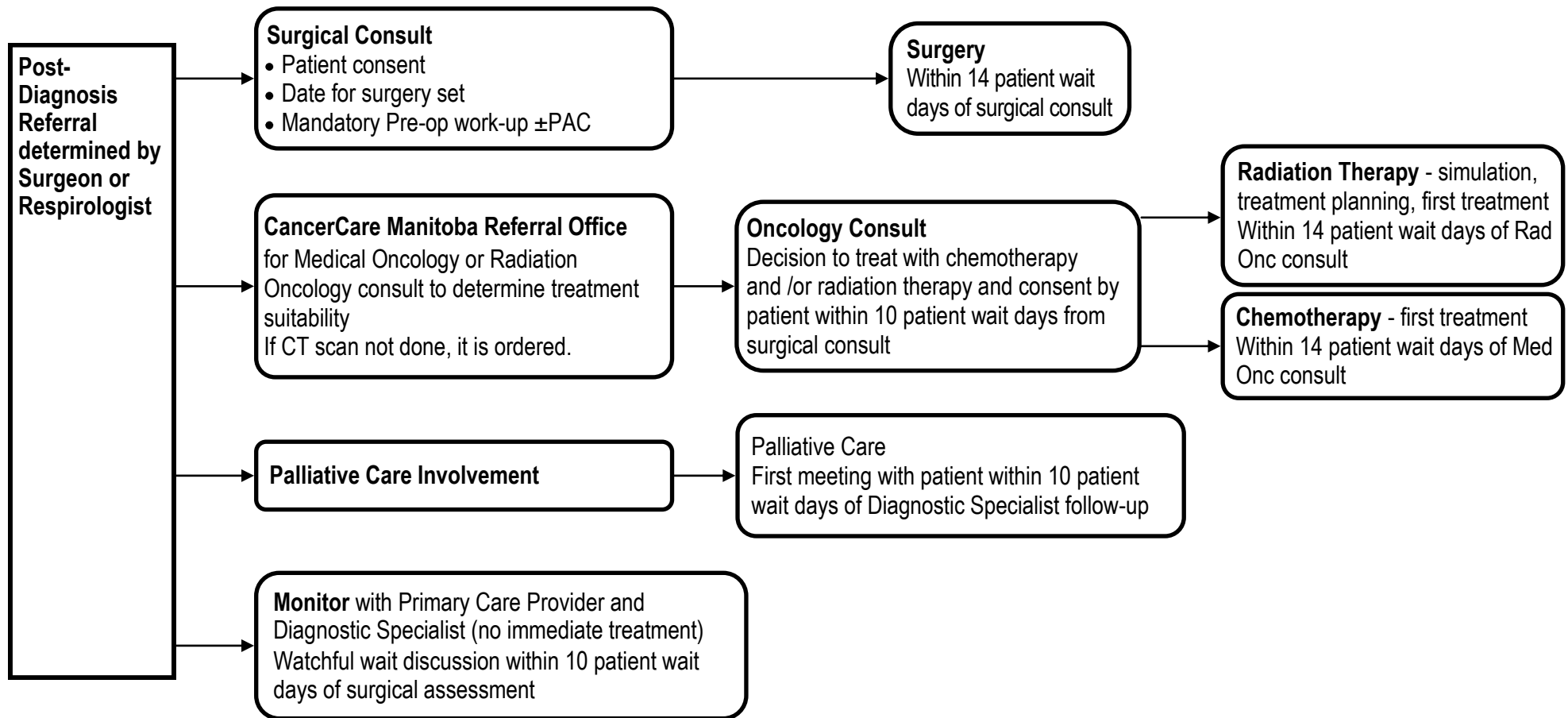
**In Sixty** → Diagnostic procedures and Pathology report back to specialist within 14 patient wait days. \*7 days for procedure + 7 days for pathology

**In Sixty** → Follow-up appointment with diagnostic specialist within 4 patient wait days of pathology report.

**Diagnostic Pathway Notes:**

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a high clinical suspicion of cancer triggers further cancer-focused investigation. Only requisitions for patients who fit the red pathway should be noted as “urgent “ to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement . Patients may be moved on to next clinically appropriate step prior to “all” test results returned.

**PRACTICE POINTS:** Ensure Patient understands plan for first treatment . Ensure patient is well-informed and receives appropriate information such as surgical procedures, palliative program, or a CancerCare patient guide. Offer patient connections with psychosocial clinicians and cancer navigation services (see Supporting Information for Clinicians, pg 4). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with patient.



**In Sixty** Specialist consult to Palliative Care or to Surgery or Medical / Radiation Oncology consult within 10 patient wait days of Diagnostic Specialist follow-up appointment.

**In Sixty** First surgery/ chemotherapy / radiation therapy initiated within 14 patient wait days of corresponding consult.

**Treatment Pathway Notes:**

Sixty day suspicion to first treatment timeline is complete on the date of patient visit when a decided first treatment occurs, including surgery, chemotherapy, radiation, palliative care consult, or discussion with patient of clinical decision for watchful waiting.

# Supporting Information for Clinicians

## Urgent, Emergent and Afterhours Care for Cancer Patients

All questions of an emergent nature about the care or referral of a cancer patient, page the Oncologist on call. For palliative care or symptom management consultation, page the WRHA Palliative Care physician on call.

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)

**For emergencies, please direct patients to go direct to their local Emergency Department.** Patients must inform Emergency staff of their cancer type, medications, and oncologist name.

## Cancer Navigation and Patient Support Services

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs <ul style="list-style-type: none"> <li>• Interlake-Eastern RHA</li> <li>• Prairie Mountain Health</li> <li>• Northern Health</li> <li>• Southern Health-Santé Sud</li> </ul>	Toll-free: 1-855-557-2273 Toll-free: 1-855-346-3710 TBD Toll-free: 1-855-623-1533
Winnipeg Psychosocial Oncology Clinicians and other supportive care services, CCMB Patient and Family Support Services	204-787-2109

## Cancer Question Helpline for Primary Care

For help with cancer-related questions including work-up or diagnosis:  
Monday to Friday 8:30 a.m.- 4:30 pm

Call or text/sms messaging	204-226-2262
Email	<a href="mailto:cancer.question@cancercare.mb.ca">cancer.question@cancercare.mb.ca</a>
Online form:	<a href="http://www.cancercare.mb.ca/cancerquestion">www.cancercare.mb.ca/cancerquestion</a>

## Clinical Support Contact Numbers

Available during office hours

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)
WRHA Palliative Care Program for patients in Winnipeg	204-237-2400
Rural Palliative Care: contacts vary between regional programs	Contact your health region
<u>CCMB Pain &amp; Symptom physician (reception line - request Pain &amp; Symptom physician on call)</u>	204-237-2033
<u>CCMB Transition &amp; Palliative Care Clinical Nurse Specialist</u>	204-235-3363 204-931-3061(p)
CCMB First Nations, Inuit, Métis Cancer Control Patient Access Coordinator	Toll-free: 1-855-881-4395
CCMB Central Referral Office: Referral Form & Guides: <a href="http://www.cancercare.mb.ca">www.cancercare.mb.ca</a> - 'Referrals' link	204-787-2176(t) 204-786-0621(f)



## When Do the 60 Days Begin?

The start point has been defined as clinical suspicion—the date of the patient visit when a health care provider suspects cancer and thus initiates diagnostic testing or specialist referral. The start point can also include the date of an abnormal result from a screening test at a cancer screening program (such as BreastCheck).

A “patient wait day” includes weekend and holiday days as it refers to any day the patient is left waiting for information, discussion, tests, diagnosis and treatment, thus causing additional worry or confusion for the patient. The timeline for pathways in a cancer patient journey focus on decreasing patient wait days.

Milestones in the Lung Cancer Clinical Pathway	Timeline
1. Primary care orders CT Scan (or sends to Emergency department if Emergent) and may initiate referral to diagnostic specialist	Within 1 day of patient visit
2. CT scan complete	Within 7 days of ordering
3. Diagnostic visit with specialist	Within 10 days of referral or CT scan
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7. First surgery or chemotherapy or radiation therapy treatment	Within 14 days of Surgical / Med Onc / Rad Onc consult

## Hearing the Patient Voice

Patients involved in the improvements occurring through In Sixty have reviewed their experiences and collectively developed guidelines for health providers to better hear the voice of patients, and thus improve the patient experience.

### Guidelines

Communication with patients should:

- Be individualized. Be truthful and transparent.
- Be consistent.
- Be in non-medical jargon - use simple language.
- Be quality information.
- Be caring.
- Be active, interactive and proactive.
- Be ongoing, not one time.
- Be done in an appropriate setting and context.
- Be inclusive of patients and their families.
- Be culturally competent and responsive

For a full version of the Patient Communication Principles and Guidelines, please email [cancerjourney@gov.mb.ca](mailto:cancerjourney@gov.mb.ca)

### Pathway Legend

- Symptoms/Results
- Monitor/Manage
- Action
- Option
- Urgent
- Semi-urgent
- Non-Urgent
- Test

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
P C P	CT Scan Complete (7 days)							Diagnostic Visit with Specialist (10 days)										Diagnostic Procedures and Pathology Report to Specialist (14 days*)										Specialist Follow-Up (4 days)				Surgical, Med Onc or Rad Onc Consult (10 days)										First Surgery, Chemotherapy or Radiation Therapy Treatment (14 days)																		
																																Palliative Care Consult or Watchful Wait Discussion* (10 d)																												