

Navigating the Storm: Working Together to Improve the Cancer Journey

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Presenter Disclosure

•Faculty/Speaker:

- Mayah Duque – Nurse Navigator Winnipeg Cancer Navigation
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- Allison Wiens – Education & Liaison Nurse Health Equity Underserved Populations Program

•Relationships with financial sponsors:

–Nothing to disclose

Mitigating Potential Bias

- None

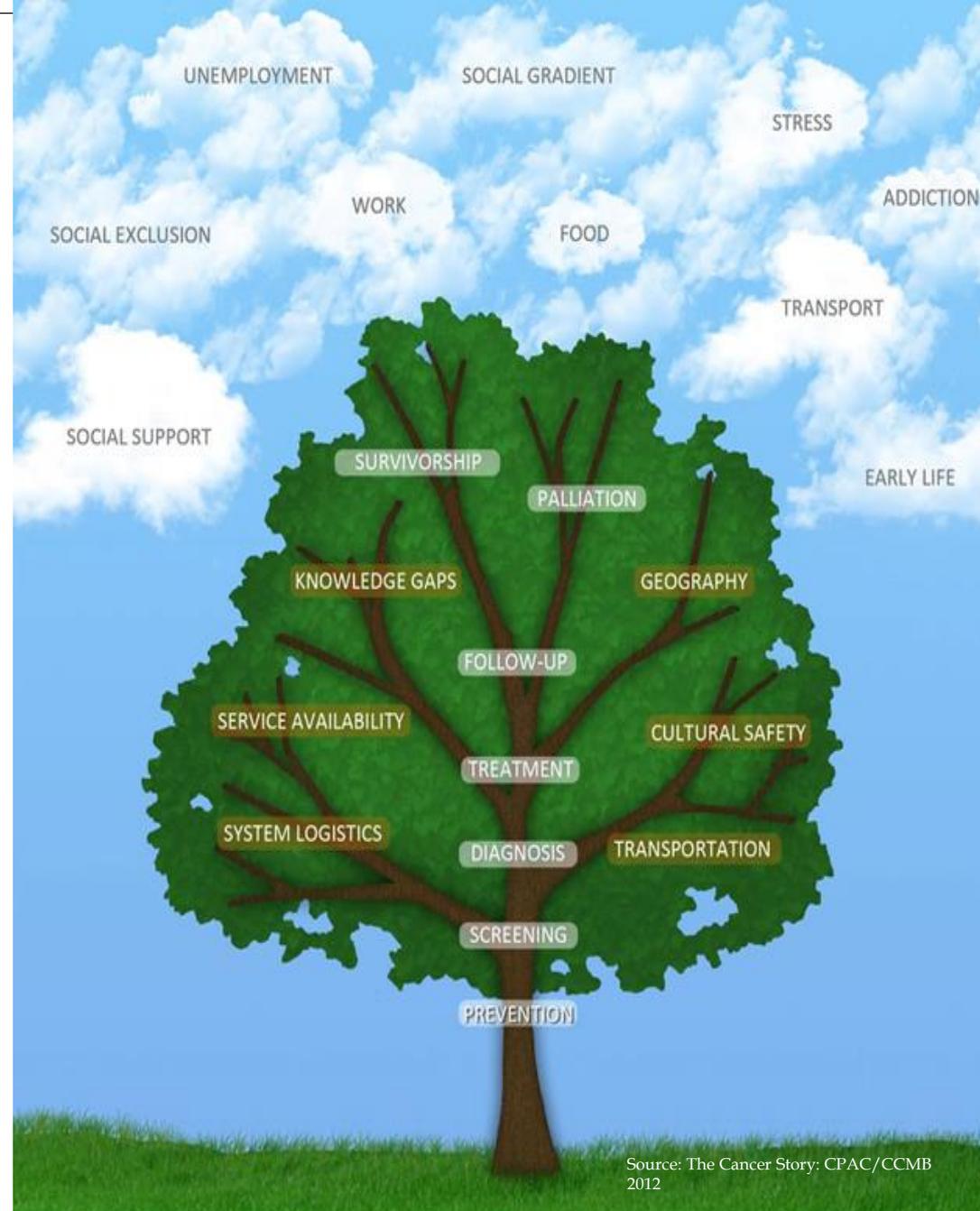
Objectives

At the end of this session, participants will be able to:

1. Explain the role of CancerCare Manitoba and the Provincial Navigation team in supporting underserved patients through the cancer continuum
2. Reflect on the impacts of social (dis)advantage along the cancer care continuum
3. Describe two case examples and how the application of health equity principles can help support caring for clients who are facing disparities
4. List least three practical resources to better support patients

The Journey

- Strong and direct
- Weak and wandering



Cancer Navigation Services

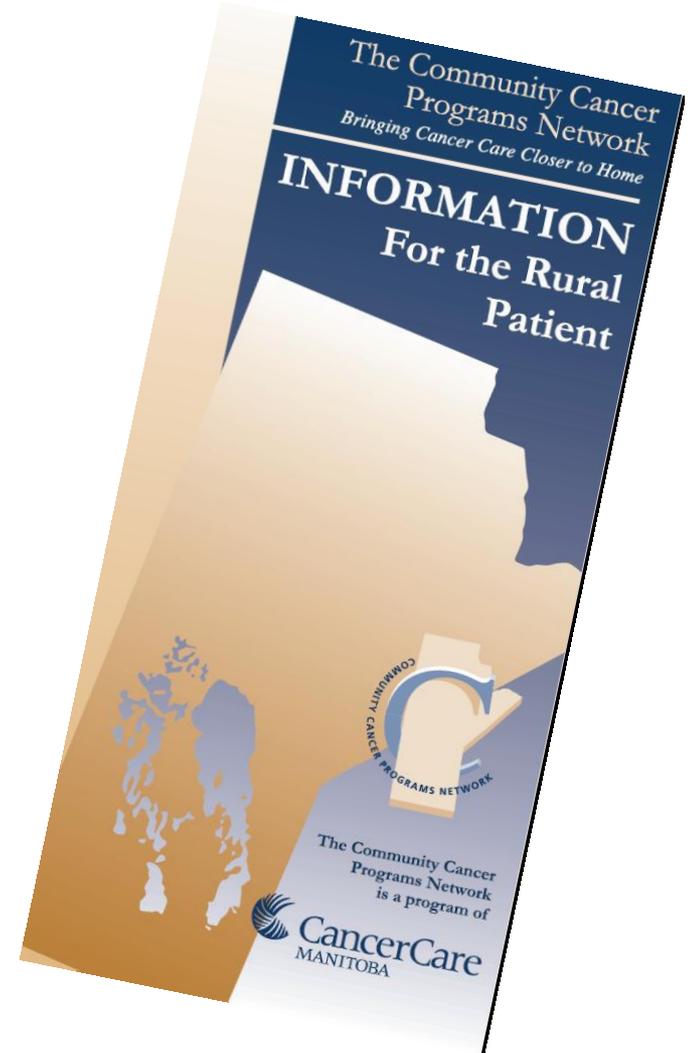
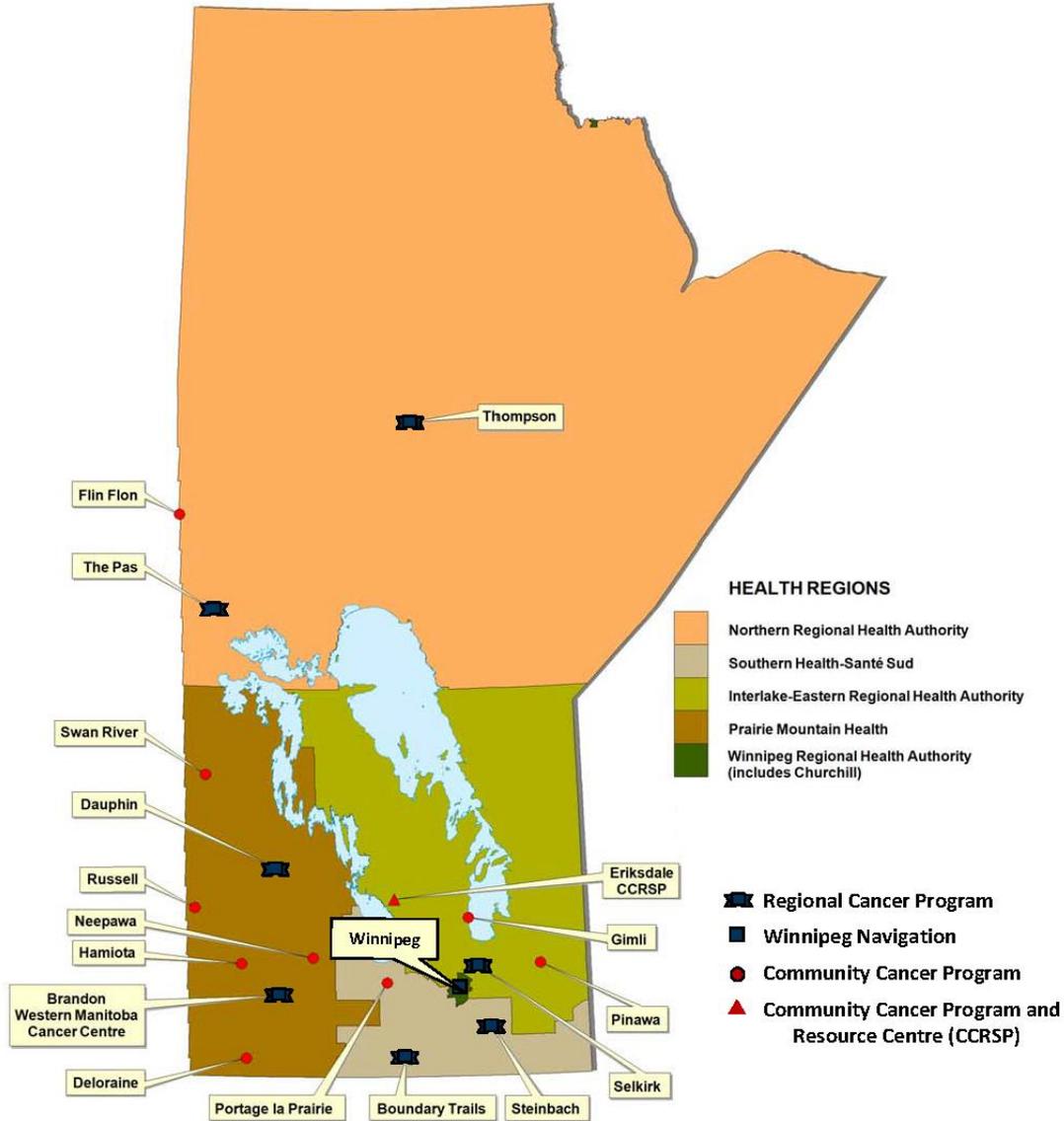
Every Manitoban has access to an expert Cancer Navigation Team to guide patients through the cancer journey. The team is comprised of Nurses Navigators, Family Physicians in Oncology and Psychosocial Oncology Clinicians.

Navigation Services include:

- assessing patient needs
- providing supportive care
- facilitating access to resources and services
- working with the primary care provider – diagnostic testing, referral to oncologist
- services available at key transition points
- Rapid Diagnostic Clinic



Community Cancer Programs Network Bringing Cancer Care Closer to Home



For information visit
www.cancercare.mb.ca/ccpn
or call 204-784-0224

Candidates for the Rapid Diagnostic Clinic:

Referral

- R.S, Male, 58 years old
- October 15,2017 –Received referral from SBGH-ER
- October 17,2017 –Connected with patient
- Feeling unwell for a week, Chest Congestion, Abdominal pain,20 pounds weight lost since March, decrease appetite
- CT shows –Obstruction in the RUL with extensive mediastinal metastasis + a necrotic mass in the tail of the pancreas

Plan

- Patient was referred to Chest Medicine –Appointment was pending
- October 17,2017 –Tentatively book to be seen in RDC.
- Attempt to connect with patient with his previous GP and Siloam Mission
- October 18,2017- Presented in RDC

Outcome:

- Cancelled referral to Chest Medicine
- Patient was transferred to the ER via stretcher
- Referred to Palliative care
- Bereavement and Grief Counseling

Rural Navigation

Referral

- L.A is a 70 year old male from Norway House referred to Navigation by TGH ER.
- Presented to ER via medevac from Norway House for query bowel obstruction.
- Patient was without an escort or support person.
- CT demonstrated a neoplasm in the proximal sigmoid colon.
- Physician requested assistance because patient was declining colonoscopy.



Interventions

- Met with patient in ER treatment room.
- Developed a rapport with patient through use of active listening and reflection to better understand his decision making.
- Explored his resistance to further testing, expanded on information provided by the physician and answered questions regarding plan of care.
- Upon discharge from ER patient agreeable to colonoscopy.

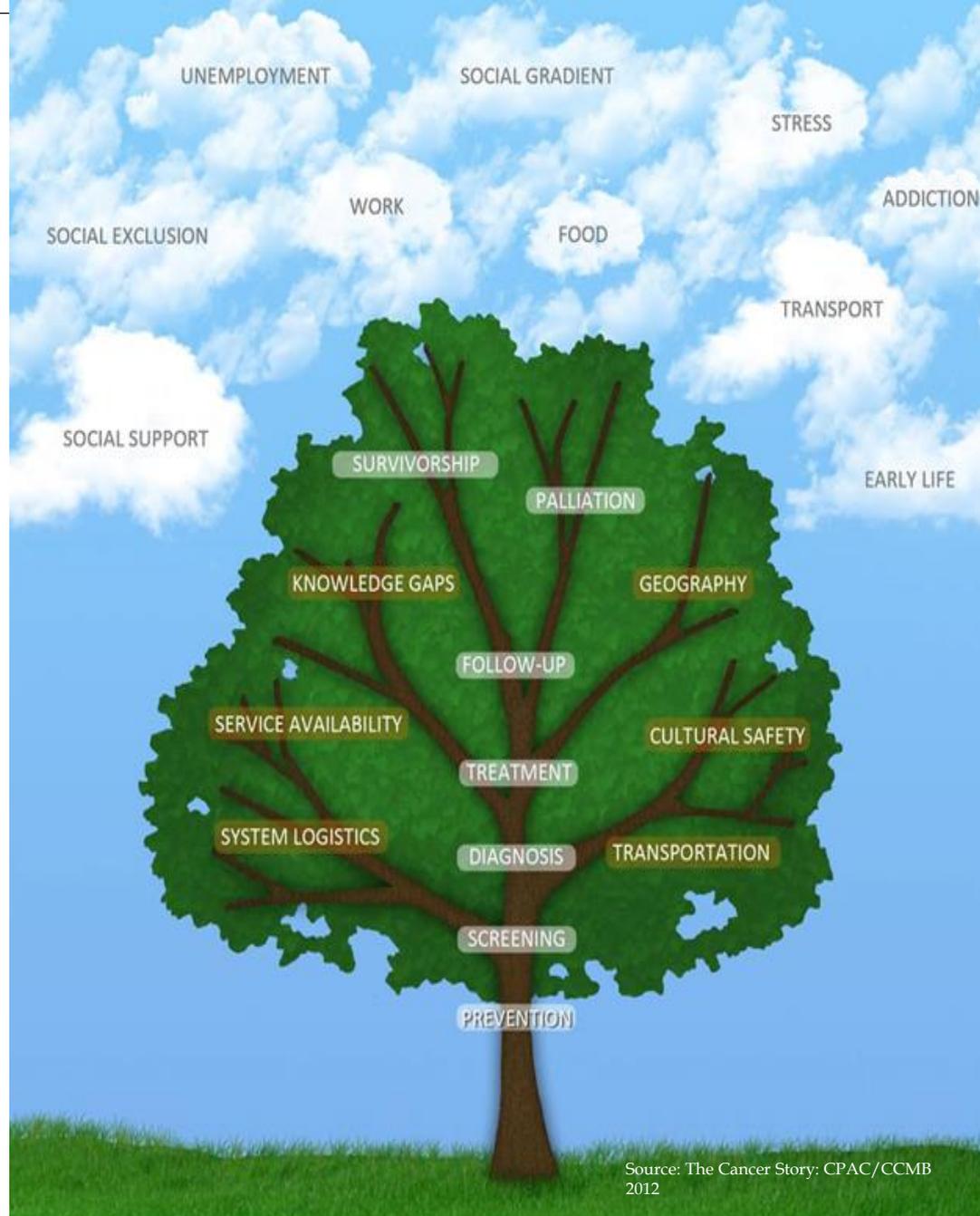
Outcome

- Colonoscopy results showed circumferential mass with pathology showing invasive adenocarcinoma
- Colonoscopy lead to left hemicolectomy and an in-patient stay at TGH.
- Medical Oncology consult – chemotherapy prescribed
- Received care close to home.

The Journey

- Geography
 - Transportation
 - Accommodation
 - Service availability
- Knowledge gaps
- System Logistics

- Work
- Stress
- Social support



Source: The Cancer Story: CPAC/CCMB
2012

BILL NYE
SAVES WORLD

NETFLIX

IF WE THINK TOGETHER



Take Away Messages

- What creates a smooth journey? What do our clients need for their journey?
- ‘What do we need to know about you to help us care for you better?’
- Navigation is a resource for all Manitobans
- Good things happen when we work together