Everything you ever wanted to know about Supportive Care Services

- **Dr. Corey Metcalf**, Pain and Symptom Management/Palliative Care
- **Ryna Levy-Milne**, Oncology Nutrition, Speech and Language Pathology
- **Dr. Alan Bates**, Psychosocial Oncology-Psychiatry
Pain and Symptom Management & Palliative Care

By: Dr. Corey Metcalf, Medical Oncology/Palliative Care

Disclosures: Speaking engagements with Merck and Novartis

Who we are in Vancouver

- 5 palliative Care physicians
- 1 Registered Nurse
- Rotation of pharmacist services
- 1 Medical Office Assistant/Coordinator
<table>
<thead>
<tr>
<th></th>
<th>AC</th>
<th>CSI</th>
<th>FVCC</th>
<th>VC</th>
<th>VICC</th>
<th>CN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PSMPC Clinics</strong></td>
<td>All day Wed</td>
<td>All day Wed, and Thurs PM</td>
<td>Tues and Fri all day</td>
<td>Tues pm, Thurs am, Fri am</td>
<td>Mon-Fri half-day clinics</td>
<td>Clinic 1 half day per week</td>
</tr>
<tr>
<td><strong>Nursing support</strong></td>
<td>Nurse during clinic</td>
<td>Nurse during clinic</td>
<td>During clinic and all day Thurs</td>
<td>Mon-Fri</td>
<td>Non specialized rotation</td>
<td>Rotating nurses with some extra training</td>
</tr>
<tr>
<td></td>
<td>Possible NP support coming</td>
<td>LPN phoning patients</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>1.5d/w</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td>No service outside of clinic</td>
<td>No service outside of clinic</td>
<td>No service Mon and Wed</td>
<td>24/7 MD on call (PHSA MOCAP)</td>
<td>No service outside of clinic</td>
<td>MD always on call (4 palliative MDs for PG, through Northern Health)</td>
</tr>
</tbody>
</table>

*Who We Are Provincially*
What We Do

• Predominantly outpatient referrals – Vancouver clinics are currently staffed for 3 half days per week

• We also consult on our inpatient unit and follow patients actively

• We are available for phone or email advice to our centre and can sometimes come see patients in clinics on off hours if we are available
Ideal Patient Referrals

Patients undergoing care at BC Cancer

Can be at any stage of illness, including survivorship

Symptom issues predominantly what we see

  • Also do: advance care planning,
  • treatment decision conversations,
  • medication management

Chronic pain unrelated to cancer is not ideally suited to our clinic

  • Survivorship-related symptoms are still within our scope
Recognizes need to acknowledge possibility of survival to engage patients early in course of illness

(Palliative Care includes bereavement)
Referral Process

- Can be from outside of BC Cancer – Vancouver physician, internal physician, patient, family or other care giver

- Form is available on our website
Each centre has its own referral and booking instructions on back.
Oncology Nutrition & Speech Language Pathology

By: Ryna Levy-Milne
Disclosure: Education grant from Abbott Nutrition
The outpatient FTE includes the Clinical Coordinator for Nutrition and Clinical Dietitians. In Vancouver, Victoria, Kelowna and Prince George, there is also a .2 FTE dietitian working with patients with prostate cancer as part of a grant funded Initiative.
Nutrition Care Process Model

NST & Auto-Referrals

Evidence-based Patient Care (what we already do)

Research and Evaluation of Nutrition Care

Screening & Referral System
- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration

Practice Settings

Collaboration
Skills & Competencies

Nutrition Assessment & Re-Assessment
- Obtain/collect important and relevant data
- Analyze/interpret collected data

Nutrition Diagnosis
- P - Identify problem
- E - Determine etiology/cause
- S - State signs & symptoms

Nutrition Intervention
- Determine intervention and prescription
- Formulate goals and determine action
- Implement action

Nutrition Monitoring & Evaluation
- Select/identify quality indicators
- Monitor & Evaluate resolution of diagnosis

Critical Thinking

Communication

Socio-Economic

Economics

Documentation

Code of Ethics

Nutrition Diets

Individual / Population
Interacts with Nutrition Professional

Practice Management System
- Research NCP
- Use aggregated data to conduct research
- Conduct continuous quality improvement
- Calculate and report quality indicators

Social Systems

Acute Care Systems

Outcomes Management System
1. Nutrition Screening at first visit for malnutrition risk based on involuntary weight loss recently and poor appetite.


3. Referrals for symptom management.

4. Self-referral
## CN Nutrition Referral Form

**Date Referred:** 

**Referred By:**

- **First Name:** [ ]
- **Last Name:** [ ]

**Patient Aware:**
- Yes [ ]
- No [ ]

**Diagnosis:** 

**Current Treatment Plan:**
- RT [ ]
- Combined RT and chemo [ ]
- Chemo [ ]
- Not receiving treatment [ ]

**Other:** 

**Treatment Start Date:** 

**Height:** [ ]

**Weight:** [ ]

**Estimated Weight Loss:**
- 1-5 kg [ ]
- 6-10 kg [ ]
- 11-15 kg [ ]
- 16-21 kg [ ]
- >21 kg [ ]

**Reason for Referral:**
- NST ≥ 3 [ ]
- Weight Loss [ ]
- Impaired Intake Due To:
  - Anorexia [ ]
  - Constipation [ ]
  - Diarrhea [ ]
  - Dry mouth [ ]
  - Early satiety [ ]
  - Nausea / vomiting [ ]
  - Pain [ ]
  - Partial bowel obstruction [ ]
  - Reflux [ ]
  - Sore mouth [ ]
  - Taste changes [ ]
  - Thick saliva [ ]
  - Swallowing problems [ ]
- Tube Feeding [ ]
- General Nutrition Questions [ ]
- Other [ ]

**Interpreter Required:**
- Yes [ ]
- No [ ]

**Home Community:** 

**TO BE COMPLETED BY NUTRITION STAFF ONLY**

**Date Received:** [ ]

**Triage By:** [ ]

**Appointment with BCCA Dietitian to be Booked:**
- In person [ ]
- Phone consult [ ]
- First available [ ]
- Within 1 week [ ]
- Within 2 weeks [ ]
- Other [ ]

**Appointment date:** [ ]

**Time:** [ ]

**Infection Control Precautions:**
- Yes [ ]
- No (book in RD office) [ ]
- If Yes, risk factors for transmission? No (book in RD office) [ ]
- Yes (book in OC) [ ]
- Unsure (consult ICP) [ ]

**Patient to be Referred to Other Service:**
- HealthLink BC, Dietitian Services [ ]
- Group [ ]
- Dietitian in home community: [ ]

**Reason Patient Not Seen:**
- Patient or family declined services [ ]
- Patient in hospital [ ]
- Patient did not return call [ ]
- Other [ ]

**Date:** [ ]

**Nutrition Staff Signature:** [ ]
What We Do

Conduct a nutrition assessment to determine nutritional diagnosis and goals and provide follow up re-assessment as needed through treatment and recovery.

Work with the team to provide enteral and parenteral feeding recommendations and provide tube feeding teaching.

Offer group education classes for specific patient populations.

Support patients who are eligible for funding through the Ministry for supplements, tube feeding supplies, and special diets.

Precept dietetic students.

Developed patient education resources for nutrition-related symptoms:

http://www.bccancer.bc.ca/health-info/coping-with-cancer/nutrition-support;
http://www.bccancer.bc.ca/health-professionals/clinical-resources/nutrition/nutrition-handouts
### Speech Language Pathologists

**Who We Are**

<table>
<thead>
<tr>
<th>Site</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotsford</td>
<td>.33 (Service Agreement with FH)</td>
</tr>
<tr>
<td>Kelowna</td>
<td>Fee for service agreement with IH</td>
</tr>
<tr>
<td>Prince George</td>
<td>.5</td>
</tr>
<tr>
<td>Surrey</td>
<td>.7 (Service Agreement with FH)</td>
</tr>
<tr>
<td>Vancouver</td>
<td>1.4</td>
</tr>
<tr>
<td>Victoria</td>
<td>.6</td>
</tr>
</tbody>
</table>

The SLPs in Vancouver provide inpatient care as well.
Current Referral Practice

1. Automatic referrals for new patients with head and neck cancers (at risk for dysphagia, trismus, impaired communication and lymphedema)

2. Referrals for symptom management

3. Self-referral
REFERRALS FOR
SPEECH LANGUAGE PATHOLOGY

REFERRAL DATE: ___________ (dd/mm/yy)  REFERRED BY: _______________________

DIAGNOSIS: _______________________________________________________________

RELEVANT HISTORY: _______________________________________________________

Any patient who meets at least one of the following criteria should be referred to Speech Language Pathology (SLP) for patient education, assessment, intervention and/or follow-up.

Please Check All That Apply:

☐ Pre-Treatment Consult
  ☐ Concurrent chemo/XRT
  ☐ Radiation only

☐ Swallowing Problems and/or Aspiration Risk Observed or Reported by Patient or Staff
  ☐ Coughing/chooking
  ☐ Gurgling/wet voice
  ☐ Difficulty chewing/opening mouth
  ☐ Food *sticking
  ☐ Weight loss
  ☐ Pain on swallowing
  ☐ Difficulty swallowing

☐ If video fluoroscopic swallowing study (VFSS) is indicated after assessment by SLP, physician – please sign below. SLP will arrange appointment through Medical Imaging and confirm appointment time with the patient.

  Physician Order Required: __________________________

☐ Voice
  ☐ Client is concerned with current voice quality
  ☐ Weak, hoarse or breathy voice
  ☐ No voice
  ☐ Laryngectomy
    ☐ TEP ☐ Electrolarynx ☐ Other: _______________________

☐ Language
  ☐ Word finding problems
  ☐ Problems understanding spoken language
  ☐ Problems expressing spoken language
  ☐ Reading and/or writing problems

☐ Speech
  ☐ Dysarthria/Imprecise articulation
  ☐ Xerostomia
  ☐ Trismus

PRIORITIZATION: Patient referrals will be triaged by the Speech-Language Pathologist (SLP) and seen based on priority indicators below:

1. URGENT – post treatment, known dysphagia, suspected aspiration, high aspiration risk – has not yet been seen by SLP.
2. Pre/During/Post-treatment/surgery patients with dysphagia symptoms or complications.
3. Pre-treatment dual modality (chemo-rad) consultations.
5. Pre/During/Post-treatment/surgery patients with communication deficits.

Please FAX all referrals to: 604 877 6435

Speech Language Pathology Contact information: 604-877-6000 ext. 67 6266

Revised Feb-2016
What We Do

Our services:
http://www.bccancer.bc.ca/our-services/services/speech-language-pathology

Conduct swallowing assessments (bedside and/or instrumentation)

Work with the team to make recommendations based on swallowing abilities.

Provide interventions for dysphagia, trismus, communication difficulties and lymphedema.

Provide patient information about swallowing, communication difficulties, trismus and lymphedema:
http://www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
Other Resources

HealthLink BC- Oncology Dietitian and Exercise Specialist; dial 8-1-1; [https://www.healthlinkbc.ca/](https://www.healthlinkbc.ca/)

#1: BC Cancer Website - Exercise Services Page

## Recommendations

### Exercise

Regular exercise is safe and recommended before, during, and after cancer treatments.

Exercise can help to manage and reduce many common side effects of cancer treatments. It can increase your energy, improve strength and fitness, enhance mood, and optimize recovery.

It is safe for most people to exercise at any time after your diagnosis if you start slowly and increase your activity gradually. Inactivity and rest can lead to weakness, deconditioning, and fatigue and should be avoided where possible.

### What are the benefits of exercise for people with cancer?

## Common Questions

- Is exercise safe during cancer treatments?
- What side effects of treatment can exercise help me manage?
- When should I avoid exercise?
- I have fatigue. Should I wait until I feel better before starting exercise?
- What is strength training and why should I do it?
- I currently walk daily. Is that enough?

## PLUS Additional Resources

- Patient handouts on exercise for specific cancer types & side effects
- How to find an oncology trained exercise professional in your community
#2: Physical Activity Services for cancer

Unsure how to SAFELY be physically active during and after cancer treatments?

Call 8-1-1

Qualified exercise professionals with cancer-specific training now at HealthLink BC

Just a phone call away

Physical Activity Services for cancer at HealthLink BC are free and can help you to:

- Start exercising safely
- Understand how to use physical activity to reduce and manage treatment side effects
- Develop an individualized physical activity plan

Call 8-1-1 Ask for Physical Activity Services for cancer

Hours: Monday to Friday 9am to 5pm www.healthlinkbc.ca/physicalactivity

#3: Referral Process

Self referral

- Patient told about service & handed postcard
- Patient calls 8-1-1 directly

Physician / NP Referral form

Physical Activity Services – Oncology Telephone Referral Form

Referrals accepted from specialist physicians and primary care providers

<table>
<thead>
<tr>
<th>Referring Physicians/Nurse Practitioners</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>PHN:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Fax #:</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Phone #:</td>
</tr>
<tr>
<td></td>
<td>Alt Phone #:</td>
</tr>
</tbody>
</table>

Date of referral

☐ I confirm that the patient has authorized this referral.

Additional Information – e.g., best time to call, contact person/number, need for translation services, preferred language

Reason for referral:

☐ Increased physical activity levels ☐ manage fatigue ☐ build/maintain muscle and bone mass ☐ balance ☐ other

☐ Patient can engage in physical activity without restrictions — 150 minutes of moderate to vigorous aerobic activity and two resistance training sessions per week
☐ Patient can engage in physical activity with restrictions
☐ Patient cannot engage in any physical activity

Please List Restrictions:
Psychosocial Oncology

By: Dr. Alan Bates, Provincial Lead for Psychiatry
Disclosure: Unrestricted research grant from Pfizer

Who we are:

Counselling

- 6 PFC Teams include Counselling Staff, a Practice Leader and Support Staff at each centre that report regionally.
  - Abbotsford - 3.6 FTE
  - Kelowna - 3.7 FTE
  - Prince George - 3.6 FTE
  - Surrey - 4 FTE
  - Vancouver – 8.48 FTE
  - Victoria – 4.1 FTE

Provincial

- This team includes a provincial lead for counseling, a coordinator, and 6 positions with a provincial scope:
  - Vocational Rehabilitation
  - Art therapy
  - Services for Chinese patients
  - Resources Social Work
  - Spiritual Care
  - Community Education

Psychiatry

- 3.4 FTE across 6 cancer centres reporting to a Provincial Lead for Psychiatry
Current Referral Practice

All patients are screened for distress at their first visit with an oncologist.

All patients/ family members can self-refer or be referred by health care team to PFC.

Patients with mental health concerns can be referred to Psychiatry by MD/NP.
Screening

• All patients complete the PSSCAN-R (includes Canadian Problem Checklist) on their first booked appointment with an oncologist

• Screens for anxiety, depression, suicidal thinking
**PSSCAN-R Psychological Screening**

Please answer the following questions to help us learn more about your well-being. A serious illness can affect the quality of your life in many ways. We may contact you to offer our counselling services based on the information you provide to us, or contact you regarding opportunities to participate in research.

**Part A:**
Please respond to each question with "Yes" or "No" by making a circle around the appropriate answer. There are no right or wrong answers.

1. Do you live alone? No Yes
2. When you need help, can you count on anyone to help you with daily tasks such as grocery shopping, cooking, giving you a ride? No Yes
3. Do you have regular contact with friends or relatives? No Yes
4. Have you lost a job partner within the last few years? No Yes
5. Can you count on anyone to provide you with emotional support? No Yes

**Part B:**
Please check all of the following items that have been of concern or a problem for you in the past week including today.*

<table>
<thead>
<tr>
<th>6. Emotional:</th>
<th>7. Informational:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Fears/Worries</td>
<td>● Understanding my illness/treatment</td>
</tr>
<tr>
<td>● Sadness</td>
<td>● Talking with the health care team</td>
</tr>
<tr>
<td>● Guilt/Anger</td>
<td>● Using treatment decisions</td>
</tr>
<tr>
<td>● Changes in appearance</td>
<td>● Knowing about available resources</td>
</tr>
<tr>
<td>● Infertility/Sexual</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Practical:</th>
<th>9. Spiritual:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Work/School</td>
<td>● Meaning/Purpose of life</td>
</tr>
<tr>
<td>● Finances</td>
<td>● Faith</td>
</tr>
<tr>
<td>● Getting to &amp; from appointments</td>
<td></td>
</tr>
<tr>
<td>● Accommodation</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>10. Social/Family:</th>
<th>11. Physical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Feeling a burden to others</td>
<td>● Concentration/Memory</td>
</tr>
<tr>
<td>● Worry about family/friends</td>
<td>● Sleep</td>
</tr>
<tr>
<td>● Feeling alone</td>
<td>● Weight</td>
</tr>
</tbody>
</table>

If you or your family is currently struggling with the stress of your diagnosis, information and support are available on our websites: www.bccancer.bc.ca or by calling BC Cancer Patient & Family Counselling Department.

Abbotsford Centre 604.851.4733
Sidney Cancer Centre 250.712.3063
Centre for the North 250.564.330
Fraser Valley Centre 604.930.6000
Vancouver Island Centre 604.474.1680

**Patient and Family Counselling Department**

- D- ________ A- ________
- Comments: ____________________________________________
- Reviewed by: __________________________________________
- Date: ________________________

*Canadian Problem Checklist developed by the Canadian Partnership Against Cancer, August 2003.

Please see over → 7f
PFC Response

Patients that score 11+ on anxiety or depression sub scales – **phone follow up within three working days**

Patients who indicate any suicidal thinking on Question 19 – **immediate follow up and assessment in the clinic (before patient goes home)**
PFC - When to Refer?

- Anxiety/Depression
- Grief/Loss
- Practical concerns: Financial, Drug Costs, Work Concerns, Accommodation/Transportation Concerns
- After treatment concerns (up to 18 months)
- Adjustments to diagnosis and/or treatment
- Stress Management
Psychiatry - When to Refer?

Diagnostic Assessment

Anxiety Disorder

Major Depression *Suicidal Ideation

Deteriorating Mental Health Condition

Psychiatric side effects of medication (e.g., mania from steroids)

Aggressive Cancer significantly affecting mood

Personality/Behavioral Changes

Refusing treatment/ Unable to attend treatment due to Mental Health Problems/ Capacity Assessment

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Refusing treatment/ Unable to attend treatment due to Mental Health Problems/ Capacity Assessment
Referral Process*

**Psychiatrist referral**

Psychiatry Consult Services
Referral Form
Requires prescriber’s signature for billing (patients only; not family members)

**Patient and Family Counselling referral**

Referral Form or self-referral (patients and family members)

* Forms can be located: H:\PFCS All Centres\FORMS*
How to Refer??

- Be positive and encouraging
- Let patient or family member have some expectation that program will help
- PFC staff member will phone and follow up and offer support/resources as need be
Psychiatry

- Usually a combination of medication management and psychotherapy. Some psychiatrists also have special interests such as Mindfulness or Meaning Centered Psychotherapy.
- Patient, not family member, is the therapeutic focus
- Primarily during active treatment, but limited post treatment follow-up

Patient & Family Counselling

- Brief, goal specific therapeutic interventions
- Patients can access after treatment (up to 18 months post treatment)
- Supportive programs (relaxation, mindfulness etc.)
- Practical support as well as emotional support
Other Resources

- BC Cancer Website: Coping with Cancer
- https://soundcloud.com/phsabc
- Mind over Mood and Mastery of Your Anxiety and Panic (CBT Workbooks)
- Palouse Mindfulness (website)
- Mind Shift (smart phone app)
Any questions?