

Everything you ever wanted to know about Supportive Care Services



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- **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

Who We Are Provincially

	AC	CSI	FVCC	VC	VICC	CN
PSMPC Clinics	All day Wed	All day Wed, and Thurs PM	Tues and Fri all day	Tues pm, Thurs am, Fri am	Mon-Fri half-day clinics	Clinic 1 half day per week
Nursing support	Nurse during clinic Possible NP support coming	Nurse during clinic LPN phoning patients 1.5d/w	During clinic and all day Thurs	Mon-Fri	Non specialized rotation	Rotating nurses with some extra training
Availability	No service outside of clinic	No service outside of clinic	No service Mon and Wed	24/7 MD on call (PHSA MOCAP)	No service outside of clinic	MD always on call (4 palliative MDs for PG, through Northern Health)

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

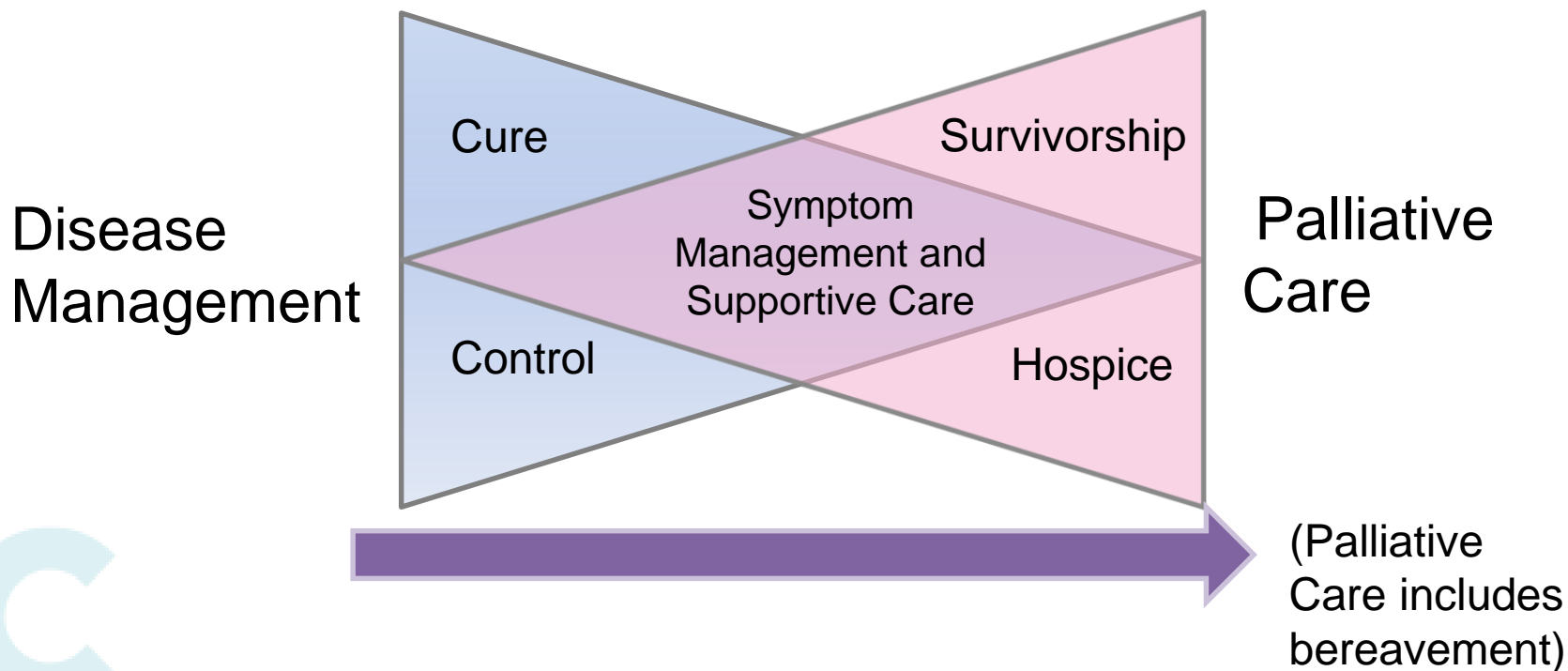
- Also do: advance care planning,
- treatment decision conversations,
- medication management

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

- Survivorship-related symptoms are still within our scope

Bowtie Model

Recognizes need to acknowledge possibility of survival to engage patients early in course of illness



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



Pain & Symptom Management / Palliative Care Referral Form

Please see reverse for booking process (including Urgent referrals)		
Date of referral _____	Date of appointment _____	Patient notified _____
Is an interpreter required <input type="checkbox"/> Yes* <input type="checkbox"/> No		* Interpreter language & reference number _____
Oncologist _____	Referrer _____	Phone _____
Patient contact numbers: Home _____ Cell _____ Other _____		
Additional contact: Name & relation _____		Phone _____
Diagnosis: _____		
Reason for referral to speciality palliative care: _____ _____ _____		
Check which of the following is in place		
Advance Care Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Oncologist Aware of Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
DNR/DNAR <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Aware of Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
BC Palliative Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Aware of Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Care Involved <input type="checkbox"/> Yes* <input type="checkbox"/> No	* If YES, which health unit _____	
Palliative Homecare <input type="checkbox"/> Yes* <input type="checkbox"/> No	* If YES, which health unit _____	
Is the patient an in-patient at BC Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter contact information if known: _____		
Is the patient admitted to an outside hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, _____		
Please turn over for centre-specific urgent referral processes, and CAIS resources and activity codes PSMPC - Fax to CAIS at 604-708-2106		

Referral & Booking Processes for All BC Cancer Regional Centres

Booking Process: referring service is to complete this form, book the appointment, book an interpreter if needed & notify the patient.

If patient known to PSMPC but not seen for 6 months, book as a NEW outpatient consult.

Each centre has its own referral and booking instructions on back

BC Cancer Abbotsford

Referral Process for ALL Urgent Referrals:

All PSMPC referrals are placed in nursing tray at reception on level 2

Clinic nurses daily triage referrals and place appropriate PSMPC clinic referrals into PSMCPC kinder

WEDNESDAYS: PSMPC physicians will review referrals in kinder and ask for appointment bookings

BOOK to resource ACPSMPC1 (Wednesday), use the appropriate activity code noted on the bottom of this form

BC Cancer Surrey

Referral Process for ALL Urgent Referrals:

Contact PSMPC RN at 604-930-4055 ext 674958 or pager 604-872-9763.

If unavailable, contact the PSMPC secretary to determine which palliative physician is available

BOOK to resource FVPSMPC1, FVPSMPC2 or FVPSMPC3 (Tuesday), use appropriate activity code noted on the bottom of this form

BC Cancer Prince George

Referral Process for ALL Urgent Referrals:

Contact TLC/PSMPC RN, phone 250-645-7313, RN will contact Palliative Care Physician on call

BOOK to resource CNPSMPC1 (Wednesday pm), use appropriate activity code noted at the bottom of this form

BC Cancer Kelowna

Referral Process for ALL Referrals:

Place this form in the tray at the PSMPC secretary desk for triage by an available physician or nurse

Please DO NOT email the physician as email is not being monitored

If urgent assistance is required please call the PSMPC secretary at 250-712-3994

BOOK to resource SPSMPC1 (Wednesday & Thursday pm) use the appropriate activity code noted on the bottom of this form

BC Cancer Vancouver Island

Referral Process for ALL Urgent Referrals:

Fax/hand deliver form to PSMPC clerk at 250-519-5204

If clinic day (Tu, W, F) clerk books phone call for the PSMPC of the day. If M or Th clerk books to next working clinic day

PSMPC nurse calls patient to triage & book appt; if unable to fit patient in within one week, liaises with MRP to manage symptoms

BOOK to resource VIPSMP1, VIPSMP2 (Tuesday & Wednesday am) or VIPSMP3 (every other Friday)

Use appropriate activity code noted at the bottom of this form

BC Cancer Vancouver

Referral Process for ALL Urgent Referrals:

1st contact: PSMPC RN (Mon-Fri), pager 604-707-1471; if RN away with no coverage, refer to 2nd contact

2nd contact: PSMPC DOD/On-call physician, found at H:\EVERYONE\MEDONC\DRofDay

Please keep patient on-site until you've spoken with a PSMPC team member.

Urgent referrals cannot be booked by support staff until referrer has contacted the PSMPC DOD or RN.

BOOK to resource VAPSMPC1, VAPSMPC2, VAPSMPC3, or VAPSMPC4 in Tues afternoon, Thurs morning or Fri morning clinics.

If no slots are available within the requested time-frame, note this on the top of this form before faxing.

FAX referral form to 604-877-6221 & leave original on chart marked as 'FAXED'.

Activity Codes

SYM CN	Outpatient PSMPC Consult	PSMPC CN	Symptom Mgmt Clinic Trial Consult
SYM FU	Outpatient PSMPC Follow Up	PSMPC FU	Symptom Mgmt Clinical Trial Follow Up
SYM FUPC	Symptom Management FU Telephone Call	SYM COUT	Outpatient Consult (outside scheduled clinic time)
SYM W/C	Inpatient/Ward PSMPC Consult	SYM FUOUT	Outpatient Follow Up (outside scheduled clinic time)
SYM W/FU	Inpatient/Ward PSMPC Follow Up		

Oncology Nutrition & Speech Language Pathology

By: Ryna Levy-Milne

Disclosure: Education grant from Abbott
Nutrition

Oncology Nutrition

Who We Are



Provincial Health Services Authority

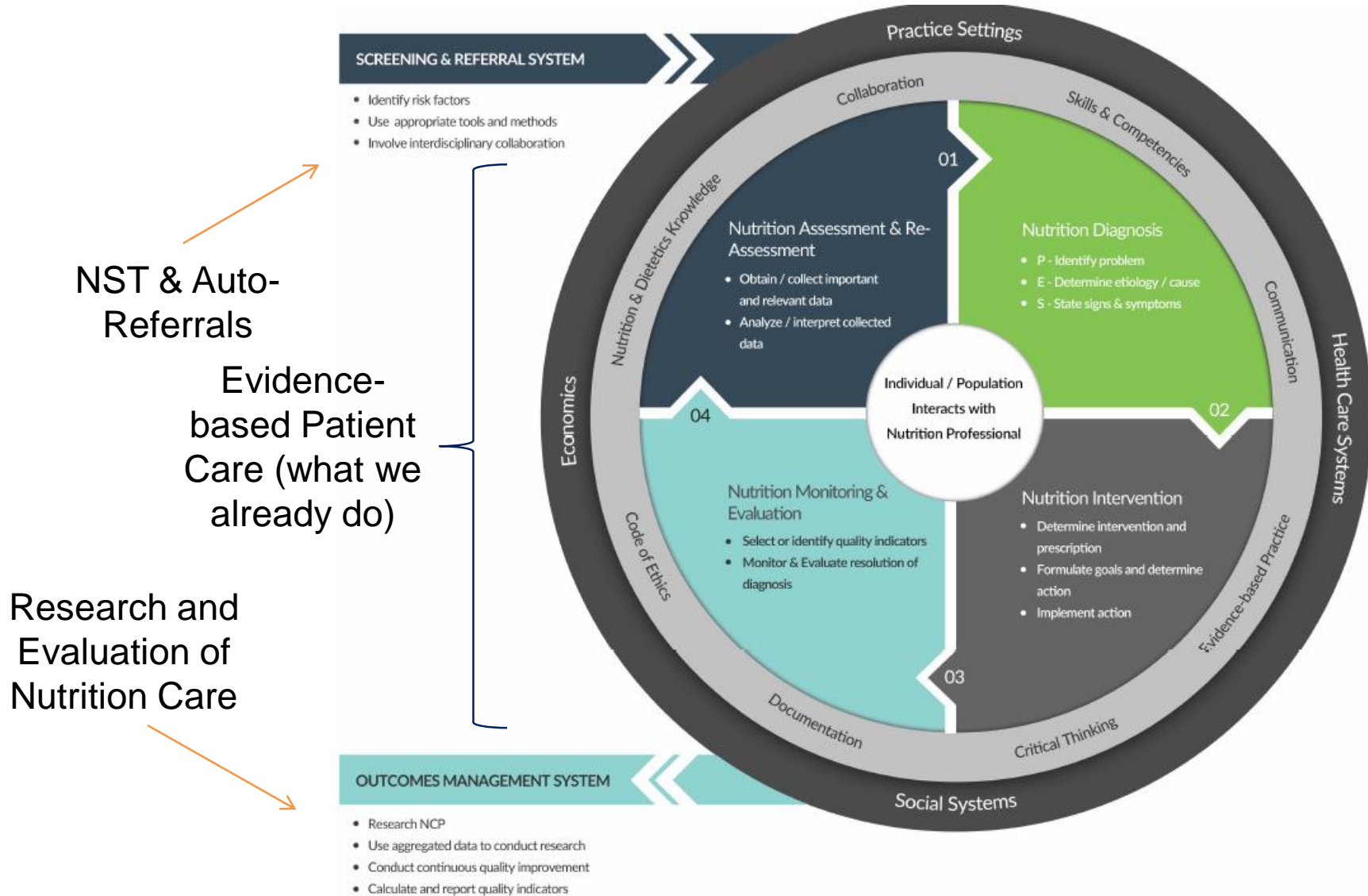
Site	Outpatient FTE	Inpatient FTE
Abbotsford	1.55	
Kelowna	2.1	.4
Prince George	1.8	
Surrey	2.34	
Vancouver	3.8	.9
Victoria	2.4	

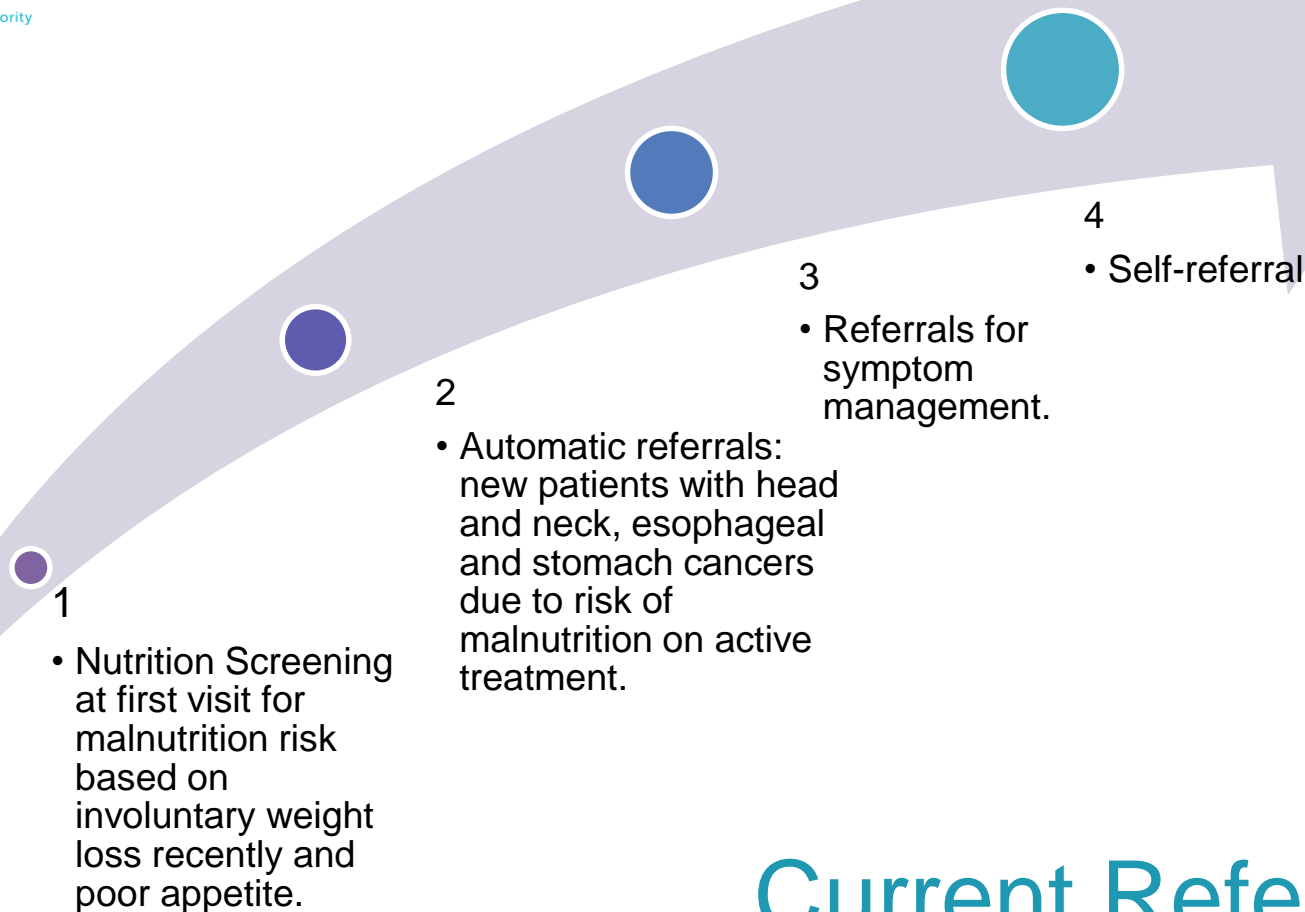


The outpatient FTE includes the Clinical Coordinator for Nutrition and Clinical Dietitians. In Vancouver, Victoria, Kelowna and Prince George, there is also a .2 FTE dietitian working with patients with prostate cancer as part of a grant funded Initiative.



Nutrition Care Process Model





Current Referral Practice

Referral Form for Nutrition



CN NUTRITION REFERRAL FORM

<p>Date Referred: _____</p> <p>Referred By: _____ (first name) (last name)</p> <p>Patient Aware: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Diagnosis: _____</p> <p>Current Treatment Plan (check option below) <input type="checkbox"/> RT <input type="checkbox"/> Combined RT and chemo <input type="checkbox"/> Chemo <input type="checkbox"/> Not receiving treatment Other: _____</p> <p>Treatment Start Date: _____</p> <p>Height: _____ Weight: _____</p> <p>Estimated Weight Loss: (check option below) <input type="checkbox"/> 1-5 kg <input type="checkbox"/> 6-10 kg <input type="checkbox"/> 11-15 kg <input type="checkbox"/> 17-21 kg <input type="checkbox"/> >21 kg</p> <p>Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Home Community: _____</p>	<p>Reason for Referral</p> <p><input type="checkbox"/> NST \geq 3 <input type="checkbox"/> Weight Loss NST score: _____</p> <p><input type="checkbox"/> Impaired Intake Due To: <input type="checkbox"/> Anorexia <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dry mouth <input type="checkbox"/> Early satiety <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Pain <input type="checkbox"/> Partial bowel obstruction <input type="checkbox"/> Reflux <input type="checkbox"/> Sore mouth <input type="checkbox"/> Taste changes <input type="checkbox"/> Thick saliva <input type="checkbox"/> Swallowing problems</p> <p><input type="checkbox"/> Tube Feeding</p> <p><input type="checkbox"/> General Nutrition Questions</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center">TO BE COMPLETED BY NUTRITION STAFF ONLY</p> <p>Date Received: _____ Traged By: _____</p> <p>Appointment with BOCA Dietitian to be Booked: <input type="checkbox"/> In person <input type="checkbox"/> Phone consult <input type="checkbox"/> First available <input type="checkbox"/> Within 1 week <input type="checkbox"/> Within 2 weeks <input type="checkbox"/> Other: _____ Appointment date: _____ Time: _____ RD: _____</p> <p>Infection Control Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No (book in RD office) If Yes, risk factors for transmission? <input type="checkbox"/> No (book in RD office) <input type="checkbox"/> Yes (book in GC) <input type="checkbox"/> Unsure (consult ICP)</p> <p>Patient to be Referred to Other Service: <input type="checkbox"/> HealthLink BC, Dietitian Services <input type="checkbox"/> Group <input type="checkbox"/> Dietitian in home community: _____</p> <p>Reason Patient Not Seen: <input type="checkbox"/> Patient or family declined services <input type="checkbox"/> Patient in hospital <input type="checkbox"/> Patient did not return call <input type="checkbox"/> Other: _____</p> <p>Date: _____ Nutrition Staff Signature: _____</p>	



Provincial Health Services Authority

What We Do

Our services:

<http://www.bccancer.bc.ca/our-services/services/nutrition>

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

Site	FTE
Abbotsford	.33 (Service Agreement with FH)
Kelowna	Fee for service agreement with IH
Prince George	.5
Surrey	.7 (Service Agreement with FH)
Vancouver	1.4
Victoria	.6



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

Referral Form for SLP



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/choking
 - ☐ Gurgly/wet voice
 - ☐ Pain on swallowing
 - ☐ Difficulty chewing/opening mouth
 - ☐ Food "sticking"
 - ☐ Weight loss

☐ 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 client.

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.
4. Pre-treatment radiation/surgery consultations.
5. Pre/During/Post-treatment/surgery patients with communication deficits.

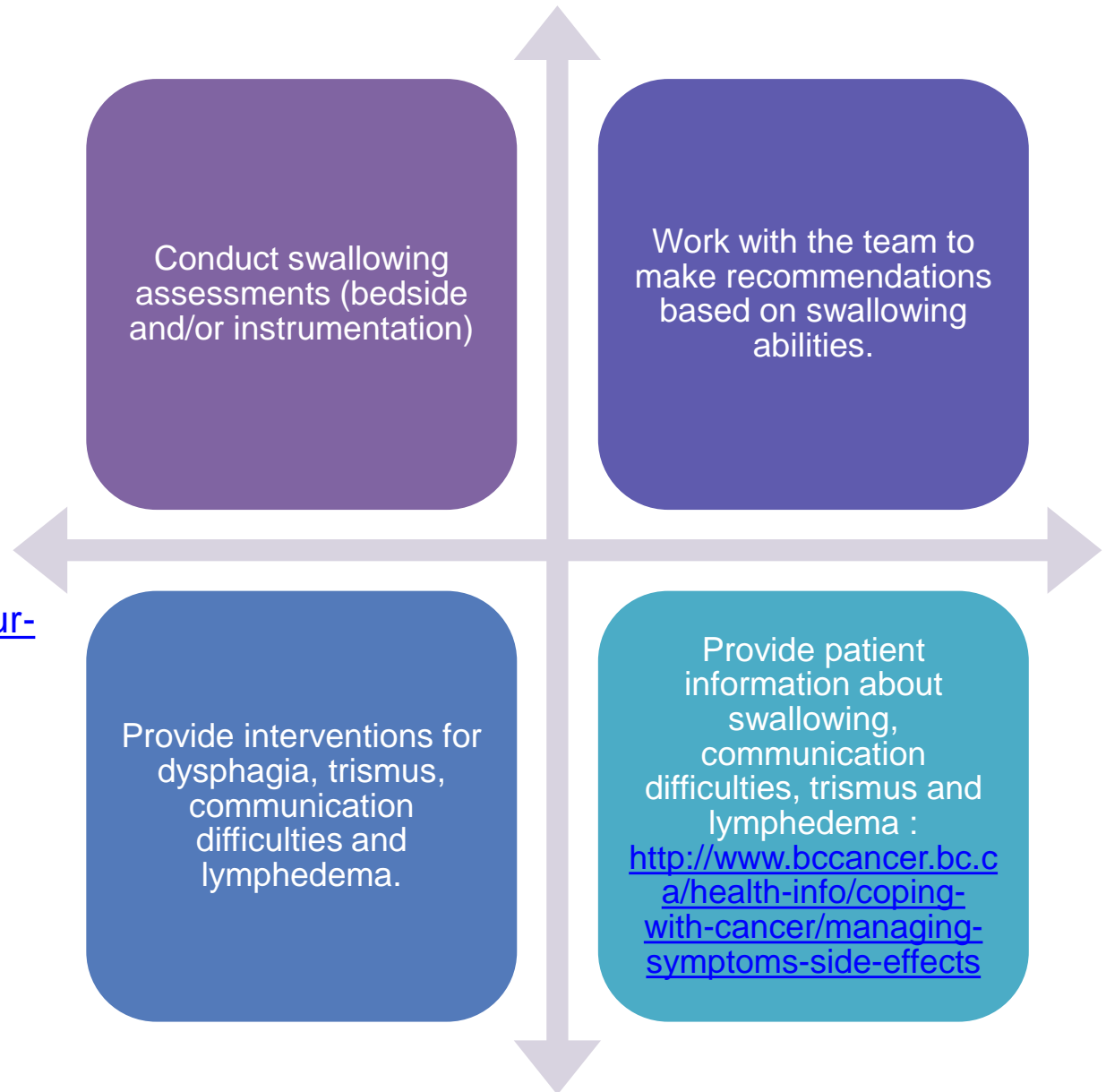
Please FAX all referrals to: 604 877 6435

Speech Language Pathology Contact Information: 604-877-6000 ext. 67 6268

What We Do

Our services:

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



Other Resources



HealthLink BC- Oncology Dietitian and Exercise Specialist;
dial 8-1-1; <https://www.healthlinkbc.ca/>

Exercise Support: <http://www.bccancer.bc.ca/health-info/coping-with-cancer/exercise-support>

#1: BC Cancer Website - Exercise Services Page

Recommendations

Exercise

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

Recommendations

Common questions

More resources

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

Recommendations

Common questions

More resources

- 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

Provincial Health Services Authority

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

Physician / NP Referral form



HealthLinkBC

Physical Activity Services – Oncology Telephone Referral Form

Referrals accepted from specialist physicians and primary care providers

Referring Physician/Nurse Practitioner:	Patient:
Address:	PHN:
Phone #:	DOB:
Fax #:	Gender:
	Address:
	Phone #:
	Alt. Phone #:
Date of referral:	
<input type="checkbox"/> I confirm that the patient has authorized this referral.	
Additional Information – e.g. best time to call, contact person/name, need for translation service/preferred language:	
Reason for referral:	
<input type="checkbox"/> increase physical activity levels <input type="checkbox"/> manage fatigue <input type="checkbox"/> build/maintain muscle and bone mass <input type="checkbox"/> balance <input type="checkbox"/> other	
<input type="checkbox"/> Patient can engage in physical activity without restrictions – 150 minutes of moderate to vigorous aerobic activity and two resistance training sessions per week ¹	
<input type="checkbox"/> Patient can engage in physical activity with restrictions	
<input type="checkbox"/> 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 - 3.6FTE
- Kelowna - 3.7 FTE
- Prince George - 3.6 FTE
- Surrey - 4 FTE
- Vancouver – 8.48 FTE
- Victoria – 4.1 FTE

Provincial

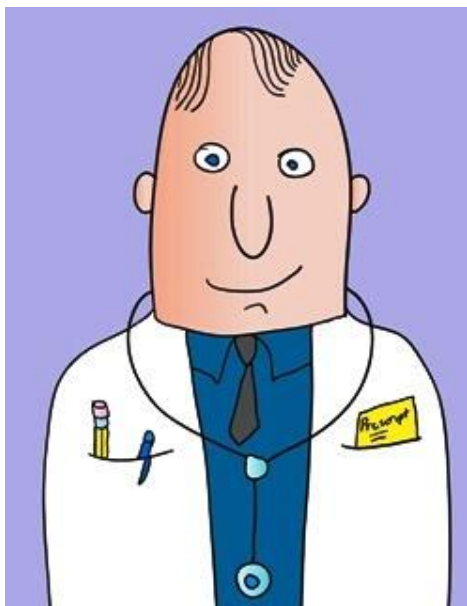
• This team includes a provincial lead for counseling, a coordinator, and 6 positions with a provincial scope:

- 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



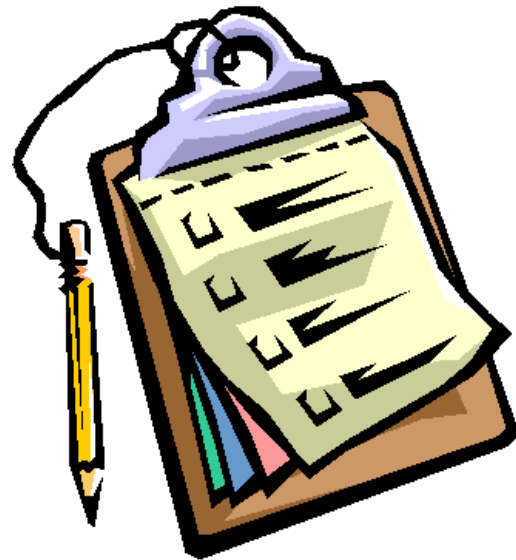
All patients are screened for distress at their first visit with an oncologist

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 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 your life 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.*

6. Emotional: <input type="checkbox"/> Fears/Worries <input type="checkbox"/> Sadness <input type="checkbox"/> Frustration/Anger <input type="checkbox"/> Changes in appearance <input type="checkbox"/> Intimacy/Sexuality	7. Informational: <input type="checkbox"/> Understanding my illness/treatment <input type="checkbox"/> Talking with the health care team <input type="checkbox"/> Making treatment decisions <input type="checkbox"/> Knowing about available resources
8. Practical: <input type="checkbox"/> Work/School <input type="checkbox"/> Finances <input type="checkbox"/> Getting to & from appointments <input type="checkbox"/> Accommodation	9. Spiritual: <input type="checkbox"/> Meaning/Purpose of life <input type="checkbox"/> Faith
10. Social/Family: <input type="checkbox"/> Feeling a burden to others <input type="checkbox"/> Worry about family/friends <input type="checkbox"/> Feeling alone	11. Physical: <input type="checkbox"/> Concentration/Memory <input type="checkbox"/> Sleep <input type="checkbox"/> Weight

Other concerns, please specify: _____

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

Part C: Please place an 'X' in the box that best describes what you have experienced.

	Not at all	A little bit	Moderately	Quite a bit	Very much
12. During the past week I have felt my heart race and I tremble.					
13. During the past week I have felt that I cannot control anything.					
14. During the past week I have lost interest in things I usually cared for or enjoyed.					
15. During the past week I have felt nervous and shaky inside.					
16. During the past week I have felt tense and cannot relax.					
17. During the past week my thoughts are repetitive and full of scary things.					
18. During the past week I have felt restless and find it difficult to sit still.					
19. I have recently thought about taking my life. NOTE: If you have, please speak with a member of your health care team and/or your family doctor today.					
20. In the past year, I have had 2 weeks or during which I felt sad, blue or depressed.					
21. I have had 2 years or more in my life when I felt depressed or sad most days even if I felt okay sometimes.					

Thank you for taking the time to respond to this form.

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

Abbotsford Centre	604.851.4733
Sindhi Ahlawalla Hawkins Centre for the Southern Interior	250.712.3963
Centre for the North	250.665.7330
Fraser Valley Centre	604.930.4000
Vancouver Centre	604.877.6000 x 672196
Vancouver Island Centre	250.519.5525

Patient and Family Counselling Documentation:

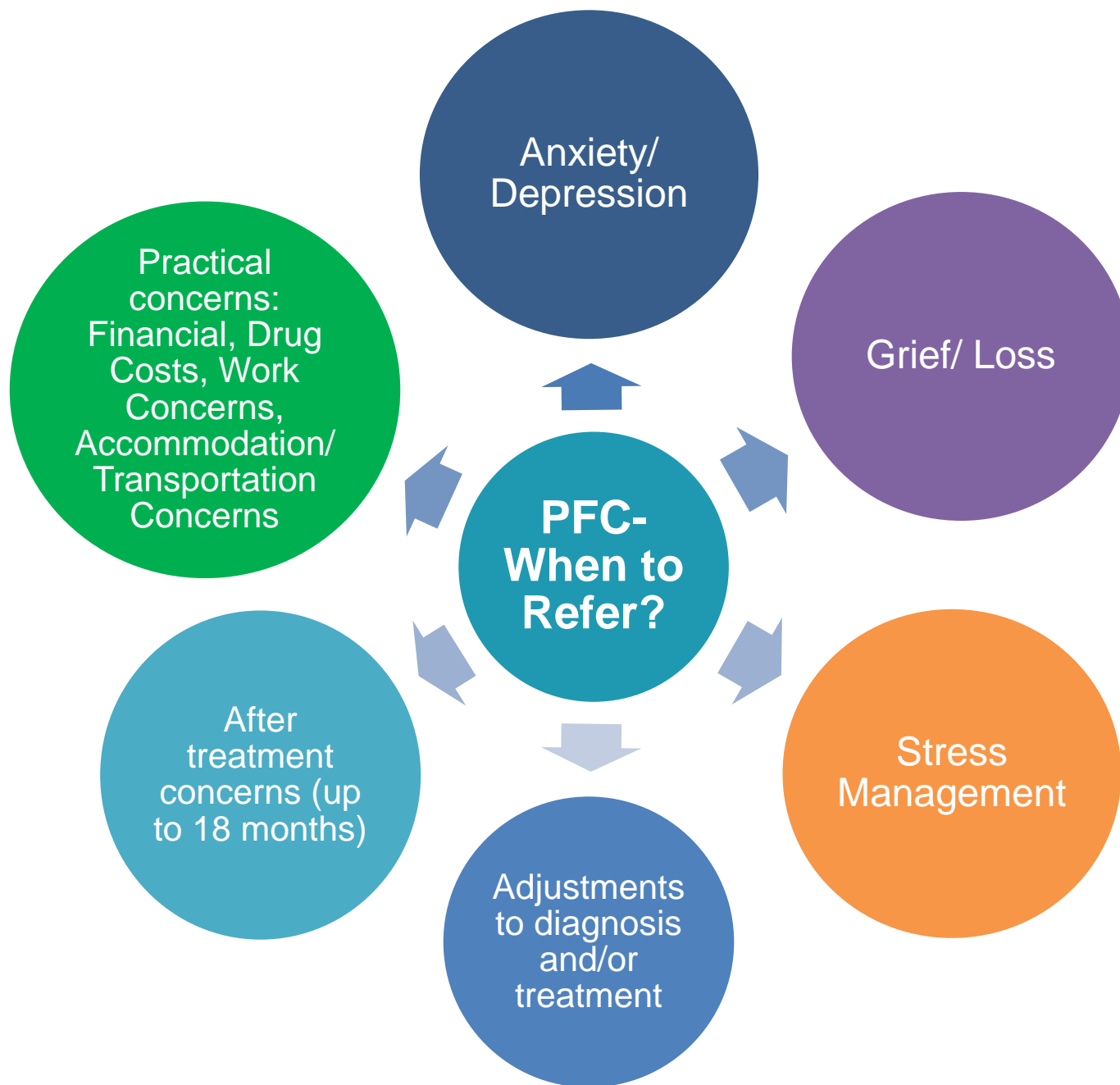
D – _____ A – _____
 Comments: _____
 Reviewed by: _____
 Date: _____

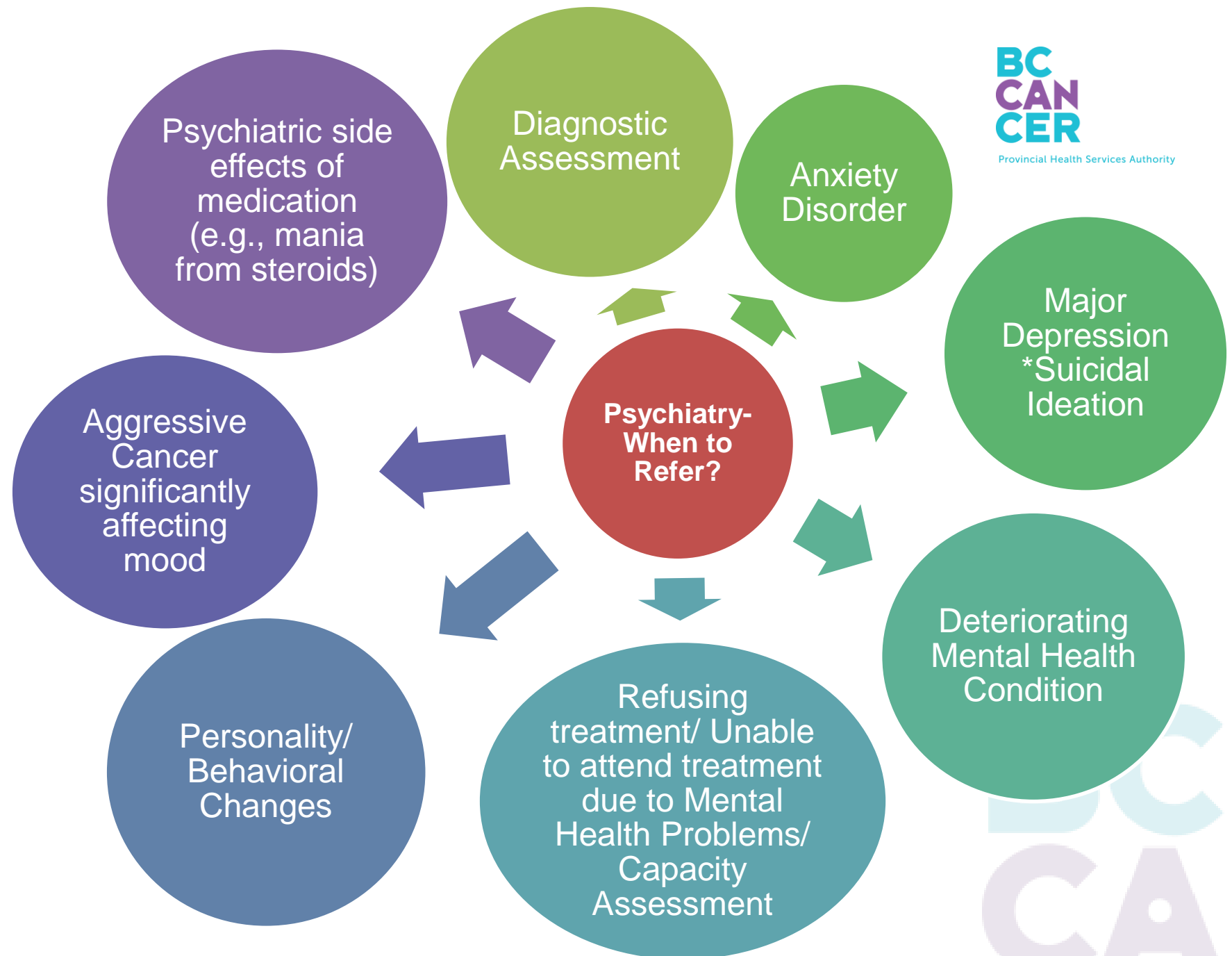
PFC Response

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)**







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



What We Offer

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?