

Linking the BC Psychosocial Community Oncology Network

This newsletter is published by the BCCA Provincial Psychosocial Oncology Program for health care professionals in communities throughout British Columbia and the Yukon.



Winter 2018

What's New?

Announcing the retirement of 3 long-time staff members

We would like to acknowledge the contribution of these valued BC Cancer staff members and wish them each well on the next chapter of their lives.



Gina MacKenzie, MSW, Program Lead for BC Cancer, Psychosocial Oncology program will be retiring early in December, 2017 after 34 years at BC Cancer.

Gina was hired in 1983 as a casual counsellor with the Vancouver Cancer Centre's Patient and Family Counselling Services (PFCS). By 1988 she shared the Clinical Coordinator role for the Vancouver Cancer Center, and in 1995 she was hired as the first Professional Practice Leader for the then newly opened Fraser Valley Cancer Centre. From 2004- 2008, she was the Professional Practice Leader of PFCS for all three lower mainland cancer centres. Since 2011, she has been the Provincial Lead for Psychosocial Oncology.

Throughout her years here, Gina has been innovative and ground breaking in her approach to psychosocial care for cancer patients and their families. In 1998, she helped to build the Surrey Memorial/ Fraser Valley Centre Interpreter Services Program. This program won a Business Award, and was the first interpreter program of its kind at BC Cancer. She also spearheaded the development of a Children's program here – for children whose loved one has a cancer diagnosis. She led a team to develop a virtual extension of this program, Cancer in my Family, an award winning website that was developed over ten years ago and is still

accessed today.

Under her leadership, BC Cancer was the first to pilot distress screening at the Fraser Valley Cancer Centre. We continue to screen for distress at all new patient appointments today. Thanks to Gina's leadership, PFCS staff members also chart notes electronically, and track workload data. We track distress screening scores and common problems that people face with a cancer diagnosis, and this in turn informs our practice.

In 2016, Gina was honoured by the Canadian Association of Psychosocial Oncology (CAPO) with the CAPO Lifetime Achievement Award. This award recognizes an individual who has made "exceptional and enduring career contributions to Psychosocial Oncology." This same year, Gina MacKenzie was awarded the Runner Up Leadership in Quality Award, BC Patient Safety and Quality Council - Quality Awards.

When asked what Gina will be doing after she retires she said she looks forward to her daughter's wedding, sorting her various collections, and taking University courses in Art History.



Sarah Sample, MSW, Professional Practice Leader, Vancouver Centre, retires in January after 25 year with the agency.

Sarah has been an Oncology Social Worker for about 25 years and the Professional Practice Leader for Patient and Family Counselling Services at the Vancouver Centre since 2011.

She is an excellent clinician, supervises Masters level students, and taught at the UBC School of Social Work when we offered the Psychosocial Oncology course. Since 2001, she is our representative at the MSW Curriculum and Field Placement Committee at UBC at the School of Social Work.

Sarah is one of our specialists in complementary therapies. She is the first in our program to implement Mindfulness Based Stress Reduction (MBSR) as a course for patients and is one of our teachers and mentors in stress reduction therapies. Sarah participated in the MINDSET research study as a facilitator/consultant with the Tom Baker Cancer Centre. She has presented and given workshops at the Canadian Association of Psychosocial Oncology (CAPO) Annual Conferences and was a co-chair for this conference in 2017.

In 2016, Sarah received the CAPO Award for Clinical Excellence. Her calmness and ongoing learning to deepen her clinical skills has enabled her to work effectively with patients, and with her colleagues.



Dr. Elaine Drysdale,
Psychiatrist, Vancouver Centre
retired in October after 17 years
with the agency.

Dr. Elaine Drysdale has been a
pioneer for Psychosocial Oncology
in BC and began as the first BC
Cancer psychiatrist back in 1993.

Over the years, she has contributed to the growth of our discipline in BC by teaching medical students, residents, family physicians, and others, and has achieved the rank of Clinical Professor within the UBC Department of Psychiatry. Her educational efforts have also reached the general public through public forums, TV appearances, and articles.

Dr. Drysdale has also made significant contributions to research in Psycho-oncology including authorship on an article published in the New England Journal of Medicine exploring the clinical impacts of group psychosocial support for women with metastatic breast cancer. More recently, she has been involved in research comparing mindfulness to supportive psychotherapy and has been pursuing her special interest in near death experiences.

Television Appearance on Global BC Morning Show

On October 14th, Sarah Sample, Professional Practice Leader for Patient and Family Counselling, Vancouver Centre, appeared on the Global BC Morning Show. She spoke with anchor, Sonia Sunger, about the psychosocial impacts of cancer on patients. Sarah reviewed the kinds of emotional challenges patients and their families and care providers face and how BC Cancer can help them cope.

The BC Cancer Centre for the North (CN) celebrates five year anniversary

Read the story posted on the BC Cancer website about this anniversary posted on October 30, 2017.
<http://www.bccancer.bc.ca/about/news-stories/stories/centre-for-the-north-five-years-of-exceptional-patient-centred-care>.

“Patient and Family Counselling services(PFCS) at the CN is acknowledged as - having an increasing presence at the Centre, providing support for both emotional and practical concerns, running a number of group sessions for everything from memory, attention and sleep disorders to financial resources and Grief 101. There's also a part-time counsellor focused solely on the needs of indigenous patients.”

New casual staff member joins BC Cancer Vancouver Island Centre Team



Beth Burton-Krahn brings a varied professional background to her work with BC Cancer.

After graduating with her MA from Gonzaga University in 2003, Beth worked with people struggling with disordered eating patterns and drug and alcohol issues at the Cedric Centre in Victoria, BC. She also has an extensive background in Employee and Family Assistance Program (EFAP) counselling.

She then joined the psychosocial team with Victoria Hospice where she spent many years working with all aspects of palliative care, on a crisis team, within the bereavement department and in the community setting. She was also a long-time member of the training staff for hospice volunteers. As well, she spent many years as a faculty member for the Victoria Hospice Psychosocial Care of the Dying and Bereaved Course.

In 2014, Beth spent two weeks in Nepal teaching in a hospice setting along with other colleagues from Victoria Hospice. It remains a highlight of her career. She is very excited to be working with BCCA and beginning this new chapter in her career.

New report on Palliative and End of Life Care

Following are key findings from the Canadian Partnership Against Cancer's new major report on Palliative and End-of-Life care in Canada. View the entire report at <http://bit.ly/2wuuxOO>

Effective health care integrates palliative care into the patient's treatment plan as early as possible.

- Data suggest that more than two-thirds (66.4%) of patients with cancer receive inpatient palliative care only during their last hospitalization, which may be too late for patients to experience the full benefits of palliative care.
- It is important to identify, assess and refer patients who may benefit from palliative care early so that appropriate care can be integrated into their care plans as soon as possible.

There are barriers and gaps in measuring and reporting on palliative and end-of-life care in Canada.

- Data in the report focuses on end-of-life care delivered in acute-care institutions. This is due to limitations in available administrative data on palliative care needs and service delivery.
- We need to improve measurement and reporting on palliative care services delivered throughout the cancer pathway and in different settings.

Community-based resources and supports must be available (at home, in hospices and in long-term care facilities) to reduce reliance on acute care hospitalization.

- Patients dying from cancer have long and frequent hospital stays, signaling a potential gap in community-based palliative care services (e.g., nursing or paramedic care, hospice care, respite care, home visits, medications or equipment).
- On average, half of patients dying from cancer spend two to three weeks in an acute-care hospital near the end of life.
- More than 70 percent (72.9%) of patients with cancer are admitted to an acute-care hospital near the end of life.

Introducing the Patient Experience Program

By Lisa McCune, Provincial Director, Patient Experience, Patient and Family Experience at BC Cancer

BC Cancer's Patient Experience Program provides provincial professional practice leadership for patient and family engagement, patient education, patient experience measurement and patient experience improvement activities.

The program is situated in the portfolio for Patient Experience and Interprofessional Practice, led by Vice President Bernice Budz. The Patient Experience Program replaces the former "survivorship" program with a refreshed focus on how patients experience care throughout their cancer journey. It includes 4 staff members: a director, two patient experience leaders and a program assistant.

The Patient Experience Program is home to the new BC Cancer Network of Patient and Family Partners. This Network provides a formalized avenue for engaging with patients and families in service design, planning and review.

There are many reasons to engage patients and families as partners in cancer care. Some benefits of patient and family engagement are:

1. Health services are designed/revised to be accessible and responsive to the needs and preferences of patients and families;
2. Health Professionals gain an improved understanding of how people navigate health services and the

3. supports and barriers experienced by patients and families;
4. Patients and families gain an improved understanding of how to access and navigate health care services and, as a result, often experience improved health outcomes.

Prior to the creation of this Network, health professionals and programs that sought patient/family input would informally ask their patients to participate or would link with patients and families through a regional Volunteer Coordinator. While this approach was often effective for health professionals, it did not support patients and families with role descriptions, liability insurance, or training.

The Network of Patient and Family Partners formalizes the role of patients and families who partner with health professionals to:

- Share their experience in consultations and focus groups;
- Participate on committees and working groups;
- Review or help create patient education materials;
- Work on short-term projects; and
- Serve on patient and family advisory councils.

Patients and families who register with the Network, and health professionals who promote engagement opportunities through the Network, are required to complete the 20-minute online learning module: Orientation to Patient and Family Engagement at BC Cancer. This ensures that both health professionals and partners have a shared understanding of roles and responsibilities and facilitates effective collaboration.

Since April 2017, the BC Cancer Network of Patient and Family Partners matched over 30 patient and family partners with over 25 different initiatives, including the design of the Patient and Family Centre at the Abbotsford Cancer Centre, participation on the BC Cancer Performance Management Steering Committee and Patient Education Committee, and the revision of the PRISM form.

Learn more about the Network of Patient and Family Partners at <http://www.bccancer.bc.ca/about/accountability/patient-family-experience/get-involved>.

Learn more about BC Cancer’s approach to Patient Experience at <http://www.bccancer.bc.ca/about/accountability/patient-family-experience>.

Changes to Employment Insurance Benefits

Compassionate Care Benefits:

To help families care for someone who is gravely ill and who has a significant risk of death within 26 weeks (six months)

- can take up to 26 weeks off work
- may be shared between eligible family members
- If already unemployed and already receiving EI benefits can also apply
- Medical certificate required
- Combining benefits is allowed, but type of benefit makes a difference in the length of claim

<https://www.canada.ca/en/services/benefits/ei/ei-compassionate.html>

Family Caregiver Benefits- Adults - starting Dec. 3, 2017, **NEW BENEFIT**

To help families care for a critically ill or injured adult

- Can take up to 15 weeks off work
- Medical certificate is required
- May be shared by eligible family members over one year period
- Combining benefits is allowed, but type of benefit makes a difference in the length of claim

<https://www.canada.ca/en/employment-social-development/campaigns/ei-improvements/adult-care.html>

Employment Insurance caregiving benefits

FOR CRITICALLY ILL OR INJURED FAMILY MEMBERS

- Family Caregiver benefit for CHILDREN***
Formerly known as the Parents of Critically Ill Children benefit
Maximum of 35 weeks
- Family Caregiver benefit for ADULTS***
Maximum of 15 weeks
- Compassionate Care benefits***
Maximum of 26 weeks

MAY BE COMBINED WITH

FOR FAMILY MEMBERS WHO ARE FACING SIGNIFICANT RISK OF DEATH

* May be shared among any eligible family members.

Family Caregiver benefits- children -starting December 3, 2017, **CHANGES TO BENEFIT**

- To help any family member or person who is considered to be like family will be eligible for this renamed and enhanced Family Caregiver benefit for children. (Before, the Parents of Critically Ill Children benefit was available only to parents.)
- Up to 35 weeks of EI benefits will continue to be available for the care of a critically ill child.
- Medical doctors and nurse practitioners will be able to sign the certificate stating that the child is critically ill. (Before, the certificate had to be signed by a medical specialist.)
- If the child's condition gets worse and a medical doctor or nurse practitioner certifies that they are at risk of dying within six months, caregivers can also apply for Compassionate Care benefits

<https://www.canada.ca/en/employment-social-development/campaigns/ei-improvements/children-care.html>

materials that are posted, are NOT TO BE COPIED WITHOUT PERMISSION of author/s.

You must have a Learning Hub account to access rounds presentation materials. Once you have an account you can search for Psychosocial Oncology Rounds or follow this link:

<http://learninghub.phsa.ca/moodle/course/view.php?id=247>

If you are a PHSA employee, to gain access to the rounds you can access your Learning Hub account with your Employee ID number, then log in and search for 'Psychosocial Oncology Rounds' to see a list of presentations.

If you do not have an employee number, follow the steps below to create an Affiliate Account which will give you limited access to the Learning Hub.

1. Go to <https://learninghub.phsa.ca/>
2. Click Sign Up for an Account
3. Read agreement and click I Agree
4. Select appropriate account type
 - Affiliate account
5. Follow the step by step account creation process.
6. Contact eshearer@bccancer.bc.ca to request to be enrolled into the Psychosocial Rounds section of the Learning Hub.

Educational Opportunities:

Psychosocial Oncology Rounds

These rounds occur the 3RD Thursday of the month.

To call in and listen refer to the rounds flyer for the number and passcode.

We recognize that the demands of your work may make it difficult for you to attend these rounds in person or by video link. Unfortunately, we don't have the resources to create and post videos of our monthly Psychosocial Oncology Rounds, at this time.

However, presentation materials are, for the most part, posted online, on the Provincial Health Services Agency (PHSA) Learning Hub, <http://learninghub.phsa.ca> under Psychosocial Oncology Rounds where you can view PowerPoints and/or handouts during (if you are calling in) or after the presentation. Please note you may not see all presentations on this site because some presenters do not give us permission to share their slides. All presentation

JANUARY 19, noon -1pm



Beyond the Body - Psychosocial Burden of HPV

Presenter: Dr. Marette Lee, a Gynecologic Oncologist and Provincial Colposcopy Lead for the Cervical Cancer Screening Program. Her research interests are primarily in HPV related disease and cancer of the lower anogenital tract.

This presentation will distinguish facts from fiction about HPV related diseases and cancers. Psychosocial effects on patients and couples related to these diseases/cancers and their treatments will be discussed using case examples. There will be time for questions.

FEBRUARY 16, noon -1pm



Introducing the Patient Experience Program at BC Cancer

Presenter: Lisa McCune Provincial Director, Patient Experience, Patient and Family Experience at BC Cancer

In the 2016 "integrated cancer control" policy paper, BC Cancer committed to "Patient Centred Care and Patient Engagement." What does this mean? Why is this important? How are we planning to bring this commitment to life? Speakers from the Patient Experience Program will talk about the work going on at BC Cancer to support a greater emphasis on patient-centred care and patient engagement. We will have an opportunity to talk about what this focus means for Patient and Family Counselling staff and discuss opportunities for collaboration.

MARCH 16, noon -1pm



Let's talk about Employment Insurance caregiving benefits

Presenter: Shelley Pennington, CancervCare Social Worker and a representative from Service Canada.

When a cancer patient needs care and support at home, family members or friends often step up to help. In order to provide care and support, it may be necessary for the caregiver to stop working which adds to financial burden. It is important for healthcare professionals to know the latest about new and enhanced government programs. Let's talk with a knowledgeable Service Canada representative who will inform us about eligibility criteria, how different EI benefits work together and answer questions about caregiving benefits.

IPODE
Continuing Education Courses
 Register for courses online at www.ipode.ca.
 For more information contact Natasha Boutillier:
Natasha.Boutillier@cdha.nshealth.ca
 or 902-473-6618.



MAY 30, 2018 - JUNE 1, 2018

TAILORED & TARGETED
interventions

THE NEW PSYCHOSOCIAL FRONTIER

CAPO CONFERENCE  TORONTO, ONTARIO

Princess Margaret Cancer Centre UHN

Canadian Association of Psychosocial Oncology
Association Canadienne d'Oncologie Psychosociale

Canadian Association of Psychosocial Oncology Conference in Toronto - May 30 - June 1, 2018

CALL FOR ABSTRACTS DEADLINE - January 26th

Don't miss this opportunity to meet with leaders in the field of psychosocial oncology and colleagues from across Canada. Go to www.capo.ca to register.

Information & Resources:

New Housing Brochure

This brochure can be downloaded for free at <http://www.bccancer.bc.ca/health-info/coping-with-cancer/practical-support>



Ask Shelley

QUESTION FROM A CANCER PATIENT: *I have just turned 65, my disability benefits have now converted to regular Canada Pension benefits and my income has dropped considerably. I am in considerable financial hardship. What can I do?*

Here are some resources to consider for a sudden drop in income for cancer patients over age 65:

Make sure they are receiving all the government and private pension benefits they are eligible for (e.g., Canada Pension Plan, Old Age Security, Foreign Pensions, Guaranteed Income Supplement, Veterans benefits etc.).

Have patient apply for the Guaranteed Income Supplement (GIS). If their income has suddenly dropped, have them complete form #3041 called "Statement of Estimated Income after Retirement or Reduction in Pension Income". They can request this form from Canada Pension Plan (1-800-277-9914).

Consider if they are eligible to apply for Medical Services Plan, Temporary Premium Assistance? They must demonstrate financial hardship to qualify. For more information, go to:
<https://www2.gov.bc.ca/assets/gov/health/forms/107fil.pdf>

Make sure they are registered with Fair Pharmacare. This program helps with the cost of prescriptions and medication supplies based on their income. If they are already registered, request an Income Review if their income has dropped more than 10%. Go to
<https://www2.gov.bc.ca/assets/gov/health/forms/5355fil.pdf>

Private charity funding might be another option to consider. This can offset some of the additional costs caused by having cancer treatment. For a list of funding programs go to
<http://www.bccancer.bc.ca/coping-and-support-site/Documents/Nonprofit%20financial%20support%20programs%20%28Autosaved%29.pdf>.

If patient is traveling for cancer treatment or unable to afford symptom management medications, the Canadian Cancer Society has the Travel Treatment Fund and Financial Support Drug Program might be able to help. Call 1-888-939-3333

The Ministry of Social Development and Poverty Reduction may provide access to medical equipment, medical supplies, or medical transportation to persons who are not otherwise

eligible but who face a direct and imminent life-threatening health need and have no other resources to meet that need.

<https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/life-threatening-health-needs-new>

New Information on Transportation

- regarding the Annual BC Bus Pass Program and the new Transportation Supplement for People on Disability Assistance



The supplement creates fairness and will help people connect with their community, giving them freedom to work, shop, and participate in social activities.

How to use the Transportation Supplement for an annual bus pass:

If someone with a disability who is on assistance would like an annual bus pass they can contact the Ministry of Social Development at 1-866-866-0800 or visit the BC Bus Pass Program website.

If someone already has an annual BC Bus Pass and they want to keep it, they can. They don't have to contact the ministry. Beginning with the January 2018 payment they will no longer have \$52 deducted from their support payment.

The BC Bus Pass can still be used in both TransLink and BC Transit areas.

How to use the Transportation Supplement for other transportation needs:

If someone does not want or need a bus pass they can use the supplement to pay for other transportation costs (for example, HandyDART or a taxi).

They don't have to contact the ministry -the \$52 Transportation Supplement will be automatically added to the January 2018 payment.

More information about the supplement:

As people's needs may change over time the new supplement will provide flexibility. People can apply for

the BC Bus Pass at any time during the year. They can also cancel their bus pass at any time and use their supplement for other transportation needs.

Why government made this change:

Transportation is important to everyone on disability assistance.

Government consulted with stakeholders and asked for their advice on the best approach to improve the system of transportation supports.

For more information:

Go to: www.buspass.gov.bc.ca or call: 1-866-866-0800



If you would like to submit an article, or ask a question, please contact the Community Education Coordinator eshearer@bccancer.bca.ca. Final decisions about the content of this newsletter are made by the Editorial Board. Content of articles in this newsletter represent the views of the named authors and do not necessarily represent the position of BCCA, PHSa or any other organization.

New Translated Handouts on Dietitian & Physical Activity Services

HealthLinkBC has created one-page printable PDF handouts/posters on Dietitian Services and Physical Activity services that include more information than is in the current HealthLinkBC brochures. You'll find them at the bottom of these pages:

<https://www.healthlinkbc.ca/physical-activity-services>

<https://www.healthlinkbc.ca/dietitian-services>

Physical Activity Services at HealthLink BC

Starting November 2016, British Columbians can get physical activity information and advice from a qualified exercise professional at HealthLink BC. This service was previously offered by the Physical Activity Line (PAL).

Physical Activity Services at HealthLink BC provides general physical activity information and professional guidance to residents of British Columbia to help them be more physically active and lead a healthier lifestyle.

Our qualified exercise professionals have undergraduate and/or graduate degrees in exercise science, advanced training in clinical exercise prescription, and are certified through the [Health and Fitness Federation of Canada](#) (HFFC) and the [Canadian Society for Exercise Physiology](#) (CSEP). Our team is trained to prescribe exercise to people of all ages and abilities, including individuals with chronic medical conditions.

When can I contact a qualified exercise professional?

Qualified exercise professionals are available to residents of British Columbia Monday to Friday from 9am to 5pm Pacific Time.

How can I contact a qualified exercise professional?

For general information and advice related to physical activity and exercise you can call us, email us, or search for us on our website.

1-1 for the hearing impaired: to speak with a qualified exercise professional. Translation services available in over 130 languages.

Available in several languages – English, Chinese, Farsi, French, Korean, Punjabi, Spanish, Vietnamese.



Deadline for submission for the spring newsletter is March 1st, 2018. Send information to eshearer@bccancer.bc.ca.