



Improving access to IPO services: Laying the groundwork to implement a model of care across the Rossy Cancer Network (RCN) partner hospitals

Beatrice Petrescu, Christina MacDonald, Erin Cook, Line Bourgeois, Lucie Tardif, Manon Allard, Colleen Rooney, Andrea Witkowski, Myriam Skrutkowski, Paola Gardère, Myriam Fernandez, Caroline Rousseau, Doneal Thomas, Rocio Laredo

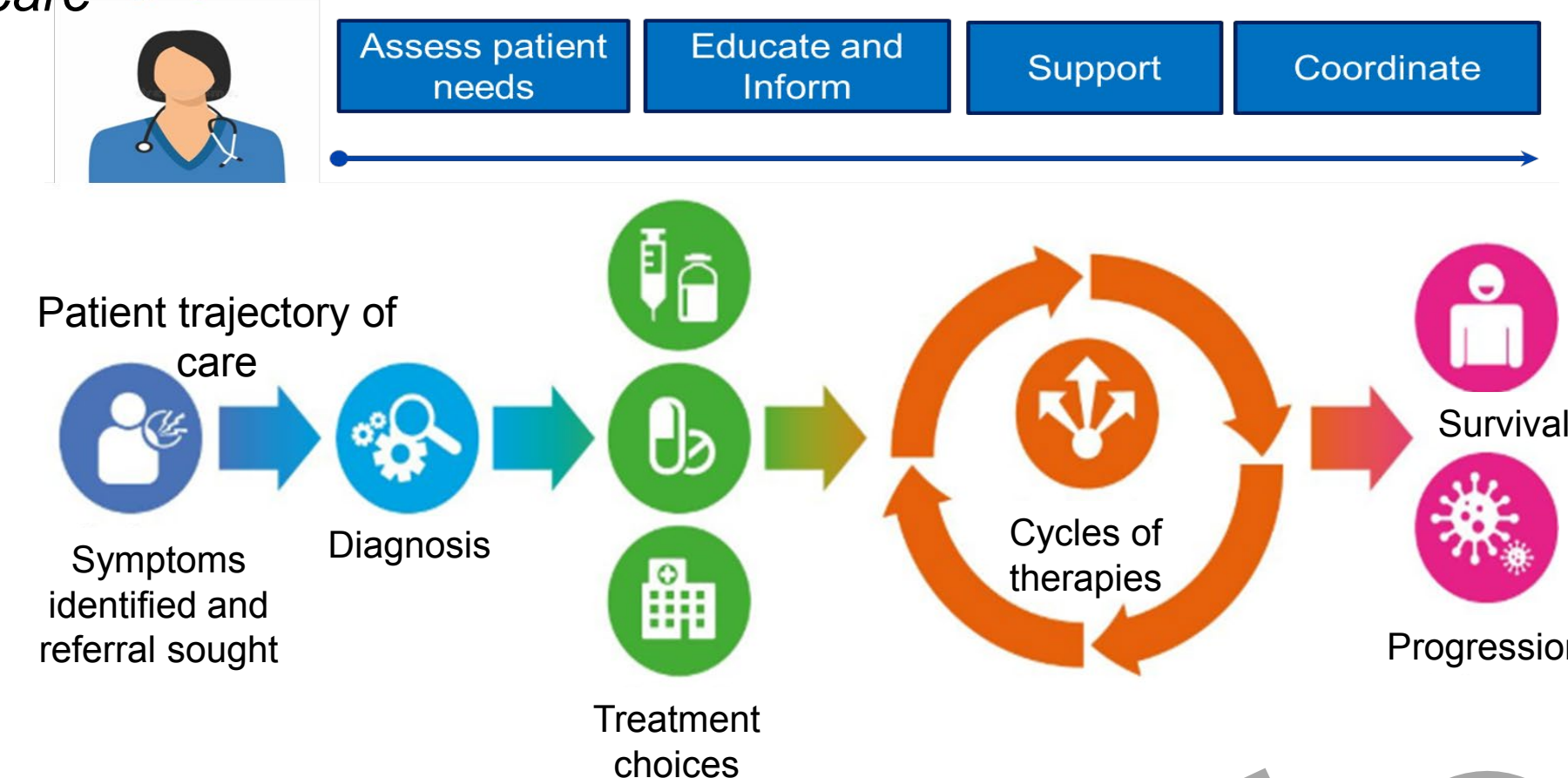
Introduction

Over the years, there has been increasing demand for IPO services

- There is a rise in cancer diagnosis due mainly to an aging population
- People are living longer with a cancer diagnosis
- Treatment modalities are becoming more complex

According to the Quebec survey on cancer care quality, patients who had access to an IPO were more satisfied with the care provided, especially for the emotional support that they receive (Institut de la statistique du Québec, 2014). By optimizing access to IPO services, more cancer patients with complex needs can benefit from this valuable resource along their trajectory of care.

Fig 1: The four principal functions of an IPO span the patient trajectory of care



Objectives

1. **Assess** IPO current practice and identify areas needing improvements
2. **Explore** other models of care in Quebec
3. Based on the MSSS IPO new guidelines, **provide recommendations** and determine the feasibility of implementing a new model of care

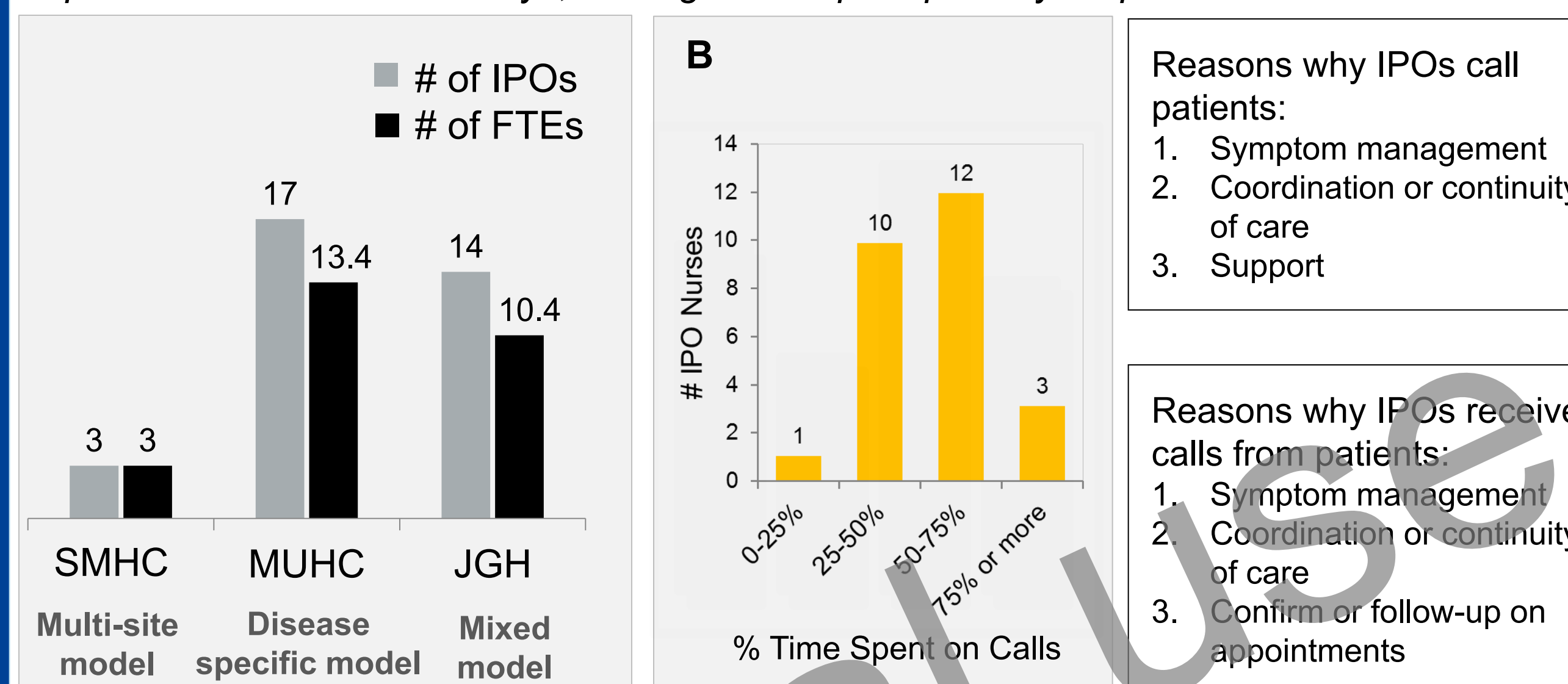
Methods

- Literature review
- Analysis of the as-is status of IPO coverage
- IPO observations / semi-structured interviews (N=7 IPOs)
- IPO survey (N=30 respondents)
- IPO focus group (N=23 IPOs)
- Healthcare professional survey (N=101 respondents)

Results

Current status of IPO coverage for RCN partner hospitals

Fig 2: (A) Current number of available IPOs (FY 2017/18) (B) IPO Practice: As self-reported from the IPO Surveys; average time spent per day on patient calls



Survey results

Fig 3: Respondents to the (A) IPO survey (N=30) and (B) Healthcare professions (HCP) survey (N=101) (C) IPO Responses to Emotional, Clinical and Admin Support (D) Top 5 Challenges in IPO Practice

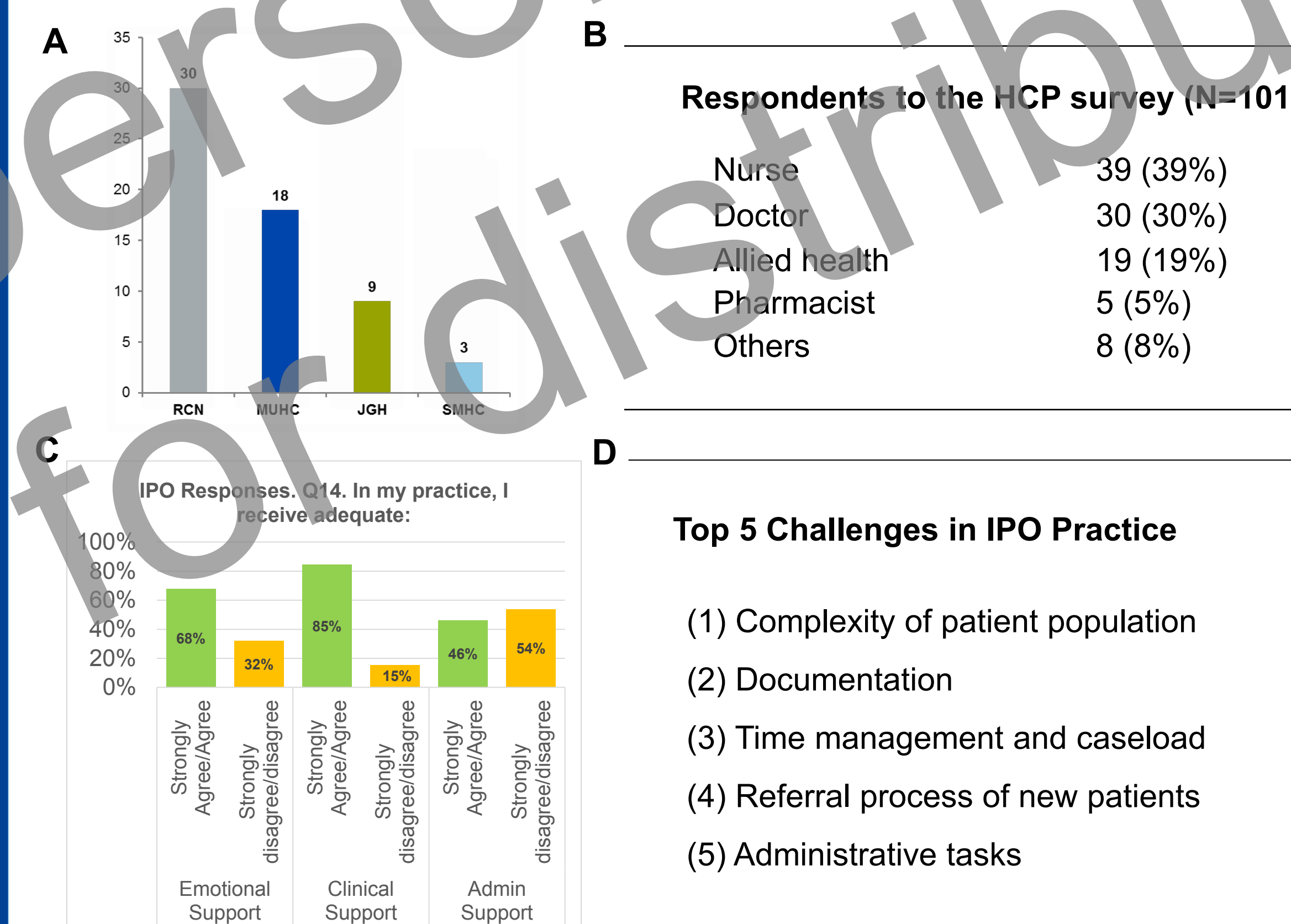


Fig 4: Healthcare professionals and IPOs perceive that HCPs and patients have a lack of understanding of the IPO role

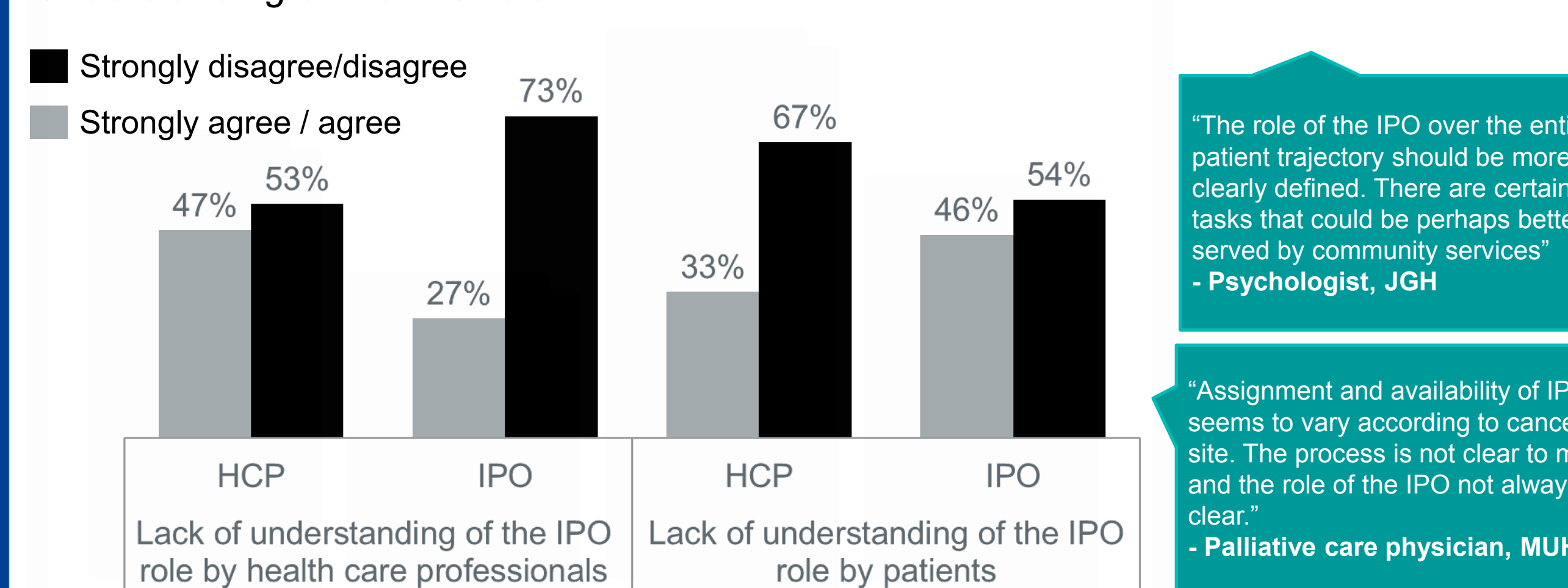
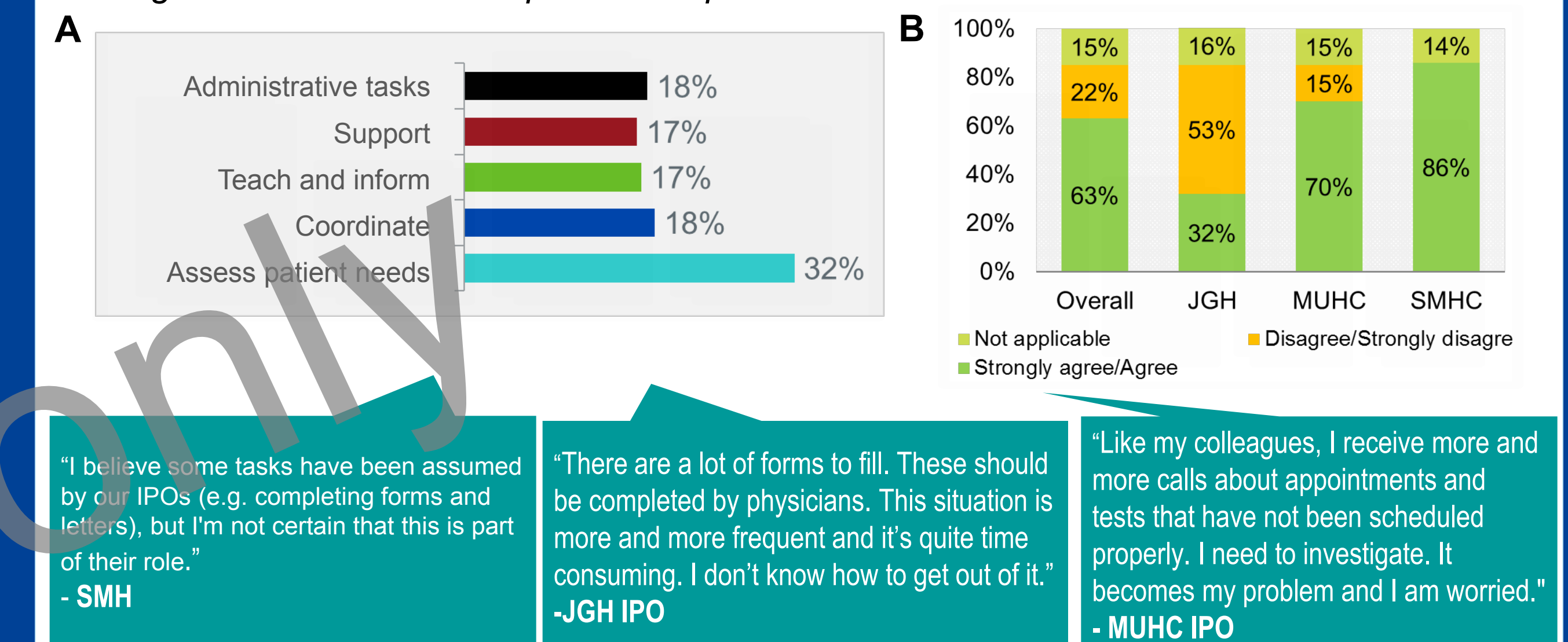


Fig 5: (A) Average time IPOs spend on specific tasks (survey results) (B) % Respondents that agree there is a referral process in place for IPO services



Discussion

- The role of the IPO is **not clearly understood** by everyone, resulting in gaps between expectations and responsibilities, inappropriate referrals, waiting lists, and time spent on administrative tasks that do not require IPO expertise. Improvement is needed to increase interdisciplinary communication.
- The literature supports that a **standardized referral process** be implemented for IPO use. This is not always clearly defined or respected by HCP.
- IPOs need support both emotionally and administratively to maximize the time spent on direct patient care.
- Our visits to other centers in Quebec indicate that they face similar challenges. Some have implemented strategies to improve access to IPOs, in particular by setting up a single point of entry for IPO referrals.
- The current model of care needs to be **reviewed and optimized** in order to improve access to IPO services. A provincial committee has already taken the initiative to review IPO guidelines and will soon be releasing new tools to support the IPO practice. These tools include referral criteria, end-point to IPO services, a provincial referral form and prioritization tools. These **new guidelines** will also guide the development and implementation of a new model of care at the **RCN hospitals**.

Moving forward

Implement an action plan aimed at optimizing and improving access to IPO services across the RCN.

RCN ACTION PLAN

1. **Improve support provided to IPOs**
Clerical support, emotional support and training opportunities
2. **Improve IPO referral and follow-up process**
Reinforce or implement a formal referral process. Develop guidelines for IPO discharge to reduce caseload.
3. **Improve understanding of the IPO role**
Clarify and harmonize IPO role. Communicate the role of an IPO to HCP and patients.
4. **Improve collaboration**
Communication tools for interdisciplinary communication, participation at tumour boards.
5. **Improve and facilitate documentation**