



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network

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RCN Disease Site Integration Program Reference Document 2022



Disease Site Integration Program: Summary

The Rossy Cancer Network's (RCN) mission is to improve the quality of cancer care for patients served by the McGill Academic Health Network. **The RCN aims to achieve this mission, in part, by supporting the development of robust trajectories of clinical care, integration of expertise, consolidation of specialized care or access to equipment, enhance clinical trial enrollment and academic output for individual disease sites.** These trajectories would optimally coordinate multi-disciplinary care, reduce variability in practices, ensure delivery of evidence-based medicine, promote data sharing and data-driven decision making, and above all improve the quality of care. To support healthcare teams with the funding and resources needed to launch this initiative, the RCN has now created the **Disease Site Integration Program (DSIP).**

Optimal trajectories of care are reliant on the coordination of several different professionals and often seek to leverage the specific strengths of different institutions. Accordingly, the DSIP aims to build on the exceptional pool of expertise across RCN-partner institutions: The McGill University Health Centre (MUHC), the Jewish General Hospital (JGH), St. Mary's Hospital Center (SMHC), and the McGill Faculty of Medicine. Subsequently, the DSIP will enhance collaboration among the McGill-affiliated cancer missions at the heart of the RCN by promoting continuous improvement related to cancer care quality. Furthermore, through collaboration with McGill's Faculty of Medicine, the DSIP is positioned to encourage novel contributions to the academic literature on quality improvement, clinical trials, and trajectories of care.

DSIP funding is open to all cancer disease sites. Proposals should reflect collaboration by involving all RCN-partner hospitals. Proposals are required to have a Principal Applicant supported by Co-Leads from each RCN-partner hospital. All health care professionals are eligible to serve as Principal Applicants or Co-Leads. The DSIP will support trajectory of care initiatives to be delivered within a 36-month timeframe of completion.

The DSIP has been designed to address an RCN strategic priority to drive improvement in trajectories of care. To avoid overlap, proposals targeting scientific development, quality improvement initiatives or professional skills enhancement should refer to the RCN Research Fund, the QI² Fund, and the RCN Investing in the Future Fund. As with other lines of RCN funding, the DSIP investments aim to enhance access and services provided to patients, improve patient experience and outcomes and advance academic activities linked to the disease-site, and cannot serve as a substitute for institutional standard operating budgets.

We are confident that this exciting initiative will empower health care teams to continually improve cancer care delivery and enhance patient experience and outcomes across the network.



Purpose

- Support the RCN's strategic priority in driving improvement and integration in trajectories of care for the populations served by RCN-partner institutions (MUHC, JGH and SMHC).
- Seek to achieve excellence in cancer patient care and services at the highest quality and safety levels across RCN-partnered institutions in a patient-centric manner.
- Support cross-institution collaborative care to develop optimal outcomes for cancer patients across the network.
- Foster the establishment of robust, cross-site trajectory of care programs that are integrated and deliver continual quality improvement in patient care.
- Improve coordination and reduce redundancies between institutions to achieve timely access to multi-disciplinary care, specialized expertise and technical platforms.
- Reduce variabilities in practice and ensure delivery of evidence-based medicine.
- Enhance data-sharing across sites and promote outcomes reporting and data-driven decision making.
- Make novel academic contributions to quality improvement, trajectory of care related research and clinical trial participation.
- Create opportunities for common initiatives and investments to support trajectories of care at all RCN-partner institutions.



Eligibility

The DSIP is open to **all cancer disease sites** across RCN-partnered institutions, except for those already designated by the Programme Québécois de Cancerologie’s Disease-site Networks (Lung, Sarcoma, and Breast). Each proposal submission is to be led by a Principal Applicant who is a recognized expert in the field, supported by a Co-Lead from each RCN-partnered institution. All applicants must be employed or hold a position at one of the RCN-partnered hospitals. All health care professionals are eligible to serve as Principal Applicant or Co-Leads.

The list of eligible professionals includes:

- Physicians
- Nurses and all nursing-affiliated personnel
- Rehabilitation experts (physiotherapy, occupational therapy, kinesiology, speech therapy, etc.)
- Psychosocial health experts
- Other hospital-based professionals that participate in the delivery of care to cancer patients

Funding Offered

Support offered through the DSIP is focused principally on making specialized skill sets available to support disease sites in achieving their objectives. Therefore, funding for projects is structured the following way:

1. RCN Resources allocation:

A portion of the funding is provided in the form of personnel support from the pool of specialized professionals at the RCN.

Role	Maximum Allocation (days / week)
Project Manager (PM)	2.0 (avg. throughout project)
Statistician / Epidemiologist	0.5 (avg. throughout project)



2. Additional Financial Support:

Additional support is available to ensure success of the DSIP:

- Human resources such as Nurse Navigators, coordinators or any other hospital-based human resource that will help ensure program success are eligible for funding by the RCN for a period of 3 years. A job description will be required before any human resources outside of the RCN core team can be hired. Roles and job descriptions must be approved by the Principal Applicant and co-applicants along with the nursing leads at each Hospital/CIUSS involved in the project. All hiring will be the responsibility of the Hospital / CIUSSS HR department.
- Material costs that may be incurred in support of the DSIP could be eligible for RCN funding. Anticipated material costs need to be determined at the time of application and included in the proposal. All material expenditures will require pre-approval by RCN and may be declined if deemed out of scope. Any RCN-approved material acquisition will be bound to comply with hospital procurement policies.



Application Terms and Conditions

- Proposals should be aligned with the RCN's objectives to improve quality of care by augmenting the patient experience, supporting evidence-based care, increasing access to care, advancing leading-edge treatments, and promoting research and education.
- Proposal objectives must be linked to relevant quality of care indicators (key results). Measurement in quality improvement allows for understanding of current performance, setting goals for future performance, and monitoring the effects of change as they occur. Therefore, indicator assessment should also be integrated into the project's execution plan.
- Proposals should aim to contribute to the academic literature on quality improvement and trajectories of care. Applicants should seek to challenge and innovate on current quality of care and trajectory of care paradigms. This may be done through the utilization of novel approaches, methodologies, interventions, technologies, personnel, or infrastructure to deliver care in a more convenient and effective way for patients.
- All Principal Applicants, Co-Leads and co-applicants must hold a position at an RCN-partner institution: The McGill University Health Centre (MUHC), the Jewish General Hospital (JGH) or St-Mary's Hospital Center (SMHC).
- External collaborations can only be sought if a required expertise, skillset, or resource is not available at the RCN or its partner institutions. These require specific approval.
- Project proposals must reflect a collaborative effort from all RCN-partner institutions. This rule is subject to exception in instances where one of the RCN institutions is designated by the Ministry (MSSS) as the sole provider of a specific care type. RCN reserves the right to determine if the project submitted represents the essence of a true collaborative and network effort.
- Any DSIP proposal shall be a new project or a new aspect of an existing project. The RCN will not award funds for projects currently or previously funded by the RCN or any of the participating hospitals, or via other funding sources (hospital quality initiatives, private foundation, or MSSS.).
- The RCN will manage all media and communications related to a funded proposal in collaboration with the communication department of each institution and the principal applicant.



- An RCN Project Manager (PM) will be assigned to the project by the RCN Operations Director and will be responsible for reporting progress and monthly financial updates.
- All proposals must follow the application requirements set forth by the RCN (application, budget proposal, letter of support, etc.). Proposals that fail to do so will be excluded.
- RCN Funding is not guaranteed beyond the initial 3-year period. It is the responsibility of the Disease-site team to have demonstrated the value of the RCN provided resources in terms of measured improved patient outcomes, patient experience, clinical trials performance and academic productivity. The sustainability of the project beyond completion is the responsibility of the hospital(s) and not the RCN.

RCN Project Manager Role

An RCN Project Manager (PM) will be assigned to each awarded DSIP. This person and the Principal Applicant bear joint responsibility for:

- Budget management and elaboration
- Project Charter
- Deliverables and timelines
- Project risks identification and mitigation
- Communication plan
- Project resources
- Project reporting to RCN leadership at monthly intervals
- Project performance and quality evaluation
- Scope management

Use of Funds

- DSIP funds provided must be used exclusively for the achievement of the approved DSIP project.
- DSIP funds provided must be spent in accordance with the budget approved by the RCN Executive committee.
- DSIP funds cannot be used for indirect expenditures such as leasing or maintenance, reimbursement of indirect costs assumed by host institution(s) or replacement of missing hospitals operational resources.
- Hospital-based human resources that are deemed necessary for the success of



the program can be funded by the RCN upon approval by the RCN Executive Committee. However, an estimate of the person/time required must be included in the proposed DSIP project budget. RCN reserves the rights to revise proposed budget.

- Funds will not be issued in advance to the Principal Applicant or to a participating partner institution; they will be released on invoices/reimbursement basis according to hospital procurement and HR policy and upon approval by the RCN Director of Operations. All expenses/invoices related to the project must be pre-approved by the PM.
- Management of funds must comply with internal local HR & Procurement policies
- DSIP funds cannot be used to supplement or replace institutional / clinical operating budgets.

Acceptance Terms and Conditions

- Project Principal Applicant, Co-Leads and Co-Applicant(s): All applicants must have expertise and participate in the delivery of care for the trajectory's disease site. One Principal Applicant to act as the exclusive point of contact with the RCN must be identified.
- Project Manager (PM): DSIP projects will be assigned RCN PMs. The RCN PMs and Principal Applicants bear joint responsibility for the success of DSIP projects. The PM will oversee the organisation and management of budget, resources, etc. and will work with the Principal Applicant to define/refine timelines and deliverables following best practices in project management.
- Correspondence: The RCN PM is the first point of contact for any matter related to the management of DSIP project funds.
- Ethics clearance: The Principal Applicant is responsible for ensuring that ethics clearance is obtained when necessary.
- Management of funds: the RCN PM is responsible for management of DSIP project funds.
- Transfer of funds: As a general rule, labour costs incurred by an RCN DSIP project will be paid by participating RCN hospitals first, and subsequently reimbursed by the RCN. Any other expenses incurred by an RCN DSIP project are processed on a case-by-case basis (either paid by RCN directly or paid by hospital first and then reimbursed by the RCN). A written approval by the RCN Director of Operations (after discussion with the PM) is required for reimbursement of hospital labour costs and expenses related to RCN DSIP projects.



- Amount: The original amount awarded will remain unchanged during the project.
- Reporting requirement (financial and project progress): the RCN PM is responsible for reporting project progress and financial updates to the RCN Director of Operations and RCN Clinical Lead. The Principal Applicant may be required to present on project progress annually to the RCN Quality Council or at the RCN Retreat. In special circumstances, the Principal Applicant may be asked to present to other audiences.
- Communication: the RCN reserves the right to use any portion of the project summary provided in the application for visibility purposes. In addition, it may ask the Principal Applicant and his/her team for photographs or interviews, or any other material deemed necessary by the RCN for visibility purposes. For harmonization purposes, visual presentations related to RCN DSIP projects may be reviewed by the RCN Operations Director.
- Acknowledgments: All presented material (poster, oral, digital, print) must include the RCN Signature Branding.
- RCN-related events: RCN PMs and DSIP Principal Applicants are expected to attend RCN-related events to present project progress and results.
- Project sustainability: The signature of the Oncology Chief at the RCN institution where the Principal Applicant holds his/her appointment indicates an approval of the project and its sustainability after the end of the non-recurrent RCN DSIP funding and relevance to the overall direction of the cancer center.
- Project timeline: Project completion is to be achieved within a timeframe of 36 months.

Selection and Approval Process

- DSIP project proposals will be reviewed and selected for funding by the RCN Executive Committee using the rating criteria in Appendix I. The EC Committee includes:
 - The Oncology Leads
 - The Nursing Leads
 - The Directors of Professional Services
 - RCN Director of Operations
 - Chair of the department of Oncology
 - Associate Dean Faculty of Medicine & Health Sciences

RCN leadership may adjust committee membership, according to specific expertise requirements.



Reporting Process for Recipients

- The RCN PM is required to provide financial and project progress reports to the RCN leadership on a monthly basis, using standardized reporting tools.
- The RCN PM is required to track all project expenditures using standardized reporting tools.
- The Principal Applicant will be asked to provide a status update at a scheduled Executive Committee meeting likely once a year and to present at the annual RCN retreat.
- The Principal Applicant is required to provide a Final Report detailing evaluation and outcomes of the DSIP within 6 months of project completion.

Application Requirements

Required documents include:

- 1) Application form (available on the RCN website)
- 2) Proposal

Applications must be submitted via the RCN website:

[Disease Site Integration - Application Portal | Rossy Cancer Network - McGill University](#)

Applications will not be accepted if they are:

- Filled out by hand
- Incomplete or inaccurate
- Emailed directly to RCN personnel
- Submitted past the deadline
- Containing documents additional or different from the items described above.



Additional Information

For questions, please contact
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or

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Appendix I – Proposal Evaluation

CRITERIA	SCORE
<p>Quality of the proposal</p> <ul style="list-style-type: none"> Does the project clearly target quality improvement in the trajectory of care for a specific disease site? Overall clarity in problem statement, objectives, measures, and outcomes. How well does the project align with the RCN's mission and priorities? <i>(To improve quality of care by augmenting the patient experience, supporting evidence-based care, increasing access to care, advancing leading-edge treatments, and promoting research and education)</i> Is the project proposal realistic within the proposed health care environment and timeline? 	
<p>Indicators and Key Results</p> <ul style="list-style-type: none"> Does the proposal link objectives to robust indicators (key results) that benchmark and monitor objective completion? How challenging and ambitious are the objectives? Are objectives significant, concrete, and action-oriented? How feasible is it to capture indicator data and integrate that knowledge into practice? 	
<p>Significance</p> <ul style="list-style-type: none"> Does the proposal address an important problem or critical barrier to realizing a better trajectory of care? Is there prior evidence that supports the project's rigor? If the project's aims are achieved, to what extent will the trajectory of care improve? To what extent does the project directly benefit patients? 	
<p>Team</p> <ul style="list-style-type: none"> Is there applicant representation from all RCN-partnered institutions? Does each institution meaningfully contribute to the project? Do the applicants have complementary and integrated expertise? Have any of the applicants demonstrated an ongoing record of accomplishment in contributing to the academic literature in quality improvement or trajectories of care? 	
<p>Innovation</p> <ul style="list-style-type: none"> How novel are the interventions proposed? How significant are the proposed interventions likely to be? To what extent will the project likely contribute to the published literature on quality improvement or trajectories of care or clinical trials? 	
<p>Budget</p> <ul style="list-style-type: none"> Is the budget designed with sustainability and scalability in mind? Does the proposed budget realistically reflect the requirements to successfully complete the project? Does the proposed budget cover all aspects to successfully complete the project? 	