

## 6.5.1 Specialized Childhood Cancer Program Partners' Role in the POGO Satellite Program

Responsibilities of the specialized childhood cancer program to its POGO Satellite Clinic partner include:

1. Timely, ongoing education by team members and clinical consultation.
2. The timely transfer of necessary patient/family information, as specified in the POGO Satellite Manual, including a copy of the treatment schema at the time of referral and ongoing components of the roadmap or treatment plan as appropriate.
3. The documented review of, and feedback on, the POGO Satellite Clinic's annual activities – to the clinic and to POGO.

Where more than one specialized childhood cancer program works in partnership with a specified POGO Satellite Clinic, the specialized childhood cancer program-level educational responsibilities for that clinic may be divided according to mutual preference.

### Agreements

The POGO Provincial Pediatric Oncology Satellite Program requires the following formal agreements:

1. An affiliation agreement signed by each tertiary hospital and each formal community hospital partner site with POGO, declaring commitment to participate fully in the pediatric oncology care of eligible patients in accordance with the roles and responsibilities developed collaboratively and set down in the POGO Satellite Manual.

*By virtue of entering into the POGO Provincial Pediatric Oncology Satellite Program partnership with POGO and with identified community hospital partners, it will be understood that:*

1. Involved specialized childhood cancer program staff will be made fully aware of all program requirements, including the appropriate accrual and management of patients, care, consultation, communication and documentation that will result.
2. Designated physicians, nurses and allied health will participate in the review and update of standards and guidance documents on a regular basis, so that POGO Satellite Program care for children with cancer may continue to have a provincial standard.
3. Educational, consultation and other responsibilities of the specialized childhood cancer program staff, as outlined throughout the POGO Satellite Manual, will be honoured.
4. Infrastructure and formal requirements for the provision of a well-integrated program will be met, including: Facilitation of any special hospital policies needed; development of any agreements with organizations/services/care providers external to the hospital; and provision of adequate secretarial, administrative and technical arrangements to ensure the timely flow of clinical information between the specialized childhood cancer program and POGO Satellite Clinic partner sites.
5. The tertiary hospitals that house specialized childhood cancer programs participating in the POGO Satellite Program will support those programs in their collaboration with POGO Satellite Clinic partners.

6. Participation in program evaluation will occur (see **Participation in the Evaluation of the Model of Service Delivery** section below).
7. Timely accounting will be made of services provided and the funding allocation flowed by the [Ministry of Health \(MOH\)](#) via POGO.

## Specialized Childhood Cancer Program Staffing Participants

Specialized childhood cancer program staffing participants include:

1. **Outreach Program Coordinators** in each specialized childhood cancer program responsible for the coordination of the pediatric oncology outreach program as well as the identification of individuals (typically nurses) responsible for case coordination and for consultation and teaching of POGO Satellite Clinic partners.
2. **Physician Oversight:** Each specialized childhood cancer program shall designate a responsible physician to act as the primary liaison and champion of POGO Satellite Program care.
3. **Allied Health Team:** Ensure continued availability of the Child Life Specialist, Social Worker, Nurse, Psychologist, Pharmacist, Dietitian, Hospital Teacher and other healthcare professionals to assess patient/family needs and develop allied health treatment plans for all patients.

## Tertiary Hospital and Specialized Childhood Cancer Program Commitment

The tertiary hospital and specialized childhood cancer program commitment is as follows:

1. To ensure ongoing participation in education, consultation and mentoring to support POGO Satellite Clinic staff, including: The designation of a nurse (case) coordinator for every case to be managed with POGO Satellite Clinic collaboration, and ready availability by telephone of that nurse/a designate on the inpatient unit for consultation; and ready telephone access of POGO Satellite Clinic staff to the treating (tertiary-based) oncologist/designate for consultation as needed.
2. To ensure that all relevant clinical information is transferred, as part of the referral to POGO Satellite Clinic care, at least 24 hours prior to the first clinic visit.
3. To provide timely updates of patient progress, including any alterations in treatment plan and management.
4. To participate in the review and update of standards and guidelines in collaboration with other partners in the POGO Satellite Program.

## Clinical Communication, Data Transfer and Technological Support

1. To convey to POGO Satellite Clinics all information relevant to the child's medical/nursing care via the [Initial Data Transfer Sheet](#), physician referral note and other appropriate documentation via secure channels (fax, etc.).
2. Communication of key aspects of the allied health treatment plan to POGO Satellite Clinic partners, both initially and when these treatment plans are periodically updated. Release of this data will be subject to appropriate consent signed by a parent/guardian, where applicable.
3. To ensure the completeness of the child's electronic record for the purposes of tertiary hospital healthcare charts, clinical trials, POGONIS and other data exchange agreements.

## Participation in the Evaluation of the Model of Service Delivery

The scope and specific requirements of any formal evaluation of the POGO Provincial Pediatric Oncology Satellite Program will be communicated to all partners upon completion of the research design. Full participation in any formal program evaluation will be essential.

### Disclaimer: Source Accuracy

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### Record of Updates

Version Number	Date of Effect	Summary of Revisions
1	7/27/2021	<ul style="list-style-type: none"> <li>Original version posted.</li> </ul>