

6.1 Goals and Objectives

The ongoing development, formalization and maintenance of POGO Satellite Clinics as part of the provincial pediatric oncology network is an important component of a coordinated and graduated service delivery system, which will optimize the use of appropriate resources and expertise available at the community, POGO Satellite Program and specialized childhood cancer program levels.

The central goals and objectives of the POGO Provincial Pediatric Oncology Satellite Program are to:

- Permit childhood cancer patients to receive components of their care and treatment in designated community hospitals closer to their homes, according to defined, acceptable standards of care.
- Ensure that satellite care is equivalent to specialized childhood cancer program care – i.e., that it is medically equivalent, pediatric, family-centered, humanistic and supportive, resulting in equivalent treatment and outcomes, including enabling the continued participation of children in clinical trials – thereby realizing the significant advantages of protocol-driven, outcome-evaluated treatment.
- Ensure that specialized childhood cancer program/POGO Satellite Clinic collaboration constitutes a designated part of the formal system of pediatric oncology care, through the:
 - Utilization of specified, formally prepared community hospital staff to deliver components of care. Formal preparation seeks to develop a level of knowledge and familiarity with the care of children with malignant disease and the support of their families.
 - Assurance that care, documentation, treatment policies and practices reflect best practices in the POGO Satellite Program, conforming to defined yet generic standards while allowing for differences among POGO Satellite Clinics.
 - Identification of components of therapy and patient management that may be delivered in the POGO Satellite Clinic context and the optimization of standards of practice through the introduction of guidance documents for care, including management of [infection](#), [fever and neutropenia](#), [antiemetics](#), cytokines, [transfusion](#), [Insuflon™ use](#), [immunization](#), etc.
 - Designation of a program coordinator in each participating specialized childhood cancer program and POGO Satellite Clinic, who will monitor and facilitate implementation of all aspects of formal pediatric oncology activity, according to standards and guidance documents.
 - Assignment of a case coordinator in the participating specialized childhood cancer program for each patient/family, who will monitor and integrate the care at all levels to ensure optimal access to tertiary, quaternary, community and home-based resources, for both medical and supportive care.
 - Creation of a strategic alliance between specialized childhood cancer programs and community pediatric programs, whereby a joint program for total care of childhood cancer patients is developed to meet the needs of the children. To this end, there should be:

1. Defined governance, responsibility and accountability of the partners and their associated institutions.
2. Close integration of POGO Satellite Clinic healthcare professionals into the staffing team and treatment plans developed for the child at the principal (diagnosing) specialized childhood cancer program, with resulting advantages for coherent, coordinated service delivery.
 - Development of effective, optimally electronic communication tools to ensure consistent and comprehensive data sharing and communication between POGO Satellite Clinics and specialized childhood cancer programs
- Address the significant disruption of families, through the:
 - Reduction of out-of-pocket expenses and economic stress on families (including familial disruption, loss of income).¹
 - Reduction of lengthy absences from home, for care in specialized childhood cancer programs, over the chronic course of illness and treatment.
 - Decreased school absences resulting from care in specialized childhood cancer programs distant from home, over the chronic course of illness and treatment.
- Achieve cost containment within the healthcare system and optimal use of scarce, existing resources through:
 - Rational redistribution of service delivery to loci of care that may be less costly. POGO will continue, through the monitoring and evaluation of new forms of program delivery, to seek this objective.
 - Alleviation of understaffing and the improvement of access by patients to their caregivers in specialized childhood cancer program and community service delivery levels.
 - Operation according to provincial practice guidance documents.
- Ensure continued comprehensive data for policy development and service planning, including comprehensive service records on all patients, so that exact information about treatment and outcome, service demand and cost and quality analyses of the highest order will continue to be possible.

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Record of Updates

Version Number	Date of Effect	Summary of Revisions
1	7/2/2021	<ul style="list-style-type: none"> • Original version posted.

¹ Barr, RD, Furlong, W, Horsman, JR, Feeny, D, Torrance, GW, and Weitzman, S. The monetary costs of childhood cancer to the families of patients. International Journal of Oncology 1996; 8: 933–940.

