C/Can

For the record

Implementing a Patient Navigation Project

Kigali

C/Can focused on speeding up decision-making
and reducing delays in treating patients
in the Rwandan capital

The context

When Kigali joined C/Can in 2019, the first thing it did was launch a process to identify cancer care gaps in the Rwandan capital. Among the most pressing issues were the absence of multidisciplinary clinical decision-making, incomplete treatment planning and protocols, as well as the absence of resource-adapted guidelines to manage common and curable cancers. The result was under-informed decision-making, late diagnoses, and delays in treating patients.

The goal

The goal was to improve care coordination for women with high suspicion or confirmed diagnosis of breast or cervical cancer in the country's main five cancer centres.

The response

C/Can and its partners in the city focused on developing strategies to increase the participation of a full range of specialists in hospital multidisciplinary teams (MDTs) to facilitate discussion on the best inputs for effective treatment decisions and to improve the flow of communication as patients undergo different stages of treatment.

As a result, an activity plan was launched in November 2021, which over the next six months laid out meetings with hospital heads, recruitment, training on MDT guidelines and patient navigation, as well as the creation of a digital platform and app called Join to connect the participating hospitals.

What we did

The project was rolled-out in four cancer centres: the Butaro Cancer Centre of Excellence; the King Faisal Hospital; the University Teaching Hospital of Kigali; and the University Teaching Hospital of Butare. The remaining institution, the Rwanda Military Hospital, was engaged and agreed verbally to be part of the project. Its agreement is still undergoing legal review.

A local team, along with a long-term project coordinator and a nurse navigator in each of the hospitals, have received clinical training on patient navigation, guidelines of multi-disciplinary care, as well as how to use Join, streamline data collection and data entry and to train their colleagues on using the digital platform.

More than 474 patients are benefiting from the patient navigation services and are registered on Join.

Refresher training on the application will continue to be provided as needed. A team composed of the five nurse navigators and the project coordinator is scheduled to travel to Kenya on a scientific visit to observe a local patient navigation program implemented by Roche to learn from their experience.

The lessons

C/Can's Kigali project worked because it focused on applying the organisation's bottom-up approach. By working closely with a wide range of stakeholders across the public and private sector and prioritising partnerships, it was able to base its decision-making on data collected locally, and then applied a sustainable solution, strengthening Kigali and Rwanda's health system in the process.

C/Can also sought out and brought together talented, committed professionals in order to share mutual learnings, while at the same time building connections within the local community.

We would like to take this opportunity to thank all C/Can partners, especially ALLM Inc., MSD and Roche, for their support in this initiative.

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