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Digital health and data

The creation and implementation of an innovative digital platform to streamline home chemotherapy and immunotherapy referral and admission management

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Introduction

Cancer admissions are complicated and require a coordinated multidisciplinary team (MDT) approach. Increased demand for a national private home chemotherapy service during COVID-19 led to the development of a specialised admission software system. This digital system facilitated the nurse-led triage of referrals and provided a platform for the MDT to simultaneously work on each admission.

Objectives/Aims

To develop a software system with advanced functionality to streamline admissions workflow and communication across an MDT. To allow the Nurse Admission Coordinator the ability to triage large volumes of referrals and ensure timely care.

Description/Methodology

A working party including representatives from Information and Communication Technology (ICT), nursing, administration and pharmacy was formed. The working party presented user stories for the software development team. A prototype of the admission system was developed. The admissions team used the first iteration of the system for several months and collated feedback. A review to identify inefficiencies and redundancies in existing business processes was undertaken. The second sprint implemented changes based on user needs and required a change management approach to educate the admission team. Daily meetings with the software project team, ICT Lead and Nurse Lead provided flexibility and agility in responding to evolving user needs.

Results/Outcomes

Following a successful second sprint, the admission system was successfully implemented to allow the seamless flow of a referral from enquiry to first treatment. The system provided the ability to report on every stage of the admission and led to the development of Key Performance Indicators.

Conclusion

The nurse led admission team's collaborative approach enhanced their ability to embrace change, show agile thinking and deliver a referral management system that streamlined the admission process across the MDT. This showcases the importance of combining the right technology with a change in mindset to drive efficiency and innovation within an organisation.

Connecting the data-driven practice of specialist lung cancer nurses to a holistic model of patient-centred care

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Introduction

The Australian Cancer Plan outlines a strategic objective for a modern cancer control infrastructure advanced by a national cancer data ecosystem supporting innovative models of care. This paper presents an Australian-first, evidence-based web-platform, the Expectations, Standards and Performance Framework for the Australian Specialist Lung Cancer Nurse (ESP Framework). The design and functionality of the ESP Framework uniquely connect the data-driven practice of lung cancer nurse consultants to the application of a model of care in practice which, in turn, drives consistent and comprehensive patient care.

Objective

To capture and evaluate nurse-sensitive clinical and non-clinical data in real life settings to inform patient-centred care, and health service and system improvements in a continuously improving manner.

Description

The platform's validated underpinning data model conforms with the domains of advanced practice, with the clinical care domain further articulated in line with the 7 Steps of the Optimal Care Pathway (OCP) for people with lung cancer. In the clinical domain, relative to the Step, the nurse enters information about his/her involvement relative to the patient's interactions with the health service, including supportive care assessments and interventions delivered. All non-clinical care domain activity (leadership, systems improvement,

education, research) is also entered. The platform is implemented in five public health outpatient settings in two Australian states. Platform future-proofing features are in-built.

Outcomes

Excel reports were generated for each practice domain, including each OCP Step in the clinical domain, to allow for easy data filtering. In the clinical domain, as data are entered, strategically designed data-field selection options serve as a constant reminder to nurses about what practice changes might be required to ensure best practice patient-centred care. The ability of the platform to inform and drive best practice will be interactively live demonstrated in the presentation.

Conclusions

The ESP Framework enables improved decision making on the specialist lung cancer nurse role, requisite to informing best practice, policy, and resourcing.

Digitising and integrating a nursing checklist to identify cancer patients with complex care needs: clinician requirements

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Introduction

Resourcing nurses with tools to rapidly identify cancer patients disadvantaged by complex care needs and social determinants of health provides an opportunity to address health equity. Standardised identification of people at risk of suboptimal health outcomes using digital resources can help direct support services to those with greatest need, contributing to equitable patient outcomes and system level efficiency.

Objectives/Aims

To describe clinician needs and preferences for the integration of a digital nursing checklist to identify complex care needs in cancer patients (The Complexity Checklist).

Description/Methodology

A qualitative exploratory study used semi-structured interviews and focus groups with 19 multidisciplinary participants (nurses, allied health, doctors, and researchers) within a metropolitan specialist cancer centre. Thematic content analysis, informed by an implementation science framework, was used to describe participants' requirements for Checklist integration into the electronic medical record and preferences for its use in practice.

Results/Outcomes

Nurses were identified as most appropriate to complete the Checklist with cancer patients on first clinical presentation or inpatient admission. All participants highlighted the importance of data collected by the Checklist, agreed it should be accessible to all members of a patient's health care team, be located somewhere highly visible in the electronic medical record and that it would be beneficial to complete with all patients. Potential barriers to Checklist integration included duplication of existing processes or patient questions and needing to incorporate the Checklist into multiple electronic workflows to account for service and discipline variability. Nurses reported the Checklist could be used in routine practice as an alternative way to record patient assessments with potential to increase efficiency by streamlining and standardising documentation.

Conclusion

Findings demonstrate the importance of stakeholder engagement in development of digital health resources, that there is an appetite for social determinant of health reporting and clinicians see benefit in digitally reporting complex care needs in cancer patients for clinical and research purposes.

Delivering a statewide voluntary assisted dying service in a digital era without the use of digital technology

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Introduction

In 2019 Victoria became the first Australian state to implement Voluntary Assisted Dying (VAD) legislation. The state-wide care navigator service was established to provide support and information for those wishing to access VAD. Cancer patients account for 75% of those accessing VAD.

As the law came into effect, the navigator service were advised that no information pertaining to VAD could be transmitted via a carriage service (email, phone, internet, fax) due to the Commonwealth Criminal Code. Thus, the navigator service model was changed overnight to become a service operating in the digital era, without the use of digital technologies.

Objectives/Aims

The navigator service aims to provide timely VAD information to those who seek it, however this is impacted by the criminal code preventing telephone, telehealth and email communication.

Description/Methodology

To be compliant with the criminal code, the navigators minimised use of phone and email — instead visiting people in their homes, residential care or health service to discuss VAD, sent information by post and expanded its workforce to include regional navigators.

Results/Outcomes

Patient's requesting VAD are waiting longer to access appropriate information as they await a care navigator visit. These delays are often greater for those in regional areas.

Conclusion

The use of digital technology has become common place in almost all areas of healthcare. Providing a state-wide service to terminally ill patients without the use of telehealth, phone and email has had significant costs, but also some benefits.

The most significant impact has been on patients with limited ability to travel due to health or geographical location. Benefits have included the valuable

information gained during a home visit, such as an understanding of social situation, family background, cultural implications and an assessment of the level of urgency of their request.

Government level advocacy continues to address this issue.

12-step desensitisation program for anticancer agents: The standardisation of practice in a private Oncology Service: A practice change

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Introduction

The introduction of CHARM[®] has provided the opportunity to standardise protocols, including desensitisation regimens, across our oncology infusion centre. In this study we examine the impact of standardising desensitisation chemotherapy regimens, and its impact on administration, data collection and clinical practice, compared to the previous method of administration within our centre

Aims

Describe how the protocol was implemented at our centre including stakeholder liaison and staff education, resulting in the utilisation of an online Oncology Information Management Solution (OIMS) (Citadel Health, 2022), improving patient satisfaction and patient outcomes, optimising clinical resources and health data collection. Further study aims include demonstration of successful completion of desensitisation chemotherapy treatment with the use of streamlined premedication regimen and without ICU admission for administration.

Methodology

Data will be collected on the following outcomes before and after the introduction of CHARM[®]

- Tumour type, line and intent of therapy
- Rationale for a desensitisation regimen:
 - 1) Nature and severity of prior reaction if present;
 - 2) Centre of prior treatment and rationale for treatment at SJGSH)

- Oncology outcomes:
 - 1) Safety of delivery and number of cycles delivered on desensitisation protocol;
 - 2) Toxicity of therapy with a particular focus on subsequent reactions;
 - 3) Was the therapeutic goal achieved? (eg. completion of planned regimen in early stage, response to therapy in late stage);
 - 4) Reason for drug discontinuation (Progression, hypersensitivity Reaction, end of treatment, ongoing, other).
- Presence of a protocol for desensitisation
- Uniformity/consistency of prescribing based on chart review
- Resource management before and during treatment administration
- Errors or potential errors in management

Results

320 episodes of desensitisation treatment were identified in the six-year period prior to the induction of OIMS. Review of these documents identified inconsistencies in the prescribing of desensitisation regimens, limited use of protocol for administration and prescribing and the absence of data, including missing charts, rationale for desensitisation use, and outcomes associated with desensitisation use. Since the introduction of OIMs, 79 episodes of desensitisation over a 14-month period have been administered. Positive outcomes of its introduction can be surmised into the following:

1. OIMS has resulted in standardised desensitisation prescribing, including premedication administration, and improved length of stay times.
2. Data transparency and availability.
3. Decrease in errors identified associated with desensitisation administration
4. Increased nurse knowledge, confidence and competency.
5. Patient satisfaction

Conclusion

Our findings have identified that the introduction of OIMS has resulted in a positive impact in the cancer centre, resulting in increased clinician and patient satisfaction, streamlined processes resulting in decreased length of stay and decreased errors associated with desensitisation treatments. However, further work is required regarding documentation that is not currently able to be upload onto the OIMs system. The impact on overall survival and

progression-free survival rate were not investigated within this study but would be ideal, as pursuing this line of treatment is challenging with the potential for further infusion related reactions and resource availability.

It is also recommended that further studies be conducted surrounding patient education and psychological impacts associated with individuals requiring desensitisation treatments.

How Neuroendocrine Cancer Australia is using digital strategies to raise awareness about neuroendocrine cancer and deliver essential resources and support

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Introduction

NeuroEndocrine Cancer Australia (NECA) is a not-for-profit organisation providing education, information and support to people with neuroendocrine cancer/tumours (NETs). NECA's small team of NET nurses and communication and marketing specialists collaborate closely, allowing nurses greater insight into the organisation's data, analytics, and digital strategies. Leveraging these positively monitors activity, enhances support and raises awareness of a less common cancer.

Aim

Following analysis of existing data NECA focused on extending our online reach by raising greater awareness of NETs and NECA, so more people would benefit from the support and resources NECA has on offer.

Description

NECA captured data on contacts made to the NET nurses, identifying many people who were existing NET patients and already aware of NECA. Website analytics were also captured, highlighting the organisation's online presence had potential to grow further. Following a successful government grant application, NECA developed an awareness campaign to build knowledge of NETs, identification of NETs symptoms and to enhance NET specific website content. This was underpinned by Search Engine Optimisation (SEO) strategies.

Outcome

Website traffic grew from 3000 visits to 22,900 visits over a six-month period in 2023, translating to people

finding evidenced-based Australian information about NETs and support more rapidly. The significant growth evident online has a positive flow on effect, with 8% growth in new contacts accessing specialist NET nursing support. Data also reflects NECA is reaching people earlier in their cancer experience, with more people contacting NECA before or soon after diagnosis.

Conclusion

Optimising NECA's online presence through digital strategies led to a significant increase in people finding NECA's website, online resources and accessing the support of a specialist NET nurse. Awareness of neuroendocrine cancer continues to grow and the use of digital strategies is allowing the team at NECA to gain a wider reach.

Sharing the digital love in Cancer Supportive Care

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Introduction

The closer integration of supportive care in cancer positively impacts patient outcomes. To deliver quality supportive care, screening patients for their supportive care needs and providing this information to the Supportive Care Multidisciplinary Team is necessary but time consuming. A new process was piloted to provide cancer nurses with a more efficient method.

Aims

To improve how patient supportive care screening information is collected and then shared with the Multidisciplinary Team (MDT) using existing systems and technology to save clinician time.

Description

The Modified Adelaide Supportive Care screening tool has been used successfully since 2018 to screen for supportive care needs in the Day Oncology Unit at Grampians Health Horsham. With our IT Department we explored whether this screening tool could be digitised as an E-Form in the Electronic Medical Record. Data could be entered directly via tablet by nurses during the screening consultation. This would then allow a patient's screening information to be available to be uploaded via dynamic data into the

Supportive Care Multidisciplinary Meeting report. The nurse can run this report for each fortnightly meeting and share it with the MDT Team for the relevant patients to be discussed.

Outcomes

Digitising the screening tool allows nurses to input screening information directly. Digitalising the Supportive Care Multidisciplinary Meeting report to accept this screening data dynamically allows a report to be run quickly and efficiently which can be shared with the Cancer Supportive Care MDT covering the patients who will be discussed at the next meeting. Previously these processes were conducted manually for each patient and took significant clinician time.

Conclusion

Digitising and digitalising cancer supportive care processes has proven an effective strategy to save cancer nurse time in the test environment. Implementation has now commenced and will be extended throughout the Grampians Region.

Development and evolution of Australia's only tele-based prostate cancer specific counselling service

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Introduction

Over 50% of callers to Prostate Cancer Foundation of Australia's (PCFA) Telenursing Service report clinically significant levels of distress and emotional problems such as uncertainty, worry and depression.

Objectives/Aims

To develop and implement a tele-based Prostate Cancer Counselling Service (PCCS), adapting PCFA's digital platforms, to address these high levels of psychological distress in men and families impacted by prostate cancer.

Description/Methodology

A project working party was formed comprising consumer, clinical and allied health representatives (n=6) to co-design and implement the PCCS based on a stepped model of care. The service delivery model was informed by the substantial body of research demonstrating the acceptability of nurse delivered psychological interventions

and efficacy of a short-term counselling program. Benchmarking of tele-based counselling services nationally and internationally informed digital delivery systems, electronic dissemination and collation of psychological impact, referral pathways, scope of practice and policy development.

Results/Outcomes

The PCCS launched in June 2022 staffed by two nurse counsellors and a psychologist. PCCS clients receive up to five counselling sessions and complete pre and post counselling psychological assessment using validated patient measures: Generalised Anxiety Disorder scale (GAD-7), Patient Health Questionnaire (PHQ-9) and Impact of Events Scale-Revised (IESR). To date the PCCS has received over 539 referrals nationally with 41% of clients from regional areas. Primary presenting problems include anxiety, depression, relationship distress, uncertainty, and survivorship issues. Comparison of pre- and post-assessment measures show a statistically significant reduction in PHQ-9, GAD-7 and IES-R ($P < 0.001$) indicating a reduction in anxiety, depression and symptoms relating to trauma following engagement with the PCCS. Client satisfaction based on survey data (/10) is very high (mean 9.6 ± 0.7).

Conclusions

As Australia's only prostate cancer specific counselling service, PCCS has demonstrated through utilisation of digital platforms significant clinical effectiveness, delivering evidence-based interventions and patient-centred psychological support to those without access to locally based support services.

Oncology nurses' experiences of using Health Information Systems (HIS) in the delivery of cancer care in a range of care settings: a systematic integrative review

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Introduction

More health services are moving to digital systems for better care delivery. Nursing care is framed by the nursing process, however, little is known about how cancer nurses use HIS within the nursing process and its impact on person-centred care (PCC).

Objective

This systematic review aimed to identify oncology nurses' experiences of using HIS in the delivery of cancer care.

Methodology

The electronic databases searched included: CINAHL, MEDLINE (EBSCO host), SCOPUS, Web of Science Core Collection, Google scholar, OVID, ProQuest Central (using advanced search strategy) and hand searching of reference lists of the included articles and relevant systematic reviews. Studies published in English language were examined.

Results

26 studies were included. Three themes emerged: 1) the transparency and application of the nursing process within HIS, 2) HIS enhancing and facilitating communication between nurses and patients, 3) the impact of HIS on the elements of person-centred care (PCC). Nurses' experiences with HIS were overall positive. However, digital systems do not fully capture all elements of the nursing processes, and this has been confirmed in this review, through the nurses' lens. Most studies used HIS for symptom reporting and monitoring within non-inpatient settings, and

largely bio-medical and lacks insight into the person-centredness and overall holistic care.

Conclusion

There are evidently varied views of HIS adoption across the globe. HIS can improve health related quality of life, symptom burden including self-reporting of symptoms among patients. However, there is a need for ongoing high-quality research and clearer reporting than is evident in the current 26 studies, to fully understand the impact of HIS within the nursing processes and patient outcomes across all specialty cancer fields.

Exploration of the use of an electronic Patient Report Outcome Measurement tool in a Neuroendocrine Tumour Nurse-Led Clinic

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Introduction

Patient Reported Outcome Measures (PROMs) are frequently recommended as a clinical strategy, tracking health-related quality of life (HRQOL) indicating symptom burden and treatment tolerance. The PLANET QOL App was launched in 2018 to sit alongside the national PLANET NET Registry. This App tracks PROMs including BMI, ECOG, Bowel symptoms and HRQOL (EORTC QLQ30, GINET21).

Peter MacCallum Cancer Centre recently implemented a Nurse Led Clinic (NLC) for patients with NETs (Neuroendocrine Tumours), utilising the PLANET QOL App.

Aim

To pilot the utilisation of an electronic PROM in the NET NLC.

Methodology

A NLC model was piloted over three phases: planning, implementation, and evaluation. Eligible patients included those with low/intermediate grade NETs. NLC frequency was determined with supervising Medical Oncologist with medical review at least annually and escalation policies and pathways were established (e.g., symptom escalation, other clinical concerns).

New NLC participants were encouraged to download the App, with PROMs to be reported monthly. These data formed the basis of the NLC assessment, with subsequent interventions as appropriate. For patients unable to use the app, a similarly structured assessment was conducted verbally.

Results

71 NLC consultations were conducted over six months (18 in person and 53 via telehealth). Of these, five individuals utilised the PLANET QOL App, which was a useful tool in assessing symptoms and overall wellbeing.

The main factor in App non-usage was technological (e.g., elderly), those not wanting to be reminded of their disease, and language limitations.

Use of the PROM was also hampered by the lack of integration between the PLANET database (designed primarily as a research tool) and patient hospital electronic medical records.

Conclusion

The use of electronic PROMS in the NET NLC has enabled meaningful inclusion of this data in clinical care. Next steps will include addressing technical challenges, optimising data visualisation, and integration of viewing systems.

Education

Elevating patient safety: A team approach to streamlined and evidence-based contrast media administration resources in radiation oncology

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Introduction

Contrast media (CM) can be used in radiation therapy imaging to enhance visibility of vascular structures and vital organs. Potential adverse events from CM administration include hypersensitivity reactions (HRs), contrast-induced acute kidney injury (CI-AKI) and extravasation. In people receiving CM, 0.2% experience life threatening (anaphylactic) reactions while 0.01–0.04% and 0.5–3% experience severe, or mild HRs, respectively. CI-AKI occurs in 8–16% of patients over 60 years old and up to 20–30% in high-risk groups. Extravasation injuries can cause mild

to severe damage to surrounding tissue. Healthcare professionals who oversee patients receiving CM should be educated and proficient in administration procedures, be aware of potential adverse reactions and how to minimise the risk of these happening.

Objectives/Aims

To improve the understanding of healthcare professionals who are responsible for patients receiving CM, by developing uniform and accessible online materials. The goal is to facilitate the use of evidence-based approaches that prioritise patient safety.

Description/Methodology

The project team engaged a multidisciplinary group of Australian and New Zealand healthcare professionals (including radiation oncology nurses, radiation therapists, and a radiologist) to assess current evidence and review CM resources. Using a Delphi-type method, we co-designed a standardised, evidence-based resource package.

Results/Outcomes

We developed and improved ten resources for our online platform, including a clinical procedure with practical instructions for safely delivering CM, two patient-specific information sheets, and an eLearning program that focuses on acquiring advanced learning through case studies. Since the launch in October 2023, survey data indicates 80% of users are satisfied with the resources. Users find the resources valuable for maintaining safe practice, and ensuring they align with current evidence and guidelines.

Conclusion

This initiative emphasises safe CM delivery, prioritising rapid identification and effective treatment of adverse events. By providing these free resources, our goal is to bridge the gap between evidence and practice, ultimately improving patient outcomes.

Development of an online research training resource for clinical cancer nurses

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Introduction

One of the greatest opportunities to improve outcomes for people affected by cancer is investment in the research capabilities of nurses. Evidence demonstrates that a knowledgeable, research-enabled nursing workforce can improve patient outcomes and increase efficiencies in care. However, there are few accessible opportunities for nurses to establish or strengthen research skills outside of award (university-based) courses.

Aims

This presentation will describe the development and preliminary evaluation of an online research training course developed by and for cancer nurses. Elements of the course will be shared and opportunities for engagement discussed. The course introduces the fundamental concepts of research, what each nurse needs to know to influence and contribute to evidence-informed practice change, and aims to develop a capable workforce of nurses who can lead impactful research initiatives.

Description

Informed by current literature, a needs analysis survey and nursing research program feedback, this course aims to:

- Establish a sustainable resource
- Provide an overview of research principles
- Provide accessible, efficient, and interesting learning

Outcomes

An 11-module online course was built. Learners are engaged through video, interactivities, case examples, and self-assessment activities. Real-world clinical and research examples were embedded to ensure clinical relevance and engage learners. Each module has dedicated learning outcomes, knowledge check exercises, and end-of-module multiple-choice questions. Since its launch in 2023, 30 learners have enrolled in the course across 30 organisations. Early

qualitative evaluation data suggests that the resource is appropriate and practical, creating opportunity for learning when and as convenient for resource participants.

Conclusion

This course aims to fill a gap in nursing research training opportunities. Central to the course is the premise that every patient who enters the health system interacts with a nurse. This unique Australian resource helps nurses embark on a clinical-academic research pathway, enabling transition of this non-award course through to post-graduate, award-based study.

Supportive and interactive education for emerging Specialist Breast Care Nurses (and Prostate Cancer Care Nurses)

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Introduction

Specialist Breast Care Nurses (SBCN) are key to improved outcomes for patients and their families experiencing breast cancer. Practicing in rural and remote areas as an autonomous SBCN is isolating both geographically and professionally. Connecting isolated SBCNs improves competence and confidence thereby improving quality sustainable patient care. The ability to connect, gain education and create strong professional networks is of immeasurable value.

Description

A face-to-face four-day interactive practicum was designed by an experienced multidisciplinary team who voluntarily agreed to support this initiative. The practicum was delivered in a metropolitan setting for emerging SBCNs from regional, rural and remote QLD to attend at no cost. A series of lectures were delivered providing basic cancer biology and treatment information, integrated with site visits to treatment centres and additional service provision centres that the rural and remote nurses do not have regular access to. Learning outcomes were designed to meet the current SBCN competency standards and provide logical structure to the practicum.

Results/Outcomes

The emerging SBCNs received comprehensive education regarding the basics of cancer biology,

radiation therapy, chemotherapy and immunotherapy. This was coupled with support services available to patients and families experiencing Breast Cancer. The participants also visited the treatment centres and built sustainable connections with service providers.

Conclusion

Evaluations received from the participants were overwhelmingly positive. One participant described the week as, 'the best learning experience I have ever had'. Additionally, the voluntary multidisciplinary health team gained a greater understanding of the challenges the rural and remote area nurses face and appreciated meeting the emerging SBCNs face-to-face. Strong mutually beneficial connections were made. The multidisciplinary team unanimously expressed interest in maintaining the program going forward to ensure sustainability and suggested expanding the program to include prostate cancer care.

Evaluating the impact of a pilot Metastatic Breast Cancer Nurse Training Program (MBCNTP)

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Introduction

With an increasing number of new metastatic Breast Care Nurse (mBCN) roles in Australia a pilot program was developed through a clinical and academic collaboration to provide specialised training and support for mBCNs to better meet complex patient care needs. The MBCNTP was designed by an expert group and consisted of 60+ hours of online learning, a 3-day practicum attended in-person or via a telepresence robot, followed by 12 months of clinical supervision.

Objectives

To i) measure the effectiveness of the MBCNTP on participant skill levels related to nursing care; ii)

investigate the impact of the MBCNTP at the service level; and iii) explore participants' experience of the program and mode of participation.

Methodology

The evaluation employed a longitudinal design guided by Kirkpatrick's Evaluation Model. The Cancer Nurse Self-Assessment tool for metastatic breast cancer was used to measure skills at three intervals: pre-MBCNTP (T0); immediately post-practicum (T1); and 12 months post-practicum (T2). A retrospective audit of nurse activity data was conducted to evaluate the impact of the MBCNTP at the service level and analysed using descriptive statistics. Qualitative interviews were conducted at all timepoints, and data were analysed using an iterative, realist approach to thematic analysis.

Results

Eight mBCNs participated in the pilot MBCNTP. Equivalent outcomes were achieved regardless of participation in the practicum in-person or via robot. Self-assessed skills significantly improved at each timepoint, with mean scores at T2 indicating proficient practice in 16/20 domains. Nurse activity data showed an increased number of supportive care referrals from the mBCN post MBCNTP. Participants valued observing a comprehensive mBCN service and reported increased knowledge and confidence in providing care.

Conclusion

The MBCNTP has filled an identified gap in formal education opportunities for mBCNs. Since evaluation, the program has continued to be offered to mBCNs who require further education and support.

Innovation and technology

Specialist lung cancer nurses and lung cancer screening: multidisciplinary team evaluation of nurse-led pulmonary nodule screening, surveillance, and patient management

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Introduction

In July 2025, Australia will introduce a national Lung Cancer Screening Program (LCSP). Pulmonary nodule assessment and patient management are Program aspects anticipated to have major workforce implications.

Aims

- Demonstrate safe, advanced practice nursing relative to pulmonary nodule assessment and patient management
- Improve capacity in respiratory physicians to attend to high-risk cases in a timelier manner

Methodology

Early 2023, clinical redesign of a regional public out-patients respiratory medicine specialist service in New South Wales included streamlined general practice referral pathways, nurse-led triage, rapid access pathway and pulmonary nodule assessment and surveillance, and consistency in diagnostic radiology reporting.

During April–July 2023, two lung cancer nurse consultants evaluated all incidentally-found pulmonary nodules against evidence-based guidelines, provided recommendation for nodule management (with governance review), and communicated the plan to patients and their general practitioner.

A 22-item validated Likert scale, with free text capability, was implemented to elicit multidisciplinary team members' perceptions of the value and safety of the clinic to patients, the team and broader out-patients service.

Sentiment scores reflecting the level of respondents' perceptions of the clinic and the advanced practice

role were generated. Content analysis helped to interpret some neutral and mildly negative sentiments.

Results

Eighteen respondents completed the questionnaire (August–September 2023).

A sentiment score of 4.7 (out of a possible 5) suggests team members are very positive about the value and safety of the clinic to patients, team functioning and service efficiency. This score was affected by mildly negative responses to item 1 ("I fully understand the Specialist Lung Cancer Nurse Pulmonary Nodule Assessment Clinic").

This 12-week pilot was perceived to be too brief for team members to fully understand the scope of both the clinic and role.

Conclusions

This project highlights the critical importance of definition in the lung cancer nurse consultant role relative to Australia's imminent LCSP.

Development of digital onboarding pathways for new Breast Care Nurses: supported, self-guided education and professional development to prepare for safe and effective care delivery

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Introduction

Supporting and educating new McGrath Breast Care Nurses (MBCNs) can be resource intensive, requiring a combination of administrative, educational and professional support. Each nurse brings different qualifications, skills and experience to a MBCN role thus a digital program that allows nurses to take an onboarding pathway that best meets their needs was required.

Objectives

To design and build digital onboarding pathways for new MBCNs that accommodate different learning needs through a supported, nurse-directed user experience. To evaluate nurses' learning and experience pre- and post- completion of their onboarding pathway.

Methodology

A working group of expert MBCNs, educators and educational technologists met regularly over a two-year period to design, develop and test the onboarding pathways. The pathways are a curation of new and existing online learning modules; post-graduate study; conference attendance; practicums; webinars; mentoring sessions and administrative and professional development tasks. Learning will be evaluated through pre- and post- completion of the Cancer Nurse Self-Assessment Tools and a post-pathway evaluation survey will measure nurse experience.

Results

Two onboarding pathways were developed – the Associate McGrath Breast Care Nurse Pathway (AMBCNP) and the McGrath Breast Care Nurse Pathway (MBCNP). The AMBCNP is for new MBCNs who are not yet post-graduate qualified and incorporates post-graduate study; close mentoring and prescribed in person and electronic learning over 18 months. Nurses on the MBCNP are already qualified BCNs and engage in a combination of required and optional tasks over 12 months, with flexibility to meet their individual education and support needs. The first new nurses will commence on the onboarding pathways in February 2024.

Conclusion

It is expected that the onboarding program will lead to efficiencies in the McGrath Foundation Nursing Program and be a positive user-friendly experience for new MBCNs. This onboarding program will also be adapted for other specialist cancer nurses in future.

Implementation of electronic cancer distress screening for people with metastatic breast cancer – leveraging the results

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Introduction

Cancer distress screening, using an electronic adaptation of the validated NCCN distress thermometer and problem list, was implemented for people with metastatic breast cancer at Princess Alexandra Hospital (PAH) in August 2021 to enhance:

- early identification of patients who may be experiencing biopsychosocial distress
- patient outcomes and satisfaction with care.

Objectives/Aims

To integrate and evaluate the implementation and outcomes of electronic cancer distress screening for people with metastatic breast cancer.

Description/Methodology

A Microsoft Forms Survey was developed replicating the NCCN Distress Thermometer and problem list. A link to the survey was forwarded via SMS to people with metastatic breast cancer every one to six months. The Breast Care Nurse reviewed the results, further assessed the person and co-developed a plan of care addressing identified concerns. Collated distress screening responses were analysed for trends.

Results/Outcomes

35 people participated in the electronic distress screening process. The distress screening survey was completed 53 times (~ 54 % response rate). The average distress score was 4.4 and the common concerns highlighted were fatigue, sleep, finances, family issues; memory/concentration, nervousness/anxiety, daily activities, and loss of independence. Based on this information, a quarterly e-newsletter has been developed for patients, providing information on self-management strategies for common concerns.

The electronic distress screening tool and process is also about to be rolled out at Gold Coast University Hospital.

Conclusion

Comprehensive electronic distress screening has been integrated into the standard care of people with metastatic breast cancer at PAH. Individual concerns have been identified and addressed in co-developed care plans tailored to the person's needs and by distributing an e-newsletter with more generally applicable self-management strategies. Low electronic distress screening response rates may be indicative of poor acceptability. Further evaluation of patient satisfaction, plans of care, outgoing referrals, sign-posting and outcomes of care are required.

Web-based cognitive rehabilitation intervention for cancer-related cognitive impairment following chemotherapy for aggressive lymphoma: a randomised pilot trial

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Introduction

Cancer-related cognitive impairment is common among people diagnosed with and treated for cancer. This can be a distressing and disabling side effect for impacted individuals. Interventions to mitigate cognitive dysfunction are available, but, most have been trialled in samples that are largely composed of people with solid tumours.

Aims

The main aim of this study is to test the feasibility and acceptability of methods and procedures intended for use in a definitive trial of a web-based cognitive rehabilitation program, Responding to Cognitive Concerns (eReCog), in people who have received chemotherapy for aggressive lymphoma.

Methods

The study was a single-site, parallel-group, pilot randomised controlled trial, with one baseline and one follow-up (or post-intervention) assessment. After baseline assessment, participants were randomised one-to-one to receive usual care only (a factsheet about changes in memory and thinking for people with cancer) or eReCog plus usual care. The four-week eReCog intervention consisted of four online modules offering psychoeducation on cognitive impairment associated with cancer and its treatment, skills training for improving memory and attention and relaxation training. Study outcomes included feasibility of recruitment and retention at follow-up assessment, as well as adherence to, usability of and intrinsic motivation to engage with eReCog, and compliance with study measures. The potential efficacy of eReCog was also evaluated.

Results

28 of the 38 people from the target population with low perceived cognitive function based on the Cognitive Change Screen, were recruited from a specialist cancer centre since July 2023. Of the 12 participants allocated eReCog, only one did not complete. Participants were motivated to engage in the intervention: "I found the program so helpful; I recommended it to my friend having treatment for breast cancer."

Conclusions

The web-based intervention will address an evidence gap in interventions and will increase equity of access to cognitive rehabilitation to improve cognitive outcomes for people experiencing cancer-related cognitive impairment.

Exploring the feasibility of using virtual reality as a non-pharmacological intervention to alleviate patient fear of needles in adults during medical treatment

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Introduction

An extreme fear of needles can result in patients avoiding procedures that involve needle exposure, potentially compromising their health outcomes. Patients receiving treatment for cancer require intravenous cannulation creating situations where patients have the potential for either fear, anxiety or in extreme cases vasovagal episodes. Virtual reality (VR) is a simulated three-dimensional environment created using a headset that may reduce a patient's level of anxiety during needle exposure by utilising distraction therapy.

Aim

The primary aim of the study was to determine the feasibility of utilising VR to manage anxiety and reduce fear during intravenous cannulation. The experiences of patients and healthcare professionals using VR were explored.

Methodology

A mixed-method study was conducted to investigate the feasibility of utilising VR as a non-pharmacological distraction therapy in adults with needle phobia. Three individuals with needle phobia and three doctors treating these patients were recruited into the study. Participants underwent a needle-based

procedure with their standard level of care plus the VR headset. Data were collected on patient and clinician experience. Also, barriers and enablers of using VR as a distraction intervention in the hospital setting were explored.

Results

Findings indicated that VR was feasible in the hospital setting, may reduce patient anxiety, stabilise physiological responses and both patients and clinicians reported a positive experience. Enablers included staff motivation to try alternative therapies and adequately trained staff. No barriers were identified.

Conclusion

VR distraction therapy is feasible and was positively received. However, a larger cohort study is required to determine the efficacy of the VR intervention.

Acceptability of a nurse-led virtual prostate cancer survivorship model in rural Australia: A multi-methods, single-centre feasibility pilot

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Introduction

Radical prostatectomy is often used as a curative treatment for men with low or intermediate risk prostate cancer. However, physical challenges immediately after surgery, including incontinence and sexual dysfunction, can have negative psychosocial impacts. Post-operative survivorship care is limited for men in rural areas, but virtual models are increasingly used to bridge the urban-rural care gap.

Objectives/Aims

To assess the acceptability and feasibility of an evidence-based prostate cancer survivorship virtual care intervention tailored to post-surgical care, and delivered using a novel nurse-led approach.

Description/Methodology

This multi-methods pilot comprised a quasi-experimental pre/post-test design and an exploratory qualitative study using the Theoretical Framework

of Acceptability (TFA). Participants were eligible if they were: i) newly diagnosed with localised prostate cancer and had undergone radical/robotic prostatectomy within the previous three months; or ii) clinicians/stakeholders involved in the development/delivery of the program. The 12-week videoconference intervention focused on post-operative recovery including: symptom management, psychoeducation, problem-solving and goal setting; guided by a best-practice survivorship framework. Program acceptability was the primary outcome measure. Secondary outcome measures included quality of life, prostate cancer-related distress, insomnia/fatigue severity, and program costs.

Results/Outcomes

The program was highly acceptable for men (n=17) and service stakeholders (n=6) across all TFA domains. Men's participation, adherence and perceived program effectiveness were supported by minimal burden and opportunity costs, and perceived ethical value of the program. Clinical care coordination was improved by earlier identification of survivorship care needs, and fulfilled service priorities to provide quality care near home. At baseline, almost half (47%) of men reported clinically significant psychological distress, which had significantly decreased at 24-weeks ($P=0.020$), as did urinary irritative/obstructive symptoms ($P=0.030$) and urinary function burden ($P=0.005$).

Conclusions

This pilot demonstrates that a tailored, nurse-led, virtual care program incorporating post-surgical follow up with integrated, low-intensity psychosocial care is acceptable to rural men, and feasible in terms of implementation and impact on patient outcomes.

Utilising a digital resource manual (e-manual) to support Australian prostate cancer nurses in the delivery of specialised care

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Prostate Cancer Foundation of Australia

Introduction

Prostate cancer is the most commonly diagnosed cancer in Australia. A life changing event for men and their families, prostate cancer causes high levels of stress when dealing with diagnosis, treatment decisions, side effects and has significant impacts on physical and mental health. The Prostate Cancer

Foundation of Australia (PCFA) Telenursing service was developed to fill a gap in information and support for men without access to a specialist prostate cancer nurse in a treating centre.

Objectives/Aims

To implement an e-manual to enable specialist nurses to access and provide standardised, evidenced-based information to address a wide range of prostate cancer related enquiries.

Description/Methodology

The e-manual was developed in 2020, informed by retrospective call log analysis and key stakeholder interviews. Benchmarking of tele-based services nationally and internationally informed the choice of digital infrastructure, including data management, and user preferences. A key objective of the e-manual was to facilitate the provision of up-to-date standardised nurse-delivered, evidence-based information and resources, about all aspects of prostate cancer.

Results/Outcomes

Since its implementation in 2020 ongoing review of the e-manual has ensured alignment with evolving evidence and clinical practice changes. In addition, a digital service directory and locator was developed to guide locally based support services. Initially the e-manual was designed solely for the telenursing service. However, on review, opportunities were evident for scaling to all health-service based PCSN's to support their ability to meet the comprehensive needs of their patients.

Conclusion

A national network of prostate cancer specialist nurses now have access to a standardised user-friendly evidence informed e-manual that can rapidly adapt to changing evidence and practice. There is great potential for design of this e-manual to be adapted for other specialist cancer nursing streams, both via telenursing and health-service based.

Can-Sleep: A community based adaptation of an evidence based program for sleep difficulties for people with ovarian cancer

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Introduction

Sleep difficulties are a significant issue experienced by up to 58% of people diagnosed with ovarian cancer. The gold-standard treatment for sleep difficulties is Cognitive Behaviour Therapy (CBT). Peter MacCallum Cancer Centre (PMCC) Can-Sleep Program is the first Australian program that specifically targets sleep difficulties among adults with cancer. This program was found to be acceptable to clinicians and patients, feasible to deliver and demonstrated benefits on sleep outcomes. Adapting Can-Sleep in a community setting for people with ovarian cancer may offer a low-cost evidence-based treatment for sleep difficulties.

Aim

The current project involves a partnership between PMCC and Ovarian Cancer Australia (OCA) in the adaptation of the Can-Sleep program to treat sleep difficulties in people with an ovarian cancer diagnosis.

Methods

From February 2024, approximately 60 people with a diagnosis of ovarian cancer and receiving support from OCA will be screened using the Insomnia Severity Index and Epworth Sleepiness Scale. Those with identified sleep difficulties without obstructive sleep apnoea or restless legs syndrome will be offered a stepped care program. Step one is CBT self-management and coaching. Participants will then be re-screened at 5 weeks and those with ongoing sleep difficulties will be offered step 2, group CBT. Acceptability and feasibility of the OCA Can-Sleep Program will be assessed via evaluation surveys.

Results

The rate and type of sleep difficulties experienced by ovarian cancer survivors will be presented. Preliminary data of referrals made into each of the interventions will also be discussed as well as pilot data on efficacy and early learnings from the evaluation surveys.

Conclusion

We seek to better understand areas of success, identify areas for improvement and contribute to the evidence-base regarding screening and treating of sleep difficulties in the ovarian cancer population, and determine the feasibility and acceptability of the Can-Sleep program as an approach to care in a community setting.

Oncology nurses' preparedness to care for culturally diverse cancer patients and their families in Australia

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Introduction

Global migration has been increasing in recent years with social implications. Cultural diversity in healthcare settings has created challenges for healthcare professionals. Ethnocultural diversity has been influencing the communication and treatments for migrants especially those with cancer, hampering quality of care. Enhancing quality of care helps in reducing racism and prejudices, it also improves the patient satisfaction and decreases the health disparities.

There is limited literature identifying nurse's cultural preparedness in Australia and there is no study done to assess cultural preparedness of oncology nurses in Australia using Nurse Cultural Competence Scale (NCCS).

Objective

To understand the level of cultural preparedness among oncology nurses regarding caring for cancer patients and their families from diverse ethnic and cultural backgrounds in Australia.

Description/Methodology

This study used a quantitative research design using a descriptive survey. Convenience sampling method was used for recruiting the participants. Participants were recruited by Cancer Nursing Society of Australia (CNSA) via email. A validated tool, Nurse Cultural Competence Scale (NCCS), was used to identify the cultural sensitivity, cultural skills and cultural knowledge of oncology nurses.

Results

This study shows that oncology nurses actively strive to understand different cultural groups and do not want to provide culturally inappropriate nursing care. The result of this study provides an understanding of challenges faced by the oncology nurses in Australia.

Conclusion

Australian oncology nurses are somewhat prepared to provide culturally competent care but need support and educational activities/opportunities to improve their cultural skills, cultural knowledge and cultural sensitivity to care for those from diverse cultural backgrounds. This study provides an understanding of challenges faced by the oncology nurses and provides implications for cultural training programmes.

Leadership and research

The lived experience of active surveillance for prostate cancer: A systematic review and meta synthesis

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Introduction

Prostate Cancer is the most common cancer in Australia. Active surveillance (AS) is accepted as a recommended treatment option for some forms of localised prostate cancer and in Australia up to 70% of men commence AS for the treatment of their low to intermediate risk disease. However, concerns have been raised about the toll this treatment can have on men, highlighted by the approximately 40% of men that cease AS without clinical indication and despite comparable survival outcomes.

Objectives/Aims

The aim of this review is to explore the survivorship needs of men with prostate cancer undergoing AS.

Description/Methodology

A systematic review and meta-synthesis of qualitative studies was undertaken according to PRISMA guidelines in conjunction with a three-stage thematic synthesis (categorising, distilling, and developing new meaning from the data). Studies were included if they reported the lived experience of men who had commenced AS, without having undergone any previous treatment(s).

Results/Outcomes

Thirteen studies met the inclusion criteria from 3226 studies, garnered from five databases. Two key themes were identified; confidence in AS as a treatment and impacts of AS on wellbeing. Living with an untreated cancer, ongoing surveillance requirements and feelings of isolation adversely impact wellbeing. To counter, men employ both proactive and avoidant coping strategies. Underpinning men's confidence and wellbeing is a hierarchy of unmet information needs influenced by therapeutic relationships with the treating team and the impact of discordant terminology undermining the required diligence for adherence to a surveillance protocol.

Conclusion

There are multiple factors influencing men's lived experience on AS. It is imperative to understand the specific survivorship care needs of this cohort to enable optimal support provision for men on AS and promote adherence to treatment. Further research into understanding men's unmet survivorship needs is essential.

Multi-site Retrospective Cohort Study of Central Venous Access Device (CVAD) Removal in Patients with Haematology Malignancies at four Victorian Comprehensive Cancer Centre Clinical Partner Organisations

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Introduction

Central Venous Access Devices (CVAD) are critical for the administration of systemic anticancer therapy for patients with haematology cancers. CVADs in this patient cohort have some of the highest CVAD related complications and premature rates in the literature.

However, in Victoria these rates and their impact on patient outcomes is unknown.

Objectives/Aims

This study primarily aimed to describe all reasons for CVAD removal, complications and expenditure. The secondary aim was to identify opportunities to mitigate preventable, premature CVAD removal, to be tested in future healthcare service initiatives.

Methods

This multi-site, retrospective cohort PhD study collected quantitative data from hospital administrative and health records of adult haematological cancer patients who had a CVAD inserted between 1 September 2020 to 31 August 2021. Data was obtained from numerous sources to maximise data completeness and quality. Analysis included descriptive statistics and regression modelling to identify modifiable predictors for premature removal.

Results/Outcomes

Of the 1078 CVADs inserted in 673 patients, 503 CVADs (57%) were removed due to expected reasons for removal, 366 (42%) were removed prematurely and 12 (1%) were removed due to unknown reasons. Most CVADs experienced complications ($n=919$, 85%). This results in increased system and hospital level expenditure. Variances in multidisciplinary management to current evidence were identified.

Conclusion

This study highlights unacceptably high rates of complications and premature removal of CVADs in patients with haematology cancers. This negatively impacts the patient, hospital and system levels. Opportunities for multidisciplinary initiatives to align clinical practice with current evidence are critical to improve CVAD outcomes in this high risk patient cohort.

Developing and implementing evidence-based vascular access device guidelines

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Introduction

Clinicians find little utility in research, guidelines, position statements and recommendations for patient management unless they can be seamlessly and efficiently incorporated into clinical practice. The Cancer Nurses Society of Australia (CNSA) Occlusion Prevention and Management Guidelines align with the revised, evidenced-based eviQ and eviQ Education central venous access device procedures, education, and resources launched in July 2021. All documents use a common language and provide an evidence-based, peer-reviewed, and standardised approach located on open-source webpages.

Objectives/Aims

This project reviewed and evaluated the impact of the CNSA Occlusion Prevention and Management Guidelines and recommendations.

Methods

Website analytics — webpages accesses by unique users — from 1 July 2021 to 30 January 2024 were requested from eviQ. CNSA Sosido questions and CNSA Congress 2022 and 2023 abstracts pertaining to vascular access devices were collated and analysed descriptively.

Results/Outcomes

The CNSA Guidelines have been accessed 1857 times and the Patency Algorithm 6553 times via the eviQ web-based platform. The top three Sosido questions were: (i) preventing and managing occlusion; (ii) implementing and sharing guidelines; and (iii) annual competency. Two CNSA abstracts presented the implementation of the Guidelines into clinical practice.

Conclusion

This project highlights the Guidelines are informing clinical practice and generating professional conversations to inform patient safety.

Evaluating the process and impact of a structured online Cancer Nurse Practitioner (CNP) Mentoring Program (MP): a pilot study

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Introduction

Transitioning from a novice Nurse Practitioner (NP) to the extended scope of an experienced NP can be challenging and isolating. Cancer Nurse Practitioners (CNPs) require specialised clinical skills/ knowledge/ confidence to manage complex care while meeting education/leadership/research practice domains. Mentoring supports novice NPs to transition to experienced NP roles, however it hasn't been evaluated in CNP cohorts.

Objectives/Aims

To evaluate a CNP MP and explore:

- feasibility/acceptability to participants;
- impact on knowledge/skills/confidence levels and experiences/perceptions of novice CNPs
- transitioning to experienced CNP roles.

Description/Methodology

This longitudinal interventional study evaluated a CNP Mentoring Program (MP). A simple randomisation method paired CNP mentees (n=10) with CNP mentors (n=10). An information workshop ran prior to 12, monthly mentoring sessions. A NP self-assessment tool (NP-SAT) was validated and subsequently completed by mentees to rate their skills/knowledge/confidence levels pre/post-MP. NP-SAT data was analysed using Version 27.0 IBM-SPSS Statistics for Windows. Mentees completed monthly session reports capturing session duration and topics discussed. Semi-structured interviews were conducted with mentees pre-MP and all participants post-MP. Participants completed a feasibility/acceptability survey post-MP.

Results/Outcomes

20 participants attended the online workshop and pairs completed 10-12 MP sessions of 30-60 minute duration. This MP was feasible/acceptable to all participants. Mentees self-reported increased

knowledge/skills/confidence levels across most domains post-MP, with statistically significant increases in the Clinical Care (pre-median=56.5, post median=68, p=0.028, r=0.49, z=-2.194) and Research domains (pre median=13, post median=15.5, p=0.037, r=0.47, z=-2.088). Discussion themes included: professional issues (workplace support/ understanding CNP roles, difficult relationships, scope of practice, stress management); clinical work (case studies, prescribing, assessments); models of care; and cancer-related topics (breaking bad news; voluntary assisted dying; end of life care; genetic testing; managing new tumour streams; immunotherapy toxicities; and prescribing cytotoxic/ opioid drugs).

Conclusion

A structured CNP MP was feasible/acceptable and supported the transition of novice CNP's. Although the sample size did not provide statistically significant data, this project has helped inform the ongoing CNP MP.

Australian nurses views on Registered Nurse prescribing in cancer and palliative care

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Background

The incidence of cancer is increasing, resulting in unprecedented demands on health services. Registered nurse prescribing is an innovative approach to meet these growing health care needs. However, adoption of innovative models requires input from key stakeholders.

Aim

This study aimed to explore Australian cancer and palliative care nurses' attitudes toward nurse prescribing and their perceptions about educational requirements for a nurse prescriber.

Methods

A cross-sectional online survey, AIM-AUS, was distributed to nurses between March and July 2021. Quantitative data relating to demographics,

attitudes towards nurse prescribing, and educational perspectives to become a prescriber were analysed using Pearson χ^2 tests to examine associations between nurses in cancer care, palliative care, and all other contexts.

Findings

A total of 4424 nurses participated in the survey, where 161 nurses identified they worked in cancer care and 109 worked in palliative care settings. Nurses working in cancer care differed significantly from nurses working in other contexts in their attitudes towards the benefits of nurse prescribing. Nurses in cancer care were less certain than nurses in palliative care ($\chi^2(2) = 6.68, p = 0.04$), and nurses from all other specialities ($\chi^2(2) = 13.87, p = 0 < 0.01$) that nurse prescribing would decrease costs to the health care system, or reduce patient risk. Nurses working in cancer care were also more certain that the success of implementing nurse prescribing would require strong support from their other medical and pharmacy colleagues. There was a consensus between nurses working in cancer and palliative care that improving patient care was their top motivator for becoming a prescriber.

Conclusion

Registered nurses working in cancer and palliative care settings reported that they were open to expanding their scope of practice. However, they said successful adoption of registered nurse prescribing must be supported by other health care colleagues, which will require strong inter-professional collaborative efforts.

Patient centred care

Changes in nursing practice model improved the Bone Marrow Aspirate and Trepine (BMAT) biopsy patients post procedural sedation monitoring compliance in the Oncology Ambulatory Care Unit

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Introduction

Bone marrow aspirate and trephine (BMAT) biopsies are used to diagnose and monitor haematological and malignant diseases, being performed under procedural sedation these carry risks of respiratory

depression. Therefore, monitoring is critical for patient safety. Being performed primarily as an outpatient, the patient is discharged home shortly after their procedure. A practice gap was identified in post procedural sedation monitoring, including poor compliance with vital sign monitoring.

Objectives/Aim

To improve patient safety by increasing compliance in vital sign monitoring thus reducing the risk of complications.

Description/Methodology

Plan-Do-Study-Act (PDSA) method was used throughout the project with several facilitated group sessions with stakeholders. Pre-interventional audit analysing 148 sets of observations incorporating; respiratory rate, sedation score, oxygen saturations and Early Warning Scores (EWS) was performed. Findings were presented to stakeholders with a discussion focused on barriers to improvement. Time constraint was identified as a key barrier to compliance, with nursing resources being used for non-clinical tasks, rather than key clinical tasks (vital sign monitoring). A plan of re-designing the nursing practice model of the unit, by utilising Assistants in Nursing (AIN) for non-clinical tasks (transferring, patient mobility, recovery) to reduce the workload of Registered Nurses was formulated with stakeholders.

Results/Outcome

Pre-intervention audit results presented an overall vital sign compliance of 18.25%. With the new model of nursing practice incorporating AINs, post interventional audit data was collected over four weeks resulting in a significant increase in monitoring to formulate a Queensland Adult Deterioration Detection score (Q-ADDs) with compliance increasing to 50.4%. A subsequent finding also showed a reduction in length of stay (LOS) by an average of 32 minutes per patient.

Conclusions

The initiative of remodelling nursing workflow practices with various skill mix has demonstrated positive outcomes for patients including improved post BMAT monitoring and reduced LOS.

Understanding and supporting the unmet survivorship care needs of men on active surveillance for prostate cancer within the first 12 months following diagnosis

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Introduction

Prostate cancer is the most common cancer in Australia. Active surveillance is a treatment option that is widely accepted for the management of some localised prostate cancers. Up to 70% of men commence active surveillance for the management of low/intermediate risk disease. Concerns have, however, been raised about the survivorship impacts men face, evidenced by the almost 40% of men who are discontinuing active surveillance in favour of radical treatments despite comparable survival outcomes and without clinic indication of disease progression. Additionally, prostate cancer related distress can be significant within the first year following diagnosis. A systematic review and meta-synthesis identified that men undergoing active surveillance experience a lack of confidence in this treatment, and detrimental impacts on their wellbeing.

Objectives/Aims

In response to the current gaps in care, this program of work aims to understand the unmet supportive care needs of men undertaking active surveillance within the first 12 months after diagnosis with the goal of enabling enhanced patient supports and patient experiences.

Description/Methodology

A three-phase sequential, multi-methods design will be applied. Phase 1 comprises anonymous online interviews and semi-structured interviews to explore the lived experience of men undergoing active surveillance for prostate cancer, in the first 12 months. Phase 2 deductively analyses and maps findings from Phase 1 against a best practice prostate cancer survivorship framework and prioritises survivorship care needs. In Phase 3, a modified nominal group technique with multidisciplinary health care professionals working in prostate cancer will be employed to develop a position statement to guide best practice care for men on active surveillance.

Conclusion

To date, this is the first study that will explore the needs of men on active surveillance specifically during the first 12 months after diagnosis and develop care guidelines based on a contemporary best-practice survivorship care framework.

Finding the balance of health literacy and information needs with persons with brain, head and neck and gastrointestinal cancer.

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Background

As cancer treatment improves and there is increased at-home care provided, there is an increased need for the patient and family to understand the treatment information to be able to provide care at home. Information should be tailored to the family's health literacy levels and ability to complete the tasks. Persons with brain, head and neck and gastrointestinal cancer have complex treatment schedules and side effects putting them at higher risk of psychosocial distress, poor home management and increased risk of readmission.

This study aimed to understand how family understand health information and how their health literacy influences decisions.

Method

A qualitative design using semi-structured interviews was used. Ethics Approval was gained from participating sites. Patients and family members were recruited from cancer support groups and cancer outpatient clinics. Interviews were conducted via Teams, lasting 30 to 60 minutes. Thematic analysis was used to understand the family experience of health information.

Results

Thirteen participants, eight patients and five family carers, shared their experience of cancer information. They spoke of good supportive care and a range of information to help them understand treatment. Two main themes were identified: Sifting through information and information presentation. Participants described the sense of searching through a large amount of information to understand what they needed. The way information was presented influenced their understanding. Some participants preferred written words while others liked the nurse's explanation or videos.

Conclusions

Participants had adequate information shared with them and developed a good understanding of their treatment. However, the finding and breaking down of information to be understandable was stressful.

Recommendations

Assessing patient and family literacy levels and understanding of information will help enable their ability to care at home. Working with the patient and family ensuring their understanding of health information will improve self-management and overall health outcomes.

The impact and complexities of an online peer support group for people impacted by neuroendocrine cancer: the patient-centred virtual care community of sharing

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Introduction

As the course of neuroendocrine tumour (NETs) diagnosis and treatment differs to most cancer types, and resources are scarce, this compounds the need for a community of sharing with those who understand this unique experience. The NeuroEndocrine Cancer Australia (NECA) Facebook Private Discussion Group is part of NECA patient-centred, NET nurse-supported care interventions. Ongoing involvement and integrity of the patient community ensures its value as a peer support group. We explored how it is an integral part of the Australian NETs community of care.

Aim

Explore experiences of those affected by NETs within the online peer support community of the NECA

Facebook Group and how this moderated patient-centred virtual care hub contributes to meeting supportive and informative care needs in an under-resourced cancer population.

Description

The online group launched in 2010 with processes in place to ensure a safe space and membership numbers now surpass 1900, with criteria for joining limited to those diagnosed with NETs and their family. We highlight care provision by patients as experts in their lived experience and the care needs met by multi-modal analysis examining de-identified content shared, and via a 20-questionnaire member survey.

Outcome

Key topics discussed online were identified and compared to survey results showing correlations, including as a community of sharing within a speciality group of those experiencing NET cancers, interactions, support, and care interventions. Impacts identified include over 80% of respondents report joining the group is positive for their general mood, coping and well-being. In both groups analysis highlighted interaction and information from the NET nurse as a sought-after care intervention.

Conclusion

Insights were gained into the unique needs of our NET community and highlighted the most valued benefits of the online peer sharing community. NET nurses have insights to further engage to meet the needs of those living with NETs across the online community via increasing our online presence.

CancerPlus: an innovative model of care for those living with cancer in the community

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Introduction

CancerPlus is a model of care developed by the Sydney Local Health District (SLHD) GPCanShare Team. CancerPlus will assist patients to improve their health and wellbeing, better navigate the health system, and access needed supports while living with cancer in the community. Through tailored

assessment, education and health promotion, CancerPlus will enable patients to develop the skills to navigate their cancer journey.

Anecdotal evidence from our patient cohort has shown confusion over knowing who to contact and when, and where to direct questions and concerns while in the community. There was a lack of knowledge around support networks and referrals to services, and how to navigate issues concerning these. This is reflected in Cancer Australia's 2024 Australian Cancer Plan's call for increased navigation services for those living with cancer.

Objectives

1. Develop a collaborative model of care utilising co-design methodology
2. Develop a framework for patient support and navigation
3. Development of a CancerPlus Wellness Plan for patient and carer use

Methodology

Co-design methodology was used to provide insight into the requirements of a model of care that encompasses the needs of patients living with cancer in the community and help them develop the skills to navigate their own journeys.

Outcomes

The resultant CancerPlus model encompasses an individualised, tumour agnostic approach to cancer care, whereby patient needs and goals are kept in focus. A framework was established to ensure a structured approach, whilst also allowing for development of healthcare navigation skills.

Conclusion

CancerPlus was officially launched in January 2024. The full reach of the implementation and model of care however may not be seen or felt for some time.

Opportunities for future research include patient satisfaction with CancerPlus, increased self-efficacy of patient and carer, and the impact this may have on cancer specialists and primary health care staff.

The role and reach of Prostate Cancer Specialist Nurses in the provision of personalised survivorship care: Analysis of patient activity data (2014 – 2023)

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Introduction

Prostate cancer specialist nurses (PCSNs) support men impacted by prostate cancer, and their families, from diagnosis and throughout survivorship. Many men will experience distressing and debilitating side effects from prostate cancer and treatment. PCSNs are embedded within multidisciplinary teams and are integral in the delivery of survivorship care, however, little is known about patterns of nurse-led prostate cancer survivorship care delivery, and the reach of these specialist nursing services.

Objectives/Aims

To identify patterns and reach of PCSN survivorship care across a national specialist nursing service.

Description/Methodology

Since 2014, the Prostate Cancer Foundation of Australia has operated a national specialist nursing service of over 100 PCSNs. A centralised activity database is used to track patient-related contacts (PRC), including location, purpose, time since diagnosis, interventions per PRC (e.g., psychosocial/physical assessments, information provision, care-coordination) and length of consultation. Descriptive statistics and cross-tabulation were used to analyse data to 2023.

Results/Outcomes

Over 475,000 PRC were conducted by PCSNs from 2014–2023, with 96,402 new patients entering the service. PRC underwent an almost eight-fold growth over nine years. Most (57.5%) new patients presented to the service within two months of diagnosis, while 31% engaged at diagnosis. Most men (74.5%) were undergoing treatment including radical prostatectomy (42.2%), radiation therapy (25.1%), hormone therapy (21.6%) and active surveillance (8.5%). The most frequent PRC activities were information provision (81.7%), psychosocial (65.1%), functional (64.1%) or symptom (45.3%) assessments, and care-coordination (62.4%). Most (56.3%) PRC occur in services >100km from a capital city, and almost one

third (28%) in areas of relative disadvantage. Since 2014, the number of rural patients accessing care in a rural service has increased seven-fold.

Conclusions

This specialist nursing program has substantial reach into geographical regions and populations that are often under-served or disadvantaged, and suffer poorer health outcomes. PCSNs are ideally placed to deliver tailored care across the survivorship trajectory and facilitate streamlined care co-ordination.

Glioma carers-assessment of individual needs and support: Protocol for a single arm pilot study

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Introduction

A diagnosis of high-grade glioma (HGG) can have devastating impacts for patients and their carers. In fact, carers of people with HGG have many unmet needs and experience significant distress. Our recent systematic review identified no supportive care interventions addressing carers unmet needs during the radiation phase of treatment. Nurse-led, carer-driven supportive interventions administered during radiation may be an opportunity to address carers unmet needs.

Objectives

The aims of the Glioma carers-Assessment of Individual Needs and Support) GAINS study are to examine the feasibility and acceptability, and preliminary effects, of a nurse-led intervention to address the unmet needs of carers for people with HGG.

Methodology

This is a single group, pre-post study design. Twenty carers of people with newly diagnosed HGG, planned

for a minimum of 15 fractions of radiation, will be recruited from radiation oncology clinics at the Princess Alexandra Hospital in Brisbane, Australia. Once consented, carers will complete a neuro-oncology needs screen identifying priority areas for support. The cancer nurse researcher will meet with the carer (face-to face or by phone) regularly during the patient's radiation treatment to offer support to manage the identified caregiving issues, with the option for a further needs screening approximately four weeks after the completion of radiation. [HREC: 89349]

Outcomes

Data pertaining to carer preparedness, competence/confidence, strain, positive appraisal of caregiving, family well-being, and distress will be collected at three time points: baseline, end of radiation treatment and six weeks post radiation. Semi-structured interviews and surveys will also be undertaken to explore the GAINS intervention from the perspective of the participating carers, their patients, and health professionals involved in the care of the patient-carer dyad.

Conclusion

The GAINS study commenced recruiting at Princess Alexandra Hospital in 2023. Six carers are currently enrolled or have completed all study components.

Ageless advocacy: A Six-month progress report implementing a nurse-led model of care for older adults with cancer

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Introduction

The adoption of specialised geriatric oncology programs in Australia remains limited despite significant evidence supporting the benefits of comprehensive geriatric assessment, screening, and intervention for older adults with cancer. Multimorbidity and geriatric syndromes are highly prevalent among this population, and supportive

services beyond cancer-specific diagnosis and treatment are critical to providing optimal cancer care. Innovative models are crucial to address this growing healthcare demand and disparities in cancer care for older people.

Aim

To implement and evaluate a nurse-led model of care for screening and assessing geriatric needs in older adults with lung cancer.

Description

A nurse-led geriatric oncology model of care was co-designed with key stakeholders including consumers. The model of care involved a nurse using validated tools to screen and assess all new patients with lung cancer aged 65+ or 50+ for Aboriginal and Torres Strait Islander peoples. Patients were subsequently discussed at a multidisciplinary team meeting with clinicians and allied health. Specific triggers identified patients needing a comprehensive geriatric assessment.

Results

Over six months, 58 patients were assessed by the nurse. The median age was 73 (range 65–86). 82% were seen prior to their first oncology treatment. All patients were discussed at the multidisciplinary team meeting. The most frequently reported issues were polypharmacy (45%), anxiety/depression (28%), mobility (19%), and cognition (19%). 88% of patients were referred to allied health and 33% referred for comprehensive geriatric assessment. 10% were referred to a geriatrician via their general practitioner. All patients received a follow up phone call within 4–6 weeks.

Conclusion

Innovative nurse-led models improve access to services for older people with cancer. This intervention provides workflow processes for delivering screening and assessment of geriatric syndromes which can be tailored to individual health services worldwide. Enabling this clear pathway of care, referrals and follow ups are increased. Ongoing evaluations focus on accessibility, feasibility and scalability.

CANConnect Cancer Access Nurse

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Introduction

The management of cancer patients requires a proactive approach to detect and address patient deterioration. The Cancer Access Nurse Consultant (CANConnect) model within the Cancer Program at the Royal Adelaide Hospital demonstrates an initiative-taking approach to monitoring cancer patients virtually, increasing timely identification and management of symptoms and associated patient deterioration.

Aim

- Timely evaluation and patient management of treatment related symptoms virtually.
- Improved patient satisfaction and quality of life.
- Reduced hospital presentations into cancer RAC and ED.

Methods

All new patients from the ambulatory setting undergoing anti-cancer systemic therapy receive a telephone/telehealth call 3–7 days post their initial treatment. Patients are evaluated via a series of questions using the United Kingdom Oncology Nursing Screening (UKONS) Rapid Assessment and Access Toolkit, aiming to identify symptoms and/or clinical deterioration. Distress tool evaluation is included to improve understanding of the unique distress experienced by cancer patients. Various strategies enabling symptom self-management are activated, with follow up calls placed within 24 hours to ascertain progress. Rigorous data collection aims to identify vulnerable cohorts of patients who require additional clinical management to enable their recovery at home.

Results

Preliminary results from the CANConnect model implementation demonstrate early success. Through initiative-taking patient contact via telephone/telehealth, a considerable number of patients suffering with symptoms and or deterioration were identified, allowing for early intervention. Furthermore, the service enabled a percentage of patients to avoid presenting to ED through ongoing clinical support and guidance during their recovery phase.

Conclusion

The CANConnect model has shown promising results in the proactive detection of symptom

deterioration and timely clinical support provision for cancer patients. Improved symptom management, enhanced patient satisfaction, and reduced emergency presentations are documented outcomes of the model recorded during the initial two month implementation phase.

Implications

This innovative model is effectively addressing the challenges associated with delayed symptom identification and intervention and has the potential for implementation in other healthcare settings, enabling early intervention, enhanced patient experiences, and improved overall cancer care outcomes.

Collaborative Approach to Treating Hospital Avoidant Patients

Stacy McGreal, Lorna Cook

View Health chemo@home

Background

Case study of a collaborative, remote and digital approach to providing chemotherapy at home to a young adult who refused to attend hospital.

Assessment

X is an 18-year-old man diagnosed with an 11cm right paraspinal Ewing Sarcoma at L4 to S2 who, following diagnosis, refused to attend hospital for chemotherapy. X lived at home with his supportive parents in a rural area- 100kms away from the hospital. Although undiagnosed, X's mother indicated he was neurodivergent and struggled with anxiety.

Goal of Care

The treatment plan for X was alternating cycles of vincristine/doxorubicin/cyclophosphamide and ifosfamide/etoposide for a total of 14 cycles. Surgical intervention after cycle 6 and radiation treatment concurrently from cycle 7. X presented to the hospital day unit for his first cycle of treatment, however left before treatment commenced, refusing to return.

Interventions

Following X's refusal to have treatment in hospital, the Young Adult Cancer Coordinator requested View Health- chemo@home (VHc@h) provide treatment at home. Treatment was ordered by the oncologist and administered by VHc@h. The two teams collaborated regarding pathology, clinical reviews, management of side effects, delays due to adverse

events and protocol modifications to accommodate home treatment. All communication between the treating team at hospital, VHc@h and the patient were attended to via multiple digital platforms. At the time of writing X had successfully received 4 cycles of chemotherapy at home despite having not met his treating oncologist or team face to face.

Evaluation

Working collaboratively with the oncology team enable this patient to receive lifesaving treatment where he would otherwise had none. Ensuring the same few nurses attended X regularly enabled rapport and trust to develop, which helped to dissipate anxiety resulting in treatment adherence.

Conclusion/Implication for Practice

The collaborative approach between hospital and specialised home service, aided by digital platforms, is mutually beneficial strategy that enhances the accessibility of healthcare to hospital avoidant patients.

The Australian comprehensive cancer network: a framework for networked, patient centred comprehensive cancer care

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Introduction

Comprehensive cancer care improves patient experience and outcomes through the provision of coordinated, optimal cancer care across the continuum.

Aims

There is an opportunity to improve equitable access to comprehensive cancer care through the establishment of a fully integrated and inclusive Australian Comprehensive Cancer Network (ACCN).

Methodology

Stakeholder feedback during the development of the Australian Cancer Plan identified networked comprehensive cancer care as a national priority. Cancer Australia used this feedback to develop a Framework to guide the network's development

and establishment in consultation with sector representatives.

Results

The ACCN Framework outlines critical elements for the ACCN, including principles of networked comprehensive cancer care and standards of excellence for participating services.

A key principle of the ACCN is improving access for all Australians to person-centred, evidence-driven, comprehensive cancer care, regardless of who they are or where they live. To do this, Comprehensive Cancer Centres will act as anchor points in the ACCN, connecting with patients and regional services across the cancer care continuum, both within and between jurisdictions.

Standards for the ACCN include delivering optimal, culturally safe cancer care with seamless patient navigation; delivering research excellence; driving service improvements and better cancer outcomes through data; fostering a capable, future focused cancer workforce; and facilitating connectivity and sharing of expertise. The ACCN will also support implementation of other strategic priorities in the Australian Cancer Plan including the Optimal Care Pathways Framework and National Cancer Data Framework.

Conclusions

The principles of networked comprehensive cancer care and standards of excellence outlined in the ACCN Framework are critical to establish a network committed to delivering equitable access to world-class comprehensive cancer care. This is so that every patient in Australia is linked to the best evidence-driven prevention, research, diagnostics, treatment, and supportive care for their cancer, as close to home as safely possible.

Communication that matters: empowering staff to partner with patients and carers through changes in patient communication

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Introduction

In an era of evolving digital approaches, maintaining a person-centred approach is critical to cancer care, including considering how patients, carers and family experience information and communication, and how they participate in shared decision making. Peter MacCallum Cancer Centre implemented the organisation-wide Your Thoughts Matter (YTM) communication program to drive innovative changes to the experiences of patients, families and carers. By ensuring core communication skills are consistently delivered at every patient encounter by every staff member, patients are empowered to share their thoughts on “what matters to them”, shifting the focus from “what is the matter with them”.

Aim

To achieve measurable improvement in the patients' experience of healthcare by strengthening communication between health professionals and patients.

Description

YTM is an evidence-based program designed to build capacity and embed core communication skills within health services. Peter Mac implemented the program in three phases: developing a faculty of staff and consumers to deliver training; delivering multidisciplinary interactive face-to-face communication workshops for staff, focussing on clinical care and clinical administration teams; and implementing of a question prompt sheet to help patients communicate with staff.

Outcomes

Despite implementation commencing during COVID-19 restrictions, more than 1500 staff completed training. Staff completed pre- and post-training self-efficacy surveys and evaluated the workshop training experience. 469 patients and carers completed a real-time feedback communication survey, reporting

a generally positive experience while highlighting areas for improvement. Evaluation data report improvements in patient interactions with staff, with a decrease in complaints and an increase in compliments. Staff report feeling more equipped to deliver person-centred care and better prepared to support patients, carers and families.

Conclusion

The YTM program is achieving significant improvements in person-centred care and communication, supporting staff and ensuring patients and carers have answers to the questions that matter to them most throughout each stage of their care.

Impact of a technology enhanced model of psychosocial care for children with cancer and their parents (eMaP)

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Introduction

Families' access to psychosocial support at any time during their child's oncology treatment is often provided in the first three months post-diagnosis. However, evidence shows that these families experience psychosocial distress for extended time after diagnosis, which may not be identified.

Objectives/Aims

To explore the impact of a novel intervention including electronic psychosocial screening for parents of children (0–18 y/o) with cancer on parents' and children's psychological distress, quality of life and parents' needs of support.

Description/Methodology

In this single site, prospective cohort study, participants completed electronic surveys with demographic, cancer information and psychosocial measures, including the Distress Thermometer at baseline, T1 (4 weeks) and T2 (8 weeks). Families (parent and/or children) with high levels of distress (≥ 4) received additional assessment and support through a hospital social worker in coordination with psychology services. Parents/children with low levels of distress (< 4) did not receive this additional support

Results/Outcomes

Out of 111 parents approached 57 (51%) accepted to participate in the study. Participant parents were 87% female and aged 30–49 years, with children with cancer diagnosed in the preceding 12–16 weeks. Levels of distress significantly decreased for both parents and children with baseline high levels of distress who received therapeutic care and increased for parents with initial low levels of distress (over the threshold of ≥ 4 at T2). The number of support needs for parents with initial high levels of distress, significantly decreased over time, halving at T2. A significant association between parents' needs of support, quality of life, and levels of distress was identified. Parent's quality of life significantly increased over time.

Conclusion

This study highlights the psychosocial benefits of eMap for parents and children with cancer who show high levels of distress 12 weeks post diagnosis and suggests that without this intervention, psychosocial outcomes may worsen over time.

The design, development and implementation of a nurse-led survivorship intervention for men with prostate cancer receiving androgen deprivation therapy: Learnings from a doctoral program of work

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Introduction

Androgen Deprivation Therapy (ADT) is a common treatment for prostate cancer (PC) with debilitating impact on physical and psychological quality of life (QoL). While some interventions focus on managing physical side effects of ADT, there is a paucity of interventions that also address psychosocial and educational needs.

Objectives/Aims

To address this gap, we developed a telebased nurse-led survivorship intervention incorporating psychological and physical health, and educational needs, aiming to improve QoL and self-efficacy for men with PC on ADT.

Description/Methodology

A multi-methods approach comprising literature review, qualitative exploratory studies and stakeholder engagement informed intervention design and development. Intervention testing is underway utilising a sub-study analysis approach (n=20) as part of a larger national effectiveness-implementation hybrid (Type 1) trial. Evaluation measures comprise validated patient reported outcome measures and semi-structured patient interviews.

Results / Outcomes

A systematic review highlighted a lack of literature reporting psychological and educational interventions targeting QoL outcomes for men on ADT, suggesting a critical need for person-centred survivorship interventions addressing these needs. Qualitative findings highlighted men's survivorship needs and program preferences, emphasising the importance of delivering evidence-based interventions taking into account individual educational, psychosocial and physical needs. Based on these findings, a 5-session psycho-education program was developed incorporating: psychological and physical impact and side effects; exercise and diet; sexual function and intimacy; coping strategies; problem solving; and goal setting. Specialist nurse training was conducted prior to testing commencing.

Conclusion

Few interventions effectively address the decrements ADT has on both physical and psychological health. This nurse-led intervention addresses this gap, delivering personalised education and support aiming to improve self-efficacy and overall QoL in men on ADT. Testing and evaluation is underway and will provide invaluable information informing future service design and provision, and potential scalability across nursing services caring for men on ADT.

'My Wellbeing Plan' – the evolution of a survivorship care plan for men with prostate cancer

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Introduction

Survivorship care plans (SCP) are an important component of quality care, providing cancer survivors with a personalised document summarising diagnosis, treatment, and after-care information, supporting communication with healthcare team members, and promoting self-efficacy in managing wellbeing priorities and ongoing healthcare needs.

Objectives/Aims

This project reports the development of a prostate cancer (PC) specific survivorship care plan, where personal agency is positioned as the guiding principle, aligned with an internationally endorsed best-practice survivorship framework.

Description/Methodology

A three-cycle participatory action research approach was used. Cycle 1 was informed by consumer and health professional feedback describing gaps in survivorship care. Cycle 2 saw the development and testing of a SCP by PC specialist nurses over six months. Validated pre- and post- acceptability measures informed an updated version. Cycle 3 involved a 12 month national trial of the SCP utilising the Prostate Cancer Specialist Nurse (PCSN) network.

Results/Outcomes

Consumers (n=50) reported sub-optimal care-coordination and survivorship experiences exacerbated by the absence of a tailorable, PC specific planning resource. PCSNs (n=43) requested an evidence-informed SCP resource which provided structured prompts for clinical practice (Cycle 1). In Cycle 2, 26 PCSNs completed 151 SCPs (mean 10.8, ±9.5) and reported high acceptability (16.7/20 ±2.0). Requested changes included more space for test results and an auto-populated GP summary (Version 2). Cycle 3 (n=104) introduced generic treatment boxes and additional prompts for distress screening and psychological care provision. The SCP was made available via a public website. Recurring feedback indicating patients were not always comfortable with the term 'survivorship' led to a name change (to

My Wellbeing Plan) and corresponding terminology changes across the plan.

Conclusion

Participatory action research methodology has been instrumental in the evolution and implementation of 'My Wellbeing Plan'. Ongoing input from consumers and health professionals has delivered a fit-for-purpose SCP that is clinically relevant, highly acceptable, and readily accessible to all.

Experiences of virtual care in New South Wales cancer outpatient clinics and GPs

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Introduction

The Bureau of Health Information's (BHI) Outpatient Cancer Clinics Survey reflects the experiences of care of more than 8200 adult cancer patients in 2023. Respondents also provided feedback on their experiences of virtual care with hospital outpatient clinics and GPs.

Objectives/Aims

To report on cancer patients' experiences with health services, including virtual care to provide valuable insights into the expanding delivery of care through digital technologies.

Description/Methodology

BHI heard from 5244 urban and 3036 rural adult patients who attended one of 43 NSW facilities housing outpatient cancer clinics in January 2023 about their experiences of care. Of those respondents, 38% had a virtual care appointment with a hospital outpatient clinic and 41% with a GP in the 12 months prior to completing the survey. They also provided feedback about those experiences.

Results/Outcomes

Cancer patients were overwhelmingly positive about their in-person experiences, with almost all (98%) saying, overall, the care they received was very good (86%) or good (12%). However, rural patients were significantly more positive on questions related to timely and coordinated care and a safe, comfortable environment.

They also provided high ratings of their virtual care experiences: 94% of patients said, overall, their virtual care with hospital outpatient clinics was very good or good, and 93% said the same of their experiences with a GP.

Patients also told us that the use of digital technologies enhanced the coordination of their care. Around nine in 10 (92%) said the opportunity to use virtual care helped ensure their care was well coordinated between the hospital outpatient clinic and GP.

Conclusion

In 2023, patients were very positive about their experiences of care with virtual care. There is some room for improvement when we look at rural versus urban facilities. These survey results provide important information to help inform the delivery of care for cancer patients.

Implementing and evaluating a Transfusion Treatment Plan (TTP) for haematology patients with regular and long-term transfusion needs

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Introduction

Patients with haematological conditions require regular and/or long-term transfusions of red blood cells (RBC) and/or platelets. Multiple steps are required to commence blood products safely; however, delays occur if patients' transfusion requirements are not clearly established, documented, and/or the responsible JMO/Registrar is not available. A Transfusion Treatment Plan (TTP) is a pre-approved plan that enables nurses to commence blood products without waiting for review. This will improve efficiency and patient-centred care.

Aim

To implement and evaluate the feasibility, acceptability, and effectiveness of the TTP. Evaluation includes: changes in wait times (minutes) and chair use for eligible patients who require blood products; changes to blood bank resources, blood product usage and wastage, and cross-match to transfusion (CT) ratio; staff satisfaction, empowerment and views of the TTP among health care professional staff.

Methodology

Pre- and post- research design with measures performed at baseline (pre-implementation), and six months post-baseline.

Phase 1: mapping of the current model of blood product transfusion process

Phase 2: development of the TTP

Phase 3: evaluation of the TTP:

- Data collection for arrival times and treatment start times
- Number of group and hold samples received, crossmatched, ordered and transfused
- Pre and post pilot study survey
- Adverse events

Results/Outcome

21 patients were placed on the TTP and the outcomes post-six months are:

- 13% improvement in patient wait times – subjective data
- Blood Bank Crossmatch to Transfusion (CT) Ratio improved from 1.39 to 1.15 with no platelets discarded
- 47% increase in staff satisfaction
- 36% of nursing staff felt that they had an increased sense of professional autonomy
- There was a 62% increase in staff reporting that their workloads were more manageable

Conclusion

The TTP was feasible, safe and was highly accepted by the staff. While minimal reductions in wait time and blood wastage occurred, the large increases in staff satisfaction, empowerment, and autonomy are worthy outcomes. The TTP should be expanded further and evaluation should include patient and carer satisfaction.

Implementation and experiences of a telehealth psychosocial model of care for people affected by ovarian cancer

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Introduction

An ovarian cancer diagnosis often results in a poor prognosis, with limited effective treatment options and high rates of recurrence. Understandably significant psychosocial distress is experienced.

There are few ovarian cancer specific psychosocial models of care that are evidence based and accessible to all.

Objectives

1. To describe a telehealth psychosocial support service for people affected by ovarian cancer in Australia.
2. To report on the experiences of psychosocial support among people affected by ovarian cancer.

Methods

The telehealth psychosocial support service (PSS) at Ovarian Cancer Australia (OCA) was established to address the absence of an ovarian cancer specialised support service in Australia. A PSS questionnaire was sent to those referred to the OCA PSS in 2023 (n=115). In total 49 people completed the questionnaire (42.6% response rate). Questions pertaining to perceived satisfaction and an adapted version of the Clinical Evaluation Questionnaire (CEQ-2) were included.

Results

An ovarian specific counselling service was established and implemented. For those who completed the PSS questionnaire, the average age was 65.77 years, were mostly female (96%), resided in urban/metro areas (63%), and had no active disease (53%). Main reasons for accessing support were anxiety, low mood, fear of cancer recurrence and impact of ovarian cancer on relationships. Around 80-90% of people agreed that counselling increased their coping skills and helped them better understand their experience of ovarian cancer. Overall people reported to be satisfied with OCA counselling support and would recommend it to others impacted by ovarian cancer.

Conclusions

OCA has successfully built an ovarian cancer specific counselling service that is free and accessible to any Australian diagnosed with ovarian cancer and their family. Those accessing the PSS report benefits and would recommend the service to others. These results may assist other oncology services who seek to develop and implement a counselling service.