Digital health and data

Increase in the oncology clinical trial unit efficiency after the introduction of integrated electronic medical records (ieMR) at the Sunshine Coast University Hospital (SCUH)

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Introduction

Clinical trial nursing in oncology is a specialised practice area where nurses care for research participants according to rigorously designed research protocols. Due to the increasing complexity of oncology protocols and high associated cost, electronic systems are increasingly used to assist clinical trial management. The first electronic system introduced at SCUH trial unit was the ieMR in 2019.

Objectives/Aims

We questioned whether it was possible to assess the impact ieMR had on oncology trial nurses' efficiency using the data routinely collected over a 10-year period.

Description/Methodology

Data from pre-ieMR period 2014 to 2018, and post-ieMR period 2019 to 2023, was collated and compared. The trial unit efficiency was assessed by calculating 1) the number of studies and patients in all oncology streams, 2) the complexity of the trials using the validated opal score and 3) the number of regulatory submissions (2018 to 2023). Data was normalised by nursing full-time-equivalent (FTE).

Results/Outcomes

The average number of active studies per FTE increased 15% from 8.8 (+/- 1.2) to 10.1 (+/- 1.2) after the introduction of ieMR. The average number of new patients per FTE increased 58% from 5.5 (+/- 1.7) to 8.6 (+/- 1.6). The complexity of studies did not vary, most studies having an opal score of 7 out of 8. The number of phase 2 studies, however, increased from 9 to 19. Regulatory submissions steadily increased over the years. Regulatory submissions per FTE increased 82% from 31 in 2019 to 58 in 2023.

Conclusion

It was expected that the introduction of ieMR would improve communication and administrative work, and data showed an increase in all measurable parameters post ieMR. However, it is not readily possible to attribute the increased efficiency to the introduction of ieMR, as other factors, such as COVID19 or unit restructure, cannot be ignored. Other metrics must be introduced to measure the impact of electronic systems on efficiency.

Is digital health enhancing or hindering the quality of patient care?

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Introduction

This paper, presented by the former nurse manager of cancer services at Royal North Shore Hospital, now working with Episoft, will discuss the pros and cons of nursing in a digital world.

Objectives

To look and discuss the benefits that digital health can bring to patient outcomes, as well as discussing what is sometimes compromised along the way and why?

Description

Digital health can improve communication and collaboration between health professionals which ultimately leads to better patient outcomes. Digital health is timely, contemporaneous and cannot be lost, erased or hidden.

However, nurses are spending increasing amounts of time behind a computer screen, and some may argue that this would be better spent at the bedside. Patients are frequently interacting with nurses and health professionals who instead of fully engaging with the patient have their eyes on a computer screen.

Digital health/technology is not going away. To be more meaningful the systems need to be simple to use, efficient and show their value to the clinician. The clinician needs to learn techniques to interact with patients using communication skills that need to be adapted to this new technological era.

Results

Digital technology enables faster access to patient information and there has been much work focused on the development of oncology software systems which are helping to provide safer more effective care. Systems can be tailored to individual workflows and can be cloud-based, reducing the need for costly hardware overheads. From booking to discharge with assessments, treatments, holistic planning, care, and management in one place.

Conclusion

Digital health systems can support the core functions of primary care, and the primary care giver. They need to be user-friendly and meaningful. There needs to be adequate and on-going training to ensure user competency and ensuring that the patient remains at the forefront of the care trajectory.

Understandability, actionability and reliability of YouTube videos on brain, head, and neck cancer information

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Introduction

The incidence of brain cancer and head and neck cancer continues to increase with higher numbers of annual deaths. Persons with cancer often use the internet to find cancer-related information. Online videos accessed via YouTube are a popular method to provide health education. Videos need to be critically evaluated for educational qualities as the information could influence health outcomes.

Objective

The present study aimed to evaluate the understandability, actionability and reliability of videos available on YouTube regarding brain, head, and neck cancer information.

Methods

A scoping review was conducted with pre-designed search strategies. For each video, characteristics and user engagement activities were recorded. Videos were evaluated using the PEMAT-A/V and modified DISCERN criteria. Spearman's rank correlation, Kruskal-Wallis test and Mann-Whitney U test used for analysis.

Results

Out of 200 retrieved videos 37 met inclusion criteria and were analysed. The median length of the video was 3.3 minutes. Majority of videos were published by health institutional and private channels. Four videos were identified with highest understandability, actionability and good reliability. Health institutional channels received highest actionability while private channels resulted lower views/day and likes/day. Animated and narrated videos were graded the highest understandability score. Videos with transcribed closed captions reported higher actionability, reliability, views/day, and likes/day.

Conclusion

YouTube videos pertaining to brain and head and neck cancer have low understandability, low actionability and moderate reliability. It is important for organisations to develop trustworthy and credible videos to share health information via YouTube. Including animations and professional transcripts for videos as closed captions may improve their overall quality and consumer engagement.

Education

Influences shaping clinicians' monoclonal antibody and immune checkpoint inhibitor preparation and administration management practices: a systematic review

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Introduction

Over the past 30 years, monoclonal antibodies and immune checkpoint inhibitors have greatly improved cancer survival outcomes and quality of life, positioning them as potential replacements for conventional chemotherapy in some diseases. However, little is known about the long-term risks and impact of repeated secondary exposure to these agents, especially for clinicians preparing and administering them. This is especially relevant for cancer nurses, who, in addition to administering these agents, are occasionally tasked with preparing monoclonal antibodies within the ward or outpatient environment.

Objective

This systematic review aimed to identify the influences shaping clinicians' awareness of safe handling, their current practices, and the recommended practices for those administering and preparing monoclonal antibodies and immune checkpoint inhibitors.

Methodology

A systematic review was reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Six electronic databases were searched to identify peer-reviewed studies reporting empirical evidence on the practices of clinicians administering monoclonal antibodies and immune checkpoint inhibitors published between 2012 and 2022. Eligible articles were extracted into Covidence, their quality was assessed before a narrative synthesis identified patterns, trends, and relationships within and across included studies, allowing for descriptive and analytical themes to be generated.

Results

Of the 6543 identified articles, 141 were eligible for review, with four included. Two main themes emerged: 1) The lack of international consensus on the exposure risk of monoclonal antibodies and immune checkpoint inhibitors, and 2) Clinician education is vital but challenging to implement without robust evidence about the secondary exposure risks of these novel agents.

Conclusion

A lack of consensus creates uncertainty about the hazardous nature of monoclonal antibodies and immune checkpoint inhibitors, resulting in various risk-reduction strategies during preparation and administration and inconsistent professional development. Protecting the long-term health of clinicians necessitates consensus, however, without compelling evidence or international agreement on the hazardous drug classification criteria of these agents, this is challenging.

Development and psychometric testing of two Cancer Nurse Self-Assessment Tools for Early and Metastatic Breast Cancer

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Introduction

Breast care nurses (BCNs) provide clinical and supportive care to meet the complex needs of people diagnosed with breast cancer (BC), which differ depending on a diagnosis of early or metastatic disease. By specifically designing a Cancer Nurse Self-Assessment Tool (CaN-SAT) that identifies learning needs, tailored education and training can be provided to upskill nurses and ensure optimal supportive care for patients.

Objectives

To develop and psychometrically test tools for early and metastatic breast cancer (CaN-SAT-eBC and CaN-SAT-mBC) that assess the skill levels of BCNs.

Methodology

A three-phase study was conducted. Phase 1: An expert working group was formed to develop the domains and item content for both tools. Phase 2: The Content Validation Index (CVI) was used to assess the relevance and clarity of each item on the two tools with BCN experts and nurse educators. Consensus of 0.78 across expert groups was required for an item to be included in the tools. Items rated less than 0.78 were revised or removed based on open-ended comments. Phase 3: The tools were tested for reliability with BCNs and Cronbach's alpha scores of ≥ 0.70 were considered good reliability.

Results

Each tool has undergone two rounds of content validation. The final versions of these tools included 18 domains, 123 items (CaN-SAT-eBC) and 22 domains, 145 items (CAN-SAT-mBC). For the eBC tool, two items were modified, and one removed based on CVI scores, while no items rated less than 0.78 in the mBC tool. The reliability testing is ongoing, and results will be available by March 2024.

Conclusion

The CaN-SATs are comprehensive tools for self-assessment of skills for BCNs. These tools provide opportunities for nurses to identify individual learning needs, as well as for researchers and educators to develop tailored training for optimal care provision. These tools could be adapted for relevance to other types of cancer in the future.

Central venous access device terminologies, complications, and premature reasons for removal in patients with cancer: A scoping review

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Introduction

Lack of agreed terminology and definitions in healthcare compromises communication, patient safety, optimal management of adverse events, and research progress. Central venous access devices (CVADs) are critical for effective and efficient management of patients with cancer because they facilitate urgent, acute or prolonged access to the bloodstream for the administration of systemic anticancer therapies and supportive therapies and repeated blood sampling. Variance in protocols, procedures, and practices result in poor vascular access outcomes.

Objectives/Aims

The aim of this scoping review was to understand the terminologies used to describe the devices, CVAD-associated complications and reasons for premature removal in people undergoing cancer treatment. The objective was to map language and descriptions used and to explore opportunities for standardisation.

Method

An a priori protocol for this scoping review based on the five stages of Arksey and O'Malley's scoping review framework guided this review. The search strategy aligned with the broader format of population, concept and context format was utilised. The search of MedLine, PubMed, Cochrane, CINAHL Complete and Embase databases was undertaken and data was extracted in Covidence.

Results

The search identified 31,877 records, and 292 studies met the inclusion criteria. A total of 213 unique descriptors were used to refer to CVADs, with all reasons for premature CVAD removal defined in 84 (44%) of the 193 studies only, and complications defined in 56 (57%) of the 292 studies. Where available, definitions were author-derived and/or from national resources and/or other published studies.

Conclusion

Substantial variation in CVAD terminology and a lack of standard definitions for associated complications and premature removal reasons was identified. This scoping review demonstrates the need to standardise CVAD nomenclature to enhance communication between healthcare professionals as patients undergoing cancer treatment transition between acute and long-term care, to enhance patient safety and rigor of research protocols, and improve the capacity for data sharing.

Global survey reveals demand for additional photoprotection education in Australia

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Aim

Skin cancer is one of the most commonly diagnosed cancers, and rates have increased rapidly over the last decade. Australia experiences the highest rate of skin cancer worldwide. Although highly preventable, skin cancer is a major burden on the healthcare system. Lack of education on photoprotection underpins this widespread prevalence and improvement in practices will be crucial to changing behaviours and attitudes. This study investigates the knowledge and behaviours relating to sun exposure in Australia.

Methodology

Representative samples of the population aged between 18–75 years were surveyed in 17 countries. Online interviews were conducted via Ipsos Access Panel, between September–October 2021. The quota method was applied to gender, age, occupation, region and market size, to ensure equal distribution of subjects surveyed. Data were compiled and analysed by the Ipsos team.

Results

On average, more Australians appear to be aware of sun-related skin issues compared to the rest of the world. However, fewer Australians (22%) relative to the rest of the world (30%) are aware of the difference between UVA and UVB rays. Fewer Australians believe a tan looks healthy. Relative to worldwide opinion, a greater proportion of Australians maintain their photoprotective behaviours when tanned, and fewer believe that unprotected sun exposure is safe when tanned. On average, Australians are more likely to engage in photoprotective behaviours compared to the worldwide population, with more practicing year-round sun protection, even on overcast days. More Australians also expressed remorse over past practices, wishing they had practiced alternative approaches to tackling sun exposure.

Conclusion

The results of this survey show that although Australians perform better in terms of photoprotective behaviours, an improvement in photoprotection education is needed, with the timing of this optimised for early in life to prevent sun damage and subsequent regret over past practices.

A comprehensive analysis of global skin cancer incidence and mortality with a focus on dermatologist density and population risk factors

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Introduction/Objectives

Melanoma and Non-Melanoma Skin Cancers (NMSC), such as Squamous Cell Carcinoma (SCC), Basal Cell carcinoma (BCC), and Merkel Cell Carcinoma (MCC), pose a global health burden. This study assesses global skin cancer epidemiology, emphasising incidence, mortality, risk profiles, and dermatologist density's impact.

Materials/Methods

Using WHO International Agency for Research on Cancer (IARC) data, we analysed skin cancer epidemiology, focusing on its global spread and the relationship between dermatologist density and mortality/incidence ratios. By mapping these ratios against dermatologist density, we created an efficiency indicator for melanoma management.

We focused on skin cancer Relative Risk (RR) in immunocompromised individuals, genodermatosis (xeroderma pigmentosum (XP) and albinism), the elderly (65+), outdoor workers, indoor tanning practices, and skin colour.

Results

In 2020, global melanoma incidence was 324,635, resulting in 57,043 deaths. Europe carries the heaviest burden, with 150,000 cases and 26,360 deaths. Africa had the highest mortality-to-incidence ratio (0.25 vs 0.026 for Europe). Key 'at risk' populations: the elderly (RR: 8.5), organ transplant recipients (RR: 8), fair skin (RR: 5.7), and XP (RR: 2000). Outdoor workers face a higher risk of NMSC compared to melanoma. NMSC, despite lower mortality likelihood, led to 63,731 deaths in 2020 due to significantly higher incidence. Africa registered 11,281 deaths from skin cancer despite the relatively low prevalence. Dermatologist densities varied widely from 0.33 per 100,000 in Pakistan to 15.15 in Greece. Mapping dermatologist density against mortality-to-incidence ratios revealed various interesting country profiles.

Conclusion

Our findings emphasise the need for enhanced melanoma awareness, early detection, and patient education, especially in vulnerable populations and countries with high mortality-to-incidence ratios. The involvement of other healthcare professionals, education on photoprotection, and early access to healthcare professionals for at-risk groups are crucial for improving survival. NMSC require improved surveillance through national registries.

Lessons learnt from our inaugural Virtual Graduate Nurse Program

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Introduction

Feedback was sought from participants and key stakeholders to evaluate the inaugural 12-month graduate nurse program. A vital element to improve the standard of nursing education programs is to regularly seek formal feedback to enable content review. Providing a quality learning experience will ultimately build a capable workforce which will impact patient outcomes positively.

Our Goal

To identify the strengths and weaknesses of a virtually delivered graduate nurse induction program, with the aim of redesigning and delivering an exceptional program.

What it is?

The 12-month graduate nurse program run throughout our Australia-wide outpatient facilities, commenced in February 2023, with a small cohort of six nurses based at six sites throughout Queensland and South Australia. Formal evaluation of the program consisted of surveying nurse managers/preceptors and graduate nurses at two critical time points.

Our Results

Feedback received from graduate nurses:

They requested more information regarding:

- Holding difficult conversations with patients
- Delivering patient education
- How to stay connected with their fellow graduate nurses

Feedback received from nurse managers/preceptors:

- All sites identified that the program was comprehensive and wanted to re-employ their new graduate nurse at completion
- They were concerned about having time to complete competencies

Feedback from the nurse educator leading Graduate Nurse Program:

- Ensuring program content is in alignment with critical clinical competency time points
- Difficulty with maintaining connection with graduate nurses and preceptors
- Limited interaction by graduate nurses at education session

Outcomes

Changes to the 2024 Graduate Nurse Program:

- Additional practical sessions focusing on difficult conversations and patient education
- One-on-one virtual support to be offered to preceptors and graduate nurses to assist with competency completion
- Weekly mandatory TEAMS meetings with graduate nurses
- Live discussion boards at the end of each education session

Conclusion

The purpose of the evaluation process and program review ensures that the Graduate Nurse Program meets the needs of the learner and support staff. A high-quality program will build confident and competent graduate nurses who are able to be retained by the organisation.

Clinical supervision can enhance learning and provide support to new metastatic breast care nurses

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Introduction

Dedicated metastatic breast care nurse (mBCN) roles have increased across Australia in recent years. A pilot metastatic breast cancer nurse training program (MBCNTP) which incorporated online learning, a 3-day practicum, and 12 months of bi-monthly clinical supervision (CS) was developed to upskill mBCNs. CS was included in the MBCNTP to extend learning from the practicum and provide continued professional development and support to mBCNs in new roles.

Objectives

To measure the effectiveness of the CS component of the MBCNTP and explore the expectations, goals and experiences of mBCNs who participated.

Methodology

Nurses participated in all aspects of the MBCNTP in pairs including the six CS sessions provided by two trained supervisors. After the final CS session, supervisees completed the Manchester Clinical Supervision Scale 26-item version (MCSS-26) online. Quantitative data were analysed using descriptive statistics. Semi-structured individual interviews were conducted with nurses after completion of the 12-month CS period. An iterative process of refining and re-examining the interview data was completed, using a realist approach to thematic analysis.

Results

Eight nurses participated in the pilot MBCNTP and CS and all were “very satisfied” with the CS (N=8; 100%). The MCSS subscales which scored highest were “Reflection” (M=11.5, SD=0.7, range 0-12), “Supervisor advice” (M=18.9, SD=1.4, range 0-20), and “Improve Care/Skills” (M=14.6, SD=1.5, range 0-16). Qualitative data indicated that participating in CS with another mBCN was perceived to be valuable, fostered accountability, and gave nurses reassurance and peer support from others who had similar challenges and experiences. Additionally, nurses recognised that CS had become an important component of their nursing practice and should continue.

Conclusion

CS can be used as a learning and support tool for new mBC nurses, with peer-to-peer participation a valuable component. Other specialist cancer nurses may benefit from having CS embedded into their clinical practice.

Aligning excellence in symptom assessment and management in oncology nursing: Insights from a learning needs analysis

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Introduction

Symptom assessment and management is the cornerstone of quality care in oncology nursing. Contemporary resources and opportunities to advance skills through education and training are necessary.

Objectives/Aims

This learning needs analysis (LNA) of paediatric symptom assessment and management explored the current practices and perceptions of nurses, education curriculum content and recommendations in the literature.

Description/Methodology

The LNA involved a literature search, gap analysis, staff survey, and focus groups. The staff survey and focus groups determined the knowledge, confidence, and attitudes of nurses towards symptom assessment and management, their learning needs and preferred mode of education delivery.

The survey was distributed to nursing staff using convenience sampling via email and QR code. Ethics approval was obtained for the online survey and participants consented electronically.

Results/Outcomes

Of the 28 responses, 79% of participants had more than five years' experience in assessing and managing symptoms in oncology. 96% of respondents thought symptom assessment/management education was valuable to their role and preferred case study discussions, scenario-based learnings, and learning packages/workbooks. 60% of participants preferred accessing education via face-to-face workshops or in-service.

54% of respondents were familiar with patient-reported outcome measures (PROMS). Nurses reported greater knowledge, skills and confidence in assessing and managing physical symptoms (e.g., pain, nausea, and vomiting) when compared to psychological symptoms (e.g., sleep disturbance and fatigue). Confidence correlated with the availability of assessment tools and clinical practice guidelines.

Results from the LNA will inform the development and implementation of targeted resources.

Conclusions

The LNA identified education delivery preferences and the need to further develop curricula to train oncology nurses on assessment and management strategies. The LNA highlighted the need to support staff in the assessment and management of psychological distress. Further research to explore the implementation context for education resources and PROMs to support symptom assessment and management is needed.

Exposure to difficult conversations with patients and families, toward the end-of-life: The 3rd year nursing student experience

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Introduction

Caring for patients with life-limiting cancer requires nursing skills that focus on empathy and communication alongside symptom and pain management. Registered nurses (RNs) working exclusively in specialist cancer services often develop these communication skills through their daily nursing practice; more is needed, however, to prepare nursing students to actively engage in difficult conversations when encountering patients and families towards the end-of-life.

Objective/aims

To understand to what extent nursing students feel their undergraduate education has prepared them as beginning registered nurses, to confidently communicate with patients who have a life-limiting illness, and their families.

Methodology

A qualitative descriptive research approach was used to guide this study. Ethical approval was gained from the University to interview ten third-year undergraduate Bachelor of Nursing students. Semi-structured interviews were conducted. The Braun and Clark 6-step reflexive approach to thematic analysis (2022) was used to analyse the interview data.

Results

The results demonstrate that the participants felt they were not prepared to care for people who had life-limiting illnesses, difficult conversations with patients and their families and how to provide nursing care to people after death. In addition to being unprepared for difficult conversations, this research discovered that nursing students need teaching and preparation for death and dying before their first clinical placement with time to consider the role of the RN in caring for dying people and their families and the importance of clear and empathic communication.

Conclusion

The findings of this study add to the currently limited research on the nursing student experience of death and dying and contribute a unique focus on the experiences of difficult conversations. The findings could assist university and cancer nurse educators to ensure student nurses are better prepared for death and dying and difficult conversations. Preparing future generations of RNs to engage in difficult conversations may improve the patient and family experience at the end of life.

Innovation and technology

Impact of a nurse-led neurosurgery clinic and nurse-led brief intervention for post-operative patients of intracranial tumor and their caregivers on neuropsychological outcome and caregiver distress in a low-middle income country

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Introduction

Patients with intracranial tumours (ICT) suffer from various neuropsychological symptoms that adversely affect the family caregivers' psychological well-being. Nurse-led clinics which increase the scope for specialised nurses to expand roles and practice more autonomously, are part of cost-effective health services.

Objective

To assess the effectiveness of a nurse-led neurosurgery clinic on behavioural symptoms of post-operative patients with ICT and distress among their family caregivers.

Methodology

We innovated a 'brief nurse-led counselling program' delivered by a neurosurgery nurse counsellor (a postgraduate neuroscience nurse trained in brief cognitive-neuropsychological assessment and brief counselling) in a nurse-led clinic for patients with ICT and their caregivers.

A randomised control trial was conducted with ethics committee clearance on 80 adult postoperative patients with ICT who were conscious (E4V5M6) at discharge along with their family caregivers. Forty patient-caregiver pairs who consented were randomly allocated to the control and experimental groups. Based on the assessment, the nurse-led brief intervention was provided by the nurse counsellor to both patients and caregivers of the experimental group at the time of discharge and first follow-up. Behavioural symptoms of patients and distress among caregivers were assessed by using the Neuropsychiatric Inventory Questionnaire at discharge and three-month follow-up.

Results

Patients of the experimental group who received the nurse-led intervention had a significantly lower number (NPI-Q Score:0(0-1)Vs 1(0-2), p=0.01) and severity (Severity score: 0(0-1)Vs 1(0-4), p=0.01) of behavioural symptoms, compared to the control group. Caregivers in the experimental group had significantly lower severity of distress, compared to the control group (0(0-0)Vs. 0.50(0-2), p=0.001).

Conclusion

This innovative approach of a neurosurgery nurse-led clinic resulted in a significantly lower number and severity of behavioural symptoms among patients with ICT and lower severity of distress among their caregivers. While overcoming the challenges, we are sustaining the nurse-led clinic, and focusing on its capacity building and resources for better healthcare delivery. We followed-up approximately 500 patients in the clinic.

The use of barcode scanning in the administration of chemotherapy treatments

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Introduction

Increasing patient safety, in particular the administration of chemotherapy treatments, is at the forefront of all healthcare settings. This consideration prompted the introduction of Barcode scanning for medication administration in the outpatient day therapy clinic.

Objectives/Aims

The aim of the project was to add a safety feature to the current five rights of medication administration in the setting of chemotherapy treatment.

Description/Methodology

As chemotherapy treatments are classified as high risk medication, the barcode scanning feature was introduced in November 2023 in our Day Therapy Unit where chemotherapy treatments are provided to outpatients. This decision was made after the team conducted a thorough review of the current publications and studies on how best to reduce medication administration errors. This project involved the participation of various groups of stakeholders, including the IT development team, the nurse managers and educators, as well as a business analyst and the medical oncology nurses. Ongoing consultations were conducted throughout the project to ensure barcode scanning would not impact the current workflow. Various types of equipment and hardware were tested by nurses and their feedback prompted a specific scanner to be selected which would complement the new computer on wheels fitted with drawers for medications. Prior to going live, each nurse completed a training session on how to use the new barcode scanner.

Results/Outcomes

Three months after the implementation, an audit was conducted which revealed that medication error rates in regard to chemotherapy did not decline, this was due to errors not being associated with the bar code scanning. It was reported that not only nurses, but patients, were positive about this change and the barcode scanning provided them with an increase sense of safety without impacting on the workflow.

Conclusion

Barcode scanning is an effective way to increase safety in the provision of chemotherapy treatments and reduce medication administration errors.

Capturing patient's distress screening before they enter the radiation oncology outpatient department using a digital platform — ZEDOC

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Introduction

Historically patients would have a distress screening completed by nursing staff at the time of their CT planning scan. This would allow the radiation oncology nursing team to work through the patients' distress and put strategies in place to alleviate some of their concerns. Completing a distress screening tool at the planning scan appointment can cause delays and interruptions to patient flow. This is also a reactive process instead of proactive patient centred care. The Zedoc platform is patient-centred and has allowed us to send surveys to patients before they attend their initial appointment within the radiation oncology department. These surveys can be completed by the patient in the comfort of their home. We are then able to follow up with the patient and address any concerns raised. This helps to streamline the patient experience during the planning phase. Capturing distress screening before the patients planning scan enhances patient flow through the area, the patients are less distressed when they attend their initial appointment, because they have already had an initial point of contact to addressed their issues.

Objectives/Aims

To capture distress screening through a digital platform before patients attend their radiotherapy planning scan.

Description/Methodology

All radiotherapy patients who have a CT planning scan appointment will be sent a link via text message to complete a distress screening survey. The answers the patients give will be flagged to the radiation oncology nursing team who will follow up via a phone call and action the resources and care needed.

Results/Outcomes

100% of patients attending a radiotherapy CT planning scan will have a online distress screen survey sent to them through the Zedoc system to be completed before they attend their appointment.

Conclusion

100% of patients that have a CT planning scan will have a distress screening survey sent to them via Zedoc (digital platform SMS) prior to their planning appointment. This will allow for any issues to be discovered and attended to before the patient attends for the first time, which in turn will alleviate patient's distress. Using this digital platform will allow us to screen for distress at other time point through the patient's radiation journey and after the completion of their radiation treatment. In the future this could lead to nurse led survivorship care and the use of this online platform could be adopted in other areas of the cancer program.

Effective care provision by Prostate Cancer Specialist Nurse via tele-nursing service in a regional setting

Roanee KC

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Introduction

Improved information technology has allowed increase access to quality care for Prostate Cancer patients in a regional setting. This case study outlines how effective provision of care, increased patient outcomes and patient satisfaction can be achieved via Prostate Cancer Specialist Nurse tele-health service.

History/Background

60-year-old man diagnosed with localised prostate cancer, Gleason 4+3; presenting PSA 5.36; International Prostate Symptom Score (IPSS) 30 and worsening in the past few months; lower urinary tract symptoms (LUTS). PSMA PET scan showed no visceral or bony mets.

Family history: father and brother had PC and treated with RT and ADT.

Past medical and social history: Mental health issues (nervous breakdown at 45 related to stressful worklife, marriage breakdown, loss of finances in the process); on antidepressant and sleeping tablet; overweight; lives alone; ECOG-1.

Assessment

Prostate Cancer assessment, distress screening/problem checklist, baseline bladder bowel and sexual function assessments, wellbeing assessment.

Goals of care

Support throughout the pre, during and after treatment; minimise/manage side-effects; remission/optimal disease control.

Intervention(s)

- Point of contact for patient
- Referral to dietician and physio for weight management pre-surgery.
- Education/decision-making support/provision of information (written and verbal) about relevant treatment options
- Continence support
- Discussion of Pelvic Floor Exercises (PFEs) and referral to Men's health physio for PFEs support and guidance.
- Discussion of Penile Rehab, Erectile Dysfunction management options and referral to sexologist.
- Referral to Prostate Cancer Foundation of Australia tele-counselling service.
- Referral to local prostate cancer support group.
- Regular follow-up calls post-surgery for assessment/support by Prostate Cancer specialist nurse (three monthly for the first year, six monthly for the next two years, and yearly thereafter).

Evaluation / Outcome

PCSN feedback survey (positive feedback from patient); PSA post-surgery undetectable; continence gradually improving over a period of three months; working on ED management, currently using Intra-Cavernosal Injection with effect.

Conclusion / Implications for practice

Telehealth has provided an additional and effective pathway for patients in a regional setting to access a Prostate Cancer Specialist Nurse service based in a metropolitan setting. This case study demonstrates that regional patients who may choose a local treatment option can still benefit from specialist nursing support and care should not be limited by their treatment preference and location.

Leadership and research

Understanding the value of codesign: exploring participant experiences

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Background

Although codesign projects are increasingly reported, few studies have explored the experiences of participants. Breast Cancer Network Australia's (BCNA) frequently engages in codesign projects with health professionals and consumers.

Aim

This study aims to assess participant experiences and BCNA's capability to deliver co-design projects that improve outcomes for people affected by breast cancer.

Methods

Qualitative interviews with lived experience (LE) and external stakeholder (ES) participants in two codesign projects were conducted by BCNA. The first step was development of a survey assessing BCNA information and support service needs for those with breast cancer. The second was a roundtable to progress advocacy to improve metastatic cancer data in Australia. 24 LE and 36 ES took part in the two projects. A random sample (ES n=8; LE n=11) were invited to participate in a qualitative interview. Interviews were recorded, transcribed and thematic analysis undertaken.

Results

To date, 8 interviews (ES n=3; LE n=5) have been conducted. All LE participants acknowledged the 'safe space' created that ensured they were heard and felt comfortable expressing their views. LE particpants discussed the expertise of BCNA in harnessing LE voices in their work, with this reflected in the running of the projects. ES participants also acknowledged BCNA's expertise specifically in delivering the roundtable. ES discussed the positive impact of involving LE participants with all mentioning the LE participants' passion in highlighting the importance of the project and humanising the need. Participants recognised the costs and time needed for effective codesign could be barriers to future projects.

Conclusion

While data collection is ongoing, early results suggest participating in codesign projects as a positive experience for both LE and ES. Including LE participants can assist in communicating the significance of issues to be better understood by ES and others. Results also indicate consumer organisations, such as BCNA, can deliver effective co-design projects to inform planning, implementation and evaluation of breast cancer policy, research, and information services.

Cancer-related cognitive impairment in patients with newly diagnosed aggressive lymphoma compared to population norms and healthy controls

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Introduction

There has been little dedicated research on cancer-related cognitive impairment in patients with aggressive lymphoma. We describe and compare patients' cognitive function with that of healthy controls, and patients' wellbeing and distress with general population values. We also explore associations between patients' neuropsychological test performance and self-reported cognitive function and distress.

Methods

Secondary analysis of data from a feasibility study of 30 patients with newly diagnosed aggressive lymphoma and 72 healthy controls. Patients completed neuropsychological tests and self-report measures before and 6–8 weeks after chemotherapy. Healthy controls completed neuropsychological tests and the FACT-Cog at enrolment and six months later. Mixed models were used to analyse neuropsychological test and FACT-Cog scores. One-sample t-tests were used to compare patients' self-reported wellbeing and distress with population norms. Associations were explored with Kendall's Tau *b*.

Results

Patients and healthy controls were well matched on socio-demographics. Differences between neuropsychological test scores were mostly large-sized; on average, patients' scores on measures of information processing speed, executive function, and learning and memory were worse both before and after chemotherapy (all p≤0.003). The same pattern was observed for impact of perceived cognitive impairment on quality-of-life (both *p*<0.001). Patients' physical and emotional wellbeing scores were lower than population norms both before and after chemotherapy (all *p*≤0.018). Associations between neuropsychological performance and other measures were mostly trivial (all *p*>0.10).

Conclusions

For many patients with aggressive lymphoma, impaired neuropsychological test performance and impact of perceived impairments on quality-of-life precede chemotherapy and are sustained after chemotherapy. Findings support the need for large-scale longitudinal studies with this population to better understand targets for interventions to address cognitive impairments.

Feasibility and acceptability of a nurse-led model of care for managing glucocorticoid induced hyperglycaemia among oncology and haematology patients

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Introduction

Glucocorticoid therapy (GT) is frequently part of cancer therapy. However, GT can cause glucocorticoid induced-hyperglycaemia (GIH) that can adversely affect outcomes with reported incidences of 32–64%, according to a study by Liu and colleagues in 2013. A study by Vilder and colleagues in 2017 found that glucocorticoids not only exacerbate hyperglycaemia in patients with known diabetes, but also cause GIH in 30% of patients without known diabetes.

Objectives/Aims

To pilot a nurse-led model of care (MOC) for patients requiring chemotherapy that includes high-dose glucocorticoids (HDG) at Bankstown-Lidcombe Hospital (BLH) to:

- Assess feasibility of this MOC for managing GIH
- Assess patient and healthcare professionals (HCP) experience

Description/Methodology

A single-site prospective descriptive cohort study of eligible cancer patients aged >18, receiving chemotherapy including HDG at BLH, with no prior diagnosis of diabetes/prediabetes, and not at end-of-life.

Following consent, patients had HbA1c and random/fasting plasma glucose screening for undiagnosed diabetes. Patients without pre-existing diabetes were educated on the risk of GIH and the need for self-monitoring blood glucose QID on days of GT plus 1 extra day for the first four cycles of treatment.

Patient and staff surveys were conducted to explore their experiences of this new MOC.

Results/Outcomes

314 patients were diagnosed with cancer at BLH between February 2022 and August 2023. Of the 211 eligible patients, 74 (35%) were screened and 35 (16.5%) consented. Six participants (17%) withdrew from the study. Barriers to participation included a sense that it was onerous, feeling overwhelmed and not wanting to participate in research.

Nine HCP responded, five nurses and four doctors. All reported the MOC was good/very good regarding collaboration with the diabetes team, improving patient's clinical outcomes and would speak highly of the MOC with colleagues.

Conclusions

We found this nurse-led intervention for GIH management a feasible MOC to screen for and identify individuals receiving GT with undiagnosed diabetes. However, issues relating to patient acceptance of BGL monitoring for GIH diagnosis in cancer patients could hamper overall success.

The voices of Australian radiation oncology nurses

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Introduction

In 2022 the Radiation Oncology Nurses (RON) Specialist Practice Network of the Cancer Nursing Society of Australia completed the first national workforce study of RONs in Australia.

Objectives

The qualitative component of the study describes responses by the RONs on a range of issues. This data aimed to provide information and personal reflection on topics such as satisfaction with their work, role components, work practices, departmental tasks, education, career progression, and opportunities for advancement.

Methodology

Researcher-initiated questions sought responses to aspects of the RON role in six distinct categories, plus further comments could be added. The questions explored consistencies, insight, and reflection from the attitudes and perspectives of RONs. Content analysis of the data resulted in seven groups of responses condensed into meaning units and further into codes and themes.

Results

A total of 140 RONs from both the public and private sectors provided 416 responses. The resultant themes included perceiving the RON role as personally rewarding and satisfying, being able to spend time with patients, providing holistic care, and making a positive difference to patients. RONs reported enjoyment of working with colleagues, autonomy in their work, and satisfaction with the outcomes of their nursing interventions. Conversely, many RONs felt that the role was often undervalued and misunderstood by nursing management and other health professionals. They perceived that many administrative, cleaning, and stock management tasks could be undertaken by other staff. The lack of formal RON education nationally was also considered an issue by many respondents, and career progression was further limited by the lack of opportunities.

Conclusion

This important study provided valuable insights into the RON role, and perceptions were generally positive. However, many responded that it was a waste of scarce nursing resources to undertake tasks that could be done by other staff. The lack of formal post-graduate RON education nationally was also an issue that many RONs would like to see addressed.

Victorian cancer nurses experiences of work-related stressors and supports: A multiple case study describing job demands and job resources during 2019–2021

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Introduction

There are significant limitations to current research findings on the stressors experienced by cancer nurses resulting from specific job demands, and the job resources which may act to buffer these stressors. In this study, the Job Demands Resources Model (JD-R model) is employed to better understand the work experiences of cancer nurses and identify aspects which mitigate burnout and stress.

Objectives/Aim

The aim of this study is to describe Victorian cancer nurses' experiences of work-related challenges, alongside positive job resources that may buffer the challenges inherent in their work, across different geographical locations, both prior to and during the COVID-19 pandemic.

Description/ Methodology

A two-phase qualitative study of cancer nurses in Victorian metropolitan and regional public healthcare services was conducted over a two-year period, that coincided with the COVID-19 pandemic. Data included field notes and semi-structured interviews. Data analysis used a process of elaborative coding, with a pre-conceived coding framework based on the JD-R model. A cross-case analysis of similarities and differences resulted in a case descriptor of the job demands affecting cancer nurses that could lead to burnout, and conversely, any positive job resources which may mitigate these.

Results

Despite challenging work conditions, findings identified a highly engaged workforce who are committed to improving outcomes for people with cancer. Job demands identified in both cases appeared to have similar causes but were more explicitly linked to poor resourcing in the regional group. In both cases, the modifiable job resources of social support and supportive leadership were found to buffer the many demands inherent in cancer nurses' work.

Conclusion

This study has identified positive job factors that may enable cancer nurses to manage their roles in a highly demanding work environment and offers healthcare leaders a better understanding of specific challenges associated with burnout in cancer nurses more generally.

Patient centred care

Introduction of Radiation Oncology Toxicities clinic

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Introduction

Radiation oncology patients experience their most acute side effects in the first one to two weeks after treatment. The Radiation Oncology CNC is an expert in managing treatment side effects and is well positioned to provide advice and support to patients. An acute toxicities clinic was introduced to assist high risk patients post radiotherapy.

Objectives/Aims

To provide a service to support high risk patients to manage their acute toxicities post-radiotherapy.

Description/Methodology

Quality improvement piloted over six months to assess feasibility of providing an ongoing service. A referral process was put in place for a CNC-led acute toxicities clinic with medical support to assist patients with management of their side effects. Key stakeholders advised of new service and options for face-to-face appointments or Telehealth.

Results/Outcomes

30 patients of concern were referred to the clinic by medical, nursing, and allied health over six months, 26 of patients referred to the clinic attended. One patient attended nine times, two patients attended once, and all others only required one appointment. Allied health appointments often lined up with clinic for optimal support.

Conclusion

The pilot was reviewed and evaluated with the Radiation Oncologist team after six months and it was agreed that the clinic benefited patients post-treatment and it was feasible to continue. The team agreed that advising patients of the expected need to attend the clinic as soon as the risk was identified may assist compliance with attendance. 300 patients have now been seen over the last two years, and the clinic has become an integrated part of the radiation oncology department.

Benefits of pre-day planning in the Chemotherapy Day Unit at Chris O'Brien Lifehouse

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Day Therapy Unit, Chris O'Brien Lifehouse, NSW, Australia

Objective

To evaluate the use of advanced Electronic Medical Record (EMR) technology in the Day Therapy Unit to predict and plan any deviations for treatment our patients are receiving. To deliver safe and efficient patient-centred cancer care for better patient outcomes and experiences.

Aim

1) To identify critical tasks and the resources needed to sign off on treatment plans.

2) To be able to integrate cancer care for the best interest of the patients.

3) To deliver holistic care for our cancer treatment naïve patients.

Methods

The Day Therapy Unit at Chris O'Brien Lifehouse delivers a high volume of cancer treatments across all tumour streams. The electronic software programme currently used in the Day Therapy Unit is known as Meditech software. It consists of two components, an overview of the shift's treatment scheduling grid and lists of corresponding patient treatment regimes.

A dedicated Registered Nurse is allocated to the pre–day planning role. With the help of technology in healthcare, we can pre-plan patients' treatment regimes, which include but are not limited to reviewing blood test results from various pathology centres, medical review scheduling, chasing up treatment-related investigations, and drug dosage and treatment cycle overviews.

Results

1) The Net Promoter Score for the Day Therapy unit is high.
2) Decreased pre-treatment waiting period.
3) Prevention unnecessary clinic visits by patients.
4) Patients and carers come prepared for their treatment.

Conclusions

Nurse-to-patient workload ratio has been identified. Promotes patient empowerment and autonomy. Predict acuity of the unit. Enhanced patient and workflow. Minimised surprises work-related stress. Patient's individual needs are identified.

Improving workflow and patient experience through implementation of new MRI simulation processes for intrauterine brachytherapy

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Introduction

Intrauterine brachytherapy is a specialised treatment program for patients with uterine and endometrial cancer involving the insertion of vaginal applicators under anaesthetic. As part of this treatment, the patient has an MRI post-surgery to confirm the applicator's position and planned treatment area. This was historically done in the Radiology Department (RD). With the installation of an MRI Simulator in Radiation Oncology (RO), these scans can now be done in the Radiation Oncology Department.

Objectives

To evaluate the workflow with the implementation of the MRI Simulator in RO, the time management benefits of this process to workflow and improvement of the patients' experience.

Description

MRI-guided brachytherapy for cervical cancers is known as the gold standard of care in accordance with GEC-ESTRO guidelines. Patients have at least one combined diagnostic and planning scan in RD during their treatment. The RO brachytherapy staff worked with the RO MRI simulation team to develop the necessary image sequences required for intrauterine brachytherapy planning. This improved the workflow efficiency with scan time being 12 minutes, 20 minutes including patient setup and transfer. In comparison, scan times in RD is somewhere between 30–45minutes. The implementation of the MR-sim has streamlined the process and minimised the need for patient movement across different hospital departments.

Outcomes

Overall, staff stated that the workflow was greatly improved by having the MRIs in RO. The coordination and timing of the scans meant that radiation staff could complete treatment plans more efficiently. Communication improvement was also noted, as it is easier for the planning team to discuss and resolve issues with MRI staff more directly. This has also helped RD with their bookings, as it now has more booking times available for other acute patients in the organisation. Patients stated feeling more comfortable having their MRI in RO, mostly due to the more calming environment and familiarity with RO staff.

Conclusion

Overall, the workflow and quality of patient satisfaction has improved by the change in the MRI scanning process and communication among RO staff. There was also a notable decrease in time spent waiting for MRIs to be performed. Moving forward, there is a possibility for patient feedback and refinment regarding this updated process.

What happens when you add a magnet to a radiotherapy Linac? Prioritising patient centred care in a rapidly evolving treatment modality

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Introduction

The statewide Magnetic Resonance integrated Linac (MR Linac) program offers state of the art treatment for radiotherapy patients. The enhanced visual acuity of the images, ability to monitor motion in real time during treatment delivery and offer daily plan adaptation provides opportunities to optimise patient care and improve clinical outcomes. With this exciting technology we have had to re-think our approach to patient care and education on both a staff and consumer level.

Objectives

To provide an overview of the learnings, changes, challenges and solutions for optimising patient centered care in the development of a new clinical service.

Description

The key considerations for patients in this area include safety, education, assessment and symptom management. Safety highlights the need for patient screening and assessment to ensure that patients do not have contraindications to treatment with MRI-guided radiotherapy (implants, claustrophobia, co-morbidities, monitoring) and staff education around management of these conditions and emergency procedures.

Traditional patient and staff education materials were insufficient to support preparation for planning (simulation) and treatment, and what to expect during MR Linac appointments.

Outcomes

Guidelines and resources have been examined with input from the multi-disciplinary team to identify gaps and ensure all aspects of the treatment pathway were considered. They have subsequently been updated and adapted as the service has evolved and patient needs have been identified. Educational resources have been developed to provide the required additional information for nursing staff and patients.

Conclusion

The learning experience in this process was found to be extremely rewarding for staff. When faced with challenges, collectively the team has accessed information and solutions with a strong focus on patient centred care as the primary driver in our service development. Future directions will incorporate patient feedback to further enhance service delivery.

Enhancing access to supportive care services for people affected by cancer, how Cancer Council Liaisons make a difference

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Cancer Council NSW, Australia

Introduction

Timely identification and referral of individuals with unmet supportive care needs can improve quality of life and reduce the adverse effects of cancer and treatment. To improve access to information and support services, Cancer Council NSW established the Cancer Council Liaison (CCL) service. CCLs are based in treatment facilities and work alongside treatment team to support people affected by cancer.

Objectives/Aims

The aim of the study was to assess the quality of clients’ experiences with the CCL service and explore perceptions of the service among healthcare professionals (HCPs).

Description/Methodology

The findings presented are part of a broader mixed method evaluation of the service. Electronic and paper based anonymous surveys were completed by clients following interaction with CCLs from three treatment centres. Quantitative data were analysed descriptively, free-text comments were coded and analysed qualitatively. Semi-structured interviews were undertaken with HCPs from four treatment centres with CCLs. Interview transcripts were transcribed, coded and analysed thematically using NVivo.

Results/Outcomes

In all 47 clients completed surveys. A majority; (94%); reported increased awareness of support available and how to access it, 91% reported decreased stress and 83% reported their individual needs were met. Respondents reported a mean rating of 4.9 out of 5 stars regarding their experience with the CCL. HCPs (n=20) reported improved access to supportive care for patients and families, timely detection of unmet needs and increased HCPs awareness of available support services. HCPs viewed the service as unique, innovative and an “extended part of the cancer care team”. All participants stated they would recommend the CCL role to other cancer centres.

Conclusions

Findings demonstrate the high quality of clients' and HCPs experiences with the CCL service and highlight the value of the CCL service in treatment centres. Further research is required to determine the impact of the CCL service on client quality of life and health outcomes.

Vessel health and preservation, device selection and difficult intravenous access: CNSA vascular access devices evidence-based clinical practice guidelines

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Introduction

Vascular access devices (VADs), both peripheral intravenous cannulas (PIVCs) and central venous access devices (CVADs) are fundamental in the diagnosis, assessment and treatment of patients with cancer. Standardised, evidence-based management is essential to minimise complications and premature removal. Vessel health and preservation, a relatively new topic in the literature, is about appropriate device selection for the individual patient and their prescribed therapy, and identification and appropriate management of difficult intravenous access.

Objectives/Aims

To summarise the current literature and detail graded, evidenced-based recommendations to guide clinical management of CVADs with the aim of preserving vein health for current and future use.

Methods

The CNSA VAD Specialist Practice Network used a systematic review methodology to establish clinically relevant PICO questions, perform an extensive database search, extract a priori data into Covidence and analyse data from the eligible studies. Findings from the data analysis were summarised into clinically-focused recommendations for practice, graded using the Infusion Nurses Society grading scale.

Results/Outcomes

A final 378 records were included from the 7936 records screened and 692 eligible records. Most studies were from Europe (n=132), followed by the USA (n=116), Australia (n=24) and China (n=20). The number of studies in this an emerging subject is steadily increasing with notable increases around the times of two key publications by Moureau and colleagues in 2012 and Hallam and colleagues in 2016. Recommendations detailing these three subjects were established and published on the CNSA website.

Conclusion

This systematic review provides a summary of current evidence and valuable evidence-based, graded recommendations to inform clinical practice.

Secondary complications of drug-related immune-mediated adverse events in clinical trials, patient case study

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History/Background

58-year-old male diagnosed recurrent/metastatic melanoma. No comorbidities or medications. Identified risk with maternal metastatic melanoma family history. Successful chemical engineer and competitive bodysurfer. Active member of the Sunshine Coast community.

Patient enrolled in a clinical trial and commenced on a histone deacetylase inhibitor investigational product in combination with a PD-1 inhibitor. Seven cycles completed prior to onset of drug-related pneumonitis. Patient responded well to prednisolone.

Rapid deterioration occurred when patient was overseas for business with exacerbation of dyspnoea and significant weight loss. Following communication with site staff, patient was urged to seek immediate medical attention.

Assessment

Patient presented to emergency with exacerbated dyspnoea, severe fatigue, and dark granular emesis. On admission to intensive care, desaturated to 80% on room air, lung function test displayed reduced lung volume. A motor and sensory function assessment showed T5 level sensory changes with resulting ataxia.

Diagnosed transverse myelitis and hypoxic respiratory failure related to exacerbated drug-related pneumonitis.

Goals of care

To return close to baseline for daily activities and body surfing following aerobic decline and muscle wastage. Patient aimed to reconnect with social network and regain quality of life.

Interventions

Urgent unblinding required.

Patient received hi-flow oxygen and steroidal support. Due to his elevated immune-related responses, he required the immunosuppressive therapy, cyclophosphamide. He received Rituximab and immunoglobulin during admission and has continued as an outpatient. Further referrals were provided for dietetics, immunology, respiratory, neurology and oncology.

Upon discharge 20kg weight loss noted with significant muscle wasting.

Evaluation/outcome

Multidisciplinary collaboration assisted patient outcomes by improving overall lung capacity, allodynia, and gait. Patient commitment to nutrition and exercise in combination with outpatient support led to weight and muscle gain.

Conclusion/implications for practice

On reflection, we adapted the *eviQ immunotherapy patient assessment tool,* into a patient self-assessment questionnaire specifically designed for our clinical trials. This will assist early identification and reduce secondary complications of immune-mediated conditions.

Enhancing person-centred breast cancer care: evaluating information and support needs

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Introduction

An important aspect of person-centred care includes timely access to reliable information tailored to individual patient needs. Healthcare professionals (HCPs) also need access to resources to deliver personalised healthcare to patients. Breast Cancer Network Australia (BCNA) develops and provides evidence-based information and support services for people affected by breast cancer. The post-pandemic landscape has shifted the way in which individuals interact with and seek information and support.

Objectives/Aims

To explore awareness and use of BCNA information and support services of BCNA members and HCPs. Findings will identify unmet information and support needs for BCNA to respond to in a digital era.

Description/Methodology

The research was conducted in two phases; (1) survey development through co-design workshops with BCNA consumers and HCPs, (2) national dissemination of cross-sectional online surveys to individuals diagnosed with breast cancer and who have engaged with BCNA within the last five years and HCPs working in breast cancer. Quantitative data were analysed descriptively and qualitative responses using content analysis.

Results/Outcomes

36.8% of consumer respondents were referred to BCNA by a Breast Care Nurse (BCN) and 50% of HCP respondents were nurses. HCPs welcome BCNA information resources to support the care they deliver. There was strong agreement from nurses (86%) that BCNA information and support services enhances patient experience. In both surveys, respondents indicated a lack of awareness regarding the scope of BCNA resources and support available. Preferences for online versus hard copy resources varied among respondents.

Conclusion

BCNA is considered a trusted source of breast cancer information by consumers and HCPs. Findings suggest strengthened engagement and partnerships between BCNA and HCPs, particularly BCNs could enhance access to timely and tailored information, promoting optimal care. Opportunities for enhancing patient-clinician communication through utilisation of BCNA's symptom tracker emerged. BCNA must find the balance in a digital era to effectively meet the information needs of consumers and HPs.

Exploring the experiences of distal-extremity cryotherapy in preventing Chemotherapy-Induced Peripheral Neuropathy (CIPN) with Paclitaxel administration in people affected by breast cancer: A systematic review

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Introduction

Chemotherapy-Induced Peripheral Neuropathy (CIPN) severely affects the quality of life and mortality outcomes of those affected by breast cancer during and after Paclitaxel treatment. Currently, no recommended pharmacological or self-care interventions exist for preventing CIPN. However, there is emerging evidence suggesting potential benefits of distal-extremity cryotherapy as a preventative measure against CIPN.

Objectives/Aims

To explore the experiences of utilising distal-extremity cryotherapy in reducing CIPN during Paclitaxel treatment on physical functioning, clinical outcomes, patient-reported outcomes, and healthcare service usage compared to standard care in people affected by breast cancer.

Description/Methodology

CINAHL, Cochrane Library, Scopus, and Web of Science Core Collection databases were searched for English-language studies exploring the experiences of breast cancer patients treated with Paclitaxel utilising distal-extremity cryotherapy in reducing CIPN. A total of n=130 publications were screened, and ten studies were included in this review. Across the ten studies, 561 participants were included, with 500 participants represented in the analysis, with findings tabulated and subjected to narrative synthesis.

Results/Outcomes

Cryotherapy modes included crushed ice, frozen gel, and continuous-flow hypothermia. Crushed ice cryotherapy requires further investigation. Frozen gel cryotherapy was predominantly studied but yielded inconsistent objective outcomes in decreasing CIPN. Compared to frozen gel cryotherapy, continuous-flow hypothermia showed promise in maintaining nerve function and tolerance. Participants reported favourable outcomes, especially from frozen gel cryotherapy, in reducing CIPN severity and enhancing quality of life. Cryotherapy intolerance was the primary reason for participant attrition. Pain assessments varied across studies, and healthcare service usage was not reported.

Conclusion

Distal-extremity cryotherapy is a safe intervention with minimal risk for serious adverse events. However, insufficient data supports the mainstay clinical use of cryotherapy in reducing CIPN from Paclitaxel use within the breast cancer population. Small sample sizes alongside heterogeneity in study design, cryotherapy mode, and measurement tools underscore the need for additional research.

Bolusing intravenous administration sets with monoclonal antibodies reduces chair time in the oncology outpatient setting: Results of a randomised control trial

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Introduction

Monoclonal antibody drugs are widely used anti-cancer therapies in the oncology outpatient setting. Increasing demand for outpatient cancer care necessitates exploration of improvements in efficiency. Limited literature has investigated the impacts of bolusing intravenous administration sets with monoclonal antibodies on chair time and associated cost. We hypothesised that bolusing

IV administration sets with monoclonal antibodies would be a safe and efficient method to reduce chair time and associated cost in the oncology outpatient setting.

Objectives/Aims

Primary objective: To evaluate the impact on chair time and associated cost of bolusing intravenous administration sets with prescribed monoclonal antibodies, compared to a compatible fluid. A secondary objective was to assess the incidence of hypersensitivity reactions associated with this practice.

Description/Methodology

A randomised controlled trial (n=128), with a two-arm design (monoclonal antibody bolus versus priming with a compatible fluid i.e., 0.9% sodium chloride) at a major, quaternary hospital in metropolitan Brisbane, Australia. Included monoclonal antibodies were daratumumab, obinutuzumab, pembrolizumab and nivolumab. Cost per minute of chair time were calculated from the National Efficient Price Determination 2023 for ‘chemotherapy – treatment’.

Results/Outcomes

From July 2021 to January 2022, 52 patients were recruited, representing 128 episodes of care. There was a statistically significant reduction in chair time for obinutuzumab (16-minute reduction; P=0.032), pembrolizumab (7-minute reduction; P=<0.001) and nivolumab (7-minute reduction; P=<0.001) compared to priming with a compatible fluid. This led to a cost saving of $46.40, $20.30, and $20.30 (AUD) per infusion respectively, for these three monoclonal antibodies. There was no statistically significant difference in frequency of hypersensitivity reactions between study arms.

Conclusion

Findings suggest that bolusing IV administration sets with a prescribed monoclonal antibody drug could reduce chair time and cost in busy oncology outpatient settings. A powered study to assess the incidence of hypersensitivity reactions related to this practice is recommended.

Transforming Australian lung cancer nursing: An innovative model of care towards future screening

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1. *Chris O’Brien Lifehouse, NSW, Australia*

Introduction

The Australian government is introducing early lung cancer screenings in 2025. Thus, health care providers are reviewing models of care across the globe for effective implementation of lung cancer screening. Chris O'Brien Lifehouse are pioneers for all cancer care, and have pre-emptively implemented a new model of care in lung cancer nursing. This is in preparation towards the new lung cancer screening.

Aims

To be the first state-wide nursing model of care which provides comphrensive care to all lung cancer patients from Stage 2 to end of life care.

Description

Chris O'Brien Lifehouse is a well-established lung specialist care nursing organisation that has been providing care for medical oncology lung cancer patients in outpatient clinical settings.

The new model of care consists of a lung cancer Nurse Practitioner, who will be running lung cancer symptom management clinics, smoking cessation support, and conducting lung function tests by regular spirometry checks. The new surgical CNS will provide regular inpatient surgical care of those who have undergone lung cancer surgeries, such as thoracotomies, lobectomies, wedge resections and pneumonectomies. This is new and expanding service for our hospital.

Outcomes

This new implemented model of care has already received positive feedback from both patients and other healthcare colleagues. We hope to evaluate this with both NPS data and PREMS and PROMS and consultant feedback in the future.

Conclusion

Lung cancer is recognised global burden for both patients and their families. This impacts heavily on high health care budget. Chris O'Brien Lifehouse has a well-established lung specialist care nursing and been providing care for medical oncology lung cancer patients in outpatient clinical settings.

Telephone Triage (TT): A proactive approach to cancer care

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Introduction

Telephone triage (TT) enables prompt communication between healthcare providers and patients. This can expedite the diagnostic process and promote early engagement with healthcare services, fostering a proactive approach to cancer care. Through targeted questioning and risk assessment, nurses can identify high-risk individuals, ensuring urgent cases are fast-tracked for evaluation and intervention. Within our treatment centre TT may be attended by Registered Nurses (RN), Transitional Nurse Practitioners (TNP) and Nurse Practitioners (NP)

Aim

To determine what level of skill is needed to ensure the most appropriate clinical advice is given and whether this resulted in problem resolution without adverse event (AE).

Method

An audit of phone calls was attended during the period March–April 2023. 80 phone calls were audited with 20 calls from each RN, TNP and NP x 2. We reviewed the complexity of phone calls, advice that patients were given, adherence, escalation required to complete episode of care (EOC) and AE.

Results

The results identified that the advice given by RN, TNP and NP did not result in any adverse event. Completion of EOC was longer by the RN. Both the TNP and the NPs completed the EOC at point of call due to the extension of their scope of practice. Where there was minor variation this lay in the ability to prescribe. No adverse events were identified related to the advice given. Of the seven patients who were recommended to attend ED only two did not adhere to this advice but this did not result in an AE.

Conclusion

As healthcare systems evolve, recognising and harnessing the potential of TT is paramount for improving cancer patient outcomes. This audit shows that oncology knowledge is the most important factor in triaging these patients and that all nurses working within their scope of practice can improve patient outcomes.

Cancer@Home: Model of Care Evaluation

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Introduction

With the shift of traditional cancer care from the acute hospital setting to the home, Alfred Cancer has implemented services that cater for delivering care innovatively to meet service demands in the ambulatory space. Since 2021, Alfred Cancer has embarked on a Cancer@Home model of care, intending to develop capabilities, new models of care and care pathways to enable the provision of timely quality care.

Objectives/Aims

The aim is to improve patient experience and care for patients beyond the walls of the hospital's multiday and same-day setting. Cancer@Home focuses not only on delivering cancer treatments in the home but also ensuring appropriate resources are available in the ambulatory same-day setting. This model had the hypothesis of reducing admissions.

Description/Methodology

Many initiatives were introduced as part of Phase 1 of the model;

- Cancer HITH
- Symptom Urgent Review Clinic (SURC)
- Palliative Assessment and Treatment Service (PATS)
- Allied Health (AH) outpatient resources
- Multiday AH resources
- Tumour Stream Coordinators

Results/Outcomes

- 1100 treatments were delivered in the home fiscal years 2021/2022 and 2022/2023
- Decline in ED presentations by 11%
- Significant costs saved through reduced length of stay with PATS
- Outpatient AH: 58% of patients experienced weight benefits after receiving outpatient dietitian input; 600% increase in the number of individual patients supported by Speech Pathology
- Inpatient AH: 21% reduction in length of stay for those patients receiving AH intervention as an inpatient = 1.96 bed days per patient. Financial analysis demonstrates this is equivalent to 1482 bed days and $1.18million in potential NWAU revenue as a bed substitution

- 5.5EFT dedicated tumour stream coordinators onboarded which has significantly enhanced the patient experience and reduced hospital presentations

Conclusions

Releasing this activity to the home has allowed for increased capacity to treat patients who require more complex and intensive therapies, and;

- Improvement in quality of service and patient experience
- Improved timely quality

Financial revenue – NWAU generated

Virtual Telehealth implementation in Results Delivery process for BreastScreen NSW Hunter New England Assessment clinic clients

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Introduction

BreastScreen NSW Hunter New England caters to a large community spread across a substantial geographical area. In 2023, our screening efforts extended to 52,000 women, with approximately 1800 requiring assessment in our recall clinics. The challenge arises when clients, following screening mammograms, are required to return to our fixed sites for the Triple Test Evaluation of identified breast abnormalities. For some, this entails potential hurdles, such as considerable travel distances and complications related to transportation, age, or co-morbidities. The complexities were further compounded during the COVID-19 pandemic due to varying travel restrictions in the areas we serve.

Objectives/Aims

Our primary goal is to provide timely, personalised, informative, and sensitive consultations to our clients, introducing a practical alternative to in-person consultations when physical attendance is unfeasible. Originating as a trial, our method of result delivery via Telehealth virtual consultations has evolved with ongoing research, and we have begun integrating into our practice.

Description/Methodology

Utilising the My Virtual Care (MVC) platform, developed by Hunter New England Health District, we offer clients a one-click solution without the need for additional app or website installations. The Telehealth consultations, initiated through an email link, are conducted in consultation rooms equipped with webcams. Clients engage with doctors and nursing staff, benefiting from visual aids such as imaging and diagrams, while feedback is garnered through a post-appointment questionnaire survey on the appointment email which the clients can return in digital format.

Results/Outcomes

Initial outcomes reveal a positive response from clients who appreciate the convenience and privacy of home-based consultations, particularly when receiving potentially challenging news. The elimination of extensive travel both before and after the experience, coupled with a maintained connection to our assessment team, holds tangible value for clients and significant clinical importance for our team.

Conclusion

As we anticipate collecting 50 feedback forms over the next three months, our service aims to conduct a comprehensive statistical analysis of this addition to our nursing and clinical team practice. Aligned with the National Nursing and Midwifery Digital Health Capability Framework (2020) within Australia's Digital Health Strategy, our initiative strives to enhance the overall efficiency and patient experience in breast cancer screening.

Acute cancer care outside of the emergency department — The Nurse Practitioner approach

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Introduction

It is identified that cancer patients who are symptomatic of treatment therapies are often referred to the emergency department (ED) when seeking acute care advice outside of the cancer centre. Nurse Practitioner-led acute cancer care services are increasingly more common globally and aim to provide earlier and optimal clinical intervention to cancer patients.

Aim

To optimise acute cancer care with focused assessments, earlier interventions and frequent follow up. The aim is to promote early intervention and management of treatment symptoms, delivering cancer care to cancer patients by cancer specialist nurse practitioners. The end goal is to reduce symptom toxicity, thus, reducing ED presentations and wait times, avoiding unnecessary hospital admission, and meeting time-to-treatment benchmarks.

Description

National and international oncology rapid assessment clinics were examined, with many being medically driven. Focus was given to nurse-led services and a local plan was built. The current processes of patient assessment were reviewed and streamlined with the introduction of a standardised triaging and the referring process. The proposed clinic and its framework were presented to all stakeholders within the division and eventually hospital-wide.

Results

A comparable data set was established, with ED ONC/HAEM presentations collated and broken down to identify presenting condition, length of stay, time to review and outcomes. The nurse practitioner-led acute care clinic data identified within three weeks that clinical time-to-treatment, length of stay, reduced representations to ED and patient satisfaction improvements were made.

Conclusion

Cancer care for cancer patients optimises and focus' treatment and intervention. There is an undeniable place for some presentations to ED, but the data has proven that in the non-emergent presentation, optimal clinical triage and expert intervention can be successful outside of the emergency room.

'This is Me' — Exploring opportunities to integrate what matters most to older adults with cancer into multidisciplinary team meetings (MDMs)

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Introduction

International guidelines recommend routine pre-treatment geriatric assessment for older adults with cancer. 'This is Me' is a novel co-designed resource to communicate older adults' preferences for care and treatment. It addresses functional/physical/emotional health; comorbidities; cognition; social inclusion and preferences for quality or quantity of life. Targeting integration of resource information into MDMs may help embed what matters most to patients into discussions about optimal treatment planning.

Objective

To explore opportunity to integrate 'This is Me' into cancer MDMs.

Methodology

A qualitative descriptive study using focus groups and interviews was undertaken. Eligible consumers and MDM healthcare professionals (HCPs) were recruited from Melanoma and Multiple Myeloma (MM) services at a tertiary cancer centre. An evidence-informed implementation science framework (AACTT) was used to guide data collection and analysis. Data were analysed using manifest content analysis.

Results

Fourteen consumers (patients n=9, carers n=5) and 11 HCPs (MM services n=5, Melanoma services n=6) participated. Both groups reported the information generated by 'This is Me' supported holistic understanding of a person's needs, providing opportunity for clinicians and patients to engage in conversations about subjects that might not otherwise have been raised. However, both groups questioned whether the MDM was the most appropriate context for the information generated, suggesting instead the resource could be used by patients and HCPs early in the patient's illness pathway. Participants also highlighted some wording ambiguity within 'This is Me', indicating a need to revise the resource.

Conclusion

Our data highlighted the importance of 'This is Me' being used early in patients' treatment and care pathways, albeit not in the MDM. HCPs and consumers advocated for further engagement and re-design of 'This is Me' resource. Next steps will include resource re-design and a national survey of multidisciplinary cancer clinicians to establish its clinical utility in usual care.

Enhancing patient well-being: the nurse's integral role in holistic care provision

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Introduction

Holistic care represents a specialised approach dedicated to alleviating psychological and physical symptoms and mitigating the stress associated with illnesses, to enhance the quality of life for both patients and their families. This study focuses on elevating awareness among nurses and patients regarding the various options and advantages of holistic care, thereby encouraging the utilisation of supportive services to enhance overall well-being.

Objectives/Aims

The primary goal of this initiative is to enhance awareness of the available options for holistic care and encourage the utilisation of supportive services, with the main goal of improving the overall well-being of patients.

Description/Methodology

A comprehensive survey was conducted over the course of a month, targeting patients in the medical oncology day setting on each admission and the radiation oncology setting once a week. A total of 151 surveys were completed. The survey incorporated the Edmonton Symptom Assessment System, utilising a 0–10 scale, addressing the nine common symptoms of cancer patients' pain, fatigue, nausea, depression, anxiety, drowsiness, appetite, shortness of breath, overall well-being accompanied by a diagram enabling patients to pinpoint areas of discomfort.

A score of four or higher in any category prompted a recommendation for supportive care options. Subsequently, during the daily nursing assessment MR54A, which assesses the patient's toxicities. If there was an increase in toxicities, the survey was reissued.

Results/Outcomes

Analysis of the survey data revealed that a significant number of patients scored above in categories such as pain, fatigue, and loss of appetite, leading to referrals to a supportive/palliative specialist.

Conclusion

The collaborative efforts of nursing education and patient surveys have fostered a positive response, with patients readily accepting the supportive care services offered. As a result, an increasing number of patients are being referred and consistently reviewed by these services, highlighting the successful integration of holistic care into patient-centred healthcare practices.

Hopelessly devoted – Wellness and supportive care at the ONJ Cancer Centre Radiotherapy Department

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Introduction

The Wellness and Supportive Care Team coordinates a range of evidence-based therapies and programs. It is designed to provide support, information and offer strategies to patients and loved ones during and after cancer treatment. The Covid19 pandemic significantly impacted the ability to access and deliver these services. Opportunity arose to evaluate and address referral pathways that were being reopened or reinvigorated, for patients receiving Radiotherapy.

Objectives/Aims

To optimise timing and access to wellness programs and therapies for radiotherapy patients. To increase awareness and educate staff about the wellness and supportive care available currently.

Description/Methodology

A review of the current processes and pathways for patients to access wellness programs, services and activities in Radiotherapy was conducted. The Nursing team and Wellness team collaborated and changed the time of screening patients with the accredited National Comprehensive Cancer Network (NCCN) Distress Thermometer and Problem List for Patients, to coincide with the best timing for referrals for patients. This is now completed at CT simulation.

Results/Outcomes

With a change in timing and process, we have seen an increase in referrals and engagement. This means that patients are accessing the services earlier and at a more beneficial time during their treatment. The screening tool is also more accurate as the distress is captured before treatment has commenced and after their first stressful simulation appointment. Preliminary results in Exercise Physiology have demonstrated a more consistent rate of referrals early in treatment from nursing staff since implementing these process revisions.

Conclusions

The opportunity for this review process has led change and provided direct benefit to the patients. Referrals are consistently being offered and implemented early in Radiotherapy patients, with both teams also having a better understanding of the patient experience.

A nursing assessment tool to improve the flow and safety of patients receiving a lumbar puncture

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Introduction

Patients with a haematological malignancy may require a lumbar puncture (LP) for either diagnostic purposes or intrathecal delivery of cytotoxic medication. Complications can occur, with post-dural puncture headache being the most frequently reported.

Objectives/Aims

To redesign the LP Diagnostic/Therapeutic Nursing Assessment Tool. Audit data revealed inconsistent tool completion and >66% of surveyed nurses reported it as “not at all user-friendly” or “needing improvement”.

Description/Methodology

The LP tool was redesigned using an iterative co-design approach, including consultation cycles and process mapping with nursing, medical, pharmacy, organisational psychology, and patient safety stakeholders. The LP tool's content, language, logic and flow of information were assessed for ease of use and function.

Results/Outcomes

The two page LP tool has a clear and structured approach with all critical nursing steps and considerations pre-, during-, and post-LP procedures requiring documentation. The usability analysis demonstrated: (1) clarity, questions are clear and succinct to prevent ambiguity; (2) consistency, information is formatted in the same way to increase efficiency and flow; (3) effort, critical checks are highlighted and rely on recognition (not recall) to reduce workload; (4) order, questions and checks reflect the natural progression of tasks to increase efficiency; (5) flexibility, space is provided to allow for adaptation and change; (6) legibility, information is easily read and presents limited visual noise to reduce workload; and (7) value, only relevant information is presented to support users' tasks.

Conclusion

The revised LP tool will provide nurses with a usable and fit-for-purpose tool that facilitates patient safety through a structured process of assessment, observation, and escalation. Furthermore, there are anticipated benefits of improved screening, reporting, and management of LP-related complications. A usable and valid assessment tool supports cancer care nurses to confidently identify risk factors, efficiently escalate, and advocate for patients receiving an LP.

A 10-year retrospective analysis of molar pregnancy and related gestational neoplasia at a specialised centre

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Introduction

Best-practice guidelines emphasise the importance of surveillance for molar pregnancies, with serial quantitative beta-human chorionic gonadotropin (bHCG) levels to detect gestational trophoblastic neoplasia (GTN) early and facilitate timely treatment. However, challenges exist in resource allocation and decision-making for practitioners and patients. NSW lacks a GTD registry, hindering guideline adherence and research data collection. To address this, a dedicated GTD service was established in 2014 within a metropolitan Gynae-Oncology unit, providing standardised expert care.

Objectives

This study aims to describe and analyse the cohort of women with molar pregnancies and those progressing to molar-pregnancy-associated GTN at the specialised centre. Objectives include gathering demographic data, clinical outcomes, service performance indicators, and identifying risk factors for GTN progression. The study seeks to inform expectations for women diagnosed with molar pregnancy.

Methods

A retrospective review of electronic medical records spanning ten years (01/01/2014 to 01/01/2024) was conducted for women with molar pregnancies and molar-pregnancy-associated GTN at the specialised centre. Exclusions were made for specific cases, and data were securely stored in REDCap. Statistical analysis was performed using SPSS Version 29.

Results

A total of 177 patients with molar pregnancies were reviewed, with 28 progressing to GTN requiring chemotherapy. The majority had low-risk WHO scores and FIGO stage I. Predictors of progression included statistically significantly higher bHCG levels in the GTN cohort. Patients achieving negative bHCG levels did not progress to GTN. The service demonstrated high completion rates for post-molar pregnancy bHCG surveillance and a timely interval between GTN diagnosis and chemotherapy initiation.

Conclusions

The centre achieved commendable performance indicators, including completion rates and timely initiation of chemotherapy. Higher bHCG levels at the time of curettage diagnosis correlated with a higher risk of GTN progression. The study underscores the importance of collaborative efforts and the creation of a state-based registry in NSW to facilitate future research on surveillance de-escalation and optimal chemotherapy regimens for intermediate-risk GTN.

PanSupport: a community model of cancer supportive care provision

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Introduction

Non-government organisations within Australia have an important role in cancer supportive care provision. Situated outside of the hospital multidisciplinary team, utilising telehealth and evolving in response to unmet need, novel models of care have arisen. PanSupport is a telehealth, supportive care provider to patients, carers and their families affected by upper gastrointestinal (UGI) cancers. People with an UGI cancer disproportionately experience poor outcomes with their quality of life, eating, weight loss and fatigue. Care coordinators, specialist nurses and counsellors work with people across the continuum of their cancer experience.

Objectives/Aims

This descriptive study aimed to investigate what is involved in the PanSupport model of care.

Description/Methodology

A qualitative research design employing descriptive statistics and content analysis of written data was utilised to categorise and describe interactions that the PanSupport team had with 30 patients and 10 carers during a three-month period in 2023. Purposive sampling to obtain information rich interactions was employed. The results were used by the team to reflect upon their practice and inform the development of a new, refined model of supportive care.

Results/Outcomes

In practice, the PanSupport team undertake a variety of activities that supports patients and carers. The activities are reflective of the literature that denotes cancer supportive care. Reflecting upon the categories and definitions of care, revealed them to be an accurate description of the service provision. Knowledge gained is informing service redesign.

Conclusion

The PanSupport team deliver community based, supportive care that is reflective of service provision across the cancer care community, meeting supportive care needs for people affected by UGI cancer.

Patient Experience Improvement Project

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Introduction

Grampians Health Ballarat Chemotherapy Day Unit (CDU) provides anticancer treatment for patients who come from Bacchus Marsh in the east across to the South Australian border in the west. The CDU also assists in care provision in a number of towns in our region. Variations in a patient's cancer treatment journey can change daily. These changes can lead to treatment cancellations and delays in patients receiving treatment impacting the patient, their families and staff providing care.

Aim

To identify areas of inefficiencies pertaining to chemotherapy care delivery, and thus the opportunity for streamlining and optimising care delivery, to ultimately improve patient experience.

Description/ methodology

The project was led by a nurse, nurse manager and a consumer over 12 months. Qualitative and quantitative data analysis was used to inform the opportunities for service efficiency improvement in three phases:

Phase 1: The same day cancellation rate from the past six months was used to assess the percentage which could have been predicted and to identify the common cancellation reasons.

Phase 2: The patient admission data collection (n=300) was used to determine the number of treatment commencement delays and their likely causes. The data was then discussed with the nursing and oncology team to identify areas of improvement.

Phase 3: Patient interviews (n=80) to determine what they consider delays and how any delays identified impacted on their life.

Results/outcome

Phase 1) Complete; key findings: 37% of patients were cancelled on the same day of treatment after seeing the doctor for various reasons, the most common included disease progression and the presenting patient being too unwell for treatment to occur.

Phase 2) Complete; Data identified the causes impacting timely treatment delivery, including delays in patient clinic review, treatment approval, and their treatment delivery to CDU. Factors like patient condition, environmental effects, and unforeseen circumstances contributed to delays, prolonging patient time in the chair, disrupting family and work time, and increasing parking needs. Nurses faced additional tasks such as extra pathology testing, premedication administration, and treatment follow-ups.

Phase 3) is in progress and is scheduled to be completed by end of June 2024.

Conclusion

By identifying areas of service delivery inefficiencies CDU Grampians Health Ballarat will work to streamline care and develop an optimal pathway to improve our patient experience and optimise efficient timely care delivery.

Developing a standardised clinical pathway for the management of gynaecological and prostate brachytherapy

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Introduction

Brachytherapy is a targeted form of radiation treatment that requires specialist, multidisciplinary management. Despite this, there is currently no standardised clinical pathway for the management of gynaecological and prostate brachytherapy.

Aims/Objectives

The aim of this study was to develop a comprehensive, standardised clinical pathway for the management of brachytherapy patients that can be utilised by multidisciplinary staff to improve patient safety.

Methodology

A multi-phase, iterative process was undertaken.

Phase 1 involved a clinical review of incidents and adverse events over a five year period.

Phase 2 encompassed a representative survey of nursing staff from the radiation oncology, medical oncology, and haematology units where the brachytherapy beds are located. The survey assessed the staff's current level of knowledge and confidence in the management of brachytherapy.

Phase 3 utilised the findings of the previous phases to develop a clinical pathway.

Results

Phase 1 identified forty (n=40) brachytherapy incidents reported between 2018–2023. The most common incidents were clinical process error (40%), medication error (30%), skin integrity (13%) and miscommunication (8%). Thirty-five (n=35/114) nurses from inpatient and outpatient settings completed the Phase 2 survey, representing 31% of the cancer nursing workforce of a large, tertiary hospital. Findings displayed that 57% of participants lacked confidence in managing patient controlled analgesia and 54% lacked confidence in epidural removal. Less than 50% were aware of the brachytherapy repositioning time frames and over 50% identified the incorrect escalation pathway for non-urgent care. 100% of participants agreed that a clinical pathway be beneficial. This led to the development of a multi-disciplinary clinical pathway, which incorporated pre-, peri- and post- assessment instructions and prompts related to identified common clinical incidents.

Conclusions

Results display that there is a critical need for a standardised clinical pathway for the management of brachytherapy. The next steps will be to implement and evaluate this pathway.

Mapping models of care for adolescents and young adults cancer survivors: a scoping review

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Introduction

Adolescents and Young Adult (AYA) (15–39) cancer survivors face a significant risk for treatment-related late effects. To optimise long-term outcomes, quality survivorship care requires a multidimensional holistic approach.

Aims

The aim of this review was to map evidence on models of cancer survivorship care for AYA cancer survivors against the Framework for Quality Cancer Survivorship.

Methodology

This review was prepared and reported according to PRISMA extension for scoping reviews. Searches were conducted across MEDLINE, CINAHL and Embase for English articles from Jan 2006 to Jan 2024. Articles that described domains at the patient, service, and socio-ecological levels for AYA cancer survivorship models of care were included. Dual processes were used for article screening, selection, and data extraction. Data were analysed deductively, using Content Analysis, and presented through narrative synthesis.

Results

Of the 5298 records screened, 10 articles were included. The majority were cohort and cross-sectional studies from the USA, Canada, Switzerland, and the UK. Across studies, 5283 AYA cancer survivors (or their parent/carer) were represented. A diverse range of models of care were reported including oncologist-led long-term follow-up, multidisciplinary survivorship clinics and programs, online survivorship care plans, shared care, and primary care-led follow-up. Most (80%) included studies that examined at least one prevention/surveillance/management domain of individual healthcare and at least one contextual domain of healthcare. At the service level, satisfaction with care was commonly reported. Healthcare outcomes such as quality of life and healthcare utilisation were reported in less than half of the included studies, however, no studies reported economic, or mortality outcomes related to survivorship models of care.

Conclusion

There remains a lack of evidence about the effectiveness and costs of survivorship models of care for AYA cancer survivors. Addressing the identified gaps will enable future development of quality survivorship care for this patient population.

Enhancing the understanding of financial toxicity in people with cancer in Australia: Instrument development and validation

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Introduction

Financial toxicity (FT) is increasingly recognised as a common distressing effect following a cancer diagnosis in Australia and globally. However, a validated, comprehensive tool for subjectively assessing FT suitable for the Australian healthcare system is lacking.

Objectives

The objectives of this project are to: (1) develop a comprehensive instrument for FT appropriate for the Australian setting, and (2) quantify the experiences of FT in people with cancer and the factors associated with these experiences.

Methodology

This study will be guided by the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) for patient-reported outcome measures development. Initial questionnaire items will be generated based on our recent systematic review and other reviews. Items will further be screened to determine content and internal validity based on expert consultation (n=6) and cancer survivors (n=15). Item response theory and classical test theory will be used to help reduce items. Retained items will form a pilot instrument that will be subjected to psychometric testing. A cognitive interview “think loud” method will be used for 20 participants in a pilot test to ensure question suitability and patient understanding. A cross-sectional survey of 600 cancer survivors recruited via the Princess Alexandra Hospital in Brisbane and nationally through social media will be used to establish reliability and validity of the new instrument. A cut-off score for the new instrument for predicting poor quality of life will be identified by receiver operating characteristic analysis.

Outcomes

According to the COSMIN guidelines, the final questionnaire will be developed by means of factor analysis, tested for reliability, internal consistency (Cronbach's α test and item-total correlation) and stability of measurements over time (test-retest reliability by intraclass correlation coefficient and weighted Cohen's *kappa* coefficient).

Conclusion

This project will provide the first comprehensive subjective FT instrument validated for the Australian setting.

Cancer Nurse Coordinators providing central intake to cancer services and early navigation support in a regional cancer centre

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Introduction

The Bendigo Regional Cancer Centre 2022 Bendigo Health Report examined consumer consultation data and presented a Regional Cancer Services Plan 2023-2028. Via this report, consumer feedback informed of the need for better coordination and early access to information and navigation support, for new patients’ individual needs.

In 2023, the Bendigo Regional Cancer Centre, implemented a new model of central intake and early access to navigation support, appointing two part-time Central intake Cancer Nurse Coordinators (CNCs). The scope of the role is from work-up of suspected or confirmed cancer to treatment commencement. This role was developed to provide early access to navigation support in the pathway, screening assessment, timely triage and work-up of referrals processes, instigating earlier referrals and providing navigation supporting for patient and family to understand key steps at a difficult time.

Objectives/Aims

To provide an informed and supported entry to cancer services for rural patients, through early navigation support from diagnosis to treatment commencement.

Description/Methodology

The role was implemented under the guidance and mentoring of an expert working group to support the development of the role, implementation factors, and inform the evaluation measures. The evaluation will seek to evaluate the implementation approach, and the patient experience of early access to navigation, information and support services.

Date will be collected from the sources below:

- Activity summary captured from an audit of the local hospital database
- Clinician interviews
- Patient experience of access to navigation support

Findings will be shared with key stakeholders including consumer advisory group to inform further practice improvements.

Results/Outcomes

The infancy data are positive, valuing the CNC role; as a key contact for questions, navigation support and early access to support services support in the early stages; reducing triage time. The poster will report the activity from the first six months of implementation and further data will be collected more broadly over the next six to 12 months.

Conclusion

While in its infancy stages, this new model of using Central Intake Cancer Nurse Coordinators, may identify an improved approach to access to cancer services in a regional setting, to provide individualised information and early navigation support at the front of the cancer journey.

Treatments

Skin adverse events of anti-cancer treatments: an examination of drug-adverse events associations

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Introduction/Objectives

Although anti-cancer treatments, including chemotherapy (CTs), targeted therapies (TTs), radiation therapy, and immunotherapy (ITs), effectively treat cancer, they can cause significant skin-related toxicities (AEs). These toxicities can lead to discomfort and therapy discontinuation. This study investigated these associations using a large dataset.

Materials/Methods

The study utilised the US FDA Adverse Reporting System (FAERS) dataset, focusing on Healthcare Professional reports between January 2013 – September 2022, encompassing 3,399,830 reports, 3084 drugs, and 16,347 AEs. To minimise false positives, we employed a nearest-neighbour matching model on demographics and severity criteria and addressed the inflation of error rates due to the multiplicity of tests.

Results

We identified 146 marketed anti-cancer drugs in the database with at least five reports of skin AEs. Of the 2757 drug-AE pairs, 708 displayed a significant reporting odds ratio (ROR) >1, involving 102 drugs and 135 skin AEs. Rash was significantly associated with 44 drugs and dry skin with 25 drugs. Methotrexate was significantly associated with 35 different AEs and anti-BRAF vemurafenib with 26 AEs. TTs were present in 57% of the pairs, CTs in 38%, and immune checkpoint blocking agents in 5%. Multikinase inhibitors were present in 15% of the pairs, followed by antimetabolites (14%).

Conclusion

This study used a large dataset to examine associations between cancer drugs and skin AEs. 146 anti-cancer drugs were found to have skin AEs, with rash and dry skin being the most reported AEs. TTs were most associated with skin AEs, followed by CTs. Methotrexate and vemurafenib had the most significant number of associations. These data don't allow evaluation of skin AE incidence with anti-cancer drugs as they are probably under-reported, but the findings do emphasise the importance of monitoring skin AEs in patients exposed to anti-cancer treatments.

Effective Management of skin toxicities in cancer treatment: An Australian/New Zealand perspective

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Aim

Patients undergoing oncology treatments often experience side-effects, with up to 60% of them experiencing skin toxicities. These may range from alopecia to photosensitivity and xerosis. Experiencing such side effects may exacerbate the patient burden of oncology treatments, but there are currently no set guidelines for their appropriate management.

Methodology

To identify key patient needs, each stage of the patient journey must be considered, including the advice of their oncologists and dermatologists, as well as oncology nurses (who are the most frequent point of contact for the patient). Limited numbers of dermatologists in New Zealand and consequent access means that treatments are often ceased due to severity of their side effects. To address these patient needs, taking quality of life into account, experts emphasise the relevance of patient education around skincare, including the stage of treatment, and healthcare professionals (HCPs) responsible for delivery of this knowledge. A panel of key HCPs, comprising dermatologists, oncologists, and an oncology nurse, developed a consensus for effective management of these common skin conditions.

Results

This consensus sets forth specialised recommendations for both preventative measures as well as reactive measures for appropriate care of skin conditions such as radiation dermatitis (both acute and chronic), alopecia (from hormonal therapy and/or chemotherapy), xerosis/pruritus, maculopapular rash, acneiform rash, photosensitivity, pigmentation changes, inflammatory and hyperkeratotic hand-foot syndrome.

These guidelines, among other suggestions, recommend the use of a sunscreen with UV-broad spectrum UVA/UVB filters, emphasised for proactive prevention of side effects. The roles of a pH-balanced moisturiser and cleanser, together with skin barrier restorative creams formulated with microbiome rebalancing ingredients (panthenol) were also highlighted.

Conclusions

This will form an educational document for HCPs across the field, including experienced specialists, as well as pharmacists and oncology registrars in training.

Measuring up once more! A clinical audit of chair time for patients receiving Cisplatin to identify if practice change improved institutional chair time

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Introduction

In 2022, primary data confirmed that urine measurement prior to administering Cisplatin did not reduce the risk of nephrotoxicity. Based on this data, a practice change was implemented. Patients receiving Cisplatin of 60mg/m^2 or less were no longer required to have urine measurement prior to administration of Cisplatin.

In order to determine if the change of practice reduced the amount of time patients spent in the outpatient treatment department for their cancer treatment, a second clinic audit was undertaken.

Objectives/ Aims

To establish if there was a change in chair time after the implementation of the change in clinical practice.

Description/Methodology

Data was collected between 2019 and 2021. In 2020 clinical practice was changed after a clinical audit revealed that there was no increase in nephrotoxicity from withholding urine measurement for patients receiving cisplatin with a dose of 60mg/m^2 or greater. Pre and post data was analysed to determine if this change made a difference in chair time overall. Additional analysis was performed to compare the same regimens pre and post clinical practice change to highlight any differences between sub-groups.

Results/Outcomes

Post clinical practice change implementation we analysed eight months of clinical data between 2020 and 2021. N=30 patients received a total of 170 doses of cisplatin. This number included 16 Cisplatin containing regimens. This audit revealed a chair time saving of 22 minutes. Our sub-group analysis revealed within certain regimens this reduction was up to 53 minutes.

Conclusion

This clinical audit confirmed a reduction in chair time post implementation of this practice change. This not only shows that small changes can improve capacity but also have the potential for making small improvements to the patients who are under our care.

Hepatitis B Screening compliance for patients commencing chemotherapy

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Introduction

Hepatitis B virus reactivation (HBVr) has potentially serious consequences including hepatitis flares associated with elevated alanine aminotransferase (ALT) and increased mortality due to liver failure. Undiagnosed Hepatitis B virus (HBV), either chronic or resolved HBV infection cases, are at risk of HBVr when they receive chemotherapy. This can result in treatment interruptions that can negatively affect patient outcomes and survival.

In 2022, Calvary Mater Newcastle (CMN) identified that there were no standard guidelines for HBV testing prior to the commencement of chemotherapy. Given the inaccuracies in ascertaining risks and incidence rate for HBV or HBVr, the Department of Medical Oncology endorsed a guideline for Pre-Chemotherapy Hepatitis Screening.

Aim

To evaluate the compliance with the Pre-Chemotherapy Hepatitis Screening guideline and the proportion of HBV detected through pre-screening.

Method

A six month retrospective audit was conducted between November 2022 and May 2023. N=704 medical oncology triages for treatment were received. Patients triaged for curative intent chemotherapy or regimens containing anthracyclines were included. Patients triaged as metastatic, clinical trial, inappropriate referral and those undertaking immunotherapy were excluded. Data collected focused on compliance with HBV pre-treatment screening: Hepatitis B surface antibody (HBsAg), hepatitis B core antibody (anti-HBc) and hepatitis B surface antibody (anti-HBs) and the incidence rate of HBV detection.

Result

88 regimens were reviewed. N=83 had evidence of baseline hepatitis screening. This is a screening compliance rate of 94%. 100% of those screened tested HBsAg negative. Anti-HBc was detected in n=1, further HBV DNA testing conducted yielded

levels lower than the limit of quantitation. N=3 oral regimens were missed and the remaining n=2 had missing results.

Conclusion

This audit demonstrates that there is now a robust process to ensure HBV screening, although gaps in compliance exist. Strategies for bridging this gap need to be further explored.