

# An Audit of Supportive Care Service Delivery

Authors – Nyree Clark, Project Officer; Jenny Byrne, Manager; WCMICS Supportive Care Advisory Group  
Western & Central Melbourne Integrated Cancer Service, Level 7, 372 Albert St, East Melbourne. Vic Australia. 3001

## Background

Supportive care is one of the four key priority areas for the Integrated Cancer Services as outlined by the Victorian Government's Cancer Services Framework (1).

Supportive care is defined as an 'umbrella' term for a range of generalist and specialist services required to support people with cancer and their families. It incorporates five domains: **physical, information, social, psychological, and spiritual needs** (2).

The Western and Central Melbourne Integrated Cancer Service (WCMICS) developed a Supportive Care Strategy (3) to provide recommendations and a strategic approach towards strengthening supportive care within the hospitals in the region. The WCMICS Supportive Care Advisory Group (SCAG) oversee the Strategy and an early deliverable was to undertake a detailed audit of existing supportive care services.

## Aim & Objective

The aim of the audit was to evaluate supportive care within cancer services across the WCMICS region according to best practice guidelines in supportive care. The results of the exercise identified common gaps in service provision for the SCAG to identify priorities for future activities within the Supportive Care Strategy.

The objective of the Supportive Care Audit was to provide information about service provision in six key areas:

- **Supportive care screening**
- **Communication & documentation**
- **Generic supportive care staff development**
- **Supportive care services provided**
- **Information provision for patients & carers**
- **Organisational supportive care governance**

## Supportive Care Audit Tool

<b>WCMICS</b> WESTERN & CENTRAL MELBOURNE INTEGRATED CANCER SERVICE		Organisation: _____
Supportive Care Audit Tool		Tumour Stream/Service: _____
SCREENING		Name and Profession: _____
1. Does the service have a supportive care screening tool for generalist?	Yes No	When used? Please provide details: _____
2. How are patients screened using the tool?	Other or comment, please list: _____	
3. Is the screening tool used on all patients?	Yes No	If no, please list reasons for not using with all patients: _____
4. Who reviews & updates the supportive care screening tool?	Self Other or comment, please list: _____	
5. How reviews or updates on completion of the supportive care screening tool?	Self Other or comment, please list: _____	
6. How are referrals resulting from the supportive care screening tool provided?	Other provide detail: _____	
7. If it is a generic national form, please list the professionals included?	Other list professionals: _____	

The audit tool is available on our website  
[www.wcmics.org](http://www.wcmics.org)



## Methodology

The mapping exercise utilised an audit tool which was developed according to national and international best practice guidelines in supportive care (4, 5 & 6).

The tool consisted of six sections:

- **Screening**
- **Communication**
- **Staff Development**
- **Supportive Services**
- **Information, and**
- **Governance**

The audit tool was endorsed by the Supportive Care Advisory Group and it was agreed that the project officer would collect responses by discussing the cancer services with available key professionals from each tumour stream in all hospitals.



## Results & Discussion

Prior to commencement of the audit it was anticipated that approximately 40 meetings would be conducted with key professionals across the WCMICS region.

At some hospitals it was relatively straightforward finding a key contact for the tumour services, as there were Nurse Coordinators in place who knew details of the supportive care practices which exist and/or were absent for their patients.

It was found that 32% of services have made attempts to develop and use supportive care screening tools with their patients. The use of a supportive care screening tool is mostly dependent on whether there is a dedicated tumour specific Nurse Coordinator to incorporate the screening tool into daily practice. Of the 12 services screening patients, most screen once during the cancer journey, and of these services, only five document a copy of the screening tool in the medical record.

Respondents across the region widely reported there were few opportunities for the discussion of supportive care in general multidisciplinary meetings (MDMs), and many supportive care staff informally reported they have to be assertive in these meetings. Some services have separate meetings to discuss supportive care, finding this allows for a more detailed discussion of supportive care needs. Common practice across the region involves a nurse attending both the general and supportive care MDMs to ensure the relay of information between the two, with no processes currently in place to formalise this transfer of information.

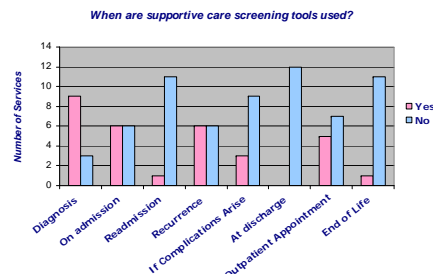
The audit indicated inpatient allied and mental health services are accessible for people with cancer and illustrated a matrix of involvements of these professionals in each tumour stream. Many professionals felt the absence of a dedicated nurse coordinator for tumour specific disease was a gap in service provision.

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## Organisational Governance

Supportive care governance varied across the region. For one hospital it was difficult to find an executive representative to discuss their approach to supportive care, suggesting this hospital does not have a strategic approach towards supportive care. Within the other hospitals it was found that few have formal guidelines, structures and processes for the development and evaluation of their supportive care services. Positively, all five hospitals audited for governance were able to nominate supportive care lead people and/or 'champions' within their organisation.

The figure below represents when supportive care screening tools are used throughout the WCMICS region. The majority of the services which use screening tools with their patients, screen at diagnosis or at a new presentation.



## Next steps

The SCAG agreed a number of next steps to ensure the audit is utilised in the most appropriate and constructive way within and across the WCMICS hospitals and tumour streams. The next steps are:

- Dissemination of reports per hospital with benchmarking across the region
- Dissemination of reports per tumour group
- SCAG to prioritise the recommendations
- Development of an implementation plan
- Recommendations to direct future criteria for supportive care funding rounds within WCMICS
- Invite specific projects in the next round of funding based on gaps in service provision

## References

- (1) The Collaboration for Cancer Outcomes Research and Evaluation. *A Cancer Services Framework for Victoria*. Melbourne, 2003.
- (2) Department of Human Services. *Supportive care needs of people with cancer and their families: A model for supportive care provision in Victoria*. Department of Human Services, Melbourne, 2006.
- (3) Western and Central Melbourne Integrated Cancer Service. *Supportive Care Strategy*, May 2007.
- (4) National Comprehensive Cancer Network. *NCCN Clinical Practice Guidelines in Oncology - Distress Management V.1.2008*, 2007.
- (5) National Institute for Clinical Excellence. *Guidance on Cancer Services—Improving Supportive and Palliative Care for Adults with Cancer - The Manual*. National Health Service, London, 2004.
- (6) National Breast Cancer Centre and National Cancer Control Initiative. *Clinical Practice guidelines for the psychological care of adults with cancer*. National Breast Cancer Centre, Camperdown, 2003.

