



Supportive Care Strategy

Supportive Care Audit Results 2008

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ACKNOWLEDGEMENTS

WCMICS would like to acknowledge the significant contribution of the Supportive Care Advisory Group who has guided the development of this audit across the WCMICS region.

We would also like to acknowledge the valued contributions of all Nurse Coordinators, Nurse Unit Managers, Clinicians, Allied Health Professionals and Project Officers who contributed to the audit. Their willingness to meet with the Project Officer to discuss their services provided all of the information collated in this report.

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EXECUTIVE SUMMARY

The Western and Central Melbourne Integrated Cancer Service (WCMICS) developed a Supportive Care Strategy to provide recommendations and a strategic approach towards strengthening supportive care across the organisations within the geographical region.

The aim of the supportive care audit was to evaluate cancer services in the WCMICS region according to best practice guidelines in supportive care. The results of this mapping exercise identified common gaps in service provision for the Supportive Care Advisory Group to plan future priorities and activities within the WCMICS Supportive Care Strategy.

To map services within the region, an audit tool was developed according to best practice guidelines in supportive care, together with the recommendations of the Supportive Care Strategy. The audit tool consisted of 6 sections:

- Screening
- Communication
- Staff development
- Supportive services
- Information
- Governance

Following endorsement by the WCMICS Supportive Care Advisory Group (SCAG), the audit tool was used to collect responses by discussing cancer services with key professionals from all tumour streams in every hospital. As a result the audit illustrated key findings within all six sections listed above.

It was found that a small percentage 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 services screening patients, most screen once during the cancer journey and of these few document a copy of the screening tool in the medical record.

Respondents across the region widely reported there were fewer 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 meeting to discuss supportive care, finding this allows for a greater amount of discussion of supportive care needs in a designated meeting. 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 per tumour stream. Many professionals felt the absence of a dedicated Nurse Coordinator for tumour specific disease was a gap in service provision.

Information material is widely given to patients, in verbal and written form, however the process of providing this information is informal in most services.

Supportive care governance varied across the region. For one organisations it was difficult to find organisational representatives to discuss their approach to

supportive care, suggesting this organisation do not have a strategic approach towards supportive care. Within the other organisations it was found that few have formal guidelines, structures and processes for the development and evaluation of their supportive care services. Positively, all five organisations audited for governance were able to nominate supportive care lead people and/or 'champions' within their organisation.

A full list of key findings and recommendations from this audit can be found on pages 27 and 29 respectively.

The Supportive Care Advisory Group have agreed a number of next steps for this report, to ensure the audit is utilised in the most appropriate and constructive way within and across the WCMICS sites and tumour streams.

The next steps are:

1. Production and dissemination of individual reports per organisation including benchmarking against the results across the region.
2. Production and dissemination of individual reports per tumour group.
3. SCAG to prioritise the recommendations made in this report.
4. A review of whether these recommendations are aligned with the Department of Health Supportive Care Resource Suite (due for release this year).
5. Development of an implementation plan for the recommendations.
6. Utilise the audit recommendations to direct future criteria for supportive care funding rounds within WCMICS.
7. Invite specific projects in the next round of funding based on gaps in service provision.

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 organisations across the region.

Two of the key early deliverable recommendations from the Supportive Care Strategy were:

- a. To form a Supportive Care Advisory Group (Appendix 1) to provide advice and guidance for the Strategy and;
- b. Undertake a detailed service mapping exercise across the WCMICS to establish what supportive care services currently exist.

Prior to the audit, WCMICS were aware that organisations within their region were conducting supportive care service improvement and some of these projects were specifically funded by WCMICS in 2006/07. In order for the SCAG to plan future activities within the Supportive Care Strategy, it was agreed that an audit would be conducted throughout the region.

AIM

The aim of the Supportive Care Audit was to evaluate supportive care within cancer services across the WCMICS region according to best practice guidelines in supportive care. The results of this mapping exercise will identify common gaps in service provision for the Supportive Care Advisory Group to identify priorities for future activities within the Supportive Care Strategy.

OBJECTIVES

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

1. Supportive care screening
2. Communication and documentation
3. Generic supportive care staff development
4. Services provided under the umbrella of supportive care
5. Information provision for patients and carers
6. Supportive care governance within organisations

METHODOLOGY

The mapping exercise utilised an audit tool which was developed according to national and international best practice guidelines in supportive care, together with the recommendations outlined in the WCMICS Supportive Care Strategy. A summary of these guidelines and recommendations is tabled in Appendix 2.

A review of the three main guidelines (4, 5 & 6) on supportive care indicated common themes and these were incorporated into audit questions. The tool (see Appendix 3) consisted of six sections:

1. Screening
2. Communication
3. Staff Development
4. Supportive Services
5. Information
6. 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 key professionals from the tumour streams in all hospitals. Contact details of the professionals approached to complete the audit were obtained from Tumour Group membership lists and the local knowledge of the Supportive Care Advisory Group.

RESULTS AND 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 detail of the supportive care practices which exist and/or were absent for their patients.

At other organisations, cancer is a small service in a much larger overall health service and it was sometimes a challenge to obtain a key contact for a specific tumour service. Similarly, the audit was conducted on a tumour stream basis, however some organisations in WCMICS do not structure their services this way and therefore a different approach had to be taken for some organisations. For instance, Western Hospital has a small Gynaecological service with no Nurse Coordinator and few patient numbers. Hence for this organisation, audits were conducted per tumour stream when it was known there was a key professional, and in addition, audits were completed on a ward basis (i.e. Oncology, Surgical, etc).

As the focus of this audit is on supportive care, there is ongoing reference to 'supportive care professionals' and 'supportive care services'. WCMICS defines supportive care professionals to be Nursing, Allied Health, Mental Health and complementary therapy, whilst supportive care services are the disciplines of healthcare within these services (i.e. Occupational therapy, Pastoral Care, etc.)

In this discussion, results will be presented under the six sections of the audit listed above. Under these headings, the audit questions have been listed with the relevant guidelines cited.

SCREENING

Best practice guidelines in supportive care (4, 5 & 6) recommend that all cancer patients be screened for psychosocial distress at certain periods during their cancer journey. The National Institute for Clinical Excellence (NICE) (2004) guidelines particularly recommend that screening for supportive care needs should be undertaken at diagnosis, commencement of treatment, during treatment, at relapse, and when death is approaching.

Does the service have a supportive care screening tool for patients (4, 5 & 6)?

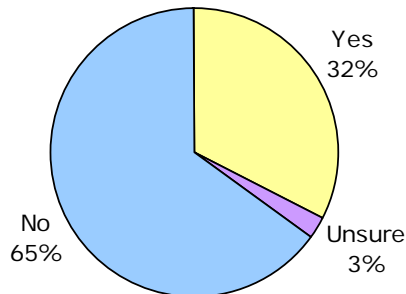


Figure 1

The audit identified that 32% of services use a supportive care screening tool with their patients (Figure 1). Most services using a screening tool advocate that they are a useful mechanism to flag issues for patients and initiate a referral to other professionals. The Peter Mac Supportive Care Screening Tool was used across a number of services (including non-Peter Mac organisations) and one organisation was working to further develop their screening tool for the specific needs of their patient group.

“Screening identifies issues and then these issues are delved into in depth after”

“Supportive Care Tool adapted from C/Care tool. Presently being rewritten to incorporate NBCC recommendations”

“Peter Mac C-Care is used within the Breast Service”

Some services reported that they did not use a supportive care screening tool because the organisation’s generic screening tool had not been implemented in their service yet and also that it did not necessarily suit the service’s type of cancer. Several professionals reported that they would like to implement a screening tool, however resource issues have been a barrier to this implementation.

"... practice is guided by best practice clinical guidelines and the service plan to develop a screening tool. Every individual discipline has their own Assessment"

"We applied for funding for a project to develop and implement a screening tool."

"Was previously involved in the breast trial [of a screening tool] but not any more"

WCMICS have supported a number of projects in the past to develop and implement screening tools within services and this was reflected in the results of the audit.

"Supportive Care Screening Tool [is used] as part of the WCMICS project"

"Service was previously involved in the WCMICS funded project using the distress thermometer, however no longer used as [Nurse Coordinator] does not have time to do so. Informally screened through a nursing assessment"

Some professionals had a broader interpretation of the concept of screening for supportive care and/or did not necessarily understand or recognise a separate screening to be important if they had other documented mechanisms in place.

"Some supportive care taken into consideration on pre-admission form but not comprehensive"

"Has medical history which asks about physical and some psychological needs. There is also risk assessment forms and discharge planning paperwork"

"There is a discharge tool which includes questions about allied health, psych care and community support"

How are patients screened using the tool?

Of the 12 services that use supportive care screening tools, only one stated that screening was completed by patient reporting alone. The remainder of the services reported that their screening method involved the patient completing the tool, which was then collected by the health professional and discussed in detail with the patient.

Is the screening tool used on all patients (4)?

Most of the 12 services which have a supportive care screening tool use it on all patients. Comments from the three professionals who didn't use the tool on all patients were:

"Used only on those who receive treatment"

"Difficulty in introducing the tool at an appropriate time"

Who ensures or follows up completion of the supportive care screening tool?

The majority of organisations who have supportive care screening tools in use in their tumour streams have the Nurse Coordinator follow up patient completion of the tool. Two smaller organisations have not necessarily designated an individual to be responsible for follow up and instead have the patients return the tool to any member of staff. One of the services reported that they take the tool to their psychosocial multidisciplinary meeting and allocate referrals to supportive care staff after team discussion of the patient's completed screening tool.

How are referrals resulting from the supportive care screening tool generated (4 & 6)?

Once the supportive care screening tool is reviewed, all services have either the Nurse Coordinator, Breast Care Nurse or Oncology Nurse place the referrals to the appropriate professional discipline. Of the services using a screening tool, approximately half generate their referrals via email or phone referral. Three of the services document the results and either present them to the multidisciplinary team in their meeting or circulate the documentation (via email) to all of the professional members of that tumour stream.

Three of the services have developed referral forms specifically for use after screening and these were part of WCMICS funded projects. The professional disciplines included in these supportive care referral forms are listed in the table below.

Discipline Listed On Referral Form	Service A	Service B	Service C
Breast Care Nurse		✓	✓
Dietitian	✓		
General Practitioner	✓		
Gynaecology Nurse Specialist			✓
Music Therapist			✓
Occupational Therapy	✓		
Palliative Care	✓	✓	✓
Pastoral/Spiritual Care	✓		✓
Pharmacist	✓		
Physiotherapy	✓		
Psychiatrist		✓	✓
Psychologist	✓	✓	✓
Sexual Counselling		✓	✓
Social Work	✓	✓	✓
Other...		✓	✓

One organisation has a supportive care referral form to be used in conjunction with the screening tool, however some professionals commented that they did not use this for the following reasons:

“Our service uses a different Allied Health and Specialist referral form which includes all relevant professionals.”

“There is a referral form that goes with the screening tool, however this is not used by the Nurse Coordinator as it is not always the most suitable form of communicating referrals [for this group of patients]”

When is the supportive care screening tool used (4 & 5)?

There are 12 services which use a screening tool and the chart below represents when these services use the tool with their patients.

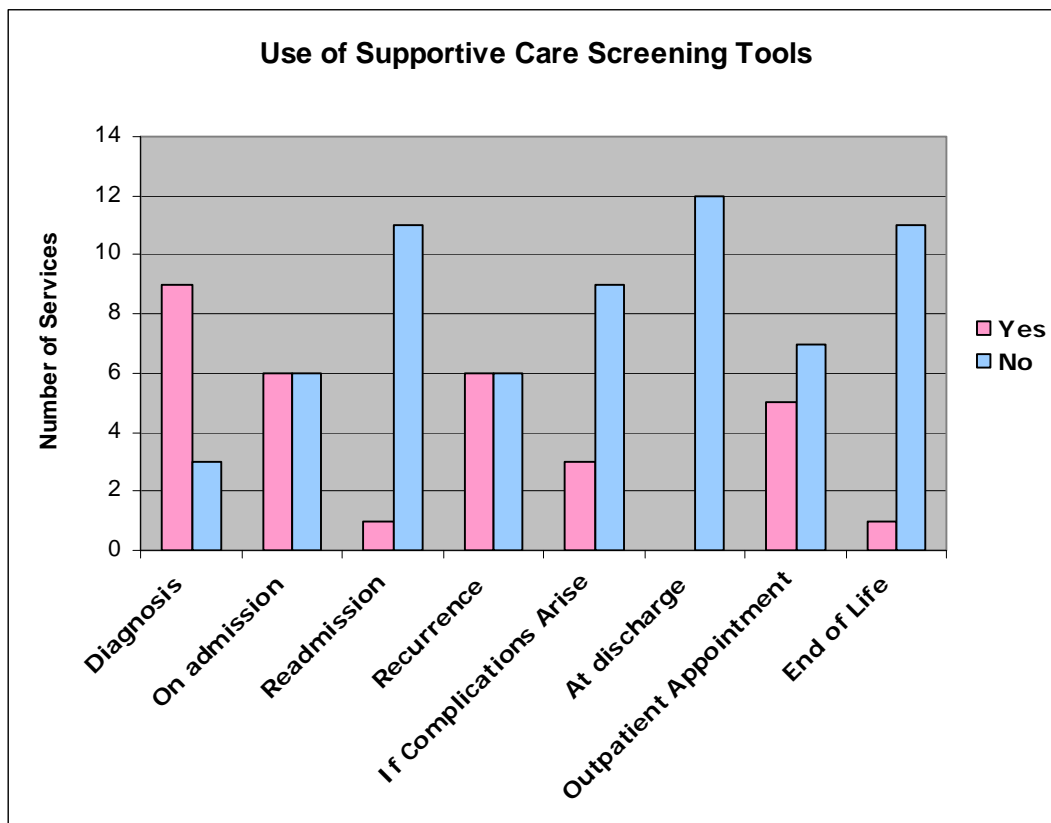


Figure 2

The audit tool design did not include the option of screening being completed at a pre-admission clinic, when many of the services reported they screened patients at this appointment. Other comments on the occurrence of screening include:

“Patient is often screened during their planning appointment visit or during the first week of their treatment”

“At any other inpatient admission”

“Done when Breast Care Nurse first sees patient”

“Screening only completed once per patient”

“Always done when patient is new to clinic at PMCC, most patients attend outpatient clinic”

“No patients are really re-screened”

“First screening when chemo commences”

Does the service have a screening for carers (4 & 5)?

All services were asked if they had a screening tool for carers and no service has one in use. One service commented that their screening tool included a section for carers and another service reported that their screening tool asks the patient for details about their carer (ie. if they had one, their age, whether they live with them, etc.).

COMMUNICATION

Best practice guidelines advise that mechanisms should be put in place to ensure that supportive care screening tools are clearly documented in the patient's notes (4 & 5). Additionally, these guidelines recommend that "Individuals' needs for support are discussed at multidisciplinary team meetings and the outcomes of these discussions are recorded" (NICE, 2004 p. 180). The recommendations for advanced communication and documentation among multidisciplinary team members warranted inclusion of audit questions in this area.

Is a record of the supportive care screening tool included in the patient's notes (4 & 5)?

Five out of the 12 services who complete screening with patients document this copy in the patient's notes. A large percentage of the 12 services that currently do not include a copy in the notes are from the same organisation recently awarded funding by WCMICS to develop a scannable version of the tool which will be included in their electronic record.

Does it have a medical records number (4 & 5)?

Two of the 12 services which complete screening have medical records numbers for their supportive care screening tools.

Please list where the supportive care screen is stored (4 & 5)

Approximately 50% of the 12 services who screen for supportive care reported that after they use the screening tool with the patient, they then file it in a separate folder in their office. One respondent prefers to write an assessment based on the tool and does not keep a record of the original screening tool. The remaining services file the tool in differing locations within the patient record, including sections such as the communication/correspondence, the general patient history or in the admission paperwork sections.

Is there an opportunity to discuss supportive care at multidisciplinary meetings (MDM) (5)?

Professionals responded that within most services there is an opportunity to discuss supportive care (69%, Figure 3 page 11), however most noted that this opportunity exists only in the separate supportive care meeting. The table in Appendix 4 indicates which services have general multidisciplinary meetings (MDM's) and specific supportive care meetings (SCM's), together with how frequently these meetings are conducted.

Opportunity to Discuss Supportive Care at MDMs

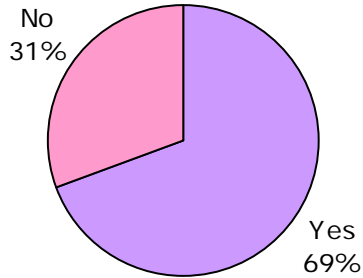


Figure 3

Does the MDM lead give adequate opportunity for supportive care staff to participate in the meeting?

Figure 4 represents whether professionals feel that the lead of their MDM gives supportive care staff adequate opportunity to participate in meetings. This question provided interesting responses as the majority of the respondents who did reply 'yes' to the question, also provided additional information suggesting supportive care could have a greater emphasis in their MDM.

Opportunity for Supportive Care Staff to Participate in MDM

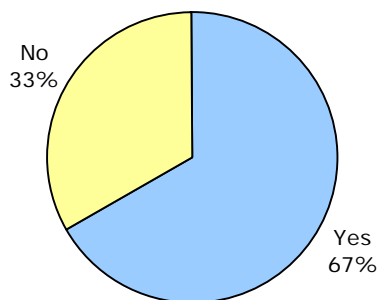


Figure 4

Encouraging responses towards the inclusion of supportive care in the MDM included:

“Yes, meetings are very open and transparent”

“Head clinician is very pro-supportive care”

"Lead often will ask Breast Care Nurse in the Medical meeting if there are any psychosocial issues"

A common theme emerged from professionals about the requirement for supportive care professionals to be assertive in these meetings if they wanted supportive care issues to be discussed.

"Staff do however need to be assertive"

"[Professionals] need to be confident"

"Not included as a matter of course, and allied health need to be assertive to make a point"

Many professionals reported that their MDM lacks the opportunity for supportive care staff to comment on patients. Others clearly articulated that there are 2 separate MDMs (see Appendix 4) and it is only in the supportive care meeting that issues are discussed. Surprisingly some of the professionals felt that the discussion of supportive care issues was not relevant to the MDM.

"No, unless Allied Health, Nursing or Psych bring up in the meeting"

"Time only allows for medical discussion"

"Doctors will flag problems if they arise, but no screening for all patients and only mentioned if there are drastic problems - not routinely covered"

"Often the Social Worker will add comments but not normally encouraged"

"Yes [but supportive care only discussed] in the psychosocial meeting"

"Supportive care is not a focus of the meeting, it has a medical focus"

"In ward meetings it is discussed, but not in medical diagnostic meeting"

"But only at supportive care meeting - not relevant to medical/planning meetings."

Please list which supportive care professionals routinely attend MDM meetings?

Throughout the auditing process, information was documented on which professionals attend both the general tumour based MDM and the separate supportive care Meetings (if available). A representation of attendances by Profession is tabled in Appendix 4.

This table indicates that certain professionals such as the Nurse Coordinators and Social Workers are regular attendees at most tumour specific MDMs. As to be expected, other professions such as Dietetics and Speech Pathology play a more specialist role in the cancer team for tumour groups such as Head and Neck.

Does the MDT have guidelines for supportive care referrals and services (5)?

A minority of services (28%) feel they have guidelines for supportive care referrals and services. Some professionals responded yes to this question citing formal processes such as documentation of the MDM, development of a terms of reference, role definition for professionals and referral documents. These pieces of work are recognised as good practice examples of how MDM's can improve their services, communication and support for patients.

"Document discussion on template in the meetings"

"Has a terms of reference for MDM and template for documenting. No referral guidelines"

"Has a set of very broad guidelines"

"Have a haematology oncology tool and there is a poster which has been developed and displayed on the ward collating information regarding referrals and the reasons for referring (Allied Health and Palliative Care). This lists indicators for referral and limitations to services. Poster is for ward staff and also patients"

"Head of unit aware of psychosocial MDM and working group. Otherwise other staff refer to the Breast Care Nurse to address issues. Role definition was developed as part of WCMICS funded project"

"Tools developed with consultation with the team. National Breast and Ovarian Cancer Centre Making MDT's a Reality is used as a guide"

"Referral document has been developed and includes medical and social history and a criteria for patients discussed at meetings has also been developed"

"MDM is developing TOR at present and a referral guideline was developed as part of the WCMICS funded project"

Some services reported more informal processes which are recognised by the team, however they may not be documented and reviewed regularly. For instance, all members in the team may be aware of the speed of referral assessment times and/or blanket referrals are expected for certain services for the tumour type.

"No specific guidelines however there are standard referrals (i.e. all patients referred to Dietitian)"

"All prostate referred to Nurse Coordinator. Any distress referral to Clinical Psychologist after pre-admission clinic."

"Service has blanket referrals to all professionals, so that is a guideline."

Interestingly, very few professionals volunteered a reason for not having any guidelines and two services that did felt it was purely because the focus of the MDM meeting was diagnostic and therefore it was not necessary to have guidelines for supportive care referrals and services.

STAFF DEVELOPMENT

Through consultation with local cancer health professionals, one theme to emerge from the development of the WCMICS Supportive Care Strategy was a need for educational opportunities on generic supportive care skills.

The National Comprehensive Cancer Network (NCCN) (2007, p. 7) standards of care for distress management state that “educational and training programs should be developed to ensure that health care professionals and pastoral caregivers have knowledge and skills in the assessment and management of distress”. This was highlighted in the Supportive Care Strategy as WCMICS hospital professionals felt that generic training and skills, along with resources are needed in the region. Suggestions included staff orientation in supportive care, training in the use of screening tools, communication skills training and counselling skills training.

It should be noted that many of the key professionals who were asked the questions in this section did not feel they could respond and suggested discussion with either Nursing Education or Human Resources within their organisation. WCMICS aims to do further investigation in the future of generic supportive care educational opportunities and due to the scope of this audit, education departments were not approached to be audited at this stage.

Is there an information resource for staff on supportive care services (3)?

Of the professionals who felt they could comment about a resource for staff, a little under half said they have a resource, however some considered this resource not to be material, but rather that a professional was a resource for staff (i.e. professional expert). Breast services tended to have formalised resources for Breast Care Nurses or staff within their services. Some services had professionals who had developed personal folders for their own reference, however these were not shared with the team.

Yes	No	Unsure	No Audit
39%	43%	13%	5%

Do new staff participate in an orientation session on supportive care (3)?

Nine services commented that as part of their new staff orientation, a session was held on supportive care and/or Allied Health awareness. Two services encouragingly had a buddy system in place where new nursing staff are mentored by a more senior staff member and notably, any new referrals made by the new staff member were checked by the mentor before being processed. Three services responded that they have access to nursing specific education on supportive care with one titled ‘Impact of Cancer for Nurses’ and these sessions are aimed at graduate Nurses. Some services reported that their sessions in supportive care are run ad hoc when the need arises and/or Allied Health staff on the wards will provide day to day and ad hoc informal education.

Yes	No	Unsure	No Audit
27%	46%	24%	3%

Do staff participate in training on the use of supportive care screening tools (4)?

As indicated in the Screening section, 12 services use a screening tool with patients. Most of these reported that previously the Nurse Coordinator had been trained on the use of the screening tool as part of previously run implementation projects. Only one organisation reported ongoing training for new staff on the supportive care screening tool, however this organisation provides a small cancer service and monitoring of those requiring training can be done by one individual in the service.

Do staff participate in training on the management of supportive care issues, trained in communication skills training and/or trained in counselling skills (3 & 4)?

The figure below represents awareness of different types of training for supportive care as recommended by the NCCN guidelines and the WCMICS Supportive Care Strategy.

Further discussions with the education departments in all WCMICS hospitals are required to find out more information about this type of generic training and skill development for health professionals across the region.

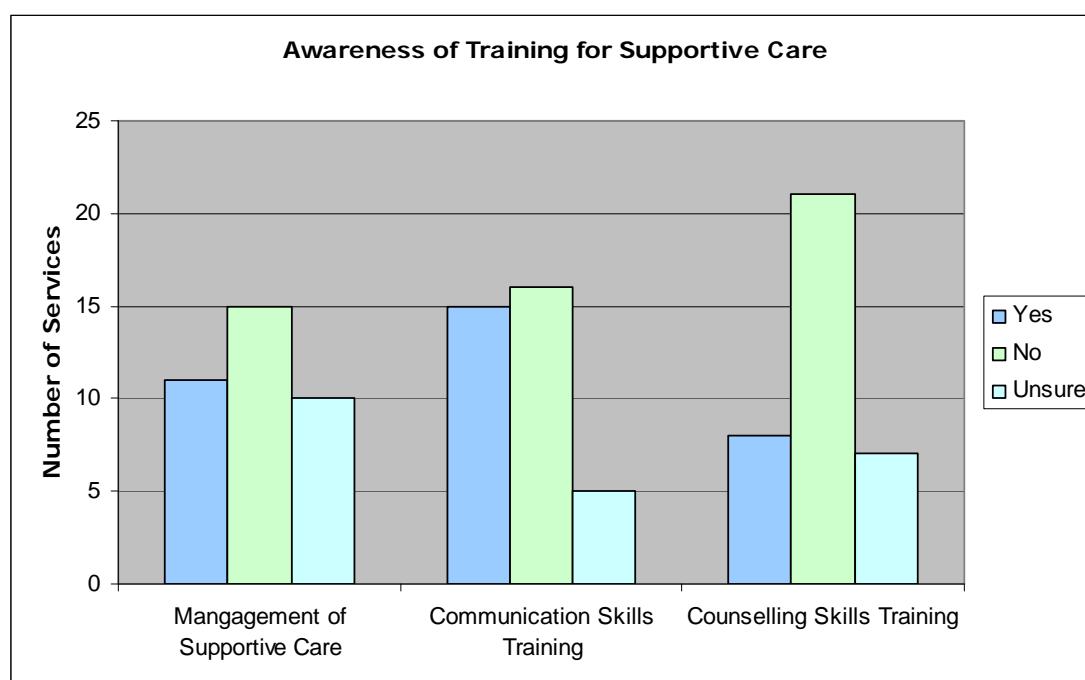


Figure 5

Is there a mechanism to identify staff who may benefit from training & a method of facilitating their ongoing development (5)?

Almost half of respondents reported 'yes' to this question identifying staff appraisals to be the mechanism for training and development within the service or their organisation. There were few staff competency programs reported except one for Head and Neck Nurses (however unsure if it includes supportive care) and another service which has a new staff and graduates orientation package.

SUPPORTIVE SERVICES

The supportive care needs of cancer patients vary along the cancer journey and involvement with a range of services can be dependent on tumour type (7). Guidelines for supportive care (4, 5 & 6) recommend that people with cancer require access to many types of services and more specifically Psycho-oncology, Pastoral Care/Spirituality, Nutrition, Palliative Care and support groups.

More specifically, the National Health and Medical Research Council (NHMRC) (6) and NICE guidelines (5) recommend that all services have a Specialist Nurse or Coordinator to ensure continuity of care for patients receiving treatment or that there is a nominated person to take the role of 'key worker' for individual patients.

Does the service have a Specialist Nurse or Coordinator (5 & 6)?

It was found that organisations which had more specialist cancer services or large patient numbers had Nurse Coordinators for their tumour streams. Generally across the streams, 52% had Nurse Coordinators in post.

Not surprisingly, the well resourced breast tumour services had Breast Care Nurse at all services regardless of the size of the cancer service in the organisation. Other tumour groups where the mortality rate is higher, such as Lung, had 3 out of 4 services across the region with a dedicated Nurse Coordinator or Thoracic Liaison Nurse.

Some services that do not have a Nurse Coordinator felt that this is a gap in their provision and that a designated Nurse for tumour specific disease is required rather than a Specialist Nurse who focuses on a clinical area such as Neurology, Urology, etc.

"Service has a Nurse Liaison and role needs to be expanded into a full Nurse Coordinator role as the current role needs to allow for more coordination of patient flow"

"[Service has a] Pre-Admission Clinic Nurse but no-one on the ward. This was identified in the Head and Neck audit as a gap"

"Not enough demand of patients or most are day cases"

Does the service have access to a broad range of supportive care services for cancer patients [Supportive Services audit questions 2, 3, 4, 5, 6, 7 & 8] (4, 5 & 6)?

In order to understand the supportive care services across the WCMICS region, audit questions included involvement of allied health disciplines to find out whether these services were recognised within the tumour stream services or accessed via sporadic referrals to the disciplines. For instance, for many disciplines (i.e. Social Work) the audit results detail if the allied health disciplines are considered accessible to each tumour stream:

- a. as part of the team;
- b. accessed via an internal hospital referral;
- c. accessed via an external referral; or
- d. not able to be accessed at all.

Throughout the process of auditing, detail was similarly documented on whether the professional disciplines were considered designated to the tumour service or not. For example, whether all the colorectal patients were seen by the same Social Worker or whether a referral was placed to the Social Work Department for any allocated Social Worker to provide involvement to the Colorectal cancer patient.

The results of this breakdown of involvement per tumour stream service are tabled in appendix 5.

The representation indicates that certain disciplines take referrals and/or are designated to tumour streams in a similar way throughout WCMICS. For instance most Pastoral Care is sourced via a hospital referral at all organisations. Other disciplines referral methods and designation varies between different tumour streams and hospitals.

Does the service have access to palliative care services available 24 hours a day, 7 days a week (5)?

The NICE guidelines (5) into supportive care state that all patients with advanced cancer should have access to palliative care 24 hours a day 7 days a week. The audit included this as a question with a possible response of 'yes' or 'no', plus additional information to be provided. In hindsight, this question required more context as to whether 'access to palliative care' was considered organisationally or by another community provider.

Consequently professionals interpreted the question differently and useful information was mainly obtained through their comments. Nearly all professionals indicated that their Hospitals have inpatient Palliative Care services that work business hours and an on-call service exists for urgent palliative care outside of these hours.

As expected, many professionals added that advanced cancer patients would routinely be linked with community palliative care service or hospices. Therefore, if patients were located in the community they would have access to palliative care via this route.

How is pain management given, via acute or chronic services?

All organisations except for one reported that cancer pain management for their service is delivered both acutely and chronically. The one organisation which did not report both, had professionals responding they either weren't sure how pain management was delivered, or that it was only delivered chronically by the acute pain team.

Does the patient have access to psycho-social support before undergoing surgery (6)?

Figure 6 represents the number of services which consider they have access to psycho-social support before undergoing surgery. Almost three-quarters of the services have access which is encouraging for patients.

Access to Psychosocial Support before Surgery

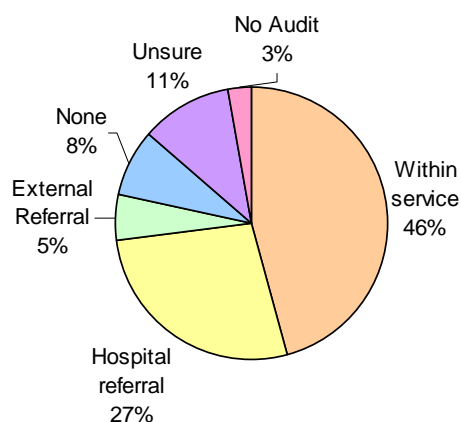


Figure 6

Regarding psychosocial involvement, some commented that it could be provided if deemed necessary at the time of the appointment or admission:

“If picked up before surgery otherwise not routinely”

“Referral to Social Work as required if identified in pre-admission clinic but only if there is a high need. There is no formal input or EFT for this involvement.”

“The Breast Care Nurses will offer psychosocial support and there is psychology if needed via referral”

One service reported that all patients are offered access to the clinical psychologist who is considered a designated member of the team. Another service reported support is gained from a non-government organisation who also provides written information for psychosocial-educational support.

Certain services considered they provided routine psychosocial involvement (or blanket referrals) and this was normally related to the tumour streams which indicate higher levels of anxiety and distress as a result of diagnosis, treatment or procedures.

“Bone Marrow Transplant blanket referral to Social Worker and seen if referred prior to procedure”

“Provided by Social Worker, Speech Therapist and Nurse Coordinator [Head & Neck]”

“Breast patients do via Breast Care Nurses. No other patients have this support”

Does the service have psycho-educational programs/interventions?

Within Service	Hospital referral	External referral	None	No Audit
33%	28%	14%	22%	3%

Only two services reported that they had developed their own psycho-educational programs. Respondents reporting they have access within their hospital indicated intervention was provided on an individual bases by health care professionals (mainly Social work and Occupational Therapy).

Does the service have access to cognitive behavioural therapy (CBT) (6)?

The NHMRC Psychosocial Guidelines (6) specifically emphasise the need for cognitive behavioural interventions as a means to exploring and responding to concerns for patients. Upon being asked this question, some queried why CBT approaches were specifically highlighted when there are many other therapeutic treatment modalities (eg. supportive psychotherapy, group therapy).

Respondents from the same hospital generally reported similar responses to their organisational colleagues. One hospital's respondents all reported they had access to CBT given they have clinical psychology for patients. Another organisation did not draw the same association, stating they have a psycho-oncologist however no access to CBT.

Does the service have access to patient peer support groups (5 & 6)?

17% of hospitals provide peer support for their patients (either within service or by hospital referral, Figure 7). External organisations are responsible for half of the patient peer support groups and unfortunately a quarter of services have no peer support. One service did not feel peer support was appropriate as the disease type was rapidly terminal, hence linking peers was felt inappropriate.

Access to Patient Peer Support Groups

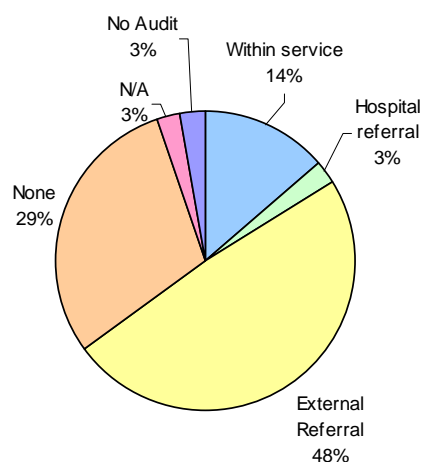


Figure 7

The external services providing peer support were either the Cancer Council Victoria or tumour specific organisations such as BreaCan or the Laryngectomy Association Support Group.

Does the service offer or have access to carer support and/or groups (6)?

Unsurprisingly, hospital support for carers was seen to be less accessible than patient peer support. 59% of carers rely on a referral to an external service for support and 38% of services reported no access at all. There were no carer support groups organised by WCMICS hospitals.

INFORMATION

Does the service have policies detailing the information materials routinely offered (5)?

A large proportion of services (72%) reported that they do not have policies detailing the information material routinely offered to patients. The eight services which have policies gave the following further information:

- Checklist of resources x 4
- Policy on type of info given which has been submitted to the organisations communication unit
- Detailed in the patient information folder developed as part of the WCMICS funded project
- A standard patient information package given
- Routine information given for this type of tumour

Is individualised information given to patients about their type of cancer and who produces the information material given (5 & 6)?

Three quarters of the respondents reported that they individualise the information that is given to patients. This resounding number of services reported they distribute a wide range of information including their own productions, Cancer Council information and also disease specific organisation information.

Production of information material	Number of respondents
Cancer Council Victoria	24
Separate Hospital Tumour Services	7
National Breast Cancer Council	6
General Hospital Publication	6
Breast Cancer Network Australia	4
Leukaemia Foundation	2
College of Surgeons	2
Neurosurgery specific	2
Queensland Health	1
DHS Incontinence	1
Laryngectomy Association	1

Is detailed information given to patients about their treatment and/or procedures (5 & 6)?

74% of services responded they give patients information about both treatment and procedures. The other services were equally divided between giving procedural only, treatment only or no information at all on treatments or procedures.

Is detailed information given to patients about what they are likely to experience throughout their cancer journey (5 & 6)?

The majority of the services reported that they try to provide as much information about what to experience along the cancer journey, however most reported that this information provision is not always formalised and is given verbally.

Specific tumour based groups reported that general information about a patient's cancer journey is at times difficult to provide due to the nature of some specific diseases. For example, the prognosis and information regarding the cancer journey for some brain or gynaecological tumours can not be given in structured detail for all patients due to the distressing nature of some cancers and the affect standard information would have on patients and families.

One service commented they did not provide a certain treatment modality at their organisation, hence they did not feel it was their responsibility to provide written information on this treatment. The service was concerned that the treatment provider did not hand out written information either, so these patients may be uninformed.

Are patients provided with a question prompt sheet for appointments (6)?

Two of the services stated that patients have access to a question prompt sheet for appointments through the 'My Journey Kit' (8) and the Cancer Councils "Living with Cancer" (9) program resources. All other respondents reported they do not have one, however many encouraged patients to write down questions in advance for appointments.

Is information given to patients about psychological/social/physical service or other services (4)?

Half of respondents reported that information is given to patients about Allied Health services, however many responded unconfidently to this question and reiterated that the information may be delivered mostly verbally rather than in the form of written information.

Is there a resource/directory for patients and/or carers about supportive care services (3)?

All organisations' individual responses to this question were similar. One organisation has a patient information and support centre where patients and carers can go to obtain a variety of resources. Breast services indicated that the 'My Journey Kit' is a good resource for their patients and most other services do not have a resource. One service reported they are developing a bedside folder for inpatients with information about all inpatients medical and supportive care services.

Is a summary letter sent to all patients after supportive care appointments (6)?

To the knowledge of the key professionals audited (mostly non-allied health) it was understood that patients were not sent summary letters after supportive care involvement. Notwithstanding, many felt they could not report 100% accurately on behalf of allied health as different disciplines have different procedures. Two services reported they provide summary letters and both were speech pathology and dietitian professionals within head and neck tumour streams.

Is there a mechanism for patient held records (5 & 6)?

Few services stated they have a mechanism for patient held records however there were some good practice examples of the use of diaries being implemented by external organisations and one specifically developed and piloted by one WCMICS organisation.

GOVERNANCE

In order to ascertain whether organisations within WCMICS are taking a strategic approach towards supportive care, a section on governance to be completed once per organisation was incorporated in the audit.

It should be noted that only five out of six organisations nominated an individual able to answer these governance questions. Results were not gathered for one organisation, suggesting the development of their supportive care services is not presently managed strategically across the organisation for cancer services.

Is there a policy or guidelines within the organisation on supportive care screening and management (5)?

Three out of five organisations responded they have a policy or guidelines within their organisation on screening and management. This question was interpreted broadly and most organisations could not provide a policy or statement, nor are the guidelines being implemented across all areas at some sites.

"We have an organisational statement on supportive care and guidelines for use of the screening tool"

"There are pre-admission and discharge planning tools to assess patients however these are not specific to psychosocial needs but take into consideration accommodation, finance etc. Most are tick box assessments"

“Guidelines developed through WCMICS funded project”

“Active referral pathways through to Allied Health through healthpower (based on existing policy). Weekly supportive care meetings for oncology patients”

Does the organisation use external guidelines or standards of care for supportive care?

All five out of six organisations audited reported the use of a variety of external guidelines for supportive care. These included the NCCN Clinical Practice Guidelines (4), NICE guidelines (5), NBOCC Guidelines (6) and DHS Patient Management Frameworks (7).

Please describe any structures within the organisation that have been developed to take the supportive care agenda forward?

The four hospitals reporting on supportive care governance indicated their hospital has newly developed executive structures and/or formality which has resulted from supportive care screening projects.

Three organisations report they have had projects to develop screening tools and processes and this has raised the profile of supportive care within the services. Two of these projects were WCMICS funded.

One organisation established a Supportive Care Committee in 2002, however they are now re-structuring the committee to form a Supportive Care Governance Group (executive members) and a Supportive Care Working Party. Another organisation has developed co-director of psycho-oncology positions and these professionals are representatives on the organisations oncology management team.

Another organisation reported they have developed a twelve month old Psychology service where cancer patients can access psychology and psychiatry involvement on referral.

One organisation reported that professional representation at WCMICS tumour groups and the Supportive Care Advisory Group is a structure which has been developed to move the supportive care agenda forward.

Does the organisation have a mechanism for the development and evaluation of supportive care services?

Two of the organisations reported their listed governance structures (stated above) as a mechanism for evaluation of their services.

As a result of previous projects, three hospitals reported they hope to complete future work to evaluate services informally through their supportive care MDMs. One of these organisations attempted to do this within the MDM, however time did not allow and therefore they plan to commence separate monthly meetings to focus on the strategic development of services, including supportive care.

One organisation plans to develop a Supportive Care Directorate which will focus on the improvement of data collection for supportive care. It is anticipated that

this will create more accurate reporting systems and improve the management of supportive care resources.

Another organisation reported a currently funded WCMICS Supportive Care project to be a mechanism for the development and evaluation of supportive care services.

Is there a nominated lead person to oversee the development and implementation of services and are there any other people within your organisation who have been nominated to 'champion' supportive care practice [Governance audit questions 5 & 6]?

All five organisations completing this section were able to indicate there is a lead person to oversee the development and implementation of services. Similarly they also indicated there are other professionals who 'champion' supportive care within their organisation.

Are consumers involved in the development of supportive care services within the organisation?

Peter Mac reported that a Patient Advocate was involved in the Supportive Care Committee and the C-Care Project. These representatives report back to the Hospital Advisory Committee. The proposed Supportive Care Working Party will also have consumers involved once it is formed.

The other organisations reported they have involved and/or are currently involving consumers in their service improvement projects either via their community advisory committees or in separate project work.

KEY FINDINGS

- Supportive care screening tools have been developed and are used within a small proportion of WCMICS tumour services.
- Resources to implement supportive care screening tools are often scarce in services and many are heavily reliant on Nurse Coordinators to incorporate the use of screening tools into their everyday practice.
- Of the 12 services which use a screening tool, most only screen patients once during their cancer journey. WCMCIS are funding a project to investigate the best time to screen patients, as little is known about the best time to screen.
- Best practice guidelines suggest the needs of carers should be assessed and this is currently not formally documented or incorporated into most of the screening tools implemented in the WCMICS.
- The audit indicated many services are not documenting their screening tools in the patient's notes.
- There are fewer opportunities to discuss supportive care in general multidisciplinary meetings. Many who reported an opportunity for supportive care staff to participate in meetings also indicated that supportive care staff need to be assertive when speaking in these meetings.
- Many services have two separate MDMs (general medical and supportive care) with a Nurse attending both meeting to relay information.
- Few services have developed guidelines and formalised referral routes to supportive care services.
- Many professionals responded they were unable to answer questions about generic supportive care education. This suggests either little training on supportive care topics or a lack of awareness of what is currently available internally or externally in the hospitals.
- Many professionals felt that the absence of a dedicated Nurse Coordinator for tumour specific diseases was a gap in service provision. Only half of the services have a Nurse Coordinator to ensure they are screened for supportive care needs and that ongoing referrals are placed to health professionals.
- Allied and Mental Health services are accessible for people with cancer mainly within the inpatient setting, however the audit gave no indication of the efficiency of these services or any workforce issues which exist. Similarly, the audit did not explore the potential for increased referrals to allied health as a result of supportive care screening tools being used with more patients.
- Palliative care and pain management for patients with cancer is recognised by professionals as appropriate throughout most of the region. One organisation's professionals indicated they did not know how pain was managed at their hospital.

- Few services are able to provide patient peer support within their current service delivery.
- No tumour service within WCMICS offers carer support.
- Very few services have policies detailing the information material given to patients.
- Most services report that information is given to patients verbally on what they are likely to experience throughout their cancer journey, however this information is not always provided in written format.
- Question prompt sheets for appointments are generally not used within WCMICS.
- Diaries are being implemented as a patient held record in some services.
- Three out of the four organisations audited for governance reported they have policies or guidelines on supportive care screening and management. WCMICS consider that these guidelines are not widely implemented in these services at this point.
- External standards of care are used by organisations to guide supportive care practices.
- Very few organisations have an internal structured means to improve and enhance supportive care services and practices.
- Approximately half of services have mechanisms for the development and evaluation of supportive care services.
- Four of the organisations considered they have nominated lead people and 'champions' to oversee supportive care service improvement. It was difficult to find the right people to discuss supportive care governance in two of the organisations.
- Consumers are involved in formal ways to oversee supportive care services delivery. The remainder of the consumer consultation occurs in an adhoc manner.

RECOMMENDATIONS

1. Further work is required to increase the use of supportive care screening tools within the WCMICS. It should be standard procedure that all patients diagnosed with cancer are screened for their supportive care needs.
2. Some services have developed supportive care models where tools can be put into practice without a Nurse Coordinator in the service. With the absence of Nurse Coordinators in many tumour services, this needs to be supported within hospitals.
3. WCMICS should share and transfer the learning from the current project on routine screening for anxiety and depression. The results of this project will indicate the most appropriate time to screen patients, along with the ability for services to receive referrals following routine screening.
4. The needs of carers could be identified more consistently if a section for carers existed on the patients screening tool or there is another type of mechanism to assess and record the needs of carers.
5. It is recommended that hospitals should include the supportive care screening in the medical record and that the tool is approved for inclusion in the patient's notes. At the very least, it is recommended the tool be included in the general correspondence section of the notes.
6. There is a need for training for supportive care staff and senior medical professionals to encourage inclusion of supportive care issues in general medical MDMs.
7. Formal mechanisms of communication between general MDMs and supportive care meetings should be developed.
8. Guidelines and formalised referral routes should be developed in multidisciplinary teams with the goal of improving the patient journey.
9. Initial scoping has been undertaken within this audit, however a separate piece of work to understand the generic supportive care educational needs of nursing, allied health and mental health professionals is already planned.
10. Improved data collection is required to investigate the efficiency of Allied Health services for cancer patients. WCMICS are currently funding a project on Allied Health Data Collection through their Information Strategy and this information should be shared with other WCMICS sites. Current data collection will be fed back to services directly via the VAED.
11. One organisation's professionals consistently stated they did not know how pain was managed and this will be fed back to the hospital for them to promote within the organisation.
12. It is recommended that services which do not have patient peer support develop links with the Cancer Council or external organisations to ensure their patients are supported.
13. Further investigation is required as to whether carers require more support within WCMICS and in what form this support should be provided.

14. Services should formalise the provision of written information, and this could be done by developing checklists of resources given to patients.
15. Question prompt sheets should be implemented for patients as a prompt for discussing issues with their clinicians.
16. Patient diaries have not been implemented extensively and their effectiveness should be evaluated.
17. Organisations should develop policies or guidelines for supportive care screening and management.
18. Organisations within WCMICS should develop formal mechanisms for the development and/or enhancement of supportive care services, together with mechanisms to evaluate the progress of improvements.
19. One of the organisations requires nominated lead people to be supportive care 'champions' within the organisation. Other nominated supportive care champions need to be involved in WCMICS supportive care service delivery in the future.
20. WCMICS recommends consumers are used in all aspects of supportive care service improvement and delivery in the future.

NEXT STEPS

1. Production and dissemination of individual reports per organisation including benchmarking against the results across the region.
2. Production and dissemination of individual reports per tumour group.
3. SCAG to prioritise the recommendations made in this report.
4. A review of whether these recommendations are aligned with the DHS Supportive Care Resource Suite (due for release this year).
5. Development of an implementation plan for the recommendations.
6. Utilise the audit recommendations to direct future criteria for supportive care funding rounds within WCMICS.
7. Invite specific projects in the next round of funding based on gaps in service provision.

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APPENDIX 1

Supportive Care Advisory Group Members

Name	Organisation	Profession
Rachel Dalton	Peter MacCallum Cancer Centre	Physiotherapy
Angelia Dixon	Peter MacCallum Cancer Centre	Manager, Haematology & Medical Oncology
Dr Kate Drummond	The Royal Melbourne Hospital	Neurosurgeon
Gab Fitzgerald	The Royal Melbourne Hospital	Patient Advocate
Juliet Gavens	St Vincent's Health Melbourne	Coordinator, GP Liaison Unit
Peter Grey-Searle	Western Health	Psychology
Dr Brian Le	The Royal Melbourne Hospital	Palliative Care
Dr Carrie Lethborg	St Vincent's Health Melbourne	Social Work
Dr Sue-Anne McLachlan	St Vincent's Health Melbourne	Medical Oncology
Dr Jennifer Phillip	Palliative Care Consortium	Palliative Care
Colleen Pollitt	Werribee Mercy Hospital	Project Officer
Judy Rigby	The Royal Women's Hospital	Pastoral Care & Spirituality Service
Rachel Ryan	WCMICS	Consumer Advocate
Danielle Spence	Western Health	Breast Care Nurse
Katy Weare	The Royal Women's Hospital	Oncology Nurse Unit Manager

APPENDIX 2

Audit Questions/Prompts	Recommendation/Reference
SCREENING	
Does the service have a supportive care screening tool for cancer patients?	NCCN; NHMRC; NICE
How are patients assessed using the supportive care screening tool?	
Does the Service have a <i>specific</i> referral form for Cancer Supportive Care referrals?	NCCN; NHMRC Guidelines
If yes, which professionals are included in this referral form?	
Does the Service complete a Supportive Care screening at reoccurrence of the cancer?	NCCN; NICE
Does the Service complete a Supportive Care screening in remission of the cancer?	NCCN; NICE
Does the Service complete a Supportive Care screening at the end of life?	NCCN; NICE
Does the Service complete a Supportive Care screening at follow-up appointments?	NCCN; NICE
Does the Service complete a supportive care screening for carers or people with cancer?	NCCN; NICE
How many patients are assessed with the Supportive Care Assessment tool?	NCCN
INFORMATION	
Does the service have policies detailing the information materials to be routinely offered at different stages to patients with particular concerns?	NICE
Is individualised information given to patients about their type of cancer?	NHMRC Guidelines; NICE
Is detailed information given to patients about their treatment and/or procedures?	NHMRC Guidelines; NICE
Is information given to patients about what they are likely to experience throughout their cancer journey?	NHMRC Guidelines; NICE
Are patients provided with a questions prompt sheet?	NHMRC Guidelines
Is information given to patients about psychological services?	NCCN
Is information given to patients about social services?	NCCN
Is information given to patients about physical services?	NCCN
Is there a resource/directory for cancer patients and carers about Supportive Care services?	WCMICS Workshop
Is a summary letter sent to all patients after appointments?	NHMRC Guidelines
Is there a mechanism for patient held records?	NHMRC Guidelines; NICE
PSYCHOSOCIAL AND SPECIALIST SERVICES	
Does the service have Psycho-oncology services if required?	NCCN; NHMRC Guidelines; NICE
Does the service have psychosocial support before undergoing surgery?	NHMRC Guidelines
Does the service have pastoral care or spirituality services if required?	NCCN; NICE
Does the service have psycho-educational programs/intervention?	NHMRC Guidelines; NICE
Are Specialist Palliative Care services available 24/7?	NICE
Does the service have educational sessions about pain?	NHMRC Guidelines
Is Cognitive Behavioural Therapy available if required?	NHMRC Guidelines
Are patients educated about nutrition?	NHMRC Guidelines

Does the service offer peer support groups?	NHMRC Guidelines; NICE
Does the service consider the different needs of men and women when delivering psychosocial support?	NHMRC Guidelines
Does the service have support for pain control – ie relaxation therapy and education programs?	NHMRC Guidelines
Are Complementary therapies available?	NICE
Is there a mechanism to ensure that patients' needs for rehabilitation are recognised and that comprehensive rehabilitation services and suitable equipment are available to patients?	NICE
Does the service have a Specialist Nurses or Coordinator to ensure continuity of care?	NHMRC Guidelines; NICE
COMMUNICATION	
Is a record of the Supportive Care assessment documented in the patient's notes?	NCCN; NICE
Is a copy of the Supportive Care Assessment tool included in the patient's notes?	NICE
Is Supportive care considered in MDT meetings?	NICE
Does the MDT have a pathway of care for Supportive Care referrals and services?	NICE
Does the service have policies detailing the information materials to be routinely offered at different stages to patients with particular concerns	NICE
EDUCATION	
Is there a policy or guidelines within the organisation on supportive care screening and management?	NCCN
Does the organisation use external guidelines or standards of care for supportive care?	NCCN
Is there is a resource folder for staff on supportive care services?	WCMICS Workshop
Do new staff participate in an orientation session on supportive care?	WCMICS Workshop
Do staff participate in training on the use of Supportive Care assessment tools?	NCCN
Do staff participate in training on the management of Supportive Care issues?	NCCN
Are staff trained in communication skills training?	WCMICS Workshop
Are staff trained in counselling skills?	WCMICS Workshop
Is there a mechanism to identify staff who may benefit from training and a method of facilitating their participation in training and ongoing development?	NICE
GOVERNANCE	
Does the service have a mechanism for the development and evaluation of supportive care services?	NICE
Are consumers involved in the development of supportive care services within the organisation?	NICE
Is there a nominated lead person to oversee the development and implementation of services that specifically focus on the needs of families and carers during the patient's life and in bereavement, and which reflect cultural sensitivities	NICE
Are there key people within your organisation who have been nominated to take the supportive care agenda forward?	NICE

APPENDIX 3



Organisation.....

Tumour Stream/Service.....

Name and Profession.....

Supportive Care Audit Tool

SCREENING

1 Does the service have a supportive care screening tool for patients?

If NO go to 9

Yes	<i>What tool? Please provide</i>
No	

2 How are patients screened using the tool?

Self Reporting	<i>Other or Combination, please list</i>
Carer reporting	
Staff Assessment	
Staff & Self	
Electronic Assess	
Other or Combo	

3 Is the screening tool used on all patients?

Yes	<i>If no, please list reason for not using with all patients</i>
No	
Other	

4 Who reviews & actions the supportive care screening tool?

e.g. specialist nurse, social worker, etc.

5 Who ensures or follows up completion of the supportive care screening tool?

e.g. specialist nurse, social worker, etc.

6 How are referrals resulting from the supportive care screening tool generated?

Please provide detail

7 If it is a generic referral form, please list the professionals included?

Please list professionals

If not got to 8

APPENDIX 3

8 When is the supportive care screening tool used:

Diagnosis	Yes	<i>Additional Information</i>
	No	
On admission	Yes	<i>Additional Information</i>
	No	
Remission	Yes	<i>Additional Information</i>
	No	
Reoccurrence	Yes	<i>Additional Information</i>
	No	
If complications arise	Yes	<i>Additional Information</i>
	No	
At discharge	Yes	<i>Additional Information</i>
	No	
Outpatient appointments	Yes	<i>Additional Information</i>
	No	
End of life	Yes	<i>Additional Information</i>
	No	
Other	Yes	<i>Other, please list</i>
	No	

9 Does the service have a screening for carers?

If No, go to next section

Yes in pt screen	<i>Additional Information</i>
Yes, Separate	
None	

10 If yes, is it routinely completed for all carers?

If No Supportive Care Screen, please go to next section 4

Yes	<i>Additional Information</i>
No	

APPENDIX 3 COMMUNICATION

1 Is a record of the supportive care screening tool included in the patient's notes?
NO, go to 3

Yes	
No	

2 Does the supportive care screening tool have a medical records number?

Yes	
No	

3 Please list where the supportive care screening tool is stored

<i>Please List</i>

4 Is there the opportunity to discuss supportive care at MDT meetings?

Yes	<i>Please describe</i>
No	

5 Does the MDT lead give adequate opportunity for supportive care staff to participate in the meeting?

Yes	<i>Please describe</i>
No	

6 Please list which supportive care professionals routinely attend MDT meetings?

<i>Please List</i>

7 Does the MDT have guidelines for supportive care referrals and services?

Yes	<i>Please describe or provide</i>
No	

APPENDIX 3

STAFF DEVELOPMENT

1 Is there an information resource for staff on supportive care services?

Yes	<i>Other, please list</i>
No	

2 Do new staff participate in an orientation session on supportive care?

Yes	<i>Please provide information</i>
No	

3 Do staff participate in training on the use of supportive care screening tools?

Yes	<i>Please provide information</i>
No	

4 Do staff participate in training on the management of supportive care issues?

Yes	<i>Please provide information</i>
No	

5 Are staff trained specifically in communication skills training? If so, who is trained?

Yes	<i>Please provide information</i>
No	

6 Are staff trained specifically in counselling skills? If so, how is this done?

Yes	<i>Please provide information</i>
No	

7 Is there a mechanism to identify staff who may benefit from training & a method of facilitating their ongoing development?

Yes	<i>Please provide information</i>
No	

APPENDIX 3

SUPPORTIVE SERVICES

1 Does the service have a specialist nurse or co-ordinator?

Yes	<i>Additional Information</i>
No	

2 Does the service have access to psychological services for cancer patients?
(Psychiatry, Psychology)

Y within service	<i>If YES, please describe</i>
Y hospital referral	
Y external referral	
None Available	

3 Does the service have access to social work services?

Y within service	<i>If YES, please describe</i>
Y hospital referral	
Y external referral	
None Available	

4 Does the service have access to physical therapy services and/or equipment provision?

Y within service	<i>If YES, please describe</i>
Y hospital referral	
Y external referral	
None Available	

5 Please list any physical therapy services available to the patients of the service?

<i>Please list</i>

6 Is there education about nutrition available? Is it offered routinely?

Yes routinely	<i>Additional Information</i>
Yes following cue	
If DT required	
No	

7 Does the service have pastoral care or spirituality services accessible if required?

Y within service	<i>If YES, please describe</i>
Y hospital referral	
Y external referral	
None Available	

8 Does the service have access to palliative care services?

Y within service	<i>If YES, please describe</i>
Y hospital referral	
Y external referral	
None Available	

APPENDIX 3

9 Does the service have access to palliative care services available 24 hours a day 7 days a week?	Yes	Additional Information
	No	
10 Does the service have access to specific cancer pain management? NO, go to 12	Yes	If YES, please describe
	No	
11 How is pain management given, via acute or chronic services ?	Yes both	Please describe
	Acute only	
	Chronic only	
12 Does the patient have access to psycho-social support before undergoing surgery? (Psych, social, spiritual)	Y within service	If YES, please describe
	Y hospital referral	
	Y external referral	
	None Available	
13 Does the service have access to psycho-educational programs/interventions? (e.g. coping skills training, stress management, disease and/or treatment education)	Y within service	If YES, please describe
	Y hospital referral	
	Y external referral	
	None Available	
14 Does the service have access to cognitive behavioural therapy?	Yes	If YES, please describe
	No	
15 Does the service have access to patient peer support groups?	Y within service	If YES, please describe
	Y hospital referral	
	Y external referral	
	None Available	
16 Does the service have access to carer support and/or groups?	Y within service	If YES, please describe
	Y hospital referral	
	Y external referral	
	None Available	

APPENDIX 3 INFORMATION

1 Does the service have policies detailing the information materials routinely offered?

Yes	<i>Additional Information</i>
No	

2 Is individualised information given to patients about their type of cancer?

Yes	<i>Additional Information</i>
No	

3 Who produces the information resources that the service gives to patients?

Please list whether they are hardcopy or electronic

Service	<i>Other or combination, please list. Hardcopy or Electronic?</i>
Hospital	
CCV	
Other or Combo	

4 Is detailed information given to patients about their treatment and/or procedures?

Yes Both	<i>Additional Information</i>
No	
Treatment only	
Procedure only	

5 Is detailed information given to patients about what they are likely to experience throughout their cancer journey?

Yes	<i>Additional Information</i>
No	

APPENDIX 3

6 Are patients provided with a question prompt sheet for appointments?

Yes	<i>Additional Information</i>
No	

7 Is information given to patients about psychological/social/physical service or other services?

Psychological	<i>Other, please list</i>
Social	
Physical	
All of Above	
Psych & Social	
Psych & Phys	
Social & Phys	
None	

8 Is there a resource/directory for patients and/or carers about supportive care services?

Yes for both	<i>Additional Information</i>
No	
For Pt only	
For Carers only	

9 Is a summary letter sent to all patients after supportive care appointments?

Yes	<i>Additional Information</i>
No	

10 Is there a mechanism for patient held records?

Yes	<i>Additional Information</i>
No	

APPENDIX 3 GOVERNANCE

1 Is there a policy or guidelines within the organisation on supportive care screening and management?

Yes	<i>Please provide information</i>
No	

2 Does the organisation use external guidelines or standards of care for supportive care?

Yes	<i>Please provide information</i>
No	

3 Please describe any structures within the organisation that have been developed to take the supportive care agenda forward?

<i>Please provide information</i>	
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4 Does the organisation have a mechanism for the development and evaluation of supportive care services?

Yes	<i>Please provide information</i>
No	

5 Is there a nominated lead person to oversee the development and implementation of services?

Yes	<i>Please provide information</i>
No	

6 Are there any other people within your organisation who have been nominated to 'champion' supportive care practice?

Yes	<i>Please provide information</i>
No	

7 Are consumers involved in the development of supportive care services within the organisation?

Yes	<i>Please provide information</i>
No	

APPENDIX 4 - MDT Frequency and Attendance

Supportive Care Professionals Attending

		Medical MDT (1)	Supportive Care Meeting (2)	Nurse Coord	Nursing	Chemo Nurse	Dietitian	Music Therapist	OT	Pall Care	Pastoral	Pharmacist	Physio	Psychology	Psychiatry	Rad Therapist	Rad Link Nurse	Sexuality	Social Work	Speech Path		
Peter Mac	Breast	Weekly	Weekly	(1)		(2)				(2)			(2)	(1)(2)		(2)			(1)(2)		(1) Allied & Nursing attend 1 x month	
	CNS	Weekly	Monthly	(1)																		
	Colorectal	Weekly	Weekly						(1)										(1)(2)		Doubles with Upper GI	
	GU	Weekly	Weekly	(1)	(1)(2)				(2)				(2)	(1)					(1)(2)			
	Gynae	Fortnightly	Weekly	(1)(2)					(2)				(1)(2)	(2)		(1)(2)			(1)(2)			
	Haem	Weekly	Ward Round	(1)(2)	(1)				(2)				(2)*						(1)			Allied health staff on ward This supportive care meeting occurs Ward round: Physio, Pastoral, OT
	H&N	Weekly	Fortnightly	(1)(2)			(2)		(2)					(2)			(2)		(1)(2)	(2)		
	Lung	Weekly	Weekly	(1)(2)			(2)			(1)(2)				(2)	(2)				(1)(2)			(2) Lung Link Nurse, Lung Chemo Link Nurse & PMCC @ Unsure who attend from S/Care
	Skin/Mel	Weekly	Weekly	(2)						(2)				(2)					(2)			
	Upper GI	Weekly	Weekly							(1)									(1)(2)			Doubles with colorectal
				* Many AH (PT, OT,SW) + Psychiatry, Pall Care, Ward Nursing staff & Medical staff attend Medical Oncology meeting weekly for all inpatient Med Onc patients across all services (except Haematology)																		
RMH	Breast	Weekly	Weekly	(1)(2)				(2)			(2)			(2)	(2)				(2)			
	CNS	Weekly													(1)					Vacant		
	Colorectal	Weekly		(1)																		General Surgery Ward has discharge planning meeting OT, PT and SW attend ward meeting.
	GU	Weekly	Ward Meeting	(1)					(2)				(2)	(1)					(2)			
	Haem	Weekly	Ward Meetings	(1)	(2)		(1)(2)	(2)	(2)	(2)	(2)	(1)(2)	(2)						(1)(2)			
	H&N	Weekly	Ward Discharge		(1)		(1)(2)						(2)						(2)	(1)(2)		
	Lung	Weekly	Ward Meeting	(1)(2)							(2)											
	Upper GI																					
RWH	Breast	Weekly	Weekly	(1)(2)	(1)	(2)					(2)		(2)	(2)					(2)		Allied Health Meeting on the ward	
	Gynae	Weekly	Weekly		(2)	(2)	(2)					(2)	(2)	(2)					(2)			

APPENDIX 4 - MDT Frequency and Attendance

St Vincent's	Breast	Weekly	(1)																
	CNS	Monthly	Ward meeting	(2)		(2)		(2)			(2)						(1)(2)	(2)	
	Colorectal	Fortnightly	Ward Discharge														(1)		(1) Stomal Therapist
	GU	Fortnightly	Ward Discharge		(1)														
	Haem	Fortnightly		(1)					(1)								(1)		
	H&N	Weekly		(1)		(1)		(1)									(1)	(1)	
	Lung	Weekly		(1)				(1)									(1)		
	Skin/Mel	Weekly	Ward MDT		(2)		(2)		(2)	(2)	(2)						(2)	(2)	
	Upper GI	Fortnightly															(1)		
	Western	Breast	Fortnightly	? Frequency	(2)	(2)			(2)	(2)			(2)	(2)				(2)	
Colorectal		Weekly																	
Day Onc		Weekly with Ward		(1)	(1)			(1)											
H&N		Weekly		(1)		(1)											(1)	(1)	Ward NUM
Onc Ward		Medical Discharge	Allied Health		(2)			(2)	(2)	(2)		(2)					(2)		
Surg Ward		Weekly	Ward Discharge		(2)			(2)				(2)					(2)		(2) Stomal Therapist
Werribee	Monthly			(2)	(2)	(2)		(2)	(2)	(2)		(2)				(2)			

APPENDIX 5 - Involvement service breakdown

		Psychology	Psychiatry	Social Work	Physio	OT	Dietitian	Pastoral	Pall Care	Speech Path	Other or Comment
Peter Mac	Breast	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated		Hospital Referral	Hospital Referral		Relaxation/Massage
	CNS	Hospital Referral	Hospital Referral	Within Service Designated	Hospital Referral	Within Service Designated		Hospital Referral	Hospital Referral		
	Colorectal	Within Service Designated	?	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Hospital Referral		
	GU	Within Service Designated	Hospital Referral	Within Service Designated	Within Service Designated	Within Service Designated		Hospital Referral	Hospital Referral		
	Gynae	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Within Service Designated		
	Haem	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral		Meditation, relaxation, reflexology, music therapist,
	H&N	Within Service Designated	Hospital Referral	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Within Service Designated	
	Lung	Within Service Designated	Hospital Referral	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral	Massage
	Skin/Mel	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral		Massage, relaxation, look good feel better
	Upper GI	Within Service Designated	?	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Hospital Referral	Hospital Referral		
RMH	Breast	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Within Service Designated	Within Service Designated		Music therapy, rehab services , post acute care
	CNS	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	None	Hospital Referral	Hospital Referral		Allied health not tumour specific, Neurology ward specific
	Colorectal	None	None	Inpatient Designated	Inpatient Designated	Inpatient Designated		Hospital Referral	Hospital Referral		SW, Physio, OT only designated on Ward
	GU	Within Service Designated	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral	Hospital Referral		
	Haem	Hospital Referral	Hospital Referral	Within Service Designated	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	Within Service Designated		
	H&N	Hospital Referral	Hospital Referral	Within Service Designated	Within Service Designated	Hospital Referral	Within Service Designated	Within Service Designated	Hospital Referral	Within Service Designated	
	Lung	Hospital Referral	Hospital Referral	Within Service Designated	Hospital Referral	None	Required	Hospital Referral	Within Service Designated		
	Skin/Mel										
Upper GI											
RWH	Breast	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	External Referral RMH	Hospital Referral	Within Service Designated	External Referral RMH		
	Gynae	Within Service Designated	Within Service Designated	Within Service Designated	Hospital Referral	External Referral RMH	Hospital Referral	Within Service Designated	External Referral RMH		

