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Enhancing Home-Based Cancer Care Through Co Designed Video Health Education: Findings From an RCT

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Changes in Provision of Care

- Most cancer care is provided as an outpatient
- Increasing use of oral cancer therapies means greater responsibility for managing treatment at home
- Health literacy levels, socio-economic status, rurality, cultural and linguistical diversity influence understanding of information

Can patients safely manage cancer care at home if they don't fully understand the information we provide?



Understanding Information

- About 60% of Australians have low health literacy
- How we provide that information forms part of our patients health literacy environment
- People with low health literacy are more likely to be hospitalised, present to emergency departments and have poorer health outcomes (ACSQH, 2015)
- Biggest factor of decision making and readmission (Moore et al., 2024)



AIM

To determine whether co-designed video education could improve:

- Self-efficacy
- Supportive care needs
- Measure health literacy



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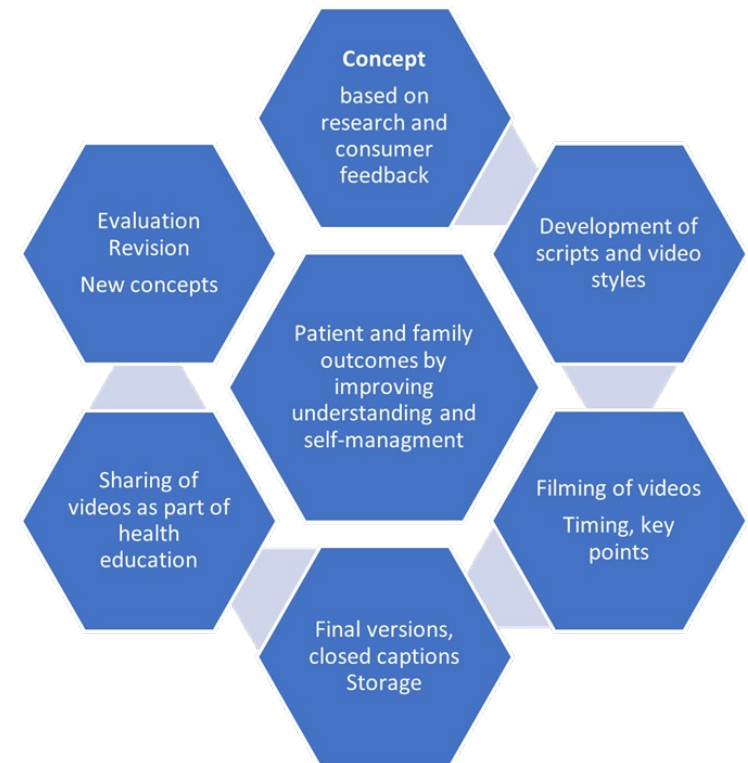
Visualising information to improve understanding

- Enables effective presentation of complex health information
- Using graphics, animation, images and videos
- Cost- effective
- Reduces health professional time to reinforce information
- Improves patient safety and health outcomes
(Abudiyab & Alanazi, 2022)



The co-design process with consumers for consumers

- Decide on the concept related to the patients understanding of the information
- Review the literature for best practice
- Decide how the video will be developed
- Write the script and prompts with the consumer
- Filmed with the nurse and consumer
- Less than 5 mins!



Method

- Randomised Control Trial – HNC, GIT cancer groups
- Randomised once recruited - Control and video intervention groups
- Online surveys at baseline and 3 months
- Completed during outpatient treatment
- Self-efficacy GSE Romppel et al., 2013
- Supportive care needs SF34 Boyes et al., 2009
- Health literacy Chew et al., 2004

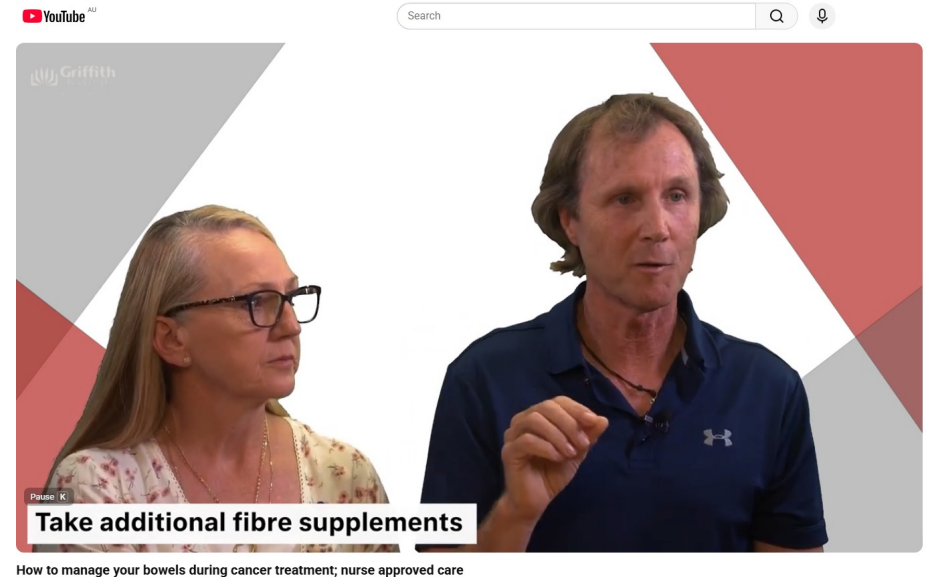
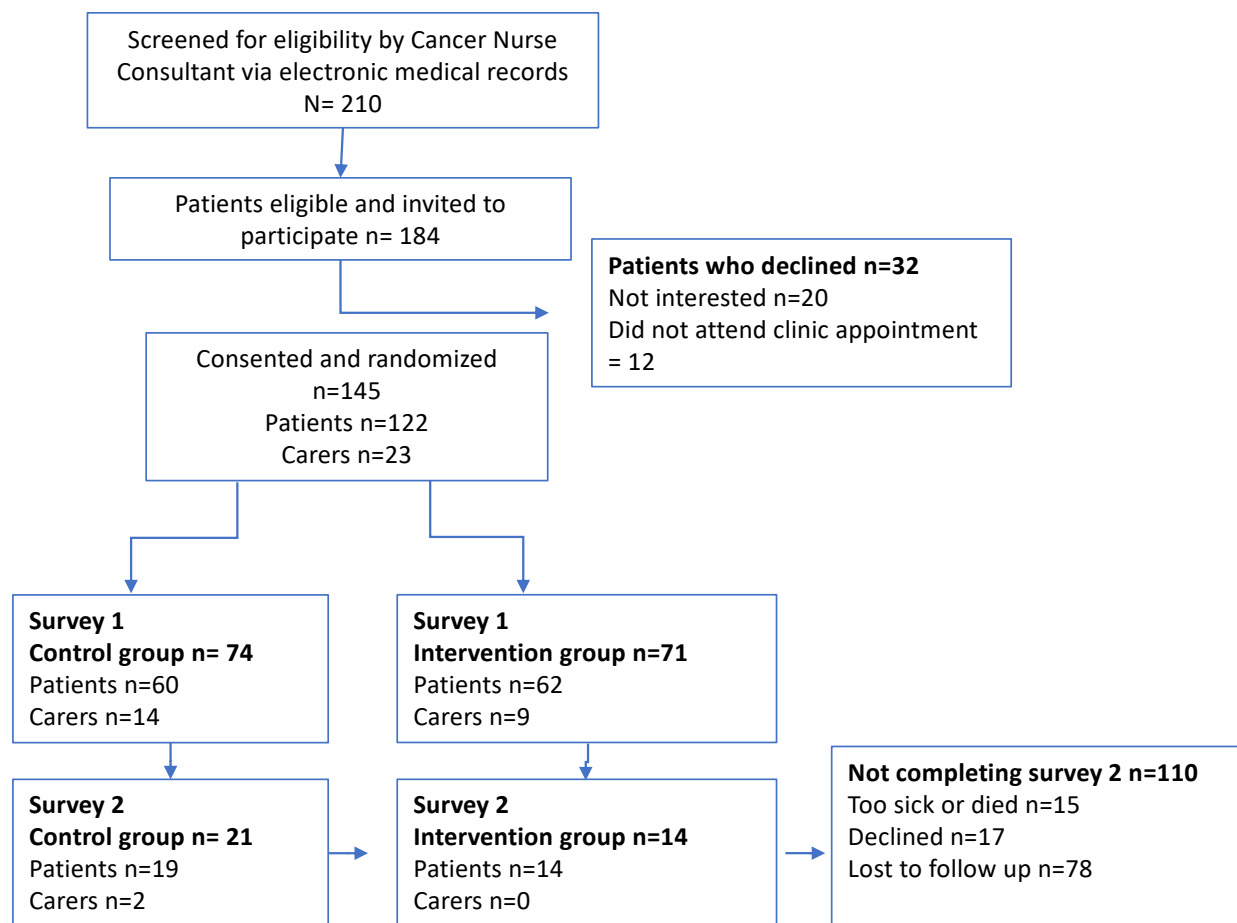


Chart Audit

- Great idea but time consuming!
- Every patient had all data related to extra health professional services documented as digital data
- Added to data analysis

J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA
Phone call / OPD / Day unit opportunistic visit, RMO r/v	Ph call frequency	OPT visit frequency	ED present frequency	Admission	RIP	General concern = 1 Severe =2	Psychosocial =1 Carer =2	Physical=1 Fatigue=2	Comorbidities =1 Severe =2	Metastasis	Script	Febrile	Neutropenia	Blood test concerns	Rash	Diarrhoea / colitis +/- Dehydration	Low grade / dehydration
29/1 Un CNC call for oxynorm script; 6/2 call for further scripts; 14/2 Un CNC call ongoing pain, non-healing mouth ulcer; 6/3 Un CNC call wants RIG removed;	4	1	1	1			1				2						1
10/1 CNC Day Unit r/v tinnitus - drug tox;	1		1	1													
nil			2	1		2								1			
24/1 Un CNC call lethargy, diabetes Edu referral;	1					1			1								
3/1 RMO r/v Port red, not overtly infected; 17/1 RMO r/v tinnitus; 25/1 un CNC call update after admission;	3		3	1													1



Sample

- 145 participants with head and neck and GIT cancer
- Time 1: Patient n=124: family n=21 Response rate 66%
- Time 2: Patient n=33: family n= 2

Difficulty recruiting and retaining participants

Results

Patient

- Lowest confidence
 - Pain management (3.6/5)
- Highest confidence
 - Managing daily activities(3.9/5)

Physical needs the highest

Family

- Lowest confidence
 - Emotional distress (3.4/5)
- Highest confidence
 - Managing daily activities(3.8/5)

Psychological needs the highest

Health Literacy

57% had low or adequate health literacy aligns with national mean [60%]

Most difficult area:

- Understanding health information and forms (3.8/5)

Patients requiring extra clinical support had:

- Lower health literacy
- Lower self-efficacy

Chart Audit

Most common reasons for additional nursing support:

- 1.Pain
- 2.Nausea
- 3.Febrile symptoms

Patients struggling with symptom management required increased healthcare contact.

Conclusion

- Results highlighted the link between supportive care needs, self management and health literacy
- Combination of survey and chart audit enabled stronger analysis
- Provided key understanding of factors influencing readmission

Limitations

- Recruitment concerns
- Not able to get strong analysis of change from intervention

Recommendations

- ✓ Tailor education to health literacy levels
- ✓ Assess unmet supportive care needs
- ✓ Engage and support family carers
- ✓ Use multimodal education strategies
- ✓ Promote informed decision-making and self-management
- ✓ Improve outcomes and reduce avoidable hospital utilisation



Neutropenia Explained: What Cancer Patients Need to Know

Thank You

I would like to acknowledge Dr Elisabeth Coyne Griffith University, the research team and all patients and families who participated in this study.

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