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Message from the President

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I am excited to introduce this special edition of the Australian Journal of Cancer Nursing to celebrate CNSA's 26th Annual Congress. On behalf of the CNSA Board of Directors and the 2024 Congress Organising Committee, we are excited for this publication to showcase innovations and advancements in nurse-led research in cancer care in Australia.

This year's congress was held at the Brisbane Convention and Exhibition Centre on 19th – 21st June 2024, and the theme was *Innovative Quality Care in a Digital Era.* This was an opportunity to demonstrate CNSA's commitment to excellence in cancer care with a focus on the promise and challenges faced in cancer nursing in the digital age. This will be an ongoing area of interest for the CNSA, as it will be fundamental to shaping the future of cancer care, and we look to develop innovative solutions that will support our members to embrace their role as a digitally engaged workforce.

For CNSA members, who are dedicated cancer nurses, this congress holds special significance. It is a platform where they can listen and learn, share experiences, and connect with peers who are at the forefront of delivering exceptional care to those affected by cancer. We see this publication as an opportunity to showcase nurse-led research to a wider audience and champion the role of cancer nurses in the digital innovations that are revolutionising the cancer care landscape to ensure patients receive the highest quality care possible.

I would like to thank our organising committee, Diane Davey and Sue Bartlett, for their hard work in delivering what was a stimulating and interesting program. I would like to acknowledge the CNSA staff and board members who work tirelessly behind the scenes to ensure the success of this annual event. I would also like to thank our congress partners and sponsors for their ongoing support to deliver this event that contributes to the professional development of cancer nurses in Australia.

I hope you enjoy reading the congress highlights, which outline the perspectives from our invited speakers related to quality care in a digital era, as well as the oral and poster abstracts, which showcase the innovative work being done by cancer nurses across this country.

Anne Mellon, CNSA President

To learn more about the *2024 CNSA Annual Congress* you can access the image gallery, digital posters and plenary recordings or presentations at the CNSA website: https://www.cnsa.org.au/congressevents/annual-congress.

We look forward to seeing you at the 27th CNSA Annual Congress on 18th - 21st June 2025 in Adelaide.

Congress highlights

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PLENARY SESSION 1

Presidential address: *Anne Mellon (CNSA President)*

Anne Mellon welcomed members and introduced the congress theme *Innovative quality care in a digital era.* She spoke about the unprecedented opportunity digital technologies present to the future of cancer care. As a cancer nurse in clinical practice, she understands the challenges faced by the healthcare system in integrating new technologies. However, she expressed her optimism that, by embracing this opportunity, cancer nurses could help shape the future of digital healthcare. The program was designed to prompt members to think about the role they can play in this revolution. She challenged members to commit to five key takeaways from the congress: lifelong learning; seeking out digital training and support; embracing change and innovation; addressing concerns proactively; and engaging with CNSA for support. The CNSA is implementing a digital transformation strategy that will enhance its ability to support members and embrace digital innovation. She concluded by thanking members for their dedication and passion for embracing innovative quality in a digital era.

Setting the scene through lived experience and innovating in digital health: *Makala Castelli (Consumer advocate)*

Makala Castelli spoke passionately about the consumers' role in shaping healthcare's future through digital health innovation. Her own lived experience of cancer led to her commitment to advocating for solutions to help people live well with and beyond cancer. She identified the five C's important to the consumer healthcare experience – communication, convenience, community, collaboration and coordination. She observed that consumer self-advocacy was driving innovation to address the gaps in the healthcare system as it struggles to keep pace with advances. She discussed how despite extensive research into the value of supportive care in survivorship the healthcare system was not adequately delivering care that meets patient needs. This prompted her to develop *Oncana* to help consumers navigate supportive care to help their recovery. The platform enables access to information about the latest evidence-based interventions and enables patients to personalise their supportive care. She also spoke about her excitement at the growing number of informed health consumers committed to working with healthcare providers and digital innovators to co-create solutions that foster self-efficacy. She discussed examples of pioneers who were developing digital solutions to enable individuals to take the drivers seat in their care. She concluded by emphasising the role cancer nurses can play in advocating for better survivorship care and partnering with consumers to design solutions that ensure humanity and compassion are always at the centre.

Setting the scene from a nursing perspective – preparing for the future: *A/Prof Naomi Dobroff (Chief Nursing and Midwifery Information Officer, General Manager of the EMR and Informatics Program, Monash Health)*

A/Prof Naomi Dobroff started with a call to action for cancer nurses to equip themselves to be ready to participate in the digital healthcare revolution. She spoke about how technology has been integrated into almost all aspects of our lives. A key learning has been that successful integration often requires a shift in thinking to ensure workflows improve efficiency and reduce complexity. For example, the implementation of electronic medical records (EMR) requires a different approach to how care is documented and reported. However, clinical information systems offer benefits by utilising big data and analytics to improve care and outcomes. She emphasised the importance of cancer nurses being involved in the design of these systems to ensure workflows are representative of clinical practice and the technology assists rather than hinders them in their role. To embrace this role nurses need to embrace technology. She spoke about the recently launched *National Nursing and Midwifery Digital Capability Framework* that was designed to help nurses practice safely in a digital health environment. Encouraging all cancer nurses to become familiar with the framework and utilise it to understand the competencies they need to set them up for success in a digitally enabled workplace. She prompted the audience to think about how they can prepare by identifying training and education opportunities and reaching out to the nursing informatics lead for information and resources on digital systems in their workplace to uphold their professional requirements. She concluded that cancer nurses should play a leading role in the integration of digital health technologies to shape real-world improved outcomes.

Application of AI: *Prof Stacy Carter (Professor of Empirical Ethics in Health and Founding, Director of the Australian Centre for Health Engagement, Evidence and Values, School of Health and Society, University of Wollongong).*

Prof Stacy Carter provided insights into how the application of AI in healthcare should be guided by the end user. She spoke about the enormous potential AI offers to reduce the burden of clinical and administrative tasks in healthcare. Useage of AI in cancer nursing comes from a recent systematic review that examined 17 instances of its use in clinical tasks, but only two examples of its use in administrative tasks. She spoke about her project at the University of Wollongong examining consumer and public views on the use of AI in healthcare. Her team formed a citizen's jury to understand what safeguards the public would like, to ensure AI is implemented in healthcare safely and transparently. She emphasised the importance of this approach to maintain public trust in the transformation of their health services. This research informed the development of the recently launched *National Policy Roadmap for AI* in healthcare. This sets out the policy-relevant recommendations and governance of the implementation of this technology in clinical practice. She emphasised the role nurses can play in ensuring AI is implemented in a safe, effective and ethical manner. The potential benefits of AI in healthcare come with associated risks that need to be managed carefully. This is why healthcare professionals need to understand the governance frameworks around its implementation to ensure it meets best practice guidelines. She concluded by reflecting that 2024 saw the launch of several frameworks for health technology governance demonstrating this is a priority at all levels of government to ensure AI is safely and effectively implemented in clinical practice.

PLENARY SESSION 2

Nursing at the forefront – integrating genomics into cancer care: *Prof Kim Alexander (Professor of Cancer Nursing, School of Nursing QUT and the Cancer Care Services at Metro North, Queensland Health).*

Prof Kim Alexander delivered an enlightening presentation on nursing at the forefront of the integration of genomics in cancer care. Genomics is revolutionising the delivery of cancer care, with the use of genetic markers to predict cancer risk and early detection, inform management and evaluate outcomes. Her research investigating genetic predisposition to quality-of-life outcomes led to an improved understanding of how genetics can influence symptoms and outcomes of treatment, and identify individuals who are predisposed to poor outcomes. Genomics promises to help individuals make informed decisions about their cancer care. As the technology evolves genomics is likely to become the standard of care, from the use of liquid biopsies for asymptomatic screening and recurrence surveillance, to tumour mutation profiling to deliver personalised medicine. However, integration into clinical practice requires health systems and health professionals to keep pace with technological advancements. Therefore, there is an urgent need for genomics education to increase their confidence in applying genetics into practice. All cancer nurses need to be aware of the latest advancements in genetic technologies and the implications for their patients. The biggest barriers to the implementation of genomics in clinical practice are access (awareness) and enabled decision-making. Nurses have an important role to play in increasing access to testing and informing patients about the implications for care. She concluded that even though the gap may seem large between nurses' current level of understanding and knowledge, this should not be a barrier to them having conversations about genomics. Experts make themselves, so this will require nurses to commit to engaging with education and training, attending clinical meetings and conferences and being curious to learn more and contribute to research.

Intuition, insights and information science in nursing: *Kate Renzenbrink (Chief Clinical Informatics Officer, Royal Victorian Eye and Ear Hospital)*

Kate Renzenbrink delivered a compelling presentation on the importance of what gets counted and counts in data collection. Data can shape outcomes, so nurses can offer valuable insight into the design of information systems to ensure the voice of the patient is represented, as the end user of technologies that will shape their care. Nurses are custodians of patient data, involved in the collection, sharing and coordinating of data systems used to inform care. Healthcare is a complex adaptive system – if it is not documented it is not done – therefore nurses understand the importance of data to drive patient care. She emphasised that for some nurses the introduction of technology is increasing the complexity of care and "techno-stress" is a real contributor to burnout among the workforce. Documentation places a significant burden on nurses' time and takes them away from their role in patient care. The hope is that the integration of technology can automate aspects of documentation and data entry, improving efficiency in the system. However, she emphasised that for this efficiency to be realised nurses need to be involved in evaluating how technology is integrated into clinical practice. Structural inequality is a problem of scale and there is a need to ensure these systems are created to collect data representative of all patients. She also spoke about the explosion in devices offering personalised data collection to offer person-centred healthcare. This technology can help support clinician and patient decision-making and navigate their care. However, caution is required to ensure that the use of technologies to track personal health information is approached in a manner that respects the human rights and privacy of the individual. The future of the implementation of these technologies in clinical practice requires nurses to be empowered to inform their design, implementation and safe use. She concluded that innovation is a people-centric process, and nurses need to be leaders in the field to disrupt, go digital, measure and visualise.

Health care transformers – Using clinical quality registries to inform, build and transform clinical practice: *Donna Cowan (Director, Program Implementation Cancer, Movember)*

Donna Cowan discussed how big data is transforming cancer care through clinical quality registries (CQRs). Movember is committed to improving outcomes for prostate cancer patients through improved data collection, reporting and analytics. By focusing on patient-reported outcome measures (PROMs) there is potential to deliver personalised care, that reduces mortality rates and enhances quality-of-life outcomes. Inequities in the diagnosis, treatment, management and outcomes of people with cancer led to a realisation that PROMs are needed to inform personalised care. CQRs systematically and longitudinally collect, report and analyse data to make healthcare more efficient, effective and appropriate by cost-effectively improving health outcomes. Donna emphasised how this data is used in a quality loop to drive improvements at the clinical level and leveraged to further advance research into clinical guidelines adherence and deliver evidence-based healthcare reform. Movember launched the *Prostate Outcomes Registry of Australia and New Zealand* specifically to collect data on the quality of care and outcomes important to men with prostate cancer. The hope is that this initiative will lead to improvements in outcomes in prostate cancer, identify inequities in care and outcomes, and support personalised care for improved survival outcomes.

PLENARY SESSION 3

Digital innovations advancing equity, quality, and compassion in cancer care – a patient perspective: *Caitlin Delaney (Consumer Advocate and Founder of CareFully)*

Caitlin Delaney delivered a fearless presentation describing how her own experience with ovarian cancer shaped her vision for the future with digital innovation delivering improved equity, quality and compassionate cancer care. Her personal lived experience led her to found *CareFully,* a company demonstrating the way forward for compassionate patient-centred care in Australia. She spoke about how health technology enabled her to access high-quality cancer care. Innovations in genomic testing enabled her cancer care team to map the tumour's molecular profile providing a more accurate diagnosis. AI used to analyse clinical trial data enabled her clinician to accurately identify a personalised medicine approach to treating her tumour. In addition, telehealth enabled her to attend appointments with her cancer care team irrespective of where they were based. From this experience, she had several takeaway thoughts on the future of digital health technology in cancer care. The cancer care treatment landscape is becoming increasingly complex, and more support is needed to help patients understand their care options. She emphasised the need for a living evidence approach to harnessing data to keep pace with advancements to improve access to the latest treatments and to guide care. Informing patients about the latest scientific advancements empowers informed choices about their care and self-advocacy for outcomes important to them. Technology also has the potential to connect patients with the highest quality cancer and supportive care irrespective of where they live. However, she emphasised the importance of compassion being an underlying principle in the design and implementation of all new technology in healthcare. Patients experience significant distress and emotional burden during cancer, which can be exacerbated by limited access to information and supportive care, which in turn, can impact and cause significant collateral damage to relationships, work and quality of life. She said current supportive care models are not adequate and should embrace technology to deliver patient-centred compassionate care. Digital health technologies offer a way to achieve equity of access by ALL patients to the latest research, information and data needed to improve care outcomes. To achieve this goal, she said patients must be at the centre of the design process of digital health solutions. She called on cancer nurses to step up to the challenge of envisioning a digitally-enabled future in which they are involved in the design of clinical trials, research, tools and technologies, as advocates and experts in delivering compassionate patient-centred care.

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Digital health and data

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objective

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

Description

The platform's validated underpinning data model conforms with the domains of advanced practice, with the clinical care domain further articulated in line with the 7 Steps of the Optimal Care Pathway (OCP) for people with lung cancer. In the clinical domain, relative to the Step, the nurse enters information about his/her involvement relative to the patient's interactions with the health service, including supportive care assessments and interventions delivered. All non-clinical care domain activity (leadership, systems improvement, education, research) is also entered. The platform is implemented in five public health outpatient settings in two Australian states. Platform future-proofing features are in-built.

Outcomes

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

Conclusions

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

The most significant impact has been on patients with limited ability to travel due to health or geographical location. Benefits have included the valuable information gained during a home visit, such as an understanding of social situation, family background, cultural implications and an assessment of the level of urgency of their request.

Government level advocacy continues to address this issue.

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

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Introduction

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

Aims

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

Methodology

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

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

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

Results

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

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

Conclusion

Our findings have identified that the introduction of OIMS has resulted in a positive impact in the cancer centre, resulting in increased clinician and patient satisfaction, streamlined processes resulting in decreased length of stay and decreased errors associated with desensitisation treatments. However, further work is required regarding documentation that is not currently able to be upload onto the OIMs system. The impact on overall survival and progression-free survival rate were not investigated within this study but would be ideal, as pursuing this line of treatment is challenging with the potential for further infusion related reactions and resource availability.

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

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

Cristelle Gilmour, Meredith Cummins

NeuroEndocrine Cancer Australia

Introduction

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

Aim

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

Description

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

Outcome

Website traffic grew from 3000 visits to 22,900 visits over a six-month period in 2023, translating to people finding evidenced-based Australian information about NETs and support more rapidly. The significant growth evident online has a positive flow on effect, with 8% growth in new contacts accessing specialist NET nursing support. Data also reflects NECA is reaching people earlier in their cancer experience, with more people contacting NECA before or soon after diagnosis.

Conclusion

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

Sharing the digital love in Cancer Supportive Care

Donna Bridge[1], **Carmel O'Kane**[2], Catherine Olston[2]

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Introduction

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

Aims

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

Description

The Modified Adelaide Supportive Care screening tool has been used successfully since 2018 to screen for supportive care needs in the Day Oncology Unit at Grampians Health Horsham. With our IT Department we explored whether this screening tool could be digitised as an E-Form in the Electronic Medical Record. Data could be entered directly via tablet by nurses during the screening consultation. This would then allow a patient's screening information to be available to be uploaded via dynamic data into the Supportive Care Multidisciplinary Meeting report. The nurse can run this report for each fortnightly meeting and share it with the MDT Team for the relevant patients to be discussed.

Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

A project working party was formed comprising consumer, clinical and allied health representatives (n=6) to co-design and implement the PCCS based on a stepped model of care. The service delivery model was informed by the substantial body of research demonstrating the acceptability of nurse delivered psychological interventions and efficacy of a short-term counselling program. Benchmarking of tele-based counselling services nationally and internationally informed digital delivery systems, electronic dissemination and collation of psychological impact, referral pathways, scope of practice and policy development.

Results/Outcomes

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

Conclusions

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

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

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10. *Robert Gordon University, Aberdeen, Scotland*

Introduction

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

Objective

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

Methodology

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

Results

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

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

Conclusion

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

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

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Introduction

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

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

Aim

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

Methodology

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

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

Results

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

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

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

Conclusion

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

Education

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

Development of an online research training resource for clinical cancer nurses

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Introduction

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

Aims

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

Description

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

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

Outcomes

An 11-module online course was built. Learners are engaged through video, interactivities, case examples, and self-assessment activities. Real-world clinical and research examples were embedded to ensure clinical relevance and engage learners. Each module has dedicated learning outcomes, knowledge check exercises, and end-of-module multiple-choice questions. Since its launch in 2023, 30 learners have enrolled in the course across 30 organisations. Early qualitative evaluation data suggests that the resource is appropriate and practical, creating opportunity for learning when and as convenient for resource participants.

Conclusion

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

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

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Introduction

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

Description

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

Results/Outcomes

The emerging SBCNs received comprehensive education regarding the basics of cancer biology, radiation therapy, chemotherapy and immunotherapy. This was coupled with support services available to patients and families experiencing Breast Cancer. The participants also visited the treatment centres and built sustainable connections with service providers.

Conclusion

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

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

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Introduction

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

Objectives

To i) measure the effectiveness of the MBCNTP on participant skill levels related to nursing care; ii) investigate the impact of the MBCNTP at the service level; and iii) explore participants' experience of the program and mode of participation.

Methodology

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

Results

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

Conclusion

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

Innovation and technology

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

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Introduction

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

Aims

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

Methodology

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

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

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

Sentiment scores reflecting the level of respondents' perceptions of the clinic and the advanced practice role were generated. Content analysis helped to interpret some neutral and mildly negative sentiments.

Results

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

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

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

Conclusions

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

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

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Introduction

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

Objectives

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

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

Conclusion

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

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

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Introduction

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

Aims

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

Methods

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

Results

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

Conclusions

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

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

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Introduction

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

Aim

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

Methodology

A mixed-method study was conducted to investigate the feasibility of utilising VR as a non-pharmacological distraction therapy in adults with needle phobia. Three individuals with needle phobia and three doctors treating these patients were recruited into the study. Participants underwent a needle-based procedure with their standard level of care plus the VR headset. Data were collected on patient and clinician experience. Also, barriers and enablers of using VR as a distraction intervention in the hospital setting were explored.

Results

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusions

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

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

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Prostate Cancer Foundation of Australia

Introduction

Prostate cancer is the most commonly diagnosed cancer in in Australia. A life changing event for men and their families, prostate cancer causes high levels of stress when dealing with diagnosis, treatment decisions, side effects and has significant impacts on physical and mental health. The Prostate Cancer Foundation of Australia (PCFA) Telenursing service was developed to fill a gap in information and support for men without access to a specialist prostate cancer nurse in a treating centre.

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Aim

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

Methods

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

Results

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

Conclusion

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

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

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Introduction

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

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

Objective

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

Description/Methodology

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

Results

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

Conclusion

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

Leadership and research

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

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

Objectives/Aims

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

Methods

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

Results/Outcomes

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

Conclusion

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

Developing and implementing evidence-based vascular access device guidelines

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Introduction

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

Objectives/Aims

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

Methods

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

To evaluate a CNP MP and explore:

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

Description/Methodology

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

Results/Outcomes

20 participants attended the online workshop and pairs completed 10-12 MP sessions of 30-60 minute duration. This MP was feasible/acceptable to all participants. Mentees self-reported increased knowledge/skills/confidence levels across most domains post-MP, with statistically significant increases in the Clinical Care (pre-median=56.5, post median=68, p=0.028, r=0.49, z=-2.194) and Research domains (pre median=13, post median=15.5, p=0.037, r=0.47, z=-2.088). Discussion themes included: professional issues (workplace support/ understanding CNP roles, difficult relationships, scope of practice, stress management); clinical work (case studies, prescribing, assessments); models of care; and cancer-related topics (breaking bad news; voluntary assisted dying; end of life care; genetic testing; managing new tumour streams; immunotherapy toxicities; and prescribing cytotoxic/ opioid drugs).

Conclusion

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

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

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Background

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

Aim

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

Methods

A cross-sectional online survey, AIM-AUS, was distributed to nurses between March and July 2021. Quantitative data relating to demographics, attitudes towards nurse prescribing, and educational perspectives to become a prescriber were analysed using Pearson χ^2 tests to examine associations between nurses in cancer care, palliative care, and all other contexts.

Findings

A total of 4424 nurses participated in the survey, where 161 nurses identified they worked in cancer care and 109 worked in palliative care settings. Nurses working in cancer care differed significantly from nurses working in other contexts in their attitudes towards the benefits of nurse prescribing. Nurses in cancer care were less certain than nurses in palliative care ($\chi^2(2)$ =6.68, p=0.04), and nurses from all other specialities ($\chi^2(2)$ =13.87, p=0<01) that nurse prescribing would decrease costs to the health care system, or reduce patient risk. Nurses working in cancer care were also more certain that the success of implementing nurse prescribing would require strong support from their other medical and pharmacy colleagues. There was a consensus between nurses working in cancer and palliative care that improving patient care was their top motivator for becoming a prescriber.

Conclusion

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

Patient centred care

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

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Introduction

Bone marrow aspirate and trephine (BMAT) biopsies are used to diagnose and monitor haematological and malignant diseases, being performed under procedural sedation these carry risks of respiratory depression. Therefore, monitoring is critical for patient safety. Being performed primarily as an outpatient, the patient is discharged home shortly after their procedure. A practice gap was identified in post procedural sedation monitoring, including poor compliance with vital sign monitoring.

Objectives/Aim

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

Description/Methodology

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

Results/Outcome

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

Conclusions

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Conclusion

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

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

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Background

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

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

Method

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

Results

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

Conclusions

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

Recommendations

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

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

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NeuroEndocrine Cancer Australia

Introduction

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

Aim

Explore experiences of those affected by NETs within the online peer support community of the NECA Facebook Group and how this moderated patient-centred virtual care hub contributes to meeting supportive and informative care needs in an under-resourced cancer population.

Description

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

Outcome

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

Conclusion

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

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

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Introduction

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

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

Objectives

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

Methodology

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

Outcomes

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

Conclusion

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

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

Over 475,000 PRC were conducted by PCSNs from 2014–2023, with 96,402 new patients entering the service. PRC underwent an almost eight-fold growth over nine years. Most (57.5%) new patients presented to the service within two months of diagnosis, while 31% engaged at diagnosis. Most men (74.5%) were undergoing treatment including radical prostatectomy (42.2%), radiation therapy (25.1%), hormone therapy (21.6%) and active surveillance (8.5%). The most frequent PRC activities were information provision (81.7%), psychosocial (65.1%), functional (64.1%) or symptom (45.3%) assessments, and care-coordination (62.4%). Most (56.3%) PRC occur in services >100km from a capital city, and almost one third (28%) in areas of relative disadvantage. Since 2014, the number of rural patients accessing care in a rural service has increased seven-fold.

Conclusions

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

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

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Introduction

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

Objectives

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

Methodology

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

Outcomes

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

Conclusion

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

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

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Introduction

The adoption of specialised geriatric oncology programs in Australia remains limited despite significant evidence supporting the benefits of comprehensive geriatric assessment, screening, and intervention for older adults with cancer. Multimorbidity and geriatric syndromes are highly prevalent among this population, and supportive services beyond cancer-specific diagnosis and treatment are critical to providing optimal cancer care. Innovative models are crucial to address this growing healthcare demand and disparities in cancer care for older people.

Aim

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

Description

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

Results

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

Conclusion

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

CANConnect Cancer Access Nurse

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Introduction

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

Aim

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

Methods

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

Results

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

Conclusion

The CANConnect model has shown promising results in the proactive detection of symptom deterioration and timely clinical support provision for cancer patients. Improved symptom management, enhanced patient satisfaction, and reduced emergency presentations are documented outcomes of the model recorded during the initial two month implementation phase.

Implications

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

Collaborative Approach to Treating Hospital Avoidant Patients

Stacy McGreal, Lorna Cook

View Health chemo@home

Background

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

Assessment

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

Goal of Care

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

Interventions

Following X's refusal to have treatment in hospital, the Young Adult Cancer Coordinator requested View Health- chemo@home (VHc@h) provide treatment at home. Treatment was ordered by the oncologist and administered by VHc@h. The two teams collaborated regarding pathology, clinical reviews, management of side effects, delays due to adverse events and protocol modifications to accommodate home treatment. All communication between the treating team at hospital, VHc@h and the patient were attended to via multiple digital platforms. At the time of writing X had successfully received 4 cycles of chemotherapy at home despite having not met his treating oncologist or team face to face.

Evaluation

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

Conclusion/Implication for Practice

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

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

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Introduction

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

Aims

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

Methodology

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

Results

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

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

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

Conclusions

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

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

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Introduction

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

Aim

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

Description

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

Outcomes

Despite implementation commencing during COVID-19 restrictions, more than 1500 staff completed training. Staff completed pre- and post-training self-efficacy surveys and evaluated the workshop training experience. 469 patients and carers completed a real-time feedback communication survey, reporting a generally positive experience while highlighting areas for improvement. Evaluation data report improvements in patient interactions with staff, with a decrease in complaints and an increase in compliments. Staff report feeling more equipped to deliver person-centred care and better prepared to support patients, carers and families.

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results / Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

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

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

Conclusion

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

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

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Introduction

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

Aim

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

Methodology

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

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

Phase 2: development of the TTP

Phase 3: evaluation of the TTP:

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

Results/Outcome

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

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

Conclusion

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

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

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Introduction

An ovarian cancer diagnosis often results in a poor prognosis, with limited effective treatment options and high rates of recurrence. Understandably significant psychosocial distress is experienced. There are few ovarian cancer specific psychosocial models of care that are evidence based and accessible to all.

Objectives

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

Methods

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

Results

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

Conclusions

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

Digital health and data

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives

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

Description

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

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

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

Results

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

Conclusion

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

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

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Introduction

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

Objective

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

Methods

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

Results

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

Conclusion

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

Education

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

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Introduction

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

Objective

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Method

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

Results

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

Conclusion

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

Global survey reveals demand for additional photoprotection education in Australia

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Aim

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction/Objectives

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

Materials/Methods

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

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

Results

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

Conclusion

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

Lessons learnt from our inaugural Virtual Graduate Nurse Program

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Introduction

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

Our Goal

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

What it is?

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

Our Results

Feedback received from graduate nurses:

They requested more information regarding:

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

Feedback received from nurse managers/preceptors:

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

Feedback from the nurse educator leading Graduate Nurse Program:

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

Outcomes

Changes to the 2024 Graduate Nurse Program:

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

Conclusion

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

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

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Introduction

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

Objectives

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

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

Results/Outcomes

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

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

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

Conclusions

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

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

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Introduction

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

Objective/aims

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

Methodology

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

Results

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

Conclusion

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

Innovation and technology

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

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Introduction

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

Objective

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

Methodology

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

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

Results

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

Conclusion

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

The use of barcode scanning in the administration of chemotherapy treatments

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

Roanee KC

Prostate Cancer Foundation of Australia, based at Genesis Care Gold Coast, Queensland, Australia

Introduction

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

History/Background

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

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

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

Assessment

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

Goals of care

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

Intervention(s)

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

Evaluation / Outcome

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

Conclusion / Implications for practice

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

Leadership and research

Understanding the value of codesign: exploring participant experiences

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Background

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

Aim

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

Methods

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

Results

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

Conclusion

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

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

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Introduction

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

Methods

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

Results

Patients and healthy controls were well matched on socio-demographics. Differences between neuropsychological test scores were mostly large-sized; on average, patients' scores on measures of information processing speed, executive function, and learning and memory were worse both before and after chemotherapy (all p≤0.003). The same pattern was observed for impact of perceived cognitive impairment on quality-of-life (both $p<0.001$). Patients' physical and emotional wellbeing scores were lower than population norms both before and after chemotherapy (all $p\leq0.018$). Associations between neuropsychological performance and other measures were mostly trivial (all $p>0.10$).

Conclusions

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

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

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Introduction

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

Objectives/Aims

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

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

Description/Methodology

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

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

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

Results/Outcomes

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

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

Conclusions

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

The voices of Australian radiation oncology nurses

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Introduction

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

Objectives

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives/Aim

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

Description/ Methodology

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

Results

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

Conclusion

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

Patient centred care

Introduction of Radiation Oncology Toxicities clinic

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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

Objective

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

Aim

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

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

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

Methods

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

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

Results

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

Conclusions

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

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

Michelle Beecher

Austin Health, Victoria, Australia

Introduction

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

Objectives

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

Description

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

Outcomes

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

Conclusion

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

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

Monique Blanchard

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Introduction

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

Objectives

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

Description

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

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

Outcomes

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

Conclusion

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

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

Katarzyna Bochynska, Pareoranga Luiten-Apirana, Kate Pallot

Cancer Council NSW, Australia

Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusions

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

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

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Introduction

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

Objectives/Aims

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

Methods

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

Results/Outcomes

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

Conclusion

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

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

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History/Background

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

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

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

Assessment

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

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

Goals of care

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

Interventions

Urgent unblinding required.

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

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

Evaluation/outcome

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

Conclusion/implications for practice

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Aims

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

Description

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

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

Outcomes

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

Conclusion

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

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

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Introduction

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

Aim

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

Method

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

Results

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

Conclusion

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

Cancer@Home: Model of Care Evaluation

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

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

Results/Outcomes

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

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

Conclusions

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

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

Financial revenue – NWAU generated

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Aim

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

Description

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

Results

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

Conclusion

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

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

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Introduction

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

Objective

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusions

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

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

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

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

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Introduction

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

Objectives

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

Methods

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

Results

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

Conclusions

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

PanSupport: a community model of cancer supportive care provision

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Introduction

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

Objectives/Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

Patient Experience Improvement Project

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Introduction

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

Aim

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

Description/ methodology

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

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

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

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

Results/outcome

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

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

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

Conclusion

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

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

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Introduction

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

Aims/Objectives

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

Methodology

A multi-phase, iterative process was undertaken.

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

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

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

Results

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

Conclusions

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

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

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Introduction

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

Aims

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

Methodology

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

Results

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

Conclusion

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

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

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Introduction

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

Objectives

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

Methodology

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

Outcomes

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

Conclusion

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

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

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Introduction

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

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

Objectives/Aims

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

Description/Methodology

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

Date will be collected from the sources below:

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

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

Results/Outcomes

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

Conclusion

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

Treatments

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

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Introduction/Objectives

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

Materials/Methods

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

Results

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

Conclusion

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

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

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Aim

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

Methodology

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

Results

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

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

Conclusions

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

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

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Introduction

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

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

Objectives/ Aims

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

Description/Methodology

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

Results/Outcomes

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

Conclusion

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

Hepatitis B Screening compliance for patients commencing chemotherapy

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Introduction

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

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

Aim

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

Method

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

Result

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

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

Conclusion

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