McGrath Foundation

Using Co-design to develop a Model of Supportive Nursing Care for Haematology

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Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we work and come together.

As a Foundation built on care, connection, and community, we honour the strength, wisdom, and enduring custodianship of the First Nations people, who have cared for this beautiful Country for thousands of years.

Standing on this Country reminds us that caring for one another is not new – it is a value long upheld and preserved and protected by First Nations communities across generations.

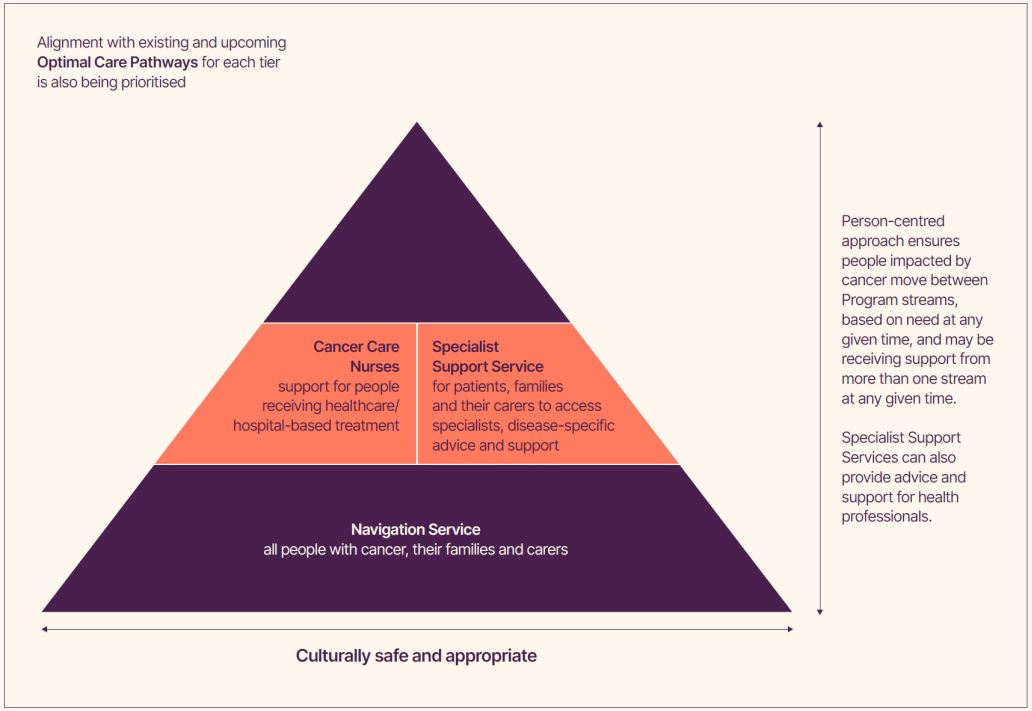
We commit to deep listening, learning humbly, and strengthening meaningful relationships with First Nations peoples.
May we contribute to a future grounded in care, respect, understanding and genuine connection.

About the McGrath Model of Care

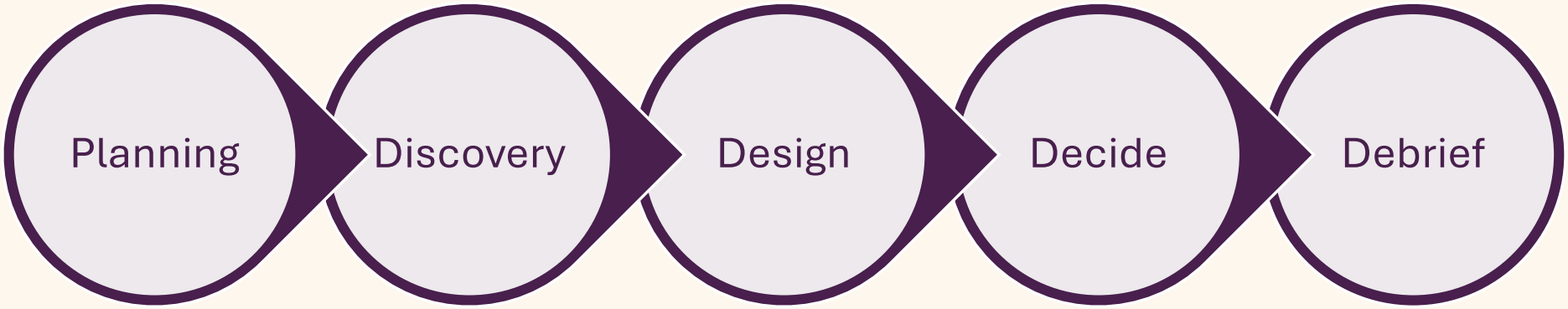
Creating Equity of Access to supportive cancer nursing care to people with any type of cancer, regardless of where there live.

Figure 2:

Tiered model of support



The process



Common themes

"A clear path forward following my diagnosis. Stressing over making decisions was made easier"

Access to a psychologist linked to my hospital who could assist in gaining perspective and a safe space to talk"

"I was linked to the Leukemia Foundation who offer practical support and assistance as well as support groups"

“My blood test paperwork listed reason being query blood cancer before I was told that may be a possibility”

“ I have additional illnesses….I feel like I have to project manage my comorbidities separately”

“there was a lack of understanding about long term side effects and follow ups after treatment”

What should happen?	What activities or actions should happen?
Where should this happen?	Where and how does this need to occur?
Who should be involved?	Who should do this? Who else should be involved? Ie support services, family, carer etc
Why?	Why is this important to you?

Which of the following care domains does this activity support (circle all that apply)

Informational needs	Emotional needs	Physical needs	Practical needs	Psychological needs	Social support & connections	Cultural and Spiritual

CONSULTATION OUTPUT	RECOMMENDATION
3 or more focus groups rated as high value	Keep
3 or more focus groups rated as some value	Discuss
1 or more focus group rated as low value	Case by case review

Key consideration findings

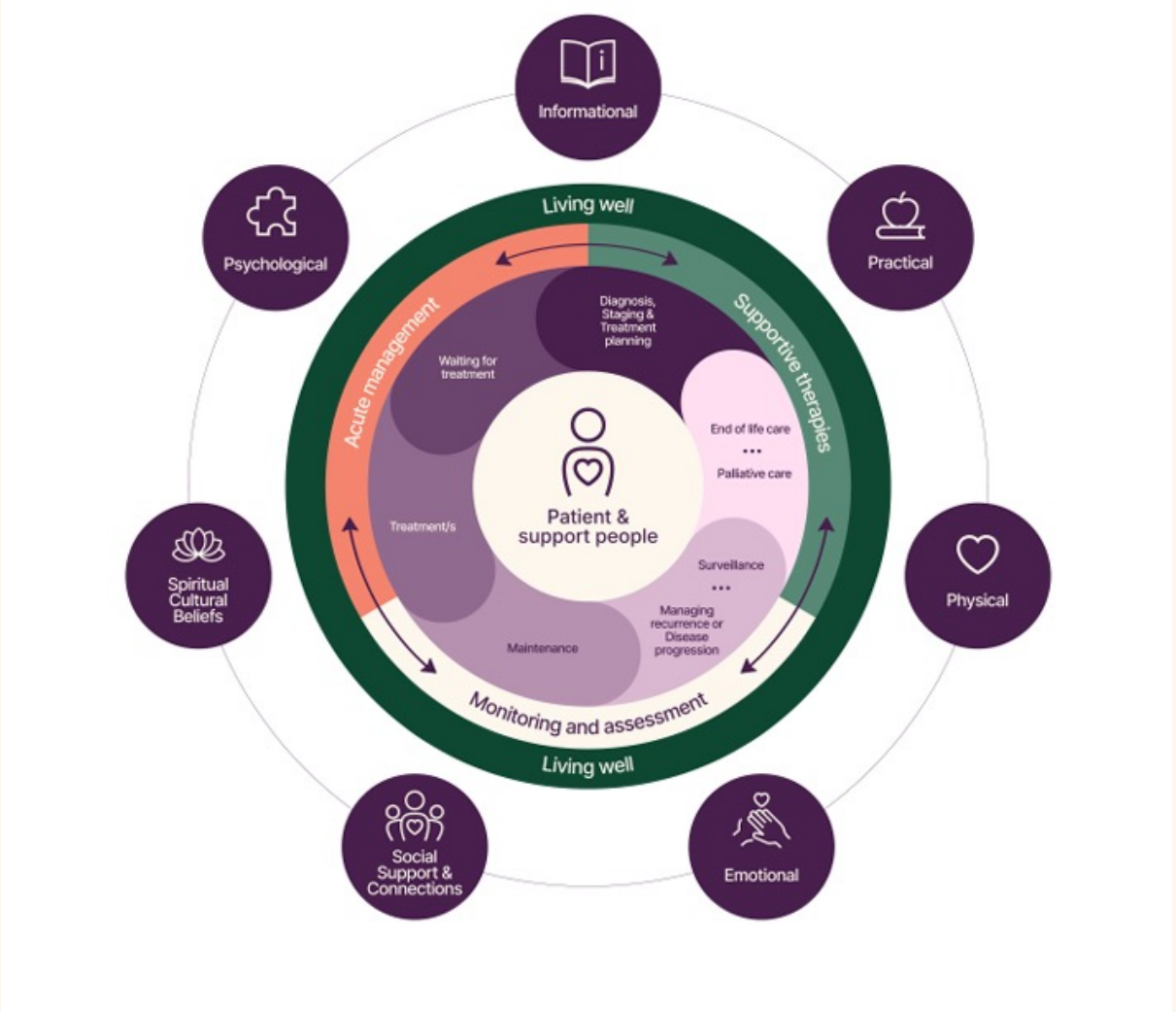
Complex tx regimens- long prolonged inpatient stays, supportive therapy needs and frequent blood monitoring, rapidly changing and unclear pathways

Rapid diagnosis- progress rapidly and require urgent diagnostics and commencement of treatment

Immunosuppression- severe, prolonged and often cause of urgent presentations and/or complications

Severe and complex symptoms- anaemia, bleeding risk, transfusion support, nausea and vomiting, mucositis, Tumour lysis (TLS), disseminated intravascular coagulation (DIC)

Long term- relapse risk and monitoring requires ongoing team oversight, non curable cancers (MM), chronic late effects (BMT), immunosuppression


Informational
Psychological
Practical
Living well
Acute management
Supportive therapies
Diagnosis, Staging & Treatment planning
Waiting for treatment
End of life care
Palliative care
Patient & support people
Treatment/s
Surveillance
Managing recurrence or Disease progression
Maintenance
Monitoring and assessment
Living well
Spiritual Cultural Beliefs
Physical
Social Support & Connections
Emotional

Model to be released 2026

Number of nurses

Embedded with support of NCL

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