The gap between theory and practice: quantity and quality of care plans and treatment summaries across survivorship care pilot sites in South Australia

**Koczwara B**, Hislop C, Cameron K, Poprawski D, Corsini N, Osborn M, Eckert M, Turpin K, Bessen T, Fitzgerald M, Doherty T

February 2<sup>nd</sup> 2017



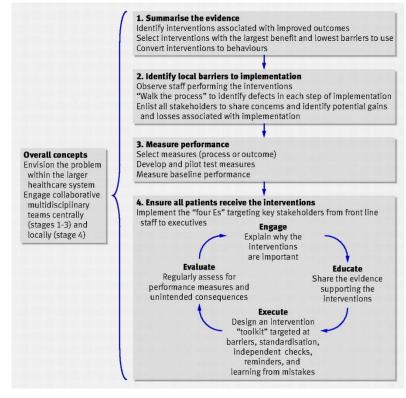
# Background

- Survivorship care plans and treatment summaries are considered the key component of survivorship care
  - Even though there is conflicting evidence of their utility in clinical trial setting
- South Australia is taking a state-wide approach to health transformation
- South Australian Cancer Service has been asked by the National Cancer Experts Reference Group to develop and pilot a state-wide survivorship framework that may help informing survivorship care initiatives nationally

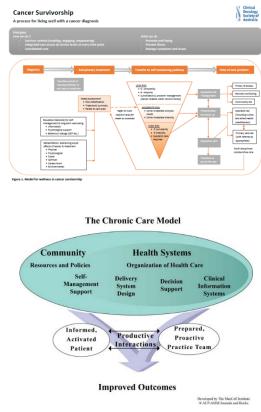
**SA Health** 

## Aims

> To design, pilot and evaluate a state-wide strategy to deliver survivorship care to adults and children treated for cancer with curative intent in South Australia.



Peter J Pronovost et al. BMJ 2008;337:bmj.a1714



©2008 by British Medical Journal Publishing Group

Cancer Control Plan

2011 - 2015

#### 1. Summarise the evidence Identify interventions associated with improved outcomes Select interventions with the largest benefit and lowest barriers to use Convert interventions to behaviours 2. Identify local barriers to implementation Observe staff performing the interventions "Walk the process" to identify defects in each step of implementation Enlist all stakeholders to share concerns and identify potential gains and losses associated with implementation 3. Measure performance Select measures (process or outcome) **Overall concepts** Envision the problem Develop and pilot test measures within the larger Measure baseline performance healthcare system Engage collaborative 4. Ensure all patients receive the interventions multidisciplinary Implement the "four Es" targeting key stakeholders from front line teams centrally staff to executives (stages 1-3) and **Engage** locally (stage 4) Explain why the interventions are important **Evaluate Educate** Regularly assess for Share the evidence performance measures and supporting the unintended consequences interventions Execute Design an intervention "toolkit" targeted at barriers, standardisation, independent checks, reminders, and learning from mistakes

Strategy for translating evidence into practice.

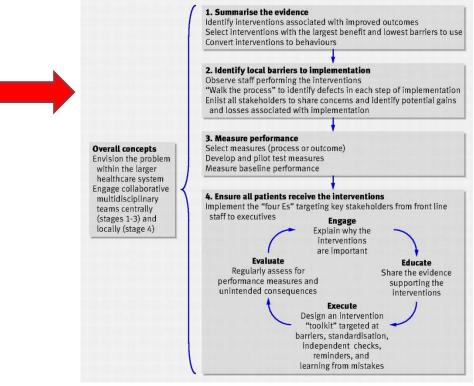
# 1. <u>Magnitude of the problem</u>

Survivors perceptions and needs Providers perceptions and needs Data on incidence, prevalence, patterns of care

## 2. Solutions

Existing models of care

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714



Peter J Pronovost et al. BMJ 2008;337:bmj.a1714

3. Strategy development

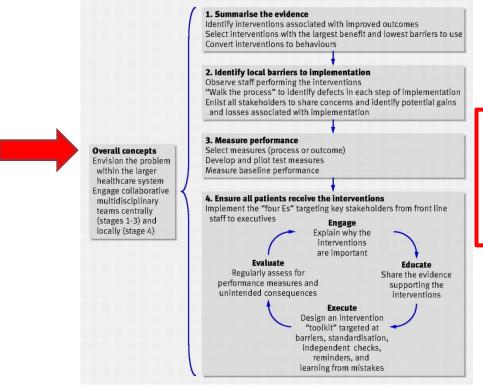
Consensus meeting re solutions

Ongoing stakeholder feedback

Stakeholder feedback

Process/system mapping

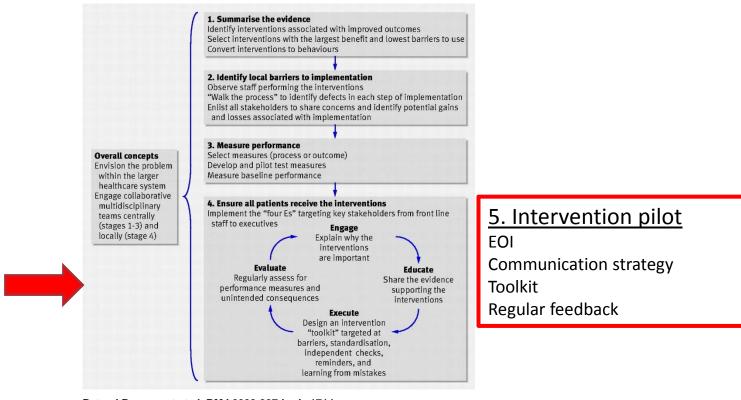
Work on tools strategies



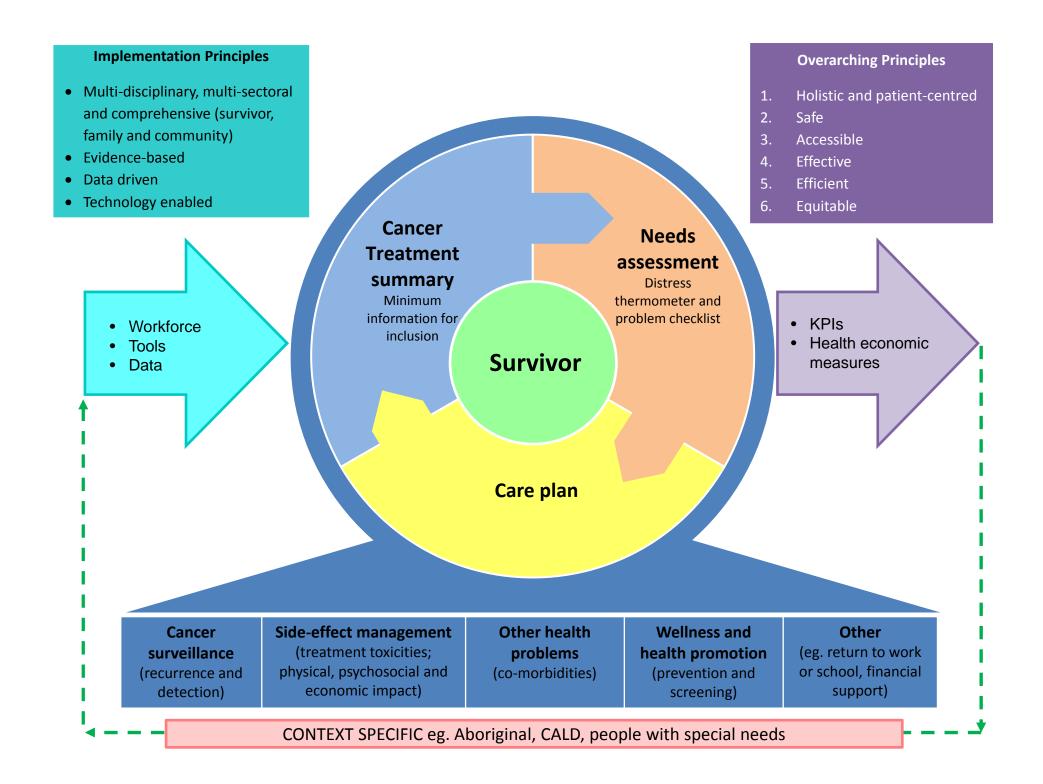
4. <u>Measures</u> development

Process and outcome
HE measures
Framework of measures

Peter J Pronovost et al. BMJ 2008;337:bmj.a1714



Peter J Pronovost et al. BMJ 2008;337:bmj.a1714



# Methodology

- > 4 champion teams recruited after EOI
  - Nurse/med onc
  - Inner metro (2), outer metro (1), rural (1)
  - 1 well established survivorship service
- > 3 month recruitment of patients
  - Established templates and procedures
  - Regular debrief, action and outcome logs
- > Ethics approval for evaluation
  - TS and CP content, demographics
  - Feedback from champions
  - Patient/survivor survey

	Government of South Australia
	SA Health

Affix patient label here	
--------------------------	--

## **Cancer Treatment Summary for Patients Name**

Type of Cancer:
Date and details of diagnosis:
Stage:
Pathology findings and pathology service:

Treatment	Type/findings	Doctor/Hospital/Dates	Complications/changes to treatment
Surgery			
Chemotherapy			
Hormonal treatment			
Radiation therapy			
Supportive and other services			

This is a brief record of the major aspects of your cancer treatment. This document is not intended to be a detailed or comprehensive record of your care. If however, you would like a more detailed account of your treatment please contact your cancer specialist.

Summary completed by: Date:	nmary completed by:		
-----------------------------	---------------------	--	--

South Australian Survivorship Framework - Treatment Summary

( The second	Government of South Australia
TRANS	SA Health

Affix patient label here

#### **Distress Thermometer and Checklist**

Distress is often unpleasant feelings or emotions that can impact on the way you think, feel and act. It can include feelings like sadness, worry, anger, helplessness and guilt. It's common for someone who has been diagnosed with cancer to experience some level of distress at some point in time (anywhere from diagnosis and beyond). Your level of distress may only be minor or could be more serious where you find that you're not able to do the things you used to do. It's important for your Treatment/Medical Team to know how you're feeling. By completing the following tool your team will work with you and help link you with other supportive services (for example counsellors, social workers, dietitians) when you need or want to.

	er 0 – 10 that best describes have been experiencing in the			dicate if any of the following has bee today. Be sure to check YES or NO			you in the past week
past week including tod	lay	YES	NO	Practical Problems	YES	NO	Physical Problems
				Child care			Appearance
	(-0-)			Housing			Bathing / dressing
Extreme distress	10 1	H		Insurance / financial			Breathing
Extreme distress				Transportation	=		Changes in urination
	9	H		Work / school			Constipation
			ä	Treatment decisions		ä	Diarrhoea
	8 — —	_	_	Treatment decisions		_	Eating
				Family Problems			Fatigue
	7 -  -			Dealing with children	=		Feeling swollen
				Dealing with partner			Fevers
	6 — —			Ability to have children			Getting around
		_		Family health issues			Indigestion
	5 — —	_	_	Tarriny fleatiff 133de3			Memory / concentration
				Emotional Problems	_	ö	Mouth sores
	4			Depression			Nausea
		_		Fears			Nose dry / congested
	3 — —	Ħ		Nervousness	_		Pain
	2.1			Sadness			Sexual
	2	_		Worry	_		Skin dry / itchy
			=	Loss of interest in usual activities			Sleep
	1 -  -	_	_	2000 of interest in askar douvides			Substance abuse
No distress	0			Spiritual / religious / cultural concerns		=	Tingling in hands and feet
		Other	Droble	ama.			
		Other	FIODI	eiiis			



Affix	patient	label	here

#### Care Plan for Patient's Name

This care plan aims to assist in identifying and developing your health goals as a cancer survivor and steps you can take to reach these. You're encouraged to discuss and share your care plan with your GP, family or others you feel can support you and continue to build as you achieve your goals or have other needs arise in the future.

Current issues, problems or concerns	Level of importance to you 1-very 2- somewhat 3- not important	Goal moving forward What do you want to achieve?	Strategy How do you want to achieve it?	Who should assist you in achieving it GP, specialist, allied health, friends, others?	GP Involvement	Other providers involved (ie: specialist)
Cancer Surveillance						
Side effect management						
Other health problems						
Wellness & health promotion						
Other						

## Data collected

- > Demographics
- > Process measures
- > Content: completeness and quality
- > Providers and survivors' feedback

## Results

<b>Demographic Data</b>	Total	Site A	Site B	Site C	Site D
Cohort (#)	43	34	6	3	0
Age range (years)	32 - 80	39 - 80	32 - 75	53 - 71	0
Median age (years)	59	59	58.5	59	0
Gender					
- Male	7 (16%)	6 (18%)	1 (17%)	0	0
- Female	<b>36</b> (84%)	28 (82%)	5 (83%	3 (100%)	0
Tumour type					
- Breast	<b>32</b> (74%)	23 (67%)	6 (100%)	3 (100%)	0
- Colorectal	7 (16%)	7 (21%)	0	0	0
- Ovarian	1 (2%)	1 (3%)	0	0	0
- Tonsil SCC	1 (2%)	1 (3%)	0	0	0
- Testicular	1 (2%)	1 (3%)	0	0	0
- Cholangiocarcinoma	1 (2%)	1 (3%)	0	0	0

## Results

Preparation	Appointment	Follow-up/Finalising					
20 – 90 mins (avg 51mins)	45 – 90 mins (avg 57 mins)	30 – 75 mins (avg 46 mins)					
Total: average of 154 minutes per person							

## Challenges identified:

- 1. Location of medical records and files (in some instances across multiple sites)
- 2. Accessing original documentation (eg. pathology reports)
- 3. Compiling information of treatment, particularly if survivors received services in both the public and private sectors

## Results -Treatment Summary

## TS complete with regards to:

- > Date of diagnosis (98% included)
- > Diagnosis (100% included)
- > Stage (90% included)
- > Pathology findings (98% included) and service providers (95% included)
- > Treatment received (100% included)

## Details relating to complications were more likely to be missing:

- Time of when complications developed
- Level of severity of complications
- Actions taken
- When or if the complications were resolved

# Results Care Plan

Problem	Total # CP reported on	% CP	Avg level of importance	Avg Strategy Score	Average Provider Score
Cancer Surveillance	43	100%	1.2	2/5	1.2/3
Heart health (hypertension, cholesterol management, risk of cardiac toxicities, atrial fibrillation, heart failure)	23	53%	2.1	2/5	1.1/3
- Management of existing condition	10	44%	2.1	2/5	
- Prevention	13	57%	2.1	2/5	
Lifestyle (weight management, PA, HE, alcohol intake, smoking)	20	47%	1.7	2/5	1.6/3
Cancer Screening (bowel, cervical, breast where applicable)	18	42%	2.1	2.1/5	1.4/3
Bone health (osteoporosis, osteopenia, bone health)	16	37%	1.7	2/5	1.8/3
Anxiety & Depression (include fear recurrence)	12	28%	1.3	2/5	1.8/3
Peripheral Neuropathy	12	28%	2.3	1.7/5	3/3 (only on 1/12)
Fatigue	10	23%	1.6	2.1/5	1.6/3
Lymphoedema	7	16%	2	2/5	1.8/3
<b>Bowel problems</b> (diarrhoea, constipation; both; IBS)	7	16%	1.8	1.9/5	1.5/3

# Results – champions' feedback

- "Different model of care"
  - Templates useful
  - Delivery improved with confidence and skill
  - Team support valued
  - Specialist endorsement important
  - Patient preparation important

## Results – survivor feedback

- Response rate 35% (15/43)
- 93% reported value in attending a survivorship appointment

## **Treatment Summary:**

• 87% reported having a personalised copy as being useful

## Care Plan:

- 73% found the CP useful, 20% unsure
- 67% had used their CP and shared with GP
- 47% reported acting on a goal

## Time of appointment:

53% reported time SCP developed was "just right", usually between 2 weeks to 6 months post-treatment

100% recommended all survivors in future receive individualised TS & CP

# Strenghts and limitations

- > Real life setting, real life resources
- > Consumer engagement and feedback
- > Small numbers
- Mostly breast cancer
- > Self selected champions
- No measure of impact on outcomes

## Conclusions

- The initial pilots of the state wide model indicate significant variability in uptake and quality of service
- > Future work needed on
  - Strategies needed to insure quality of TS and CP
  - Engagement with providers that goes beyond initial champions
    - Move from the illness to wellness model
    - Preparation of provides and survivors
    - Defining the demand and capacity for service
    - Engagement of GPs
  - Long term impact and sustainability

## **Survivorship Steering Group**

Professor Bogda Koczwara (Chair): Senior Staff Specialist in Medical Oncology FCIC

Ms Tracey Doherty (Co-chair): A/ Service Director, SA Cancer Service

Ms Chantelle Hislop: Senior Project Officer, SA Cancer Service

**Dr Kate Cameron**: Nursing Director, WCH

**Professor Marion Eckert**: Director Rosemary Bryant AO Research Centre, UniSA

Ms Julie Marker: Consumer & Chairperson, Cancer Voices SA

Ms Chris Christensen: Consumer & Deputy Chairperson, Cancer Voices SA

Ms Karen van Gorp: Consumer, Melanoma Patients SA Facilitator & Cancer Voices SA

Mr Michael Fitzgerald: Nurse Practitioner Candidate (Medical Oncology), SALHN

Ms Nicole Loft: Nurse Practitioner (Haematology), CALHN

Dr Dagmara Poprawski: Medical Oncologist, CHSA

Ms Kate Turpin: Nurse Practitioner (Haematology/Oncology), WCH

**Dr Michael Osborn**: Lead Clinician, Consultant Haematologist Oncologist, Youth Cancer Service SA/NT

Ms Janet Stajic: Senior Project Officer, SA Cancer Service

Clinical A/Professor Taryn Bessen: Senior Staff Radiologist, CALHN

Dr Nadia Corsini: Senior Research Officer, Cancer Council SA

**Pilot Champion Teams** 

Mr Michael Fitzgerald & Professor Bogda Koczwara: SALHN

Ms Julie Campbell & Dr Dagmara Poprawski: CHSA

Ms Shirley Roberts & Dr Rohit Joshi: NALHN

Ms Janette Prouse & Dr Sid Selva: CALHN