Clinical COSA Oncology Society of Austr<u>al</u>ia Experiences with using digital solutions Colette Cole Care Coordinator-Blacktown Cancer and Haematology

COLLABORATION

EDUCATION

ADVOCACY

RESEARCH

ADAPT (anxiety & depression pathway program) Blacktown Cancer and Haematology

- 21 chair Out patient Infusion Suite
 - Funded for 12 chairs
- 26 bed Inpatient Unit
- 2 linacs for Radiation Oncology
- 1x NUM 3
- 1x NUM 1 for out patient Infusion suite
- 1x CNC Palliative Care
- 3x Generalised Care Coordinators (CNS2)
- 1x part time Social Worker (both ward and outpatients)

Continue

- 5 Medical Oncologist
- 4 Radiation Oncologists
- 3 Haematologists 1x full time 2x part time
- 3 Palliative Care Physicians All Part time
- Cancer council volunteers

Implementation of ADAPT

- The cancer care team plays an important role in identifying symptoms of anxiety or depression and making a referral for specialist evaluation and treatment.
- In busy cancer clinics patients emotional well-being can be overlooked, meaning symptoms can be undetected or underestimated.
- Blacktown went live with ADAPT in November 2017

Promotion to patients

- ADAPT was talked about in the Friday patient orientation sessions
- Explained that we would routinely be screening everyone for anxiety and depression
- Explain to patients that psychosocial care is an important part of routine in cancer care and is key to reducing stigma about accepting help
- Explains that a formalised screening helps the cancer care team to assist patients to get the help they might need

ADAPT

- All newly diagnosed cancer patient's were offered to register for ADAPT
- Initial Screening was 4 weeks post first Med Onc appointment
- All screening was initiated by the Care Coordinators
- Haematology patient may exceed the 4 week screening, as some patients were still waiting for an confirmed diagnosis

Questionnaire

• Patients had the option of:

- Doing the questionnaire at home.. (provided email addresses)
- Doing the questionnaire in Clinic
 - A tablet was provided while they waited or
 - Computer in the cancer council hub.. Volunteers assisted



| Blac | ktown Cancer and Haematology Centre RE-APPOINTMENT SLIP |
|---|--|
| ADAPT SCREENING | Seen By, Circlewinite as appropriate Nurse Allied Health: RT Diet SW OT Physio Parking: Concession Cleash Care Card/Pensioner/Centrelink Clancer Teatment patient without weipe and |
| Clerical Staff Book Appointment in On Mon Tue Wed Thu Fri (please chi O verbook appointment if necessary Interpreter required Item no. 104 105 110 116 132 133 3000 O then tiem no | de if needed) Bone Marrow Biopsy Pert Flush Community Nurse Referral Reason Station Reg review Other requests for next appointment Coldeade |

Pro's and Con's Pro's

- The questionnaire highlighted the physical symptoms that may not have been mentioned
- Captured financial issues before they became crisis driven
- Captured carer stress (unexpected capture)
- Highlighted the people the coordinators needed to focus on.

Con's

- NESB not able to participate
- No Clinical Psychologist.
- Due to Low socioeconomic background, patients unable to afford the community/private service.
- If they could afford private services, the feedback was not positive
- Loss of a Care coordinator through out the trial
- Trial ran throughout the winter period... (S/W)
- Carer stress was a big issue as well (carers being the one who often did the questionnaire)
- Portal was clunky to use.

What did we learn ?

- Patients were very receptive to the idea that we needed to look after their mental health as well as there physical health.
- limited resources made things very time consuming
- Highlighted Carer needs/stress.
- This needs to be an enhancement to facilities and not an addition to already stretched work loads.
- NESB and CALD patients were not able to participate, this is a large population in Blacktown.. More work needed

Questions