

Integration of community based care for patients receiving chemotherapy in the outpatient setting – Testing a new model.

Keith Cox (on behalf of the ESCAPI team)

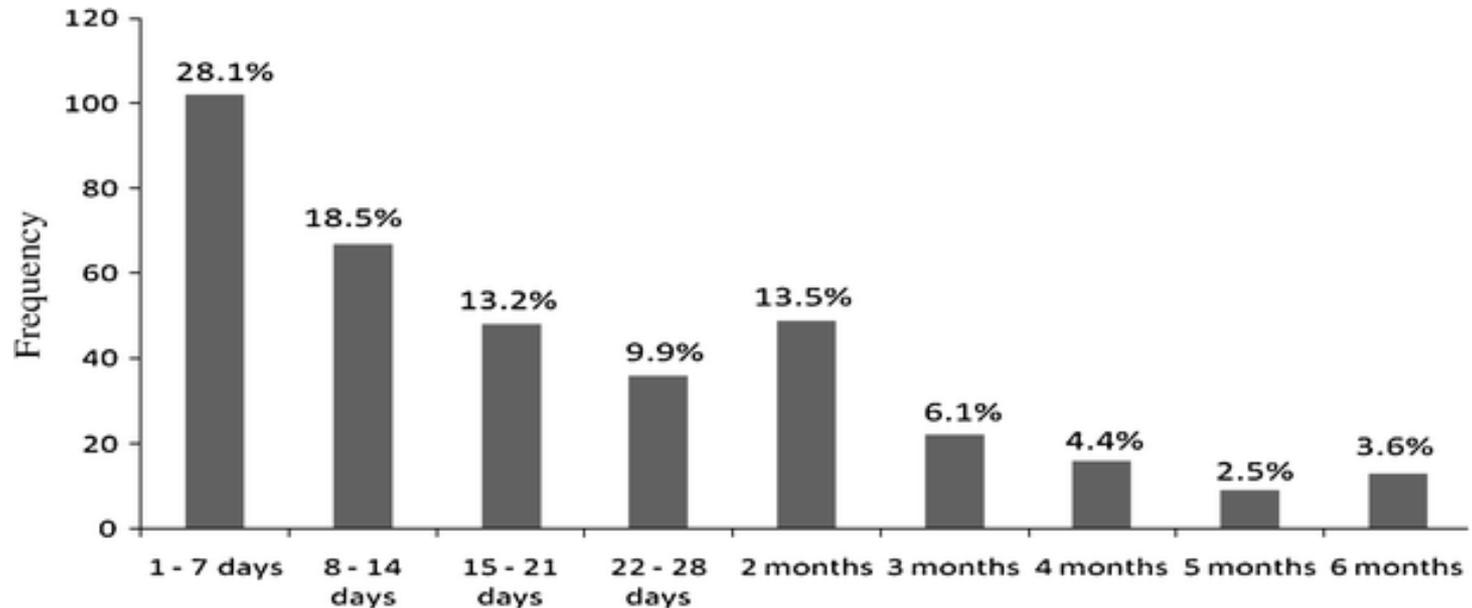
SYDNEY NURSING SCHOOL



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- Increase in outpatient administration of chemotherapy
 - Patients can maintain sense of normality but
 - Can leave patients feeling unprepared and isolated (*McIlfatrick et al J Adv Nurs, 2007. 59(3): p. 264-73*)
 - Our retrospective study found that cancer outpatients:
 - Delay seeking help for chemotherapy side effects
 - Up to 45% have unplanned hospital presentations, in four weeks following chemotherapy (*McKenzie et al (2011) Support Care Cancer 19:963-969*)
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Frequency of hospital admissions



McKenzie et al (2011) Support Care Cancer 19:963-969

Reasons for hospital admission

Reason for presentation	Frequency n	%
Nausea and/or vomiting	164	45.2
Pain	98	27.0
Fever and/or febrile neutropenia	85	23.4
Shortness of breath	70	19.3
Dehydration	44	12.1
Anaemia	32	8.8
Fatigue	32	8.8
Diarrhoea	32	8.8
Emotional issues (anxiety/depression)	20	5.5

McKenzie et al (2011) Support Care Cancer 19:963-969

- The incidence of cancer is projected to increase by 42% over the next decade
- There is significant need for expansion of cancer services within the acute care model
- Primary care has a strong and proven role in the prevention and early detection of cancer
- Less focus has been placed on establishing structured models for shared care once a cancer diagnosis is made and treatment commences

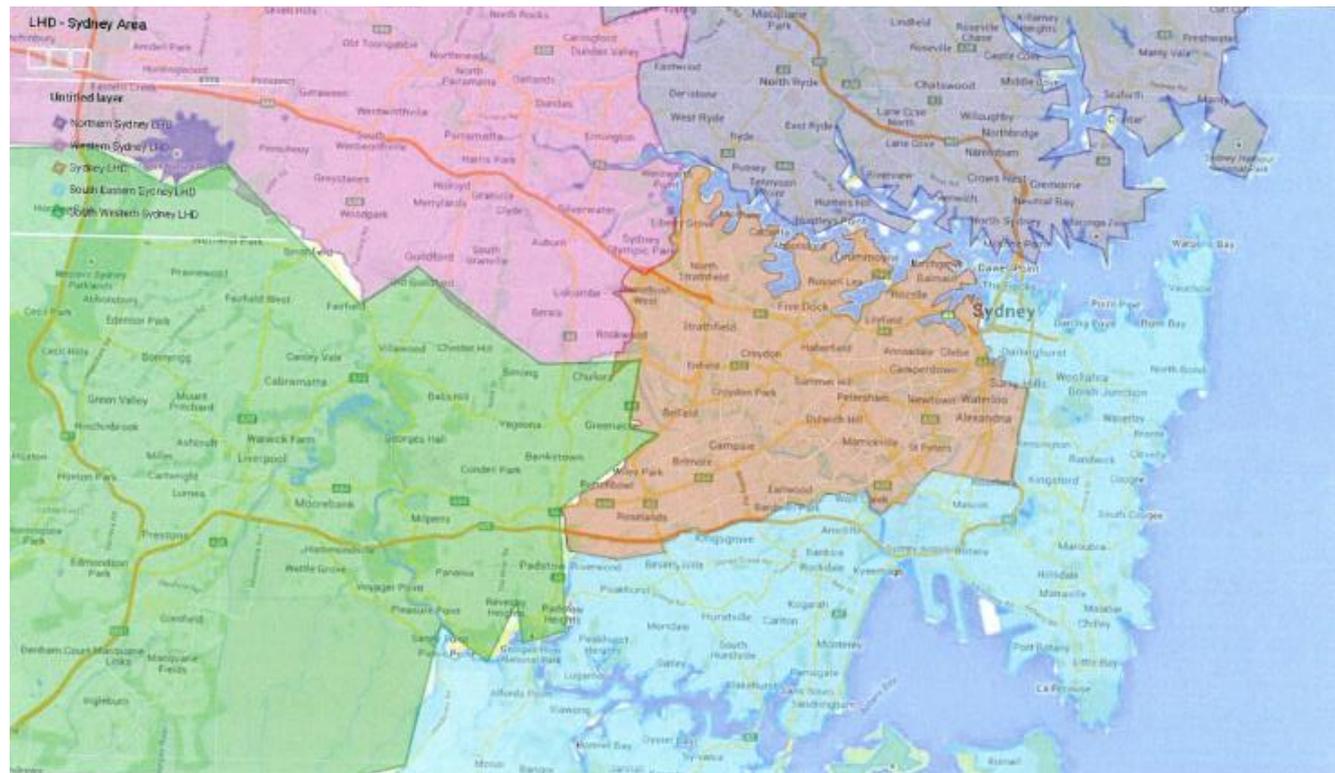
- This is an NHMRC funded randomised controlled trial
- To determine if a shared care pathway intervention is effective in:
 1. Reducing unplanned presentations
 2. Improving physical and psychosocial health outcomes
- Evaluate cost effectiveness of this intervention

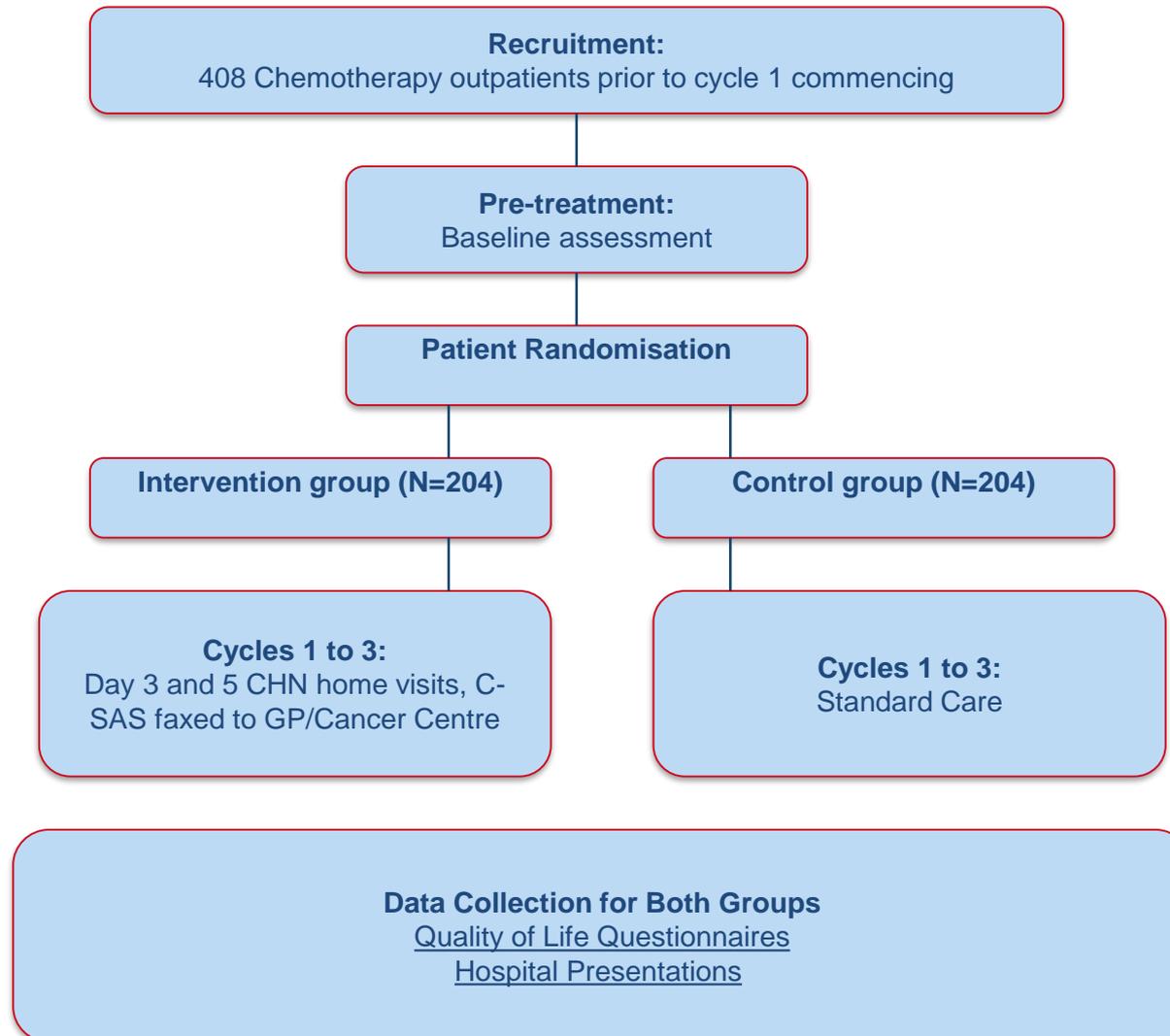


- Over 18 years of age;
- Fluent in English;
- Commencing their first cycle of chemotherapy as an outpatient at one of the participating Cancer Centres;
- Fully aware of their cancer diagnosis;
- No concurrent radiotherapy;
- Solid tumours only – No haematological cancers;
- Residing in the Sydney Local Health District for the duration of the study.



Map of Sydney





The Role of community health nurses

- Community health nurses provide a “sense of security” to cancer patients and their families (*McKenzie et al (2007), Health Soc Care Community 15(4): 352-9*)
- Community health nurses are well placed and skilled to follow up cancer patients in their homes once treatment commences
- Patients receiving oral chemotherapy with home visits have:
 - Reduced health service utilisation
 - Reduced symptoms (*Molassiotis et al (2009), J Clin Oncol 27(36):6191-8*)



- Seven online education modules to complete prior to implementing intervention and conducting home visits:
 1. Cancer overview
 2. Handling antineoplastic drugs and related waste safely in the community
 3. Antineoplastic drugs overview
 4. Reviewing antineoplastic drug treatment protocols
 5. Assessing and managing community patients receiving antineoplastic drugs
 6. Educating the community patient receiving antineoplastic drugs, and their carer/s
 7. Psychosocial considerations for the community patient receiving antineoplastic drugs

Assess the patient's general physical and psychosocial health, particularly unmet needs, and measure clinical symptoms using **Chemotherapy Symptom Assessment Scale (C-SAS)**



Provide care and advice as needed:

- Managing symptoms such as nausea, vomiting (including use of anti-emetic medications) and diarrhea
- Coping with uncertainty and related anxieties.

Do the patients and carers understand the chemotherapy regimes?



Does the patient need a referral?



Does the patient require extra community nursing visits/Care?



Fax C-SAS to GP and Cancer Centre

- The intervention was successfully piloted in 24 community nurses and 11 patients
- Semi-structured follow-up interviews were conducted with patients, community nurses, cancer centre staff and GPs
- Community nurses had higher levels of confidence following the education and reported the intervention to be feasible and within their current load and scope
- All patients considered the intervention to be appropriate, relevant, and useful
- GPs felt more involved in patient care and intervened when needed on the basis of information provided by the community nurse

- 89 community health nurses have been enrolled in the study
 - 37 have completed the online education modules and can implement intervention
 - A total of 50 patients have been enrolled in the study



- This is an ongoing study, it is still early days.
- Problems have been with the following.
- Patients living in area.
- English speaking.
- Retention of Nurses.
- Missing patients that may be suitable for the study.

- NHMRC – Funding Body
- Cancer Institute of NSW – Collaboration on development of nursing education modules

ESCAPI team

- Prof Kate White
- A/Prof Heather McKenzie
- Dr Lillian Hayes
- Dr Judy Simpson
- Ms Judith Fethney
- Ms Jodie McLeod
- Dr Simon Willcock
- Ms Natallie Cook
- Dr Lisa Horvath
- Dr Janette Vardy
- Dr Chantale Boustany
- Community nurses in the Sydney Local Health District
- Clinical Trials at Concord Repatriation General Hospital and Chris O'Brien Lifehouse