



SUPPORTIVE CARE SCREENING

Identifying needs for patients in the Oncology Day Units at Peninsula Health

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SMICS Supportive Care Advisory Group and Governance Committee

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Executive Summary

Cancer remains Australia's leading broad cause of disease burden¹. By the age of 75 years, one in three Australian males and one in four Australian females will have been diagnosed with cancer at some stage in their life. In Victoria, more than 24,000 individuals are diagnosed with cancer each year.²

An expanding evidence base suggests more and more, the value of supportive care approaches in improving cancer experiences and outcomes.^{3,4,5}

What is supportive care?

Supportive care has been defined as care that 'helps the patient and their family to cope with cancer and treatment of it....It helps the patient to maximise the benefit of treatment and to live as well as possible with the effects of the disease'.⁶

Developing the project

SMICS identified seven inter-related supportive care priorities for southern Melbourne's cancer services. Screening for supportive care needs was one of these.

The primary **purpose** of the project was to pilot an agreed supportive care screening tool to identify the needs of all new patients attending the Oncology Day Units (ODU) at Frankston and Rosebud Hospitals.

The Working Group considered existing supportive care screening tools, the local service provisions and possible risk factors. An adapted screening tool was developed, which incorporated the following elements:

- Distress Thermometer and Problem Checklist (validated)
- Questions addressing three risk factor areas
- Malnutrition screening tool (validated)
- Physiotherapy questions
- Speech pathology questions
- Occupational Therapy questions

Pilot findings

Thirty one new patients (n=31) were screened during the pilot.

Distress Thermometer and Problem Checklist

In this pilot, 20 out of 27 patients (4 patients did not record a distress score) or 74% of patient score indicated significant distressed (distress score of 4 or above). The average patient score was 6.

Multiple supportive care needs were experienced by patients, although the most predominant problems included nervousness, worry, fears and sadness. Fatigue, sleep, eating, pain and nausea were most significant in the physical problem domain. These

findings support existing evidence that fatigue, anxiety and distress are often exhibited in 15-23% of patients .³

Physiotherapy questions

The pilot demonstrated that for the majority of patients (63%), falls, balance and other related physiotherapy issues were not relevant at their first appointment.

Malnutrition Screening Tool (MST)

The screening tool included three standard questions related to risk of malnutrition. The data from the pilot suggests that 57% of patients were at either high or moderate risk of malnutrition at their initial chemotherapy appointment. This was also reflected in the Problem Checklist findings.

Speech pathology questions

The specialist issues associated with speech pathology were considered to not often be identified at a patient's initial appointment in the ODU by the working group. The results of the pilot illustrated that for 80% of patients this hypothesis was correct.

Occupational therapy questions

The Occupational Therapy (OT) questions related to difficulties with daily living, experiencing heaviness or swelling in legs or arms, fatigue, anxiety, memory and concentration issues. The results of the pilot indicated that 47% of patients experienced some or all of these problems. This was also evident in the results from the problem checklist. OT related issues were second after dietetics in terms of identified needs and by extension, demand for referrals.

Patient survey findings

Fifteen of 27 surveys sent were returned (55.5% response rate). Four patients had passed away during the pilot. Eighty percent (80%) of respondents either agreed or strongly agreed that the screening tool was easy to fill out and were able to read and understand all of the questions and words.

ODU staff feedback

Five of the 18 ODU nursing staff (28%) completed the staff survey.

A feedback session was held three weeks into the screening pilot with the Frankston ODU nursing staff. Issues raised in this session included:

- the possibility of patients being screened on their second presentation to the ODU to better manage nursing staff time constraints at the patient's first chemotherapy appointment. In addition, patients are overloaded with information from their chemotherapy education session at this stage
- patients finding it difficult to complete the tool on their own and requiring assistance from nursing staff
- patients having difficulty understanding some of the language used on the tool, i.e. "gait aide"

- questions on the screening tool overlapping with questions on the nursing admission document.

Re-screening

Re-screening was conducted during November and December 2010. This is described later in the document (p. 28).

Recommendations

The findings of the pilot reflected existing evidence about supportive care and the role that screening has in identifying patient needs from an early stage. It is recommended that:

- the findings of this pilot be considered in deliberations of the wider implementation of supportive care at Peninsula Health
- a documented process be established within the Oncology Day Units for the screening of new patients, and the subsequent referrals required to address their needs
- the screening tool design be agreed for inclusion in the Peninsula Health medical record (and scanned medical record)
- a review of the existing nursing admission tool used in the ODU be undertaken with the implementation of the screening tool to ensure that there is no overlap of information being collected between the two tools
- active engagement with allied health and ODU nursing staff continue, to consider service planning and information provision for patients with a new diagnosis of cancer
- consideration be given to evaluating any agreed supportive care screening tool in 12-18 months time, to assess validity and feasibility of the tool

Introduction

The Australian Institute of Health and Welfare reports that cancer remains as Australia's leading broad cause of disease burden (19% of the total).¹ By the age of 75 years, 1 in 3 Australian males and 1 in 4 Australian females will have been diagnosed with cancer at some stage in their life. In Victoria, the diagnosis and management of cancer has a significant impact on the lives of more than 24,000 individuals who develop cancer every year, and their families.²

An expanding national and international body of evidence demonstrates the value of supportive care approaches in improving these experiences and outcomes.^{3,4,5} Improving the supportive care for patients with cancer and their families is one of the four key priority areas for cancer reform in Victoria and is an action area in *Victoria's Cancer Action Plan 2008-11* (VCAP).⁶

What is supportive care?

Supportive care has been defined as care that:

*'.....helps the patient and their family to cope with cancer and the treatment of it.....It helps the patient to maximise the benefit of treatment and to live as well as possible with the effects of the disease'.*⁷

Supportive care incorporates five inter-related domains of care that are given equal attention:

- physical
- social
- psychological
- spiritual
- information

Establishing the evidence

Canada leads the way internationally, with distress becoming the sixth vital sign to be checked routinely along with pulse, respiration, blood pressure, temperature and pain.⁴ In Australia, the National Breast Cancer Centre (NBCC) and National Cancer Control Initiative (NCCI) released *Clinical practice guidelines for the psychosocial care of adults with cancer* in 2003. This approach has been adopted by National Institute of Clinical Excellence (NICE) in the United Kingdom and Institute of Medicine (IOM) in the United States. Each of these organisations has considered the role of supportive care to be integral to the treatment of patients with cancer. Table 1 is an overview of the evidence on supportive care needs (by domain).

Table 1. Evidence relating to each of the supportive care domains

Domain	Key evidence
Physical	<p>The most common unmet needs are fatigue, pain, nausea and vomiting, and nutritional issues.</p> <p>It has been reported that:</p> <ul style="list-style-type: none">• nearly half of all patients reported problems with fatigue• pain management was identified as an issue in over 26% of patients.⁸
Social	<p>Financial burden, transport and accommodation, social isolation and difficulty in performing daily tasks exacerbate distress.³</p> <p>The role of the carer, in addition to other family roles, can increase the risk of mental health consequences.⁹</p>
Psychological	<p>Some of the risk factors which can contribute to increased distress associated with a cancer diagnosis:</p> <ul style="list-style-type: none">• younger than 55 years• lack of social supports• caring for children or other dependants• previous episodes of depression, anxiety or other psychiatric illness• high alcohol or drug intake.³ <p>There are reports that whilst 25% of patients exhibited significant levels of distress, less than 10% receive a referral for psychosocial support.¹⁰</p>
Spiritual	<p>Unmet spiritual needs may impact on a person's capacity to endure present discomforts and their ability to face their death in a way that they wish.⁶</p> <p>Research indicates that spiritual issues gain more importance as physical conditions deteriorate.⁴</p>
Information	<p>There is evidence to suggest that timely quality information enhances patients' psychological well-being.³ Key information needs have been identified as being:</p> <ul style="list-style-type: none">• information about their disease, even if it is bad news• more details about their test results and prognosis• the appropriate timing of information delivery and information being tailored to the individual patient's needs.

Project Overview

Developing SMICS' supportive care agenda

In 2008-09 SMICS undertook a consultation project to map current supportive care services and to develop supportive care priorities across southern Melbourne's cancer services. Seven inter-related priorities were agreed:

1. increasing the profile of supportive care
2. improving access to a skilled supportive care workshop
3. screening for supportive care needs
4. patient communication and access to information
5. access to emotional support, counselling, psychology and mental health services
6. access to palliative care resources
7. continuity and integration of care.

Developing the project aim

The consultation process identified the development and implementation of supportive care screening as a priority for Peninsula Health, amongst other areas. Peninsula Health identified priorities

- within an organisational checklist
 - access to psychology
 - improve palliative care input into symptom management and specific streams
 - improve bereavement support.

In earlier consultation there was discussion regarding key issues including

- increasing capacity of social work
- a range of services provided but reliant on informal processes
- **increasing formal supportive care screening**
- improving access to emotional and psychological support
- strengthening palliative care input into symptom management for patients with advanced disease or in specific tumour streams with poorer prognoses.

Following endorsement by the SMICS Governance Committee, the proposal was developed to pilot a supportive care screening tool in the Oncology Day Units at Frankston and Rosebud Hospitals.

Project Methodology

The primary **purpose** of the project was to pilot an agreed supportive care screening tool to identify the needs of all new patients attending the Oncology Day Units (ODU) at Frankston and Rosebud Hospitals.

The project **deliverables** included:

- designing and testing an agreed supportive care screening tool
- confirming referral pathways for identified needs (to allied health areas)
- education of staff
- evaluation and data analysis
- a final report and recommendations.

The project **scope** included the following:

- drawing on the development of existing supportive care screening tools
- establishing a working group to guide and support the pilot
- screening newly diagnosed patients attending the ODU for their first chemotherapy appointment.

The project scope excluded:

- the ongoing funding of supportive care services
- screening of patients already receiving chemotherapy treatment.

Project advisory mechanisms

A Working Group was established and chaired by the Operations Director, Medicine and ICU at Peninsula Health. Membership included the following Peninsula Health staff:

- Manager Palliative Care
- Nurse Unit Manager Oncology Day Unit
- Medical Oncologist
- Occupational Therapy/Lymphoedema Consultant
- Oncology Day Unit nurse
- Palliative Care Nurse Consultant
- Speech Pathology representative
- Physiotherapy representative
- Social Work representative

Key project activities

The **Planning phase** included the design of the screening tool (see page 12) and endorsement of the project plan; ethics approval was received through Peninsula Health's Ethics Committee.

Staff education was provided to ODU staff as part of existing ODU staff meetings. The sessions allowed a brief overview of supportive care, the aim of the pilot and expected processes for nurses and allied health staff.

The Pilot commenced by providing the ODU with screening tools, patient consent forms and supportive care information brochures for staff to screen patients at their first appointment. Nurses would discuss the screening tool with the patients and consider if referrals were required. The screening tool was placed in a tray for data collection (SMICS Cancer Service Improvement Coordinator) and referrals were sent to allied health if required.

Post-pilot evaluation: a survey was sent to the patients (outlined on the patient consent form) seeking their feedback about the screening tool itself (usefulness/format) and the screening process (appendix 1). Nursing staff in the ODU were also provided with surveys to complete at the end of the initial screening period (appendix 2). An informal feedback session was held with ODU nursing staff three weeks into the screening tool pilot. Data collected from the screening tool was also analysed.

A **final report** outlining the findings and suggested future activities was then completed.

Development of the supportive care screening tool

Within the last couple of years, health services and ICS' across Victoria have been in the process of developing or piloting existing supportive care screening tools (Table 3).

Table 3. Existing screening tools

Screening tool	Brief description
Brief Symptom Inventory (USA)	<ul style="list-style-type: none">• A patient reported form: nine dimensions (53 items) on a five point rating scale.• Has to be purchased.• Is not cancer specific, and doesn't address all supportive care domains (information, spiritual, physical)
Distress Thermometer and Problem Checklist (USA)	<ul style="list-style-type: none">• A free tool with five dimensions (35 items) and an 11 point scale (thermometer) for how 'distressed' a patient has been over the previous week.• Created specifically for cancer population, but transferable across services
Hospital Anxiety and Depression Scale (USA)	<ul style="list-style-type: none">• A patient-reported form: 14 items measuring anxiety and depression separately.• Doesn't address all supportive care domains (information, spiritual, physical).
Kessler	<ul style="list-style-type: none">• A quick and easy form: 10 questions about negative emotional states

Psychological Distress Scale (K10) (USA)	experienced during the 4 weeks prior to the assessment.
Supportive Care Needs Survey (AUS)	<ul style="list-style-type: none"> Doesn't address all the supportive care domains.
Supportive Needs Screening Tool (AUS)	<p><i>Centre for Health Research and Psycho-oncology (CHeRP)</i></p> <ul style="list-style-type: none"> Is comprehensive and useful in research and evaluation projects. Is difficult to review quickly and the time taken to complete form may be barriers in clinical setting. <p><i>Peter MacCallum Cancer Centre (PMCC)</i></p> <ul style="list-style-type: none"> Is comprehensive and useful in research and evaluation projects. Time taken to complete is a barrier and may not be relevant for some cancer groups.

The Working Group considered these tools with the aim of screening for supportive care needs. In addition they considered:

- identifying current levels of distress and need (this is addressed in existing screening tools)
- identifying risk factors (evidence suggests that identifying risk factors is as important as screening for current levels of distress and need)³
- identifying other allied health-specific risk factors.

As a result, the following screening tool elements were proposed (appendix 3):

- Distress Thermometer and Problem Checklist** (validated)
- questions addressing three **risk factors**:
 - had the patient previously had treatment for emotional problems? (yes/no)
 - how supported did the patient feel by family and friends? (11 point scale)
 - how much help did the patient need for their concerns? (11 point scale)
- Speech pathology** questions
 - are you having any difficulty swallowing? Is this related to pain?
 - are you having difficulty speaking or communicating? Is this related to pain?
- Occupational Therapy** questions
 - have you had difficulties carrying out everyday activities (e.g. showering, preparing meals, getting in and out of bed, shopping)?
 - have you had fatigue, anxiety and/or pain that has impacted on your everyday activities (e.g. brushing teeth, eating, dressing or working)?
 - have you had difficulty remembering things, concentrating, or felt confused or disorientated?
 - have you felt a sense of 'heaviness' or noticed any swelling in your arms or legs?
- Physiotherapy** questions
 - have you had any falls?
 - have you noticed any changes in your balance whilst walking?
 - have you used a gait aid? (how long/what was used?)
 - would you like further advice regarding exercise or physical activity?
- Malnutrition Screening Tool (MST)** (validated)
 - have you lost weight without trying?
 - have you been eating poorly because of a decreased appetite?
 - do you follow a special diet at home (e.g. for diabetes?).

Findings

This section is divided into the following sections:

- Findings from the screening tool data collection
 - demographics
 - Distress Thermometer score
 - Problem Checklist
 - allied health specific questions
 - risk factor questions
- patient survey responses
- ODU staff survey responses
- re-screening findings
- percentage of individual sections on screening tool completed by patients.

Screening tool data

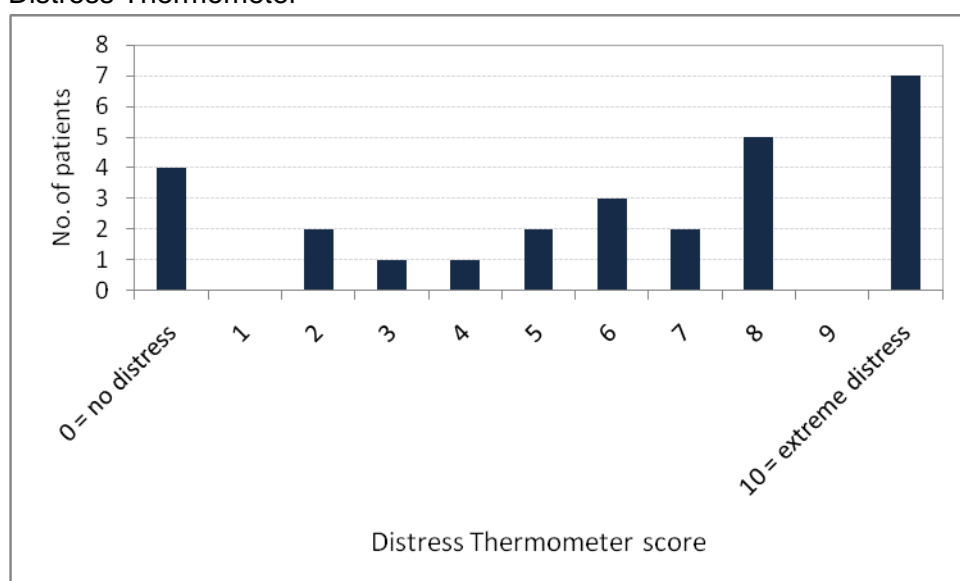
The sample (n=31) was collected during the pilot, 4 patients declined.

Table 4. Demographics

Sex	n (%)	Cancer Stream	n (%)
Male	12 (39 %)	Upper GI	4 (13%)
Female	19 (61 %)	Breast	9 (29%)
<i>Total</i>	31	Colorectal	9 (29%)
Age		Lung	3 (10%)
Range	43-83	Haematology	3 (10%)
Median	69	Genito-urinary	3 (10%)
Mean	66		
Location	n (%)		
Metropolitan	14 (45%)		
Regional	17 (55%)		

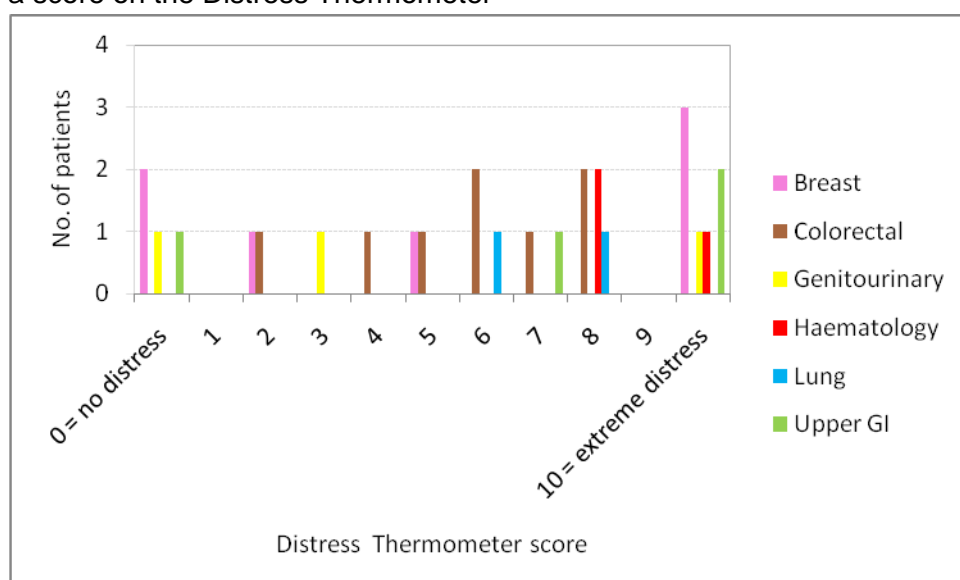
Females represented 61% of patients screened whilst males represented 39%. The average age of the patients was 66 years. Almost two thirds of patients had either a breast cancer diagnosis (29%) or a colorectal cancer diagnosis (29%).

Graph 1. Distress Thermometer (n = 27) 4 patients did not record a score on the Distress Thermometer



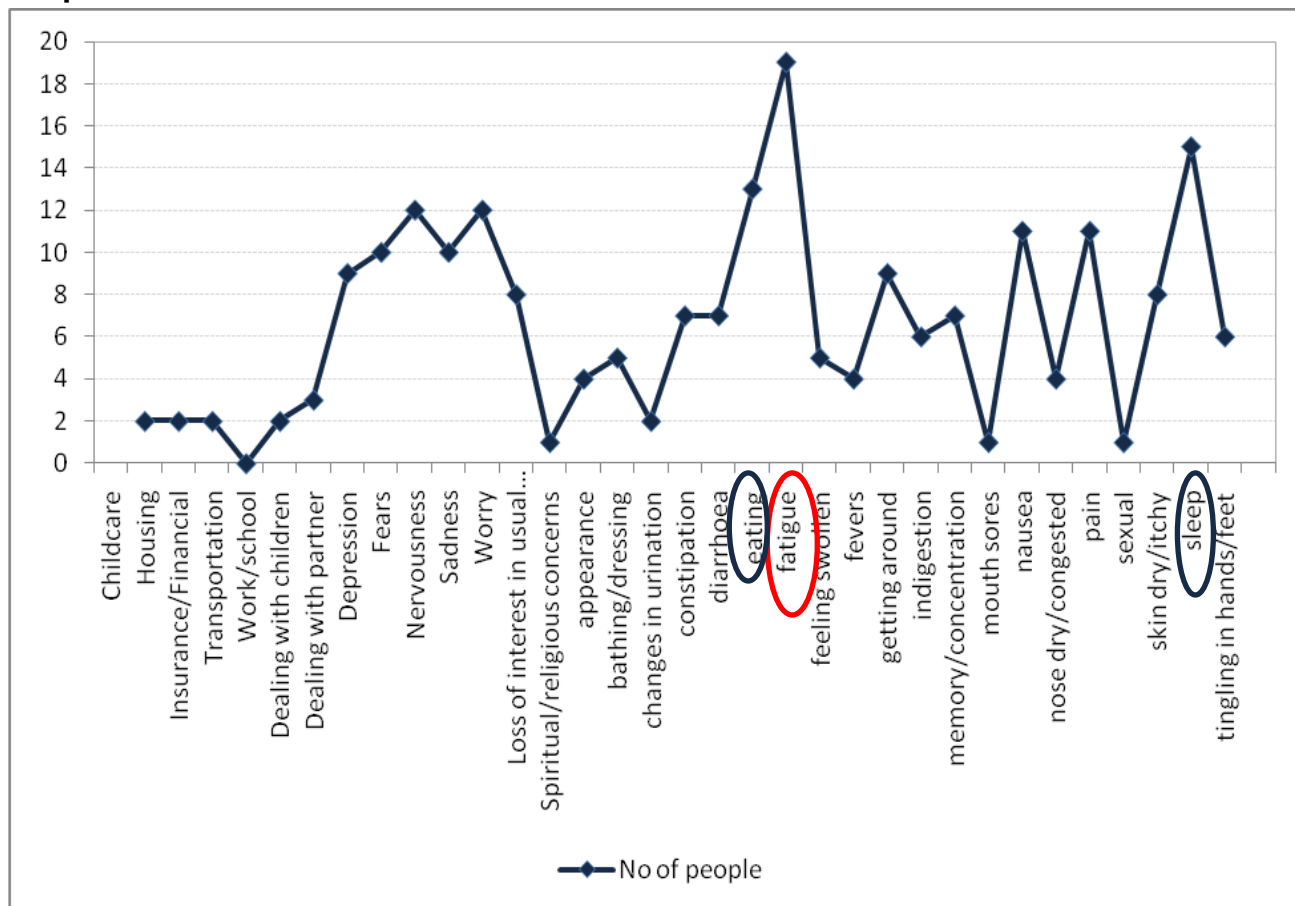
Eighty seven percent (n=27) of patients recorded a distress score. Scores of 10 and 8 out of 10 were reported most often (n=7 and n=5 respectively). The average distress thermometer score was 6 over the total sample (n=27). The NCCN Guidelines of Distress Management⁴ recommend a score of 4 or above as being representative of significant patient distress. Seventy four percent of patients who recorded a distress score reported having significant distress over the last week.

Graph 2. Distress Thermometer by Tumour Stream (n=27) 2 patients did not record a score on the Distress Thermometer



All patients screened with a haematological or lung cancer diagnosis reported having significant distress, recording distress scores of 4 or above. Eighty seven percent of patients with a colorectal cancer reported having significant distress whilst 75% of patients with an upper GI cancer diagnosis recorded distress scores of 4 or above.

Graph 3. Problem Checklist



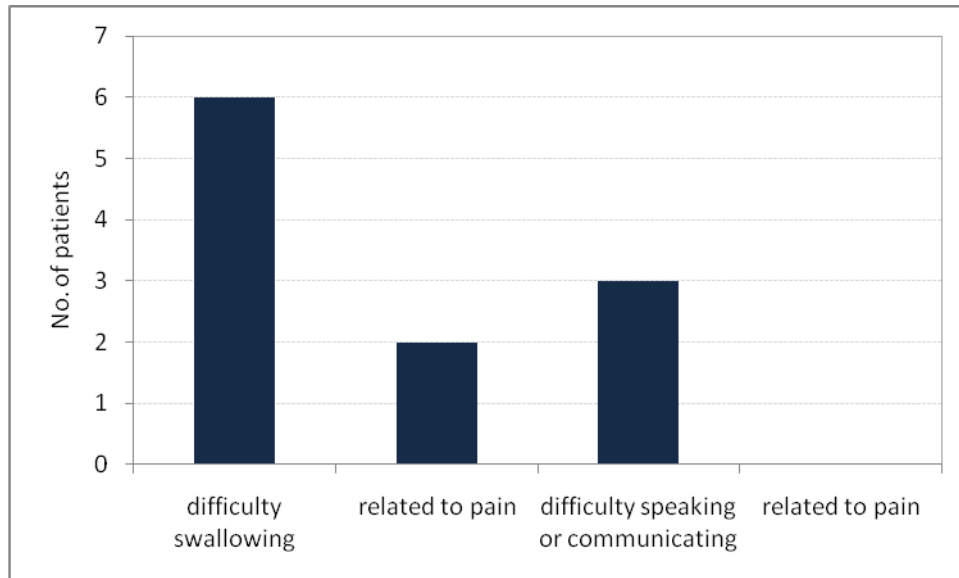
Twenty nine of the 31 patients screened completed the problem checklist. For 65.5% of these 29 patients fatigue was most commonly reported as a problem followed by 52% of patients reporting sleep as a problem. The next most common problems reported were eating (45%), nervousness and worry (41%), followed by nausea and pain (38%), fears and sadness (34.5%).

Speech Pathology questions

The speech pathology questions were:

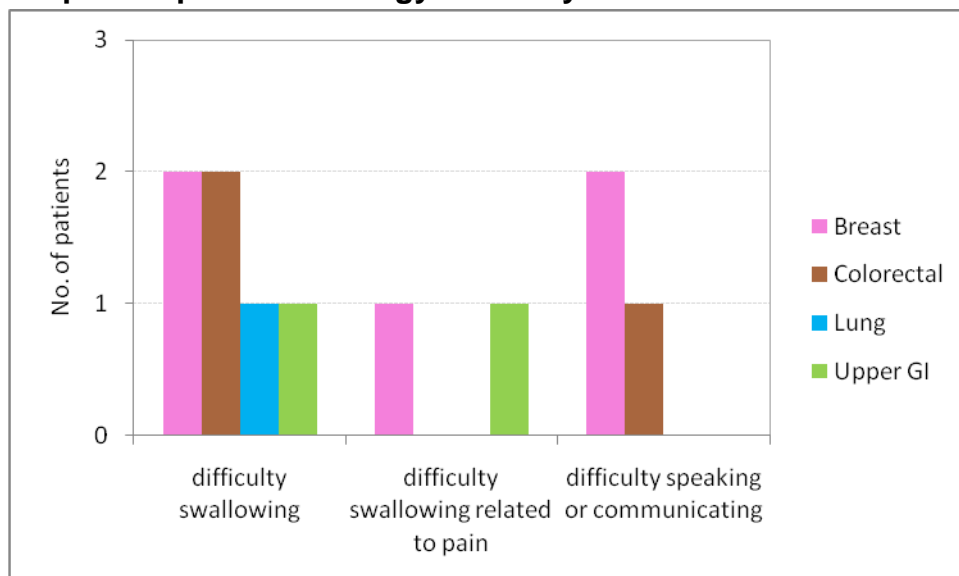
- Are you having any difficulty swallowing? Is this related to pain?
- Are you having difficulty speaking or communicating? Is this related to pain?

Graph 4. Speech Pathology needs



Thirty patients completed the speech pathology questions on the screening tool. Twenty percent of these patients indicated that they had difficulty swallowing, with a third of those indicating that their difficulty swallowing was related to pain. Ten percent of patients who completed this section reported that they had experienced difficulty speaking or communicating which was not related to pain.

Graph 5. Speech Pathology needs by Tumour Stream

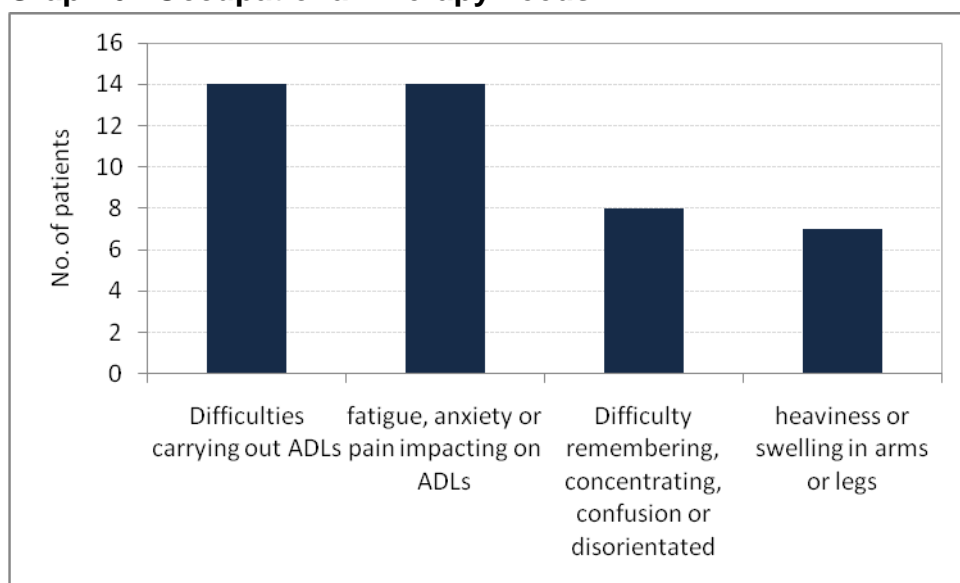


Occupational Therapy Questions

The Occupational Therapy (OT) questions were:

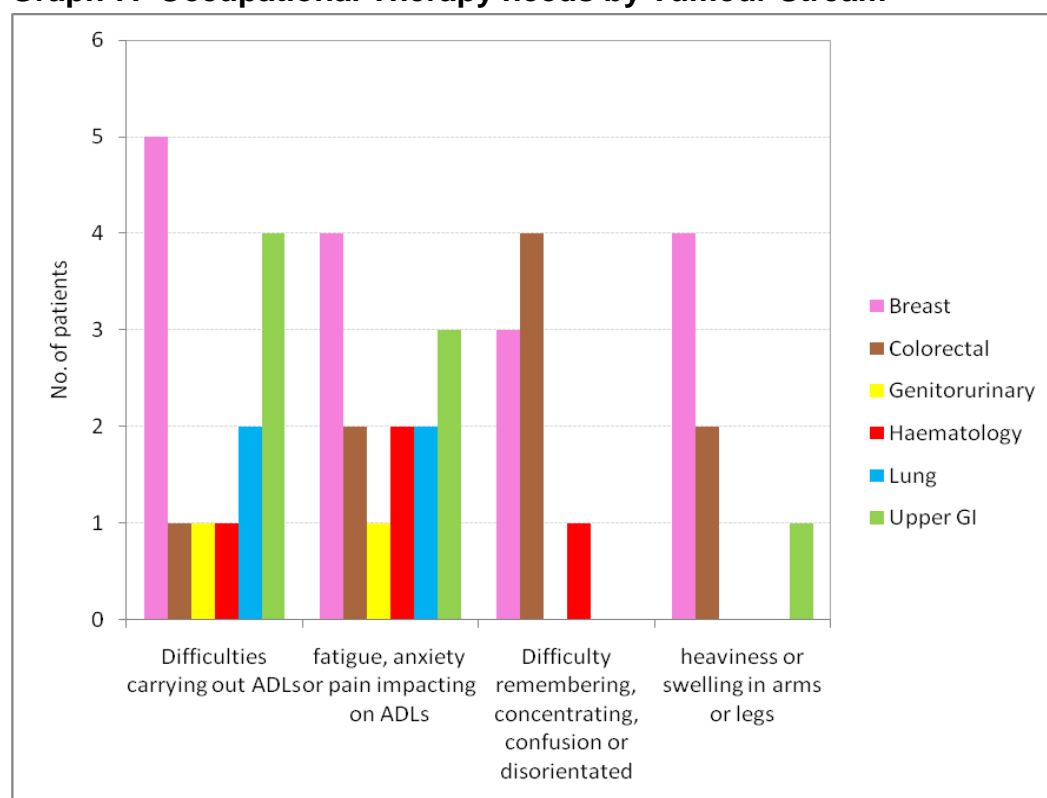
- have you experienced difficulties in your ability to carry out every day activities(e.g. showering, preparing meals, getting in and out of bed)?
- have you experienced fatigue, anxiety and/or pain which has impacted on your everyday activities such as brushing teeth, eating, dressing or working?
- have you had difficulty remembering things, concentrating, or felt confused or disorientated?
- have you felt a sense of 'heaviness' or noticed any swelling in your arms or legs?

Graph 6. Occupational Therapy needs



Fourteen of 30 patients (47%) who completed this section indicated they had difficulties carrying out Activities of Daily Living (ADLs). Forty seven percent of patients also indicated that they had fatigue, anxiety and/or pain that had impacted on their ability to carry out their ADLs, 27% of patients reported that they had difficulty remembering things, concentrating, or felt confused or disorientated. Twenty three percent of patients reported that they had felt a sense of 'heaviness' or noticed swelling in their arms and legs.

Graph 7. Occupational Therapy needs by Tumour Stream



Over 50% of patients screened who had a breast cancer diagnosis reported having had difficulties carrying out ADLs. Forty four percent of the breast cancer patients screened indicated that they had experienced fatigue, anxiety and/or pain that was impacting on their ADLs. Thirty percent of the breast cancer patients screened reported that they had difficulty remembering things, concentrating, or felt confused or disorientated.

All of the patients screened with an upper GI cancer diagnosis (4) reported difficulty carrying out ADLs whilst 75% indicated they had experienced fatigue, anxiety and/or pain that was impacting on their ability to perform ADLs.

Two of the three (66.7%) lung cancer patients screened also indicated they had difficulty carrying out ADLs and that fatigue, anxiety or pain impacted on their ability to carry out their ADLs.

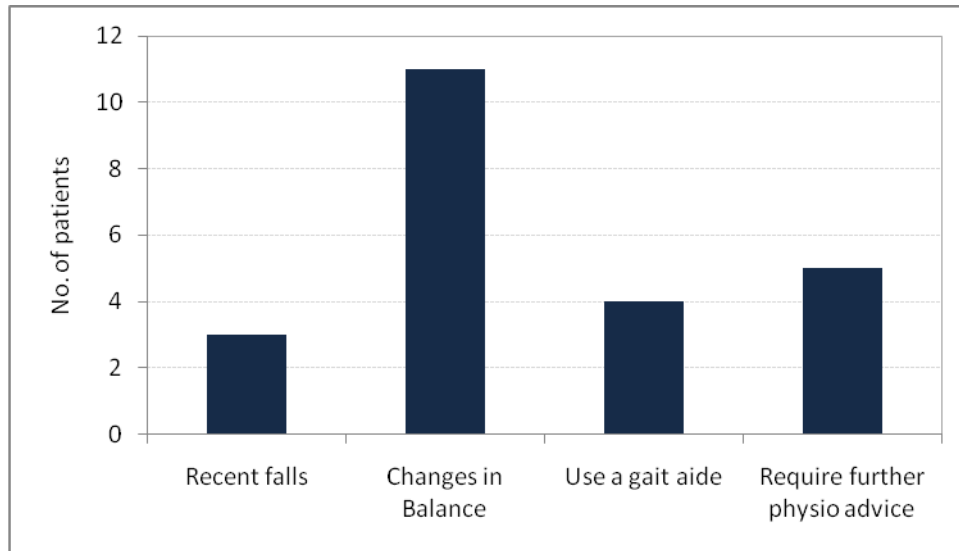
Four of the seven patients who reported heaviness or swelling in their arms and legs had a breast cancer diagnosis.

Physiotherapy questions

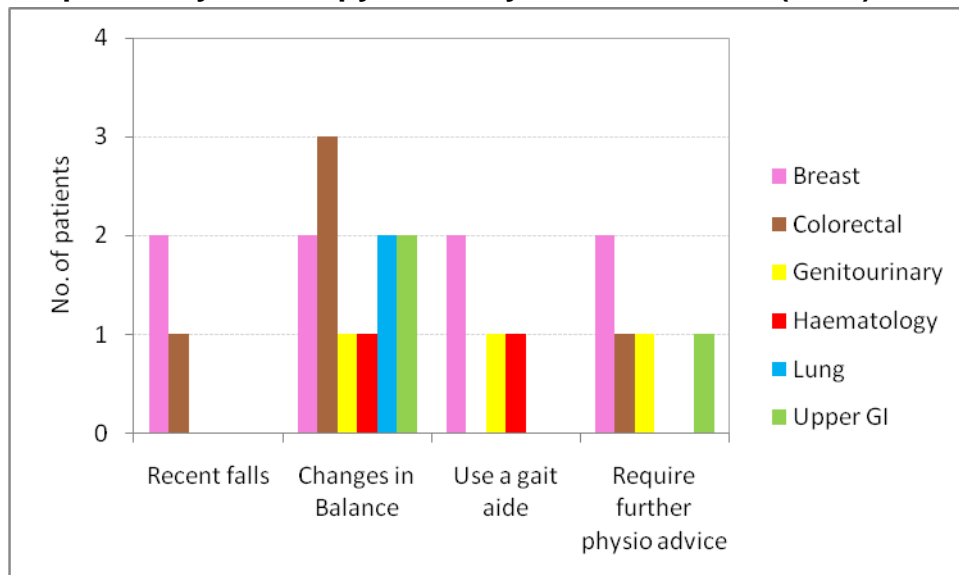
The physiotherapy questions were:

- have you had any falls?
- have you noticed any changes in your balance whilst walking?
- have you used a gait aid? (how long/what was used)
- would you like further advice regarding exercise or physical activity?

Graph 8. Physiotherapy needs (n=30)



Graph 9. Physiotherapy needs by Tumour Stream (n=30)



Three of the thirty patients (10%) who completed the physiotherapy component of the screening tool reported that they had recently had a fall. Two of these patients had a breast cancer diagnosis whilst the other had a colorectal cancer diagnosis.

Thirty seven percent of patients screened reported changes in balance. Twenty seven percent of those patients who reported changes in balance had a colorectal cancer diagnosis.

Thirteen percent of patients reported using a gait aide with 50% of those patients having a breast cancer diagnosis.

Seventeen percent of patients screened indicated that they would like further advice regarding exercise or physical activity. Forty percent of these patients had a breast cancer diagnosis.

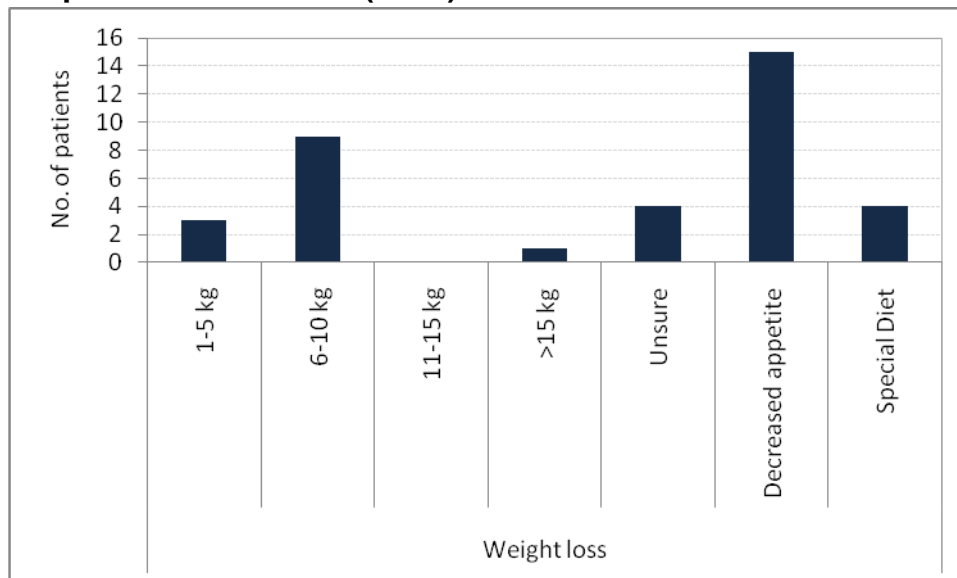
Malnutrition Screening Tool questions (Dietetics)

The Malnutrition Screening Tool (MST) questions were:

In the last 3 months:

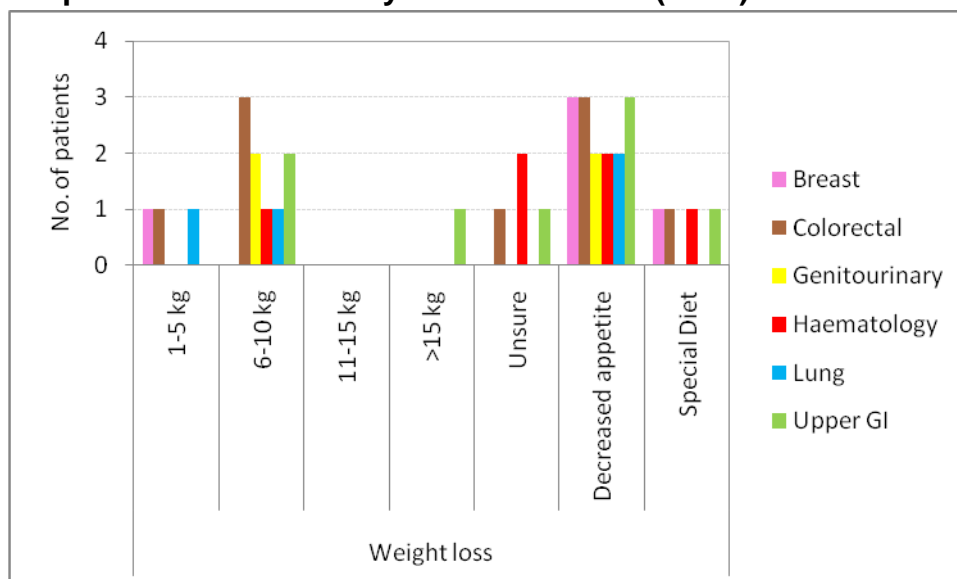
- have you lost weight without trying?
- have you been eating poorly because of a decreased appetite?
- do you follow a special diet at home (e.g. for diabetes)?

Graph 10. MST results (n=30)



Forty three percent of patients who completed the Malnutrition Screening Tool reported that they had lost weight within the last three months. Ten percent of patients had lost between 1 to 5 kilograms whilst 30 percent of patients indicated that they had lost between 6 and 10 kilograms. One patient reported that they had lost 15 kilograms in the last three months.

Graph 11. MST results by Tumour Stream (n=30)



Three of the four patients screened who had an upper GI cancer diagnosis reported that they had lost weight with the fourth patient being unsure if they had lost any weight. One of these patients with an upper GI cancer diagnosis reported that they had lost greater than 15kg in the last three months whilst two reported that they had lost between 6 to 10kg.

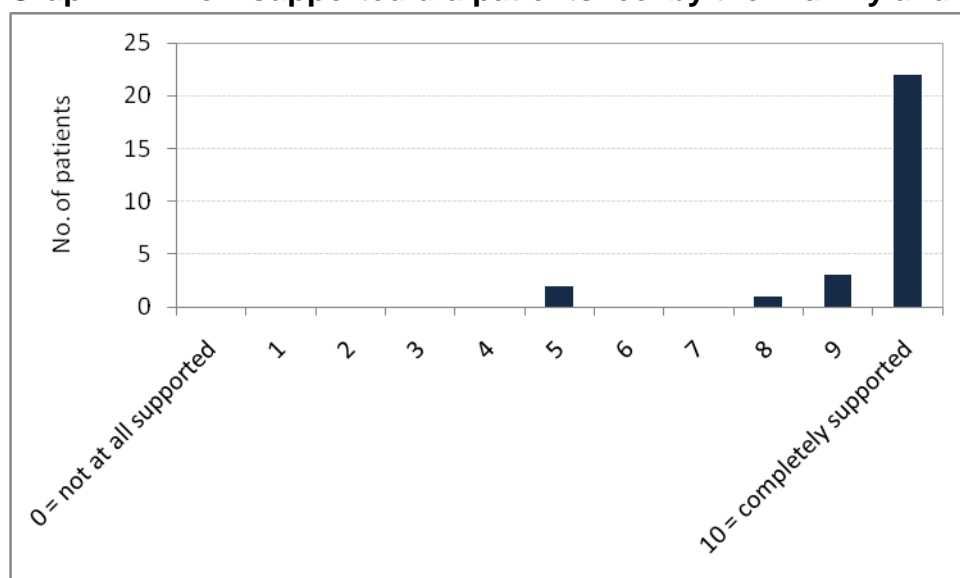
Risk Factor questions

The risk factor questions were:

- have you previously had treatment for emotional problems?
- how supported do you feel by family and friends?
- how much help do you need for these concerns?

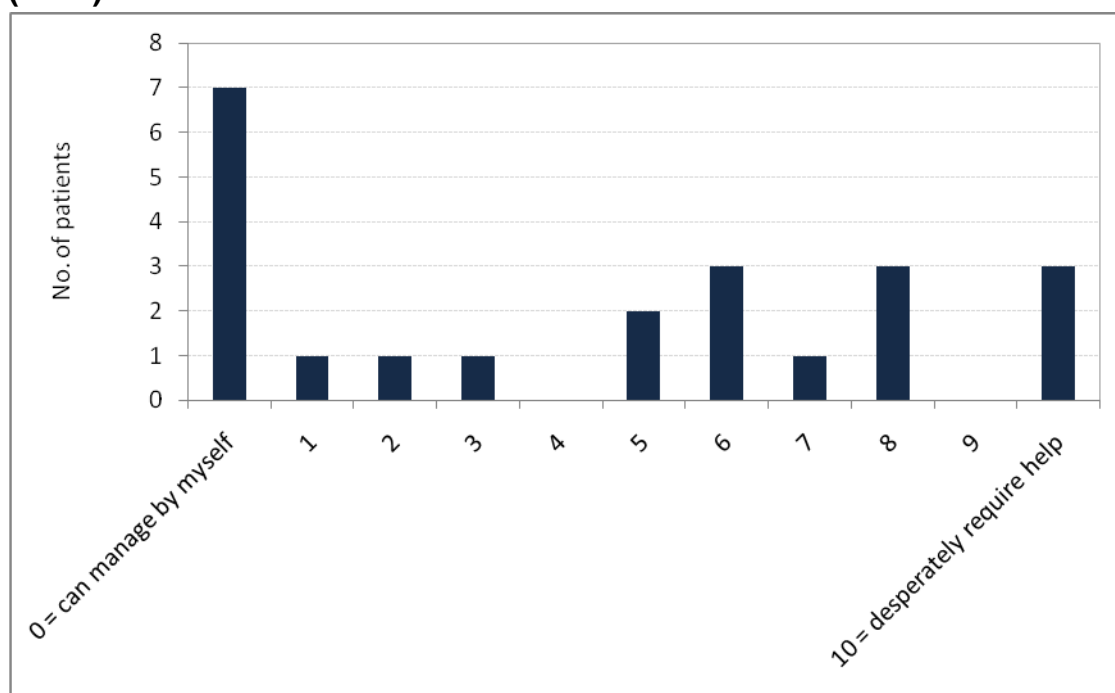
Of the 31 patients who were screened four patients did not answer the question regarding whether they had previously had treatment for emotional problems. Thirty percent of patients who answered this question had previously received treatment for emotional problems.

Graph 12. How supported did patients feel by their family and friends? (n=28)



Of the 28 patients who answered this question 79% felt completely supported by family and friends.

Graph 13. Level of support required by patients in addressing their needs (n=22)



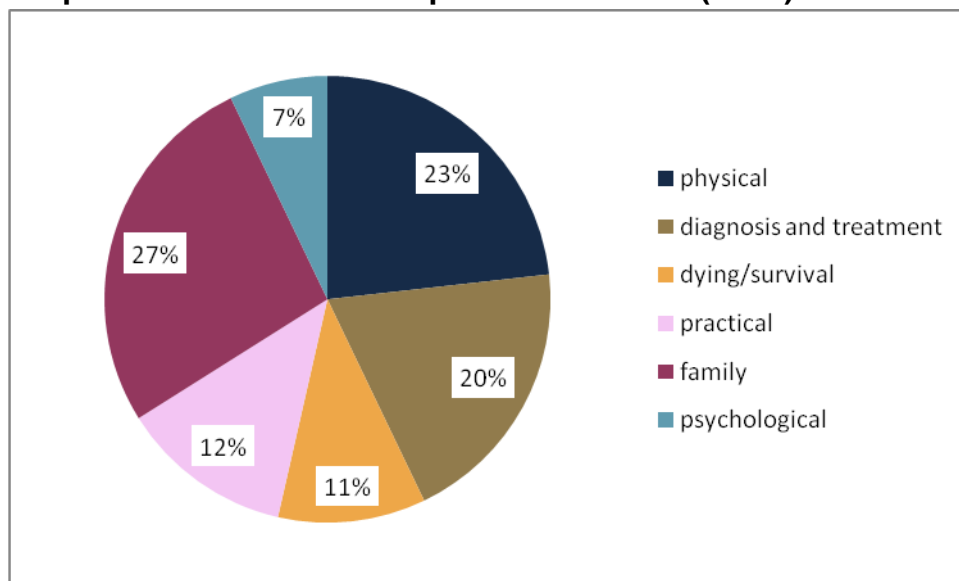
Seventy one percent of patients screened answered this question. Thirty two percent of patients reported that they did not require any assistance and could manage by themselves whilst 14% reported that they desperately required help.

Important concerns

Patients were asked to list their three most important concerns. Of the 31 patients screened 81% of patients answered this question. Not all patients identified three concerns. For data analysis these concerns have been divided into six categories:

- physical (e.g. pain, diet, sleep)
- diagnosis and treatment (e.g. side effects of chemotherapy, response to drugs)
- dying/survival (e.g. quality of life, dying, that I can survive)
- practical (e.g. financial, court cases, work)
- family (e.g. partners, children, pets)
- psychological (e.g. mental weakness).

Graph 14. Patients most important concerns (n=25)



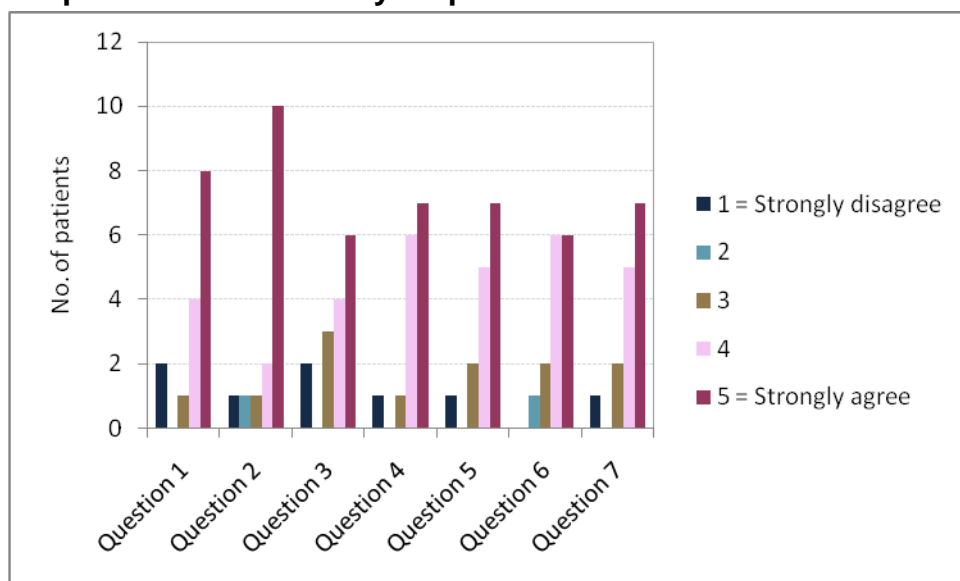
Patients most commonly identified concerns surrounding their family followed by physical concerns and concerns regarding their diagnosis and treatment.

Patient Survey

After the initial screening period of approximately eight weeks, 31 patients had been screened. These patients were asked to complete a survey (appendix 1) seeking their feedback about the screening tool (e.g. format, language and usefulness of the screening tool).

Of the initial 31 patients screened, four patients had passed away prior to the surveys being distributed. A total of 15 out of a possible 27 surveys were returned (55.5% response rate).

Graph 15. Patient survey responses



From the 15 patients (55.5%) who responded, there was a level of acceptance of the screening tool and process.

Questions 1 and 2 asked whether the patient's found the screening tool easy to complete and if they were able to understand and read all of the questions. Twelve of the 15 respondents (80%) strongly agreed or agreed that this was the case.

There was agreement (67%) that the screening tool helped patients think about their day to day needs other than just the treatment (Question 3).

Question 4 asked if patients felt the time spent with the nurses discussing their treatment and the screening tool was useful. All but two agreed with this statement and twelve patients felt that they could ask questions (Question 5).

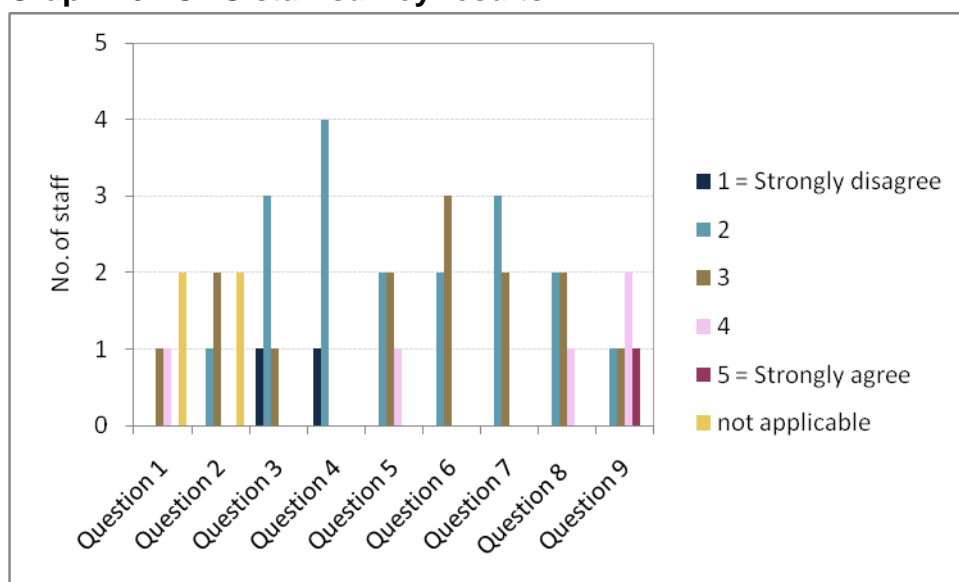
Eighty percent (n=12) of respondents found the room appropriate for discussions with the nurses (Question 6), however one respondent strongly disagreed that the information provided was appropriate (Question 7).

Oncology Day Unit Staff Feedback

A survey was given to nursing staff from the Oncology Day Units (ODUs) at the completion of the initial screening period to seek their feedback about the screening tool (appendix 2). A total of five surveys from 18 nursing staff were returned (28% response rate). An informal feedback session was also held with Frankston ODU staff three weeks after the screening tool pilot had commenced. Issues raised in this session included:

- the possibility of patients being screened on their second presentation to the ODU because nursing staff have time constraints at the patient's first chemotherapy appointment. In addition, the staff felt that patients are overloaded with information from their chemotherapy education session at this stage
- patients finding it difficult to complete the tool on their own and requiring assistance from nursing staff
- patients having difficulty understanding some of the language used on the tool, i.e. gait aide
- questions on the screening tool overlapping with questions on the nursing admission document.

Graph 16. ODU staff survey results



The overall staff feedback regarding the usefulness of the screening tool was poor. Only three of the five staff members who responded had attended the education session at the commencement of the screening tool pilot. One of these staff members agreed that the education session provided a good overview of supportive care and the screening tool (Question 1). However one respondent disagreed that the education session allowed enough time to consider all parts of the screening tool and what was expected from ODU staff during the pilot period (Question 2).

Question 3 asked if there was enough time to go through the screening tool with patients. Four of the five respondents disagreed or strongly disagreed. All five respondents either disagreed or strongly disagreed that the room used to discuss the screening tool was

appropriate (Question 4). However 80% of patients who were surveyed agreed that the room used to discuss the screening tool was appropriate.

Only one staff member agreed that the screening tool pilot had helped to guide them in providing verbal and written information to the patient (Question 5). Three staff members neither agreed or disagreed with Question 6 which asked whether the screening tool enabled them to make appropriate referrals they otherwise would not have made, whilst two staff members disagreed with this.

The majority of staff (three) disagreed that patients felt comfortable talking about their supportive care needs, contrary to the patient feedback where 87% of patients felt that discussing their supportive care needs was useful and felt comfortable asking questions.

Two staff members disagreed that the screening tool helped to elicit more information about the patient's needs compared to previous practices whilst two staff members neither agreed or disagreed with this statement. Three staff members also indicated that they would like more education about supportive care and the screening tool in the future.

Re-screening

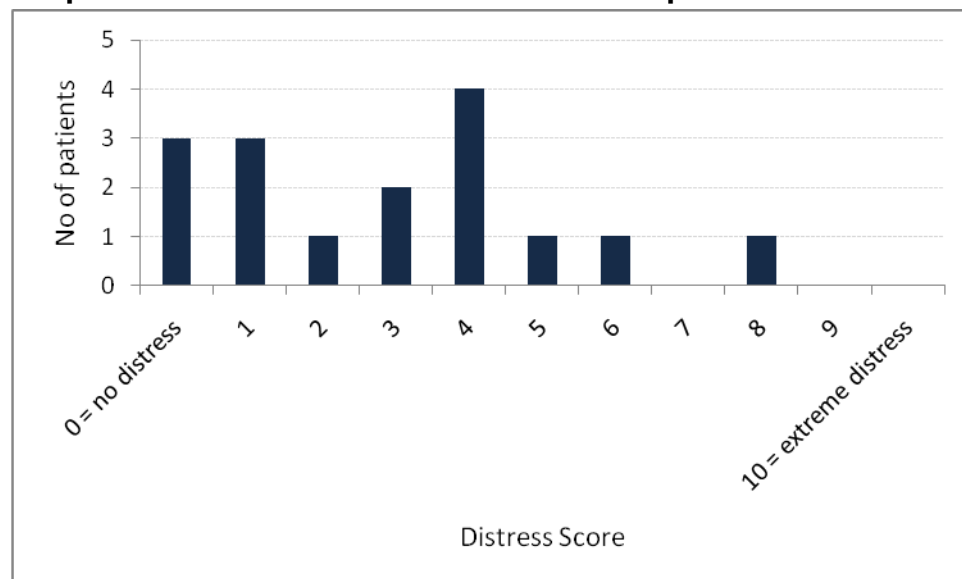
Re-screening patients commenced in November 2010. Seventeen out of a possible twenty seven patients (63%) were rescreened. Four patients had passed away before the re-screening period commenced.

Table 5. Demographics of patients who were rescreened

Sex	n (%)	Cancer Stream	n (%)
Male	5 (29%)	Upper GI	3 (18%)
Female	12 (71%)	Breast	4 (24%)
<i>Total</i>	17	Colorectal	5 (29%)
Age		Lung	2 (12%)
Range	45-83	Haematology	2 (12%)
Median	63	Genitourinary	1 (6%)
Mean	65		
Location	n (%)		
Metropolitan	8 (47%)		
Regional	9 (53%)		

The patient group who were rescreened were similar to the patient group who was initially screened in relation to demographics. See Table 4 on page 13.

Graph 17. Distress thermometer scores of patients who were rescreened



One of the 17 patients who was rescreened did not record a score on the distress thermometer whilst one patient recorded a distress score at re-screening who had not recorded a score at initial screening.

Fifteen patients recorded a distress score on both the initial screening tool and when they were re-screened. Of these 15 patients, four patients reported a higher distress score when they were re-screened than when initially screened. Three of these four patients had a breast cancer diagnosis. Two out of fifteen patients recorded the same distress score at

initial screening and at re-screening with one of these patients recording a distress score of 0 on both occasions. A comparison of individual patients distress scores at initial screening and re-screening is shown in appendix 4.

Nine of the fifteen patients (60%) reported a lower distress score when re-screened than when initially screened.

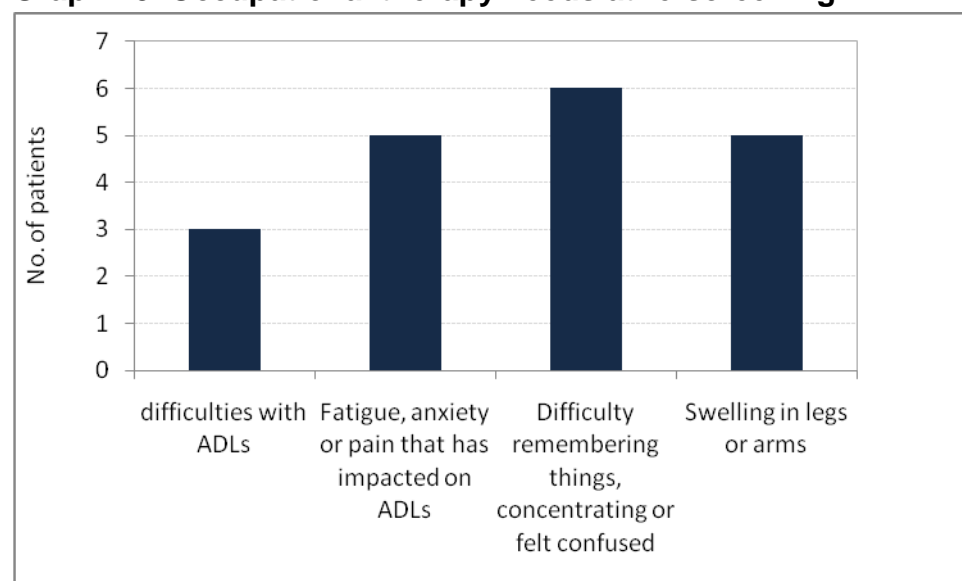
From the 16 patients who recorded a distress score during re-screening 44% reported a significant distress score (4 or above) compared to 74% of patients who reported significant distress when they were initially screened. This suggests that for the majority of patients who were screened, their level of distress was greater on their first day of treatment than two to three months after receiving treatment.

The most common problem identified on the problem checklist at re-screening was fatigue followed by sleep which was unchanged from the initial screening.

At re-screening only one of the seventeen patients who was re-screened reported speech pathology needs, this need was difficulty swallowing, unrelated to pain.

All of the patients who were rescreened answered the occupational therapy questions. There was a decrease in the percentage of patients who reported having difficulties carrying out everyday activities at re-screening, 18% compared to 47% at initial screening. Twenty nine percent of patients at re-screening reported having had fatigue, anxiety or pain that had impacted on their everyday activities compared to 47% at initial screen. At re-screening there was an increase in the proportion of patients (35%) who reported having difficulty remembering things, concentrating, feeling confused or disorientated compared to the 27% reported at initial screening. There was a slightly higher percentage of patients at re-screening who reported having swelling in their arms or legs compared to at the initial screen, 29% and 23% respectively.

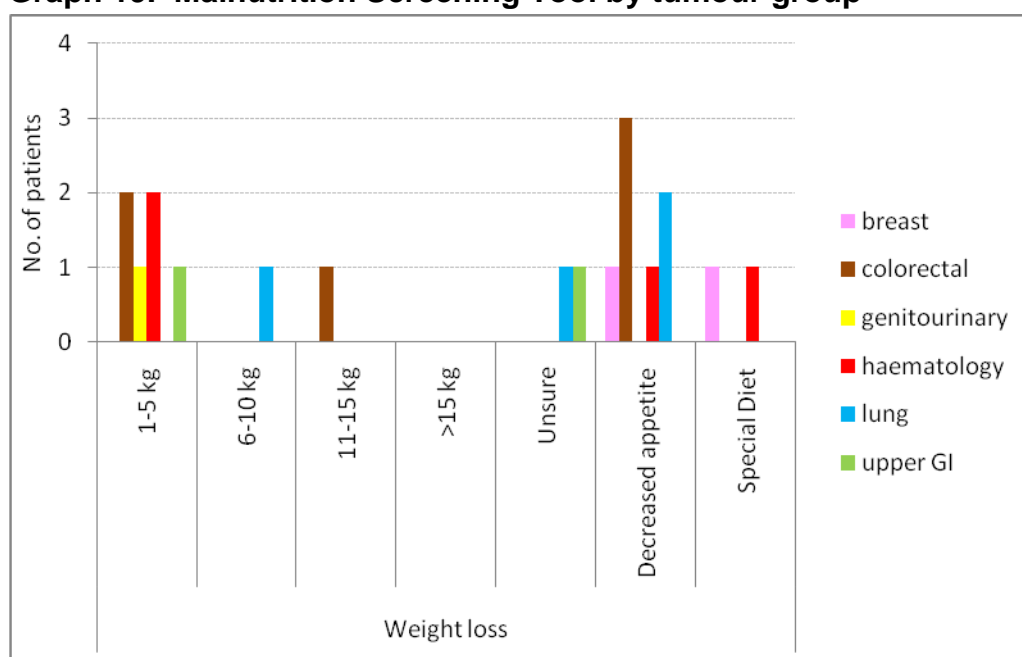
Graph 18. Occupational therapy needs at re-screening



All 17 patients who were rescreened completed the physiotherapy section on the screening tool. From the patients who were rescreened the physiotherapy needs decreased since initial screening. No patients reported any recent falls. Two patients (12%) reported changes in balance whilst one patient reported using a gait aid and one patient indicated that they would like further advice regarding exercise and physical activity.

Ninety four percent of patients who were rescreened completed the Malnutrition Screening Tool (MST) section. Fifty percent of those patients who completed the MST at re-screening reported having lost weight in the last three months, a slight increase from the 43% at initial screening.

Graph 19. Malnutrition Screening Tool by tumour group

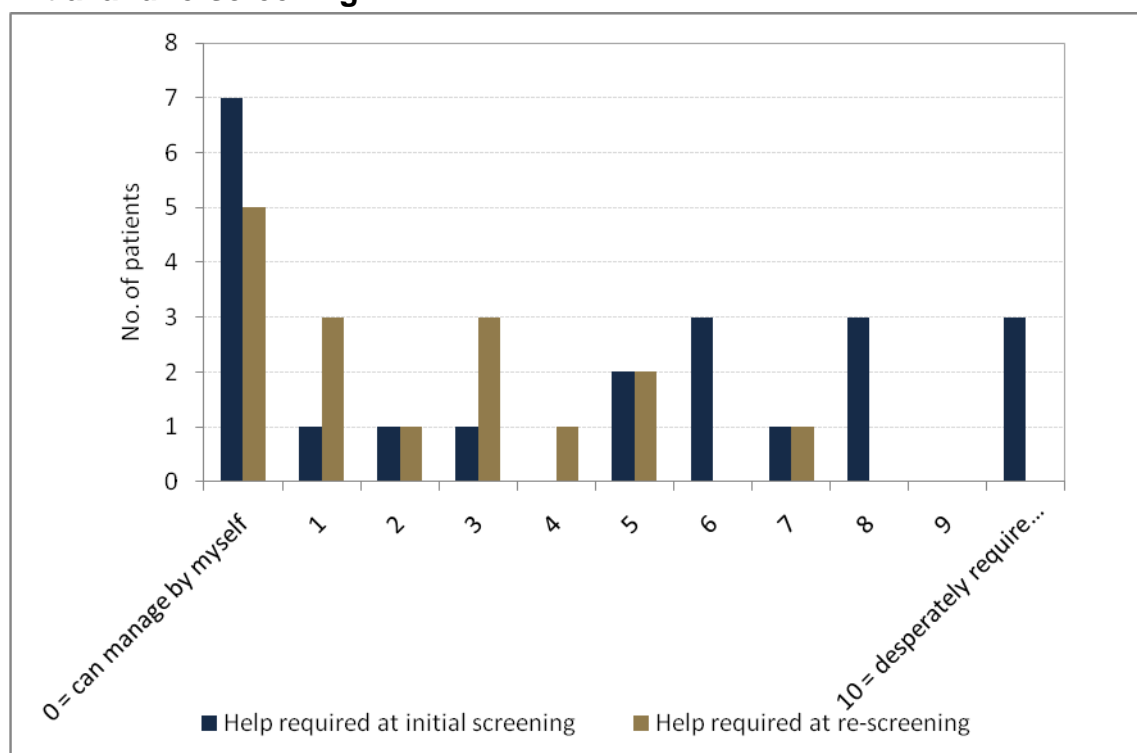


Thirty five percent of patients who were rescreened reported having previously received treatment for emotional problems, slightly higher than the 30% of patients who reported this at initial screening.

Sixteen patients answered the question asking about how supported they felt by family and friends on a scale of zero (not supported at all) to ten (completely supported). Eighty seven percent of these patients felt completely supported with the lowest recording being five out of ten. This is higher than the 79% of patients who reported being completely supported when initially screened.

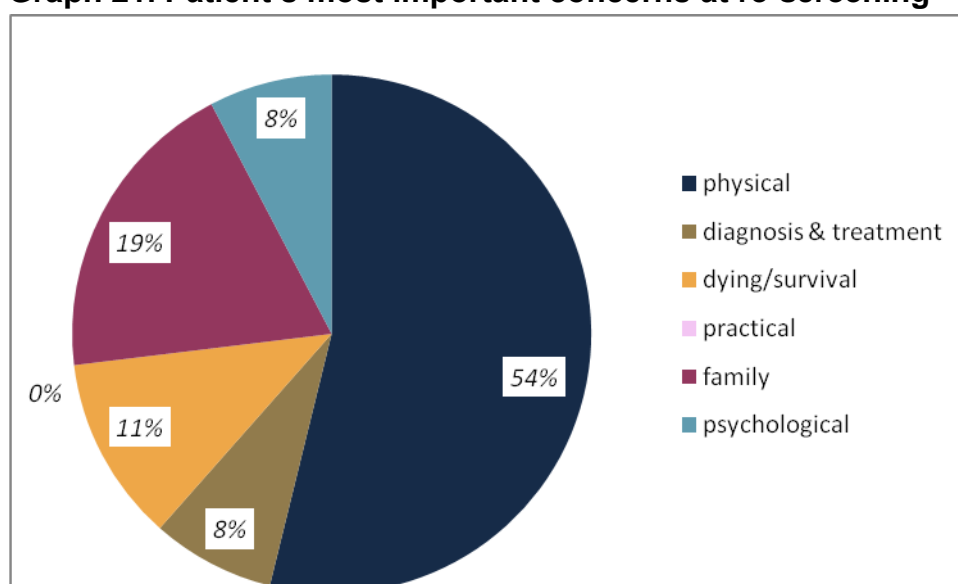
Overall, when rescreened, patients identified that they required less support in addressing their needs than when they were initially screened. At re-screening 19% of patients reported that they required help between 5 and 10 on a scale of 0 to 10, when 0 equals no help and 10 equals desperately require help, compared to 55% of patients at initial screening.

Graph 20. Level of support required by patients in addressing their needs at initial and re-screening



At re-screening patients most commonly identified concerns related to physical needs (54%) followed by family concerns (19%). In comparison to the initial screening results, concerns most commonly identified were related to family (27%) followed by physical concerns (23%) and concerns regarding diagnosis and treatment (20%). Patients did not identify any practical concerns at re-screening.

Graph 21. Patient's most important concerns at re-screening



Completeness of Screening Tool

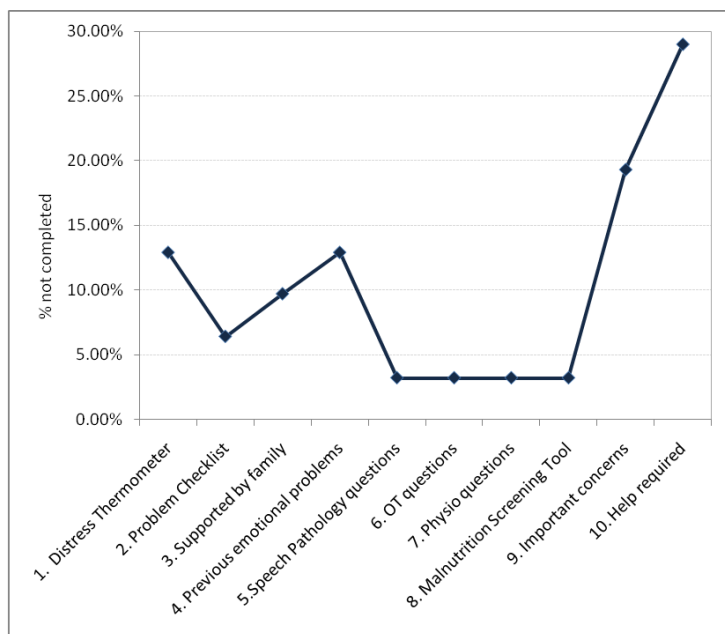
Initial screening

Ninety seven percent of patients at initial screening completed the specific allied health questions on the reverse side of the screening tool. This included questions about speech pathology, nutrition, occupational therapy and physiotherapy. At initial screening, 94% of patients completed the problem checklist and 87% of patients completed the distress thermometer. Ninety percent of patients indicated how supported they were by family and friends. The sections of the screening tool that were less frequently completed included the risk factor questions, how much help they required (29%) and what their most important concerns were (19%).

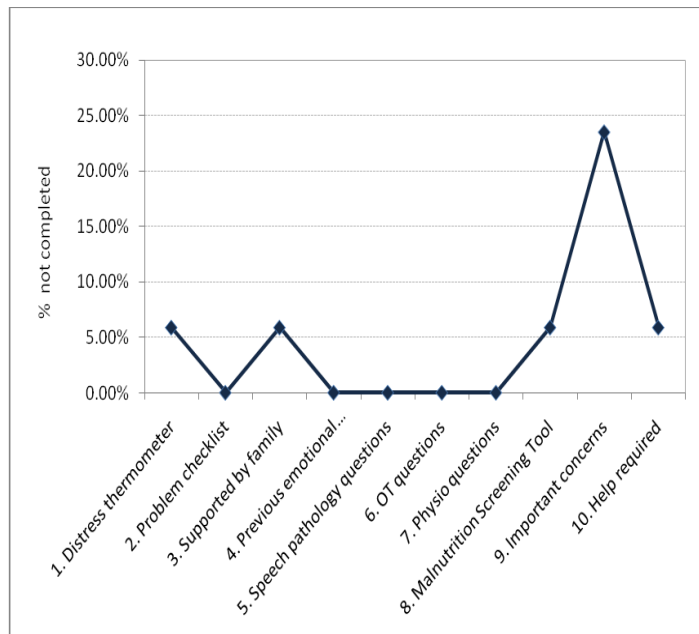
Re-screening

The graphs below show the sections of the screening tool that were left incomplete at the initial and re-screening. From these graphs it can be seen that overall a higher proportion of patients completed more sections on the screening tool when re-screened than when initially screened. The section on the screening tool left incomplete most frequently at re-screening was documentation of their most important concerns.

Graph 22. Sections of Screening Tool not completed at Initial Screen



Graph 23. Sections of Screening Tool not completed at re-screening



Project limitations

The project was intended as a small pilot study to assess the usefulness and feasibility of using a supportive care screening tool within the ODU setting. Prior to commencement, the working group agreed that the initial screening period should be six weeks. This was extended to ten weeks due to the low patient numbers in the initial screening period. Small numbers of patients (31) were screened during the pilot screening period.

There was no process established to use the information obtained from the screening tool to generate referrals to supportive care services - the pilot solely trialled the screening tool.

Feedback was obtained from less than thirty percent of staff working in the ODU's. Fifty five percent of patients completed patient surveys. During the screening period there was only one new patient screened in the Rosebud ODU.

No data was consistently collected about services to which patients were referred.

There was only one education session provided which did not capture many part time staff working in ODU. The informal staff feedback session was held on the same day of the week as the education session, capturing the same staff group who work that day of the week. This eliminated staff who worked on other days of the week being exposed to this information.

Recommendations

The findings of the pilot reflected existing evidence about supportive care and the role that screening has in identifying patient needs from an early stage. It is recommended that:

- the findings of this pilot be considered in deliberations of the wider implementation of supportive care at Peninsula Health
- a documented process be established within the Oncology Day Units for the screening of new patients, and the subsequent referrals required to address their needs
- the screening tool design be formalised, for inclusion in the Peninsula Health medical record (and scanned medical record)
- a review of the existing nursing admission tool used in the ODU be undertaken with the implementation of the screening tool to ensure that there is no overlap of information being collected between the two tools
- active engagement with allied health and ODU nursing staff continue, to consider service planning and information provision for patients with a new diagnosis of cancer
- consideration also be given to evaluating any agreed supportive care screening tool in 12-18 months time, to assess validity and feasibility of the tool across health services and across southern Melbourne.

Appendix 1

Supportive care screening for cancer patients in Oncology Day Unit, Frankston & Rosebud Hospitals: a pilot project

PATIENT SURVEY

Peninsula Health, in conjunction with the Southern Melbourne Integrated Cancer Service (SMICS), has been piloting a **supportive care screening tool** in the Oncology Day Unit at Frankston and Rosebud Hospitals (Peninsula Health). You are receiving this survey because you agreed to participate in the pilot and you would have completed the **supportive care screening tool** at your first treatment appointment.

We are now looking to **evaluate** the process of completing the supportive care screening tool. We are interested in how you felt when asked about your supportive care needs, and how easy you found it to fill out the form.

Participation in this survey is entirely **voluntary** and all data will be **de-identified** for reporting. The survey is short and it should only take a few minutes of your time. If you have any queries or wish to make further comment, please feel free to contact Bernadette McCormack, Cancer Service Improvement Coordinator (03) 9928 8160, or bernadette.mccormack@southernhealth.org.au. Please return the completed survey in the enclosed stamped envelope to:

Bernadette McCormack (Project Officer)
Southern Melbourne Integrated Cancer Service
PO Box 72
East Bentleigh Vic 3165.

Patient Survey	
<p>1. The screening form was easy to fill out. The format and structure of the questions were easy to follow.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree.....Strongly Agree</p> <p>Comments:</p>	<p>2. I was able to read all of the questions and understand the words.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree.....Strongly Agree</p> <p>Comments:</p>

Patient Survey	
<p>3. The tool helped me think about my day to day needs and support that I require.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree Strongly Agree</p> <p>Comments:</p>	<p>4. The time spent with the nurse to discuss my treatment and the screening tool was useful.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree Strongly Agree</p> <p>Comments:</p>
<p>5. I was able to ask questions about the screening tool.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree Strongly Agree</p> <p>Comments:</p>	<p>6. The room used to speak with the nurse at my first appointment was appropriate.</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree Strongly Agree</p> <p>Comments:</p>
<p>7. I found the information provided to me appropriate (verbal or written) (if applicable).</p> <p>Circle: 1 2 3 4 5</p> <p>Strongly Disagree Strongly Agree</p> <p>Comments:</p>	
<p>8. Overall, do you have any comments about the supportive care screening tool or the pilot project?</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Thank you for your participation in this important project.

Appendix 2

**Supportive care screening for cancer patients in the
Oncology Day Unit, Frankston & Rosebud Hospitals:
a pilot project
STAFF SURVEY**

Peninsula Health, in conjunction with the Southern Melbourne Integrated Cancer Service (SMICS) has been piloting a supportive care screening tool in the Oncology Day Units (ODU) at Peninsula Health.

Newly diagnosed patients have been completing the screening tool prior to or at their initial treatment appointment.

We are now looking to evaluate the process in terms of the effectiveness of the assessment tool for newly diagnosed patients, and the education you received regarding completing the supportive care screening at the beginning of the pilot.

You are receiving this survey because you were involved in the completion of the screening of new patients for their supportive care needs.

Participation in this survey is entirely voluntary and all data will be de-identified for reporting. The survey is brief and it is anticipated that it will only take a few minutes of your time.

If you have any queries or wish to make further comment, please feel free to contact Bernadette McCormack, Cancer Service Improvement Coordinator 03.9928 8160, or bernadette.mccormack@southernhealth.org.au.

Please fax completed surveys to **(F) 9928 8624**, or via mail to:

Bernadette McCormack

Southern Melbourne Integrated Cancer Service

PO Box 72

East Bentleigh Vic 3165.

Staff Survey

1. The education provided at the in-house session gave a good overview of supportive care and the screening tool.

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

☐ Not applicable

Comments:

2. The education sessions allowed enough time to consider all parts of the screening tool and what was expected from ODU staff.

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

☐ Not applicable

Comments:

Staff Survey

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

Rate:

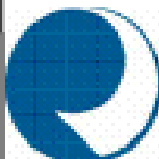
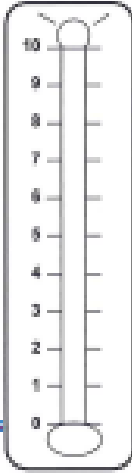
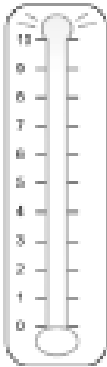

1	2	3	4	5
Strongly Disagree				Strongly Agree


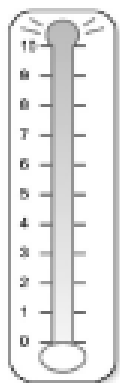
Rate:

1	2	3	4	5
Strongly Disagree				Strongly Agree

11. Are there any other comments that you have?

Appendix 3

 PENINSULA HEALTH		Affix patient label or record patient details Surname: First Name: D.O.B: Sex: UR No:																																																																																																																															
<p>The following questions provide an opportunity to work out the kinds of support that maybe most helpful for you and your family during your treatment. You can ask a family member or carer to help.</p> <p>Please complete both sides of this form and hand it to your nurse at your first appointment.</p>																																																																																																																																	
NCCN Practice Guidelines in Oncology – v.1.2008		Distress Management																																																																																																																															
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<p>Instructions</p> <p>1. Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including</p> <p>Extreme distress</p>  <p>No distress</p> <p><small>Adapted with permission from The NCCN® 1.2010 Distress Management Clinical Practice Guidelines in Oncology: National Comprehensive Cancer Network, 2010. Available at http://www.nccn.org. Accessed July 2010. To view the most recent & complete version of the guideline, go online to www.nccn.org http://www.nccn.org</small></p>		<p>2. Please indicate if any of the following has been a problem for you in the past week including today.</p> <p>Be sure to tick YES or NO for each</p> <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Practical Problems</td> <td>Yes</td> <td>No</td> <td>Physical Problem</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Appearance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Housing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bathing/dressing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Insurance/financial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Changes in urination</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Transportation</td> <td><input type="checkbox"/></td> 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<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Nausea																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Pain																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	Sexual																																																																																																																												
Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy																																																																																																																												
<input type="checkbox"/>	<input type="checkbox"/>	Spiritual/religious concerns	<input type="checkbox"/>	<input type="checkbox"/>	Sleep																																																																																																																												
			<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet																																																																																																																												
<p>3. How supported do you feel by family and/or friends?</p> <p>Completely</p>  <p>Moderately</p> <p>Not at all</p>		<p>4. Have you previously had treatment for emotional problems?</p> <p>NO YES (e.g. anxiety/depression)</p> <p>.....</p> <p>.....</p>																																																																																																																															
		 <p>SMICS Southern Melbourne Integrated Cancer Service</p>																																																																																																																															

ONCOLOGY SUPPORTIVE CARE SCREENING TOOL MMR (pilot project) #	 PENINSULA HEALTH		Affix patient label or record patient details Surname: First Name: D.O.B: Sex: UR No:	
	5. SPEECH PATHOLOGY In the last week including today: (please CIRCLE) Are you having any difficulty swallowing? No Yes Is this related to pain? No Yes Are you having difficulty speaking or communicating? No Yes Is this related to pain? No Yes		8. NUTRITION In the last three months (please CIRCLE): Have you lost weight without trying? No Unsure If YES, please tick the amount 1 - 5kg 6 - 10kg 11 - 15kg + 15kg Unsure Have you been eating poorly because of a decreased appetite? No Yes Do you follow a special diet at home (eg. for diabetes)? No Yes	
	6. OCCUPATIONAL THERAPY In the last three months (please CIRCLE): Have you had difficulties carrying out everyday activities (e.g. showering, preparing meals, getting in and out of bed, shopping)? No Yes Have you had fatigue, anxiety and/or pain that has impacted on your everyday activities (eg. brushing teeth, eating, dressing or working)? No Yes Have you had difficulty remembering things, concentrating, or felt confused or disorientated? No Yes Have you felt a sense of 'heaviness' or noticed any swelling in your arms or legs? No Yes		9. Please tell us what your three most important concerns are: 1..... 2..... 3.....	
	7. PHYSIOTHERAPY In the last three months (please CIRCLE): Have you had any falls? No Yes Have you noticed any changes in your balance whilst walking? No Yes Have you used a gait aid? No Yes If yes, how long have you been using it? 0-3 months 4-6 months >6 months If yes, what aid do you use? Walking stick Walking frame Wheelchair Other (please specify) Would you like any further advice regarding exercise or physical activity? No Yes		10. Please CIRCLE the number (0-10) that best describes how much help you need for these concerns <div style="text-align: center;">  </div>	
	FOR OFFICE USE ONLY Staff member: Date of diagnosis: Completed by: PATIENT / NURSE / BOTH Interpreter required: Y / N		Referral Required: Patient: CONSENTED / DECLINED Refer to: Information provided: Verbal Information/brochure Other:	

Appendix 4

Pt	Tumour Group	Distress Score at Initial Screening	Distress Score at Re-screening	Increased ↑ or decreased ↓ DS
2	upper GI	7	1	↓
4	colorectal	6	1	↓
6	genitourinary	3	0	↓
9	lung	n/a	4	n/a
10	colorectal	n/a	n/a	n/a
15	colorectal	2	4	↑
16	colorectal	7	4	↓
17	upper GI	0	0	-
18	lung	6	6	-
19	breast	5	3	↓
20	breast	0	4	↑
22	colorectal	6	2	↓
26	haematology	10	2	↓
27	upper GI	10	0	↓
28	breast	0	5	↑
29	haematology	8	1	↓
30	breast	2	8	↑

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