

# Pathways in a supportive care model for optimising cancer survivorship care for all older people in a rural health facility

Victorian Cancer Survivorship Program  
Phase II, 2018  
Type 1 Capacity Building Grants

## Final Report July 2019

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## **Key messages**

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This project has enabled us to enhance significantly the quality of the cancer rehabilitation and survivorship services for older people within our community by drawing on existing resources and expertise within the organisation. Despite the lower than anticipated numbers in each pathway in the model of care, there is value indicated through the client and carer outcomes and evaluation.

### **Nurse Practitioner Older Persons (NPOP) clinic**

Our project findings have shown that NPOP can contribute to the quality of care and expertise in a rural cancer survivorship service however further review is needed to determine the optimal timing of the NPOP input and exploration of the types of clients who would benefit most, beyond those who are frail/vulnerable.

The Edmonton Frail Scale (EFS) is a useful tool to assist in quickly identifying frail/vulnerable clients, however clinician judgement remains central to any decision to refer to the NPOP. Whilst the EFS identified clients who were frail/vulnerable it wasn't necessarily an indicator of who would benefit from further NPOP interventions.

Through integration of the new pathways, we have increased our organisation's capacity to provide quality cancer survivorship care by introducing additional care choices for older clients and carers in the community. Clinicians in the existing cancer rehabilitation service valued the clinical expertise of the NPOP and benefited from having more options for supporting older people with complex needs in the community.

### **Carer Pathway**

The project has raised the profile of carers within the health service by focusing directly on this group; showing the extent to which carers are involved in client contacts and how interventions with carers can have mutual benefit to clients. The Carer Support Needs Assessment Tool (CSNAT) provides a consistent approach to needs identification, and avoids potential for overlooking carer needs.

The optimal time to identify carers is at the beginning of the episode of care; to address carer concerns early, establish rapport and trust, and provide a point of contact for when needs change over time.

In identifying carers, terminology is an important consideration, as many will not relate to the term "carer". Terms such as "support person" or "people who support you" may be more effective.

In addressing the needs of carers, consideration needs to be given to the processes and approaches required for timely follow-up, to ensure that additional demands on existing resources can be managed.

### **Residential Aged Care**

Despite advanced age and cancer diagnoses being in the past, many residents continue to manage a fear of cancer recurrence in the context of their other daily health issues. Many staff working in aged care reported moderate-low levels of confidence in survivorship care, and had not received previous cancer-specific education. Improving staff knowledge around survivorship issues with older people would be beneficial in the residential aged care setting.

## **Executive Summary**

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In response to the need for improved service delivery for older people in our Cancer Rehabilitation and Survivorship Service, and to expand the reach of the service, we incorporated 2 new pathways into the existing model of care that target interventions for the older cancer survivor and their carer/family. In addition, we investigated the needs of older people living in residential aged care, and their families.

The 3 project components included:

- A Nurse Practitioner (Older Persons) [NPOP] clinic
- Carer identification, needs assessment and intervention
- Residential aged care

The project was undertaken between July 2018 and June 2019.

### **Scope of the project**

Participants included

- People aged over 70 years who had completed the primary phase of cancer treatment, and their carers/family
- All cancer types
- People living in the community or residential aged care facilities within our service catchment
- Staff at Castlemaine Health (CH).

### **Methodology**

The methods for each component included:

1. Clients in the service over 70 years were screened for frailty using the Edmonton Frail Scale (EFS). Those identified as frail/vulnerable were invited to attend a NPOP clinic in addition to their usual care. Following discharge, they were interviewed about their experience.
2. Carers of clients in the service over 70 years, were identified and invited to complete a Carer Support Needs Assessment Tool (CSNAT). Following discharge, they were invited to participate in an interview about their experience.
3. People over 70 years living in residential aged care, and their families, were invited to participate in an interview about their experience and needs.

The project utilised the Functional Assessment of Cancer Therapy – General (FACT-G); and Health Independence Program Interdisciplinary Assessment Form (IDA); and staff working in residential aged care and the NPOP were invited to complete a knowledge and confidence survey.

A steering committee was established to oversee the project and Human Research Ethics Committee approval was obtained [LNR/18/BHCG/47].

### **Participation, outcomes and sustainability**

1. NPOP clinic

Of the 23 clients screened with the EFS, 11 (48%) were identified as frail/vulnerable. Seven participated in the NPOP clinic and 5 participated in an interview.

The project has established a new pathway for frail/vulnerable older people in our service to access the specialised skills of a NPOP. We have also strengthened our local clinical expertise in understanding and managing the particular needs of this cohort. Both participants and clinicians found the clinic to be acceptable and beneficial in a number of areas.

Despite initial concerns, the cancer team clinicians found the EFS to be relatively quick to administer (around 5 minutes) and continued use of the EFS as a tool for quickly identifying older clients who may benefit from additional care is planned.

Even with the lower than expected numbers of clients through the NPOP clinic, there is some value indicated by the outcomes and consumer feedback that supports further review and development of the NPOP service with respect to marketing, resource allocation and timing of NPOP input with clients.

## 2. Carer pathway

Of the 25 clients who were questioned about the presence of a carer, 15 (60%) identified at least 1 carer. Twelve carers completed a CSNAT and 4 participated in an interview.

The project has incorporated a new carer pathway into the existing assessment processes and improved our understanding of the needs of carers of older people with a cancer diagnosis. Although carers won't necessarily talk about their needs unless asked, it was clear that carers do value being acknowledged and will identify a range of issues that can be addressed through support from our service.

We recognise carers are integral to the client's experience of living with cancer and the CSNAT will continue to be provided as a standardised assessment option for carers of older clients whilst we continue to aim for routine and timely interventions for all carers.

## 3. Residential Aged Care

Of the 153 residents in aged care, 23 residents (15%) were identified with a past or present diagnosis of cancer. Five residents were eligible and agreed to participate in an interview.

Twenty eligible family members were identified and sent an invitation to participate in an interview. No family members responded to the project invitation.

The people in residential aged care interviewed for this project had strong and emotional memories regarding the shock, pain and trauma associated with a cancer diagnosis, and subsequent treatment for their malignancy. They also recalled the bravery and stoicism they needed to help them cope with these experiences, as few formal supports were available to help them through this difficult time in their lives. In contrast to these strong memories, they were not always able to remember details of procedures they underwent, health professionals they saw, or their specific diagnosis. Although there is relief to now be free of cancer, many reported that the fear of recurrence is ever present even though their current health problems had a much larger impact on their daily lives. The participants in this project did not identify any specific services or resources that would be helpful at this stage of their cancer journey.

Ongoing education to residential aged care staff to increase their awareness around cancer survivorship issues and supports will be offered, as we found that most had not received previous cancer-specific education and reported moderate-low levels of confidence in survivorship care.

## Conclusion

Whilst there were relatively small numbers of participants, the project has enabled us to explore 3 interesting new areas of care and has already made a valuable contribution to the capacity of our rehabilitation and survivorship service to meet the needs of older persons with cancer, and their carers/families. There are indicators of value within the model of care and some key findings that support further investment in reviewing and developing the service delivery models and processes for each pathway.