

EVALUATE/SUSTAIN 2018 Prostate OCP: NEMICS

SECTION ONE: EVALUATE

1.0 Executive Summary

Significant progress has been made to implement the Prostate Optimal Care Pathway across NEMICS health services:

- New processes for presenting all newly diagnosed urological cancers at MDM were adopted and embedded at Austin Health; where the average number of prostate cases discussed per week increased from three (Jan-April) to six (May-Oct) cases. This means 100% of newly diagnosed prostate cancers in July, August and September 2018 had an MDM presentation at Austin Health. Eastern Health continues to refine protocols for presenting all urological cases at MDM; and the average number of prostate cases presented per weekly MDM has increased from three (Jan-April) to five (May-Oct), however the overall MDM presentation rate has dropped from 80% to 74%. Prostate patients not presented include those on active surveillance and metastatic (the latter often bypassing urology team direct to medical oncology).
- Sharing of learnings and referral processes across health services has allowed the number of men accessing continence physiotherapy pre-operatively at Northern Health increase from 14 to 86%.
- More than 40 medical, nursing and allied health professionals will be educated in the area of sexual health and intimacy. Early evaluation results are extremely positive and show an increase in attendees' confidence to provide effective supportive care for sexual health to patients and carers.
- The project has enabled collaboration with Cancer Council Victoria to deliver a Living with Prostate Cancer education session for an important, growing and hard-to-reach population (Arabic speakers); planned for early 2019.

The outcomes of this project will be maintained through continued audit and evaluation. Project activities are still in progress with an anticipated completion date of June 2019.

2.0 Summary of Implementation Outcomes (high level)

Problem	Baseline	Target/Optimal	Actual
PS1: There is variation in MDM presentation rates for newly diagnosed prostate cancers.	Austin 52% (n=25) Eastern 80% (n=30) Northern 94% (n=17) Medical record audit of patients diagnosed between Jan-July 2017.	85%	Austin 100% (n=33) Eastern 74% (n=53) Northern 100% (n=25) Medical record audit of patients diagnosed between July-Sep 2018 Excludes patients entering health services from private rooms.
PS3: Men undergoing radical prostatectomy do not have appropriate continence physiotherapy review pre- and post- operatively.	Austin Pre - 84% Post - 63% (n=19) Eastern Pre - 0% Post - 7% (n=15) Northern Pre - 14% Post 86% (n=7) Medical record audit of newly diagnosed cases between Jan-July 2017 who underwent radical prostatectomy (RRP).	80%	Austin Pre - 58% Post - 83% (n=12) Eastern Pre - 0% Post - 0% (n=11) Northern Pre - 86% Post - 100% (n=7) Medical record audit of cancer registrations from June-Aug 2018 who underwent radical prostatectomy (RRP). NB**Different sample months used as too soon to assess if continence physio seen post-surgery those diagnosed/operated on in Sep. Note small sample sizes. Excludes patients entering health services from private rooms.
PS4: Appropriate support related to sexual health is not routinely accessible to meet men's supportive care needs.	No standard referral pathway to sexual health services currently exists at Eastern or Northern Health.	A documented referral pathway to sexual health services for men prostate cancer will exist.	N/A

3.0 Solution Implementation activity

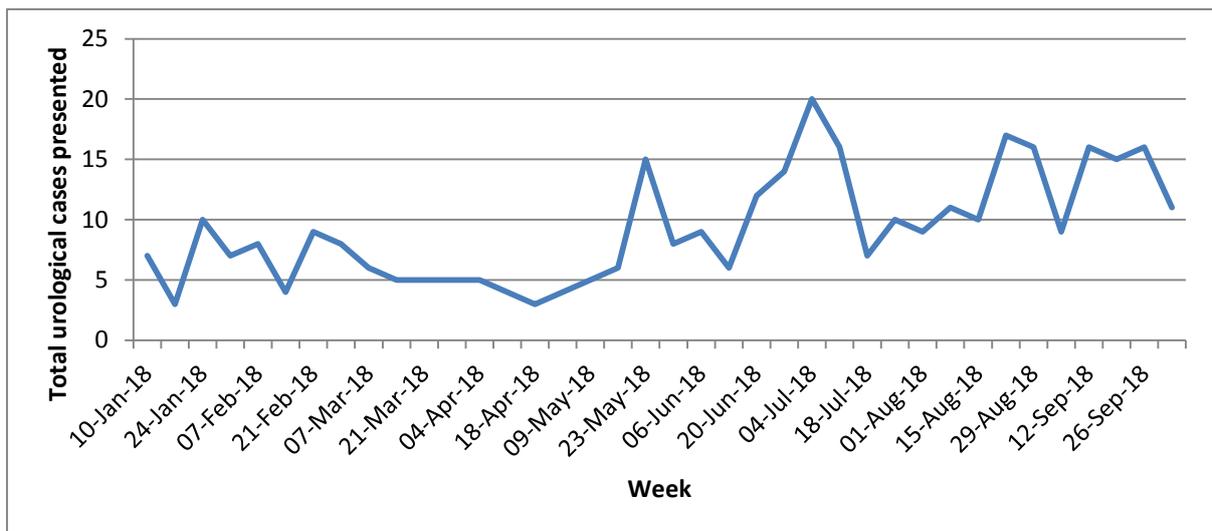
3.1 Solution Implementation activity for PS1 (in more detail)

List the Solution strategies you implemented	List the associated implementation initiatives	Describe the REACH of each	Provide measures applied to assess EFFECTIVENESS	Rate the ADOPTION
Austin Health <ul style="list-style-type: none"> Implement new process to include all positive biopsies on the MDM agenda Ensure appropriate documentation available for training clinicians to use MDM software system 	<ul style="list-style-type: none"> Clinician interviews Process mapping Attended MDMs Monitoring progress – PDSA cycles MDM software (CANMAP) training documentation updated GP letter signed off and soon to be implemented 	<ul style="list-style-type: none"> 335 urological cancer patients discussed (Jan- Oct) 32 clinicians (invited to Urology MDMs, data from CANMAP) 1 MDM admin staff 1 CANMAP system developer 	<ul style="list-style-type: none"> Data pulled from MDM system (CANMAP) demonstrates a significant increase in the no. of patients having multidisciplinary treatment planning (see appendix 1). MDM monitoring 'dashboard' developed. Qualitative evidence from clinician interviews confirms an effective process (e.g. non-surgical MDT members now have touchpoints with patients and management plans they may not have otherwise; prostate nurse more confident the management plan is multidisciplinary, meeting remains within allocated timeslot). 	New process adopted on 23/5/18. MDM chair has confirmed this will continue to embed with rotating interns.
Eastern Health <ul style="list-style-type: none"> Establish standard protocol for tabling MDM agenda to prioritise cases for different levels of discussion 	<ul style="list-style-type: none"> Clinician interviews Process mapping Attended MDMs Monitoring progress – PDSA cycles Capturing newly diagnosed cases from pathology reports, which are listed for ratification of management plan; to allow systematization of a process with defined criteria for including cases on agenda. 	<ul style="list-style-type: none"> 337 urological cancer cases presented (Jan- Oct) 64 clinicians 2 MDM admin staff 	<ul style="list-style-type: none"> Data pulled from MDM system (CANMAP) demonstrates increases in the no. of patients having multidisciplinary treatment planning (see appendix 1). MDM monitoring 'dashboard' developed. Qualitative evidence from clinician interview TBC- due Dec 2018 	New process adopted on 13/9/18. Project manager, MDM chair and registrar will continue to refine process to include documented risk stratification to allocate cases for MDM discussion or follow standard management protocols.
Northern Health <ul style="list-style-type: none"> Above target- N/A 	Optimizing template fields on GP letter sent following the MDM	<ul style="list-style-type: none"> 315 urological cancer cases discussed (Jan- Oct) 30 clinicians 1 MDM admin staff 1 HS Manager (Director of Surgery) 	<ul style="list-style-type: none"> Data pulled from MDM system (CANMAP) demonstrates a small increase in the no. of patients having multidisciplinary treatment planning. % relevant fields completed on GP letter 	Completeness of GP letter fields fed back to urology MDT. Documenting of relevant information in CANMAP remains very high standard (97.3% include diagnosis and detailed management plan; n=315, Jan-Oct).

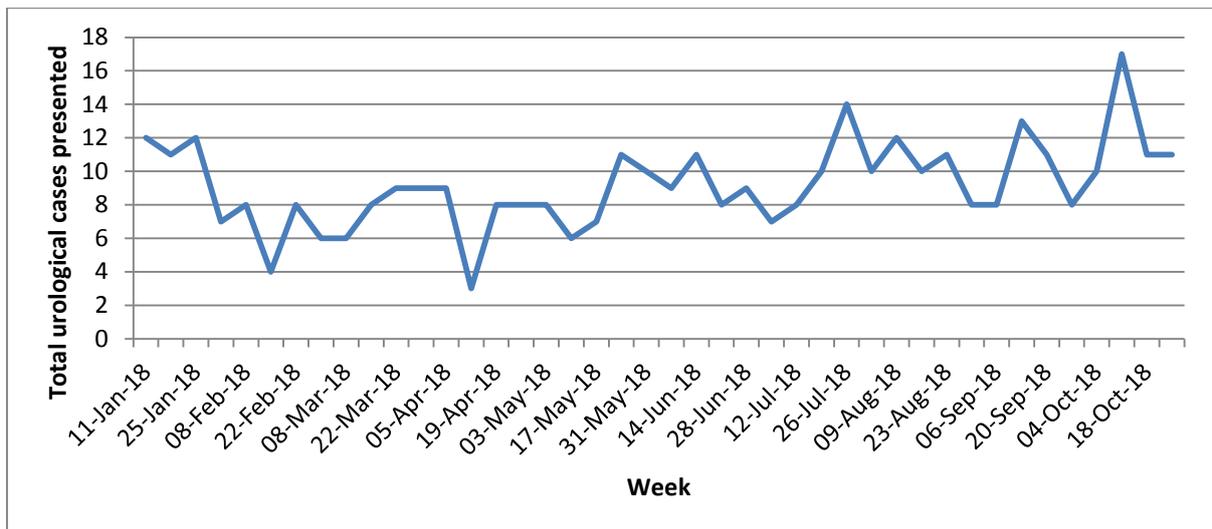
3.2 Solution Implementation activity for PS3 (in more detail)					
List the Solution strategies you implemented		List the associated implementation initiatives	Describe the REACH of each	Provide measures applied to assess EFFECTIVENESS	Rate the ADOPTION
Austin Health	Understand streamlining processes for referral across sites	<ul style="list-style-type: none"> Clinician interviews Process mapping Cancellation appointments identified as mechanism to ensure timely appointment ahead of surgery. 	<ul style="list-style-type: none"> Prostate nurse and continence physiotherapy service 11 men received continence physio review either pre or post-operatively out of the 12 who underwent RRP between June-Aug 2018. 	<ul style="list-style-type: none"> Medical record audit demonstrates process continues to ensure majority of men have continence physio review before surgery (58%- NB small sample size, n=12). Qualitative data from clinician interview: Prostate nurse advised the process is not perfect due to fast turnaround between pts consenting to surgery and operation, means some patients can't get into continence clinic with short notice. Delays and missed appointments also due to need for interpreters. 	Process was already in place at Austin Health and referral to continence service remains current workflow process of Prostate nurse. Information on this successful process was shared with other health services.
Eastern Health	<ul style="list-style-type: none"> Establish documented referral pathway to continence service Map local community continence services and ensure relevant health service staff are aware 	<ul style="list-style-type: none"> Clinician interviews Process mapping Information shared with relevant stakeholders (prostate and urology nurses) Audit data presented to relevant clinicians including the Director of Urology as a case for change. 	<ul style="list-style-type: none"> Prostate nurse and continence physiotherapy service Director and Head of Urology unit 14 GPs attended EMPHN education on Urology which presented the importance of continence physio pre and post prostate surgery by a Pelvic Health Physiotherapist 	<ul style="list-style-type: none"> Medical record audit demonstrates men undergoing RRP are still not being referred to continence physiotherapy. 	Work to be done. Director and HOU informed of low rates of referral compared with other health services and plan to examine continence physiotherapy EFT for presence at weekly uro-oncology clinic.
Northern Health	Establish documented referral pathway to continence service	<ul style="list-style-type: none"> Clinician interviews Process mapping E-mail referral instead of paper based referral identified as mechanism to ensure timely appointment ahead of surgery. 	<ul style="list-style-type: none"> Urology nurse and continence physiotherapy service Seven men received continence physio review either pre or post-operatively out of the 7 who underwent RRP between June-Aug 2018. 	<ul style="list-style-type: none"> Medical record audit Qualitative data from clinician interview: urology nurse now has direct line of communication with continence physiotherapists to ensure the vast majority (86%) are seen ahead of surgery. 	Process embedded as standard workflow process of Urology nurse.
3.3 Solution Implementation activity for PS4 (in more detail)					
List the Solution strategies you implemented		List the associated implementation initiatives	Describe the REACH of each	Provide measures applied to assess EFFECTIVENESS	Rate the ADOPTION
Ensure consistent provision of information across sites		<ul style="list-style-type: none"> Clinician interviews Scoping exercise Focus group Information shared with relevant stakeholders across health services 	<ul style="list-style-type: none"> Prostate and urology nurses (3) Endocrinologist (Men's health clinic- Austin Health) Support groups- regular attendance (20/3/18, 17/4/18, 15/5/18, 17/7/18, 21/8/18, 17/9/18, 18/9/18, 20/11/18), 10-20 consumers at each. Information included in Heidelberg and Diamond Valley prostate cancer support groups newsletters (e.g. erectile dysfunction fact sheet, invitations to Men's health forum/Living with prostate cancer program) 	<ul style="list-style-type: none"> Qualitative feedback from clinician interviews appreciate scoping exercise and sharing of information across the sites Presented to support groups followed by discussion questions and feedback 	Prostate/urology specialist nurses include relevant PCFA resources and "what to expect guide" in every patient information pack for newly diagnosed patients.
Staff training sessions on sexual health and intimacy		<ul style="list-style-type: none"> Service mapping Training needs analysis Working group meetings Promotional material developed Two full-day sessions: Eastern Health 16/11/18; Northern Health scheduled 4/12/18). 	<ul style="list-style-type: none"> 45 attendees signed up across two workshops. Roles include NUM, Prostate/Urology specialist nurse, Urology Registrar, Registered Nurse, Occupational therapist, continence nurse, pelvic floor physiotherapist, midwife, harm reduction practitioner. Two TrueNth care coordinators attending- who provide telehealth support to hundreds of men across Australia. Two Cancer Council Helpline nurses attending who support approx. 95 men/carers with prostate cancer residing in NEMICS each year (CCV, 2017). Touchpoints with private sector (staff from Genesis radiology, Epworth & Knox Private attending). Sessions promoted via NWPHN, EMPHN, Australian Cancer Survivorship Centre, CCV, and Cancer Nursing Society of Australia websites/newsletters. 	<ul style="list-style-type: none"> Training needs analysis conducted in July (n=23) revealed low understanding (45%) and lower confidence (37%) to provide supportive care for sexual health and intimacy. Pre course survey to tailor information appropriately completed by 11 attendees. Pre and post course survey to assess change in confidence to support patients with sexual health concerns from baseline (55%, n=11 to 83%, n=15). Overall enjoyment rated at 9 out of 10. Open text responses extremely positive (see appendix 2). Final data available mid Dec 2018. 	TBC. VICS conference attendance and service improvement grant applications used mechanism to adopt and sustain learning outcomes. Results will be available mid-2019.
Organise patient workshops (Cancer Council Living with Prostate Cancer Education program) at sites with fewer resources		<ul style="list-style-type: none"> Liaised with CCV and SMICS- have existing proforma for delivering LWCE sessions to CALD communities. Working group meeting scheduled 10/12/18 Ethics for focus group submission expected Jan 2019. 	<ul style="list-style-type: none"> Cancer Council staff Northern Health urology team and related services (e.g. continence physiotherapy, Genesis radiation oncology) Northern Health Arabic community 	<ul style="list-style-type: none"> Focus group will inform agenda and format of program. Evaluation forms. 	TBC- results available mid 2019
4.0 Impact/ Value					
<ul style="list-style-type: none"> GP communication post-MDM implemented at Austin and Northern since the start of the project, particularly as a mechanism to improve in-meeting documentation of discussion and outcomes and to facilitate shared care with GPs. Engaging with care-coordinators and consumers has been an opportunity to promote "My Cancer Care record"- 136 folders distributed across Austin, Eastern, Northern Health as well as Heidelberg prostate support group and North East Urology (private rooms). Presenting project update to local prostate cancer support groups has resulted in plans to undertake joint piece of work on awareness-raising. 					
5.0 Relationship with Primary Care					
<p>S Gibson's (EMPHN) involvement in project steering group led to a number of collaborative activities:</p> <ul style="list-style-type: none"> PHN staff attended UroGP conference providing an opportunity to promote OCPs and Health Pathways to over 100 clinicians. The HealthPathways team reported a significant jump in GPs accessing the tool (Prostate and OG pathways). Production of VPHNA GP education videos on prostate cancer. Delivery of a nurse-visiting program to 10 local GP practices with the Prostate Cancer Nurse from Austin Health. EMPHN and NWPHN promoted the staff training sessions on sexual health and intimacy (website/newsletters) 					

SECTION TWO: SUSTAIN				
Solution	MDM processes	Referral pathway to continence service	Staff training sessions on sexual health and intimacy	Cancer Council Living with Prostate Cancer Education program
Responsibility	MDM chairs MDM ToR & administrative processes monitored via admin and quality resources within the health services.	Urology clinicians (prostate/urology nurse, urologists)	Working Group until June 19	Working Group until June 19
Accountability	Project Manager until June 19 Cancer Services Medical Lead	Project Manager until June 19 Cancer Services Manager	Project Manager until June 19 Cancer Services Manager	Project Manager until June 19 Cancer Services Manager
Confidence rating <i>Embedded, Progressing or Stalling</i>	Austin and Northern: Embedded Eastern: Progressing	Austin and Northern: Embedded Eastern: Progressing	Progressing	Progressing
Measurement	Medical record audit of newly diagnosed cases with an MDM discussion (via CSPI audit)	Medical record audit of newly diagnosed cases accessing continence physiotherapy review pre/post-surgery	Follow up survey to attendees 6 weeks post session	Successful delivery of a LWCE session at Northern Health (number of attendees and evaluation feedback results)
Improvement Target	100%	80%	Demonstration of change in practice to support patients and partners with sexual health concerns	10+ attendees Positive feedback from evaluation
Reporting Structure inclusive of future Governance arrangements	Quality committees at each Health Service	Heads of Urology Units	Heads of cancer services	Urology Nurse CCV
Documentation and Resources	<ul style="list-style-type: none"> MDM monitoring 'dashboard' developed. Medical registrar handbooks have been updated to document new roles and responsibilities MDM terms of reference to be updated – expected early 2019. 	Clinical policy to be updated- expected early 2019.	Nil	TBC- expected mid 2019 Program for Arabic Living with Prostate Cancer
Ongoing Training and Education	<ul style="list-style-type: none"> MDM administrator ensures handbooks are sent to appropriate staff with each intern rotation Created protocol for NEMICS staff to conduct ongoing monitoring of MDM presentation rates (dashboard). 	No	<ul style="list-style-type: none"> Offering complimentary VICS conference place for those demonstrating changed practice. Attendees encouraged to apply for Service Improvement Grants 	Urology nurse at Northern Health completing CCV LWCE facilitator training Feb 2019 (NEMICS to sponsor).
<ul style="list-style-type: none"> Key Learnings Success of project can be attributed to broad range of roles on steering group (Prostate nurse, radiation oncology, med onc, urology, consumer, PHN) and wider stakeholder engagement. Persistence required for some clinicians to appreciate the value of increasing MDM presentation rate. Tracking outcomes of new process via PDSA cycles extremely successful. Rotating interns and registrars ongoing challenge. Formalisation of MDM processes (i.e. development and sign off of documented protocols) difficult to progress within project timeframe- must be clinician led. Cross-sectoral collaborations can significantly increase complexity e.g. CCV Living with cancer program. Access to timely cancer registration data imperative to monitor progress and outcomes. Sharing processes across health services beneficial for driving improvements. Attending support groups to understand the patient experience and have consumer voice useful to articulate problems to clinicians (supported by data). 				
Self-Assessment				
<ul style="list-style-type: none"> Varied levels of engagement with the project from different stakeholders, however champions were able to be identified at each health service and appropriate representation from key craft groups on project steering committee. VMOs less engaged. Administrators, liaison nurses, interns, and registrars just as important as consultants when implementing change. Clinical engagement was the most time consuming factor for project implementation. To deliver a project of this scale across three health services within required timeframe (including delayed start of project manager) was challenging. 				
Building Capacity and Capability				
Benefits:		Challenges:		
<ul style="list-style-type: none"> Increased knowledge about value of MDM presentations, continence physiotherapy review and sexual health supportive care. Opportunity to develop service improvement projects & present results. Increased awareness of care & performance across health services. 		<ul style="list-style-type: none"> Supportive care resources across the region vary. EFT to continue Living with prostate cancer program, especially the Arabic program. Ongoing education in sexual health & intimacy to maintain staff knowledge and confidence. 		
Future Proofing				
Supporting next tranche:		Stakeholder engagement into future:		Transferability:
<ul style="list-style-type: none"> Having a single tumour stream focus was beneficial to gain understanding of clinical terminology for problems and solutions. There were missed opportunities for joint working with other ICS – particularly in absence of the OCP Peer group meeting teleconferences, e.g. sexual health training (SMICS) & patient education videos (WCMICS). Increased collaborative planning for key activities in next tranche would be beneficial. 		<ul style="list-style-type: none"> There is limited crossover of clinicians between tumour streams in metropolitan MDTs – so engagement tends to be tumour specific. Ongoing communication of performance aligned with existing quality improvement processes from NEMICS to health services. Existing relationships with PHNs and services can be leveraged for the next tranche. Post-summit engagement with Pancreatic MDT will support activities. Limited time post Head & Neck Summit. Limited engagement with palliative care and advanced care planning program to date. 		<ul style="list-style-type: none"> Solution transferability will depend on the problem statements for Tranche 3. Processes for improving MDM treatment planning and communication to GPs are generic and can be implemented with each MDT.
Submitted by: Siva Sivarajah , NEMICS Chair/CEO Northern Health		Date: 22/11/2018		

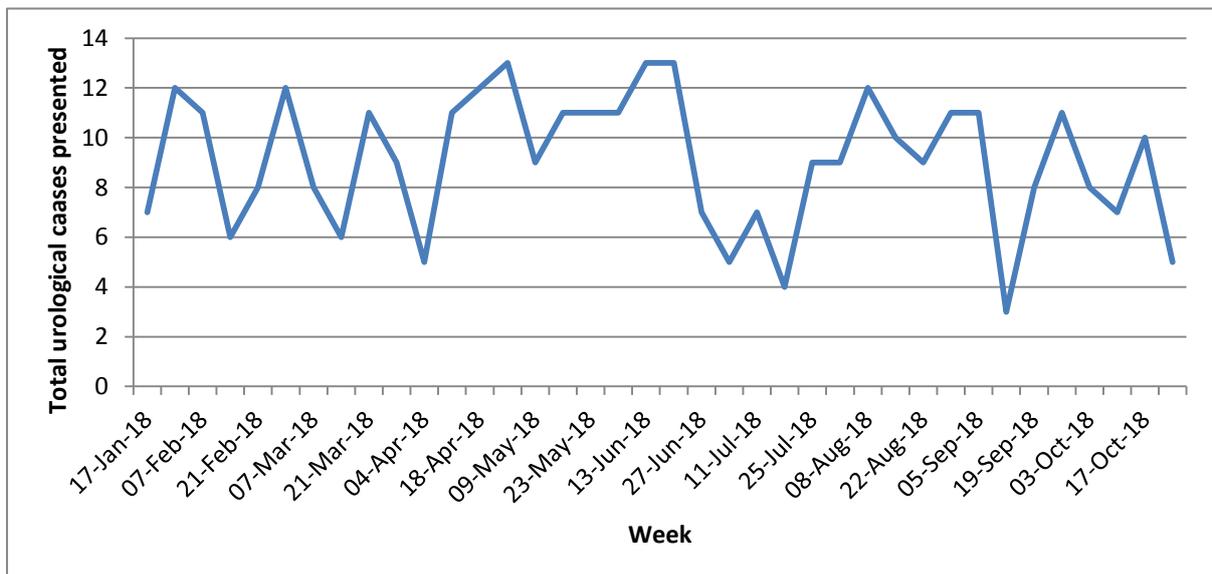
Austin Health



Eastern Health



Northern Health



Appendix 2: Sexual Health & Intimacy Training

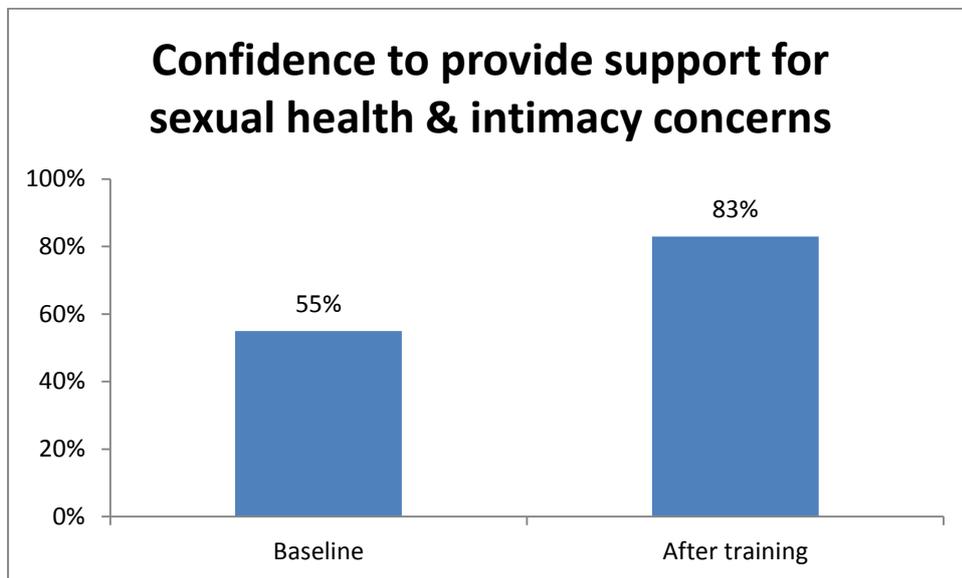
Eastern Health, 16th November 2018

Evaluation

Participants

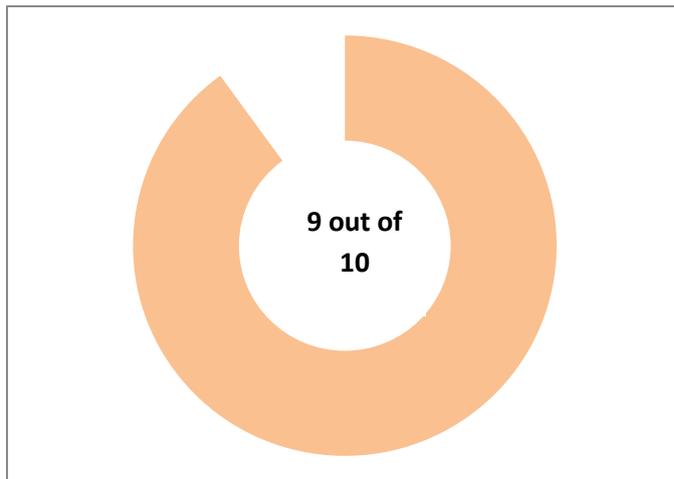
19 attendees, including:

Job titles	Units	Organisations
<ul style="list-style-type: none">• Occupational Therapist• Clinical Nurse Specialist• Prostate Cancer Specialist Nurse• Care Coordinator• Registered Nurse• MS Nurse practitioner• Harm Reduction Practitioner• Unaccredited urology registrar• Nurse Unit Manager• Cancer Services Wellness Coordinator	<ul style="list-style-type: none">• Urology• Oncology/haematology• Cancer Information and Support Service• Radiation oncology• Cancer Services• TrueNTH• Nurse-Led Research and Radiotherapy• Specialists Outpatient Clinics (Gynye/plastics)• Neurology• Community Health• Gen med	<ul style="list-style-type: none">• Eastern Health• Cancer Council Victoria• Knox Private Hospital• Movember• Peter MacCallum Cancer Centre• Star Health



Baseline n=11, after training n=15

Overall enjoyment of the day



What participants liked most:

- The many varied topics and conversations. The informed group of participants.
- Great comprehensive information, structure of the day, format, openness, practical exercises, better understanding of different aspects of sexual health and links to resources.
- LGBTIQ+ session; I had very limited knowledge of this.
- Different activities and strategies to deliver content.
- Wide range of information.
- Group discussion about direct/personal experience.
- Interactive approach, very engaging presenters, the experience of others in the room.
- Variety of educational approaches.
- Details about sexual dysfunction, sharing from the group.
- Sexual dysfunction- what can go wrong, how health clinicians can enhance intimacy. LGBTIQ language.
- Strategies on how to address sexual intimacy.
- Practicing techniques. Meeting other interested staff members at Eastern Health.
- Inclusiveness of group regardless of level of experience and expertise.
- Discussion with participants. Enthusiasm, passion and professionalism of presenters.

Suggestions for improvement:

- More toilet breaks
- Culture aspects
- More malleable plasticine :)
- I think the content could have been condensed into a shorter day
- Copy of PowerPoint-> link for resources
- Case studies would be beneficial
- Maybe a few reference links or you tube links for pre-workshop reading
- Talk about more general sexual health issues not just for cancer survivors and also adolescents sexual health issues

Knowledge application:

- Posters in tea rooms, "spread the word", discuss with fellow staff/friends and family.
- Everyday clinical practice- opening lines. Develop a way to have a trigger for my practice.
- Counselling session, how to initiate conversation about sexuality.
- A lot of eating disorders patients are LGBTIQ orientation where I can use my learning from today.
- To talk to a post-op patient regarding related issues- to initiate a conversation and provide information.
- Post treatment outpatient radiotherapy- discuss short term/long term impacts on sexuality and sexual health.
- When a client has had treatment or surgery that has the potential to impact their sexuality
- Private consultation for pre-op patients.
- To include sexuality more explicitly into patient education workshops and communication skills workshops.
- Incorporate sexuality question into initial assessment. Educate ward staff to ask.
- Discuss sexual dysfunction and all it encompasses at my workplace.
- Bringing up the topic with patients and not feeling unsure about how to respond.

General comments:

- Fantastic day. I learnt so much and feel better about having conversations I felt uncomfortable with. Thanks so much!
- Loved the day, great session.
- Great session, very practical!
- Fantastic. Knowledgeable presenters. Thank you.
- Very enjoyable day- inclusive, insightful with lots of great ideas and resources to explore.
- Today felt like "preaching to the converted" for large components of the workshop. How do we target clinicians on the floor who really need to access this training?
- Need to look at how can engage others on the floor- nursing/OP clinics/doctors to come to sessions to increase their confidence to discuss sexuality.
- Role plays beneficial for less confident health professionals- great opportunity to share experiences. Thanks :)
- A great day- thanks. Would you be able to target doctor groups for this session as their education is sadly lacking.
- A safe comfortable learning environment.

Additional feedback via email

"Thanks for a very enjoyable day. The content of the meeting was good and delivered in a fun way. It was great to see and hear the experiences of representatives from all tumour streams."- Care Coordinator, Movember (TrueNTH)

"Congratulations and thank you for such a successful day!"- Registered Nurse, Radiotherapy and Nurse-Led research, Peter Mac

"Please let me know if you run anymore similar sessions next year as I am sure the team will love to come." - Acting Nurse Manager - Cancer Information and Support Service, Cancer Council Victoria.