



Brave, Foolish or Visionary?

The quest for excellence in supportive care

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Outline of presentation

- Background: context and concept
- Process / steps taken
- Outcomes
 - Results
 - Barriers
 - Where we are now
- Learning

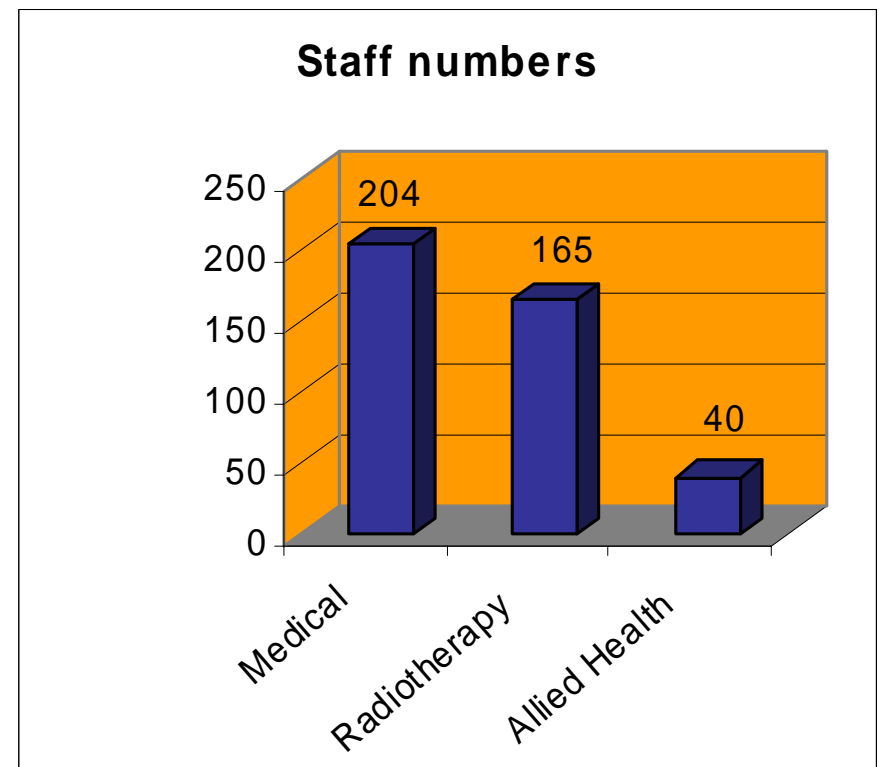


Peter MacCallum Cancer Centre

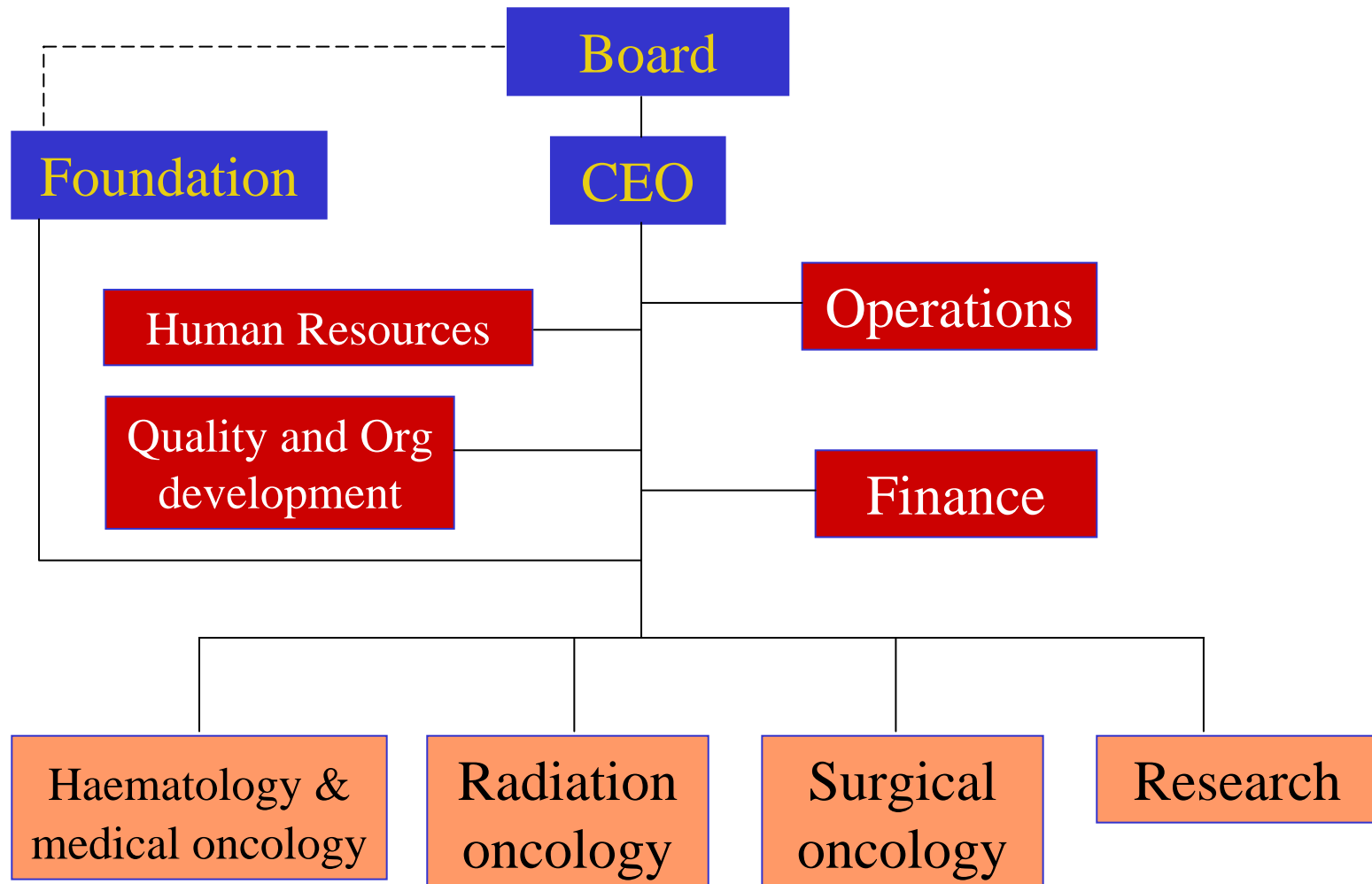
‘As Australia’s foremost specialist cancer centre, Peter Mac provides quality treatment and support to patients and their families. Underpinned by research and the best evidence available, Peter Mac broadly influences cancer care in the community through multidisciplinary partnerships, research and education.’

Peter MacCallum Cancer Centre

- 5 campuses
- 95 overnight stay beds at East Melbourne campus
 - 19,800 inpatients (15,000 same day) (2005-06)
- 22 Research labs; \$32M clinical and lab research
- 189,000 outpatients (05-06)



Peter MacCallum Cancer Centre





2001-06 Strategic plan

- Key success area identified: *Develop innovative models of integrated care that highlight the informed and supported patient*
- Measures
 - A supportive care strategy developed
 - Models developed and evaluated
 - Expansion in range of services

Supportive care

What does it mean?

- *‘...the provision of necessary services as defined by those living with or affected by cancer to meet their physical, social, emotional, informational, psychological, spiritual and practical needs during the pre-diagnostic, diagnostic, treatment and follow-up phases of cancer.’ (Fitch 2000)*



Supportive Care

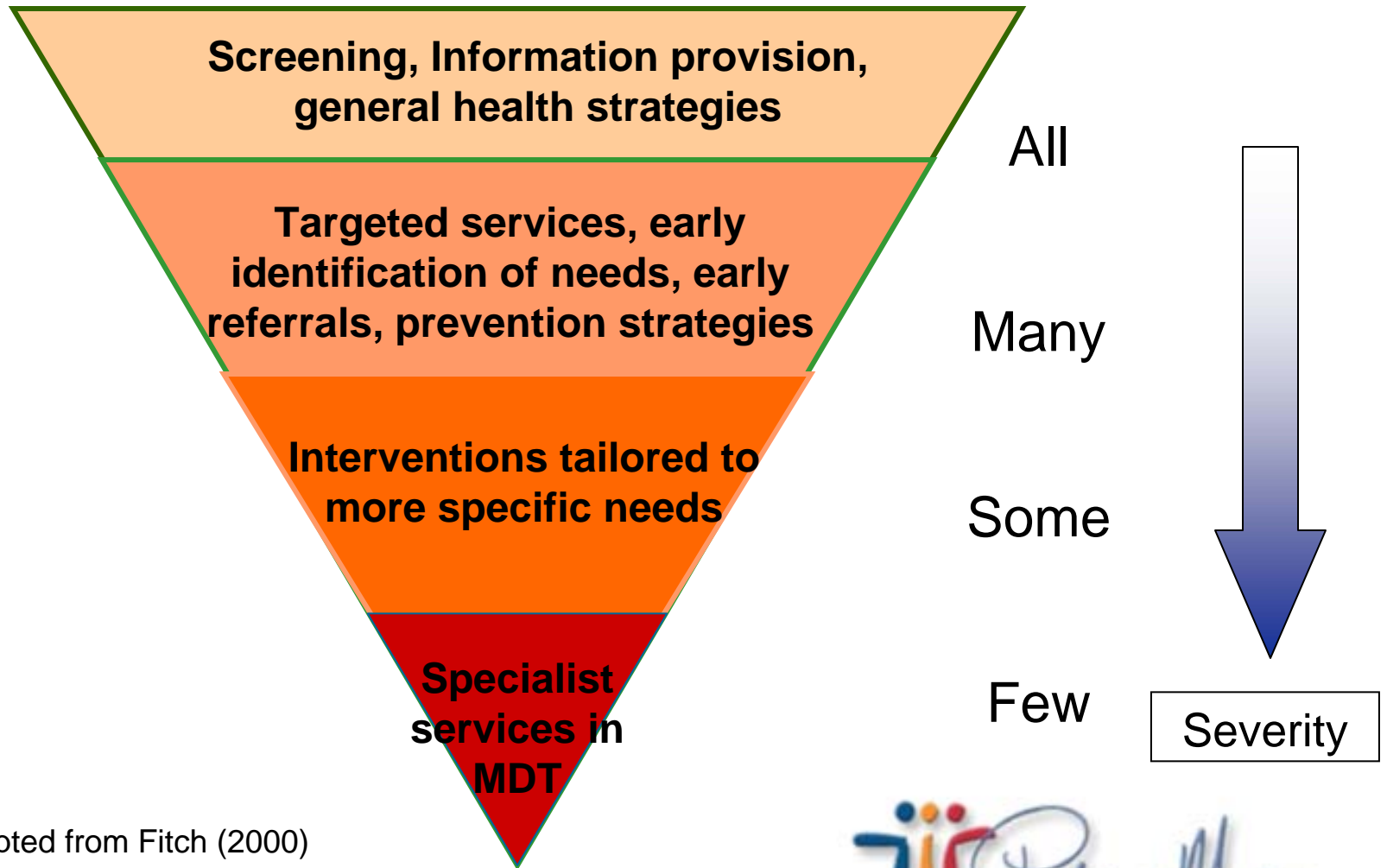
- Self-help and support
- User involvement
- Information provision
- Psychological Support
- Social Support
- Rehabilitation
- Complementary therapies
- Spiritual support
- Palliative care
- End of life and bereavement care



Supportive Care Review : Aims

- To develop and implement a model of Supportive Care at Peter Mac
- To enhance patient access to evidence-based supportive interventions & enhance patient outcomes
- To provide & identify resource issues
- To facilitate collaborative and efficient use of MDT

Fitch Model of Supportive Care



Adapted from Fitch (2000)

What happened?

- Professor Director of Nursing Research
- \$\$ for development of Supportive Care Needs Screening Tool
- Review of programs – formation of committee and sub-programs
- Nurse coordinators in some services
- Patient Information and Support Centre
- 2005: A Department of Supportive Care?

Who will be in?

Volunteers

Pharmacy

Psychiatry

Social Work

Occupational Therapy

Diagnostic Imaging

Palliative Care

Physiotherapy

Psychology

Supportive care research

Ambulatory Care

Speech Pathology

Radiation Therapy

Nurse Coordinators

Nutrition

Patient Information And Support centre

on-Trac @ Peter Mac

Pastoral care

Process

- Consultation within departments
- Technical services did not fit (DI, Pharmacy)
- 2 half-day workshops – Development Sept 05; refinement March 06
 - Department heads and seniors
 - Wide range of stakeholders
- Consensus reached, details not fully determined
- Proposal for Directorate of Supportive Care and budget bid (May 2006)
- Stakeholder feedback throughout

Who is still in?

Volunteers

Pastoral care

Speech Pathology

Supportive care research

Palliative Care

Patient Information And Support centre

Psychology

Social Work

Nutrition

Diagnostic Imaging

Ambulatory Care

Physiotherapy

Occupational Therapy

Pharmacy

Psychiatry

Nurse Coordinators

Radiation Therapy

on-Trac @ Peter Mac

What has been achieved?

- External philanthropic funding for *Harnessing Inner Strength Program*
 - More Clinical Psychology EFT
 - Cancer Support nurse
 - Communication skills training
- Clinical Nurse Coordinators all services
- Screening tool development and validation - increased general awareness of patient SC needs
- Supportive Care Research Group success



What has been achieved?

- Limited achievements by unfunded sub-programs
 - Grief and Bereavement
 - Patient Information and Education
 - Health and Well Being
 - Symptom Management
 - (Rehabilitation)
- Co-location of Allied Health and Psychiatry

What is still to be achieved?

- Clear direction and integration of supportive care
- Clear organisational reporting lines
- Expansion in SC services eg Allied Health
- Leadership and coordination by a Director
- Streamlined, effective new assessment and referral processes in all streams

What are the barriers?

- Term 'Supportive Care' ambiguous
 - Term SC confused with 'psychosocial care'
 - SC seen as an 'extra' rather than integral part of care
- Lack of clear organisational mandate
 - \$, project officer, reporting structure missing
- Variation in discipline viewpoint / agendas
 - Departments opting out
- Medically dominated organisation
 - Lack of AH voice

Where are we now?

- Variable commitment of involved departments
- Review of current structure and function
- Lack of dedicated leadership
- Limited collaboration between SC Research Group and clinicians
- Traditional **Directorate of Allied Health** proposed to enhance AH programs, research and development
- ??? Next

What has been learned

- SC is a **concept** not an entity
- All service providers **do** supportive care
- Ambiguity of term may lead to disengagement
- Failed bid and long process is disillusioning
- Attempt to change org. structure needs support and mandate from Executive / Board
- Limited changes can be made without extra resources

Quest for Excellence: Brave, Foolish or Visionary?

- Brave? Trying something not done before
 - Seeking to implement theoretical model
- Foolish or Naïve?
 - Seeking better outcomes for patients
 - Can't make an entity out of a concept
- Visionary? Wanting to be world leaders
 - A vision needs to be resourced
 - Not enough evidence to support the model



No Discipline is an Island

But...

**How many different island cultures can
become one without a government,
budget and infrastructure?**