

Gap analysis of post-treatment/ survivorship phase for head and neck patients receiving radiation therapy

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Project summary

Survivorship is recognised as an integral component of quality cancer care in both the Victorian Cancer Plan 2020-2024 and the Head and Neck Optimal Care Pathway. Head and neck cancer survivors may experience significant consequences from cancer and its treatment. This can include long-term physical symptoms affecting quality of life and societal functioning. Common unmet needs in this population include fear of recurrence, cognitive and behavioural problems, fatigue and workplace re-orientation.

Members of the Peter MacCallum Cancer Centre (Peter Mac) head and neck cancer multidisciplinary team identified concerns about potential gaps in post-treatment survivorship care for patients receiving definitive radiation treatment at Moorabbin Hospital. With support from Southern Melbourne Integrated Cancer Service (SMICS), a gap analysis of the current service to identify unmet post-treatment survivorship care needs, service and practice gaps was undertaken to identify opportunities for improvement.

Data collection methods included:

- process mapping
- clinician interviews
- a supportive care audit
- current practice conditions as measured against the Victorian Quality Cancer Survivorship Care Framework
- a patient survey.

A Working Group provided leadership and guidance to ensure project objectives were achieved within the agreed timelines.

Aims

This project aimed to identify opportunities for improving post-treatment survivorship care for head and neck cancer patients receiving definitive radiation treatment at the Peter MacCallum Cancer Centre radiation therapy service at Moorabbin Hospital.

The objectives were to:

- Map the current state of the Peter Mac radiation therapy service against the Head and Neck Optimal Care Pathway to identify service gaps and opportunities for improvement.
- Undertake a gap analysis of the current head and neck service to identify the difference between desired and actual practice conditions as measured against the Victorian Quality Cancer Survivorship Care Framework.

- Understand the unmet post-treatment survivorship care needs of people affected by head and neck cancer treated at the Moorabbin Peter Mac radiation therapy service.

Results

SMICS mapped the current state of the Peter Mac radiation service at Moorabbin Hospital to identify improvement opportunities. Interviews were conducted with members of the working group to map current workflows from the point of diagnosis, through treatment and care after initial treatment. This process identified a number of service gaps and improvement opportunities including incorporating supportive care screening at the end of active treatment and providing patients with survivorship care information.

A medical records audit of 116 head and neck cancer patients treated at a Monash Health facility was completed. At Monash Health, the supportive care screening tool includes the NCCN Distress Thermometer and Problem List, which is a validated screening tool. In addition to determining rates of supportive care screening, the audit collected data on unmet supportive care needs reported by head and neck cancer patients. The most common needs included transport, insurance and finance, worry, nervousness, pain, sleep and fatigue.

An analysis of the current radiation therapy service against the Victorian Quality Cancer Survivorship Care Framework was used to identify gaps in best practice survivorship care and opportunities for improvement. Quality criteria in the framework are categorised into three domains: policy, process and outcome. The gap analysis found there are opportunities to improve on the collection of survivorship data, assessing patients at the end of active treatment to identify concerns before they are discharged and developing a local survivorship care procedure.

A patient survey was distributed to 30 head and neck cancer patients treated at the Peter Mac radiation therapy service to understand post-treatment survivorship care needs. Key findings included:

- Only 40% of patients received a written care plan including information about their follow-up care.
- Approximately 50% of patients were not provided information on sexual health or resources to address financial concerns.
- Access to services for pain management, psychology and support groups was limited.
- The majority (90%) of patients reported being very satisfied with the care they received from all health professionals during their follow-up care.
- 47% of patients were very confident their GP could provide follow-up care
- Only 33% of patients were very confident to manage their own needs.

Findings from this project will inform future health service planning at the Peter Mac radiation service at Moorabbin to optimise survivorship care for people affected by head and neck cancer. This could include improved access to survivorship care, improved patient experience, a reduction in unmet survivorship care need, improved follow-up and continuity of care for patient post-treatment.

The **key recommendations** derived from this review to identify unmet survivorship care needs and service delivery gaps at Peter Mac Head and Neck radiation therapy service are:

1. There is an opportunity to improve access to quality survivorship care for people with head and neck cancer by implementing the Peter Mac survivorship care policy. This would require the development of a local survivorship care procedure and supporting resources.
2. Consider improving collection of survivorship care data to inform service improvement and the delivery of survivorship care including:
 - a. patient reported outcomes and experience measures
 - b. quality of life data
 - c. survival and recurrence rates
 - d. diagnosis of new cancers
 - e. the number of survivors provided with a survivorship care plan.
3. Explore establishing a nurse or allied health led end-of-treatment consultation alongside clinical reviews to coordinate survivorship care and wellness. This could include:
 - a. utilising a supportive care screening tool (needs assessment) to structure discussions on identified patient needs, concerns and priorities
 - b. providing end-of-treatment/survivorship care information packs as part of the final nursing/allied health review to support self-management. Develop a structure/procedure to systematically provide relevant information to patients at end of treatment such short and long term side effects of treatment, symptoms to watch for, and healthy lifestyle tips
 - c. provide a written treatment summary and/or survivorship care plan to the patient and their GP to support ongoing follow-up and survivorship care.
4. Consider opportunities to streamline the three month follow-up appointment to reduce duplication of effort across allied health specialities.
5. Document referral pathways to community health and non-profit organisations which provide support services such as pain management, psychology/counselling and financial support.
6. Refer patients to the Cancer Council Support Service to undertake supportive care screening and address identified needs through referral to internal and external services. Support available to patients and carers include counselling, financial advice, peer support and information on wellbeing.
7. Promote and provide information on head and neck cancer support groups.
8. Cancer Council Victoria have developed a Managing Cancer workshop specifically for head and neck cancer patients. They also have a cancer wellness program which focuses on survivorship which could be tailored for head and neck cancer patients. Consider training clinical nurse consultants to facilitate these workshop as a way of helping patients to self-manage their supportive care needs.
9. Support opportunities to increase workforce capabilities and knowledge by offering quality survivorship cancer care professional development and training opportunities.