

Implementation of an electronic supportive care screening tool, utilising the eCaptis ePROMS platform, for Cabrini Cancer patients.

Final report March 2023

List of Team Members

Role	Name
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Project Lead	Kirby Young

Key Messages and Summary

The key messages resulting from the findings of the implementation of the electronic supportive care screening tool for Cabrini cancer patients are:

- There is a need for Cabrini cancer patients to be engaged in supportive care screening at all points along their cancer trajectory for best outcomes.
- Ongoing staff engagement and support in key oncology areas of supportive care screening is required, to ensure cancer patients' physical, emotional, social and practical needs are met.
- The optimal timeframe and frequency of delivery of patient questionnaires needs to be verified. Further information provided by additional Project Evaluation Questionnaires will endorse this methodology.
- On boarding of patients to the supportive care screening tool (SCST) should be a standardised practice of cancer management at Cabrini, at the time of diagnosis, with patients having to 'opt out' if they wish not to be involved.
- Addressing key barriers (such as methods of uptake across all nine tumour streams and treatment modalities, awareness of the importance of supportive care screening (SCS) and use of electronic SCST and PROM delivery) will improve overall commitment to SCS at Cabrini.

This quality improvement project was undertaken to enable timely SCS at Cabrini Health, for all cancer patients, irrespective of their treatment modality, using the eCaptis platform - a secure cloud-based software tool designed to capture and report patient reported outcome measures (PROMs). Through SCS delivery via this platform, it was anticipated that frequency and completion rates of supportive care screening tools would be improved, with resultant enhancement in timeliness of follow-up and coordination of care. Feedback and patient perspectives of enrolled patients were sought via the Program Evaluation Questionnaire, to determine improvement of electronic patient reported outcome measures (ePROMS) surveys for future use.

This final report and findings are based on outcomes collected from the first 12 weeks of data, from the 1st of August to the 16th of October 2022 inclusive.

Project Objectives

The key objectives of this project are:

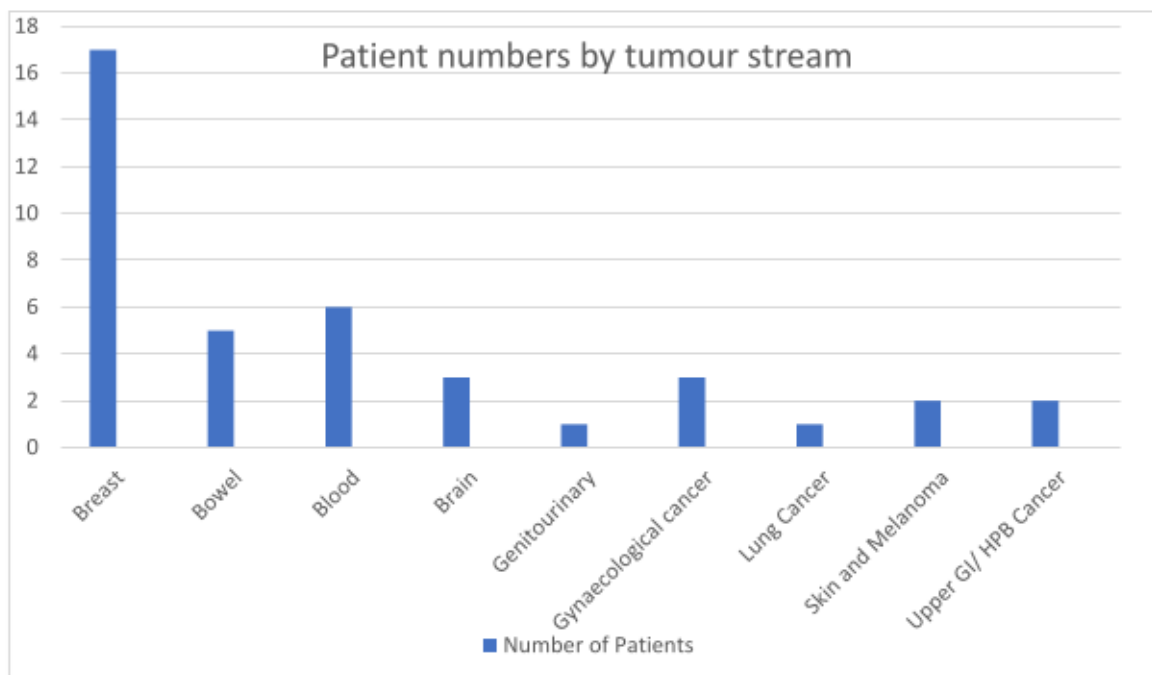
- To develop and pilot a protocol for the management of ePROMS across a range of entry points, inclusive of monitoring, outcome and evaluation: day infusion, Genesis Care, surgical pre-admission and non-admitted cancer patients.
- To improve completion rates and frequency of SCSTs.
- To improve timeliness of follow-up and coordination of care following completion of the SCSTs, facilitated by Wellness Coordinators (WC).

FINDINGS

Questionnaire Results

Enrolment of the first stream of patients commenced on 1st August, 2022. Over the first 12 weeks of project rollout (up to and including Sunday 16th of October), a total of 42 Cabrini patients registered and received the SCST. Of these patients:

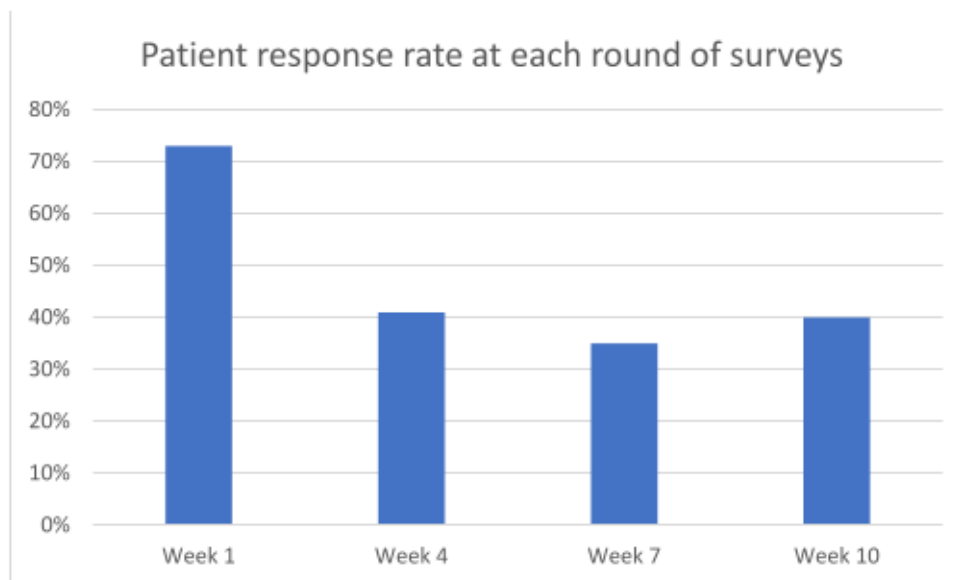
- 33 patients completed all SCST, a response rate of 73%.
- 7 individuals were provided with questionnaires but failed to complete their assigned PROMs.
- 2 participants only partially completed their surveys despite receiving follow-up text messages with a reminder to complete the outstanding SCST.
- A total of 103 SCST were sent during the first 12-weeks; with 64 surveys completed, a response rate of 62%.
- The average age of respondents was 55 years with a total of 28 female and 7 male patients.
- Breast cancer patients were the most engaged tumour stream with registration via the QR code. There were patients from multiple different treating specialists including surgeons, oncologists and radio-oncologists.



Questionnaire Response Rate

When examining the patient response rate, there was good initial uptake at week 1, with 73% of patients completing their first round of SCS immediately following registration. 4 patients were noted to have completed the registration process, but failed to complete any screening questionnaires. It is likely that these patients were unsure of what the project entailed upon registration, were enrolled by a family member or friend or potentially may have become unwell and thus failed to complete the surveys. It was further observed that the:

- Response rate dropped by 30% between the initial round (week 1) and second round (at week 4) of questionnaires.
- Positively however the response rate has remained steady since the second round (week 4) (noting total number of eligible patients was lower for subsequent rounds due to enrolment dates)



Referrals to ongoing services

Approximately 57 contacts were made with the enrolled respondents during this timeframe. Wellness coordinators contacted patients whose SCS responses fell out of pre-defined thresholds, to discuss the patients identified unmet risks and needs and evaluate the impact of these unmet needs on daily living and quality of life. Patients were subsequently offered applicable information, support and follow-up referral(s) to Cabrini programs and services or other external community related services as appropriate. Patients' requirements were able to be addressed in real time, based on a prioritisation of need. Interestingly, some patients indicated clinical distress (i.e. DT >4) but, upon follow-up, found distress to be an 'ambiguous' term and were not, or no longer in distress and noted that they were managing distress through informal support and wellbeing activities. Patient's coping styles such as positivity, and friends and family support, also factored into the perceived value of SCS and ongoing referrals.

Through WC contact with project participants, a need for specialist referral to allied health services for some patients was identified, including psycho-oncology, dietetics, exercise physiology and

rehabilitation programs. Table 1 shows the number of referrals generated from 1st of August to the 16th of October 2022 inclusive.

Table 1: Referrals Generated through Wellness Coordinator follow-up

Cabrini Allied Health Service	Numbers of Referrals	Appointment/service attended
Bladder, Bowel and Sexual Health Service	2	Yes
Dietetics	6	5 attended, 1 still waiting
Exercise Physiology	6	Yes
Lymphoedema Physiotherapy	1	Yes
Provisional Psychology Student	7	Yes
Rehab Program: Early Breast Rehabilitation Group	4	3 attended + 1 yet to attend
Rehab Program: Living Well Group	1	Yes
Rehab Program: General Oncology Group	1	Yes
Wig service	2	Yes

Cabrini Allied Health Service	Numbers of Referrals	Appointment/service attended
Psychology – Melbourne Psychology Oncology Group	2	Unknown
Psychology (external)	1	Yes
Cancer Council Victoria	3	Yes

When examining the data of patients who were referred to and attended, or are still attending a recommended service, the majority of patients were observed to have improved subsequent PROMs. Whilst it cannot be unequivocally known that this improved score is directly related to the service or program that they attended or are attending, it is assumed that the service had significant relevance. Moreover, it should be noted that many patients continue to have treatment and thus the observation of a noteworthy change in some PROMs over such a short timeframe would not be expected.

In relation to diet and nutrition, two patients' Malnutrition Screening Tool (MST) remained unchanged; reflective of their answer 'yes' to the question "Have you been eating less food than usual because you have not been hungry?" For the patient who had dietetic intervention and who completed a later PROM, they had improved MST scores.

For those patients referred to the Early Breast Cancer Rehabilitation Group there was a lessening of distress with an improvement in both emotional wellbeing and physical activity. A similar outcome was noted for the participant of the General Oncology Group, with an improvement in physical activity and quality of life.

Patients reviewed by our exercise physiologist all had an improvements in their overall physical activity.

Those referred to the provisional psychologist, seemingly had a positive interaction resulting in a constructive outcome. 4 patients experienced a lessening of distress coupled with improved

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emotional well-being, whilst 2 others had improved emotional well-being and quality of life (with no change in their distress scores). In discussion with patients, often distress would be heightened at definitive time points such as a new diagnosis, at or around the time of surgery, awaiting test results or upon receipt of bad news. For others high distress was experienced momentarily and not a true reflection of the amount of distress that they were experiencing over a timeframe longer than a couple of hours.

Table 2: PROMs scores post service intervention

Service	PROM score	Explanation
Dietetics	Remained unchanged (2)	Reflective of questions have you been eating less food than usual because you have not been hungry?
	Improved scores, weight loss improved (1)	Within the last 6 months, have you lost weight without trying?
	Unknown (1)	Only completed one SCST
	Unknown (1)	No further SCST post intervention
Early Breast Rehab Group	Distress lessened, emotional wellbeing improved (1)	
	Distress lessened, emotional well-being improved, physical activity improved (2)	
Exercise Physiology	Improved overall activity (6)	
Psychology	Improved distress and emotional wellbeing (4)	
	Distress unchanged, improved emotional wellbeing and QOL (2)	
	Unknown (1)	No further SCST post intervention
General Oncology Group	Physical activity improved, emotional wellbeing unchanged, QOL improved	

In addition to these primary referrals, information on the programs and services offered within Cabrini's Cancer Exercise and Wellness Centre (CEWC) was discussed with a further 11 participants. These patients were also emailed a copy of the CEWC brochures to consolidate the information discussed, however no subsequent referrals to services were made. Of these 11 participants, one person indicated dietary concerns including loss of weight, but themselves worked as a dietician so believed a referral to dietetic services was unnecessary; another person stated the issue of cost as a barrier to consenting to a referral.

A further 3 patients were provided with information to external exercise physiology services, and an additional 2 persons were provided with rehabilitation program material operated by other health providers. One person indicated that that they were interested in participating in meditation sessions

and were instructed to keep an eye on the CEWC website as it in the intention that such sessions will be introduced as part of 'Wellness Wednesdays' in 2023. A further person was already linked into CEWC services, whilst another was provided with information and linked into cleaning council services.

Wellness Coordinators discussed with many patients' eligibility and information about Chronic Disease Management Plans, to ensure patients were aware of potential subsidised allied health care to further manage any concerns they were experiencing.

Evaluation Strategy

The **End of Project Questionnaire** (Appendix 3) was automatically issued at the end of the 3-month SCST delivery (day 92) with patients provided with the opportunity to either:

- a) continue to receive the SCST every 3 weeks for a further 3 months (option 1)
- b) stop receiving any further SCS (option 2)
- c) receive a post treatment/maintenance questionnaire every 2 months for a 12-month period for those who have finished active treatment (option 3)

Patients who indicated that they no longer wished to continue with any SCS, then received the **Project Evaluation Questionnaire** (Appendix 4).

16 patients were provided with the End of Project Questionnaire. Of these, 9 patients opted to continue to receive the SCST for a further 3 months. An additional 3 patients declined to receive further SCSTs citing length of surveys and the completion of supportive care (exercise and nutrition) elsewhere. The remaining 3 participants selected to transfer to delivery of the **Post treatment/maintenance questionnaire** (Appendix 5) with less frequent distribution.

The **Project Evaluation Questionnaire** was issued to the 3 patients who opted out of further SCS. Disappointingly, none of these patients provided any additional feedback or comments in regard to their experience with the SCST applied. Patients were prompted to consider the enrolment process, questionnaire (delivery, frequency, length, content) and provision of SC. One participant indicated that the SCST did not contain appropriate content to identify their supportive care needs, whilst another indicated that a 4-weekly interval of survey delivery would be preferable to the current 3-week rate of delivery. As project delivery continues, it will be useful to receive further completed evaluation questionnaires, to better determine improvement of ePROMs surveys for future use.

DISCUSSION

Summary of Key Findings

The following discussion focusses on responding to the project objectives using available data. The initial project objectives have been achieved in the following ways:

- There has been a moderate acceptance of patient project registration across the nine tumour streams, with concurrent improvement of completion rates and frequency of SCSTs in the cancer domain. This is a good general indicator in demonstrating how this model will fit into usual practice with ongoing sustainable uptake.
- The project created the opportunity for improved timeliness of follow-up and co—ordination of care following completion of the SCSTs. WCs were able to identify and respond to emotional, practical, social and physical unmet needs of the participants and provide timely support and ongoing referrals as required. This level of support was anticipated to enhance the experience of supportive care through a patient’s cancer trajectory.
- The project protocol continues to be trialled for the management of ePROMS across day infusion and Genesis Care with good effect. Implementation for non-admitted cancer patients and surgical pre-admission patients will be a focus in the future.

Communication and Stakeholder Engagement

Promotion across Cabrini was consistent to ensure ongoing project awareness. Project information including A4 and A5 material was hand-delivered to surgical teams and practices, medical oncologists and haematologists, radiologists, in addition to breast care nurses, Stomal therapists, 5 West, Therapy in the Home and the Cabrini continence service (Appendix 1). WC touched base with these establishments at regular timeframes during the project to maximise engagement and to gauge interest of their patients to the project. QR location points were determined by endorsement through key treating specialists, both at Brighton and Malvern campuses and Genesis Care. Some practices and businesses were more accommodating in their support of the project, permitting project information to be included within their patient welcome packs and A3 posters displayed in their waiting rooms.

Strong engagement continued during this milestone, with ongoing significant commitment and support of both Genesis Care and Day Infusion Units at Brighton and Malvern. However, continued challenges were observed with the non-admitted and surgical groups, reflective of the low volume of patient enrolment from these cohorts. It is noted that the surgical cohort may have additional touch points along their cancer trajectory, other than in pre-admission and thus we are hopeful that they may be captured within surgical consulting rooms with ongoing SCST promotion. The non-admitted patients, remain the patient subgroup that continue to present the greatest enrolment challenge. As efficient systems, ongoing good traction and processes are streamlined into finalising the protocol, in the higher volume areas of day oncology and radiotherapy, a more focussed approach on surgical and non-admitted patients will be pursued.

Steering Committee bimonthly meetings ensured discussion of the project plan deliverables and strategies were devised in order to address any identified barriers or shortcomings, with an emphasis on patient uptake.

Organisational wide project promotion included: discussion at the Cabrini and Genesis Care Cancer Services Management Committee meetings, regular articles within the Cabrini Bulletin and delivery of in-services within Day Oncology, 5 West and Genesis Care.

Implementation of an electronic supportive care screening tool, utilising the eCaptis ePROMS platform, for Cabrini Cancer patients.

Project Uptake

Patient uptake to this project was less than anticipated. This is likely to have been multifactorial and may have been due to:

- Patients not receiving information pertaining to the project in the first instance.
- Receiving the relevant information, but not fully understanding the objectives of the project and/or the potential benefits to the individual.
- Patients not considering themselves in need of supportive care, or already linked in with supportive care services.
- Problems with registration and enrolment via the QR code.
- Electronic SCST and PROM delivery.

In order to address some of these potential issues of uptake, a number of strategies were implemented.

Key clinical staff in day infusion at both Brighton and Malvern, and GenesisCare at Malvern, were provided with a dummy patient profile and sample questionnaire QR codes. The intention was that these nursing employees could then suitably view the SCST, to better familiarise themselves with the questionnaires, both in content and method delivery, and thereby discuss the project with the patient and suitably answer any questions raised. This also provided the opportunity for nursing staff to demonstrate the SCST to patients on the iPad, so patients could get a feel for what the project involved, prior to formally registering. It was anticipated that by introducing this strategy, subsequent enhancement of the registration process may occur through improving patient engagement to the project via the nursing staff as primary providers of patient education and follow-up.

As enrolment was predominately undertaken by scanning the QR registration code, a new paper-based form ***“Let us support you through your cancer treatment”*** (Appendix 2) was created, which provided patients in Malvern Day Infusion Centre and GenesisCare, to request supportive care and/or discussion with Wellness Coordinators manually, as an alternative to the QR registration form. Despite QR code technology having been demonstrated to save time and serving as a powerful solution in improving communication and information between healthcare providers, caregivers and patients at Cabrini, it was identified that some patients were slower to embrace this technology and preferred the more traditional method of completing a paper-based form. This form served as an add-on, to offer an alternative means of registration, to assist to boost the low numbers observed using the QR code. Patient administration in Malvern Day Infusion Centre and GenesisCare assisted with providing these forms to suitable patients, to be completed and subsequently collected regularly by Wellness Coordinators. Within the reported timeframe, an additional 4 patient registrations have been generated and received.

Attendance at the colorectal MDM has commenced as a means for increasing the number of surgical patients.

Further potential barriers identified at the patient level may have been with the SCST and PROMs themselves. The time taken to complete the SCST, difficulties in using their mobile phone to navigate and complete the PROMs, an inability to complete the PROMs due to sickness or not feeling well, or difficulty in recalling their symptoms may have been experienced. Further barriers may include a perceived irrelevance of SCST and its value unclear to patients, concerns that PROMs results would be a reflection of patient fragility, that WCs may not review or respond to their PROMs or concerns

around privacy. Patient compliance around completion of subsequent and ongoing PROMs was also noted to be an issue, perhaps viewed as an inconvenience and additional burden to the patient.

At a service level, major barriers may have included nursing staff and oncology related practices not providing their patients with the QR information and registration form due to forgetfulness, time constraints or busy staff workloads. In addition, system technical issues within the eCaptis IT infrastructure (patients not receiving SCST, receiving incomplete SCST, results not synchronising with eCaptis) may have occurred that would affect the easy dissemination and completion of the SCST.

Protocol finalisation and endorsement

The project protocols serve as the core documents that describes the objectives, design, methods and details of how the project has been developed and will be evaluated. The protocol has been adapted throughout the duration of the project to reflect the clear guidelines regarding the patient pathway from enrolment.

The **Project Protocol(s)** are currently in draft format for GenesisCare and Brighton and Malvern Day Infusion Units. They define and outline the background and objectives of the project, and the steps undertaken, considering criteria for patient participation, enrolment, survey content, patient responses and subsequent intervention by WCs relative to the respective Cancer treatment pathway. This continues to be a working document due to the lower than expected patient numbers, and will be finalised over the coming weeks with greater patient numbers so to rigorously test the protocol instructions in terms of workflow and escalation pathways.

Despite consumer and clinician feedback being sought in relation to the questionnaire content, phrasing and layout of the introductory blurb and questions, presentation order of PROMs and frequency of survey delivery, the thoughts of current Cabrini patients on these themes remains unclear. The poor completion of the Project Evaluation Questionnaire to date, has provided no additional opinions or ideas to direct future ePROMs use.

Limitations of Project

It is unknown how many people received information pertaining to the SCS project and the QR enrolment forms. Furthermore, of those that did receive the information, it remains unclear as to how many patients chose not to register in this project, nor their reasons for choosing not to enrol.

Moreover, one of the project objectives was to improve the completion rates and frequency of SCSTs for all Cabrini cancer patients. Whilst no data was available as to the current completion rates of SCS, a project completed in 2020 examined pre-treatment education at Cabrini for patients receiving cancer therapy in day oncology. This study revealed that all patients completed a SCST either at the time of, or prior to their first round of chemotherapy. However an explanation of the SCST was not usually offered to the patients, nor the optimal frequency of delivery of the SCST. For 50% of these patients, there was no reference to the responses recorded on their SCST and no allied health referrals were noted or discussed. Hence, based on this information, it is predicted that this project has improved the standardised frequency of delivery of the SCST within Day oncology and assisted in the identification of SC needs with timely follow-up and coordination of care introduced.

The impact that a referral to an ongoing service or program has had on a patient's ePROM scores is mostly positive. However many patients have failed to complete subsequent SCST post their

intervention, so the overall impact is unknown. This can perhaps be viewed as a positive, as patients are feeling more supported and in control of their symptoms, and therefore are less likely to complete the SCST when holding a more optimistic attitude.

Sustainability and future Directions

The delivery of PROMs via the eCaptis platform will be imbedded as usual care ongoing, with WCs continuing to review patient's SCST responses. Several potential improvements will be made, in consultation with patients and clinical staff, to enhance the overall compliance, value and merit of SCS.

Key priorities and improvement include:

- Revision of frequency of SCS with consumer engagement and based on feedback via the Project Evaluation Questionnaire.
- Continue to drive and improve stakeholder engagement through regular attendance at multidisciplinary meetings.
- Shortening and refinement of review questionnaires utilising branching logic, to allow for faster completion when there has been minimal change.
- Integration of eCaptis with other systems such as CHARM to allow for all new chemotherapy patients to receive the SCST as part of usual care, thereby removing the need for QR codes or paper-based provision of information.
- Improvements and upgrades of eCaptis to allow for more timely provision of SCST delivery.
- Investigate potential to incorporate the eCaptis platform within a Cabrini Cancer phone application or portal.

Conclusion and Recommendations

It is well established that routinely using PROMs empowers patients to actively participate in their health care, facilitates early detection and monitoring of patient symptoms, and enables the treating team to better understand and act on patients' needs. At Cabrini, there continues to be room for improvement in the assessment of needs and provision of supportive care to patients with cancer. Approaches to optimise both the uptake and timeframe to deliver supportive care screening via ePROMS to patients at Cabrini are necessary. Flexibility in the form and mode of delivery of the SCST may be required to meet diverse personal preferences and learning needs and incorporate caregivers. Discussion of what supportive care is and how supportive care needs may change over the cancer trajectory needs to be discussed by all members of the patient's treating team. The delivery of the ePROM SCST should become part of business as usual and delivered to all patients at the time of diagnosis, with subsequent follow-up when treatment commences and into survivorship, managed within existing resources.

Appendix 1

LET US
support you
THROUGH
YOUR CANCER TREATMENT

If you are undergoing cancer treatment, you may also be experiencing physical, emotional, nutritional, social, spiritual, financial, or family problems.

Supportive care refers to the holistic services, information and resources you may need following a diagnosis of cancer. It complements cancer treatment and is an important part of comprehensive cancer care.

The Cabrini Cancer Exercise and Wellness Centre has developed an electronic questionnaire for cancer patients – to help screen, identify and provide any supportive care services needed. The questionnaire is voluntary, but participation will enable appropriate supports to be arranged for you as early as possible.

Following this project, it is anticipated that our electronic tool will be provided to all Cabrini cancer patients to ensure they have access to supportive, cohesive and holistic care.

If you are interested in participating, please scan the QR code below to create your profile.



*For further information about the project,
please see overleaf.*



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Appendix 2

LET US
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REGISTRATION FORM

Full name:

Cancer type:

Phone number:

Email address:

Affix Bradma

I would like to be contacted by Cabrini regarding the following (please tick):

Supportive Care Screening Tool (SCST)

The Cabrini Cancer Exercise and Wellness Centre has adapted a commonly used paper-based form into an electronic tool to assist in the timely identification of any problems that may arise as a result of your cancer treatment, allowing for provision of services, information and resources you may need. Supportive care complements cancer treatment and is an important part of comprehensive cancer care.

Education

Complimentary, evidence based education sessions, delivered online via zoom, that cover the physical, emotional, practical and social impacts of a cancer diagnosis.

Peer support (lung, gynaecological, haematological and blood)

Face-to-face monthly peer support sessions, led by our social work team, provide a safe forum for exchanging perspectives, sharing concerns and gaining confidence and empowerment to face the future.

DO YOU HAVE FURTHER QUESTIONS?

Please don't hesitate to contact the Wellness Coordinators on (03) 95081840 or email us at wellnesscoordinator@cabrini.com.au



Save time and register by scanning the QR code



Appendix 3

End of Project Questionnaire

Thank you for your participation in this project. We hope that your identified supportive care needs as a Cabrini cancer patient were met and, if needed, timely support was facilitated. If you have any questions or concerns, please contact Wellness Coordinators via email wellnesscoordinator@cabrini.com.au.

- 1) In the last 3 months, what treatment for cancer did you receive? Please indicate all options that apply.
 - Chemotherapy
 - Immunotherapy
 - Radiation Therapy
 - Hormone Therapy
 - Surgery
 - Stem Cell or Bone Marrow Transplant
 - Targeted Therapy

- 2) Please select the response that best represents your current status and how you would like to proceed with the program.
 - I'm still undergoing active treatment and would like to continue to receive the questionnaire for another 3 months. (triggers general – on treatment Q)
 - I'm still undergoing active treatment but would like to opt out of future questionnaires (note: one final questionnaire will be issued).
 - I'm no longer undergoing active treatment but would like to start receiving a new post-treatment questionnaire, every 2 months for the next 12 months (triggers post treatment Q).
 - I'm no longer undergoing active treatment and would not like to receive the post treatment questionnaire (note: one final questionnaire will be issued).

- 3) If you no longer wish to receive the supportive care screening questionnaire, could you please indicate your reason(s) to discontinue.
 - I am no longer receiving treatment for cancer
 - I did not find the questionnaire helpful
 - The questionnaire took too long to complete
 - The questionnaire was not relevant to my personal circumstances
 - Other
 - Not applicable (if answered 'yes' above)

- 4) If you answered 'other' above, please comment further as to why you opted to stop receiving the supportive care screening questionnaire.

Appendix 4

Project Evaluation Questionnaire

Thank you for participating in this project. Supportive Care screening is an important part of comprehensive cancer care at Cabrini. By completing the questionnaires, we trust your supportive care needs were identified and information, resources or services were discussed to better assist you in addressing your needs. Your feedback is valuable as it allows the opportunity to continue to improve and enhance supportive care delivery to all Cabrini Cancer patients.

1. The registration and enrolment process was easy to complete.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

2. The questions asked in the questionnaire were easy to understand.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

3. The questionnaire was easy to read.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

4. The questionnaire was easy to complete on my mobile device.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

5. The questionnaire took too long to complete.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree

- Strongly Disagree

6. The 3-weekly frequency of questionnaire delivery was suitable to meet my needs.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

If you disagreed with the 3-weekly questionnaire delivery, what would you deem a better interval for survey delivery?

Free comment box

7. The questionnaire content identified my supportive care needs.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

8. Upon completing the questionnaire, I received a message prompting me to contact a member of my treating team to discuss my response(s).

- Yes
- No

9. I contacted a member of my treating team for advice, following instructions to do so following completion of my questionnaire.

- Yes
- No
- Not applicable

9. I was contacted by a Wellness Coordinator to discuss my response(s).

- Yes
- No
- Not applicable

10. I was provided with adequate information to address my supportive care needs.

- Yes
- No
- Not applicable

11. My expectations of follow-up were met via by provision of information, a phone call or referral to appropriate service(s).

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

12. Were you recommended or referred to a service or program in the Cabrini Exercise and Wellness Centre?

Yes

No

Not applicable

13. Were you recommended or referred to an external service or program (other than Cabrini)?

Yes

No

Not applicable

14. Did you attend the recommended service or program in the Cabrini Exercise and Wellness Centre?

- Yes
- No
- Not applicable

14. If referred to the Exercise and Wellness Centre, what service or program did you attend? Multiple tick box options

- Dietitian and Nutrition
- Exercise Physiology
- Physiotherapy – Lymphoedema
- Physiotherapy – Musculoskeletal
- Physiotherapy – Bladder, bowel and Sexual Health (Pelvic Floor)
- Social Work
- Psychology
- Oncology Rehabilitation Program
- Not applicable

15. If you did not attend your session, was there a particular reason why you didn't attend the recommended service or program?

- Forgot to attend or cancel appointment
- Felt I no longer needed the service
- Financial reasons
- Unable to get to appointment i.e. transport issues
- Medically unwell
- Other

16. Do you have any further feedback or comments in regard to your experience and the supportive care screening tool applied? For example, consider the enrolment process, questionnaire (delivery, frequency, length, content) and provision of supportive care ?

Appendix 5

End of Treatment/Maintenance Treatment Questionnaire

Following cancer treatment, people may experience new or ongoing physical, emotional, nutritional, social, spiritual, financial or family problems. The purpose of this questionnaire is to continue to screen and identify any supportive care needs that you may have, at the conclusion of your active treatment and beyond, so that appropriate help may be arranged.

As per standard questionnaire:

Problem List

Distress Thermometer

Emotional Wellbeing

Physical Activity

Diet and Nutrition

Quality of Life

Then add the following Qs?

At this time, would you like to be contacted to receive information about or referral to one of the following services, conducted at the Cabrini Exercise and Wellness Centre or an external service provider?

- Oncology rehabilitation outpatient program
- Exercise Physiology
- Group Exercise Class
- Musculoskeletal Physiotherapy
- Bladder Bowel and Sexual Health (Pelvic Floor Physiotherapy)
- Lymphoedema Physiotherapy
- Nutrition and dietary advice or support
- Group Peer Support
- Mindfulness sessions
- Occupational Therapy review for return to work
- Counselling or psychology services
- Financial and legal support provided through Social Work
- Other

If you answered other, could you please state what service(s) you would like to be contacted about either in the Cabrini Cancer Exercise and Wellness Centre or an external service provider.

Comment box

At this time, would you like to receive information about any of the following health-related topics? (If we include this question, we may have to have information sheets drafted/or link to CCV resources? Thoughts?)

What late and long-term side effects of cancer treatment to expect

<https://www.cancervic.org.au/downloads/resources/booklets/Living-Well-After-Cancer.pdf>

Managing your anxiety about recurrence

<https://www.cancervic.org.au/downloads/resources/booklets/Living-Well-After-Cancer.pdf>

<https://www.cancer council.com.au/cancer-information/living-well/fear-of-cancer-coming-back-recurrence/>

Staying physically fit

<https://www.cancervic.org.au/downloads/resources/booklets/exercise-and-cancer.pdf>

Nutrition and Diet

<https://www.cancervic.org.au/downloads/resources/booklets/nutrition-cancer.pdf>

Dealing with Sexual Problems

<https://www.cancervic.org.au/downloads/resources/booklets/Sexuality-Intimacy-and-Cancer.pdf>

Complementary treatments

<https://www.cancervic.org.au/downloads/resources/booklets/Understanding-Complementary-Therapies.pdf>

Social and emotional supports available

<https://www.cancer.org.au/support-and-services/cancer-council-13-11-20>

Managing finances

<https://www.cancervic.org.au/downloads/resources/booklets/Cancer-and-Your-Finances.pdf>

Advance Care Planning and Palliative Care

<https://www.cancervic.org.au/downloads/resources/booklets/Facing-End-of-Life.pdf>

Clinical trials information <https://www.cancervic.org.au/cancer-information/treatments/clinical-trials/clinical-trials-explained.html>

Cancer Council provides a free, confidential telephone support service for people affected by cancer, accessible by calling 131120. Specially trained staff are available to answer your questions about cancer and offer emotional or practical support.

Do you consent to the Wellness Coordinator sharing your personal and health information with Cancer Council Victoria for the purpose of supportive care screening? (First name, Last name, DOB, gender, mobile phone number, email address, cancer type)

(Insert link to the Privacy Policy and Collection statement
<https://www.cancervic.org.au/about/about-this-site/privacy>

Yes

No

Not applicable

Pop up Box

Thank you for completing this questionnaire. The Cabrini Cancer Exercise and Wellness Centre and/or Wellness Coordinators can be contacted on (03) 9508 1840 at any point in your cancer trajectory, even if you have completed treatment, as your needs may continue to change, for ongoing advice and support.