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HEALTH CARE

Oncology Rehabilitation

A new model of outpatient care in Australia

Suzie Hooper

Group Manager Clinical Projects

Acknowledgement

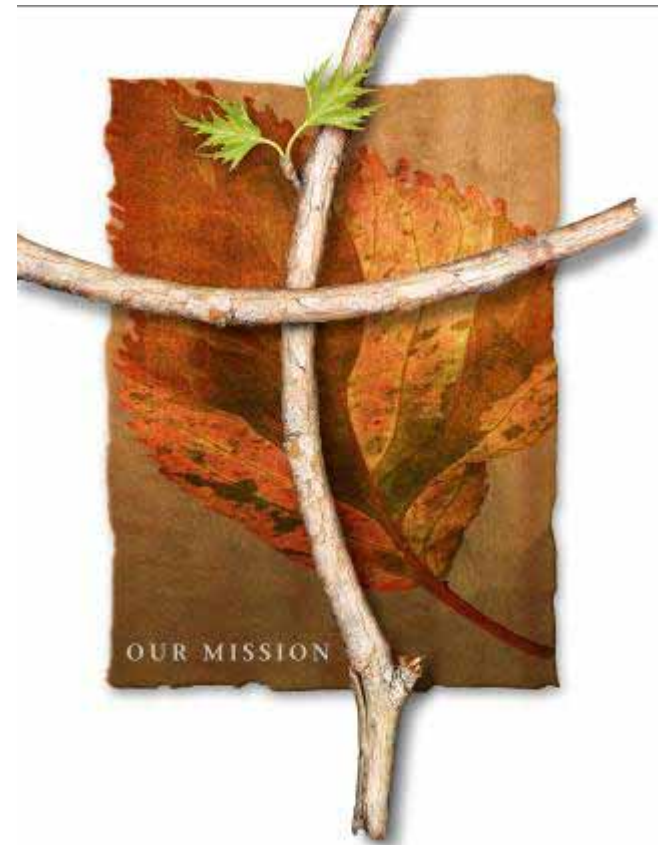
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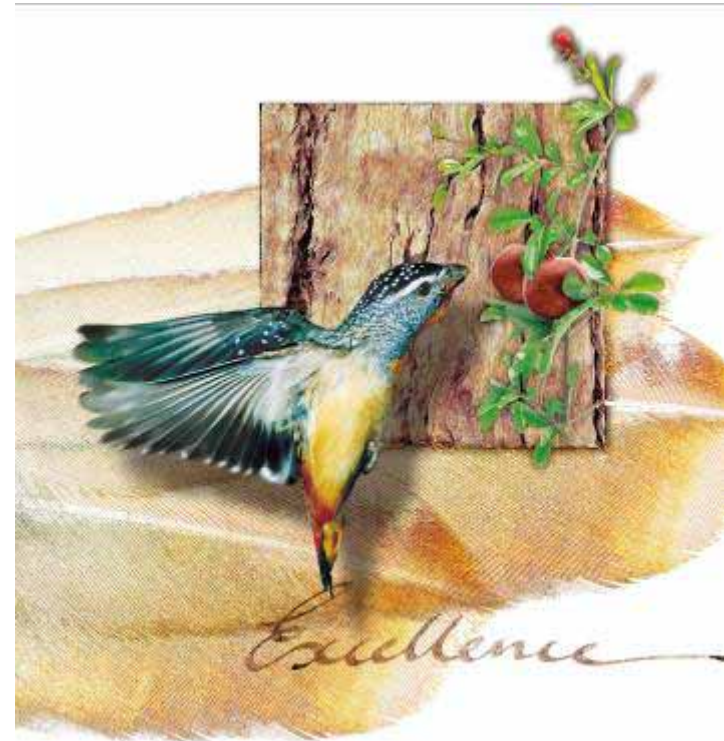
St John of God Health Care

- Australia's largest Catholic not-for-profit private health care group
- Established in 1895 in WA by the Sisters of St John of God
- 14 hospitals in Australia and NZ



SJGHC Vision

To live and proclaim the healing touch of God's love where we invite people to discover the richness and fullness of their lives, give them a reason to hope and a greater sense of their own dignity



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The Cancer Journey



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The Cancer Journey

- “Such patients face a decrease in health-related quality of life and a level of disability out of proportion with what might be expected. Many patients require additional support for their psychosocial and physical needs.”

(Segal et al 1999 Oncology rehabilitation Program at the Ottawa Regional cancer Centre; program description. JAMC 161 (3))

The ride



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Diagnosis related issues

Physical

- Fatigue
- Reduced muscle strength
- Cardio-respiratory and muscular skeletal deconditioning
- Pain

Psychological

- Anxiety
- Depression
- Mood disturbances
- Insecurity
- Grief
- Low self esteem
- Social isolation
- Job related stresses



Multifactorial needs

- Patients with cancer as a diagnosis have been demonstrated to have multidisciplinary therapy needs throughout the course of their treatment.
- Best practice guidelines recommend this approach. “Evidence indicates that a team approach to cancer care can reduce mortality and improve quality of life for the patient.” (National Breast Cancer Centre, 2005)



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Complementary/ Alternative Medicine

- Therapies not presently considered an integral part of conventional medicine.
- Review of 21 studies involving adult cancer patients
- Average percentage use of CAM across the studies was 31.4%

(Ernst E and Cassileth R 1998 The Prevalence of Complementary / Alternative Medicine in Cancer A Systematic Review American Cancer Society)



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Multidisciplinary Approach

The Cancer Services Framework for Victoria (2003) states that one of its key components is ensuring that “An emphasis (is) on multidisciplinary coordinated care....” (p.79)

Definition

- “Cancer rehabilitation is defined as a process that assists the cancer patient to obtain maximal physical, social, psychological and vocational functioning within the limits created by the disease and the resulting treatment”

(Kaplan RJ. 2005 Cancer and rehabilitation.

Available at: <http://www.emedicine.com.pmr/topic226/htm>)



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Current programs

- Milne et al (2007) in an Australian randomized controlled trial examining the effects of combined resistance and aerobic training on breast cancer survivors demonstrated “large and rapid improvements in health-related outcomes.” (p 279)
- A literature search indicates that there was no formal, structured, multidisciplinary outpatient oncology group rehabilitation programs in Australia.



International approach

Studies conducted on international programs consisting of both physical and psychosocial rehabilitation demonstrated significant outcomes in a number of measures, including: QOL, emotional functioning and physical functioning.

Korstjens I, Mesters I, van der peet E, Gijzen B and van den Borne B 2006, Quality of life of cancer survivors after physical and psychosocial rehabilitation

van Weert W, Hoekstra-Weebers J, Grol B, Otter R, Arendzen J Postema K and van der Schans C 2004 Physical functioning and quality of life after cancer rehabilitation.



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Netherlands model

A study conducted in the Netherlands between 1996 and 2003 by Gijsen et al demonstrated a significant increase in patient's quality of life during the multidisciplinary outpatient program and a significant decrease in fatigue as a physical complaint.

Netherlands model

- The patient's satisfaction regarding the program was high
- “(the study) indicates that the rehabilitation program meets the actual needs of cancer patients and improves the quality of cancer care.”
- Rolled out across the Netherlands as a certified rehabilitation program called ‘Recovery and Balance’.

Gijzen BCM et al 2004 Implementation of cancer rehabilitation in the Netherlands, an improvement of patient's quality of life and the quality of cancer care



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SJGHC Model

- Reflects and supports the SJGHC Vision
- Based on the successful Netherlands model
- Comprehensive model addressing physical and psychosocial needs
- Open to all outpatients who have undergone or currently receiving treatment for cancer (i.e. surgical, radiotherapy and/or chemotherapy) who are deemed well enough by their referring doctor to participate.



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Program Evaluation

- Grant received from Victorian Cancer Agency to establish the Ballarat program and evaluate both models
- Measuring:
 - Physical progression
 - QOL
 - Anxiety and Depression



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Program Objectives

- Facilitate maximum physical, psychological and social recovery of outpatient oncology patients by means of an interdisciplinary team approach.
- Provide a comprehensive program of care to both the patient and family that assists in developing an understanding of their disease, management and health maintenance.

Program Objectives

- Provide effective, efficient treatment which assists patients to become physically active at a level which is compatible with the limitations of their functional capacity whilst undergoing and recovering from treatment.
- Assist the patient in achieving re-establishment of both vocational and avocational activities thus enhancing quality of life.

Program Details

Nepean

- Group setting
- All cancer streams
- 7 week duration
- Structured exercise
- Education sessions
- Closed group

Ballarat

- Group setting
- All cancer streams
- 12 week duration
- Structured exercise
- Education session
- Individual psychosocial support
- Rolling entry



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Physical Measures

- a six minute walk test
- a sit to stand test
- a reach test
- monitoring of vital signs



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Assessment of patient's exercise

- Heart rate
- BORG scale
- Vital signs (as necessary)



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Education and Psychosocial Support Nepean

- Nutrition
- Living with Cancer
- Energy Conservation
- Pain Management
- Coping with stress
- Natural Medicine
- Tai Chi
- Community Supports



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Education and Psychosocial Support Ballarat

- Living with Cancer - Life changes & communication
- Coping with Stress
- Guided Relaxation- aiding recovery through relaxation
- Pain Management
- Complementary Therapies and Natural Medicine
- Nutrition-nutrition & nausea
- Tai Chi
- Nutrition – healthy eating & cooking
- Cancer Support- Groups & services in our community
- Pacing Yourself- energy conservation & coping with fatigue



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Psychological Measures

- European Organisation for Research and Treatment of Cancer (EORTC) quality of life survey
- Hospital Anxiety and Depression Scale (HADS)
- Functional Assessment of Cancer Therapy (FACT-An)
Ballarat only



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Outcomes - Nepean

- In the 6 minute walking test from pre program to discharge 100% of the patients either increased their walking distance by an average of 75 metres or maintained the same distance.
- Two patients reduced their reach but all others either remained the same or increased their reach
- All patients either had the same result or better in the sit to stand test.



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Psychosocial outcomes HADS

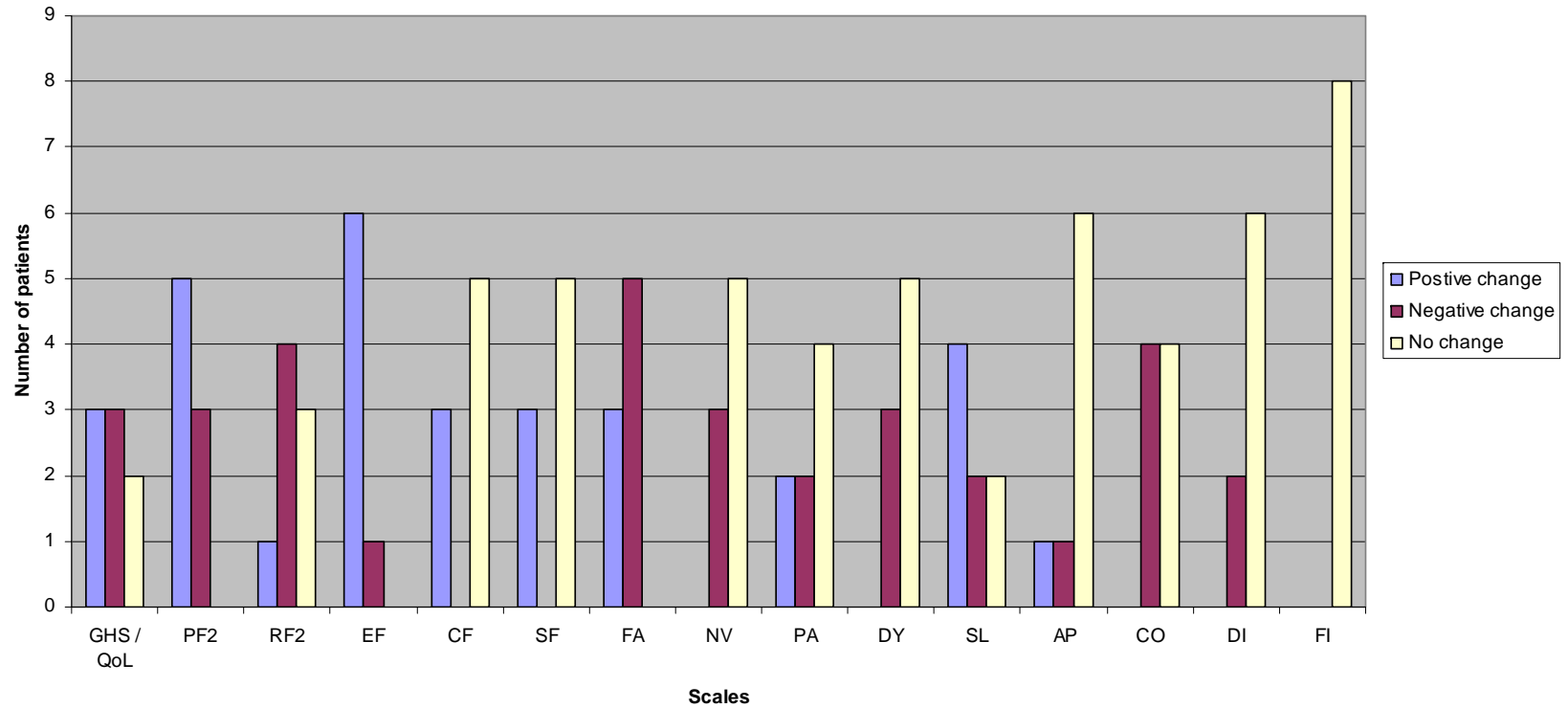
Patient	AD / DC	Depression	Anxiety	Total
1	A	7	10	17
	D	2	1	3
2	A	5	2	7
	D	1	0	1
3	A	4	1	5
	D	4	3	7
4	A	1	4	5
	D	2	5	7
5	A	5	6	11
	D	5	5	10
6	A	3	4	7
	D	3	0	3
7	A	7	6	13
	D	4	3	7



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Quality of Life EORTC

Raw Score Change EORTC QLQ-C30



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Outcomes

- Early data indicates:
 - Improvement in HADS
 - Mixed results relating to QOL but generally a well functioning group a start of the program
 - Improvement in physical outcomes
 - High level of patient satisfaction

“I have found this program informative and enjoyable. I also found my fitness has improved and I really can’t add any suggestions.”

The Journey continues.....



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Meeting patient's needs



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A different ride



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