

# An Innovative Allied Health Approach to Cancer Care Services At Nepean Cancer Care Centre Removing the “Band-Aid-Effect”



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## Case for change

Nepean Cancer Care Centre established in 1998, setting up a comprehensive specialised interdisciplinary Allied Health Team to support the care needs of the cancer patients throughout their cancer journey.

Allied Health Service's are experiencing the demand of a growing Cancer Care Service. Since the centre has opened the overall occasions of service have risen **7% annually over 14 years** and Allied Health staffing remains constant and patients seen in crises.

### Key Issues

- Allied Health outpatient service has been cut to maintain the Allied Health Inpatient demand.
- Allied Health Outpatients clinics experiencing long waiting time and group sessions cancelled
- Occupational Therapy home visits are limited and at times cancelled.
- Formal education sessions to promote the service to staff and patients have also ceased.

**Goal** To deliver a sustainable interdisciplinary team approach to meet the cancer care patients needs at Nepean Cancer Care Centre (NCCC).

**Objectives** To increase access to the Allied Health outpatient service by 20% in 12 months.

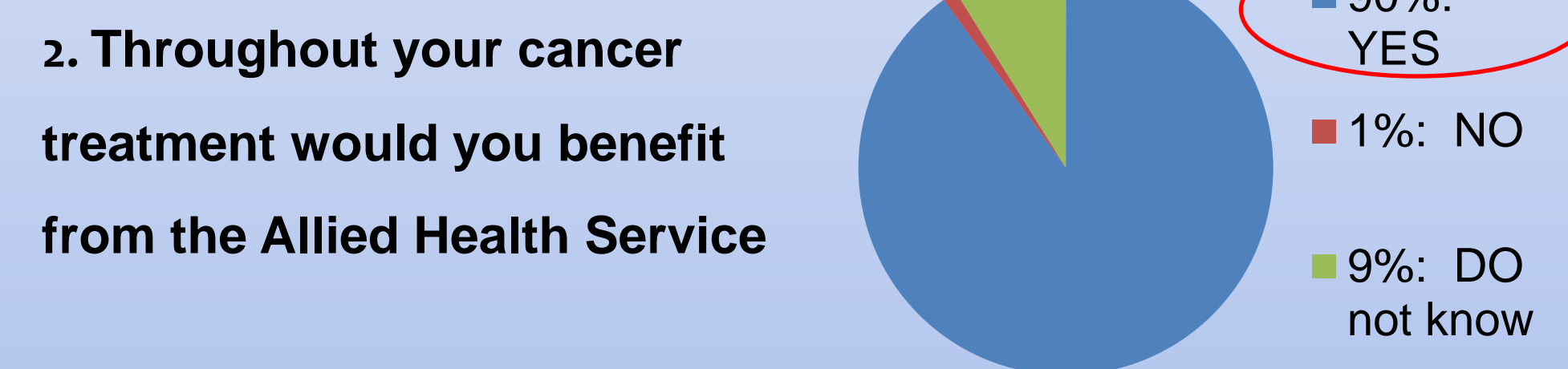
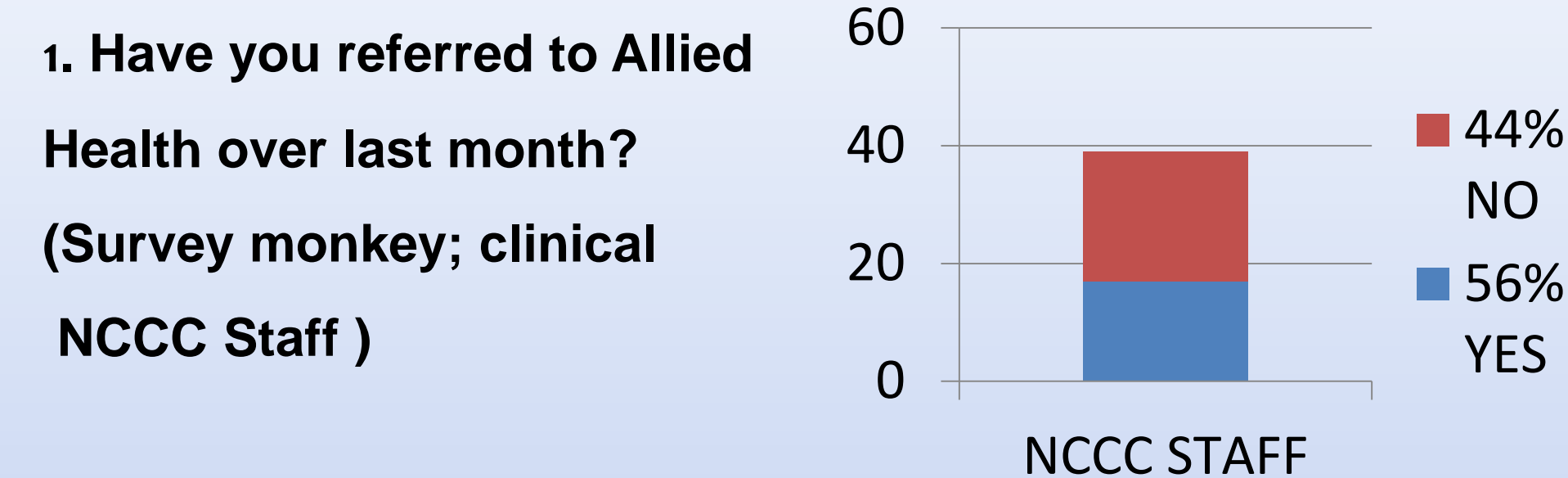
Aim	Current	Projections
Clinic waiting time	2 – 6 weeks	1 – 3 weeks
Clinic did not attends	24 patients/month	12 patients/month
Clinic cancellations	32 patients/ month	16 patients/month
Occupational Therapy home visits	Intermittently	Weekly

## Method

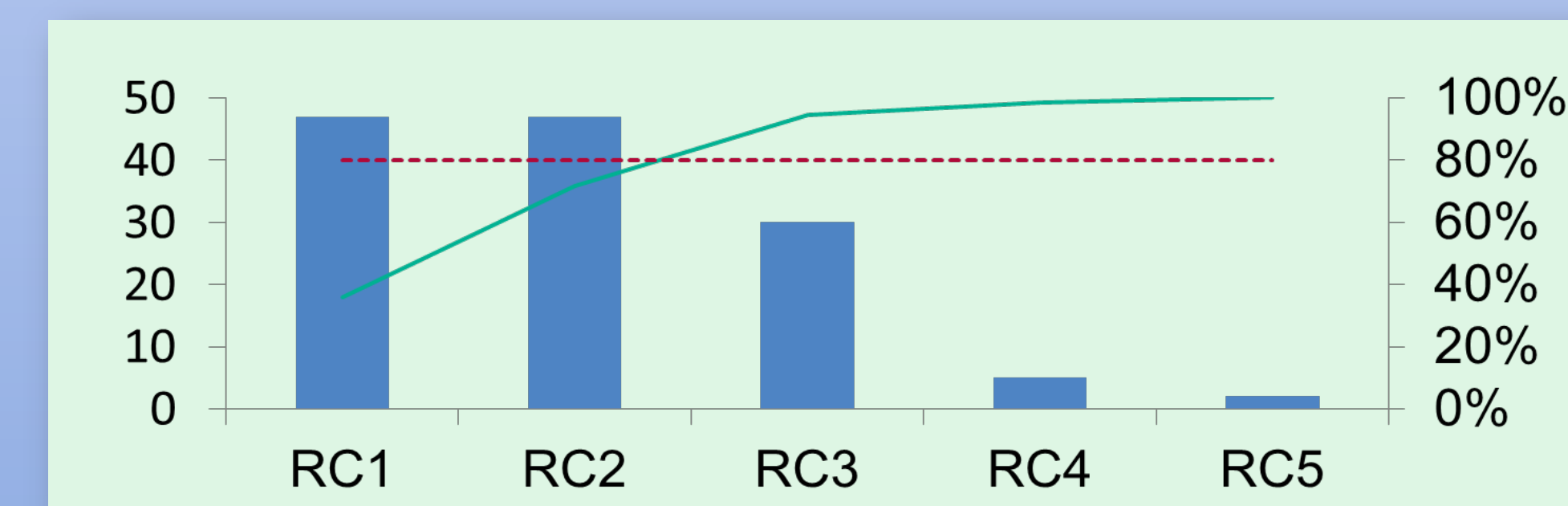
- Patient and Carer surveys / Patient stories to assess needs and gaps for Allied Health services.
- Staff survey regarding referral processes
- Process mapping to establish key issues
- Data collection to determine current status
- Brainstorming, Benchmarking other Area Health Services

## Diagnostics

### Key survey results

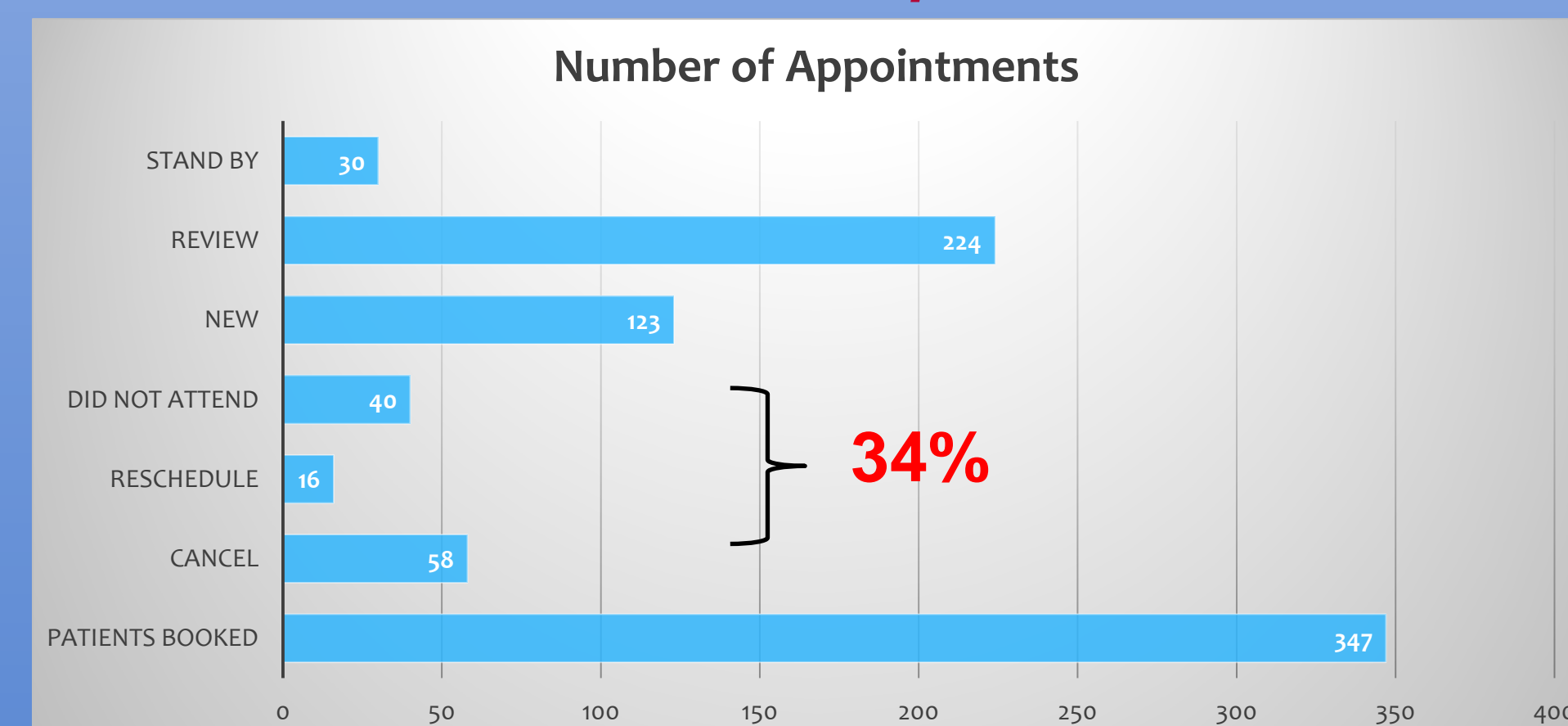


### Issues Identified



RC1: Efficiency of Allied Health outpatient clinics access and use.  
RC2: Allied Health Referral process, how and when;  
RC3: Staff Resources  
RC4: Promotion and education of service to staff and patients.  
RC5: Poor communication between Allied Health and other members of staff

### Cancer Allied Health Clinic Snapshot over 7 weeks



34% of booked appointments did not occur. This equates to 112 appointments or up to 112 hours. This indicates capacity to significantly reduce waiting list.

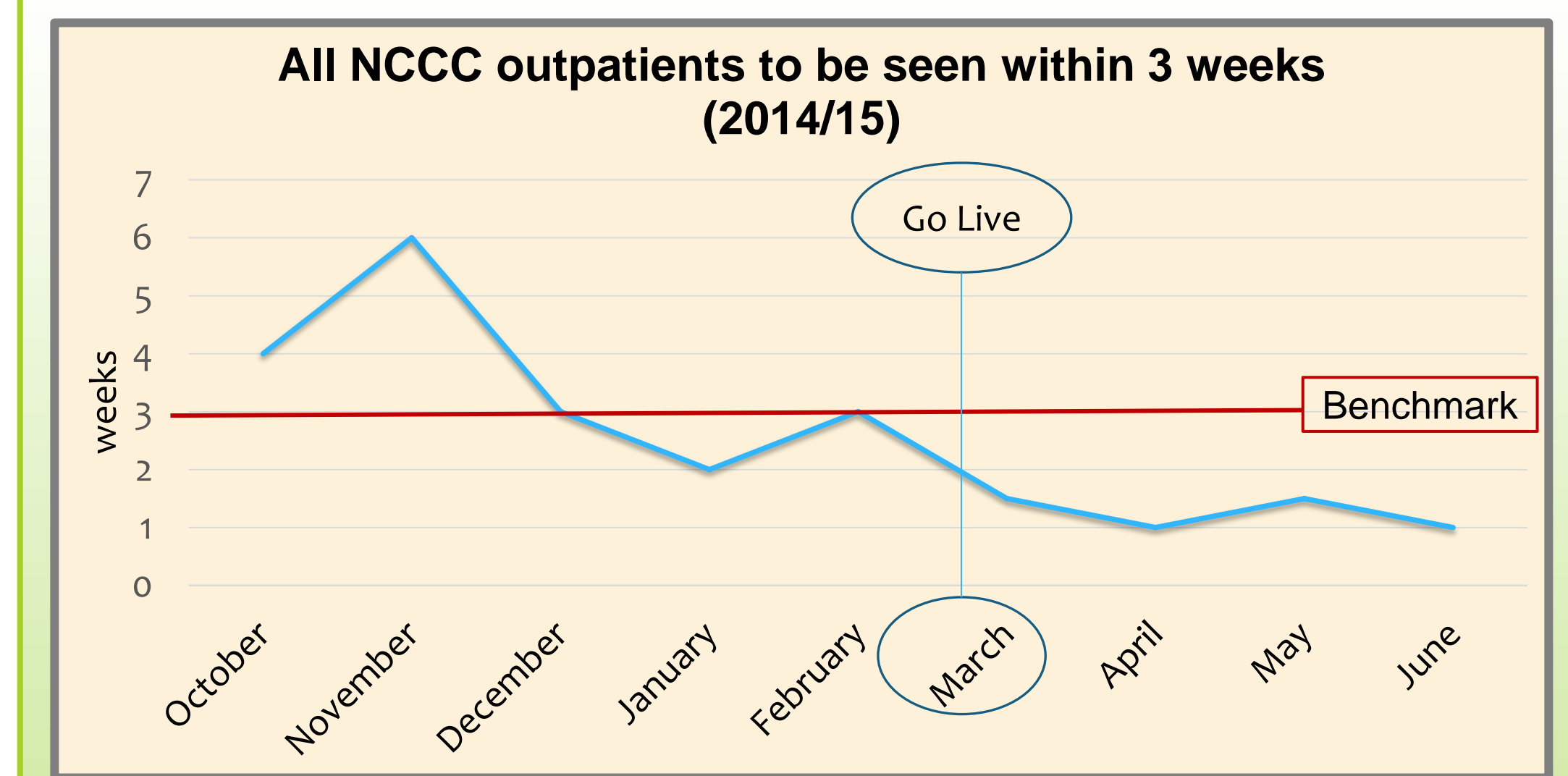
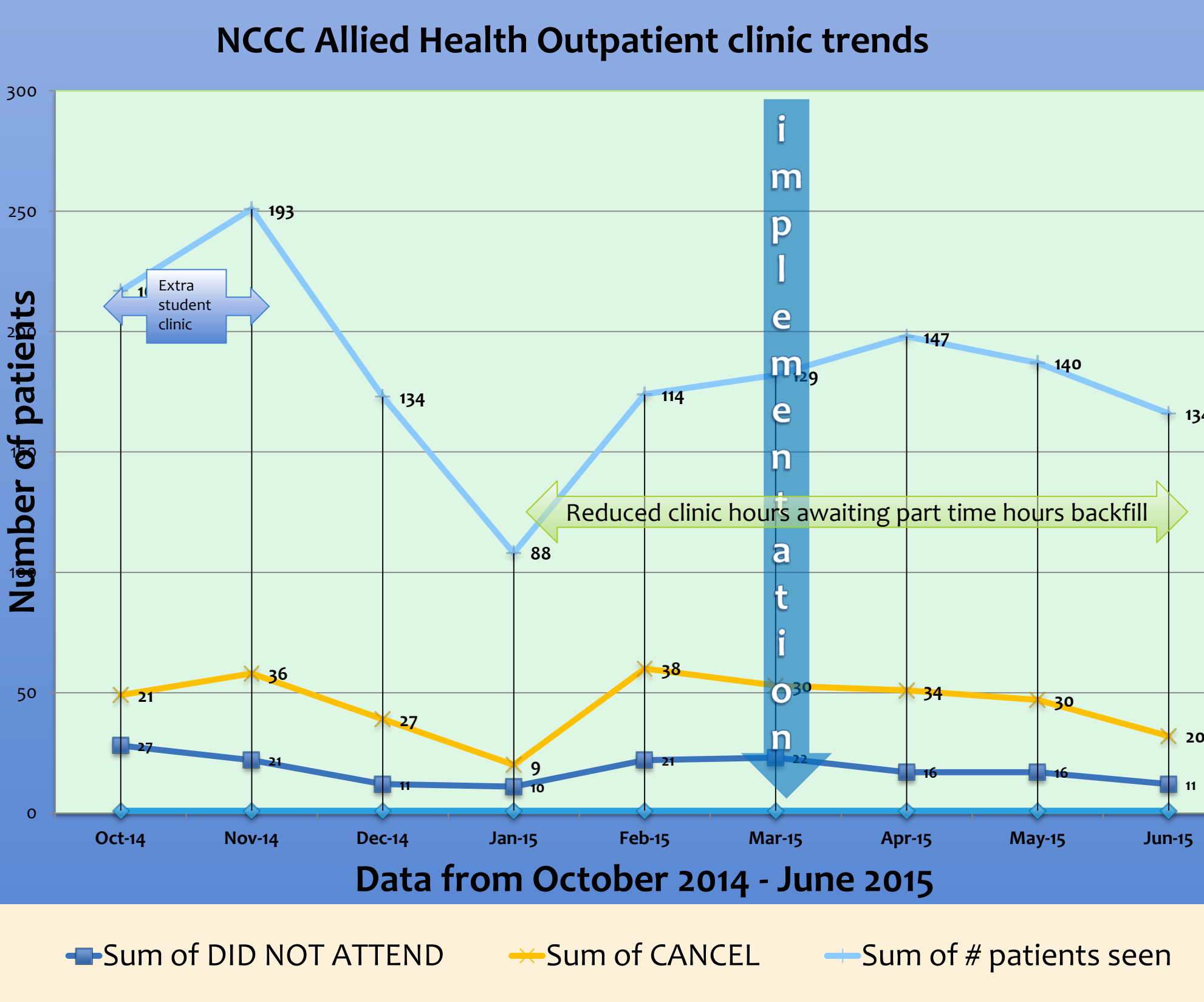
## Planning and implementing solutions

### Key solutions:

- Prioritisation system for each discipline as well a procedure to facilitate inpatient referrals that can be seen in outpatient clinic.
- Orientation and education packages for staff and patients.
- Allied Health Assistant
- Standardised Allied Health Referral process incl. home visits
- Allied Health Leave Cover procedure.
- Access to community data system.
- SMS Reminder/Confirmation System for clinic appointments.

## Results (to date)

- Staff now using standardised referral form which is delivering timely and appropriate referrals.
- Patients are seen on time and not in crisis. (Data from Mosaic). Patient prioritisation matrix/flip chart for use across NCCC ensuring NCCC outpatients are seen within 3 weeks.
- Home visits are scheduled weekly. Prior to this project OT home visits were not attended due to capacity. This project has allowed for regular home visits (Occupational Therapist Home visit referral form currently in use)
- Tracking of timeframes for OT home visits are now currently within expected timeframes (for high priority patients 1-2 weeks)
- Access have been obtained to the community health database to prevent duplicate referrals.
- Allied Health brochure has been sent for printing



### Anticipated results:

- Due to new data system (Mosaic) the SMS program could not be implemented but is scheduled at a later stage and it is anticipated a further reduction in did not attends.
- Employment of an Allied Health Assistant within 6 months.
- Agreement across all Allied Health on leave procedure.

## Sustaining change

- Monthly reports on key performance indicators for the Allied Health Service to NCCC executives are recommended.
- Maintain bi-monthly staff orientation of the Allied health Service.
- Conduct annual patient satisfaction surveys.
- Weekly project team updates and Present at conferences.
- Project will be shared on the innovations exchange website.

## Conclusion

- The project has increased the profile and value of the Allied Health Service at NCCC.
- It highlighted the need to change work practice to meet patient needs across the patient journey.
- The Model of Care can be adopted to similar cancer services.

## Acknowledgements

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