Improving patient experiences with remote video assisted chemotherapy

Altogether, we've actually delivered 205 treatments from a period of October 17 till August 19. In total, 26 patients have utilized the service, and it's saved approximately 820 hours of travel time for patients, which equates to about 68,004 kilometres in travel time. Rapid Listening. Evidence based Cancer learning on the go. Presented by eviQ education. Hello, Rapid listeners. We've got a very special episode for you today. At the Innovations Conference, we caught up with Cherie, Crystal and Marnie to learn all about remote video assisted chemotherapy. I'll let Cherie introduce herself to kick off the discussion. Hi, my name's Cherie. I'm the clinical nurse educator and clinical nurse consultant in the oncology unit, at Dubbo Health Service working out of Western New South Wales L H D. I'm gonna talk to you about an initiative that we recently implemented in our L H D, what we refer to as RVAC or remote video assisted chemotherapy. So a bit of a background information about our initiative. It was reported that there's poorer health outcomes for people living in rural Australia compared to those living in metropolitan areas. This is mainly due to geographical isolation, social economic disadvantage, shortage of healthcare providers and the level of access to health services. It's also reported that that life expectancy for people living in rural Australia is two and a half years less than those living in metropolitan areas. So we had problems within our LHD of people not wanting to come to treatment due to the distance that they had to travel, mainly due to cost. And also as I said, distance. Our head oncologist Dr Honeyball had heard of a tele health model in Queensland, and he adapted a model. It was referred to as the Queensland Remote Chemotherapy supervision model. We're currently - the supervision's done in Townsville and supports people in Mount Isa and Thursday Island. Tele health was not a new thing within our district. Since 2013 our oncologists have been using it to complement their face to face consultations, to avoid people having to travel. So in October 2017, Dr Honeyball implemented this new telehealth process where we would also introduce the administration of chemotherapy for our patients. Basically, the administration was for only low risk and low toxicity treatments to be done via telehealth. So how did we implement this? Dr Honeyball and a few representatives from our Health District went up to Townsville to see how Queensland had used their model. Very impressed with the model, he

actually came back and we did an analysis to see what community would benefit from this model. Things that we were looking at where what support was available from our local G P. It was crucial that we had a G P available for any occasions where there was an emergency required when on treatment days. Also, what's suitable facilities were there? So allocated space for our treatment room and also work health and safety identifications like an emergency shower. What commitment there was from local health management? So that was a big thing. We needed their commitment and their support in order to implement this. Availability of nurses. So the nursing workforce can be hard to obtain nurses in rural areas. So I was actually trying to find nurses suitable for this that had current clinical backgrounds. How we would get treatments delivered to Coonabarrabran. So the logistics of getting treatments delivered in a timely manner and in a safe manner was also something we had to look at and see how we could do. How what treatments were going to give. So the identification of low risk treatments with low toxicities, to avoid any hypersensitivity reactions that may occur. Also the recruitment of equipment. So we were fortunate to get a pharmacy grant, which allowed us to purchase equipment needed to set up out service. And then also, we had to look at training of the nurses. So both the nurses in Coonabarrabran and the nurses in Dubbo required training on both the RVAC model, use of tele health. And for the Coonabarrabran nurses, the administration of chemotherapy in a safe manner. So the training required for the nurses in Coonabarrabran. So we had to make sure that the nurses had current clinical experience so they had experience with using an IV pump, cannulation skills, notification well deteriorating patients so they could identify deteriorating patients and also that they had great time management skills. So we found that nurses that have current clinical experience had those already. Most nurses in rural areas do actually have those skills because nurses in rural areas are very multi tasked and multi-talented is probably a great word to use for them. Um, yeah, so it wasn't that difficult in getting the nurses. It was more or less about getting nurses who also had the time in the day who had those skills that weren't tied up in a ward. So the nurses who were available still to actually do that. And we're fortunate to get access to our community nurses in Coonabarrabran. Some of those work in the hospital as well or have had experience within the hospital um working on the ward so they did already have those skills. So training our local staff, um required access well, training on how to use telehealth. Some of our nurses hadn't used telehealth before, so it was training those training those skills up. Also, it was in regards to training of the equipment and the process. So our processes within tele health is that the oncologist actually reviews the

patient prior via tele health in some cases. Once a month, he"ll go out and visit the patients face to face, but prior to each treatment the oncologist will review the patient via telehealth. Then they'll go back out into a waiting room and then come in individually to start their access. So training nurses on that process and how we do that. The recruitment of patients was quite easy, actually, yes. So, many patients were chomping at the bit and wanted to have treatment there. Well, there's some patients who we can't treat by RVAC due to the chemotherapy or the treatment that they may be having. So, as I said before, it is that just low risk, low toxicity treatments that we did identify would best suit this model and chemotherapies or treatments that would also be able to be given in say a four hour time frame. So our patients as I said, are reviewed prior to each treatment. They also have pathology available in Coonabarrabran, so pathology is done the day prior and those results become available to us. Then they' are seen as I said by telehealth prior to their treatment. And then once a month their oncologists will actually visit Coonabarrabran and do a face to face consult with them where he can discuss more in depth their plan. All together we've actually delivered 205 treatments from a period of October 17 till August 19. In total, 26 patients have utilized the service and it saved approximately 820 hours of travel time for patients, which equates to about 68,000 kilometres in travel time. My name is Crystal Harper. I am a two time breast cancer survivor. I am honored to be here today to share my story and how RVAC remote video assisted chemotherapy has helped me in my cancer journey. I live in a small rural town of Coonabarrabran, which is in northwestern New South Wales, about 500 kilometers from Sydney. My nearest cancer center is in Dubbo, about 200 kilometers away. I was first diagnosed with invasive ductal breast cancer, stage two, in April of 2012. I was only 32 years old. In April of 2015 I once again was diagnosed with breast cancer. This time it was stage four. Since being first diagnosed in 2012 I have spent most of my time traveling to various appointments and treatments in Dubbo. The treatments left me feeling tired and sick but traveling to Dubbo had left me completely drained. As I don't have a driver's license or my own vehicle, I had to rely heavily on community transport, relying solely on my disability support pension to cover the costs of the transport as well as accommodation overnight in Dubbo has put a huge strain on my budget. This increased my levels of stress, which in turn slowed down my recovery times. My personal life was suffering as well. With all the time spent traveling, my social supports had dropped dramatically. This left me feeling very alone and frustrated, which also increased my suffering from bouts of depression. What is remote video assisted chemotherapy or RVAC as

it is known as. This is a tele health service accessed at the Coonabarrabran hospital. This involves sitting in a comfy chair while especially trained nurses administer more treatments via video link. The nurses at Coonabarrabran, are able to speak directly to the oncology nurses in Dubbo who are there to supervise from the start to the finish of my treatments. This link enables questions and any queries to be answered directly with asked. This service first started in Coonabarrabran Hospital on the 10th of October 2017 . And I was honored to be the very first person in NSW to access my treatments in this way. As this was a state first, there were three news crews present on the day. I was very nervous to say the least. Before RVAC, during 2016, I made a total of 48 trips to Dubbo traveling a total of 8500 kilometres for the year. This equates to 192 hours spent traveling in the community care vehicle. It also entailed traveling costs of $2880. So in total for my seven years worth of treatments, I've ended up traveling a total of 44,920 kilometres. The costs associated with this traveling over the past seven years have added up quite considerably as well to $9820. The total time spent traveling to appointments is 882 hours over the past seven years. since RVAC. during the period of 2019 I have been able to reduce my travel times and costs considerably with the use of RVAC. My trips out of town have now dropped to only 9, so this is a huge reduction of 39 trips. As my trips have decreased, so too has my time, kilometres and hours and costs. The total kilometers spent traveling now is only 2720 which equates to only 32 hours travel time and the costs associated with this have fallen dramatically as well to only, $120 thus far. Since participating in the RVAC program, my life has changed completely. The downtime for my treatments is now minimal and I am able to enjoy my daily activities and also my social supports have increased. I now travel completely independently to and from my treatments at the local hospital in Coonabarrabran on my mobility scooter and I only now travel to Dubbo for my scans. The time saved from not having to travel has allowed me to spend more time with my family and friends. It has also allowed me to attend day programs with Breakthrough and to engage in many varied community activities. As a result of this, my mental health has improved immensely, and I am now able to enjoy my life. I make plans for my future endeavors. In conclusion, I would just like this say a thank you, and that I will be forever grateful to the people who brought RVAC to Coonabarrabran as they have changed my life completely. They have given my life back to me, and I am no longer a person that is consumed by my cancer treatments. I now feel empowered to achieve the many things that are on my bucket list as cancer has taken a back seat in the journey that I call my life. Thank you . Hi, i'm Marnie Wilson, a registered nurse from Dubbo who currently sits in on RVAC

from the Dubbo side. I've been doing this now for two years, and it's been extremely successful. We have a lot of patients, a lot of patients on the waiting list now, and we started with medical oncology patients, two of which we currently have having chemo that have said they would not have chemotherapy if they had to travel to Dubbo. After Dr Honeyball started this our haematologists got on board, and we now have patients with haematological diseases also having treatment in Coonabarrabran, one of which would travel 4 to 5 hours a week for an injection. So our chemotherapy safe nurses give that injection that's basically 10 minutes treatment, that they would have to travel all that time for. They may call me with queries through the week. Now that we've been doing it for a while, those calls are less. Uh, they have have a pretty good understanding of how it all works now. We did have some implications at the start where we had set this up on a Tuesday. And if there was a public holiday, which we realized the first public holiday that how would we get the drugs there? Crystal's drug, for example, is short dated.. So how would we get it there and still be able to give treatment? Even if we could organize this for a Wednesday? We have a Mudgee clinic on Wednesdays there's other they had things booked in, but now these things we've ironed out because we can look at that in advance, change, change what's happening with the logistics of getting the drugs over there. My role is you're basically the registered nurse on the other end, checking the drugs, checking the rates, uh, checking the assessments they've done with the patient's, checking the pathology as well as the oncologist does as well. But ah I support them in whatever way they need support. I don't leave the room. Dr Honeyball and I both said that we felt like climbing into the screen a couple of times, to iron out a couple of problems, but that they're things that yeah, that you get used to. And you know that you can pick up the phone and talk if you need to privately, that the patient hearing, because that was another thing. When we started that we had to, had to look at. We didn't have a phone in the room. We talked everything through the screen. So then if we had a question about the patient confidentiality issues, and they were all little things that we had to map out along the way. Uh, definitely need to do have ah nurses on the other end with the acute experience that are quite confident in hanging the chemotherapy as well as doing the cannulations , the assessments and everything else. They have to be pretty confident IT wise, because I personally was not to begin with. I've been working in oncology for a long time. And all of those things with the actual treatment, were not a fear to me at all. But the IT side of it, uh, lucky for Cheree that I can still if I have an issue call out and say, well, you know, I need a little bit of a hand with this. So we have two chairs. Dr Honeyball will come in, he'll have a

10 minute review with each patient individually. Then we bring them back in for treatment. So basically, it is the same as what they would be doing in Dubbo. They would be seeing the doctor on their own coming in and sitting next to somebody else for treatment so they can hear what's happening. Well, we're checking the drugs, putting things up. There isn't anything confidential disclosed there. If you actually have to talk about the patient, you have to call to the other end. I think it's fabulous, and I think that it should be absolutely everywhere for our patients. This is a production of the Cancer Institute of New South Wales, a pillar organisation of NSW Health. For more information visit cancer.nsw.gov.au.