



South Australian Cancer Service

Statewide Survivorship Framework

Resources

| Clinician | Service Developer |
|--|--|
| Tools & Templates | Flow Charts & Checklists |
| <p>Key components</p> <ol style="list-style-type: none"> 1. Tools & Templates Overview 2. Cancer Treatment Summary 3. Needs Assessment <ul style="list-style-type: none"> > Modified NCCN Distress Thermometer and Problem Checklist > AYA Canteen Psychosocial Needs Assessment Tool 4. Survivorship Care Plan 5. GP/Specialist Letter (accompany copy of CTS & SCP) | <p>Preparing for Implementation</p> <ol style="list-style-type: none"> 1. Implementation process flow chart 2. Framework adoption checklist (alignment of current practice with key components, standards and principles) 3. Workforce capacity and skillset checklist |
| Resources | Resources |
| <ol style="list-style-type: none"> 1. Cancer Treatment Summary and Survivorship Care Plan Examples 2. Key phrases and goal setting examples 3. Resources & referrals directory 4. OACIS Instructions (access CTS and SCP OACIS templates) | <p>Evaluation</p> <p>Consumer survey</p> |

Clinician Section

This section is divided into two parts including a) tools and templates as well as b) resources for clinicians who will be implementing the key components of the Survivorship Framework including:

1. Cancer treatment summary,
2. Needs assessment and
3. Survivorship care plan

Implementation pilots were utilised to trial, refine and further develop the tools and resources within this section.

Sites may choose to adapt the tools and resources to meet local needs of cancer survivors however are encouraged to ensure that they continue to meet the standards and principles of each component as outlined in Diagram 1.

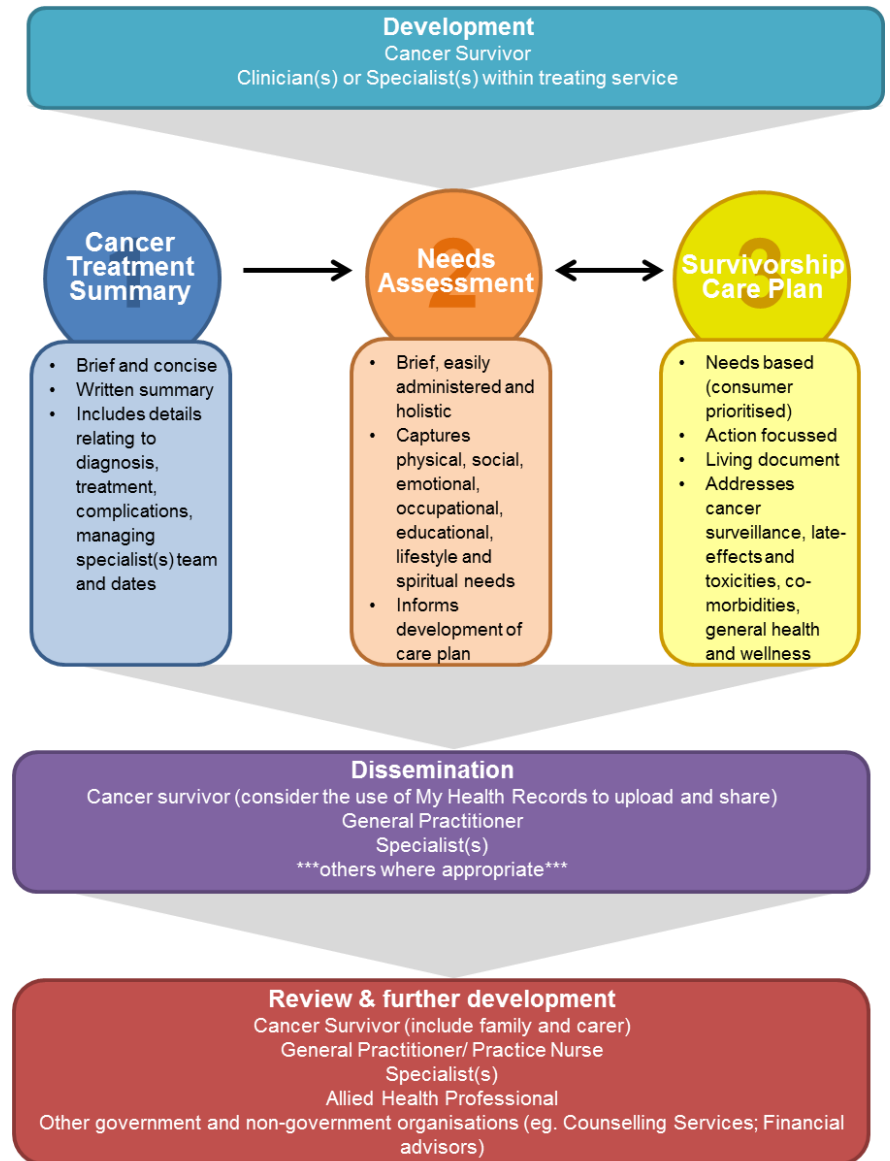


Diagram 1. Key components of survivorship care



Affix patient label here

Cancer Treatment Summary for Patients Name

Type of Cancer:

Date and details of diagnosis:

Stage:

Pathology findings and pathology service:

| Treatment | Type/findings | Doctor/Hospital/Dates | Changes to treatment / Complications (severity, action taken, duration, resolution) |
|----------------------------------|---------------|-----------------------|---|
| Surgery | | | |
| Chemotherapy | | | |
| Hormonal treatment | | | |
| Radiation therapy | | | |
| Supportive and other services | | | |

This is a brief record of the major aspects of your cancer treatment. This document is not intended to be a detailed or comprehensive record of your care. If however, you would like a more detailed account of your treatment please contact your cancer specialist.

Summary completed by:

Date:



Affix patient label here

Distress Thermometer and Checklist

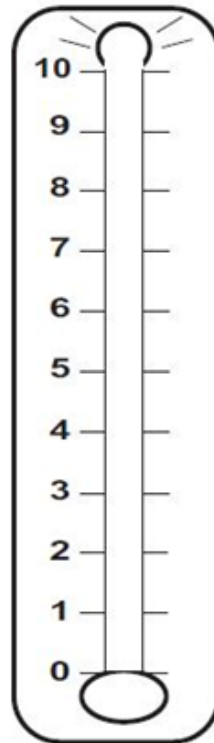
Distress is often unpleasant feelings or emotions that can impact on the way you think, feel and act. It can include feelings like sadness, worry, anger, helplessness and guilt. It's common for someone who has been diagnosed with cancer to experience some level of distress at some point in time (anywhere from diagnosis and beyond). Your level of distress may only be minor or could be more serious where you find that you're not able to do the things you used to do. It's important for your Treatment/Medical Team to know how you're feeling. By completing the following tool your team will work with you and help link you with other supportive services (for example counsellors, social workers, dietitians) when you need or want to.

Instructions:

1) please circle the number 0 – 10 that best describes how much distress you have been experiencing in the past week including today

2) please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each

Extreme distress



No distress

| YES | NO | Practical Problems | YES | NO | Physical Problems |
|--------------------------|--------------------------|--|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care | <input type="checkbox"/> | <input type="checkbox"/> | Appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing | <input type="checkbox"/> | <input type="checkbox"/> | Bathing / dressing |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance / financial | <input type="checkbox"/> | <input type="checkbox"/> | Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination |
| <input type="checkbox"/> | <input type="checkbox"/> | Work / school | <input type="checkbox"/> | <input type="checkbox"/> | Constipation |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment decisions | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhoea |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Eating |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Problems | <input type="checkbox"/> | <input type="checkbox"/> | Feeling swollen |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with children | <input type="checkbox"/> | <input type="checkbox"/> | Fevers |
| <input type="checkbox"/> | <input type="checkbox"/> | Dealing with partner | <input type="checkbox"/> | <input type="checkbox"/> | Getting around |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to have children | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion |
| <input type="checkbox"/> | <input type="checkbox"/> | Family health issues | <input type="checkbox"/> | <input type="checkbox"/> | Memory / concentration |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Mouth sores |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Nausea |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional Problems | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry / congested |
| <input type="checkbox"/> | <input type="checkbox"/> | Depression | <input type="checkbox"/> | <input type="checkbox"/> | Pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Fears | <input type="checkbox"/> | <input type="checkbox"/> | Sexual |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness | <input type="checkbox"/> | <input type="checkbox"/> | Skin dry / itchy |
| <input type="checkbox"/> | <input type="checkbox"/> | Sadness | <input type="checkbox"/> | <input type="checkbox"/> | Sleep |
| <input type="checkbox"/> | <input type="checkbox"/> | Worry | <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of interest in usual activities | <input type="checkbox"/> | <input type="checkbox"/> | Tingling in hands and feet |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Spiritual / religious / cultural concerns | <input type="checkbox"/> | <input type="checkbox"/> | |

Other Problems: _____



Affix patient label here

Survivorship Care Plan for Patient's Name

This care plan aims to assist in identifying and developing your health goals as a cancer survivor and steps you can take to reach these. You're encouraged to discuss and share your care plan with your GP, family or others you feel can support you and continue to build as you achieve your goals or have other needs arise in the future.

| Current issues, problems or concerns | Level of importance to you 1-very 2- somewhat 3- not important | Goal moving forward What do you want to achieve? | Strategy How do you want to achieve it? | Who should assist you in achieving it GP, specialist, allied health, friends, others? | GP Involvement How will your GP be involved? | Other providers involved (ie: specialist) |
|---|--|--|---|---|--|--|
| Cancer Surveillance | | | | | | |
| | | | | | | |
| | | | | | | |
| Side effect management | | | | | | |
| | | | | | | |
| | | | | | | |
| Other health problems | | | | | | |
| | | | | | | |
| | | | | | | |
| Wellness & health promotion | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | | |
|-------|--|--|--|--|--|--|
| Other | | | | | | |
| | | | | | | |
| | | | | | | |

Useful resources that may be of assistance to Patient's Name:

Survivorship Care Plan completed by:

Date:

A copy of your Survivorship Care Plan and Cancer Treatment Summary will be forwarded to your nominated GP and other Specialists who were involved with your treatment for cancer (where relevant)

Date

Dr's Name
Medical Practice
Street No/Name
Suburb SA Postcode

Dear **Dr's Name**

Re: **Patient's Name**
DOB: DOB
Patient's Address

UR: UR No..

Mr/Mrs Surname was reviewed today in our **Cancer Survivorship Clinic at. Mr/Mrs Surname** has now completed treatment for **type of cancer** and a summary of **his/her** treatment is enclosed for your information.

During the consultation we discussed **Mr/Mrs Surname** diagnosis and treatment and together we have begun developing a care plan that may assist **him/her** in managing their health in the future based on their identified needs. We invite you to review **Mr/Mrs Surname** care plan and have advised **him/her** to seek a long appointment with you to do so.

We have discharged **Mr/Mrs Surname** from the Flinders Cancer Clinic but would be happy to review **him/her** if the need arises. If there are any issues regarding **Mr/Mrs Surname** care that we can assist with you can contact us through the following means:

For appointments: **phone no.**

For information/advice: **name/phone/email**

Surveillance

Yours Sincerely

Copies to: Medical Records



**Government
of South Australia**

SA Health

**EXAMPLE****Cancer Treatment Summary for Judy Bloggs****Type of Cancer:** Breast Cancer**Date and details of diagnosis:** Nov 2014 self-detected left breast lump.**Stage:** 3B**Pathology findings and pathology service:** SA Pathology, 3/11/2014. 35mm Left Invasive Ductal Carcinoma, ER positive, PR positive, Her2 negative, 3/14 Lymph nodes involved

| Treatment | Type/findings | Doctor/Hospital/Dates | Changes to treatment/complications (severity, action taken, duration, resolution) |
|---|--|---|---|
| Surgery | 1. Left mastectomy and axillary node clearance 2. Infusaport Insertion 3. Infusaport removal | Dr G MOCK Hospital 3 rd November 2014 2 nd January 2015 Planned for August 2015 | Required seroma drainage and antibiotics for cellulitis. Resolved |
| Chemotherapy | Fluorouracil, Epirubicin, Cyclophosphamide, Paclitaxel (FEC-P) | Dr B MOCK Hospital 5/1/15 – 18/5/15 | Febrile Neutropenia requiring admission to hospital after cycle 1 Peripheral Neuropathy requiring early stopping of Paclitaxel |
| Hormonal treatment | Tamoxifen | Dr B/Dr G Commenced July 2015 | |
| Radiation therapy | Left Breast and Axilla 60 Gy in 30 treatments | Dr C Private Radiotherapy Centre 18/6/15 – 17/7/15 | Mild skin irritation resolving |
| Supportive care and other services | Ongoing support for lymphoedema management | Justin Smith (Physiotherapist) MOCK Hospital | Exercise plan and massage strategies provided to support management. |

This is a brief record of the major aspects of your cancer treatment. This document is not intended to be a detailed or comprehensive record of your care. If however, you would like a more detailed account of your treatment please feel free to contact your cancer specialist.

Summary completed by: Donna Foot (Nurse Practitioner)**Date:** 31/7/15



Affix patient label here

EXAMPLE

Survivorship Care Plan for Judy Bloggs

This care plan aims to assist in identifying and developing your health goals as a cancer survivor and steps you can take to reach these. You're encouraged to discuss and share your care plan with your GP, family or others you feel can support you and continue to build as you achieve your goals or have other needs arise in the future.

| Current issues, problems or concerns | Level of importance to you 1-very 2- somewhat 3- not important | Goal moving forward What do you want to achieve? | Strategy How do you want to achieve it? | Who should assist you in achieving it GP, specialist, allied health, friends, others? | GP Involvement | Other providers involved (ie: specialist) |
|---|---|--|--|--|--|---|
| Cancer Surveillance | | | | | | |
| Follow up for cancer (appointments and monitoring for recurrence) | 2 | Adherence to follow up strategies | Participate in surveillance co-ordinated with Dr G (review appointment scheduled 15/1/16 at MOCK Hospital) Monthly self-examination of breasts (report any changes to GP) | Dr G at MOCK Hospital | Dr S (GP) Make a long appointment within 3 months to further discuss care plan and monitoring needs | |
| Side effect management | | | | | | |
| Tingling/pins and needles in hands and feet (Peripheral Neuropathy) | 1 | Manage symptoms and return to work as a cake decorator | Complete rehabilitation program (including home exercises) provided by physiotherapist – refer to program provided previously | Dr S Justin Smith (physio) – review and update program as needed | Dr S | Currently seeing Justin Smith weekly. Refer to Living well after cancer booklet (website link below) |
| Swelling of left arm (Lymphoedema) | 2 | Prevent worsening of current symptoms | Follow advice of physiotherapist including massage and exercise Connect with the Lymphoedema Support Group SA | Justin Smith (PT) – Outpatient appointment scheduled 23/8/15 | Dr S to monitor symptoms.. Avoid taking blood pressure on left arm | Dr S Justin Smith (PT) Lymphoedema Support Group |
| Feeling anxious | 2 | Reduce anxiety | Self-contact the Cancer | Dr S monitor anxiety | Dr S – initiate | Cancer Council 13 |

| | | | | | | |
|--|---|---|--|--|--|---|
| | | levels and frequency of feeling anxious | Council 13 11 20 (5/8/15) Attend yoga/meditation class x2/week | levels. Discuss possible referral to psychologist if required Friend (Jodie) to attend classes with | Mental Health Care Plan if required | 11 20 |
| Body image | 3 | Feel comfortable with changes to body following treatment | Discuss feelings with partner. Referral to reconstructive surgeon in future (if required and explore options) | Self and partner Dr G to provide referral for reconstructive surgery | Dr S | |
| Other health problems | | | | | | |
| Bone health | 2 | Prevent further bone loss | Complete 30 minutes of physical activity, 3 days per week (walk 2 days/week; attend gym class x1/week) Take vitamin D and calcium supplement daily Discuss with GP bone density test / bone health plan | Self and friend Dr S | Dr S – monitor vitamin D and calcium levels Refer in 12 months for repeat bone density test | |
| Wellness & health promotion | | | | | | |
| Healthy eating | 2 | Have a more balanced diet, and eat less processed foods | Prepare snacks of nuts, yoghurt and fruit the night before to take when going out for the day. Include an extra serve of vegetables with evening meal (aiming for 5 serves/d) Self-contact the Cancer Council Healthy Living After Cancer Program for additional ideas | Self | | Cancer Council 13 11 20 (refer to website link below for additional information) |

| | | | | | | |
|--|---|---|--|--------------|--|--|
| Screening/prevention of other cancers | 1 | Stay healthy and prevent future cancers | Complete bowel cancer screening kit when received Have 2 yearly pap smears (due May 2016) | Self Dr S | Dr S – monitor and support in completing screening tests as required | |
| Other | | | | | | |
| NIL as of 31/7/15 | | | | | | |
| Strategy for rapid referral back into the acute cancer service is: via referral from Breast Surgeon or General Practitioner | | | | | | |

Useful resources that may be of assistance to Judy Bloggs:

1. Cancer Council of South Australia: Cancer Council **13 11 20** (include Healthy living after cancer program)
2. Living Well After Cancer: Cancer Council <https://www.cancerwa.asn.au/resources/2015-06-02-Living-well-after-cancer.pdf>
3. Lymphoedema Support Group SA:

Care Plan Completed by: Donna Foot (Nurse Practitioner) & Mrs Bloggs

Date: 31/7/15

A copy of your Survivorship Care Plan and Cancer Treatment Summary will be forwarded to your nominated GP and other Specialists who were involved with your treatment for cancer (where relevant)

Survivorship Care Plan

Information for inclusion

The following table provides examples of the information that may be included under each of the components of the care plan.

| <i>Cancer Surveillance & Follow-up</i> | <i>Side-effect management</i> | <i>Other health and co-morbidities</i> |
|--|--|---|
| <ul style="list-style-type: none"> > Self-check practices > Who will coordinate | <ul style="list-style-type: none"> > Peripheral neuropathy > Lymphoedema > Anxiety or fear of recurrence > Body image concerns > Sexual dysfunction > Fertility > Changes in bowel habits > Depression | <ul style="list-style-type: none"> > Diabetes management > Cardiovascular disease > Obesity |
| <i>Wellness and health promotion</i> | <i>Other</i> | |
| <ul style="list-style-type: none"> > Healthy Eating & Physical Activity Guidelines > Quit smoking > Participation in screening programs / practices (eg. BreastScreen, Cervical Screening, Bowel Screening, skin checks) | <ul style="list-style-type: none"> > Relationship concerns > Returning to work/school/study > Financial support | |

Whilst the tools and templates developed have been generic to meet the needs of the diverse population of cancer survivors, more common or specific needs as a result of the type of tumour and or its treatment may be necessary. Refer to the relevant Optimal Care Pathway (where available) for further information:

Health professionals: <http://www.cancervic.org.au/for-health-professionals/optimal-care-pathways>

Consumers: <http://www.cancerpathways.org.au/>

General Practitioners: http://www.cancervic.org.au/downloads/health-professionals/optimal-care-pathways/How_to_import_the_Optimal_Cancer_Care_Pathways_into_your_GP_software.pdf

The Cancer Survivorship Care Plan Toolkit may also be a useful reference:

http://www.petermac.org/sites/default/files/Cancer_information/Australian_Cancer_Survivorship_Centre_Survivorship_Care_Plan_toolkit_Jan_2016.pdf

Examples of goals and strategies

The table below provides further examples, strategies and phrases that may be used as a guide to support you in working with the consumer to develop their individualised care plan.

| Current issues, problems or concerns | Goal moving forward What do you want to achieve? | Strategy How do you want to achieve it? | Who should assist you in achieving it GP, specialist, allied health, friends, others? | GP Involvement | Resources / information |
|---|--|--|---|--|---|
| Cancer Surveillance | | | | | |
| Follow up (return of cancer or new cancer) | Follow schedule for monitoring | Appointment(s) scheduled for X/X/X with Y Review / Test A due X/X/X (appointment coordinated by...) | | | |
| Side effect management | | | | | |
| Anxiety | Reduce anxiety levels and find ways to manage | Consider counselling / psychology support Attend yoga / meditation class x2/week | GP / Psychologist / Cancer Council Self & friend | Initiate Mental Health Care Plan | Cancer Council Support line "Change Your Thinking" book by Sarah Edelman |
| Constipation | Regular bowel actions – reduce the need for medication to support | Gradual increase of fibre in diet – self and Dietitian Review Daily monitoring of bowel actions – self and discuss with GP any concerns | Self, Dietitian, GP | GP – Monitor and review bowel habits & medication Referral to Dietitian | Eat for Health (website) Fibre in Food – Better Health Channel (website) |
| Chemo brain | Recognise that this should ease in time Find ways to help me remember important tasks in the meantime | Use alarms and reminders in phone to keep track of appointments and events Keep phone and keys in bowl by front door when at home | Self & family | | |
| Hand and foot syndrome | Skin on hands and feet to return to similar condition that it was before I had treatment | Gently moisturise hands and feet daily before bed Avoid exposure of hands and feet to extreme temperatures (hot & cold) Consider referral to Podiatrist to assist with reducing pressure on feet if an issue | Self Self | | |

| | | | | | |
|--|--|---|---|---|---|
| | | | Self, GP, Podiatrist | Referral to Podiatrist (or may self-refer) | |
| Swelling (Lymphoedema) | <p>Manage risk of swelling (lymphoedema)</p> <p>Monitor for signs of swelling (lymphoedema)</p> <p>Manage current symptoms and prevent worsening</p> | <p>Follow preventive strategies (see resources) including avoiding scratches, bites, injections; using sunscreen</p> <p>Avoid taking blood pressure on affected limb</p> <p>Take notice of any physical changes with limb</p> <p>Follow advice from Physiotherapist</p> <p>Connect with Lymphoedema Support Group</p> | <p>Self</p> <p>Self & GP</p> <p>Self – see GP if any changes noted</p> <p>Self & PT</p> | <p>Monitor</p> <p>Provide further referral to PT if required</p> | <p><i>Cancer Council (website) – Healthy Living after Cancer</i></p> <p><i>Lymphoedema Support Group SA</i></p> |
| Tired (Fatigue) | <p>Have the energy to have evening meals prepared for my family</p> <p>Incorporate regular exercise back into daily routine</p> | <p>Identify times in day when feeling less tired – plan meals and cook at these times. Re-heat in microwave if prepared earlier</p> <p>5 – 10 minutes light walk, 3 times per week. Gradually increase as energy levels increase</p> | <p>Self & family</p> <p>Self & Mary (friend)</p> | - | <i>Cancer Council (website) – other strategies for managing fatigue</i> |
| Other health problems | | | | | |
| Diabetes | Keep diabetes under control – avoid need for insulin | <p>Walk daily for 15 minutes</p> <p>Monitor Blood Glucose Levels before breakfast and bed – keep diary</p> <p>Discuss with GP – GP Management Plan / Chronic Disease Management Plan</p> | <p>Self</p> <p>Self- advise GP or Diabetes Educator if not controlled</p> | <p>Monitor & arrange required testing</p> <p>Consider Chronic Disease Management Plan – refer to relevant Allied Health</p> | |
| Wellness & health promotion | | | | | |
| Regular mammogram | Regular mammogram and attend smear examinations | Arrange and Attend appointments | Self | GP | |
| Bone Health | Prevent bone loss | <p>Complete 30 minutes of physical activity, 4 days per week</p> <p>Take vitamin D and calcium supplement daily</p> | <p>Self & Bob (friend) Physio / Ex Phys</p> <p>Self</p> | <p>Monitor Vit D & Ca levels as required</p> | <p>Cancer Council – Healthy Living after Cancer Program 13 11 20</p> <p>?Local Gym</p> |

| | | | | | |
|--------------------------|--|--|---|---|--|
| | | Discuss with GP possible bone density scan / bone health plan | Self & GP | Initiate referral for bone density scan | |
| Physical activity | Return to previous fitness level (45 minutes of moderate activity, 5 days per week) Be more active – work up to 30 minutes per day, 4 days per week | Start with 2 x 20 minute bike rides per week and gradually build up Book into BootCamp / return to gym (2 classes per week) Walk around the block at lunchtime each work day Arrange to walk with a friend down the beach twice a week (Sunday & Wednesday) | Self & riding group Self & team/colleague Self & friend | | Cancer Voices SA Riding Group Cancer Council 13 11 20 – Healthy Living after Cancer Program Get Health Information & Coaching Service 1300 806 258 |
| Weight Management | Achieve and maintain weight 70kg (weight loss of 75kg) | Increase physical activity to 45 minutes/day, 3 days per week Take the stairs Review food intake to achieve healthy, balanced diet | Self & friend Self / Support Program / Referral to Dietitian | GP / self-referral to Dietitian | Cancer Council 13 11 20 – Healthy Living after Cancer Program Get Health Information & Coaching Service 1300 806 258 Eat for Health (website) |
| Other | | | | | |
| Return to work | Return to meaningful work | Arrange meeting with manager to discuss opportunities to modify tasks / hours to manage temporary effects (eg. fatigue / chemo brain) | Self | | |

Resources & Referrals Directory

This document has been developed as a guide to assist with the completion of Survivorship Care Plans. Additional information and resources may be available that aren't included within this list. It's recommended to consider consumer preferences for accessing information and level of detail when providing resource suggestions

General Information

| Resource / Service | Information included |
|---|---|
| <p>Living well after cancer booklet Cancer Council website: https://www.cancerwa.asn.au/resources/2015-06-02-Living-well-after-cancer.pdf</p> | <ul style="list-style-type: none"> • Side-effect management (eg. memory, concentration; peripheral neuropathy, fertility) • Anxiety and depression • Follow-up care • General health and wellbeing • Legal, financial and workplace concerns • Seeking support |
| <p>Health Living after Cancer Program (HLACP) Cancer Council: 13 11 20 https://www.cancersa.org.au/information/a-z-index/healthy-living-after-cancer</p> | <p>Free program assisting cancer survivors to make healthy lifestyle changes, be active and eat healthy</p> |
| <p>Looking after yourself during and after treatment Peter Mac website: http://www.petermac.org/cancer-information/life-after-treatment</p> | <p>Database of resources including information on:</p> <ul style="list-style-type: none"> • Emotions and cancer • Complementary therapies • Fertility, intimacy and sexuality • Practical issues • Side-effects • Staying well • Young people |
| <p>Breast Cancer Network Australia https://www.bcna.org.au/ Resources can be ordered online. Information pages also available on specific aspects of breast cancer & side-effects</p> | <p>Examples of information included:</p> <ul style="list-style-type: none"> • Physical health (lymphoedema and pain management; chemo brain; nutrition) • Emotional wellbeing (depression, anxiety, stress) • Sexual wellbeing (body imaging; counselling services) • Financial and practical support (GP Management Plans; employment; travel insurance; PBS; childcare) |

eviQ

<https://www.eviq.org.au/>

Country Cancer Support

<https://www.countrycancersupport.com.au/category/books-and-resources/>

Information for survivor, family/carer. Recommended books and resources

Side – effect Management**Resource / Service**

“Change your thinking” by Sarah Edelman
Emotional health (anxiety, depression)

Information included

Book based on CBT providing practical strategies to manage anxiety, depression, anger, frustration

Wellness & Prevention**Resource / Service****National cancer screening programs**

<http://www.cancerscreening.gov.au/>

Information included

- Bowel
- Cervical
- Breast

Cancer Prevention

Cancer Council

<http://www.cancer.org.au/preventing-cancer/>

- Sun safety
- Nutrition and physical activity
- Smoking and tobacco
- Reducing your risk

Get Healthy

SA Government initiative: 1300 806 258

Available Mon – Fri: 8am – 8pm

Free, confidential, health coaching, telephone-based service supporting people to make lifestyle changes:

- Healthy eating
- Physical activity
- Achieving and maintaining a healthy weight

Quitline SA

13 78 48

Phone service to provide support in quitting smoking

Drug & Alcohol Services SA (DASSA)

1300 13 13 40

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+services/Drug+and+alcohol+services/>

Confidential telephone counselling, information and referral service for the general public, concerned family and friends, students and health professionals

Other

| Resource / Service | Information included |
|---|---|
| Work after cancer Flinders University & Cancer Australia http://workaftercancer.com.au/ | Guide and information for people diagnosed with cancer, health care providers and employees Working during cancer treatment; returning to work when treatment is done; changing work |

Available Apps:

Brainhq – clinically proven to improve memory, concentration. Monthly cost associated with its use. Can subscribe for 12 months

OACIS Templates – Instructions

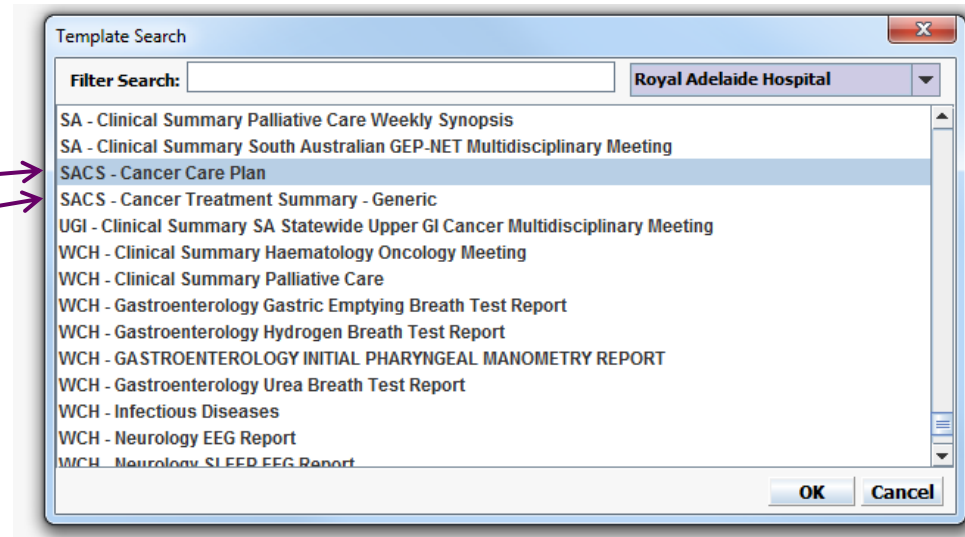
Both the Treatment Summary and Care Plan are available under Clinical Summaries in OACIS and can be found by clicking on the “Create” button (refer to screen dump):

- **SACS – Cancer Care Plan**
- **SACS – Cancer Treatment Summary – Generic**

Modifying the contents

The contents of the templates can be modified whilst in the *interim* phase and can be tracked.

Once finalised, amendments can be made to the Treatment Summary or Care Plan by clicking the “*amendment*” button. OACIS will automatically mark the revised version as being amended and will enable re-distribution of the updated copy



Dissemination

The Treatment Summary & Care Plan can be distributed automatically by selecting the “*distribute*” button.

1. Health Care Providers

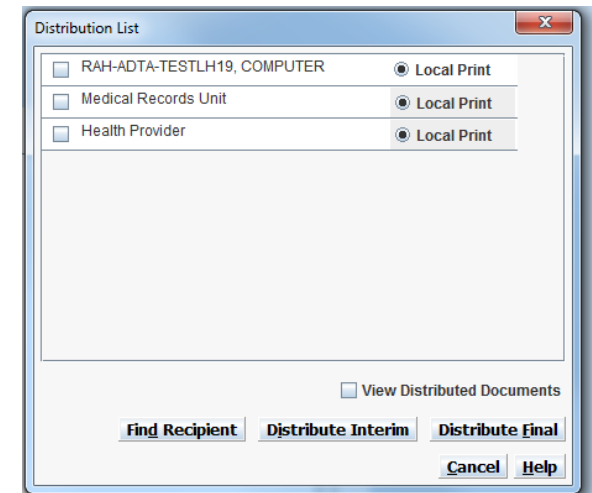
Copies to relevant health care providers (within SA Health and more broadly) can be distributed by searching “*Find Recipient*” (refer to screen dump on left). This can include GPs (provided details are contained within OACIS) with option to fax copies to their respective clinic. A copy may also be sent to Medical Records for filing.

Treatment Summaries and Care Plans can also be saved or emailed via PDF by clicking “*print preview*” button and selecting printer type to be “*PDF Creator*”. *Please ensure compliance with relevant policies relating to information exchange and confidentiality*

2. Consumers

A copy will need to be printed and provided to the consumer in person or via mail (OACIS does not disseminate direct to consumers)

For additional information relating to OACIS and the templates please contact your local OACIS Administrator



Service Developer

The following section has been designed to support and guide service developers and managers in determining the best approach to incorporate the Survivorship Framework and key components within service delivery. The section is divided into two parts, utilising the conceptual implementation stages for the adoption of the Framework (as per Diagram below) including:

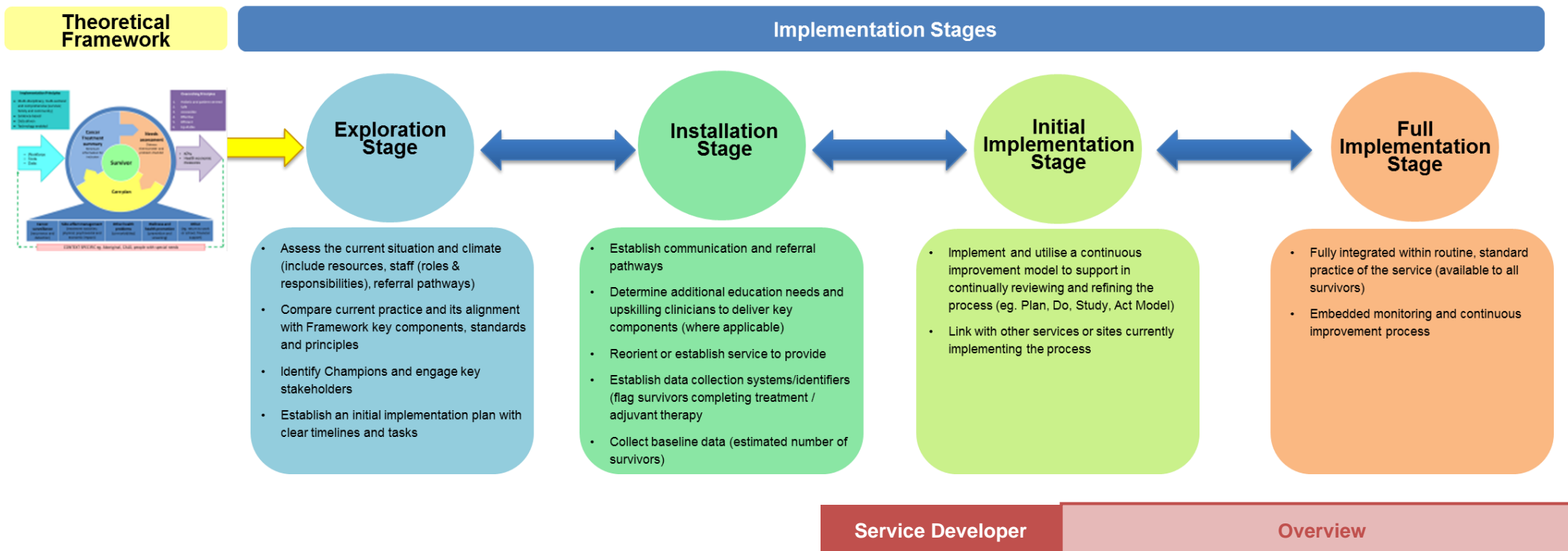
1. Flow Charts & Checklists

- Implementation process flow chart
- Framework adoption checklist (alignment of current practice with key components, standards and principles)
- Workforce capacity and skillset checklist

2. Resources

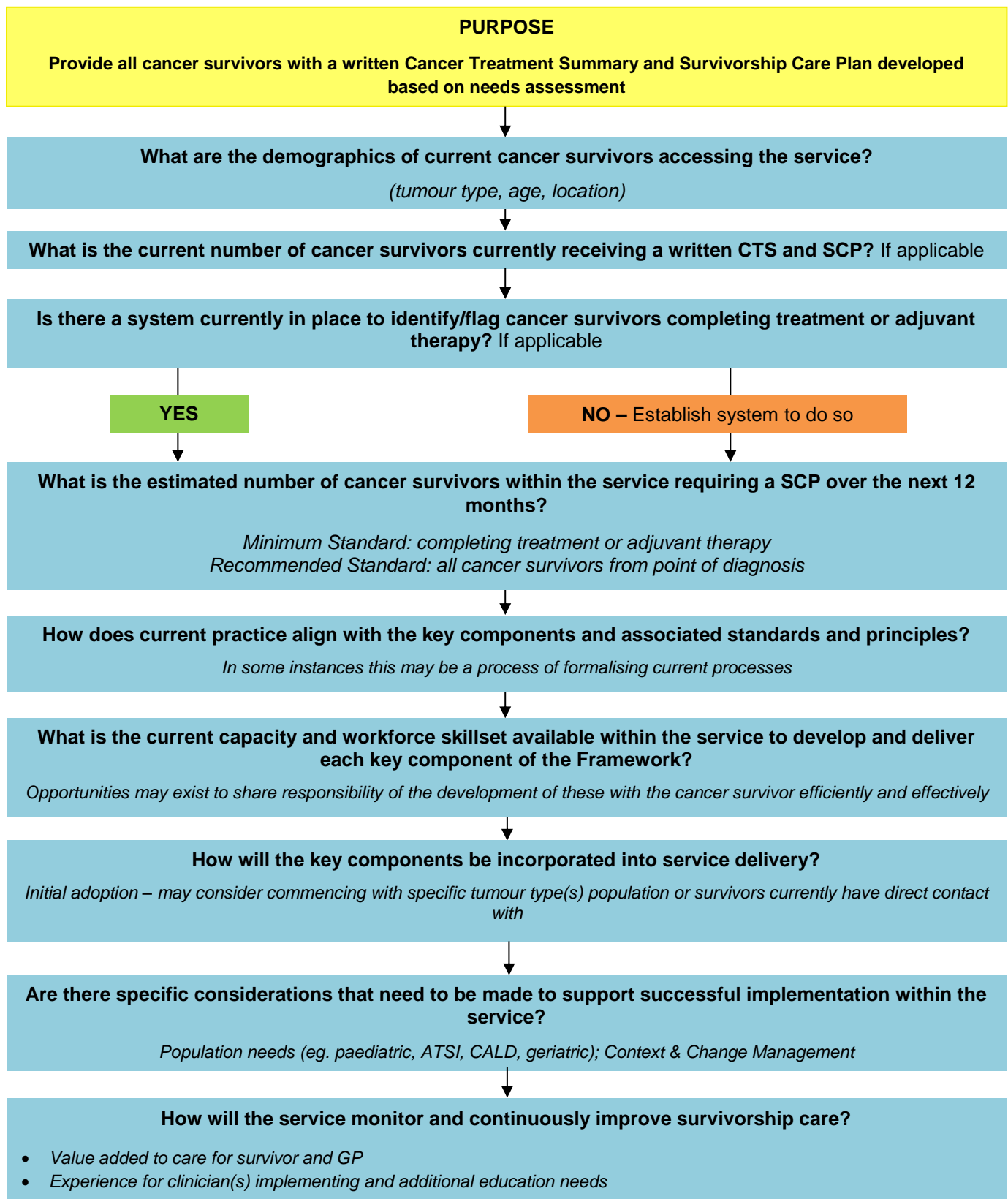
- Consumer Survey

Please note these are guides and other factors may require consideration that aren't currently highlighted.



Implementation Process Flowchart

The following flowchart provides a process that may assist in adopting and adapting the key components for implementation within practice, supporting the exploration and installation stages of the conceptual implementation process outlined within the Framework. Click on icons next to steps of the flowchart to be directed to the associated checklist



Framework Adoption Checklist

Current Practice

The following checklist has been designed to assist in assessing alignment of current survivorship practice with the standards and key principles identified for the key components of the Framework

Links to templates that have been established and meet the criteria below are available for use and adaptation (where required) for service providers and consumers.

In some instances it may be a process of formalising current practice

| Key Component | Standard | Key Principles |
|--|--|--|
| <input type="checkbox"/> Written Cancer Treatment Summary | <input type="checkbox"/> 1- 2 page summary Does it include the following information: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Complications <input type="checkbox"/> Managing specialist(s); team <input type="checkbox"/> Dates | <input type="checkbox"/> Brief <input type="checkbox"/> Concise |
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Brief Assessment Does it include identification of needs in the following areas: <input type="checkbox"/> Physical <input type="checkbox"/> Social <input type="checkbox"/> Emotional <input type="checkbox"/> Occupational <input type="checkbox"/> Educational <input type="checkbox"/> Lifestyle <input type="checkbox"/> Spiritual / Cultural | <input type="checkbox"/> Brief <input type="checkbox"/> Easy to administer <input type="checkbox"/> Holistic <input type="checkbox"/> Utilised to develop care plan |

Written Survivorship Care Plan

Does it include SMART goals and strategies relating to identified needs in areas including:

- Cancer surveillance
- Side-effect management
- Other health and co-morbidities
- Wellness and health promotion
- Other

Does it inform the consumer and/or service provider (as relevant) of action required

- Concise
- Needs based and consumer driven (identified via Distress Thermometer)
- Action focused
- "living" document



Workforce Capacity & Skillset Checklist

Best-practice survivorship care is well recognised to include the provision of a cancer treatment summary and survivorship care plan informed by a needs assessment.

Whilst the Optimal Care Pathways recommend this role be taken on by the lead clinician, opportunities may exist for the components and elements within each to be completed by other health professionals as appropriate

Mapping Matrix

| Task Required | Does someone already complete (if so who)? | Who has the skillset to complete? | What opportunities exist to build into service delivery / role(s)? |
|---|--|-----------------------------------|--|
| Cancer Treatment Summary | | | |
| <input type="checkbox"/> Document diagnostic information | | | |
| <input type="checkbox"/> Translate pathology findings | | | |
| <input type="checkbox"/> Translate treatment details (including complications, changes to regimes) | | | |
| Needs Assessment | | | |
| <input type="checkbox"/> Facilitate conversation with survivor to discuss identified needs and concerns | | | |
| Survivorship Care Plan | | | |
| <input type="checkbox"/> Set SMART Goals based on identified needs | | | |
| <input type="checkbox"/> Discuss and document <i>surveillance requirements</i> | | | |

| Task Required | Does someone already complete (if so who)? | Who has the skillset to complete? | What opportunities exist to build into service delivery / role(s)? |
|--|---|--|---|
| <input type="checkbox"/> Raise awareness of and support goal setting in identified areas for <i>side-effect management</i> | | | |
| <input type="checkbox"/> Develop SMART Goals relating to <i>co-morbidity management</i> | | | |
| <input type="checkbox"/> Raise awareness of and support goal setting in identified areas of <i>general health and wellness</i> (including screening) | | | |
| <input type="checkbox"/> Develop SMART Goals relating to other <i>practical and psychosocial issues</i> identified for addressing | | | |
| <input type="checkbox"/> Recommend relevant resources | | | |
| Completion of GP/Specialist Letter | | | |
| <input type="checkbox"/> Update Letter Template for distribution | | | |
| Disseminate copies of CTS, SCP to GP, Specialists, Survivor | | | |
| Filing copy of CTS, SCP and Letter | | | |

Consumer Survey

Survivorship Care – Cancer Treatment Summary and Survivorship Care Plan

Appointment

1. After your treatment, do you recall attending an appointment to discuss your treatment experience and develop your survivorship care plan?
 Yes No Unsure
2. Did you find it useful to talk with someone about your treatment and work through any concerns you may have had or what to expect after treatment (eg. *future appointments and follow-up, possible late effects*)?
 Useful Not sure Not useful at all

Cancer Treatment Summary

1. Do you understand the information included in your treatment summary to a level that is acceptable to you?
 Yes No Unsure
2. How useful do you feel having a personal copy of your treatment summary is? (eg. *does it help in talking about your diagnosis and treatment with your doctor or family*)
 Useful Not sure Not useful at all

Please tell us why:

Survivorship Care Plan

1. How useful have you found your Survivorship Care Plan?
 Useful Not sure Not useful at all

Please tell us why:

2. Have you used your Care Plan?
 Yes No Unsure
- If yes, how have you used it?
- Discussed it with your GP Shared with family
- Looked at recommended resources Linked with other service or program
- Acted on one of your goals (eg. started walking; joined support group)
- Other: _____

3. Have any updates been made by yourself or others (eg. GP) to your Survivorship Care Plan with any changes in your needs since it was first developed?

Yes No Unsure

4. Do you feel the Survivorship Care Plan and/or the process used to develop it included information and advice that met your needs at the time it was completed?

Yes No Unsure

5. When was your Care Plan developed?

- 2 – 4 weeks after treatment
- 4 – 8 weeks after treatment
- 2 - 6 months after treatment
- 6 + months after treatment
- Not sure

6. What did you think of the timing of developing your Care Plan?

Too soon after treatment ended Too late Just right Not sure

General

1. Would you recommend all patients in the future receive a personalised:

- | | | | |
|-----------------------------|------------------------------|-----------------------------|---------------------------------|
| a) Cancer Treatment Summary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| b) Survivorship Care Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

Do you have any other comments?

Thank you for taking the time to complete this survey and supporting us to continue to improve our services for people with cancer in South Australia. Please return via the replied paid envelope provided

For more information

Name: xxxxx
Address: xxxxxx
Telephone: xxxxxx
www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons



Government
of South Australia
SA Health

© Department for Health and Ageing, Government of South Australia. All rights reserved.

For more information relating to the SA Survivorship Framework Contact

Name: SA Cancer Service
Email: Health.SACancerService@sa.gov.au
www.sahealth.sa.gov.au

© Department for Health and Ageing, Government of South Australia. All rights reserved.



www.ausgoal.gov.au/creative-commons



**Government
of South Australia**

SA Health