

# Collaboration; MDT working; Nursing Interventions and Patient Empowerment

Annie Young

Warwick Medical School, UK

ESMO Preceptorship , Lugano, 17<sup>th</sup> April 2018

# Disclosures

WARWICK

Honoraria from:

MSD

Helsinn

Bayer

Leo Pharma

Educational grant from:

Bayer

# Collaboration: MDT Working

WARWICK

- The care of all patients with cancer should be formally reviewed by a specialist team’.
- All patients have the benefit of the range of expert advice needed for high quality care
- MDTs bring together staff with the necessary knowledge, skills and experience to ensure high quality diagnosis, treatment and care
- The MDT meeting is about ***considering the patient as a whole*** not just about treating the cancer.
- So an MDT should take account of the patient’s views, preferences and circumstances wherever possible

# Aspirations?

WARWICK

- Time for MDTMs has become as serious challenge due to an increasing number of patients who are 'required' to be discussed.
- Considerable capacity issues in relation to the number of radiologists and pathologists in England and current MDTM practices present additional challenges to these specialties.
- The doctor-patient one to one relationship in relation to management decisions is starting to be eroded. Clinicians need to have the responsibility for these decisions returned to them. They must be given permission to make decisions with their patients without necessarily having to seek approval from the MDTM

Transforming MDTMs. Gore et al, 2017

Meeting Patients' Needs: improving the effectiveness of multidisciplinary team meetings in cancer services' by CRUK (January 2017)

# What do cancer patients say? To feel cared for? By nursing actions....

WARWICK

- Accessibility and professional competency\*
- ‘Listening, touching and individualised care’\*
- ‘Beyond assigned role’\*
- Sense of value – by the patient *also* by the nurse\*
- Nurse ‘presence’ in thought, word and deed\*
- Therapeutic relationship associated with increased patient satisfaction, treatment adherence, QoL, decreased anxiety and depression & health costs\*\*

\* Caring in Nursing Classics: An Essential Resource; Chapter 19, Larson P; Important Nurse Relationships perceived by cancer patients. 2013. Springer

\*\* Kornhabe H. *J Multidiscip Healthc.* 2016; 9: 537–546.

# Nursing Interventions

- Communication is the golden key
- education
- symptom management
- psychological support
- coordination of care

Nursing Interventions In Female Breast Cancer Patients. Harrii AM. 2014. Thesis.

[https://www.theseus.fi/bitstream/handle/10024/84768/Harri\\_Anna.pdf?sequence=1&isAllowed=y](https://www.theseus.fi/bitstream/handle/10024/84768/Harri_Anna.pdf?sequence=1&isAllowed=y)

# Barriers to Communication (CRF)

- 132 patients (66%) reported that they had never spoken to their doctor about fatigue

The most frequently reported reasons for this lack of patient communication about fatigue included:

- the doctor's failure to offer interventions (47%),
- patients' lack of awareness of effective treatments for fatigue (43%),
- a desire on the patient's part to treat fatigue without medications (40%), *and*
- not wanting to complain to the doctor (28%)

## INITIAL MANAGEMENT of IMMUNE – RELATED ADVERSE REACTIONS

On presentation if no obvious infectious and / or disease-related aetiologies Do Not Wait, Treat As Immune –Related Adverse Reaction or Endocrinopathy as tables below.

Inform Consultant Oncologist

Follow link for CTC grading criteria

[http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE\\_4.03\\_2010-06-14\\_QuickReference\\_8.5x11.pdf](http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf)

### Immune-Related Adverse Reactions:

	Grade 2 or above	Grade 3 or above	
<b>Name:</b> <b>Hospital:</b> <b>DOB.....</b> <b>Tel no.....</b>	<b>Pneumonitis</b> Cough, dyspnoea, hypoxia, radiographic changes eg. focal ground glass opacities	Initiate Corticosteroid: 1 – 2 mg/kg/day IV methylprednisolone <b>OR</b> 1.25 – 2.5 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available)	
	<b>Colitis</b> Watery, loose stools, blood or mucous in stool, abdo pain	Initiate Corticosteroid: 1 – 2 mg/kg/day IV methylprednisolone <b>OR</b> 1.25 – 2.5 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available)	
	<b>Hepatotoxicity</b> Raised AST, ALT or total Bilirubin, right sided abdo pain, tiredness	If persistent initiate corticosteroid: 0.5 – 1mg/kg/day IV methylprednisolone <b>OR</b> 0.62 – 1.25 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available )	Initiate Corticosteroid: 1 – 2 mg/kg/day IV methylprednisolone <b>OR</b> 1.25 – 2.5 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available)
<b>Reason for admission (in patient)</b>	<b>Nephrotoxicity</b> Asymptomatic increase in creatinine, other abnormal renal function, decreased volume of urine	Initiate Corticosteroid: 1 – 2 mg/kg/day IV methylprednisolone <b>OR</b> 1.25 – 2.5 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available )	
<b>Is the patient registered with a GP?</b> <b>When did you last see your GP?</b>	<b>Rash</b> Itching, blisters, ulcers, peeling skin	Initiate Corticosteroid: 1 – 2 mg/kg/day IV methylprednisolone <b>OR</b> 1.25 – 2.5 mg/kg/day oral prednisolone (round to nearest tablet size 25mg and 5mg available)	

### Immune –Related Endocrinopathies:

	Hormone Replacement	Steroids
<b>Symptomatic Hypothyroidism</b>	Initiate thyroid hormone replacement as needed	

5 SHEET (v2 2010)

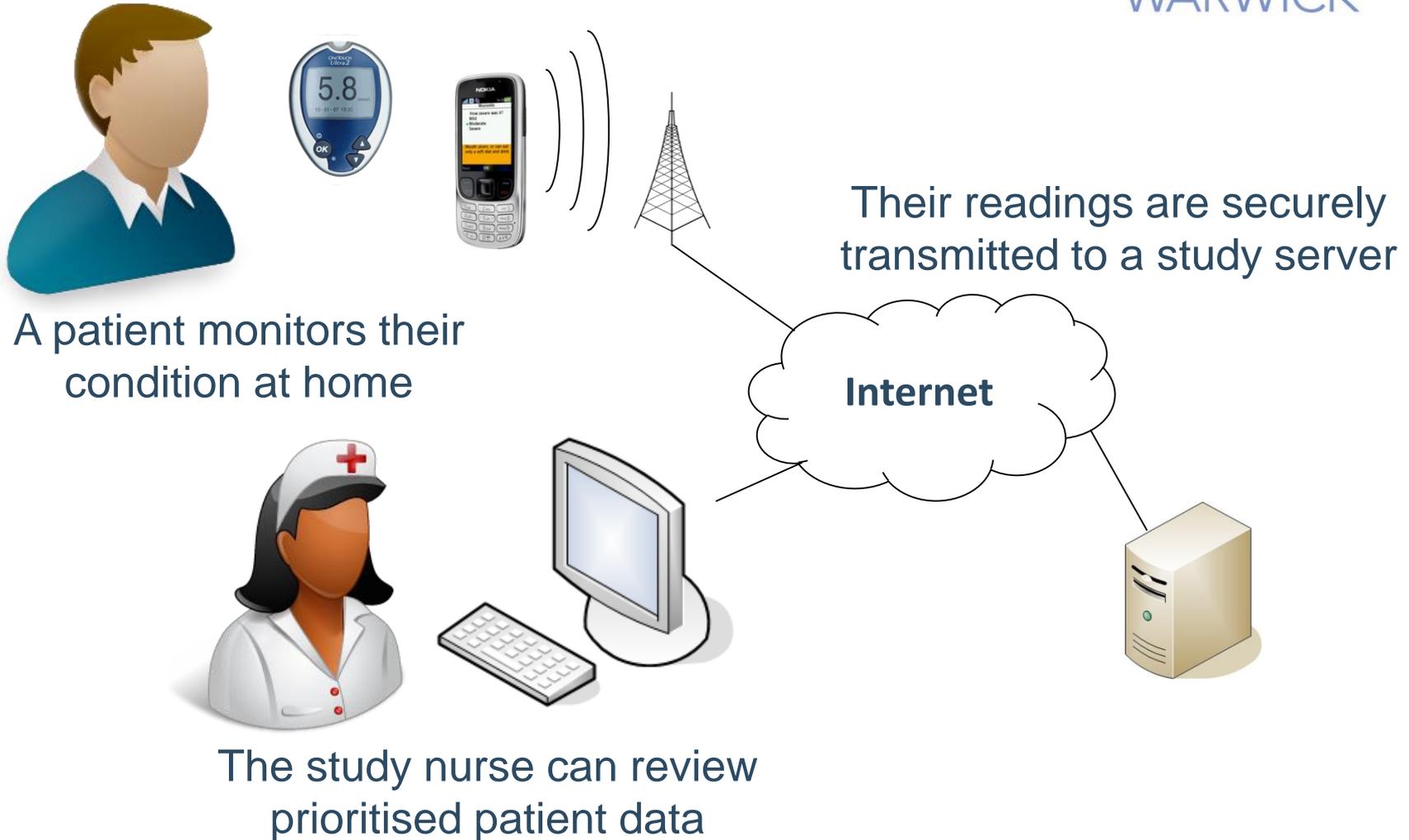
e  No

Jo

ks

# Telehealth system architecture for monitoring patients on SACT

WARWICK



# Health Buddy®

WARWICK

Connection to the Tele-health Data Centre via phone or internet



- easy to use,
- ***designed for frail elderly people***
  - four large buttons
  - high contrast display with large font
  - no ‘expert talk’
- Walking through questions is straightforward

# Health Buddy Programme

WARWICK

- Structured to deliver evidence-based education
- Psychology of questions – gain self-management skills
- Learn signs and symptoms of problems – reinforce self-care behaviours
- When to contact ‘acute oncology’ nurses
- Trivia (stickiness factor)
- **Symptoms, Behaviours and Knowledge**



# Cancer Patient Empowerment?

WARWICK

Empowerment has been described as “a process, a mechanism by which people, organisations, and communities gain mastery over their affairs”<sup>1</sup>

## What is empowerment?

1. Patients have the necessary skills, knowledge, or motivation to become engaged and take control of their own health care;
2. “processes” leading to patients’ having “emergent states” as above
3. “behaviours” whereby patients participate in self-management and shared decision making

# Cancer Patient Empowerment

WARWICK

Empowerment is a concept of growing importance

- Empowerment is an ongoing and fluctuating process
- Knowledge is power
- Patient and caregiver having an active role
- Communication and interaction between patients and health care professionals
- Support from being in a group
- Religion and spirituality
- Gender

# Cancer Patient Empowerment

WARWICK

Patients may experience the process of empowerment differently depending on their disease trajectory

## Facilitators

- information, respect, positive communication, partnership, and learning from others

## Gaps

- empowerment in different groups of cancer patients
- gender, ethnicity, social class and age

# ePatient Empowerment?

WARWICK

- Relations with healthcare providers should be supported, especially immediately after diagnosis
- Support to self-management constitutes a priority
- The adoption of a personalised approach from the beginning of the cancer pathway may promote patient empowerment
- The ‘social network’ represents an important resource that could be integrated in interventions<sup>1</sup>
- ‘Big White Wall’ – You are not alone<sup>2</sup>

Renzi C et al *Front Psychol* 2017; 8: 1215

2. <https://www.bigwhitewall.com>.

# Involvement?

WARWICK

**Patient involvement** means that work is undertaken 'with' or 'by' patients and the public rather than 'to', 'for' or 'about' them

Or in other words:

**Involvement** means the research team working **collaboratively** with patients and the public

# The range of patient involvement

Minimum involvement  Maximum involvement				
<b>Giving information</b>	<b>Getting information</b>	<b>Forums for debate</b>	<b>Working with</b>	<b>Working in partnership</b>
Exhibitions, leaflets and written documents.	Citizens' panels, interviews, patient diaries.	Focus groups, seminars, meetings with patients.	Membership of decision making bodies, Citizen's Juries, public dialogue	Part of or leading project teams to co-produce work.
"We want to tell you about something that needs to change"	"As a user or carer, what was your experience of...?"	"We would like to discuss this issue with you"	"We want to work with you on this issue"	"We want you to be an equal member of our team"

## ‘Leadership at all levels’

# Collaboration; MDT working; Nursing Interventions and Patient Empowerment

- Listen to patient and caregiver
- Patient advocacy groups
- Community Staff + extended ‘carers’
- Specialists – oncology and palliative care
- Pharma
- Ministries of Health

