

Centre hospitalier universitaire Vaudois

The Care Board Model

An Interprofessional Model Approach to Supportive Care Needs for Cancer Patients

Congrès SCHP 01.09.2022
Célia Darnac - Philippe Glemarec

Unil
UNIL | Université de Lausanne



CONFLICT OF INTEREST - DISCLOSURE

Nothing to declare

Pilot Study

Background

Care Board Model

Case Report

Questions

Background Tumor Board Review

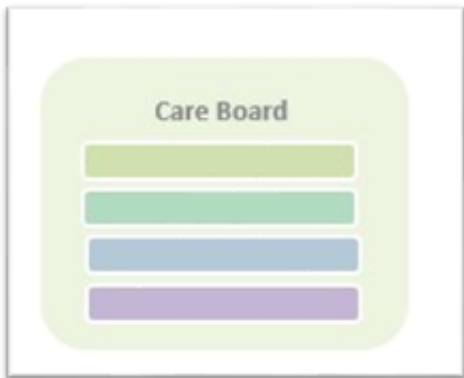
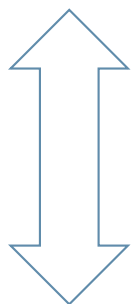
At CHUV, 16 Tumor Boards.



Tableau des colloques hebdomadaires du service d'oncologie médicale semaine 06 2020

	Lundi 3 févr. 20	Mardi 4 févr. 20	Mercredi 5 févr. 20	Jeudi 6 févr. 20	Vendredi 7 févr. 20	
08h00	8h00 - 8h30 Rapport du Week-end et réunion Salle colloque CCO BH06		8h15 - 09h00 Formation post-graduée pas de formation Salle de colloques CCO	8h00 - 9h00 Préparation TB moléculaire Salle colloque CCO	8h15 - 9h30 Distinguished Nouvelles possibilités de traitement en 1ère ligne: Cancer de l'ovaire Pr. Ray-Coquard Aud. Paternot Agora	08h00
09h00	9h00 - 11h00 Tumor-board THOR BH07 Salle démo. RAD				9h30-11h00 Tumor-board Phase I Salle Colloque 3	09h00
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Background



«Supportive care is about treating the person, whilst oncology is treating their cancer»

[What is Supportive Care? - MASCC](#)



<https://www.afsos.org/les-soins-de-support/>



Principles

Prevention or reduction of treatment toxicities

Throughout the continuum of the cancer experience from diagnosis through treatment to post-treatment care

Involves a coordinated, person-centric, holistic approach, guided by the individual's preferences

Basic right for all people with cancer, irrespective of their personal circumstances, their cancer type, their cancer stage, or their cancer treatment.

Benefits

Maintain or improve quality of life

Improved communication between people with cancer and caregivers about disease and prognosis

Easing of the emotional burden for people with cancer and caregivers

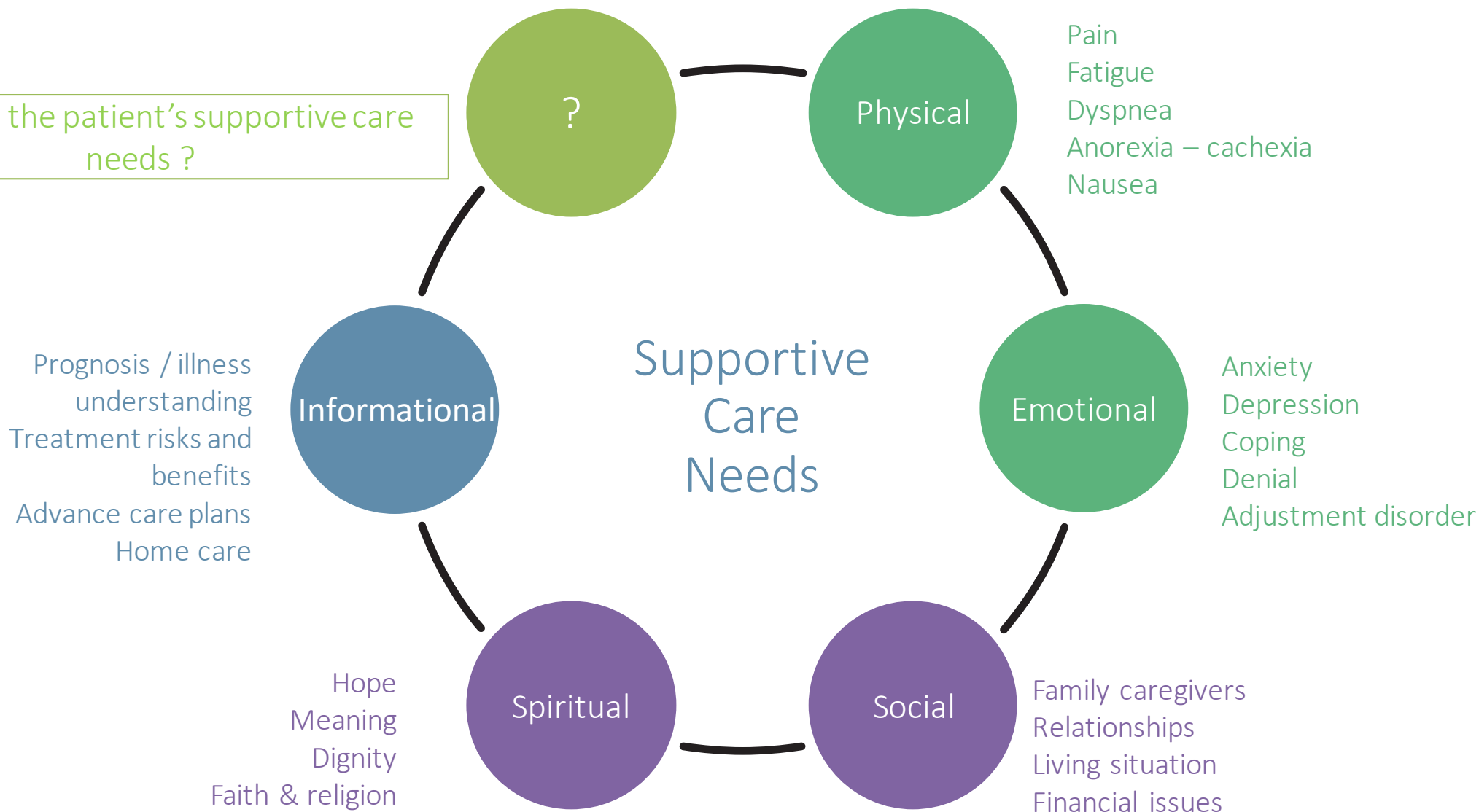
Increased tolerance, and thus benefits, of active therapy

[What is Supportive Care? - MASCC](#)



Background

What are the patient's supportive care needs ?



Background



Resilience and unmet supportive care needs in patients with cancer during early treatment: A descriptive study



C. Dubey ^{a, e}, J. De Maria ^{b, e}, C. Hoeppli ^c, D.C. Betticher ^d, M. Eicher ^{a, e, *}

Table 4

Ten most frequently reported unmet needs (SCNS 34).

Unmet need (item)	n (%) expressing unmet need	Need domain
Fears about the cancer spreading	32/66 (48.5%)	Psychological
Uncertainty about the future	30/66 (45.5%)	Psychological
Concerns about the worries of those close to you	29/66 (43.9%)	Psychological
Worry that the results of treatment are beyond your control	28/65 (43.0%)	Psychological
Changes in your sexual relationship	24/57 (40.3%)	Sexual
To be given information about sexual relationships	24/62 (38.8%)	Sexual
Lack of energy/tiredness	22/60 (36.6%)	Physical & daily living
Changes in sexual feelings	22/61 (36.1%)	Sexual
Feelings about death and dying	22/66 (33.3%)	Psychological
Being given information (written, diagrams, drawings) about aspects of managing your illness and side-effects at home	21/66 (31.8%)	Health system & information

Supportive Care Needs Switzerland

● Psychological

● Sexual

● Physical

● Health system & information



	wrong with you?	
Cancer and me: loneliness	<p>Emotional support <i>During your hospital visit/while you were being treated as an outpatient, did you find someone on the hospital staff to talk to about your worries and fears?</i></p> <p>Continuity and transition <i>Did hospital staff give you information about support or self-help groups for people with cancer?</i></p> <p><i>During/after your cancer treatment, did you receive enough care and support from health/social services?</i></p>	<p>Thematic analysis added description of the impact of poor experiences of care regarding emotional support and continuity of care. This included: patients' feelings of loneliness during and after treatment (e.g. while managing side effects, accessing complementary medicine, or resuming a professional activity after treatments); and patient's needs and suggestions on how to alleviate loneliness (e.g. help & support with administration & finances).</p>

Background

ESMO > Guidelines > Guidelines by topic

ESMO CLINICAL PRACTICE GUIDELINES: SUPPORTIVE AND PALLIATIVE CARE

ESMO-MCBS Pocket Guidelines

Latest enhanced and revised set of guidelines

Supportive and palliative care are areas of **high importance in oncology** and ESMO published Clinical Practice Guidelines on the management of a variety of issues: Palliative Care in the COVID-19 era, Advanced Care Planning, Anaemia and Iron Deficiency in Patients With Cancer, Bone Health in Cancer Patients, Cancer Cachexia in Adult Patients, Cancer Pain, Cancer-related Fatigue, Care at the End of Life, Central Venous Access in Oncology, Chemotherapy Extravasation, Constipation in Advanced Cancer, Delirium in Adult Cancer Patients, Diarrhoea in Adult Cancer Patients, Infusion Reactions to Systemic Anticancer Therapy, Febrile Neutropenia, Fertility Preservation and Post-treatment Pregnancies in Post-pubertal Cancer Patients, Management of Breathlessness in Patients with Cancer, Management of Cardiac Disease, Management of Orphan Symptoms, Neurotoxicity, Oral and Gastrointestinal Mucosal Injury, Prevention and Management of Dermatological Toxicities Related to Anticancer Agents, Prevention of Chemotherapy and Radiotherapy-Induced Nausea and Vomiting, Role of Patient-reported Outcome Measures, Toxicities from Immunotherapy and Venous Thromboembolism in Cancer Patients.

The ESMO Clinical Practice Guidelines (CPGs) are intended to provide the user with a set of recommendations for the best standards of cancer care, based on the findings of **evidence-based medicine**.

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Guidelines

EUROPEAN ONCOLOGY NURSING SOCIETY

The EONS Cancer Nursing Education Framework

NICE National Institute for Health and Care Excellence

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Guidance ▾ Standards and indicators ▾ Life sciences ▾ British National Formulary (BNF) ▾ British National Formulary for Children (BNFC) ▾ Clinical Knowledge Summaries (CKS) ▾ About ▾

Read about our approach to COVID-19

Home > NICE Guidance > Health and social care delivery > Adult's social care

Improving supportive and palliative care for adults with cancer

NHS England

ENHANCED SUPPORTIVE CARE

Integrating supportive care in oncology (Phase I: Treatment with palliative intent)

Supportive Care and Treatment Related Issues

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Distress Management

Version 2.2022 — January 27, 2022

NCCN.org

NCCN Guidelines for Patients® available at www.nccn.org/patients

AFSOS Association Francophone des Soins Oncologiques de Support

Renseignez votre recherche... ACTUALITÉS MA SÉLECTION

DÉCOUVRIR L'AFSOS LES SOINS DE SUPPORT RÉFÉRENTIELS RECOMMANDATIONS EN DIRECT DES RÉGIONS

MASCC MULTINATIONAL ASSOCIATION OF SUPPORTIVE CARE IN CANCER

MASCC Guidelines



Supportive Care: Screening Tools

VOLUME 30 • NUMBER 11 • APRIL 10 2012

JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

Screening for Distress and Unmet Needs in Patients With
Cancer: Review and Recommendations

Linda E. Carlson, Amy Waller, and Alex J. Mitchell

- 14 Screening Tools for Distress
- 29 Needs Assessment Tools

“Distress and unmet needs are common problems in cancer settings, and programs that routinely screen for and treat distress are feasible, particularly when staff are supported and links with specialist psychosocial services exist”.



Background

Cancer Patients Entering the Cancer System

100%



Providing Supportive Care Services



All require assesment of supportive care needs on an on-going basis with provision of relevant information, basic emotional support, good communication and astute symptom management

20%

Many will need additional information and education as well as encouragement to seek help and engage in peer support groups

30%

Some will require specialized or expert professional intervention for symptom management/psychosocial distress

35%-45%

A few will need intensive and on-going complex interventions

10-15%





Background

Interprofessionality

Multidisciplinary team working in cancer: what is the evidence?

BMJ 2010 ; 340 doi: <https://doi.org/10.1136/bmj.c951> (Published 23 March 2010)

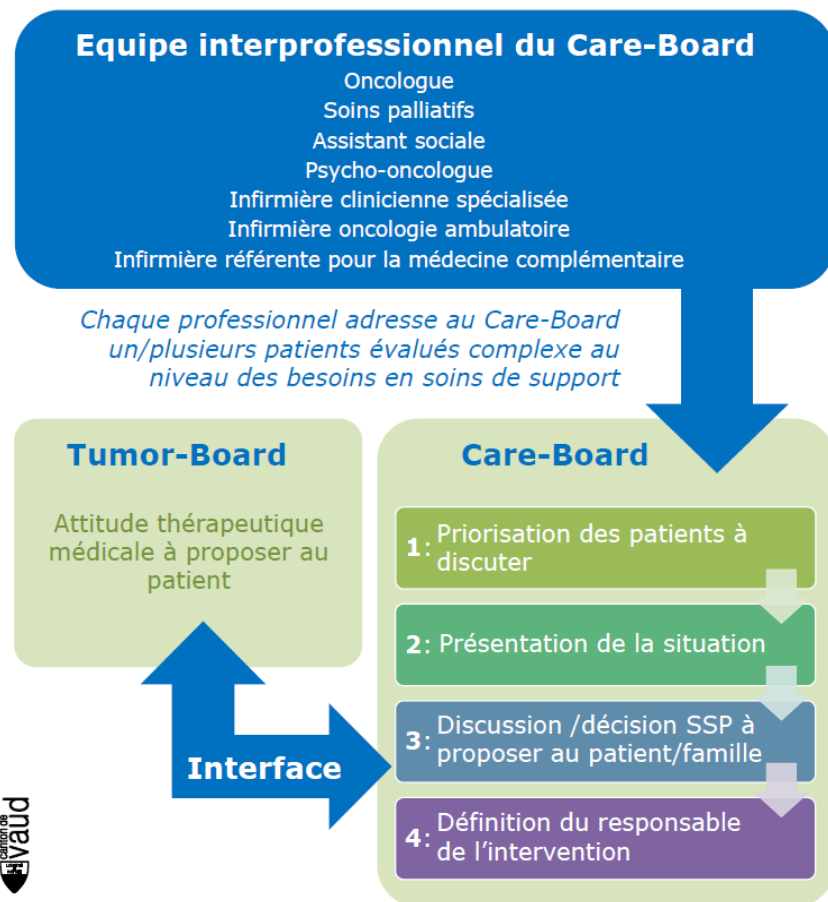
Cite this as: BMJ 2010;340:c951



Multidisciplinary care is **key to cancer management**

Effective Healthcare.
Efficient, patient-oriented
and quality

“Members of interprofessional teams are on **an equal level** and are committed **to making health care decisions together**. This is because no single profession can provide a full range of care. Depending on the task, the most qualified person on the team takes the lead. So there is no traditional, fixed hierarchy”



Care Board

An interprofessional approach that aims to discuss complex clinical, psychological and social needs in order to ensure continuity of care and provide personalized supportive care for patients and families

Feasibility

- Mean duration (50min)/
- 2 patients / Care-Board
- psychological support - financial - palliative care integration

Acceptability

- Positive evaluation
- Improved continuity of patient care
- Enabled solutions and procedures not possible otherwise
- Increased safety



Pilot Study

Implications

Clinical

Research

Improve care coordination and promote interprofessional work.

Improve the Care Board model tested in the pilot phase.

Adapt and test the Care Board (thoracic) model to other oncology populations.

Reduce patient/family supportive care needs.

Increase patient/family satisfaction with care received.

Care Board Model

1 year of project

Interprofessional working group:
nurses, physicians, social
workers, psychiatrist, head
palliative care physician, CEMIC

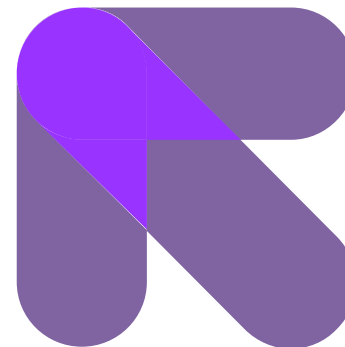


Participation and information available to the Care Board
to the different healthcare
providers involved.

An **interprofessional approach** to provide personalized
supportive care for patients.

This approach is based on the discussion of complex clinical,
psychological and social difficulties.

Improving Discussion Structure :
Definition of patients/families
structure of presentation and
follow-up (of patients/families)



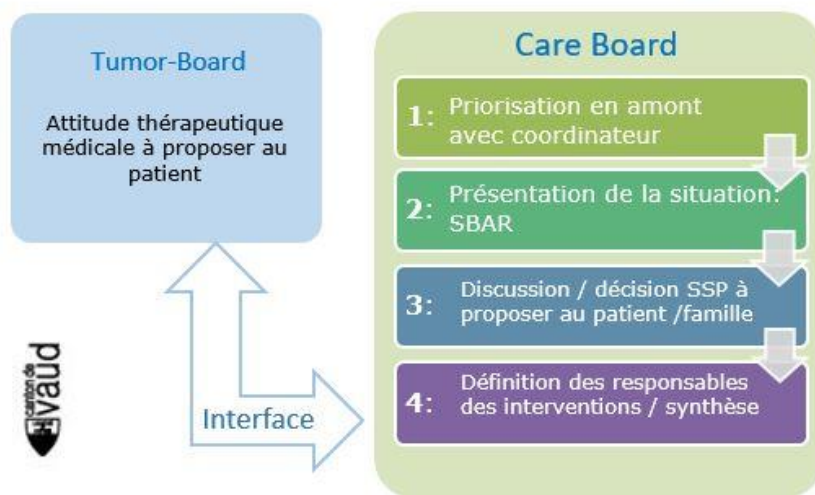
Accessibility of the Care
Board to all specialities in
oncology department.

Care Board Model

Equipe interprofessionnelle du Care-Board

Coordinateurs du Care Board		
Oncologue	Soins palliatifs	Assistante sociale
Psycho-oncologue	Accompagnant spirituel	Infirmière clinicienne spécialisée
Nutritionniste	Infirmière oncologie ambulatoire	Infirmière référente CEMIC

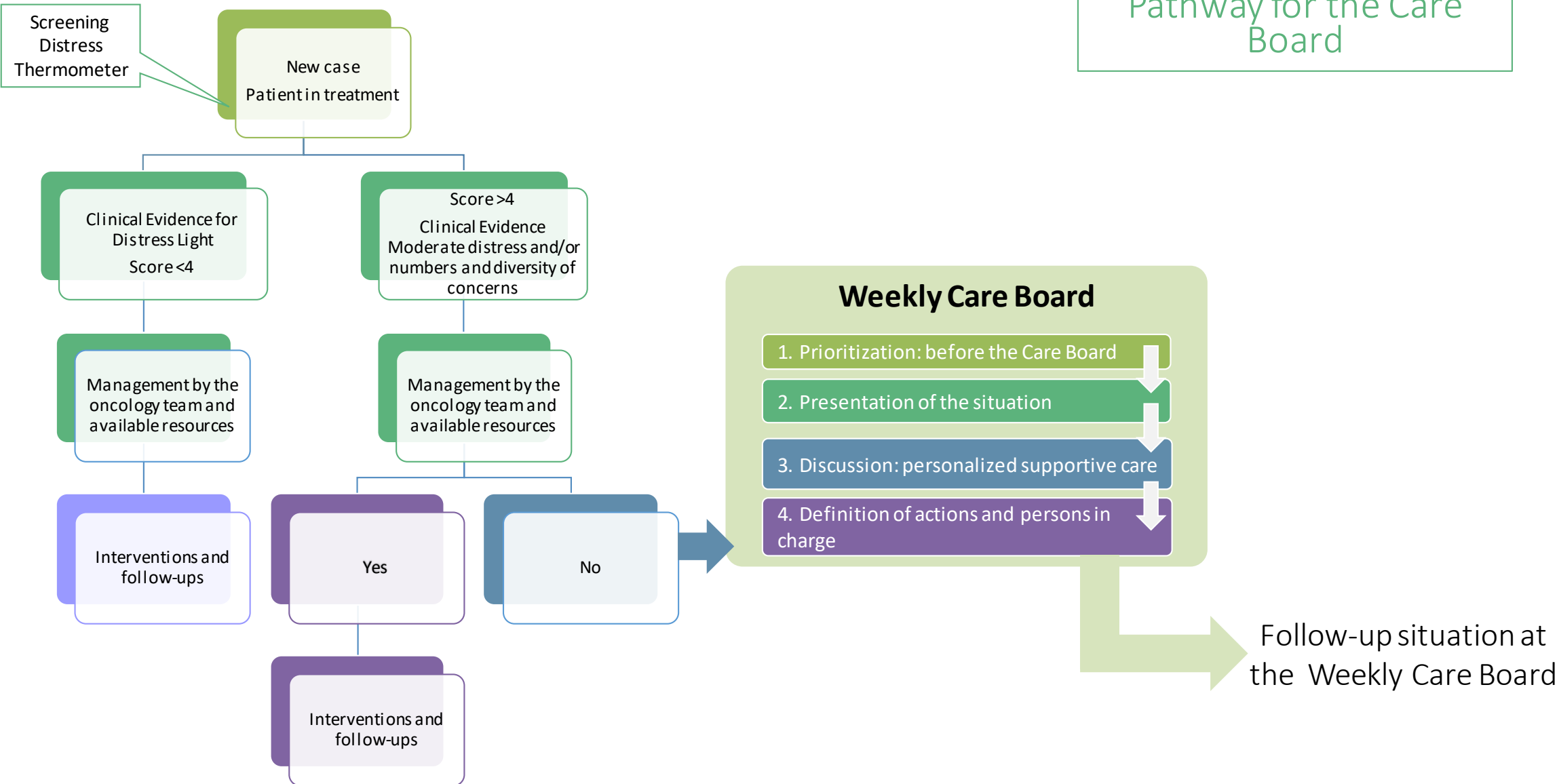
Chaque professionnel adresse au Care-Board un/plusieurs patients évalués complexes au niveau des besoins en soins de support en passant par les coordinateurs du Care Board



- Interprofessional approach
- Discussion of complex needs (clinical, psychological and social difficulties)
- Personalized supportive care
- Patient follow-up, continuity of care
- Shared thinking
- A training place for professionals
- A professional position



Care Board Model





Care Board Model

At CHUV, 16 Tumor Boards

1 Care Board



Tableau des colloques hebdomadaires du service d'oncologie médicale semaine 06 2020

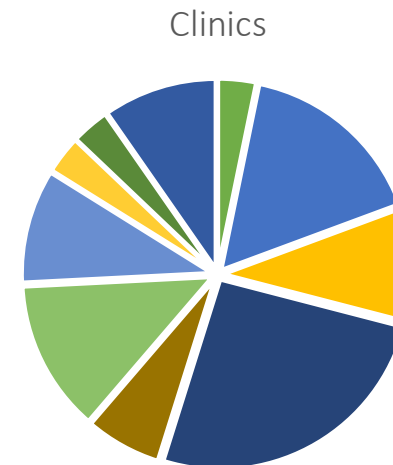
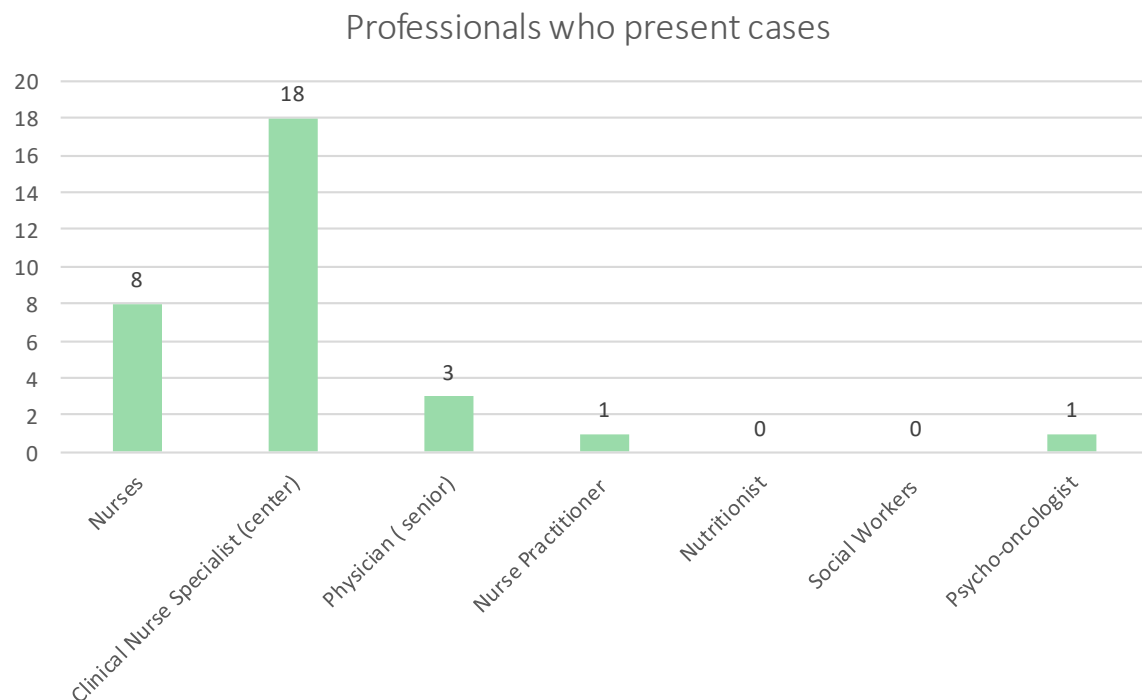
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Care Board Model

2021: 31 cases /29 Care Board

Mean 29 minutes per case



OGY1 ONE1 OGI1 OOR1 OTT1 OUR1
OSEN1 HEM1 TNE1 OMEL1 OSA1

Psychological problems: anxiety, fear, worry,
nervousness, loneliness

Physical problems: fatigue, nausea, loss of appetite,
sleep disorders

Financial issues



S : Situation

- Mr. B, 59 years old, left upper lobar lung carcinoma, cT4 (lung metastases) cN2 cM1c (left scapular and pericardial metastasis), stage IVB.
- Diagnosed the 24.07.2020
- 2 lines palliative treatment by chemotherapy + palliative radiotherapy of the left shoulder from 2020 to 2021
- 25.01.2021: pulmonary, lymph node, bone and brain progression
- Currently: 3rd line palliative treatment with weekly docetaxel

B : Background

- Has been working in Switzerland for about 30 years, on construction sites.
- Sends money to his family in Macedonia.
- Can not read or write, very limited understanding of French, needs translator for consultations.
- Since February his 27 year old daughter is staying for 3 months to support him (she doesn't speak French).
- The daughter understands the seriousness of the situation, wants to bring her father's body back to Macedonia
- He is on social assistance due to work accidents.



A : Assessment

- Though he requested for help, the measures put in place failed (refusal of help with housework, meals, home care stopped)
- Difficulty in asking for help to manage side effects at home
- Lack for support towards the family (Mr.'s daughter due to language barrier)
- Dependency (Activities of Daily Living) on his daughter's help and her return to the country planned for April (tourist permit)
- Difficulty in controlling pain
- Difficulty in adapting to administrative tasks (e.g. change of appointment)
- Lack of financial resources



2 Coordinators

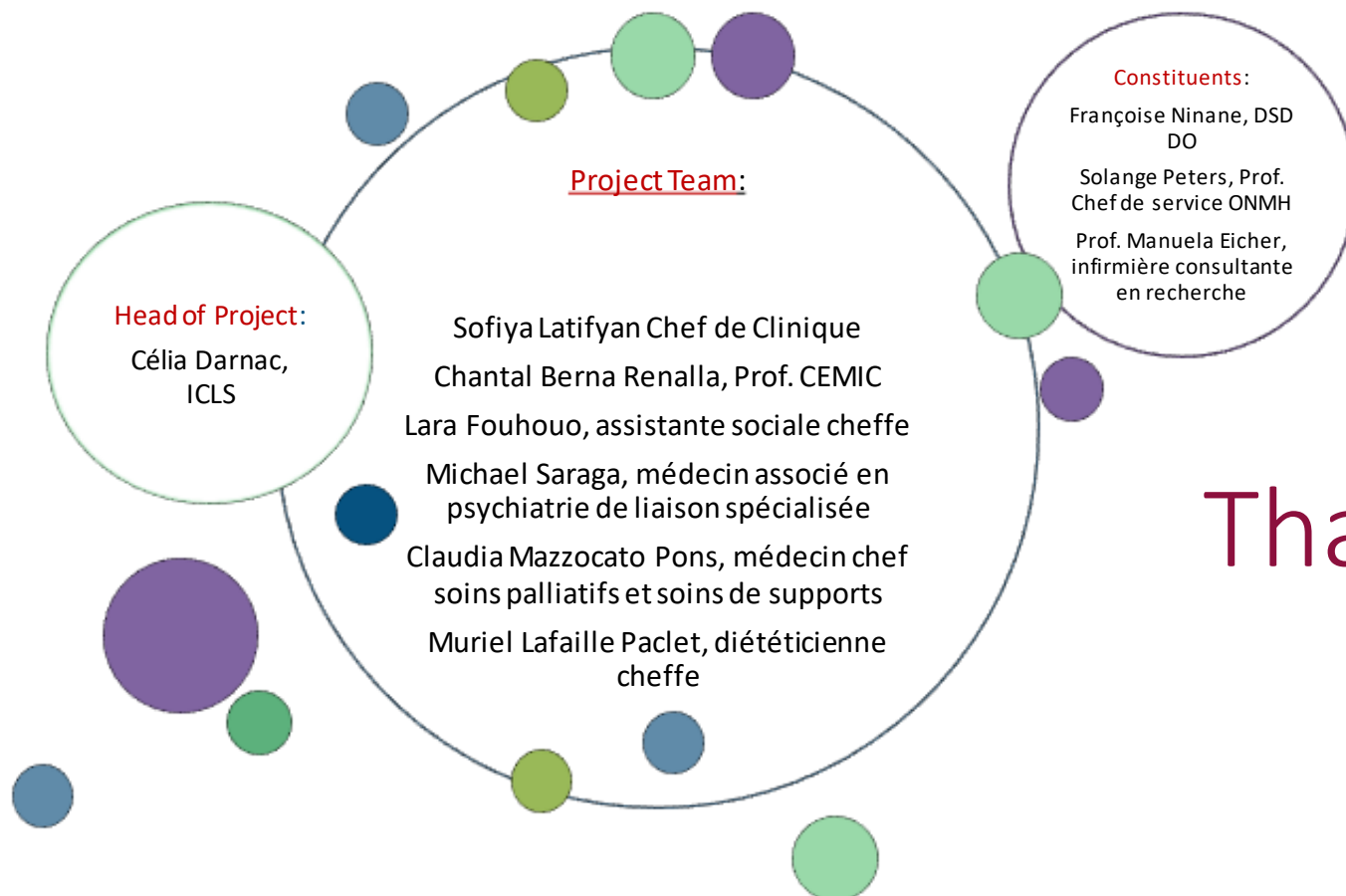
- Nurse CEMIC
- Spiritual care provider
- Nurses CCO
- Nurse Practitioner
- Thoracic Clinical Nurse Specialist
- Palliative Care Physician
- Physician's assistants
- LVC social worker
- Senior Clinical Oncologist
in Thoracic Oncology
- Other Clinical Nurse Specialist

R : Recommendation Care Board /16.03.2021



- ☐ CEMIC **hypnosis** proposal
- ☐ Thoracic Clinical Nurse Specialist : contact with **spiritual care provider**
- ☐ Palliative Care Physician : contact with physician who is taking care of Mr. (complex pain management) and **propose interventions**
- ☐ Thoracic Clinical Nurse Specialist and + LVC social Work+ translator: to check with the daughter of Mr. utility of the **transport abonnement** for the duration of the stay of the daughter
- ☐ Thoracic Clinical Nurse Specialist and + LVC social Work+ translator: with Mr's daughter + social worker from home care: make sure the daughter's **visa is extended** (ask for a copy of the visa) specify the modalities and **cost of repatriation** of a deceased person in Macedonia (during the pandemic period)
- ☐ Senior Clinical Oncologist in Thoracic Oncology and Nurse Practitioner : **request permission** from Mr. to **inform his daughter** specifically of his condition and prognosis. organize a care network as soon as possible
- ☐ Coordinator : ask the administrative hierarchy if it is possible to ask a **colleague from Macedonia for some translations** (confidence link)


ACKNOWLEDGEMENTS



Thank you


UNIL | Université de Lausanne
Institut universitaire de formation
et de recherche en soins FBM

 Centre hospitalier
universitaire vaudois
Département d'oncologie

 **krebsliga schweiz**
ligue suisse contre le cancer
lega svizzera contro il cancro