

Early identification of functional problems and self-management support for people with thoracic cancers using an Allied Health Professional Screening Tool - An audit report

Catherine Sandsund ¹ Physiotherapist, Sarah Sarker, Clinical Nurse Specialist, Karen Bottomley-Wise, Project Lead ^{1,2} Siobhan Cowan-Dickie, Lead Physiotherapist, Associate Lead for Therapies Services.
¹The Royal Marsden NHS Foundation Trust, Fulham Road, London; ²Thoracic Cancer Services, The Royal Brompton and The Royal Marsden NHS Foundation Trusts, Fulham Road, London

Background

Newly diagnosed individuals with thoracic malignancies experience complex symptoms and functional impairments. Patient experience research has highlighted that tailored rehabilitation around the time of diagnosis, supports people to self-manage symptoms, tolerate cancer treatments, remain active and independent when treated for thoracic cancer. However, best practice to identify and manage these problems early remains to be determined.

We introduced a new patient information pack, sent with the first appointment to the Cancer Centre by administrative staff including:

- symptom-management information booklet from a national charity
- Allied Health Professional (AHP) screening tool for self-report
- covering letter and self-addressed envelope.

The aim of this work was to audit the first three months of service data to understand the utility of the screening tool in practice.

Method

Following approvals from the hospital's clinical audit committee, we reviewed process and service data from 1/11/22-1/2/23 and reported using descriptive statistics.

Objectives were to report the %patients:

- sent the new patient information pack
- returning the AHP screening tool
- requesting contact by AHP
- offered and attending an AHP appointment.

Table 1. Baseline characteristics of new patients to the thoracic oncology clinics during the audit period

	Medical Oncology new patients N=20		Clinical Oncology new patients N=8	
	Those returning the AHP screening tool N=4	Those not returning the AHP screening tool N=16	Those returning the AHP screening tool N=3	Those not returning the AHP screening tool N=5
Gender	Females 4 Males 0	Females 10 Males 6	Females 3 Males 0	Females 12 Males 13
Age	Median 74 years (range 71-76)	Median 66 years (range 38-82)	Median 62 years (range 52-72)	Median 70 years (range 37-86)
Performance status	PS0 = 1 PS1 = 3 PS2 = 0	PS0 = 3 PS1 = 13 PS2 = 0	PS0 = 0 PS1 = 2 PS2 = 1	PS0 = 2 PS1 = 12 PS2 = 7 PS3 = 3 PS4 = 1
Number of co-morbidities	Median 1.5 (range 0-3)	Median 2 (range 0-4)	Median 2 (range 1-5)	Median 3 (range 0-9)
Marital status	Spouse 1 Family 3	Spouse 11 Family 5	Spouse 12 Family 1	Spouse 6 Family 6 Friend 3 Single 4
Ethnicity	White British 3 Asian 1	White British 9 White Other 3 Asian 3 Jewish 1	White British 2 White Other 1	White British 20 White Other 2 Black Caribbean 1 Asian 1 Other 1
Cancer Type	Lung 4	Lung 15 Mesothelioma 1	Lung 3	Mesothelioma 1 Thymic 1 Renal 1 Cervical 2
Presence of a treatable driver mutation	Present 4	Present 12 Not identified 4	Present 2 Not identified 1	Present 6 Not identified 19
Treatment pathway	Curative 1 Palliative 3	Curative 5 Palliative 1	Curative 2 Palliative 1	Curative 7 Palliative 18
Treatment locality	Local care 1 RMH 3	Local care 3 RMH 8 Trials Unit 5	Local care 3 RMH 8 Trials Unit 5	Local care 5 RMH 19 Trials Unit 1

RMH Therapies Screening Tool		Yes	No
To be completed by the patient – please tick as appropriate.			
Mobility			
a. Do you use a mobility aid indoors/outdoors?			
b. Do you have to stop when walking more than 100 yards?			
c. Have you had any falls/close misses in the last 6 months?			
d. Have you struggled recently with reduced exercise tolerance/strength?			
Breathlessness			
a. Do you feel short of breath at rest?			
b. Do you feel short of breath whilst walking or completing daily tasks?			
Fatigue			
a. Do your energy levels limit your walking or daily tasks?			
b. Do your energy levels affect your concentration?			
Memory/concentration			
a. Do you have concerns regarding your memory?			
b. Have you noticed any changes to your concentration?			
Pain			
a. Do you have pain that affects your mobility or daily tasks?			
b. Do you have pain that affects your eating/drinking, and or swallowing?			
Voice/swallow			
a. Do you experience any of the following when swallowing food or drinks: coughing, food / drink sticking in your throat, shortness of breath, wet gurgling voice?			
b. Have you noticed changes to your voice quality or throat discomfort when speaking?			
Cough			
a. Do you have a productive (with phlegm) or irritable cough?			
b. Does your cough/phlegm limit your sleep?			
Total score:			/16

RMH Therapies Screening Tool		Yes	No
Royal Marsden Nutritional Screening Tool			
1. Have you experienced unintentional or unplanned weight loss in the last 3 months?			
No weight loss			0
Unintentional or unplanned weight loss over 3 months: More than 7kg (1 stone) in men More than 5.5kg (1/4 stone) in women			10
Unintentional or unplanned weight loss less than the above			5
2. Do you consider that you look underweight?			
No			0
Yes			5
3. Have you had reduced food intake (less than 50% of meals) in the last 5 days? (this may be due to loss of interest in food, sore mouth, difficulty swallowing, fatigue, feeling or being sick)			
No			0
Yes			5
4. Are you experiencing symptoms that are affecting your food intake (e.g. sore mouth, feeling sick, being sick, diarrhoea, constipation)			
No			0
Yes			3
Total:			
Royal Marsden Nutritional Screening Tool total score:			
If score is higher than 10 we will talk to you about this and can offer information and refer to dietitian.			
Referred		N/A	
Questions about your smoking			
Smoking		Yes	No
Do you smoke?			
Are you considering stopping?			
Would you like help to stop?			

Key Findings

- ❖ Re-designing the administrative workflow delivered an equitable patient approach from the AHP service from the first appointment
- ❖ Return rates were low at 14%
- ❖ The audit suggests inequities between groups
- ❖ We are undertaking a re-audit ahead of co-designing pathway improvements to reduce the inequity of early service access

Results

48 patients were sent new patient information packs with their first clinic appointment. Seven (14%) completed forms were received with five (10%) of the seven requesting further AHP contact. These five were offered an AHP appointment, four (8%) attended.

Respondents were aged 52-76years, 7 females, 7 with concurrent comorbidities. Forms were appropriately completed identifying 0-7 AHP needs (median 3). See Table 1.

Conclusions

The workflow process delivered an equitable patient approach from the AHP service from the first appointment. This audit showed that returned AHP screening tools accurately identified rehabilitation needs, however, the return rate was low, with none from men, those from non-white backgrounds or those with poorer performance status. Repeat audit may indicate whether further process development is needed to ensure that those most in need of rehabilitation have support to complete the screening tool.

Further work

Further work will be informed by these demographic differences, and we are writing our next QIP to work with patients and carers to improve the equity and accessibility of the workflow for patients new to the Cancer Centre.

Reference Davis, J.; van Rooijen, S. et al. From Theory to Practice: An International Approach to Establishing Prehab Programmes. Current Anesthesiology Reports. 2022; available at: <https://doi.org/10.1007/s40140-022-00516-2>



Acknowledgment

The AHP Screening tool was originally developed by Therapy staff (Faye Dickenson and Laura Kirkbright, Physiotherapists and Jennie Blake, Occupational Therapist) at The Lung Cancer Rehabilitation Team, Guys and St.Thomas' Cancer Centre. Thanks go to Faye Dickenson for permission to use the Tool and guidance in designing the service change and audit. Thanks to the Staff of the Thoracic Cancer Services and Lung Unit for supporting the service and its' review.

Funding: Siobhan Cowan-Dickie receives funding from The Royal Marsden Cancer Charity, and we acknowledge support from the cancer NIHR/ BRC.

