

On October 15<sup>th</sup>, 2010, we held a workshop in Halifax with the goal of facilitating the delivery of seamless integrated psychosocial cancer care in NS. Thirty individuals, with varied backgrounds, working in the field of psychooncology attended. The objective of the workshop was to develop a concrete plan to:

- a. Develop and sustain partnerships between health care providers and NS CBOs
- b. Ensure ongoing, sustainable, access in NS to the knowledge resources we need to meet our goal
- c. Support front line workers who organize and deliver patient care

We started with a brainstorming session to identify the ideas that would best help us reach our goal and then created working groups to work on the high priority action items.

### ***Working Groups Summaries***

Below you will find a summary of the action plans to refresh your memory and to help you move forward to put these plans into practice. We have tried to accurately summarize points made, but we welcome any corrections from those who were in each group.

#### **1. Staff Education / Practice Change Working Group**

**The main focus of this group was to develop ways to ensure health care professionals are educated about the current practices as well as the changes of practice in psychosocial care.**

Strategies identified:

##### Create Resources

- Online education on distress screening tool
- Encourage staff (health professionals) to educate themselves

##### Develop a Collaborative model of care vs a Medical model

- Practice change is needed
- This needs to involve all partners through a collaborative approach
  - *Action Step:* Multidisciplinary rounds
    - Psychosocial rounds could involve patients (1 or 2 times/year)

##### Issues to consider

- “What is in it for me?” There has to be some benefit for participants
- Role of ACON
- Role of IPODE
- Pilot a collaborative approach
- Any role with accreditation?

- How do you build in the belief that psychosocial care is important?
- How do we evaluate Outcomes: evidence based vs expertise based evaluation

## **2. Orientation/Education (Patients/Families) Working Group**

**The main task for this group was to determine how best to provide psychosocial orientation and support to patients and their families.**

Strategies:

Consider ways / places to distribute information:

- Publish a report
  - CCNS is already doing this, so perhaps we need to raise awareness of this report
- Offer Telehealth / webinar sessions
- Create a video archive
- Information DVD for new patients (parking issues, radiation therapy rx)
- Information sheets
- Passport from Canadian Cancer Society
- Have a professional available at each (hospital?) site
- Resource centre
  - Venue, who doing
  - Frequency
- How will this information or these services be advertised?

Create a committee of:

- Supportive care
- Patient education
- Rural/provincial

Develop Support Programs

- Peer support program
- Family members groups

Issues / additional items to consider:

- When to start providing psychosocial information / support
  - Start of diagnosis, end of treatment?
- How do we identify authentic CBO's
- Create a system of referral through the psychosocial network
- Do we need a project manager as part of this process? (To provide vetting support)
- Recurrence
- Continue development sessions
  - Content, media
  - Feedback on content
- Engage working group

### 3. Standards

The main focus of this group was to determine how best to integrate psychosocial processes into the current cancer care system.

Strategies:

Add psychosocial practice to existing standards of practice (i.e. distress screening)

- Outcomes must be measurable
  - i.e. SMART – specific, measurable, attainable, realistic, timely
  - Develop the data and evidence to drive the development and identify gaps
- What is the loop?
- We need a defined process for the cancer continuum
  - This includes roles, etc.

Action Steps:

- Look at existing accreditation standards for psychosocial care
  - Make recommendations on how as Nova Scotians, we can realistically meet those standards (home, hospital & community care)
- Forward to CCNS for action and support

Issues / additional items to consider:

- Where do Professional Development standards fit into the picture?

#### **Workshop Feedback**

At the end of the workshop you provided us with feedback regarding the workshop itself and your intentions to put these action plans into practice.

*“I see the potential (to help my organization exchange information) and am looking forward to being part of it.”*

*“Yes (I am satisfied with the action plans developed) – but it can’t stop here! Must continue to move it forward.”*

*“This was a great opportunity to share information across agencies.”*

Provided below are the average scores for each of the feedback questions rated on a scale of 1 (*not at all*) to 7 (*very much*):

**6.8 / 7** – I believe it is important to share information amongst CBOs, researchers, health professionals and others.

**5.3 / 7** - I have learned new ways to sustain relationships that will help my organization to exchange information in the future.

**5.7 / 7** - This workshop has helped me understand how the stakeholders in psychosocial cancer in NS can better share information with each other.

**5.6 / 7** – I have a better understanding of the idea of community of practice.

**5.7 / 7** – I am satisfied with the action plan(s) developed.

**6.3 / 7** – I plan to contribute to the Community of Practice.

**6.2 / 7** – I plan to use what I have learned in my own organization.

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