North Queensland Remote Chemotherapy Supervision (NQRCS)

Initiative Type

Model of Care

Service Improvement

Status

Close

Added

26 September 2017

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12 September 2021

URL

https://clinicalexcellence.qld.gov.au/improvement-exchange/nqrcs

Summary

The goal of this program is the administration of chemotherapy regimens in rural and remote

hospitals using a remote telenursing chemotherapy supervision model. Chemotherapy will be administered by generalist nurses locally with supervision and guidance by chemotherapy competent nurses in Townsville and Cairns using a telenursing model of care. Medical support for this model will be provided by rural generalists (RGs) and/or GPs locally with remote support provided by medical oncologists in Townsville and Cairns using the existing Townsville teleoncology model of care. Chemotherapy drug ordering and reconciliation will be performed by local clinical pharmacists in liaison with oncology pharmacists in Townsville and Cairns. This model is supported locally by a multidisciplinary model of care such as that present in a major tertiary centre.

Key dates

Nov 2013

Jun 2016

Implementation sites

Townsville Hospital and Health Service (THHS), Cairns and Hinterland Hospital and Health Service (CHHS)

Partnerships

Townsville Cancer Centre, Central Integrated Regional Cancer Service(CIRCS), Rural generalists (RGs) and/or General Practitioners (GPs), Townsville Hospital and Health Service (THHS), Cairns and Hinterland Hospital and Health Service (CHHS)

Key Contacts

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Aim

To improve equity of access to specialist oncology services to patients in rural and remote areas through the delivery of services in patients' community with no compromise in quality or patient safety.

Benefits

- Cost-saving model of care compared to current hospital-based administration.
- Reduce time and monetary cost for patients.
- Increase in workforce capability.
- Improvement in patient experience.

Background

It is neither cost effective nor efficient to have chemotherapy competent nurses in rural towns given the many months and modules it takes to attain chemotherapy competency. Low patient numbers creates difficulty in maintaining competencies. it is envisaged that some of the well documented health inequalities faced by rural and remote cancer patients will be reduced. These inequalities include, but are not limited to: access to specialist medical oncology services including chemotherapy services leading to travel over long distances – in elderly patients this may be prohibitive and result in decreased uptake of services and treatment; disturbance to family and work routine – decreased psychosocial supports which may decrease uptake of cancer services; and deskilling of staff in rural hospitals and reliance on regional centres for services provision. From a budgetary perspective Queensland Health spends an extensive amount of money subsidising travel and accommodation through the Patient Travel Subsidy Scheme. Provision of chemotherapy services locally in a safe and sustainable fashion will decrease the cost to this scheme allowing for resource re-allocation in alternate areas.

Solutions Implemented

Consistently over the course of the program, there was overwhelming support for the benefit to patients of providing oncology care close to home for those in rural and remote areas, and additional positive impact on provision of care for Aboriginal and Torres Strait Islander people for whom receipt of treatment in communities is of particular cultural importance also.

Evaluation and Results

There were two key indicators that were measured over the project period: oncology consultations conducted over telehealth, and chemotherapy treatment administration in rural facilities supervised over telehealth by nurses in hubs. The two sites, Cairns and Townsville, demonstrated different levels of uptake over the pilot period, which was largely reflective of the differences in the way that the project was rolled out in these areas. The lead oncology consultant was Townsville based, with traction gained early in the indicator of telehealth consultations for oncology patients. In contrast, the uptake of telehealth consultations in Cairns was slower, but sustained over the project period.

Lessons Learnt

The key lesson for project such as this, that is changing a service model, is the impact of strong clinical leadership in driving the project and continuing to engage with clinical and executive stakeholders to ensure ongoing confidence and buy-in.

Further Reading

Queensland Remote Chemotherapy Supervision Guide ABC North Queensland News: Townsville Hospital's tele-health delivers cancer treatments to outback patients