

Abstract Form

Abstract author/s	Cherie Seeliger (CNC/CNE Dubbo
	Oncology Unit)
	Ruth Jones (Director of Cancer
	Services and Innovation Western
	NSW LHD)
Presenting author	Cherie Seeliger (CNC/CNE Dubbo
	Oncology Unit)
Organisation	Western NSW LHD Dubbo Hospital

Title of abstract: Reaching Out Remote Chemotherapy from Dubbo

Authors: Cherie Seeliger (CNC/CNE Dubbo Oncology Unit) & Ruth Jones (Director of Cancer Services and Innovation Western NSW LHD)

Background:

People in rural Australia have poorer health outcomes than those living in metropolitan areas. A major factor for this disparity is the distance that people face to access specialist health care. The Western NSW LHD uses telehealth to increase local access to services for people in small communities. In order for people to receive cancer treatment closer to home the District adapted the Queensland remote chemotherapy supervision model for the community of Coonabarabran.

Aims:

This initiative aims to improve cancer outcomes for people living in small communities using telehealth to supervise the administration of cancer treatments. Providing a local service offers patients the alternative to a 4 hour round trip to the Dubbo Oncology Unit for treatment. This initiative also aimed to raise the profile of cancer care within Coonabarabran.

Method:

The QLD model was analysed to determine suitability and resources required to implement a remote model in Western NSW. Further analysis was then conducted to assess which communities within the LHD could benefit from a remote service. The analysis included assessment of suitable facilities including telehealth access and location to administer cancer treatment, commitment of local management, availability of nursing staff and the level of support from the local GP.



Nurses in Coonabarabran were trained to the level of 'Chemotherapy Supervised' status through the eviQ ADAC modules and clinical placement at the Dubbo Oncology Unit.

Only low risk cancer treatments were identified as suitable for administration via this model. An experience Oncology Nurse in Dubbo supervises the Coonabarabran nurse using Telehealth whilst treatment is administered.

Results:

Since the introduction of remote chemotherapy in Coonabarabran in October 2017, 165 treatments have been administered to 21 patients. The impact for patients has been a reduction of 660 hours in travel time and approximately 52,000 kms.

Implications that impact on your project:

Whilst there is not always a large nursing workforce in small communities, is it crucial that nurses selected for this model have current acute clinical experience. Due to possible transport delays treatments with short expiry dates were excluded. Treating patients in Coonabarabran has increased treatment chair availability in the Dubbo Oncology Unit.