Information Needs of Cancer Health Care Professionals (HCPs) Grampians Region, Victoria

(Based on 71 survey responses overall, conducted in May 2016)

Executive Summary

An online survey was recently conducted by Grampians Integrated Cancer Service (GICS) in order to inform a data provision activity for cancer health care professionals in the Grampians Region of Victoria. Over 426 health care professionals (including GP clinics) who regularly work with people affected by cancer were invited to take part. 71 people responded, giving a participation rate of approximately 16%. Survey Monkey was used to collect responses to five questions regarding information needs.

Aim:

The survey results will allow GICS to provide and target information that is not publicly accessible so that it can benefit those who work with people affected by cancer. The information will be presented in various forms via the GICS website and in report format to groups of professionals with similar information needs.

Survey Questions:

1) What type of health care professional are you?
2) What types of information do you currently use to inform your understanding of cancer in the Grampians?
3) Where do you currently get cancer-related data or service information from?
4) Do you currently have access to all the information you need?
5) What types of information would be desirable in your work to help to build your understanding of cancer in the Grampians?
6) If you currently refer people to support services on a regular basis, please explain how you access referral details of providers?

Key Messages from the survey:

1) 44% stated that they did not have access to all the information they needed (of 59 responses)

2) In order of priority, the types of information which would be seen as helpful to local cancer healthcare professionals includes:
   - Cancer incidence data
   - Outcome data
   - Service availability
   - Activity over time
   - Population data
   - Mortality data
   - Multidisciplinary discussion rates
   - Service plans
   - Screening rates

3) Types of data currently used varied by individual respondents irrespective of the type of healthcare professional who responded, indicating that most data types are valuable to some of each health professional type

Information provision plan based on preferences of respondents:

Information Type	Specification	Data Source(s)	Timeframe/Mode
1) Cancer incidence data	▪ Malignant cancer incidence by tumour stream ▪ Malignant cancer incidence by site (e.g. pancreas) ▪ Incidence by LGA	VCR Consolidated notifications data VCR Consolidated notifications data VCR Consolidated notifications data	Feb 2017 via GICS website update
2) Outcome data	▪ 30 day readmission rate following excisional surgery by tumour type ▪ Return to theatre ▪ Anastomotic leak (colorectal) ▪ Re-do excisions ▪ 30 day mortality ▪ Other complications during admission	VAED VAED VAED VAED VAED & VCR VAED	April 2017 via confidential reports to Health Services' CEOs, Admin
3) Service availability	▪ Services by health service	Health Service Capability Frameworks/Reports/ other	May 2017 via GICS website update
4) Activity over time	▪ Types of diagnostic and treatment procedures by health service per month ▪ Other activity	VAED VAED	July 2017 via GICS website updates for public services only. Via confidential reports to private health services.
5) Population data	▪ Population by LGA ▪ Predicted change over time by LGA	ABS	August 2017 via GICS website updates
6) Mortality data	▪ Survival over time by tumour stream/type	VCR	September 2017 via GICS website updates
7) Multidisciplinary discussion rates	▪ Percentage of incidence discussed at a local MDM by tumour stream	VCR, MDMone	October 2017 via GICS website updates
8) Service plans	▪ Existing and planned service capacity by health service ▪ Service types available in the region by campus	Health Service Delivery Plans	October 2017 via links to relevant website updates

9) Screening Data	▪ Cancer screening rates for:
	  ▪ Bowel
	  ▪ Breast
	  ▪ Cervical
	  ▪ ~~Prostate~~
		National Bowel Ca Screening
		BreastScreen
		National Cervical Ca Screening
		(Prostate not available)
			Links on GICS website will be provided/updated as new reports are made available

Details of the survey responses

Who responded to the survey of information needs?

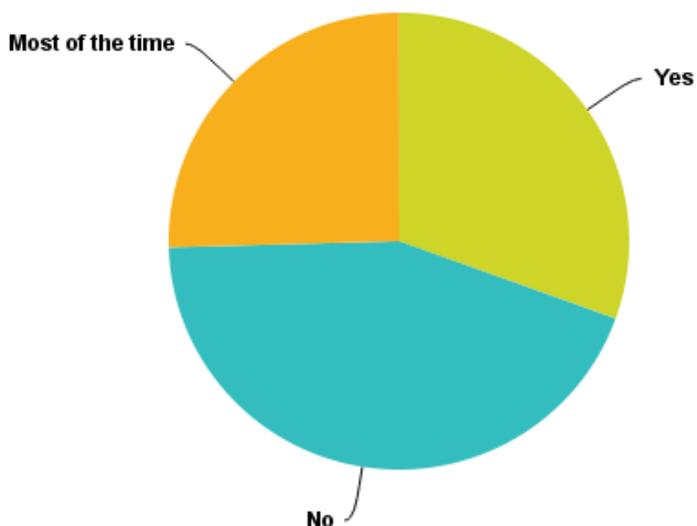**Q1 Please select the option which best applies to you as a cancer health care provider/administrator.**

Answered: 71   Skipped: 0
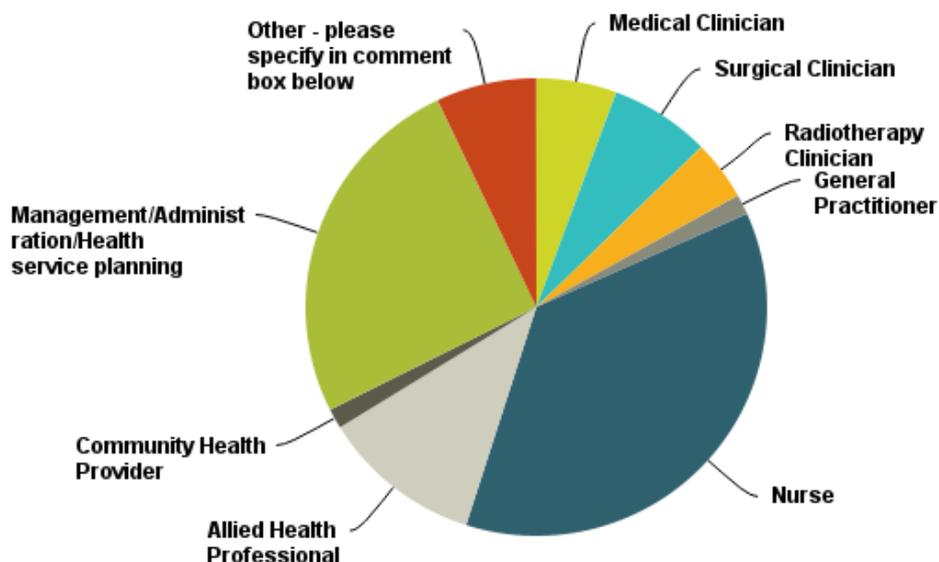
Establishment of the need for further information
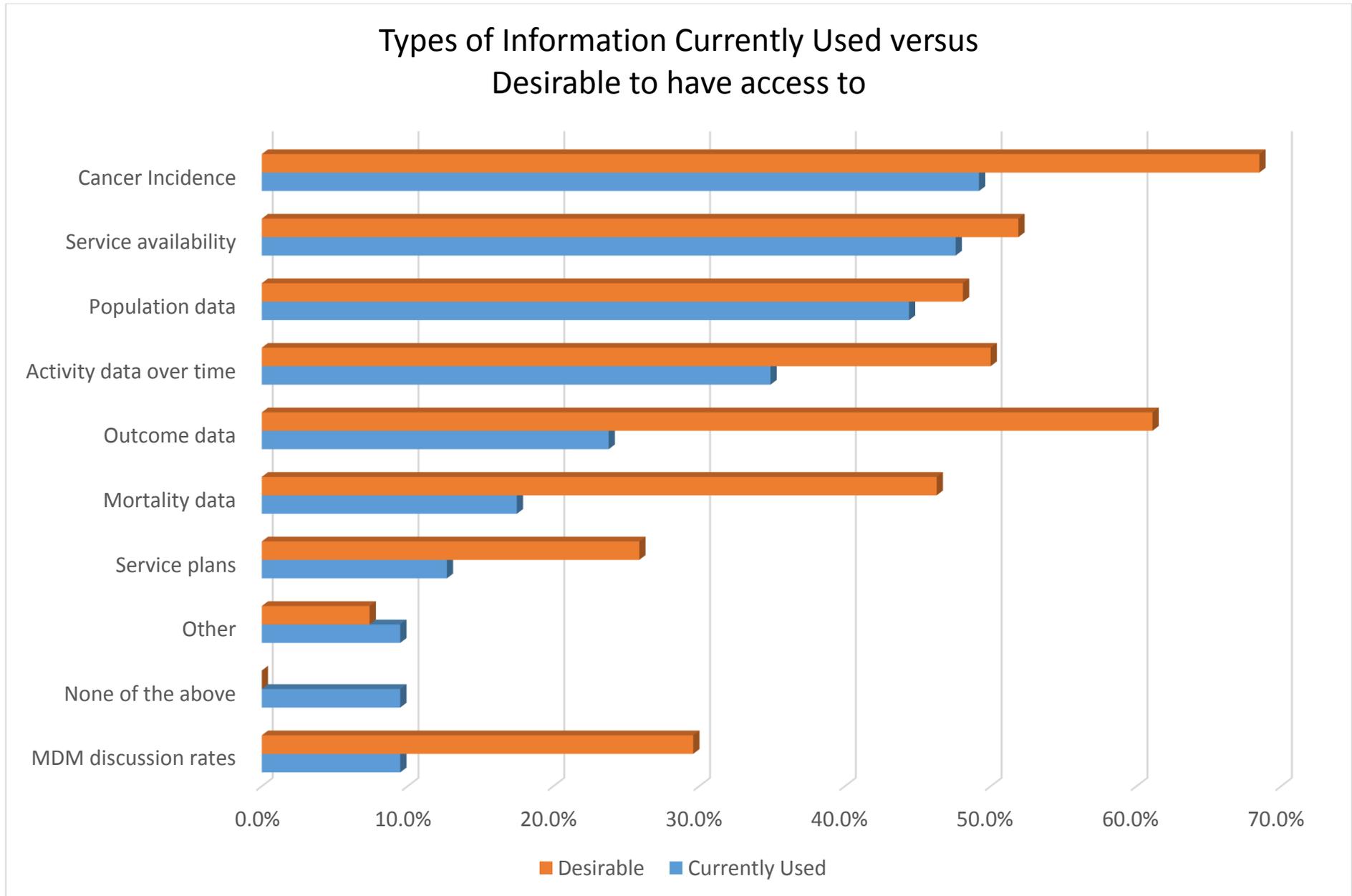
Q4 Do you currently have access to all the information you need?

Answered: 59   Skipped: 12

44% of those who responded indicated that they did not have access to all the information they need.

Types of Information Currently Used versus Desirable to have access to

Currently Used Data (63/71 responses)   **Desirable data to have access to (54/71 responses)**

The most significantly identified types of data helpful for healthcare professionals who responded to the survey were cancer incidence and outcomes data (including mortality), health service activity data and service plans and local rates of MDM discussion of newly diagnosed patients.

Approximately half of the responses indicated that the majority of categories of information suggested in the survey would be helpful to further their understanding of cancer in the Grampians. Other suggestions for information that would be seen as helpful were;
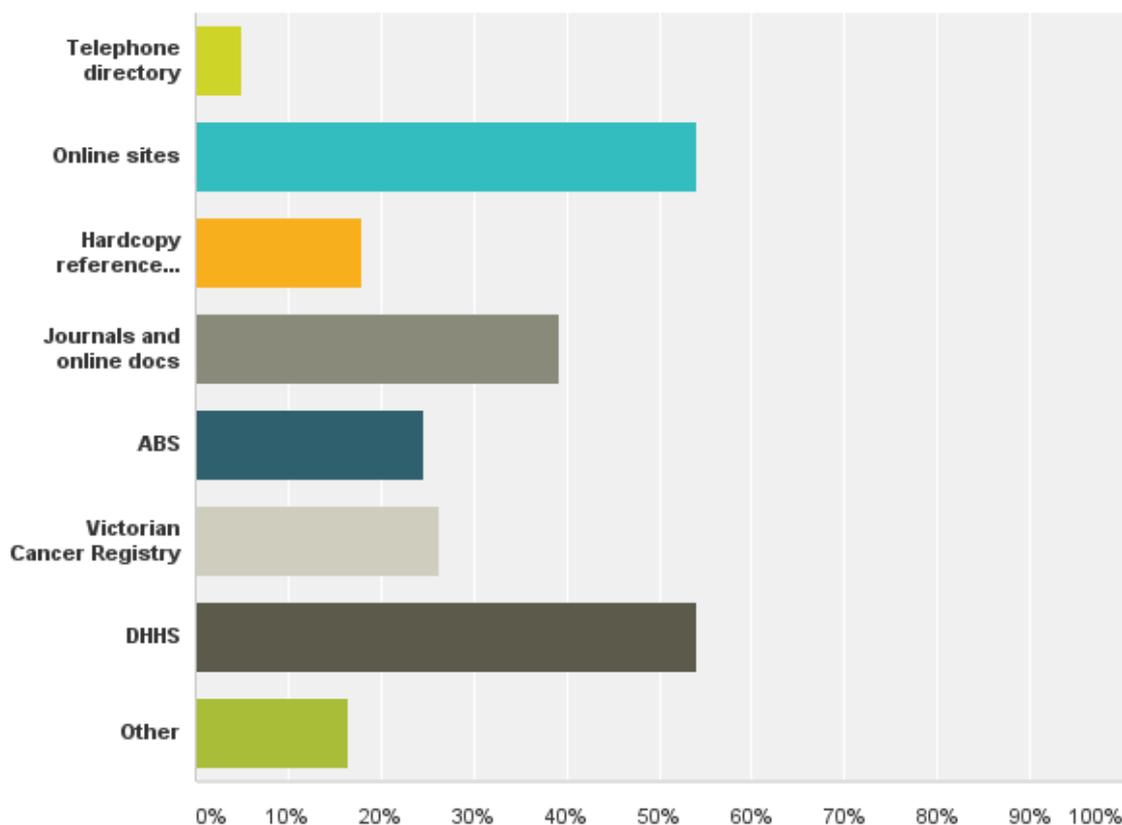
- The most recent cancer screening data
- What treatments, doses, and adverse effects are used in non-standard treatment protocols (i.e. for example, not available in eviQ)

Note: Outcome data and Mortality data were most likely to be used by Management/Administration/Health service planning and clinical staff.

Current Sources of Data Identified:

Q3 Where do you currently get cancer related or service delivery data from?

Answered: 61   Skipped: 10

Source	
Telephone directory	~5%
Online sites	~54%
Hardcopy reference...	~18%
Journals and online docs	~40%
ABS	~25%
Victorian Cancer Registry	~27%
DHHS	~54%
Other	~17%

Most data that is currently in use is accessed via online resource sites including the Cancer Council of Victoria (CCV) and Australia, and the Department of Health and Human Services (DHHS). These were identified as sources by Nurses, Management/Administration/Health service planning staff as well as Allied health and clinical staff.

Is needed information accessible to Health care professionals?

Q4 Do you currently have access to all the information you need?

Answered: 59   Skipped: 12
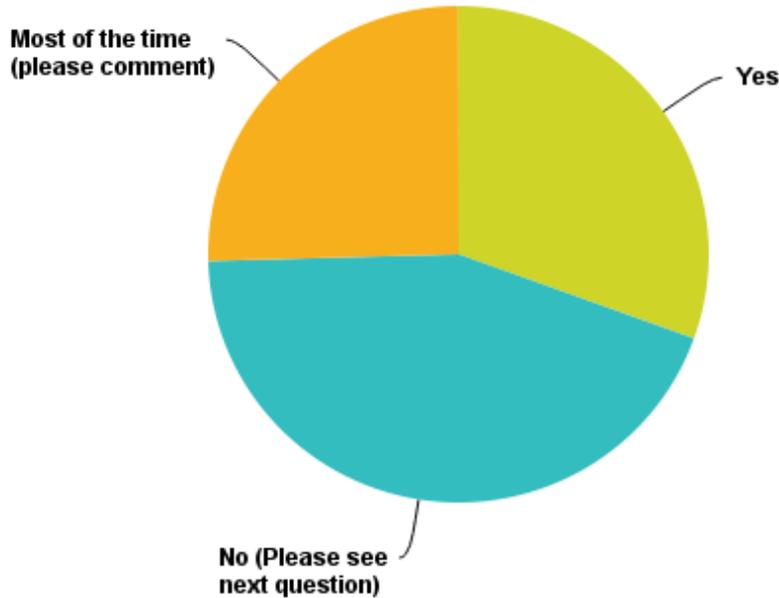
This question was answered by 59 of 71 respondents. 44% of those who answered this question felt that needed information was not available to them. Comments suggested that respondents were not completely aware of data that is available to the ICS.

How do you access referral details of providers of support services?

Q6 If you currently refer people to support services on a regular basis, please explain how you access referral details of providers? (Tick as many as applicable)

Answered: 53   Skipped: 18
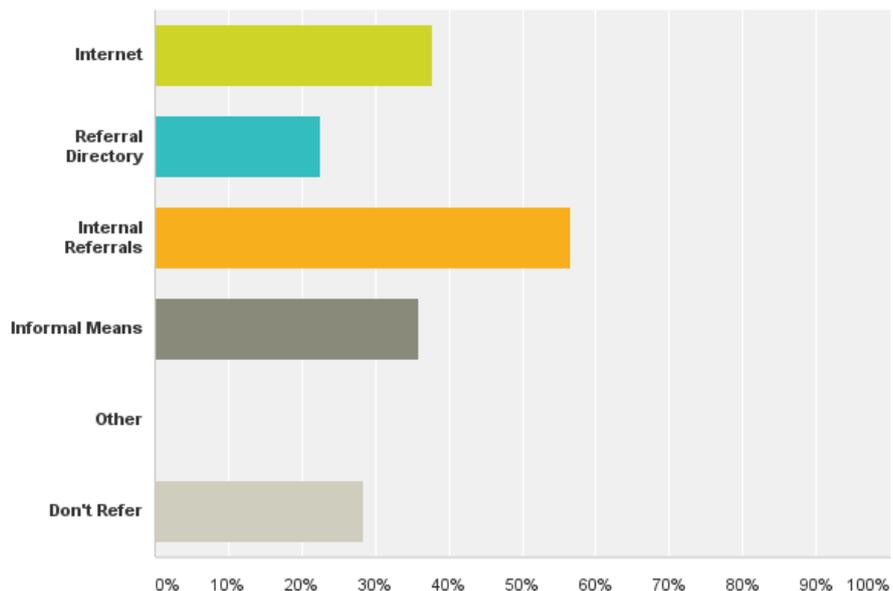
Most respondents said they used the internal referral processes within their organisation to refer to supportive care services. Many use the internet and other informal means to ensure that people affected by cancer have access to the appropriate supportive care services available to them.

Glossary

Abbreviation	
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CA	Cancer Australia
CCA	Cancer Council Australia
CCV	Cancer Council Victoria
DHHS	Department of Health and Human Services
HCP	Health Care Professionals
LGA	Local Government Area (Shire)
MDM	Multidisciplinary Meeting
OCP	Optimal Care Pathway
VAED	Victorian Admitted Episode Dataset
VCR	Victorian Cancer Registry