Aim Statement:
By February 2017, 100% of patients undergoing breast surgery in the WNSWLHD at risk of developing lymphoedema secondary to breast cancer were identified and referred for lymphoedema screening and education.

Problem:
In 2014/15 only 24% of patients in the WNSWLHD at risk of developing lymphoedema secondary to breast cancer were identified and referred for lymphoedema screening and education.

It is estimated that 312 patients in the WNSWLHD have Breast Cancer Related lymphoedema (BCRL). Across the Local Health District there is no standardised approach to the way in which at risk patients are identified, screened and receive education and intervention.

There are limited public funded specialist lymphoedema services Many generalist allied health professionals, in particular Occupational Therapists and Physiotherapists consider that patients with lymphoedema can only be specialist lymphoedema therapists. Generalists can however with awareness training provide early intervention.

Research and evidence clearly shows that early identification and patient education are the most critical factors in preventing the onset of chronic lymphoedema and minimising the progression of the condition.

Team members
Sponsors (Guidance Team)
- Richard Cheney, Director Allied Health Services
- Ruth Jones, Director Cancer Services and Innovation
- Cathy Marshall, A/Director Clinical Governance Unit

Project Team
- Team Leader – Michelle Coore
- QI Advisor – Richard Cheney
- Consumer – Pam Mowat
- McGrath Breast Care Nurses
- Retired Breast Surgeon and Cancer Care Western NSW – Dr Stuart Forges
- Senior Physiotherapists and Occupational Therapists

Link to National Standards
1. Standard 1
   - Governance for Safety and Quality in Health Service
   - Organisations
2. Standard 2
   - Partnering with Consumers

Literature review

Results
Outcome measures

<table>
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<tr>
<th>Process measures</th>
<th>HETI online learning modules completed by OTs and PThs</th>
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<td>Schedule take up</td>
<td>Post intervention/ change 15%</td>
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<td>Baseline 70%</td>
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Solution 1 - PDSA Cycle

- Increase uptake of HETI online Lymphoedema learning modules
  1. Plan the change
     - The Project Lead to promote completion of the HETI online modules via Allied health professional meetings
     - Staff education of AH's who have undertaken the change
  2. Carry out change and observe & measure
     - Baseline completion pre and post promotion
  3. Study the data & anecdotes
     - Small scale compilation of the on line modules
     - NOTE: Nursing uptake increased significantly as the modules are mandatorily for PThs
  4. Act on the data
     - Mandate completion of the HETI online line modules to all 5000+ AHPs in the LHD

Solution 2 - PDSA Cycle

- Increase Lymphoedema trained clinicians in LHD
  1. Plan the change
     - Map existing LHC trained clinicians
     - Review recommended workforce ratio by population
     - Define number of LHC trained clinicians in LHD
  2. Carry out change and observe & measure
     - Briefing to CE/DMF for funding support of senior specialty position to undertake training
     - Recommended workforce ratio for LHC is 2.5 FTE
     - Plan the change of COT service not as part of generalist caseload – currently LHD has 0.5 FTE
  3. Study the data & anecdotes
     - CE support for funding for physio to undertake training
     - NOTE: in addition, 2 year 0.5 FTE position with LHC training was recruited to at a Base site in the LHD in July 2016
  4. Act on the data
     - Business case concept to support funding for additional LHC trained clinician and specialist LHC Service at Base site without dedicated service capacity

Discussion
Increased staffing hours for lymphoedema at one site contributed to an increase in patients referred, for assessment. Increased awareness of breast cancer and breast cancer related lymphoedema in the media and at District forums may have also contributed to an increase in referrals.

Plans to sustain change

- Project submitted to ACI Innovation Exchange
- Submit to District Innovation Awards and NSW Rural Health and Research Congress
- Present to
  - District Allied Health Connect
  - Present to District Cancer Clinical Stream
  - District Leaders Forum

Plans to spread/share change

- Project submitted to ACI Innovation Exchange
- Submit to District Innovation Awards and NSW Rural Health and Research Congress
- Present to
  - District Allied Health Connect
  - Present to District Cancer Clinical Stream
  - District Leaders Forum

The Empower Lymph Project

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