

Validity of the NAT: PD-C

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Validation study

Setting & participants

- 50 people with advanced cancer recruited from a specialist palliative care service (SPCS)

Procedure

- SPCS staff member completed a NAT on patient admission
- Second staff member completed:
 - Second NAT on same patient on same day
 - Other validated measures as part of standard practice (PCOC)

Validation study results

- Health professionals rated most NAT items similarly. Greater specificity introduced to revised NAT to improve ratings.
- NAT “daily living” item significantly correlated with scores from:
 - Resource utilisation groups – Activities of Daily Living (RUG-ADL)
 - Australian Karnofsky Performance Scale (AKPS)

Impact on patient outcomes

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Evaluation study methods



- **Setting & participants**
 - 195 patients with advanced cancer and 103 of their caregivers from 3 cancer centres (haematology, medical, radiation & gynae oncology)
- **Data collection:**
 - Bi-monthly CATIs for up to 15 months
- **Intervention:**
 - Health professionals trained in the Guidelines and use of the NAT, 5-9 months after start of recruitment
 - NAT completed for all participating patients approx monthly, by oncologist, nurse, GP, PC service

Impact on patient outcomes

- Significant reduction in the percentage of patients with unmet needs in:
 - health system and information domain (eg information, access to services, resources, treatment centre environment)
 - patient care and support domain (eg choice of specialist & hospital, reassurance, prompt attention to needs).
- Physical and daily living needs and quality of life appear to be better maintained following the intervention.

NAT completion, referrals & impact on length of consultation in cancer centres

NAT completion

- 83% completion rate in oncology clinics
- 80% of completed forms had 1+ unmet need recorded
- Referrals made in <10% of cases

NAT Section	Type of action taken			No action taken (%)
	Directly managed (%)	Managed by other team member (%)	Referral made (%)	
Patient wellbeing	52	13	4	31
Ability of caregiver to care for patient	57	16	5	23
Caregiver wellbeing	58	12	8	22

Length of consultation (minutes) when NAT completed vs not

	Without NAT (n=15)	With NAT (n=33)
Mean (minutes)	19.7	17.4
Median	17.5	17.4
Range	9.2 - 53.5	3.5 – 40.0

Conclusions

- The NAT: PD-C:
 - Can be reliably completed in specialist and generalist settings
 - Can assist in identifying issues of concern, particularly in areas that are not routinely well addressed in the consultation (eg psychological, caregiver issues)
 - Use does not lengthen the consultations
- Majority of issues of concern addressed efficiently within the current care systems

Roll-out now underway



- Modifications made:
 - Greater specificity on NAT
 - Name change to: Needs Assessment Tool: Progressive Disease – Cancer (NAT: PD-C)
- Training resources & workshops in 2009
- Resources available for clinical use:
 - Pads of 50 *NAT: PD-C* (oncology centres & SPCSs)
 - www.newcastle.edu.au/research-centre/cherp/professional-resources/
 - Caresearch

Watch this space

- Battery of Needs Assessment Tools:
 - Needs Assessment Tool: Progressive Disease – Heart Failure (NAT: PD-HF)
 - Needs Assessment Tool: Patients & Families (NAT-P&F) (*consumer version – in testing phase*)
 - Needs Assessment Tool: Caregivers (NAT-C) (*Caregiver version for GP intervention – in testing phase*)

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