Effective care provision by Prostate Cancer Specialist Nurse via tele-nursing service:
A case study demonstrating equitable care to men diagnosed with prostate cancer in regional setting

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Introduction

- COVID-19 pandemic has been the catalyst for significant changes in healthcare delivery, including the widespread adoption of telehealth services. Evidence suggests telehealth has been successfully implemented in providing care for prostate cancer patients during and after COVID-19.[1] Telehealth has become a vital tool in meeting the evolving needs of patients, particularly in the regional setting, providing convenience and accessibility to healthcare services. It has enabled patients to receive medical consultations remotely, ensuring continuity of care while minimising risk of virus transmission.[2]
- Improved information technology has also allowed increased access to quality care for Prostate Cancer patients in a regional setting. Telenursing provides prostate cancer patients a sense of security as they receive information on a timely manner despite living in the remote area, thus enhancing feeling of self-efficacy.[3]
- This case study outlines how effective provision of care, increased patient outcomes, and patient satisfaction can be achieved via Prostate Cancer Specialist Nurse (PCSN) tele-health service.

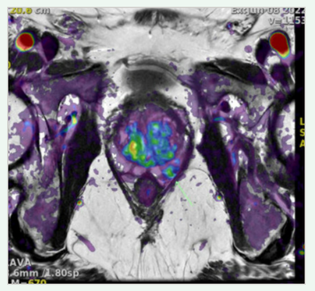
Background

60-year-old man diagnosed with localised prostate cancer, Gleason 4+3 (unfavourable intermediate risk disease). Presenting PSA 5.36 International Prostate Symptom Score (IPSS) 30- worsening in the past few months, showing significant lower urinary tract symptoms (LUTS) PSMA PET scan showed no visceral or bony metastasis.

Strong family history of prostate cancer- father and brother treated with radiotherapy and androgen deprivation therapy (ADT).

Past medical and social history:

- Mental health issues- nervous breakdown at 45 related to vstressful work-life, marriage breakdown, loss of finances in the process.
- On antidepressant and sleeping tablet.
- Overweight.
- Lives alone, 140km away from the treating centre.
- ECOG-1.



Goals of care

- Provide man centred survivorship care throughout; pre, during and after treatment.
- Minimise/manage side-effects.
- Remission/ optimal disease control.

Assessments and Interventions

Initial telehealth consultation (45 mins to 1 hour)

- Comprehensive Prostate Cancer assessment- Utilisation of validated in-built assessment tool that includes: distress screening/problem checklist, baseline bladder, bowel and sexual function assessments, and wellbeing assessment; application of Tiered Model of Psychosocial Care (Figure Y).
- Education/decision-making support/provision of information (written and verbal) about relevant treatment options (i.e. Radical prostatectomy OR Radiation therapy with/without short course ADT).
- Written materials emailed and hard copies mailed to patient's home address.
- Emotional/ psychological support- discussion of non-pharmacological interventions in managing stress such as exercises, yoga, meditation, mindfulness etc.
- Referral to prostate cancer tele-counselling service, local prostate cancer support group & MatesConnect (peer support program).
- Point of contact- direct PCSN contact details provided with business hours details.
- Referral to local exercise physio and dietician for weight management & overall wellbeing.
- Correspondence to primary health physician and treating specialist of outcome of PCSN nursing assessments and plans of care.

Follow up call 2 weeks post initial consultation (30 mins)

- Distress screening/ decision-making support/ ongoing psycho-emotional support, ensure appointments booked with allied-health services.
- Decision made by patient to proceed with open radical prostatectomy.
- Discussed Pelvic floor exercises, referral to men's health physio online services for pelvic floor exercises.
- Continence support- education about continence aids. Sample pads mailed to patient and directed to relevant website to purchase with discount codes.
- Sexual dysfunction support- discussion of potential side effects, education on the management options/ penile rehab/ referral to online clinical sexologist.

Follow up call 1-week prior to the procedure (15 mins)

- Distress screening/ education/ reassurance.
- Discussion of penile rehabilitation/ erectile dysfunction management options.

Phone consultation 1-week post-surgery (30 mins)

- Comprehensive Prostate Cancer assessments including distress screening, bowel, bladder, sexual function and wellbeing assessments.
- Reiteration of pelvic floor exercises post IDC removal.
- Reiteration of penile rehabilitation- introduction of PDE5 inhibitors and vacuum erection device (VED) Initiation of patient-centred Survivorship Care Plan based on Prostate Cancer Survivorship Essentials Framework4 (Figure X).

Figure X: The Prostate Cancer Survivorship Essentials Framework (reproduced with permission)[4]

Further follow up plan

- Ongoing point-of-contact for the patient. Structured survivorship care follow-up by PCSN every 3 months for 1st year post treatment, 6 monthly follow-up for next 3 years, yearly follow up thereafter.

Evaluation / outcome

- Structured PCSN led follow-up continues to ensure adequate survivorship care to patient.
- Feedback survey sent to patient 4 months post initiation of service – positive feedback received from patient.
- Feels supported by PCSN service, PCFA counselling service assisted in managing psychological/ emotional issues, MatesConnect support which helped in decision-making, and found the local support group helpful to socialise with other men.
- PSA post-surgery undetectable. For regular PSA monitoring with urologist.
- Continence gradually improving over a period of 3 months.
- Working on erectile dysfunction management, currently using Intra-Cavernosal Injection (ICI) with effect.
- Distress level gradually improved compared to initial consultation.

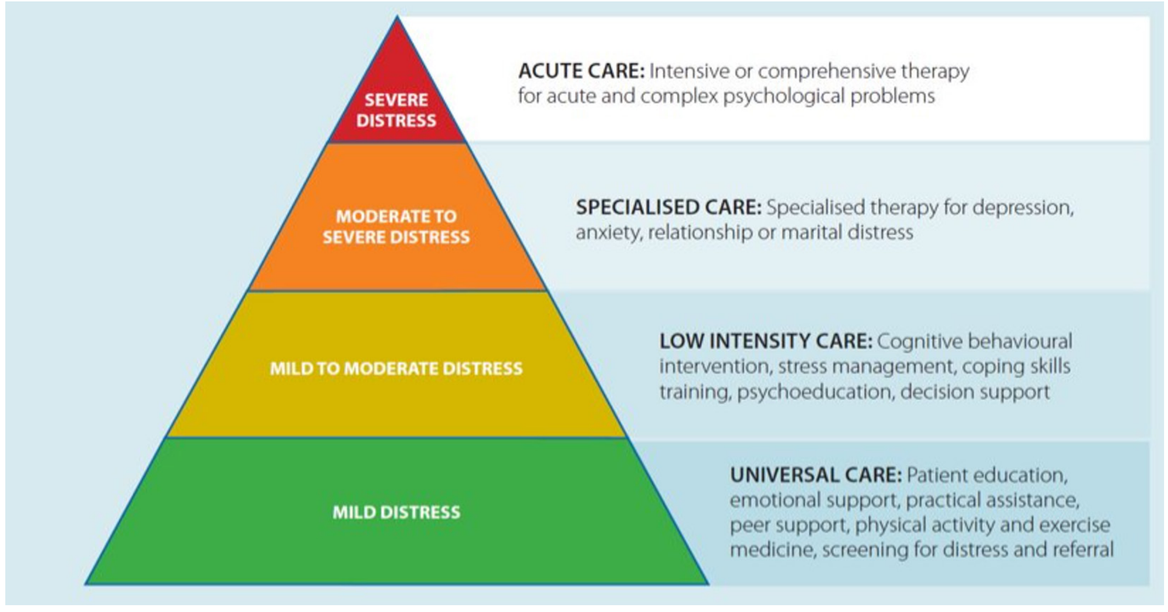


Figure Y: THE TIERED MODEL OF PSYCHOSOCIAL CARE AFTER PROSTATE CANCER.[5] Adapted from the Tiered Model of Care

Conclusion

Telehealth has provided an additional and effective pathway for patients in a regional setting to access a Prostate Cancer Specialist Nurse service based in a metropolitan setting. This case study demonstrates that regional patients who may choose a local treatment option can still benefit from specialist nursing support and care should not be limited by their treatment preference and location.

References: 1. Novara, G. et al., 2020. Telehealth in Urology: A Systematic Review of the Literature. How Much Can Telemedicine Be Useful During and After the COVID-19 Pandemic. European Urology, Volume 78, pp. 786–811. **2.** Socarras, M. R. et al., 2020. Telemedicine and Smart Working: Recommendations of the European Association of Urology. European Urology, Volume 78, pp. 812–819. **3.** Sato, D., 2020. Effectiveness of Telenursing for Postoperative Complications in Patients with Prostate Cancer. Asia-Pacific Journal of Oncology Nursing, 7(4), pp. 396–403. **4.** Dunn, J. et al., 2021. Prostate Cancer Survivorship Essentials Framework: Guidelines for practitioners. BJU International, Volume 128, pp. 18–29. **5.** Chambers, S. K., Heneka, N. & Dunn, J., 2021. The Health Professionals Guide to Delivering Psychological Care for Men with Prostate Cancer. Australia: Australian Academic Press.

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