Co-designing a prehabilitation program for prostate cancer patients (Co-PreP)

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Background

Prostate cancer most commonly diagnosed cancer among males in Australia [Australian Institute of Health and Welfare, 2017]

1 in 7 men will be diagnosed with prostate cancer by the age of 85

Treatment results in:
- Physical health
- Psychological health
- QOL

Prehabilitation: (Diagnosis → Acute treatment) [Silver et al., 2013, Santa Mina et al., 2018]
- Physical health
- Psychological health
- Post-surgical complications
What was Western Health providing?

- Radical Prostatectomy Patients
  - Continence Physiotherapy
  - Prostate Cancer Nurse

- Patients receiving other treatment
- Culturally and linguistically diverse patients
- No assessment or intervention for physical health
Aims

1. Design a prehabilitation program for patients with prostate cancer

2. Identify both positive experiences and challenges prostate cancer survivors faced, as well as opportunities for improvement,
Experience Based Co-Design (EBCD)

1. Set the plan
2. Engage with people
3. Capture experiences and ideas
4. Understand experiences
5. Improve through co-design
6. Measure
Setting the Scene

1:1 interviews with x 3 patients

Purpose: Facilitate workshop discussion and identification of key themes
Workshops

Patients and caregivers

CALD patients

Health Professionals

Combined - Patients, Caregivers and Health Professionals
Key Themes

Appreciative of the care

“I honestly believe that our patients get very good care from our hospitals. Not many hospitals where run urology and oncology together.” (HP5)

“I am extremely grateful for the help that I received throughout my journey” (P2)

Timely access for Specialist Nurse and Physiotherapist

“I had been asked to exercise in preparation for surgery but had no idea how to do this. One session with the physiotherapist made a whole lot of difference” (P5)
Key Themes

It can be lonely and stressful

“The scary part about cancer is when you go to sleep and...the house is dead stone cold. That’s when it’s scary” (P8)

“I worry. I got to think about my wife, my daughter and my kids. I worry about the family if things do not work out” (P2)

Prehabilitation was not consistently provided

Some information was more important than others

“I got the blue book but it was almost too much information to absorb” (P6)
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<th>Discussion topic</th>
<th>Sub-topic</th>
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<td>How to tell my family/friends?</td>
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Solution

Development of Prehabilitation program: Co-PreP

Week 1

Week 2
Discussion

• Feasible to utilise EBCD to develop prehabilitation program
• Enabled identification of practical improvement strategies
• Recently completed pilot
• Future directions: Effectiveness of a multi-disciplinary prehabilitation program and sustainability
Acknowledgement

• Patients and caregivers
• WCMICS
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• WH Cancer services
• Interpreters

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References


