Mindhive

Mater Case Study

Overview

Students from the University of Queensland (UQ) created a Mindhive discussion to gather insights that would be used towards a project to co-design a comprehensive model to enhance women's journey through cancer treatment and into recovery in partnership with Mater hospital.

Case study

Mindhive helped UQ to create a private discussion that was designed to gain insights from clinicians working around Queensland in Mater services on the structure and composition of a new model of care for women undergoing and who have finished treatment for cancer. There were six cancer care clinicians invited to participate in the discussion. They were asked to answer eleven questions related to different stages of the care model, and provide their take on the current level of care being provided.

Question 1 outcome: Clinicians were asked what their top priorities were in each phase of the woman's cancer experience, and whether there were any disparities between what is and what should be prioritised. Some of the common responses included; the importance of exercise throughout all phases of the cancer continuum; ensuring patients are fully informed and understand everything; and that patients are receiving the support they need and feel heard.

Question 2 outcome: Clinicians were asked what they thought people diagnosed with cancer are most concerned about in each phase of their experience. The common responses were; the risk of reoccurrence; the chances of them surviving surgery after their initial diagnosis; and how they will cope with the side effects of treatment.

Question 3 outcome: Clinicians were asked if they thought the family and carers of a person diagnosed with cancer are most concerned about in each phase of their loved one's experience. The common responses were; if their loved one would survive and how it will affect the family; how to cope with anxiety and side effects post-surgery; how to manage other life responsibilities.

Question 4 outcome: Clinicians were asked how a woman's psychological, emotional, spiritual, and financial well-being are supported during her cancer experience, and how any gaps in support could be overcome. The common responses to available support were; access to psychology, and staff is well placed to listen and be empathetic; clinicians at Mater are good at understanding their patients and monitoring symptoms; good continuity for patients accessing physio services. When it came to the gaps in support, the common responses were; no support for patients to cope with emotional turmoil; lack of support in regional areas; services may stop or be reduced once active treatment ceases; there is discontinuity between treating teams.

Question 5 outcome: Clinicians were asked what they thought the terms "recovery" or "survivorship" meant to women. The common response for "recovery" was that it is perceived as the post-treatment phase where women are regaining their physical, emotional, social and mental healing/functions. For 'survivorship' the common response was that it refers to the longer period when active treatment has concluded and they are no longer seeing medical personnel.

Question 6 outcome: Clinicians were asked how they would define a successful recovery, and to what extent their definition matches the way cancer care is currently provided. The common responses included; returning to, or close to, pre-treatment levels; and when clear margins are obtained, treatment is completed and specialist appointments are ceased. Some responses stated that their definition matches the current care provided, while others claimed that their definition does not match as current care is overly focused on the absence of cancer and not on the presence of indicators of healing.

Question 7 outcome: Clinicians were asked how recovery and survivorship strategies are considered and implemented for women with metastatic disease. The common responses included; regular PET scans and appointments with their oncologist; individualised strategies and support such as peer support, exercise and psychology; and psycho-educational groups. Responses also stated that there are limitations in funding which prevent offering public psychology or long-term group support.

Question 8 outcome: Clinicians were asked how they connect women with services to support their health and well-being, and manage ongoing risk of chronic disease and enduring distress following a diagnosis of cancer. The common responses included; asking women to speak to their oncologist and nurse practitioner; using apps for health and wellbeing; and being referred to other health professionals.

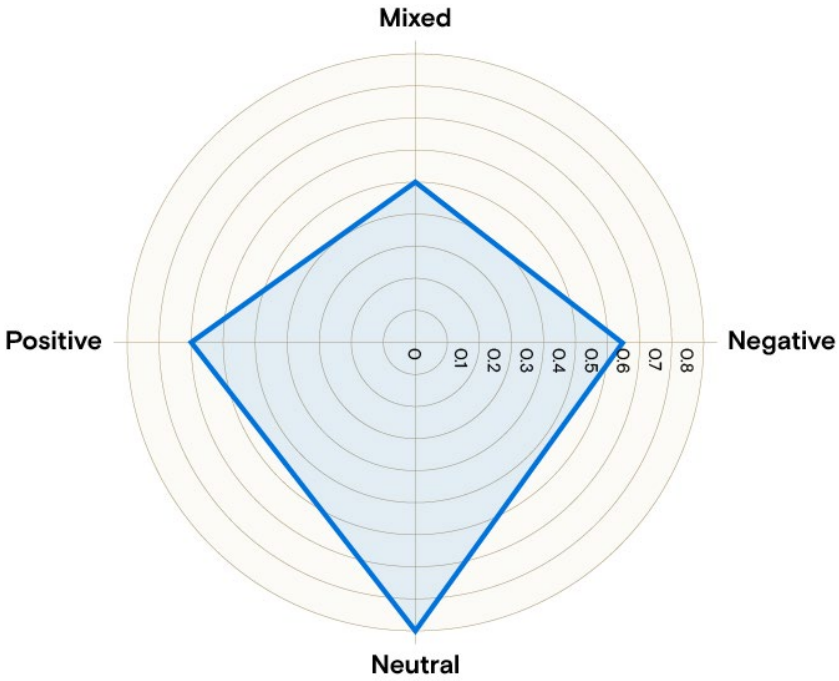
Question 9 outcome: Clinicians were asked what their understanding of peer connection or support is. The most common response was that it meant bringing people together to share their experience with others who have gone through a similar diagnosis, treatment or side effects.

Question 10 outcome: Clinicians were asked if they saw referrals to peer connections as part of the clinical pathway. There were mixed responses to this, with some saying that support groups are not effective for some, while others said that there was a lack of easy access to support groups due to location.

Question 11 outcome: Clinicians were asked who they thought should make up the workforce in an interdisciplinary, holistic and inclusive model of cancer care, and to what extent is this reflected in the way cancer care is currently provided. The common responses included; nurses, doctors, physiotherapists, occupational therapists, dieticians, speech pathologists, psychologists, social workers, pastoral care workers, Aboriginal and Torres Strait Islander support, and language services.

UQ used the data from the Mindhive discussion, together with data collected from focus groups with consumers, to finalise their model of care.

This data will then be used in a NHMRC Partnership grant application, as well as presented in journal publications and at conference proceedings. Mindhive also conducted a sentiment analysis on the provided comments, which found that there were eight positive comments with an average of 71 percent positivity rating.



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About Mater

A Catholic not-for-profit ministry of Mercy Partners, Mater is guided by the spirit of the Sisters of Mercy who first established Mater in 1906 when they built the first Mater Private Hospital. This was the start of a tradition of care and compassion for the sick and needy that continues to inspire us today. Through our extensive network of hospitals, health centres and related businesses, a nationally accredited education provider and a world-class research institute, we're working together to meet the needs of the community and improve your health and wellbeing.

Mindhive

About Mindhive

Mindhive is a Brisbane innovation and the world's first collective ideation platform enabling users to engage and understand their audience at scale in real-time. Recently recognised as the World's Boldest Crowdsourced Online Platform by Global Crowdsourcing Awards in Venice, Italy, Mindhive facilitates discussion by connecting users to an online community to gain rapid insight and innovation from a diverse audience.

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