



GIN 2011 Conference

**The use of innovative methods in
the development and dissemination
of the evidence based Dutch
guideline 'Cancer Rehabilitation'**

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Relevance

- Increasing number of cancer survivors
366.000 in 2000 → 692.000 in 2015 in NL
Problems e.g. fatigue, QoL↓
- Cancer rehabilitation commonly available in NL
Since 1996: 65 locations Recovery & Stability



- Evidence based guideline was missing

Challenges guideline Cancer Rehabilitation

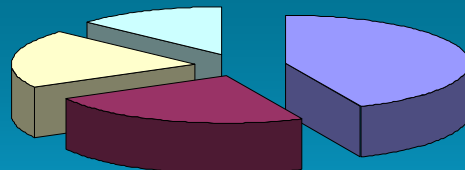
- Broad group of health care professionals involved
Medical specialists, General Practitioners, Nurses,
Physiotherapists, Psychologists, Rehabilitation physicians,
Sports physicians e.g.
- Linking fields of cancer cure & care with rehabilitation
- Lack of literature with high level of evidence was foreseen

Need for innovative methods

- Maximize involvement of (multidisciplinary) health care professionals
 - Maximize involvement of patients
- Start – Concept – Dissemination – Implementation
- Methods must be:
 - Effective
 - Easy to use
 - Cover broad range
 - Lead to fast development

Start - I Inventory of key questions professionals

- Web based survey for professionals
Via National organisations & IKNL networks
Prioritize predefined list of bottlenecks (1 month)
- 501 responders
Easy per group analysis



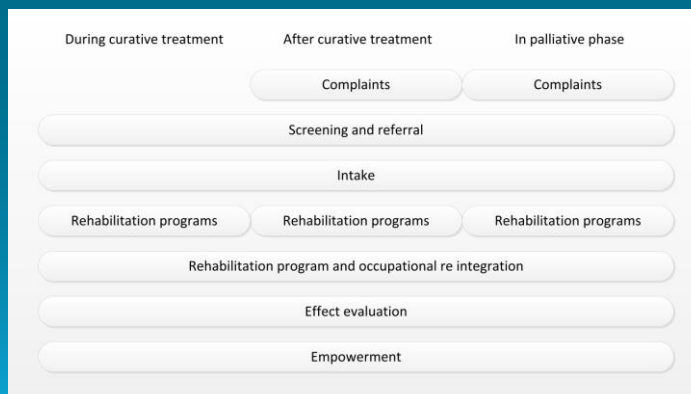
■ paramedical ■ psychosocial □ medical □ nurses

Start - II Inventory key questions patients

- Open space meeting with patients
N=17 patients varying in background
For interaction: n=5 professionals
 - Discussion in small groups about suggestions for cancer rehabilitation during and after curative cancer treatment and in the palliative phase
 - Prioritizing suggestions for cancer rehabilitation as described in the guideline

Start - III Inventory key questions

- Focus guideline identified by consensus
Based on inventory professionals/ patients



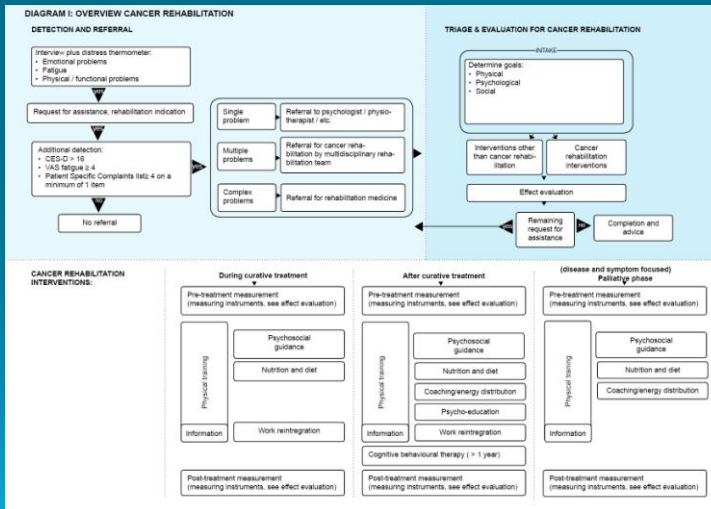
Concept
Peer review professionals

- Web based survey for professionals (n=61 responders)
Remark on guideline text (3 months)
- National conference (n=285 participants)
Plenary lectures & interactive workshops
- Recommendations:
Select one of the recommended instruments
Editing necessary
Explain explicit the focus of the guideline

Concept
Review patients

- Discussion about guideline recommendations
- Share experiences with complaints, rehabilitation, empowerment e.g.
- Paper survey
Patients in palliative phase (n=7)
- Focus group meeting
Patients during/after curative treatment phase (n=6)

Guideline Cancer Rehabilitation Decision tree



Guideline Cancer Rehabilitation www.oncoline.nl

- The innovative methods were very effective in consulting and involving patients and a multidisciplinary group of professionals
- Resulting in a broadly supported multidisciplinary guideline with recommendations for screening, intake and tailored rehabilitation

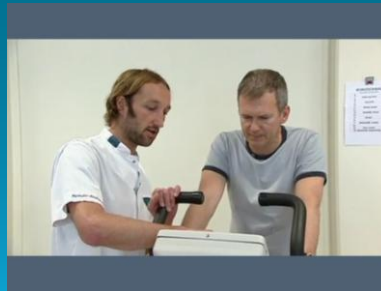
Dissemination - I Awareness

- Live Web Television broadcast
5 professionals with reporter
Round the table debate, Movie, Animated decision tree
Interactive (polls, Q&A)
Accredited
On demand available for 1 year
- Live show (1 hour): 250 participants
of multidisciplinary origin
- 50 questions asked



Dissemination - II Awareness

- Web E-learning (45 minutes)
Around a casus, questions, movies, animated decision tree
Accredited
On demand available for 1 year



Implementation Exploring study

- Web based surveys for professionals
Current practice: in (dis)agreement with recommendations in the guideline?
How feasible is implementation?
 - N=375 responders (n=218 doctor/nurse, n= 119 physiotherapist e.g, n=38 psychologist e.g)
- Focus group meeting with patients (planned)
- In depth interviews with professionals (planned)
- Input analysis → choosing implementation strategies

Lessons learned for guideline developers and implementers - I

- Start development = start implementation
- Make use of a multidisciplinary working group of professionals including patient participation
- Organize several contribution moments for professionals, using different methods
 - Web base surveys
 - Interactive workshops

Lessons learned for guideline developers and implementers - II

- Organize several contribution moments for patients, using different methods
 - Open space meeting
 - Focus group meeting & Survey
- Use methods that are interactive and targeted at a large multidisciplinary audience to increase awareness
 - Live (on demand) Web Television broadcast
 - On demand Web e-learning
- Perform an exploring study prior to implementation

Acknowledgement



- The Netherlands organisation for health research and development