

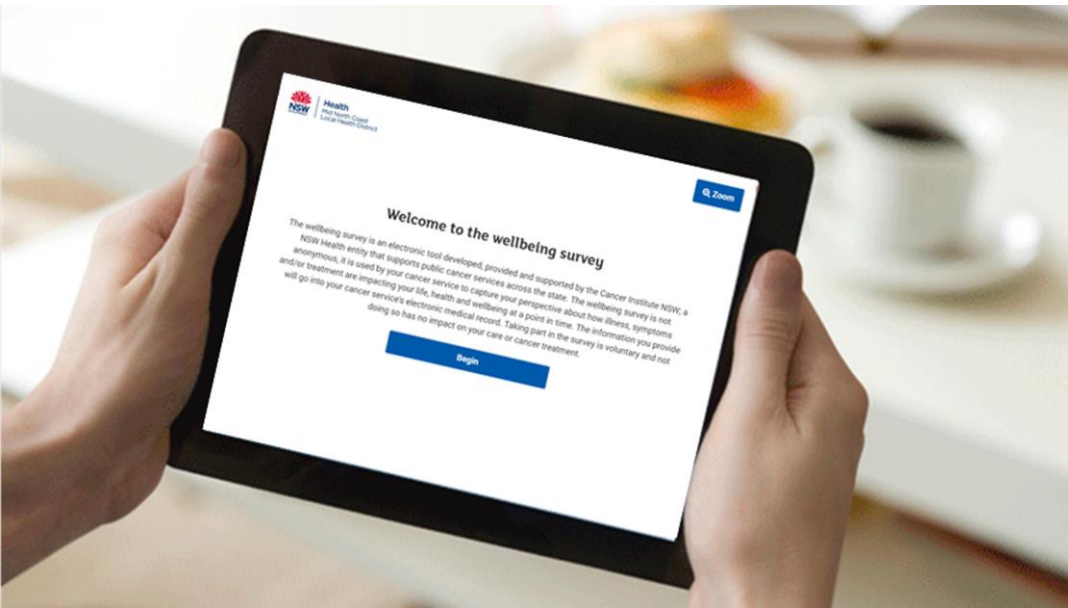
Multicultural Health Services and Cancer Services Forum

*Patient Reported Measures for patients from
Culturally and Linguistically Diverse
backgrounds*

Karina McCarthy, A/Program Lead, Patient Experience, Cancer Institute NSW

27 October 2022

Patient Reported Measures (PRMs) for patients from CALD backgrounds



Karina McCarthy
A/Program Lead, Patient Experience

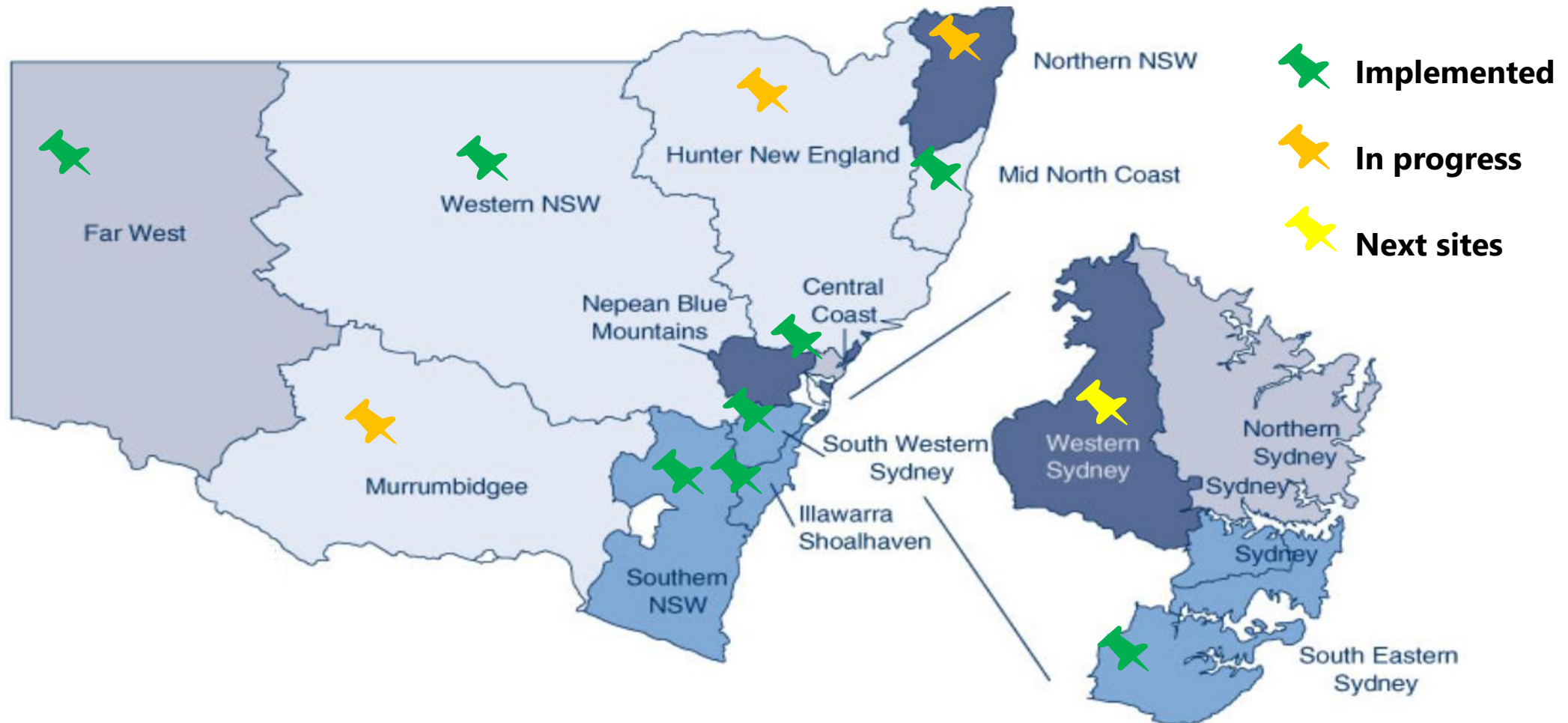
Acknowledgement of Country

I acknowledge the
Traditional Custodians of
the lands on which we work
and live, and recognise
their continuing connection
to land, water and
community. I pay my
respects to Elders past and
present.

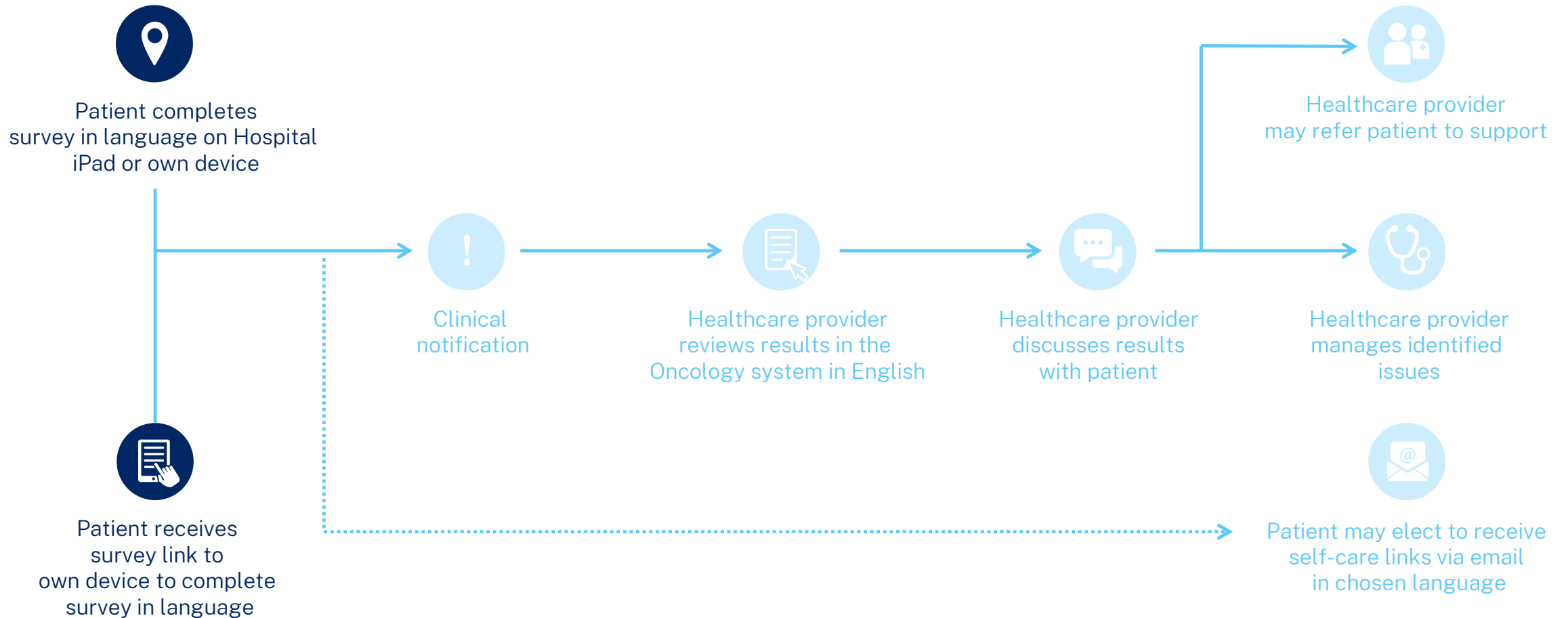
Artwork by D.Golding 2016



System implementation to date



PRMs System Workflow



Survey Tool 1 – Edmonton Symptom Assessment Scale (ESAS)



Edmonton Symptom Assessment Scale (ESAS)

Please circle the number that best describes:

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
Not depressed	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
Not anxious	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
Best appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible appetite
Best feeling of wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of wellbeing
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath



ESAS Survey

[Exit](#)

[Zoom](#)

QUESTION 1

Pain

Please select the number that best describes your pain.

0	1	2	3	4	5	6	7	8	9	10
No pain					Worst possible pain					

1

2

3

4

5

6

7

8

9

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Survey Tool 2 – Distress Thermometer and Problem List



Distress Thermometer & Problem Checklist

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

10

9

8

7

6

5

4

3

2

1

0

No distress

PROBLEM LIST
Please indicate if any of the following has been a problem for you in the past week including today.
Be sure to check YES or NO for each.

YES	NO	Practical Problems	YES	NO	Physical Problems
<input type="checkbox"/>	<input type="checkbox"/>	Child care	<input type="checkbox"/>	<input type="checkbox"/>	Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	Insurance/financial	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	Work/school	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	Treatment decisions	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
			<input type="checkbox"/>	<input type="checkbox"/>	Eating
			<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
			<input type="checkbox"/>	<input type="checkbox"/>	Feeling swollen
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with children	<input type="checkbox"/>	<input type="checkbox"/>	Fevers
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner	<input type="checkbox"/>	<input type="checkbox"/>	Getting around
<input type="checkbox"/>	<input type="checkbox"/>	Ability to have children	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Family health issues	<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
			<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
			<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Sexual
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
			<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet
<input type="checkbox"/>	<input type="checkbox"/>	Spiritual/religious concerns			

Other Problems: _____



Distress Thermometer Survey

[Exit](#)

[Zoom](#)

Practical problems

Please indicate if any of the following have been a problem for you in the last week including today.

Child Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Housing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance/financial	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Transportation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Work/ school	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Treatment decisions	<input type="checkbox"/> YES	<input type="checkbox"/> NO

1

2

3

4

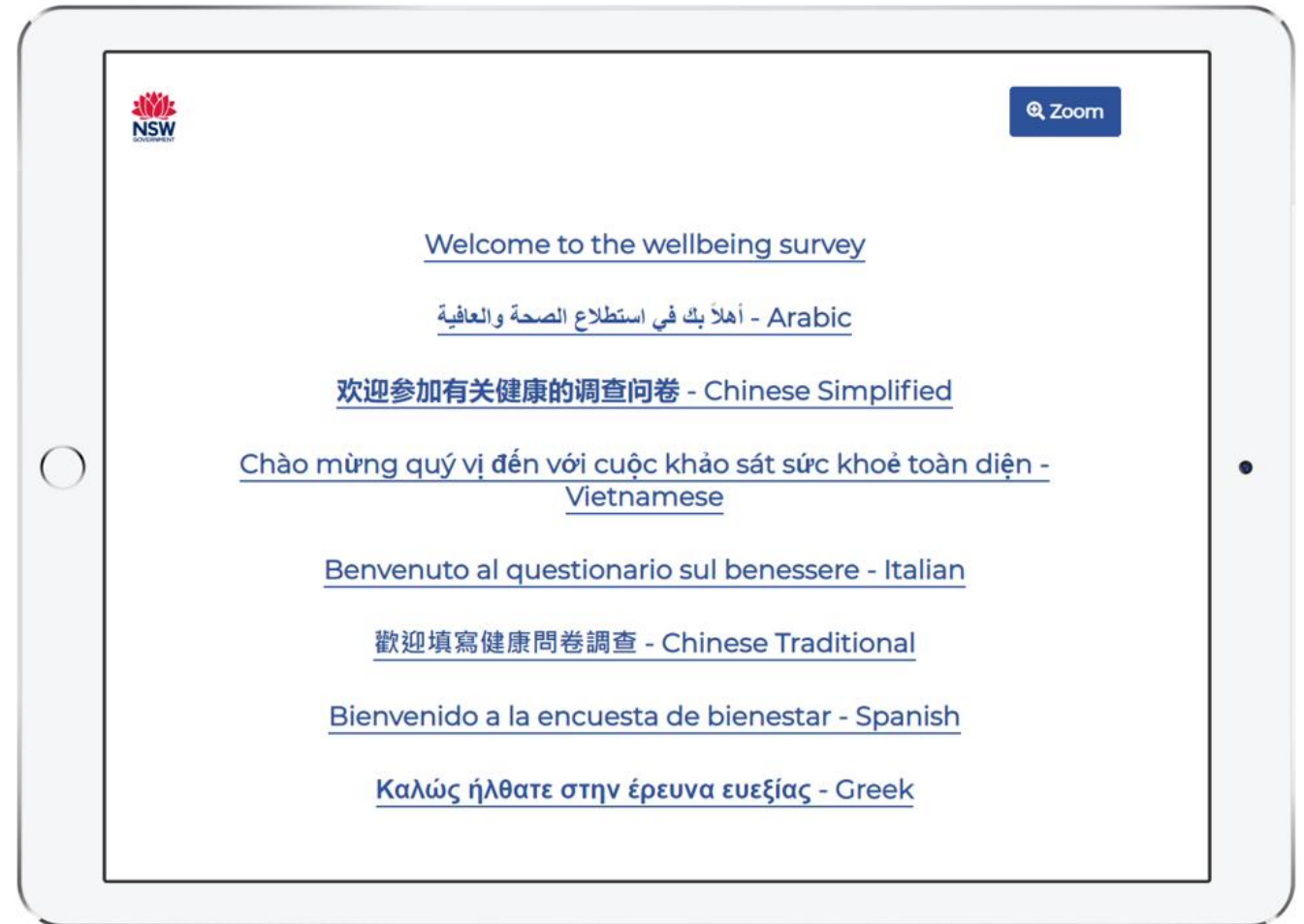
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PRMs for CALD Patients

- ✓ PRMs system, survey and supportive material have been translated into **8 languages**
- ✓ Initial translations completed by **NSW Multicultural Health Communication Service**
- ✓ Translations have also gone through **community review**



CALD Resources



مقاييس تقسيم المرضى للصحة والرعاية

لقد بدأنا العمل بنظام يهدف إلى توفير أفضل رعاية صحية لك. قد نطلب منك جزءًا إضافيًا من المعلومات حول حالتك الصحية. نحن نطلب منك جزءًا إضافيًا من المعلومات حول حالتك الصحية. نحن نطلب منك جزءًا إضافيًا من المعلومات حول حالتك الصحية.

ما هي المقاييس التي نستخدمها؟

لماذا نستخدمها؟

كيف يمكننا مساعدتك؟

Cancer Institute NSW

1-800-087-3300

患者报告措施

为了给您提供最好的临床护理，我们推出了一项制度。我们会请您填写一份电子调查表，了解对您的健康和护理最重要的事情。

什么是患者报告措施 (PRMs)？

为什么填写调查表很重要？

怎样填写调查表？

我是否应该填写调查表？

Cancer Institute NSW

1-800-087-3300

患者報告措施

為了給您提供最好的醫療護理，我們推出了一個制度。我們會請您填寫一份電子調查表，瞭解對您的健康和護理最重要的事情。

什麼是患者報告措施 (PRMs)？

為什麼填寫調查表很重要？

怎樣填寫調查表？

我是否應該填寫調查表？

Cancer Institute NSW

1-800-087-3300

Μέτρα αναφοράς από τον ασθενή

Για να σας παρέχουμε την καλύτερη φροντίδα, έχουμε δημιουργήσει ένα σύστημα. Θα σας ζητήσουμε να συμπληρώσετε ένα ηλεκτρονικό ερωτηματολόγιο σχετικά με την υγεία και την περίθαλψή σας.

Τι είναι η αναφορά ασθενή (PRM)？

Γιατί είναι σημαντικό να συμπληρώσετε το ερωτηματολόγιο；

Πώς συμπληρώνω το ερωτηματολόγιο；

Ποιοι ασθενείς πρέπει να συμπληρώσουν το ερωτηματολόγιο；

Cancer Institute NSW

1-800-087-3300

Misure suggerite dal paziente

Abbiamo introdotto un sistema allo scopo di erogarti la migliore assistenza sanitaria. Potrebbe venirti chiesto di compilare un questionario elettronico su come ti senti più a cuore in merito alle tue salute e la tua gestione.

Cos'è che ti suggeriamo？

Perché è importante compilare un questionario？

Come faccio a compilare il questionario？

Alcuni benefici di fornire alle risposte da un familiare？

Cancer Institute NSW

1-800-087-3300

환자 보고 수단

우리는 환자분에게 최상의 치료를 제공하기 위해 새로운 시스템을 도입했습니다. 여러분께 건강 및 의료에 관해 여러분의 가장 중요한 것(이)에 대한 여러분의 의견을 묻는 설문지를 작성해 주실 것을 요청합니다.

환자 보고 수단 (PRM)이란 무엇입니까？

설문지를 작성하는 것이 왜 중요합니까？

설문지를 어떻게 작성합니까？

나의 상황에 맞는 보고 수단을 이용해야 할까요？

Cancer Institute NSW

1-800-087-3300

Medidas notificadas por el paciente

Hemos introducido un sistema con el objetivo de brindarte la mejor atención médica. Es posible que se te solicite que completes una encuesta electrónica sobre lo que más te importa sobre tu salud y atención.

¿Qué son las medidas notificadas por el paciente (PRM)？

¿Por qué es importante completar la encuesta？

¿Cómo completamos la encuesta？

¿Algunos beneficios de proporcionar respuestas？

Cancer Institute NSW

1-800-087-3300

Các đánh giá do bệnh nhân báo cáo

Chúng tôi đã đưa ra một hệ thống nhằm để cung ứng việc chăm sóc y tế tốt nhất cho bạn. Có thể bạn sẽ được yêu cầu điền vào một bảng khảo sát về vấn đề quan trọng nhất đối với bạn về sức khỏe và việc chăm sóc cho bạn.

Các đánh giá do bệnh nhân báo cáo (PRM) là gì？

Tại sao việc điền vào bảng đánh giá là quan trọng？

Các đánh giá do bệnh nhân báo cáo (PRM) được thực hiện như thế nào？

Một số lợi ích của việc cung cấp câu trả lời cho bảng khảo sát？

Cancer Institute NSW

1-800-087-3300

Other languages

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Multicultural communities

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Click on the links below to find information about cancer in your language.

Choose the option that best suits your situation

العربية - Arabic

简体中文 - Chinese Simplified

繁體中文 - Chinese Traditional

Ελληνικά - Greek

Italiano - Italian

한국어 - Korean

Español - Spanish

Việt ngữ - Vietnamese

Cancer Institute NSW

1-800-087-3300

Funding to support CALD PRMs



Funding Details :

- Available to any LHD's currently using the PRMs system
- A one-time only payment
- Up to \$68,000 (equates to 0.6FTE Clinical Nurse Specialist Level 1)
- Utilised during 2022-2024 FY

Funding Objectives:

- Map local support services and resources available to support PRMs interventions and referrals and incorporate these into the developed workflows
- Develop a Support Services Directory (template provided by CINSW) to support the referral and intervention pathways and resources mapped to the survey questions.

For more information, please contact the PRMs team at CINSW-PRMs@health.nsw.gov.au