



Supporting Information

Hospital survey form

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Hull BP, Beard FH, Hendry AJ, et al. Hospital policies on complementary medicine: a cross-sectional survey of Australian cancer services. *Med J Aust* 2020; doi: 10.5694/mja2.50731.



**INTEGRATIVE
ONCOLOGY IN
AUSTRALIA 2016**

NICM

The science of integrative medicine

APPENDIX III – NATIONAL SURVEY DOCUMENTS

from:

INTEGRATIVE ONCOLOGY IN AUSTRALIA 2016

Mapping service
provision and exploring
unmet needs

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Collaboration

Researchers at NICM and the Centre for Health Research, Western Sydney University partnered with South West Sydney Local Health District (SWSLHD) and the registered charity, Oncology Massage Limited (OML).

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INTEGRATIVE ONCOLOGY - NATIONAL SURVEY TO MAP COMPLEMENTARY MEDICINE OFFERED ALONGSIDE ONCOLOGY SERVICES IN AUSTRALIA

The following definitions are provided for your information:

Complementary Medicine - any traditional or natural therapy/practice

Examples of Complementary Medicine: Oncology massage, Acupuncture; Herbal Medicine; Naturopathy; Chiropractic; Osteopathy; Massage; Therapeutic touch / Reiki; Aromatherapy; Meditation; Yoga or other movement therapy; Music or Art therapy

Complementary Medicine Practitioner - a health practitioner who provides a Complementary Medicine service

Integrative Oncology (IO) - combining Complementary Medicine with biomedicine in the oncology clinical setting

1. General information:

Organisation or hospital name:

Cancer service name (if different to above):

Post code:

Email address:

2. Which would accurately describe your position in the organisation? (select ALL that apply)

I am in administration / management

I am a health care professional

Other (please specify)

THE FOLLOWING SECTION DESCRIBES THE PROVISION OF ONCOLOGY SERVICES

3. What type of organisation owns the oncology service? Please select one only.

Government

Limited Company

Small business

Not-for-profit organisation

Registered charity

Don't know

Other (please specify)

4. Which of the following oncology services are provided (please select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Supportive care and allied health |
| <input type="checkbox"/> Radiotherapy | <input type="checkbox"/> Palliative oncology care |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Survivorship clinics | |
| <input type="checkbox"/> Other (please specify) | |
-
-

5. Where are these cancer services provided? (select ALL that apply)

- Hospital setting: in-patient beds
 - Hospital setting: out-patient clinic or other room
 - Community setting: clinic or centre
 - Home visits / Residential Care visits
 - Other (please specify)
-
-

6. Please list any important service gaps in cancer care in your district / region

Most important unmet need

Important unmet needs

Comments

THIS NEXT SECTION FOCUSES ON COMPLEMENTARY MEDICINE SERVICES OFFERED THROUGH THE ONCOLOGY SERVICE

The following definitions are provided for your information

Complementary Medicine – any traditional or natural therapy/practice e.g. oncology massage, acupuncture, naturopathy, chiropractic, osteopathy, therapeutic touch, reiki, aromatherapy, meditation, relaxation, yoga, tai chi, music or art therapy

Integrative Medicine – practitioners who combine evidence-based conventional Western Medicine with evidence-based Complementary Medicine

**7. Does your cancer service offer any Complementary Medicine or Integrative Medicine services?
(select ONE only)**

- Yes (go to Q8) No, we never have (go to Q41)
- No (go to Q41) Don't know (go to Q41)
- No, not anymore (go to Q41)
- Other (e.g. planning to provide) ... (go to Q41)
-
-
-

**WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DIFFERENT TYPES OF
COMPLEMENTARY MEDICINE AND/OR INTEGRATIVE MEDICINE YOUR SERVICE PROVIDES.**

**8. Where are these Complementary Medicine or Integrative Medicine services provided?
(select ALL that apply)**

- Hospital setting: in-patient beds
- Hospital setting: alongside other out-patient services
- Hospital setting: a dedicated centre or clinic
- Community setting: a dedicated clinic or centre
- Community setting: not operated by our organisation
- Home visits / Residential Care visits
- Other settings: (please specify)
-
-
-

9. Approximately how long has your cancer service been providing these services?

Years _____ Months _____

Comments _____

**WHICH OF THE FOLLOWING COMPLEMENTARY MEDICINE SERVICES ARE PROVIDED
THROUGH THE ONCOLOGY SERVICE?**

10. Oncology massage *(provided by a certified oncology massage therapist)*

	Yes	No	Don't know
Oncology massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Massage / Touch therapy	Yes	No	Don't know
Massage therapy any style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic touch / Reiki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Body alignment	Yes	No	Don't know
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranio-Sacral Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Exercise / Movement	Yes	No	Don't know
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qigong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance or Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Acupuncture	Yes	No	Don't know
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Integrative medicine (IM) (defined as conventional medicine combined with evidence-based Complementary Medicine)

	Yes	No	Don't know
IM consultations (e.g. a medical doctor who may recommend or prescribe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM advice (e.g. pharmacist advice about drug interactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Mental Wellbeing	Yes	No	Don't know
Relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

17. Other Complementary Medicine services

	Yes	No	Don't know
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous healing practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Medicine (not a dietitian service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

NONE of the above GO TO Q41

HOW ARE THE COMPLEMENTARY MEDICINE SERVICES FUNDED? YOU ONLY NEED TO ANSWER FOR THOSE SERVICES PROVIDED BY YOUR ORGANISATION

18. Massage provided by a certified oncology massage therapist

- Don't know Donations / Fundraising
- Patient (*includes rebates to patient from private health insurance or Medicare*) Volunteers provide free service
- Organisation / Hospital
- Other (please specify)
-
-

19. Massage therapy (other) and Touch therapy

- Don't know Donations / Fundraising
- Patient (*includes rebates to patient from private health insurance or Medicare*) Volunteers provide free service
- Organisation / Hospital
- Other (please specify)
-
-

20. Body alignment services

- Don't know Donations / Fundraising
- Patient (*includes rebates to patient from private health insurance or Medicare*) Volunteers provide free service
- Organisation / Hospital
-
-

Other (please specify)

21. Exercise/movement services

Don't know

Donations / Fundraising

Patient *(includes rebates to patient from private health insurance or Medicare)*

Volunteers provide free service

Organisation / Hospital

Other (please specify)

22. Acupuncture services

Don't know

Donations / Fundraising

Patient *(includes rebates to patient from private health insurance or Medicare)*

Volunteers provide free service

Organisation / Hospital

Other (please specify)

23. Integrative medicine services

Don't know

Donations / Fundraising

Patient *(includes rebates to patient from private health insurance or Medicare)*

Volunteers provide free service

Organisation / Hospital

Other (please specify)

24. Mental wellbeing services

Don't know

Donations / Fundraising

Patient *(includes rebates to patient from private health insurance or Medicare)*

Volunteers provide free service

Organisation / Hospital

Other (please specify)

25. Other Complementary Medicine services

- Don't know
- Patient *(includes rebates to patient from private health insurance or Medicare)*
- Organisation / Hospital
- Donations / Fundraising
- Volunteers provide free service

Other (please specify)

Practitioners providing the following services

	Number Practitioners	Don't know	Hours / week service is available	Don't know
26. Oncology massage	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
27. Massage (other) or touch therapy	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
28. Body Alignment	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
29. Exercise / movement therapy	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
30. Acupuncture	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
31. Integrative Medicine	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
32. Mental Wellbeing	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
33. Other Complementary Medicine	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

34. Do your Complementary Medicine practitioners need to meet any of the following requirements?

	Must have	Preferred	Optional	No	Don't know
Criminal Record or Working with Children Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First-aid certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credentials confirmed by your organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accredited by a professional association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHPRA registration (e.g. doctor, nurse, dietitian, psychologist, Chinese medicine, osteopath, chiropractor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional indemnity insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal training about the organisation's procedures and protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

35. Do any of your Complementary Medicine practitioners have dual qualifications as a biomedical trained practitioner? (e.g. Massage Therapists is also a Physiotherapist; Yoga instructor is also an Exercise Physiologist; Acupuncturist is also a Doctor; Nutritional Therapist is also a Dietitian)

Don't know

No

Yes, please provide details:

36. Do your Complementary Medicine practitioners participate in multidisciplinary team meetings or case conferences? (select ONE only)

Don't know

No

Yes, please provide details:

37. How are Complementary Medicine practitioner services documented? (select ALL that apply)

Don't know

A shared online clinical record within the organisation

A shared paper based clinical record within the organisation

A separate record that is not integrated with the patient's clinical records but kept on-site

A separate record that the Complementary Medicine practitioner maintains and owns

Other (please specify)

38. Who can access or use the Complementary Medicine service? (Please select ALL that apply)

All cancer patients

Some cancer patients please specify

Family members and carers of oncology patients

Staff

General Public

Other (please specify)

39. Do patients need a referral to access the Complementary Medicine services? (select ALL that apply)

	ALL services	SOME services
NO referral is required, self-referrals are accepted	<input type="checkbox"/>	<input type="checkbox"/>
YES internal referral from within the organisation	<input type="checkbox"/>	<input type="checkbox"/>
YES referral from an oncologist	<input type="checkbox"/>	<input type="checkbox"/>
YES referral from any medical doctor	<input type="checkbox"/>	<input type="checkbox"/>
YES referral from any healthcare practitioner	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

40. Which of the following methods are used to evaluate your Complementary Medicine services? (select ALL that apply)

- Don't know
 - None, we do not formally evaluate our services
 - Patient survey
 - Written Patient feedback form
 - Practitioner or organisation initiated clinical audit
 - Observational studies
 - Clinical trials
 - Other (please specify)
-
-

NOW GO TO QUESTION 43

THE FOLLOWING TWO QUESTIONS ARE FOR CANCER SERVICES THAT DO NOT PROVIDE COMPLEMENTARY MEDICINE SERVICES

41. What are the reasons for not providing Complementary Medicine services? Please indicate ALL that apply.

- Organisational policy does not support or allow Complementary Medicine use
- Standards set for complementary medicine to fit within the acute care setting
- No interest or support from oncologists
- Management directive
- No patient awareness or demand
- Lack of funding

Other (please specify) _____

42. What solutions can you identify to help reduce some of these barriers?

THE REMAINING QUESTIONS APPLY TO ALL SERVICES

THIS SECTION ASKS ABOUT YOUR ORGANISATION'S GENERAL POLICIES FOR COMPLEMENTARY MEDICINE

43. Does your organisation have the following in place?

	YES	NO	Decision is made on a CASE by CASE basis	NOT APPLICABLE this is never allowed	DON'T KNOW
Credentialing policy for visiting Complementary Medicine practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope of practice for visiting Complementary Medicine practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy for referrals to Complementary Medicine practitioners outside the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on patient initiated herbs, vitamins and minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary Medicine information available for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. How are herbs, vitamins and minerals documented in the patient's clinical record? (select ONE only)

- Not applicable - patients are not permitted to use these products
- ALL products (including self-initiated) are listed on the medication chart.
- ONLY products approved by medical staff are listed on the medication chart. Other product use is documented in the clinical history.
- Product use is ONLY documented in the clinical history.
- Don't know
- Other, please specify _____

45. Have you heard of the Council of Australian Therapeutic Advisory Groups (CATAG)?

- Yes
- No (GO TO Q47)
- Not applicable, we are not a hospital organisation (GO TO Q47)

46. If yes, then thinking about your organisation and CATAG's Position Statement for the use of Complementary and Alternative Medicines, 2015?

http://www.catag.org.au/wp-content/uploads/2012/08/150518_CAM-Position-statement-final.pdf

Our policies are aligned with this CATAG statement

- Yes
- No

Comments:

THE FOLLOWING SECTION RELATES TO ONCOLOGY MESSAGE

DEFINITION: Oncology massage is massage delivered by a trained, certified oncology massage therapist.

47. In your opinion, who is likely to deliver safe massage to cancer * patients/survivors?

	Very Likely	Likely	Possibly	Unlikely	Very Unlikely	Don't know
Family member or friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Practitioner (with no massage training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage therapist (any style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified oncology massage therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Is your cancer service aware of any evidence demonstrating that the training of the person delivering massage influences cancer patient outcomes?

- Yes
- No
- Don't Know

49. Is your cancer service aware of any evidence demonstrating that oncology massage can reduce pain or anxiety in cancer patients?

- Yes
- No
- Don't Know

50. Are there any barriers to providing oncology massage in your organisation?

(i.e. provided by a certified oncology massage therapist)

- No (GO TO Q52)
- Don't know (GO TO Q52)
- Yes

51. If yes, what are the barriers? (Select ALL that apply)

- Doctors or allied health do not support or advocate oncology massage
- Funding not available for oncology massage
- Unable to recruit oncology massage therapists
- Low patient demand for oncology massage
- Don't know
- Other - (please specify)

52. Do you have any further comments?

e.g. patient needs, challenges, lessons learnt, future plans for services

53. Who can we contact if we need to clarify any questions?

Name

Email Address

Phone number

54. To receive a copy of the results

Please provide postal or email details (if different to above)

THANK YOU VERY MUCH FOR YOUR ASSISTANCE.

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