

annual report
2017 – 2018





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Overview

Message from the Chair



On behalf of the partners of the North Eastern Melbourne Integrated Cancer Service (NEMICS), I am pleased to present the 2017–18 annual report.

The implementation of the optimal cancer care pathways continued this year with the completion of redesign projects across the three lung cancer services and commencing similar projects for oesophagogastric cancer. These projects focus on improving the time from referral to first treatment. In prostate cancer, the focus has been on improving the quality of life for men after treatment. The next pathways for implementation commencing in November 2018 are pancreas and head & neck cancers.

As part of our responsibilities under the Victorian Cancer Plan 2016-20 we have participated in the reconfiguration of the integrated cancer service (ICS) operating model. Common governance tools and business processes across the ICS will be implemented in 2018-19.

NEMICS continues to lead the statewide Tumour Summits program. Summits for pancreatic cancer and colorectal cancer were held this year, with head & neck cancer and lung scheduled for 2018-19. NEMICS is also the lead ICS for a statewide grants program to improve the timeliness of care for people with oesophagogastric cancer.

I would like to thank the consumers and clinicians who provide their insight and expertise to the activities of the network, as well as the members of the network and project committees and the program office.

My term as Chair of NEMICS is complete and welcome Mr Siva Sivarajah to the role from July 2018.

**Adj. Prof
Linda Mellors**

Chair

About us

Regional profile

The NEMICS region covers the local government areas of Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea and Yarra Ranges and is home to approximately 1.5 million people (ABS 2017). The NEMICS population is 31% of the Greater Melbourne population and 23% of the Victorian population. The number of residents living in the NEMICS region diagnosed with cancer has increased from 7,177 in 2012 to 7,666 in 2016, representing an increase of 7.7%. In the corresponding period, cancer mortality has fallen by 3.0% from 2,472 to 2,398.

The network partnership comprises Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women. The many private hospitals including Warringal Private, Epworth Eastern, Mitcham Private, Knox Private and Ringwood Private, also provide a significant amount of cancer care. Eastern Primary Health Network covers the same region. In 2016–17, 9,318 patients had 34,809 admissions at NEMICS public health services.

Figure 1: Tumour type of people treated in NEMICS public health service

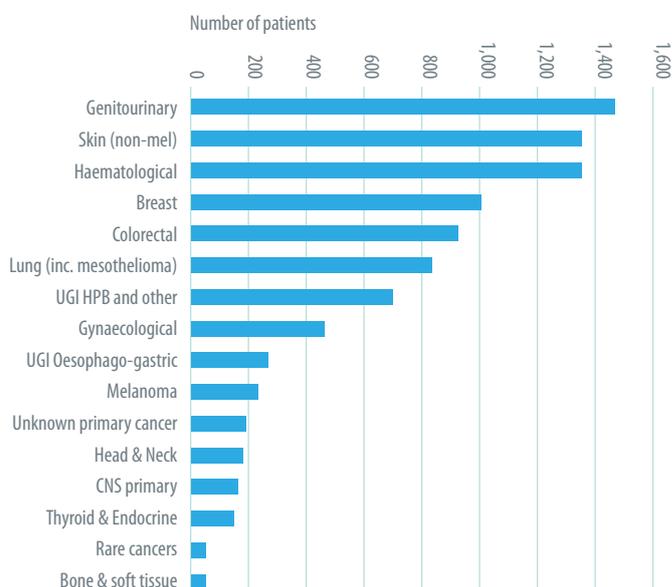


Table 1: Number of patients admitted to NEMICS public health services.

PATIENTS 2016-17	Austin	Eastern	Mercy	Northern	NEMICS Public
Bone & soft tissue	18	14		8	40
Brain	127	32		8	161
Breast	330	463	2	203	989
Colorectal	351	376	3	215	932
Genitourinary	687	576		229	1472
Gynaecological	67	109	272	50	458
Haematological	629	550	3	209	1344
Head and Neck	122	51		9	176
Hepatobiliary, Pancreatic and other	414	195		99	698
Lung & Mesothelioma	407	313		153	835
Melanoma	116	95		19	226
Oesophagogastric	115	104		47	262
Rare cancers	20	8	6	8	40
Skin (non-melanoma)	475	661		220	1354
Thyroid & other endocrine glands	96	27		18	138
Unknown primary cancer	85	79	5	27	193



Victorian Cancer Plan 2016–20

Victoria's Cancer Plan, which is refreshed every four years, has intermediate- and long-term goals marching out to 2025 and 2040. The Cancer Plan Evaluation Framework provides a transparent approach to understanding what impact collective efforts in cancer service improvement are making. It will ensure that efforts to improve cancer outcomes for all Victorians are monitored and reported. Special emphasis is placed on reducing the variation in outcomes for Aboriginal Victorians, and on geographic variation of rural and regional Victorians compared with their metropolitan counterparts.

The framework will be used by a wide range of organisations as well as the Integrated Cancer Services, which have responsibilities for only a part of the Cancer Plan. The Victorian Government will use the framework to inform priorities for investment and implementation across the cancer journey, prevention, screening, treatment and care of people with cancer.





ICS structure

NEMICS is one of nine population-based Integrated Cancer Services that collectively support the consistent provision of high quality cancer care for all Victorians. Hosted by Austin Health, the NEMICS partners form the Governance Committee and oversee the implementation of the cancer reform priorities of optimal cancer care and components of the state's cancer plan.

The role of an ICS is to:

- build relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
- implement best practice models of cancer care
- improve the effectiveness of cancer care through system coordination and integration
- systematically monitor processes and outcomes of cancer care to improve system-wide.

The ICS share the same vision, mission and strategic goals. In addition they have common responsibilities for local implementation of key areas of the Victorian Cancer Plan 2016-20 and the state wide adoption of the optimal cancer care pathways.

Strategic priorities

The ICS share the same vision, mission and strategic goals. In addition, they have common responsibilities for implementation locally of key areas of the Victorian Cancer Plan 2016-20 and the adoption of the optimal cancer care pathways.

Vision

Improving patient experiences and outcomes by connecting cancer care and driving best practice

Mission

The ICS will achieve the vision by:

- understanding the needs of people affected by cancer
- building and supporting collaboration between health professionals, health services and consumers
- driving quality improvement in cancer care
- supporting development of the cancer workforce
- facilitating system-wide engagement in cancer research.

Strategic goals

1. A networked cancer care system

- 1.1 Link services involved in cancer care (across all sectors, including cancer centres, health services, community organisations), and work with these services and health professionals to align priorities.
- 1.2 Strengthen linkages between metropolitan and regional cancer service providers.
- 1.3 Engage consumers and communities in the work of the ICS.

2. High-quality cancer care

- 2.1 Implement the Optimal Cancer Care Pathways, including improvements to multidisciplinary care, supportive care and care coordination.
- 2.2 Analyse available data and information of relevant clinical evidence/innovation and disseminate it to drive quality improvement.
- 2.3 Support providers to apply cost-benefit considerations to care/service planning and delivery.
- 2.4 Continue statewide tumour summits to drive consistent cancer care across tumour streams.
- 2.5 Continue to drive improvements in the patient experience of cancer care.
- 2.6 Continue to support workforce development initiatives.

3. A research-informed cancer care system

- 3.1 Encourage providers to participate in clinical trial programs.
- 3.2 Support health services research.
- 3.3 Foster robust evaluation of cancer programs, models of care and ICS initiatives.

Committees

Governance Committee

The NEMICS Governance Committee develops local strategy and oversees activities and budget in line with the funding requirements of the Department of Health and Human Services. Membership of the Governance Committee includes the chief executive and senior operational and clinical leaders from each health service; primary care; and consumers. The Committee is supported by project and consumer sub-committees and the NEMICS Program Office.

Adj. Prof. Linda Mellors completed her term as Chair of the Committee this year. Mr Siva Sivarajah commences on 1 July 2018.



Sam Kershaw



Rhonda Richards

Consumer Reference Group

The consumer reference group continues to thrive both in its contribution to the projects and activities of the NEMICS Program Office, but also more broadly within the region and beyond. Most members have other consumer roles and links to their local hospitals, to cancer peak bodies and non-government organisations, as well as being consumer members on other statewide and national cancer committees. Their involvement remind us of the importance of an ongoing effort towards an improved patient experience and outcomes.

During this past year, the group welcomed a new member in Rhonda Richards and said farewell to Sam Kershaw, after five years of consumer involvement with NEMICS.

As always, we remain very grateful for the time and personal contributions that each person provides.



Clockwise from the left; Rhonda Richards, Anna Mascitti, James Armstrong, Ray Kelly, Anne Kay, Katherine Simons, Max Shub, Fay Frazer and Sam Kershaw.

Highlights

Annual forum 2017

Our Annual Forum represents an opportunity for stakeholders in cancer service improvement to listen to and share some significant steps forward in the region in that last year.

NEMICS was delighted to welcome Associate Professor Christine Jorm, from the University of Sydney who presented the keynote address. Christine spoke to the forum about the issue of clinician engagement in service improvement.

Alison Button-Sloan shared her thoughts about participating in one of the *A Common Path* videos. Alison was able to bring first person experience of the cancer care system both to her contribution to the video and through her presentation at the forum.

Dr Richard Khor spoke about his experience developing the Data Warehouse at Austin Health. Richard played a central role in the implementation of the Cerner Oncology system at Austin Health. Ms. Wanda Stelmach spoke about the post-treatment shared-care model being implemented at Northern Health for patients with breast cancer and Brooke Trevorah presented some highlights of the lung cancer redesign project at Eastern Health.

Over 80 people attended. On evaluation, participants rated the event at 6/7 (86%). Most people valued hearing the speakers and were positive about how smoothly the event was run. The active central role of consumers in the forum, including Ray Kelly as the event MC, was noticed and appreciated by participants.



Ray Kelly, MC at the Annual Forum

A common path – cancer support and advice



This suite of videos – *A Common Path* – is an initiative of the NEMICS Consumer Reference Group. These short videos present useful strategies on issues such as getting the information you need, finding support, managing during treatment and decision-making, described by people with similar experiences. YouTube channel.

[A Common Path: Cancer support and advice](#)

Videos are available for the following cancer types: acute myeloid leukaemia, breast, bowel, endometrial, head and neck, high-grade glioma, liver, lung, lymphoma, melanoma, oesophagogastric, ovarian, pancreatic and prostate.

Two further videos *Life after cancer* and *Facing cancer later in life* were added to the suite in 2017.

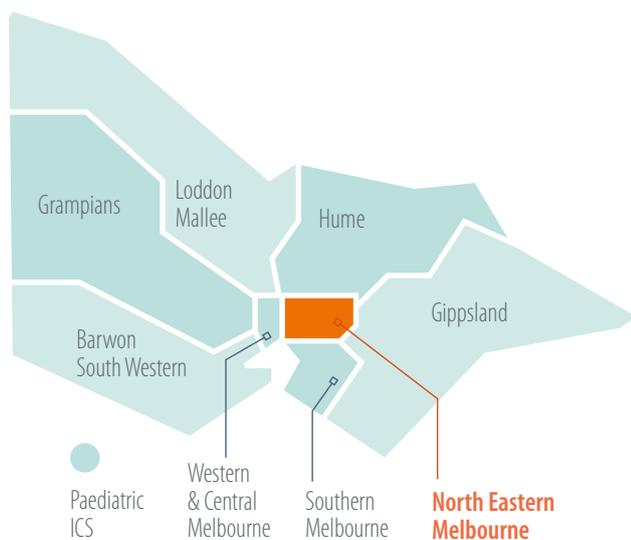


Stills from *A Common Path* videos

A networked cancer system

A number of statewide projects are underway, involving and funded by all ICSs in collaboration with the Cancer Strategy and Development section of the Department of Health and Human Services. A statewide approach is adopted when common outcomes are required, to support widespread engagement and spread of successful initiatives. Other projects are done in partnership with other ICSs in areas of common interest.

The nine Victorian population-based cancer networks



Over 60 multidisciplinary clinicians and health care professionals attended the second Colorectal Cancer Summit in 2018. Mr Brian Hodgkins, surgeon and working party co-chair, presented data on incidence, survival, disease characteristics and treatment planning for patients with colorectal cancer. The summit featured an update on progress with recommendations from the first Colorectal Summit held in 2014 and a panel discussion on clinician-led initiatives to investigate and improve variations in multidisciplinary meetings and quality of magnetic resonance imaging reporting in rectal cancer.

The evaluation of both summits highlighted the attendees' strong desire to lead and participate in a multidisciplinary discussion of data on variations in care and outcomes. All respondents thought the summits raised important variations related to tumour specific care. They also indicated they would recommend a colleague to attend future summits. High levels of clinician engagement continued after each summit. Both clinical working parties are leading local and statewide improvements in care. They continued networking and sharing outcomes of their investigations and examples of improvements.

The Summits project team is implementing a communication strategy to support the sector for local response to summit variations. This includes timely and accessible content via a bi-monthly newsletter, website and social media platforms.

Victorian tumour summits

NEMICS hosts this statewide project to reduce unwarranted variations in care and outcomes for Victorians with cancer. Summits are clinician led forums to review data and identify variations for statewide action. In 2017-18 two summits were held.

The Pancreatic Cancer Summit gathered 70 health professionals in 2017. Dr Charles Pilgrim, surgeon and working party co-chair, presented data on incidence, survival, disease characteristics and treatment planning for patients with pancreatic cancer. The summit highlighted three priority variations for further investigation and action. These variations pertain to ensuring surgical patients receive adjuvant or neo-adjuvant therapy; ensuring all patients are discussed at multidisciplinary meetings; and promoting concurrent treatment and palliative care for patients through early referral to palliative care. Further analysis was undertaken where pancreatic cancer surgical patients did not receive adjuvant therapy.



Dr Charles Pilgrim presenting at the Pancreatic Cancer Summit 2017

Pancreatic

The 2017 Pancreatic Cancer Summit brought together 70 multidisciplinary clinicians, government, ICS representatives and consumers to identify unwarranted variations in pancreatic cancer care that could be addressed through statewide action. Using the criteria of impact on patient experience/outcomes and effort required the following variations were prioritised.

- 23% of patients who had curative surgery for non-metastatic pancreatic ductal adenocarcinoma did not have adjuvant therapy.
- The statewide average for documented multidisciplinary meeting discussion was 70% in 2013-15.
- 75% of deaths from pancreatic cancer occurred during a hospital admission.

Under the direction of the Department of Health and Human Services, the Victorian Integrated Cancer Services will focus on the pancreatic cancer optimal care pathway in late 2018. Problem statements to guide the work are expected in late October 2018.



Pancreatic Cancer Summit 2017

Oesophagogastric cancer audit

After the Oesophagogastric Cancer Summit in 2016, the clinical working party set a goal of increasing the rate of multidisciplinary meeting discussion for oesophagogastric cancer patients from the current statewide average of 70% to 100% by 2020.

To inform the planning of service improvement strategies, the Summits' team facilitated the design of a statewide audit to understand the characteristics of care pathway. The aims of the audit were to ascertain the percentage of oesophagogastric cancer patients admitted to Victorian public health services whose treatment was planned via a multidisciplinary meeting; and understand the possible reasons if this did not occur.

In conjunction with the Cancer Strategy and Development, all Integrated Cancer Services undertook this audit. The audit found that 81% of people had their treatment planned at a multidisciplinary meeting (MDM). People diagnosed with advanced disease or referred to community palliative care were less likely to be presented at an MDM.

Oesophagogastric cancer redesign

Timeliness of care and multidisciplinary treatment planning were identified as priorities at the Oesophagogastric Cancer Summit. In November 2017, grants were offered to health services with more than 40 oesophagogastric cancer patients a year to redesign the pathway of care so that treatment commenced within the recommended 42 days. This pathway includes first specialist appointment, diagnostic and staging tests, multidisciplinary treatment planning and commencement of treatment.

Eight sites commenced their projects in 2018, Alfred Health, Austin Health, Barwon Health, Bendigo Health, Eastern Health, Monash Health, St Vincent's Health and Western Health.

NEMICS hosts this statewide program.

My cancer care record

My Cancer Care Record is a resource designed to support people affected by cancer to:

- store and organise their medical and cancer related information
- aid communication with the healthcare team
- prompt questions to ask and useful information to record
- be more informed and in control of their care.

Across the NEMICS and Grampians regions of Victoria, 13 cancer care providers participated in the second phase of using *My Cancer Care Record*. In this phase, we are evaluating the value, use and need of *My Cancer Care Record* to people affected by cancer and the level that health care professionals promote, value and advocate the resource.

The evaluation is incorporating a variety of feedback methods. To date, over 500 consumers have consented to providing feedback via a formalised survey with the option to do this via email, phone and post. Twenty-two people have provided further feedback via in-depth phone interviews and just under 40 staff have provided formal feedback via an electronic survey. Additionally, 10 staff who have been the key contacts at their respective health services provided verbal feedback on the implementation process via involvement in smaller focus groups.

The full project report is due in September 2018; it should provide useful insights into the value, need and usefulness of the resource for patients, families and healthcare professionals with the necessary next steps to move to statewide availability.

**My Cancer
Care Record** 

Community ambassador program

The Community Ambassador program, initiated by our Consumer Reference Group, provides the *Coping with Cancer: what to know and where to get help* presentation to community groups.

The ambassador, a person with lived experience of cancer, draws on examples from their experiences as well as factual details, to inform members of the general public about the sorts of information and support that may be helpful to them if they are diagnosed or living with cancer, or to assist them if they are supporting someone with cancer.

To date NEMICS has conducted 27 presentations to over 1200 people.

In 2017, Anna Mascitti, our consumer engagement lead mentored three other integrated cancer services – Gippsland, Hume and Grampians to commence similar programs within their local communities. It has been pleasing to see such a collaborative response to this initiative.

A filmed recording of the presentation is on the NEMICS website for training purposes.



Ray Kelly

High quality cancer care

Optimal cancer care pathways

The nationally endorsed optimal cancer care pathways describe the ideal cancer care for specific tumour types. They map the patient journey, aiming to foster an understanding of the whole pathway and its distinct components to promote quality cancer care and patient experiences. The pathways are available in a detailed clinical version with a quick-reference guide and consumer versions available in plain English and six other languages.

The optimal cancer care pathways (OCP) outline key principles for evidence-based and best-practice care at key points along the patient journey and provide a framework to assess and improve cancer care throughout the health system. Care in-line with the OCPs is a key aim of the Victorian Cancer Plan 2016-20. Linked with the Victorian Tumour Summits program, the ICSs have a rolling program of work to address unwarranted variations in care. Commencing with lung and colorectal cancers in 2016-17, the statewide focus incorporated prostate and oesophagogastric in 2017-18, with preparations for pancreas and head & neck to commence for 2018-19.

The ICSs in collaboration with the Primary Health Networks are driving activities that support care in line with the OCPs in both primary care and hospitals.

In collaboration with Eastern PHN, educational webinars and videos were produced for lung, colorectal and prostate cancer.

Lung cancer

Improving the timeliness of care for new lung cancer patients, in particular from receipt of referral to first specialist appointment, confirmation of diagnosis, treatment plan and commencement of treatment has been the focus of work across the region.

Service redesign projects were undertaken at Eastern Health, Austin Health and Northern Health over 2016-18. Projects are in varying stages of completion with final reports due for Austin Health and Northern Health in the coming months. Eastern Health completed their project in 2017.

Table 2 Time to treatment intervals

Target	Austin	Eastern	Northern
Referral to FSA < 14 days	56%*	96%	87%
FSA to diagnosis < 14 days	56%*	72%*	40%*
Referral to first treatment < 42 days	25%*	67%	23%*
Newly diagnosed discussed at MDM	56%*	72%	100%

* preliminary figures only

Some of the solutions implemented through the redesign projects include:

- development of referral guidelines and lung cancer Health Pathway for GPs
- establishing a centralised electronic referral system and triage process
- multidisciplinary rapid access lung lesion clinics established
- identification and triage of urgent diagnostic test requests
- formalised referral pathway to external tests
- documented model of care that ensures all cases are presented at MDM
- co-ordination of clinic referrals and on-going patient care at the MDM
- introduction of a dedicated lung cancer nurse coordinator
- improved information/education and access to wellness programs for patients
- development of an electronic dashboard system to monitor timeliness of care.

All three NEMICS health services have plans in place to monitor care and measure improvement into the future.

Oesophagogastric cancer

Optimal care pathway implementation is being undertaken in conjunction with the statewide oesophagogastric cancer redesign program as both Austin Health and Eastern Health received grants. Northern Health, a smaller service and is working directly with NEMICS to achieve similar project aims.

The projects are working toward two primary objectives:

1. That 85% of all newly diagnosed oesophagogastric cancers will have documented evidence of multidisciplinary team meeting recommendations by end of 2018 and 100% by 2020.
2. Align time from receipt of referral to commencement of treatment for patients with oesophagogastric cancer to within the 42 days recommended in the optimal care pathway.

Local data from the oesophagogastric cancer audit undertaken in the second half of 2017 showed:

Figure 2 Number presented to oesophagogastric MDM

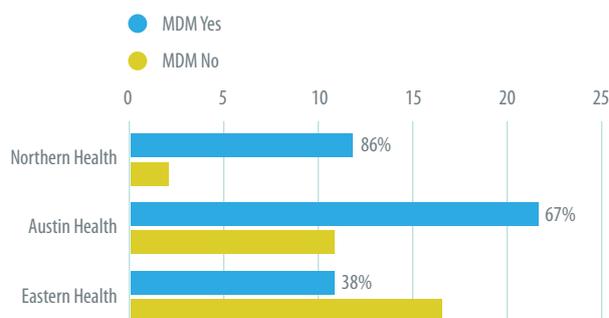


Table 3 Referral to treatment intervals for oesophagogastric cancer

Health Service	Number in analysis	Range (days)	Mean (days)	Median (days)	% treatment ≤ 42 days
Eastern Health (15)	12	1 to 104	35	27	83.3%
Austin Health (20)	15	18 to 375	80	37	53.3%
Northern Health (7)	5	18 to 182	72	41	40%

Those who did not receive treatment or who had referral or treatment dates missing are excluded.

Projects are due for completion in March 2019.

Prostate cancer

Prostate cancer has a high survival rate. The focus areas for prostate cancer include increasing multidisciplinary treatment planning and improving quality of life after treatment. Key activities include:

- New processes to ensure all newly diagnosed men have their treatment planned by the multidisciplinary team. Early results show a 103% increase in presentations at Austin and 40% increase at Eastern uro-oncology multidisciplinary meetings (MDM). Northern Health continues to discuss 93% of all newly diagnosed prostate patients at MDM.
- Implementation of new, and refinement of, existing GP letters sent after each MDM discussion, to promote coordinated care between the acute and primary health clinicians.
- Partnering with Cancer Council Victoria to deliver Living with Prostate Cancer education sessions for people affected by prostate cancer; covering topics such as treatments, continence, erectile dysfunction, sexuality and relationships, exercise and diet.
- Education for staff at each health service to support patients and partners with concerns related to sex and intimacy.
- Visiting local prostate cancer support groups to raise awareness of the optimal care pathways and empower patients and families to be better informed about their condition, actively participate in their cancer pathway, and encourage dialogue with treating clinicians.



Colorectal cancer

Delays with starting adjuvant chemotherapy after surgery were identified at the 2018 Colorectal Summit reprise. The medical records for all patients with stage III colon cancer diagnosed in 2016–17 were audited for details of this aspect of their cancer care.

All patients had the possibility of chemotherapy mentioned in their medical notes. For some patients, the benefits of additional cancer treatment were outweighed by expected toxicities. There were no concerns about patients having access to appropriate protocols of treatment.

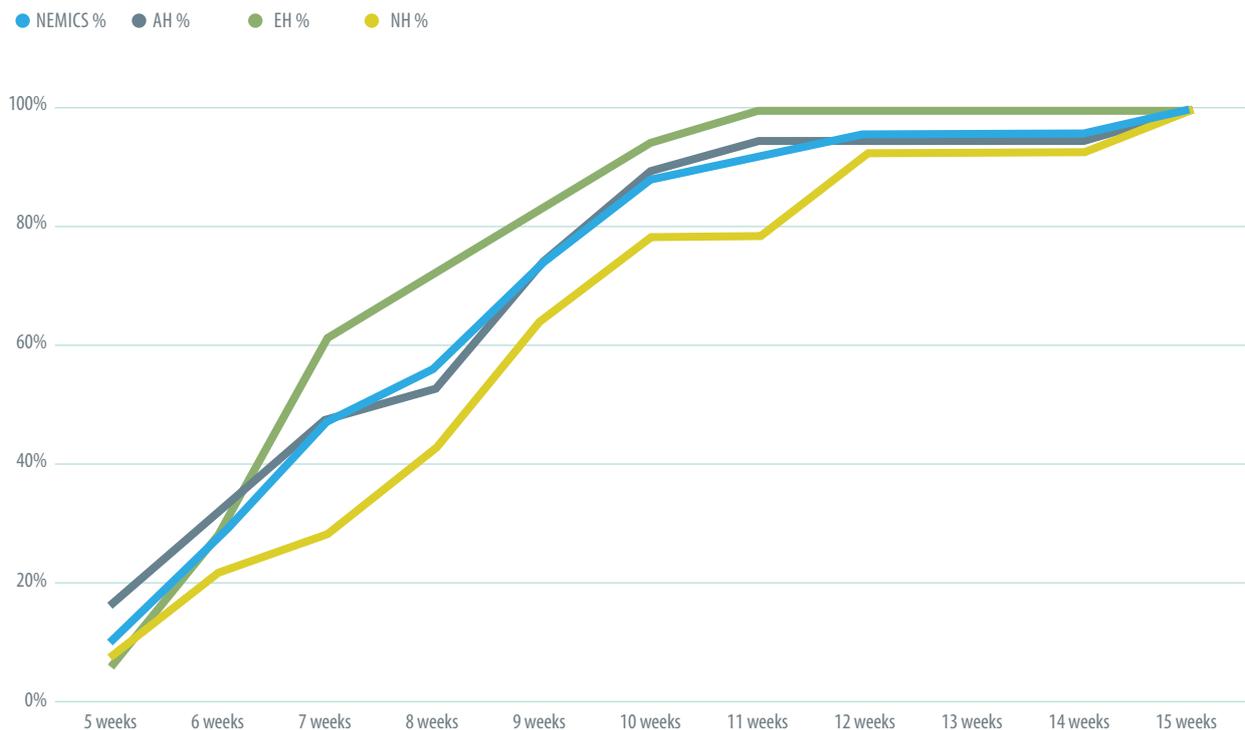
As can be seen in the graph below, most patients received treatment within a 12-week period. Further analysis and discussions with clinical staff are ongoing to identify opportunities for improving the proportion starting treatment within the ideal eight weeks.

Pancreatic cancer

Following the pancreatic summit in 2017, NEMICS embarked upon a pre-implementation consultation with health service clinicians to further disseminate the Summit priorities and begin a dialogue for optimising pancreatic cancer care in the region. Pre-implementation activities included meetings with Summit clinical working party members, briefings to local multidisciplinary teams and gathering locally relevant feedback and recommendations from clinicians.

Work to support care in line with the *Optimal care pathway for people with pancreatic cancer* is set to begin in November 2018.

Figure 3 Time to commencement of adjuvant treatment for stage III colon cancer.



Source: VAED 2016–17 and medical record audit

Victorian cancer performance monitoring framework

Data on cancer care performance and outcomes is now available showing NEMICS region and NEMICS health service results for measures included in the framework.

An event to foster improved understanding and collaborative engagement with the newly available data was hosted by the Department of Health and Human Services. The NEMICS presentation included areas of excellent performance, such as an 89% result for proportion of colorectal cancer surgery patients who have 12 or more lymph nodes examined, as well as opportunities for improvement. Also highlighted was the importance of communicating key messages arising from the reports to the appropriate people in our health services.

Multidisciplinary care

Multidisciplinary care is a key component of best practice cancer care, encompassing a collaborative, group decision-making approach to treatment planning. Multidisciplinary meetings (MDM) are a central tenet of multidisciplinary cancer care articulated within the nationally endorsed optimal cancer care pathways. MDM activity levels and quality are monitored by the Department of Health and Human Services and the ICSS.

There are 33 multidisciplinary teams across NEMICS that meet regularly, with 1,165 meeting occasions. This averages to more than 22 meetings every week. All meetings are now recorded using an electronic database.

33 Multidisciplinary teams, including a new lung MDM at Northern Health

1,165 Meeting occasions

12,419 Patient discussions

5,075 MDM outcomes sent to patient's GP

Figure 4 Multidisciplinary treatment plan in the patient record

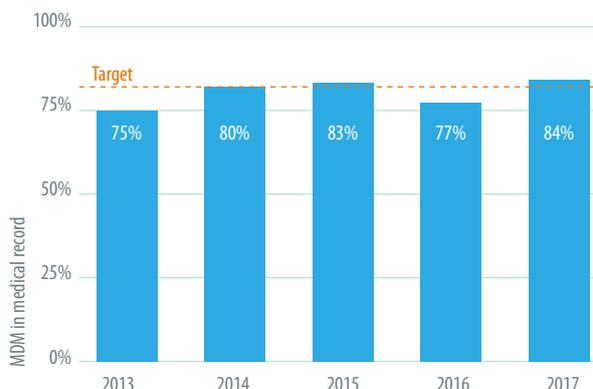


Figure 5 Evidence of staging in the multidisciplinary treatment plan



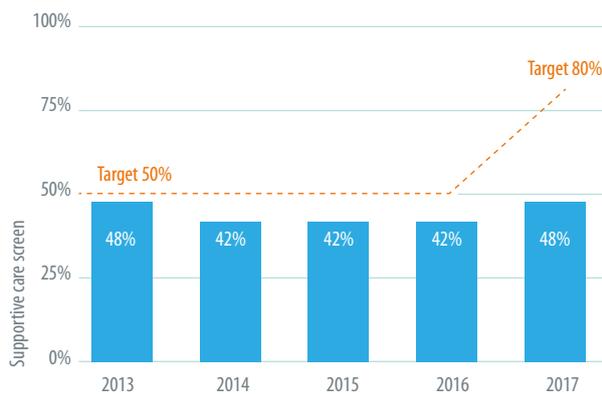
Supportive care

Our health services began systematically identifying and managing the supportive care needs of cancer patients in 2010. This process provides an opportunity for patients to report on what concerns are troubling them most during cancer treatment and to be provided with information and support to assist them to manage these concerns and recover. Supportive care includes the need for information and physical, emotional, social and spiritual responses to a diagnosis and treatment for cancer. All members of the multidisciplinary team provide supportive care for patients at NEMICS health services.



The proportion of patients who undertake a screen to document their supportive care needs has been monitored since 2008. The Department of Health and Human Services target has been lifted from 50% to 80% for 2017.

Figure 6 Evidence of screening for supportive care needs in the patient record



Communication skills

Integral to good supportive care is a cancer workforce that is highly skilled in focusing on what is important to the person with cancer and able to have effective conversations. These staff assist with distressing supportive care problems/needs like anxiety, pain and fatigue. Approaches include; supporting self-management, providing effective triage and referral in response to identified problems, and managing personal impacts of providing supportive care for people with cancer and their families.

NEMICS funds a program of regionally based, communication-skills workshops in partnership with Cancer Council Victoria to support key health professionals to perform supportive care mentoring and debriefing roles. The workshops are open to staff from the public and private hospitals within the region.

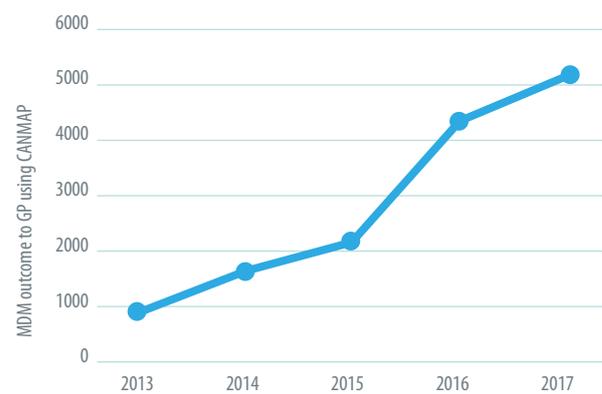
VCCCP workshops

- Eliciting and Responding to Emotional Cues
- Transition to Palliative Care
- Discussing Death and Dying
- Discussing Sexuality

Care coordination

Good information flow between cancer services and treatment types underpins good coordination of care. Promoting information about a person's cancer diagnosis and treatment to their GP remains the focus of coordination activities.

Figure 7 Evidence of communication of the treatment plan to a patient's GP



A research informed cancer system

A range of grants are offered to support local projects to improve cancer care.

Service improvement projects

Service improvement projects include both quality improvement and scoping projects. Scoping projects involve local review of patient groups to identify gaps that need to be addressed. Quality improvement projects aim to implement and evaluate a change to improve patient experience or outcomes.

Oral chemotherapy service improvement project

Shaun O'Conner – Eastern Health

This project aimed to design and evaluate an education program tailored to patients receiving oral chemotherapy/targeted therapy at Eastern Health. Following a literature review, gap analysis and scoping of the patient population, the Eastern Health parenteral chemotherapy education program was modified to meet the needs of patients treated with oral Capecitabine, the most common oral chemotherapy agent used at Eastern Health. Barriers to evaluation of the education program included lower than expected recruitment of patients who were distributed across multiple tumour streams, making targeting the population within limited resources difficult. Recommendations from this project include investigation of a referral based oral chemotherapy education program and a multi-site approach to increase recruitment opportunities.

Implementation of a hospital-wide manual of care for patients with laryngectomy

Rhonda Holmes – Austin Health

Patients who have undergone a laryngectomy are a high-risk group due to the removal of their upper airway and creation of a permanent tracheostoma. They require specialist multidisciplinary care and very specific resuscitation practices due to their altered anatomy. To improve safety and minimise adverse events in patients with laryngectomy across Austin Health, an evidence based, multidisciplinary laryngectomy manual was developed. The manual includes a comprehensive package of clinical policies and guidelines and is complemented by a suite of education modules and videos for clinical staff involved in the care of patients

with laryngectomy. Patient feedback about the initiative included feeling more empowered by the ability to refer clinical staff to appropriate standards of care, and feeling that the hospital interfaces will be safer as a result.

Feasibility of an acute oncology rehabilitation program

Amy Dennett – Eastern Health

There is increasing research to support rehabilitation during cancer treatment to help reduce treatment side effects and prevent functional loss. The aim of this scoping project was to identify referral patterns to an existing oncology rehabilitation program and feasibility of establishing a program within an acute service at Eastern Health. Investigation found that rehabilitation during treatment was a widely accepted concept by both patients and clinicians. However, it was recognised that patients can often feel overwhelmed at diagnosis and therefore, programs would need to be flexible and individualised. A gap in clinician and patient knowledge about rehabilitation was discovered, highlighting a need for clinician education, improving patient information provision and initiating conversations with patients about rehabilitation soon after diagnosis. Other recommendations include increasing the uptake of existing rehabilitation services such as community rehabilitation for patients at greater risk of deterioration during treatment, increased access to physiotherapists/exercise physiologists in day oncology and establishing an on-site rehabilitation program where patients receive treatment.

The following projects are current but not yet completed.

Physiotherapy Breast Cancer Education and Exercise Program (BEEP) – in the outpatient setting

Kristen Capron – Austin Health

Identifying the unmet supportive care needs of people undergoing radiotherapy for head and neck cancer

Michelle Cimoli – Austin Health

Northern Health Symptom and Urgent Review Clinic (SURC)

Michael Cooney – Northern Health

A pilot program of supervised exercise for patients undergoing chemotherapy treatment for colorectal cancer and multiple myeloma

Natalie Craven – Northern Health

Development and implementation of a breast cancer survivorship care plan at Eastern Health

Bianca Devitt – Eastern Health

Eastern Health breast cancer service redesign project to improve efficiency and the timeliness of care

Bianca Devitt – Eastern Health

A patient guide to radiation therapy and wellness at the ONJ cancer centre

Naina Dhana – Austin Health

Feasibility of a tailored survivorship program for patients with haematological malignancies within NEMICS

Priscilla Gates –Austin Health

The SUBLIME study: a pilot study of Self-administered sUbcutaneous Bortezomib for patients with Systemic AL Amyloidosis or Multiple Myeloma in the Home

Simon Gibbs –Eastern Health

Assessment of T-cell CD4 lymphocyte count to guide pneumocystitis jirovecii prophylaxis post autologous stem cell transplant, lymphoma and myeloma

Andrew Grigg –Austin Health

Pre-treatment patient education: Establishing a shared understanding of best practice

Angela Mellerick – Austin Health

Helping brain cancer survivors return to 'life as usual'

Penny Smith –Austin Health

Defining a model of care and potential use for cancer rehabilitation services at Austin Health

Niall Tebbutt –Austin Health

Opioid prescribing in patients with cancer - evaluating current prescribing and practice changes following targeted education strategies

Belinda Yeo – Austin Health

Volunteer services model development within Cancer Services Units at Eastern Health

Bernadette Zappa – Eastern Health

Group professional development grants

Group professional development grants aim to facilitate development of the oncology workforce to improve cancer care and encourage innovation in areas where health services have identified the need to improve cancer care.

The following group professional development projects are current but not yet completed.

Building capacity of oncology / haematology nursing staff through rotation through Day Oncology Unit

Mariana Grgat – Northern Health

Training advanced trainee registrars to develop strategies to minimise risk of depression and burnout in the medium and longer term

Shane White – Austin Health

LEAD Study: Lung cancer diagnostic and treatment pathways: A comparison between culturally and linguistically diverse (CALD) and Anglo-Australian patients

The LEAD research project investigated the time taken for lung cancer patients to receive a diagnosis and commence treatment. In Australia, lung cancer kills more people than breast, prostate and ovarian cancer combined. Current evidence shows that people from culturally and linguistically diverse backgrounds (CALD) are especially vulnerable with higher mortality rates than Anglo-Australian patients.

In October 2017, NEMICS began inviting patients with a new diagnosis of lung cancer to take part in this national study. Since then, over 150 patients have been invited to participate. Eligible patients were asked to complete a short questionnaire about the symptoms they experienced and when they first decided to seek help from their GP. The questionnaire also gathered basic demographic, health and health literacy information.

During the recruitment period, around 60 patients chose to complete and return the survey. Encouragingly, the response rate was comparable between CALD and Anglo-Australian patients. Some patients also agreed to allow researchers to contact their GP to gather more information regarding their diagnosis. Patients were also invited to take part in an optional face-to-face interview with a researcher to further explore their experience.

The LEAD study was the result of a grant awarded through the 2015 round of the Priority-driven Collaborative Cancer Research Scheme and was funded by Cancer Council Australia with the assistance of Cancer Australia.

Project findings will be shared with each of the study sites and data will be used to improve early diagnosis and health outcomes for lung cancer patients. The final report will be available in April 2019.

Victorian cancer patient experience survey

Three NEMICS health services have used the *Victorian Cancer Patient Experience Survey*. The Department of Health and Human Services funded health services via the ICSs to undertake the survey with minimum targets of 200 completed surveys for each NEMICS health service.

Patient experience measurement and reporting will ensure that service and quality improvement efforts remain patient focused. Patient experience encompasses the range of interactions that are shaped by our health service's culture that influence patients' perceptions of their care.

Investigating practices in relation to supportive care screening in Victorian health services

Across Victoria, the proportion of cancer patients who are screened for their supportive care needs is 49%. Variation exists between health services and across tumour types.

In late 2017 a survey was undertaken across 21 Victorian health services to identify the prevalence of supportive care screening and subsequent actions such as referral, assessment and outcomes. The survey comprised record audit, patient survey or interview and staff feedback. Overall screening prevalence was 63% in treatment units with a further 21% receiving some discussion about supportive care needs in the absence of a screen. Variation across cancer type, health service and hospital unit exists.

Findings also included:

- good communication and reassessment over time enhanced patient experience
- staff required continuing education in communication and supportive care approaches.





Future directions

Quality standards for cancer MDMs

Supporting the establishment of cancer multidisciplinary meetings (MDM) to confirm diagnosis and plan treatment has been a core priority of the ICSs since their inception. A new framework to assess the quality of MDMs will be released in November 2018. Loddon Mallee Integrated Cancer Service led the development of the standards.

The new standards cover: infrastructure and meeting organisation; leadership and membership; meeting processes and; communication.

Individualised patient information

The optimal care pathways recommend that the individualised information be provided to people with cancer that includes the cancer type, treatment plan and expected outcomes, expected side-effects and self-management strategies.

A suite of co-designed, patient-centred, information tools are being developed to improve clinician communication with cancer patients and empower patients to better communicate and engage with their health professionals during early conversations around diagnosis and treatment planning.

Currently available for colorectal, lung, prostate and oesophagogastric cancer, resources for pancreatic and head & neck cancers and a tool to meet the needs of Indigenous Victorians with cancer are being developed.

Incorporating these into the processes of care across the region will be a focus for 2019.

Financial report

REVENUE

2017–18

	\$
ICS DHHS grant	1,846,157
Other DHHS Grants	45,000
Other revenue	835,134
REVENUE TOTAL	2,726,891

EXPENDITURE

SALARIES AND WAGES

Program Office Salaries	1,093,725
Clinical salaries	214,157
Contract/other agency staff	241,913
Salaries and Wages Subtotal	1,549,795

GENERAL EXPENSES

General Administration	40,092
Capital/asset purchases	-
Equipment < \$2500	4,254
Motor vehicles and travel	1,759
Corporate/management charge by host agency	181,812
Staff training and education	3,140
Conferences and travel	10,081
General Expenses Subtotal	241,138

PROJECT EXPENSES

Consultancy - General	2,635
Summits	59,159
OG Redesign Program	341,309
Lung Redesign	66,600
Victorian Cancer Patient Experience	45,000
Grants Program	62,349
Other projects	55,140
Project Expenses Subtotal	632,192

EXPENDITURE TOTAL	2,423,125
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Balance	303,766
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Committee membership and staff

Governance Committee

Linda Mellors
Sue Shilbury
Siva Sivarajah
David Plunkett
Phil Parente
Andrew Weickhardt
Frances Barnett
David Allen
Shannon Lang
Cherie Cheshire
Naida Lumsden
Patricia Hough
Paul Mitchell
Katherine Simons

Consumer Reference Group

Janine Rossely
Anne Kay
Fay Frazer
Cindy Schultz-Ferguson
Max Shub
Ray Kelly
Pat Jankus
James Armstrong
Rhonda Richards
Sam Kershaw

Staff

Nadia Ayres
Hugh Burch
Cathie Corrick

Megan Dendle

Lena Elkman

Paula Howell

Rebecca Miller

Paul Mitchell

Anna Mascitti

Mirela Matthews

Claire Porter

Melissa Shand

Katherine Simons

Amy Sercombe

Luellen Thek

Carmel Vermeltfoort

Alex Viner

Janiece Williams



NEMICS team



NEMICS Program Office
c/o Austin Health
145 Studley Road
Heidelberg Victoria 3084
Telephone (03) 9496 3322
Facsimile (03) 9496 3898

www.nemics.org.au

