



WORKING TOWARDS BEST CANCER CARE

Newsletter Autumn 2008



## Message from Chair of Reference Group

At the end of 2007 the reference group warmly welcomed me as its chair. The reference group's most important role is that of being the conduit for information from the tumour streams to the executive and, just as importantly, the other way around. I believe that the group has started achieving some of its goals.

Issues that the reference group has worked on are all aimed at improving quality of patient care. There have been some difficulties in the granting of ethics committee approvals, mainly because the nature of the studies challenges inter-hospital boundaries. The executive has fully supported the reference group recommending streamlining ethics applications for NEMICS projects. In addition, the group had concerns about the accuracy and value of data that was being provided to NEMICS. Improved resources to ensure that the data on which we are basing our projects, aimed at improving the patient management pathway, has been provided.

As a hospital based clinician it is sometimes easy to forget the wider picture of total cancer care. The reference group has a broad base and input from the wider community of the cancer world. Representation from allied health, general practice and our consumers has been most valuable.

I believe that the dissemination of the information has been an important start to making improvements to the quality of patient care, which is of course the aim of NEMICS.

It is clear that the concept of integrated care is here to stay in our health system; I am pleased to report that the reference group endorses this policy and continues to work to support and facilitate the integration and coordination of cancer services across the ten tumour streams for the north eastern metropolitan region of Melbourne. I look forward to the challenges of my role and will welcome an opportunity to provide you with an update in future.

*A/Prof Andrew Smith*

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*The purpose of NEMICS is to facilitate access to best practice cancer care for our population, to achieve better outcomes for all patients*

## Professional Development Grants

In 2007 we had two PD grant recipients: Karen Byrne, the Cancer Support Nurse at Austin Health and Lesley Turner, NUM of Day Oncology at Box Hill. Both Lesley and Karen presented their Tumour Group project work at conferences; COSA and Glioma 2007. This is a short article Karen wrote following her conference attendance in Sydney.

"I was given an opportunity to present a paper about my project titled: Patient held treatment summary booklet for primary brain tumours – a pilot study. This presentation included an overview of the development, implementation and evaluation of the project.

The conference, held bi-annually, was attended by a range of multidisciplinary health professionals. In addition to presentation of recent advances in the treatment of Glioma, the soon-to-be-launched 'National Glioma Guidelines', were presented for discussion.

On a personal note, this grant provided a great opportunity for me to network with colleagues about the specific needs of this patient group in relation to information provision and psychosocial research.

I wish to acknowledge that the invaluable guidance and support provided by the CNS Tumour Group members and the NEMICS Directorate team has enabled this quality improvement project to come to fruition and to be showcased at both a local and national level."

*Karen Byrne 2007*



## Consumer Participation

In recognition of the importance of consumer participation in health care and in line with DHS policy, the NEMICS directorate is currently working on the further development and documentation of its consumer participation plan. In the development of this plan, there are three main areas of focus:

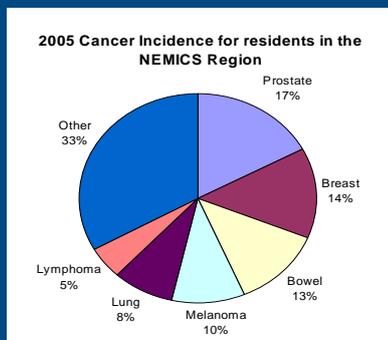
- to develop a consumer participation plan that is effective and sustainable
- to increase the opportunities for consumer participation within the work of NEMICS
- to support consumers to participate effectively.

NEMICS currently has a number of existing consumers who contribute to the work of NEMICS through tumour group participation and by providing

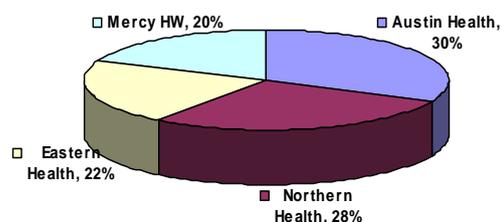
consumer views and experiences at a management level. These consumers are currently contributing to the development of our plan through participation in workshops, and by contributing to and reviewing documentation developed.

The NEMICS directorate staff have also attended the metropolitan consumer focus groups conducted as part of the CanNET Victoria consumer participation strategy. By attending these focus groups and obtaining first hand knowledge of the experiences of cancer patients, their carers and family members, and by exploring with them their suggestions for service improvement, we will develop a consumer participation plan that addresses the areas outlined above.

### Cancer Demographics in the Region



### Forecast increase in number of persons aged 75 plus by 2016



*Key components of NEMICS framework include: enhanced linkages with quality & safety units and quality systems within health services, increased consumer participation in all NEMICS activities and the effective use of data to inform clinical practice*



*Phillip Bain (CEO, Northern Division of General Practice) and Anna Mascitti (Acute and Primary Care, Service Improvement Facilitator)*

## Multidisciplinary Care Enhancement

Ensuring all people with cancer have access to multidisciplinary care is a key priority of the integrated cancer services. Multidisciplinary team meetings (MDM) enable clinicians involved in a person's care to discuss all aspects of their treatment, physical and supportive care needs. MDMs are a key component of planning appropriate and effective treatment and care.

Within NEMICS, two recently established MDMs in the upper gastrointestinal (UGI) tumour stream were reviewed using the audit tool provided in the DHS' multidisciplinary care toolkit. The audit assessed progress towards: attendance by an appropriate core team, presentation of all eligible patients, availability of all information relevant to the case discussion, recording and communicating the recommendations of the meeting.

### Results

- Core team membership included all relevant disciplines with the option to invite other specialists as required. Attendance rates are high – greater than 80% for the core team.
- Availability of information – scans, x-rays and test results – for each case being presented varied between the two meetings, reflecting the level of administrative support available to collate the information.
- Developing a consistent approach to recording meeting recommendations and communicating them to the patients' GP are areas for improvement.
- Determining all eligible cases for presentation at the meeting – capture rate – proved difficult due to the lack of reliable data, however comparison of a number of data sources suggests increasing referral to the meetings.

## Primary Care

In June 2007, Anna Mascitti was appointed to the acute primary care service improvement facilitator role. The aim is to extend the cancer clinical network within NEMICS to be more inclusive of the primary care sector.

The first phase of the project included meeting with key personnel in the NEMICS primary care area. This involved individual interviews, attendance at GP liaison unit meetings within health services and participation in GP division education activities. Links have been established with the general practice program at The Cancer Council Victoria and with General Practice Divisions Victoria.

These consultations identified the priorities of the primary care area in relation to optimal cancer care, and informed the development of the NEMICS acute primary care project plan 2008-2010.

### Aims of the Acute Primary Care plan

- To ensure that GPs are considered as integral members of multidisciplinary cancer care teams.
- To ensure that GPs and practice nurses have increased awareness of and refer to, evidence based practice guidelines and care pathways for cancer patients.
- Prostate Cancer – to improve the management and support that GPs provide to patients throughout the continuum of care and enable better communication between GPs, patients/carers, and acute health services.
- To develop collaborative relationships with GP liaison units and GP divisions within NEMICS.

## Craigieburn Health Service

Northern Health day oncology units open at

### The Northern Hospital and Craigieburn Health Service

On March 6<sup>th</sup> 2008 Craigieburn Health Service (CHS) opened its new Day Oncology Service. The opening of the Craigieburn service closely follows the lead set by the Day Oncology service at The Northern Hospital which commenced treating patients in May 2007.

The new Craigieburn service has close links with The Northern Hospital and provides improved access to oncology treatment for patients across the northern region, particularly in the Craigieburn and Hume areas.

The opening of The Northern Hospital unit was a vital link in improving cancer services which is now augmented and supported by the Craigieburn service. Patients can now be treated closer to home. More than 2000 patients each year are expected to benefit from the new services.

The Northern Hospital service is operating five days a week, with the new service at Craigieburn currently treating patients on one day a week. There is capacity to meet increased demand into the future.

The local community played a crucial role in getting both services up and running. These services would not have eventuated had it not been for the support of a number of community groups.

Liz Beattie, the State Member for Euroke, and the community consultative group were instrumental in establishing Craigieburn Health Service.



*Opening Day Oncology TNH July 2007  
(L-R) Bev Carmen (CANDO), Fran Bailey MHR, Consumers Lianne Glennon, Darlene Papadinkas, Kay Gill*



*Day Oncology TNH*



*CHS Day Oncology Sandy Hewish (Nurse Specialist) and Patricia Riemann on opening day in March 2008*



*The Northern Hospital Day oncology staff  
(L-R) Hilary Birthisel, Sandy Hewish, Sandra Wilson, Rajani Iywan and Unit Manager, Jeanne Potts (seated)*

The CANDO group under the leadership of Bev Carmen raised over \$200 000 to support the establishment of The Northern Hospital service. The Federal Member for McEwen, Fran Bailey and both the previous Federal and current State Governments have all made significant contributions. Other groups and individuals such as Josie Minniti have also provided invaluable fundraising support.

Northern Health is a member health service of NEMICS. The commencement of both day oncology services was supported by NEMICS in a number of ways. This included support for education programs focused on development of skills in cancer care nursing, and project support.

A medical ward focused on caring for oncology patients has been opened to augment Northern Health's Day Oncology services.



*The newest Northern Health site at Craigieburn*



*CHS Day Oncology Staff (L-R): Sandi May (CanNET Project Officer), Adrienne Cavini (Social Work), Sandy Hewish (Clinical Nurse Specialist), Clare Pudney (Speech Pathologist), Gillian Dickman (Site Manager, NEMICS reference group member), Clare Poker (Nurse Manager)*

### *Passionate about improving services for people with cancer? Identified gaps in service you want to address?*

We are looking for health professionals and consumers to join the existing tumour groups and take the opportunity to drive improvements in the area of multidisciplinary care, care coordination, supportive care and reduction in variation in practice.

Your expertise, whether as a clinician or a consumer, will make a valued contribution to the work of the group which includes providing advice on cancer services and interventions, research issues and response to service planning. Find out more about tumour groups at [www.nemics.org.au](http://www.nemics.org.au)

## Projects Undertaken

### Colorectal Tumour Group

In 2007 the Colorectal Tumour Group embarked upon a project to review and map written information given to colorectal patients across NEMICS.

**Results:** a total of 193 items of information were collected and reviewed using a standardized tool (C-H-i-Q). Over half, 106 (55%) items were externally published and the remaining 87 (45%) were in-house publications. 80% of items were available in English only.

**Conclusion:** this study was the first step in highlighting gaps in patient information provision across NEMICS. Eleven recommendations arose from the findings including the need to develop minimum standards for information provision to consumers with colorectal cancer.

This project was presented as a poster at 2007 COSA conference by Lesley Turner (Colorectal Tumour Group leader).

For more details please contact:  
[Lesley.Turner@easternhealth.org.au](mailto:Lesley.Turner@easternhealth.org.au)

**Mapping Colorectal Information across the North Eastern Metropolitan Integrated Cancer Service**

**Background:**

- The Colorectal Cancer Group within North Eastern Metropolitan Integrated Cancer Services (NEMICS) has been tasked to undertake a review of written information given to patients diagnosed with this cancer group (colorectal cancer) across the region.
- Information was collected from general practitioners (GPs), community nurses, specialist nurses, dietitians, and other health professionals.
- Information was collected from the patient management system (PMS) for the colorectal cancer service (colorectal cancer PMS) (2007).
- The project aims to provide a comprehensive and up-to-date review, and was developed to map written information given to patients across the region during the treatment pathway (as outlined in the PMS).

**Objectives:**

- Identify gaps in written information provided along the treatment pathway from the point of diagnosis to the end of the case.
- Assess the quality of the information.
- Assess the nature of written, high-quality information to inform consumer cancer patients across NEMICS sites.
- Recommend strategies to improve delivery of information to patients with colorectal cancer.

**Methodology:**

- Site professional interviews were conducted with 41 health professionals across 20 healthcare sites from a health region, including The Cancer Council Victoria.
- Review of written information provided to patients across a range of written, including electronic, written and audio-visual information was undertaken from general practitioners, specialist nurses, dietitians, and other health professionals.
- Information was collected from the patient management system (PMS) for the colorectal cancer service (colorectal cancer PMS) (2007).
- The final data was used to identify the range of written information provided to patients, the written information provided to patients, and the nature of written, high-quality information provided. The final data was used to identify the range of written information provided to patients, the written information provided to patients, and the nature of written, high-quality information provided.

**Findings:**

- 20% of written information was available in English only.
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**Conclusions:**

Written information was given from the following: The Colorectal Cancer Group identified the following three recommendations to the Colorectal Cancer Group:

- Developing consumer satisfaction with information provided along the pathway and their level of need in relation to:

### Haematology Tumour Group

The work of the Haematology Tumour Group led to the commencement of new Lymph Node Diagnostic Clinics (LNDC) at the Austin and Northern hospitals.

The clinics opened for new referrals in January 2008. The clinics provide a direct access service for GPs for the prompt evaluation of patients with enlarged lymph nodes. The clinic model also allows for referral from external and hospital specialists.

Lymphadenopathy is a common problem in general practice and one which can create much anxiety for both patients and doctors. In the majority of cases the cause of lymphadenopathy is benign but it can be a presenting symptom of a number of serious conditions including lymphoma.

The tumour group developed guidelines for the investigation/management of a person presenting to a clinician with lymphadenopathy, to enable the conducting of appropriate tests and timely diagnosis.

The LNDC has streamlined the diagnosis of lymphoma or other associated malignancies and aims to minimise the incidence of unnecessary lymph node biopsies. A defined referral pathway for biopsy has been established.

The simple criteria for referral have been disseminated to community GPs via the Northern and North East Valley Divisions of General Practice and are available on the outpatient clinic websites at both the Austin and Northern Hospitals.

### Upcoming Events:

<b>NEMICS Annual Forum</b>	<b>17 June</b>
Lung Tumour Group	7 May
Haematology Tumour Group	19 May
CNS Tumour Group	26 May
Gynaecology Tumour Group	27 May
Breast Tumour Group	28 May
Colorectal Tumour Group	2 June
Head & Neck Tumour Group	3 June
UGI Tumour Group	11 June
Skin Tumour Group	24 June

### CanNET Victoria forum 9th April 2008!

A videoconference across seven sites enabled a number of clinicians and managers to hear and see Professor Nora Kearney, Director of the Cancer Care Research Centre at the University of Stirling, deliver an informative and thought provoking presentation outlining the successes and challenges experienced in the development of Cancer Clinical Networks in Scotland. A copy of her presentation is available on the NEMICS website.

## Staff Profile

We recently welcomed **Katherine Simons** to the NEMICS Directorate in the new role of Manager Quality and Projects.

Kathy has extensive health service experience and comes most recently from the Victorian Quality Council, where she managed projects in Consumer Leadership, Safety & Quality Education and Economic Assessment for Quality & Safety.



## What's new

- >>2007 NEMICS Annual Report
  - >>Australian Lung Cancer Conference Grant
  - CanNET is offering six grants of \$1000 to clinicians with an interest in lung cancer to attend the conference. Check the eligibility criteria and download the application.
  - >> Cancer Clinical Networks presentation
- All available at [www.nemics.org.au](http://www.nemics.org.au)

