



Annual Report

2007



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LEADERSHIP AND MANAGEMENT

MESSAGE FROM CHAIR AND DIRECTOR OF NEMICS

It gives us great pleasure to present the first NEMICS annual report 2006-2007. Established in early 2005, NEMICS activities expanded again. This year we have seen results emerging from the dedicated work of the Tumour Groups. In the governance area, the Executive has demonstrated their continued commitment to NEMICS, and the Reference Group has become more effective following revision of the membership and functions.

The multidisciplinary (MD) approach underpins best-practice cancer care. The aim is for every new patient to have the opportunity for their case to be discussed by a MD team. Significant progress has been made in establishing new MD meetings as well as enhancing and supporting existing ones. NEMICS has a continued role in assisting with developments in this area.

Videoconferencing facilities are now available at 7 hospital sites across NEMICS, providing audio-visual facilities for standalone or videoconferenced meetings. Travel time and distance are major barriers to good communication, and these facilities will assist linkage across NEMICS and with regional areas.

We have seen the development of effective Tumour Group leadership, enabling the identification of current pathways of care and opportunities for service improvement. Examples of the tumour group projects can be found in this report – many of them works in progress. 2008 will see more of these projects deliver their outcomes.

2006-2007 also saw NEMICS participating in the national CanNET initiative in partnership with our colleagues in Hume RICS. This 2-year national demonstration project is funded by Cancer Australia and will result in the development of clinical networks to support cancer care. The aim is to reduce disparities in access and care for people living in rural and regional areas.

Much of the work of NEMICS to date has been behind the scenes, building the foundations such as, encouraging co-operation between clinicians, supporting MD processes and assisting development of services at hospitals. The goal of best-practice cancer care is a long term objective and will be achieved in many small steps rather than immediate dramatic changes.

Finally, we wish to acknowledge a large number of people who contributed to the development and successes of NEMICS over the last 12 months, especially the consumer representatives who remind us why we are ultimately here – to ensure high quality cancer care for all. To the many clinicians who contributed their time and expertise - without your commitment, we would not have been able to begin the task of improving cancer care in the region.



A/Prof David Allen
Chair of NEMICS



A/Prof Paul Mitchell
Director of NEMICS



ABOUT US

BACKGROUND

Resulting from the Cancer Services Framework for Victoria (2003), eight Integrated Cancer Services (ICS) were formed across Victoria. The North Eastern Metropolitan Integrated Cancer Service (NEMICS) is one of 3 metropolitan and 5 rural Integrated Cancer Services established in 2005. NEMICS is a collaboration of the following health services: Eastern Health, Northern Health, Mercy Hospital for Women and Austin Health. Austin Health acts as the host agency, and it is here that the NEMICS Directorate Team is based. The Directorate staff assist with the implementation of the cancer reform agenda in the North-East.

PURPOSE

THE VISION OF NEMICS IS TO:	NEMICS WILL ACHIEVE THIS BY:
<ul style="list-style-type: none">• Optimise the quality and accessibility of services for people with cancer including their families, partners and carers (service focus)• Achieve the best outcomes for people living with cancer (outcomes focus)• Integrate research with clinical practice for the benefit of people with cancer now and in the future (research focus)	<ul style="list-style-type: none">• Listening to the voice of the consumer• Creating a culture of quality and a readiness for change• Facilitating access to best practice, evidence based services• Driving the philosophy of providing the right care in the right place• Building a workforce that has an appropriate mix and range of specialist and general skills• Creating opportunities to integrate research with clinical practice• Measuring what we do

SERVICE PROFILE

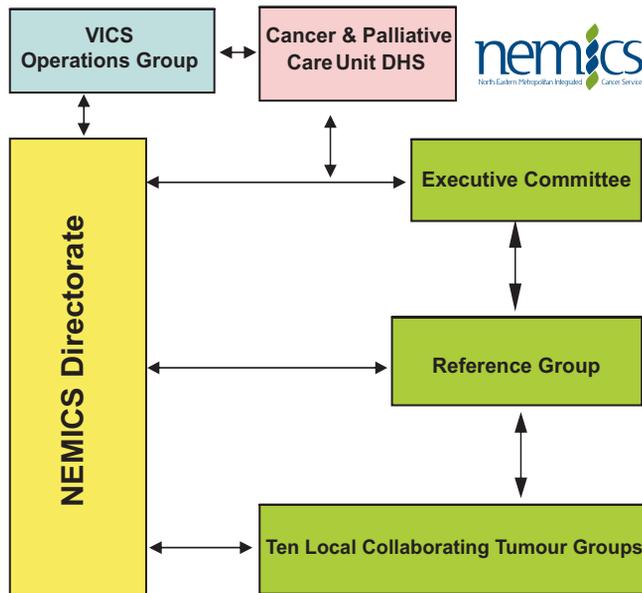
Health services in NEMICS provide cancer care to people from a number of local government areas (LGAs) across metropolitan and rural Victoria. Based on the 2004/2005 hospital data, services were primarily provided to people residing within LGAs in the geographic North Eastern Metropolitan region. These are Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea, Yarra Ranges. A secondary catchment area includes the LGAs of Brimbank, Hume, Latrobe, Mitchell, Monash, Moreland, Murrindindi and Stonnington.

The 2006 population in the geographic North Eastern Metropolitan region was 1.3 million out of the total metropolitan Melbourne population of 3.7 million. Between 2006 and 2016, the Northern Health catchment area is forecast to have the highest level of population growth (10%), followed by Austin Health (8%), Eastern Health (4%) and Mercy Hospital for Women (3.3%). These areas will also experience the highest level of growth in their number of older residents.



NEMICS GOVERNANCE STRUCTURE

OVERVIEW



Governance arrangements have been established to support the administrative, structural and financial arrangements required to establish and operate NEMICS and to implement the Cancer Services Framework. Groups within this structure are representative of the wide range of stakeholders in the cancer reform agenda, including the consumer.

EXECUTIVE COMMITTEE

The Executive Committee provides leadership and vision for NEMICS. The Committee meets quarterly, and is chaired by A/Professor David Allen, Chief Medical Officer, Mercy Hospital for Women.

REFERENCE GROUP

The role of the Reference Groups is to guide, support and facilitate improvements in cancer service delivery within the NEMICS health services. The Group acts in an advisory capacity to NEMICS Executive. Originally constituted as an interim group, the terms of reference and membership were revised following a review at the end of 2006. There is currently a multidisciplinary membership of 18, reflecting the range of cancer stakeholders from hospitals and community. There are 10 tumour group representatives, 2 consumer representatives, and 6 others representing hospital management, allied health, quality, general practice and the community.

The interim chairperson has been A/Professor Paul Mitchell.

CLINICAL LEADERS



Mr Ahmad Aly



Dr Jacquie Chirgwin



Dr Geoff Chong



Mr Gavin Davis



Dr Joe McKendrick



Dr Phillip Parente



A/Prof Andrew Smith



Ms Lesley Turner



Dr Shane White



TUMOUR STREAM DEVELOPMENT

LOCAL COLLABORATING TUMOUR GROUPS

The tumour groups have been developing over the last 2 years. In 2007 the tenth tumour group (skin/melanoma) was established. Each of the groups is multidisciplinary, drawing on health professionals from the NEMICS health services and the community. There is active consumer participation in some groups, which we aim to expand in 2008. In November 2006, a leader was appointed in each of the tumour groups to provide leadership and direction. In 2007, the groups focused on implementation of a cancer quality improvement project. Many of the projects remain works in progress, with some encouraging results beginning to emerge. In many cases, the work conducted in this year will provide a baseline from which further activity in the tumour groups will be generated in 2008.

Tumour Group and Leader	Project
Breast Dr Jacquie Chirgwin	Develop an evidence based pathway for the management of advanced breast cancer (ABC) care in NEMICS health services
CNS Mr Gavin Davis	Develop a patient held treatment summary booklet for brain tumour patients to assist with communication between health professionals throughout treatment
Colorectal Ms Lesley Turner	Identify patient information provided to colorectal patients across NEMICS Health Services
Genito-Urinary Vacant	Identify process to improve patient flow through outpatient clinics Improve communication with primary care about referral and follow up
Gynaecology Mr Tom Manolitsas	Improve access to multidisciplinary case review for all patients with newly diagnosed gynaecological cancers and Improve supportive care for women diagnosed with gynaecological cancer
Haematology Dr Carole Smith (to June 07) Dr Geoff Chong (from July 07)	Minimise delays in diagnosis and initiation of treatment for lymphoma
Head & Neck A/Professor Andrew Smith	First steps in demonstrating best practice in head and neck services - service mapping Enhancement of the multidisciplinary meeting process
Lung Dr Paul Fogarty	Audit of the patient journey after a lung cancer diagnosis at Austin, Eastern and Northern Health
Upper GI Mr Ahmad Aly	Audit of the multidisciplinary team meetings at Eastern and Austin Health, including capture rate of patients to the meeting
Skin (Melanoma) Dr Phillip Parente	Establishment of a Skin (Melanoma) Tumour Group for NEMICS



MULTIDISCIPLINARY CARE

MULTIDISCIPLINARY MEETINGS

A priority of NEMICS is to increase the number of cancer patients whose cases are reviewed at a multidisciplinary meeting. While there are a number of well-established meetings already occurring, the last 18 months have seen the development of several new meetings. These include a Colorectal and an Upper GI meeting at Box Hill Hospital, and a Hepato-biliary and a Colorectal meeting at Austin Hospital.

In 2006-2007, a number of existing multidisciplinary meetings have reviewed the way they run and made some changes in recording or documentation. In mid-2006 the first NEMICS multidisciplinary meeting administration support position commenced at Austin Hospital. This role assists with the organisation and coordination of the meetings, and has proved very valuable. An additional administrative position will shortly be appointed to support the multidisciplinary meetings in Eastern Health.

In 2006, NEMICS held a forum on multidisciplinary care with presentations on establishment of new meetings, data collection, videoconferencing and the consumer perspective.



Pictured:

The multidisciplinary meeting of the gynaecology team at Mercy Hospital for Women.



Pictured above back row from left: Sr Rosemary Duck, Nan Yu, Sam Wong, Nick Mulvany, Kerryn Ireland-Jenkins (seated at microscope), Danny Rischin, Simon Hyde, David Allen, Genevieve Green & Christine Smith. **Front row from left:** Christine Conway, Margaret Lowden, Serene Foo, Andy Garrett & Kokum Jayasinghe.



COMMUNICATION

NEMICS ANNUAL FORUM 2007



Professor Graham Giles

NEMICS held its first annual forum on Wednesday 20 June 2007. Over 60 people attended the evening, representing a wide cross section of interests, from both public and private hospitals, DHS, consumers, educational & research facilities, cancer support organisations, community services and other integrated cancer services.

The invited speaker, Professor Graham Giles (Director, Cancer Epidemiology Centre, Cancer Council Victoria) presented a summary of the latest 5-year cancer survival data, with a focus on the NEMICS region. Other presentations were:



Mr Frank Chen

A Patient Held Record for People with Brain Tumours

Ms Karen Byrne (CNS Tumour Group)

Introducing a New Multidisciplinary Team Meeting

Mr Frank Chen (Head of Colorectal Surgery, Box Hill Hospital & Colorectal Tumour Group)

What are we Doing with Patient Information?

Dr Susan King (Research Fellow, Deakin University & Colorectal Tumour Group)

Consumer Experiences of Public/Private Cancer Care Pathways

Dr Ian Roos (Consumer Representative on NEMICS Reference Group)

NEMICS WEBSITE LAUNCHED



Visit our website to find out more about NEMICS governance and current service improvement initiatives

You can visit NEMICS website on www.nemics.org.au to find out about our service improvement initiatives, events and latest documents. Creating an interactive tool for communicating with all stakeholders was one of our priorities for 2007. The website contains both public and members only areas. A login area for members of NEMICS groups (Executive, Reference, Consumer and Tumour Groups) allows members to:

- check their scheduled meeting dates, times and access venue information
- RSVP to events via an e-mail link
- access project papers and documents specific to their NEMICS group
- contact the NEMICS Directorate.



COMMUNICATIONS TECHNOLOGY

VIDEOCONFERENCING TO SUPPORT MULTIDISCIPLINARY MEETINGS



Videoconferencing facilities to support multidisciplinary cancer case conferencing have been established at seven hospitals - Box Hill, Maroondah, Angliss, Austin, Heidelberg Repatriation, Northern and Mercy Hospital for Women. These state of the art facilities provide the capability to hold standalone or videoconferenced meetings, including transmission of pathology and x-ray images.

CARE COORDINATION

PATHWAYS OF CANCER CARE THAT INVOLVE BOTH PRIVATE AND PUBLIC CANCER SERVICES: THE CONSUMER EXPERIENCE

NEMICS, through the Health Issues Centre, is conducting a consumer-led study to identify patients' perspectives of their care pathways, when those pathways move between public and private cancer care. The aims are to:

- document typical care pathways undertaken by consumers
- establish how the transition between public and private services is experienced by consumers and their families.

The findings will be reported in 2008.



Meeting of the project steering committee

Front L to R: Lily Obradovic (Austin Health), Julie Wills (Peter Mac Box Hill), Maxine Corfield (Warrigal Hospital), Panayiota Romios and Nicola Bruce (Health Issues Centre), Ian Roos (Consumer) **Standing L to R:** Lisa Broom (Project Officer), Chris Scott (Manager, NEMICS)

SUPPORTIVE CARE

COMING IN 2008... SUPPORTIVE CARE SERVICES DIRECTORY



A directory of supportive care services is being developed for clinicians, people with cancer and their carers. The directory will be a searchable, web-based electronic directory, with a paper-based version also available. It will provide a ready means to make referral and find local support services. We are currently seeking feedback from clinicians about the draft of this directory.



INTRODUCING CANNET VICTORIA



A NATIONAL DEMONSTRATION PROGRAM TO DEVELOP CANCER SERVICES NETWORKS IN AUSTRALIA

In 2007, Hume Regional Integrated Cancer Service (Hume RICS) together with NEMICS were nominated as the Victorian demonstration 'site' for a National Demonstration Program known as CanNET (Cancer Services Network National Demonstration Program). The program is funded by Cancer Australia.

The aim is to "improve outcomes and reduce disparities in outcomes for people affected by cancer by providing high quality, clinically effective and coordinated cancer services across Australia". The work conducted will build on existing work that is currently being undertaken within NEMICS and Hume RICS. CanNET Victoria will focus on strengthening local capacity for the delivery of cancer services in the Hume region, and on improving transitions and continuity of care for those who need to travel to metropolitan cancer services for aspects of their treatment. Project Manager, Margaret McKenzie, was appointed in October 2007.

CANCER WORKFORCE DEVELOPMENT ONCOLOGY EDUCATION MENTOR PROGRAM

Towards Best Practice in Oncology Nursing at Point of Care

The program has been enormously successful and has created linkages within and between hospitals. These links are being used to support nurses to provide the best possible care to their patients. It has been very satisfying to adapt the program to now meet the needs of nurses working at the Northern Hospital and beyond.

**Heather Buttigieg,
Project Manager**

This nurse mentoring program was established in response to generalist nurses working in outer metropolitan hospitals, who identified a need to enhance their skills in managing oncology patients in general wards and in the community. Funded under the Australian Government's Mentoring For Regional Hospitals and Cancer Professionals Program in 2006, the program has now been conducted across five Eastern Health sites; Box Hill Hospital, Maroondah Hospital, The Angliss Hospital, Peter James Centre and Healesville Hospital. The program has now moved into a second phase, this time at The Northern Hospital in Epping which has recently opened its oncology service. An outcome of the program is the establishment of a key oncology nurse mentor at each health service site, with participants also acting as mentors for other staff within their work areas. Pre and post training data analysis has shown a significant increase in participants oncology knowledge base since the inception of the program.



FINANCIAL STATEMENT

Financial Report for the year ended 30 June 2007	
Revenue	
Department of Human Services Grant	\$1,504,969
Revenue Total	\$1,504,969
Expenditure	
Salaries and Wages Total (inc. on costs)	\$695,920
Other expenditure	
Tumour Groups and Forums	\$9,434
Project costs (excluding staff costs)	\$78,500
External consultants	\$24,550
Computers & infrastructure	\$20,824
Host agency corporate charges	\$150,496
Videoconferencing equipment	\$367,505
Printing, stationery etc.	14,013
Other Expenses	\$43,898
Other Expenditure Total	\$709,220
Total expenditure	\$1,405,140
Surplus	\$99,829

DIRECTORATE STAFF



Paul Mitchell
Director



Hugh Burch
Northern Health
Service Improvement Facilitator



Margaret McKenzie
CanNET Project
Manager



Melissa Shand
Service Improvement
Facilitator



Graeme Inglis
Supportive Care
Directory Project Officer



Chris Scott
Program Manager



Mandy Byrne
Data Analyst



Anna Mascitti
Acute & Primary Care
Project Officer



Mirela Matthews
Directorate
Project Officer



Jacinta Opie
Project Officer



Jan Townsend
Admin Support



Megan Farquhar
Austin MD
Admin Co-ordinator



Christine Wishart
Website Admin Support

Contributed in 2007 (not pictured)

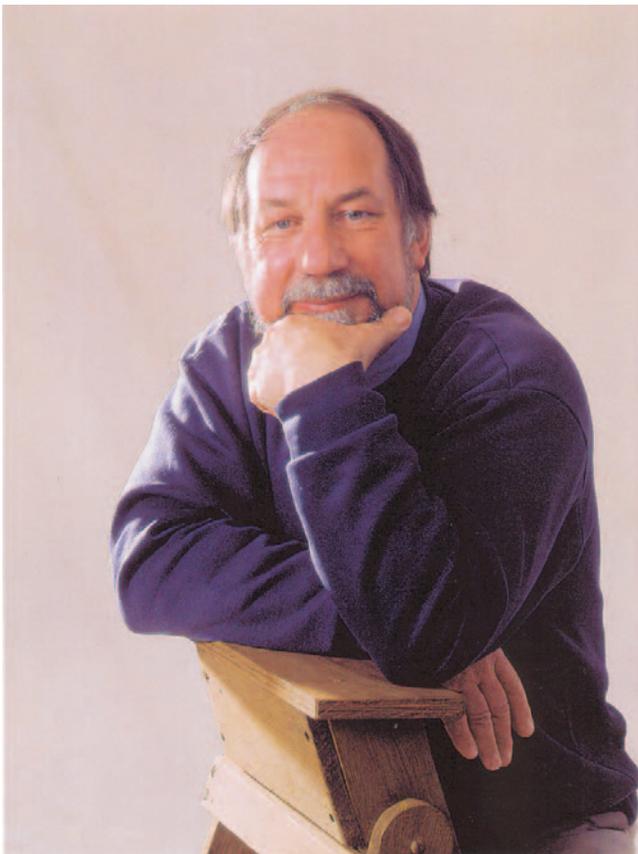
* Ruth Cornish * Jenny Sidwell

* Lisa Broom * Karen Byrne

Many thanks for their dedicated
support of NEMICS.



MESSAGE FROM A CONSUMER



As consumers we want a consumer focussed system, we want change in the way cancer care is experienced by those affected by cancer. Small change can happen quickly, but big change takes time. It is big change that we are about with the Integrated Cancer Services. But, big change is made up of a lot of small changes and as a consumer I can see that there are many small changes that already are making a difference.

Ian Roos, Consumer representative

NEMICS

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