



annual report 2009–2010





nemico

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nemics message from the director

On behalf of our Health Service members throughout the north eastern Melbourne region, we are pleased to present the 2009–2010 Annual Report. This is a summary of our achievements from the year and our aims and strategic directions for the near future.

This year has been one of change and review. The Governance Review was finalised and recommendations brought before the relevant groups. It is exciting to have access to this report, which clearly reflects our achievements and challenges and helps us to shape an improved structure for our future work.

Christine Scott, who has been with NEMICS from its inception, has moved on to new challenges. Chris started the NEMICS directorate from the ground up in 2005. Her energy, skill and strategic vision were the driving forces behind the establishment and development of a level of recognition and respect within the cancer care community for effectiveness and quality. Chris gathered support and colleagues as she worked to create a regional network. We express our gratitude for all the hard work and dedication that Chris has given to cancer reform and wish her well in her new role as Manager of Wellness and Supportive Care at Austin Health.

Davis Allen stepped down from his position as Chair of the Governance Committee. David was the original Chair and for five years has provided the committee with stewardship and independence during the foundation years. His ethos of excellence in

clinical care has influenced the work of the committee throughout his term. We would like to thank David for his leadership and energy he gave to the role.

In June of this year, Alan Lilly, CEO of Eastern Health stepped up as the Governance Committee Chair. We welcome him into the role.

The role of NEMICS Program Manager has been filled by Katherine Simons. Katherine has worked on the directorate staff for the last two years as the Quality and Projects Manager. She has a background in quality management and came to NEMICS from the Victorian Quality Council and Mercy Hospital for Women.

Another change in the Governance Committee is the retirement of our consumer Ian Roos. Ian has made a significant contribution to the cancer reform agenda since 2007 as a strong advocate for the inclusion of consumer perspectives on all cancer reform work. He helped to highlight the sometimes tangled journey through the public and private health systems. His work has not gone unnoticed and we express thanks and good wishes for the future to Ian and his family.

We would like to acknowledge the work of all the consumers, clinicians and directorate staff who have contributed to the work of cancer reform in the region this year. We look forward to the next year with an eager anticipation for the successes and confident that we have the skills and dedication to overcome any challenges.



A/Professor Paul Mitchell



A/Professor David Allen



Christine Scott

governance

Governance Committee

A/Prof David Allen (Chair)

Ms Deborah Cole
– retired Apr 2010

Ms Karen Clark

Dr Brendan Murphy

Prof Chris Hamilton

Ms Rhyl Gould
– retired Jan 2010

Mr Jason Payne
– commenced Feb 2010

Mr Greg Pullen

Ms Marie Glynn

Dr Shane White

Mr Alan Lilly

A/Prof Joe McKendrick

Ms Janet Compton

Ms Lisa Shaw – Stuart

Dr Ian Roos
– retired August 2009

Reference Group

A/Prof Joe McKendrick (Chair)

Dr Jacquie Chirgwin

Mr Andrew Bui

Dr Geoff Chong

Dr Paul Fogarty

Dr Philip Parente
– retired Dec 2009

Mr Ahmad Aly

Ms Helen Longton

Ms Rhyl Gould
– retired Jan 2010

Dr Shane White

Ms Gillian Dickman

Dr Ian Roos
– retired August 2009

Ms Anne Kay

Mr Philip Bain

A/Prof Paul Mitchell

Ms Christine Scott

Ms Katherine Simons



Strategic Planning

The current strategic plan has two broad objectives relating to governance and clinical excellence in cancer care. Steady progress has been made against the plan, and the development of the next plan for 2011–2013 is underway.

The governance groups have continued to work towards networked governance, in particular in relation to meeting the goals of *Victoria's Cancer Action Plan*. Progress towards the key targets within the plan is reported widely through the governance committees and health services. The activities of NEMICS are increasingly becoming reported through individual health service structures.

A range of initiatives such as the NEMICS Supportive Care Directory, the multidisciplinary meeting database and professional development grants have increased awareness of NEMICS and the cancer reform agenda.

Progress continues in the priority outcome areas of:

- Multidisciplinary care
- Supportive care,
- Care coordination
- Reducing unwanted variations in practice.

Governance Review

After four years, and in preparation for the next strategic plan, the Governance Committee commissioned Dr Heather Wellington to undertake a review of their governance structures, processes and outcomes to ensure that they were optimally configured to support progress towards the strategic aims of NEMICS and the goals of the integrated cancer services. The recommendations from the review will inform the development of the next strategic plan.

NEMICS profile

The NEMICS geographic region extends Whittlesea in the north across to the Yarra Ranges in the east. The southern boundary is formed by the areas of Boroondara, Whitehorse and Knox. NEMICS is home to about a third of the population of metropolitan Melbourne.

- In an average year, NEMICS, more than:
- 6000 people were diagnosed with cancer
- 9000 people with cancer had over 37,000 admissions to a public hospitals
- 2,200 people had chemotherapy spread over 15,000 admissions in a public hospital
- In an average week:

staff

Directorate staff

The Directorate team has grown in 2009–2010 with the advent of three new 12 month partnership projects working across two or more ICS. The CanNET Victoria project was extended and moved from a partnership model to a state wide project. NEMICS also supports staff based in the health services to facilitate improvement at a local level.

A/Prof Paul Mitchell – Director

Christine Scott – Manager 2005–2010

Katherine Simons – Quality & Projects Manager

Olive Lee

Mirela Matthews

Anna Mascitti

Melissa Shand

Mandy Byrne

Jan Townsend – retired October 2009

Megan Dendle – commenced February 2010

Health service based staff:

Dean Costantin

Carmel Vermeltfoort

Megan Galea

Hugh Burch

Luellen Thek

Yolanda Ebanks

CanNET project team:

Margaret McKenzie

Sandi May

Partnership project officers:

Nadia Ayres – Grampians referral project

John Lawrence – PET scan project

Northern Health Highlights

- New urology MDM commenced
- Development of an online education package for supportive care screening.
- Expansion of cancer services at Craigieburn:
 - » day oncology now 2 days per week
 - » oncology outpatient clinic
 - » palliative care outpatient clinic
- Medicare billing for Breast MDM implemented
- Consolidated audiovisual links to Austin for lung, upper gastrointestinal and lymphoma MDMs

- 15 cancer multidisciplinary meetings will be held
- 90 people will be presented to the multidisciplinary meeting

Over the past five years, the number of people admitted for cancer treatment has increased by 17% and the overall number of admissions has increased by 23%.

The five year survival rate for cancer in NEMICS is 64%. This means that 64% of people diagnosed with cancer will be alive five years after diagnosis: the best five year survival rate of all the metropolitan and regional ICS.



Consumers

From its inception in 2004, the NEMICS Directorate has been committed to the inclusion of consumers on its tumour stream groups, advisory and governance committees. Four years on, the need for a broader range of views and skills and the issue of succession planning became apparent. A systematic recruitment strategy was undertaken in 2009 to increase the number of consumers available to contribute to service improvement initiatives.

Thirteen new consumers were recruited, with both personal experience of cancer, or as a carer for someone with cancer. A range of opportunities for involvement were offered to enable consumers to participate according to their interest and availability.

Advocacy training was offered in March 2010 and twelve consumers attended. The two day workshop covered a range of topics; *Which hat am I wearing?*, the experience of carers, the key players in the cancer industry, and NEMICS and CanNET consumer projects. The second day focussed on the practical skills for participation, including making the most of committee membership, the principles of advocacy and how to develop an advocacy work plan.



Dr Ian Roos, after four years of commitment to NEMICS as a member of both the Reference Group and the Governance Committee has stepped down from these roles. He continues to participate in the activities of NEMICS through the genito-urinary tumour stream and through Cancer Voices Victoria. NEMICS is grateful for all the support and insight that Ian has unstintingly provided.

Type of Involvement	Involvement Identified
To receive information and newsletters, but no further information	3
To be involved in reviewing project ideas, reports or brochures from home but do not want to attend meetings	10
To be involved in groups that meet occasionally, are time limited, and require consumer input.	12
To be involved in a group that meets on a regular basis, to work on projects to improve care for people with particular types of cancer.	4

Partnership grants

In 2009 the Department of Health offered grants for the ICS to collaborate on areas of common interest. NEMICS is participating in three partnership projects.

PET scan project

Positron emission tomography (PET) provides oncology specialists with an imaging tool for some cancers, revealing and quantifying the biochemical and/or physiological function of a tumour. PET scans are currently recommended for colorectal, head and neck, lung and upper gastro-intestinal tumours. The majority of PET centres in Victoria are in metropolitan Melbourne and people in regional areas need to travel for scans.

This project seeks to:

- improve the availability of the scan images to regional cancer specialists, including surgeons.
- provide a nuclear medicine physician to the gastro-intestinal multidisciplinary meeting in Albury.
- provide education for regional clinicians on the use of PET scans in cancer care.
- improve the information for patients about PET scans.

Rare genito-urinary tumours

This project focuses on supporting the diagnosis and treatment planning for people in the Hume region with renal and testicular cancer by developing an integrated system.

Strategies include:

- linking pathologists to provide routine secondary review.
- the development of synoptic reporting for these tumours.
- linking treating clinicians to a multidisciplinary team.
- further use of a clinicopathological database (ACCORD) and linking to the state-wide research database (BioGRID).

Patient Referral Project

A collaboration between Grampians RICS, NEMICS and WCMICS

Many patients need to travel to the city for parts of their treatment as not all cancer care can be provided in all regional areas. Currently there are no formally agreed processes for the transfer of cancer patients and their clinical treatment plans between hospitals in the Grampians region and the city, for specialised care. The care continuum is often disrupted by the untimely availability of test reports, documentation and service access.

This project aims to improve outcomes for patients by formalising pathways between metropolitan and rural environments and vice versa. The project will provide rural GPs and other clinicians with patient transfer tools, including decision trees, referral/discharge forms and supportive care screening instruments.

A trial of these patient transfer tools will commence in September 2010 for a period of 6 months.

Austin Health Highlights

- Commencement of supportive care screening
- Bone Marrow Transplant coordinator appointed
- Wellness program commenced
- Brain tumour support officer nominated for a Premier's award
- Providing access to specialist MDM for smaller health services:
 - » lung
 - » lymphoma
 - » oesophago-gastric
 - » colorectal



CanNET

Cancer Care Networks
National Demonstration Program

Linking regional and metropolitan
cancer services for better
cancer outcomes

Originally scheduled for completion in June 2009 the CanNET project has been extended, firstly to accommodate changes in the project made as a result of the Black Saturday bushfires and secondly due to receipt of ongoing funding that will see it extended until June 2012. The next phase of this project will be jointly funded by Cancer Australia and the Victorian Government Department of Health.

While planning for a state wide approach in relation to some elements of the CanNET project was being negotiated, staff were working to ensure the sustainability of earlier outcomes. Supporting progress made in consumer participation and the utilisation of online meeting technology for multidisciplinary team linkages have been the focus.

A road show in September 2009 saw the findings of the original project conveyed to other ICS teams and stakeholders across Victoria. Two posters were presented at the annual cancer conference of COSA:

- Lung cancer meetings without leaving the office.
- Using cancer services in the northern metropolitan and Hume regions of Victoria – the experience of hard-to reach-consumers.

A consumer who participated in the early consultations with the CanNET Victoria project gave a moving presentation at the Department of Health *Participate in Health* conference. Opportunities such as this are building the strength and capacity of consumer participation within our network.

Online meeting technology has continued to be used to link remote clinicians to the Lung Cancer MDM at the Austin and a new link has been developed between the Royal Melbourne Hospital and clinicians in the Hume region. Training meeting support staff at NEMICS, Hume RICS and WCMICS has been a successful strategy to ensure the continued use of online meeting technology in regular multidisciplinary team meetings.

Considerable effort has gone into improving the meeting experience for clinicians utilising these links and this has seen regular uptake of the technology for several meetings at the Austin. Consultation with the Centre for Health Innovation on how

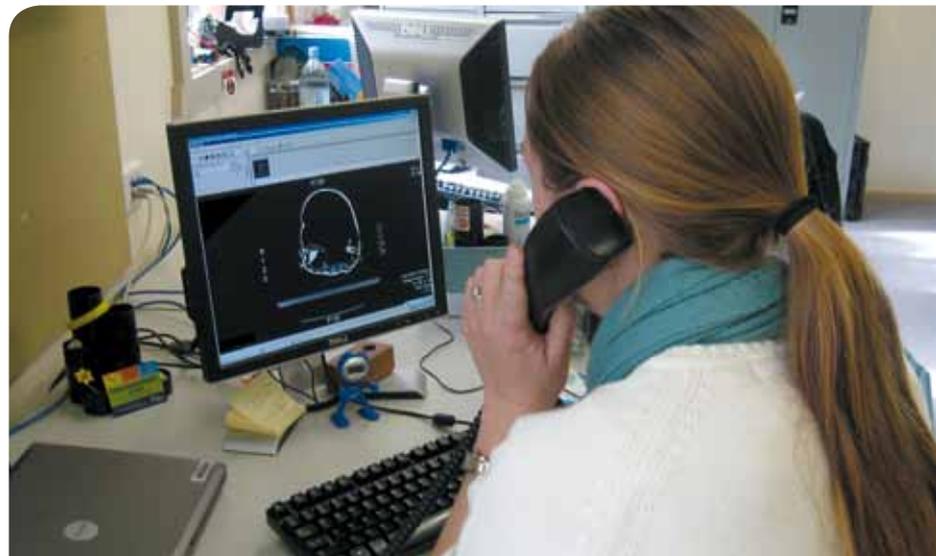
to simplify the process for using WebEx in combination with a number of other applications used in MDMs has led to the appointment of technology integrator to design a more user friendly system.

The second stage of the CanNET Victoria is officially scheduled to commence on the 1 July 2010. Evaluation of the initial project indicated there would be value in sharing the multidisciplinary care resources and tools across other ICS in Victoria and continuing to develop the consumer network to support service planning and improvement activities.

The proposal for the project continuation aims to build on these areas by facilitating the spread and uptake of linkages between metropolitan and regional clinicians across Victoria to support improved outcomes for regional Victorians.

The project will focus on:

- multidisciplinary care
- referral pathways for supportive care
- consumer networks.



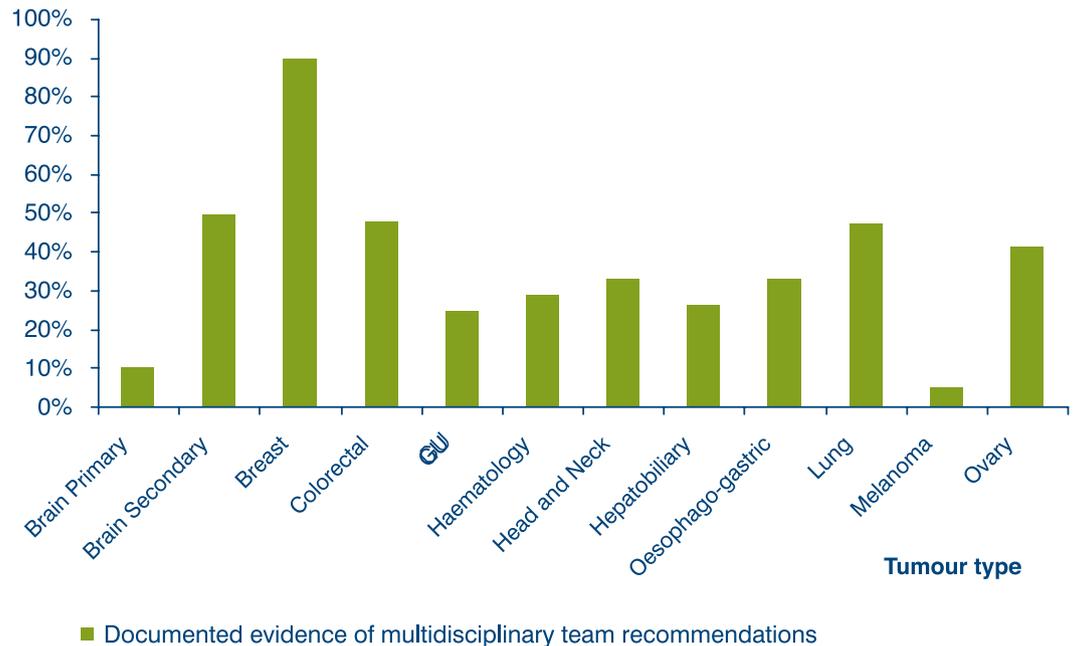


Activity in this area continues to support the development and quality of multidisciplinary meetings (MDM) across the region with the overall aim of increasing the number of patients who have their treatment planned by a multidisciplinary team. Over the last year this has been the major focus of the tumour streams. This includes supporting new meetings and linking clinicians by video-conferencing and online technology into existing MDM.

A key measure of the quality of an MDM is the recording of the discussion and recommended treatment plan. Regular audits are conducted in each of the ten

tumour streams to identify how many patients had their treatment planned through an MDM. This is measured by an audit of patient records. Other audits of MDM show that all patients discussed at an MDM in NEMICS have the recommendations recorded. Across the region the number of MDM for each cancer type vary, depending on how common the cancer is and how complex the treatment is. For example there are four MDMs associated with upper gastrointestinal cancer; two oesophago-gastric, one hepatobiliary and one hepatoma, reflecting the complexity of diagnosis and treatment.

MDM audit 2009–2010



In 2009–2010 the overall proportion of patients presented to an MDM, across all cancer types was 36%, up from 20% in 2008–09. Although the increase is small it represents a significant increase in the actual numbers of patients being presented to an MDM. For example at Eastern Health, the number of patients discussed rose from 1675 in 2008–09 to 1933 in 2009–2010. In some cancer types the proportion of patients discussed is 90%.

In order to improve access to MDM, new meetings or linkages between clinicians and existing meetings are supported.

Four new MDMs have commenced in the region at:

- Northern Health
 - » genitourinary
- Eastern Health
 - » hepatoma
 - » haematology
 - » prostate.

New linkages have been established between:

- Northern Health and Austin Health for colorectal cancer
- Ballarat and Austin Health for lymphoma
- Eastern Health and Monash Medical Centre for gynaecological cancer
- Austin Centre for PET and Albury – gastro-intestinal cancer.

These linkages enable individual clinicians or smaller cancer services to link with an existing MDM in order to present patients for diagnosis and treatment planning, and for metropolitan-based specialists to present on scans and pathology to regional centres.

To streamline the administrative support required for the increasing numbers of meetings and linkages, an administrative database was developed and tested in a number of MDMs and lead towards the development of a minimum dataset for MDM. This work has been incorporated into a web-based commercial product for use across the region that will be implemented next year.

MBS Billing

The Breast MDM at Northern Health successfully implemented the use of the Medicare rebate for participation in cancer multidisciplinary meetings. The revenue raised is used by Northern Health to employ a data manager for the breast unit.



Supportive care strategic framework

Following the release of the Department of Health's supportive care policy *Providing optimal cancer care*, NEMICS developed a supportive care strategic plan for the region. This plan forms the overarching framework for the individual health services in the region to develop their local supportive care plans. A key component of this framework is the development of a local supportive care network for the north east of Melbourne.

Supporting women with gynaecological cancers

In partnership with BreaCan, NEMICS have facilitated two forums for women with gynaecological cancer. *Recipes for Living*, held in September 2009 in Craigieburn and in May 2010 at Ringwood.

The day included:

- Psychological impact of cancer – practical tools to assist with living well following a cancer experience.
- Services to support people affected by gynaecological or breast cancer including what's happening in my local area – services, resources and organisations.
- Creative workshops – art therapy, meditation and dance.

The forums were supported by both Northern Health and Eastern Health for their local areas. Sixty-six women attended.

Grants program

In early 2009, NEMICS offered grants to its health services to implement a model of supportive care that included:

- routine screening for needs
- identification of referral pathways for supportive care services
- education for staff in the use of screening tools and referral pathways.

Three health services in the region commenced their projects in October 2009, with the fourth to commence soon.

A workshop was held to support the project teams in the use of supportive care screening tools and development of appropriate referral pathways and to inform the development of health service based education programs. The NEMICS Supportive Care Service Directory has provided the basis for service identification and referral.

Each health service has implemented screening in a number of areas: in-patient wards, chemotherapy and radiation therapy units; involving a range of staff and patients. Since the projects started, 82 staff have been educated in the use of the screening tool and how to respond to identified needs, and 280 patients have been screened.

Survivorship

Rehabilitation for brain tumour patients

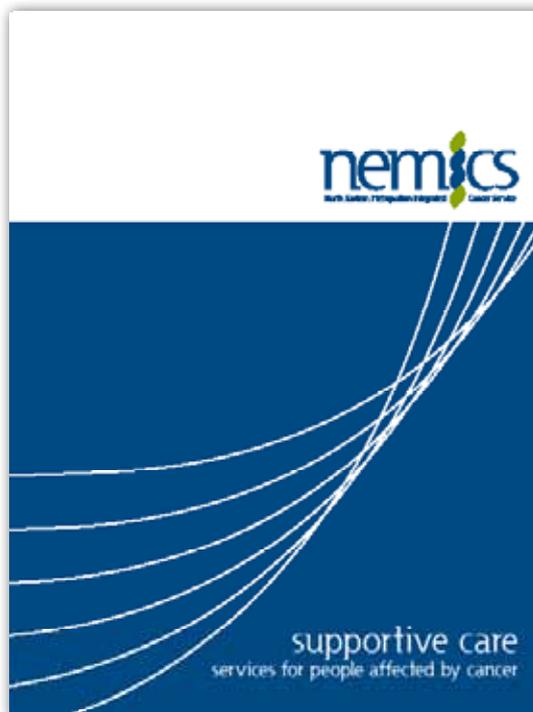
Australian clinical practice guidelines for the care of people with primary brain tumours recommend inpatient rehabilitation for some patients. Research shows that this group responds to rehabilitation to a similar degree as patients with stroke or other brain injuries. Younger people with low grade tumours benefit most, and the ideal time is between surgery and starting radiation therapy.

The CNS tumour stream have worked to improve access to rehabilitation programs for people who have had surgery to remove a brain tumour. The focus of this project is the referral and admission processes between the acute setting and Royal Talbot Rehabilitation Centre.

Activities to date include:

- presentation of case studies and discussion
- identification of barriers to referral and admission processes
- identification of suitable patients for rehabilitation
- supporting staff to care for this small group of patients with particular needs.

With the emphasis of *Victoria's Cancer Action Plan* on survivorship and meeting cancer patients' supportive care needs, there is likely to be increased demand to develop and expand services to meet the needs of this population.



Ongoing Strategic Priorities

- improving the consumer experience
- enhancing stakeholder engagement in cancer care improvement
- performance monitoring
- best practice governance



Referral Pathways Project

This project builds on issues raised at the GP forum in June last year. Further discussions were held with GPs, outpatient managers and GP liaison staff, which identified the following areas for improvement.

- Development of GP referral information and management guidelines on health service websites.
- Development of oncology outpatient referral letter templates.
- Development of discharge/follow up protocols.
- Encouraging cancer multidisciplinary teams to review processes regarding documentation at meetings, which will facilitate routine communication to the GP
- Encouraging GPs to refer to specialists who are part of multidisciplinary care teams.

Articles about multidisciplinary care, how multidisciplinary cancer meetings work and the location of multidisciplinary care teams/meetings within the NEMICS region are regularly included in the GP division newsletters.

This work aims to develop and implement consensus based referral information and management guidelines for GPs that are consistent across the NEMICS network; and which will be incorporated within the GP-access web pages of public health services within the NEMICS region.

It is anticipated that this will ensure consistent referral and management guidelines for GPs across the clinical network and contribute to:

- GPs better recognising;
 - » signs and symptoms of cancer
 - » relevant investigations and work-up required
 - » who, where, when and how to complete a referral
- Improved quality of referrals received by specialist clinics.
- Improved triage of referrals by acute specialist clinic staff.
- Cancer patients having relevant tests and information available at the time of their first appointment.
- Improved outcomes for cancer patients by ensuring timely and appropriate investigation and treatment by the most appropriate clinician/team.

Progress to date includes a review of current referral information and management guidelines across the health services and meetings with the GP liaison units to determine partnership opportunities for the development of this information.

reducing unwanted variations in practice

Advanced breast cancer (ABC) project

The ABC best-practice pathway of care for people diagnosed with ABC is now complete and implementation into NEMICS public hospital breast services is required. Over the past twelve months the breast tumour group has undertaken a project to analyse and compare the current ABC care at each of the four breast units within the NEMICS region; located at Maroondah, Box Hill, Austin and Northern hospitals. This analysis will inform and facilitate implementation of the pathway at each site.

Based on the ABC best practice pathway a medical record audit of six histories was undertaken for each breast service. A representative population was identified using an extract from the VAED and hospital breast outpatient clinic lists for a two week period in February 2009. The medical record was audited for care provided over an 18 month period from February 2008 until July 2009.

Structured interviews based on the pathway were undertaken with three breast cancer clinicians working at each breast service within the area of ABC.

For each breast service, findings from the medical record audit and clinician interviews were combined and measured against the care outlined within the pathway. Gaps in the pathway and areas for service improvement were identified

for each service. A number of issues were also identified across all sites that can be addressed using a regional approach.

These included:

- information provided about medical and supportive care
- medical record documentation
- breast care nurse referral, assessment and follow-up
- multidisciplinary meeting discussion
- identification and provision of supportive care.

Findings are currently being presented to each breast service and quality improvement strategies are being developed.

This project provides an example of a region wide approach to service improvement. As a result of this project, patients diagnosed with ABC will receive care that is consistent across NEMICS breast services and meets best practice care provision for their disease.

Future Directions

- Online Supportive Care Directory – launch September 2010
- CanNET Phase 2
- Participation in the development of the Youth Cancer Network
- Implementation of web-based MDM administrative software
- Implementation of the recommendations of the governance review
- Further development of the supportive care network
- Progress towards the VCAP targets
- Increasing use of technology in MDMs



Year ended 30 June 2010

Revenue

Department of Health Grant	\$1,689,559
VCAP Implementation Grant	\$150,000
Survivorship Grant	\$30,000
Revenue total	\$1,869,559

Expenditure

Salary and wages directorate staff	\$610,959
Salary on-costs	\$126,177
Staff based in health services	\$321,454
Leadership roles	\$283,144
Salaries and Wages total	\$1,341,734

Other expenditure

Administration and events	\$12,825
External consultants	\$56,508
Computers and infrastructure	\$54,949
Printing, stationery and communications	\$20,902
PD grants, conference and travel	\$23,326
Supportive care grants to health services	\$145,455
CanNET sustainability grant	\$40,000
Staff education and development	\$4,482
Other expenditure total	\$345,622
Host agency corporate charges	\$168,960
Balance	\$75.00





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