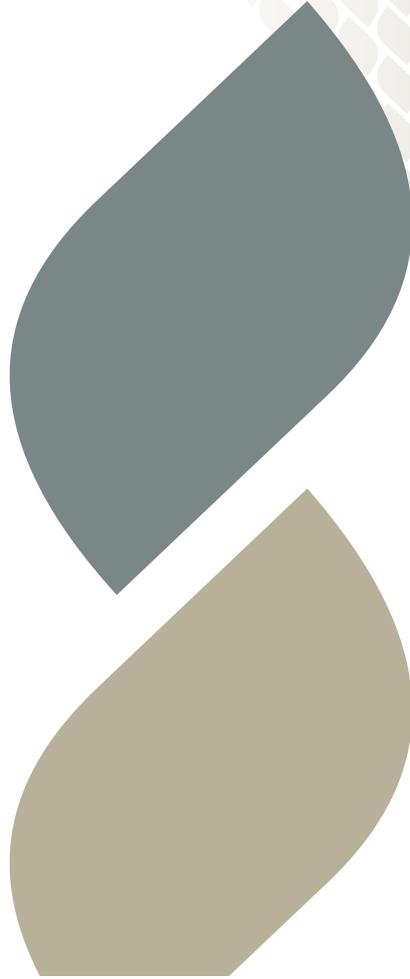


annual
report



2013
2014

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Overview

Message from the Chair

On behalf of the partners of the North Eastern Melbourne Integrated Cancer Service I am pleased to present the 2013 – 14 annual report.

This year has been one of transition. Some of the long-standing priorities like multidisciplinary care are now part of usual care in the health services or well on the way like supportive care. Other newer areas such as people's needs after cancer treatment are just completing their first phase.

Our ability to support better linkages and develop integrated pathways between health services has been supported by the map of cancer services in the region and the profile of activity and service capability. Cancer clinical services plans are underway at three health services; identifying opportunities to collaborate and provide optimal care into the future.

The NEMICS Strategic plan has been refreshed and is available with this report. This plan focuses on the performance of the network as a whole and supports not only regional but inter-ICS collaboration on areas of statewide interest. Building on the achievements to date, we look forward to new priorities for improving cancer care.

I would like to thank the consumers and clinicians who provide their insight and expertise to the activities of the network, members of the network committees and the Directorate team led by Katherine Simons and Paul Mitchell.

Alan Lilly
Chair



Mr Alan Lilly – Chair



A/Prof Paul Mitchell – Director



Ms Katherine Simons – Program Manager



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 1.34 million people. Approximately 6,300 people in the region are diagnosed with cancer each year and many more are living with cancer.

The network partnership comprises Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women. There are also many private hospitals within the region of which Mitcham, Knox, Ringwood and Warringal Privates and Epworth Eastern participate in network activities.

The number of people treated for cancer at the four public health services is increasing; 20% since 2004-05 and people having chemotherapy by 26%.





Service configuration

NEMICS regional service map

We have developed a regional, clinically validated service map of all acute public and private health campus services and made it available to NEMICS network partners.

The map shows where cancer services are located and whether each service is:

- general or oncology-specific
- inhouse or contracted out
- full onsite, partial or available through session appointments.

Services are mapped within the following broad categories:

- diagnostics, radiology, pathology, research and outpatients
- multidisciplinary meetings and cancer surgery
- general services, chemotherapy and radiotherapy
- cancer nurses
- allied health, supportive care and palliative care.

Service capability profiles

The regional service map feeds into a larger program of work completed over 2013–14 to support decisions about regional service planning priorities and developing referral pathways for sub-specialist services.

Clinicians at all public and private cancer services in the region were engaged to review the capability of cancer services and support services to ensure optimal patient pathways are in place.

Current service delivery and location, as well as a clinical view on these arrangements, have been documented as follows:

- day oncology service capability profile: reviewing capacity, access and level of service of each public and private provider's day oncology unit
- radiation oncology service capability profile: reviewing capacity, access and level of service of each public and private provider's radiation oncology unit
- cancer support services service capability profile: identifying service gaps and issues with a focus on pharmacy.

The content was validated by each health service and is published on the NEMICS website.

The findings will inform the Department of Health statewide service capability framework and the review of Optimal Care Pathways (discussed later in this report).

Review of surgical oncology

NEMICS surgical oncology services were also assessed over 2013–14. We assessed how and where services are delivered, including clinicians' (particularly surgeons') perspectives on hospital surgical volumes across 11 tumour streams and one specialist procedure (bone marrow transplants).

Clinicians were interviewed about perceived regional service gaps and issues for their surgical specialty. NEMICS administered a surgical oncology survey to ensure broader, multi-organisational feedback. The survey was based on the configuration of surgical services in the NEMICS region.

Key results from the 30 respondents are set out in a surgical oncology service capability report. Clinicians will finalise the report in 2014. They will agree on an approach to improve current models of service delivery in advance of publication. The work will support decisions about on regional service planning priorities, including developing business cases for services not currently available and re-designing services where appropriate.

Department of Health service capability framework

The Victorian Department of Health is developing a service capability framework for cancer services across the state. To prepare for this work, NEMICS is reviewing the service capability of cancer services and cancer support services in its jurisdiction.

We will collect cancer service data to help ensure fair access to effective, prompt and high-quality care wherever a patient is treated in the NEMICS region.

Building program

The extensive building projects within the region are almost complete.

Olivia Newton-John Cancer & Wellness Centre

The final phase of the Olivia Newton-John Cancer & Wellness Centre was completed and in August, 61 inpatients moved from the old Austin cancer wards into the Centre. Compared to the old wards, there are

more single rooms, with communal spaces to promote a relaxed, non-clinical environment, where patients can receive wellness and supportive care services. One patient described the new spaces in this way: 'There is somewhere I can sit with my family and not feel like we are in a hospital'.

A purpose-built space will allow patients to experience light, sound and film in a specially designed sensory environment. Art, music, interaction and holistic support are as much a part of the ethos of the centre as are compassionate and complex clinical care.



Wellness & Supportive Care Team wins Ministerial award.

Box Hill Hospital redevelopment

The Box Hill Hospital redevelopment is almost complete. Some refurbishment of the old buildings is underway, including a space for a dedicated multidisciplinary meeting room. The design of audiovisual equipment and layout was prepared by experts in the field. The Eastern Health Foundation and cancer services staff have coordinated fundraising efforts to provide the audiovisual equipment plus other items for the room such as tables, chairs, computers and blinds.

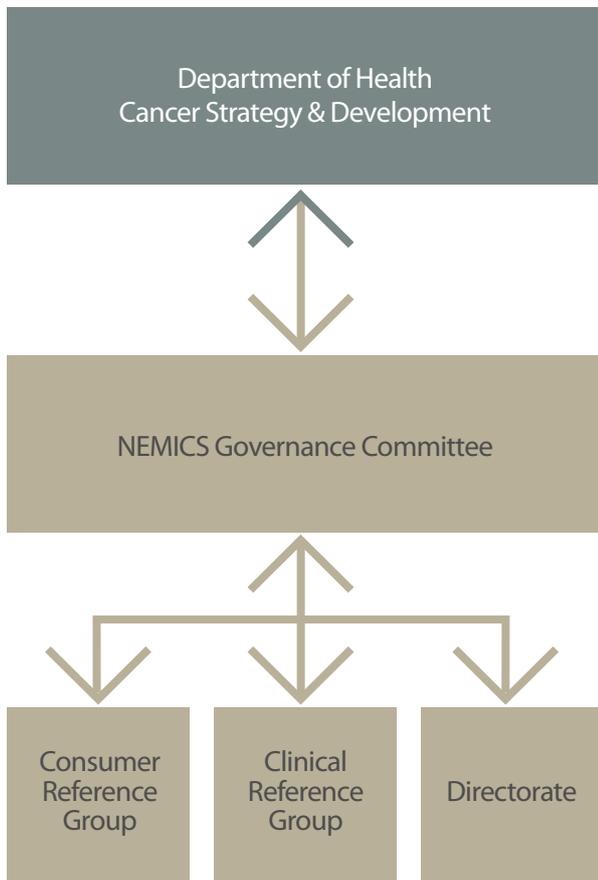
Thanks to the generosity of a number of donors, it will be a state-of-the-art room for discussing and planning patients' treatment pathways.



MDM room at Box Hill Hospital



Governance



Governance Committee

The Governance Committee continues to set the strategic direction and monitor overall performance. A refreshed strategic plan that builds on work to date and positions the network to set new priorities in line with the next phase of cancer reform was endorsed in March 2014. This plan focuses on best-practice care and optimal service configuration within the region to achieve excellent outcomes and experiences for people with cancer.

The Committee welcomed two new members in 2013 - 14, Megan Burgmann and Janet Compton and farewelled Chris Hamilton.

After four years, Alan Lilly stepped down as the Chair. The committee has flourished under his leadership, consolidating into a truly collaborative group supporting a regional approach to better cancer care. Alan oversaw the development of two strategic plans and the implementation of the recommendations from the 2009 Governance Review.

The Chair will be taken up by Linda Mellors from July 2014.

Clinical Reference Group

The Clinical Reference Group remains the key forum for incorporating the clinical view on the activities and priorities for the network. This year the Group focussed on key drivers for improving access to clinical trials and opportunities to develop information flow between researchers.

In 2014, the Group has altered its meeting schedule to support a series of meetings around the opportunities identified in the service map and service capability profiles that underpin the collaboration of the member health services to provide care across the cancer pathway.

Consumer Reference Group

Message from the Chair

NEMICS has actively encouraged the consumer reference group to use our own experiences to initiate and develop projects to benefit people with cancer in the region. The group members sincerely appreciate the opportunities and financial support that NEMICS has provided to enable

us to attend training in health literacy, health advocacy and consumer leadership. This training will benefit us in pursuing our advocacy goals and will enable us to better represent people with cancer in the region, which, we believe, will result in improvements in cancer services.

We have found NEMICS staff to be supportive and encouraging of the consumer perspective and of our ideas. Over the past year, we have participated in, or contributed to, a range of projects and activities, including NEMICS planning workshops, the ICS conference, the Community Ambassador Program, the survivorship project and the NEMICS annual forum.

In 2013–14, we were particularly pleased to see My Cancer Care Record become a reality. Members worked closely with NEMICS and clinical staff to develop the resource (see more later in this report). It will assist people with cancer and their carers, relatives and friends to store and record information about their cancer care, and help to improve communication between the person with cancer, their family and carers and their healthcare team. In 2014–15, the resource will be piloted at several sites and, following an evaluation, it is expected that it will be made freely available to all patients in the region. We are grateful to NEMICS for facilitating My Cancer Care Record and for involving us so actively in its development.



Consumer Reference Group (*from left*): Sam Kershaw, Fay Frazer, Ray Kelly, Anne Kay, Janine Rossely (Chair), Melissa Shand.

Absent from photo: Patricia Jankus, Cindy Schultz-Ferguson, Max Shub



Highlights

New NEMICS website

For a network organisation such as NEMICS, communication tools are vital tools of trade. After seven years of service, the NEMICS website was replaced and now has a cleaner, clearer and more up-to-date look.

The process of building a new website has helped to refine how we identify our work and key messages. The new website went live in January 2014.

The website has allowed us to streamline many of our work processes. It has made producing routine communications easier: the newsletter and targeted messages now take much less time to prepare and send. It also is proving valuable in allowing web-based submission of grant applications and registrations for NEMICS events.



New NEMICS website

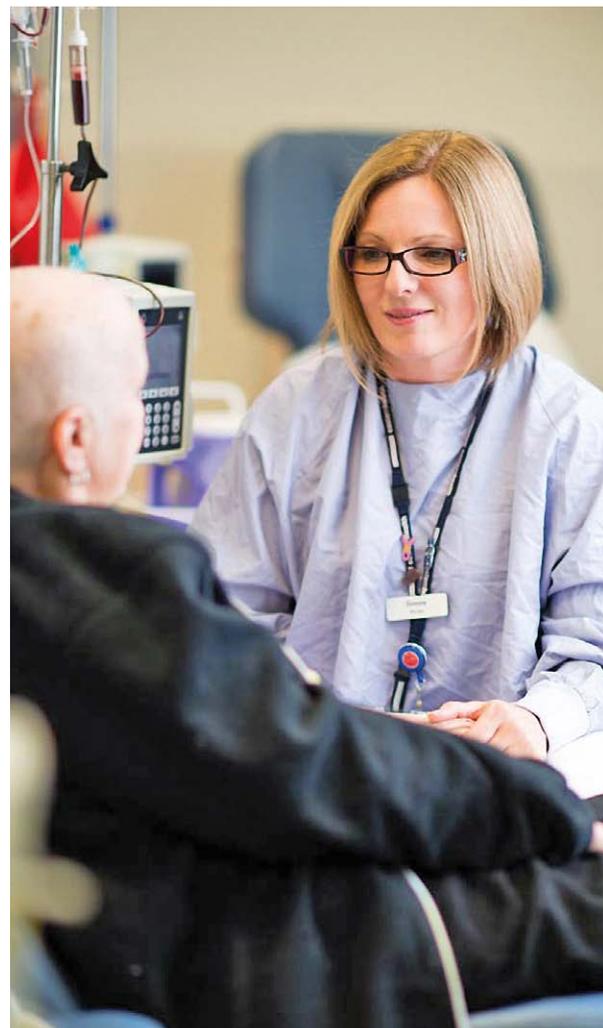
Chemotherapy redesign project

Eastern Health received a joint grant from the Department of Health and NEMICS to participate in the Victorian Day Chemotherapy Redesign Project in 2013. The project aimed to design a single model of care for services across Eastern Health's three oncology day units based at Box Hill Hospital, Maroondah Hospital and Yarra Ranges Health Service, to improve patient access and flow. The aim was to increase direct nursing care time to 45%.

At Box Hill, with the implementation of a 'flow coordinator' role, there was a greater than 20% increase in direct nursing care time, to 47%. Maroondah achieved a direct nursing care time of 58% and Yarra Ranges achieved 44%.

Overall interruptions in the nurse's day decreased by 34.6%, releasing over one hour per nurse per day to provide patient care.

The introduction of day-prior blood tests and preparation for treatment contributed to decreased same-day cancellations from an average 13.6% to 1.6%.



Patient care in day oncology unit

Death and dying workshop

The first Discussing Death and Dying workshop in Victoria was conducted at Eastern Health in July 2013. The new Victorian Cancer Clinicians Communication Program (VCCCP) module is designed to improve the communication skills of clinicians when discussing death, dying and related issues with those affected by cancer, their families and friends.

Feedback from participants was very positive, with all staff reporting increased confidence in their communication skills.



VCCCP Death and Dying Workshop for cancer clinicians

The Storyteller

'The Storyteller' was the theme for the inaugural Dying to Know Day event at the Olivia Newton-John Cancer & Wellness Centre. A 'lounge-room' was built in the main foyer and people were invited to sit in a comfortable chair by the 'fire' and answer a simple question: 'If there was one story about your life you'd want people to remember, what would it be?'

Twenty-seven people told their stories—staff, volunteers, patients and visitors—to a consistently large audience. Powerful, moving and incredibly intimate stories were shared by every person who sat in the chair; creating a safe environment and using the arts enables people to feel comfortable to share stories they may otherwise not have an opportunity to tell.

Our storytellers varied in age (the youngest was 15), gender and cultural background. The stories were filmed and the films will be used to promote meaningful conversations within the centre and in the community. According to our evaluations, the Dying to Know Day was a great success.

This was one of multiple events conducted nationally. Many people who attended our event last year are conducting events in their own local communities in 2014.





Care, Experiences and Outcomes

Multidisciplinary care

When a patient faces a new diagnosis of cancer it is expected that their treatment will be planned by a multidisciplinary team. Multidisciplinary treatment planning meetings (MDMs) exist for nearly all tumour streams in the NEMICS region.

NEMICS has supported the establishment and administration of MDMs since its founding.

The number of MDMs expanded by three in the last year, with the establishment of a separate hepatobiliary meeting at Northern Health, a linked myeloma MDM at Austin and Northern Health and a hepatoma meeting at Austin Health.

Table 1. Number of MDM discussions in NEMICS region, 2013–14

Health service	Number of discussions
Austin Health*	4474
Eastern Health	2330
Mercy Hospital for Women*	864
Northern Health	1502
Combined	123
Total	9293

*Estimated, as some MDMs are not using CANMAP software

Our measure of access to multidisciplinary treatment planning for patients is through an annual audit of medical records. This involves a proportional sample of newly diagnosed patients who received their primary treatment at the health service being evaluated is carried out. Evidence of documentation relating to an MDM and for staging information to be recorded are noted.

Figure 1. Evidence of multidisciplinary treatment plans

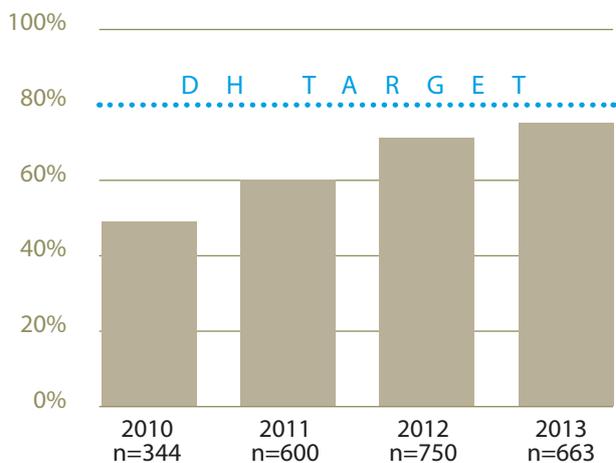
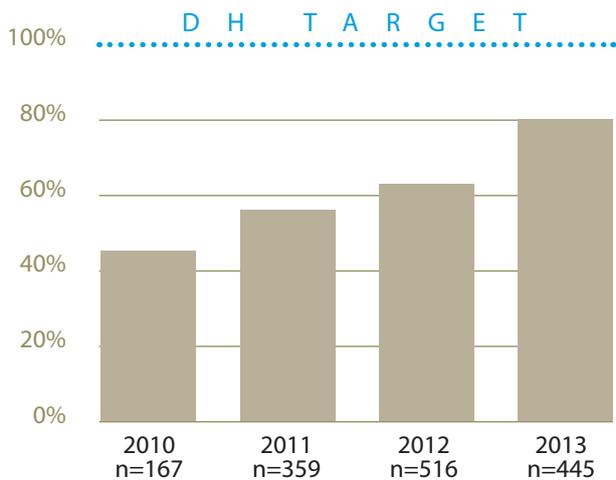


Figure 2. Disease stage recorded at MDM



Monitoring MDM performance

NEMICS multidisciplinary teams have access to a quality evaluation process. Participation in the evaluation process is voluntary and each team is able to use the information for quality improvement.

The four components of the evaluation package are:

- a survey which all team members are invited to complete: this asks about satisfaction, problems and strengths of the team and its meetings
- an analysis of documentation and activity data derived from CANMAP

- an observational audit, where a member of the core team acts as the observer and uses a framework to assess aspects of leadership, decision-making and other behaviours during a single meeting
- the appropriate results from the most recent performance indicator audit for that team.

MDMs that have undertaken this process have found it valuable (Table 2). Sometimes the report includes ‘reality checks’, where gaps in the make-up of the multidisciplinary team or in documentation have been noted and improved.

Table 2. Results of an MDM observational audit

Category	Assessment criteria	Satisfaction
Leadership		
Chairing of meeting	<ul style="list-style-type: none"> • Keeps meeting to agenda (i.e. moves on to next case) • Encourages overall participation • Encourages focused discussion • Clearly articulates recommendation 	75%
Reality check	Some long, drawn-out discussions into technical details rather than moving on to the next case	
Teamwork and culture		
Inclusion of relevant team members	<ul style="list-style-type: none"> • All relevant core members are actively and appropriately involved • Meeting not dominated by 1–2 people • Input/questions volunteered and encouraged • Contributions facilitate decision-making and/or inform discussion • Consensus of decision-making 	80%
Reality check	Comments: discussions dominated by one group and consensus decisions not clearly articulated	
Team sociability	<ul style="list-style-type: none"> • Evidence of humour • Team appear relaxed with each other • Warm and supportive team environment • Friendly and cooperative communicative style 	100%
Mutual respect	<ul style="list-style-type: none"> • Focused attention • Respect for speaker • No concurrent discussions • Asking and valuing relevant contributions • General sense of politeness/courtesy (incl. mobile phone etiquette) 	60%
Conflict and tension	Extent of conflict and/or tension observable in the team (lower number is better)	20%
Reality check	Comments: audible phone tones, concurrent discussions especially during the presentation of the remote site patient, not closing the door to the passageway during phone calls noted	



Supportive care

Supportive care screening grants program

Supportive care screening has been underway at NEMICS health services since early 2010. Phase 2 of the grants program was introduced in December 2011. The aim of this second round of funding is to further implement supportive care screening into health services, particularly into specialist clinics, and among culturally and linguistically diverse and Aboriginal and Torres Strait islander populations.

Health services are in various stages of their projects. Mercy Hospital for Women completed its phase 2 project in 2012–13 and continues to work on extending and sustaining screening. Over 2013–14, Austin and Northern Health completed their projects. Eastern Health will complete its project in October 2014.

Work to translate supportive care information pamphlets into various languages is underway. Staff have been educated on the importance of using interpreters when screening these patients.

Discussions have commenced with Aboriginal and Torres Strait Islander health workers and researchers to determine the most appropriate way to meet the supportive care needs of this patient group.

Review and planning workshop

This February workshop provided an opportunity for oncology staff from across the region to review work in managing the supportive care needs of our cancer patients. Staff then worked on strategies to sustain and expand this work to ensure all oncology patients have their supportive care needs met, irrespective of their tumour type and stage, treatment or health service.

The workshop was attended by 54 clinicians, quality and management staff, and consumers from public and private oncology service providers across the region.

A number of key themes emerged:

- Education: how to address the education needs of oncology clinicians in areas such as patients' supportive care issues; supportive care screening, discussions and referrals; and communication skills.
- Oncology workforce: how to address workforce issues to enable supportive care to be provided. This includes building the case to increase allied health in specialist clinics, expanding supportive care screening

beyond nursing staff to include all clinical staff working with patients, and building screening into position descriptions.

- How to use the data to:
 - address commonly identified problems before they arise
 - develop and define research questions and quality projects
 - provide feedback to individual health services, units and clinicians regarding the provision of supportive care to their patients and influence quality improvement projects.

Over the coming 12 months, NEMICS will be working with supportive care project officers, oncology clinicians and health services to address the issues identified within the workshop.

The full summary of the workshop can be found at www.nemics.org.au



Supportive Care workshop

Workforce development

Across the region, oncology staff attended the following training:

- Supportive care awareness-raising: approximately 280 staff attended in-service education and workshops on topics including general supportive care, the role of Aboriginal health workers, art therapy, clinical psychology and spirituality.
- National Comprehensive Cancer Network distress thermometer training: approximately 88 staff completed training, which included opportunities to attend refresher courses on the use of the distress thermometer.

- Communication skills training: approximately 75 staff attended the Cancer Council Victoria's workshops, which included modules on eliciting and responding to emotional cues, complementary versus alternative therapy and death and dying.

Data collection

Early in 2013, supportive care project officers reviewed data collection in relation to screening and its outcomes and determined a common data set for the region. A database was then developed to enable standardised data collection to assist project reporting and evaluation.

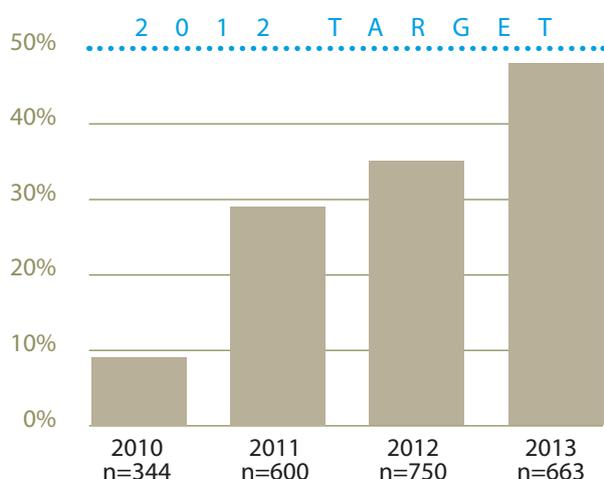
Over 2013–14, supportive care screening data from each of the health services was collected and for the first time NEMICS can evaluate screening across the region and use this data to guide service planning. Outcomes will be available in 2014–15.

Meeting the target

Progress towards achieving the target for supportive care screening continues to be measured via the annual Department of Health audit.

NEMICS health services made significant gains over the past 12 months, with the audit finding that across the region, 48% of our newly diagnosed patients are receiving a supportive care screen (Figure 3). This is an increase of 13% over the previous year.

Figure 3. Supportive care screening 2010–13



Across the region, patients with all tumour types are screened; screening has increased in most tumour categories over time (Table 3). Of the 11 tumour types audited, five are meeting or exceeding the target, two are screening at 40% or above, two are screening within the 20–40% range, and only two are screening below 20% of their patients. Over the coming 12 months, further work will be undertaken to ensure all patients have the same opportunities to have their supportive care needs met, irrespective of their tumour type, stage, treatment received or health service they attend.

Table 3. NEMICS region supportive care screening by tumour type, 2010–13

	2010	2011	2012	2013	Target
Breast	17%	64%	73%	88%	50%
Central nervous system	20%	37%	55%	83%	50%
Colorectal	2%	14%	14%	38%	50%
Endocrine	n/a	12%	10%	4%	50%
Genitourinary	5%	9%	8%	24%	50%
Gynaecology	2%	10%	30%	40%	50%
Haematology	18%	55%	60%	60%	50%
Head & neck	10%	69%	48%	46%	50%
Lung	3%	51%	45%	51%	50%
Melanoma	5%	6%	17%	5%	50%
Upper gastrointestinal	21%	27%	38%	49%	50%



Care coordination

Strengthening information sharing

General practitioners and cancer multidisciplinary meetings

The NEMICS directorate continues to work with multidisciplinary teams to assist them to give GPs clear and concise summaries of MDM discussions and recommendations (Table 4).

GPs receive one-page summaries within a few days of the meeting. These summaries inform the GP of key clinical information such as diagnosis, stage, treatment intent and recommended treatment plan. Summaries also inform the GP of the cancer multidisciplinary teams within their local area, the clinicians that make up these teams and who the GP can contact for more information.

Feedback from over 150 GPs has overwhelmingly confirmed they value the summaries, both for their content and for the timeliness of the information. Feedback from GPs includes the following comments:

'It is important for me to know the diagnosis and management plan for continuity of care.'

'Nice to get legible information in such a timely way.'

'I prefer this sort of information about a patient.'

'Sometimes patients come in and request updates and clarifications, especially if they have not understood anything and this summary helps me stay informed.'

'Excellent summary, clear but concise, very helpful.'

'At least we know what is going on and also educational to us.'

Multidisciplinary teams are committed to ensuring improvements in the quality of routinely documented information, based on GP feedback. Work continues to ensure all MDMs provide GPs with this valuable and timely information, which assists the coordination of patient care. This activity will be monitored via the NEMICS performance monitoring systems.

Table 4. Teams currently providing MDM summaries to GPs

Multidisciplinary team	Health service
Breast	Eastern Health
Lung	Eastern Health
Breast	Northern Health
Colorectal	Northern Health
Lymphoma	Austin Health
Lung	Austin Health
Melanoma	Regional MDM

Discharge summaries as an indicator of coordinated care

Discharge summaries are a central part of routine care. Ideally, they are completed within 48 hours of discharge. They provide important information for patients and GPs and are a coordinated care indicator.

In 2013, NEMICS audited the timeliness of discharge summary completion over several sites, providing useful baseline information (Table 5). NEMICS directorate staff will review this indicator annually as part of the broader statewide clinical audit.

Table 5. Discharge summaries completed within 48 hours of discharge

	2013		2014	
	Number of admissions	Percent completed within 48 hours	Number of admissions	Percent completed within 48 hours
Austin Health	276	68	193	62
Eastern Health	251	59	143	56
Mercy Hospital for Women	29	100	19	95
Northern Health	144	97	68	97

Links with primary and community care sectors

Within an expanding cancer clinical network, NEMICS maintains close links and relationships with the primary and community care sectors, including other network organisations such as Medicare Locals, palliative care consortia and primary care partnerships. All want to improve people's experience of cancer care through better coordination and integration of services.

We engage with primary and community sectors in survivorship care initiatives such as shared follow-up care; cancer rehabilitation; and in our commitment to HealthPathways, a web portal for GPs that helps to guide best practice assessment and management of common medical conditions, including when and where to refer patients.

Malignant spinal cord compression

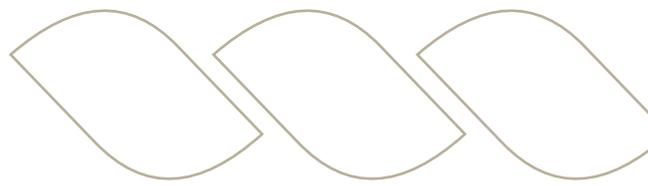
We undertook an audit in 2013 to map referral pathways for people with malignant spinal cord compression, a rare and serious condition, to determine equity of access to surgery.

Two problem areas were identified: delayed presentation following symptom onset and delays for patients requiring transfer for surgery from Eastern and Northern Health to Austin Health.

We developed a patient information booklet in consultation with consumers. The booklet educates patients to better recognise signs of malignant spinal cord compression and highlights the importance of rapid assessment. The urology service at Eastern Health is currently piloting this resource.

We are developing efficient processes for Eastern Health and Northern Health patients requiring transfer for surgery.





Survivorship

Moving forward with confidence

The Victorian Department of Health funded NEMICS to pilot a self-management support intervention through the Victorian Cancer Survivorship Program. Austin Health, Eastern Health and Northern Health partnered with the Cancer Council Victoria Cancer Helpline to deliver self-management support following hospital-based treatment for cancer.

Eligible survivors were recruited from a breast service, haematology service, ambulatory oncology rehabilitation program, helpline service and colorectal service.

Health service nurses supported participants to develop individualised health and wellbeing plans and helpline nurses provided telephone follow-up support with the plans at one, four and eight months. Copies of the plans were shared between participants, their GPs, the helpline and the treating health service. The plans contained a cancer treatment summary, follow-up plan, supportive care screening, self-help strategies and wellbeing goal setting. The nurses received education in skills to promote survivor self-management.

Queensland University of Technology evaluated the intervention. Findings included:

- 88.4% developed goals or strategies while using the health and wellbeing plan.
- 86% reported that developing goals helped them to return to activities that were important to them or to take up new activities.
- Holiday planning, managing challenging emotions, improving exercise and diet, returning to work and exploring new leisure activities were common goal areas.
- Participants who experienced depression and anxiety reported great benefit from the health and wellbeing plan and follow-up calls.
- Statistically significant change was evident for 'emotional wellbeing', 'positive and active engagement in life' and 'participant attitudes towards their health'.

The project highlighted the value of supported self-management and follow-up telephone support for risk-stratified cancer survivors. Delivering the intervention with existing resources was challenging. Group interventions

and utilisation of applications and internet resources could provide cost-effective self-management support for cancer survivors. Strengthened partnerships between health services and cancer non-government organisations could also improve the reach and accessibility of supported self-management interventions.

Project implementation lessons will inform future survivorship initiatives in the NEMICS region.

The *Moving forward with confidence* final report was completed in March 2014 and is published on the NEMICS website.

Access to community health and rehabilitation services for people with cancer

Surveys

The Victorian Cancer Survivorship Program 2011–14 projects highlighted the need to improve access to allied health services for cancer survivors. NEMICS surveyed allied health professionals working for acute oncology services and community health and rehabilitation services. The surveys aimed to find out:

- How many cancer survivors are referred to community health and rehabilitation services?
- Are referral pathways effective?
- What barriers and enablers affect access to services?

Allied health professionals working for acute oncology services (n=11) and community and rehabilitation services (n=147) responded to the surveys.

Key findings included:

- Referral numbers were generally low and referral pathways were always not well communicated.
- Fifty-two per cent of community health and rehabilitation respondents were not provided with treatment history or prognostic information on referral. Most believed that this affected their ability to plan treatment.
- Among community health and rehabilitation allied health, there was limited knowledge of late effects of cancer treatments but good awareness of more generic chronic condition impacts of cancer.
- Nearly 48% of community/rehabilitation respondents felt better prepared to administer evidence-based

treatments to people living with other chronic conditions.

- Allied health workers in community/rehabilitation identified common learning needs and 82.2% indicated interest in accessing education relating to cancer.

Community forum

A forum was held to disseminate survey results and highlight improving survival and key evidence relevant for allied health professionals working with people with cancer. Cross-sector, multidisciplinary allied health professionals, managers and Primary Care Partnership representatives developed service improvement recommendations based on the survey results. This consultation informed the next steps for survivorship care in the region.

Next steps

Education sessions for allied health professionals in community health and rehabilitation will be held across the region later this year. The sessions will highlight:

- cancer survival rates
- survivorship health impacts and treatment effects
- evidence-based interventions relevant for allied health professionals
- referral pathways within the NEMICS region.

My Cancer Care Record



My Cancer Care Record is an initiative of the Consumer Reference Group who are leading the project with much hard work and dedication.

The resource aims to assist people affected by cancer throughout their cancer experience . to store and record cancer-related information in one place so that it can be found quickly when requested by the healthcare team.

Healthcare systems worldwide are becoming increasingly interested in strengthening the role of patients in their own care. There is also growing evidence that supporting and equipping patients to take a more active role in their care allows for new models of care. Across Australia and beyond, there is also a move to greater transparency of information sharing between patients and health services. Health consumers want to be more informed: being better informed provides a better care experience.

Cancer, like other chronic conditions, can involve multiple treatments and clinicians. It can involve movement, sometimes over long periods, between inpatient and ambulatory care and between public and private services, as well as across primary, acute, rehabilitative and palliative care, and across metropolitan and regional/rural services. Transitions of care are known to be times when critical information can be lost and care can become fragmented.

The consumers were well supported by healthcare professionals from across the region who reviewed the clinical sections and provided valuable insights into implementing the resource into routine practice. The two groups working together ensured a common and agreed intent of the resource.

My Cancer Care Record will soon be piloted across the NEMICS region.



Research and Workforce Development

Professional development grants

NEMICS has provided grants to support the cancer workforce since 2007. These grants facilitate the development of the oncology workforce to improve cancer care in line with NEMICS' and health services' strategic directions. Activities that encourage innovation and demonstrate a link between the skills and knowledge required by a team to address a known need are prioritised.

Successful applicants in 2013 - 14 were:

Northern Health

- Systemic anti-neoplastic therapy education (ADAC)

Austin Health

- Clinical practice and implementation of stereotactic radiotherapy
- Mental health first aid: learning to deal with emotional stress in the frontline at the ONJC&WC
- Management of swallowing disorders for head and neck cancer patients

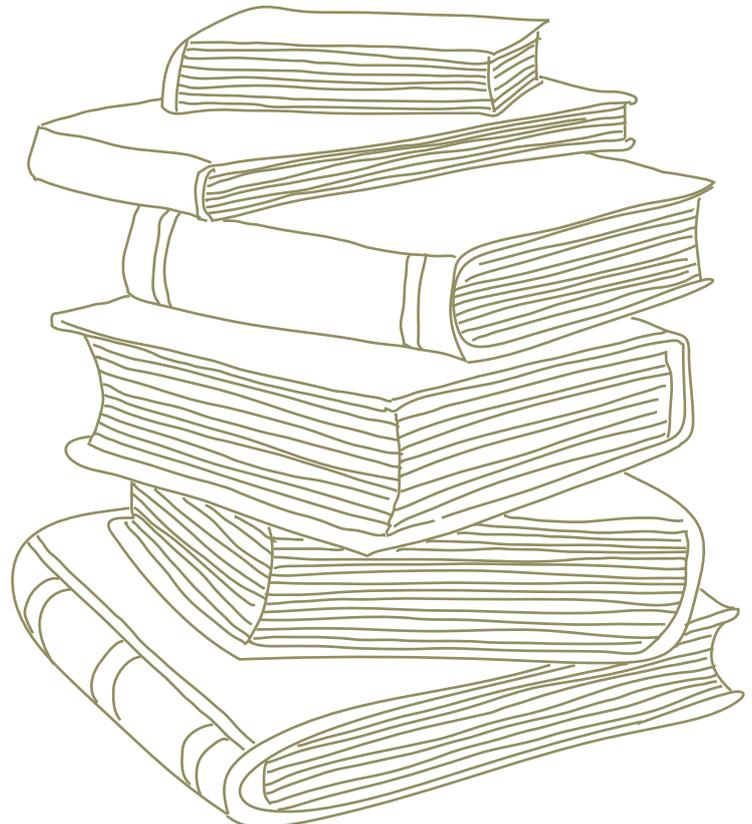
Eastern Health

- Understanding psychological impact of cancer
- Living into loss: managing anticipatory grief

These programs are all due for completion in 2014



First graduate from the ADAC course





Future Directions

The Integrated Cancer Services (ICS), now in their tenth year, are moving towards a new phase. They have made good progress, especially in multidisciplinary and supportive care. A number of cancer centres have been built in Victoria, and new research structures now support the transition of new knowledge into cancer care.

The priorities for 2014–15 are to:

- begin aligning the work of the ICS with the metropolitan and regional cancer centres
- strengthen metropolitan and regional links and clear referral pathways to promote integrated care
- achieve further targets around multidisciplinary meetings and staging documentation
- continue to focus on improving the patient experience of care, including supportive care and survivorship
- work with the Department of Health on an agreed performance monitoring program
- develop statewide tumour group in collaboration with the Cancer Council Victoria's Clinical Network.

Statewide initiatives

Tumour summits

The next phase of cancer reform will include statewide tumour stream networking, aligned with cancer improvement initiatives. NEMICS has taken a lead by working on the first two tumour-specific summit meetings, due to be held in September and November 2014.

Leadership and direction has come from the Department of Health, the Cancer Council Clinical Network and the Victorian ICS. A working party of experienced clinicians will spearhead each summit.

The summits will review data relating to clinical practice and outcomes for patients. Summit participants will be asked to identify and prioritise some statewide initiatives and measures that will be monitored. This collaboration combines the ability of the ICS to implement and support local service improvement and monitoring with the networking, research and advocacy roles of the Cancer Council Clinical Network.

The tumour summits are also expected to improve and strengthen communication and engagement between the ICS and clinicians providing cancer care.

The first of the summits, in September, will be on colorectal cancer, followed by lung cancer in November. After the first summits, NEMICS will produce an evaluation and a toolkit to enable streamlined event planning, clinician engagement and communication.

MDM software development for regional Victoria

NEMICS is participating in a \$2.5 million project to purchase a multidisciplinary meeting administration system that can be used by regional ICS across Victoria. The project is supported by the Commonwealth Health and Hospitals Fund. The project will improve links between regional and metropolitan ICS and cancer service providers.

Our experience in implementing the MDM software system and ongoing involvement with MDMs has enabled us to refine the business requirements and tender documents. As a part of a statewide committee, we continue to provide content assistance as this project moves to tender.

Optimal care pathways

We are working with Cancer Council Victoria and the Department of Health in a review of Optimal Care Pathways (OCPs) in cancer care (formerly known as patient management frameworks). The objectives are to:

- review and update the evidence base for optimal care
- include emerging areas of practice
- develop consumer versions and quick GP reference guides for each tumour stream.

In 2013–14 a new template was developed by multidisciplinary expert working groups. The new template was populated for colorectal and lung cancer and a public consultation period was held from December 2013 to January 2014. Medical colleges reviewed the colorectal and lung OCPs, which are now ready to publish online.



Two-page quick reference guides that summarise the full clinical pathways have been developed for colorectal and lung cancer. These are designed for GPs and other health professionals as stand-alone documents.

A template for the consumer version is being developed following feedback from key consumer groups. A web developer has been engaged to develop an interactive web portal for consumers.

OCPs in development include liver, prostate and skin cancer and non-Hodgkin lymphoma. It is anticipated that OCPs for 16 tumour streams will be developed by December 2015.

Aligning the work of NEMICS and its cancer services

Austin, Eastern and Northern Health have started developing clinical service plans for cancer care. The plans guide how each service will work with stakeholders to provide high-quality care and treatment. The plans have reviewed the current care for each tumour stream, identifying best-practice models for expansion and opportunities for growth and collaboration with other services in the region.





Financial Report

REVENUE

DH ICS Grant	1,840,890
Service Capability Framework Grant	150,000
Survivorship project Grant	99,400
Optimal Care Pathways	33,544

REVENUE TOTAL	2,123,834
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EXPENDITURE

SALARIES & WAGES (INC. ONCOSTS)

Administrative salaries	871,214
Workcover	9,590
Long service	16,421
Superannuation	80,564
Clinical salaries	151,368
Contract staff	333,134

Salaries & Wages Sub Total	1,462,292
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GENERAL EXPENSES

Computer software	6,851
Printing & Stationery	4,105
Administration (general)	14,912
Catering & Food	10,952
Repairs and maintenance	616
Capital/asset purchases	41,237
Equipment < \$2500	895
Motor vehicles and travel	1,930
Corporate/management charge by host agency	182,192
Staff training and education	4,250
Conferences & travel	12,042

General Expenses Sub Total	279,981
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PROJECT EXPENSES

Consultancy	15,615
DOU Redesign - Eastern Health	61,500
Service Capability Pilot	5,000
Professional Development Grants	45,000
Supportive Care Grants	60,000
Survivorship Project	1,500
Project Expenses Sub Total	188,615

EXPENDITURE TOTAL	1,930,888
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Surplus/(Deficit)	192,946
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Committee Membership and Staff

Governance Committee

Alan Lilly - Chair
Phil Parente
Kate Whyman
Linda Mellors
David Allen
Megan Burgmann
Brendan Murphy
Chris Hamilton
Jason Payne
Janet Compton
Shane White
Maree Glynn
Anne Kay
Janine Rossely
Jacky Close

Clinical Reference Group

Shane White (Chair)
Jim Siderov
Gillian Dickman
Shaun O'Neill
Hui Gan
Jackie Yoong
Beth Spear
Andrew Wirth
Robyn Hofmann
Phil Parente
Jonathan Cebon
Anne Kay
Max Shub
Paul Mitchell
Katherine Simons

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Patricia Jankus
Cindy Shultz-Ferguson
Sam Kershaw
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Nadia Ayres
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