

## NEMICS Reference Group Redevelopment

NEMICS Reference Group is being redeveloped in response to a recommendation in the recent governance review.

The changes have been aimed at creating a more clinically based, representative advisory body with the role of providing ideas, advice and feedback on NEMICS improvement projects. It also aims to provide a two-way link between the cancer improvement work done by the NEMICS directorate staff and the clinician and patient experience in the health services.

New members representing the broad range of professional and consumer roles involved in cancer care have been invited to participate. The name of the group has been changed to the Clinical Reference Group and new [Terms of Reference](#) have been adopted.

As part of the redevelopment, working parties are being set up in alignment with the priority areas identified in the VCAP. For example, one working party will focus on improvements around multidisciplinary care, in particular, improving the level of staging documented during MDMs and improving communication of meeting outcomes with the patient's GP across the region.

Other working parties that will be established include Supportive Care, Research, Survivorship and Adolescent and Young Adult (AYA).

We are also continuing tumour specific improvement projects and we invite clinicians to contact NEMICS with concerns and ideas for service improvement.

For further information please contact Carmel Vermeltfoort, Quality and Projects Manager at [carmel.vermeltfoort@austin.org.au](mailto:carmel.vermeltfoort@austin.org.au)

## You are invited to attend the NEMICS Annual Forum

**Tuesday 30th August 2011  
6.00pm—8.00pm**

Registration & refreshments from 5.30pm  
Manningham Function Centre, 699 Doncaster Road, Doncaster

**We are pleased to have Professor Ian Olver join us as keynote speaker**



**Professor Ian Olver**, MB BS, MD, PhD, CMin, FRACP, MRACMA, FACHPM  
Chief Executive Officer, Cancer Council Australia

Professor Olver will be sharing his unique perspective gained through his participation in the development of the cancer services framework in Victoria in 2003.

Professor Olver was appointed CEO of Cancer Council Australia in 2006. He has previously headed up the Royal Adelaide Hospital Cancer Centre and was the Chair of the Medical Oncology Group of Australia and Cancer Council Australia's Medical and Scientific Committee.

### The evening will also include the following presentations:

Development of a Phase 1 Clinical Trials Program

*Dr Hui Gan*

A vision for creating multidisciplinary cancer clinics at Austin Health

*A/Prof Ian Davis*

Development of the Eastern Health Ambulatory Oncology Rehabilitation Program

*Ms Delwyn Morgan*

Registration is essential.

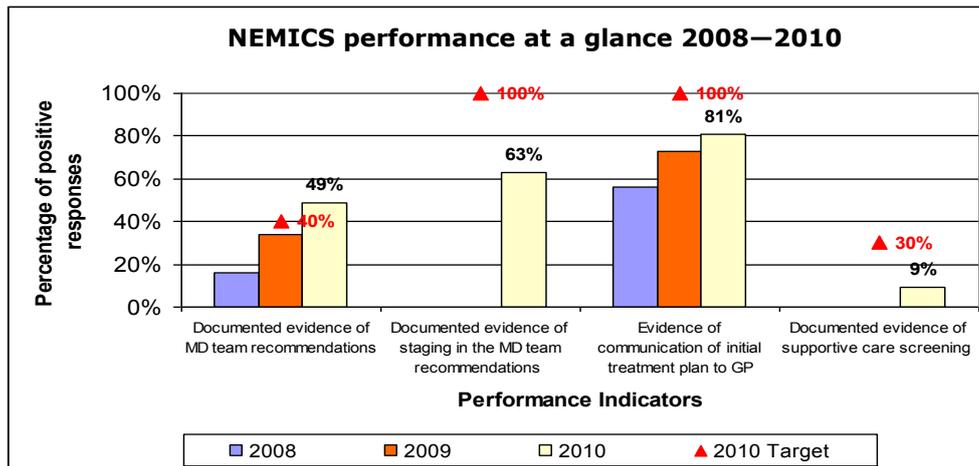
Please RSVP to [megan.dendle@austin.org.au](mailto:megan.dendle@austin.org.au) by Friday 19th August 2011

## NEMICS Performance Indicators Report 2010

In order to determine progress against the cancer reform policies in the VCAP, each year the NEMICS directorate audits for four performance indicators in 10 tumour streams across NEMICS health services.

The graph below shows the results for 2010. Records, (a minimum of 10 per tumour stream), included newly diagnosed patients identified through the Victorian Cancer registry and Victorian Admitted Episode Data sets.

A total of 344 records were audited and the results are presented below.



There is an improvement across NEMICS health services compared with 2009 performance for MDM documentation, communication with GP and supportive care screening. Documentation of staging was a new indicator for 2010. The health services and NEMICS directorate staff are working together to continue the improvement trend and we are always looking for opportunities to enable us to reach closer to the VCAP targets for these indicators.

The full report is available on the [NEMICS website](#). For more information please contact Mirela Matthews, Quality and Projects Manager, at [mirela.matthews@austin.org.au](mailto:mirela.matthews@austin.org.au)

## Patient Experience Survey

NEMICS is sharing in the work of developing and refining a new system of learning about the patient experience. One of the cancer reform ideals is for a patient centred approach to providing care and this survey is being designed to get a better indication of the patient's view of cancer services.

The survey tool is in part building on the work done by the Prospect Study. The Department of Health has engaged the Centre for Behavioural Research in Cancer at the Victorian Cancer Council to implement this survey

and is working with a committee including representatives from the ICS to provide strategic advice and feedback. It is expected that this survey will be conducted every few years.

There is a plan for stakeholder consultations to be held within the NEMICS region in September/October this year. You can read more about the project through this link to the [project brief](#). If you have any questions about this project, please contact [Mirela.Matthews@austin.org.au](mailto:Mirela.Matthews@austin.org.au)

## NEMICS Consumer Reference Group

The NEMICS Consumer Reference Group has been formed to provide a consumer perspective on health care service. This group provides an exciting opportunity for clinicians and health service staff to gain the consumer perspective on planning and implementing projects. It will also play a role in identifying service improvement opportunities within the NEMICS region.

NEMICS is committed to consumer participation as a principle integral to its structure, core functions and service improvement initiatives.

Consumer participation is a vital ingredient in health service planning, delivery and service improvement.

If you would like any further information regarding the role of this group, or would like access to this group to discuss any service improvement or project ideas, please contact Melissa Shand, NEMICS Consumer Participation Project Officer, on 9496 3831 or email [melissa.shand@austin.org.au](mailto:melissa.shand@austin.org.au).



## CanNET II Victoria Update Multidisciplinary Team Meeting Directory

Multidisciplinary team meetings are now integral to cancer treatment planning. CanNET Victoria has been active in creating opportunities for clinicians to gain the benefits of a multidisciplinary team by establishing ways for them to link in to these meetings electronically. As the number of linkages grows the need for a state-wide MDM directory is becoming more apparent.

Some regional clinicians may need to have contact with up to ten different MDMs. The directory will make it easier for clinicians to keep track of details such as when, where they take place and how to refer patients.

This project is an expansion of a directory developed in the first phase of CanNET which initially focused on the MDMs within NEMICS and Hume RICS. The CanNET team are looking at the best options for maintenance and sustainability, including consultation with existing directories of health services in Victoria.

CanNET Victoria has appointed Peter Garriga to develop this directory. Peter has many years experience in information technology and website development and brings a welcome set of skills to the project. He will be contacting each of the ICS in July to organise a demonstration of a prototype of the MDM directory and get feedback about any issues of concern.

For more information about the directory please contact Marg McKenzie on 0434 361 459.



## Victorian & Tasmanian Youth Cancer Network (VTYCN) NEMICS Project Update

NEMICS is in partnership with the Victorian and Tasmanian Youth Cancer Network and onTrac@PeterMac in a project aimed at improving outcomes for adolescents and young adults with cancer (AYAs are 15 to 25 year olds). This is a part of a national initiative funded by Cancer Australia and administered by CanTeen.

This project has been underway since the beginning of the year and there has been good progress made. Since very little is known about the care and experience of adolescents and young adults with cancer, much work has been done looking at the existing services and referral patterns. A retrospective clinical audit was completed, looking in detail at the experience of AYAs in the public hospital system in the NEMICS region, including enrolment and access to clinical trials which is one focus of the VTYCN project.

This project incorporates work done at a national level, which includes the development of a psychosocial screening and assessment framework.

This tool is in the process of being rolled out in collaboration with the onTrac@PeterMac team.

Training sessions are being held for clinicians involved in using this tool. Details of the training session for the NEMICS region are available on the [NEMICS website](#).

NEMICS has funded five oncology clinicians from within the region to attend training in AYA issues. Work is being done to raise awareness amongst cancer clinicians about the special needs of this group and to assess the need for workforce development and capacity building.

One of the serious impacts of cancer and cancer treatment on the young, is its impact on fertility. Patients and clinicians need to understand how their fertility may be affected and how they can maximise the potential preservation of their fertility. There is a feature article on the [NEMICS website](#) about fertility and cancer prepared by Melbourne IVF. It discusses the current fertility preservation approaches for female patients.



**Victorian Integrated Cancer Services** **SUPPORTIVE CARE CONFERENCE 2011**

Monday 11th July 2011 - Melbourne's Hilton on the Park

**Supportive cancer care into the future – sustaining, surviving, and growing**



The countdown continues until the 2011 Supportive Care Conference. There has been a keen interest in submitting abstracts for this conference. Five posters and an oral presentation have been accepted from all four health services and NEMICS directorate which is an indication of all the good work going on in supportive care in our region.

From the conference website:

*"The program will be innovative, exciting and rich in content that should appeal to a wide range of professionals working .....in multidisciplinary cancer care"*

To register go to <http://supportivecancercarevictoria.org/>

## Genetic Testing to Determine Cancer Risk

Genes play a role in the development of all cancers. Genes control the growth, division and life span of every cell in the body. Your genes come in pairs – one inherited from your mother and the other from your father. Some people inherit altered genes that may predispose them to developing particular cancers.

The Austin Health Clinical Genetics Service provides accessible clinical and laboratory diagnosis and counselling services, to advise people about their risk of developing cancer, provide genetic counselling and medical advice and, in some situations, genetic testing.

*"We see individuals and families where there are often multiple people affected by cancer and at times the affected individuals are very young to develop tumours such as breast, bowel and ovarian cancer"* Professor Martin Delatycki, Director.

*"In some cases, it is appropriate to offer genetic testing. Where a cancer predisposing genetic alteration is identified, we can test at risk family members. If they don't have the alteration, they can be reassured that their risk is usually no higher than others in the community. If they do have the alteration, they can enter a surveillance program to identify cancers at the earliest possible stage."*

Genetic testing aims to detect a genetic alteration that might increase the chances of a person developing a particular cancer. This testing is available to some families with a high risk of a genetic predisposition to certain cancers.

A referral from a doctor (GP) is required for an appointment, but doctors and consumers are welcome to contact the service with any queries.

The following genetics clinics are held at Austin Health:

- familial breast cancer clinic
- familial bowel cancer clinic
- neurogenetic clinic
- adult general genetics clinic
- paediatric genetics clinic.

People concerned about the risk of cancer to themselves or their family can be referred. Indications that the cancer in the family may be inherited include;

- multiple family members with the same type of cancer or cancers known to be related (eg. Breast and ovarian cancer, bowel and uterine cancer)
- individuals with cancer at a young age (eg. Breast cancer under 40 years or bowel cancer under 50 years)
- a person with more than one primary cancer
- an individual with a large number of polyps found in the bowel
- breast cancer in a male

### **Austin Health Clinical Genetics Service**

Phone 03 9496 3027  
Fax 03 9496 4385  
Email [genetics@austin.org.au](mailto:genetics@austin.org.au)

## New Guidelines

### **Guidelines for the Psychosocial and Bereavement Support of Family Caregivers of Palliative Care Patients**

Clinical Practice Guidelines for the Psychosocial and Bereavement Support of Family Caregivers of Palliative Care Patients has been officially launched by the Minister for Health and Ageing (Victoria).

To view the guidelines go to: [http://www.centreforpallcare.org/assets/uploads/CP-Guidelines\\_web.pdf](http://www.centreforpallcare.org/assets/uploads/CP-Guidelines_web.pdf)

### **UK Palliative Care Pain Guidelines**

An updated evidence based guideline for managing pain is now available at [www.gain-ni.org](http://www.gain-ni.org). *"General Palliative Care Guidelines for the Management of Pain at the End of Life in Adult Patients"* is a document that focuses on pain assessment and pharmacological approaches for adult patients at the end of life regardless of the underlying diagnosis.

*"Good pain management at the end of life is one factor which will assist in achieving patient choice regarding place of death, and ensure uniformity in quality of care throughout the province."*

If you wish to provide feedback or articles to the NEMICS Newsletter please contact the editor : [carmel.vermelfoort@austin.org.au](mailto:carmel.vermelfoort@austin.org.au) or ph 9496 3322