

Exciting New Project: Moving Forward With Confidence - increasing the capacity for self management in cancer survivors

NEMICS has been successful in obtaining one of the Department of Health survivorship grants. The project will develop interventions and build capacity to address the needs of patients as they complete active treatment and will be a collaboration of NEMICS health services, Divisions of General Practice, Queensland Institute of Technology and the Cancer Council of Victoria.

Survivorship is recognised as an important area for improvement; the Victorian Cancer Action Plan (VCAP) calls for the development of innovative models of follow-up and outpatient care to address the physical and psycho-social care needs of survivors and carers.

Cancer patients need to rely heavily on the judgement and skills of others during the active treatment phase; often people find that they have difficulty in re-establishing a sense of self-efficacy and confidence when treatment is completed. They can feel vulnerable and fearful, distrusting their ability to manage their health status and cannot envisage a life that accommodates, but does not revolve around, cancer.

Patients need to have access to particular kinds of information, education and support during this time.

In this project, *Moving forward with confidence: increasing the capacity for self management for cancer survivors*, selected patient groups will be provided with information support and survivorship care plans for their future.

Recruitment for the project officer will be completed soon. The project is expected to be completed by September 2013.



Colleen Berry, Radiation Therapist at Austin Health chatting with patient.
See page 5 for an article from Colleen Berry

Supportive Care Phase 2

All four NEMICS member health services will launch into Phase 2 of the supportive care implementation project in early 2012. These projects, funded by NEMICS grants, are aimed at further embedding and extending implementation so that more patients have access to supportive care screening.

The VCAP target for supportive care screening is for 50% of newly diagnosed patients to be screened by 2012. It has been recognised that major process implementation in health services takes concerted effort over a significant time.

The extension project will enable the health services to appoint a project officer to introduce screening in specialty clinics and focus on groups such as adolescents and young adults, and people from diverse cultural and language groups.

The project officers will continue to be supported by the NEMICS directorate with workshops and the ongoing development of a community of practice for supportive care issues.

We acknowledge all the hard work of the project officers who have worked on the original projects and welcome the new project officers for phase 2.

The NEMICS region supportive care screening rate for the first three tumour streams audited in 2011 was 38%.



2012 MDM Timetables

The 2012 multidisciplinary meeting timetables for the NEMICS health services are available under the multidisciplinary care tab on NEMICS website www.nemics.org.au

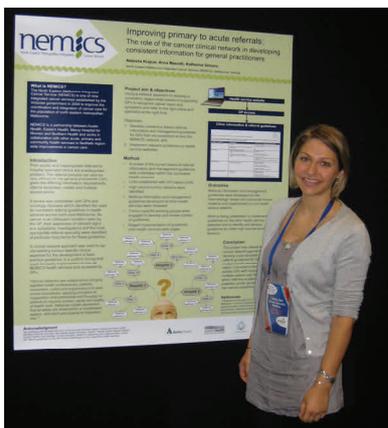
Report From COSA Annual Scientific Meeting

The Clinical Oncological Society of Australia's annual scientific meeting was held in Perth in November. Below are some of the NEMICS region initiatives presented at the meeting:

Dr. George Au Yeung and colleagues from Austin Health and Ludwig Institute for Cancer Research submitted a poster outlining research on the concordance between the recommended treatment plans arising from multidisciplinary team meetings and the eventual treatment given. This work has shown that there is a 95% concordance across the upper gastrointestinal, genitourinary and colorectal tumour stream meetings once adjustment was made for missing documentation.

Melissa Shand, service improvement facilitator for NEMICS directorate, delivered a presentation on the NEMICS model for implementing routine supportive care screening in the NEMICS member health services. NEMICS used non-competitive funding grants that allowed each health service to appoint a project officer to roll out the implementation. The process of implementation is still in process with consolidation and extension projects to be started in 2012.

Improving the referral process between primary and acute care was the subject of the poster presented by **Natasha Krajcar**, NEMICS SIF for coordinated care. Work is being done in NEMICS health services in collaboration with the GP liaison units to develop tumour specific consensus based referral information and guidelines.



Natasha Krajcar, NEMICS SIF

This information is being placed on each health service's GP access web pages with the aim of improving quality, timeliness and appropriateness of referrals to specialty clinics. So far guidelines have been developed for haematology, breast and colorectal tumour streams.

Delwyn Morgan, supportive care project officer for Eastern Health produced a poster that examined the influence of supportive care screening on the five year survival rate for cancer patients. Patients were followed up by phone after they underwent supportive care screening and a thematic analysis was done of their responses to open ended questions. At least two of the patients reported that they were more compliant with their treatment or had significant relief from depression associated with the cancer diagnosis because they were able to address it.



Marg McKenzie, CanNET

CanNET Victoria is a project of Cancer Australia. The team lead by **Marg McKenzie** presented their poster outlining the special equipment and minimum set up for rooms used for multidisciplinary team meetings.

The CanNET team has developed extensive knowledge and skills around the technical and practical aspects of providing IT links between MDMs. The main point: that dedicated rooms for MDMs are essential, general meetings or video conferences may be hosted in a well appointed MDM room but not the reverse.

Cancer Care Coordination Conference 2012 Towards New Horizons

The Conference will inform on best practice in areas that increasingly impact on coordinated care, including: sustainability of coordinator roles, survivorship issues, and care coordination of adolescents and young adults. Workshops will cover three key areas: caring for ourselves, research and improving practice

6th & 7th March, 2012
Novotel, St Kilda, Melbourne

For further information visit: <http://www.cosacc2012.org/>

Living With Cancer Education Program – Eastern Health

The [Cancer Council Victoria Living with Cancer Education Program](#) (LWCEP) is designed to help people with cancer and their families learn more about cancer, the treatment and their emotional reactions to it. These programs have been running at Box Hill and Maroondah Hospitals, and at Yarra Ranges Health for some years.

A group of motivated LWCEP facilitators from across Eastern Health (EH) met with the EH service improvement facilitator **Luellen Thek** recently to streamline how this program runs, to develop the aims of Living with Cancer Working Group and how these can be achieved and sustained, establish and allocate roles, and develop a communication strategy. An Eastern Health LWCEP annual calendar covering the period to the end of 2012 was created.

The LWC Working Group now has a database manager to establish and maintain records of participants and speakers across all campuses and a marketing person to manage the promotion of the program to both patients and other EH departments.

One member of the working group is now responsible for maintaining and coordinating the IT and equipment resources needed to run the program. Some of the group have taken on responsibility to educate EH staff about the benefits of participating in the LWCEP and how to go about referring a patient to the program.

A LWCEP was conducted at Box Hill Hospital on 9 November using the new model. It ran smoothly with input from three facilitators and with six patients/carers attending. The next LWCEP will be run at Yarra Ranges Health in March 2012.

NEMICS kindly provided funding for LWCEP facilitator training for Kay Tobin, Nurse at Maroondah Hospital Day Oncology Unit.

Visit the Cancer Council Victoria website for further information www.cancervic.org.au/.



Joan Schroen, Sandra Mills and Michelle Rossi, LWCEP Facilitators at Box Hill Hospital



New Cancer Council Website

Cancer Council Australia have launched a new website called [iheard](http://www.iheard.com.au). www.iheard.com.au is designed to answer questions from the public about whether cancer claims they have heard are true and have evidence to support them.

New Oncology Nurse Practitioner: now on staff at Northern Health

The recent appointment of **Michael Cooney**, an oncology nurse practitioner candidate at Northern Health means that an exciting new model of providing care for patients is now available.

Michael will work with patients undergoing chemotherapy - he will educate and assess patients and help manage the symptoms related to disease and treatment, arrange procedures and link patients to other members of the health care team. He will be working at both The Northern Hospital and Craigieburn Health service.

The haematology and oncology units are excited about the possibilities in having an advanced practice nurse on staff.



They are considering a number of projects that will use his skills and extended scope of practice, such as addressing underserved or at-risk groups.

Michael brings a high level of expertise to his new role with more than 20 years experience caring for people with cancer and their families. He has worked in both direct patient care roles and leadership positions in a broad range of settings.

Michael is very excited to be joining the Medical Oncology and Haematology units at Northern Health and believes that the NP role has the potential to make a major positive contribution to the experience of the person affected by cancer and their families.



Upcoming Information Session Fertility – an important issue for young cancer patients

As part of the Victorian and Tasmanian Youth Cancer Network project, NEMICS is hosting information sessions on **Fertility Preservation in Young Cancer Patients**.

Cancer and its treatment can often have serious long term implications on reproductive health. Young people with cancer need timely and full discussion about fertility issues. According to research 30% to 60% of adolescents and young adults with cancer were not able to recall receiving information about the risk of infertility or options for fertility preservation.

The first session was held at Eastern Health, Box Hill Hospital on 11 November. Over 30 oncology and haematology clinicians attended and found it very useful and informative.

The next information session will be provided by **Ms Kate Bourne** – a fertility counsellor and the senior community education officer with the Victorian Assisted Reproductive Treatment Authority – VARTA.

This session will be held as part of the Austin Health Cancer Grand round:

Monday 12th December
Austin Hospital
4.00pm - 4.45pm
Education Centre - Room 4.6
Level 4, Austin Tower
Heidelberg

The session will include the following topics:

- effects of cancer treatments on fertility
- fertility preservation options for males and females
- fertility preservation guidelines
- patient and health professional resources

Please contact Anna Mascitti – Youth Cancer Network project officer on 9496 3261 for more information.

The Victorian & Tasmanian Youth Cancer Consumer Advisory Board Wins Award

We are excited to announce that the Victorian and Tasmanian Youth Cancer (VTYCN) Consumer Advisory Board won the Minister for Health's Award for delivering local and responsive governance (in the category of Health Leader's Awards) at the Victorian Public Health Care Awards on Wednesday 16 November 2011. The chair of the Board, Kylie Lewis, was there to accept the award on behalf of the Board.



L to R: Craig Bennett, CEO PeterMac, Kate Thompson, Manager ONTrac@PeterMac, Kylie Lewis, VTYCN Consumer, Lisa Orme, Director VTYCN and Hon Minister David Davis

The mandate of the Board is to provide advice and guidance in the development of services and delivery of care for adolescents and young adults with cancer in Victoria and Tasmania. The Board is made up of 10 young people who have had an experience of cancer, either as patients, siblings or partners. A further 20 young people comprise a broader consultation group, providing advice and input into issues identified by the Board.

So far the Board have provided input on the models of care and referral pathways for young people, resource development, education and training for health professionals and patient spaces within a number of health services. They have also advised on the development of the ONTrac at Peter Mac space and re-branding which was officially launched on Wednesday 16 November by the Hon David Davis MP.

The Board is currently looking for people between 15-30 years old who have had a cancer experience between the ages of 15-25 either as a patient, survivor, sibling or partner, to participate in the broader consultation group. If you would like further information about the Board or how to apply, please contact Alisha at Alisha.Jackson@PeterMac.org or phone 9656 1798.

The Board was established in 2010 as a collaboration between ONTrac at Peter Mac, the VTYCN Project and CanTeen.

For more information phone 9656 1744 or visit www1.petermac.org/ontrac/index.asp

Report from the Victorian Integrated Cancer Services Supportive Care Conference

After applying for a NEMICS Professional Development Grant, I was successful in being sponsored to attend the Victorian Integrated Cancer Services Supportive Care Conference. This was held on 11 July 2011, at the Hilton on the Park, Melbourne.

Perhaps not surprisingly, the presentation I found most inspiring and memorable, was the keynote speaker: Carrie Lethborg's consideration of *Cancer in the Underserved*.

Many hospitals and cancer services are working well towards meeting Victorian Government targets with regard to Supportive Care initiatives. However, Carrie's research has shown that many patients with cancer in communities in Australia and around the world are disadvantaged when it comes to systematic and coordinated access to quality cancer care. The following groups are underserved in access to cancer treatments and services due to cultural, demographic and age-related circumstances.

Patients -

- over the age of 65 are 16 times more likely to die of their disease than any other age group.
- between the ages of 15 and 29 years of age have seen no change in their chances of survival for 20 years.
- who are Aboriginal and Torres Strait Islanders are 1.5 times more likely to die of their disease.
- living in a rural region are five times more likely to die earlier than those in metropolitan areas.
- on low incomes, are likely to be spending 27.5% of it on health costs for a chronic illness.
- who are single parents are at greater risk of late diagnosis and chronic depression
- receiving their treatment at a private hospital may not have access to allied health, financial assistance, support groups and adequate information.

Barriers to Quality Care

Access to clinics due to distance, hours of operation, transportation costs, family commitments and fear and mistrust from previous experiences can impede patient's abilities to access quality cancer care.

Clinical trials can create a lack of representation in certain groups due to their exclusions and eligibility criteria. Some patient groups (such as the elderly), may therefore be exposed to treatments never before trialled on their age group, the commitment to follow-ups and study duration may be too burdensome and elderly patients may be fearful of experimentation.

All patients face complexities in their lives such as familial, financial, work and psycho-social pressures which will affect their access to ideal care.

How can we Improve?

We can improve our delivery of quality care to the underserved by deliberately offering friendly and courteous service to these known risk groups. Actively encouraging diversity in the cancer workforce, and improving signage and written information to accommodate known various ethnic groups attending our clinics. By advertising and increasing the profile of support groups within the community we can reduce stigma and isolation patients may feel following a cancer diagnosis.

Article submitted by PD Grant recipient Colleen Berry

PD Grant Evaluation Report

An evaluation of the NEMICS workforce development program that provided grants to clinicians and consumers with the aim of building capacity in the oncology workforce has been completed by Dr Cathy Balding.

Dr Balding interviewed a number of grant recipients who provided valuable and positive feedback. The [report](#) found that the grant program is effective but the structure and processes can be improved upon. A full copy of the report can be found on the NEMICS website www.nemics.org.au.

The NEMICS directorate will develop a plan for incorporating recommendations that were outlined in the report.

Season's Greetings

The staff at NEMICS thank everyone for their support throughout the year, and wish you all a safe and happy holiday season.

Please note the office will be closed from 23 December 2011 and re-opening 3 January 2012

