

## Exciting New Program: NEMICS Community Ambassador Project

The NEMICS Consumer Reference Group is passionately committed to building community knowledge of the supports available to people with cancer and their family and friends. All members of this group have had a personal experience of cancer, and as such feel it is significantly important for people to understand how to get information and support before the stress of a cancer diagnosis occurs.

Having cancer is not just about the medical treatment. Research findings consistently show that people with cancer feel they generally have their medical requirements met but report their information and support needs are not. For example they are unsure of what to expect, what questions to ask, and state that information regarding their diagnosis is not provided in a consistent manner and in a way they can access later.

A person faced with a cancer diagnosis needs support and knowledge so they can make informed decisions about their care. People with cancer who receive education and help with psychological and social issues have lower rates of anxiety, mood disorders, nausea, vomiting and pain.

The Community Ambassador Program has been developed to help address this situation by providing people in the community with skills and knowledge to seek support and information independently and as soon as a diagnosis is made. A presentation has been developed that will be presented to community groups and will be provided by a person who has an experience of cancer and understands the impact that such a diagnosis can have.

This NEMICS Community Ambassador Project will inform community groups about cancer support services available within the north east region of Melbourne.

If you are a part of a community group and would like a Community Ambassador to come along to your group to increase the awareness of available cancer supports, please contact Melissa Shand. Tel: 9496 3322, or email [melissa.shand@austin.org.au](mailto:melissa.shand@austin.org.au)



## Melanoma MDM Starts in Region

A new region wide multidisciplinary meeting to discuss treatment planning for melanoma patients was successfully launched in November.

This fortnightly meeting connects the three NEMICS melanoma treating sites via an online meeting technology that is used to connect individual clinicians at other locations.

This is the first region wide MDM in NEMICS. It fills the long-recognised gap in providing multidisciplinary treatment planning for patients with stage IIC, III and IV melanoma.

The MDM management system, CANMAP, has been extended to include a region wide section specifically for this MDM. If you want to know more about this meeting, please contact Megan Dendle on 9496 3322.

## MDM Meeting Outcomes FAST!

At Austin and Eastern Health, MDM outcome forms are now loaded directly into the scanned medical record by a simple electronic link from CANMAP. This means the discussion and treatment plan is available soon after the meeting.

This is a great step forward from earlier processes as sometimes there was up to a week's delay in scanning the documents.



## **Linking GPs into Cancer Multidisciplinary Meetings (MDMs)** **A coordinated cancer care initiative**

Coordinated cancer care relies on accurate and timely information exchange.

With shortened lengths of stay and an increased focus on ambulatory care, the need for greater collaborative care between health services and general practitioners is required.

NEMICS is working in collaboration with multidisciplinary cancer teams and primary care to routinely communicate the key outcomes and recommended treatment plans from the multidisciplinary meetings. This new approach seeks to provide general practitioners (GPs) with timely, accurate and concise information.

Initially engagement was sought from GPs to clarify the type and format of their information needs and when they want to receive information. This helped to develop a generic letter template. With input from GPs within the NEMICS GP liaison units, the template was further revised.

NEMICS has been working closely with a number of different cancer multidisciplinary teams across the region:

- Breast - Northern Health
- Lymphoma - Austin Health
- Breast - Eastern Health

Teams were identified to participate based on three criteria:

- currently using the CANMAP database program to document meeting outcomes
- high standard of meeting documentation, and
- keen to communicate outcomes with GPs

---

## **Acupuncture Service for Austin Health Patients**

*By Chris Scott, Manager Wellness and Supportive Care*

I am pleased to announce that Dr Ian Relf, Medical Acupuncturist, is now providing care at Austin Health. Dr Relf is available on Wednesday afternoons from 1.30pm in the therapy rooms at the Olivia Newton-John Cancer and Wellness Centre.

Acupuncture sessions will run approximately 20 minutes with the capacity to see 7 – 10 patients per session.

Initially referrals will be taken for breast patients with moderately severe pain or with shoulder dysfunction and/or lymphoedema.

Referrals can be made via the standard methods. Please contact Chris Scott if you have any queries about making a referral. Chris can be reached on 9496 3539.

Drawing on the information documented during a MDM, an automated letter is sent following the MDM from the CANMAP program to the GP. This process can occur immediately following the meeting and ensures timely links with GPs.

GPs are informed that the information within the letter includes recommendations and that the final treatment plan may vary. This information does not replace the more comprehensive specialist correspondence.

As part of the process, GPs are being given asked to feedback on the summaries they are receiving to inform involved teams on whether the information within the summary is:

- useful
- clear & concise/insufficient/clear about what the recommended care plans are for patients/too detailed
- included in the patient's medical file

The lymphoma multidisciplinary team at Austin Health has led the charge, with letters being sent from their last two meetings. The response rate from GPs has been high with positive feedback and suggested improvements being fed back.

## **Changes to the Cancer Reporting Regulations**

[The Cancer \(Reporting\) Regulations](#) have been changed. These changes will come into effect on 1 July 2013. There are five new data elements that must be reported to the Victorian Cancer Registry (VCR).

- The individual Health Identifier, when it is allocated by the National Healthcare Identifiers Service, will be required.
- Language normally spoken at home by the patient
- ECOG performance status at the time of diagnosis. This measures the cancer's effect on the daily living abilities of a patient. Having access to this information will improve our understanding of survival data
- The degree of spread of the cancer at diagnosis or within four months is needed to help with the collection of data for staging cancers. Responses to this field range from 1 – localised to the tissue of origin, through to 4 – distant metastases.
- Additional information is required such as size of tumour, Gleason score for prostate, Clarke's level and thickness for melanoma and whether the patient is receiving neoadjuvant/adjunct chemotherapy. This element is a free text field.

Further information can be found at:  
<https://registry.cancervic.org.au/registry/default.asp>

## Breast Cancer Network Australia Strength to Strength: National Conference 2012

By Cindy Schultz-Ferguson, NEMICS consumer



I was privileged to be sponsored by NEMICS to attend the Strength to Strength: BCNA National Conference. Over 600 people from Australia, New Zealand and Hong Kong attended the two-day conference.

This was the first time in Australia that health professionals, researchers and women with breast cancer came together to listen, learn and debate the key issues in breast cancer treatment and care.

The BCNA Conference was a wonderful opportunity to hear firsthand the latest developments in research and treatment of breast cancer from world renowned experts and to mix with over 600 other women who have had a breast cancer diagnosis. The bond between the attendees, even though they came from so many different walks of life and parts of the world, was very strong.

I was privileged to be invited to join the panel for the final topic and comment on progress in patient centred care. I emphasised the importance of communication, but also that people who are less articulate and aware need more support to be heard.

The conference reminded us of these breast cancer facts:

- globally, 1.4 million women were diagnosed with breast cancer in 2008, the number will be 2 million by 2030. Since 1990 there have been 1/3 fewer breast cancer deaths in developed countries due to better treatment and screening.
- 6.7% of women will be diagnosed with breast cancer by the age of 70 in developed countries.
- a risk factor for developing breast cancer is the number of pregnancies experienced by women
- genetic factors for breast cancer account for a very small percentage of breast cancers (less than 5%).
- hormone therapy (Tamoxifen) and Aromatase inhibitors taken for five years doubles the survival rate for at least 10-15 years. Research is still ongoing as to whether there is benefit in taking these drugs for more than five years.
- the importance of self-compassion and lifestyle was reinforced by a number of speakers.
- breast cancer is not one disease, but rather it is at least 10 different diseases; there is a need for targeted prevention, detection, and treatment.

*Photo taken by Cindy at the entrance to the Sydney Convention and Exhibition Centre*

## COSA and IPOS Joint Conference

The themes of this year's conference were skin cancers, cancer of unknown primary (CUP) and translational research.

Improved melanoma detection methods and the use of new combination systemic treatments were presented. These treatments appear to hold the greatest promise for reducing deaths from this disease.

In relation to CUP, more effective diagnosis and clinical approaches were key topics. Presentations covered translational research, DNA sequence profiling and molecular classification.

Highlights of the IPOS conference included presentations on the impact of mindfulness-based stress reduction and how it can affect quality of life, depression, anxiety and fatigue in people with cancer. There was information on innovative return to work programs for survivors and tools to boost clinician – patient communication.

It was impressive to see the amount and breadth of survivorship work occurring internationally.

NEMICS presented a poster that outlined the survivorship project collaboration between Austin, Eastern and Northern health services and the Cancer Council Victoria Nurse HELPLINE.



*Paula Howell, Survivorship Project Officer & Kathy Simons, Manager*

This year's joint COSA-IPOS meeting successfully blended the psychosocial aspects of care with the therapeutic management of cancers.

## Tree-change Lure Proves too Strong for a 13-Year Veteran

Margaret Haugh, Nurse Unit Manager (NUM) at Maroondah, has recently resigned and moved to country Bendigo for a tree-change after working at Eastern Health since 1999. We wish her all the best and thank her for her hard work.

Margaret has been instrumental in implementing supportive care screening into the Maroondah and Yarra Ranges DOUs and this is now part of routine practice. She was also a regular participant at the breast MDMs.

Margaret started at Eastern Health in early 1999 at Box Hill Hospital, before moving to Maroondah in July 2004 as NUM of the Day Oncology Unit (DOU). The Maroondah DOU was at that time a 4 bed unit in an old ward, before moving and expanding following a community sponsored refurbishment to six chairs. It moved again in 2008 and currently there are eight chairs and one bed.

Margaret has been involved in all these moves, as well as in 2008 over-seeing the planning and management of the seven space DOU at Yarra Ranges Health in Lilydale.

Margaret received a NEMICS PD grant in 2012. This grant will support education and supervised practice to up-skill general ward nursing staff to meet chemotherapy administration and oncology patient care competency standards at Maroondah Hospital.



A particular area of interest for Margaret has been her involvement in the Australian Vietnam Volunteers Resource Group (AVVRG) – Hospital Staff Education program. This is a group of nurses and allied health staff that provide education to nurses in oncology units and wards in Vietnamese hospitals.

Topics include chemotherapy production, side effects, safe handling, neutropaenia and new developments in treatment. She has travelled to Vietnam five times (2008-2012) and visited eight hospitals. Margaret has seen great improvements in staff knowledge and facilities over time.

Joan Schroen has been appointed NUM at Maroondah Day Oncology Unit. Joan will be welcomed to the team in January 2013.

*Margaret Haugh*

## Round 1 Department of Health Audit Results

Every year the Department of Health measures the progress of cancer services improvement by asking NEMICS to audit some medical records. The sample is of newly diagnosed cancer patients who are treated in a NEMICS health service.

The results for the first half of the year cover all tumour streams. The sample of 383 patients was based on Victorian Cancer Registry data and consisted mostly of patients diagnosed in May and June of 2012.

The first-half results confirm that more patients than ever are getting their treatment planned by a multidisciplinary team. The percentage of 67% is an improvement on 60% for the full year results for 2011 and 48% for 2010. The target is 80%.

Doctors decide on a treatment plan based on the degree of spread of the cancer, which is commonly defined as the stage of disease. Documenting the patient's stage during the multidisciplinary treatment planning meeting is important. Stage information was included in 62% of MDM documents in our sample. The target set by the Department of Health is 100%.

The percentage of patients who had a supportive care screen has increased to 31% across the region. This improves on the full year 2011 result of 27% and 9% for 2010. The target is 50%.

## Fostering Nursing Research

How do you define your research question? How do you write for publication? How do you introduce evidence based practice into everyday care? These are just some of the questions asked and answered in a day-long workshop held at Austin Health last month.

The workshop was the brainchild of Rosie Hoyt, (BMT coordinator, clinical haematology) and Juanita Hardy, (nursing educator, cancer and palliative care), who received a NEMICS professional development grant for this project.

The opportunity to attend the workshop was taken up by 24 nurses from oncology and palliative care areas. Speakers included university and health service based researchers, including Professor Kate White from the University of Sydney.

There are plans underway to sustain this activity and assist participants to achieve their exciting and ground breaking research ideas.



*Pictured from L to R: Juanita Hardy (Austin Health), Dr Maria Murphy (Austin Health / La Trobe University), Professor Kate White (University of Sydney), Dr Anne-Maire Mahoney (Austin Health), Associate Professor Meinir Krishanamy (Peter MacCallum Cancer Centre) and Rosie Hoyt (Austin Health)*

## Eastern Health: Silver Winner

The Eastern Health Ambulatory Oncology Rehabilitation Program was the silver winner in the recent Health Care Innovation Awards. Congratulations to Eastern Health and the staff involved in the program.

## Season's Greetings

The staff at NEMICS thank you for your support throughout the year. We wish you and your families a safe and happy holiday season.

Please note the office will be closed on 24 December 2012 and re-open 7 January 2013

