



Enhancing Supportive Care for People Affected by Cancer Across North East Melbourne

Strategic Plan

Plan Implementation Period 2010 - 2013

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Developed by: NEMICS Directorate in consultation with

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Executive Summary

NEMICS is one of three metropolitan and five regional integrated cancer services established by the Victorian Department of Health in 2005. The purpose of NEMICS as a networking organisation is to facilitate improvements in planning and delivery of cancer care within the north east region of Melbourne. The development of this strategic framework was requested by the Cancer and Palliative Care Unit of the Victorian Department of Health and approved by the NEMICS Governance Committee.

Supportive care, defined as an umbrella term for a range of generalist and specialist services required to support people with cancer and their families, is an integral part of providing best cancer care. As such, supportive care is one of the four key priority areas for NEMICS. Whilst supportive care services are offered at health organisations within the NEMICS region, the challenge is to achieve equitable access to routine, systematic and best practice supportive care for people with cancer and their families regardless of where they present within the north east region of Melbourne. The imperative for improving supportive care was further strengthened by the announcement of Victoria's Cancer Action Plan and the publication of the supportive care policy for Victoria. These documents provide performance targets and strategic directions for improving supportive care across integrated cancer services and health organisations in Victoria.

Our supportive care vision is to enable health services and clinicians to develop and implement best-practice supportive-care models for people living with cancer and their families, so that people living with cancer can identify their supportive care needs at different points in their journey and have their needs addressed in a timely way regardless of where they present within the north east region of Melbourne.

NEMICS will facilitate the creation of a supportive care network to direct the planning, monitoring and continuous improvement of supportive care services within the north east region of Melbourne in the four core strategic directions: identifying the supportive care needs of people affected by cancer; capacity building for optimal supportive care; implementing supportive care screening into routine practice and addressing supportive care needs – referral and linkage.

1. Introduction

This document is an outline of the three year NEMICS supportive care strategic plan for 2010 to 2013. It articulates a shared vision and directions for achieving equitable access to routine, systematic and best practice supportive care for cancer patients in the north east metropolitan region of Melbourne.

This strategic plan is a commitment of NEMICS to support a regional network approach to improvements in supportive care and should be used as a guide by NEMICS health services in the development of their local strategies for the implementation of a systematic and routine approach to supportive care. This strategic plan is aligned with the Department of Health (DH) Supportive Care Policy¹.

2. The Broad Context

Supportive Care in Victoria

'Cancer is Victoria's biggest killer and the cause of considerable suffering of the Victorian community'². In recognition of the need to improve the delivery of cancer services and outcomes for cancer patients, the Victorian Government launched Victoria's Cancer Action Plan 2008 – 2011 (VCAP) as part of its ambitious cancer service reform agenda.

The aim of VCAP is to set the direction for improving the planning and delivery of treatment and support to patients, such that appropriate care is provided at the right place, in the right manner and at the right time for those in need.

Supportive care is a key area of focus for improvement in VCAP. Following from the VCAP, in May 2009, the Department of Health published a supportive care policy which outlined a population-based, person-centred approach to care and strategic directions for the enhancement of supportive care in Victorian cancer services.

Integrated Cancer Services (ICS) have been tasked with driving the implementation of the supportive care policy within each ICS region.

Supportive Care Targets in VCAP

"*Supporting and empowering patients and carers throughout their cancer journey*" is one priority area in the VCAP. The commitment to improving supportive care is reflected in the following targets:

¹ Department of Human Services (2009). Providing optimal cancer care: Supportive care policy for Victoria. Melbourne, Victoria. Also published on www.health.vic.gov.au/cancer

² Department of Human Services (2008). Victoria's Cancer Action Plan 2008-2011. Innovation in care – saving lives. Victorian Government Melbourne, Victoria.

1. By 2012 we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness.
2. We will aim to document supportive care screening for 50% of newly diagnosed patients by 2012.

The ICS will work with their local health services to facilitate achieving the VCAP supportive care targets by 2012 and report to the Department of Health. The Cancer Action Plan Implementation Committee chaired by the Minister for Health is the body monitoring the progress of systematic supportive care implementation against the targets.

What is Supportive Care?

Supportive care is an umbrella term for a range of generalist and specialist services required to support people with cancer and their families. In the context of cancer, supportive care needs include:

- physical needs – e.g. pain, fatigue, nausea
- psychological needs – e.g. anxiety, distress
- social needs – e.g. practical supports, carer needs
- information needs – e.g. relating to diagnosis, prognosis, types of treatment
- spiritual needs - e.g. addressing hopelessness, despair.

The Benefits of Supportive Care

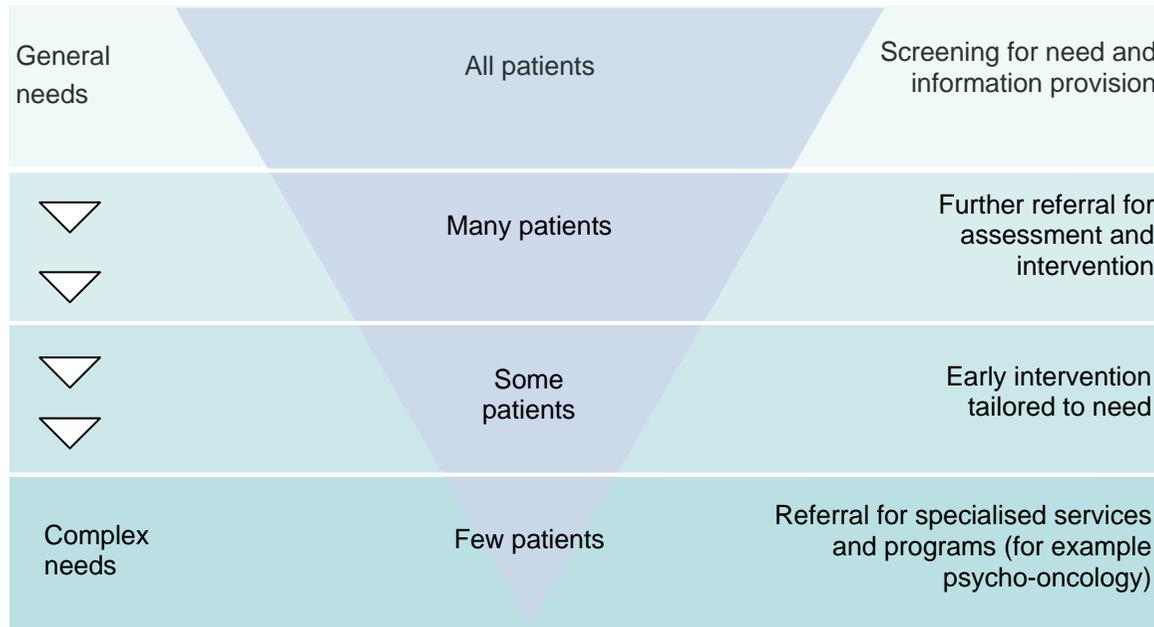
Providing supportive care to people living with cancer and their families is an integral part of best practice in cancer care. The evidence shows that cancer patients whose supportive needs have been attended to have lower rates of anxiety, mood disorders, nausea, vomiting and pain, and significantly greater knowledge about the disease and treatment³.

Supportive Care Needs

People affected by cancer differ in their supportive care needs. As illustrated in Figure 1 below, only a minority of people with cancer have very specific needs that impact significantly on their mental and/or physical well-being requiring referral to specialist services. The majority of people with cancer have needs that can be met within their routine day-to-day management or through the provision of some additional supports or services. This pattern of needs calls for a systematic and routine way of identifying patients who would benefit from different levels of intervention.

³ National Breast Cancer Centre and National Cancer Control Initiative. (2003). *Clinical practice guidelines for the psychosocial care of adults with cancer*. National Breast Cancer Centre, Camperdown, NSW.

Figure 1⁴



Who Provides Supportive Care?

Providing systematic and routine supportive care is contingent upon all multidisciplinary team members having a role in identifying and addressing supportive care needs. This includes health professionals (nursing, medical and allied health) working in generalist and specialist settings as well as community and primary care services. Assistance from carers, family, friends, support groups and volunteers is invaluable in contributing to supportive care.

⁴ Adapted from Fitch, M. (2000). "Supportive Care for Cancer Patients ". *Hospital Quarterly* 3 (4); 39-46

3. Strategic Planning Method

In developing this strategic plan, the following have been considered: current evidence in supportive care, review of local data including demographics, cancer service activity in NEMICS public hospitals and available information on supportive care service provision within NEMICS. In addition, this strategic plan draws on previous and current NEMICS sponsored supportive care initiatives which have been planned and developed with extensive input from NEMICS stakeholders and governance groups.

Review of Evidence

Supportive care, which addresses a wide range of needs across the continuum of care for people affected by cancer, is a core component of cancer care⁵. National and international literature indicates that the benefits of early identification and intervention of supportive care needs improves experiences and outcomes for those affected by cancer. The NEMICS strategic plan is based on the framework provided in the Department of Health's supportive care policy which draws on the published evidence summarised previously.

Review of Local Data

Demographics

The 2006 population in the north eastern metropolitan geographic region was 1.27 million and the total metropolitan Melbourne population was 3.74 million⁶. The geographic area of NEMICS is based on the following local government areas: Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea and Yarra Ranges. The implication of local demographics upon the provision of routine and systematic supportive care to cancer sufferers will be further analysed as part of the work underpinned by this strategy.

Cancer Burden within NEMICS

NEMICS inpatient public hospital activity data shows that in the 2008/09 financial year, there were 31,921 inpatient admissions with a cancer diagnosis (malignant, in situ or unknown neoplasms) provided to 8,934 cancer patients. The number of patients admitted to one or more of the NEMICS public health services increased from 7,634 in 2004/05 to 8,934 in 2008/09.

In 2008/09 there were 6104 cases of newly diagnosed cancer (excluding non-melanoma skin cancer) in patients that reside in the NEMICS geographic region⁷. This represents one new cancer diagnosis for every 200 residents in the region, most of which (74%) seek treatment within NEMICS health services.

The five year survival rate for people diagnosed with a cancer in 2004 for all Victorians was 61%. People residing within the NEMICS region have the highest five year survival rate of 64% (i.e. 64 in every 100 people with cancer have survived at least 5 years from their cancer diagnosis). This has a significant

⁵ Department of Human Services (2009). Providing optimal cancer care: Supportive care policy for Victoria. Melbourne, Victoria. Also published on www.health.vic.gov.au/cancer

⁶ Australian Bureau of Statistics, 2006 Census QuickStats, downloaded from <http://www.censusdata.abs.gov.au> on 18th May 2010.

⁷ from latest incidence statistics available from The Victorian Cancer Registry (2006)

implication on service planning and improvement as it is recognised that survivorship is an important stage of patient journey, requiring development of appropriate follow up models of care⁸.

At this point in time we do not have access to data describing occasions of services provided to cancer patients in private hospitals within the north-east. The implication of cancer activity data within NEMICS upon the provision of routine and systematic supportive care to cancer sufferers will be further analysed as part of the work underpinned by this strategy.

Supportive Care

To measure the progress of the cancer reform agenda, in 2009, 360 medical records were audited across the NEMICS health services in all tumour streams. In the area of supportive care the audit found no documented evidence of the use of a validated supportive care screening tool for cancer patients and their carers.

Whilst supportive care services are offered to people affected by cancer within NEMICS health organisations, systematic and harvestable data about these are not routinely collected. Anecdotal evidence suggests variability within health services in what type of supportive care they offer and when. Most documented supportive care assessments and interventions are undertaken by allied health and specialist nursing staff.

The NEMICS Supportive Care Directory compiled by the NEMICS Directorate and published in 2009 indicates that within NEMICS region there are 161 community and hospital based agencies providing 243 services that fall within the umbrella of supportive care. Most of these are generic services available to all referred and eligible individuals.

NEMICS Supportive Care Initiatives

Since its inception in 2005, NEMICS has supported a number of initiatives in the area of supportive care.

Major initiatives included:

- Supportive Care Service Directory (collaboration with Hume and Loddon Mallee ICS)
- Professional Development & Education Grants Program
- Commonwealth Strengthening Cancer Care initiative - *Reaching out to women with gynaecological cancers: Innovations in supportive care* (partnership between BreaCan and NEMICS)
- Breast tumour group project: literature review on supportive care
- Systematic involvement of consumers in the implementation of supportive care - (CanNET consumer consultations)
- Mapping of colorectal patient information
- Supportive Care Grants Program

⁸Department of Human Services (2008). Victoria's Cancer Action Plan 2008-2011. Innovation in care – saving lives. Victorian Government Melbourne, Victoria.

Supportive Care Grants Program

Building on the previous work within NEMICS and in response to the VCAP supportive care targets, in February 2009 NEMICS launched the Supportive Care Grants Program offering grants to four health services to implement a model of a routine approach to supportive care for cancer patients and their families.

The objectives of the program are to:

- facilitate a model for routine, supportive-care screening and identification of needs
- build capacity within organisations for supportive care (education and training of staff, maximise existing mechanisms for identifying and responding to supportive care needs)
- identify referral pathways for supportive care services in the hospitals and the community.

A working definition of a model of supportive care was offered as a comprehensive approach incorporating the use of:

- a validated screening tool
- training of staff
- documentation of screening and assessment outcomes
- referral pathways.

Implementation

As part of the Supportive Care Grant Program planning and launch, NEMICS secured high level support from executive and senior managers within the four NEMICS organisations as well as local clinical support for the implementation of the projects. Each participating health service formed a supportive care committee to first oversee the grant application and subsequently to oversee the project. Health services were supported by their respective Service Improvement Facilitators (SIF) in this work.

NEMICS Directorate developed the program guidelines in line with the objectives and targets of VCAP and the DH supportive care policy. A Supportive Care Steering Committee was formed to oversee the implementation of the program. In addition, the Directorate provided information sessions for clinical staff on implementing a routine approach to supportive care and funded professional development activities in the area of supportive care. The NEMICS Supportive Care Service Directory was distributed widely and its use is being incorporated in supportive care projects.

A network of supportive care implementation project officers and health service improvement facilitators began meeting regularly to share information and problem solve implementation issues in July 2009. In May 2010 this group was strengthened by an addition of two consumers. This network group was used to inform the development of this strategy and communicate with key stakeholders in each NEMICS health service. This group will be used to reinforce and strengthen the NEMICS Supportive Care Network – a vehicle for implementing routine and systematic supportive care within NEMICS.

4. Service Context

NEMICS Health Services

Whilst cancer patients are seen by a number of non-cancer specialists and health professionals, cancer specific treatment is offered by five public hospitals and a number of private hospitals within the north east geographic area. The term “NEMICS health services” refers to four major public health services, namely Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women, who are signatories to NEMICS Memorandum of Understanding.

Eastern Health is the main provider of health services to patients who reside in the east, outer east and Yarra Ranges areas for greater metropolitan Melbourne. Eastern Health provides cancer services at Box Hill Hospital, Maroondah Hospital, Yarra Ranges Health Service and Wantirna Health. Day Oncology Units operate at Box Hill Hospital, Maroondah Hospital, and Yarra Ranges Health Service and inpatient acute cancer services are available at Box Hill Hospital and Maroondah Hospital. Palliative care services are available at Wantirna Health as an inpatient service and as an ambulatory service at Yarra Ranges Health. An ambulatory oncology rehabilitation program is soon to commence at Wantirna Health.

Mercy Hospital for Women (MHW) is a specialist hospital dedicated to the treatment of women’s health, childbirth and infant health, as well as being an important teaching and research hospital in these fields. It is a major Victorian public hospital providing gynaecology, gynaecological oncology, neonatology and obstetric services offering 229 beds. MHW enjoys full Level 3 specialist teaching accreditation in obstetrics, gynaecology, gynaecological oncology, neonatology and anaesthetics and is affiliated with Melbourne University’s Clinical School of the Department of Obstetrics and Gynaecology.

Northern Health provides health care services to the expanding communities in Melbourne’s northern suburbs. Northern Health’s campuses, Broadmeadows Health Service, The Northern Hospital (TNH), Bundoora Extended Care Centre and Panch Health Services, provide a unique mix of services in medical, surgical, emergency, intensive and coronary care, paediatrics, women’s and maternal health, mental health, aged care, palliative care and rehabilitation programs. These are provided through inpatient, ambulatory and community-based programs. Northern Health’s day oncology services commenced at TNH in 2007 followed by Craigieburn Health Service in 2008.

Austin Health is comprised of Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre. Austin Health is a major teaching and research centre with numerous university and research institute affiliations. Catering to diverse multicultural and veteran communities, Austin Health delivers vital state wide services to Victorians and a vast array of specialty services to the people of Melbourne’s north-eastern corridor in a safety-focussed, team-orientated and stimulating work environment. With the development of the Olivia Newton-John Cancer and Wellness Centre, Austin Health will bring together all of its cancer services under one roof. This includes a Wellness Centre that will provide a range of supportive programs and complementary therapies.

In addition to NEMICS health services, the north east geographic area encompasses the following health services⁹:

- Peter MacCallum Radiation Oncology Centre at Box Hill, a public provider of radiation oncology
- 15 private hospitals including three rehabilitation hospitals
- Radiation Oncology Victoria (ROV) a private provider of radiation oncology at two sites

⁹ Taken from NEMICS Data profile 2005/06 – 2008/09

- 12 Community Health Services
- three Community Palliative Care Providers.

NEMICS Directorate endeavours to work with all health care providers within the north east geographic region to implement routine and systematic supportive care. At this point in time most supportive care activities and initiatives are undertaken within the four public health services with links and collaboration across other health services within NEMICS. In principle the NEMICS Supportive Care Network will be inclusive of all health services within the north east region of Melbourne

5. Purpose, Vision and Strategic Directions

Key Principles of Supportive Care ¹⁰

NEMICS strategic directions and those of local health services are underpinned by the following principles:

- a person-centred, family-centred approach to care
- a system-wide and team approach, within and across services and sectors, to ensure that all health care professionals have responsibility for supportive care
- developing and supporting the workforce to optimise their capacity to respond to the needs of those affected by cancer, building on skills and experience, and optimising sustainable approaches
- maintaining a focus on quality of care through providing evidence-based protocols and processes and monitoring progress and outcomes through medical record audit, benchmarking and peer review
- population-based planning to identify the needs of the population and gaps in existing supportive care services and to facilitate an informed approach to future service planning.

NEMICS Supportive Care Vision

Enable health services and clinicians to develop and implement best practice supportive care models for people living with cancer and their families. People living with cancer will have an equal opportunity to identify their supportive care needs at different points in their journey and have their needs addressed in a timely way regardless of where they present.

Purpose

NEMICS will facilitate the creation of a supportive care network to direct the planning, monitoring and continuous improvement of supportive care services within the north-east region of Melbourne.

¹⁰ Taken from: Providing optimal cancer care, 2009 Metropolitan Victorian Government Department of Human Services, Health and Age Care Division, Melbourne, Victoria

Strategic Directions

Aims	Method	Output / Outcome	Responsibility	Timeframes
Strategic Direction 1: Identify the Supportive Care Needs of People Affected by Cancer				
1.1 Facilitate the identification of the supportive care needs of people affected by cancer within NEMICS	A review of available cancer data sets and demographic data projections.	Compile a summary data report and its implications for supportive care service delivery within NEMICS.	NEMICS directorate & supportive care network	December 2010
	Supportive care needs analysis:			
	Use data identified through the health service supportive care projects.	Complete a descriptive analysis of a project sample supportive care needs at two points in time.	Health services to report project data to NEMICS. NEMICS to analyse data for the region.	December 2010 & August 2011
	Consult with consumer groups/societies on obtaining information on SC needs.	Consultations completed.	NEMICS directorate & supportive care network	December 2010
	Seek advice from the Australian Centre for Cancer Survivorship on obtaining information on SC needs of survivorship population.	Collaborate and link with the Australian Centre for Cancer Survivorship.	NEMICS directorate & supportive care network	Ongoing
	A comprehensive NEMICS Supportive Care Service Directory has been developed and is available to all NEMICS stakeholders including private hospitals in the region.	NEMICS Supportive Care Service Directory disseminated and available on request.	NEMICS directorate	Completed
		A website directory version developed and launched.	NEMICS directorate	August 2010
	Annual survey of listed service providers to maximise the accuracy of the website directory.	Survey completed as planned.	NEMICS directorate	September 2010 and annually thereafter.
	Annual evaluation the website directory via: ▪ survey of the directory users	Annual evaluation reports completed.	NEMICS directorate	October 2011 and annually

Aims	Method	Output / Outcome	Responsibility	Timeframes
	<ul style="list-style-type: none"> ▪ regular harvesting of user feedback (built in the system). 			thereafter.
	Explore providing links to the web directory as part of the supportive care screening process.	Links to the web directory will be made available to all health services implementing routine supportive care screening.	NEMICS directorate	September 2010
1.2 Understand utilisation rates of supportive care services within NEMICS.	Survey of supportive care providers listed in the Directory – to be <i>linked with a review of the website directory and its evaluation.</i>	A service utilisation report compiled and disseminated to all key stakeholders.	NEMICS directorate	October 2011.
	Compile referral data from health service supportive care projects.	As above	Health services to report project data to NEMICS. NEMICS directorate to analyse data for the region.	As above
	Facilitate feedback on service utilisation to SC providers (including allied health within health services).	As above	NEMICS directorate.	As above
Strategic Direction 2: Capacity Building for Optimal Supportive Care				
2.1 Secure executive and clinical leadership to build supportive care capacity	NEMICS to conduct a workshop with key stakeholders - "Planning the implementation of supportive care strategy"	Workshop completed.	NEMICS directorate / supportive care network	July 2010
	Facilitate the development of supportive care networks from within executive teams, the multidisciplinary cancer team, specialist supportive care providers and consumer groups who will work to achieve the supportive care strategic goals	Supportive Care Network governance structure and communication strategies agreed between NEMICS, health services and other key stakeholders.	NEMICS	September 2010
		Supportive care multidisciplinary teams inclusive of all disciplines are operating within each health service.	Health services	July 2011
	Integrate NEMICS supportive care strategy in the NEMICS health services' clinical governance and quality structures, human resource policies and processes and local	VCAP targets for the implementation of systematic supportive care screening and follow-up included in NEMICS' health services quality and business plans.	NEMICS / health services	December 2010

Aims	Method	Output / Outcome	Responsibility	Timeframes
	organisations' IT strategies.			
	Develop mechanisms for integrating consumer experience of supportive care into driving change in delivering routine and systematic supportive care.	Consumer Advisory Committees within each health service informed and engaged in driving supportive care improvements.	Health services	December 2010
		Consumers included in Supportive Care Network Advisory Committees.	NEMICS	September 2010
		Consumer stories and feedback included in all NEMICS health service supportive care education and training activities.	NEMICS/ health services	Ongoing
2.2 Build a supportive care network to facilitate referral and linkage, service development and quality improvement	Call for nominations to The NEMICS Supportive Care Network Advisory Committee(s).	Supportive Care Advisory Network Groups formed and functioning as per ToR.	NEMICS	September 2010
2.3 Facilitate extending the capacity of workforce through building supportive care skills: effective communication, counselling, knowledge of the needs of cancer patients and knowledge of services	Work with Supportive Care Network Committees on a supportive care education plan across NEMICS.	A yearly supportive care education calendar will be planned and distributed across NEMICS by December each year for the following year.	Supportive care network / NEMICS	December 2010 and annually thereafter.
	Facilitate the integration of supportive care education resources developed as part of projects within health services.	Supportive care education integrated in health services' education system.	Health services	July 2011
	Facilitate education of workforce on the importance of addressing supportive care as part of routine cancer care.	As above	As above	July 2011
	Facilitate collaboration between health services; NEMICS Directorate and DH funded organisations (Supportive Cancer Care Victoria and the Australian Centre for Cancer Survivorship) and the Victorian Cancer Clinicians Communication Program on developing and integrating supportive care education activities within NEMICS health	Participate in activities as planned.	Supportive care network / NEMICS	Ongoing

Aims	Method	Output / Outcome	Responsibility	Timeframes
	services.			
Strategic Direction 3: Implementing Supportive Care Screening into Routine Practice				
3.1 Facilitate the implementation of supportive care screening into routine practice within NEMICS	Evaluate the progress of four supportive care projects and build on the results of the evaluation.	Preliminary and final evaluation completed.	Health services to report project data to NEMICS. NEMICS to analyse data for the region.	December 2010 & July 2011.
	Share resources and knowledge with the Supportive Care in Cancer Victoria on implementing supportive care screening into practice.	Links with the Supportive Care in Cancer Victoria formalised.	NEMICS	July 2010
3.2 Facilitate integration of validated supportive care screens (prefer self-administered mode) in the routine care of cancer patients within NEMICS health services	Plan for sustainability of project implementation phase by July 2010	Project sustainability plan agreed with four health services.	NEMICS	July 2010
	Workshop with key stakeholders on strategies for the implementation of supportive care in health services.	Workshop completed.	NEMICS	July 2010
	Cooperate with the Supportive Care in Cancer Victoria on obtaining a state-wide approval for the use of Distress Thermometer tool.	Participate in activities as required	NEMICS / supportive care network	Ongoing
3.3 Support health services in training their cancer workforce in the use of a screening tool and follow-up of patients who identified supportive care needs	Health services to plan for the integration of supportive care education and training within their existing education systems.	100% of permanent nursing, allied health and medical staff across NEMICS trained in the administration of supportive care screening and follow-up.	Health services	July 2011
	Supportive care education calendar to be marketed across NEMICS	Yearly education calendar circulated as planned.	Supportive care network / NEMICS	December 2010 and annually thereafter.

Aims	Method	Output / Outcome	Responsibility	Timeframes
	NEMICS PD grants will be made available to individuals and groups for supportive care skilling.	PD grants administered twice per year.	NEMICS	Annually in September and March.
Strategic Direction 4: Addressing Supportive Care Needs – Referral and Linkage				
4.4 Plan a response for supportive care service gaps through consultation with governance committees, local health services and other stakeholders	Analyse reports from supportive care provider surveys and supportive care projects to identify gaps in services.	Report compiled and disseminated to key stakeholders.	NEMICS / supportive care network	October 2011
	Report the results of the evaluation of supportive care projects to the Cancer and Palliative Care Unit of the Victorian Department of Health including any identified gaps in supportive care services.	Reports sent to the Cancer and Palliative Care Unit.	NEMICS	By August 2011
	Consult with NEMICS Supportive Care Network Committees on the above mentioned reports.	Plan for negotiating linkages and referral pathways completed.	NEMICS	February 2012
	Facilitate the documentation of health services internal referral pathways as part of supportive care projects.	Health service referral pathways documented as part of supportive care projects.	Health services	July 2011

6. Implementation Requirements

Executive Engagement

The development of this strategic plan was supported and approved by the NEMICS Governance Committee. Key champions for the implementation of routine and systematic supportive care were identified within each NEMICS health service through supportive care projects. The proposed NEMICS Supportive Care Network structure (Attachment 1) has been developed in consideration of existing NEMICS and local health services governance structures and processes. A NEMICS Supportive Care Network Advisory Committee will be formed to guide the implementation of routine and systematic supportive care within NEMICS. The Committee members will be sought from the ranks of existing supportive care committees within health services.

Stakeholder Engagement and Partnerships

- Consumers (Hospital Community Advisory Committees and NEMICS consumer group)
- Community services
- Clinicians working with cancer patients across NEMICS including:
 - allied health (including pastoral care)
 - medical
 - nursing
- Department of Health – Cancer and Palliative Care Unit
- NEMICS participating health services:
 - CEOs
 - operational managers
 - cancer services departmental heads or equivalents
 - quality managers
- Primary Care - General Practitioners
- Private Hospitals

It is noted that key clinicians and managers with an interest in and responsibility for implementing routine and systematic supportive care at their respective services already play a role in their local supportive care project committees. It is envisaged that these committees will continue to operate beyond the life of each project for the purpose of continuing to support the implementation of the supportive care policy. All stakeholder groups have been considered in planning the NEMICS Supportive Care Network (Attachment 1).

Communication Strategy

Once endorsed the supportive care strategic plan will be:

- published on the NEMICS website
- made available to NEMICS Governance Groups via the NEMICS Directorate
- distributed to NEMICS health services via supportive care project officers for further distribution within their respective health services (including supportive care committees and oncology councils)
- sent to the Department of Health, Cancer and Palliative Care Unit

Review and Evaluation

This is a three year strategic plan, the progress of which will be reviewed yearly until 2013 against outcomes and outputs as outlined in the Strategic Directions Table on pages 12-17. The strategy will be evaluated in 2012.

Resource Requirements

Resource requirements are outlined in the Strategic Directions Table on pages 12-16.

Risk Analysis

A potential risk is that NEMICS participating health services are unable to action their supportive care policies based on the NEMICS strategic framework due to lack of resource allocation and commitment. NEMICS will work with individual health services to identify areas where NEMICS could potentially contribute to the successful implementation of the strategic framework.