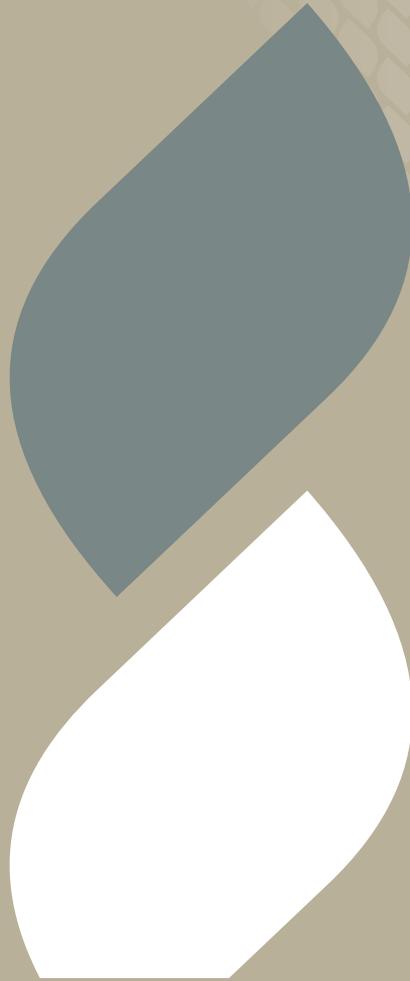


nem<sup>i</sup>cs  
North Eastern Melbourne Integrated Cancer Service

# annual report



# 2014 2015

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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 2014 – 15 annual report.

This year marks our 10th year; a time for reflection on progress so far with both the development of the network and with key priority areas; and for identifying new opportunities for the future. We also remember with fondness and gratitude the late Dr Ian Roos who provided his intelligence and insight to NEMICS in keeping the needs of people with cancer at the heart of the network's activities.

Increasingly this year we have collaborated with other Integrated Cancer Services to spread activities across the state. This process began with chemotherapy day unit redesign projects last year and the first VICs conference in 2012, and this year has seen another conference and the Tumour Summits program.

We continue to support and monitor the progress with implementing multidisciplinary, coordinated and supportive care to cancer patients and their families. Our partners are well underway with developing their own clinical service plans for cancer that also focus on collaborative opportunities between the health services.

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 and project committees and the Directorate.

The Nationally endorsed optimal care pathways for people with cancer and the new Victorian Cancer Plan due in 2016 will set the scene for the next phase of cancer reform and the priorities of the NEMICS.

**Dr Linda Mellors**  
*Chair*



Dr Linda Mellors – Chair



A/Prof Paul Mitchell – Director



Ms Katherine Simons – Program Manager

## A tribute to the late Ian Roos

PhD, OAM

It is with great sadness that we note the passing of Ian in April 2015. Ian made a huge contribution to cancer advocacy for the last 22 years. Ian was a professional scientist and researcher for the Peter McCallum Cancer Centre in the 1980s, but became a tireless advocate for a better cancer system in the late 1990s when he received a diagnosis of prostate cancer. He worked with Cancer Council Victoria and was a founding Chair of Cancer Voices Victoria. Through his work with Cancer Australia, Ian chaired a committee that produced the National Framework for Consumer Involvement in Cancer Control in 2011. He provided great support for the establishment of ANZUP and was very interested in promoting clinical trials and cancer research. Ian was actively involved in NEMICS at all levels from the Governance Committee to individual projects. NEMICS benefited enormously through Ian's contribution to build a cohesive cancer clinical network of engaged and skilled consumers, engaged clinicians and health providers.



Ian Roos



# 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 7,100 people were diagnosed with cancer in 2014. The area incidence is growing at 3.5% per annum in line with Victoria.

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.

In a typical week this year in the region 138 people were diagnosed with cancer and 151 people were admitted during 586 episodes in one of our public hospitals. An estimated 130 patients were discussed by one of the 28 multidisciplinary teams and had their diagnosis confirmed and treatment planned. Those teams had

approximately 195 discussions, involving the sharing and display of imaging and pathology information essential to recommend an appropriate treatment plan. Fifty patients received chemotherapy during one of about 360 admissions specifically related to chemotherapy administration.

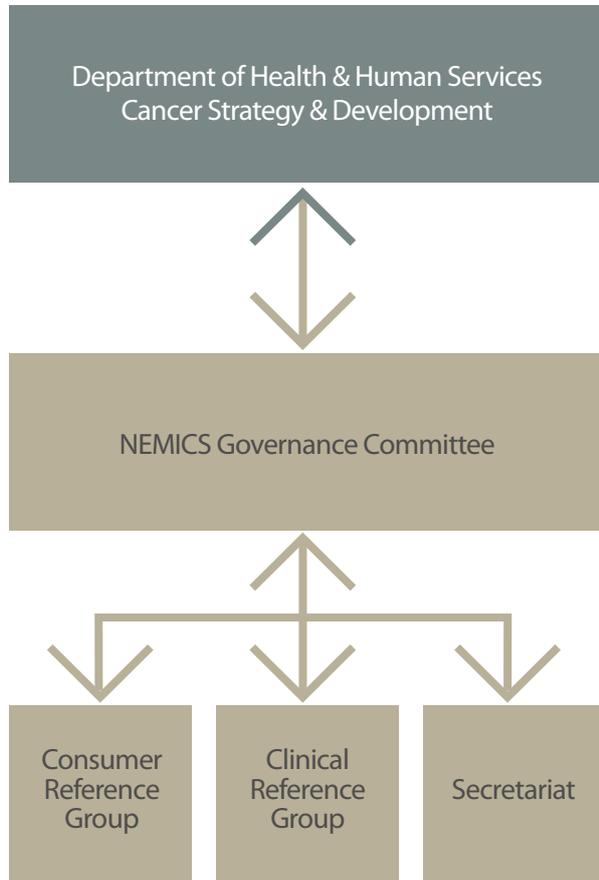
The percentage of people with cancer attending a public hospital who live in the NEMICS region and who were admitted to a NEMICS public hospital was 73% in 2014/15.

Demand on NEMICS cancer services is growing. There has been an increase of 8.8% in the number of admissions over five years, leading to 30,488 admissions for cancer treatment in the year 2014/15. Chemotherapy specific visits are continuing to grow; there were 22% more patients and 26% more visits for chemotherapy in the last five years.





# Governance



**NEMICS is one of nine population-based** cancer networks that collectively form the state wide cancer clinical network for Victoria. Hosted by Austin Health, the NEMICS partners form the Governance Committee and oversee the implementation of the cancer reform priorities and the state's cancer plan in line with the strategic objectives of the cancer clinical network for the north east region of Melbourne. The Governance Committee is supported by clinical and consumer reference groups and the secretariat team.

The role of an Integrated Cancer Service is to:

- build relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
- implement best practice models of cancer care
- improve the effectiveness of cancer care through system coordination and integration
- systematically monitor processes and outcomes of cancer care to improve system-wide performance.

## Our vision

Best cancer care through partnership

## Our mission

We will achieve this by:

- Engaging and supporting health services and clinicians to deliver cancer care in accordance with known good practice
- Monitoring the quality of cancer care and stimulating continuous improvement across the region
- Promoting a regional service system configuration that supports quality cancer care
- Supporting cancer education and research needs



## Committees

### Clinical Reference Group

A/Prof Shane White, the Chair of the Clinical Reference group for the last three years stepped down from the role in March. The NEMICS Governance Committee would like to thank Shane for his vision, engagement and enthusiasm while he was in this role.

Over the last three years the Clinical Reference Group members provided advice on topical cancer care issues in this region and across the state. We wish to thank them for their involvement and acknowledge their contribution. A plan for the development of a new clinical group is currently underway and is expected in the coming year.



Shane White

### Consumer Reference Group

The current consumer reference group is made up of eight people who have all had a direct cancer experience, either having had cancer themselves or as carers/family members of someone with cancer or both. Janine Rossely Chairs the group.

In 2015, NEMICS remains in a very fortunate position to have such capable and willing consumer members; more about their achievements in the next section.



Janine Rossely



# Highlights

## 10 years of consumer participation

**Listening to the experiences of people** affected by cancer is one of the best ways to find out how to improve the health care system.

The early days of engagement of consumers in NEMICS was mainly through informing and in seeking individual contributions. We recruited consumers with significant skills, experience and who were also actively involved with other consumer advocacy groups. We had the privilege of the late Ian Roos being one of our foundation consumer members.

Through projects and collaborations we started consulting with more consumers. The benefits have been valuable insights into what was working well, where the gaps were and the areas for improvement.

In 2008 consumers were involved in developing our first consumer participation plan. This was a time of increased recruitment and efforts to support participating consumers through training and networking opportunities.

Since 2011 consumers have been involved on working parties and projects. A formal consumer reference group was created, forming a part of our governance structure and ensuring consumer partnership and representation at all levels.

More recently the consumer reference group leads and steers projects.

In seeking new ways to further enhance the contribution of the consumer group, members of the consumer group and the secretariat participated in a facilitated, co-design workshop. In this very productive session, participants built a common understanding about what can be changed to create better exchange of value, and also identified points in the current project planning processes where consumers' input can be enhanced. Through this work shop, a number of practical actions were identified that will ensure earlier involvement of consumers in evaluating ideas for new initiatives and create more opportunities for informal and formal interactions.



### Consumer-led initiatives:

**My Cancer Care Record** – a patient held cancer information resource that helps patients and their families keep track of their medical and health-related information in one place, supporting people affected by cancer to be more informed and in control of their care.

A pilot of 100 copies was implemented to test the usability of the resource and the appropriateness of the content and design. *My Cancer Care Record* folders were disseminated across 10 sites in north eastern metropolitan Melbourne and four sites in the Loddon Mallee region of Victoria. Pilot sites included public and private day oncology services, radiation oncology units and a mix of other inpatient and outpatient areas.

The evaluation found the resource to be useful in helping people to store and organise their medical information in one place and helping them to remember important medical information. Results confirmed people liked the look of the folder; that information was easy to understand and find; but that design improvements needed to be made to the weight and size. The evaluation also identified that before starting treatment is the best time to be offered such a resource and over 80% of respondents indicated they definitely or possibly would recommend this to others.

Based on the feedback of this pilot, we are revising aspects of the folder content and design and will arrange a larger scale pilot. This will enable more people to use the folder and also enable clinicians to become more familiar with the resource. The next phase is also seeking to engage the involvement of other interested ICS.

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*"I think the folder is a great idea for collating all relevant medical cancer information – be that for a personal reference tool and/or benefitting family who may need to refer to a medical history at some point; to aid GPs in the identification of a family genetic predisposition to an increased cancer risk. Additionally have found the folder very helpful as a resource when trying to complete an income protection claim"*

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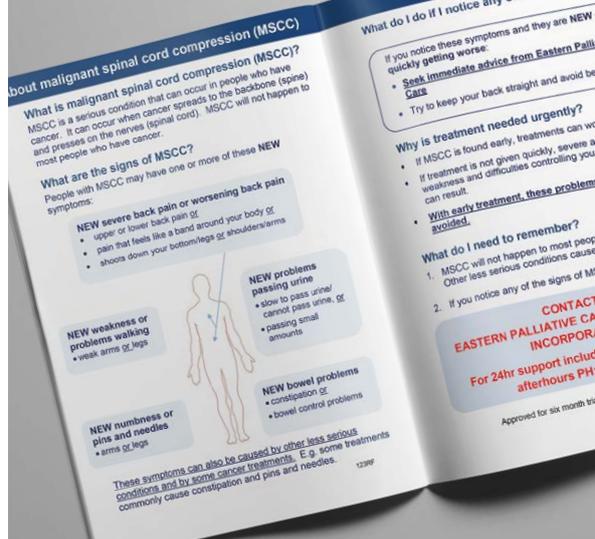
## Community Ambassador Program – Coping with Cancer: what to know and where to get help.

A NEMICS consumer-volunteer speaks to local community groups such as Probus, Lions, YMCA and Red Cross, sharing their personal experience and providing information about supports available for people during and following cancer care. Sessions seek to increase community awareness of the range of cancer supports available and help people be better equipped to access relevant information and support that they, their friends or families may find useful. This program commenced in 2013 and to date 20 sessions have been provided in the NEMICS region. Audiences consistently feedback that the material presented is informative, helpful, interesting and inspirational.

Particular thanks to Ray Kelly who has undertaken all the sessions this year.



Ray Kelly



## Malignant Spinal Cord Compression patient information

## Regional service planning

### Cancer clinical services plans at the health service level

Cancer treatment can be required over a number of months and health services. While a lot of treatment can be provided at services close to peoples' homes, safety requires some treatment to be provided in larger centres with greater supports.

Within the region two of our health services have completed cancer clinical services plans to define the opportunities to provide seamless care across the region. Austin and Eastern Health have worked to identify service gaps, opportunities and challenges in areas of rapid growth and significant development. The plans reflect the current priorities of the Department of Health & Human Services, enhancing relationships with neighbouring health services, primary care and tertiary referrers; and streamlining shared care arrangements in response to future service demand.

### Malignant spinal cord compression pathway

Work continues to better define the referral pathway for people with symptoms of malignant spinal cord compression. The Austin Health executive is evaluating a proposed model for prioritising the admission of patients needing urgent surgery for this condition.

Eastern Health cancer specialists have piloted providing written information to better inform 'at risk' patients with prostate cancer of the need to respond early to signs and symptoms of spinal cord compression.

Eastern Palliative Care Service is piloting embedding this information provision within 'at risk' clients' care plans and evaluating the impact of the pilot on the number of spinal cord compression-related contacts to their telephone advice service.



## State wide initiatives

### Optimal Care Pathways

**Optimal Care Pathways identify specific steps,** or critical points along the care pathway and the recommended care at each point.

The Department of Health & Human Services is working with Cancer Council Victoria to produce Optimal Care Pathways for most tumour types. These documents have replaced the Patient Management Frameworks, which were published in 2006.

Victoria's Integrated Cancer Services will implement the Optimal Care Pathways by mapping care provided and identifying any variations in practice.

Each Optimal Care Pathway includes a detailed clinical version that outlines the care to be provided, a quick reference guide and a version specifically written for consumers. The pathways can be found at: [www.cancer.org.au/ocp](http://www.cancer.org.au/ocp)



### Cancer Services Capability Framework

#### Medical oncology pilot

The Victorian Department of Health & Human Services undertook to develop optimal care pathways in 15 tumour types and a service capability framework to support the delivery of safe and appropriate cancer care as their contribution to the work plan of the National Cancer Expert Reference Group. Modules for medical oncology/haematology and radiation oncology were developed.

NEMICS were commissioned by the Department to develop and pilot tools for the assessment of service capability for the modules. The development and pilot were conducted in collaboration with Hume Regional Integrated Cancer Service (Hume RICS) in 2014/15 for the oncology/haematology modules of the cancer services capability framework developed in 2013/14. The radiation oncology toolkit is ready for testing in 2015/16.

A Service Capability Framework provides a more sophisticated planning tool for Integrated Cancer Services and health services to plan how services will be delivered across a region. The framework defines the minimum standards, workforce skills and service arrangements to ensure safe, sustainable and effective health services and underpin the optimal care pathways.

The pilot was completed through consultation and data collection with metropolitan and regional health services. The final medical oncology /haematology toolkit is now ready for broader implementation.

#### Tumour summits

In 2014 NEMICS initiated the process of creating a forum to discuss tumour-specific cancer care at a state wide level. Together with the skills and resources of Cancer Council Victoria, Department of Health & Human Services and the Victorian Integrated Cancer Services, relevant measures of the quality of cancer care across Victoria were presented for discussion.

The summits are a series of tumour stream based forums where cancer clinicians from across Victoria gather. At these events available data sources are used to create a broad picture of common themes, variations and outcomes for the tumour stream in line with the optimal care pathway. These data are analysed under the guidance of an expert clinical working party for each tumour stream.



## Lymphoma summit

Response to the colorectal cancer, lung cancer and lymphoma summits was very positive, indicating success in planning coordination and staging of these events during the year.

The recent availability of the data required by the Improving Cancer Outcomes Act 2014 held by the Department of Health & Human Services has been vital to the success of the Tumour Summits project. The ability map the cancer pathway from diagnosis to treatment by linking the cancer diagnoses from the Victorian Cancer Registry with treatment data from hospital admissions and radiotherapy services means that we were able to more accurately identify specific populations of patients and variations in the treatment pathway.

The top three priorities for each tumour stream have become the focus of the working parties, which are maintaining the push for improvements and further data analysis.

Special thanks to the members of the project steering committee and the working parties.

Arising from the colorectal, lung and lymphoma summits the Victorian Integrated Cancer Services have committed resources for the following state-wide initiatives to commence in 2016:

- achieve consistent standards in cancer multidisciplinary meetings: developing a quality framework for cancer MDM in Victoria
- MDM treatment planning for patients with rectal cancers: data collection to inform improvement in care
- routine reporting of quality measures in colorectal cancer: technical feasibility study
- improving timeliness of lung cancer care: re-design grants program
- variations in treatment received in lung and lymphoma cancers: building capacity for data analysis.

The summits project will be transitioned into an ongoing program of work as a fundamental part of the next phase of cancer reform in Victoria.

### **Tumour Summits Steering Committee**

Paul Mitchell (NEMICS)  
Katherine Simons (NEMICS)  
Jeff Szer (WCMICS)  
Peter Briggs (SMICS)  
Craig Underhill (Hume RICS)  
Chris Packer (Hume RICS)  
Jeremy Millar (Cancer Council Victoria)  
Kathryn Whitfield (DHHS)

### **Colorectal Summit Working Party**

Brian Hodgkins (Chair)  
Peter Briggs  
Jo Campbell  
Geoff Chong  
Peter Gibbs  
Neil Jayasuriya  
Paul McMurrick  
Paul Mitchell  
John Rees  
Heinrich Schwalb  
Jeremy Shapiro  
Bruce Stewart  
Jennifer Tan  
Zee Wan Wong

### **Lung Summit Working party**

David Ball (Chair)  
Andreas Baisch  
Richard De Boer  
Michael MacManus  
Paul Mitchell  
Gary Richardson  
Rob Stirling  
Craig Underhill  
Gavin Wright  
Jackie Yoong

### **Lymphoma Summit Working party**

Stephen Opat (Chair)  
Jeff Szer  
Andrew Wirth  
Surender Juneja  
Paul Mitchell  
Michael Gilbertson

## Victorian Cancer Survivorship Program

**Report: Supporting cancer survivors in Victoria -**  
Learning from the Victorian Cancer Survivorship Program pilot projects 2011-2014

This report aims to highlight the enablers, barriers and lessons learned through the implementation of six innovative pilot projects by health services and local collaborating groups in Victoria up to 2014. The projects addressed various survivorship populations and approaches including:

- shared care and discharge to GP follow-up (breast cancer, mixed tumour type, melanoma)
- adolescent and young adult survivorship pathway
- self-management support interventions
- physical activity and nutrition interventions (haematological stem cell transplant recipients).

NEMICS collaborated in writing this report for the Department of Health & Human Services with the Australian Cancer Survivorship Centre.

Written for the Victorian context, the report contains essential tips for effectively establishing survivorship programs. Access the summary report at: [health.vic.gov.au/cancer/cancer-projects/survivorship.htm](http://health.vic.gov.au/cancer/cancer-projects/survivorship.htm)

### Sustaining and expanding the pilot models.

The Department of Health & Human Services provided additional funding to expand three of the successful pilots over two years: the shared care follow-up for breast cancer, healthy lifestyle support for bone marrow transplant survivors and one model of survivorship clinic.

Austin Health & Northern Health are taking up the breast cancer shared-care follow-up and Austin Health the model for people after treatment for blood cancers.

## VICS conference

**The VICS 2015 Conference was held** on the 11th and 12th May 2015 at the Melbourne Convention and Exhibition Centre (MCEC). The conference was attended by 301 health professionals, researchers and consumers involved with the Integrated Cancer Services (ICS) and external organisations. It showcased the work undertaken by the ICS, highlighting the work being undertaken in all areas of cancer reform. High profile international speakers presented on the systems approach for delivering cancer care in addition to approaches for treating cancer in the context of comorbidities.

The majority of feedback received, indicates that the program content met participants expectations and there was also significant interest in attending another conference in 2017.

The objectives of the conference were to promote innovative practices in the provision of care for oncology patients encompassing:

- improving care coordination and reducing variation in practice
- utilising research and data to improve practice and service development
- the expanding use of multidisciplinary teams to plan cancer treatment and care
- advancing the recognition of patient's supportive care needs and filling the gaps
- utilising the consumer experience to improve cancer care
- providing a networking opportunity.

Clinicians from NEMICS region health services and Directorate staff were actively involved in presenting some of the work undertaken to improve oncology care. This included topics such as supportive care, clinical care, survivorship and consumer led project initiatives. At a state-wide level NEMICS staff were involved in presenting projects such as Optimal Care Pathways, the Victorian Cancer Summits and supportive care implementation research.



# Care, Experiences and Outcomes

## Surgical oncology regional planning

**Reviewing service configuration is a priority** area for all the Integrated Cancer Services. The Department of Health & Human Services is also supporting this work through the review of Optimal Care Pathways and the development of a cancer services capability framework.

Following the development of the NEMICS regional services map and pilot of the medical oncology module of the services capability framework a series of workshops were held in the NEMICS region in 2014/15 for the key stakeholders. These workshops identified opportunities to better improve and monitor care outcomes across the region.

A surgical oncology workshop focussed on surgery for stomach, oesophagus, pancreas and liver cancer. This workshop served to test a process for development of an improved model of delivery across NEMICS providers of upper gastro-intestinal and hepato-biliary surgery.

One of the outcomes was the adoption of mandatory outcomes-based data reporting. A harmonised minimum dataset has been agreed between sites and work is underway to collate data and deliver a pilot comparative report.

## Multidisciplinary care

**Multidisciplinary care is a key component** of best practice cancer care, encompassing a collaborative, group decision-making approach.

During 2014/15 a multidisciplinary model of care continued to be consolidated by the health services. A multidisciplinary meeting for the sub-specialty tumour stream of multiple myeloma was formulated and work is being done to develop an MDM for endocrine cancers.

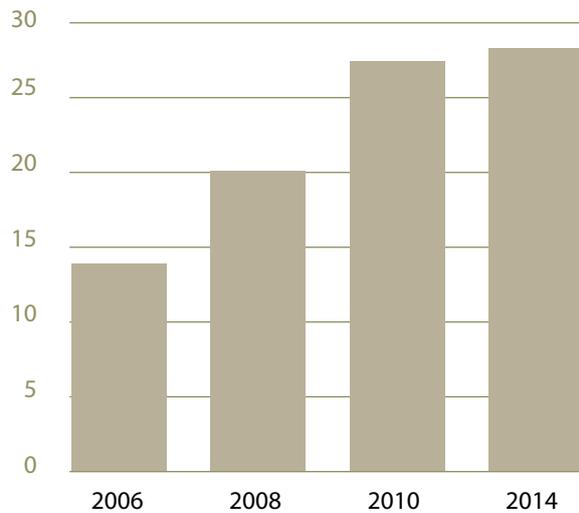
In 2014 the multidisciplinary teams participated in the fourth, state wide survey administered by the Department of Health & Human Services.

Here are some of the results for NEMICS:

- 20% of the MDTs in Victoria are in NEMICS and discusses 22% of the cancer incidence population.
- 90% of MDTs record the recommendations electronically during the meeting.
- 100% MDTs send a copy of the recommendations is in the patient's medical record.

- Since the first survey in 2006 the number of MDTs has grown from 14 to 28.
- Nearly 90% of the MDTs state that they discuss at least ¾ of the newly diagnosed patient population.
- 46% of the MDMs always communicate the treatment recommendations to the patient's GP.
- 21% of patients were discussed more than once.

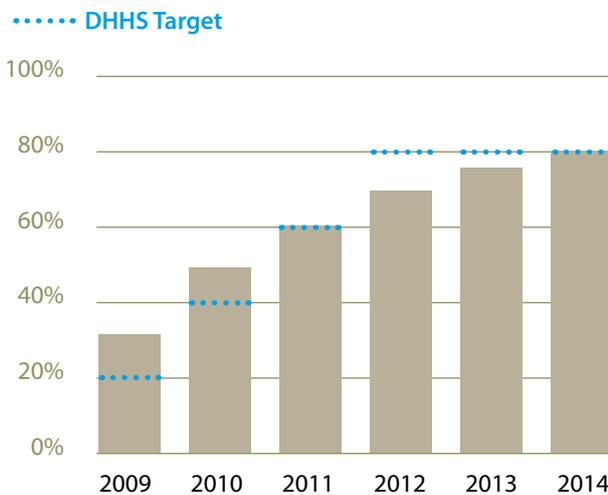
**Figure 1. Number of MDTs over the years at NEMICS**



Performance metrics	2014/15	Target
Documented evidence of MDM discussion (2014 DHHS Audit)	80%	80%
Documented evidence of disease staging at MDM (2014 DHHS Audit)	74%	100%
Total number of MDMs	30	
Number of NEMICS-wide MDMs	1	
Number of linked MDMs	3	
Number of MDMs not using CANMAP	3	
Number of patients discussed (CANMAP)	3203	
Number of MDM discussions (CANMAP)	4899	
Number of MDM occasions (CANMAP)	435	
Number of MDM quality assessments (2014 DHHS MDM Survey)	28	



Figure 2. MDM Documentation



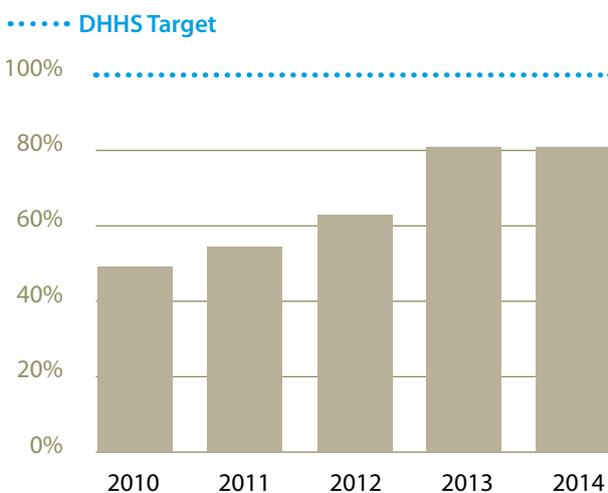
### Box Hill Hospital MDM room

**Box Hill Hospital was delighted to** officially open its MDM room in December. An MDM room is purpose-built, where the room layout, specialist audio-visual equipment and purpose-designed and fitted furniture accommodate meetings of expert cancer clinicians to share diagnostic and surgical information to determine the best care and treatment of a cancer patient.

Over \$200,000 was raised by the Eastern Health Foundation from individual donors, partners in Eastern Health's cancer care, trusts, foundations and community groups.

*"Eastern Health's MDM room will enable a minimum of 400 separate meetings to be held each year to discuss cancer patients, with over 3000 patients being discussed across 14 different tumour streams. Over 300 clinicians across all disciplines are involved in these meetings. What a great initiative for our patients and a great and generous response from all our donors."* A Prof Phillip Parente

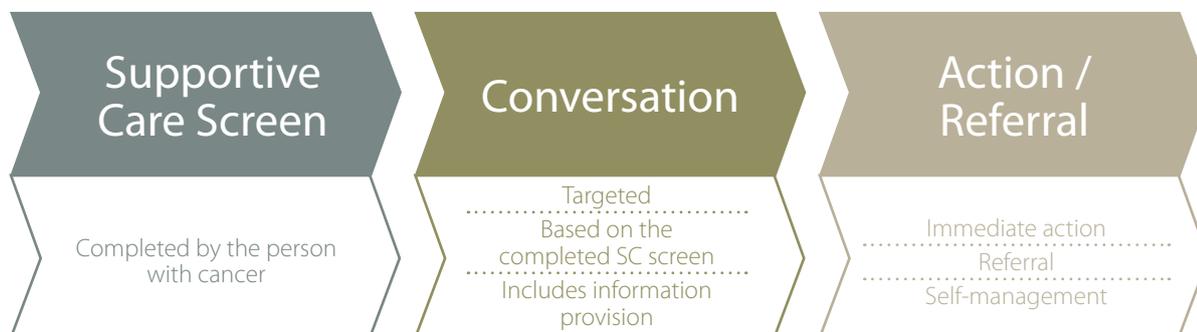
Figure 3. Staging in MDM Documentation



Associate Professor Phillip Parente

## Supportive Care

The three step process for managing supportive care needs



### Our health services began systematically identifying

and managing the supportive care needs of cancer patients in 2010. This three step process starts with a patient-administered screening tool, follow-up with a clinician and information and referrals for the identified needs.

This year an audit of all the problems identified by cancer patients on the screening tool was done to identify the supportive care needs of our cancer population and better understand how supportive care screening is being done.

The audit looked at over two thousand screens covering an 18 month period in 2013/14. Most of the patients in the study had breast, haematological, colorectal and lung cancers.

Emotional and physical domain problems featured with fatigue and worry being identified by half of the people screened. Problems with nervousness, sadness, sleep, fears, pain, and fears were also commonly reported.

About half of the people screened identified a score of four or more on a scale of zero to ten. Although there is still some debate about where on the scale constitutes high distress, this is information vital to designing supportive care services at our hospitals. Early interventions and self-management support could help to reduce the impact of distress associated with a cancer diagnosis and treatment.

### Some of the findings

#### Patients who recorded their level of distress as:

More than 4 out of 10 – 49%  
Less than or equal to 4 – 51%

#### Who provides screening:

Nurse – 37%  
Specialist nurse – 18%

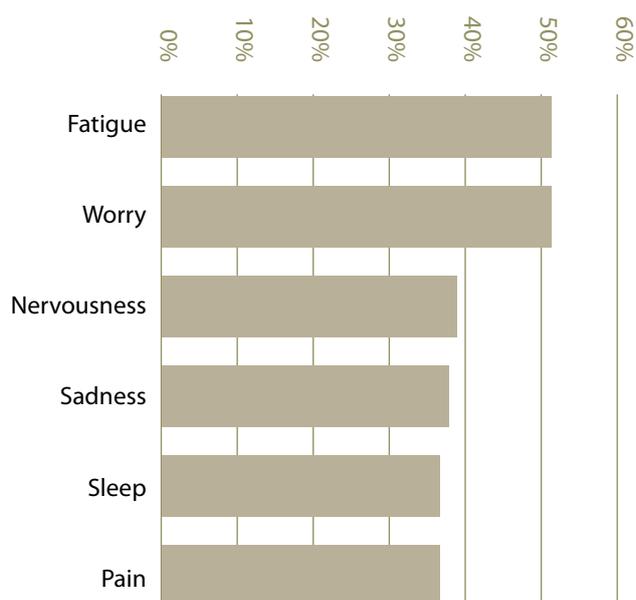
### Where screening is done:

Day oncology unit – 20%  
Specialist clinic – 18%  
Inpatient oncology wards – 16%  
Radiation oncology – 10%  
Inpatient palliative care units – 8%

### Referrals made:

Social worker – 24%  
Dietetics – 16%  
GP or other doctor – 10%  
To services within the hospital – 97%  
To community based services – 3%

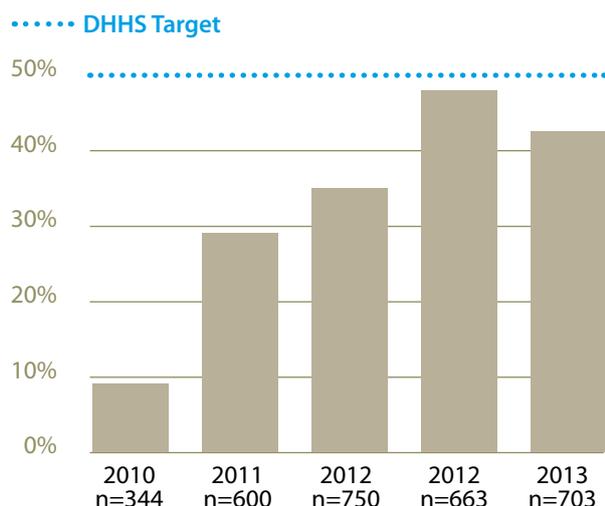
Figure 4. Most commonly reported problems identified



Performance metrics	2014	Target
Documented evidence of supportive care screening (2014 DHHS Audit)	42%	50%
Number of staff trained in administering supportive care screening and follow-up (project reports)	119	

Across Victoria, all ICS participate in an audit of the proportion of patients that receive a screening for their supportive care needs. Steady improvement has occurred across the region until recently. Efforts to address this loss of momentum are underway.

**Figure 5. Supportive care screening**



## Care coordination

**Good information flow between cancer services** and treatment types underpins good coordination of care. Promoting information about a person's cancer diagnosis and treatment to their GP has been to focus of coordination activities.

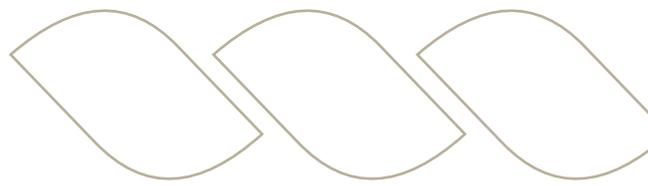
Performance Metrics	2014	Target
Documented evidence of communication of initial treatment to GP (2014 DHHS Audit)	84.6%	100%
Evidence of cancer related discharge summary sent to GP within 48 hours of discharge	77% (13/14 result)	100%
Number of MDMs communicating recommendations to GP	8/32	100%
Percentage of patients discussed at MDMs who had MDM recommendations sent to GP (using the CANMAP system)	18%	

## Survivorship

### Equipping community health and rehabilitation services to provide evidence-based cancer care

NEMICS developed the syllabus for a half-day workshop in response to growing evidence relevant to allied health professionals providing post treatment cancer care. Local allied health clinicians (n=159) working in community health and rehabilitation settings provided information about their cancer-related learning needs through a survey. Workshop content was informed by current literature related to evidence and efficacy in this field and on our survey findings. We aim to improve access to evidence-based care in the community for people living with cancer.

The workshops will be rolled out across the NEMICS region in 2016, targeting understanding and perceptions of cancer, cancer treatments and their impacts among allied health professionals.



## Supporting self-management and wellness after treatment

In 2015, NEMICS worked with Cancer Council Victoria to develop self-management support workshops for the new CCV Wellness and Life after Cancer Program facilitator training. Designed to equip facilitators with survivorship support and basic Motivational Interviewing skills, the program enables facilitators to provide group workshops and forums to support transition from hospital-based care.

## Patient experience

Monitoring the experiences of cancer care is one of the most informative and effective ways of understanding how well the cancer service system works. While all cancer treatment aims to increase survival and decrease suffering, understanding the experiences and outcomes of those affected by cancer helps to create a values-based cancer system. There are two large scale patient experience surveys in use currently within Victoria. These surveys cover the continuum of cancer care and all treatment

modalities and are designed to be used every 1-4 years across the cancer population.

NEMICS health services have participated in the development and monitoring of patient experience since 2009. Austin Health participated in the pilot (2009) and phase 1 (2012) of the Victorian Cancer Patient Experience Survey commissioned by the Department of Health & Human Services, and are currently undertaking the United Kingdom's cancer patient experience survey as part of their collaboration with the Victorian Comprehensive Cancer Centre. Northern Health participated in phase 2 of the Victorian Cancer Patient Experience Survey.

Building on an Eastern Health program of monitoring patient experience of hospital care, a range of health services within the NEMICS region are trialling the use of shorter surveys targeting people at points of care such as during chemotherapy with results of the survey available within the week. This program will be rolled out in 2015/16 to provide immediate information about peoples experiences during cancer care.



New oncology wing at Box Hill Hospital



# Research and workforce development

## NEMICS grants programs

### Professional development grants program

Two rounds of group professional grants were offered in 2015. This program aims to build capacity for clinical teams to respond to the challenges of ever changing cancer care. This includes supporting innovative new programs in line with NEMICS strategic directions. Four education programs were funded in 2015.

- Build capacity to support women with gynaecological cancer at transition to palliative care. Sylvia Haller-Etiembre & Gayle Joans.
- Increase capacity to provide high quality community-based cancer care – Hospital in the Home oncology education. Julie Evans.
- Enable establishment of a new telephone bereavement counselling follow-up service for carers - Australian Centre for Grief and Bereavement telephone counselling education. Juli Moran & Hilary Hodgson.
- Allogeneic stem cell transplantation mentoring and education program to support establishment of new allogeneic stem cell transplant service. Emma Cohen.

### Service improvement grants program

A new pilot grants program in 2015 attracted great interest across our public health service.

The service improvement grants program aims to support small quality improvement projects initiated by health services. Focused on improving patient experience/outcomes, initiatives that lead to sustainable improvement and have potential application across the region are prioritised for funding. Two categories of grants are available – small scoping project grants and larger service improvement grants

NEMICS will work to strengthen network-wide communication of learnings and sharing of tools and resources where common projects are planned across our health services.

### Scoping projects

Pilot a model of supportive care screening, triage and referral in a lung outpatient clinic to:

- better understand the allied health service needs of this cohort
- map referral pathways and optimise access to allied health services
- identify gaps in service provision. Bernadette Zappa, Eastern Health.

Analyse patient reported outcome measures and screening tool data collected from haematology nurse-led survivorship clinic attendees to describe:

- distress levels, supportive care concerns and unmet needs in people with lymphoma
- healthy lifestyle behaviour uptake
- current referral practices, pathways and identified gaps
- use data to review whether the clinic is addressing identified needs. Priscilla Gates, Austin Health.

### Quality improvement projects

Assess possible prognostic factors for using enteral feeding via a PEG tube during and after radical radiotherapy for head and neck cancer. Project to use analysed data to develop a PEG Predictor Tool to assist in nutritional multidisciplinary decision making for head and neck patients at Austin Health. Nigel Andersen

Develop local knowledge of ED presentations for chemotherapy toxicity/symptom management challenges. Use data to inform development of a model of care that aims to:

- support patient self-management
- provide evidence-based interventions within the day oncology service
- reduce ED presentations. Angela Mellerick, Austin Health.

Decrease malnutrition rates amongst Northern Health patients with upper gastrointestinal cancer to at least the state average and reduce unplanned nutrition-related admissions and length of stay.

- Develop and implement a standardised nutrition care pathway.
- Establish processes for dietetics review of all high nutrition risk UGI cancer patients within 1 week of diagnosis.
- Restructure dietetics outpatient services to provide appropriately timed nutrition intervention.



## A network approach to lymphoma clinical trials: a demonstration project for NEMICS

The complexity of lymphoma and rapid advancements in new molecular therapies pose significant challenges to achieving optimal care for people with lymphoid cancers. This demonstration project, led by Dr Eliza Hawkes, challenges the traditional, institution-based, practice of planning and conducting clinical trials, paving the way for a collaborative, cross institutional approach to the management of lymphoma in the NEMICS region.

The project objectives are to:

1. Investigate opportunities to create a collaborative model for planning and running lymphoma clinical trials in the NEMICS region.
2. Build the capacity of the Lymphoma multidisciplinary meeting at Eastern Health.
3. Develop and implement a plan for optimising recruitment to lymphoma clinical trials within NEMICS.

Over the last eighteen months, strong clinical support from principal investigators in lymphoma trials across Eastern Health, Austin Health, Northern Health and Ballarat Health Service has resulted in establishing collaborative planning for new lymphoma trials and cross referral of patients between sites.

The lymphoma multidisciplinary meeting (MDM) at Eastern Health has developed and includes regular participation by private haematology clinicians. Consideration of a patient's suitability for referral to a clinical trial is now fully integrated into the lymphoma MDM.

Work is underway to establish a process to assess patient eligibility for a trial that is delivered by another hospital. This will ultimately reduce the need for patients to travel for eligibility assessment and minimise a need for patients transitioning back when they do not fit eligibility criteria.

Whilst the focus here is on lymphoma, outcomes and lessons from this project could have a broader application to both the organization of clinical trials for other tumour types and the role of the cancer network in this space.

This is a two year project led by Dr Eliza Hawkes, Medical Oncologist at Eastern and Austin Health, due to be completed in July 2016.





## Future directions

**This year saw the passage of** the Improving cancer outcomes Act 2014 by the State Government of Victoria. This Act, among other things, mandates the production of a four-yearly Cancer Plan. This plan will provide a strategic policy framework for cancer in Victoria. It will use the data collected by the Secretary of the Department of Health & Human Services to report on the status and burden of cancer in Victoria. It will also set our objectives, policy and priorities, including performance targets.

The release of the new Cancer Plan is scheduled for 1 October 2016.

## Strengthening ties with the Primary Health Networks

**The establishment of the Primary Health Networks** provides an opportunity for the Integrated Cancer Services to ensure optimal care during the screening and diagnostic parts of the cancer journey and improve links between acute care and primary care including shared-care as our patients complete their treatment.





# Financial Report

## REVENUE

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Integrated Cancer Services DHHS grant	1,791,994
Ring-fenced Funds	80,176
Optimal Care Pathways - Salary Recovery	67,088
DHHS CSD - Salary Recovery	94,987

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**REVENUE TOTAL** **2,034,245**

## EXPENDITURE

### SALARIES & WAGES (INC. ONCOSTS)

Administrative salaries	914,810
Workcover	8,758
Long service	15,810
Superannuation	86,437
Clinical salaries	159,763
Contract / other agency	313,323
Recruitment	424

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**Salaries & Wages Sub Total** **1,499,325**

### GENERAL EXPENSES

Computer software	9,747
Online Meeting Software - WebEx / GoToMeeting	6,949
Printing & stationery	3,080
Administration (general)	16,703
Food	13,544
Repairs and maintenance	476
Capital/asset purchases — Equipment < 2500	10,108
Motor vehicles and travel	2,756
Corporate/management charge by host agency	182,196
Staff training and education	13,403
Conferences & travel	5,555

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**General Expenses Sub Total** **264,517**

### PROJECT EXPENSES

Consultancy	12,273
DOU Redesign - EH	26,000
Professional Development Grants	23,952
Supportive Care Grants	75,000
Survivorship Project - VCSP:007	20,455
Tumour Summits	41,016
Service Improvement Grants	23,432
Lymphoma Project	30,000
My Cancer Care Record	19,481

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**Project Expenses Sub Total** **271,608**

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**EXPENDITURE TOTAL** **2,035,450**

**Brought forward from 2013/14 surplus** **1,205**

**BALANCE** **0**



# Committee Membership and Staff

## Staff

Nadia Ayres  
Hugh Burch  
Mandy Byrne  
Megan Dendle  
Yolanda Ebanks  
Megan Galea  
Paula Howell  
Sara Jorgensen  
Anna Mascitti  
Mirela Matthews  
Paul Mitchell  
Alex Philpott  
Melissa Shand  
Katherine Simons  
Luellen Thek  
Carmel Vermeltfoort

## Governance Committee

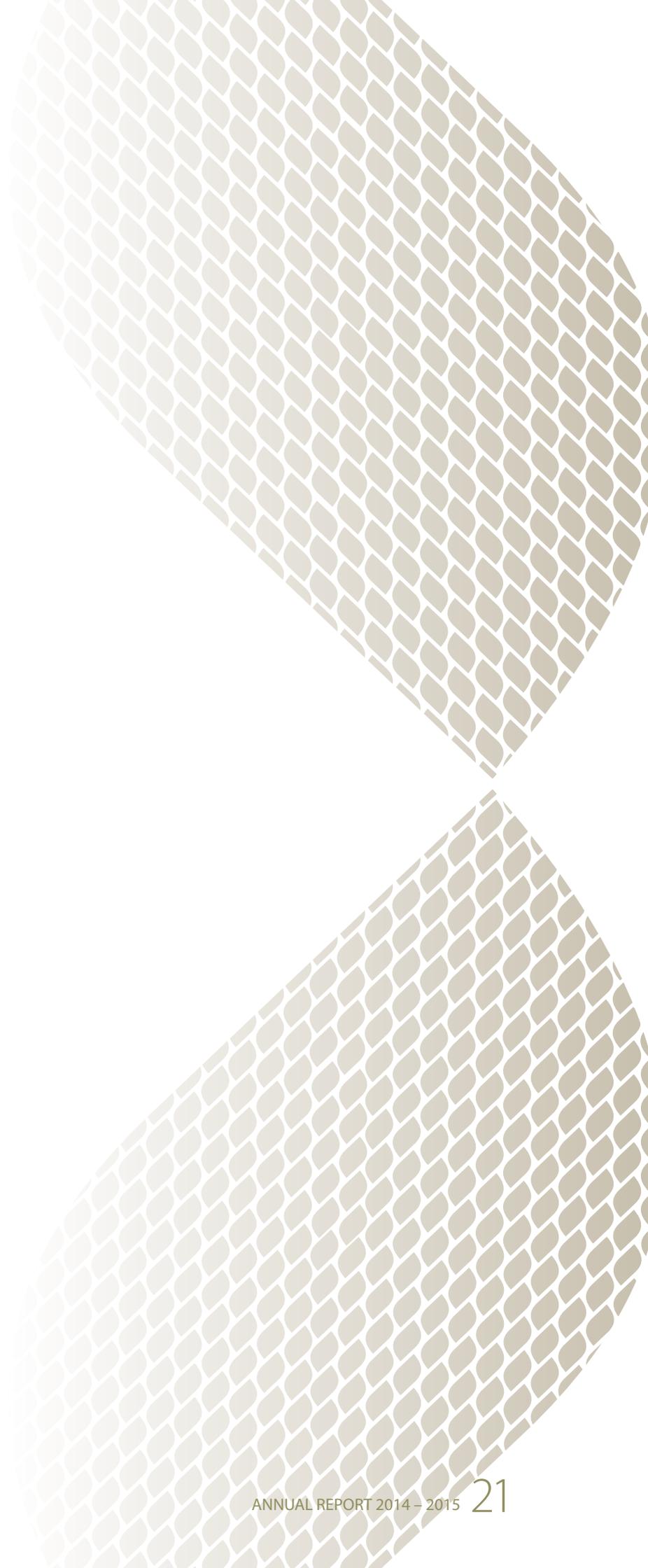
Linda Mellors (Chair)  
Phillip Parente  
Kate Whyman  
Alan Lilly  
David Allen  
Brendan Murphy  
Andrew Weickhart  
Jason Payne  
Janet Compton  
Maree Glynn  
Megan Burgmann  
Shane White  
Anne Kay  
Janine Rossely  
Jacky Close

## Consumer Reference Group

Janine Rossely – Chair  
Fay Frazer  
Patricia Jankus  
Max Shub  
Cindy Schultz-Ferguson  
Anne Kay - Deputy  
Ray Kelly  
Sam Kershaw

## Clinical Reference Group

Shane White (Chair)  
Gillian Dickman  
Shaun O'Neill  
Jonathan Cebon  
Phil Parente  
Max Shub  
Anne Kay  
Hui Gan  
Jackie Yoong  
Paul Mitchell  
Katherine Simons





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