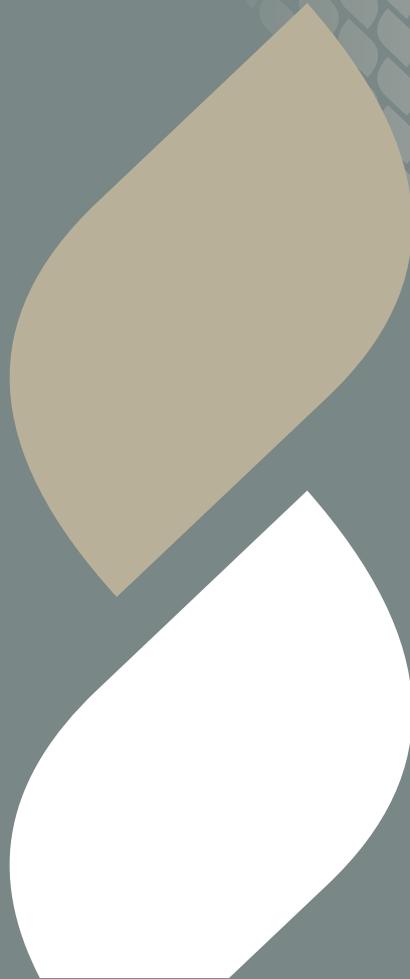


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North Eastern Melbourne Integrated Cancer Service

annual report



2015 2016

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Overview

Message from the Chair

On behalf of the partners of the North Eastern Melbourne Integrated Cancer Service (NEMICS), I am pleased to present the 2015–16 annual report.

This year marks the next phase for the integrated cancer services (ICSs) as the cancer clinical network for Victoria. New common strategic objectives and priorities have been developed for adoption by all ICSs and there is an increase in collaborative work, not only between the ICSs but with other clinical networks.

The suite of 15 nationally endorsed optimal care pathways for people with cancer, finalised in 2015 in clinical, quick-reference and consumer versions refocuses our activities around the pathway of care experienced by cancer patients and their families. The new *Victorian Cancer Plan 2016–20*, released in July 2016, provides a framework for bringing the cancer sector together to deliver the plan's goals.

We continue to increase our activities in collaboration with other ICSs to extend the reach and impact of initiatives. Building on the success of the Victorian ICS conferences and chemotherapy day unit redesign projects, other programs are under way, such as the tumour summits, the new lung cancer redesign project and a cancer performance monitoring framework.

Multidisciplinary, coordinated and supportive care for cancer patients and their families continues to be supported and monitored. Our partners are developing and implementing their own clinical service plans for cancer that also focus on collaborative opportunities between the health services.

There have been a number of changes in the leadership of our partner health services this year. Northern Health welcomed Siva Sivarajah as CEO, and both Alan Lilly (Eastern Health) and Brendan Murphy (Austin Health) are moving on in 2016. Both Brendan and Alan made great contributions to the achievements of NEMICS; Brendan has provided a supportive host agency for the NEMICS directorate been actively involved at all levels. The network matured significantly during Alan's three year term as the Chair, leading to consistent collaboration between the health services. I look forward to working with the new executive teams at all three health services.

I would like to thank the consumers and clinicians who provide their insight and expertise to the activities of the network, as well as the members of the network and project committees and the secretariat.

Dr Linda Mellors
Chair



Dr Linda Mellors – Chair



A/Prof Paul Mitchell – Director



Ms Katherine Simons – Program Manager



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 1.4 million people (ABS 2014). In the last five years, the number of residents living in the NEMICS region diagnosed with cancer has increased by 5.3%.

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. Eastern Primary Health Network covers the same region.

On a typical day this year in the region, 122 people were admitted to hospital with cancer, of which 62 were men and 60 were women. Eighty-one had a same-day admission, twelve stayed overnight and 29 were admitted for longer. Three patients spent time in ICU. The average length of stay for those staying more than one day is 10.4 days. Seventeen patients presented through the emergency department or had an emergency admission,

and 105 had a planned admission. Seventy-three will receive chemotherapy.

Blood (23%), breast (17%) and colorectal (14%) cancers account for over half of all admissions. Of all admissions approximately 20% were for surgical treatment for cancer.

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 remains stable at 73%.

Demand on NEMICS cancer services is growing. There has been an increase of 9.7% in the number of patients and a 15.7% increase in the number of admissions for cancer in the last five years, an annual growth rate of 2.4%. Chemotherapy-specific visits are continuing to grow with a 6% increase in patients. Sixty per cent of all admissions have a chemotherapy component.

The growth seen across the region is distributed across Austin (8.2%), Eastern (4.6%) and Northern Health (8.0%). Chemotherapy services also grew. Overall cancer activity at Mercy decreased.





Governance

NEMICS is one of nine population-based cancer networks that collectively form the statewide 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 components of the state's cancer plan.

The role of an ICS 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.

Strategic priorities

In November 2015, representatives from all the ICSs and other key groups came together to review and refresh the vision, mission and strategic priorities for the ICSs. These strategic goals have been adopted by all ICSs, bringing them together as a statewide cancer clinical network.



Vision

Improving patient experiences and outcomes by connecting cancer care and driving best practice

Mission

The ICS will achieve the vision by:

- understanding the needs of people affected by cancer
- building and supporting collaboration between health professionals, health services and consumers
- driving quality improvement in cancer care
- supporting development of the cancer workforce
- facilitating system-wide engagement in cancer research.

Strategic goals

1. A networked cancer care system

- 1.1 Link services involved in cancer care (across all sectors, including cancer centres, health services, community organisations), and work with these services and health professionals to align priorities.
- 1.2 Strengthen linkages between metropolitan and regional cancer service providers.
- 1.3 Engage consumers and communities in the work of the ICS.

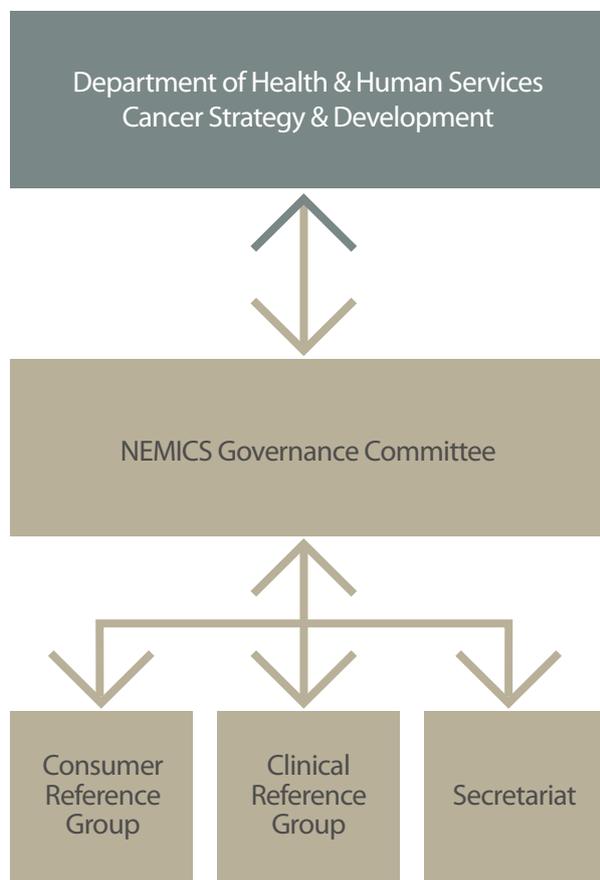
2. High-quality cancer care

- 2.1 Implement the Optimal Cancer Care Pathways, including improvements to multidisciplinary care, supportive care and care coordination.
- 2.2 Analyse available data and information of relevant clinical evidence/innovation and disseminate it to drive quality improvement.
- 2.3 Support providers to apply cost-benefit considerations to care/service planning and delivery.
- 2.4 Continue statewide tumour summits to drive consistent cancer care across tumour streams.
- 2.5 Continue to drive improvements in the patient experience of cancer care.
- 2.6 Continue to support workforce development initiatives.

3. A research-informed cancer care system

- 3.1 Encourage providers to participate in clinical trial programs.
- 3.2 Support health services research.
- 3.3 Foster robust evaluation of cancer programs, models of care and ICS initiatives.

Committees



Governance Committee

The activities and budget of the network are overseen by a Governance Committee. Membership of the Governance Committee includes the CEO and senior operational and clinical leaders from each health service, primary care and consumers. This year the Committee welcomed Siva Sivarajah (Northern Health), replacing Janet Compton, and it will farewell Alan Lilly (Eastern Health) and Brendan Murphy (Austin Health) later in 2016. NEMICS is grateful for the support from both Alan, who chaired the Committee for three years, and Brendan, for Austin's hosting of the NEMICS Directorate.

The Governance Committee is supported by the clinical and consumer reference groups and the secretariat team. This year the clinical reference group has been reviewed and a refresh is planned for late 2016. In the interim,

clinical advice is provided through tumour stream or clinical specialty working groups.

The new Clinical Advisory Group will become the key mechanism for engaging and mobilising clinicians to collectively work on persistent problems facing the cancer population in this region and act as champions, advisors and conduits for connecting with the clinical field.

The group will review existing data on the state of care in the NEMICS region and will prioritise and lead actions to address identified gaps, including the local implementation of actions arising from the tumour summits.

Consumer Reference Group

The eight-member Consumer Reference Group sought additional members this year, to support succession planning and provide coverage for member absence. All members have a direct cancer experience, either of having had cancer themselves or as carers/family members of someone with cancer or both. Janine Rossely chairs the group.

In 2015–16, NEMICS remains in a very fortunate position to have such capable and willing consumer members who initiate and drive projects across the network.



Janine Rossely



Highlights

My Cancer Care Record

A patient-held cancer information resource, My

Cancer Care Record, helps patients and their families keep their medical and health-related information in one place, supporting people affected by cancer to be more informed and in control of their care.

Building on the pilot of 100 copies in 2014–15 the resource was revised, making it lighter and more concise. A further 2000 copies are being rolled out across NEMICS and Grampians ICS. Participating health services include public and private day oncology services, radiation oncology units and a mix of other inpatient and outpatient areas.

This project continues to be led by consumers and a concurrent evaluation is planned to inform next steps.



A common path

A suite of videos – A Common Path – is an initiative of the NEMICS Consumer Reference Group. These short videos present useful strategies on issues such as getting the information you need, finding support, managing during treatment and decision-making, described by people with similar experiences.

This sharing of experiences can provide a person who has recently been diagnosed with cancer with the confidence and knowledge to become an active participant in their cancer care. A total of 16 short videos will be developed: one for each of the 15 cancer types for which there is an optimal care pathway, and one survivorship video.

Videos will be developed for the following cancer types:

- acute myeloid leukaemia
- basal and squamous cell carcinoma
- breast cancer
- endometrial cancer
- colorectal cancer



Video still from *A Common Path*

- head and neck cancers
- high-grade glioma
- liver cancer
- lung cancer
- lymphoma
- melanoma
- oesophagogastric cancer
- ovarian cancer
- pancreatic cancer
- prostate cancer

To find out what is important for people with cancer, a number of focus group consultations were completed in September and October of 2015. Findings from these consultations set the direction and focus of the information to be included in the videos. Things people said included:

'If he hadn't been there I wouldn't have remembered, you know. Sort of the two of us, two heads taking in the information and we kind of managed to build a picture of what had been told to us, but if it had just been me ...'

'But I thought: if I could have that chance to talk to people and get more information before I make the decision, that would be much better.'

'Try to live in the moment – work out what you need to do today and do that. Take one day at a time – tomorrow will take care of itself.'

'Appreciate and accept help and support from others when it's offered.'

Filming for the first two videos of lymphoma and lung cancer was completed in April 2016. Final editing and production of these videos is under way. The videos will be available via a YouTube channel.

NEMICS would like to thank all participants for generously sharing their experiences in order to help others.

Inter-ICS consumer forum

In April 2016, NEMICS hosted the first forum for consumers participating in the activities of the ICSs. Consumers from all ICSs attended.

A cameo of a key activity in consumer participation from each region was presented to the group. These activities were explored and considered for expansion to other ICSs. The NEMICS community ambassador program, *Coping with cancer: what to know and where to get help*, was selected for expansion into other ICSs.



Inter-ICS consumer forum

Community ambassador program

The community ambassador program seeks to increase community awareness of the range of cancer supports available and to help people be better equipped to access relevant information and support that they and their friends or families may find useful. A consumer-volunteer speaks to local community groups sharing their personal experience and providing information about supports available for people during and following cancer care. The program commenced in 2013 in NEMICS and to date 23 sessions have been held, mostly in the NEMICS region but also two sessions in the Grampians region.

Audiences consistently give as feedback that the material presented is informative, helpful, interesting and inspirational. Comments have included:

'What to do, where to get help, what to ask – these and many other areas mentioned, I have never thought of. I will be much better prepared from now on.'

'Good to have a speaker who has gone through the experience and share their personal story.'

The NEMICS consumers have identified an opportunity to expand the program and include awareness of cancer screening and early detection of symptoms. In addition, the program will be part of a qualitative research project to review the impact of peer-led community education on providing information and promoting the awareness of support services for people with cancer.

This program is being extended into four other ICSs: Grampians, Hume, Gippsland and Southern Melbourne.

The presentation is being filmed in August 2016 as an additional resource for training and improvement purposes.

Particular thanks go to Ray Kelly who has, again, undertaken all the sessions this year. Ray himself says:

'Being involved in such a program ensures the experiences and processes I endured during my own cancer battles can be put to good use in assisting others affected by cancer.'



Ray Kelly

Pathways to Wellness – colorectal shared-care follow-up

NEMICS successfully applied for a grant under Phase 2 of the Victorian Cancer Survivorship Program to implement new models of after-treatment follow-up for people with colorectal cancer. This three-year project will be implemented across Eastern Health – Box Hill and Monash Health – Dandenong supported by both NEMICS and the Southern Melbourne Integrated Cancer Service (SMICS).

In Victoria, five-year survival for colorectal cancer increased to 67% in 2009–13. Follow-up guidelines recommend three-monthly surveillance in the initial years after treatment, and then six-monthly surveillance up to five years. New sustainable models of colorectal cancer follow-up are required to provide increasing numbers of survivors with holistic supportive care and guideline-directed follow-up.

Nearly half of Victorian colorectal cancer patients live in the north-eastern and southern regions of Melbourne, and Monash Health and Eastern Health are the largest public health providers of treatment for colorectal cancer in their regions, treating about 900 people per year across the two sites.

Pathways to Wellness will design, pilot and evaluate risk-assessed shared-care colorectal cancer follow-up in partnership with primary care and consumers. Tailored, evidence-based follow-up will alternate between hospitals and general practice and will be integrated with community chronic disease management frameworks. The project will work to address longer term supportive care impacts of colorectal cancer and treatments, including bowel/bladder changes, fatigue, nutritional problems, peripheral neuropathy, sexual dysfunction, return-to-work challenges and psycho-social issues, through holistic needs assessment and linkage with community services.

The intervention comprises three parts:

- follow-up visits shared between hospital specialists and GPs and integrated with general practice chronic disease management frameworks
- assessment for needs following cancer treatment, self-management and carer support
- targeted referral to diet, exercise, smoking cessation and health coaching interventions for risk-assessed patients to optimise health and assist in reducing risk of cancer recurrence.

Establishing strong partnerships with primary care and designing models that align with general practice systems and processes will be key to sustaining new models of follow-up. The project will liaise closely with other Victorian shared-care initiatives to create consistency for GPs. GP education resources will be developed to support evidence-based colorectal cancer follow-up.





State wide initiatives

A number of projects are being undertaken at a statewide level involving and funded by all ICSs in collaboration with the Cancer Strategy and Development section of the Department of Health and Human Services. A statewide approach is adopted when common outcomes are required, to support widespread engagement and spread of successful initiatives.

Optimal Care Pathways

The nationally endorsed Optimal Cancer Care

Pathways (OCPs) describe the optimal cancer care for specific tumour types. They map the patient journey, aiming to foster an understanding of the whole pathway and its distinct components to promote quality cancer care and patient experiences. The OCPs are available in a detailed clinical version and as a quick-reference guide, and consumer versions are available in plain English and six other languages.

The OCPs outline key principles for evidence-based and best-practice care at key points along the patient journey and provide a framework to assess and improve cancer care throughout the health system. They underpin the activities of the ICSs in demonstrating and improving the provision of optimal cancer care. Each year 2–3 pathways are selected for statewide effort. For 2016–17, the pathways for lung and colorectal cancer have been selected, to build on the outcomes of the tumour summits. Ovarian cancer has also been selected for statewide application, bringing together the state's women's hospitals.

Within the region, aligning care delivery with the principles outlined in the OCPs, is being conducted under the *Towards Optimal Care* project, in concert with the other ICSs in Victoria. This is the first part of a rolling program, with new tumour-specific pathways addressed each year.

Ensuring that care delivered in our health services is optimal builds on the work started by the tumour summits. Clinician engagement and review of available data indicating what care is being delivered is the starting point of the *Towards Optimal Care* project.

This project is helping to build the relationship between the NEMICS health services and the Primary Healthcare Networks. Ensuring that referrals into and out of the health services are appropriate and timely is one of the objectives of this work. Our efforts will increase our ability to understand and integrate processes that impact on

patient experience, both in the primary and acute care settings.

The *Towards Optimal Care* project is collecting and analysing data about patient care. This includes analysis of data collected by health services, medical record audit and information collected by other government departments such as the Australian Bureau of Statistics and the National Death Index.

Consumer experience is being captured where available and patient-reported outcomes are included.



Tumour summits

The tumour summits are a series of tumour-stream-based forums of cancer clinicians from across Victoria. 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.

Initially piloted in 2014–15 for colorectal, lung and lymphoma tumour streams, this project has transitioned into a three-year program for the remaining tumour streams. The program is led by NEMICS.

The aim of the program is to support statewide tumour-based clinical engagement in reducing variations in access and delivery of care. The program is a quality improvement initiative with a continuous improvement loop of data – dialogue – agreement – action embedded throughout the model providing a structure for implementing agreed actions following the summits.



Prostate Cancer Summit

The new model launched in 2016 at the Prostate Cancer Summit on 27 May 2016. Seventy-one delegates participated in the event, including clinicians and representatives from across the health sector.

Associate Professor Jeremy Millar presented data on incidence, survival, disease characteristics and treatment planning of men with prostate cancer across Victoria.

The presentation highlighted variations in practice and outcomes, including:

- Men in regional Victoria are more likely to present with symptoms, and have metastatic and high-risk disease.
- Prostatectomies are the most common treatment, performed in 42 hospitals, more commonly in metropolitan and private facilities.
- Large variation in types of treatment exists across the state, even for similar-risk disease.

Following the data presentation delegates engaged in small group discussions to identify state or local opportunities for action. The activities are coordinated by the summit's project team.



Prostate Cancer Summit

Lung Cancer Redesign Project

The Lung Cancer Redesign Project arose from the Lung Cancer Summit held in November 2014, when improved access and timelines to treatment were key improvement opportunities identified by over 60 multidisciplinary lung cancer clinicians. This project is led by SMICS and brings together a range of health services and the Victorian Lung Cancer Registry.

Variation in the timeliness of lung cancer care remains a significant problem in Victoria, with a recent analysis of the Victorian Lung Cancer Registry data revealing that only 66% of patients met the referral to diagnosis target of ≤ 28 days, and that 56% met the diagnosis to first treatment target of ≤ 14 days. Similarly, evidence suggests that there is significant variation across Victoria in whether patients are presented to a lung multidisciplinary team meeting.

Grants were offered to health services to improve the timeliness of care for new lung cancer patients, in particular from receipt of referral to first specialist appointment, confirmation of diagnosis, treatment plan and commencement of treatment.

Within NEMICS, Eastern Health successfully applied for a grant and Austin Health received partial funding to monitor their current performance.

Quality standards for cancer MDMs

Since 2006, there has been significant growth in the number of multidisciplinary meetings (MDMs). Four statewide surveys have been conducted to assess the functioning of MDMs in Victoria and to highlight areas for improvement. The most recent survey was in 2014, with 141 MDMs across 30 health services participating. The survey found variation in characteristics and functioning of MDMs across Victoria and was unable to measure their quality and therefore recommended the establishment of a framework to 'enhance and support the quality, effectiveness and consistency of MDMs'.¹

The quality of MDMs was a key area of interest at the Lung Cancer, Colorectal Cancer and Lymphoma Summits, leading to a number of recommendations to improve consistency and quality across all meetings. This project is led by the Hume Regional Integrated Cancer Service.

Cancer care performance monitoring framework

A framework and a suite of measures to monitor performance and outcomes of cancer care in Victoria are being developed. The focus of the framework is to develop measures that are useful to clinicians, hospitals, ICSs and the Department of Health and Human Services to measure the cancer care system across the patient pathway and to drive service improvement. This project is led by the Barwon South Western Regional Integrated Cancer Service.

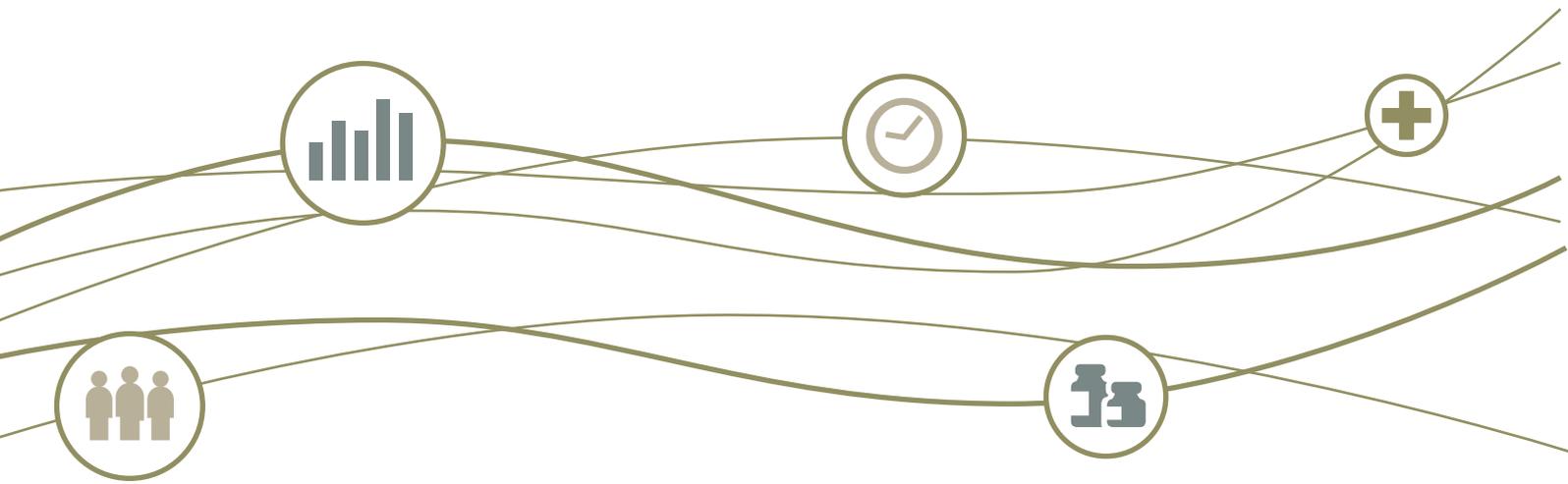
Existing and potential indicators were identified from the literature and clinical field. Criteria for identifying and selecting appropriate indicators were developed and tested. From an initial pool of over 450 potential measures, 60 were selected after a first-round selection process. The second-round selection identified 26 indicators for development in three waves.

The first six indicators are currently being tested. They include timeliness of treatment, patient health status at diagnosis, how far cancer has spread at diagnosis, and types of treatment for specific cancers.

Clinical leadership group

The Department of Health and Human Services has convened a medical leadership group comprising the medical leads from all clinical networks: cancer, emergency, cardiac, stroke, renal, palliative care, chronic disease, care of the older person in hospital, paediatrics and maternity. Chaired by Dr Andrew Wilson, Chief Clinical Advisor on Safety and Quality, this group supports the delivery of safe, high-quality health care.

1 Department of Health and Human Services 2015, Victorian Integrated Cancer Services Multidisciplinary Team Meeting Statewide Survey 2014. Final report, State of Victoria, Melbourne, 2015, p. 27.





Care, Experiences and Outcomes

Multidisciplinary care

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

There are 33 multidisciplinary teams across NEMICS that meet regularly, with approximately 93 meetings a month. In 2015, over 11,000 patients had a multidisciplinary case discussion and recommended treatment plan.

Figure 1. Number of cancer multidisciplinary meetings 2011–15

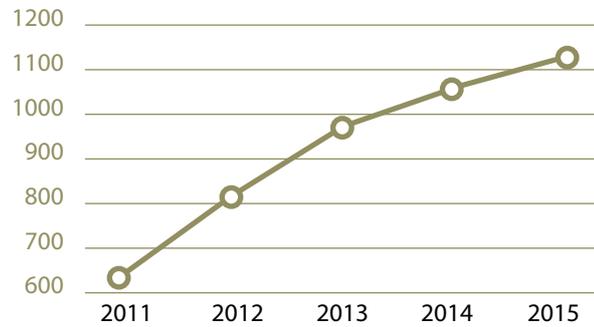


Figure 2. Number of multidisciplinary case discussions 2011–15

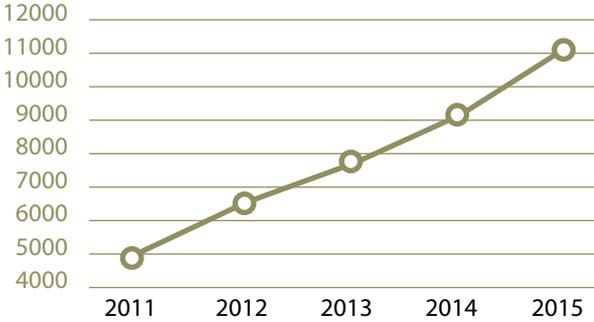


Figure 3. Multidisciplinary treatment plan in the patient record

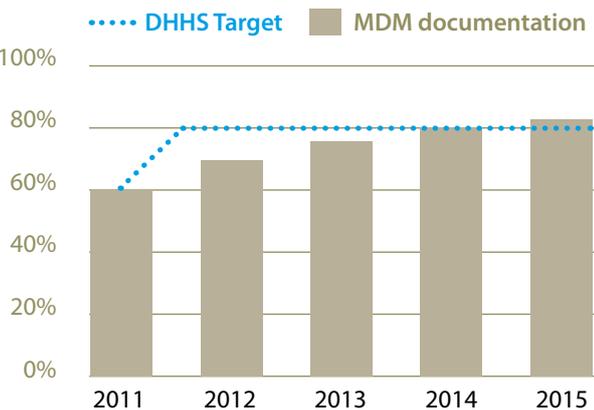
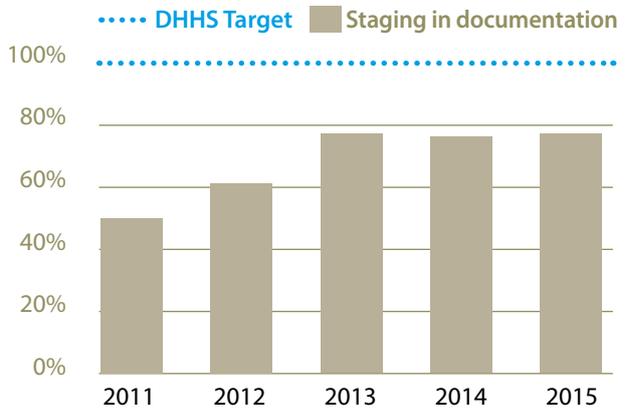


Figure 4. Evidence of staging in the multidisciplinary treatment plan



Rectal cancer

The Colorectal Cancer Summit identified a target of 95% to be set for documented multidisciplinary treatment planning for people with rectal cancer, following the identification of significant variation in the management of rectal cancer across Victoria. This is above the current Victorian target of 80% for all other tumour streams. A target of 100% exists for all tumour streams for documentation of stage during the MDM.

Table 1. Multidisciplinary treatment planning for rectal cancer

Indicator	NEMICS	Statewide	Target
Documented evidence of multidisciplinary treatment plan	98% (42/43)	78%	95%
Documented evidence of staging in the MDM	79% (33/42)	88%	100%
MDM before any treatment	84% (36/43)		
MDM after some treatment	16% (7/43)		

Sustaining multidisciplinary care

Cancer MDMs are a recognised, yet costly, component of quality cancer care due to the range of medical specialists involved. MDMs facilitate a collaborative team approach to treatment planning for individual cancer patients and are the forum for consideration and referral for clinical trials. For people who receive treatment in more than one hospital or centre, test results need to be available to the team and external specialists may be linked in. Demand for growth continues, yet no specific funding model exists to sustain MDMs.

Work commenced in 2015 towards establishing processes to access dedicated Medicare rebates for multidisciplinary cancer case discussion in the NEMICS region. Health services have taken a network-wide approach to designing and implementing the billing model. Income will help sustain MDMs and improve multidisciplinary care for cancer patients.

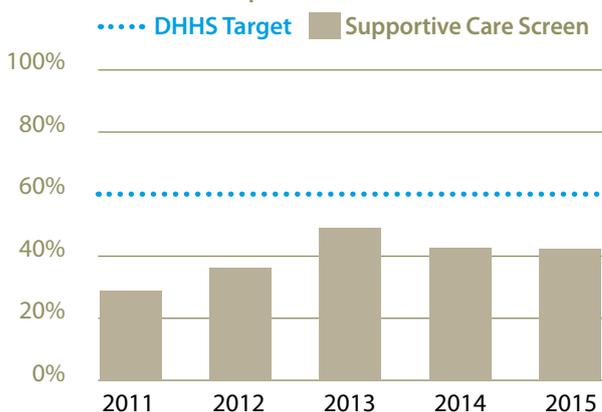
NEMICS will continue to support health services to improve the sustainability and quality of multidisciplinary cancer care. Work commenced recently towards understanding the requirements and resources needed for effective MDMs. Opportunities will be identified to improve sustainability while enhancing the impact of multidisciplinary case discussion on the care of cancer patients.

Supportive care

Our health services began systematically identifying and managing the supportive care needs of cancer patients in 2010. This process provides an opportunity for patients to report on what concerns are troubling them most during cancer treatment and to be provided with information and support to assist them to manage these concerns and recover. Supportive care includes the need for information and physical, emotional, social and spiritual responses to being diagnosed and treated for cancer. All members of the multidisciplinary team provide supportive care for patients at NEMICS health services.

Across Victoria, all ICSs participate in an audit of the proportion of patients who undertake a screen to document their supportive care needs.

Figure 5. Evidence of screening for supportive care needs in the patient record



Communication skills

Integral to good supportive care is a cancer workforce that is highly skilled in focusing on what is important to the person with cancer and that is able to have effective conversations about distressing supportive care problems/needs, support self-management approaches, provide effective triage and referral in response to identified problems, and manage personal impacts of providing supportive care for people with cancer and their families.

NEMICS commenced a program of regionally based, communication-skills workshops in partnership with Cancer Council Victoria to support key health professionals to perform supportive care mentoring and debriefing roles.

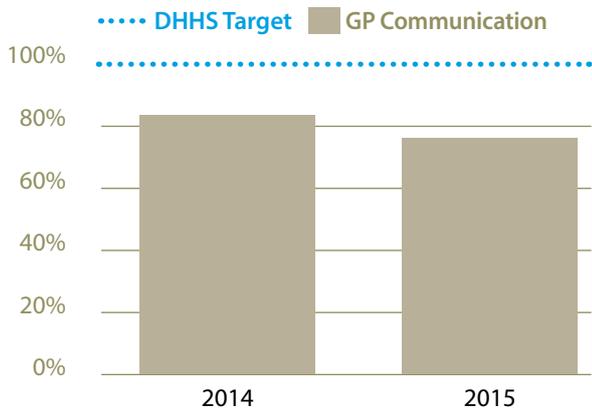
To date three sessions have been held with a further five scheduled for later in 2016.



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 remains the focus of coordination activities.

Figure 6. Evidence of communication of the treatment plan to a patient's GP



Patient experience

The experiences of patients and their families are the most informative and effective way 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 service system.

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 people's experiences during cancer care.

There is also a large-scale, whole-of-pathway cancer patient experience survey in Victoria, but local units

benefit from information about experience closer to the time of care.

Across the region, in both public and private health services, NEMICS is supporting patient experience surveys. The implemented system has to be quick and easy to complete, providing services with real-time, usable data for service improvement. The Day Oncology Units commenced with their 10 question survey in May 2016 and the Oncology Wards will survey in August 2016.

Day oncology unit survey results

Across the region, 324 patients complete the survey at the time of their care. Over half of those surveyed (52%) were in the age range of 60 to 79 years, and 34% were aged between 40 to 50 years. The top four cancer types were breast cancer (27%), bowel cancer (15%), lymphoma (10%) and lung cancer (9%). Other cancers accounted for 13%.

The majority of those surveyed (77%) reported they had attended an education session prior to commencing chemotherapy. However, of those who reported that they had not, almost half (48%) stated that they had not been offered a session.

In relation to the time it took to commence treatment from their appointment time, 46% of the surveyed patients stated that they had waited longer than 15 minutes before treatment started. However, nearly all had received their treatment within 60 minutes of their appointment time.

Across the region, 18% of those surveyed stated that they were not asked if they needed assistance with car parking costs.

A total of 91% of respondents stated that they felt staff worked well together to give them the best possible care while they had their chemotherapy.

Each day oncology unit will receive their own survey results as well as those of other units, providing an opportunity to benchmark across the region.



Research and workforce development

NEMICS grants programs

Professional development grants

Introduction to Oncology, education for Hospital in the Home

Julie Evans – Eastern Health

Bereavement telephone counselling education

Juli Moran and Hilary Hodgson – Austin Health

Allogeneic transplant service mentoring program

Emma Cohen – Austin Health

Disease progression; supportive care education

Sylvia Haller-Etiembre and Gayle Joans – Mercy Hospital for Women

Service improvement grants

Scoping projects

Early referral to palliative care in advanced lung cancer

Kathryn Tham – Austin Health

Oral chemotherapy patients – model of information provision and care coordination

Lesley Turner – Eastern Health

Haematology patients' fertility and Zoladex

Priscilla Gates – Austin Health

Elderly patients living in residential care – smoothing transition to community palliative care

Kay Hose – Austin Health

Quality improvement projects

Patient information on the entertainment system

Bernadette Zappa – Eastern Health

Laryngectomy safety and care; resource manual development

Rhonda Holmes – Austin Health

Electronic advance care planning module – to build patient and clinician engagement

Emma Cohen – Austin Health

Prostate cancer survivorship clinic

Penelope Sanderson – Austin Health

Volunteer peer support project

Tracey O'Neill – Austin Health

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

This two-year project commenced in 2014 to create a collaborative model for planning and running lymphoma clinical trials in the NEMICS region by building the capacity of the lymphoma MDM at Eastern Health and taking a cross-institutional approach to the management of lymphoma and recruitment to lymphoma clinical trials within NEMICS.

Lymphomas are a complex set of diseases and rapid advancements in new molecular therapies pose significant challenges to achieving optimal care for people with lymphoid cancers.

Over the life of the project the Eastern Health lymphoma MDM has expanded to cover both the Maroondah and Box Hill sites and private doctors, using videoconferencing facilities to link the participants. There has been an increase in open clinical trials across the region, with streamlined ethics approval. All new lymphoma trial feasibilities now come via Dr Hawkes from other consultants at both Austin and Eastern Health. The feasibility assessment is completed centrally and a site within the network is assigned. In principle, agreement has been reached that tissue screening for eligibility can be performed at the Austin for a Box Hill study (CARINA study).

Full screening of patients at satellite sites was not achieved within the timeframe. However, an initial trial of tissue screening will be implemented, and data on recruitment rates of those pre-screened at satellite sites will be analysed. If these two processes are deemed successful, then full screening will be evaluated.



Future directions

Victorian Cancer Plan 2016–20

The *Victorian Cancer Plan 2016–20* was released in July 2016. This is the first of the four yearly plans required under the *Improving Cancer Outcomes Act 2014* and outlines the framework and basis for action in cancer care for the next four years. The plan establishes key areas for improvement in outcomes from prevention, early detection and treatment, with support and leading to recovery, underpinned by research.

The ICSs move to a new phase under this plan to better deliver improvements in cancer care.





Financial Report

REVENUE

ICSs DHHS grant	\$ 1,791,994.00
Salary recoveries	\$ 190,615.20
Tumour summits – ICS and DHHS contributions	\$ 167,750.00
VCSP Phase 2	\$ 150,000.00
Other revenue	\$ 22,998.00

REVENUE TOTAL **\$ 2,323,357.20**

EXPENDITURE

SALARIES AND WAGES

Administrative salaries	\$ 1,098,843.23
WorkCover	\$ 9,834.43
Long service leave	\$ 18,726.00
Superannuation	\$ 98,143.15
Clinical salaries	\$ 124,338.07
Contract/other agency staff	\$ 317,126.23

Salaries and Wages Subtotal **\$ 1,667,011.11**

GENERAL EXPENSES

Computer software	\$ 11,607.26
Printing and stationery	\$ 9,452.40
Administration (general)	\$ 24,126.96
Food	\$ 12,686.44
Repairs and maintenance	\$ -
Capital/asset purchases	\$ -
Equipment < \$2500	\$ 4,452.28
Motor vehicles and travel	\$ 3,408.36
Corporate/management charge by host agency	\$ 182,244.00
Staff training and education	\$ 6,632.36
Conferences and travel	\$ 3,583.95

General Expenses Subtotal **\$ 258,194.01**

PROJECT EXPENSES

Consultancy	\$ 13,325.00
My Cancer Care Record	\$ 72,441.00
A Common Path – videos	\$ 24,676.45
Patient experience	\$ 27,500.00
Consultancy – tumour summits	\$ 26,334.09
SI Grants Program	\$ 68,474.36
PD Grants Program	\$ 13,740.49
Other – statewide projects	\$ 30,209.00

Project Expenses Subtotal **\$ 276,700.39**

EXPENDITURE TOTAL **\$ 2,201,905.51**

Balance **\$121,451.69**



Committee Membership and Staff

Governance Committee

Dr. Linda Mellors
Dr. Brendan Murphy
Mr. Siva Sivarajah
Mr. Alan Lilly
A/Prof. Phil Parente
Dr. Andrew Weickhardt
A/Prof. Shane White
A/Prof. David Allen
Ms. Kate Whyman
Mr. Jason Payne
Ms. Megan Burgmann
(to November 2015)
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(from November 2015)
Ms. Jacky Close
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Staff

Nadia Ayres
Hugh Burch
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Megan Dendle
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Anna Mascitti
Paul Mitchell
Melissa Shand
Katherine Simons
Charmaine Smith
Luellen Thek
Carmel Vermeltfoort
Alex Viner
Mirela Matthews
Melinda Williams
Amy Sutherland

Consumer Reference Group

Janine Rossely
Anne Kay
Fay Frazer
Cindy Schultz-Ferguson
Max Shub
Ray Kelly
Pat Jankus
Sam Kershaw
James Armstrong



NEMICS Directorate Office
c/o Austin Health
145 Studley Road
Heidelberg Victoria 3084
Telephone (03) 9496 3322
Facsimile (03) 9496 3898

www.nemics.org.au