

2014-2015

ANNUAL REPORT



Grampians Integrated
Cancer Service (GICS)

Established in 2004, Grampians Integrated Cancer Service (GICS) is a cancer service improvement organisation covering the Grampians region. GICS facilitates system development and service improvement by supporting local and regional health service providers.

GICS’ MISSION

TO IMPROVE THE EXPERIENCE AND OUTCOMES FOR THOSE AFFECTED BY CANCER ACROSS THE GRAMPIANS REGION BY IMPROVING ACCESS TO HIGH QUALITY, INTEGRATED, PATIENT-CENTRED SERVICES CLOSE TO HOME.

THIS WILL BE ACHIEVED THROUGH:

- OPTIMISING CANCER SYSTEMS CAPABILITY AND PERFORMANCE
- CAPITALISING ON BIG OPPORTUNITIES TO IMPROVE THE CANCER SYSTEM

ACKNOWLEDGEMENTS

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And thanks to the clinicians, patients, advocates and staff who shared their experiences.



Mr. Michael Krieg
Chair (GICS)



Ms. Ruth Bollard
Clinical Director (GICS)



Ms. Joanne Gell
Strategic Director (GICS)



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“Being diagnosed with cancer was devastating, but it has also given me opportunities to reassess my priorities and values”
Mary-Rose, consumer

OUR MESSAGE

The role of the Grampians Integrated Cancer Service (GICS) is to act as a catalyst for, and driver of change. Working within a complex network of public and private health services, the system within which GICS operates is constantly changing, and is understood from various perspectives. From clinicians, to administrators, managers, and other support staff, to patients, loved ones and community members, everyone has a different point of view.

To lead a system such as this through reform, intentional change and quality improvement, requires clear vision, an ability to read and understand the current environment, and the ability to effectively influence multiple stakeholders.

2014-15 was a year of transition to a new era for GICS, with a new strategic direction requiring significant leadership, shifts in governance, along with structural and operational changes. Indeed, the focus has been on implementing the structures, functions and processes required to enable GICS to position itself more effectively as system-level leaders.

These changes commenced with the development of a new Strategic Plan for 2014-2016. The new Strategic Plan challenges GICS to improve patient outcomes and experiences of cancer in the Grampians Region by focussing on a few key elements - optimising capability and performance of the cancer system, and by looking for and capitalising on emerging opportunities.

Governance structures were also changed significantly, with a new Governance Group comprising health professionals, service managers and leaders, Victorian Department of Health and Human Services representatives and consumer representatives with a clear focus and mandate providing strategic leadership for GICS. A new organisational structure has been implemented, which now positions GICS operations towards strategic intelligence, reform and leadership. The GICS structure includes a strengthened Strategic Director role, a focussed Clinical Director role, an Innovation and Reform Officer role, a Regional Cancer Nurse Educator role as well as more targeted Project Officer roles.

The GICS advisory network has been restructured and strengthened to provide timely advice and input in relation to cancer system reform. Action for change and reform isn't possible without the insight of our diverse, but dedicated advisory network.

Over the course of 2014-15, GICS has worked hard to strengthen consumer, clinical and administrative partnerships within and external to, the region, with the clearer intention to pursue and communicate GICS strategic aims. Of particular note was "Cancer Conversations" which used innovative consumer engagement techniques to generate ideas from the community to be used to inform service improvements. We acknowledge the enormous value that consumers bring to our service planning and reform work, and we will be building on our engagement processes further over the forthcoming years to expand the role consumers play in shaping cancer service delivery.

The challenge for the forthcoming year will be in consolidating our structures and processes in order to deliver on the GICS Strategic Directions. GICS will need to work across the cancer service system – its health services, practitioners, managers and consumers and leaders to effect the change we are all seeking.

We acknowledge the leadership provided by the GICS Governance Group, Claire Sandford and the team at Foresight Lane, and Ruth Bollard, our Clinical Director throughout this period of change and transition. We also thank the GICS team for their hard work, professionalism and ongoing dedication to improving cancer outcomes in the Grampians Region.

STRATEGIC DIRECTIONS

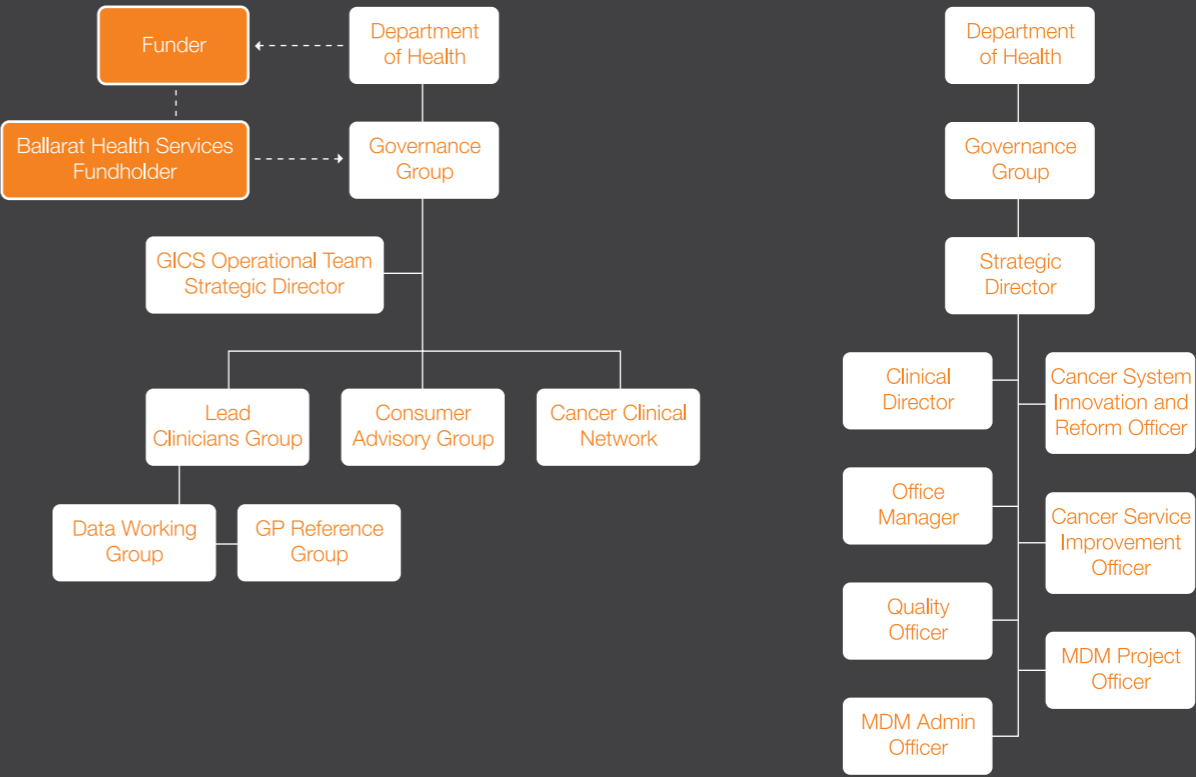
Optimising cancer systems capability and performance

- To build regional intelligence
- To lead Grampians Region service system mapping and planning
- To promote Grampians Region service integration
- To support the development of optional models of care
- To develop and foster productive partnerships
- To align organisational structure and activity with the delivery of the Grampians Integrate Cancer Service mission

Capitalising on big opportunities to improve the cancer system

- To trial and adopt new business models
- To build the capacity of consumers to shape improved outcomes
- To investigate and introduce emerging technologies

GOVERNANCE STRUCTURE



STRATEGIC PURPOSE:

OPTIMISING CANCER SYSTEMS
CAPABILITY AND PERFORMANCE

WORKING WITH GENERAL PRACTITIONERS (GPs)

GICS’ GP Reference Group

The role of the GP Reference Group is to align the work of GICS with the needs of GPs in relation to their patients with cancer. Grampians Medicare Local along with GICS co-funded GPs for their time to attend meetings. The new Western Victorian Primary Health Network (WVPHN) have kindly agreed to continue this arrangement.

The GP Reference Group played a major role in the development of the GICS Shared Care Communication Guidelines to improve the consistency and quality of communication between GPs and specialists. The group also worked to clearly identify the needs of GPs in relation to cancer education, which in turn has informed the topics for Continuing Professional Development sessions held in the region.

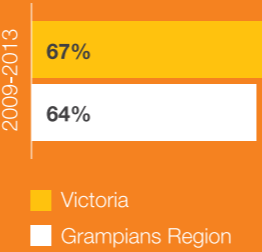
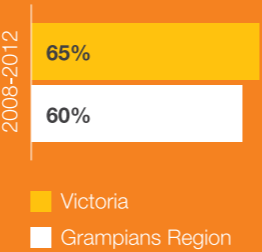
By reviewing and further developing the Regional Cancer Clinical Guidelines, the GP Reference Group have played a pivotal role in ensuring cancer referrals to specialist care are guided by evidence.

2014/15 members:

- Dr Ashley Hayes (Creswick Medical Centre)
- Dr Debby Chinogara (Nhill Medical Centre)
- Dr Malcolm Anderson (GP Liaison, BHS)
- Dr Mina Gurgius (Maddingley Medical Centre)
- Dr Niru Joshi (Eureka Medical Centre)
- Dr Stephen Brown (Senior Medical Oncologist, BHS)
- Dr Wei Cheng Chen (Tristar Medical - Rainbow/Jeparit)
- Dr Shepherd Chifura (Tristar Medical - Jeparit)
- Dr Colin Crook (UFS, Ballarat)
- Dr James Choong (Eureka Medical Centre)
- Mr Andrew McPherson (Grampians Medicare Local).

GICS would like to acknowledge and thank past member Katherine Gillespie (Central Highlands Primary Care Partnership) whose time and contribution have been greatly appreciated.

The gap in survival rates between the Grampians Region and the State-wide rate pleasingly has reduced from 5% (2008-2012) to 3% (2009 – 2013). However, effort needs to continue to remove the gap entirely.

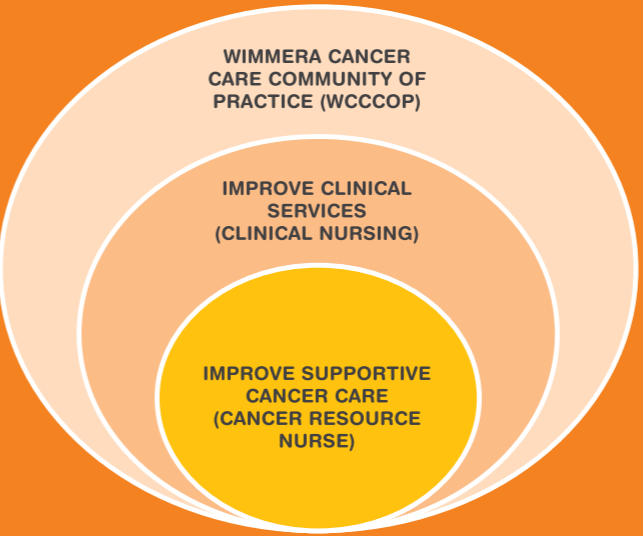


WIMMERA SOUTHERN MALLEE CANCER CARE PROJECT

“I no longer feel alone with this”
consumer

Isolation during a cancer experience, a desire for local support and improved partnership between health providers are common themes expressed by rural and regional communities in the Grampians region. In response to this, the Wimmera Southern Mallee Cancer Care Coordination Implementation Plan was developed. Its goal is to ensure every patient experiencing cancer in the Wimmera feels supported and receives the best care at the right time, as close to home as possible.

“It is vital in very small communities”
and “It is a wonderful caring service
for country people”.



As a result of the project, four local Wimmera Southern Mallee health services have appointed Cancer Resource Nurses (CRNs). The development of the role is enabled by a flexible education and training guide, a well-defined scope of practice and dedicated project officer support.

A recent evaluation indicated:

- Consumer feedback whole heartedly endorses the CRN role, with numerous recommendations for increased referral and access to CRNs offered.
- Widespread awareness of the CRN scope of practice was noted amongst regional health professionals.
- The CRNs reported a high satisfaction in the role.
- Episode of care data, while somewhat limited, indicates that nearly 70% of patients were aged over 60 years.
- Cancer awareness events organised by the CRNs were attended by over 450 people.
- CRN maintained information hubs in local clinics, pharmacies and health services ensures up-to-date cancer information is available locally.

Areas of opportunity, such as embedding the role within participating health services, improving clinical services by CRNs and integration within regional cancer referral pathways will be implemented on reappointment of a project officer in early 2016.

“Clients should not be defined by their disease. As a Cancer Resource Nurse I can assist to make the road less ‘bumpy’”.
(CRN).

REGIONAL CANCER EDUCATION

2014/15 has seen a collaboration between GICS and the Centre for Education and Training (CET) at Ballarat Health Services come to fruition with the inception of a new Clinical Nurse Educator (CNE) role in Oncology at CET. The position will ultimately build the capacity of healthcare providers, by delivering education about caring for those affected by cancer regardless of the health service setting (ambulatory, acute or community).

In its first six months, 36 education workshops were delivered to over 500 participants across the region. Whilst the majority of sessions were held at Ballarat Health Services, other locations included Melton, Nhill, Stawell, St Arnaud, Daylesford and Warracknabeal.

Regional Education delivered
January to June 2015

Topic	Participants
ADAC Facilitator Training	8
ADAC Clinical Skills	10
New Oral Targeted Therapies	40
Update on Myeloma and Lymphoma	44
Complexity of treating and caring for patients with head & neck cancer	10
Febrile Neutropenia	22
Update on breast cancer and prostate cancer	37
CVAD update (Central Venous Access Device)	120
Niki T34 syringe driver update	19
Use of Personal Protective Equipment (PPE) in an oncology setting	51
Cytotoxic spills management	69
Managing common side effects associated with chemotherapy	27
Grief and loss	12
An introduction to radiotherapy	23
Management of a Hickman Catheter	16
Supportive care in cancer	33
Total participants	541

OTHER HIGHLIGHTS

- Clinical support to two healthcare professionals undertaking a Post Graduate Certificate in Clinical Nursing Oncology
- Development of a self-directed learning package in CVAD management
- Member of the Committee developing the eviQEd online CVAD learning modules

Overall the education and resources provided has been well received by participants.

CVAD update participant quote:

“This looks exciting. For someone who is not at all comfortable with CVADS, I shall be making the time to have a good look”. participant

Myeloma and lymphoma workshop feedback quote:

“Has improved my knowledge and I am better able to explain treatment to patients”. participant

An update on prostate cancer and breast cancer workshop feedback quote:

“Everything was really good; enjoyed the day; very informative; well presented”. participant

“Learnt new approaches to treatments”. participant

CLINICAL GUIDELINES

The release of the Victorian Cancer Registry’s ‘Cancer Survival Victoria 2012’ report showed that people with cancer who resided in the Grampians Region of Victoria had a poorer five year survival overall, than the statewide average by 5% (60 vs 65%).

Several factors were identified as possible reasons for this disparity in outcome. Lack of both consistency of practice and a clear set of evidence-based guidelines were believed to have contributed to the poorer outcomes. In order to address disparity in care, clinicians across the region, undertook to collate a set of evidence-based tumour stream guidelines in line with the ADAPTE collaboration approach. This approach uses existing guidelines adapted to local circumstances via the participation of clinical staff who will use the guidelines.

To date, GICS has produced locally relevant guidelines for colorectal, breast, head and neck, lung and gynaecological tumour streams based on clinical practice guidelines from Australia and overseas. The guidelines offer advice to GPs on which patients warrant referral to a specialist, the urgency of referral in line with the patient’s symptoms and appropriate tests to initiate at the time of referral.

Work at the national and state-wide level in the meantime, has seen the development of optimal care pathways for a number of tumour streams. They map the patient journey and aim to foster an understanding of the whole pathway to promote quality cancer care and patient experiences. A focus of activity for the next year will be to ensure the Grampians Region guidelines align with the new optimal care pathways.

MDM MEETING

GICS promotes and supports multidisciplinary meeting (MDM) discussion as part of best practise cancer care in our region.

Multidisciplinary care is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.¹

Over the last twelve months, steps have been taken to increase meeting capacity and enable more timely discussion.

- The Thoracic MDM held monthly at SJOG and BHS were combined resulting in a fortnightly meeting. This rationalisation has seen a 50% increase in the number of case discussions compared with the previous financial year.
- The colorectal meeting was regularly oversubscribed. To create additional meeting time, the Colorectal and Upper GI MDM were combined. The resulting meeting is now held twice monthly and has seen a 60% increase in the number of primary colorectal cases discussed and also a 13% increase in the number of upper GI cases.

In an environment where MDM discussion is increasingly considered routine, there was also a 25% increase in case discussions at the Breast and Head & Neck MDM while Neuro-oncology and Gynae-oncology were stable. The nett increase in discussions managed by GICS in Ballarat was 40%. This dramatic increase will not be seen in the next year as further advances will require restructuring of clinicians caseloads to accommodate further meeting time.

On behalf of all clinicians involved in MDM, we thank the participating radiologists and pathologists whose efforts contribute greatly to inform the discussion. As the smallest craft groups involved, the weight of the increased discussion rate falls predominantly on them.

Work has commenced on reviewing the MDMs, aimed at ensuring effective and efficient processes are in place in the future.

¹ National Breast Cancer Centre, 2005

We continue to support the Gynae-oncology tumour stream to participate in the Monash MDM.

CANCER SERVICES PERFORMANCE INDICATORS 2014

The Cancer Services Performance Indicators are utilised to measure progress with the implementation of Government policy in the areas of multidisciplinary care, supportive care and coordination of care.

Data collected by Integrated Cancer Services, via medical record audits informs four Cancer Services Performance Indicators:

- Documented evidence of multidisciplinary team recommendations
- Documented evidence of disease staging in the multidisciplinary team recommendations
- Documented evidence of communication of initial treatment plan to GP
- Documented evidence of supportive care screening

Indicators flag areas for potential improvement and further investigation, as part of the continuous quality improvement cycle, in working towards clinical excellence in cancer care.

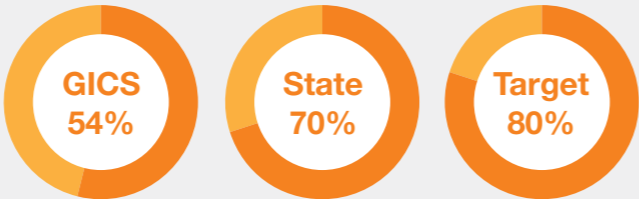
In 2014, Grampians Integrated Cancer Services (GICS) accomplished a significant rise in each of the four indicators for the second round audit, compared with that of the first in the year, indicating improvements in practices as the year progressed. Overall, Performance Indicator one, achieved a 9% increase in documented evidence of multidisciplinary team recommendations, compared to 2013 figures. These recommendations are determined at multidisciplinary meetings conducted for tumour streams in breast, colorectal, genitourinary, head and neck, thoracic and upper gastro-intestinal cancers. GICS manages all local meetings, with the exception of genitourinary. Documented evidence of these recommendations is then recorded in individual patient records.

2015/16 will see GICS automating the communication of treatment plans to local health services and the treating General Practitioner, which aims to increase Performance Indicator three with the communication of initial treatment plans to the General Practitioner, and therefore enhancing continuity and quality of care.

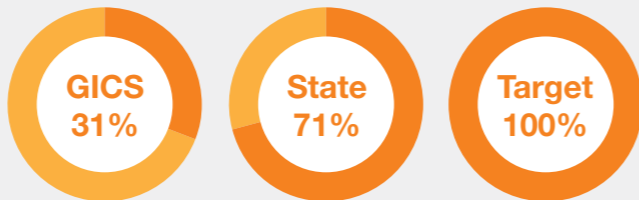
GICS will also be supporting health services to enhance and implement supportive care screening processes.

2014 RESULTS

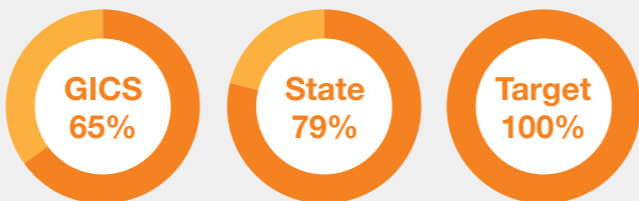
DOCUMENTED EVIDENCE OF MULTIDISCIPLINARY TEAM RECOMMENDATIONS



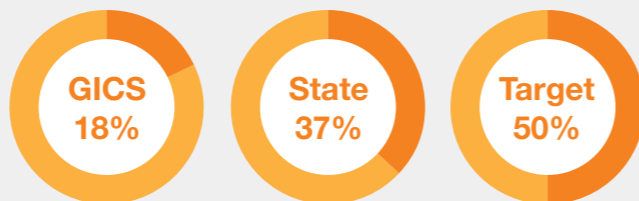
DOCUMENTED EVIDENCE OF COMMUNICATION OF INITIAL TREATMENT PLAN TO GP



DOCUMENTED EVIDENCE OF DISEASE STAGING IN THE MULTIDISCIPLINARY TEAM RECOMMENDATIONS



DOCUMENTED EVIDENCE OF SUPPORTIVE CARE SCREENING



CAPITALISE ON BIG OPPORTUNITIES

Wimmera Health Care Group (WHCG) is one of seven metropolitan and regional health services to participate in the Victorian Chemotherapy Services Redesign Project (VCSRP) Tranche 2.

The main project goals are to decrease patient waiting times and to improve efficiency and workflow within the chemotherapy day unit (CDU). Involvement in this state-wide project is timely. Patient treatments in CDU increased just over 10% between 2013-2014 and 2014-2015. The commencement of new medical oncology outreach services will also contribute to increased treatment throughput.

February 2015 saw commencement of the project. Three community representatives are included within a multidisciplinary project working party. External membership includes both the practice manager of a visiting medical oncology provider and a Grampians Integrated Cancer Service member.

WHCG minimum performance measures from initial diagnostics included chair utilisation, CDU scheduling processes, cancellation on day of treatment, booking list and meal preparation, and treatment booking processes.

Identified improvements include reorganisation of the chair to bed ratio, planned staff allocation to chairs, clinical handover prior to patient arrival, electronic scheduling development, healthier food options and refreshments, and changes in staff workflow, rostering and duties.

Phase	Action	Outcome
Initiation and definition Dec 2014-Feb 2015	Governance	Chemotherapy services redesign committee established
Diagnostic Feb - May 2015	Process mapping Time and motion of staff	Identification of performance Baseline audit
	identify issues and root cause analysis from mapping	Prioritise actions Commence quality activities
	Diagnostic report	Submission within timeline
Planning and development July 2015		
Implementation October 2015		
Evaluation November 2015		



“I’m grateful to those people before me whose thoughtful contributions have made my experience of cancer better”
Mary-Rose, consumer

YOU are the voice of the cancer system



Between March and May 2015 GICS invited cancer patients, carers, families, communities and health professionals in the Grampians region to contribute ideas for improving the experience of cancer services.

Face-to-face forums were conducted in Horsham and Ballarat to generate and discuss ideas further. Participants from across the entire region were also asked to post an idea, comment on the idea of others, and vote for their favorite idea within a dedicated online forum.

The results generated 53 ideas with 27 comments, and 155 votes. The ideas with the most votes were presented and responded to by prominent health care administrators.

“Being involved in cancer conversations has helped me heal – to regain my confidence again. It’s helped me find closure”. consumer

“We’ve mostly received very good care and support from our doctors and specialists. The best experiences we’ve had have been with those who are prepared to listen to patients and carers. We are usually the ones who know more than anyone else what our own needs are.” consumer

“I was told because I have brain cancer, I can not access any of the facilities here in Ballarat even though I live here. I would like to use the wellness centre and other support areas instead of having to travel to Melbourne.”
consumer, Cancer Conversations

“The Wellness Centre at BRICC is available for use for all oncology patients within Ballarat and the Grampians region. We welcome oncology patients to drop in and use the centre to relax, meet with others or attend our growing range of wellness programs. Our wellness programs include complementary therapies that are used alongside conventional cancer treatment to help manage the symptoms and side effects of cancer. These include oncology massage, shiatsu therapy, yoga, meditation, pilates and art therapy to name a few. If you have any questions about the Wellness Centre and its programs please feel free to contact our Centre Coordinator on 5320 8614.”

Health Service Provider, Cancer Conversations

CANCER COVERSATIONS TOP 5:

01 ‘Financial assistance and planning needs to be part of all hospital follow up not just those in the public sector’.

02 ‘As a cancer patient for four and a half years suffering from melanoma, my family and I have found there is a vital need for the following service: Cancer Coordinator’.

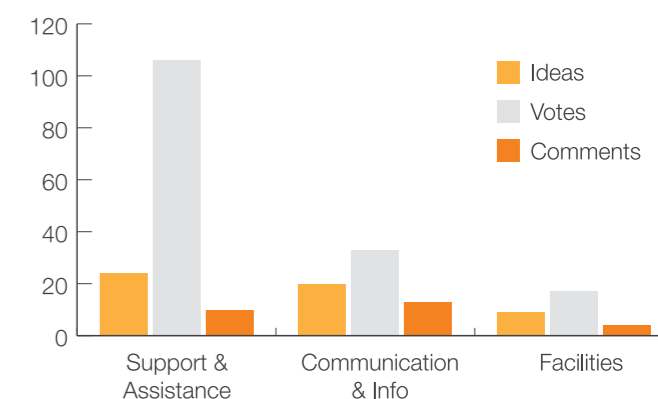
03 ‘When my mother had cancer, my family was assigned a social worker. The social worker handled many things for us. Can we put more resources here?’

04 ‘Varying appointment times for patients is an often heard complaint made to volunteers. Four suggestions to relieve the situation: 1. Inform patients as soon as possible of the delay. 2. Enhance the ambience of the waiting rooms. 3. Provide a quiet room where patients can lie down. 4. Encourage greater use of the Wellness Centre’.

05 ‘The best experiences with doctors and specialists have been with those who are prepared to listen to patients and carers. We are usually the ones who know more than anyone else what our own needs are’.

The 53 ideas could be categorised into three broad themes:

1. Support and Assistance: referring to the way in which patients are able to access help from others to support them through their experience of cancer.
2. Communication and Information: relating to the ways in which information is provided to patients, carers, families and loved ones.
3. Facilities, including accommodation: parking, transport, treatment facilities and wards.



2015/16 will see the implementation of ideas generated through ‘Cancer Conversations’, with GICS supporting health services and consumers to further develop the ideas through a grants submission process.

CHEMOTHERAPY OUTREACH MODEL

Intelligence and data gathered through GICS indicated that many patients receiving chemotherapy in Grampians region were traveling long distances to receive care.

In July 2014 GICS hosted a two-day forum in Ballarat at which health professionals from across the region jointly designed a new chemotherapy outreach model.

It aimed to provide more opportunities for patients from the Wimmera to receive treatment closer to home.

The Chemotherapy Outreach Model developed at the two-day forum was used to inform Ballarat Health Services' business case which was accepted and adopted by Wimmera Health Care Group.

In July 2015 the service was launched in Horsham whereby clinicians from the Ballarat Integrated Cancer Centre deliver cancer services in partnership with WHCG to patients of the Wimmera Southern Mallee.

VISION

An integrated public and private regional model for chemotherapy services in the Wimmera Southern Mallee will:

- Respond to patient needs
- Be managed by WHCG but will involve all stakeholders in a collaborative process
- Be financially sustainable
- Use technology to reduce travel costs
- Extend and ensure choice for public and private patients
- Maintain the existing service models for WHCG and other providers
- Re-direct flow of patients traveling outside the Wimmera Southern Mallee (recognising choice and complexity)
- Strengthen care coordination and build strong relationships (with patients and between practitioners)
- Make the most of the nursing resources in our region

GICS will build on this work to deliver a Chemotherapy Therapy Plan for the region in 2015/16.

FINANCIAL SUMMARY

Revenue and Expenditure
(July 1 2014 to June 30 2015)

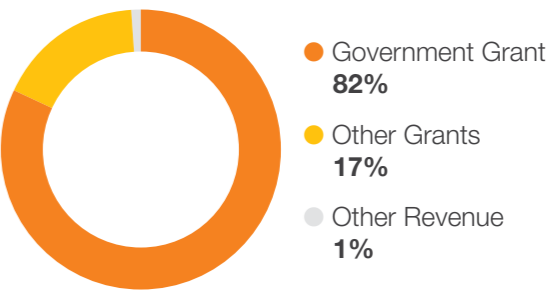
REVENUE

Integrated Cancer Services Victorian Government grant	\$1,226,589
Other grants	\$250,422
Other revenue	\$16,507
Revenue total	\$1,493,518

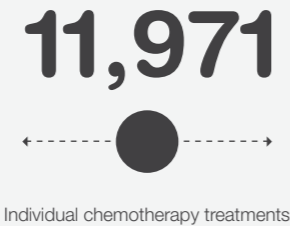
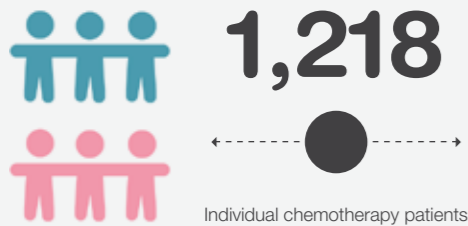
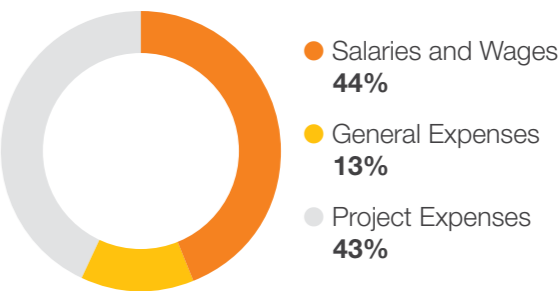
EXPENDITURE

Salaries & wages	\$728,114
General expenses	\$202,550
Project expenses	\$715,359
Expenditure total	\$1,646,023
Current surplus/(deficit)	-\$152,504
Accumulated surplus/(deficit)	\$450,367
Total equity	\$297,863

Revenue Percentage Break Down



Expenditure Percentage Break Down



In 2013-14
89% of chemotherapy treatment for Grampians residents were delivered by services located within the Grampians region



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