

Grampians Integrated Cancer Service

Cancer Services Performance Indicator (CSPI)

Audit Results 2019



Contents

Audit Context - Meetings	2
Audit 2019 – 250 patients diagnosed in 2018 across 3 health services in the Grampians.	3
Audited patients by tumour stream and health service.....	3
Indicator 1a. Documented evidence of multidisciplinary team recommendations.....	5
Indicator 1c. Rate of Prospective MDM discussion	7
Indicator 2 Documented evidence of cancer staging in the multidisciplinary team recommendations	9
Indicator 3 Documentation of ECOG score on MDM treatment plan	10
Indicator 4 Documented evidence of communication of initial treatment plan to GP	10
Indicator 5 Documented evidence of supportive care screening	12
RECOMMENDATIONS.....	14
List of Summary tables	14
List of Tables	14

Abbreviations:

BHS – Ballarat Health Services

ECOG – Eastern Co-operative Oncology Group measure for performance status

MDM – Multidisciplinary Meeting

PTP – Patient Treatment Plan

SC – Supportive Care

SJOG – St John of God Hospital, Ballarat

WHCG – Wimmera Health Care Group

Audit Context - Meetings

The Grampians Region conducts Multidisciplinary Meetings (MDM) which comply with the Department of Health definition for the following tumour streams:

- Breast
- Colorectal
- Genitourinary
- Head and Neck
- Thoracic
- Upper GI
- Neuro-oncology

Local clinicians submit and link in to a metropolitan-based MDM for Gynae-oncology via SMICS. Some local clinicians submit patients to the Lymphoma meeting at the Austin hospital so that patients can be discussed; however, few lymphoma patient discussions are attended by local clinicians. GICS manages and administers Ballarat-based meetings except the genitourinary meeting which is administered by Ballarat Urology. The Wimmera meeting is supported by local staff in Horsham.

The audit was conducted in line with the Data Collection Methodology provided by Cancer Strategy and Development, Department of Health and Human Services 2019.

All indicators showed significant improvement in this audit round (see Table 1 below)

Average for Audit Period	MDM-PTPs present	Prospective MDM	Staging on PTP	ECOG on MDM PTP	Letter to GP	SC screen present
2011-12	65%		51%		-	11%
2012-13	56%		69%		-	22%
2013-14	45%		73%		-	20%
Round 1, 2014-15	47%		53%		16%	13%
Round 2, 2014-15	62%		81%		31%	22%
*Round 1, 2015-16	42% ↓		96%		52%	24%
*Round 2, 2015-16	48% ↑		93% ↓		54% ↑	23% →
*2017	40%	57%	88% ↓	76%	38% ↓	35% ↑
*2018	43% ↑	63% ↑	93% ↑	88% ↑	76% (NR)	38% ↑

Table 1. Year on year comparison of audit indicators.

* Years where melanoma and haematological cancers were included in the audit impacting indicator rates for MDM PTP

Audit 2019 – 250 patients diagnosed in 2018 across 3 health services in the Grampians

% Audited by Health Service	# records	Proportion of Audit
Ballarat Health Services [Base Campus]	123	49%
St John of God Hospital Ballarat	104	42%
Wimmera Base Hospital [Horsham]	23	9%

Summary 1: Number and percentage of histories audited by health service and as percentage of total overall (and diagnosed in 2018 financial year)

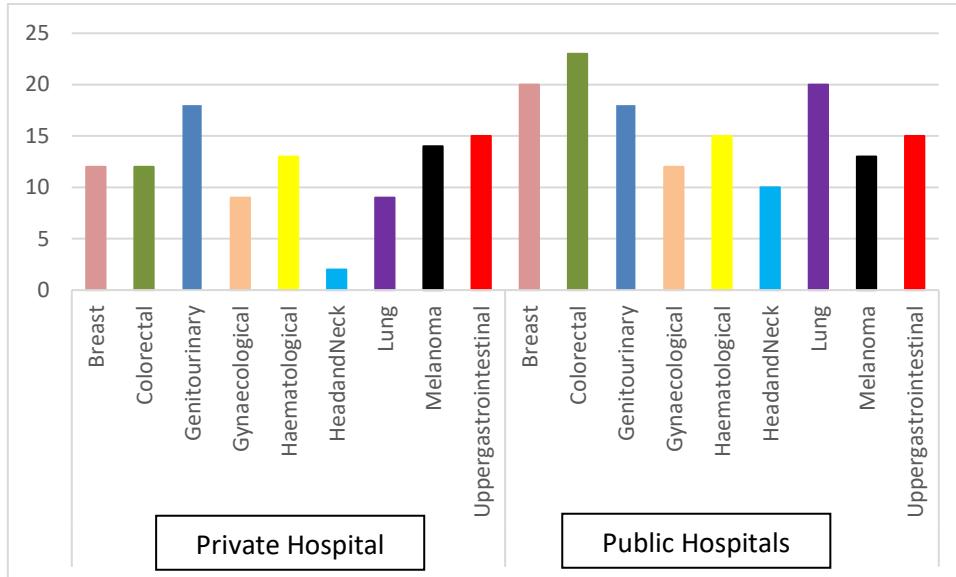
It is noteworthy that the tumour stream mix changed this year through the centralised sampling method provided through DHHS, as did the health services who met the new audit criteria. Smaller health services (East Grampians Ararat and Stawell Regional Health) were omitted due to their small numbers and limited type of services they provide. Significant changes to the tumour stream mix are demonstrated in Table 2 – this will have a flow-on effect to the results, as not all tumour streams have MDMs in the Grampians (Haematology and Melanoma/Skin).

Audited patients by tumour stream and health service

Tumour Stream by Health Service	Number audited	Percent of Total	Previous Audit (2017)
Ballarat Health Services [Base Campus]	123	49%	52%
Breast	12	10%	16%
Colorectal	13	11%	12%
Genitourinary	18	15%	16%
Gynaecological	12	10%	12%
Haematological	15	12%	4%
Head and Neck	10	8%	8%
Lung	15	12%	14%
Melanoma	13	11%	4%
Upper GI	15	12%	13%
St John of God Hospital Ballarat	104	42%	41%
Breast	12	12%	8%
Colorectal	12	12%	21%
Genitourinary	18	17%	18%
Gynaecological	9	9%	3%
Haematological	13	13%	16%
Head and Neck	2	2%	1%
Lung	9	9%	5%
Melanoma	14	13%	10%
Upper GI	15	14%	16%
Wimmera Base Hospital [Horsham]	23	9%	6%
Breast	8	35%	14%
Colorectal	10	43%	36%
Lung	5	22%	0%
Grand Total	250	100%	

Table 2: Number and percentage of histories audited by Tumour stream and by health service and as percentage of total overall

Number of Cases Audited by Tumour Stream and Hospital Type



Indicator 1a.

Documented evidence of multidisciplinary team recommendations

Overall, for the region, 43% of audited histories had evidence of a multidisciplinary patient treatment plan (PTP) as shown in Summary 2 below. This represents an increase of 3% since the previous audit round in 2018. The best performing health service for presence of treatment plans was Wimmera Health Care Group with **78%** of audited histories including a treatment plan. This represents a large increase of **35%** since the last audit performed in 2018 (see Tables 3 & 4).

St John of God also achieved an increased proportion of PTPs in the records, up to 22% from 14% previously.

However, there was a drop seen at Ballarat Health Services to 54%, down from 61% previously. If Haem and Melanoma are excluded from BHS numbers, the rate is 67% with a PTP. There has been a concerted effort made to discuss all pancreatic and OG cases on the back of the Tumour Stream Summits and OCP work. Of note, there were fewer colorectal patient discussions in 2018 than previously.

MDM Treatment Plan	# patients	Overall - With MDM Treatment Plan	Excluding Melanoma and Haem cancers	Target
No	143	57%	47%	80%
Yes	107	43%	53%	
Grand Total	250	100%	100%	

Summary 2: Number and percentage of histories with and without an MDM treatment plan

None of the 13 patients audited with melanoma had a treatment plan in the record, which is consistent with the lack of a melanoma/skin specific MDM in the region. In addition, an analysis of the 2017-18 Victorian Admitted Episode Statewide dataset showed that 34% of melanoma admissions occurred out of region. This impacts negatively on the rate of MDM discussions which occur in the Grampians Region, and therefore the percent of PTPs located in the patient record. Due to lack of documentation in the local records, it was not possible to verify if this was the case for these audited patients. A similar situation exists for haematological cancers where 23% were treated out of region in 2017-18 financial year and, accordingly, this impacts on the rate of MDM PTPs overall in this audit. By excluding those 2 tumour streams, the rate was 53% overall with a PTP.

There was an improvement seen in the numbers of filed PTPs for genitourinary patients at BHS, up from 19% to 44% following on from the work of GICS and implementation of the prostate OCP with Ballarat Urology. There is still more to do here.

Many lung cancer patients are seen in the weekly Rapid Access clinic at Ballarat Health Services and tend to have treatment discussions in clinic with planning achieved in a very timely way. Radiation Oncology input to cases is achieved via blanket referral of these patients for consideration of radiotherapy. Often treatment has commenced prior to the next Thoracic MDM. Over the whole region, the majority of lung cancer patients who had an MDM PTP (38%) were presented prospectively (91%). Of the 18 who did not have a PTP in the record, 1 had been discussed and was recorded in the MDM software. Of the remaining 17, 10 had confirmed metastatic disease. There is existing capacity in the Thoracic MDM to accommodate the 7 non-metastatic patients who were not discussed and this will be raised with the clinicians who care for lung cancer patients in the Grampians.

Of the 57 patients without a PTP in the history at BHS, 10 were genitourinary patients and the MDMs are externally run. 26 of the remaining 47 were patients with either haematological cancers or melanoma. As mentioned above, neither of these tumour streams have local stream-specific meetings, and they assume 25% of the total sample. These patients may have had MDM discussions in metro settings, but there was no documentation of this in the local records. Of the remaining 21 patients without an MDM-PTP, only 1 was listed as having an MDM in QOOL (MDM software), indicating that the paperwork did not make it into the electronic record at BHS for this patient. All other MDM-PTPs for patients audited and who were discussed, had an MDM-PTP in their record.

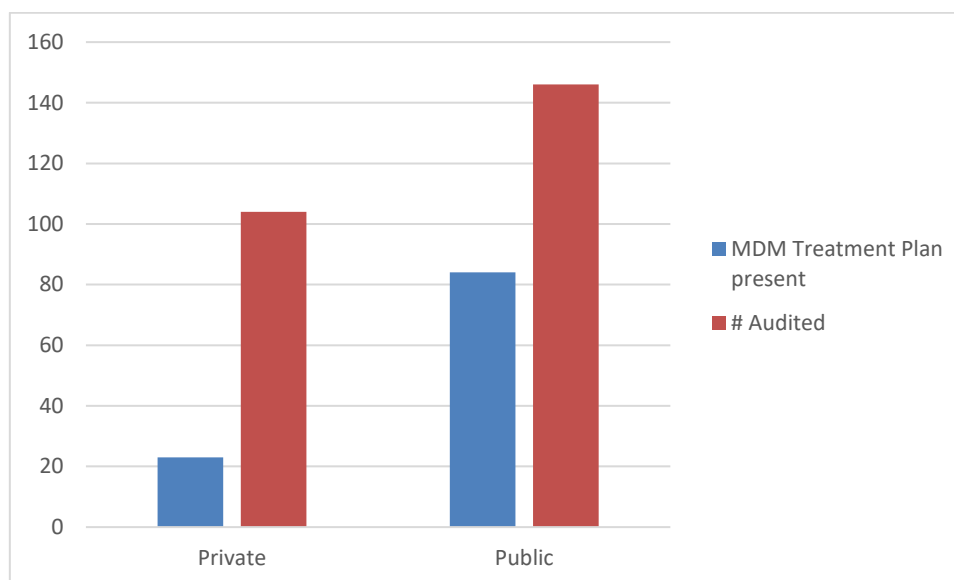
Treatment Plan by Health Service	MDM Treatment Plan	% MDM PTP by Health Service	Excluding Melanoma and Haem cancers	Previous Audit (2017)
Ballarat Health Services [Base]	123			
No	57			
Yes	66	54%	67%	61%
St John of God Hospital Ballarat	104			
No	81			
Yes	23	22%	29%	14%
Wimmera Base Hospital [Horsham]	23			
No	5			
Yes	18	78%	78%	43%
Grand Total	250			

Table 3: Number and percentage of histories with and without an MDM treatment plan by Health Service

	MDM PTP present	Total Audited	Percentage w PTP by Health Service and Tumour Stream	Previous Audit Values (2017)
Ballarat Health Services [Base Campus]	66	123	54%	61%
Breast	9	12	75%	52%
Colorectal	7	13	54%	69%
Genitourinary	8	18	44%	19%
Gynaecological	10	12	83%	100%
Haematological	2	15	13%	40%
Head and Neck	9	10	90%	100%
Lung	7	15	47%	72%
Melanoma	0	13	0%	0%
Upper GI	14	15	93%	65%
St John of God Hospital Ballarat	23	104	22%	14%
Breast	7	12	58%	38%
Colorectal	2	12	17%	19%
Genitourinary	0	18	0%	0%
Gynaecological	1	9	11%	0%
Haematological	1	13	8%	0%
Head and Neck	2	2	100%	0%
Lung	2	9	22%	40%
Melanoma	0	14	0%	0%
Upper GI	8	15	53%	25%

Wimmera Base Hospital [Horsham]	18	23	78%	43%
Breast	7	8	88%	50%
Colorectal	9	10	90%	80%
Lung	2	5	40%	NR
Grand Total	107	250	43%	40%

Table 4: Number and percentage of histories with an MDM treatment plan by Health Service and tumour stream



SUCSESSES:

- Work is in progress to ensure 100% of Upper GI cases are presented at an MDM, by running separate upper and lower gastrointestinal prospective MDMs and the results are evident in this audit
- Ballarat Urology have started a process to copy the genitourinary MDM treatment plan to Ballarat Health Services and the results are evident in this audit.

Indicator 1c.

Rate of Prospective MDM discussion

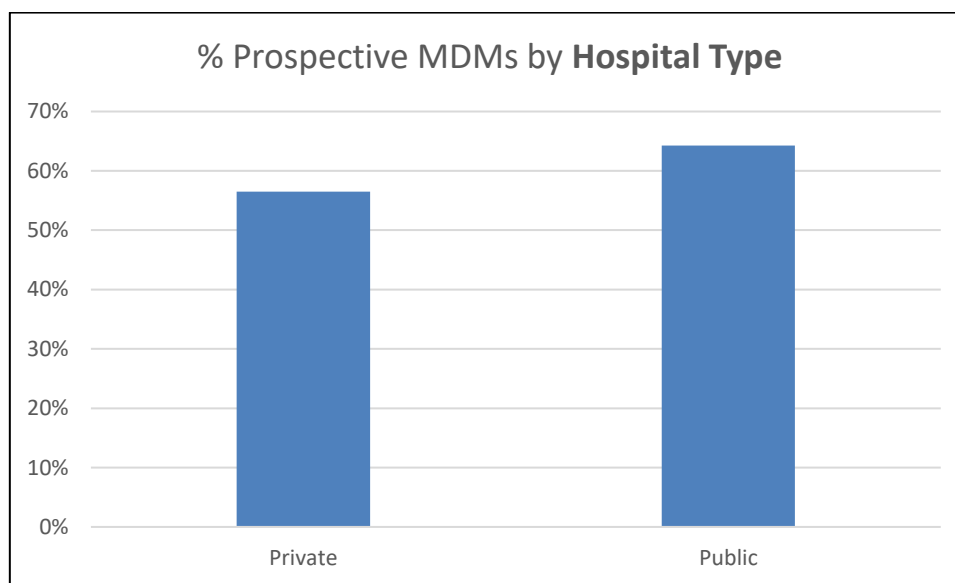
Prospective Discussion	# patients	Overall - With Prospective MDM	Target
No	40	37%	100%
Yes	67	63%	
Grand Total	107	100%	

Summary 3: Number and percentage of histories with and without a prospective MDM

Tumour Stream by Health Service	# Prospective MDMs	All MDMs	% Prospective Discussions
Ballarat Health Services [Base Campus]	51	66	77% (from 63% previous)
Breast	4	9	44%
Colorectal	4	7	57%
Genitourinary	7	8	88%
Gynaecological	5	10	50%
Haematological	2	2	100%
Head and Neck	8	9	89%

Lung	7	7	100%
Melanoma	0	0	-
Upper-gastrointestinal	14	14	100%
St John of God Hospital Ballarat	13	23	57% (from 36% previous)
Breast	1	7	14%
Colorectal	2	2	100%
Genitourinary	0	0	-
Gynaecological	0	1	0%
Haematological	1	1	100%
Head and Neck	2	2	100%
Lung	2	2	100%
Melanoma	0	0	-
Upper-gastrointestinal	5	8	63%
Wimmera Base Hospital [Horsham]	3	18	17% (from 33% previous)
Breast	0	7	0%
Colorectal	2	9	22%
Lung	1	2	50%
Grand Total	67	107	63%

Table 5. Rate of prospective MDM discussion by Health Service and Tumour Stream



The rate of prospective discussions has increased to 63% overall, from 57% last audit. There has been an increase in prospective presentation of privately-treated patients to MDMs (57% up from 36% on the last audit), and the rate of prospective discussions also increased at BHS (from 63% up to 77%). Horsham trended toward a higher rate of retrospective discussions compared to the last period audited (down to 17% from 33%).

Overall, breast cancer patients are often not discussed prospectively, and this trend seems to be persisting at BHS which saw a drop from 64% to 44% prospective discussions. However, this may be in part due to limited MDM capacity with increasing incidence over time. The rate of prospective lung discussions remained high overall and at each site audited.

Indicator 2

Documented evidence of cancer staging in the multidisciplinary team recommendations

Staging is captured real-time during the MDMs, and this rate sees fluctuation which may relate to availability of staff who are experienced with data capture under extreme time pressure. The overall rate has returned to 93% of PTPs having staging recorded on the treatment plan (see table 6).

Staging on PTP	# patients	Overall - With Staging	Target
No	8	7%	100%
Yes	99	93%	
Grand Total	107	100%	

Summary 4: Number and percentage of histories with and without staging on the PTP

Tumour Stream by Health Service	Stage in MDT recommendations	MDT PTP present	% with Staging on PTP
Ballarat Health Services [Base Campus]	59	66	89%
Breast	9	9	100%
Colorectal	5	7	71%
Genitourinary	7	8	88%
Gynaecological	7	10	70%
Haematological	1	2	50%
Head and Neck	9	9	100%
Lung	7	7	100%
Melanoma	0	0	-
Upper-gastrointestinal	14	14	100%
St John of God Hospital Ballarat	23	23	100%
Breast	7	7	100%
Colorectal	2	2	100%
Genitourinary	0	0	-
Gynaecological	1	1	100%
Haematological	1	1	100%
Head and Neck	2	2	100%
Lung	2	2	100%
Melanoma	0	0	-
Upper-gastrointestinal	8	8	100%
Wimmera Base Hospital [Horsham]	17	18	94%
Breast	6	7	86%
Colorectal	9	9	100%
Lung	2	2	100%
Grand Total	99	107	93%

Table 6. Proportion of PTPs with documented cancer staging in the multidisciplinary team recommendations

Indicator 3

Documentation of ECOG score on MDM treatment plan

Again, GICS' support for real-time data collection and a dedicated data recorder at the Wimmera meeting has ensured recording of ECOG where it is available at the meeting, which sits at 88% - up from 76% in 2018 (Table 7). The rate is consistent across both private and public health services.

ECOG on PTP	# patients	Overall - With ECOG	Target
No	13	12%	100%
Yes	94	88%	
Grand Total	107	100%	

Summary 5: Number and percentage of histories with and without ECOG

Tumour Stream by Health Service	ECOG on MDM treatment plan	# with MDM PTP	Percentage of PTP with ECOG
Ballarat Health Services [Base Campus]	58	66	88%
Breast	9	9	100%
Colorectal	7	7	100%
Genitourinary	4	8	50%
Gynaecological	7	10	70%
Haematological	1	2	50%
Head and Neck	9	9	100%
Lung	7	7	100%
Melanoma	0	0	-
Upper GI	14	14	100%
St John of God Hospital Ballarat	20	23	87%
Breast	7	7	100%
Colorectal	1	2	50%
Genitourinary	0	0	-
Gynaecological	1	1	100%
Haematological	1	1	100%
Head and Neck	1	2	50%
Lung	1	2	50%
Melanoma	0	0	-
Upper GI	8	8	100%
Wimmera Base Hospital [Horsham]	16	18	89%
Breast	7	7	100%
Colorectal	7	9	78%
Lung	2	2	100%
Grand Total	94	107	88%

Table 7. Proportion of PTPs with documented ECOG status in the multidisciplinary team recommendations

Indicator 4

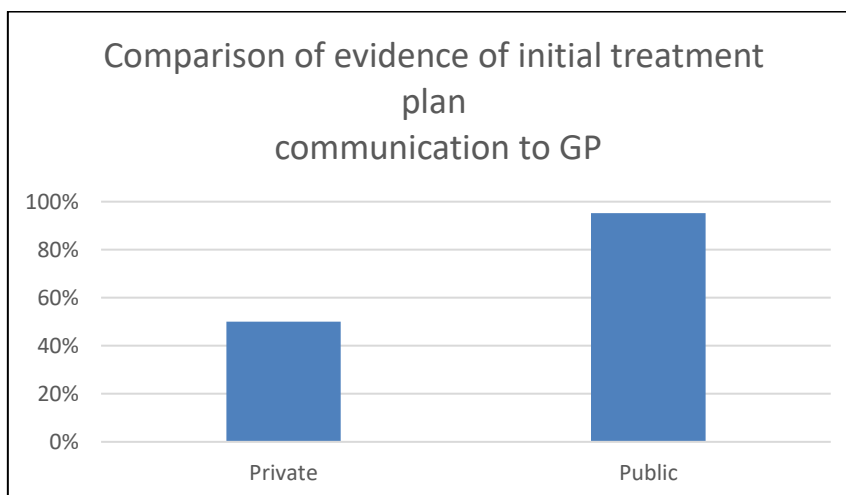
Documented evidence of communication of initial treatment plan to GP

Whilst this indicator was not a requirement of ICS in this audit round, GICS recorded and reported it using the broader definition of "initial treatment plan" meaning any letter to the GP which communicated the intentions of treatment going forward. Previously, GICS had interpreted the initial treatment plan to refer to the MDM PTP only, and, as a result, has regularly demonstrated a much lower rate for this indicator than all other ICS.

This audit demonstrated that communication with GPs is visible in the central medical record in the majority of cases. Private clinicians often do not copy their letters to the hospital record at SJOG, however they do communicate via letters from their private rooms. The overall Grampians rate for this indicator was 76%, which compares well with other ICS in previous audit rounds. The statewide average for this indicator in the last audit was 78%.

Tumour Stream by Health Service	Communication to GP	Number audited	Percentage with GP communication
Ballarat Health Services [Base Campus]	117	123	95%
Breast	12	12	100%
Colorectal	13	13	100%
Genitourinary	16	18	89%
Gynaecological	11	12	92%
Haematological	14	15	93%
Head and Neck	10	10	100%
Lung	14	15	93%
Melanoma	12	13	92%
Upper GI	15	15	100%
St John of God Hospital Ballarat	52	104	50%
Breast	11	12	92%
Colorectal	5	12	42%
Genitourinary	2	18	11%
Gynaecological	2	9	22%
Haematological	10	13	77%
Head and Neck	2	2	100%
Lung	4	9	44%
Melanoma	3	14	21%
Upper GI	13	15	87%
Wimmera Base Hospital [Horsham]	22	23	96%
Breast	7	8	88%
Colorectal	10	10	100%
Lung	5	5	100%
Grand Total	191	250	76%

Table 8. Evidence of communication of the initial treatment plan to the patient's GP (not necessarily the MDM derived treatment plan)



Indicator 5

Documented evidence of supportive care screening

The rate of evidence of supportive care screening in the Grampians has increased from 35% to 38% overall.

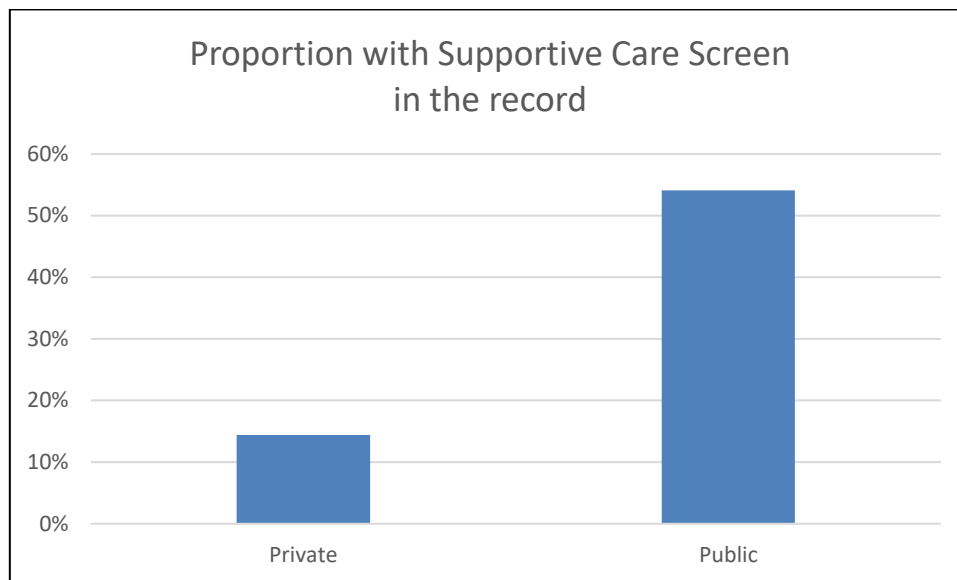
Supportive Care Screen in record	# patients	Overall - With SC screen	Target
No	156	62%	
Yes	94	38%	80%
Grand Total	250	100%	

Summary 6: Number and percentage of histories with and without a Supportive Care screen

The rate of screening at SJOG decreased between the two audit rounds from 17% to 14% (see Table 9). It is also important to note that patients who receive radiotherapy undergo supportive care screening during their workup for that treatment, so actual screening rates are higher than this audit reveals.

Tumour Stream by Health Service	Supportive care screen	Number audited	Percentage with SC screen
Ballarat Health Services [Base Campus]	62	123	50%
Breast	9	12	75%
Colorectal	3	13	23%
Genitourinary	6	18	33%
Gynaecological	2	12	17%
Haematological	12	15	80%
Head and Neck	9	10	90%
Lung	12	15	80%
Melanoma	1	13	8%
Upper GI	8	15	53%
St John of God Hospital Ballarat	15	104	14%
Breast	4	12	33%
Colorectal	3	12	25%
Genitourinary	0	18	0%
Gynaecological	2	9	22%
Haematological	2	13	15%
Head and Neck	0	2	0%
Lung	1	9	11%
Melanoma	0	14	0%
Upper GI	3	15	20%
Wimmera Base Hospital [Horsham]	17	23	74%
Breast	5	8	63%
Colorectal	8	10	80%
Lung	4	5	80%
Grand Total	94	250	38%

Table 9. Proportion of records which contained at least one completed supportive care screen



The new supportive care process at Wimmera Health Care Group (WHCG) appears to be effective from a screening rate perspective. This result aligns with recently completed patient and health professional feedback as part of the WHCG supportive care project quality improvement cycle.

This new process resulted from 2017 Victorian Cancer Survivorship Program funding with a specific focus on older people with cancer. The nurse-led project introduced a patient-completed screening tool to discuss and plan individualised care at the 2nd weekly supportive care multidisciplinary meeting (SCMDM) chaired by the Wimmera Cancer Nurse Practitioner. The recommended plan is then discussed with the patient and agreed referrals or actions implemented. The SCMDM links external providers by telehealth.

For St John of God Hospital (SJOG), a planned trial using discharge coordinators to screen in surgical areas was considered in late 2017 but data did not support its implementation due to the high percentage of patients discharged prior to a confirmed cancer diagnosis.

Based on the Investigating Practices Relating to Supportive Care Screening in Victorian Cancer Services Full Technical Report 2018, the overall prevalence of supportive care screening is 92% at Ballarat Health Services (including BAROC), 76% at Wimmera Health Care Group and 73% at St John of God Hospital.

The documented evidence of SC screening rates suggests there are opportunities to enhance efforts further. Some tumour streams will benefit from prioritisation.

An 18-month regional action plan developed in response to the statewide supportive care refresh project is in its initial phase of implementation. Key supportive care refresh project outputs have informed the action plan which was endorsed by the GICS Governance Group in August 2019.

RECOMMENDATIONS

Recommendation 1: Build on the work with Ballarat Urology to increase the rate of treatment plans from existing discussions being copied to all treating health services

Recommendation 2: Raise lack of MDM discussions for colorectal patients with the relevant clinicians to see if they can account for the reduction in cases presented, and address the inequity of access for some patients

Recommendation 3: Develop understanding of metro-regional referral pathways for Grampians residents with melanoma and haematological cancers to ensure patients are included in the audit in a way that appropriately reflects local treatment planning

Recommendation 4: Actively increase referral of lung cancer patients to meet existing capacity at the local Thoracic MDM

Recommendation 5: Continue implementation of the Grampians Supportive Care Action Plan

List of Summary tables

Summary 1: Number and percentage of histories audited by health service and as percentage of total overall (and diagnosed in 2018 financial year) (page 3)

Summary 2: Number and percentage of histories with and without an MDM treatment plan (page 5)

Summary 3: Number and percentage of histories with and without a prospective MDM (page 7)

Summary 4: Number and percentage of histories with and without staging on the MDM (page 9)

Summary 5: Number and percentage of histories with and without ECOG (page 10)

Summary 6: Number and percentage of histories with and without a Supportive Care screen (page 12)

List of Tables

Table 1. Year on year comparison of audit indicators (page 2)

Table 2: Number and percentage of histories audited by Tumour stream and by health service and as percentage of total overall (page 3)

Table 3: Number and percentage of histories with and without an MDM treatment plan by Health Service (page 6)

Table 4: Number and percentage of histories with an MDM treatment plan by Health Service and tumour stream (page 7)

Table 5. Rate of prospective MDM discussion by Health Service and Tumour Stream (page 8)

Table 6. Proportion of PTPs with documented cancer staging in the multidisciplinary team recommendations (page 9)

Table 7. Proportion of PTPs with documented ECOG status in the multidisciplinary team recommendations (page 10)

Table 8. Evidence of communication of the initial treatment plan to the patient's GP (not necessarily the MDM derived treatment plan) (page 11)

Table 9. Proportion of records which contained at least one completed supportive care screen (page 12)