Grampians Integrated Cancer Service

Performance Indicator Audit Results Round 2, 2015-16

Audit Context

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

Local clinicians put patients forward and link in to the following metropolitan-based MDMs: Gynae-oncology and Neuro-oncology. GICS supports local clinicians to have access 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 all local meetings except the genitourinary meeting which is administered by Ballarat Urology.

The proportion of each tumour stream audited reflects that of the newly diagnosed cancer population in the Grampians Region. The sample was selected by order of tumour stream and UR number, with every third patient selected and audited. For excluded patients (due to being palliative or cancers diagnosed before the audit period), alternative patients were randomly selected and audited to ensure that the minimum 120 cases were audited. In this audit round, 120 patient files were reviewed and included from those diagnosed in the period June - December 2015.

Average for Audit Period	MDM-PTPs present	Staging on 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% →

Table 1. Year on year comparison of audit indicators.

Audit Round 2, 2015-16

Performance Indicator 1

Documented evidence of multidisciplinary team recommendations

Overall, for the region, 48% of audited histories had a multidisciplinary patient treatment plan (PTP) as shown in Table 2 below. This represents an increase of 6% since the previous audit round. Of the 62 records without a multidisciplinary treatment plan, 3 were for haematological cancers, and 12 were cancers of the skin for which there are no local MDMs held. Of the remaining 47, 26 were genito-urinary cases, and the local urology-run MDM does not include a regular process for copying the treatment plan to a health service medical record.

For the remaining 21 patients without an MDM treatment plan, 8 from St John of God Healthcare were cross-checked with the local GICS MDMone database, and only 1 was found to have been discussed. 6 patients from Ballarat Health Services were cross-checked with MDMone, and none were found to have been discussed.

13 patients (2 colorectal, 3 genito-urinary, 5 skin and 1 each of lung, gynaecological and upper GI) at Wimmera Health Care Group did not undergo an MDM discussion, as GICS supported meetings were concluded at the end of January 2015 and meetings did not resume until October 2015. GICS continue to support these meetings with access to MDMone and Webex link-up for the Medical Oncologist, Pathologist and other participants and have funded a project officer to develop admin procedures and systems to support the MDMs in the Wimmera. Within Ballarat, there was again a noticeable difference in the proportion of public (65%) versus private (37%) sector patients discussed. It is noteworthy that the rate for private service discussion has improved from 27% in the last audit round. The Grampians remains a Generalist environment, with some clinicians operating across several disciplines, making attendance at all relevant meetings a challenge.

The majority of patients treated in the private sector did not have an MDM discussion and notably, 38.5% of patients audited at St John of God were under genitourinary clinicians who host their own MDM but do not have a process for incorporating the treatment plan into the private hospital medical record. GICS will work to influence the initiation of a suitable process to ensure the genitourinary treatment plans are copied to the private health service record.

Tumour Stream by Health Service	PTP present	Total audited	Percentage
Ballarat Health Services [Base Hospital]	**37**	**57**	**65%**
Breast	9	13	69%
Colorectal	4	6	67%
Genito-urinary	11	23	48%
Gynaecological	1	1	100%
Haematological	1	1	100%
Head and Neck	4	4	100%
Lung	3	3	100%
Skin	0	2	0%
Upper gastrointestinal	4	4	100%
East Grampians Health Service [Ararat]	**1**	**1**	**100%**
Colorectal	1	1	100%
St John of God Hospital Ballarat	**15**	**41**	**37%**
Breast	6	8	75%
Colorectal	3	9	33%
Genito-urinary	0	10	0%
Haematological	1	4	25%

Head and Neck	1	1	100%
Lung	1	1	100%
Skin	0	5	0%
Upper gastrointestinal	3	3	100%
Stawell Regional Health	**0**	**3**	**0%**
Breast	0	1	0%
Colorectal	0	1	0%
Genito-urinary	0	1	0%
Wimmera Base Hospital [Horsham]	**5**	**18**	**28%**
Breast	3	3	100%
Colorectal	2	4	50%
Genito-urinary	0	3	0%
Gynaecological	0	1	0%
Lung	0	1	0%
Skin	0	5	0%
Upper gastrointestinal	0	1	0%
Grand Total	**58**	**120**	**48%**

Table 2. Percentage of histories audited which contained a PTP by health service and tumour stream

Performance Indicator 2

Documented evidence of cancer staging in the multidisciplinary team recommendations

This indicator has experienced a minor drop from 96% to 93% on the last audit round (see Table 3). Real-time recording by GICS staff during the MDMs continues to ensure a high rate of capture of staging information where it is available.

Tumour Stream by Health Service	Staging on PTP	Total PTPs	Percentage
Ballarat Health Services [Base Hospital]	**35**	**37**	**95%**
Breast	9	9	100%
Colorectal	4	4	100%
Genito-urinary	11	11	100%
Gynaecological	0	1	0%
Haematological	1	1	100%
Head and Neck	4	4	100%
Lung	2	3	67%
Skin	0	0	0%
Upper gastrointestinal	4	4	100%
East Grampians Health Service [Ararat]	**1**	**1**	**100%**
Colorectal	1	1	100%
St John of God Hospital Ballarat	**15**	**15**	**100%**
Breast	6	6	100%
Colorectal	3	3	100%
Genito-urinary	0	0	0%
Haematological	1	1	100%
Head and Neck	1	1	100%
Lung	1	1	100%
Skin	0	0	0%
Upper gastrointestinal	3	3	100%
Stawell Regional Health	**0**	**0**	**0%**
Breast	0	0	0%
Colorectal	0	0	0%
Genito-urinary	0	0	0%
Wimmera Base Hospital [Horsham]	**3**	**5**	**60%**
Breast	2	3	67%
Colorectal	1	2	50%

Genito-urinary	0	0	0%
Gynaecological	0	0	0%
Lung	0	0	0%
Skin	0	0	0%
Upper gastrointestinal	0	0	0%
Grand Total	**54**	**58**	**93%**

Table 3. Proportion of PTPs with documented cancer staging in the multidisciplinary team recommendations

Performance Indicator 3
Documented evidence of communication of initial treatment plan to GP

The rate for this indicator has not increased substantially and sits at 54% for this audit round (an increase of 2% over Round 1).

Whilst GICS planned to commence an automated process for sending MDM PTPs direct from MDMone to the referring GP in early 2016, security of electronic messaging was a barrier that has taken some time to overcome. The newly developed process will utilise secure fax and commences in July 2016. eSubmission has included a mandatory field for provision of the GPs details to ensure access to the treatment plan for each GP.

Tumour Stream by Health Service	Initial Treatment Plan sent to GP	Total audited	Percentage
Ballarat Health Services [Base Hospital]	**48**	**57**	**84%**
Breast	11	13	**85%**
Colorectal	6	6	**100%**
Genito-urinary	19	23	**83%**
Gynaecological	0	1	**0%**
Haematological	1	1	**100%**
Head and Neck	4	4	**100%**
Lung	3	3	**100%**
Skin	1	2	**50%**
Upper gastrointestinal	3	4	**75%**
East Grampians Health Service [Ararat]	**1**	**1**	**100%**
Colorectal	1	1	**100%**
St John of God Hospital Ballarat	**11**	**41**	**27%**
Breast	4	8	**50%**
Colorectal	3	9	**33%**
Genito-urinary	2	10	**20%**
Haematological	2	4	**50%**
Head and Neck	0	1	**0%**
Lung	0	1	**0%**
Skin	0	5	**0%**
Upper gastrointestinal	0	3	**0%**
Stawell Regional Health	**1**	**3**	**33%**
Breast	0	1	**0%**
Colorectal	0	1	**0%**
Genito-urinary	1	1	**100%**
Wimmera Base Hospital [Horsham]	**4**	**18**	**22%**
Breast	0	3	**0%**
Colorectal	0	4	**0%**
Genito-urinary	1	3	**33%**
Gynaecological	0	1	**0%**

Lung	0	1	**0%**
Skin	3	5	**60%**
Upper gastrointestinal	0	1	**0%**
Grand Total	**65**	**120**	**54%**

Table 4. Evidence of communication of the initial treatment plan to the patient's GP.

Performance Indicator 4

Documented evidence of supportive care screening

Documented evidence of supportive care screening (SCS) has levelled at 23%, down from 24% - see Table 5 below.

The previous audit rounds and follow-on investigations indicated areas of opportunity to improve SCS. Tumour-specific specialist nurses, principally in breast and prostate, are currently reviewing their capacity for screening. An implementation plan for improved access to SCS at St John of God Hospital commenced in late January, 2016. Specific SCS projects aimed at increasing screening at BHS and Wimmera Health Care Group are currently being implemented. The flow on impacts for SCS are expected to be visible in the next audit round.

Progress will be in the areas of access to radiotherapy service SCS data (which will be copied to the BOSSnet electronic medical record in the near future), opportunity for screening in the surgical oncology phase of care, and a focus of effort on screening in the private sector via a grant provided by GICS to Ballarat Cancer Care who provide oversight for chemotherapy services at St John of God Hospital, Ballarat.

Tumour Stream by Health Service	SC screen in history	Total audited	Percentage
Ballarat Health Services [Base Hospital]	**19**	**57**	**33%**
Breast	10	13	77%
Colorectal	0	6	0%
Genito-urinary	3	23	13%
Gynaecological	0	1	0%
Haematological	1	1	100%
Head and Neck	3	4	75%
Lung	1	3	33%
Skin	0	2	0%
Upper gastrointestinal	1	4	25%
East Grampians Health Service [Ararat]	**0**	**1**	**0%**
Colorectal	0	1	0%
St John of God Hospital Ballarat	**5**	**41**	**12%**
Breast	0	8	0%
Colorectal	2	9	22%
Genito-urinary	0	10	0%
Haematological	3	4	75%
Head and Neck	0	1	0%
Lung	0	1	0%
Skin	0	5	0%
Upper gastrointestinal	0	3	0%
Stawell Regional Health	**0**	**3**	**0%**
Breast	0	1	0%
Colorectal	0	1	0%
Genito-urinary	0	1	0%
Wimmera Base Hospital [Horsham]	**3**	**18**	**17%**
Breast	1	3	33%

Colorectal	1	4	25%
Genito-urinary	0	3	0%
Gynaecological	0	1	0%
Lung	0	1	0%
Skin	1	5	20%
Upper gastrointestinal	0	1	0%
Grand Total	**27**	**120**	**23%**

Table 5. Proportion of records which contained at least one completed supportive care screen