GICS VISION

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

GICS MISSION

GICS 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 the development of cancer workforce;
- facilitating system-wide engagement in cancer research.

Established in 2004, Grampians Integrated Cancer Service (GICS) is a cancer service improvement organisation covering the Grampians Region.

GICS works with Grampians public and private health services and providers to improve cancer care systems and services for the community. The Victorian Cancer Action Plan 2016-2020 (Department Health and Human Services) provides the overall strategic policy direction for Integrated Cancer Service’s activities. GICS is funded by the Department of Health and Human Services (DHHS) with Ballarat Health Services (BHS) acting as fund holder.

GICS is not a direct provider of services, but facilitates system development and service improvement by supporting local and regional services. As an independent organisation GICS is governed by a Governance Group comprised of key regional stakeholders. In addition, a Memorandum of Understanding between health service providers across the Grampians Region guides the collaborative effort towards cancer service improvement.

The Grampians Region stretches from the South Australian border in the west to Bacchus Marsh in the east, and from Edenhope to Hopetoun in the north.

The area covers almost 50,000 square kilometres and a population of nearly 220,000 people.
From the Chair, Clinical Director and Strategic Director

Our focus over the past year has centred on engaging with our consumers, clinicians and health services to deliver on the GICS vision of “Improving patient experiences and outcomes by connecting cancer care and driving best practice.”

This Annual Report provides a summary of our work with consumers and health services on projects including: implementation of optimal care pathways for lung and colorectal cancer, quality multi-disciplinary meetings, implementation of the Wimmera Southern Mallee Cancer Care Plan, Ophelia health literacy in small towns, and evaluation of the Oncology Nurse Educator role.

Our passionate consumer advisory group has continued its focus on delivering on projects, driving the piloting of My Cancer Care Record across seven sites in the Grampians, the production of podcasts for cancer patients, and the development of a Community Ambassador program (which supports volunteers to give presentations to community groups). We sincerely thank them for their generosity.

We have supported a number of clinician workshops on optimal cancer care (nursing and allied health), chairing quality multi-disciplinary meetings, patient-doctor communication, and low volume high complexity surgery in regional settings. We value the commitment of clinicians from across the region in attending and participating robustly in discussions about the provision of quality and safe cancer care in the Grampians.

We would like to acknowledge the leadership provided by outgoing Chair Michael Krieg, who in particular supported the enhancement of collaborative relationships between the private and public cancer service providers. We also recognise Neville Moller’s involvement on the Governance Group and his wise counsel on numerous GICS related working groups over the past three years. We wish them both well in their new roles.

Sincere thanks go to the GICS Secretariat for all their hard work and energy over the past twelve months, in supporting health services, clinicians and consumers work collaboratively to improve cancer services in the Grampians Region.

Our focus for the forthcoming year will be on advancing the implementation of the Victorian Cancer Action Plan.

This includes the consolidation of activities for implementing optimal care pathways, and the reconfiguration of Integrated Cancer Services to ensure the best possible structure and mechanisms for cancer services.
Optimal Care Pathways provide a standardised pathway for people with Cancer. They guide the delivery of patient centred, safe, high quality, consistent and coordinated best practice care for people with Cancer.

The care pathways align with key National and Victorian Cancer Service policy and activities including access to coordinated multidisciplinary care and supportive care and in reducing unwanted variation in practice.

Three versions of the Optimal Care Pathways (OCPs) exist, a full guide, a quick reference guide for GP's and a ‘What to expect’ patient version is available for 15 tumour streams.

In December 2016 GICS hosted the Victorian launch of the What to Expect patient guidelines in partnership with Cancer Council Victoria.

“It will provide cancer patients with opportunities to have an understanding of what they are about to go through and also treatments, but most of all they will have key questions that they feel comfortable to ask.”
IMPLEMENTING SOLUTIONS

In the Grampians region the cancer care pathways implementation focus is on raising awareness of the Lung and Colorectal care pathways within Health Services; Primary Health Care (PHC) in collaboration with the Western Victoria Primary Health Network (PHN); among health professionals, consumers, and the broader community.

AWARENESS RAISING

A range of activities have been implemented across the Region and Health sector aimed at increasing awareness of cancer care pathways and imbedding these as part of everyday practice. As such a series of presentations and educational events have been provided to a range of audiences including community groups, clinical teams, student groups and executive teams. Print, digital and social media have also focussed on raising general cancer pathway awareness and highlighting examples of implementation activities.

LUNG CANCER RAPID ACCESS

Variation in timeliness of lung cancer care remains a significant problem across Victoria and specifically within the Grampians Region. Adhoc, fragmented and uncoordinated processes for triage and management of lung cancer patients has significantly contributed to this problem. GICS have worked in partnership with Ballarat Health Services and the Ballarat Regional Integrated Cancer Centre to create a Rapid Access Lung Lesion Clinic. The clinic commenced operation in July 2017, it aims to expedite the assessment process and provide streamlined and timely care, as recommended by the Lung Cancer OCP, reducing time and anxiety for patients awaiting diagnosis.

PARTNERSHIP WITH PRIMARY HEALTH

GICS have worked with their Primary Health partners at Western Victoria Primary Health Network to develop localised HealthPathways to centralise and streamline patient referrals when Lung or Colorectal Cancer is suspected.

Primary Care Consultants attended the Implementing Pathways for Cancer Early Diagnosis (I-PACED) train the trainer module, enabling them to deliver targeted training to GPs across the region with respect to Lung and Colorectal OCP’s and their implementation. The importance of biannual Bowel Cancer Screening for at risk populations is promoted as is the recognition of the incidence of familial bowel cancer risk in line with cancer pathways recommendations for the prevention and early detection of Colorectal cancer.

Whilst people living in the Grampians region have greater take up of the National Bowel Screening Program (NBSP) they experience an increased incidence of colorectal cancer and increased incidence of later diagnosis.

OPTIMAL CARE PATHWAYS IMPLEMENTATION - ACHIEVEMENTS:

- Awareness of raising of OCPs
- GP engagement by working with PHN
- Streamlined referrals for lung patients
- Consultation and engagement for rapid access lung lesion clinic (RALLC)

*Improving Cancer Outcomes Project Audit (ICOP) data 2014"
Cancer rates and the incidence of co-morbidities are increasing with the ageing rural population in the Wimmera. These factors create a critical need for accurate information, support and appropriate referrals to allied and community health services in the right place at the right time more than ever before for those affected by cancer and their carers.

**FIGURE 1.** Wimmera Cancer Care Coordination (WCCC) Service Model

**GOAL:** That every patient experiencing cancer in the Wimmera area feels supported and receives the best care at the right time as close to home as possible.

**IMPROVE SUPPORTIVE CANCER CARE**
- Establish Cancer Resource Nurse Position in 4 Wimmera Southern Mallee health services

**IMPROVE CLINICAL SERVICES TO PEOPLE WITH CANCER**
- Audit clinical services and investigate capacity to deliver close to home by extending skills of existing nursing staff
- Identify and support opportunities for increased clinical cancer care across the Wimmera

**WIMMERA CANCER CARE COMMUNITY OF PRACTICE**
- Supports the development of the Cancer Resource Nurse role and embed within each health service
- Support nurses in each health service to maintain and build skills in providing clinical services to people with cancer
- Ensure robust evaluation underpins the Wimmera Cancer Care Coordination Service Model

Evaluation feedback indicates the role has been accepted and supported by patients and health care professionals alike.

“It is very comforting to have the service of our Cancer Resource Nurse available to us at all times.”

“The CRN was very professional and very helpful.”
**IMPROVE SUPPORTIVE CANCER CARE:**

The role of the Cancer Resource Nurse (CRN) was a keystone of the project. A Cancer Resource Nurse is a local generalist nurse who is trained to offer supportive care to people, families and carers affected by cancer in their area. They refer people with cancer to the right services as close to home as possible. They also offer support, information and links to community and specialist cancer services.

This role is now embedded in three Wimmera Southern Mallee Services across 6 sites.

**CANCER RESOURCE NURSE (CRN)**

“Supporting people affected by cancer in their local community”

Providing:
- Support
- Information
- Education coordination for individuals & community
- Links to community and specialist cancer services

The most common reasons given for using cancer resource nurses were to ‘Understand practical support’, ‘Understand emotional support’ and ‘Helped connect to local service’. (see Figure 2).

**FIGURE 2.** Cancer Resource Nurse referral reasons:

<table>
<thead>
<tr>
<th>Referral Reasons</th>
<th>% referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>general support</td>
<td>100%</td>
</tr>
<tr>
<td>information on cancer</td>
<td>54%</td>
</tr>
<tr>
<td>referral to local services</td>
<td>62%</td>
</tr>
<tr>
<td>travel and accommodation</td>
<td>54%</td>
</tr>
<tr>
<td>financial support</td>
<td>38%</td>
</tr>
<tr>
<td>emotional support</td>
<td>62%</td>
</tr>
<tr>
<td>to arrange psychological support</td>
<td>23%</td>
</tr>
<tr>
<td>physical issues</td>
<td>23%</td>
</tr>
<tr>
<td>advance care planning</td>
<td>31%</td>
</tr>
<tr>
<td>cancer treatment follow up</td>
<td>46%</td>
</tr>
</tbody>
</table>

Extrapolated over twelve months CRNs reduced the travel burden for patients and their carers by 67,020 kms (see Figure 3). The original goal to receive the best care at the right time as close to home as possible is well demonstrated in travel saved.

**FIGURE 3.** CRN interventions and travel saved by patients and carers extrapolated over 12 months

Cost saving to patients = $44,233

Calculated on the post code of residence and return distance from Horsham at 0.66c per km ATO.
**IMPROVING CLINICAL CANCER SERVICE DELIVERY:**

Since 2015, The Grampians Oncology Clinical Nurse Educator, has planned and delivered 26 education skills training and simulation opportunities across the Wimmera Southern Mallee region as part of the Grampians Continuing Nurse & Midwifery Education - Highway Model. This has attracted over 435 participants. The Highway Model ensures that high quality education is provided throughout the greater Grampians Region. This has increased the capacity and capability of health service staff to deliver clinical care.

**DEVELOP A WIMMERA CANCER CARE COMMUNITY OF PRACTICE:**

Quarterly Community of Practice events were conducted where everyone would gather at the nominated site for discussion, lunch and educational session. Education sessions included Look Good Feel Better program, Radiation Therapy Toxicity, and ‘Patient information you can trust’.

In between, a monthly telehealth link was established to share experiences and to keep updated on project progress.

In November 2016 the My Cancer Care Record (My CCR) was launched at Ballarat Regional Integrated Cancer Centre.

My CCR is a folder designed for people affected by cancer and seeks to help them store, record and organise their cancer and other related health information. Inside the folder are eight sections including Health Summary, Medication, Contacts and Appointments.

Speakers included Craig Carden, Medical Oncologist at Ballarat Cancer Care, Geoff Howard, State Labor Member for Buninyong, Ray Kelly, NEMICS Consumer Representative and Ian Kemp, GICS consumer representative.

**Partnering with North Eastern Melbourne Integrated Cancer Service, 2000 folders are being distributed across the Grampians and Eastern Melbourne regions as part of a trial.**

Nine Service providers within the Grampians are participating in the project and an independent consultant has been engaged to evaluate the folder effectiveness. Patient recipients and staff within participating service providers will be asked to fill in a survey and participate in a workshop. Folders will be distributed throughout 2017 and early 2018 with a final report expected in the second half of 2018.

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**ALL CANCER 5 YEAR SURVIVAL:**

<table>
<thead>
<tr>
<th></th>
<th>Victoria</th>
<th>Grampians Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 5 Year Survival</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grampians 1% increase in 5 Year Survival from 2014 to 2015
The Clinical Nurse Educator (CNE) Oncology position has been created to support workforce development in the delivery of evidenced based cancer care throughout the Grampians region.

The ‘Best Practice Clinical Learning Environment Framework’ (BPCLE) supports the education delivered and evidence-based programs such as the ‘Antineoplastic Drug Administration Course’ (ADAC) have been included to support staff workforce requirements in specialty cancer services.

An evaluation of the CNE Oncology role was undertaken in 2017. Overall, the education delivered (both structured and non-structured programs), has been highly valued by participants and health services, both in the breadth of topics and quality of content delivered.

Based on the evaluation outcomes, the CNE role will continue (with joint funding by GICS and Ballarat Health Services) and be delivered regionally through the Highway Model of Nursing Education.

THE MAP BELOW ILLUSTRATES THE EDUCATION DELIVERED THROUGHOUT THE GRAMPIANS REGION IN THE 2016-2017 FINANCIAL YEAR.
CLINICIAN ENGAGEMENT ACTIVITIES

Nursing and allied health professionals provide cancer care in generalist and specialist areas across acute, primary and community services. Providing an opportunity for them to network and plan initiatives to enhance cancer care for people in the Grampians region was offered in August 2016.

Thirty-eight people from 15 Grampians region health services attended.

Five priority projects - mapping services, streamlined referral processes, telehealth processes, developing a network of cancer coordinators and improving allied health representation on decision-making groups were identified and work plans were generated. Three of the five priorities have progressed well.

Cancer survivorship is an area of cancer care where several nursing and allied health professionals are involved in a Victorian Cancer Survivorship Program partnership project with Cancer Council Victoria, Hume RICS and GICS. Exercise physiologist, physiotherapists and some nursing staff across the regions have been upskilled in cancer-specific exercise care. This group, and other regional health professionals, are now trained as Wellness and Life After Cancer facilitators. In time this will increase access to the program across the region.

AN EVENING WITH DR RANJANA SRIVASTAVA OAM

Dr Ranjana Srivastava, an oncologist who this year was awarded an OAM for her contribution to medicine, was sponsored by BHS, GICS and St John of God Ballarat hospital to visit Ballarat and talk about patient doctor communication.

Held at the Ballarat Yacht Club, a wide ranging audience (community members, specialists, GP’s, nurses, allied health, trainee doctors, palliative care professionals and administrators) of 104 attended.

CLINICIANS

**Lead Clinicians Group**

Mr Michael Condous  
Mr Mark Guirguis (Chair)  
Dr Stephen Brown  
Dr Lee Na Teo  
Dr Ashley Hayes  
Ms Lydia Johns-Putra  
Dr Deepika Monga  
Dr Jonathan Tomaszewski  
Dr Sharon Wallace  
Dr Simon Ussher  
Dr Penny Cotton  
Dr Stefan Khosh  
Dr Craig Carden  
Prof George Kannourakis  
Mr Bruce Stewart  
Mr Damien Tange

**Grampians Cancer Clinical Network**

Sue Bartlett (Chair)  
Cathy Bushell  
Bree Cain  
(on maternity leave)  
Jade Cleary  
Sarah Corfe  
Gay Corbett  
Wendy Crafter  
Tracey Daffy  
Cath Healy  
Shelley Haltfide  
(on maternity leave)  
Kerry Davidson  
Rachel Hodges  
Julia Mc Alpine  
Mervin Quai-Hoi  
Jarrod Hunter  
Majella Hunter  
Emma Leehane  
Erica Lidgett  
Robyn McIntyre  
Carmel O’Kane  
Deb Rizzo  
Andrea Simpson  
Kellie McMaster  
Carol Starkey  
Donna Bridge

**BETTER MDMS - ADDRESSING NOISE IN MDM PROCESSES**

- Start meetings on time
- Effective Chairing
- Case submission improvements
- Focus the discussion
- Streamlined procedure for late case submissions
MULTI-DISCIPLINARY MEETINGS (MDMs)

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.

In Ballarat, multidisciplinary meetings are a collaborative initiative of Ballarat Health Service and St. John of God Healthcare, Ballarat. Six meetings, spanning seven tumour streams, are supported by GICS. In the 2016-2017 financial year, 104 meetings were held incorporating 687 discussions of 548 individuals. This represents a 12% average decrease over the previous year and is similar to the number of discussion in 2014-15. In the table below, figures for the previous year are shown in parentheses.

In 2016-2017, GICS conducted the “Better MDM for Grampians” project, utilising Lean Thinking. Processes for preparation and performance of MDM were analysed which identified 37.6% “noise” or time-wasting activity in the MDM process. Clinicians and clerical staff were canvassed for ideas, workshops allowed broad discussion of barriers to effective MDM and the discussion itself was useful in promoting engagement and behavioural change. A further workshop addressed a key challenge - effective chairing of meetings. MDM were audited pre and post workshops to assess change.

### Meeting stream breakdown

<table>
<thead>
<tr>
<th>Meeting stream</th>
<th># Meetings</th>
<th># discussions</th>
<th># diagnoses</th>
<th># individuals</th>
<th>Average Incidence (CCV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>21</td>
<td>153 (180)</td>
<td>108</td>
<td>132 (151)</td>
<td>172</td>
</tr>
<tr>
<td>GI – ALL - Includes:</td>
<td>23</td>
<td>222 (237)</td>
<td>186</td>
<td>179 (192)</td>
<td>338</td>
</tr>
<tr>
<td>Colorectal</td>
<td>23</td>
<td>222 (237)</td>
<td>186</td>
<td>179 (192)</td>
<td>338</td>
</tr>
<tr>
<td>Upper GI/Other</td>
<td>23</td>
<td>141 (166)</td>
<td>-</td>
<td>104 (116)</td>
<td>50</td>
</tr>
<tr>
<td>Head &amp; Neck (inc. Endocrine)</td>
<td>23</td>
<td>141 (166)</td>
<td>-</td>
<td>104 (116)</td>
<td>50</td>
</tr>
<tr>
<td>Neuro-oncology</td>
<td>6</td>
<td>17 (21)</td>
<td>-</td>
<td>16 (18)</td>
<td>CNS 26</td>
</tr>
<tr>
<td>Thoracic</td>
<td>19</td>
<td>124 (147)</td>
<td>-</td>
<td>99 (113)</td>
<td>Lung 135</td>
</tr>
<tr>
<td>Gynae (link to MMC)</td>
<td>11</td>
<td>30 (29)</td>
<td>-</td>
<td>25 (25)</td>
<td>73</td>
</tr>
</tbody>
</table>

Improvements were made to the following key “noise” drivers (classified as relating to Personnel (P), Software (S) or Administration (A))

- Meetings starting late (P)
- Ineffective chairing – chair guidelines updated, workshop held (P)
- Time taken to submit cases (S)
- Discussion focus – radiology and pathology questions introduced (S)
- Submission deadlines reviewed / Late case procedure streamlined (A)

This review will support the transition of MDM management to BHS in 2017 – 2018. A search for an alternative meeting venue to accommodate all tumour stream meetings in Ballarat is also underway.
SERVICE IMPROVEMENT GRANTS

In 2016 GICS established a grants program to fund projects focussed on improving cancer services in the Grampians region. A unique aspect of the grants program was the strength of the consumer / community voice during the evaluation and shortlisting process.

The Grampians community had the opportunity to have a say on which projects they would like to see funded, and over 650 votes were cast online. More than half the members on the grants evaluation panel were consumers.

EIGHT PROJECTS RECEIVED FUNDING AND FOUR ARE NOW COMPLETE.

Lymphoedema Surveillance Program – Ballarat Health Services

Led by Sue Eaton, Senior Clinician Physiotherapist/Lymphoedema therapist, this project trialled a new program in the Breast Cancer Clinic focussed on early detection of lymphoedema. This included education and taking patient limb measurements.

The trial was a great success with both patient and clinical staff overwhelmingly supportive. Funding has been secured to continue the service ongoing.

“Thank you Sue and Karen for the difference that you are making to patients with this condition. Much appreciated”. Dale Fraser, CEO Ballarat Health Services

Expanded Cancer Resource Nurse Support – Rural Northwest Health

Led by Natalie Ladner, Hopetoun Campus Manager, this project trialled the employment of a new Cancer Resource Nurse (CRN) to service the Woomelang region.

The trial was a great success:
1. The new CRN has gained ongoing employment to continue her services under a new model of care.
2. A new support group has been established.

“The CRN being a local has helped her connect with the community and increase the number of clients using the service”. Natalie Ladner

The Grampians who, what and where of cancer care services – Grampians Pyrenees Primary Care Partnership

Led by Anna Greene, Project Coordinator, this project created a new online cancer services directory for consumers and health care professionals. The directory leverages the National Health Services Directory and is constantly growing with over 1300 services listed. The tool is available on the GICS website.

“The experience of patients is greatly improved when they have reliable and accurate information easily accessible”, Anna Greene.

Stawell Oncology Transport Connections Program – Stawell Regional Health

Led by Katrina Toomey, Health Promotion Coordinator, this project focussed on assessing the current transport landscape and the needs of consumers with regards to transport in Stawell. The final report made three recommendations:
2. Development of a “Stawell transport options” brochure.
3. Create a local volunteer driver program.

Lobbying the PTV continues, a brochure has been created and funding is being sought to manage the development of a local volunteer driver program.

“The consumer voice was invaluable on the working group at all stages of the project”. Katrina Toomey
The project team is led by Deakin University and supported by both Grampians Integrated Cancer Service (GICS) and Grampians Pyrenees Primary Care Partnership (GPPCP).

Funded by the Western Alliance, phase two of the project focussed on developing community-owned local cancer plans within two small towns in the Grampians region. Avoca and Beaufort, each with a population of around 1000, were selected as pilot towns.

Definition: Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.

Utilising quantitative data collected in 2015 during phase one and qualitative data gathered during surveys, interviews and workshops with the local communities local interventions were developed.

In Beaufort, a community event was held to promote cancer awareness among men. The intervention was organised by several community groups who sponsored and organised the event. Health professionals facilitated conversations with the men and provided health checks.

In Avoca, a health week was staged focussing on prevention of skin cancer. Health professionals were available to provide health checks and a farmer supplies company provided free hats. Primary schools were also engaged to bring their significant male family member to the event. Both events were well attended and well-received.

PROGRAM LOGIC MODEL OF SMALL TOWNS CANCER STRATEGY

GICS recently received funding from the Department of Health to partner with the Wimmera Primary Care Partnership to adopt the Ophelia methodology to develop Local Cancer Plans in the small towns of Nhill and Warracknabeal. 

Recruitment focus in health organisation and community groups  
增加了社区交流 
参与的难接触群体

Increased communal Health Literacy  
Town-level strategies by individuals, groups and organisations  
Improved health outcomes
The GICS Advisory Network provides timely advice and input in relation to cancer system reform. This network comprises the:

- Consumer Advisory Group (advising on the design and implementation of engagement activities, and leading the delivery of consumer driven projects)
- Lead Clinicians Group (providing specialist advice and input on clinical matters),
- Grampians Cancer Clinical Network (gathers perspectives from nursing and allied health professionals).
Revenue and Expenditure
(July 1 2016 to June 30 2017)

**INCOME**
- Integrated Cancer Services: $1,436,809
- DHHS grant: $61,410
- Income Other: $61,410
- **Income total**: $1,498,219

**EXPENDITURE**
- Salaries & wages (inc oncosts): $1,004,964
- Project funds: $222,102
- General expenses: $196,636
- **Expenditure total**: $1,423,702

**Current surplus/(deficit)**: $74,517
**Accumulated surplus/(deficit)**: $261,527
**Total equity**: $336,044

Expenditure Percentage Break Down
- Salaries and wages: 70.6%
- Project funds: 15.6%
- General expenses: 13.8%