

PATIENT *experience*

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WORKING TOGETHER TO IMPROVE CANCER SURVIVAL RATES

For people living in the
Grampians Region

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BOUNDLESS CARE

Wimmera's cancer care
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SO YOU'RE A CANCER PATIENT?

What matters
Most to You

THE CHANGING FACE OF REGIONAL CANCER CARE

The Wellness Centre at BRICC

"I'm not defined by my cancer. I was diagnosed 10 years ago and given my family history I wasn't surprised to get bowel cancer. But I am a survivor. I've worked hard all my life on the farm".

Brian Mullane, Cancer Survivor



**Grampians Integrated
Cancer Service (GICS)**

GICS' MISSION

TO IMPROVE THE EXPERIENCE AND OUTCOMES FOR THOSE WITH CANCER, THEIR CARERS AND FAMILIES BY IMPROVING ACCESS TO HIGH QUALITY, INTEGRATED, PATIENT CENTRED SERVICES CLOSE TO HOME.

Disclaimer: The opinions expressed by clinicians, patients, advocates and volunteers in this report are not necessarily those of GICS.

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Associate Professor Philip Reasbeck
Chair (GICS)



Ms. Ruth Bollard
Clinical Director (GICS)



Ms. Bridget Wislang
Strategic Manager (GICS)



Ms. Claire Sanford
Strategic Manager (GICS)

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EXPERIENCE OF CANCER MATTERS AS MUCH TO PATIENTS AS CLINICAL EFFECTIVENESS AND SAFETY. GOOD PATIENT EXPERIENCE IS LINKED TO IMPROVED PATIENT OUTCOMES AND LOWER COSTS, AND CONTRIBUTES SIGNIFICANTLY TO THE REPUTATION OF HEALTH AND SOCIAL CARE PROVIDERS.

MacMillan Cancer Support, 2012

WHO WE ARE AND WHY WE ARE HERE

Dear colleagues,

It is no accident that when the Grampians Integrated Cancer Service (GICS) logo was developed in 2009 a piece of jigsaw was incorporated into the design. It represents the collaborative approach of GICS to improving outcomes for people affected by cancer in the Grampians Region, as well as the interdependence of the various care and treatment modalities required to tackle cancer effectively. It is a metaphor for the many aspects of integration required throughout the region for good cancer care in hospitals, in the community and in primary health care. Whether it is at first referral, on diagnosis, or during surgery, chemotherapy, hormonal treatment, radiotherapy, supportive or palliative care, no piece of the jigsaw functions at its best without multidisciplinary linkages to its partners.

The jigsaw is a metaphor for the many aspects of integration required for good cancer care.

Since their inception GICS annual reports have described many features of its services, including multi-disciplinary meetings, supportive care and community engagement. This year we are adopting a rather different approach, focussing on new initiatives in care and treatment. We are also for the first time using QR codes to bring you core information on governance and finance.

GICS focussing on new initiatives in care and treatment.

This reflects progress in the way GICS is working to meet regional challenges, addressing apparently low cancer survival rates in the Grampians and working with clinicians to improve the outcomes of treatment. Development of local clinical guidelines, establishment of a unique rural and remote care coordination model in the Wimmera sub region, and operation of an active GP Reference Group are three examples of new work in which GICS has been heavily involved. Throughout the report we have invited clinicians and patients to illustrate new initiatives by sharing their experiences and the challenges they have faced in delivering and receiving cancer care. I commend their stories to you.



Associate Professor
Philip Reasbeck
Chair
GICS' Executive



More men are diagnosed with cancer than women
Men = 56.1%
Women = 43.9%

\$47,200

is how much a family can spend when someone is diagnosed with cancer

70%

of all cancer deaths happen in low to middle-income countries

Another piece of the jigsaw:
initiating change to meet rural and regional challenges

THERE ARE NO EXTRA PIECES IN THE UNIVERSE. EVERYONE IS HERE BECAUSE HE OR SHE HAS A PLACE TO FILL, AND EVERY PIECE MUST FIT ITSELF TOGETHER INTO THE BIG JIGSAW PUZZLE.

Deepak Chopra
Physician and Author

NEW STRATEGIC PLAN DEVELOPED

In 2013-14 GICS developed a new strategic plan, in consultation with our key stakeholders. It articulates the activities we will undertake to achieve two key things: create clarity and cohesion at a system level, and enable new and novel solutions to solve complex problems and capitalise on big opportunities.

The plan enables GICS to generate and communicate key insights and information, through focussing on a number of initiatives, such as the collection and presentation of coherent data about cancer care in the Grampians, and mapping complex patient pathways and services in the region.

These insights will then help GICS to initiate and coordinate the development of new business models and practices, such as addressing uneven service delivery across the region, and enhancing service integration and contemporary models of care.

Ultimately the strategy articulates GICS role and responsibilities in working with its partner organisations so that patients of the Grampians Region have excellent care outcomes.

Another piece of the jigsaw: enabling GICS to generate and communicate key insights and information.

GICS DRAFT WORK PLAN 2014-2015

Purpose
Optimise systemic capability and performance

Strategic Direction

- To build regional intelligence
- To lead GR service system mapping and planning
- To promote GR service integration
- To support the development of optimal models of care
- To develop and foster productive partnerships
- To align organisational structure and activity with the delivery of the GICS mission

Purpose
Capitalise on big opportunities

Innovation missions

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

STRATEGY BECOMES REALITY

A strategic goal of the Grampians Integrated Cancer Service (GICS) is to implement a regional approach to workforce planning including nursing recruitment, retention and basic training.

In early 2010, GICS began to research and prepare a cancer education framework in collaboration with the Grampians Regional Cancer Education Steering Committee whose members include staff from Ballarat Health Services, BAROC, Wimmera Health Care Group and Peter MacCallum Cancer Centre.

The framework has been accepted by the project steering committee and BRICC Advisory Group for implementation into the existing educational infrastructure; with the integration of online education modules through the Victorian Regional Health Service Elearning Network (ReHSeN) and the development of a post graduate certificate in nursing oncology in collaboration with Aquinas Catholic University. Future planning will be towards securing funding for a cancer nurse educator to support clinical education across the Grampians Region.

GICS would like to acknowledge the significant contribution of Denielle Beardmore, Director for the Centre of Nursing and Health Education at Ballarat Health Services and Dr Allan Donnelly, Nurse Recruitment & Retention Coordinator, Department of Health, Grampians Region, towards this project.



NEW CANCER INFORMATION AND EDUCATION RESOURCE WEBSITE!

As part of the Grampians Region Cancer Education Framework project, a new webpage “Cancer Information and Education Resource”, has been created on the Grampians Region Health Collaborative website.

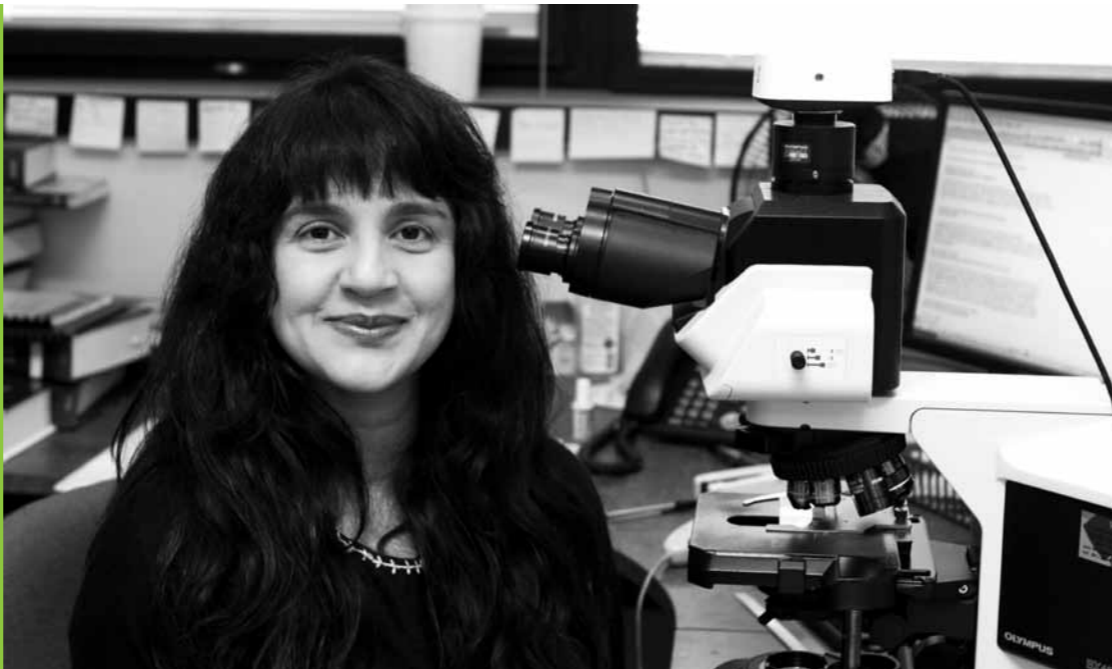
The website has been developed to provide general information on cancer and what continuous professional development (CPD) education is available in the Grampians region as well as a listing of FREE online resources.

This website is reviewed and updated on a regular basis. If you would like to find out more go to: <http://www.grhc.org.au/cancer-resources> and click on the Cancer Resources Tab.

MDM E-SUBMISSION PORTAL

With much support from local clinicians, in 2013 GICS launched the Multidisciplinary Meeting Patient e-Submission portal which enables clinicians to enrol patients onto a specific meeting for discussion from wherever they are. This important initiative has improved the accuracy and quality of data so that patient information is accessible where it’s needed, during the meeting discussions.

WORKING TOGETHER TO IMPROVE CANCER SURVIVAL RATES FOR PEOPLE LIVING IN THE GRAMPIANS REGION



Pathology is an essential service for the early detection, diagnosis and staging of cancer. The biggest challenge today is to provide all the crucial data for cancer reporting using optimum criteria for histological features incorporating special stains, immunohistochemistry and molecular pathology. All this must be done in a timely fashion and with the additional input required from consultation with other pathologists, scientists and clinicians. In a regional centre, distance and time can certainly increase that challenge.

THE BIGGEST CHALLENGE TODAY IS TO PROVIDE ALL CRUCIAL DATA FOR CANCER REPORTING. IN A REGIONAL CENTRE, DISTANCE AND TIME CAN CERTAINLY INCREASE THAT CHALLENGE.

Dr Jespal Gill
Pathologist

The development of Evidence Based Guidelines for Cancer

The development of the Grampians Tumour Stream Clinical Guidelines has been a major highlight for GICS and has been achieved through the support, interest and input of a dedicated group of health professionals. This collaboration has ensured that the result is a comprehensive, well-researched document which is a composite of existing guidelines which have been selected and reviewed by the local clinical staff who will use them. This has been achieved in line with the internationally recognised cancer ADAPTE Collaboration approach, which states that:

- Clinical practice guidelines can be adapted to local circumstances and settings to avoid duplication of efforts and optimize use of resources.
- The ADAPTE process is an approach to adapting guidelines to local contexts through the explicit participation of relevant decision-makers.
- Assessing barriers to and facilitators of the use of knowledge is closely linked to the adaptation and uptake of the evidence.

The development of the locally relevant evidence based guidelines has been achieved through input from a dedicated group of health professionals.

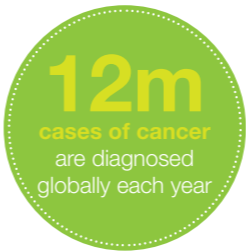
The guidelines have been developed for all health service providers within the Grampians Region multidisciplinary setting and provide clinicians with guidance on:

- Achieving high quality communication
- Clinical prioritization and timeliness of referral
- Service providers by health service in the region
- Appropriate diagnostic investigations
- Submission of patients to Multidisciplinary Meetings (MDMs)
- Surgery
- Medical Oncology
- Radiation Oncology
- Follow up and shared care
- Supportive Care
- Timely referral for Palliative Care

Promotion of the primary care section of the guidelines has been undertaken with the launch being taken to ten of the largest GP clinics in the region, including Horsham and Ararat.

The completed breast cancer guideline is accessible on the GICS website (QR code provided).

The majority of the work has been completed and the colorectal cancer guideline will be accessible via the same link from October 2014.



We would like to thank and recognise all health professionals involved in the development of these guidelines including the GICS GP Reference group funded by Grampians Medicare Local.

The guidelines can be accessed from the GICS website home page (www.gics.com.au).

Improving survival rates for people living with cancer in the Grampians Region is a major priority for GICS.



Ms. Ruth Bollard
Clinical Director (GICS)

“THE GUIDELINES AIM TO ENSURE THAT PATIENTS ARE REFERRED IN A TIMELY WAY TO SERVICES APPROPRIATE TO THEIR CLINICAL SITUATION. WE HOPE TO PROVIDE REFERRAL INFORMATION AT THE POINT OF NEED SO THAT HEALTH CARE PROFESSIONALS CAN EASILY FIND THAT INFORMATION. WE ARE USING QR CODES SO THAT PEOPLE CAN ACCESS THE INFORMATION ON THEIR SMARTPHONES RAPIDLY.”

Sharon Daly
GICS’ Quality Coordinator

CANCER SERVICES PERFORMANCE INDICATORS 2012

“The cancer reform priorities include multidisciplinary care, care coordination, supportive care and reducing variations in care across the state. The availability of the Integrated Cancer Services (ICS) secretariats to undertake data collection for the purpose of monitoring cancer service performance indicators is unique to Victoria and allows for local evaluation of cancer policies and priority issues.

Indicators provide a flag for rather than a definitive answer to practice issues; they indicate potential problem areas that may require further investigation and action. They also allow monitoring and evaluation to inform a continuous quality improvement cycle.

Different rates of MDM discussion and documentation are noted between Melbourne Integrated Cancer Services and Regional Integrated Cancer Services and suggest an opportunity for improvement, potentially through improved MDM discussions.

Comparison of results between ICS is not recommended due to the variation in population size, geographical size and cancer services available. The ICS are identified for the purpose of sharing learnings about what works well locally.”

Cancer Services Performance Indicators Report 2012
Department of Health

Cancer Services Performance Indicators Report 2012, Department of Health



Documented evidence of MDT recommendations
Target = 80%



Documented evidence of disease staging in the MDT
Target = 100%



Documented evidence of supportive care screening
Target = 50%

The Grampians Region appears to have relatively high death rates from some cancers. A major challenge for policy makers and doctors is to find out why this is so through careful epidemiological research.

To continue to deliver high standards of multidisciplinary cancer treatment in both of the private and public sectors, hospitals and practitioners need to work together more co-operatively to maximize research and treatment opportunities.

Hospitals and practitioners need to work together more co-operatively to maximize research and treatment opportunities.

Within our public and private hospitals there is a need to facilitate training of doctors and nurses in the full range of cancer care.

Regional Variation

“Generally, survival from cancer for residents of metropolitan Melbourne (67%) is better than that for residents from the rest of Victoria (63%).

The reason for this difference is not clear, and we currently lack data on cancer staging and treatment to assist interpretation. It is possible that Victorians who reside outside Melbourne have poorer access to cancer services than their metropolitan counterparts and, as a consequence, may delay seeking medical attention and present with more advanced cancers.



If the lessons learned from programs that have evolved in the breast cancer domain can be extended into other areas of cancer care, then a more complete and holistic approach will be possible for people diagnosed with cancer and their families.

Herein lies the challenge.

David Deutscher
Surgeon

It must also be kept in mind that cancer services are provided to non-metropolitan residents by a combination of local services, visiting oncologists and by referrals to other (usually metropolitan) providers.

It is therefore not possible to accurately attribute differences in survival by region of residence to regional differences in the totality of cancer services provided.”

Cancer in Victoria: Statistics & Trends 2012
Cancer Council Victoria 2013

Cancer Survival Statistics

Victorian Cancer Registry, Cancer Council Victoria



SURVIVORSHIP AND BEYOND

Reviewing Supportive Care

With more patients surviving cancer it is becoming imperative to ensure that ongoing support meets patients' needs and expectations.

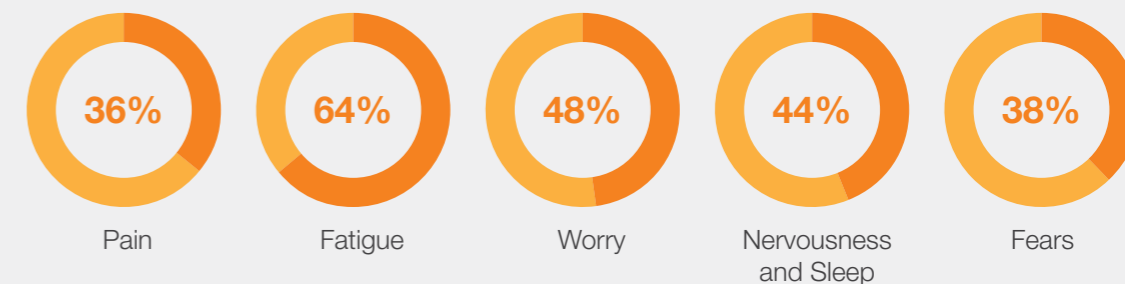
"I'm not defined by my cancer. I was diagnosed 10 years ago and given my family history I wasn't surprised to get bowel cancer. But I am a survivor. I've worked hard all my life on the farm."

"My two brothers and I shear 3,000 sheep annually. I'm basically healthy – don't smoke or drink. And I took up sport – something I hadn't done for 50 years. I did pretty well in the Australian Master's, winning medals in both high jump and long jump in the 70 – 75 age group. During my treatment I received great support from my family and those looking after me. I don't think it was a disadvantage living in the country."

Brian Mullane
Cancer Survivor

Supportive Care Screening Report

Top 5 Problems identified by patients in the Grampians Region from Supportive Care Screening Data June – September 2013



"I live by myself and the Doctor kept explaining what would happen to me but I just couldn't take it in properly because all I could think about was who was going to look after and feed my dog while I was away..."

Anonymous cancer patient

Supportive care screening involves patients filling out a very short questionnaire to identify their top issues of concern and their level of distress in relation to those concerns.

Results help to indicate referrals patients may need for further assessment as well as areas for service improvements.

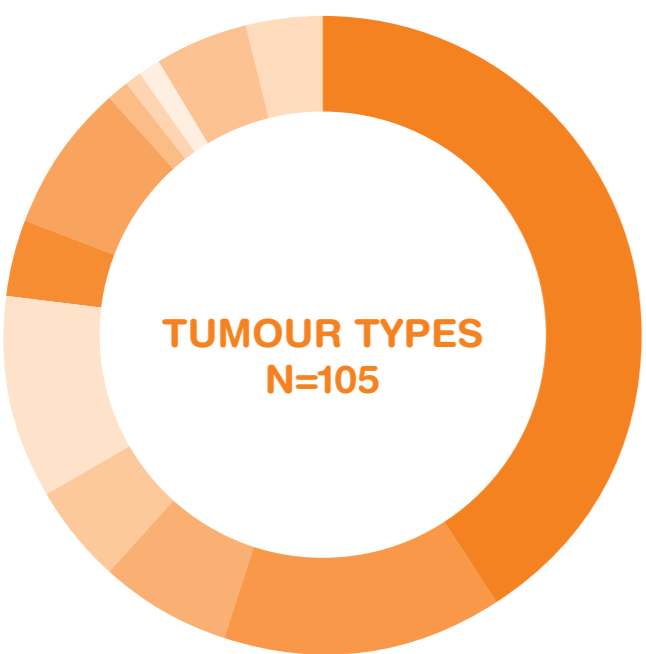
Since 2011 most cancer services within the Grampians Region have increasingly been offering supportive care screening to newly diagnosed cancer patients, reflecting the statewide priority to screen cancer patients for their supportive care needs.



SUPPORTIVE CARE - A STRATEGIC, POPULATION BASED, PERSON-CENTRED APPROACH TO RESPOND TO PATIENT AND CARER NEEDS IN THE PHYSICAL, SOCIAL, PSYCHOLOGICAL, SPIRITUAL AND INFORMATION REALMS.

SUPPORTIVE CARE SCREENING STATUS

JUNE - SEPTEMBER 2013

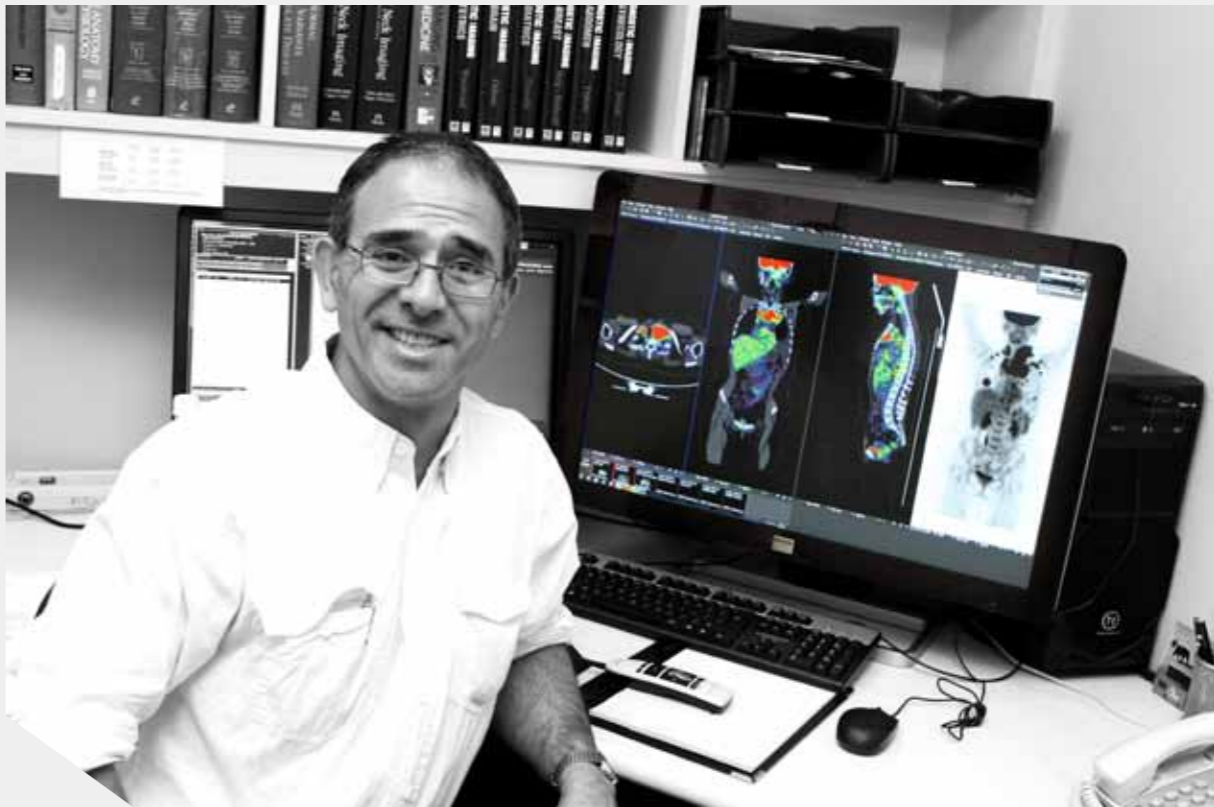


- 43 - Breast
- 15 - Colorectal
- 7 - Genitourinary
- 5 - Gynaecological
- 11 - Haematological
- 4 - Head & neck
- 8 - Lung
- 1 - Non malignant
- 1 - Other
- 1 - Unknown primary
- 5 - Upper GI
- 4 - (blank)

Screening Summary:

- A total of 105 patients were screened, 60 in the Day Oncology setting, 16 in the inpatient unit, 10 in surgical outpatients, 16 other and 3 not specified.
- 40% (N=42) were male, 60% (N=63) female patients
- Average patient age being years 63.76.
- The average distress score recorded was 3.57 with scores being recorded across the continuum.
- The range of scores was from 0 to 10.
- 76.19% (N=80) of patients did not require referral or for further supports / intervention.
- 20% (N=21) of patients already receiving services
- 23.8% (N=25) of patients required a referral
- 2.85% (N=3) of patients in the reporting period declined referrals

Another piece of the jigsaw: life with and beyond cancer - further exploring consequences of cancer and its treatment.



MY PERSPECTIVE AS A PATIENT ADVOCATE IS THAT OF A DIAGNOSTIC ONCOLOGIST I USE MY KNOWLEDGE OF ANATOMY AND CANCER PATHOLOGY TO INTERPRET COMPLEX MEDICAL IMAGING, INCLUDING ONE OF THE MOST ADVANCED MODALITIES, PET COMBINED WITH CT.

Professor Alex Pitman
Diagnostic Radiologist and PET Specialist

BEYOND BREAST CANCER FORUM

MARCH 14 2014



Cancer survivorship is a focus of much research and interest within health care. In recognition of this focus, especially for the benefit of those affected by breast cancer, a collaborative of four local cancer services organized a survivorship forum for women affected by breast cancer, their family and friends.

The initiative was conceived by Sue Bartlett, McGrath Breast Care Nurse. Colleen Thompson, founder of Support4Cancer, Kim Kyatt Manager at Grampians BreastScreen, Lea Marshall from GICS and Fiona Reeves McGrath Breast Care Nurse formed the remainder of the organizing committee.

Fifty two women from around the Grampians region attended the forum. Sponsorship of both the venue and catering from Ballarat North Sports Club allowed the day to be of minimal cost for attendees.

The focus of the day was well-being. A vibrant mix of Melbourne and local health experts as well as attendees and trade displays provided a day rich in information, knowledge exchange and networking. Topics covered were lifestyle issues based around nutrition and exercise, lymphoedema, emotional issues, sexuality and intimacy, fatigue and complementary therapies.

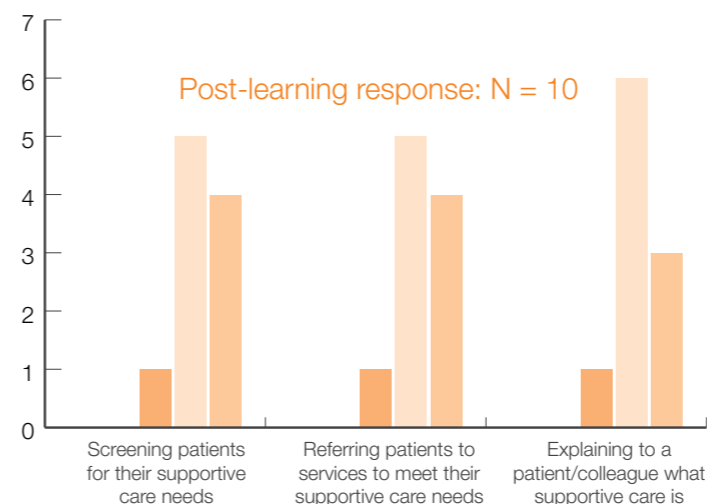
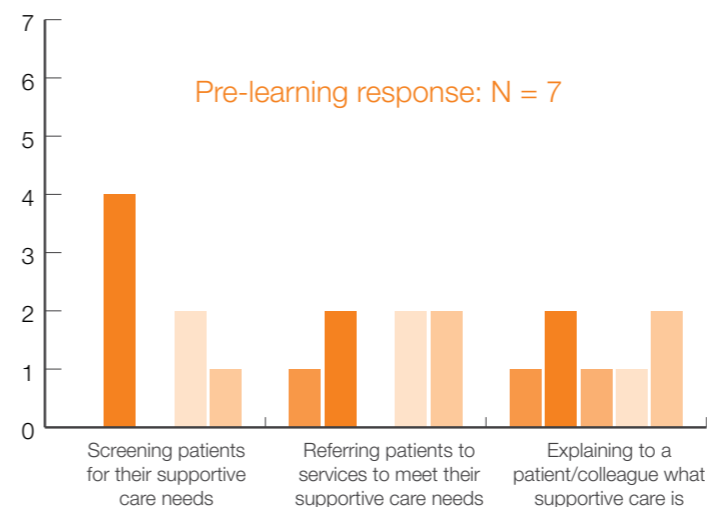
The latest Grampians region 5-year survival rate for breast cancer in females is 89%. The topics covered in the forum provided information on improving life with and beyond breast cancer.

Validation of the content of the day was reflected in the latest research conducted by BCNA (Breast Cancer Network Australia). The top 5 challenges for BCNA members are ongoing wellbeing, emotional health, managing side effects, impact on family and friends and financial pressure.

Participant feedback was excellent with over 90% of feedback rated as either 'very good' (64-89%) or 'good' (6-31%). Issues identified for future planning were excellent with topics including support for children, denial, support groups as well as information regarding breast implants.

EDUCATION IN SUPPORTIVE CARE SCREENING

IN 2013 TWO SUPPORTIVE CARE SCREENING COMMUNICATION WORKSHOPS WERE HELD IN THE GRAMPIANS REGION AS PART OF GICS WORKFORCE TRAINING IN SUPPORTIVE CARE. THE WORKSHOPS USED A SIMILAR FORMAT TO THOSE OFFERED BY THE CANCER COUNCIL 'COMMUNICATION SKILLS TRAINING FOR CANCER CLINICIANS.'



In all 14 health care professionals attended the day ranging from oncology, palliative care and generalist nurses.

A pre and post evaluation process was used to establish the level of impact the workshop content had on participants.

Example: "Please rate your degree of confidence for the following?"

- Not confident
- Need further instruction
- Confident to perform with closer supervision / coaching
- Confident to perform with minimal instruction
- Confident to perform independently

Another piece of the jigsaw: making sure the message is timely, clearly understood, and gets to the right people at the right time.

GETTING THE MESSAGE

Improving communication and sharing the care between cancer specialists, general practitioners and patients

Getting the message across is one of the most challenging aspects of a cancer clinician's role when communicating with both patients and colleagues on patient referral, treatment and care. Quality communication between cancer specialists, GPs and patients will enhance the patient experience of the cancer journey.

Quality communication between cancer specialists, GPs and patients will enhance the patient experience of the cancer journey.

With a view to improving communication between patients, cancer specialists and GPs, GICS has undertaken a project to review general practice communication in cancer care.

Transition between health care settings is a vulnerable time for patients, with information exchange during this period central to improving patient safety and health outcomesⁱⁱ.

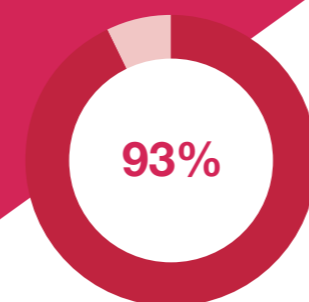
There is strong evidence that high-quality, timely patient information shared in a systematic fashion between GPs, patients and cancer specialists at referral, upon diagnosis, during and following active cancer treatment helps to:

- enhance the patient experience
- reduce service duplication
- identify gaps in patient support
- avoid treatment and medication errors
- improve patient care.

With an ageing workforce and a very high turnover in GPs our region is faced with the challenge of workforce recruitment and retention. We invest time and energy into the training of GPs and it is a challenge also for patients as they seldom get to develop an ongoing relationship with their practitioners. The introduction of an Oncology Nurse Practitioner has certainly improved care coordination for us.

WITH A VERY HIGH TURNOVER OF GPs OUR REGION IS FACED WITH THE CHALLENGE OF WORKFORCE RECRUITMENT AND RETENTION.

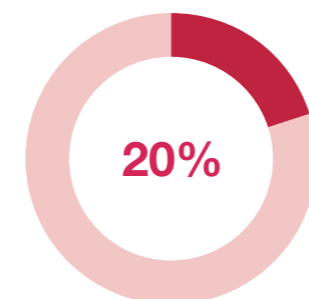
Ian Campbell
Surgeon



satisfaction with education programs overall



approval of the topics discussed



of participants indicated that correspondence is not adequate

After reviewing the latest literature, GICS has created a peer reviewed document as a guide to cancer specialists and GPs on evidence based elements which are essential to deliver the most effective communication on patient care.

The final report, available on GICS' website www.gics.com.au, identifies from the latest evidence available:

- key points in time for optimum communication between cancer specialists and GPs, and for documentation
- elements of high-quality referrals by GPs
- elements of high-quality communication by cancer specialists.

Based on these best practice elements of communication, three Grampians specialist cancer service providers were audited by GICS to benchmark and identify opportunities to improve their communication on cancer patient care. Results have been shared with the specialist providers as part of their ongoing quality review and improvement processes.

In July 2013 GICS, together with Grampians Medicare Local and BHS, hosted two evening education sessions attended by 21 GPs and practice nurses on Cancer Survival and Service in the Grampians Region. There was a high participation rate with GPs attending sessions coming from as far afield as Nhill.

Evaluation demonstrated a 93% satisfaction with the education programs overall and 100% approval of the topics. However, we acknowledge there is room for improvement on correspondence for cancer services to GPs, with 20% of participants indicating that correspondence is not adequate.

Attendees wished to receive more comprehensive information for their cancer patients on treatment and management of side effects and also survivorship information.

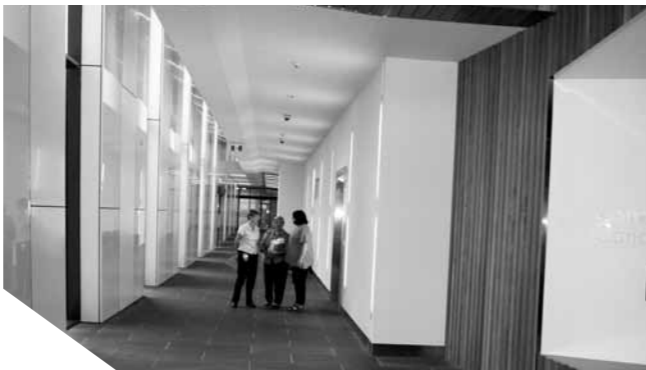
The three highest preferences for future cancer education sessions listed by GPs:

Highest	Next highest	Others
Lung	Pancreatic	Chronic Kidney Disease
Brain tumours	Referral to BRICC	Liver
Melanoma	Palliative Care	Stomach
Prostate	Use of Central node biopsies	Use of radiation in treating skin cancers
Familial High Risk	Head and Neck	Treatment of malignant melanoma
Guidelines for screening		Survival follow up – GP role
Pain management		Management of common side effects
Management of Paediatric common cancers		After chemo/radiation and GP
Chemo test precautions		

GICS has also provided project funding out of its 2012/13 budget to enable a shared care communication project led by Western Health to be undertaken with BRICC as a regional partner.

The project will provide opportunities for GICS to further develop shared care and communication processes between cancer specialists and GPs.

Later in 2014 GICS will host a workshop for cancer specialists and GPs to explore shared care; this will be facilitated by Professor Jon Emery, Herman Professor of Primary Care Cancer Research, University of Melbourne, and Professor Dorothy Keefe, Medical Oncologist at the Royal Adelaide Hospital.



As a cancer consumer engagement advisor I have a lot of contact with people affected by cancer. I see there is a real need to improve health literacy and information dissemination in order for consumers to make informed choices. Effective communication skills and empathy between clinicians, health professionals and consumers improve the patient experience at a time when patients are feeling most vulnerable.

There is a real need to improve health literacy and information dissemination in order for consumers to make informed choices.

Roger Moulton
GICS' Consumer Engagement Advisor

It is estimated that by 2023-2027 the annual incidence of cancer will reach

almost 44,000,
an increase of
53% from 2008

(Cancer Council Victoria, 2013).

During 2008-2012 an average of 91 Aboriginal and/or Torres Strait islander Victorians were diagnosed with cancer, and

39 died from
cancer each year

(Cancer Council Victoria, 2013).



One of the biggest challenges for cancer care is the ability to connect with the people who have received a cancer diagnosis to assist them at a personal level with what is to follow. Key milestones for the patient and carer include dealing with the news, providing accurate information and assisting at critical times, such as when the patient is presented with treatment options. It is imperative that hospitals, doctors, oncologists and support groups work together. It is not working well enough yet, despite everyone's efforts.

KEY MILESTONES FOR THE PATIENT AND CARER INCLUDE DEALING WITH THE NEWS, PROVIDING ACCURATE INFORMATION AND ASSISTING AT CRITICAL TIMES, SUCH AS WHEN THE PATIENT IS PRESENTED WITH TREATMENT OPTIONS.

Ian Kemp
Consumer Advocate

THE CHANGING FACE OF REGIONAL CANCER CARE

The Wellness Centre at Ballarat Regional Integrated Cancer Centre

The World Health Organisation defines wellness as “a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity”.



Ballarat Regional Integrated Cancer Centre (BRICC) opened in April 2013. Its establishment was the culmination of progressive planning and collaboration between Ballarat Health Services (BHS), St John of God Health Care (SJOG) and Ballarat Austin Radiation Oncology Centre (BAROC) with the support of both Federal and State Governments.

GICS was heavily involved in the development of the BRICC Wellness Centre model. It coordinated extensive consultation with consumers, and collated evidence from overseas and Australian cancer wellness centres. GICS and Ballarat Health Services consulted other health services during the design stage to ensure the BRICC Wellness Centre would truly reflect patient, family and carer expectations from design of the model through to project planning and implementation.

GICS helped to lead the development of the BRICC Wellness Centre model. GICS drafted the Model of Care, coordinated extensive consultation with consumers, collated evidence from overseas and Australian cancer wellness centres, from model design through to project planning and implementation.

A significant aspect of the BRICC is its volunteer base. GICS worked collaboratively with BHS and BAROC to recruit and train new volunteers to support the BRICC Wellness Centre and other BRICC services. Under the auspice of the Wellness Centre there are now 35 registered volunteers providing meet-and-greet services. They play a significant role in the operation of the Wellness Centre and undertake specialist refresher training developed by Cancer Council Victoria in conjunction with BHS. This program includes active listening, managing grief, self-care as a volunteer and working within a clinical environment.

Another piece of the jigsaw: providing access to the right information and support, at the right time in the right place.

Wellness Centre Model

The Wellness Centre focuses on creating an environment that builds on familiarity and comfort with access to a range of relevant information.





**ASSOCIATE NURSE UNIT
MANAGER COLLEEN DEPPERLER
SHARES THE PATIENTS' JOY
WHEN DELTA THERAPY DOG
BANGO VISITS.**



We are dependent on our community for wellness centre volunteers, those who meet and greet and those who run the range of complementary therapy programs. All our volunteers are amazing and we rely on their generosity of time and commitment.

MY CHALLENGE IS TO SEEK WAYS TO ENSURE OUR PROGRAMS, WHICH MAKE SUCH A DIFFERENCE TO THE CANCER PATIENTS, ARE SUSTAINABLE.

Simone Noelker
Wellness Centre Coordinator

A significant aspect of the BRICC is its volunteer base. GICS worked collaboratively with BHS and BAROC to recruit and train volunteers to support the BRICC Wellness Centre and other BRICC services.

A GICS consumer engagement advisor was actively involved in the creation of the position description and recruitment of the BRICC Wellness Centre coordinator. As an ongoing quality improvement process for BRICC, the GICS consumer engagement advisor conducts regular surveys of the patient experience at the BRICC Pharmacy and feeds the results back into the BRICC quality monitoring process.

With a commitment to personalised, patient-centred care, evidence-based complementary therapies are provided for relaxation through yoga, pilates, meditation and oncology massage from certified volunteer therapists. All of GICS regional "clearing-house" information and resources have now been transferred to the BRICC Wellness centre.

The welcoming retreat has received excellent responses from users and is a model for other health services wanting to design a similar concept.

Working in the Wellness Centre is one of the best things I've ever done. It's rewarding, humbling and inspirational and, some people might find this odd, enjoyable. I've met wonderful people on the two days I volunteer at the Wellness Centre and I get a great sense of achievement knowing that in some small way, I've made a difference.

Loris Quick
Wellness Centre Volunteer



Loris Quick and Simone Noelker

RADIOTHERAPY TO GRAMPIANS PATIENTS

No wait for radiotherapy treatment – and an outreach service in the wings

The Ballarat Austin Radiation Oncology Centre (BAROC) continues to be the sole provider of radiotherapy to cancer patients in the Grampians Region. For 11 years the service was delivered at the SJOG Ballarat site. A driver for the establishment of a new radiotherapy service within the Ballarat Regional Integrated Cancer Centre (BRICC) was the long waiting list for treatment for much of this time.



During the period 1987-2011
five year survival increased

47% to 66%

(Cancer Council Victoria, 2013)

In Victoria between 2001-2011
cancer caused

29% of all deaths

(Cancer Council Victoria, 2013).

PERHAPS OUR BIGGEST CHALLENGE IS KEEPING UP TO DATE WITH RAPIDLY EVOLVING TECHNOLOGIES AND TREATMENT CHOICES AND BEING ABLE TO COMMUNICATE A REALISTIC AND ACHIEVABLE TREATMENT PLAN TO PATIENTS AND THEIR CARERS.

Louise Gorman
Radiation Oncologist

Since the BRICC opened in mid-2013 there has been no wait for radiotherapy patients to receive treatment. Referrals to BRICC for radiotherapy were initially variable, partly due to changing practices in the treatment of some tumour streams. As an example there was a reduction in referrals of prostate cancer patients to BAROC for radiotherapy in the context of a nationwide move to other forms of treatment for the condition. However, overall referrals for radiotherapy have now stabilised and are steadily increasing, meaning more patients within the Grampians Region are receiving radiotherapy closer to home.

BAROC will soon implement an Outreach radiotherapy consultation service. This service is expected to help patients receive specialist care closer to home and also to provide improvements in access to radiotherapy and other local services in the region. It is expected that increased consultation and collaboration will build treatment networks and skill base integration across the region, particularly in allied health and specialist nursing care.

BAROC will soon implement an Outreach radiotherapy consultation service.

Now with three full time radiation oncologists and an increased staff profile, BAROC has implemented a number of new treatment initiatives that provide best practice radiotherapy techniques to patients within the region. This includes but is not limited to the use of motion management and volumetric imaging processes.



STRATEGICALLY, BAROC INTENDS TO CONTINUE PROVIDING A GREAT LOCAL RADIOTHERAPY SERVICE AND ADVANCING THE QUALITY OF TREATMENT THROUGH RESEARCH AND ONGOING IMPLEMENTATION OF NEW TECHNOLOGIES.

BOUNDLESS CARE

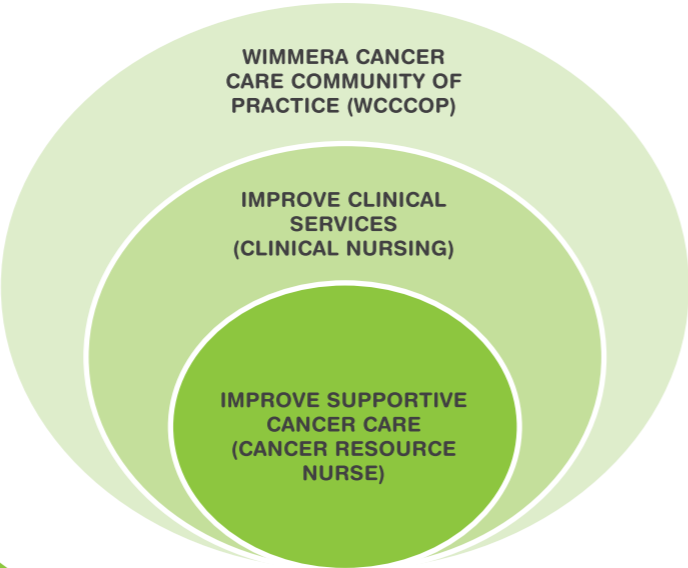
Wimmera's Cancer Care Coordination Implementation Plan

Ideally, cancer care is provided as close to home as possible. With approximately 270 new cancer diagnoses made annually in the rural and remote Wimmera area, it's important that these patients are not disadvantaged because of where they live.

The Wimmera Cancer Care Coordination Implementation Plan is a collaborative initiative between GICS and the Wimmera Southern Mallee Health Alliance (WSMHA). A new model for care coordination has been created to address specifically rural community concerns about access to cancer services for patients and their families/carers. The model aims to ensure that Wimmera patients receive timely referrals for appropriate cancer care and good supportive care: the right information, at the right time in the right place.

The implementation plan for the Wimmera Cancer Care Coordination model involves:

- The introduction of five new Cancer Resource Nurses positions (CRNs) across the Wimmera within four health services for patient psychosocial support and appropriate referrals
- A Wimmera cancer care Community of Practice to support and mentor the CRNs
- Improvements to Clinical Cancer Service Delivery by maximizing the ability of Wimmera Southern Mallee services to provide less specialized outpatient episodes of care, and more Oncology Nurse Practitioner support to cancer care nurses



COORDINATION OF CARE FOR PATIENTS IN THE REGION IS A REAL CHALLENGE. GIVEN THE GEOGRAPHICAL SPREAD OF PATIENTS WE ARE SLOWLY MOVING IN THE RIGHT DIRECTION TO PROVIDE THE RIGHT LEVEL OF COORDINATED CARE.

Mark Guirguis
Otorhinolaryngologist

Along with the expertise of the WSMHA members (Wimmera Health Care Group, Rural North West Health, West Wimmera Health Service, Edenhope and District Memorial Hospital and Dunmunkle Health Service) the successful development of the Service Model is also due to the support of BRICC, Ballarat Oncology & Haematology Services, Ballarat Cancer Care and St John of God Health Care.

GICS is providing support to the health services to oversee project implementation and evaluation over an 18-month period, with the first tranche to be CRN induction, education and the establishment of a local Community of Practice group.

The full report is available on GICS' website www.gics.com.au

As the Wimmera region is predominately agricultural, its geography presents barriers to the provision of cancer care. In some districts there are only up to four people per square kilometre. This is a real challenge when rural services consider how to fund and improve the delivery of care to those affected by cancer in their community.

Robyn McIntyre
GICS' Cancer Service Improvement Coordinator



Coordination of care for patients in the region is a real challenge. Patients often present with complex needs and have to see a range of clinicians, including dietitians, surgeons and medical and radiation oncologists. We talk about it, but in practice coordination of care is much harder to achieve. Multidisciplinary meetings provide clinicians with an opportunity to come together on a regular basis to discuss integration of services and care. By addressing the geographical spread of patients we are slowly moving in the right direction to provide the right level of coordinated care.

Mark Guirguis
Otorhinolaryngologist

Another piece of the jigsaw:
addressing rural community issues



I'm passionate about providing the same level of access to both private and public patients. A good doctor/patient relationship is fundamental in allowing the patient to have a better ability to handle stress. This can be achieved through providing a point-to-point contact with the most senior member of the medical team. I have observed this has greatly helped patients through their cancer journeys.

A GOOD DOCTOR/PATIENT RELATIONSHIP IS FUNDAMENTAL IN ALLOWING THE PATIENT TO HAVE A BETTER ABILITY TO HANDLE STRESS.

Professor George Kannourakis
Medical Oncologist/Clinical Haematologist



Another piece of the jigsaw: bringing cancer services closer to patient's homes

WIMMERA HEALTH CARE GROUP AUDIT RESULTS

Bringing cancer services closer to patient's homes

Alongside the Cancer Resource Nurse initiative, an important part of the Wimmera Southern Mallee Health Alliance model is to improve the coordination of care for cancer patients. An audit by GICS of outpatient episodes of care at Wimmera Health Care Group (WHCG) between August and November, 2013 found that 14 episodes of care could have potentially been provided by smaller external rural health services and therefore closer to each person's home. This equates to 48% of services currently provided to cancer outpatients by Wimmera Health Care Group.

48% of cancer outpatient services could be provided closer to patients' homes by the smaller rural health services.

Potentially this could enable the medical oncologists and oncology nurse practitioner at Horsham to provide a dedicated focus to more patients with complex needs, whilst at the same time many cancer patients would not need to travel as far from home to receive basic cancer care and treatment.

The smaller rural health services have expressed a keen interest to administer a number of outpatient cancer procedures, such as blood transfusions and injections, port maintenance and flushes. GICS and Wimmera Health Care Group are currently working with them to establish how best to devolve these activities to the small rural health services in the Wimmera region. Administration of chemotherapy at small rural health services is not being considered.



I work to improve the holistic management of cancer patients in our region. I am part of the patient's multidisciplinary team and our goal is to improve patient access to earlier diagnosis, the management of complications, whether disease or treatment-related, and to improve coordination of care. Together we aim to improve people's quality of life and survival.

OUR GOAL IS TO IMPROVE PATIENT ACCESS AND TOGETHER WE AIM TO IMPROVE PEOPLE'S QUALITY OF LIFE AND SURVIVAL.

As for other clinicians working with rural patients, distance is our greatest challenge. It has a big impact on the patient's overall experience and, for the collaborative cancer team, on how we can best provide the service we strive for.

Carmel O'Kane
Cancer Nurse Practitioner



As a social worker in a rural environment it's important to know where to go to access the range of services needed for people affected by cancer. This could include help with financial, psychological or employment issues, as well as access to transport. My hope is that clinicians, their patients and patients' families continue to work together to exchange this information, as it will ultimately lead to improved outcomes. I am confident this level of cooperation will enhance the patient experience.

THE RANGE OF SERVICES NEEDED FOR PEOPLE AFFECTED BY CANCER COULD INCLUDE HELP WITH FINANCIAL, PSYCHOLOGICAL OR EMPLOYMENT ISSUES, AS WELL AS ACCESS TO TRANSPORT.

Frankie Blake
Senior Social Worker

SO, YOU'RE A CANCER PATIENT – WHAT MATTERS MOST TO YOU?

Victorian Chemotherapy Service Redesign Project

“THE CHALLENGES TO DELIVERING CANCER CARE REGIONALLY ARE AS VARIED AS THE MEMBERS OF THE COMMUNITY. HOWEVER, THE KEY TO PROVIDING BETTER, SAFER, HEALTHIER CARE IS A TRUE UNDERSTANDING OF WHAT ADDS VALUE TO THOSE EXPERIENCING THE SERVICE. THE BEST WAY TO KNOW THAT IS TO ASK CANCER PATIENTS:WHAT MATTERS TO YOU?”

Laura Martin
Chemotherapy Day Unit Re-design facilitator, Ballarat Health Service.

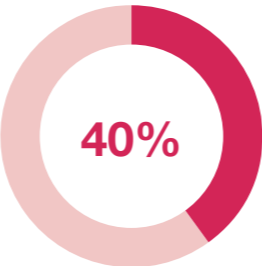
GICS was a member of the team that helped develop an initiative which has made an immediate difference to chemotherapy day patients’ experience at BRICC. The aim was to reduce waiting times for patients and increase the amount of time they spent in the chemotherapy chairs receiving treatment (as opposed to sitting in them and waiting for treatment).

The results of the initiative greatly exceeded expectations. By the end of 2013, among hospitals participating in the initiative, the results achieved at BRICC were foremost in the State:

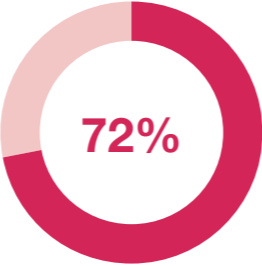
- At the start of the project patients were waiting 25 minutes to get into a chemotherapy chair. The project target was to reduce this to less than 20 minutes.
- At the start of the project chairs were only being utilised for 40% of the time available. The project target was 55%.
- Targets well exceeded: patient wait time = 5 minutes!
- Chemotherapy chair utilisation = 72%!



Chair wait times reduced from 25 to 5 minutes



Chair utilisation increased from 40% to 72%



The main challenge of providing cancer care in the East Grampians region is the dealing with the tyranny of distance and coordinating large and small hospitals and communities to provide comprehensive but local care. I’m delighted to be part of a team helping to establish collaborative, efficient and caring institutions in private and public practice that work together to provide specialised, research driven, speedy care that is as good as that provided anywhere in the world.

I’M DELIGHTED TO BE PART OF A TEAM HELPING TO ESTABLISH COLLABORATIVE, EFFICIENT AND CARING INSTITUTIONS IN PRIVATE AND PUBLIC PRACTICE THAT WORK TOGETHER TO PROVIDE SPECIALISED, RESEARCH DRIVEN, SPEEDY CARE.

Craig Carden
Medical Oncologist

How was this achieved?

The team led by nurse unit manager Jackie Gee and associate nurse unit manager Colleen Deppler, with Laura Martin as redesign facilitator, worked together to revise and streamline day-to-day processes in the Chemotherapy Day Unit:

- Data was collected for each treatment regime. The schedules showed that most regimes were taking longer than the time allocated, which led to delays and substantial use of overtime.
- Data were collected on a daily basis with staff receiving visual prompts to track changes. The ability to assess real-time performance greatly assisted staff in the implementation of the project.
- Appropriate scheduling of treatment meant there were fewer delays in commencing it.

Using Health Roundtable data, treatment length was benchmarked. Each treatment that failed to align with the benchmark was assessed and revised based on specific consideration of BHS capabilities and concerns.

These improvements in patient care are being sustained.

- Supplementary non-value delays have been added to KPI reporting to ensure follow up. To improve the process for test results and decisions regarding ready for treatment, it will be necessary to engage with medical and pathology.
- Stakeholders have agreed to six-monthly audits against defined measures.
- Chemotherapy Day Unit staff have developed a list of issues highlighted during the project that have the potential to improve the patient experience. Staff will continue to collect, review, prioritise and act on those concerns.

A GOOD PUZZLE, IT’S A FAIR THING. NOBODY IS LYING. IT’S VERY CLEAR. THE PROBLEM DEPENDS JUST ON YOU.

Erno Rubik

Another piece in the jigsaw: providing a better experience of care for patients.



GOVERNANCE GROUP

The governance arrangements for GICS have evolved over time and are consistent with local arrangements, PCPU policy and the interests of particular institutions.



EXECUTIVE COMMITTEE

GICS’ Executive Committee members broadly represent cancer services across the Grampians Region and provide governance over GICS’ business.



LEAD CLINICIANS GROUP

GICS’ Lead Clinician group members represent specialist and GP craft groups across the Grampians region and guide GICS’ Executive Committee and Secretariat on clinical matters.



GP REFERENCE GROUP

GICS’ GP Reference group advises GICS’ Director and Secretariat on clinical guideline development, linkages between GPs and cancer specialists, and GP education.



FINANCIAL REPORTS

GICS’ Financial Report details the total revenue and total expenditure for the year ended 30 June 2013.

GICS’ Financial Report details the total revenue and total expenditure for the year ended 30 June 2014.

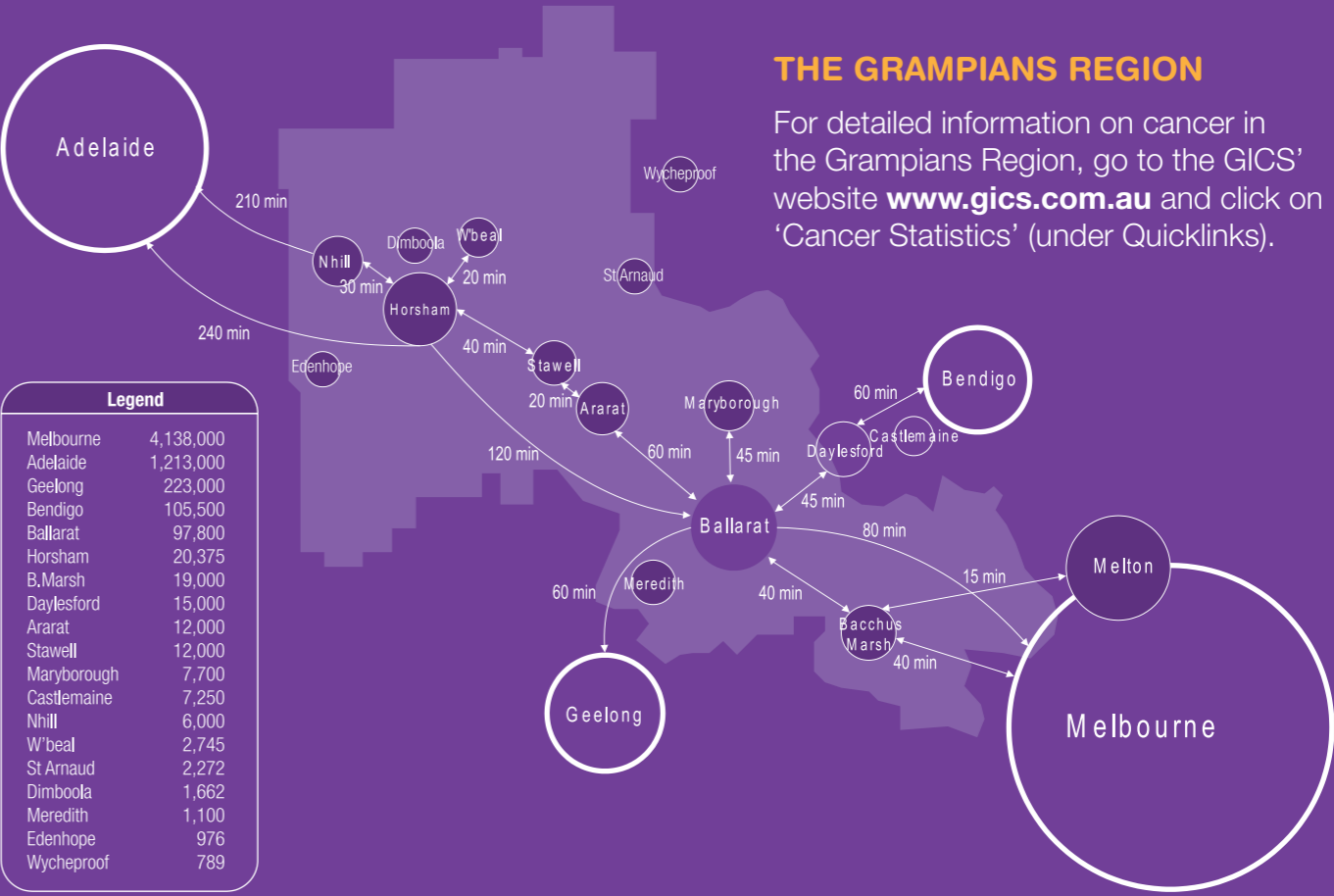
WHAT IS A QR CODE?

QR code (Quick Response Code) is a mechanism to store efficiently large amounts of data.

Just scan your smart phone and you will be taken automatically to the appropriate GICS’ website.

CANCER PATIENTS WHO RECEIVE GOOD INFORMATION, WHO ARE SPOKEN TO WITH SENSITIVITY, WHO FEEL THAT THEY ARE BEING HEARD AND INVOLVED IN THEIR DECISIONS AND ARE SUPPORTED WITH THE CONSEQUENCES OF TREATMENT ARE MORE LIKELY TO ASSESS THE QUALITY OF THEIR CARE FAVOURABLY.

MacMillan Cancer Support, 2012





**Grampians Integrated
Cancer Service (GICS)**

804 Sturt St, Ballarat 3350
PO Box 577, Ballarat 3353

P: (03) 5320 4782

F: (03) 5320 4076

www.gics.com.au

