

High quality  
Integrated  
Patient centred

**Grampians Integrated Cancer Service (GICS)**  
2011/12 annual report

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# mission

- To improve the experience and outcomes for those with cancer and their carers and families by:
- Improving access to high quality, integrated, patient centred services close to home;
- Through:
- Building and using the evidence base;
  - Providing information as needed to all stakeholders;
  - Developing and enabling paid and unpaid carers;
  - Implementing Government policy.

## GICS Stakeholders

Our stakeholders include a broad cross section of the community including:

- Consumers of cancer services
- Health services and associated agencies throughout the Grampians Region
- Local, State and Federal Governments
- Health professionals involved in the care of cancer patients
- Families, friends, carers, support groups and volunteers involved in the care of people with cancer



Associate Professor  
Philip Reasbeck  
Chair



Ms. Ruth Bollard  
Director



Bridget Wislang  
Strategic Manager

## overview

During the year GICS continued to forge ahead in maintaining important strategic partnerships to improve patient outcomes within the Grampians Region.

Within our organisation there have been a number of significant resignations and appointments. We particularly wish to acknowledge the input of Ian Campbell as Chair of GICS from 2010 – 2012. His understanding of the challenges of working in a large rural area certainly advanced the progress of delivering cancer care in the Grampians Region. We welcome Associate Professor Philip Reasbeck, Executive Director of Medical Services at Ballarat Health Services as incoming Chair and are confident that his perspective on regional health issues will add greatly to GICS' governance.



Dr Stephen Vaughan being farewelled by his colleague Professor Bob Thomas  
Chief Cancer Advisor Department of Health

Dr Stephen Vaughan, Medical Director from 2004 – 2011, resigned in November 2011. His insight, advocacy and humour will be greatly missed by those fortunate enough to have worked with him or to have been treated by him. We are delighted with the appointment of Ms Ruth Bollard as Director. Ruth is an experienced cancer specialist in breast surgery from the United Kingdom and has been in practice in Ballarat for six years. Along with Bridget Wislang, appointed as Strategic Manager at the end of last financial year, GICS' executive is working collaboratively with its partners to strengthen service delivery within the Grampians Region. We also farewelled Claire Letts from Stawell Regional Health who has been a valuable member of the GICS' Executive Committee since 2005. Claire has been a tremendous support to GICS and her commitment will be missed by us all.

Our report this year is written against our Strategic Goals to show that we continue to reflect on our progress in relation to clear objectives and agreed outcomes.

# overview

## Strengthen governance mechanisms

The release of GICS' Strategic Plan 2012 – 2015 reflects a renewed commitment to our existing strategic priorities, which are aligned with the Department of Health's Victorian Cancer Action Plan (VCAP) 2008-11 to provide supportive care, promote best practice models of care and improve the effectiveness of care through better coordination and integration of cancer services. It also introduces several new goals that reflect the Model for Integrated Cancer Care in the Grampians region (KPMG, 2011), from recommendations developed through wide stakeholder consultation on how to improve cancer services. New objectives include strengthening GICS' governance, an emphasis upon clinical guidelines, improving information sharing between public and private oncology providers, creating a cancer education framework for nurses and general practitioners, strengthening consumer input and assisting Ballarat Regional Integrated Cancer Centre (BRICC) development, with particular input to the Wellness Centre. Project reports against these objectives are provided to GICS' Executive committee regularly.

During the year membership of the Governance group was reviewed to enable participation of key regional stakeholders involved with cancer care. The structure has reinvigorated the group and actively supports GICS to ensure more meaningful direction.

In addition to existing members, we welcome new members:

- Michael Krieg, Chief Executive Officer, St John of God Healthcare
- Professor George Kannourakis, Medical Oncologist and Clinical Haematologist, Ballarat Oncology and Haematology Services
- Dr Kate Hamilton, Medical Oncologist, Ballarat Health Services
- Don McRae, Director of Clinical Services, Wimmera Healthcare Group

The GICS Lead Clinicians Tumour Group (LCTG) has also been revised to rebalance tumour specialty representation and public/private provider participation. The LCTG's Terms of Reference have been redrafted to align with GICS' Strategic objectives to improve effectiveness of MDMs and establish tumour specific local guidelines.

## Promote implementation of best practice models of care

During the year our work has progressed with the Supportive Care Regional Working Group in developing a minimum dataset to capture supportive care screening data across all providers. With support from our health partners we are confident that screening will be implemented throughout the Grampians Region, improving care coordination for people affected by cancer.

Staff are involved in a number of ongoing projects to promote the implementation of best practice models of care. Relevant information is now disseminated to key stakeholders across the region on a quarterly basis via a GICS Newsletter and a new regular Director Newsletter.

### Improve effectiveness of care

While we continue to work with our regional health partners, health professionals and government, we never lose sight of the fact that we are working with patients and survivors of cancer, their families, friends, carers, volunteers, advocates and support groups to improve the patients' cancer journey. That is our driving force: our strategic planning, The Lead Clinicians Tumour Group (LCTG), Multidisciplinary Meetings (MDMs), clinical guideline development, volunteer training, education – all have one aim in common; to improve cancer care for the Grampians Region.

### Build the consumer role

GICS has increased the membership of and revised the Terms of Reference for its Consumer Advisory Group (CAG) which meets regularly to guide GICS' business in all areas, with particular emphasis on advancing the recommendations of the Consumer research report published by GICS in 2011: *You Don't Get Called a Patient for Nothing*.

The development of the Ballarat Regional Integrated Cancer Centre (BRICC) has given GICS much cause for reflection as we work with our partners in the establishment of the BRICC Wellness Centre. GICS Consumer Engagement Advisor is actively involved in the project management of the BRICC Wellness model.

There is an understanding that quality improvement reinforces every action taken by those involved with GICS. It is an imperative that we continue to strive for best practice in our work to gain positive outcomes for consumers. Staff are to be commended for the ways in which they approach their projects, objectively reviewing and considering their work from a consumer perspective.

### Create and implement clinical indicators of cancer service quality

During the year the Director has met with Lead Clinicians to scope the development of guidelines for each tumour stream. Their input has been most encouraging and we are very grateful for their commitment to the project.

Throughout the report we have taken quotes from "You Don't Get Called a Patient for Nothing" as the consumers' stories reflect GICS' aims.

#### **Chair**

Associate Professor Philip Reasbeck  
Executive Director of Medical Services  
Ballarat Health Services

#### **Director**

Ms Ruth Bollard, GICS

#### **Strategic Manager**

Bridget Wislang, GICS

# GICS' partners

Very few journeys are taken in isolation and GICS would like to acknowledge its partners in the delivery of person-centred cancer care in the Grampians Region.

Ballan District Health & Care

Ballarat Austin Radiation  
Oncology Centre

Ballarat Community Health

Ballarat District Nursing & Healthcare

Ballarat Health Services

Ballarat Hospice Care Inc

Ballarat Oncology and  
Haematology Services

Beaufort and Skipton Health Service

Central Highlands Primary  
Care Partnership

Djerriwarrh Health Services

Dorevitch Pathology

Dunmunkle Health Services

East Grampians Health Service

East Wimmera Health Service

Edenhope District Memorial Hospital

Grampians and Pyrenees Primary  
Care Partnership

Grampians Community Health

Grampians Medicare Local

Grampians Palliative Care Consortium

Hepburn Health Service

Lake Imaging

Maryborough and District  
Health Service

Rural Northwest Health

Rural Palliative Care Project

St John of God Healthcare

Stawell Regional Health

University of Ballarat

WestVic Division of General Practice  
(now Grampians Medicare Local)

West Wimmera Health Service

Wimmera Health Care Group

Wimmera Primary Care Partnership

Wimmera Volunteers

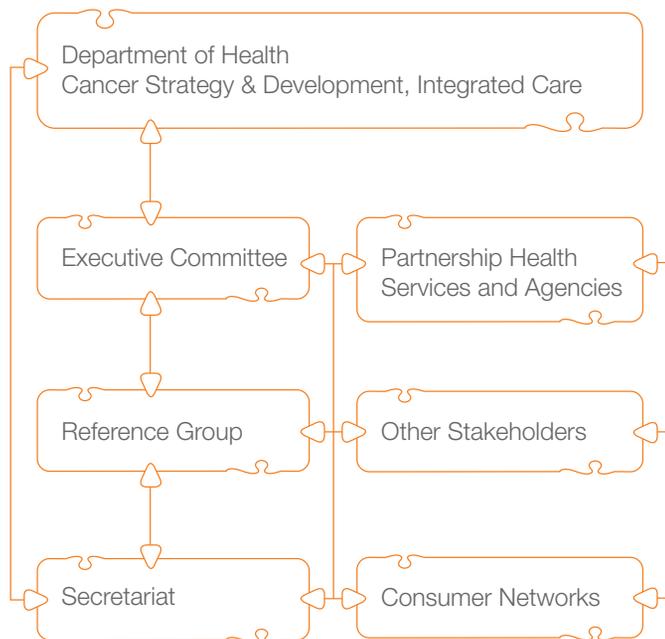
Women's Health Grampians

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*“Rachael came into contact with a number of formal services that were intrinsic in facilitating her move from feeling helpless and alone, to feeling supported. They provided Rachel with information, equipment and assistance in caring for her husband. This was the start of Rachael feeling supported emotionally through her journey, a connection that lasts to this day”*

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# organisational chart



# governance

GICS is auspiced by Ballarat Health Services, which provides financial and corporate services guidance.

Key components of GICS' governance has remained the same this year:

- GICS member Health Services including its host agency
- GICS Executive Group
- GICS Reference Group – Local Collaborative Tumour Group
- GICS Secretariat: Director, Strategic Manager, Cancer Service Improvement project officers and administrative staff

The operational management of GICS has been delegated to the Strategic Manager, with day to day business duties delegated to the Office Manager.

## Integrated Cancer Services

GICS is one of nine Integrated Cancer Services (ICS) established by the Victorian Government in 2004. ICS were established to strategically develop cancer reform with and through key stakeholders, inclusive of service providers, patients and families of all age groups, across all treatment and care aspects of the cancer journey.

# governance

## Executive Committee

as at 30 October 2012

Associate Professor Philip Reasbeck (Chair)  
*Executive Director of Medical Service*  
Ballarat Health Services

## Members

Mr Ian Campbell  
*Surgeon*  
Wimmera Health Care Group

Dr David Brumley  
*Medical Director*  
Ballarat Hospice Care Inc

Joanne Gell  
*Chief Executive*  
Ballarat District Nursing & Healthcare

Dr Louise Gorman  
*Consultant Radiation Oncologist*  
Austin Health

Dr Kate Hamilton  
*Medical Oncologist*  
Ballarat Health Services

Professor George Kannourakis  
*Medical Oncologist and Clinical Haematologist*  
Ballarat Oncology and Haematology Services

Michael Krieg  
*Chief Executive Officer*  
St John of God Healthcare

Andrew McPherson  
*Chief Executive Officer*  
Grampians Medicare Local

Don McRae  
*Director of Clinical Services*  
Wimmera Health Care Group

Andrew Rowe  
*Chief Executive Officer*  
Ballarat Health Services

Dr Sharon Wallace  
*Director of Anatomical Pathology*  
St John of God Healthcare

**Reference Group**  
(Lead Clinicians' Tumour Group)  
as at 30 October 2012

Mr Michael Condous  
*Vascular Surgeon*  
Ballarat Surgical Clinic

Mr David Cook  
*Urologist*  
Ballarat Urology Clinic

Mr Mark Guirguis  
*Ear, Nose and Throat Surgeon*  
Ballarat

Dr Kate Hamilton  
*Medical Oncologist*  
Ballarat Health Services

Professor George Kannourakis  
*Medical Oncologist and Clinical Haematologist*  
Ballarat Oncology and Haematology Services

Dr Alex Meakin  
*Radiologist*  
Lake Imaging

Dr Deepika Monga  
*Obstetrician and Gynaecologist*  
Ballarat Specialists  
Women's Health

Dr Reena Ramsaroop  
*Pathologist*  
Dorevitch Pathology

Mr Damien Tange  
*Neurosurgeon*  
Melbourne Neurosurgery

Dr Rick Ussher  
*Director of Radiology*  
Ballarat Health Services

Dr Sharon Wallace  
*Director of Anatomical Pathology*  
St John of God Healthcare

## In Attendance

Ms Ruth Bollard  
*Director*  
GICS

Bridget Wislang  
*Strategic Program Manager*  
GICS

## GICS Secretariat

GICS Secretariat as at 30 October 2012

Ms Ruth Bollard  
*Director*

Bridget Wislang  
*Strategic Manager*

Jen Quilliam  
*Office Manager*

Carole Jones  
*Multidisciplinary Coordinator*

Robyn McIntyre  
*Cancer Service Improvement Coordinator*

Sharon Daly  
*Quality Coordinator*

Lea Marshall  
*Cancer Service Improvement Coordinator*

Roger Moulton  
*Consumer Engagement Advisor*

Louise Patterson  
*Project Officer*

Nicole Pelchen  
*Administration Assistant - MDMs*

Toni Williams  
*Regional Administrative Assistant*

# highlights throughout the year

## Strengthen governance mechanisms

GICS' Strategic Plan 2012-2015 has been developed with significant stakeholder input and consensus on how to improve cancer services across the Grampians Region. Key messages include:

- Strengthening governance mechanisms by linking more effectively with key cancer services and clinical drivers across the Grampians Region;
- Developing a regional framework for cancer education for Nurses and General Practitioners;
- Develop the capacity for consumers to participate at all levels in regional cancer service development;
- Work towards improving information sharing between public, private, regional and rural oncology services;
- Establish shared models of funding and service provision to offer additional supportive care where needed most;
- Work with lead clinicians to create clinical indicators to highlight the quality of cancer treatments between all key stakeholders.

## Promote implementation of best practice models of care

GICS has undertaken a Regional Cancer Nurse Educator Project. The Training and Development Division of the Department of Health has confirmed that it will fund a regional Oncology Nurse Educator position. Along with promotion and provision of cancer nurse education and training, the position will support Grampians Medicare Local to identify GP training needs. Implementation is expected in early 2013.

The initial stage was the development of a regional Cancer Education Framework, the aim of which is to streamline cancer nurse education and improve access to evidence based, online education to reduce unwanted variation in cancer treatment and care.

## Improve effectiveness of care

An electronic mechanism for information sharing between private provider Ballarat Oncology and Haematology Service (BOHS) and Ballarat Health Services' (BHS) Emergency Department has been successfully implemented with BHS now receiving messages and attachments from BOHS on patient diagnosis and treatment details, when cancer patients of the BOHS present to the BHS Emergency Department.

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***“I have linked in with hospice and they have been wonderful. The ovarian cancer service says you should do that before you really need it and the same with palliative care” Penny's story***

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# highlights throughout the year

GICS has created and largely implemented an MDM Management database that promotes timely and accurate submission of patient information by clinicians, including staging of tumours and clinical records within the MDM process. The electronic patient referral mechanism has been scoped and will be implemented by the end of the calendar year. Real time recording of treatment plans towards wide screen projection during meetings has been piloted at several MDMs and fields have been designed in the database to capture these results.

GICS is also working with BHS Radiology and IT to implement an image sharing function that already exists between GICS and Lake Imaging. This will enable secure images to be shared at MDMs to accelerate tasks.

## Build the consumer role

The release of **You Don't Get Called a Patient for Nothing**, a publication of case studies based on the research project undertaken in 2011 by Professor Anthony Love and Researcher Laura Liversage, with the assistance of Michael Coleman and Fiona Watson. This booklet has been extremely well received by health professionals and consumers throughout the Grampians Region and wider Victoria as it provides real stories in the consumers' own words.

*“The case studies are an important part of work with consumers and carers across the Grampians Region”* Helen Wade, Chair

Based upon results from **You Don't Get Called a Patient for Nothing**, the GICS Consumer Advisory Group (CAG) approved an information package developed by GICS for newly diagnosed patients to be provided to cancer services throughout the region. Whilst recognising that there is a plethora of information available to cancer patients from different sources, and that it is often overwhelming for them, the purpose of the package is to provide basic supportive care information and contacts to newly diagnosed patients and their carers, with the message that this ought only be read and considered when people feel the time is right for them. This reflects the importance of health practitioners to support the rights of newly diagnosed patients' access to quality information, yet within the patients' own terms of comfort and readiness. Since first distribution in July 2012, demand for the packages from health services has increased.

Also as a result of GICS' consumer research, and aligned with the BRICC Wellness Centre project, GICS has been investigating the transport requirements of rural Grampians patients. At the time of writing GICS is undertaking a stocktake and gap analysis of transport services for rural patients, with a view to improving coordination of and access to existing transport services.

*“I think information should be at your first port of call which is usually the doctor's office. If some of that information was available right from the start it would give the opportunity to make decisions much earlier”* Mark's story

Three GICS employees and the Chair of GICS' CAG have completed certificate and graduate level courses in consumer leadership and engagement through the Health Issues Centre of La Trobe University this year. GICS also supported a successful submission for funding to Cancer Australia by Cancer Voices Victoria to provide regional outreach training in consumer leadership and advocacy.

### Create and implement clinical indicators of cancer service quality

In collaboration with the Lead Clinicians Tumour Group, GICS' Director Ms Ruth Bollard is developing Clinical Guidelines for each tumour stream.

The LCTG has agreed that the Guidelines will include:

- Diagnostic guidance on tests and for staging
- Submission of patients to MDMs
- Radiation oncology referral
- Surgical guidelines
- General practice investigation and referral
- Follow up
- Supportive care
- Referral for palliation

It is GICS' vision that the Guidelines will form the basis for the development of future clinical indicators to benchmark regional performance.

While not prescriptive, the guidelines will refer to tools that provide guidance on current best practice for diagnosis, treatment, support, management through survivorship and end of life care.



Lea Marshall, Robyn McIntyre and Bridget Wislang at the Cancer Care Coordinators Conference in Melbourne March 2012

## consumer engagement

Following the resignation of Michael Coleman we were pleased to appoint Roger Moulton to the position of Consumer Engagement Advisor. Roger brings to the role a background in sustainable agriculture, small business management and secondary school teaching. His additional experience as a consumer and carer, together with GICS Consumer Advisory Group members' input has strengthened GICS' focus on consumer interests in all of our activities.

### Strengthen governance mechanisms

Roger is a member of the leadership group for the BRICC Wellness model. He, along with other members, is involved in the Wellness model planning and implementation and volunteer recruitment, an important aspect of the daily functioning of BRICC. The introduction of volunteers who have undertaken training to perform specialist tasks that complement the work of paid staff will enhance the overall Wellness Centre environment. GICS is currently studying volunteer recruitment models already successfully working at BAROC, BHS and other health services.

### Build the consumer role

Since taking up the position, Roger's priority has been to engage broadly with health service stakeholders including Ballarat Health Service consumer liaison, Grampians Medicare Local, McGrath nurses, East Grampians Health Service, Stawell Regional Health, consumers and support groups to promote the value of consumer input. Their input is invaluable to GICS' project planning.

GICS' Consumer Advisory Group (CAG) has reviewed its Terms of Reference to reflect that this group understands the importance of continuing to meet community expectations. Roger aims to increase the number of trained advocates for cancer service improvement in the Grampians Region.

## multidisciplinary meetings

Multidisciplinary meetings (MDMs) are an essential component to sharing and understanding diagnoses and planning treatment for patients within the Grampians Region.

### Strengthen governance mechanisms

In line with other GICS' programs, the Lead Clinician Tumour Group Terms of Reference have been reviewed against the 2012-15 Strategic Plan to ensure they continue to reflect the agreed aims and desired outcomes.

### Promote implementation of best practice models of care

It was most gratifying for GICS to see Carole Jones Multidisciplinary Coordinator recognised as Employee of the Month by Ballarat Health Services for her continued efforts to improve MDM meetings and processes.



Carole Jones receiving her Employee of the Month award from President Andrew Faulk

## Improve effectiveness of care

The implementation of a custom designed multidisciplinary meeting database (called BPMOne) by GICS has been a major undertaking for the MDM team at GICS this year. Development of the database is 90% completed with remaining development tasks and full implementation on track to be completed in early 2013. A number of manual tasks in meeting arrangements are now automated and as implementation continues these are expected to further streamline the GICS hosted MDM processes and provide productivity gains for the GICS team.

***“Everybody in that room has got their own little battle going on and everybody is doing the same thing and you are doing it in your style and all of a sudden that event is finished..there is a loss” Sue’s story***

The system components are: 1) a process management tool to organise meetings, request and prepare diagnostic material, support emails for arrangements, and post-meeting distribution of treatment plans; 2) a live record of meeting proceedings, and report decisions made to treating practitioners; and 3) an extensive collection of clinical details as per the consensus dataset for MDMs, use of VAED/ICD-10 codes to enable data collection, support multiple diagnosis, procedures, staging, SSF (individual tumour behaviour) and treatment codes for each patient discussed.

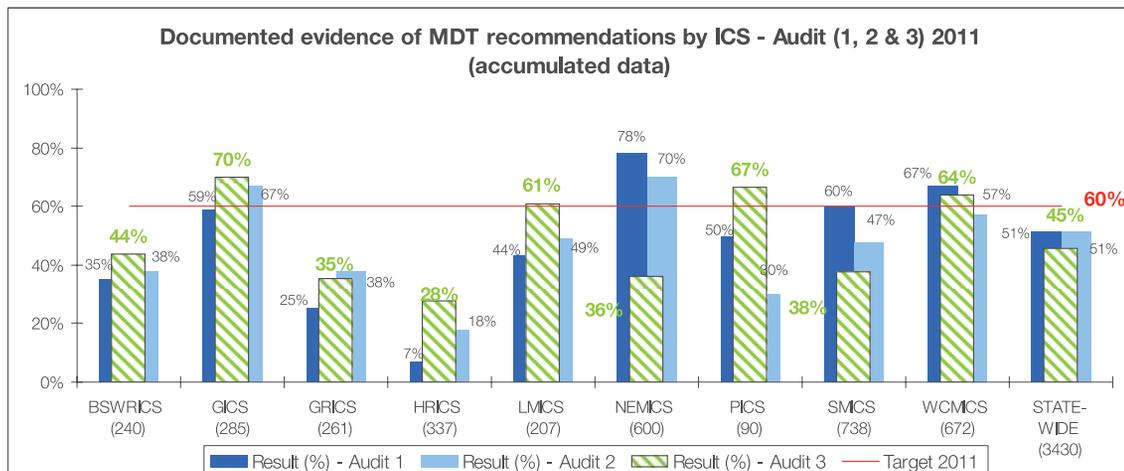
Improvements have also been made to streamline image sharing with all MDM participants. BHS Radiology and IT now mimic the service that already occurs between GICS and Lake Imaging. This has enabled secure images to be shared amongst all MDM members, providing a more efficient use of time and expertise.

With Pathologists and Radiologists fundamental to the MDMs, participation by outlying pathology services has been enhanced to extend MDMs’ area of influence. Radiology input has also been expanded to recognise the importance of processes that are more inclusive and far-reaching.

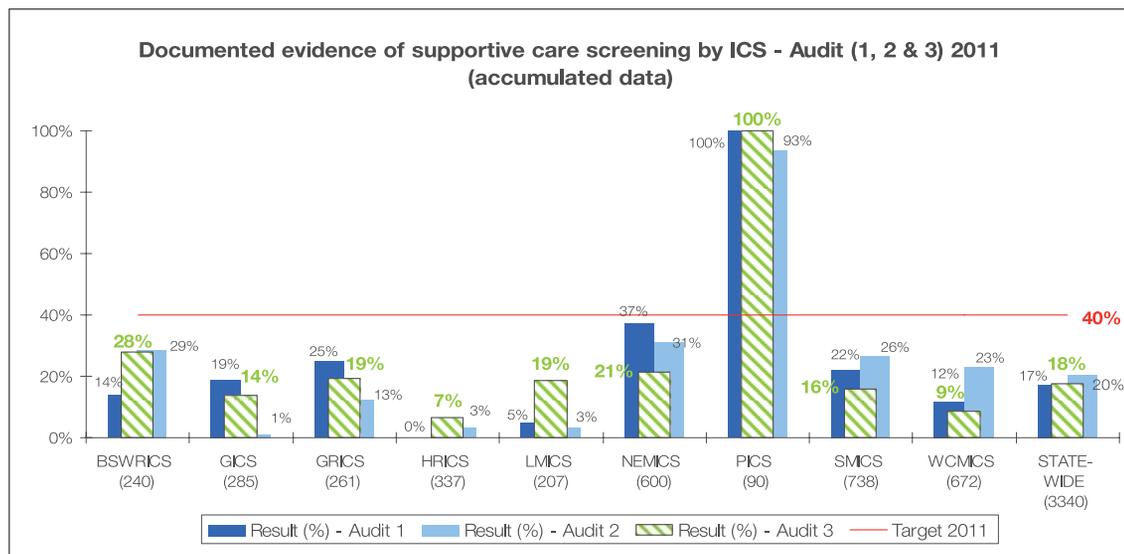
In regional and rural communities the use of technology has proved to be vital in disseminating information and improving communication. As well as sharing the benefits of WebEx with other ICS, Wimmera MDMs have maximised the use of WebEx and assisted Mildura for Loddon Mallee ICS to set up its own webconference meetings. The Wimmera MDM has also introduced integrated staging and capture of clinical trials, from discussion through to treatment plans.

A survey of the effectiveness of GICS hosted MDMs, from the perspective of clinicians and all attendees has recently been conducted by GICS to identify which areas GICS can work with clinicians to strengthen the processes of MDMs across all tumour streams. Results are currently being collated and we are particularly grateful for the guidance and oversight of Dr Sharon Wallace, St John of God Pathologist and GICS’ Governance committee member for her oversight of the survey’s development.

# multidisciplinary meetings



Note: Metro ICS included select tumour streams by audit round – refer Table 1 for details.



Note: The state-wide result excludes PICS data.

# supportive care

In a person's cancer journey Supportive Care is what guides the patient and family through numerous meetings and appointments, from initial diagnosis through to treatment and beyond. Each member of the Supportive Care team is also guided by patients, who come with their own expectations and anxieties.

## Promote implementation of best practice models of care

Supportive Care Screening continued to be trialled and implemented at Ballarat Health Service, East Grampians Health Service, Stawell Regional Health and Wimmera Health Care Group during the year. The outcome confirmed that screening as part of routine clinical practice increased awareness of the impact and prevalence of distress. Screening using the validated Distress Thermometer tool is now routine at Ballarat Austin Radiation and Oncology Service (BAROC), with 100% of cancer patients now offered routine screening.

A regional user group has been established by GICS to support shared learning and implementation processes for Supportive Care screening. Members from health services meet regularly to progress towards full implementation of supportive care screening within the region.

Whilst Supportive Care screening is something that cancer nurses and specialists have always done, the formalisation of it using a validated screening tool and, along with documentation of results, is new to many. GICS is grateful for the dedication of Kerry Davidson, Supportive Care Project Officer at Ballarat Health Services, Angie Spencer, DON Medical and Critical Care Service, Ballarat Health Services and Carmel O'Kane, Oncology Nurse Practitioner, Wimmera Health Care Group for their consistent dedication to the promotion of supportive care screening for cancer patients.

In addition GICS is grateful for the assiduous guidance and project oversight of Robyn McIntyre, GICS Cancer Service Improvement Coordinator, on this project. Through Robyn, GICS has taken an innovative approach to educating nurses on supportive care screening by using professional actors to role play various scenarios with them.

Furthermore, through Robyn's project leadership, a new database is being piloted by GICS to capture regional data on Supportive Care screening and results are expected to highlight the greatest areas of service need from a patient perspective.

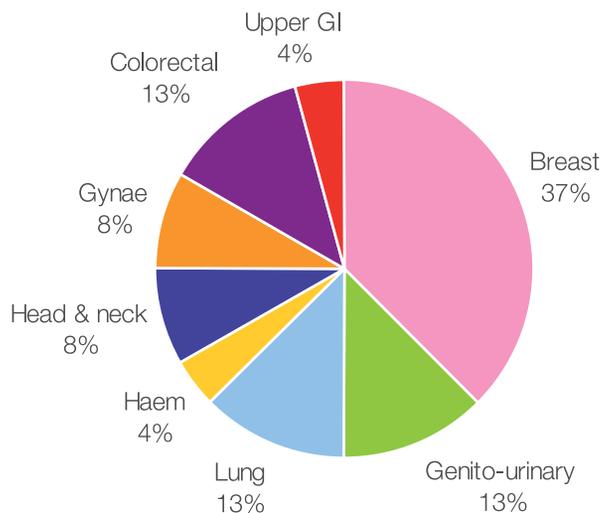
*Melanie felt that her needs as a carer were to make sure she was well to continue looking after Sue. Although she felt that she didn't need extra support at this time, she advised other carers to seek out support if needed.*



Carmel O'Kane, Oncology Nurse Practitioner, Grampians Region.

# supportive care

Screening completed by tumour type



*“We don’t exactly know how everybody is feeling but we have a great understanding because we have travelled a similar journey, a very similar journey”*

**Mary’s story**

A Snapshot from the Eleventh Month of Screening at Ballarat Health Services

## October 2012

- A total of 24 patients were screened, 16 in the Day Oncology setting and 8 in the Surgical Outpatient Breast Clinic.
- 58% of patients did not require referral on for further supports / intervention.
- 37.5% of patients resided outside the City of Ballarat area

## Referrals were made as follows:

Breast Care Nurse	33.3% (n=8)
Social Work	8.3% (n=2)
Dietetics	8.3% (n=2)
Psychology	8.3% (n=2)
Hospice	8.3% (n=2)

Single referrals were made to Physiotherapy, Diabetes Educator and HARP.

## The top 10 problems reported by patients were as follows:

Sleep	54% of patients	(n=13)
Worry	54% of patients	(n=13)
Nervousness	50% of patients	(n=12)
Fatigue	50% of patients	(n=12)
Fears	37.5% of patients	(n=9)
Pain	37.5% of patients	(n=9)
Sadness	37.5% of patients	(n=9)
Memory /concentration	33% of patients	(n=8)
Depression	25% of patients	(n=6)
Treatment Decisions	25% of patients	(n=6)

# education

Education continues to be such an important component of GICS' work, from formal sessions through to forums and advocacy workshops. It underpins the whole of our Strategic Plan from strengthening our governance capabilities to ensuring our consumers have a better understanding of their rights and responsibilities. Over the year GICS has initiated and hosted education for the region in the areas of:

## Healthcare Professional Education

- Care and management of patients receiving radiotherapy
- Lung Cancer
- Myeloma
- Oncology and palliative emergencies
- Communication workshops (3)
- Supportive care screening workshops (4)

## Supportive Care Education for health professionals

- Development of online introduction to supportive care and supportive care screening, the outcome of which is an increased profile within Ballarat Health Services;
- Supportive Care Screening Communication Skills Workshops (4)
- Action and referral pathways developed, leading to a cohesive MDM approach.

It is notable that for many of these sessions attendance includes up to 50% participants from other regions.



Professor George Kannourakis presenting on Oncology and Palliative Care Emergencies at a GICS' hosted education session

***“If by sharing my story I can help someone else a bit, in whatever way, shape or form I suppose that gives it some form of meaning”*** **Fiona's story**

# education

Again, we are particularly grateful for our regional and rural health service providers with whom we have collaborated this year in the provision of education:

- Grampians Medicare Local
- Ballarat Health Services
- Grampians Regional Palliative Care Team
- Ballarat Oncology Haematology Service
- Cancer Council Victoria
- Myeloma Victoria Inc.
- Leukaemia Foundation
- Lead Clinicians

Without this level of commitment it would be much harder for GICS to achieve its aims and continue to promote the delivery of best practice care.

Through the Grampians Loddon Mallee (GLM) e-learning system 'Introduction to Supportive Care' online course is now available. The module introduces health professionals to the concept of supportive care and its application to clients with cancer and their families and carers. The course is designed to enable the health professionals to develop a familiarity with the National Comprehensive Cancer Network (NCCN) Distress Thermometer, and to understand how it is used to implement Supportive Care screening.

As a member of the Victorian Integrated Cancer Services (VICS) Managers and Directors Group, together with South Melbourne Integrated Cancer Service (SMICS) GICS will shortly be planning a state-wide cancer education program, likely to build on the regional education model we have successfully hosted.

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*“Listening to people affected by cancer, including patients, carers, family members, volunteers and health professionals as well as other community members, is an important aspect of how GICS works to improve delivery of cancer services within the Grampians Region”*

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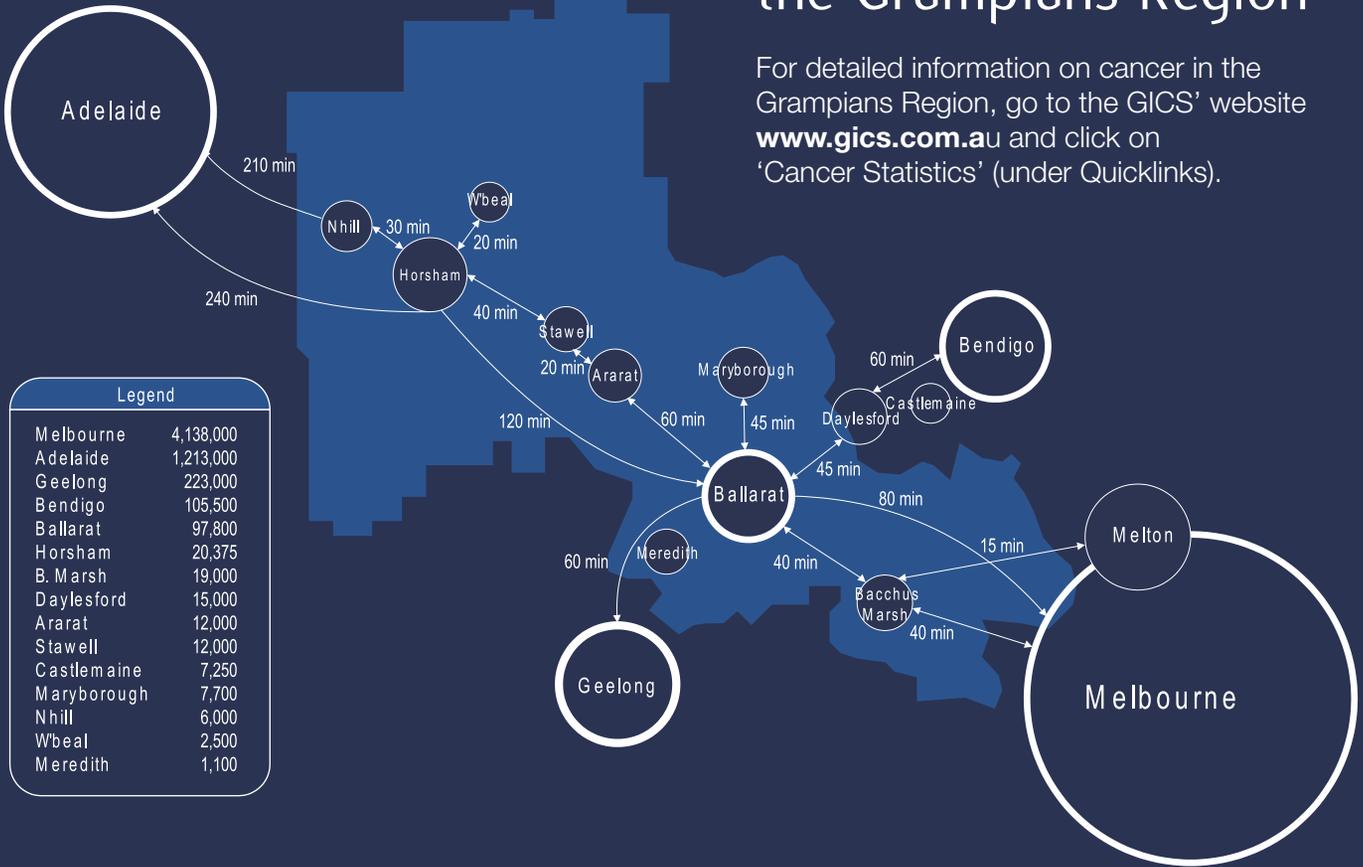
# financial statement

Grampians Integrated Cancer Service Financial Report for the year ending 30th June 2012

	<b>2012</b>
	<b>\$</b>
<b>Revenue</b>	
DoH Grant	1,174,059
<b>Other Revenue</b>	190,645
<b>Total Revenue</b>	<b>1,364,704</b>
<b>Expenditure</b>	
Salaries and Wages	805,623
WorkCover	13,641
Long Service	22,468
Superannuation	78,638
<b>Non Salary Costs</b>	
Rent	74,963
Repairs, maintenance and equipment	18,043
Staff and health professional training	23,943
Other Operating Expenses	154,390
<b>Project Expenses</b>	
Consultants	36,846
Other	86,792
<b>Total Expenditure</b>	<b>1,320,347</b>
<b>Surplus</b>	<b>44,357</b>
<b>Current Surplus</b> from previous years	<b>99,304</b>
<b>Accumulated Surplus</b> after allocated project	<b>143,661</b>
Total equity/allocation to special commitments	143,661

# the Grampians Region

For detailed information on cancer in the Grampians Region, go to the GICS' website [www.gics.com.au](http://www.gics.com.au) and click on 'Cancer Statistics' (under Quicklinks).



**Grampians Integrated**  
**Cancer Service (GICS)**

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