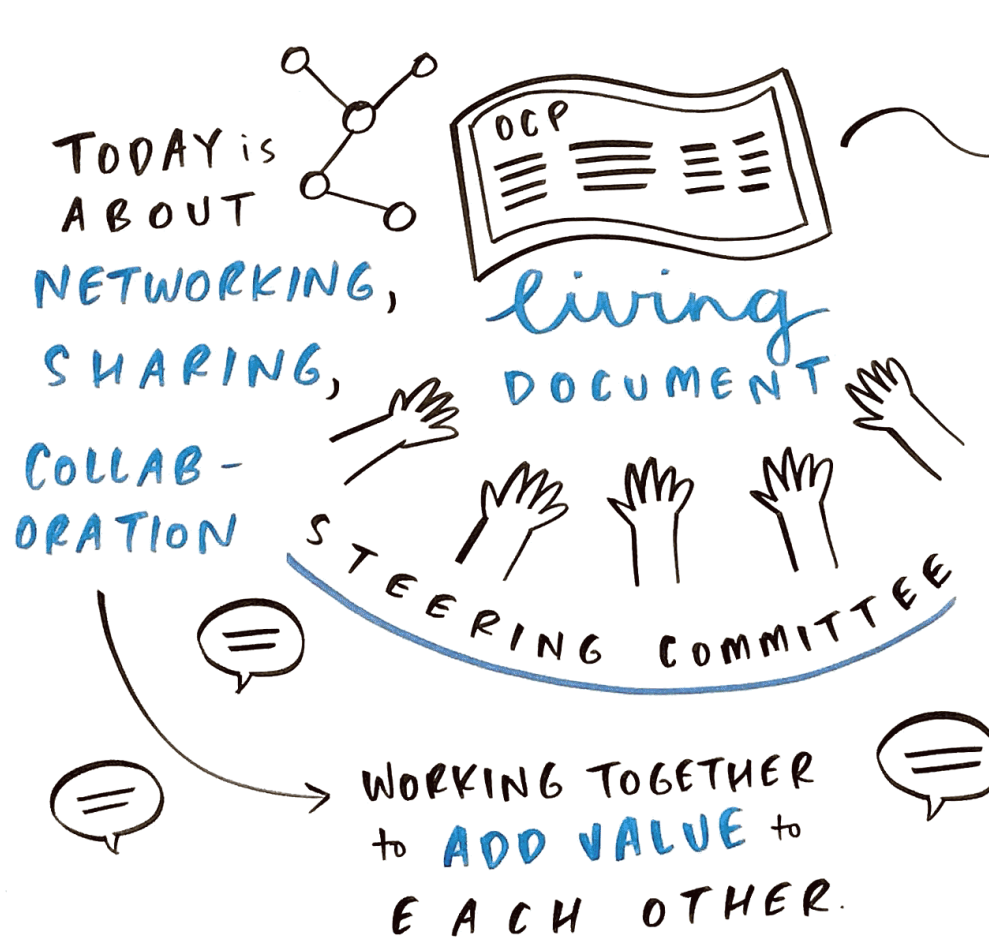


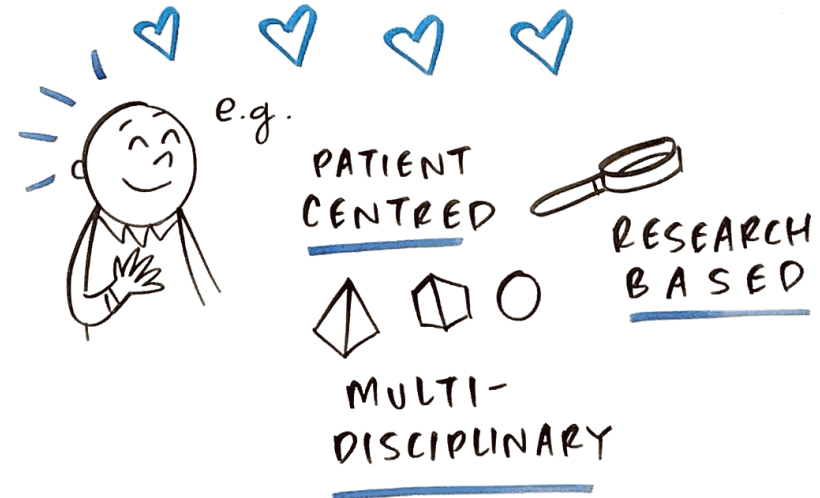
OPTIMAL CARE pathways

Welcome - PROF. ROBERT THOMAS



HOW DO WE WORK TOGETHER ACROSS OUR DIVERSE NATION?

ALWAYS COME BACK to PRINCIPLES of CARE



NORTHERN territory ANNE WEIR

1% of the
POPULATION!

50% NON-
ENGLISH
SPEAKING



90% INDIGENOUS
POPULATION in
REMOTE AREAS.



MOST SERVICES
RUN in DARWIN

SATELLITES in
KATHERINE & ALICE

SURGERY
CHEMO



POST-TREATMENT
CO-ORDINATION
P L A N

MULT-DISC.
COLLABORATION



USE of
TELECONF.

VISION



→ BETTER ALIGNED & STREAMLINED

→ BETTER INFORMED

→ BETTER DATA



UNDER-
STANDING
the JOURNEY

CHALLENGES



- SHARED DATA
S O U R C E

- PATIENT RECORD
S Y S T E M

AUDITS

STAKEHOLDER
WORKSHOPS



OCPs EMBEDDED
in NT STRATEGY

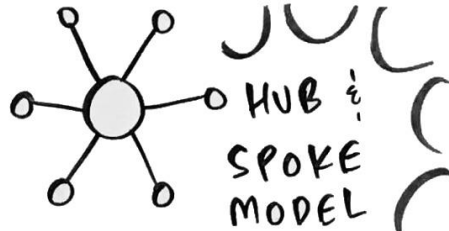
OCPs USED as
DRIVER of CHANGE



AUSTRALIAN CAPITAL territory

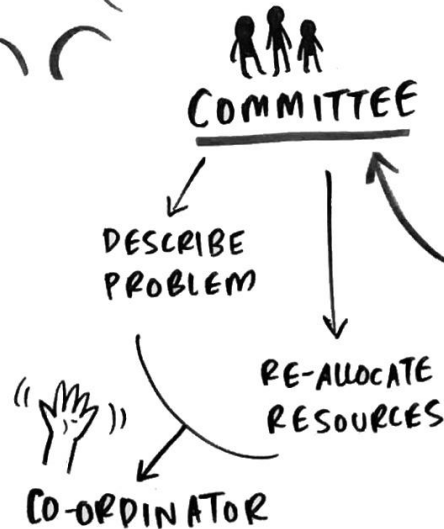
PAUL CRAFT

SMALLER POPULATION =
SERVICE-ORIENTED
INTERVENTION



CHALLENGES

- DEDICATED RESOURCE
- MEDICAL ENGAGEMENT
- TIMELY DIAGNOSTIC/IMAGING SERVICES
- INFO SHARING with GPs



AUDIT

IDENTIFY GAPS

ATSI: INVOLVED & INFORMED
→ EARLY REFERRAL

AML: LATER STAGES OF PATHWAY

LUNG: DELAY in GETTING INTO the SYSTEM



RESOURCES

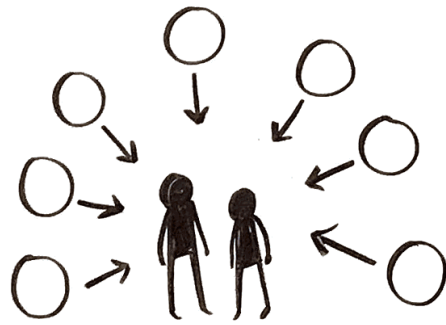
BUSINESS CASE + DATA REQUIRED



→ CLOSE RELATIONSHIP with NSW ...

... but WE are DATA POOR.

TASMANIA SARAH COULSON



CANCER SERVICES
in TASSIE...

AIM   

IMPROVE HOW WE
SHARE, COLLABORATE
& INFORM

OUTCOMES 

IMPROVED CARE COORDINATION
& ACCESS TO TREATMENT


CHALLENGES

→ CHANGE FATIGUE 
→ DATA GAPS 



PARTNERSHIPS

MUST be MEANINGFUL
& VALUABLE for ALL
PARTIES.



SUSTAINABILITY

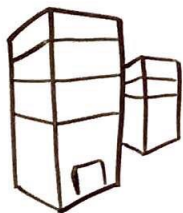
→ ARTICULATE in STRATEGY
→ LOOK AFTER HR
→ LEVERAGE SOCIAL LICENCE

SUCCESSES 

→ NEW WEBSITE
→ MDT SOFTWARE
→ TELETRIALS P'SHIP
→ IMPETUS for REVIEW
& BENCHMARKING
→ EXPANDING COORDINATOR
ROLES
→ COMMUNITY ENGAGEMENT



VICTORIA



MAINLY
METRO



LESSONS



RIGOROUS
GOVERNANCE



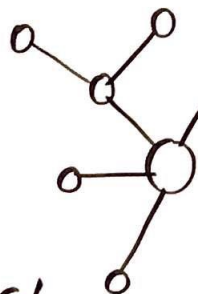
IDENTIFY & CONFIRM
PROBLEM FIRST



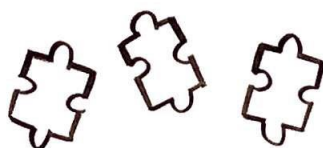
CLARITY



PARTNERSHIPS



INTEGRATED
CANCER
SERVICE
NETWORK



IDENTIFY
PATTERNS
in PROBLEM
STATEMENTS

ADDRESSING
UNWARRANTED
VARIATION



DATA DRIVEN

DECREASE
DELAYS

SUMMITS

P'SHIPS &
METHODOLOGY



PARTNERSHIPS
ARE KEY

CHALLENGES

OVER-STRETCHING

CLINICIANS AND
CONSUMERS MUST
be INVOLVED in the
SOLUTION!

KEEP WHAT
WORKS, CHANGE
WHAT DOESN'T!

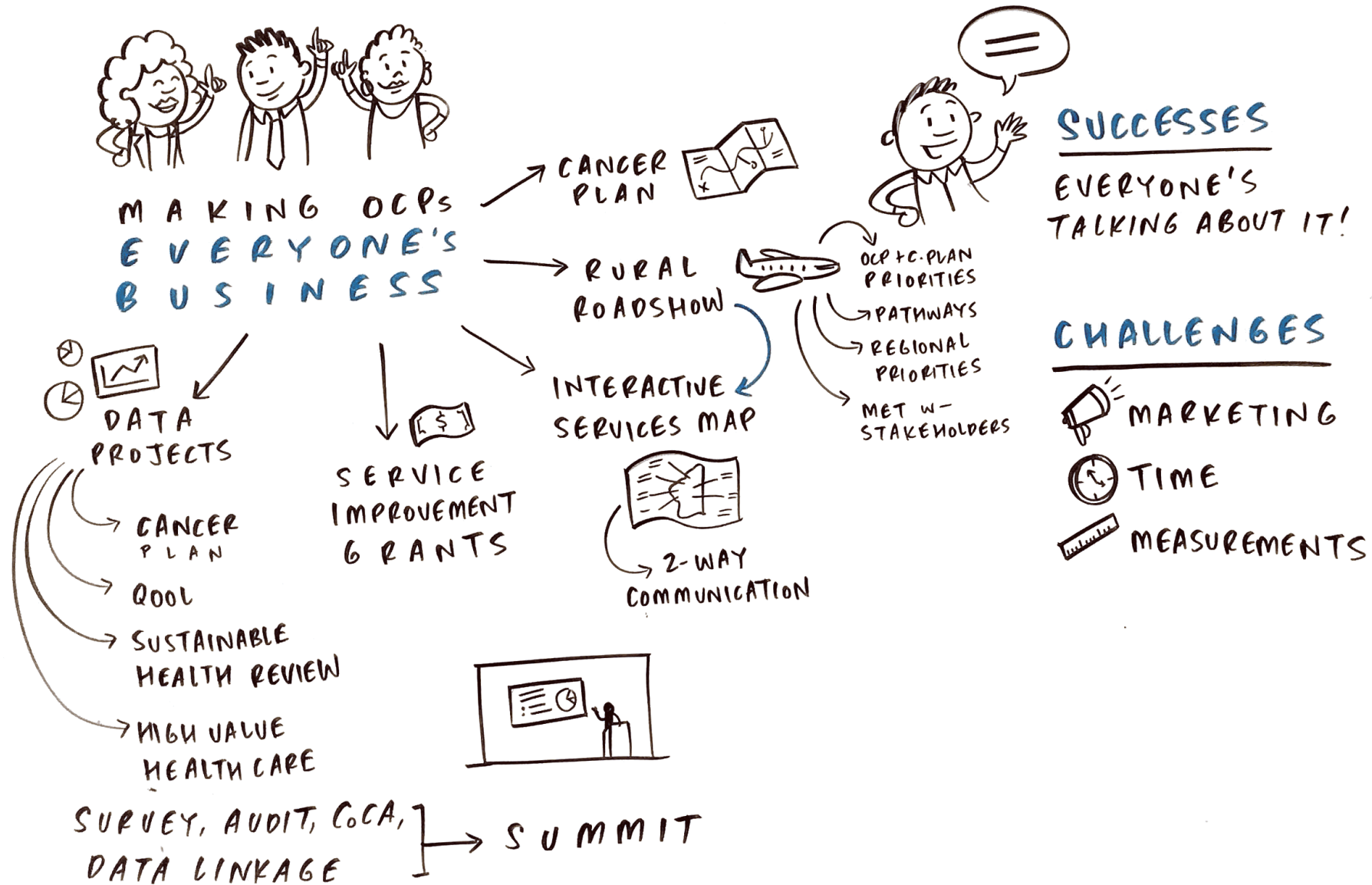


SHARED
LESSONS

BUILD ON
EACH OTHER'S
WORK

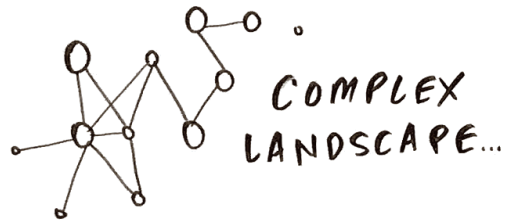


WESTERN Australia VIOLET PLATT



NEW south WALES

SHELLEY RUSHTON



! LHDs - THERE IS NO
EQUITY in the
SERVICES

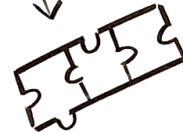


... BEHIND EVERY
DATA POINT IS
a PERSON



PROVIDE
DATA
to LHDs

ENGAGE
ALL LEVELS
w- FEEDBACK
& SUPPORT
CYCLES



OPTIMISE
linked
DATA SETS

THIS
IS OUR
PROBLEM

THIS
IS WHAT
WE'RE
DOING

RELATIONSHIPS
ARE KEY



I CAN SEE
WHAT NEEDS
TO CHANGE!



TRUST =
SUSTAINABILITY



ON THE JOURNEY
from the START...



INCLUDE
PRIVATE
SECTOR

SOUTH Australia GABBY VIGAR

5 LHNs
6 PRIVATE SERVICES
15 COUNTRY CHEMO UNITS

- ## LEARNINGS
- 📡 NEED for FLEXIBILITY
 - 👁️ MANAGING SUSPICION
 - 💬 ENGAGEMENT
 - 💡 MAKE it ABOUT OPPORTUNITIES
 - 💖 ACKNOWLEDGEMENT
 - 🔑 OWNERSHIP



QUEENSLAND

MELANIE HOLLAN

MINIMISING DELAY
from REFERRAL to
DIAGNOSIS...



→ TRACKER
14 DAY GOAL



MDT TOOLS

- DATA COLLECTION
- COLLABORATION
- COMMUNICATION

→ CATEGORISE
REFERRALS
→ TRACKER
& MANUAL



UTILISE
LOCAL
DIAGNOSTIC
SERVICES



FAST TRACK
CLINIC APPTS.

- FACE to FACE
- TELEHEALTH

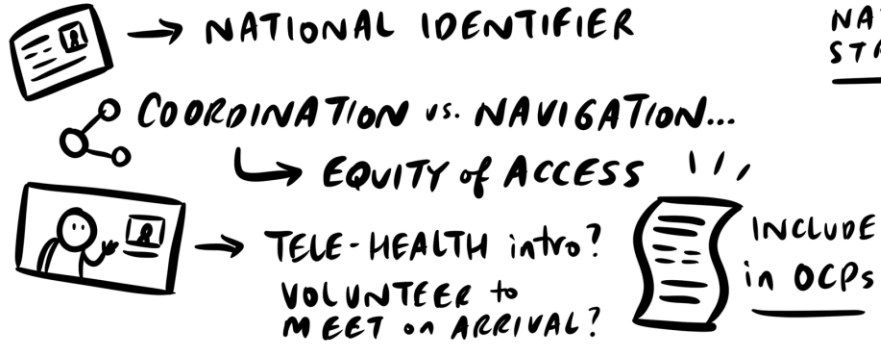
→ INCREASINGLY
POPULAR

→ FROM GP or HOME

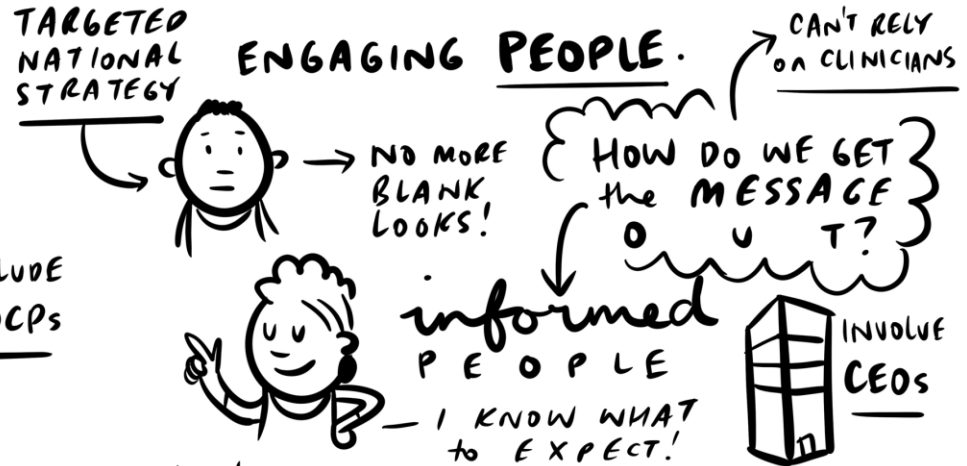
"ONE-STOP-SHOP"



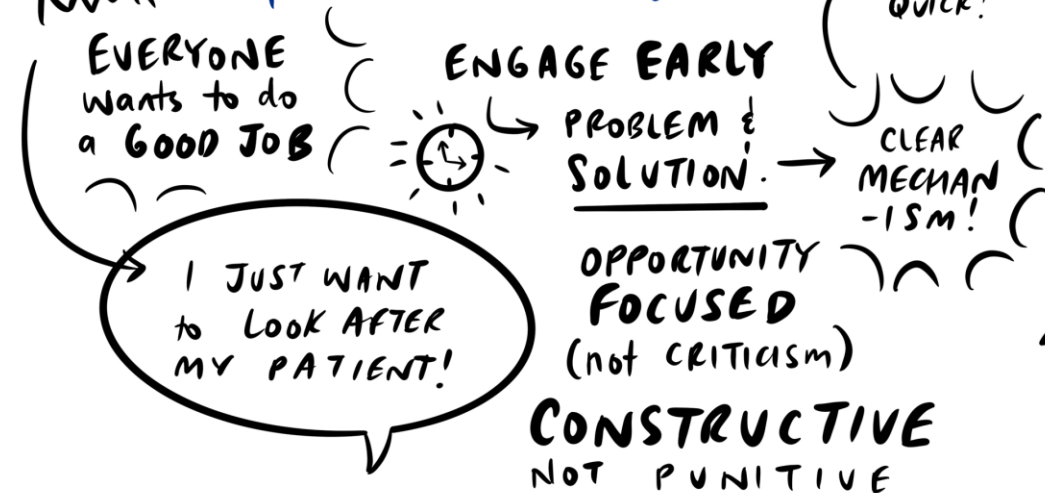
FACILITATING X-BORDER/INTERSTATE TRANSFERS



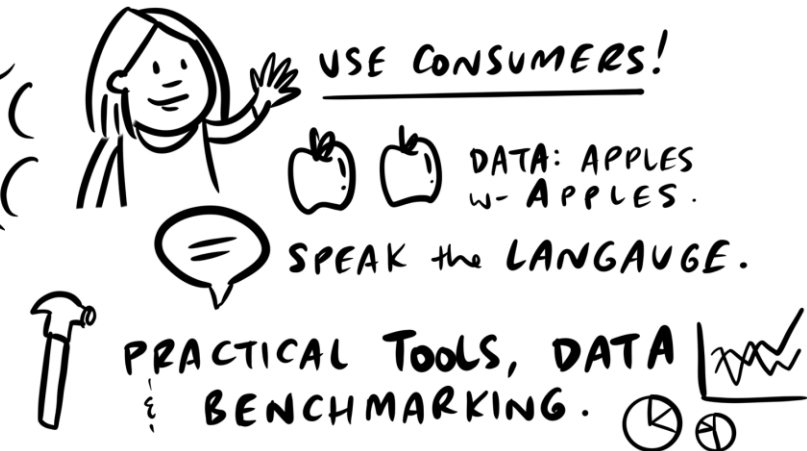
MARKETING OCPs AT A NATIONAL LEVEL



MANAGING SUSPICION & FEAR?



CLINICIAN ENGAGEMENT



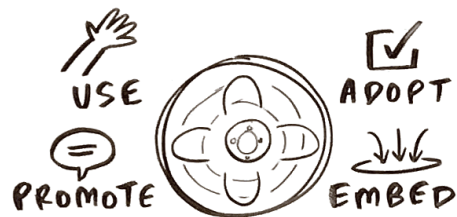
OCP for ABORIGINAL & T.S.I. PEOPLE

JENNY CHYNOWETH & CAROLINE NEHILL

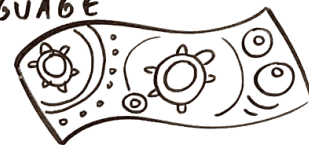
WITH CANCER



ACTION-FOCUSED IMPLEMENTATION FRAMEWORK

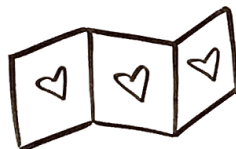


BUILD UNDERSTANDING
SO PEOPLE CAN USE
THEIR OWN LANGUAGE
& ANALOGIES.



... MANY of the
ATSI COMMUNITY
DON'T FEEL COMFORTABLE
in MAINSTREAM SERVICES

PARTNERSHIPS
& RELATIONSHIPS
ARE KEY.



HAVE a
DEDICATED
SPACE

CONNECT
w- RURAL
SERVICES

DEDICATED RESOURCE
to GAIN INSIGHTS
from DATA

REPRESENTATION through the WHOLE SYSTEM



SELF DETERMINATION...
DRIVEN by COMMUNITY

! ATSI FUNDING
SHOULD GO TO ATSI
PEOPLE

CULTURAL TRAINING
SHOULD be a GIVEN

PATIENT
EXPERIENCE
& SPACE for
INFORMAL
CULTURAL
LEARNING.

CREATE
ADVOCATES

in COMMUNITIES

LEADERS,
SOCIAL
MEDIA



HOLD THEIR HAND on the
JOURNEY the WHOLE WAY...

HOW CAN WE COLLECT FEEDBACK
for IMPROVEMENT?





HOSPITALS
NEED TO BE
**AWARE &
PREPARED**
for BIG FAMILY
TURN-OUTS!



HOW DO WE balance
NATIONAL & COMMUNITY
BASED / INDIVIDUAL
A P P R O A C H?

LOCAL
FRAMEWORKS?

= sharing
EXPERIENCES

POSITIVE & NEGATIVE

♥ ♥ ♥ ♥
F U N D
CULTURALLY APPROPRIATE
HEALING TOOLS
for MENTAL WELLBEING.

EVERYONE
HAS the RIGHT
to the BEST CARE

♥
CONNECTION



... IT TAKES
TIME

IF YOU'RE UNSURE
... ASK!

TALK in THEIR LANGUAGE!
DON'T EXPECT THEM to KNOW YOURS.

ALOs ARE KEY

TRUST &
RELATIONSHIPS
♥ ♥ ♥

CLINICAL
COMMUNITY

... THEY NEED
a SUPPORT
SYSTEM

... HAVE
REALISTIC
EXPECTATIONS

... IS CANCER EVEN
a PRIORITY for the
ATSI COMMUNITY?

HOUSING, MENTAL HEALTH,
DRUGS, etc etc... WE ARE DEALING
with A LOT.



PEOPLE are
SCARED of
the WORD

CANCER



WHOLE of
PERSON / FAMILY
A P P R O A C H

START with HEALTH