



Grampians Integrated
Cancer Service (GICS)

2015-2016

ANNUAL REPORT

Established in 2004, Grampians Integrated Cancer Service (GICS) works with Grampians public and private health services and providers to improve cancer care systems and services for the community. GICS knows and understands the people and services in the Grampians cancer care system.

GICS' VISION

IMPROVING PATIENT EXPERIENCES AND OUTCOMES BY CONNECTING CANCER CARE AND DRIVING BEST PRACTICE.

GICS MISSION

GICS WILL ACHIEVE THE VISION BY:

- **UNDERSTANDING THE NEEDS OF PEOPLE AFFECTED BY CANCER;**
- **BUILDING AND SUPPORTING COLLABORATION BETWEEN HEALTH PROFESSIONALS, HEALTH SERVICES AND CONSUMERS;**
- **DRIVING QUALITY IMPROVEMENT IN CANCER CARE;**
- **SUPPORTING THE DEVELOPMENT OF CANCER WORKFORCE;**
- **FACILITATING SYSTEM-WIDE ENGAGEMENT IN CANCER RESEARCH**

ACKNOWLEDGEMENTS

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Mr. Michael Krieg
Chair



Mr. David Deutscher
Clinical Director



Ms. Ruth Bollard
Clinical Director
(to March 2016)



Ms. Joanne Gell
Strategic Director



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“GICS helps our organisation to better understand what is going on across the region for clients on their cancer journey. The organisation is welcoming and collaborative. They are impartial and non-threatening bringing people to the table”

Healthcare Professional

OUR MESSAGE

The past year has seen Grampians Integrated Cancer Services advance its ambitious change agenda. With appointments to the Strategic and Clinical Director roles, there has been a focus of effort on strategy, engagement and communication.

This has included: amending our Strategic Plan to align with the Strategic Goals of the Victorian Integrated Cancer Services Network, reviewing our stakeholder engagement strategies so that GICS projects are benefitting from greater involvement of clinicians and consumers, and improving our communication systems (including through our refreshed website and monthly newsletter) to raise the profile of GICS.

We have also gained momentum with our project delivery, and this Annual Report provides snapshots of our work with consumers and health services with a range of planning and service improvement activities.

This includes: the development of a regional chemotherapy services plan, introduction of a grants funding program to implement cancer service improvements, commencement of a lung redesign project for Ballarat Health Services to improve timely access to care.

GICS has also supported a number of projects (through funding and participation) which are being undertaken at a statewide level. These include: implementation of optimal care pathways for lung and colorectal cancer, the Tumour Summit Program (aimed at statewide clinical engagement in reducing variation in access and delivery of care), development of quality standards for MDMs, and the development of a cancer care performance framework.

The Governance Group undertook a performance review, to evaluate its effectiveness. Overall the results were very positive, with strong agreement that the Group was meeting its objectives, the membership was appropriate, meeting processes were effective and that the papers supported good decision making.

We acknowledge the hard work of Ruth Bollard, who resigned after three years in the role of clinical director. Ruth has passionately supported the enhancement of cancer services and cancer outcomes across the Grampians region. Her key achievements include: developing local tumour stream guidelines for the cancer patient experience; working with local GPs and other cancer specialists to develop templates for best cancer care.

The imperative for GICS in the forthcoming year is to respond to The State Government's Victorian Cancer Plan 2016 -2020. This new plan represents an "opportunity for Victorian health services and Integrated Cancer Services to consolidate system approaches to cancer care –at the regional as well as whole of state level".

GICS is well placed to engage with consumers and support health services to maximise the opportunities available to us.

We thank the GICS Team for their hard work and commitment during the year in supporting health services and clinicians to provide quality care to cancer patients across the region. Joanne Gell, our Strategic Director and David Deutscher, our Clinical Director have brought a new energy to GICS. Of course, achieving our objectives isn't possible without the involvement of consumers and health care professionals from across the region who generously participate in our committees and guide our projects.

"I enjoy being an active member of the GICS Governance Group. I feel that my contributions are valued and my input is welcome. I think the atmosphere of Governance Group meetings is welcoming, positive and focussed on the improved outcomes of people with cancer in our region. I am proud to be able to contribute to improving the cancer care system in our region through my membership of the GICS Governance Group."

Governance Group Member

STRATEGIC DIRECTIONS

A Networked Cancer System

- 1.1 Link health services involved in cancer care, and work with these services and health professionals to align priorities
- 1.2 Strengthen linkages between metropolitan and regional cancer service providers
- 1.3 Engage consumers and communities in the work of GICS

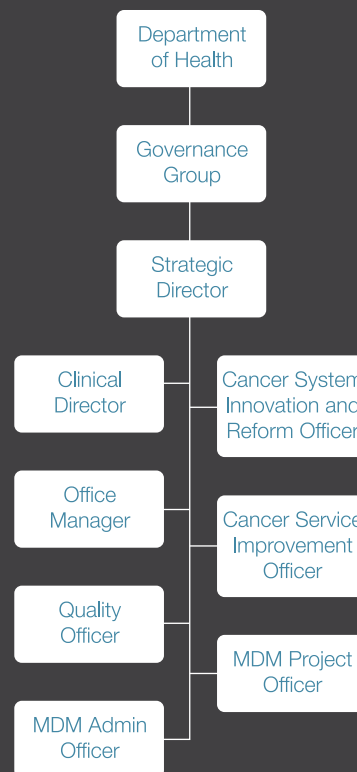
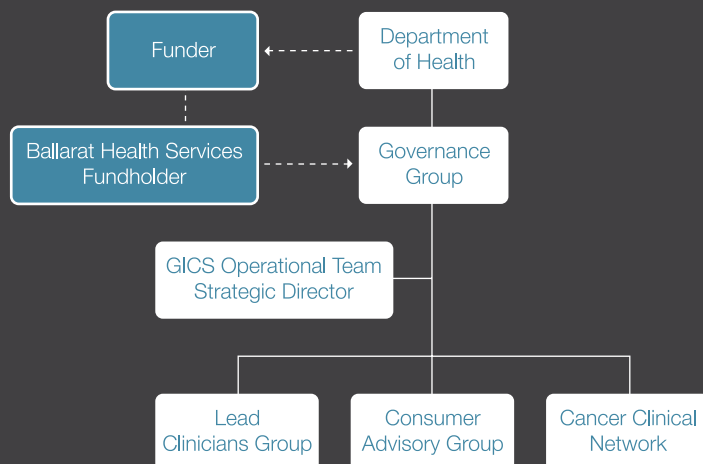
High Quality Cancer Care

- 2.1 Implement the Optimal Care pathways including improvements to multidisciplinary care, supportive care and care coordination
- 2.2 Analyse available data and information of relevant clinical evidence/innovation and disseminate it to drive quality improvement
- 2.3 Support providers to apply cost benefit considerations to care/service planning and delivery
- 2.4 Continue statewide tumour summits to drive consistent cancer care across tumour streams
- 2.5 Continue to drive improvements in the patient experience of cancer
- 2.6 Continue to support workforce development initiatives

A Research Informed Cancer Care System

- 3.1 Encourage providers to participate in clinical trial programs
- 3.2 Support health services research
- 3.3 Foster robust evaluation of cancer programs, models of care and ICS initiatives

GOVERNANCE STRUCTURE



A NETWORKED CANCER SYSTEM

WIMMERA CANCER CARE COORDINATION IMPLEMENTATION PLAN PROJECT

The Wimmera Cancer Care Coordination Implementation Project was reactivated in early 2016 with the appointment of a Project Officer, embedded in the Wimmera to guide the project.

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

To improve supportive care across the Wimmera area, Rural Northwest Health, West Wimmera Health Service, Edenhope and District Memorial Hospital and Wimmera Health Care Group created Cancer Resource Nurse roles as a local point of contact to support patients, carers and their families at time of diagnosis, during and after active treatment.

Cancer Resource Nurses (CRN) are trained to offer supportive care and can refer people with cancer to the right services as close to home as possible.

They are able to:

- provide patients with current and relevant cancer support information
- act as a liaison between local and regional healthcare providers
- advocate for services or information and respond to local needs
- refer patients to appropriate services

Overseen by a steering committee, core components of the project include improving clinical services to people with cancer, by identifying clinical services that can be provided closer to the patient's homes. The Wimmera Cancer Care Community of Practice will also be enhanced to provide support and professional development for cancer resource nurses as well as ensure evaluation and sustainability of the program.

GRAMPIANS REGION CHEMOTHERAPY SERVICES PLAN

GICS engaged a consultant, biruu, to develop a Grampians Region Chemotherapy Services Plan with the aim of providing GICS and our member organisations with a detailed picture of the current state of the regional chemotherapy service system and its future requirements.

The service planning process included: consultations with service providers and consumers, health services undertaking a self-assessment against the Australian Government's draft chemotherapy capability framework, and analysis of service utilisation data. A workshop was also held with key stakeholders where the findings were presented and feedback sought on areas for improvement.

The findings include:

- Consumers value access to treatment locally and the opportunity to reduce the burden of travel. They also value the quality of interaction with staff and the quality of care provided.
- Chemotherapy centres are well-distributed across the major population centres in the region, although over time it may be necessary to increase capacity in the rapidly-growing eastern part of the region.
- The region can improve coordination and standardisation mechanisms to ensure that all chemotherapy centres are working to the same standards and models of care.
- Referral and care pathways between primary care, regional chemotherapy centres and metropolitan highly specialised chemotherapy centres can be improved and there may be opportunities for standardisation. Some enablers to this are a regional approach to portability of patient records, shared care arrangements, and the agreement of telehealth protocols.
- Consumers would be better supported if there were better relationships between service providers across the region; between public-sector and private-sector providers; and between regional and metropolitan centres.

GICS is reviewing the recommendations and identifying priority action areas with stakeholders.

[The full report is available on the GICS website](#)

EDUCATION

In order to bridge the knowledge gap in cancer care and build the capacity of the general nursing workforce, the Grampians Integrated Cancer Service (GICS) and Centre for Education and Training (CET) at Ballarat Health Services, have collaborated to develop a Clinical Nurse Educator Oncology position.

A 12 month regional education calendar was developed in 2015 based on identified needs from staff in the Grampians region.

So far:

- 4 nursing staff have undertaken post graduate studies in Clinical Cancer Nursing
- In-service and simulation sessions have been delivered across the Grampians Region and at Ballarat Health Services
- 1115 staff have attended continuous professional development activity in cancer

Overall, participant feedback on the education provided has been positive and assisted towards the development of a regional education calendar for 2016. The goal for 2016 is to continue to provide high quality evidenced based and accessible education for all health care professionals in the Grampians region.

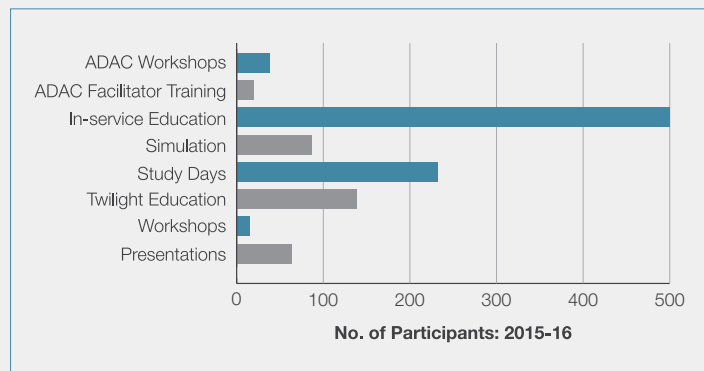
Introduction to Cancer Study Day April 2016

“I have a better understanding of my role on wards when caring for patients and it has also increased my interest in working in the area” participant

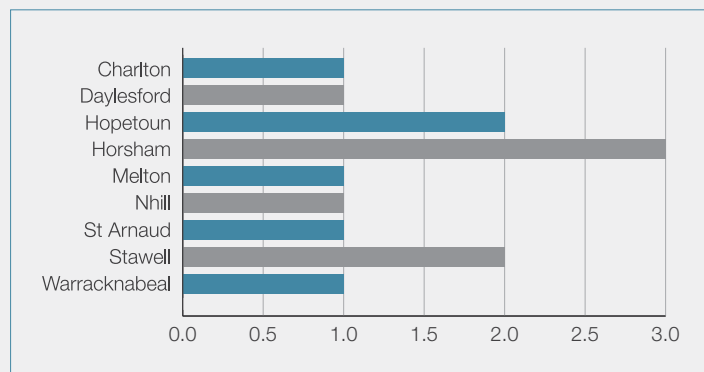


Pictured from right to left: Kayleen (Kate) Watson RNH; Judith (Ginty) Thompson WWHS (Nhill); Di Knoll WWHS (Minyip) and Kathleen (Kathy) Poulton RNH.

Education Delivered:



Number of Education Sessions Delivered Outside Ballarat:



PROFESSIONAL DEVELOPMENT GRANTS

High quality, evidence-based cancer care is crucial to improve the experience and outcomes for those affected by cancer. To enable this, GICS launched Professional Development Grants for nursing and allied health professionals in early 2016.

The Professional Development Grants aim to:

- Equip recipients to deliver best practice cancer care in alignment with Optimal Care Pathways as well as GICS' and health services' strategic directions
- Support innovative and emerging areas of practice as defined in Optimal Care Pathways for example in optimal supportive care and post-treatment care

Several grant applications from around the region were submitted. An experienced panel, including a consumer, reviewed the applications. Five were selected.

GICS congratulates:

- Ballarat Health Services: 2016 Asia-Pacific Lymphology Conference attendance (Individual)
- Ballarat Health Services: Safe administration of intravesical drugs for early treatment of bladder cancer (Group)
- St John of God Hospital: Anam Cara (Day Oncology) Cancer Care Workshop for regional health professionals (Group)
- West Wimmera Health Service: Bowel Cancer Information for the Karen population (Group)
- Wimmera Health Care Group: Living With Cancer Education Facilitator Training Program (Group)

The diversity of recipients, both geographically and topically, will offer strong contribution to the grants' original aim. All reports will be published on the GICS website.

MULTIDISCIPLINARY MEETINGS (MDMS)

Multidisciplinary care is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient.

In Ballarat, multidisciplinary meetings are a collaborative initiative of Ballarat Health Service and St. John of God Healthcare, Ballarat. Six meetings, spanning seven tumour streams, are supported by GICS. In the 2015-2016 financial year, 105 meetings were held incorporating 780 discussions of 610 individuals. This represents a 5% average increase over the previous year. Most tumour streams were fairly static compared with 2014-2015 however, there was a notable increase (13%) in thoracic discussions.

Meeting stream	# Meetings	# discussions	# individuals
Breast	21	180	151
GI – ALL - Includes: Colorectal Upper GI/Other	23	237	192 102 90
Head & Neck (inc. Endocrine)	24	166	116
Neuro-oncology	7	21	18
Thoracic	21	147	113
Gynae (link to MMC)	9	29	25

In the Wimmera, MDM have resumed at WHCG, Horsham. GICS funded a Project Officer to implement local MDM and is partnering to enable computerised MDM software and training.

Ahead of a transition of MDM administration to health services, GICS are conducting a review of all processes involved in the conduct and administration of MDM – the “Better MDMs for Grampians Project” in order to improve MDM efficiency and effectiveness and to create a model of sustainability. All craft groups have participated in the review, chronicling their tasks and time allocated to identify the “noise” in the system. Approximately 720 hours per month are allocated to MDM across all participants with 36% of that time identified as noise (or unproductive activity). Further workshops have canvassed for ideas to improve MDM and those ideas will be prioritised for implementation over the next 6 – 12 months.

HIGH QUALITY CANCER CARE

CANCER SERVICE PERFORMANCE INDICATORS 2015

The Cancer Services Performance Indicators are utilised to measure progress across Victoria in relation to multidisciplinary care, supportive care and care coordination.

Data collected by Integrated Cancer Services, via medical record audits informs four Cancer Services Performance Indicators:

- Documented evidence of multidisciplinary team recommendations
- Documented evidence of disease staging in the multidisciplinary team recommendations
- Documented evidence of communication of initial treatment plan to GP
- Documented evidence of supportive care screening

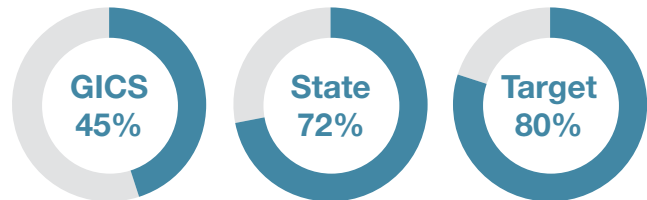
In 2015, Grampians Integrated Cancer Services (GICS) achieved improvements in three of the four indicators compared with that of the previous year. These improvements are a result of the automation of processes for sending treatment plans to GPs and improvements to the recording of staging information during multidisciplinary meetings. There has also been an increased focus on supportive care practices within health services.

This has included raising the awareness of the cancer service performance indicator audit results to clinical governance staff; process mapping to identify current gaps in access to supportive care; development of practical implementation plans in partnership with clinical staff; highlighting the value of patient reported outcomes in service planning; and improving medical record access to supportive care tools.

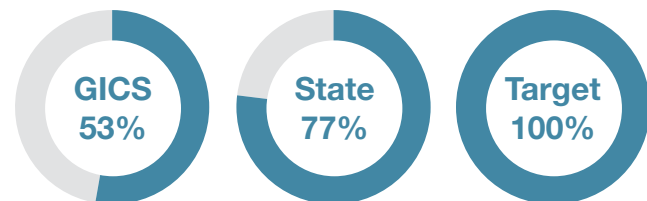
Future plans are to re-form the regional supportive care working group, standardise the tools and resources used in anticipation of a region-wide digital medical record project, and develop individual health service action plans which will extend to both rescreening and survivorship preparation.

2015 RESULTS

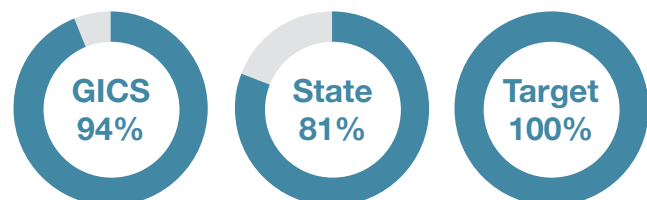
DOCUMENTED EVIDENCE OF MULTIDISCIPLINARY TEAM RECOMMENDATIONS



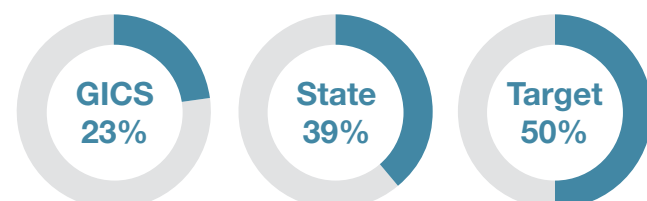
DOCUMENTED EVIDENCE OF COMMUNICATION OF INITIAL TREATMENT PLAN TO GP



DOCUMENTED EVIDENCE OF DISEASE STAGING IN THE MULTIDISCIPLINARY TEAM RECOMMENDATIONS



DOCUMENTED EVIDENCE OF SUPPORTIVE CARE SCREENING



(Cancer Services Performance Indicators Report 2015)

IMPROVING CANCER OUTCOMES PROJECT

COLORECTAL CANCER AUDIT

The Improving Cancer Outcomes Project (ICOP) was initiated and funded by the Victorian Department of Health and Human Services (DHHS) to:

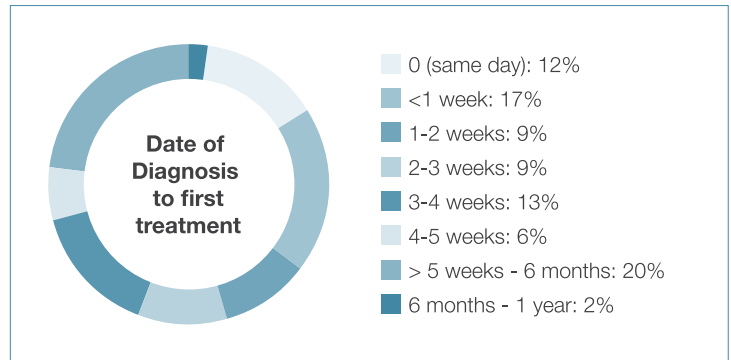
examine pathways of treatment for people with cancer in the Grampians region; and to establish whether these pathways and treatment aligned well with best practice.

The aims of the audit were to investigate the following hypotheses for colorectal cancer in the Grampians Region:

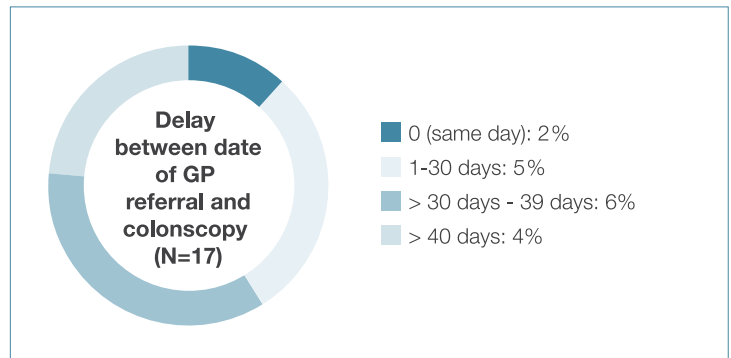
- Delays, whether patient initiated or as a result of service limitations, impact the timeliness of cancer care
- Access to services is different for people who reside in different geographical locations within the Grampians region
- People with cancer in the Grampians Region have high stage disease at diagnosis for colorectal cancer
- Chemotherapy services are over-utilised for colorectal cancer in the Grampians region when compared with the state Victorian average
- Radiotherapy services are under-utilised for colorectal cancer in the GR when compared with the state Victorian average

Findings

Approx 75% of patients were found to have been treated within 4-5 weeks of diagnosis



Approx 60% waited more than 30 days for a colonoscopy for their suspected cancer



There was a higher rate of metastatic disease (28%) at diagnosis than the states average (18%).

Only 40% of patients in the cohort benefitted from a multidisciplinary treatment plan (the target rate is 80% for Victoria). Radiotherapy was only used in half the number of patients with rectal cancer who optimally should have been treated.

There was a marginal underutilisation of chemotherapy for patients with colon and rectal cancer who optimally should have been treated.

There was an overall lack of supportive care screening for patients with colorectal cancer.

As a result of the findings, an action plan has been developed. Both health Service and clinician engagement will be critical to improving colorectal cancer outcomes across the Grampians Region.

OPTIMAL CARE PATHWAYS

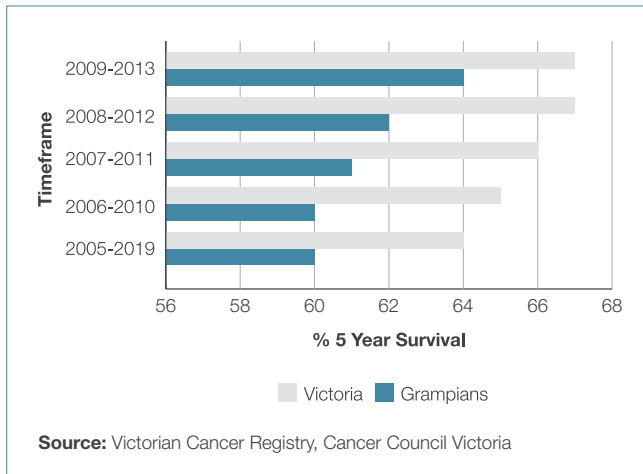
People living in the Grampians region have lower life expectancies and a higher burden of disease burden than people living in Melbourne Victoria.

Reasons include:

- Socio economic and lifestyle factors including alcohol intake, activity levels, nutrition, obesity, smoking rates
- Increased incidence of chronic disease
- Increased comorbidities
- Later stage of diagnosis compared to Victoria

Cancer is the leading cause of life lost through premature death in the Grampians region and cancer care represents a significant proportion of all healthcare delivered. There are increasing requirements for health systems to provide consumer centred, safe, quality healthcare.

Five year survival comparison



The Optimal Care Pathways were developed to guide the delivery of timely, consistent, safe, high-quality and evidence based care for people with cancer. A wide range of clinicians, peak health organisations, government agencies, consumers and carers were consulted or participated in their development. The OCP promotes consumer centred, coordinated care to improve the experience of people with cancer.

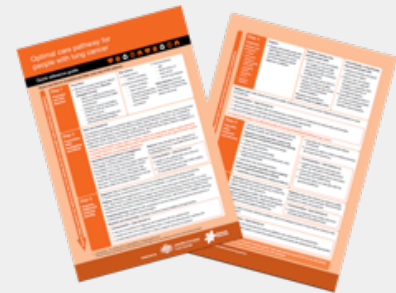
Optimal Care Pathway implementation in Victoria is being led by Integrated Cancer Services (ICS).

RESOURCES FOR THE OCPs ARE AVAILABLE FOR CONSUMERS

OCP Guide for Consumers and health professionals.



OCP Quick Reference Guide for Health Professionals



Lung and Colorectal cancer OCPs have been identified for implementation in the first instance in Victoria.

In the Grampians region, we will focus on raising awareness of the Lung and Colorectal OCPs within Health Services; Primary Health Care and among health professionals, consumers, and the broader community. The OCP project will identify continuous quality improvement activities to improve the experience and outcomes of people with cancer.

CANCER CONVERSATIONS



GICS CANCER CONVERSATIONS SERVICE IMPROVEMENT GRANTS

Following on from the Cancer Conversations consultations last year, GICS offered \$100,000 in grants to service providers to fund projects focussed on improving cancer services in the Grampians region.

A unique aspect of the grants program was the strength of the consumer and community voice during the judging process. 6 out of the 10 judges were consumers and the community had the opportunity to vote for their favourite project online. Over 400 people registered online and over 650 votes were cast.

“The lack of transport options can add an additional burden to cancer patients during what is already a stressful time. This funding will allow us to work through ideas to improve transport services so patients can focus on health and quality of life”

Health Promotion Coordinator, Stawell Regional Health

“This will enable us to extend our cancer resource nurse services to the people of Woomelang and their families. This is a fabulous outcome”

Hopetoun Campus Manager, Rural Northwest Health

15 submissions were received and the following projects received funding:

- 1) Stawell Oncology Transport Connections Program (Stawell Regional Health)
- 2) Wellness on Wheels (BRICC Wellness Centre)
- 3) End of Treatment Care Planning (Ballarat Health Services, BRICC)
- 4) Acupuncture Program in BRICC Wellness Centre (BAROC)
- 5) The Role of the Nurse in Private Oncology (Ballarat Cancer Care)
- 6) Expanded Cancer Resource Nurse Support (Rural Northwest Health)
- 7) The Grampians who, what and where of cancer care services (Grampians Pyrenees Primary Care Partnership, GPPCP)
- 8) Lymphoedema Surveillance Program within Ballarat Health Services (Ballarat Health Services)
- 9) For Better, For Worse (Edenhope and District Memorial Hospital)

MY CANCER CARE RECORD

My Cancer Care Record is a project led by the GICS Consumer Advisory Group (CAG) in partnership with North Eastern Metropolitan Integrated Cancer Services (NEMICS). From late 2016, GICS will commence the distribution of 400 folders to cancer patients as part of a trial.

Participating health services include public and private day oncology and radiation oncology services.

The folders are specifically designed to:

- 1) Empower patients to keep all their cancer details in one place.
- 2) Organise information. Inside there are coloured dividers and plastic pockets to keep important documents & test results.
- 3) Provide tips and questions to ask your health care team.

The success of the trial will be evaluated by an independent consultant. The evaluation will assess both the consumer's and service provider's viewpoints as well as providing recommendations for improvement.

“My Cancer Care Record is an exciting initiative driven by Consumers in conjunction with GICS and NEMICS that should considerably enhance patient knowledge about their condition as well as communication between health care providers. It places the information about a consumer's case right where it belongs - in their own hands.”

Medical Oncologist



CONSUMER ENGAGEMENT PRIORITIES

GICS is strongly committed to engaging with consumers to improve the outcomes and experience for those affected by cancer in the Grampians region.

Consumer engagement helps service providers to plan, design and deliver services that meet the needs of the people who use them.

2016 will focus on expanding the membership of the Consumer Advisory Group, establishing a consumer registry and a Community Ambassador Program.

“The My Cancer Care Record Book is a great collaboration between the Consumer Advisory Group, GICS and oncologists. It is heartening to know that both doctors and patients want to improve communications and see this as a really important element in the treatment process. The MCCR Book will empower patients to be better informed about their treatment and options, it will help them to be better prepared for their medical appointments, it will keep them organised and allow doctors and treatment nurses to prepare information to be added to the book for each specific cancer stream. It is an interesting patient initiative.”

Consumer Advisory Group Member

A RESEARCH INFORMED CANCER CARE SYSTEM

GRAMPIANS OPHELIA PROJECT SMALL TOWNS CANCER STRATEGY

The Grampians Ophelia Project is focussed on understanding the health literacy needs within the community and developing interventions. The project team is led by Deakin University and supported by both Grampians Integrated Cancer Service (GICS) and Grampians Pyrenees Primary Care Partnership (GPPCP).

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

Phase one of the project was conducted during 2015 and is now complete. It focussed on understanding the health literacy needs across the Grampians community. Over 1,600 community members participated in a Health Literacy Questionnaire (HLQ), workshops and/or interviews.

The HLQ measures health literacy across nine scales.

Results indicated that members of the community fall into distinct sub-groups with very different health literacy profiles and that those residing in outer regional areas reported lower levels of health literacy.

[The full report is on the GICS website](#)

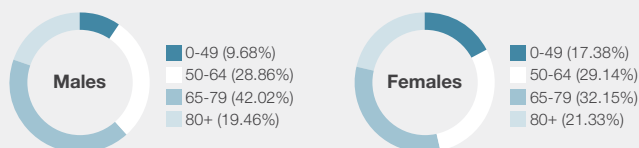
The project has entered its second phase, with funding from the Western Health Alliance. This phase will utilise both the quantitative data collected during phase one as well as the ideas raised within the workshops to develop community-owned Local Cancer Plans for two small towns within the Grampians region – Beaufort and Avoca.

The two small towns will be assisted by the project team to operationalise strategies focussed on increasing access to medical clinicians, cancer nurses and allied healthcare as well as work with local GPs, pharmacists and community groups and clubs.

The nine scales of the health literacy questionnaire (HLQ)

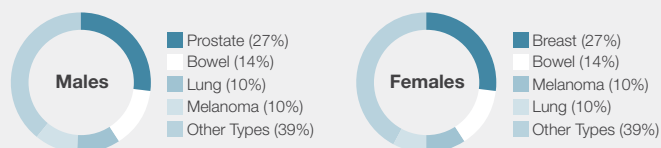


Annual cases of Cancer in the Grampians region by age group and sex from 2010-2015



Source: Cancer Council Victoria, Victorian Cancer Registry, Grampians region

Proportion of cancers in males and females in the Grampians



Source: Cancer Council Victoria, Victorian Cancer Registry, Grampians region

FINANCIAL SUMMARY

CANCER SURVIVORSHIP

Cancer Council Victoria, in partnership with HumeRICS and GICS, were successful in receiving funds from the Victorian Cancer Survivorship Grants Scheme: Phase II.

This project will provide access to a comprehensive survivorship assessment, education, exercise and wellness program for rural and regional cancer survivors and carers.

Real time telehealth video conferencing will be utilized to enable the participants to remain as close to home as practicable while accessing the program.

Governance Group Members

Ms Donna Fahie
Mr Andrew Rowe
Mr Andrew Kinnerly
Ms Catherine Morley
Mr Don McRae
Dr Craig Carden
Mr Ian Campbell
Mr Steve Medwell
Mr Ian Kemp
Dr Louise Gorman
Mr Michael Krieg (Chair)
Mr Neville Moller
Ms Katherine Gillespie
Ms Jenny Tunbridge

Revenue and Expenditure (July 1 2015 to June 30 2016)

REVENUE

Integrated Cancer Services	\$1,244,988
DH grant	

Revenue total	\$1,244,988
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EXPENDITURE

Salaries & wages (inc oncosts)	\$811,817
General expenses	\$234,097
Project expenses	\$235,560

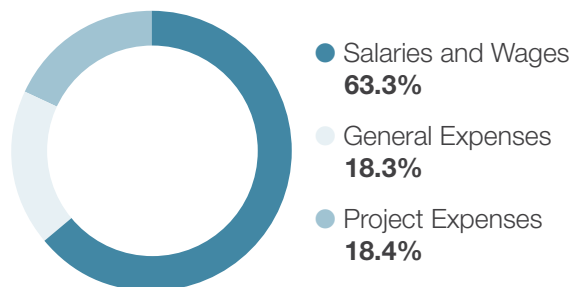
Expenditure total	\$1,281,474
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Current surplus/(deficit)	-\$36,486
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Accumulated surplus/(deficit)	\$279,863
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Total equity	\$261,377
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Expenditure Percentage Break Down





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Cancer Service (GICS)**

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