



The background of the page is composed of several overlapping triangular and quadrilateral shapes in various shades of green, ranging from a very light, almost white green to a medium forest green. These shapes are arranged in a way that creates a sense of depth and movement, with some shapes appearing to be in front of others. The overall effect is a modern, minimalist design.

Front cover photo courtesy of Oliver Williams

acknowledgements

SMICS and the Victorian Government acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past, present and emerging.

We are committed to safe and inclusive work places, policies and services for people of LGBTIQ communities and their families.

The Victorian Integrated Cancer Services are
supported by the Victorian Government



about smics

Southern Melbourne Integrated Cancer Service (SMICS) provides a network to improve the quality and continuity of patient care and ensures that appropriate links exist between health services to optimise patient pathways for persons affected by cancer. SMICS is pivotal in ensuring strong coordination and planning across the southern Melbourne region.

our vision

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

our member health services

Our member health services deliver over 71,200 episodes of acute cancer care per annum, including medical, surgical, radiation oncology, day chemotherapy, imaging, pathology, palliative care, psycho-oncology, supportive care and allied health services.

AlfredHealth



contents

6	introduction
8	VICS statewide activity spotlights
10	leading a culture of excellence
12	understanding our community
17	improving equity of access
19	supporting the successful implementation of the optimal care pathways
21	facilitating high quality supportive and survivorship care
24	collaborating with our community
25	strengthening workforce capability
31	financial summary

introduction

The Victorian Integrated Cancer Services (VICS) are Victoria's cancer service improvement network.

The VICS vision is to improve patient experiences and outcomes by connecting cancer care and driving best practice. The nine Integrated Cancer Services (ICS) locally and collectively, collaborate with stakeholders to design and implement service improvement initiatives that lead to better experience, care and outcomes for Victorians affected by cancer.

The VICS work to promote:

- System integration across structural boundaries
 - Collaborative approaches to evidence-based service development
- Quality improvement at the local level

The VICS build relationships between health services, partners and stakeholders to develop, implement and evaluate initiatives that improve the way Victoria's health services provide care and support. Work is delivered statewide and locally to improve cancer outcomes for all Victorians and is aligned with the Victorian Cancer Plan.

Each of the nine Integrated Cancer Services (ICS) has a core role in implementing the Victorian Cancer Plan locally and statewide, to support three of the plan's five goals:

- Victorians know their risk and have cancers detected earlier
- Victorians with cancer have timely access to optimal treatment
- Victorians with cancer and their families live well

The VICS Implementation Plan guides this work by providing a consistent statewide approach, built around nine areas of focus for service improvement work:

- Adoption of quality cancer care closer to home
- Alignment with the Multidisciplinary Meetings (MDM) Quality Framework
- Addressing the needs of the older person in routine cancer care
- Implementing the Optimal Care Pathways (OCP) for Aboriginal and Torres Strait Islander people with cancer
- Addressing unwarranted variations against the OCPs
- Monitoring and communicating alignment with the OCPs
- Supportive care
- Survivorship care
- Referrals to palliative care and advance care planning

Types of work undertaken by the VICS include:

- Implementation of a new model of care for improved cancer care closer to home
- Development and application of resources that inform improved delivery of cancer care for the older person
- Increased awareness and understanding by clinicians of the need for cultural awareness and practices to improve cultural safety for Aboriginal and Torres Strait Islander cancer patients and carers
- Policy implementation by health services to support best-practice survivorship care practices.

For more information visit <https://www.vics.org.au>

VICS statewide activity spotlights 2022-23

VICS Optimal Care Summits

The VICS vision is to improve patient experiences and outcomes by connecting cancer care and driving best practice. The nine Integrated Cancer Services (ICS) locally and collectively, collaborate with stakeholders to design and implement service improvement initiatives that lead to better experience, care and outcomes for Victorians affected by cancer.

The program, formerly known as the Victorian Tumour Summits, involves the examination of tumour stream cancer care, experience and outcome measures against the standards and targets set out in the OCPs. It aims to identify data-informed patterns of cancer care and outcomes, variations in cancer care, agree priorities for reducing variations, and deliver quality improvement initiatives to reduce variation. Two summits were delivered in 2022.

The Pancreatic Cancer Summit (August 2022) identified three priority areas of unwarranted variation: Multidisciplinary meeting (MDM) patient presentation rates; timeliness of care; and palliative care referral rates. For each area, several further investigations and actions were recommended.

The Melanoma Summit (October 2022) identified three priority areas of unwarranted variation: MDM patient presentation rates; timeliness and access to Sentinel Lymph Node Biopsy; and supportive care screening rates. Specific actions were identified to help improve outcomes and equity in these areas.

The VICS work with health services and other stakeholders to support implementation of each summit's recommendations.



VICS statewide activity spotlights 2022–23

Care of the Older Person Toolkit

The VICS developed the Care of the Older Person with Cancer Toolkit to help health services and ICS improve care of the older person with cancer.

The toolkit provides information to help identify and address existing barriers, examples of existing geriatric oncology services, and key resources including how-to guides, education opportunities and patient resources.

www.vics.org.au/resourcesadult/care-of-the-older-person-with-cancer-toolkit

Palliative Care and Advance Care Planning

The VICS report, 'Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services' has important insights for all organisations and services about advance care planning, palliative care, and end-of-life care. The report makes 18 recommendations to address different variations including the timing of access to palliative care and advance care planning and quality improvement activities. The VICS will work with cancer services and other stakeholders to help prioritise the recommendations for implementation. This work also informed the peer reviewed publication by [Philip et al, Palliative Medicine 2022, Vol. 36\(9\) 1426–1431](#)

Victorian Statewide Collaboration project to improve Cancer Survivorship Care

This is a strategic partnership between the VICS and the Australian Cancer Survivorship Centre (ACSC). This work is still in progress and aims to:

- Facilitate high quality survivorship care through supporting Victorian hospitals to ensure appropriate policies are in place.
- Facilitate high quality survivorship care through collaborating to implement survivorship care models. This is supported by ICS working with member services to implement local change.
- Improve VICS and member services' confidence, capacity and capability around survivorship through reducing the gap in survivorship education and training.

leading a culture of excellence

Felicity Topp, Chair
SMICS Governance



It is with pleasure that I share with you the Southern Melbourne Integrated Cancer Service 2022-23 Annual Report.

The year has been marked by significant milestones that showcase the resilience and dedication of the SMICS network.

Of note is the successful separation from our partner organisation, MPCCC, paving the way for a more focused and agile SMICS. This strategic move has allowed us to reassess our goals and tailor our efforts to the unique needs of our organisation and those we serve.

In preparation for this separation, we undertook a comprehensive review and refresh of our Governance structure. This process was driven by a commitment to excellence and a desire to align our operations with the evolving landscape of our sector. The result is a governance framework that positions SMICS for sustained success and impact in the coming years.

I am pleased to announce the establishment of a new reporting line through the South East Metropolitan Health Service Partnership (SEMHSP). This development not only streamlines our internal communication processes, but also enables us to leverage the robust networks established by both SMICS and SEMHSP and strengthens our ability to deliver region wide improvements for people with a cancer experience in southern Melbourne.

We recognise the importance of maintaining a close working relationship with MPCCC, and have instituted the MPCCC/SMICS Liaison Committee to foster open communication, share best practice, and ensure that the synergies between our organisations continue to thrive.

Our commitment to improved experience and outcomes for people with cancer remains unwavering, and I am confident that the groundwork laid in the past year will set the stage for even greater achievements in the future.

Thank you for your ongoing support and dedication to the SMICS mission.

message from the SMICS leadership team



A/Prof Zee Wan Wong &
A/Prof Andrew Haydon
Joint Clinical Directors

Seleena Sherwell
Program Manager

As we reflect on the past year, we are delighted to share the significant activity that has shaped the accomplishments of SMICS in our Annual Report. The collaborative efforts and commitment of our community have been instrumental in driving positive change, and we are proud to highlight some key achievements.

Central to our success this year is the continuation of our robust funding program, awarding over \$600,000 to member health services to initiate innovative projects, enhancing the quality of care and support provided to individuals facing the challenges of cancer.

In addition, SMICS has played a pivotal role in co-leading four statewide initiatives on behalf of the Victorian Integrated Cancer Services (VICS). These initiatives have facilitated collaboration and knowledge-sharing among healthcare professionals and organisations, contributing to the advancement of cancer care practices statewide.

Our dedicated team has worked to deliver our program of work which aligns with our vision to improve patient experiences and outcomes by connecting cancer care and driving best practice. Noteworthy among our projects is our focus on supportive and survivorship care.

This year SMICS has undertaken a number of initiatives to support early and appropriate referral to palliative care, piloting new models of virtual care to improve timely access for both clinicians and patients.

In collaboration with the Cancer Council, we are proud to report a remarkable 228% improvement in supportive care referrals. This achievement underscores our dedication to enhancing the overall supportive care framework for individuals navigating the complexities of cancer.

SMICS has also actively supported the implementation of survivorship models of care in several health services progressing the provision of comprehensive and holistic care to individuals and fostering a continuum of support throughout the cancer journey.

As we look ahead, the team at SMICS is excited about the continued impact and growth on the horizon. We extend our gratitude to our members, partners, and stakeholders for their support, dedication, and collaboration throughout the year.

Together, we are making a meaningful difference in the lives of those affected by cancer.

understanding our community

SMICS services southeast Melbourne, the fastest growing population area in Victoria.
The SMICS catchment covers a total area of 2,967 square kilometres.
It aligns most closely with eleven local government areas (LGAs):



The SMICS region is also home to a significant refugee population with the Greater Dandenong Local Government Area a signatory of the Refugee Welcome Zone declaration, to welcome refugees into the community, and enhance cultural and religious diversity.

cancer incidence in southern Melbourne

SMICS provides a network to improve the quality and continuity of patient care and ensures that appropriate links exist between health services to optimise patient pathways for persons affected by cancer. SMICS is pivotal in ensuring strong coordination and planning across the southern Melbourne region.

The annual incidence for new cancer diagnoses in our region currently exceeds 9,983 with more than 2,981 persons dying from cancer each year.

It is predicted that the annual incidence of new cancers in Victoria will exceed 52,000 per annum by 2036.

Source: Victorian Cancer Registry

80,048

episodes of acute care
per annum*

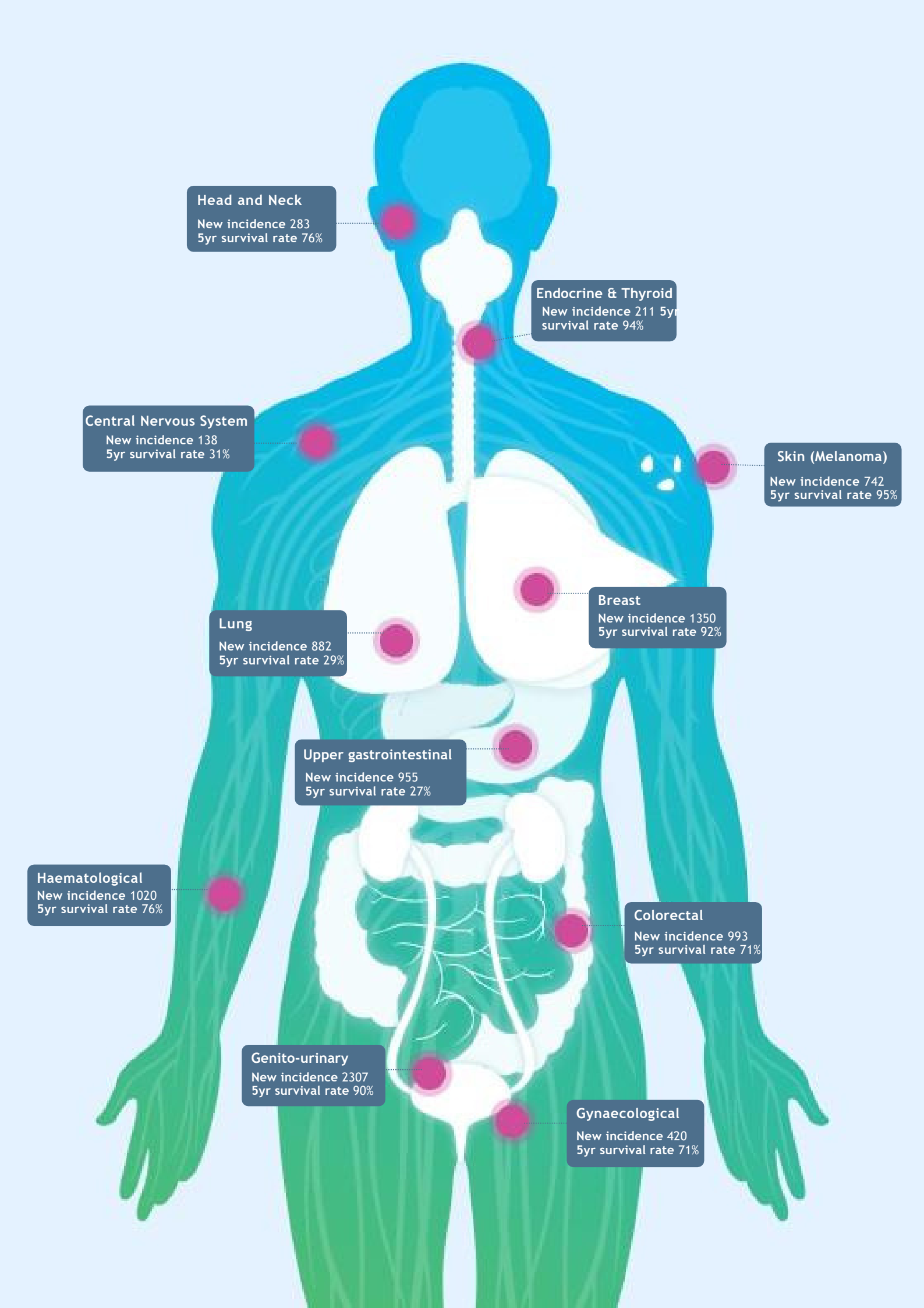
73%

of cancer patients who reside
in the southern Melbourne
region survive for five years
post diagnosis
(Cancer Council Victoria:
Cancer in Victoria
Statistics & Trends 2019)

86%

of newly diagnosed
cancer patients have their
treatment plan discussed at
a multidisciplinary team
meeting

*excludes bone and soft tissue,
rare cancer, secondary/unknown
primary cancer



Head and Neck
New incidence 283
5yr survival rate 76%

Endocrine & Thyroid
New incidence 211
5yr survival rate 94%

Central Nervous System
New incidence 138
5yr survival rate 31%

Skin (Melanoma)
New incidence 742
5yr survival rate 95%

Lung
New incidence 882
5yr survival rate 29%

Breast
New incidence 1350
5yr survival rate 92%

Upper gastrointestinal
New incidence 955
5yr survival rate 27%

Haematological
New incidence 1020
5yr survival rate 76%

Colorectal
New incidence 993
5yr survival rate 71%

Genito-urinary
New incidence 2307
5yr survival rate 90%

Gynaecological
New incidence 420
5yr survival rate 71%

cancer services performance indicator audit 2022

The Victorian cancer service performance indicator (CSPI) program was established in 2007 to measure and monitor progress with Victorian Government policy.

Results below are compared with previous audits completed in 2020 and 2021.

Indicator	2020	2021	2022
Total number of patients audited	626	650	656
1a. % of documented evidence of multidisciplinary team meeting recommendations	84%	83%	82%
2. % of documented evidence of disease staging in the multidisciplinary team meeting recommendations	76%	77%	76%
3. % of documented evidence of ECOG performance status in the multidisciplinary team meeting recommendations	44%	47%	46%
4. % of documented evidence of supportive care screening	37%	47%	44%
5. % of documented evidence of communication of the initial treatment plan to the General Practitioner	82%	82%	85%

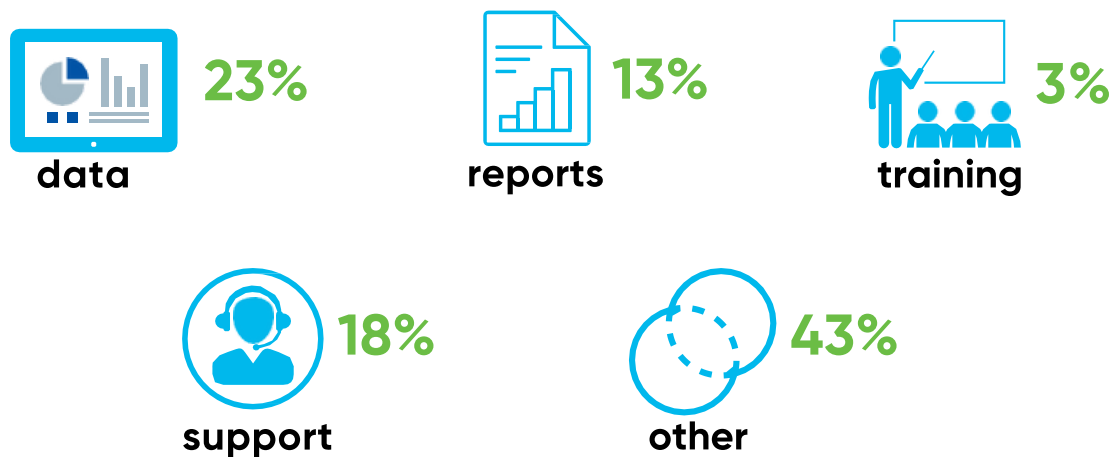
Breakdown of 2022 audit indicators by health service:

Health Service	Audits completed	1a. MDM	2a. Staging	3. ECOG	4. Supp Care	5a. GP Letter
Alfred Health	223	75%	77%	32%	38%	90%
Monash Health	268	90%	76%	57%	41%	80%
Peninsula Health	165	79%	75%	46%	44%	85%

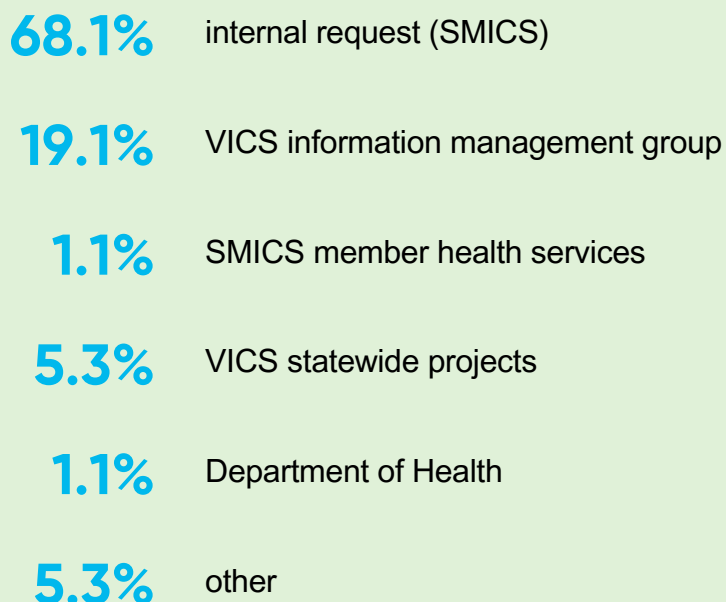
data unit requests

SMICS has access to a range of administrative datasets to assist health services measure and/or monitor quality, or inform and evaluate improvement initiatives.

During 2022-2023, the SMICS Data Unit responded to 94 requests:



Those requests came from a number of sources:



improving equity of access

care closer to home

improving quality cancer care closer to home through telehealth models in clinical care

The Victorian Integrated Cancer Service (VICS) Implementation Plan's focus area 1A prioritises the adoption of quality cancer care closer to home through the use of telehealth models. Telehealth models can be delivered through a range of alternative modes, such as telephone or video conference, and can reduce the need for patients or healthcare practitioners to travel outside their region. Other benefits include:

- reducing risk of exposure for immune compromised patients
- improving connectivity amongst health professionals improving networking and upskilling and improving the delivery of optimal cancer care
- improving integration and quality of care through multidisciplinary care
- increasing flexibility of access to services

This state-wide program of work is currently nearing completion. The work will collate identified VICS telehealth-based projects and analyse the projects to identify lessons learned from the implementation and use this to inform future planning and recommendations for future ICS supported telehealth activity

implementing GP-led follow-up care for low risk endometrial cancer patients

The Monash Health Gynae-Oncology Department identified a need to increase the capacity of its outpatient clinic to meet growing service demand.

SMICS supported Monash Health to develop a procedure for GP-led follow-up care in accordance with clinical guidelines. The procedure encompasses both hospital based follow-up and subsequent discharge to GP-led follow-up care on completion of active treatment. Where clinically appropriate, women are discharged to their GP for follow-up care with rapid access to the Gynae-Oncology Department.

It is expected that 50 women per year will transition to GP follow-up care, with five patients having done so to date. In turn, an increased number of outpatient clinic appointments will be available for those patients who need them most.

MDM governance at Alfred Health

multidisciplinary care

SMICS assisted Alfred Health Oncology Services by undertaking high level mapping of current Cancer Multidisciplinary Team Meeting (MDM) processes and identifying any complexities and risks associated with the current system.

Eleven MDMs were invited to participate. The following areas were reviewed:

- Governance
- Performance
- Referral process
- MDM treatment plan
- Quality of meeting
- Funding, reporting

This process review was well received by senior clinicians and executives and has culminated in a review of the broader MDM process and practise at Alfred Health.

addressing the needs of the older person

SMICS and Hume Regional Integrated Cancer Service (HRICS) have led key activities in VICS Focus Area 3: *Address the needs of the older person in routine cancer care*:

- **Release of the Care of the Older Person with Cancer toolkit.** The toolkit provides information to help identify and address existing barriers, examples of existing geriatric oncology services and key resources including how-to guides, education opportunities and patient resources.
- **State-wide environmental scan undertaken by each adult Integrated Cancer Service (ICS) across Victorian health services to identify the current health service activity.** 46 respondents from 33 health services across all Victorian ICS completed the environmental scan. 16 health services (9 metro and 7 regional) identified they were currently providing components of a geriatric oncology service. 25 health services (14 regional and 11 metro) advised they would like to implement components of geriatric oncology in the future.

These project activities delivered by Focus Area 3 have provided direction to facilitate discussion and planning of further local implementation activities.

supporting the successful implementation of the optimal care pathways

melanoma information resource development

Based on the recommendations of the melanoma summit, local data examination and clinical consultation, SMICS has begun to undertake work to improve patient surveillance and information. A small working group is being established to consider a common approach to the tools below across the SMICS catchment:

- a surveillance guideline for public hospitals
- a Sentinel Lymph Node Biopsy information handout for patients
- a pro-forma letter regarding surveillance to be sent to GPs
- an information sheet that could be given to patients, enabling them to monitor the surveillance process
- other opportunities that may arise from clinician engagement

needs analysis of post-treatment/survivorship phase for head and neck patients receiving radiation therapy

SMICS provided support to understand the current state and identify service delivery gaps in the post-treatment/survivorship phase for Head and Neck cancer patients receiving radiation therapy at Peter MacCallum Cancer Centre, Moorabbin.

Data collection methods included:

- process mapping
- clinician interviews
- a supportive care audit
- current practice conditions as measured against the Victorian Quality Cancer Survivorship Care Framework
- a patient survey

Findings and recommendations from this project have established achievable short-term opportunities for improvement and provide a clearer focus on longer term goals that can be prioritised and implemented.

brain optimal care pathway - repatriation

Focus area 1D of the Victorian Implementation Plan seeks to improve the adoption of quality cancer care closer to home. SMICS and Gippsland Regional Integrated Cancer Service (GRICS) are undertaking a pilot scoping project to examine the opportunities and barriers that the use of *My Health Record* presents in enabling effective inter-hospital transfer of patients.

SMICS and GRICS have engaged clinicians at Wonthaggi and LaTrobe Regional Hospital to test the 'real' transfer of patient information between metropolitan hospitals and regional centres.

One of the main barriers to effective patient repatriation is defined by a lack of timely and appropriate information sharing between clinicians. Many times, the referral information available to the treating clinician is incomplete; this leads to time wasted by doctors following up results and additional patient appointments, as treatment cannot be advised. It also increases the level of stress experienced by both patients and clinicians.

Although the focus of this project is mostly aimed at a particular pathway for glioma brain cancer patients, the assumption is that any findings and outputs that result from this scoping project can be considered for future application across other tumour streams.

The pilot includes delivery of an oncology education session to the Allied Health workforce in the Gippsland area, as well as the identification and mapping of referral pathways to local allied health services in the area, to further strengthen the repatriation pathways between Monash Health and Gippsland. The pilot will provide results, commentary and recommendations.

breast optimal care pathway

Based on the recommendations from the 2021 Victorian Breast Tumour Summit and local consultation, SMICS focussed on reviewing the outpatient Breast Clinic at Monash Health, a specialist led unit, where up to 200 patients were allocated to a 'planned' waiting review list.

It was recognised that the oncology service needed to improve its clinic flow to ensure patients are not lost to quality follow up care. The current process was mapped and a series of recommendations were made to the breast team for review and implementation.

facilitate high quality supportive and survivorship care

ACCESS project

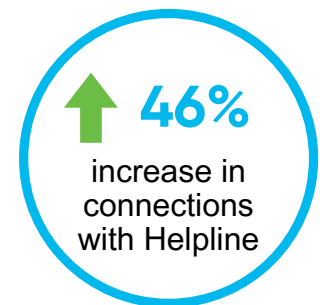
Led by Cancer Council Victoria (CCV), the ACCESS project aims to support health services meet the increased demand for supportive care. SMICS partnered with Cancer Council to expand supportive care screening and capacity to improve access for people affected by cancer.

In 2022-2023, the SMICS region saw a 228% growth in online referrals (compared to 177% for all regions combined) from health professionals at participating health services.

There was also a significant increase (46%) in connections with the Cancer Council Helpline (13 11 20) from the SMICS region.

Phase 2 of the project will provide additional targeted education sessions and a dedicated CCV nurse as a contact for participating SMICS health services.

An initiative designed to help increase awareness and uptake of CCV support services within CALD communities will also be implemented.



cancer survivorship model of care at Cabrini Health

SMICS is supporting this project to develop and pilot a model of cancer survivorship care in select tumour streams (breast, haematological and prostate cancers) to improve follow-up care on completion of active treatment at Cabrini Health.

A model of care incorporating needs assessments, survivorship care plans and referral pathways is currently being implemented. Staff education to increase capability to provide quality survivorship cancer care is a key component of the project.

Findings from this project will inform recommendations on how to expand survivorship care to all cancer patients at Cabrini Health.

virtual palliative care clinic

In October 2020, Monash Health established a pilot Palliative Care Virtual Clinic (PCVC) to enable virtual palliative care consultation of outpatients attending oncology clinics, whether these were being delivered face to face or by video consult via health direct or telephone.

The medical records of 79 patients who attended the PCVC for their first appointment between 7 October 2020 and 3 March 2021 were retrospectively audited by SMICS to establish the impact of the PCVC on palliative care service provision and patient care.

Key findings

- A total of seventy-nine patients from 45 Victorian postcodes attended the clinic within the inclusion timeframe. Pain (78%, n=62) management was the leading reason for PCVC referral.
- The finding of a median Australia-modified Karnofsky Performance Status (AKPS) of 70 (IQR 70-80) suggests earlier referral, while the median Problem Severity Score (PSS) of 3 (IQR 2-4) suggests patient distress and appropriateness of specialist palliative care input.
- A change of medication made in 54% (n=89) of clinic attendances (n=165) led to an associated reduction in patient symptoms in 25% (n=20) of cases (n=79)
- The frequency of unplanned admissions fell from a range of one to four pre-intervention to one to three post-intervention.
- Similarly, the median inpatient length of stay decreased from 5 days (IQR 2-7) before PCVC implementation to 4 days (IQR 2-9) after.
- Comparatively, 27% (n=20) more patients were linked to Community Palliative Care (CPC) in the period following intervention implementation, while 10% (n=8) more received an inpatient consultation from the inpatient Palliative Care Consult Team (PCCT).
- The fall in inpatient discharges to home from 76% (n=22) preintervention to 52% (n=17) postintervention likely relates to advancing disease. The collective death of 35% (n=28) of patients during the audit period further supports this contention.

Establishing a PCVC enhanced service delivery and provided new ways of managing and prioritising care for palliative patients living within the local community. It provided a viable and efficient means of extending palliative care support to patients throughout the network, ensuring a smooth transition of care between hospital and home. In addition, the new model of care provided much-needed support to oncology clinicians dealing with exceedingly difficult clinical, psycho-social and communication challenges.

telehealth supportive and palliative care clinic

SMICS supported transitioning the established Supportive and Palliative Care Clinic (SPCC) at Peninsula Health to a sustainable, hybrid model comprising face-to-face and telehealth consultations.

The telehealth Supportive Palliative Care Clinic (TSPCC) project pilot commenced in March 2023 for 12 months.

Aim

To investigate if telehealth video consultations can enhance current palliative care service provision at Peninsula Health.

Objectives

- promote early integration of supportive and palliative care in oncology
- maximise patient equity and access to palliative healthcare professionals
- improve early psychosocial and symptom management
- increase documentation of goals of care and advance care planning discussions
- enhance patient and clinician satisfaction

Scope inclusions

- patients who do not require the services of an interpreter
- patients with a new or known diagnosis of malignant cancer who need one or more of the following palliative care services:
 - introduction to palliative care
 - provision of pain and symptom management
 - goals of care discussion
 - advance care planning
 - medical treatment decision-maker discussions
 - other

The outcomes of the TSPCC pilot will be evaluated in April 2024.

collaborating with our community

engaging with SMICS consumers

Consumers continue to play an important role in SMICS work and participate in a diverse range of projects and activities. For the period 2022–23, our consumers contributed to a number of projects and forums including:

- breast survivorship project
- colorectal survivorship project
- PROMs and PREMs project *“Real-time patient-reported outcomes measures and patient-reported experience measures in oncology: enhancing inclusivity and toward a new standard of care”*
- Hospital in the Home project
- SMICS 2022 Annual Forum
- SMICS 2022-23 Funding Program assessment panel
- VICS consumer forum
- SMICS Governance Committee
- VICS state-wide collaboration survivorship project

consumer toolkit refresh

The VICS Consumer Engagement Peer Group (CEPG) continue to work together to exchange ideas, learn from each other and collaborate on joint projects and activities. A number of initiatives were undertaken by the CEPG to support engagement of consumers across the VICS. Led by SMICS, work is underway to incorporate these initiatives into a refreshed VICS Consumer Engagement Toolkit.

The toolkit is a comprehensive summary of VICS consumer engagement information and processes. It was initially developed in 2012 as part of the Cancer Service Networks National Program (CanNET) and updated in August 2018 by consumer representatives and staff of the VICS, to assist with planning and implementing consumer engagement initiatives.

The toolkit is designed to support all VICS staff to plan, engage, manage and evaluate consumer engagement across the relevant activities in their program.

strengthening workforce capability

“such a diverse range of perspectives and everyone was honest about the obstacles faced to delivery of optimal supportive care”

“great panel; insightful discussions”

“addressed real problems such as funding and provision of services in a public setting without sugar coating”

SMICS 2022 annual forum

Supportive Care - the Good, the Bad and the Potential
Online forum Thursday 20 October 2022

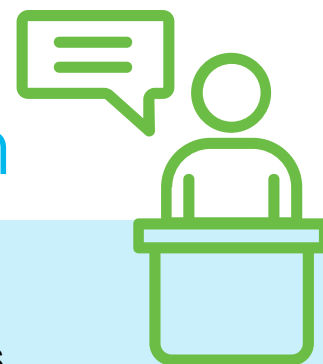
<https://www.youtube.com/watch?v=6wRv9p2DkLY>

Supportive care, which addresses a wide range of needs across the continuum of care for those affected by cancer, is increasingly seen as a core component of cancer care. Improving supportive care for those affected by cancer is one of the priority areas for the Integrated Cancer Services, the major platform for implementing the Victorian cancer reform agenda.

Inspirational speaker, author and educator Tracey Ezard led a panel of experts in an honest and thought-provoking debate titled *Supportive Care: the Good, the Bad and the Potential*. Participants had the opportunity to listen, learn and share thoughts and knowledge on all facets of supportive care, with insightful stories from consumers sharing their lived experience.

The forum also showcased a new electronic supportive care screening tool, presented by Kirby Young, Chief of Allied Health & Ambulatory Services at Cabrini Health. Funded by SMICS, this quality improvement project enables timely supportive care screening at Cabrini Health for all cancer patients, irrespective of their treatment modality, using the eCaptis platform – a secure cloud-based software tool designed to capture and report patient reported outcome measures (PROMS).

Showcase: SMICS Funding Program



The SMICS funding program is open to organisations providing specialist and generalist cancer services to residents of the SMICS catchment. This funding targets time-limited quality/service improvement projects that cannot be funded within existing hospital resources.

It aims to provide health services with funding to:

- time-limited initiatives that cannot be funded within existing hospital resources
- support innovative projects designed to have a positive impact on the quality of patient care and experience
- encourage effective partnerships and collaboration between health providers and consumers to improve coordination, accessibility and quality of care provided to better support all people affected by cancer
- support either an individual health service or multiple health services (with a lead health service clearly designated)
- projects that align with the [Victorian Cancer Plan 2020-2024](#) and address one or more of the [Victorian Integrated Cancer Services \(VICS\) priorities](#)

SMICS launched its first round of funding in 2021-22 and awarded over \$400,000 to health services undertaking projects in either of two categories:

- redesign of an existing service
- implementation or piloting a new quality and service improvement initiative

The following projects funded in this round were completed in 2022-23:

- The 'NuBio Care Pathway' Project: Utilising novel nutritional surveillance and intervention in high-risk patients across partnered health services
- Implementation of an electronic supportive care screening tool, utilising the eCaptis ePROMS platform, for Cabrini cancer patients.
- Real-time patient-reported outcomes measures (PROMS) and patient-reported experience measures (PREMS) in oncology: enhancing inclusivity and toward a new standard of care

Showcase 1:

NuBio Care Pathway

Project title:

The 'NioBio Care Pathway' Project: Utilising novel nutritional surveillance and intervention in high-risk Oesophagogastric (OG) patients across partnered health services

Health service(s):

Lead health service: Alfred Health

Others included Cabrini Health, Peninsula Health, Peninsula Private Hospital

Aims and audience:

To develop a comprehensive framework involving early identification of malnutrition in nutritionally high-risk patients and formulate a standardised nutrition care pathway to be shared with partnered healthcare services for patients undergoing potentially curable OG cancer surgery.

Measures and outcomes:

What/will be changed?

- The early identification of malnutrition at diagnosis through CT assessment of novel nutritional biomarkers, specifically skeletal muscle mass and muscle quality
- All Alfred Health dieticians surveyed reported improved understanding of importance of skeletal muscle in overall health

Who and how many have/will benefit?

- All OG patients undergoing surgery with curative intent at Alfred Health
- There is great potential to be applied to palliative patients and other tumour groups across all health services

How did/will they benefit?

- The nutrition benefit of patients with OG cancer at Alfred Health has been enhanced. Patients at high risk of malnutrition are identified early and receive evidence-based nutritional management throughout their treatment pathway

Sustainability:

All elements of the NioBio Care Pathway have been implemented into routine clinical practice. Ongoing funding for clinical care and service delivery by the CG cancer surgery dietitian has been secured. More dieticians are to be trained in CT body composition.

Showcase 2:

eCaptis ePROMS Project

Project title:

Implementation of an electronic supportive care screening tool (SCST) utilising the eCaptis ePROMS platform for Cabrini cancer patients

Health service(s):

Lead health service: Cabrini Health

Aims and audience:

To develop a systematic, evidence-based approach for screening cancer supportive care needs, to maximise patient engagement and detect changes in their supportive care needs

Measures and outcomes:

What/will be changed?

- A protocol for the management of ePROMS was developed and piloted across a range of entry points and was inclusive on monitoring, outcome and evaluation for day infusion, Genesis Care, surgical pre-admission and non-admitted cancer patients

Who and how many have/will benefit?

- 73% of enrolled participants (33) complete all Supportive Care Screening Tools (SCST)

How did/will they benefit?

- This model allows patients to report their outcomes and experiences from home and have Wellness Coordinators monitor and action their responses frequently and in a timely manner

Sustainability

This model has been embedded as usual care, with Wellness Coordinators continuing to review patient's SCST responses. Improvements will be made in consultation with all involved, to enhance compliance, value and merit of Supportive Care Screens (SCS)

[View entire final report at www.vics.org.au/smicsfundingprogram](http://www.vics.org.au/smicsfundingprogram)

Showcase 3:

PROMS & PREMS Project

Project title:

Real-time patient-reported outcomes measures (PROMS) and patient-reported experience measures (PREMS) in oncology: enhancing inclusivity and toward a new standard of care

Health service(s):

Monash Health (in partnership with Monash University)

Aims and audience:

To implement a suite of instruments into routine practice at two oncology outpatient clinics, allowing patients to systematically report their symptoms and concerns to treating teams in real time, using validated self-report PROMS and PREMS questionnaires in their preferred language

Measures and outcomes:

What/will be changed?

- the implementation of real-time PROMs and PREMs in two busy outpatient oncology clinics was well received by patients, carers and the healthcare staff team clinicians

Who and how many have/will benefit?

- 464 patients completed the PROMS and PREMS questionnaires for at least one outpatient clinic appointment during the project period
- translated questionnaires were completed by 23 patients on 40 occasions

How did/will they benefit?

- improved engagement between clinicians and patients, including those from CALD background
- patients are able to report and have their symptoms and concerns addressed in real time
- the majority of patients, carers and staff spoke supported ongoing reporting

Sustainability

A sustainability plan has been outlined including whether this model can be upscaled to other oncology outpatient clinics. Future work will include integration into SMS appointment template, an educational video and improvement of text to speech function in multiple languages.

SMICS funding program (cont)

After a successful launch of the SMICS funding program in September 2021, eligible health services once again had the opportunity in 2022-23 to submit an application to fund quality improvement initiatives to improve patient care and experience.

14 expressions of interest were received and applicants were provided with an opportunity to discuss their projects and gain valuable feedback from SMICS before deciding whether to submit a final application.

Six projects were successful in securing a share of over \$600,000 in funding :

- **Alfred Health**
Educating patients/carers to perform routine CVAD care: a feasibility project
- **Alfred Health**
Optimising post-transplant outcomes via the delivery of a contemporary home-based rehabilitation program for Alfred Health patients undergoing Stem Cell Transplantation
- **Monash Health**
Establishment of a best practice Breast Cancer Nurse Led Clinic – Close to Home
- **Monash Health**
Integrating patient-reported outcome measures (PROMs) into supportive and palliative care to facilitate high-quality, pro-active patient-centred supportive care that improves the well-being and support for patients with advanced cancer
- **Monash Health**
Optimising Adolescent and Young Adult Cancer Care through alignment with the Optimal Care Pathway and development of a coordinated multidisciplinary approach. A partnership approach with SMICS, PICS and GRICS
- **Peninsula Health**
Geriatric Oncology Service

financial summary

income

grants - state	2,298,626
income total	2,298,626

expenditure

salaries & wages

SMICS program office	915,150
clinical directors	268,833
salary on-costs	156,310

salaries & wages sub-total	1,340,293
----------------------------	-----------

project expenses

projects-local	923,009
projects-statewide	103,298

project expenses sub-total	1,026,307
----------------------------	-----------

operating expenses

general administration	20,190
host agency corporate management fee	99,043
other expenses	8,632


operating expenses sub-total	127,865
------------------------------	---------

balance

total income	2,298,626
total expenditure	2,494,465

planned deficit as at 30 June 2022	-195,839
------------------------------------	----------

our team

A vertical blue line is positioned to the left of the team names. A green geometric shape, consisting of two overlapping triangles, is located in the bottom right corner of the page.

tracey bucki

jessica delaney

amanda eddy

andrew haydon

chamaree jasintha

geraldine largey

anna maciejewska

linda maddaford

seleena sherwell

nell sproule

jennifer thresher

zee wan wong



03 9928 8541



smics@monashhealth.org



www.vics.org.au/smics



[office](#)