



# NEMICS Annual Report 2022–2023

Together for better cancer care

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# Welcome to our 2022–2023 Annual Report

There are nine integrated cancer services that make up Victoria’s cancer services improvement network. The Victorian Integrated Cancer Services (VICS) and their member health services, deliver on the *Victorian Cancer Plan 2020–2024* and other important cancer policy including the Optimal Care Pathways (OCPs).

The vision of the VICS is to improve patient experiences and outcomes by connecting cancer care and driving best practice. The Integrated Cancer Services (ICS) build strategic relationships and activity workplans to develop, implement, and evaluate initiatives that improve the way Victoria’s health services provide cancer care and support to people affected by cancer.

The North Eastern Melbourne Integrated Cancer Service (NEMICS) is one of the nine Victorian cancer service improvement networks. NEMICS delivers statewide, network wide, and local cancer services improvement initiatives. NEMICS strives to be a dynamic network and program that engages, learns from, and collaborates with our member health services and others to achieve this vision. We aim to deliver innovative, effective, and sustainable programs of work informed by cancer policy, data, evidence, and co-design. We have access to and utilise cancer administrative and quality datasets to inform our work and demonstrate improvement.

During this year, our program has continued to undergo an important transformation. NEMICS has implemented new clinical director leadership and capable program staff, invested in service improvement initiatives designed by our member health services, evaluated our activities and redesigned these when needed, and strengthened our relationships and partnerships across our network. We are committed to delivering quality cancer service improvement initiatives that are sustainable and achieve real impact.



[vics.org.au/nemics](https://vics.org.au/nemics) 03 9496 3322



Disclaimer: This annual report has been prepared by NEMICS for the purpose of informing our network of our activities and achievements. NEMICS accepts no legal responsibility for this publication’s contents. The data contained in this report should not be relied upon by any other party or for any other purpose.

Acknowledgement: NEMICS acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past and present. We celebrate, value, and include people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.



NEMICS is supported by the Victorian Government.

**Front cover:** Yarra River, Warrandyte, Melbourne, 2022. **Back cover:** NEMICS team, Warrandyte, Melbourne, 2023. Photos: Linda Nolte.

# A message from us

On behalf of NEMICS, we are pleased to present the 2022–2023 Annual Report. The report demonstrates our commitment to our member health services and the improvement to cancer care, support, and outcomes for those affected by cancer.

During the past 12 months, the NEMICS program has been undergoing an important transformation, to improve the way we collaborate across our network and the quality of what we are delivering together. Professor Jason Payne from the Mercy Health took up the position of NEMICS Governance Committee Chair. Associate Professor Wanda Stelmach from Northern Health commenced as the NEMICS Clinical Director. Dr Umbreen Hafeez from Austin Health commenced as the NEMICS Deputy Clinical Director. Ms Linda Nolte was recognised for her leadership of the NEMICS program and is now the NEMICS Director.

In 2022–23, together we delivered many initiatives and improvements to cancer care. NEMICS redesigned our *Service Improvement Grants* program and funded 11 novel projects across our network. NEMICS delivered the Victorian Tumour Summits for pancreatic cancer and melanoma, as well as completing an evaluation of this program and its redesign to become the VICS Optimal Care Summits program. NEMICS funded the *Victorian Symptom and Urgent Review Clinics evaluation and monitoring framework* project. NEMICS examined LGBTIQ+ cancer care by completing a rapid literature review; systematic review of Australian cancer policy for acknowledgement, inclusion, and target actions; and analysis of Victorian cancer datasets for sexual orientation and gender identity items. NEMICS supported the evaluation of patient experience across our network and local home chemotherapy. NEMICS delivered a comprehensive evaluation of multidisciplinary meetings (MDMs) across the region against the Victorian MDM Quality Framework. We collaborated locally with member health services, with Cancer Council Victoria, the Victorian Cancer Registry, leading consumer organisations, and many others.

Thank you to the cancer workforce, consumers, volunteers, carers and the NEMICS program team for their commitment to partnering with others to achieve improved patient experiences and outcomes. Our work would not be possible without our member health services cancer leaders' engagement and expert advice. We acknowledge the time and commitment of the NEMICS Governance Committee and Consumer Advisory Group in guiding the program. We thank you.



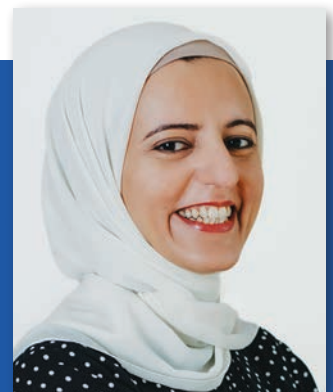
**Professor Jason Payne**  
NEMICS Chair



**Ms Linda Nolte**  
NEMICS Director



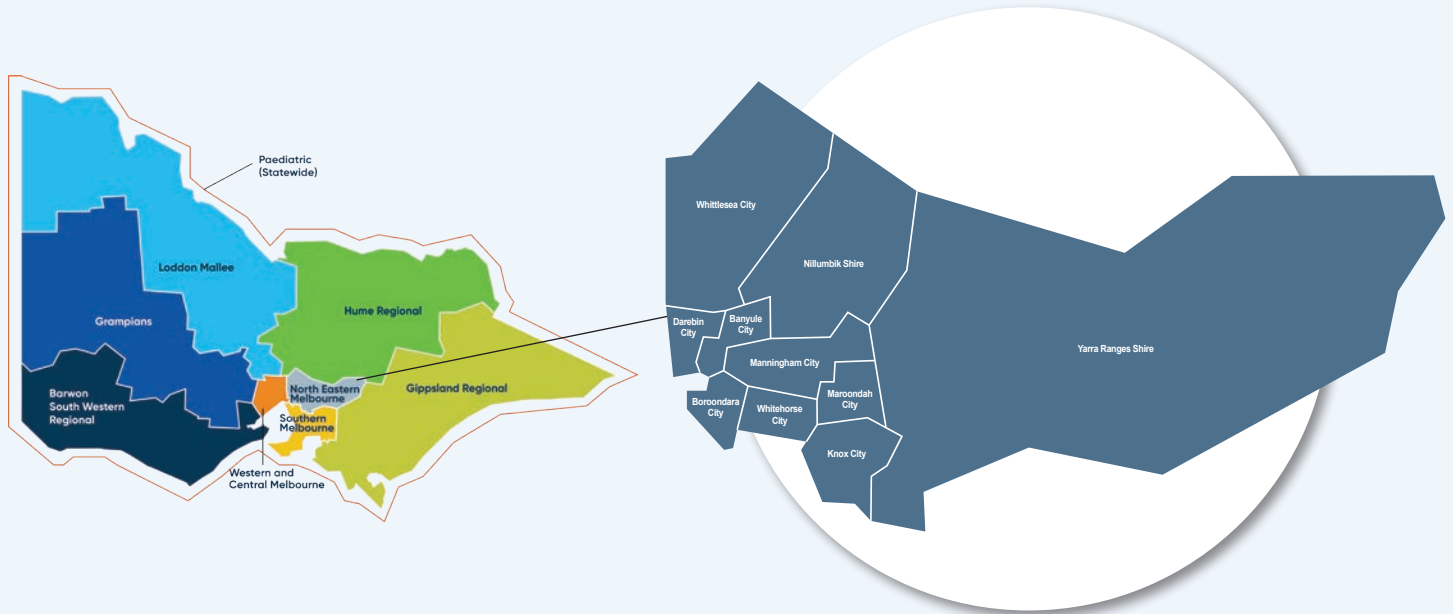
**Associate Professor  
Wanda Stelmach**  
NEMICS Clinical Director



**Dr Umbreen Hafeez**  
NEMICS Deputy  
Clinical Director

# Our region

The NEMICS region covers the local government areas of Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea, and Yarra Ranges. It is home to approximately 1.5 million people (ABS 2019). The NEMICS population is approximately 31% of the Greater Melbourne population and 23% of the Victorian population.



# Our member profiles

NEMICS consists of member health services – Austin Health, Eastern Health, Mercy Hospital for Women, and Northern Health. We collaborate with our member cancer services leaders, promoting cancer policy and guidelines, data and evidence, program resources, and/or grants to deliver cancer service improvement.

## Austin Health

Ms Cherie Cheshire  
Divisional Director  
(Cancer and Neurosciences)

Dr Danielle Ko  
Cancer Services Divisional Medical Director

## Eastern Health

Ms Michele Goding  
Associate Program Director  
(Speciality Medicine)

Professor Phillip Parente  
Director of Cancer Services

## Mercy Hospital for Women

Ms Tanya Darrer  
General Manager

Mr Simon Hyde  
Head of Gynaecological Oncology

## Northern Health

Mr Ed Savill  
Divisional Director Operations  
(Medicine and Cancer Services)

Associate Professor Prahlad Ho  
Director of Cancer Services

# NEMICS cancer activity 2022



## Cancer diagnosis

**7,500** newly diagnosed cancer patients were admitted to NEMICS member health services

**1,947** at Austin Health, **2,875** at Eastern Health, **460** at Mercy Hospital for Women, and **2,218** at Northern Health



## Clinical activity

**18,247** unique cancer patients were admitted to NEMICS member health services

**6,106** at Austin Health, **6,572** at Eastern Health, **838** at Mercy Hospital for Women, and **4,731** at Northern Health

**49,499** cancer admissions across NEMICS member health services

**19,648** at Austin Health, **16,959** at Eastern Health, **1,706** at Mercy Hospital for Women, and **11,186** at Northern Health

**53%** of admissions were for patients **≥65 years of age**, that's **10,535** older persons admissions at Austin Health,

**9,546** at Eastern Health, **547** at Mercy Hospital for Women, and **5,846** at Northern Health



## Cancer types

Top three cancer types by admission were **haematological**, **colorectal**, and **breast**



## Admitted cancer patient demographics

**50.3%** female and **49.7%** male

**178 people** identified as Indigenous

Top three languages other than English were

**Mandarin**, **Greek**, and **Arabic**

Top three countries of birth other than Australia were **United Kingdom**, **Italy**, and **Greece**



## Cancer treatments

**3,407** unique cancer patients had admitted chemotherapy

**6,225** unique cancer patients had elective surgery

**3,913** unique cancer patients had an emergency admission



## Cancer patient end-of-life in hospital

**1,251** cancer patients died in NEMICS member health services

**481** at Austin Health, **489** at Eastern Health, **<5** at Mercy Hospital for Women, and **276** at Northern Health

Source: Victorian Admitted Episode Dataset 2022.



## Multidisciplinary meeting activity

**13,673** MDM presentations occurred across **37** MDMs and **1,194** MDM meetings in 2022  
**5,952** MDM presentations at Austin Health, **4,121** at Eastern Health, **1,312** at Mercy Hospital for Women,  
 and **2,288** at Northern Health  
**Gynaecological, liver/hepatocellular, breast, colorectal, and lung cancer** MDMs had the  
 highest number of presentations



## Patient Experience Cancer Survey

**402** people receiving treatment in 2022 participated in the survey across the NEMICS region  
**102** from Austin Health, **107** from Eastern Health, **42** from Mercy Hospital for Women,  
 and **151** from Northern Health

**98%** of patients rated their overall care as 'Good' or 'Very good'. **92%** of patients rated how well  
 staff worked together as 'Excellent' or 'Very good'

Over **90%** of patients felt that they were treated with respect and dignity by staff  
 during diagnosis, surgery, radiotherapy, and chemotherapy

Opportunities for improvement include **increased supportive care screening, better communication  
 by the health care team, and better access to patient information.**

Source: Victorian Healthcare Experience Survey – The Cancer Experience Survey 2022.

## NEMICS cancer service performance

### Multidisciplinary meetings

**86%** of patients (90% weighted) had  
 documented evidence of MDM recommendations

**72%** of patients (65% weighted) had  
 documented evidence of cancer staging in  
 MDM recommendations

### ECOG performance status

**38%** of patients (34% weighted) had  
 evidence of ECOG in MDM recommendations

### Treatment plan communication to GP

**81%** of patients (82% weighted) had  
 evidence of their treatment plan being  
 communication to their GP

### Supportive care screening

**36%** patients (39% weighted) had evidence  
 of supportive care screening in their health record:  
**34%** at Austin Health, **21%** at Eastern Health,  
**43%** at Mercy Hospital for Women,  
 and **53%** at Northern Health

Note: 'Weighted' results have been rescaled to the population available for sampling to account for the weighted sampling method  
 used by DH. Source: Cancer Services Performance Indicator Audit 2021.



► NEMICS Team, VICS All Workshop

## Our priorities

NEMICS strives to improve patient experiences and outcomes by connecting cancer care and driving best practice.

### Implementation priorities

#### Improve equity of access to high quality cancer care

- Improve adoption of quality cancer care closer to home
- Increase alignment with the Multidisciplinary Meeting Quality Framework
- Address the needs of the older person in routine cancer care

#### Support the effective implementation of the Optimal Care Pathways

- Implement the Aboriginal and Torres Strait Islander OCP
- Address variations in quality and timeliness of cancer care
- Monitor and communicate alignment with OCPs

#### Improve well-being and support for all Victorians affected by cancer

- Facilitate high quality supportive and survivorship care
- Address variations in palliative care referrals and advance care planning



# Our cancer service improvement highlights

## VICS Optimal Care Summits

The VICS Optimal Care Summits program delivers strategic consultation, multidisciplinary engagement, data and information analysis, and reporting to identify unwarranted variations in clinical practice and cancer outcomes and prioritise activities to address them. This statewide program is administered by NEMICS on behalf of the VICS network.

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 to priorities for reducing variations, and deliver quality improvement initiatives to address these. Two summits were delivered in 2022.

The [Pancreatic Cancer Summit \(August 2022\)](#) identified three priority areas of unwarranted variation: MDM patient presentation rates; timeliness of care; and palliative care referral rates. For each area, 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 across these areas.

## Cancer care for older persons

The VICS developed the [Care of the Older Person with Cancer Toolkit](#) to help health services and ICS improve care provided to older people 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. Models of care to improve cancer care for older persons are being implemented across NEMICS.

## Cancer care for Aboriginal and Torres Strait Islander peoples

The VICS have been leading statewide activity to implement the Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer. A training program has been piloted and evaluated. A survey of health professionals has been conducted to understand the barriers to implementing this OCP. The Victorian Aboriginal Community Controlled Health Organisation has released the [Victorian Aboriginal Cancer Journey Strategy](#).

## Cancer care for LGBTIQ+ Victorians

People who identify as lesbian, gay, bisexual, trans, intersex, queer/questioning, asexual and other sexual and gender minority communities (LGBTIQ+) may be at greater risk of developing cancer and are likely to have poorer outcomes. There is limited understanding of the barriers and enablers to high quality cancer care for the Victorian LGBTIQ+ community.

A recent series of reports by NEMICS, included:

- An examination of cancer policy sourced from throughout Australia to understand LGBTIQ+ acknowledgement, inclusion, and targeted action within policy documents.
- An examination of LGBTIQ+ cancer care research to understand the published evidence of experience, barriers, facilitators, and recommendations.
- An examination of sexual orientation and gender identity (SOGI) identifiers in Victorian datasets.

This work identified a range of improvement priorities including the need for clinical leadership and consumer advocacy, introduction of data items and improved definitions within cancer datasets, better monitoring of distress, improving the treatment environment, and much more. NEMICS is keen to partner with our member services to create an improvement plan.

For further information, see the summary report and recommendations [Improving LGBTIQ+ Cancer Care Across NEMICS: A summary report 2023](#).

## Adolescents and Young Adults cancer care in the NEMICS region

An evaluation of hospital admissions data identified that approximately 49 adolescent or young adult (AYA) cancer diagnoses were made within the NEMICS region each year between 2017–2021. More than 60% of all new diagnoses occur at Austin Health and private health services. Haematological cancers and genitourinary cancers were the most common new AYA diagnoses, with chemotherapy and allied health procedures most frequently recorded during AYA hospitalisations.

Although few AYA diagnoses are occurring in the NEMICS region, further investigation would be beneficial to ensure these people are being appropriately referred to the [OnTrac](#) program at Peter Mac, in line with the [AYA Optimal Care Pathway](#) and the [Australian Youth Cancer Services Framework](#).

Read the report [Adolescents and Young Adults: cancer care in the NEMICS region 2023](#).

## Improving cancer supportive care

NEMICS and its member health services have been supporting the implementation of the Cancer Council Victoria's [ACCESS Program](#). The project aims to support the acute and primary health sectors to respond to increased demand for supportive care screening, psycho-oncology, and practical support referral for people affected by cancer. The update of supportive care policy and use of appropriate supportive care screening tools including population specific tools (Indigenous) are being implemented across NEMICS.

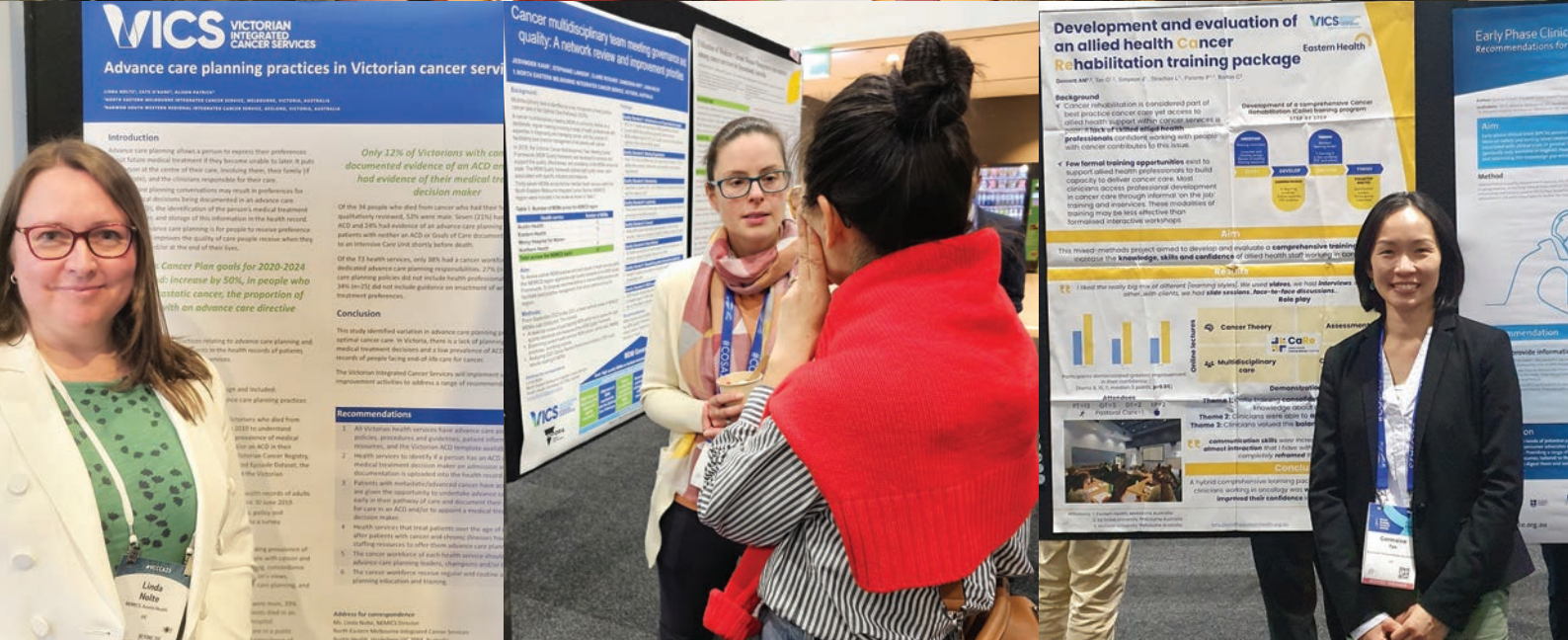
## Improving cancer survivorship care

NEMICS and its member health services have a long history of piloting and implementing innovative cancer survivorship models of care across a range of tumour streams. During 2022-23, NEMICS has been collaborating with the VICS and the Australian Cancer Survivorship Centre to improve cancer survivorship systems and address the gaps identified in the *Cancer Survivorship Embed and Spread Survey*.

NEMICS has drafted cancer survivorship policies for our member health services to approve and implement. A survey of health professionals has been conducted to identify the priority areas for improvement. NEMICS continues to promote cancer survivorship education and training to our workforce.

## Understanding palliative care and advance care planning performance in Victorian cancer services

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



▶ Pictured top: Development of a comprehensive cancer rehabilitation (CaRe) training program, 2023. Photo: Amy Dennett. Centre row (L–R): VCCC Alliance Conference Linda Nolte, 2023. Photo: Helena Rodi. COSA Conference Stephanie Lawson, 2023. Photo: Linda Nolte. COSA Conference Germaine Tan, 2023. Photo: Germaine Tan. Above: NEMICS staff and COSA Conference participants, 2023. Photo: Linda Nolte.

# Investing in cancer service improvement

Each year NEMICS offers our member health services access to grant funding to support service improvement initiatives. Projects align with the Victorian Cancer Plan 2020-2024, the VICS Implementation Plan, and NEMICS priority areas.

## Service improvement projects: 2022–2023

NEMICS has committed approximately \$567,365.10 in funding to the following service improvement projects across 2022 and 2023.

Project/Initiative title	Health Service	Description	Status	Contact details	VCP
Strong for Oesophago-gastric Cancer Surgery (SOCS) project	Austin Health	SOCS is a personalised, multi-faceted, pre-surgical, and non-pharmacological prehabilitation program. It has been implemented at Austin Health to improve patients' physical, nutritional, mental, and medical fitness to optimise clinical outcomes following major oesophago-gastric cancer surgery.	●	David.Liu2 @austin.org.au	4.1
Outpatient monitoring of patients following consolidation chemotherapy for acute myeloid leukaemia		This project aims to evaluate the feasibility and safety of an outpatient-based model of care for monitoring patients following chemotherapy consolidation for the treatment of acute myeloid leukaemia and acute lymphoblastic leukemia.	○	Eric.Wong @austin.org.au	3.4
Digitising the Caring Through Touch project		The Digitising the Caring Through Touch project team has successfully engaged a diverse group of consumers to assist in the development of an oncology massage resource. The video focuses on showing safe techniques to use touch to provide comfort and support to a loved one with cancer.	●	Dianne.Legge @austin.org.au	4.2
Persistent fatigue following allogeneic bone marrow transplantation – can we break the cycle?		Austin Health has determined that an eight-week, individualised exercise program for patients with persistent fatigue, ≥6 months following haematopoietic stem cell transplantation is feasible and effective in reducing fatigue.	●	Genevieve. Douglas2 @austin.org.au	4.1
Symptom and Urgent Review Clinic Evaluation (SURE) Framework		The SURE study aims to develop a set of quality indicators for the Symptom and Urgent Review Clinic (SURC) model of care that can be implemented across all SURCs. It also aims to undertake a multi-site evaluation of the SURC model across seven healthcare organisations.	○	Polly.Dufton @austin.org.au	3.4
Optimisation of delivery of psycho-oncology services to enhance quality of life and other health outcomes for cancer patients		This project aims to ascertain the burden of psychological health issues in Australian adult cancer patients undergoing systemic intravenous cancer treatment at Austin Health and if increased screening aids detection and response to emotional distress. In addition, the project aims to establish patient and oncology staff perspectives on repeated electronic questionnaires and support required to manage emotional distress. Austin Health's psycho-oncology service will also be reviewed to identify areas for service improvement to meet increasing demands.	○	Niall.Tebbut @austin.org.au	3.4, 4.1

Project/Initiative title	Health Service	Description	Status	Contact details	VCP
Development of a comprehensive cancer rehabilitation (CaRe) training program	Eastern Health	Eastern Health has developed a comprehensive care rehabilitation training program to increase the knowledge, skills and confidence of allied health working in cancer rehabilitation. 20 allied health professionals across the NEMICS region were upskilled and a training package including online education resources was developed. Ongoing workshops will be held to continue to support allied health working in cancer rehabilitation.	●	Amy.Dennett @easternhealth.org.au	4.3
Evaluation of a new Interdisciplinary Allied Health Program in the Hospital in the Home Cancer Services model of care		Eastern Health evaluated their innovative Interdisciplinary Allied Health Program offered in Hospital in the Home Cancer Services. They found that this unique service allows patients to have access to timely allied health assessment and treatment in their own homes. The model of care was integrated within existing home nursing services and improved patient experience and access, particularly for older people with cancer. A model-of-care and program manual were developed to assist other services wanting to implement a similar program.	●	Ashlee.Miller-jenkins @easternhealth.org.au Katherine.Pryde @easternhealth.org.au	3.4
Patient-centred approach to optimise cancer patients understanding of complex medication labels		This project has developed a list of standardised instruction sentences for commonly dispensed anti-cancer therapeutic and supportive medications. These have been developed based on feedback from patients to improve their understanding of oral anti-cancer medication labels.	●	Sam.maleki @easternhealth.org.au jessica.tan @easternhealth.org.au	3.3
Development of a comprehensive Cancer Survivorship Program specific for the diverse community of Northern Health	Northern Health	The aim of the project is to develop an overarching Cancer Survivorship Care Program to guide the provision of cancer survivorship care at Northern Health.	○	frances.barnett @nh.org.au	3.3
Design and implementation of an Oral Systemic Anticancer Treatment Program in Day Oncology at Northern Health		The aim of the project is to design and implement a nurse-led oral systemic anti-cancer therapy monitoring pathway to care for patients on high-risk oral anti-cancer therapies at Northern Health.	○	Michael.Cooney @nh.org.au	3.4, 4.1

**Status:** ● Complete ○ In progress. VCP denotes relevant action areas in the [Victorian Cancer Plan 2020–2024](#).

## Completed service improvement projects

NEMICS is pleased to have partnered with our member health services to fund and support the delivery of many service improvement grants across 2022–2023. They have led to positive impact and outcomes for people with cancer, their families, and the workforce including:

### Austin Health

#### ■ **Strong for Oesophago-gastric Cancer Surgery (SOCS) Project**

The SOCS prehabilitation model has demonstrated reduced post-operative respiratory and cardiac complications, reduced severity of surgical complications, reduced duration of intubation post-surgery, reduced length of hospital admission post operatively, reduced readmission rates post discharge and increased rates of starting adjuvant chemotherapy in the 21 initial patients. It has also led to improved patient experience and outcomes following oesopho-gastric cancer surgery within the NEMICS network.

#### ■ **Persistent fatigue following allogeneic bone marrow transplantation – can we break the cycle?**

The exercise program was determined to be highly feasible with high recruitment rates, retention, and compliance. It led to statistically significant improvements in fatigue measures, physical fitness, overall quality of life, and depression/anxiety symptoms addressing survivorship issues for this group of patients.

#### ■ **Digitalising the Care Through Touch Project**

This initiative has improved access to safe oncology massage to manage supportive care needs. Patients and carers who participated in evaluation of the video described its benefit in supporting their connection.

### Eastern Health

#### ■ **Development of a comprehensive cancer rehabilitation (CaRe) training program**

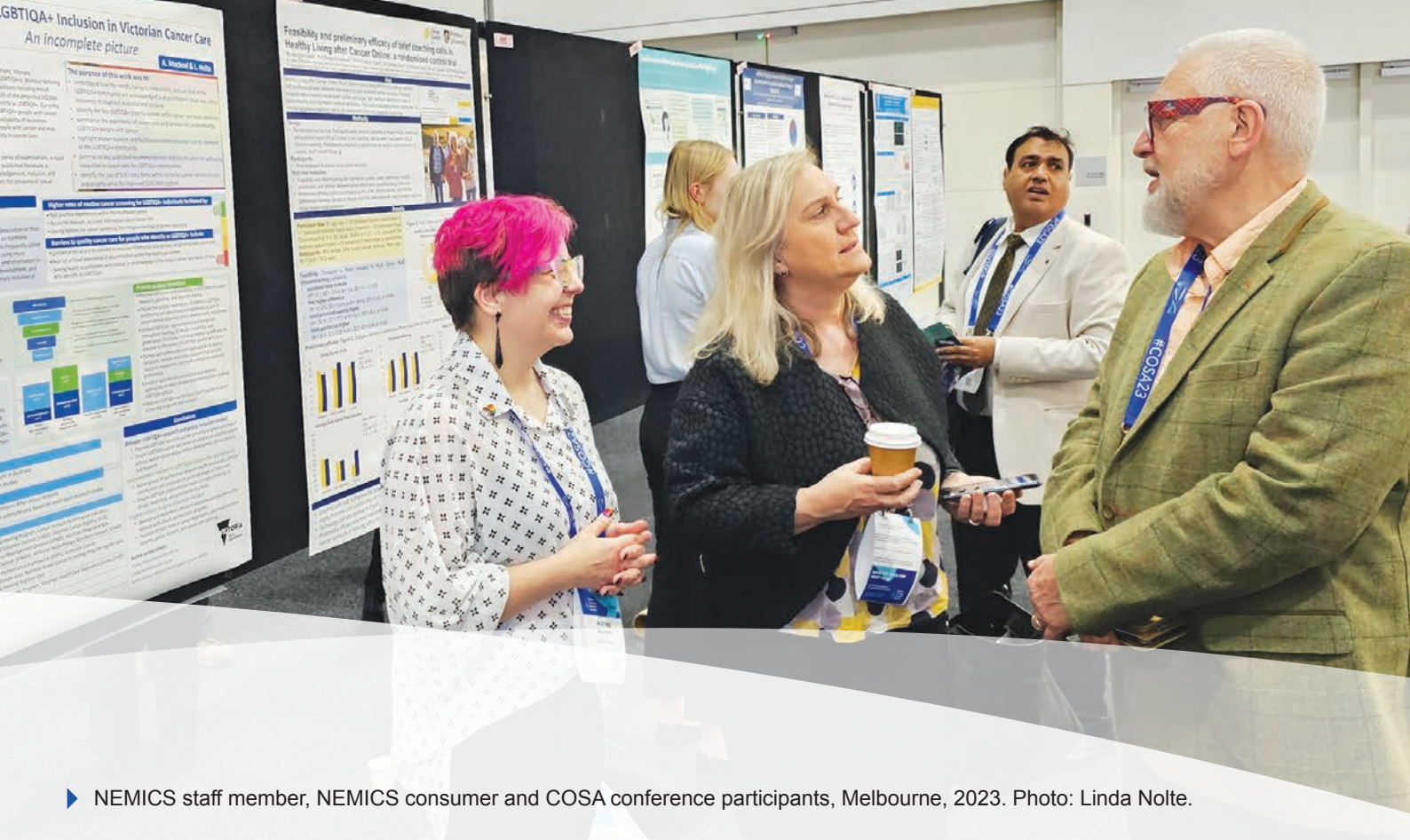
This rehabilitation training program for allied health professionals from across the NEMICS region resulted in increased confidence for allied health working with cancer survivors, interacting with clinicians, and delivering cancer rehabilitation. Participants were also able to apply their knowledge and skills within the 3-month period following their participation, especially in relation to communication skills.

#### ■ **Evaluation of a new Interdisciplinary Allied Health Program in the Hospital in the Home (HITH) Cancer Services model of care**

Evaluation of the HITH allied health services were found to have a low rate of did not attend appointments (6%) compared to other services. The program was acceptable, timely, effective, and improved patient experience particularly for older people with cancer. Allied health staff were able to identify the need for ongoing support and made 70 individual referrals to community services decreasing the burden on acute cancer services and facilitating community management.

#### ■ **Patient-centred approach to optimise cancer patients understanding of complex medication labels**

The modification of pharmacy dispensing labels informed by patient-driven feedback has resulted in improved patient understanding of oral anti-cancer therapies and improved patient satisfaction with services. The standardisation of labels has the potential to improve symptom management, treatment effectiveness and potential adverse events. This initiative has also resulted in new efficiencies within the pharmacy department including faster dispensing processes.



▶ NEMICS staff member, NEMICS consumer and COSA conference participants, Melbourne, 2023. Photo: Linda Nolte.

## Working with consumers

The NEMICS Consumer Advisory Group is an effective group who provide a lived experience perspective on cancer improvement priorities and advocate for the concerns of those affected by cancer including patients, their families, carers, and communities.

NEMICS values the views and experiences of people affected by cancer, their families, carers, and the community. In 2023, we recruited 11 new consumers from diverse backgrounds and communities to join our Consumer Advisory Group. Our consumers represent the culturally and linguistically diverse community, the LGBTIQA+ community, and advocates for advance care planning and improved end-of-life care. This has strengthened the perspectives that NEMICS can draw on in the co-design of projects and working together for better cancer care.

### Contribution

The NEMICS Consumer Advisory Group have contributed to a variety of our service improvement projects. They have provided advice to the development of a comprehensive cancer rehabilitation (CaRe) training program, evaluation of a new interdisciplinary allied health program in the Hospital in the Home Cancer Services model of care, development of standardised patient medication labels, review of patient MDM information resource, participation in *Victorian Cancer Plan 2024–2028* consultations, and the promotion and dissemination of My Cancer Care Record (MyCCR).

They have also represented the views of consumers and the community on the Optimisation of delivery of psycho-oncology services, Palliative Care and Physiotherapy, Symptom and Urgent Review Clinic Evaluation, NEMICS Service Improvement Grants steering committees, amongst many others.

# Our people

**Linda Nolte** NEMICS Director • linda.nolte@austin.org.au • Ask me about cancer policy, NEMICS governance, strategy, collaboration, operational leadership, our team, grants, and programs of work.

**Associate Professor Wanda Stelmach** NEMICS Clinical Director • wanda.stelmach@nh.org.au • Ask me about clinical leadership and engagement in cancer reform.

**Dr Umbreen Hafeez** NEMICS Deputy Clinical Director • umbreen.hafeez@austin.org.au • Ask me about clinical leadership and engagement in cancer reform.

**Sameerah Arif** NEMICS Project Manager, Northern Health • sameerah.arif@austin.org.au • Ask me about cancer service improvement at Northern Health including multidisciplinary meetings, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.

**Nicklause Baje** VICS Optimal Care Summits Research Officer • nick.baje@austin.org.au • Ask me about the VICS Optimal Care Summit program and unwarranted variations in cancer care.

**Megan Dendle** NEMICS Communications Officer • megan.dendle@austin.org.au • Ask me about NEMICS website, social media channels, newsletter, and communications.

**Dr Frances Graham** VICS Optimal Care Summits Project Manager • frances.graham@austin.org.au • Ask me about the VICS Optimal Care Summit program and unwarranted variations in cancer care.

**Jesvinder Kaur** NEMICS Project Manager • jesvinder.kaur@austin.org.au • Ask me about cancer survivorship, diversity and cancer care, improvement projects, and supporting Mercy Hospital for Women.

**Tjuntu Muhlen-Schulte** NEMICS Project Manager • tj.muhlen-schulte@austin.org.au • Ask me about Optimal Care Pathways, unwarranted cancer variations, data analyses, and improvement projects.

**Stephanie Lawson** NEMICS Project Manager, Austin Health • stephanie.lawson@austin.org.au • Ask me about cancer service improvement at Austin Health including multidisciplinary meetings, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.

**Dr Ashley Macleod** NEMICS Quality and Strategy Manager • ashley.macleod@austin.org.au • Ask me about cancer services performance monitoring, cancer services strategy and planning, inequalities experienced in cancer care for LGBTIQ+ Victorians, and service improvement.

**Francesca McGannon** NEMICS Research Assistant • francesca.mcgannon@austin.org.au • Ask me about cancer care evidence and quality.

**Allira Mitchell** NEMICS Program Administrator • allira.mitchell@austin.org.au • Ask me about all administrative matters including meetings with staff, invoicing, document control, office management, governance committees, and My Cancer Care Record orders.

**Dr Vino Pillay** VICS Optimal Care Summits Program Manager • vino.pillay@austin.org.au • Ask me about the VICS Optimal Care Summit program, unwarranted variations in cancer care, and strategic priorities to address these.

**Claire Rickard** NEMICS Project Manager, Eastern Health • claire.rickard@austin.org.au • Ask me about cancer service improvement at Eastern Health including multidisciplinary meetings, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.

**Helena Rodi** NEMICS Service Improvement and Consumer Manager • helena.rodi@austin.org.au • Ask me about service improvement grants, consumer engagement and representation, and co-design.

**James Shirvill** VICS Communication Manager • james.shirvill@austin.org.au • Ask me about the VICS communications strategy, website, social media, and e-newsletter.

**Spira Stojanovik** NEMICS Health Data Manager • spira.stojanovik@austin.org.au • Ask me about data management, cancer data, data requests, and analyses.





▶ 'Hope and Connection – Bunjil over Wurundjeri Land' (detail). Artist: Vegas Fitzmaurice, 2022.

### NEMICS GOVERNANCE COMMITTEE

Jason Payne (Chair)  
Frances Barnett  
Cherie Cheshire  
Tanya Darrer  
Michele Goding  
Simon Hyde  
Adam Horsburgh  
Linda Nolte  
Phillip Parente  
David Plunkett  
Edward Savill  
Siva Sivarajah  
Wanda Stelmach  
Karen Botting (Invitee)  
Spiri Galetakis (Invitee)

### CONSUMER ADVISORY GROUP

Tahli Batkilin  
John Clements  
Jenny Dexter  
Graeme Down  
John Hall  
Viv Interrigi  
Anne Kay  
Lisa Kennedy  
Sue Matthews  
Angela Ong  
Kate Puls  
Cindy Schultz-Ferguson  
Chris Sounness

# NEMICS Financial Report

1 July 2022 to 30 June 2023

<b>INCOME</b>	
DH revenue (NEMICS)	\$2,008,460.84
DH revenue (VCP consultations for external provider)	\$150,000.00
Other revenue/grants	\$9,090.90
<b>TOTAL INCOME</b>	<b>\$2,167,551.74</b>
<b>EXPENDITURE</b>	
<b>NEMICS</b>	
Salaries and wages	\$1,418,415.73
General administration	\$14,539.02
Capital/asset purchases	\$3,165.30
Corporate/management charge by host agency	\$196,331.66
Printing, stationery, photocopying	\$3,150.50
Conferences and training ICS program staff	\$21,593.17
Training and education across NEMICS	\$38,633.10
Software licensing fees	\$1,865.50
NEMICS service improvement grants program	\$629,163.69
<b>VICS</b>	
Ring fenced funds – statewide	\$100,423.05
Aspex consulting (strategy planning workshop)	\$11,084.75
SURC evaluation framework project	\$52,702.00
<b>TOTAL EXPENDITURE</b>	<b>\$2,491,067.47</b>
<b>OPENING BALANCE AT 1 JULY 2022</b>	<b>\$1,451,964.42</b>
<b>CLOSING BALANCE AND ACCUMULATED SURPLUS AT 30 JUNE 2023#</b>	<b>\$1,128,448.69#</b>

# Actual NEMICS balance is \$978,448.69 excluding DH grant for Victorian Cancer Plan consultation.

## VICTORIAN OPTIMAL CARE SUMMITS PROGRAM FINANCIAL REPORT – 1 JULY 2022 TO 30 JUNE 2023

<b>INCOME</b>	
Ring-fenced funds carried over from previous financial years	\$226,793.14
Ring-fenced funds revenue (for projects led by this ICS)	\$186,550.00
<b>TOTAL INCOME</b>	<b>\$413,343.14</b>
<b>EXPENDITURE</b>	
VTS salaries	\$186,084.10
Primary care data and presentation (Outcome Health)	\$1,800.00
Venue and catering	\$17,081.47
Administration, communications, video and facilitation	\$34,135.95
VTS evaluation	\$28,196.37
<b>TOTAL EXPENDITURE</b>	<b>\$267,297.89</b>
<b>OPENING BALANCE AT 1 JULY 2022</b>	<b>\$226,793.14</b>
<b>CLOSING BALANCE AND ACCUMULATED SURPLUS AT 30 JUNE 2023#</b>	<b>\$146,045.25</b>



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