



2020-21

ANNUAL REPORT



CONTENTS

OVERVIEW

Message from the Chair and Clinical Director 03

ABOUT US

Victorian Integrated Cancer Services 04
 VICS Implementation Plan 04
 Regional profile 05
 Activity across NEMICS 06
 Governance Committee 07
 Committee performance 07
 Annual Forum 2020 07

COVID-19 IMPACT

Cancer notifications 08
 Impact of COVID-19 on cancer in 2020 08
 Supporting telehealth for people with cancer 09

WORKING WITH CONSUMERS

Consumer reference group report 10
 VICS Consumer Engagement Peer Group (CEPG) 11
 My Cancer Care Record 11

WORKING WITH CLINICIANS

Victorian Tumour Summits 12
 Brain Cancer 2020 Summit 12
 Prostate Cancer 2020 Summit 13
 Breast Cancer 2021 Summit 13

WORKING TOWARDS OPTIMAL CANCER CARE

Optimised cancer care pathways 14
 Pancreatic Cancer Resectability Project 14
 Aboriginal and Torres Strait Islander (ATSI) Optimal Care Pathway 15
 Older people with cancer 16

WORKING WITH OUR HEALTH SERVICES

Austin Health 18
 Statewide MRI LINAC Service 18
 Eastern Health 19
 Mercy Hospital for Women 20
 Northern Health 20

REGIONAL SERVICE PLANNING

Cancer care coordination 21
 Specialist programs referral pathways 21
 Care outside of hospital - Batter at Home initiative 21

SERVICE IMPROVEMENT GRANTS

Translation of existing radiation therapy treatment video - Austin Health 22
 Improving patient experience by reducing time to first chemotherapy dose for planned haematology admissions - Eastern Health 22
 Optimising follow up care for patients who have completed active treatment for early breast cancer - Northern Health 23
 Improving outcomes for patients with chronichaematological malignancies - Northern Health 23
 Increasing the efficiency of the psycho-oncology clinic - Northern Health 23

SURVIVORSHIP

Good Life Cancer Survivorship Program (Health Ability, formerly Carrington Health) 24
 Allied Health Education 24
 Community Health 25

QUALITY MONITORING

OCP monitoring 26
 Cancer services performance indicators 27
 Victorian Tumour Summits - stretch targets 29

OUR PEOPLE

Platypus Staff Development Program 30
 Better Together 30
 Governance Committee 30
 Consumer Reference Group 30
 Victorian Tumour Summits 30
 Program staff 30

FINANCIAL REPORT

31

Acknowledgements

North Eastern Melbourne Integrated Cancer Service (NEMICS) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and pays its respect to their Elders past, present and emerging.



Our thanks to NEMICS staff, clinicians, partner health services, consumers, carers and advocates who so willingly shared their life experiences.

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OVERVIEW

Message from the Chair and Clinical Director

On behalf of the North Eastern Melbourne Integrated Cancer Service (NEMICS), we are delighted to present the 2020-2021 annual report. The past 12 months have challenged the NEMICS team and our health service partners to work creatively to facilitate and support the ongoing delivery of quality cancer care for our communities.

During a period of uncertainty and with increasing pressures on our health services it was rewarding to see our health services work more closely than ever to assist people with cancer to access timely and effective care. The new Victorian Cancer Plan 2020 - 2024 was released in late 2020, with new priorities that support better cancer outcomes for Victorians. This plan informs the work of the Integrated Cancer Services across the state and local improvement activities are aligned with the plan and the Cancer Optimal Care Pathways.

Local improvement activities undertaken over the past twelve months have included; projects aimed at improving experience for older people with cancer through facilitating access to geriatric assessment, support of community-based survivorship care through the delivery of survivorship education to allied health staff as part of the Good Life Cancer Survivorship Program and the release of Version 3 of My Cancer Care Record.

NEMICS staff also supported health services with the transition to telehealth and virtual multidisciplinary meetings in response to COVID-19 lockdowns and restrictions. Again this year, the statewide Tumour Summits program was heavily impacted by COVID-19 however, with a flexible approach and the support of the expert clinical working groups, summits for Brain and Prostate cancers were delivered as online workshops. Understanding consumer experience was central to both summits and we thank those consumers involved for their valuable insights and the sharing of their stories. As always, consumer participation in the summits program reflects NEMICS commitment to engaging consumers to inform our work.

In closing, we offer special thanks to the NEMICS team for their dedication and commitment in working with our health service partners to facilitate high quality cancer care. Our work would not be possible without the engagement and expertise of our health service clinicians and we thank them again this year for their support. We also acknowledge the time and commitment of the Governance Committee and Consumer Reference Group members in assisting the program to deliver outcomes that improve patient care and experience. The Consumer Reference Group has not wavered in their commitment to NEMICS during a challenging year and its members have attended a combined total of 145 meetings which is to be commended.

We look forward to new opportunities to improve cancer care for our communities in 2022.



Adjunct Professor
 David Plunkett
 Chair



Associate Professor
 Paul Mitchell
 Clinical Director



Associate Professor
 Wanda Stelmach
 Deputy Clinical Director



The NEMICS population is
35% of the Greater Melbourne population

The NEMICS population is
23% of the Victorian population

ABOUT US

Victorian Integrated Cancer Services

North Eastern Melbourne Integrated Cancer Service (NEMICS) is one of nine population-based Integrated Cancer Services (ICS) that collectively support the consistent provision of high-quality cancer care for all Victorians. Hosted by Austin Health, the NEMICS partners form the Governance Committee and oversee the implementation of the cancer reform priorities of optimal cancer care and components of the state's cancer plan.

The ICS have common responsibilities for local implementation of key areas of the Victorian Cancer Plan 2020-24.

The priority areas for 2021-22 are:

- improving access to high quality cancer care
- supporting the implementation of the cancer optimal care pathways
- improving the wellbeing of all Victorians affected by cancer

VICS implementation plan

With an increasing emphasis on delivering collective effort and impact at scale the Victorian Integrated Cancer Services (VICS) Network Group developed the *VICS Implementation Plan 2021-2022*. The plan summarises how, over the two years, VICS will work towards addressing its roles and responsibilities in the *Victorian Cancer Plan 2020-2024 (VCP)* and in addition informs the NEMICS workplan. NEMICS works collaboratively with the VICS on state-wide initiatives, VICS special interest groups and sharing events.

Regional profile

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 35% of the Greater Melbourne population and 23% of the Victorian population.

The network partnership comprises Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women. The many private hospitals within the NEMICS catchment including Epworth Eastern, Knox Private, Mitcham Private, Ringwood Private and Warringal Private also provide cancer care.



Northern Health





Activity across NEMICS

Cancer diagnosis

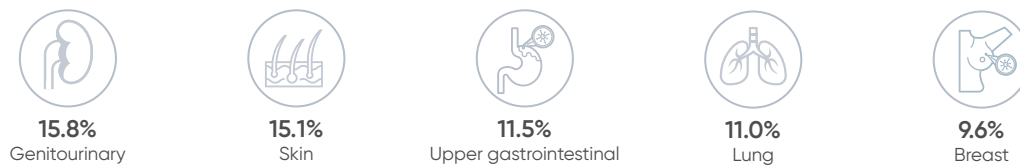
4,158 people were admitted to a NEMICS hospital with a newly diagnosed cancer that equates to **11.4** new diagnoses every day

However, last year saw a **7.1%** decrease in new diagnoses since 2019

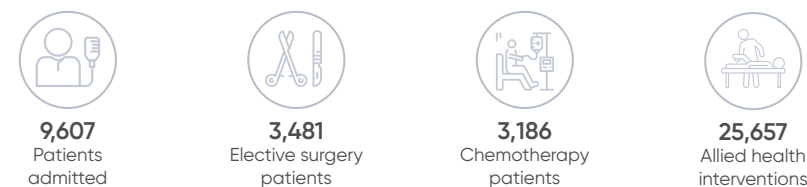
Tumour streams

Source: VAED - 2020

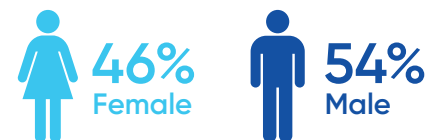
Leading tumours for patients treated in our region:



Clinical activity



Patient demographics



52 admitted patients in our region identified as indigenous and

10.5% of patients who identified as Aboriginal and/or Torres Strait Islander across Victoria are treated in a NEMICS health service.



The top 3 countries of birth other than Australia were Italy, Greece and England.

The median age group when a person is diagnosed with cancer is

60-69

Governance Committee

The Governance Committee steers NEMICS activities to support local implementation of the cancer reform policies and is responsible for performance and financial management of the NEMICS directorate. The members and their collaborative approach support and facilitate inter-organisational efforts and work to implement and achieve improvements in cancer care across the region.

In 2020-21, the Committee welcomed Mike Waller, a consumer with a wealth of industry experience and personal experience of cancer. Local General Practitioner (GP), Dr. Trish Hough resigned from the Committee.

Committee performance

A Committee self-assessment survey is conducted every year in October. The survey comprises 30 questions on the committee's performance and self-reported engagement of members. All survey questions except for one question resulted in a score indicating high performance.

The lower scored item was in reference to planning for the sustainability of the governance committee members including recruitment and orientation of new committee members. At present membership of the committee is stable as most positions are linked to specific roles. The committee orientation kit and induction process have been reviewed and changes implemented following the survey feedback.

Annual Forum 2020

The 2020 Annual Forum was an online event held during business hours due to COVID-19 restrictions. While some missed the chance to mingle and catch up with colleagues, others appreciated the chance to attend online.



Keynote speaker, Professor Jane Phillips, explored how we can better meet the specific needs of our older cancer patients, both in terms of how we identify those at greatest need for support and how we might set up our cancer services to do this.

Her presentation covered screening for vulnerability in older adults with cancer and identifying those who may need a geriatric assessment.

Professor Jane Phillips, IMPACCT Director and Professor of Palliative Nursing



107 people attended the event including participants from across the state. The event was rated highly by the majority of attendees.

COVID-19 IMPACT

Cancer notifications

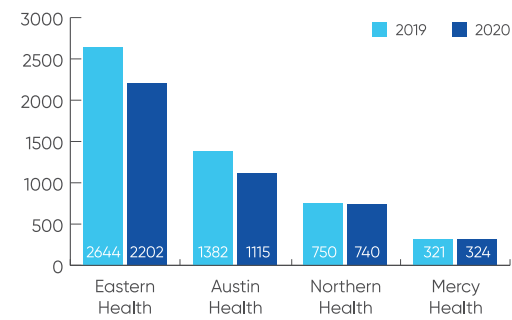
Notifications to the Victorian Cancer Registry (VCR) decreased during the social restrictions implemented in 2020 and 2021. This reduction was not evenly distributed across our region or by tumour type.

VCR notifications from NEMICS public hospitals.

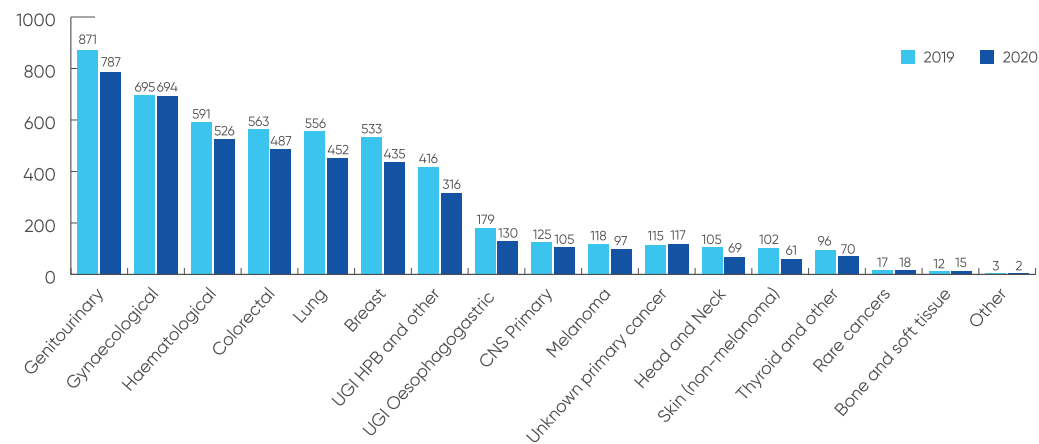
Total VCR notifications: NEMICS Region



Comparison of Total VCR notifications by Health Service



VCR notifications for NEMICS region by Tumour Group - 2019 & 2020



Supporting telehealth for people with cancer

Maintaining access to timely and efficient cancer care was a challenge for all health services during the peak of COVID. NEMICS staff assisted with projects to transition outpatient oncology and haematology consultations to telehealth to minimise the number of patients needing to attend the health services.

NEMICS initiated a three-month project at Austin Health with the aim of achieving 80% video consultation for people receiving cancer care at Austin Health. Barriers and enablers to telehealth were identified and process mapping was undertaken to identify areas for improvement.

Several process changes were made based on feedback from patients and clinicians including:

- social media campaign to explain telehealth
- changes were made to the text messages about appointments to make the format clearer
- criteria developed by each unit for when telephone, video or in-person consultations are to be used
- information for patients on when telephone, video or in-person consultations are best



The uptake of video varied across units in line with the availability of administrative support and patient needs.

At Eastern Health, the focus was on assisting Oncologists and Haematologists to transition to full use of the electronic medical record for outpatient clinic consultations to allow for staff to work off-site in cases of furlough. Assistance was provided with messaging to patients and processes for ensuring that patients received scripts and pathology requests after their telehealth consultations.

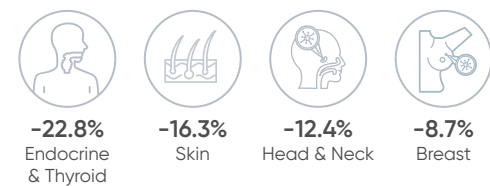
Impact of COVID-19 on cancer in 2020

Admissions

4.8% decrease in admissions across NEMICS in 2020 compared to 2019, with highest decline seen in **MAY -18.9%** overall Victoria saw a **decrease of 3% across the state.**

Tumour streams

The **4 tumour streams** with the largest drop in new patients in 2020 compared to 2019 were:



Inpatient procedures

2020 saw a significant decline in the number of procedures performed, however, **bone marrow transplants increased by 17.1%** and **chemotherapy increased by 5.3%**



72 cancer patients were diagnosed with COVID-19 across Victoria in 2020.

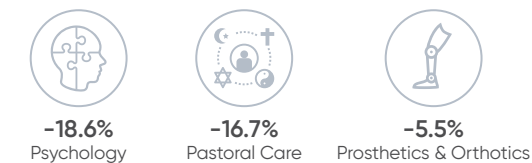
13.9% of these patients were treated at a NEMICS health service.

In total, cancer patients with COVID-19 in NEMICS health services spent **409 hours in ICU** and **145 hours on mechanical ventilation.**

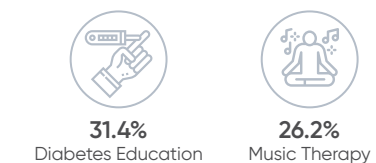
Inpatient allied health interventions

Overall allied health only saw a **1.5% decrease** in activity from 2019 to 2020, however when we deep dive we can clearly see some interventions were more impacted than others.

Decrease in activity



Increase in activity



Source: VAED - 2020

WORKING WITH CONSUMERS

Consumer reference group report

The NEMICS Consumer Reference Group (CRG) includes nine people with a cancer experience, either having cancer themselves or carers/family members of someone with cancer, or both. We also benefit from the input of additional consumers, who provide targeted feedback on NEMICS service improvement ideas and projects.



During the year we farewelled Rhonda Richards and welcomed Mike Waller to the Group. Mike also joined the NEMICS Governance Committee.

The 2020/21 year has been challenging but also enabled innovation and collaboration for all involved in NEMICS work. The consumer group members collectively participated in 145 virtual meetings.

We contributed to consumer group meetings, participated on multiple committees & working groups. We were involved in project discussions, participated in training and even turned our hands to acting and starred in an end of year NEMICS video.

Further to our four formal Group meetings, we introduced two additional education/information style sessions, which proved to be very beneficial in furthering members' knowledge regarding the services being provided throughout the NEMICS region.

Unfortunately, due to COVID-19 restrictions, the Community Ambassador program and in person presentations could not be conducted during the past year.

Some of the highlights of work we participated in and/or contributed to, include:

- Development of the third edition of *My Cancer Care Record*
- Victorian Tumour Summit program
- Online health literacy training
- Victorian Integrated Cancer Services (VICS) consumer catch-up sessions

We look forward to continuing to work alongside others in the region to drive projects that will be of future value to those affected by cancer, within and beyond the NEMICS region. We are encouraged by the greater collaboration opportunities with other consumers and health professionals across the state.



We thank all consumers who participate with us, and recognise several members who mark special years of service contributions to NEMICS:

Cindy Schultz Fergusson – 10 years
James Armstrong – 5 years.

VICS Consumer Engagement Peer Group (CEPG)

During 2020, NEMICS initiated a Victorian Integrated Cancer Services Consumer Engagement Peer Group (VICS CEPG). The Group provides an opportunity for VICS staff interested and involved in consumer engagement to come together, share ideas and collaborate on joint consumer initiatives.

During 2020/21, the Group sessions included:

- group discussions such as 'Engaging harder to reach consumers'
- collating a joint resource listing of consumer engagement frameworks/guidelines
- coordinating a health literacy education session for consumers
- planning and facilitating the first of three VICS Consumer Catch-up sessions.

Participants commented that involvement in the CEPG enabled "consumers to more effectively and efficiently engage as well as providing a wider support network for our consumers".

The benefits of participating in the CEPG enabled consumers to "work better together ... provides quicker, more considered, high-quality outcomes that are more likely to be accepted by consumers and ICS managers".

My Cancer Care Record



My Cancer Care Record (My CCR) is a resource that supports people affected by cancer – patients, carers, families and support people – to manage the information related to their care and treatment and seeks to improve their broader health literacy. Information kept and maintained by patients / families within My CCR can also assist health professionals with the key details and history they often need to ask for.

NEMICS consumers and clinicians developed the concept and initial version of the resource.

Formal evaluations and feedback from patients, families and health professionals using the resource have informed revisions and improvements.

In 2021, the third edition of My Cancer Care Record was published. NEMICS is seeking to support broader awareness and uptake of the resource with 5000 folders printed and available.

What is new?

The overall terminology and content of the resource was revised and updated.

A new section was added to the folder, called My Tab – which allows people to personalise the folder and use the area as they like, such as including pages to keep a journal, track their exercise/food intake, record useful websites or a place for notes.

In response to feedback, design changes were made to make certain information more obvious, including links to the webpage www.mycancercarerecord.org.au

A simple, online ordering and delivery process was established, with prompts for individuals and health services in the NEMICS region to obtain a free copy of the My Cancer Care Record.

Consumer feedback: "My Cancer Care Record made me feel very much in control of all the information and secure in the knowledge that I had it all with me, should any doctor or nurse need to refer to it."

WORKING WITH CLINICIANS

Victorian Tumour Summits



The Victorian Tumour Summits (VTS) enable a state-wide discussion about unwarranted variations in outcomes and care. Each tumour summit is informed by analyses of available data led by an expert working group made up of cancer clinicians from across the state. Stakeholders review the data, and discuss and prioritise variations that can be addressed in a one-to-two-year timeframe.

This major initiative is hosted by NEMICS and is funded by the Victorian Integrated Cancer Services and the Department of Health (DH) with funding confirmed to the end of 2022.

Consumers and clinicians are invited before each summit to identify the issues and challenges that they experience. Having the consumer voice central to the summits enables us to enhance and complement their valuable insights with analyses of multiple data sources. This helps to create an accurate view of current cancer care.

Brain Cancer 2020 Summit

The online Brain Cancer 2020 Summit was held in October 2020 with 104 participants in attendance.



Key variations determined from data included:

- Surgery rates with some low volume campuses
- Length-of-stay for emergency admission, post-biopsy and surgery
- Timeliness to radiotherapy after surgery
- Access to palliative care planning and utilisation within 30 days of death
- Supportive care screening

Key issues identified by consumers:

Coordination of care for patients receiving services in public and/or private and metro and/or regional services.



Brain consumer co-leads Matthew Mallett and Margaret Dimech

“Consumers experience “clunky” service delivery between private and public (systems), and then between metropolitan treatment centres and our regional homes”

Prostate Cancer 2020 Summit

The Prostate Cancer 2020 Summit was held in December 2020. This summit was also delivered via an online format with 84 participants in attendance.



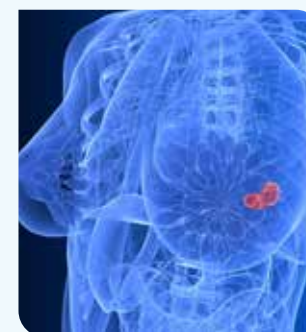
Key variations determined from data included:

- Access to prostatectomy by Socio-Economic Indexes for Areas (SEIFA) status and geography
- Access to radiotherapy (including brachytherapy)
- Survival across ICS
- Information and support at diagnosis and treatment planning
- Addressing unmet needs and quality of life

Key issues identified by consumers:

- access to care – specialised treatments and financial burden
- ongoing supportive care needs

“Clinicians should ask about our financial situation and leave entitlements early. Link us with Cancer Council Victoria and/or Social Work support early and consider referring us to public or subsidised services”.



Breast Cancer 2021 Summit

A face to face Breast Cancer 2021 Summit was planned for the 25th June 2021, however due to COVID-19 restrictions the summit was postponed until July 2021 when it was delivered online.

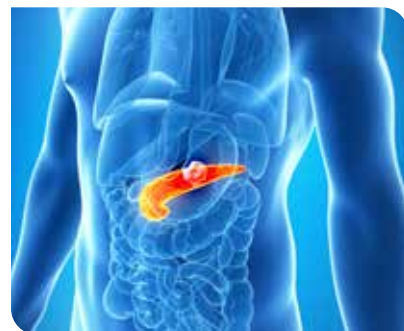
Activities arising from the agreed Brain, Prostate and Breast cancer summit recommendations are underway and are incorporated into the VICS and NEMICS workplans for 2021/22.

WORKING TOWARDS HIGHEST QUALITY CANCER CARE

Optimal cancer care pathways

The nationally endorsed Optimal Cancer Care Pathways (OCP) describe the optimal care for specific tumour types. These documents support the goals of service improvement work across the region.

There is a close link between the Victorian Tumour Summits and the OCPs. The Summits focus on key steps in the OCPs and many of the recommended actions arising from the summits are targeted at improving care in line with the OCPs. The combined efforts of all the Integrated Cancer Services help achieve similar outcomes across Victoria.



Pancreatic Cancer Resectability Project

Surgery offers the most effective treatment for patients diagnosed with pancreatic cancer. But identifying patients who could benefit from surgery can be challenging.

Especially in cases where disease partially involves the surrounding blood vessels, making surgery more complex.

To assess if patients with this 'borderline' type disease are eligible for surgery, clinicians review results of diagnostic tests such as imaging and pathology. Evidence shows that clear and consistent reporting of diagnostic tests supports clinicians in determining treatment options for patients. Establishing an agreed standard criterion by which to assess the spread of disease shown on diagnostic CT imaging can anchor this decision making and help to ensure patients with suspected pancreatic cancer are appropriately and consistently managed.

In partnership with Southern Melbourne ICS, NEMICS worked to achieve state-wide consensus on a standard approach to assessing borderline resectable disease in pancreatic cancer.

An expert reference group was established, comprised of hepatopancreatobiliary surgeons, specialist radiologists and oncologists from sites across metropolitan and regional Victoria that treat high numbers of pancreatic cancer patients. The group adopted as a state-wide standard the 'International consensus definition and criteria of borderline resectable pancreatic ductal carcinoma 2017' to classify eligibility for surgery or 'resectability'. A radiological synoptic report tool based on this consensus definition was developed by the group to standardise reporting of pancreatic cancer from CT imaging.

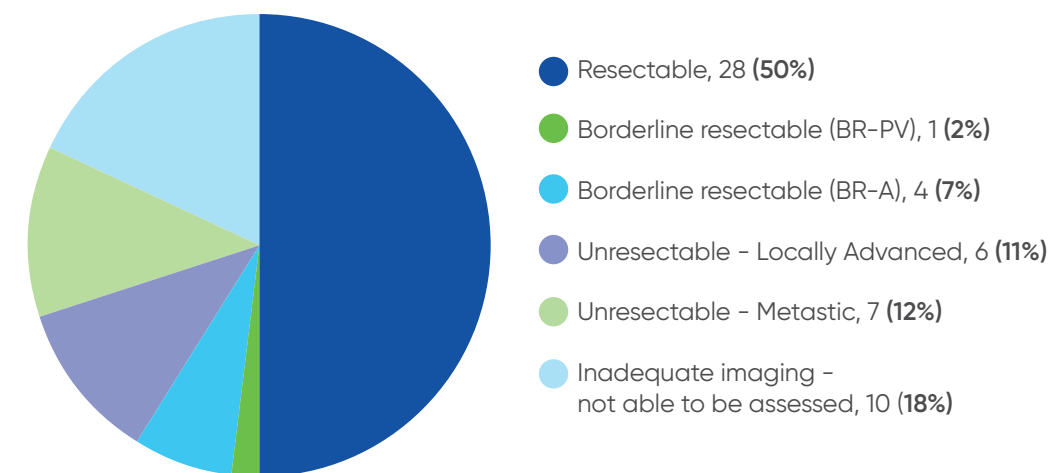
A pilot implementation project, designed to test the reporting tool in the clinical setting, commenced in October 2020 at Austin Health and Alfred Health. Four outcome measures were chosen to monitor progress:

1. Number of synoptic reports completed
2. Proportion with resectability status determined
3. Proportion with resectability status recorded on the MDM summary
4. Proportion with the synoptic report uploaded to the medical record.

Preliminary data for Austin Health from October 2020 to June 2021 showed 56 CT scans were reviewed using the reporting tool, with 46 having a full synoptic report generated and resectability status determined. Ten scans had a partial report due to reduced image quality.

The pilot concludes on 30 September 2021 with planning to inform a wider roll out to be determined.

Proportion of cases by resectability status determined – Austin health



Aboriginal and Torres Strait Islander (ATSI) Optimal Care Pathway

Implementation of the Aboriginal and Torres Strait Islander OCP is a priority action area for the Victorian Integrated Cancer Services. Planned state-wide work will focus on increasing awareness of the pathway and providing cancer specific cultural awareness training for ICS staff.

Locally, NEMICS has prepared cancer related activity data for Aboriginal and Torres Strait Islander (ATSI) people to assist health services to address access to care for ATSI people residing in the NEMICS region.

Older people with cancer

A priority for NEMICS is to ensure that older cancer patients receive individually planned cancer care and support. NEMICS has engaged with its partner health services to identify strategies and models of care to better meet the needs of older cancer patients.

Three new projects to identify additional care needs for older people with cancer have commenced.



Focussing on people with lung cancer, this project pilots a nurse-led screening using a validated geriatric screening tool prior to initial clinic appointment. All patients aged 70 or over are screened and assessed by the nurse. The initial assessment provides an opportunity for the nurse to get to know the patient and their health literacy and supportive care needs.

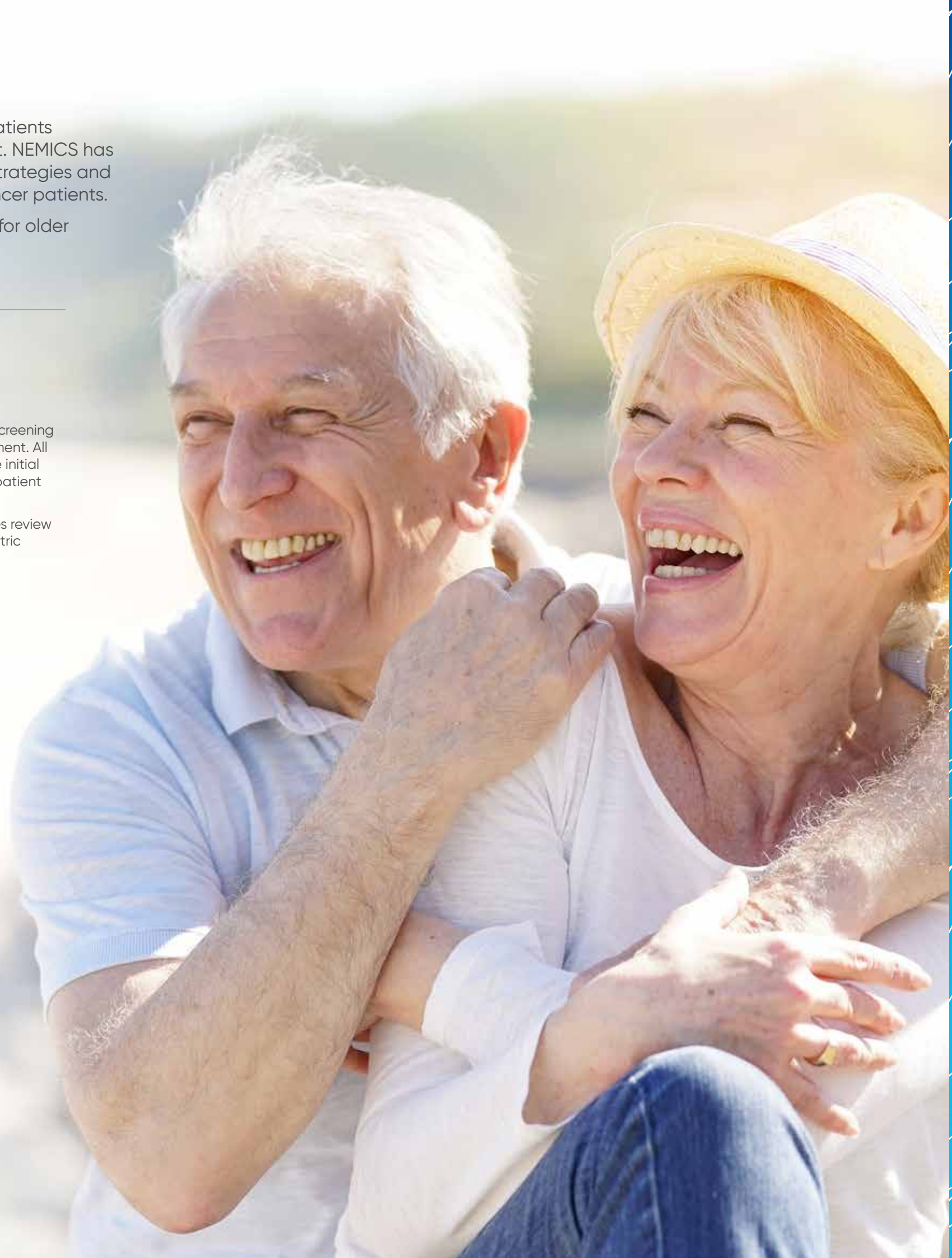
A weekly meeting of oncology, geriatric and cancer nursing specialities review the screening outcomes and make referrals for a comprehensive geriatric assessment as required.



The Box Hill Hospital Uro-oncology Clinic sees approximately 2-3 men aged 70 years and over with newly diagnosed prostate cancer each week. Men with prostate cancer frequently present with comorbidities and often have complex decisions to make regarding treatment. The EH project will facilitate geriatric screening of older men to assist in determining those needing further geriatric assessment. The goal of geriatric assessment is to improve treatment outcomes and assist patients to maintain quality of life whilst receiving cancer treatment. This project has been delayed by COVID-19 and will commence early in 2022.

Northern Health

The Haematology Oncology Geriatric Assessment Clinic Project aims to implement geriatric assessment for Northern Health myeloma and lymphoma patients who are 65 years or older and who are identified as being potentially frail. The geriatric assessments inform the implementation of a functional optimisation plan to ensure the patient's management can be individually tailored to improve tolerance to therapy and lead to higher rates of treatment completion.



WORKING WITH OUR HEALTH SERVICES

Austin Health

The past year has seen continued efforts from Austin Health to deliver services that respond to the needs of their community. The well-established Symptom and Urgent Review Clinic (SURC) expanded its service to haematology patients and also extended its operating hours. The changes to the service have been received well by patient, carers and clinician.

A new service to support patients receiving palliative and end of life care was also introduced. The Palliative Acute Transition Home (PATH) service supports patients with the transition from hospital-based care to care in the patient's home environment. The hospital based palliative care team works with community based palliative care services and patients' local doctors to ensure continuity and a patient centred approach to care.



Eastern Health

Cancer service activity at Eastern Health over the 2020/2021 period was focussed on the goal of providing excellent cancer care in a constantly changing health environment.

Rapid access oncology clinics were introduced at Box Hill and Maroondah Hospitals to facilitate timely access to diagnostic testing and cancer treatment. The Eastern at Home Oncology service expanded the range of treatments that could be safely delivered in the home. The Symptom and Urgent Review Clinic (SURC) at Box Hill Hospital extended its opening hours.

During 2020/2021 a SURC Pilot was undertaken at Maroondah Hospital to provide improved access to SURC support for patients attending Maroondah Hospital and Yarra Ranges Health for cancer care. Over the 9-month pilot period, 644 episodes of care were provided by the SURC which is located at the Breast and Cancer Centre at Maroondah Hospital. The pilot was particularly successful in its goal of addressing patients supportive care needs as well as their medical needs and close to 100 supportive care screens were completed with patients.

Despite numerous delays due to COVID-19 Dr Amy Dennett, Physiotherapist, initiated an exercise based prehabilitation trial (PIRATE) for people having autologous stem cell transplants at Box Hill Hospital.

The intervention includes up to 8 weeks of twice-weekly, in-person, supervised tailored exercise and fortnightly nutrition education delivered via phone, in the lead up to autologous stem cell transplant.



Dr Amy Dennett and oncology rehabilitation patient

Statewide MRI LINAC Service

The Victorian Government has funded a new MRI-LINAC machine at Austin Health as a state-wide service.

The Elekta 'Unity' MRI-LINAC is ideal for cancers that are difficult to treat due to anatomical changes or poor visibility. It can target a tumour clearly and avoid healthy tissue to tailor treatment to patients in real-time.

The MRI-LINAC combines a 1.5T MRI scanner with a radiotherapy treatment machine, known as a linear accelerator (linac). It can take MRI scans before and during radiation therapy to allow highly accurate treatment delivery and adaptation of the radiation plan according to the anatomy of the day. It can also allow assessment of tumour response using functional imaging.



Patients can have treatment at the Olivia Newton John Cancer Centre at Austin Health for MRI-guided radiation therapy, even if they receive cancer treatment elsewhere.

Mercy Hospital for Women

Mercy Health continued to undertake cancer related improvement initiatives while managing the ongoing challenges associated with current health care delivery.

In the last year, Mercy Health signed on to participate in the National Gynae-Oncology Registry (NGOR); a clinical quality registry that gathers information about the diagnosis, treatment, and outcomes of women with gynaecological cancers. The NGOR uses data to measure and monitor the overall quality of care given to women with gynaecological cancers and report these measures back to clinicians and hospitals so that care can be improved.

In the clinical setting, Mercy Health implemented a minimally invasive sentinel node biopsy technology for endometrial cancer. The benefits of this technique for women include increased disease staging precision and sparing of other regional lymph nodes, as it is used in place of a full lymph node excision.

The past year also saw Mercy Health participate in separate research projects that delivered insights into ovarian cancer treatment adherence and outcomes and outcomes for women with advanced cervical cancer. Mercy Health also welcomed additional support for nurses to complete post-graduate certificates in oncology.



Northern Health

In response to the COVID-19 pandemic, Northern Health established NOAH@Home, a home-based chemotherapy service in November 2020, operated by the Day Oncology Unit. The NOAH program provides a wide range of services including IV and subcutaneous anticancer therapies. The service started with one car operating 6 days a week but rapidly reached full capacity, requiring an additional 2 cars by September 2021. In addition to administering more treatments, the NOAH program serves a wide area including the northerly catchment of the Northern Health community such as Broadford and Seymour. To date, over 250 patients have been treated with more than 1800 treatments administered in the comfort of the patient's own home. Care at home directly benefits patients and their carers, and has reduced the need for many patients to come into hospital, particularly during COVID-19 outbreaks. In addition, the NOAH@Home program works closely with the extended Symptom Urgent Review Clinic to review patients at home and has been successful in reducing hospital admissions.



As well as benefiting patients, operating NOAH@Home through the Day Oncology Unit has created opportunities for specialist cancer nurses to increase their skills with training and experience in the provision of home-based cancer care (HBCC). With the support of the medical teams, the nursing staff have rapidly adapted to the challenges of HBCC, and have been critical in keeping cancer patients safe during the pandemic.

The feedback from hospital staff and patients involved has been overwhelmingly positive.

REGIONAL SERVICE PLANNING

Progress has been made on projects identified for action arising from the 2019 NEMICS regional service planning workshop, with a focus on providing care close to home wherever possible.

Cancer care coordination

NEMICS Consumers strongly advocate for improved coordination of care. In 2020-21, NEMICS consumers and project managers developed new resources to support improved care coordination.

The realities of cancer care



International models of care coordination for cancer and other diseases were reviewed. The review included hospital and community-based models including navigation, nurse coordination, allied health coordination and mixed models. Consultation and surveys across NEMICS cancer services identified significant challenges coordinating care for older people affected by cancer.

In response, the care coordination project delivered:

- Guidance for establishing business cases for care coordination initiatives
- USB sticks including updated services and resources to address identified gaps. Sections include:
 - Cancer care coordination services within public and private health services
 - Generic/other care coordination services within and beyond acute health services
 - Cancer nursing services available through cancer non-government organisations
 - Other cancer non-government organisation services
 - Community health services
 - Community rehabilitation services
 - Cancer exercise services
 - (Appointment) transport services
 - My Aged Care services
 - The National Disability Insurance Scheme.

The USB sticks were provided to staff across our public cancer services, with marketing to better utilise community resources, particularly in the context of the COVID-19 pandemic.

Specialist programs referral pathways

To facilitate care closer to home, a working group discussed ways to increase referrals of residents with rectal cancer and myeloma to NEMICS health services through greater collaboration with GPs in the region. Building relationships with GPs in the region is considered a priority and the provision of targeted online information sessions has been proposed. Due to COVID-19 restrictions and the significant impact on health services and GPs, this project will re-commence early in 2022.

Care outside of hospital - Better at Home initiative

The Better at Home initiative was established under the Health Service Partnership model to give more Victorian's the opportunity to receive hospital care at home. Home based chemotherapy programs have expanded or commenced under the Better at Home initiative. The three major health services in NEMICS (Austin Health, Eastern Health and Northern Health) have developed programs under this model.

SERVICE IMPROVEMENT GRANTS

NEMICS service improvement grants support time-limited projects not funded within existing hospital resources. This includes both quality improvement and scoping projects. The following projects were completed in 2020-21.

Translation of existing radiation therapy treatment video – Austin Health

Austin Health routinely provides both verbal and written treatment information at the patient's initial radiation oncologist appointment. The patient is also informed of the patient education video available on the Olivia Newton John (ONJ) website. The video aims to orientate patients to the department, showing them processes, equipment used and what to expect during the planning and treatment appointments. The video resource has received positive reviews from consumers and professional groups.

In collaboration with Austin Health Language Services and the production company, the video has been produced in Italian, Greek, Arabic and Simplified Chinese (Mandarin). These videos are now available on the ONJ website.

Improving patient experience by reducing time to first chemotherapy dose for planned haematology admissions – Eastern Health

To improve the patient experience during planned haematology admission for chemotherapy, surveys and data analysis were undertaken to understand the current processes and reasons for delays in the first administration of chemotherapy. A process map of the patient's journey was documented, and following consultation, a proposed model was developed to streamline the process.

The complex patient journey was acknowledged with multiple staff in different locations involved in the patient's care. Some of the delays are due to chemotherapy preparation not ready at the time of administration and late admission to the ward due to bed access. Chemotherapy charts should be written in advance (i.e. on the day of admission). The impact on the patient experience includes delays in access to beds and admission, significant wait times for initial chemotherapy treatment and subsequent delays in discharge. Improvements to the prescribing rates of chemotherapy during outpatient clinics and improvements in communication between outpatient and inpatient settings was recommended.



Optimising follow up care for patients who have completed active treatment for early breast cancer – Northern Health

An increasing number of patients are requiring follow up care for early breast cancer. Several factors, including the pandemic, have contributed to a decrease in Northern Health's Specialist Clinics service capacity. Therefore, it is essential the follow up care of patients is optimised and GPs are involved early in their patients follow up care. This will ensure the limited resources of the specialist clinics are able to review patients in line with Cancer Australia guidelines.

A clinic guideline has been developed in consultation with the surgeon and oncologists. It specifies a minimum guideline for follow up appointments. Northern Health has also developed specific patient brochures: Northern Health's Early Breast Cancer Follow up Care, Northern Health's Medical Oncology Service and has revised the Northern Health MDM brochure. A GP brochure explaining Northern Health's Follow-up Care post treatment for early breast cancer was developed. A dashboard was created to identify patients who have been discharged from the Breast Service with their follow up care to be continued by the GP.

Improving outcomes for patients with chronic haematological malignancies – Northern Health

At Northern Health there is significant population of older patients with chronic haematological conditions such as multiple myeloma (MM) & myeloproliferative/myelodysplastic syndrome. These types of conditions remain largely incurable and the aims of treatment mainly focus on disease control. A dedicated monthly combined MM and myeloid malignancy cancer services multidisciplinary meeting has been established with multidisciplinary attendance to reflect the complexity of management of patients with chronic haematological malignancies. The team consists of Haematologist, junior medical staff, geriatrician, palliative care specialist and day oncology nursing staff.

This MDM provides an opportunity for advance treatment planning in terms of early transplant referrals or end of life planning with a multidisciplinary input and the potential for greater patient advocacy and enhanced decision making. A standardised documented format for presentation of patients in case conference has been created. The forms enhance discussion of patients issues from both the clinicians and patients' perspective.

Increasing the efficiency of the psycho-oncology clinic – Northern Health

Approximately thirty percent of individuals diagnosed with cancer experience clinically significant anxiety and depressive disorders. This can have a major impact on function and quality of life, and can impact adherence to cancer treatments. As demand continues to grow at Northern Health, timely access to one to one psychotherapy programs may not always be possible.

This project ascertained that a group based psychological treatment program for those with cancer appears to be an acceptable and feasible for those with a lived experience of cancer and previous interest in one to one psychological therapy. The outcomes of the project were also broadly supportive of group based psychological treatment for individuals with cancer improving depression, anxiety, stress and quality of life. It is recommended that such groups be implemented more widely, as ways to improve access to psychological interventions to those who have been diagnosed with cancer.



SURVIVORSHIP

Good Life Cancer Survivorship Program (healthAbility, formerly Carrington Health)

Expanding access to community-based allied health services for cancer survivors healthAbility (previously known as Carrington Health), in partnership with Eastern Health and North Eastern Melbourne Integrated Cancer Services is addressing the gap in care for cancer survivors beyond acute treatment. The 'Good Life - Cancer Survivorship' Project is a specific and supported referral pathway to allied health services in a community health setting, improving connections between acute/subacute care and primary health care. The team-based model of care is individually tailored and co-ordinated, and focuses on supporting effective strategies to better manage health and improve quality of life.

The original pilot demonstrated that a multi-disciplinary cancer survivorship model of care, set in a community setting, could be joined up with the existing cancer care services within the acute setting. Integrated into the existing chronic disease management program at healthAbility, the provision of care was acceptable to cancer survivors, clinicians and referrers and provided relevant and needed allied healthcare services for a range of under-served cancer survivor cohorts in the Eastern region.

During 2020-21 the referral pathway was expanded to include an additional 3 community health services to further improve access to evidence-based allied health services and self-management support across the eastern Melbourne region.

The 'Good Life - Cancer Survivorship' Project is continuing to accept referrals into this service. The project is supported by funding from the Victorian Government.

Community Health

Following the success of the cancer education provided to community health services in the east of our region, services in our northern region are expressing interest in developing cancer referral pathways and accessing cancer education to support these new pathways. Your Community Health (Darebin region) has commenced planning with Austin Health and NEMICS to develop a partnership approach to addressing allied health service needs.

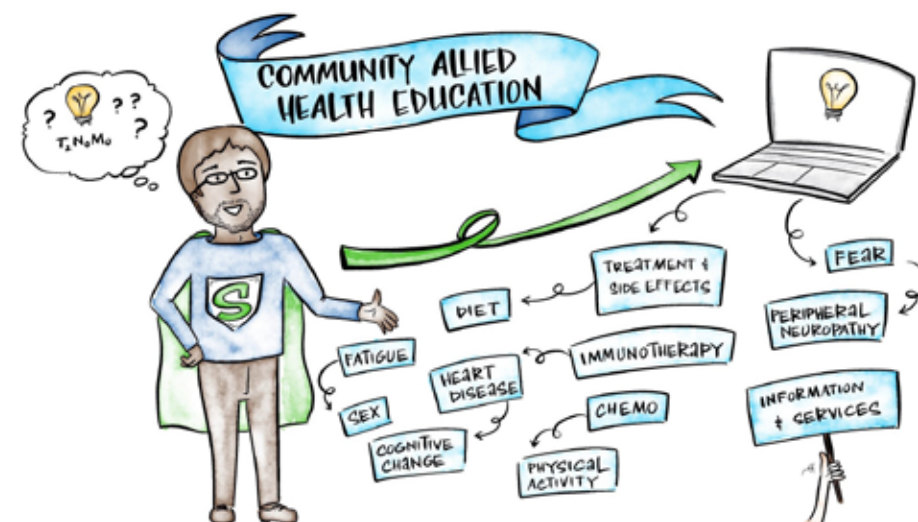
Other Victorian Integrated Cancer Services are currently scoping interest from community health and community rehabilitation services in their regions. The education will be offered using a train the trainer or consultancy approach to help optimise access to evidence-based cancer allied health.



Allied Health Education

NEMICS has been developing and delivering cancer education to community health and rehabilitation services in our region in recent years. This year, in partnership with Carrington Health (now called Health Ability), NEMICS developed online cancer education for community health services in eastern Melbourne. Health Ability conducted learning needs assessments with EACH, Inspiro and Access Health and Community (community health services in Knox, the Yarra Valley and Manningham/Boroondara respectively).

Community Allied Health Education



The community health services identified learning needs in the following areas:

- Cancer diagnosis terminology
- Contemporary treatments and their side effects
- Evidence-based side effect management relevant to allied health professionals
- Self-management support information resources for patients and families
- Services available through cancer non-government organisations
- Discipline-specific learning needs.

Community health services requested online education of a maximum of 2.5 hours that their whole teams could attend. NEMICS developed an education package to address all but the discipline-specific learning needs; links to toolkits, resources and discipline-specific educational opportunities were promoted.

Participants accessed:

1. Pre-workshop eviQ introduction to oncology modules and short film about cancer fatigue and its management strategies
2. A 2.5-hour workshop:
3. A guide to services available through cancer non-government organisations
4. A guide to self-management support resources for patients and health professionals.

Feedback from the participating health services supported strong alignment with content and learning needs.



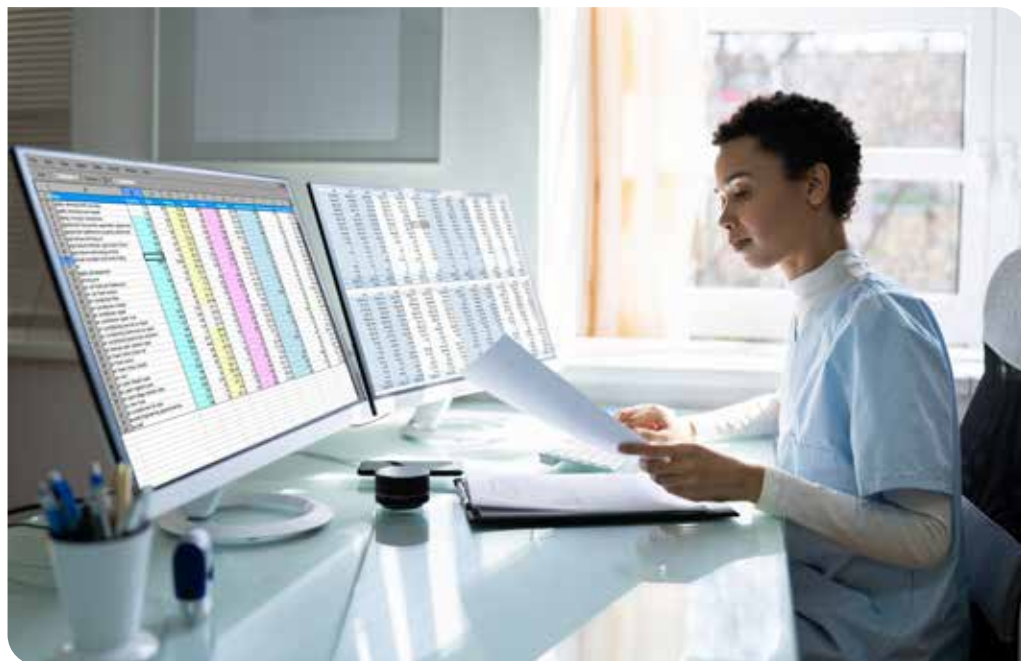
QUALITY MONITORING

Caring for our community through the delivery of quality, safe care is our primary focus. We actively seek feedback from consumers, carers and advocates. A significant theme of our work in recent years has been the increased use of relevant data.

OCP monitoring

NEMICS worked with clinicians and data analysts at Northern Health to determine if it was possible to develop an electronic monitoring system for adherence to the OCPs. The trial involved the use of available datasets, not more than 6 months in arrears for the colorectal tumour stream.

Findings revealed that it is feasible to identify time points and components of the pathway. There are complexities that need to be considered including people entering the pathway at different points and that not all care is provided within one health service. Data reliability decreases with small sample sizes. The VICS OCP performance monitoring project to commence in 2022 will inform future OCP monitoring work within NEMICS.



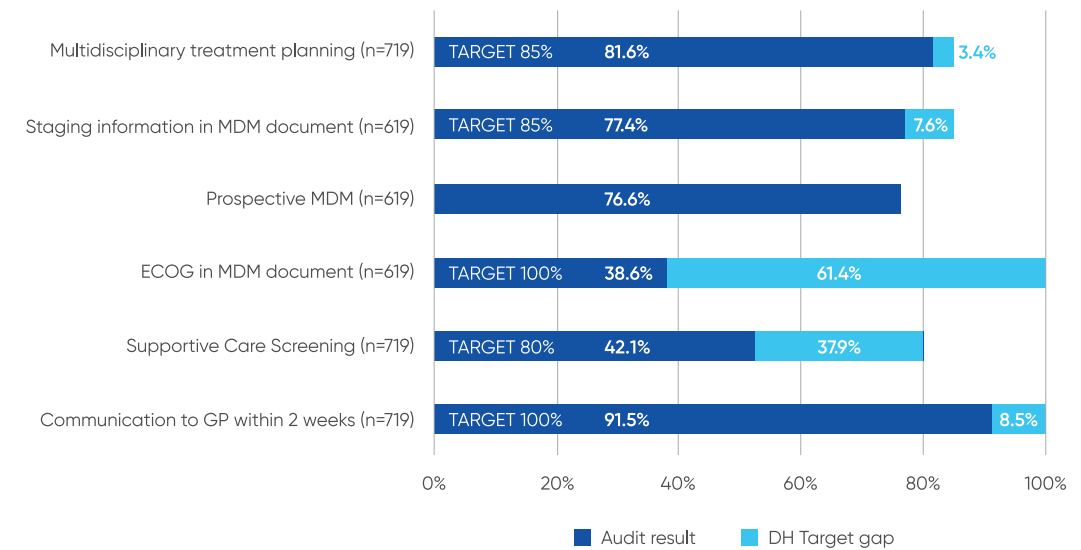
Cancer Service Performance Indicators

The Cancer Services Performance Indicators (CSPI) are used to measure progress across Victoria in relation to multidisciplinary care, supportive care and care coordination. The annual audit was conducted in August – September of 2021 for patients diagnosed and treated in 2020.

Data collected by NEMICS via medical record audits provides results for six indicators:

1. Evidence of multidisciplinary meeting (MDM) recommendations
2. Evidence of cancer staging in the MDM recommendations
3. MDM occurs before the start of treatment
4. Evidence of patient performance status in MDM recommendations
5. Evidence of supportive care screening
6. Evidence of communication of initial treatment plan to GP

NEMICS Cancer Service Performance Indicator audit 2020



Victorian Tumour Summits – stretch targets

Four of the tumour specific clinical working parties for the Victorian Tumour Summits program have set stretch targets for MDM presentation rates and prospective MDM discussion for rectal cancer.

The results for these targets for oesophagogastric, pancreas, rectal and prostate cancer are below.



Oesophagogastric Cancer



Pancreatic Cancer

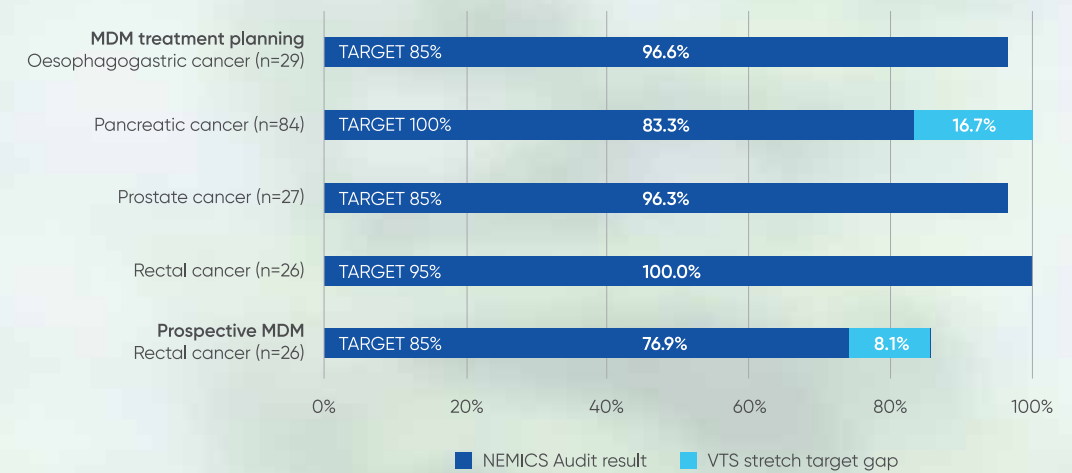


Prostate Cancer



Rectal Cancer

Victorian Tumour Summits stretch targets Cancer Service Performance Indicator (CSPI) audit 2020



OUR PEOPLE

Staff Development

Platypus Staff Development Program

Early in 2020, the NEMICS directorate team commenced a strengths-based team building program. The goal of the program was to improve the capacity to work together with stakeholders through a better understanding of the team's individual technical skills, knowledge, and personal strength. Over a series of 5 facilitated coaching sessions, the team focused on practical methods to engage both colleagues and stakeholders to improve engagement and outcomes through better consideration of global and local realities by exploring new and improved strategies for positive communication.

Better Together

The NEMICS team along with other VICS staff participated in the Better Together program sponsored by DH and the VICS. The program provided leadership development to build capacity of team members to better influence and embed change, and increase their overall leadership effectiveness. The focus of the program was to build cohesion, trust and collaborative capability between the ICS program office staff across 2020 and beyond.

Governance Committee

David Plunkett (Chair)
Frances Barnett
Cherie Cheshire
Adam Horsburgh
Trish Hough
Simon Hyde
Ray Kelly
Naida Lumsden
Anne Mennen
Paul Mitchell
Phillip Parente
Jason Payne
Katherine Simons
Siva Sivarajah
Maria Tucker
Mike Waller
Andrew Weickhardt

Consumer Reference Group

Ray Kelly (Chair)
James Armstrong
Ken Bottrell
Graeme Down
Fay Frazer
Anne Kay
Ronda Richards
Janine Rossely
Cindy Schultz-Ferguson
Max Shub
Mike Waller

Victorian Tumour Summits

Paul Mitchell (Chair)
Karen Botting
Spiri Galetakis
Stewart Harper
Jeremy Millar
Alison Patrick
Seleena Sherwell
Jeff Szer
Craig Underhill
Zee Wan Wong
Elaine Wood

Program staff

Nadia Ayres
Hugh Burch
Lori Cameron
Megan Dendle
Lena Elkman
Diana Fayle
Paula Howell
Abi McBride
Anna Mascitti
Rebecca Miller
Paul Mitchell
Janine Scott
Melissa Shand
Katherine Simons
Wanda Stelmach
Luellen Thek
Carmel Vermeltfoort
Sam Whitcher
Bernadette Zappa

FINANCIAL REPORT

INCOME

DH - ICS Grant	\$	1,934,290.44
Victorian Tumour Summits	\$	398,680
Income total	\$	2,332,970.44

EXPENDITURE

Salaries and wages

ICS Program office salaries and other clinical positions	\$	1,144,158.84
Contract / other agency	\$	373,981.84

Salaries and wages subtotal	\$	1,518,140.68
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Operating expenses

General administration	\$	56,256.68
Host agency	\$	180,999.96
Conferences	\$	2,536.37
Training and education	\$	15,548.92

Operating expenses subtotal	\$	255,341.93
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Statewide project expenses

VICS branding and identity	\$	2,500.00
VICS ring fenced funds	\$	200,321.98
Victorian Tumour Summits program	\$	21,620.97

Statewide project expenses subtotal	\$	224,442.95
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Local project expenses

Service improvement grants	\$	37,251.88
My Cancer Care Record	\$	6,954.00

Project expenses subtotal	\$	44,205.88
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EXPENDITURE TOTAL

Total income	\$	2,332,970.44
Total expenditure	\$	2,042,131.44

Closing Balance at 30 June 2021	\$	290,839.00
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NEMICS would like to acknowledge the Victorian Department of Health for their continued support.



CONNECT WITH US THROUGH



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