



Annual Report

2022/23



Contents

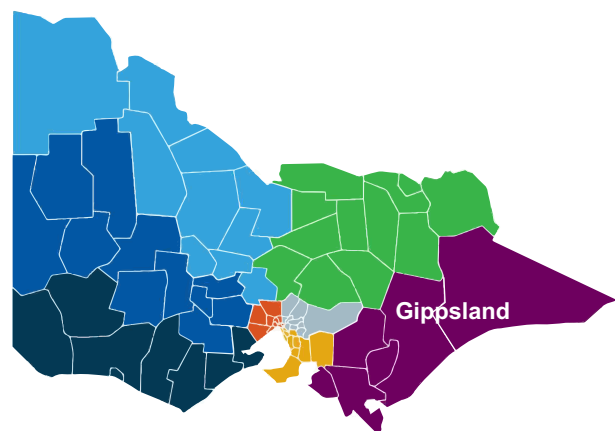
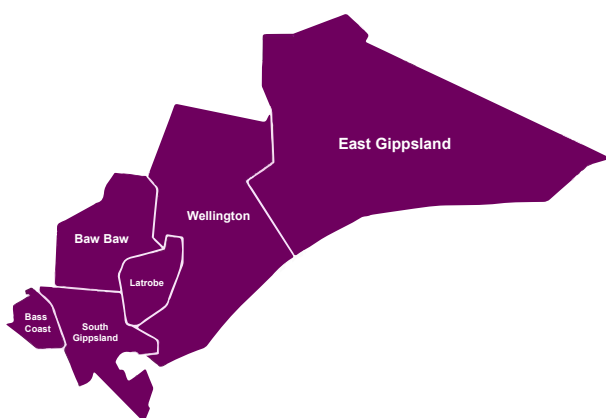
About GRICS	4
Gippsland Cancer Data Snapshot 2022	6
GRICS Staff	8
Chairs Report	10
Clinical Directors Report	12
Breast Cancer Education Event	13
The Victorian Integrated Cancer Services (VICS)	14
Statewide Activity Spotlights	15
Consumers	17
Exercise and Cancer Pilot	18
GRICS Service Improvement Grants	19
Gastrostomy Feeding Tube Credentialing Program	20
Integrating Information to Drive Service Development in Melanoma	24
Supportive Care in Gippsland	28
Cancer Council Victoria ACCESS Program	29
Victorian Health Experience Survey	30
GRICS Scholarships 2022-23	32
End of Financial Year Report for the Period 1 July 2022 to 30 June 2023	34

About GRICS

Gippsland Regional Integrated Cancer Service (GRICS) is one of nine Integrated Cancer Services (ICS) which comprise of three metropolitan, five regional and a statewide paediatric ICS funded by the Department of Health and Human Services. Collectively the nine ICS are the Victorian Integrated Cancer Service and are funded to undertake service improvement across the cancer sector.

GRICS was formed in 2005 and undertakes its roles by collaborating with the following regional stakeholders

- Bairnsdale Regional Health Service
- Bass Coast Health
- Central Gippsland Health
- Gippsland Lakes Complete Health
- Gippsland PHN
- Gippsland Southern Health Service
- Koo Wee Rup Regional Health Service
- Latrobe Community Health Service
- Latrobe Regional Health (GRICS Host Agency)
- Maryvale Private Hospital
- Neerim District Health Service
- Omeo District Health
- Orbost Regional Health
- South Gippsland Hospital
- West Gippsland Healthcare Group
- Yarram and District Health Service



Our Vision

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

Our Mission

- › system integration across structural boundaries
- › collaborative approaches to evidence-based service development
- › quality improvement at the local level

The **Victorian Cancer Plan 2020–2024 (VCP)** is a statewide reform policy that provides the authorising environment for the VICS program of work. Each ICS is a core mechanism for implementing the Victorian Cancer Plan – with project work and activities to support three of the 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

Outcomes

The ICS activities will support the achievement of three of the five goals stated in the Victorian cancer plan, namely that:

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

Gippsland Cancer Data Snapshot 2022

The 5-year relative survival rate for all malignant cancers is **71%** for all Victorians, **72%** for females and **69%** for males. ⁴

300,664

**Gippsland
Population**

793 ²

**Gippsland
Cancer Mortality**



14%

Increase in incidence from 2020 ²



5%

Decrease in Gippsland cancer mortalities from 2020 ²

2445

Gippsland's population diagnosed with cancer in 2021



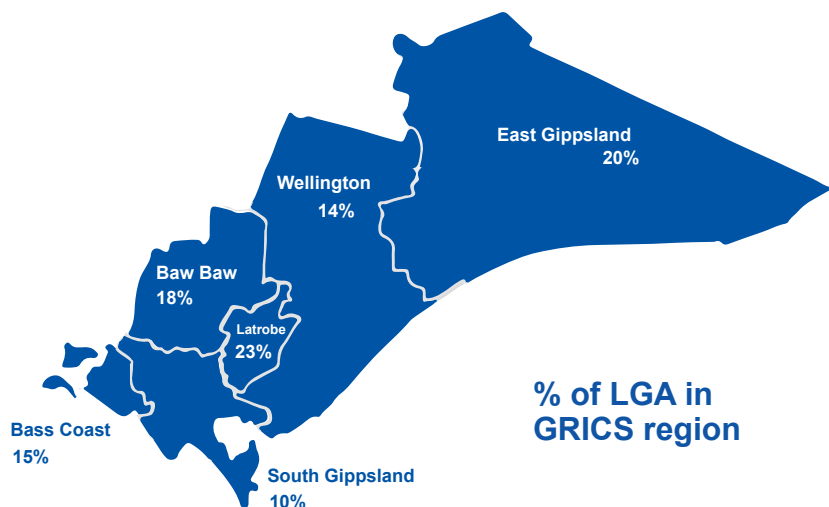
58% Male ²



42% Female

New cancer diagnosis in GRICS region 2021 ²

Latrobe	561
East Gippsland	498
Baw Baw	448
Bass Coast	355
Wellington	342
South Gippsland	241



Gippsland Cancer Data Snapshot 2022



Close to 60% of all Gippsland patients received treatment locally ⁵

Admissions by top 5 postcodes ⁵

	3844	10%
	3875	8%
<i>Highest to Lowest %</i>	3840	7%
	3825	7%
	3820	5%



The five most common cancers in Gippsland LGAs for 2021 ²

Tumour stream	Incidence	%
Genito-urinary	567	22%
Breast (female only)	282	12%
Colorectal	267	11%
Lung	251	11%
Skin	244	10%



The Gippsland 5-year survival rate is **65%**, **67% for females** and **64% for males**. A key focus area for GRICS in the next year.

There has been about 5% decrease in Gippsland cancer mortalities from **2020** ²

¹Cancer in Victoria: 2021, Cancer-in-Victoria-statistics-and-trends-2021.pdf (cancervic.org.au)

²Victorian Cancer Registry, October 2023

³Australian Bureau of Statistics 2021 Census Gippsland All persons QuickStats by LGA

⁴Victorian Cancer Registry Data Explorer, accessed 26 October 2023

⁵Victorian Admitted Episodes Dataset (VAED) 2023

GRICS Staff



Mahesh Iddawela
Clinical Director



Stewart Harper
Program Manager



Kashif Sheikh
Data Analytics and Insights Lead



Jody Neal
Cancer Data Analyst

GRICS Staff



Samantha Beattie
Administration Coordinator



Marnie Flowers
Cancer Service Improvement Coordinator



Chloe McAinch
Cancer Service Improvement Coordinator



Donna O'Callaghan
Cancer Service Improvement Coordinator



Caroline Lasry
Cancer Service Improvement Coordinator



Elizabeth Mercer
Cancer Service Improvement Coordinator

Chairs Report

The 2022/23 reporting year has seen some changes at the helm of Gippsland Regional Integrated Cancer Service (GRICS).

Mark Johnson, our previous chair and Chief Executive of Gippsland Southern Health Service, made the difficult decision to step down from GRICS and his CEO role. We thank Mark for his significant contribution to GRICS over the past 3 years as Chair and wish him well in retirement. The Chair opening has allowed me to take on a leadership role for the direction of cancer in Gippsland and I have welcomed this opportunity.

This year has also seen a new clinical director commence with GRICS – we welcomed Mahesh Iddawela to this role in January 2023 and again pay our respects and thanks to our previous director, Sachin Joshi, for his leadership over the past 8 years.

The 2022/23 reporting year commenced with GRICS and our health services, in collaboration with the Gippsland Health Service Partnership (GHSP), finalising the Gippsland Regional Cancer Plan (The Plan) and moving toward the implementation phase of this key strategic document.

Two key priorities of The Plan were to develop a regional cancer clinical governance framework and to commence the necessary task of reviewing the cancer capabilities within Gippsland against the Department of Health led Cancer Clinical Capability Framework. Again, GRICS partnered with the GHSP to deliver on these two priorities.

Together GRICS and the GHSP engaged 'The Writing Room' to lead the consultation process and development of a clinical governance framework and review of cancer service capability across the region. This work will continue into 2023/24 and we look forward to observing the positive patient outcomes that will follow as a result of coordinated care.

Despite a tight fiscal environment across healthcare, GRICS was able to make \$600,000 in funding available for health services across Gippsland leading to a range of improvement strategies including:

- › Credentialling of dietitians across Gippsland in gastrostomy feeding
- › Improving the knowledge and skills of the nursing workforce in South Gippsland to deliver palliative care and manage central venous access devices
- › Improving the supportive care screening practices of men in Baw Baw shire, thus increasing access to support services for prostate cancer patients

Partnership development has been a key focus over 2022/23 with GRICS and the Cancer Council of Victoria further cementing their relationship to not only expand supportive care access, but also to embed a supportive care nurse within Gippsland. The presence of the CCV regional nurse liaison has ensured patients can be further supported in their care and their specific needs met.

GRICS and Southern Metropolitan Integrated Cancer Service have continued their working relationship delivering the Aboriginal and Torres Strait Islander Optimal Care Pathway education program to Gippsland and metropolitan clinicians and Aboriginal Health Liaison Officers (AHLOs). This novel program ensures clinicians are equipped to deal the unique needs of our Aboriginal and Torres Strait Islander patients with cancer and better understand the cultural nuances in their care. AHLOs are likewise better prepared to support their community through the cancer journey by their involvement in this program. GRICS and SMICS were awarded a podium presentation at the annual COSA conference to discuss this project.

Chairs Report

SMICS and GRICS are now in discussions with the Victorian Comprehensive Cancer Centre to take on this program and further develop it to meet the needs of clinicians and AHLOs across Victoria.

Access to data has likewise been a significant focus of GRICS and the broader Victorian Integrated Cancer Service (VICS) over the past 12 months. The VICS have implemented a new data and information management framework that allows access to cancer data that is only 6 months – 1 year behind, this is a significant improvement from the 2-3 year delay in data release and allows more responsive service improvement activity. Of particular concern to GRICS is the 5-year survival rates for Gippsland patients being the worst in the State – a trend we aim to address with multiple initiatives now underway.

Whilst delivering on these more strategic pieces, GRICS continues to work with local health service partners to implement service improvement work focused on supportive care, survivorship, the psycho-oncology needs of cancer patients, repatriation pathways between metro and regional health services and the educational needs of our clinicians.

A local flagship project for this reporting year is the exercise in cancer project. GRICS, Latrobe Community Health Service and Latrobe City Council's Latrobe Leisure Morwell developed a prescriptive and sustainable exercise program for Latrobe Valley residents. The positive results from this trial will be shared across Victoria and it is anticipated that we will roll this program out across Gippsland in 2024.

I am also pleased to report that the uptake of GRICS scholarships continued during 2022/23 – the support these provide to our workforce has allowed them to undertake additional study, establish new partnerships and upskill will positively benefit cancer care delivery in Gippsland. In total GRICS expended close to \$60,000 supporting local clinicians to advance their knowledge and skills via our scholarship program.

As the reporting year drew to a close the cancer sector and broader Victorian community were commencing discussions on the next iteration of the Victorian Cancer plan, the current plan is due to expire in June 2024. GRICS and our consumer network look forward to being part of the consultation process for the next plan that will shape our work from 2024-2028.

I would like to acknowledge and thank everyone involved with GRICS for their contributions during another rewarding 12 months. Specifically, I thank the members of the Governance Group, our partner health services, clinicians, the Department of Health, and most importantly the GRICS team.



Vicki Farthing
GRICS Chair

Clinical Directors Report

I would like to commence this report by openly thanking Doctor Sachin Joshi, as the previous Clinical Director of GRICS, and acknowledge the work he has done over the past 8 years to guide the strategy of GRICS.

I am certainly familiar with the Integrated Cancer Services and the broader Victorian oncology sector having previously been Co-Clinical Director of Hume RICS and have worked on various local and Statewide projects in my capacity as a practicing a medical oncologist at Latrobe Regional Health and Alfred Health.

I commenced as Clinical Director at GRICS in February 2023 and my most important priority is to improve outcomes for Gippsland cancer patients and ensure that they receive best evidence-based care. With the support of my colleagues, we have established a rapid access clinic for Gippsland cancer patients, focussing on fast-tracking clinical assessments for patients with a suspected cancer diagnosis. So far more than 100 patients have been through the clinic with 62% of those being diagnosed with cancer and 65% were diagnosed with stage 4 cancer – we will share more on this project in our next annual report.

Survivorship is likewise a keen interest for me as a clinician, so I was grateful to be able to influence and support the roll out of the Australian Cancer Survivorship Centre's policy framework initiative – embedding survivorship practice across Gippsland and Victoria. In 2024 we plan to work with our breast cancer nurses from across the region to standardise our survivorship approach and to develop broad supportive care services for our patients. This work will all help expand the survivorship clinic, based at Latrobe Regional Health, for the benefit of the whole region.

In the coming 12 months GRICS will progress some of the important work that we have been involved in over the last few years. These projects include:

- › Establishing pathways for the repatriation of gynae-oncology and brain cancer patients back to Gippsland
- › Working with screening partners to enhance screening rates for cancer and improve community understanding of cancer

- › Improving timeliness to care for breast cancer patients
- › Working with the Victorian Melanoma Service to develop wrap around services for all melanoma patients across Gippsland and reduce the reliance on travelling outside of Gippsland for treatment
- › Continuing our work to engage with and understand the needs of the primary care sector in oncology
- › Continue to understand the needs of the consumer and actively engage with them to co-design projects
- › Continue to support the education needs of our local Allied Health professionals around oncology care

GRICS is genuinely excited about the work ahead, partnering with our local health services and Integrated Cancer Service colleagues to deliver better cancer care for Gippsland and Victoria. We have had presentations at the national meetings undertaken by our staff and cancer team in region aimed at improving care and services.

I would like to thank everyone involved in the work of GRICS and congratulate the staff on another productive year.



Mr Mahesh Iddawela
GRICS Clinical Director

Breast Cancer Education Event

GRICS hosted a Breast Cancer Education evening for Gippsland health professionals on Thursday 20th July 2023. The event was offered both in person at Century Inn Traralgon, as well as online via webinar. This event was multidisciplinary in nature, open to a range of health professionals including medical oncologists, radiation oncologists, surgeons, nurses, radiologists and GPs.



The event was very popular and interest far exceeded our expectations. 47 people attended in person on the evening and a further 6 people attended online via the webinar option.

Ms Chere McCamley, local Breast & General Surgeon and Chair of the Gippsland Breast Cancer Multidisciplinary Meeting (MDM), chaired the evening. Stew Harper, GRICS Program Manager, provided an overview of the 2021 Breast Cancer Tumour Summit, and we also heard presentations from the following specialists from across the state:

- Dr Shu Su – Radiologist, I-MED Radiology Network – “Staging of Breast Cancer”.

- Dr Maggie Moore – Medical Oncologist, Alfred Health – “The new ‘standard’ for the neo/adjuvant treatment of triple negative breast cancer.”

- Dr Chia May Wong – Radiation Oncologist, Gippsland Radiation Oncology – “Updates in Breast Radiotherapy”.

One comment summed up the evening nicely:

“I really enjoyed the night, and found it so beneficial to meet people in person that I had only spoken with over the phone or via email. Collaboration of our service, and open communication channels [across LGAs] will be so beneficial for our patients. Well done! Looking forward to the next one.”

The Victorian Integrated Cancer Services (VICS)

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 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:

1. Adoption of quality cancer care closer to home
2. Alignment with the Multidisciplinary Meetings (MDM) Quality Framework
3. Addressing the needs of the older person in routine cancer care

4. Implementing the Optimal Care Pathways (OCP) for Aboriginal and Torres Strait Islander people with cancer
5. Addressing unwarranted variations against the OCPs
6. Monitoring and communicating alignment with the OCPs
7. Supportive care
8. Survivorship care
9. 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 www.vics.org.au

Statewide Activity Spotlights

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 priority 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 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.

Care of the Older Person with Cancer 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

Statewide Activity Spotlights

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:

1. Facilitate high quality survivorship care through supporting Victorian hospitals to ensure appropriate policies are in place.
2. 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.
3. Improve VICS and member services' confidence, capacity and capability around survivorship through reducing the gap in survivorship education and training.



Consumers

Consumers can provide unique and valuable insights into healthcare due to their experiences of using the health system as a patient, client, carer or simply as a community member who understands what other community members may need or value.

Gippsland Regional Integrated Cancer Service values consumer input to enhance our service improvement projects and to positively impact cancer outcomes for Gippsland.

At GRICS consumers can choose between being part of the:

➤ **GRICS Consumer Network:**

- receive consumer-related information and project collaboration opportunities via email
- pick and choose which projects to be involved with

➤ **GRICS Consumer Reference Group:**

- be part of a committee that provides support and advice to improve cancer services across Gippsland
- provide a consumer viewpoint to local and statewide cancer service improvement projects

➤ **GRICS consumers have assisted GRICS with the following projects this financial year:**

- GRICS Service Improvement Grants
- Supportive Care Screening Tool Review
- Supportive Care Information Formats
- Exercise and Cancer
- VICS Prostate Cancer Handout for newly diagnosed cancer patients
- Survivorship
- West Gippsland Prostate Support Group

GRICS would like to thank our consumers for their valued input as we work towards improving cancer care across Gippsland.



Consumers Pam and Linton Blackwell who have assisted with the development of the West Gippsland Prostate Support Group



Hayley Hall (GRICS), Sinead Hickmott (WGHC Oncology Nurse and GRICS Service Improvement Grant Recipient) and Gemma Downs (GRICS) at Farm World

Exercise and Cancer Pilot

Cancer diagnoses are on the rise, with a projected 50% increase in the next 15 years. But there's some good news too – the 5-year survival rate post-diagnosis has reached 70% for the first time ever ⁽¹⁾ However, this means more people are living with a cancer diagnosis, and they need support and additional therapies.

Exercise is becoming increasingly recognised as a valuable tool in dealing with cancer. Whether it's before or during treatment or in survivorship, exercise can help counteract the side effects of cancer and its treatments ⁽²⁾ It's been backed up by clinical research as a safe and effective way to deal with both the physical and psychological challenges of cancer.

The benefits of exercise for cancer patients are pretty impressive. It can improve quality of life, boosts energy levels, and even raises self-esteem. Plus, it can increase the chances of completing treatment successfully. On top of all that, exercise can lower the risk of other health issues like heart disease, reduced pain and nausea, and cancer-related fatigue.

Some health services in the region are providing successful exercise programs. However, these programs are not always coordinated for patients across the Gippsland region, they often run independently, and not many people know about them. For example, Central Gippsland Health runs an exercise group, though awareness could be improved.

So, there was an opportunity to create a consistent approach to exercise across Gippsland.

They started with a pilot project in the Latrobe Valley where there wasn't any program before. After its success, GRICS saw the opportunity to streamline all existing programs and make sure everyone in Gippsland had equal access.

A working group of healthcare professionals and exercise physiologists came together to design a pathway for patients to access these exercise programs. They created a simple referral form that anyone could use, whether they wanted to refer themselves or needed a clinical referral.

Exercise physiologists in Gippsland received support to enhance their skills by attending a course specifically

for delivering cancer-focused exercise programs. The Latrobe Community Health Service's exercise physiologists led the program, with help from Allied Health Assistants and fitness professionals from Latrobe City Council's Latrobe Leisure Morwell. It was a hit among cancer patients in the Latrobe Valley, with eight Gippsland exercise physiologists trained, and 70 patients taking part in the program (only three declined). Group sessions had between 4 and 19 patients, and eight of them continued using the leisure centre for ongoing fitness. The feedback from the exercise group was overwhelmingly positive. They'll follow up with participants at the 6-month mark to see how they're doing with their exercise routine.

One great thing to note is that participants felt comfortable using the leisure centre facilities because they already knew the fitness team. This helped make exercise a sustainable habit for them.



And the cherry on top of this success story? The pilot program won an award! It received the 'Community Impact Award' at the Aquatics and Recreation Victoria (ARV) awards.

¹ [Cancer in Victoria: Statistics & Trends 2020, Cancer-in-Victoria-statistics-and-trends-2020.pdf \(cancervic.org.au\)](https://www.cancervic.org.au/cancer-in-victoria-statistics-and-trends-2020.pdf).

² [Cormie P, Atkinson M, Bucci L, Cust A, Eakin E, Hayes S, et al. Clinical oncology society of Australia position statement on exercise in cancer care. Med J Aust. 2018;209\(4\):184–187](https://www.mja.com.au/2018/209/4/184-187)



GRICS Service Improvement Grants

GRICS is committed to working with our partner health service providers to continue improving cancer outcomes for Gippsland patients through the provision of Service Improvement Grants. These grants provide partner health services the opportunity to implement quality improvement and/or scoping projects that align with the Victorian Cancer Plan 2020-2024. These grants target time-limited projects that cannot be funded within existing health service resources.

South Gippsland Hospital

Upskilling the South Gippsland Hospital staff in contemporary cancer care.

South Gippsland Hospital (SGH), based in Foster, work in collaboration with the South Gippsland Palliative Care (SGPC) team located out of Leongatha to provide palliative care to the Corner Inlet community. Two gaps in service were identified; ongoing care available for those patients wanting home-based palliative care and the specific skills required by South Gippsland Hospital nursing staff to provide this service, specifically the management of Central Venous Access Devices (CVAD).

Bridie Behmer, Project Lead SGH, established a project to ensure the delivery of evidence based, contemporary cancer care and upskill staff from South Gippsland Hospital. This included utilising the Australian Palliative Care Outcomes Collaboration (PCOC) tools in palliative care practice and increasing education and confidence for nursing staff in CVAD management.

Victorian Statewide Collaboration to Improve Cancer Survivorship Care

The VICS and Australian Cancer Survivorship Centre (ACSC) are collaborating to support the Victorian Statewide Collaboration to Improve Cancer Survivorship Care project. The Victorian Government continues to invest in improving models of survivorship care through policy and the delivery of the Victorian Cancer Survivorship Program (VCSP). A part of this investment includes the Victorian Quality Cancer Survivorship Care Framework and Policy Template, and the Embed and spread optimal cancer survivorship care across Victoria project.

GRICS has assisted partner healthcare services to implement the Victorian Quality Cancer Survivorship Care Framework and Policy Template. A collaborative approach between GRICS and partner healthcare services has led to amendment of the ACSC supplied policy which formalises a commitment to survivorship care practices.

Following on from this saw a co-design, evidence-based data collection which involved surveys and workshops with patients, careers and healthcare professionals. This led to the development of a Model of Care (MOC); a stepped approach to Survivorship Care Plans (SCP) and Needs Assessment (NA) handouts to accompany Supportive Care Screening Tools (SCST) or NA. Piloting of these resources is being undertaken from July – December 2023 within partner healthcare services. Evaluation of the pilot is expected to determine the feasibility, sustainability and acceptance of the MOC within the services.

Gastrostomy Feeding Tube Credentialing Program

Establishment of a gastrostomy feeding tube credentialing program for Dietitians and Registered Nurse's in cancer care. Enteral nutrition is often a crucial element of optimising a patient's capacity to undergo anti-cancer therapy due to localised and systemic side effects which can cause inadequate oral intake and malnutrition.

The dietitian-led home enteral nutrition (HEN) program is the main contact point for patients receiving enteral nutrition, which provides clinical nutrition care, coordination of enteral nutrition supplies and management of enteric feeding tubes (including gastrostomy feeding tubes). Management of gastrostomy feeding tubes requires specialised skills and knowledge including stoma care, balloon-retention device management, tube changes and permanent tube removals.

The HEN dietitian caring for the oncology patients often build a close rapport with these patients due to frequent and prolonged contact and intervention, and are well placed to provide a comprehensive enteral nutrition and gastrostomy tube management service. As such, this project aimed to establish a gastrostomy credentialing program for the LRH HEN dietitians to provide comprehensive enteral nutrition care and timely, evidence based, high level gastrostomy tube management.

Predominantly, the dietitian recommends and coordinates gastrostomy tube changes/removals or identifies issues with the gastrostomy tube or stoma site, however, it is the role of the Stomal Therapy Nurse (STN), Emergency Department Consultant or Gastroenterologist to complete the task given this is historically outside the dietitian's scope of practice.

In 2016, the Victorian Department of Health and Human Services (DHHS) awarded 'allied health advanced practice' funding grants to six Victorian health-care networks to develop hospital-based advanced practice dietitian roles in gastrostomy tube management. Evaluation of the funded projects at completion and 12-months highlighted the success of implementing an advanced practice role in gastrostomy tube management.

Since then, dietitian-led gastrostomy credentialing programs have been established in healthcare settings in Regional Victoria.

Latrobe Regional dietitians identified that due to limited STN staffing and availability, timely gastrostomy tube care was not always feasible, which resulted in less monitoring and prolonged waiting periods for gastrostomy tube changes which may result in more clinical complications, more frequent emergency department presentations and development of malnutrition as a result of interrupted feeding regimes.

Gastrostomy Feeding Tube Credentialing Program



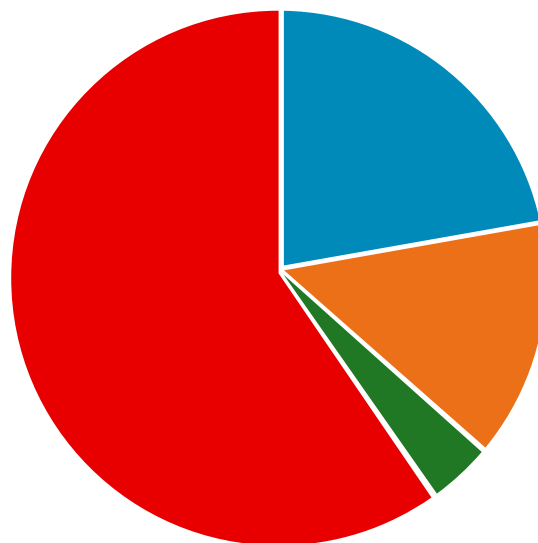
The project culminated in the Advanced Practice Gastrostomy Feeding Tube Level 1 Training Day at La Trobe Regional on the 3rd August. Dietitians, nurses and stomal therapists from across Gippsland health services were invited to attend the program presented by St Vincent's Health senior dietitians Kim Lunardi and Kate Brookes, as well as industry reps and nursing staff Jo D'Cruz (Home Care Nurse, Nutricia) and Lisa Fraser (RN, Avanos). The level 1 training day provided specialised knowledge, case studies and skills to strengthen the regional workforce in Gippsland in care of gastrostomy feeding tubes, including theoretical and interactive sessions covering:

- › Indications and contraindications for gastrostomy feeding,
- › Insertion methods and g-tube identification
- › Gastrostomy tube and stoma site care across a range of health care settings (inpatients, outpatients and community setting)
- › Gastrostomy tube and stoma site troubleshooting.
- › The interactive nature of the day meant there was many opportunities for discussions, hands-on learning, case studies and networking between participants.

Gastrostomy Feeding Tube Credentialing Program

What is your area of practice?

- **Nursing (6)**
- **Stomal Therapy (4)**
- **Medical (1)**
- **Dietetics (16)**
- **Other (0)**



27 attendees provided evaluation and feedback to the presenting dietitians.

Respondents indicated an improvement in their knowledge and confidence regarding:

- › Theoretical/'hands off' and 'hands on' gastrostomy management
- › Gastrostomy tube identification
- › Documentation of a newly inserted or replaced gastrostomy tube
- › Troubleshooting gastrostomy management
- › Who to contact for a gastrostomy tube issue.

Gastrostomy Feeding Tube Credentialing Program

Do you feel there is a need for credentialing program in gastrostomy tube management for clinicians within your service?



26

Responses



9.08

Average Number

Furthermore, there was significant recognition of the benefit to regional health service in establishing credentialing programs such as this.

On completion of the level 1 training day:

- › 95% of attendees could correctly identify an initial PEG tube,
- › 91% could correctly document the required information after insertion or replacement of a gastrostomy tube and:
- › 90% could correctly identify the optimal distance between the external retention device and the skin.

Respondents felt an extension of this training day to cover more in-depth information regarding gastrostomy tube selection, enteral feeding trouble shooting, PEG-J tube management and more in-depth jejunal feeding skills and knowledge would be beneficial.

Integrating Information to Drive Service Development in Melanoma

Care Closer to Home is one of the priorities of the Victoria Cancer Plan and important for a quality public health system. GRICS has prioritised the investigation and comparison of referral patterns and trends in melanoma treatment for Gippsland residents, specifically those patients traveling outside the region to access melanoma treatments which are available to them locally.

The use of various linked hospital datasets and now access to linked primary care data on patient care is essential for developing efficient pathways. As such, GRICS has established a collaborative and cooperative partnership with the Gippsland Primary Health Network (PHN) in order to acquire primary health data for comparison with health service data.

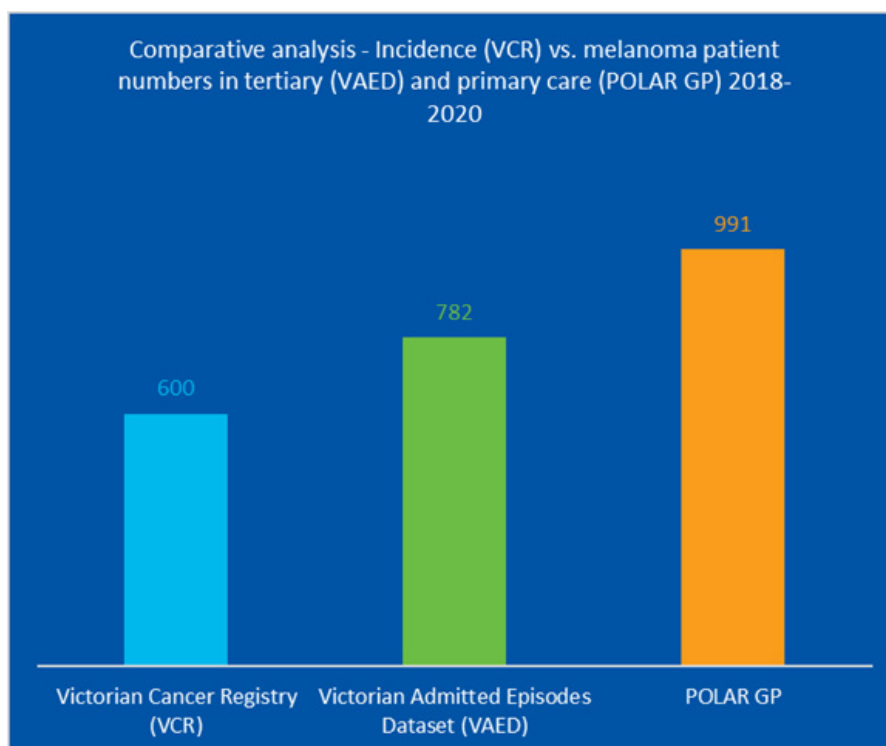


Figure 1. Comparative analysis - Incidence (VCR) vs. melanoma patient numbers in tertiary (VAED) and primary care (Polar GP) 2018-2020^{3, 4}

¹ Victorian Cancer Plan 2020-2024; Victorian cancer plan (health.vic.gov.au)

Integrating Information to Drive Service Development in Melanoma

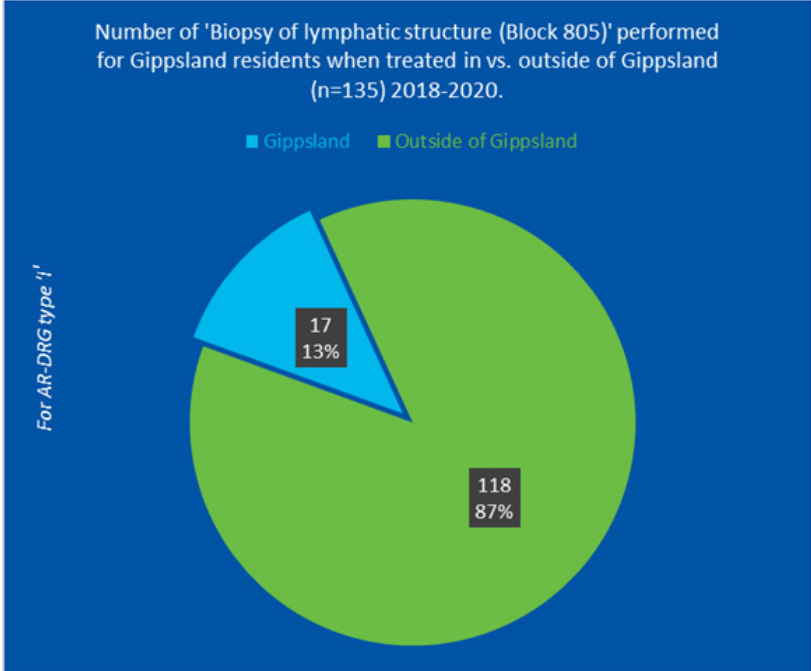


Figure 2. Number of 'Biopsy of lymphatic structure (Block 805)' performed for Gippsland residents when treated in vs. outside of Gippsland (n=135) 2018-2020, Source: Victorian Admitted Episodes Dataset (2018-2020) ³

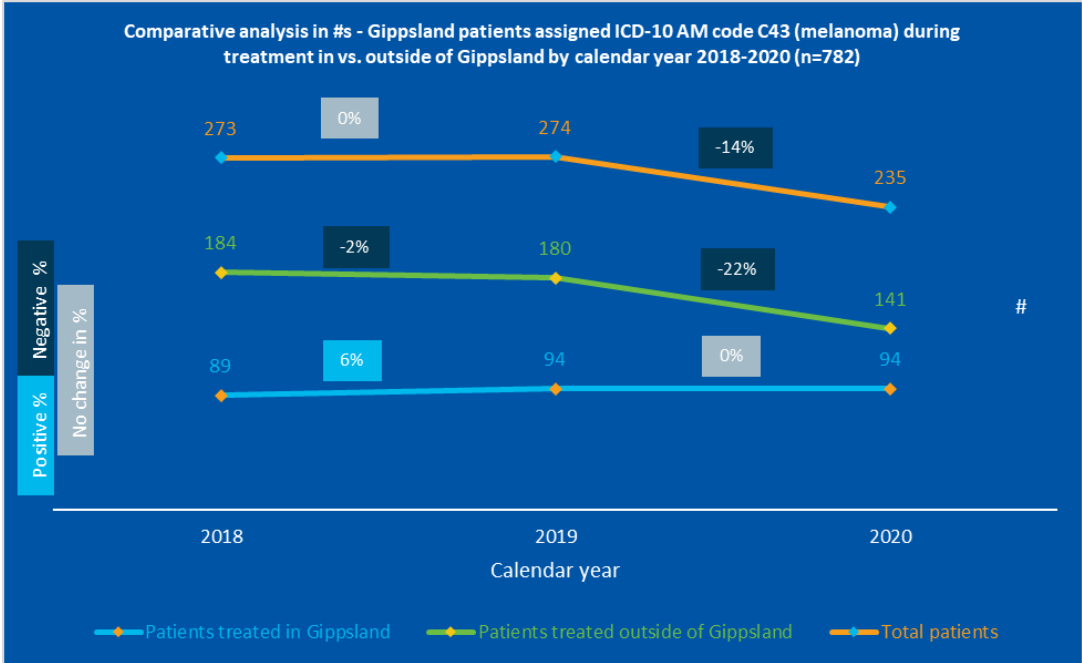


Figure 3. Comparison of rates for Gippsland patients undergoing melanoma treatment at health services within Gippsland as opposed to those undergoing care outside of Gippsland (2018-2020) ³

Integrating Information to Drive Service Development in Melanoma

GRICS has access to melanoma incidence and mortality data via the Victorian Cancer Registry (VCR) and admitted hospital data via the Victorian Admitted Episode Dataset (VAED). This has been strengthened by now also having access to Population Level Analysis and Reporting Tool (POLAR), of which approximately 80% of Gippsland practices share de-identified data with Gippsland PHN which is analysed using POLAR.

(Note: VAED and POLAR GP numbers calculated by each calendar year in figures 1, 2 and 3).

With further analyses of these datasets, GRICS aims to determine referral processes and flow of Gippsland patients diagnosed with melanoma and undergoing subsequent melanoma surgery.

Specifically, this involves:

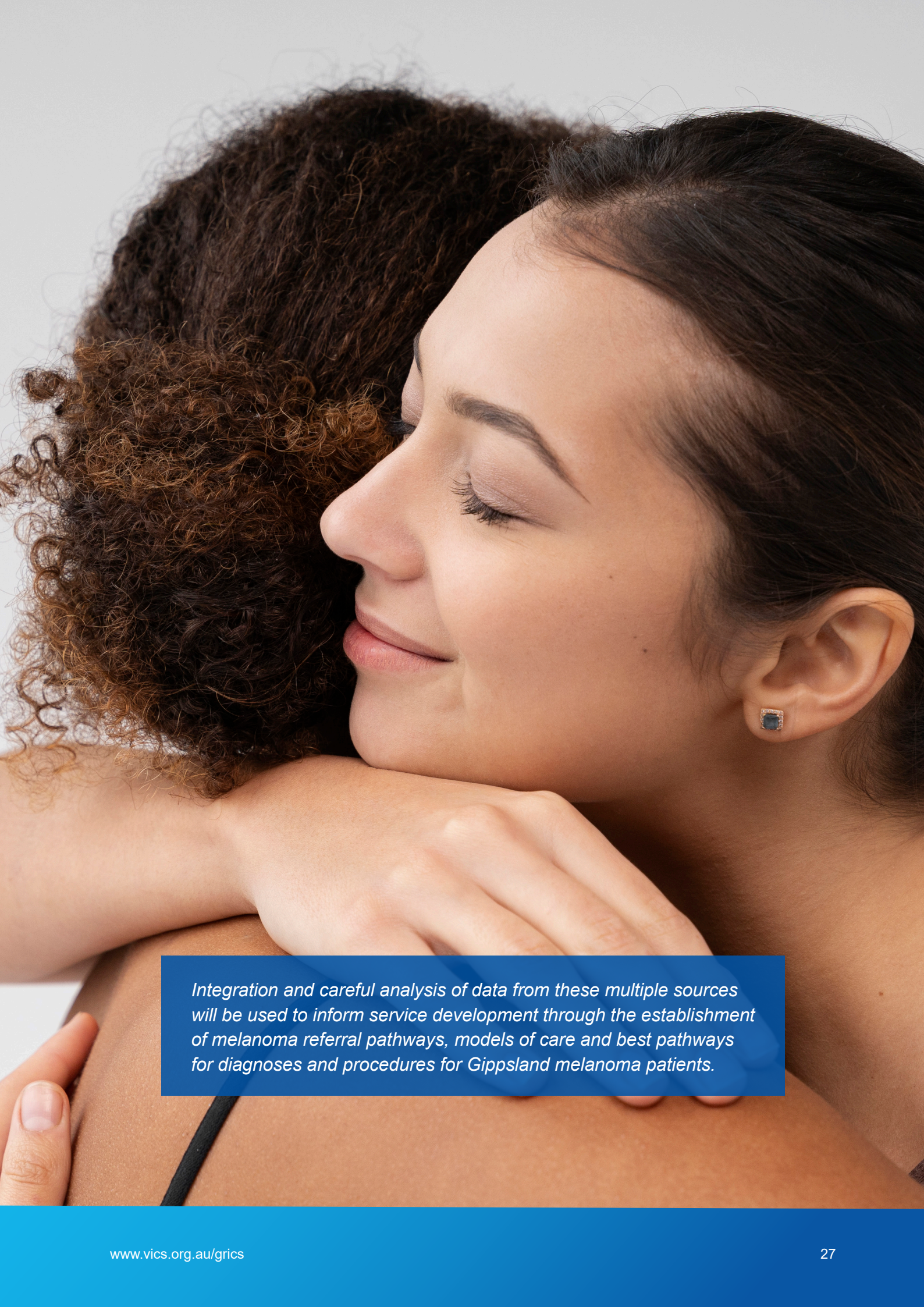
1. Identification of referral pathways and patient flow to determine patient leakage of Gippsland melanoma patients undergoing care outside Gippsland.
2. Identification of the proportion of Gippsland patients undergoing Sentinel Lymph Node Biopsy (SLNB) when indicated by tumour staging in line with the Melanoma Optimal Care Pathway.
3. Establishment of an internal partnership with local surgical teams in order to understand resources required to develop local melanoma surgery and care in the region to avoid unnecessary patient flow to the metropolitan areas and thereby reducing pressure on metropolitan health services with patients that can otherwise be treated locally in Gippsland.

² Victorian Cancer Registry, July 2022; [Victorian Cancer Registry - Cancer Council Victoria \(cancervic.org.au\)](https://cancervic.org.au)

³ Victorian Admitted Episodes Dataset (VAED) 2018-2020; [Victorian Admitted Episodes Dataset | health.vic.gov.au](https://health.vic.gov.au)

⁴ Gippsland PHN, de-identified data from general practice in Gippsland, analysed using POLAR, July 2023

⁵ Optimal Care pathway for people with melanoma, 2nd edition; [melanoma-optimal-cancer-care-pathway](#)



Integration and careful analysis of data from these multiple sources will be used to inform service development through the establishment of melanoma referral pathways, models of care and best pathways for diagnoses and procedures for Gippsland melanoma patients.

Supportive Care in Gippsland

This year GRICS have continued to support chemotherapy day units (CDUs) across Gippsland to improve the way supportive care screening is undertaken.

Following an audit* of CDUs in Gippsland, a collaborative workshop was held late 2022 with supportive care leads from across the regions CDUs and Gippsland Radiation Oncology (GRO) to discuss priority areas highlighted from the audit. Also considered at this workshop was consumer feedback, as well as results of a survey distributed to all CDU & GRO staff in Gippsland that explored their views on supportive care screening.

Recommendations agreed upon in the workshop to enhance current supportive care practices included:

- › updating the Supportive Care Screening Tool (SCST)
- › the introduction of a Supportive Care Action Plan
- › review of when and how the SCST is administered
- › review of supportive care screening documentation processes.

Following the update of the Supportive Care Screening Tool as per the recommendations of the workshop, West Gippsland Healthcare Group (WGHG) and Bairnsdale Regional Health Service (BRHS) CDU sites accepted to trial the new SCST and process. The trial is currently running throughout 2023, after which time it will be evaluated and offered to be implemented across other Gippsland CDU sites and GRO.

** Internal GRICS Audit: Patients newly diagnosed with cancer who received their first chemotherapy between 1/7/20-30/6/21 at a Gippsland Chemotherapy Day Unit using a retrospective medical record audit (n=200)*



Image: Attendees at the GRICS supportive care review workshop

Cancer Council Victoria ACCESS Program

Accessing Cancer Care Equitably using Support Services (ACCESS)

GRICS continues to support Cancer Council Victoria (CCV) and local health services to build supportive care screening and referral capacity to ensure all Victorians have equitable access to information and support via the ACCESS program. The ACCESS program involves educating health services on the supportive care services CCV offers and implementing tailored and sustainable referral pathways to CCV that complement existing referral pathways and supportive care services currently available in the region.

To ensure a sustainable approach to patients being referred to CCV for the supports they require following completion of a supportive care screening tool, GRICS have incorporated referrals to CCV into the Supportive Care Action Plan which is currently being trialled at WGHG and BRHS CDU sites. Feedback on this process to date has been very positive and has ensured referrals and enquiries to CCV remain consistently high.

To further enhance supportive care processes in our region, earlier this year Gippsland welcomed a CCV Regional Liaison Nurse – Gabby Walker. In this pilot position, Gabby will provide education to staff on the supportive care services and referral processes offered by CCV, as well as liaise directly with consumers to assist with their supportive care needs. We are very excited to have the support of Gabby and the CCV in our region.

For further information on the ACCESS Project please visit www.cancervic.org.au/for-health-professionals/access-program



Victorian Health Experience Survey

Between March and May 2023, the Victorian Health Experience Cancer Survey (VHECS) was distributed to patients from across Victoria who had an experience with cancer care, between January 2022 and December 2022. This report compares Gippsland to the rest of Victoria and provides insight to aspects of care that may be lacking.

Overall Summary

596 people across the GRICS were invited to participate, with 203 completed responses received, a response rate of 34%. Regarding the Gippsland specific results at a high level:

- › 100% of Gippsland respondents spoke English at home
- › 98.4% did not identify as Aboriginal or Torres Strait
- › 88.1% of respondents completed the survey independently
- › 98.8% of respondents did not require an interpreter for appointments during their care.

This gives rise to consideration as to whether the survey results are an accurate reflection of the patient experience across minority groups. Furthermore, the most prevalent cancer type in GRICS respondents were similar to Victorian state responses, however differed from the known top five tumour streams in Gippsland as per VAED data (Figure 1).

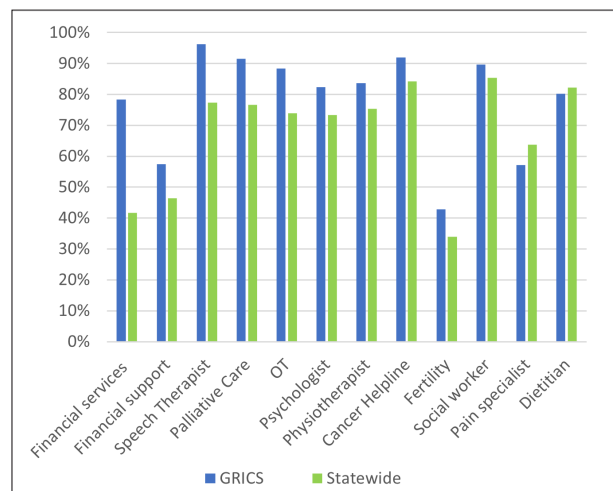
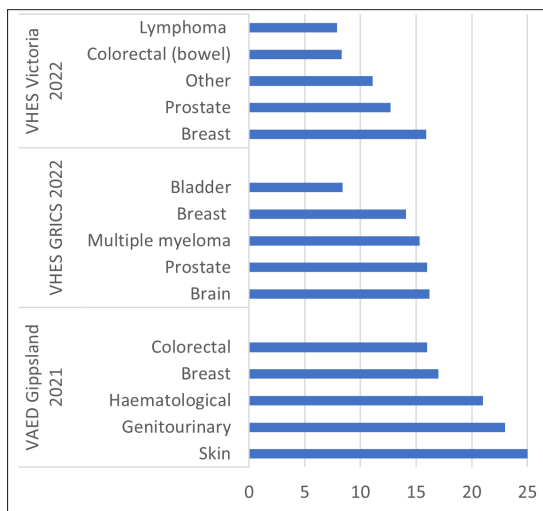


Figure 1: Top 5 tumour streams (percentage) from VHECS respondents in GRICS (2022), VHECS respondents state-wide (2022) and VAED1 presentations for Gippsland residents in Gippsland public hospitals (2021)

Figure 2: Consultation and offering of allied health and support services positive responses in GRICS services above and consistent to state responses.

Above State Level

42 aspects of care in the GRICS region were rated higher than the Victorian state wide average responses. These mainly centred around support services, financial planning and support (Figure 2),

¹ Victoria Admitted Episodes Dataset 2021 Victorian Admitted Episodes Dataset | health.vic.gov.au

Victoria Health Experience Survey

Quality and consistency of information and clinicians was also rated higher by GRICS respondents than state respondents across numerous areas, and respondents indicated health professionals were approachable and worked well together in their cancer care.

Respondents also felt more involved in decisions about their care and treatment than state responses (88.1%, state 77.5%). These positive responses were reflected in both chemotherapy and radiotherapy services across the Gippsland region.

Below State Level

42 aspects of care in the GRICS region were rated higher than the Victorian state wide average responses. These mainly centred around support services, financial planning and support (Figure 2),

What can be improved?

“Communication and information” were consistently the most common areas for improvement. 31.8% of respondents felt communication and information needed to be enhanced to improve the diagnosis experience. This pattern was reflected in improving the patient experience in relation to treatment decisions, and the follow up experience for cancer patients.

Information regarding costs of treatments was another area in which improvements can be made. Only 46.2% of respondents were told or given information about out of pockets costs prior to commencing chemotherapy (state 44.7%), and 28.8% prior to surgery (state 55.2%) (Figure 4).

When respondents were told they had cancer, only 58.6% were told where they could get more information (state 56.1%), and only 58.2% were given information about who they could contact for support (state 55.9%). Furthermore, at completion of their treatment, only 56.3% of respondents were given a written plan that included information about follow up care over the next 12 months (state 55.9%)

Finally, only 48.2% of respondents felt appointments and tests were coordinated by health professionals to reduce the time spent going to and from your medical appointments (state 60.4%).

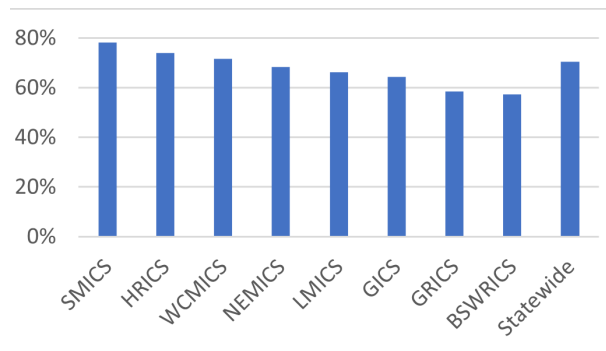


Figure 3: Percentage of respondents who report a member of their health care team discussing the possibility of taking part in cancer research/clinical trials.

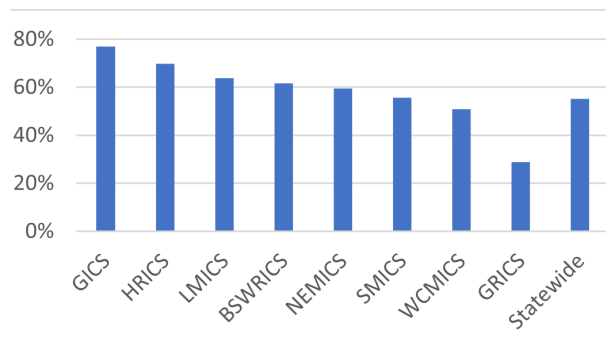


Figure 4: Percentage of respondents who report being told or given information regarding costs they would need to pay prior to surgery.

Summary

These results indicate there are areas of care that demonstrate the commitment of Gippsland health services to deliver best practice cancer care and support Gippsland residents in their individual cancer journey. However, it is also apparent that there is work required to improve communication pathways for our cancer patients. GRICS is committed to working with our health service partners to improve knowledge of surgery costs and access to clinical trials for Gippsland residents with cancer diagnoses.

GRICS Scholarships 2022-23

Since 2010, GRICS have offered a scholarship program supporting approximately hundreds of health professionals with opportunities to attend conferences, undertake training and education, and enhance their skills in their day-to-day responsibility caring for cancer patients across the region.

22 scholarship applications were successful and 2 were cancelled due to Covid-19. Additional funding has been approved by the GRICS Governance Group for the 2022-23 financial year to assist with extra conferences being planned.

How cancer patients benefit from learning experiences:

The scholarship recipients completed evaluation forms. This feedback provides examples of how cancer patients will benefit from their learning experience. Recipients pointed out they now have better knowledge and greater confidence. Most scholarship recipients provided specific examples of how their improved knowledge would lead to new clinical practices, which in turn will benefit cancer patients.

“Thank you to the GRICS Scholarship Program for enabling me to attend the CNSA winter congress. This provided the ability to present at this congress to cancer nursing peers on the implementation of the BRHS SURC service in the project phase & beyond.”

“Thank you GRICS for supporting my attendance to COSA. I learnt so much!”

“The scholarship program was one of the most, wonderful programs available for all cancer nurses. Thank you for your support GRICS.”

“Thank you for support with my studies. The scholarship program is a wonderful initiative, which helps clinical nurses become empowered.”

“GRICS support has been fantastic & made the stresses of starting a new course much easier and enjoyable.”

“By undertaking the shadowing day, I gained insight into how a world leading cancer care centre manages their caseload of health and neck cancer patients. I was provided with excellent strategies that I am able to implement into my practice. I also aim to share my knowledge with my department through presenting a summary of my learnings and experiences.”

“With assistance from the GRICS scholarship program, I attended the Become a Lymphoedema Practitioner course. The GRICS scholarship program has enabled me to increase my scope of practice to include assessing and treating patients with cancer-related lymphoedema. The knowledge provided to me by the course will be shared with other members of the Gippsland Southern Health Service via in-services/education sessions. Thank you to GRICS for their support, without which I would not have been able to attend the course.”

“Thanks to the GRICS scholarship program, I was lucky enough to attend the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting. The theme was Advancing Equitable Cancer Care Through Innovation. I would like to thank GRICS for their financial support through the scholarship program that assisted in me being able to attend.”

“Attendance to the COSA conference increased my scope of practice through vastly extending my knowledge of the most recent developments in immunotherapy treatment in an increased range of cancers and ‘rare cancers’. This increase in knowledge will be communicated to my colleagues in cancer research. Thank you GRICS for supporting this scholarship to attend COSA.”

End of Financial Year Report for the Period 1 July 2022 to 30 June 2023

Balance brought forward from prior FY		\$ 2,973,507.32	\$ 2,973,507.32
		Annual Budget	Actual Expenditure
Income	DHHS grant revenue	\$1,315,882.59	\$1,315,882.59
	DHHS grants (other)		
	Other revenue/grants		
	Accumulated interest		
	Ring-fenced funds carried over from previous fin yrs		
	Income Total	\$1,315,882.59	\$1,315,882.59
Expenditure	Salaries and wages		
	ICS Program office salaries and other clinical positions	\$752,947.00	\$631,954.13
	Contract/other agency		
	Other		
	Salaries and wages subtotal	\$752,947.00	\$631,954.13
	Operating expenses		
	General administration	\$23,200.00	\$22,348.21
	Capital/asset purchases		
	Corporate/management charge by host agency	\$106,880.00	\$106,880.00
	Rent	\$16,750.00	\$16,750.00
	Conferences ICS program office staff	\$10,000.00	\$6,000.00
	Training and education for the sector	\$42,000.00	\$58,162.89
	Operating expenses subtotal	\$198,830.00	\$210,141.10
	Statewide project expenses		
	Ring fenced funds transferred to central cost centre		\$114,794.13
	Statewide project expenses subtotal	\$ -	\$114,794.13
	Local project expenses		
	Service Improvement Grants		\$102,465.20
	Supportive care focus area		\$2,570.09
	ATSI clinician learning package		\$32,456.00
Gippsland Regional Cancer Services Plan		\$78,721.82	
Project expenses subtotal	\$500,000.00	\$216,213.11	
Expenditure Total	\$1,451,777.00	\$1,173,102.47	
EOFY	Opening Balance Accumulated Surplus/ (Deficit) at 1 July 2022		\$2,973,507.32
Balance Sheet	Total Revenue 1/7/22 to 30/6/23		\$1,315,882.59
	Total Expenses		\$1,173,102.47
1/7/2022-30/6/2023	Closing Balance Accumulated Surplus/ (Deficit) at 30 June 2023		\$3,116,287.44





www.vics.org.au/grics

Gippsland Regional Integrated Cancer Service

PO Box 424
TRARALGON VIC 3844

Phone: (03) 5173 8351
Fax: (03) 5173 8198
Email: grics@lrh.com.au



GRICS acknowledges the support of the
Victorian Government