



HUME
REGIONAL
INTEGRATED
CANCER SERVICE

ANNUAL REPORT

2022-23

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Chair Report



On behalf of Hume Regional Integrated Cancer Service (HRICS), I am pleased to present the 2022/2023 Annual Report.

HRICS is committed to its contribution to the statewide Victorian Cancer Plan (2020-2024) and to the success and growth of

cancer support initiatives. Whilst the HRICS Executive Governance Committee formally oversee the VICS Implementation plan, the delivery of the plan's initiatives is critically reliant upon funding body support and in particular the team of staff, specialists, volunteers and service partners who ensure that people seeking cancer services across our region enjoy safe, high-quality care.

This report profiles the key strategic initiative of the current Victorian Cancer Plan by highlighting a range of initiatives undertaken by HRICS in partnership with our regional stakeholders over the past 12 months. These actions fall into three priority areas underpinning our activities which will be highlighted in this year's annual report.

1. Improve equity of access to high quality cancer care

- HRICS co-led the statewide project to address the needs of the older person in routine cancer care by supporting health services to implement geriatric oncology models of care
- HRICS in collaboration with Strengthening Regional Cancer Services Program funding undertook the project Identification and Engagement with First Nations Community at Albury Wodonga Regional Cancer Centre [AWRCC]
- HRICS have supported Cancer Council Victoria's Accessing Cancer Care Equitably using Support Services (ACCESS) project to provide supportive care support through 131120 to increase screening rates and provision of support across health services

2. Support effective implementation of Optimal Care Pathways (OCPs)

- HRICS co-led the statewide project to implement the Aboriginal and Torres Strait Islander Optimal Care Pathway (OCP).

- Quality improvement project at GV Health Oncology including working towards implementing five of the Australian Council on Healthcare Standards (ACHS) quality cancer clinical indicators, in alignment with the Victorian Cancer Performance Monitoring Framework (VCPMF) and Optimal Care Pathways (OCP).
- Contributed to the development of the VICS Statewide Data and Information Management Framework.
- Participated and supported the Optimal Care Summits (formally known as Tumour Summits) and Cancer Services Performance Indicator (CSPI) audits across our major health care services

3. Improve wellbeing and support for all Victorians affected by cancer

- HRICS has worked closely with VICS and the Australian Cancer Survivorship Centre (ACSC) to implement a statewide approach to survivorship care applying an experience-based co-design (EBCD) approach
- HRICS have also worked closely with Northeast Health Wangaratta piloting Survivorship care plans
- HRICS have funded two cancer service improvement grants this year which include: Developing a Framework for Scripted Exercise Therapy (SET) model of care for patients with Advanced Cancer at GV Health and development of a contemporary Allied Health Strategy and Roadmap for Albury Wodonga Regional Cancer Centre.

HRICS has developed and launched our 2023 Consumer Framework with the main focus of ensuring that the consumer voice is incorporated into service improvement initiatives across the Hume Region. The principles of the framework are aligned with engaging and recruiting patient, carers and consumers of cancer services and non-lived cancer experiences within the HRICS consortia catchment area, to participate in a variety of roles to collaborate in the implementation of HRICS Patient, Carer and Consumer Engagement Program.

The HRICS team have continued to strive to collaborate to deliver a focus on better patient outcomes, which is demonstrated by this year's forum theme collaborating to **"Improve the journey, experience and outcomes for patients with cancer and their carers within the Hume Region"**. I would like to personally thank the HRICS team for their contribution to improving cancer outcomes within our health services as well as the continuing support of the Victorian Department of Health.

I also wish to acknowledge the time and commitment of the HRICS Governance Committee, Clinical Reference Group and Cancer Service Advisory Committee.

Thank you,

Dr Mark Ashcroft
HRICS Governance Committee Chair

Victorian Integrated Cancer Services [VICS] have commissioned this artwork to represent our commitment to providing an all encompassing and welcoming space for all Indigenous and non-Indigenous people.

Hume Regional Integrated Cancer Service as part of VICS, support the process of working towards improved cancer outcomes for patients receiving care in health services across the region.

"Hope and Connection - Bunjil"



"This painting represents the growth from the time we arrive on the land to the time we go back to it. As we connect to the lands and country we travel through life from birth to death. This painting shows us the hope and the journey we face. Ultimately we are all one with the environment we share and our connection is vital to that"

Artist - Vegas Fitzmaurice, 2022



Clinical Directors Report



During the past 12 months, we have continued to provide clinical leadership as we work towards and beyond

the goals of the Victorian Cancer Plan (2020-2024). This valuable work will have positive results for our patients and their families, both in the present and in the future.

We have collaborated with our colleagues in contributing to the development of the Victorian Cancer Service Capability Framework, which has ensured the inclusion of the regional voice into future service planning and development. This framework will help ensure that care is delivered as close to home as safe to do so and help us address gaps in services.

The Ovens Murray Clinical Reference Group has been re-invigorated post COVID lockdowns and we thank our colleagues for their time and contributions. This group provides clinical leadership and expertise in monitoring performance and identifying tumour specific gaps in our local cancer service delivery and supporting service improvements across the region.

HRICS continues to work on service improvement projects at a regional and state level. Importantly the Hume Region led on two key state-wide projects, one in the Care of Older Australians with Cancer and the other in starting to implement the Optimal Care Pathway in Aboriginal and Torres Strait Islander People with Cancer, generating toolkits, resources and reports for use across the state, with potential for application nationally. It was a privilege to work with Aboriginal Community Controlled Health Organisations and Aboriginal people in trying to address their needs and start to improve cancer outcomes and quality of care.

Each year the Department of Health mandate the Cancer Services Performance Indicator (CSPI) audit be undertaken at a range of sites, across the state, and within the Ovens Murray and Goulburn areas. This audit measures and monitors progress across a range of indicators across fields such as multidisciplinary service models, supportive care and coordination of care, with results provided to our cancer care providers. Pleasingly, our cancer services have performed well across the wide range of indicators, and it provides us with an opportunity to further develop future focus areas for improvement.

We would like to thank our large network of diverse stakeholders that contribute to the continuous improvement of cancer service delivery within our region. This includes the HRICS team, members of the Cancer Services Advisory Committee, Clinical Reference Groups, partner health services and providers, our clinicians, consumers and teams. We wish to thank also our Governance Group led by Chair Dr Mark Ashcroft who has continued to support our service improvement initiatives and projects which are highlighted in the following report.

The cancer burden within our community remains a significant challenge. Despite the progress we've achieved, there is still considerable work ahead. We eagerly anticipate upcoming prospects for collaboration, innovation, and joint efforts aimed at enhancing cancer services in our region.

Dr Javier Torres and Associate Professor Craig Underhill
HRICS Clinical Directors

Directors Report



On behalf of the HRICS team I am again delighted to share the 2022 - 2023 Annual Report. It is an opportunity for us to celebrate the great innovations, initiatives and opportunities that have contributed to improved cancer service delivery models which impact on the experience and outcomes of patients with cancer within the Hume Region.

HRICS has continued to identify opportunities to communicate and engage with all of our member health services and stakeholders to both progress the implementation of the Victorian Cancer Plan, and support related strategic, operational and local cancer service improvement initiatives. We note that members have provided direction on their specific interests and we have been able to respond effectively and appropriately. We were pleased to have the opportunities to meet with representatives of many of member organisations this year during activities in acknowledgement of World Cancer Day, CSPI Auditing and various educational events. We have continued to embrace the opportunity to align with colleagues and teams across the VICS networks to support greater collaboration networking and sharing between our colleagues in other Integrated Cancer Services. This has resulted in an increased number of shared evaluation measures and projects and improved impact across the state.

HRICS would like to sincerely thank Dr Mark Ashcroft for his skill and professionalism in both stepping into the role, and in guiding the HRICS Governance Committee through his term as Chair. We are extremely fortunate to be supported in our activities and guided by our Clinical Director Dr Javier Torres and Associate Professor Craig Underhill, our HRICS Governance Group and our member organisations.

Thank you also to the Department of Health and VICS network representatives for their engagement and collaboration. To our consumers, clinicians and health service staff – we thank you for your ongoing support and contribution to the various committees and projects to which you have generously supported by providing your time, knowledge and expertise.

We have had the opportunity to continue to grow our team, both in numbers and skills over the last year. Again, I would like to personally thank my team who have at all times continued to contribute across many different and diverse roles. They always demonstrate commitment to ensuring service improvement initiatives are fostered within rapidly changing environments. The collective efforts of all involved have contributed toward improving the experience and outcomes for people affected by cancer, and is greatly appreciated.

We look forward to working with you all in the coming year.

Annie Williams
HRICS Director

About Us

Hume Regional Integrated Cancer Service

HRICS is one of nine Integrated Cancer Services in Victoria, working in partnership with health services to promote coordinated planning, system integration and improvement of cancer services across their respective regions.

The ICS activity supports the achievement of three of the five goals stated in the Victorian Cancer Plan, namely that:

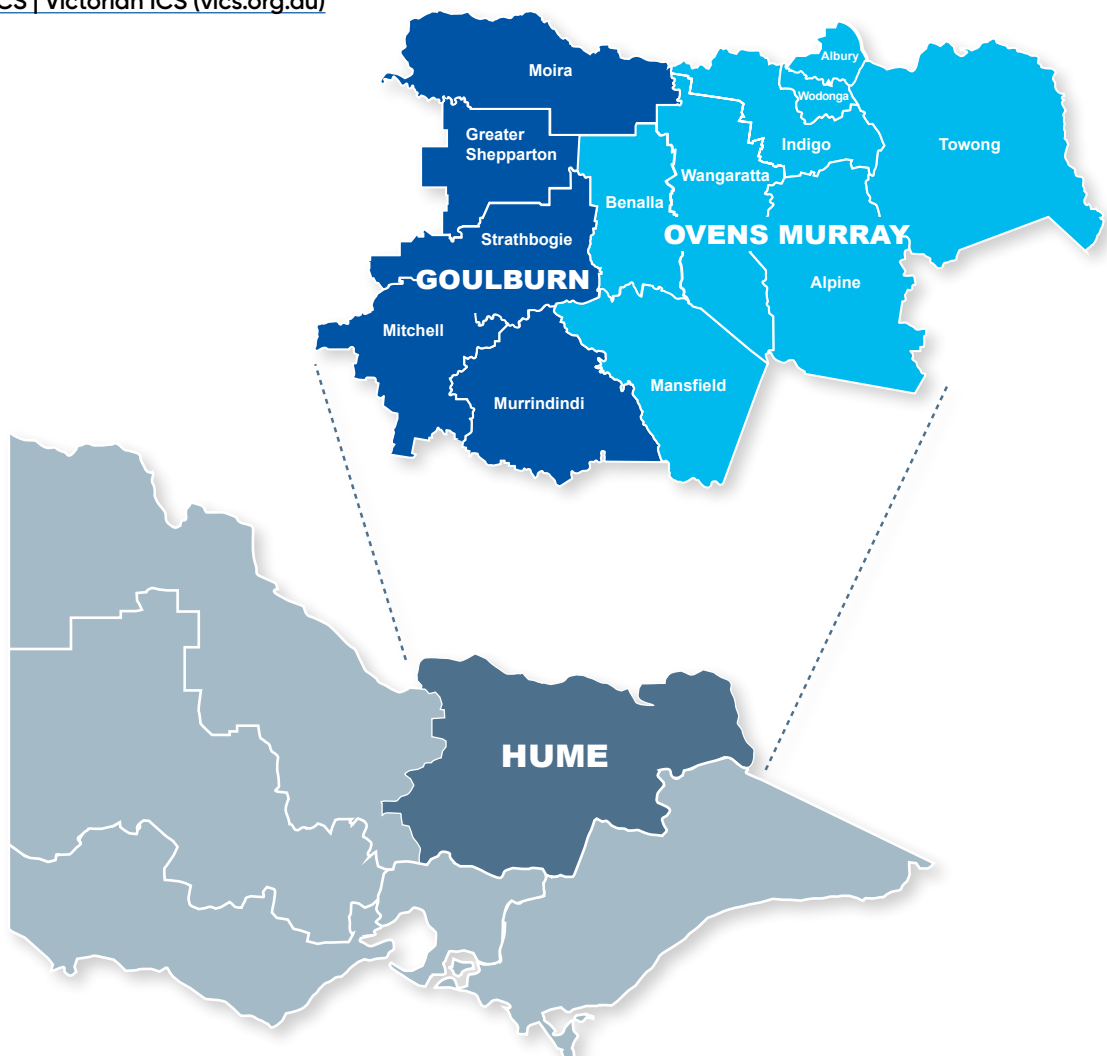
- Victorians know their risk and have cancers detected earlier;
- Victorians with cancer have timely access to optimal treatment; and
- Victorians with cancer and their families live well

We are working towards better care and outcomes for all Victorians affected by cancer.

The focus areas for 2022 - 23 are aligned to the following priorities:

- 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

Visit us here: [HRICS | Victorian ICS \(vics.org.au\)](https://www.vics.org.au)



About the Hume Region

Unique in its cross border structure, HRICS comprises two distinct regions - Ovens Murray to the east, and Goulburn to the west. There are three major public health services - Albury Wodonga Health (AWH), Northeast Health Wangaratta (NHW) and Goulburn Valley Health (GV Health) and three private health services Ramsay Health Care Albury, Wangaratta and Shepparton. The Hume Region provides two radiotherapy services GenesisCare in Albury and Shepparton.

Supporting Local Government areas:

- Greater Shepparton
- Murrindindi
- Albury
- Mansfield
- Mitchell
- Strathbogrie
- Benalla
- Towong
- Moira
- Alpine
- Indigo
- Wangaratta
- Wodonga

Demographics

➤ By **2036** the **population** is estimated to **increase** to over **468,000**

➤ **2.7%** of the population identified as **Aboriginal and Torres Strait Islander**.

This number is **2.7** times the state average. (For Victoria 1.0% of people identified as Aboriginal and/or Torres Strait Islander).

➤ There are **13,529** households in the Hume catchment where a language other than English is used at home.

➤ **365,729**
Total population

➤ **46**
Median Age

Source: Australian Bureau of statistics Census 2021 – Accessed via: <https://www.abs.gov.au/census/find-census-data/search-by-area> - September 2023

Source: NSW Planning portal – Accessed via: <https://pp.planningportal.nsw.gov.au/populations> - September 2023

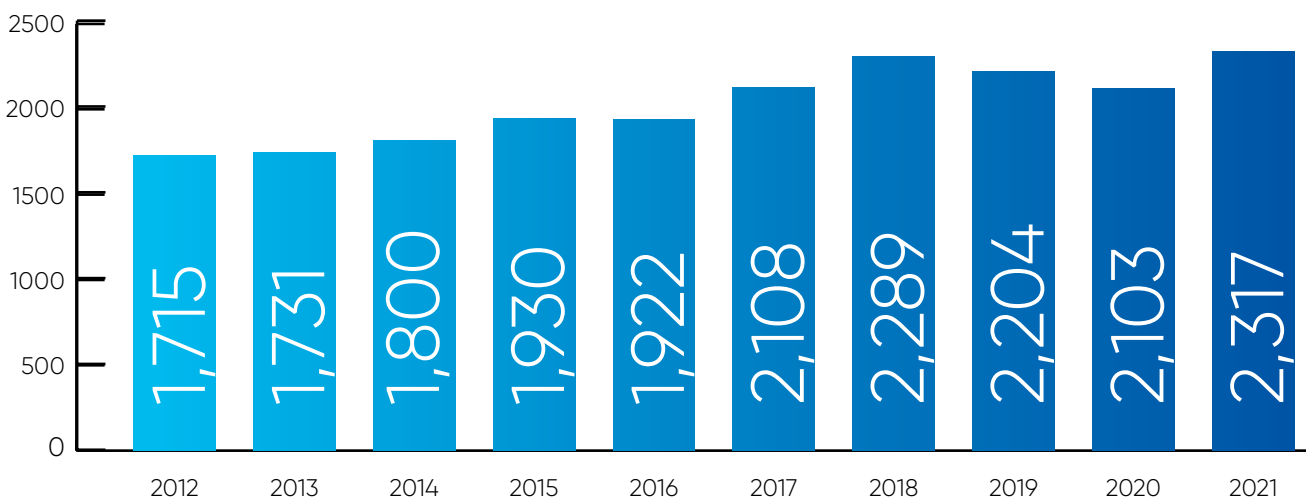
Source: Victoria in the Future – Accessed via: https://www.planning.vic.gov.au/__data/assets/pdf_file/0032/332996/Victoria_in_Future_2019.pdf - September 2023



Cancer Statistics across the Hume Region

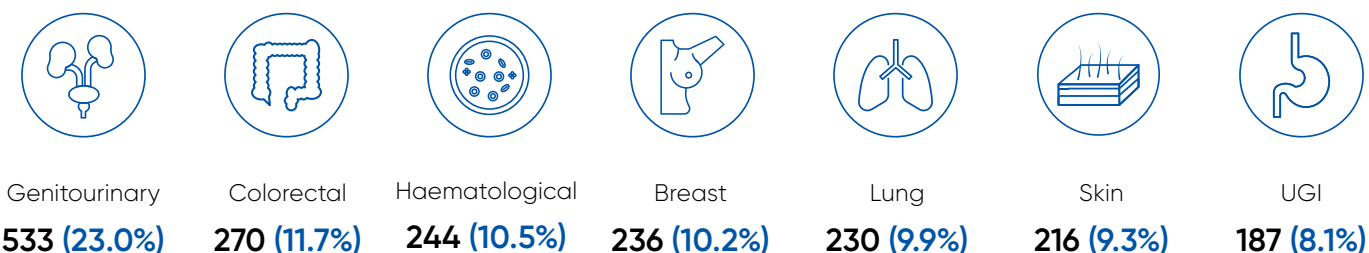
From 2013 to 2018 there was a steady rise in cancer incidence across the region and across all tumour streams. Despite there being a slight decrease in cancer incidence in 2019 and 2020, an increase is noted again in 2021.

Hume - All Cancer Incidence by Year:



Source: Victorian Cancer Registry - 20th September 2023

Leading types of cancer in the Hume Region and the number of cases:



Source: Victorian Cancer Registry - 20th September 2023



70%

The five year relative survival percentage.

This is based on patients whose usual residence is in the Hume Region.

Source: Victorian Cancer Registry - 2021 incidence data and data explorer.

Source: Victorian Cancer Registry - VCR Data explorer. Accessed via - <https://www.cancervic.org.au/research/vcr>

Our Governance Committee

Dr Mark Ashcroft

Chair
Chief Executive Officer
Beechworth Health Service

Mr Bill Appleby

Chief Executive Officer
Albury Wodonga Health

Ms Libby Fifs

Chief Executive Officer
Northeast Health Wangaratta

Ms Donna Sherringham

Executive Director Clinical Operations
GV Health

Ms Claire Marshall

Manager Rural Health Performance
Hume North and East Health Services Unit
Department of Health

Ms Annie Williams

Director
HRICS

Ms Patricia Collier

Divisional Operational Director
Sub-Acute and Ambulatory Care
GV Health

Ms Diane Davey

Operations Manager Cancer Services
Albury Wodonga Health

Ms Sheryl Keir

Chief Executive Officer
Albury Wodonga Private Hospital
Murray Valley Private Hospital
Border Cancer Hospital

Associate Professor Craig Underhill

HRICS Clinical Director, Ovens Murray
Albury Wodonga Health

Dr Javier Torres

HRICS Clinical Director, Goulburn
GV Health

Ms Lynsey Blackshaw

Regional Lead
Murray PHN

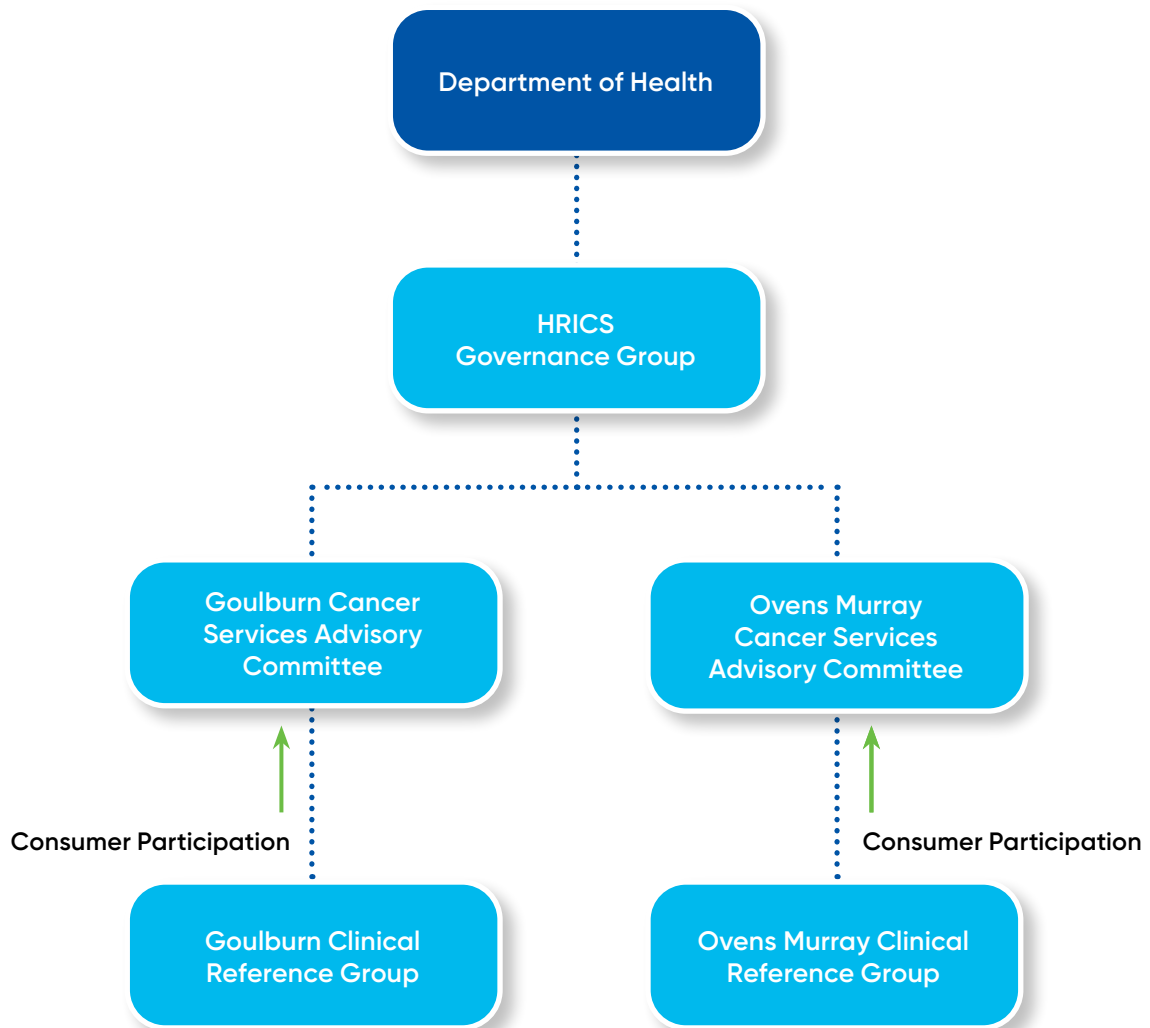
Mr Brendan Foley

General Manager
GenesisCare

Mr Rhys Jones

Chief Executive Officer
Shepparton and Wangaratta Private Hospitals
Ramsay Health Care

Our Governance Structure



Our Team



Annie Williams
Director



Monique Beecroft
Project Lead
Cancer Service Improvement



Virginia Mitsch
Project Manager



Barbara Morrison
Cancer Data and
Information Analyst



Sian Wright
Project Lead
Cancer Service Improvement

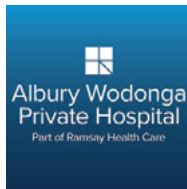


Joanne Mason
Service Improvement
Coordinator



Rebecca McAllister
Project Lead
Cancer Service Improvement

Our Health Service Partners



Our Work

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

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

The VICS work to promote:

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

The VICS build relationships between health services, partners and stakeholders to develop, implement and evaluate initiatives that improve the way Victoria's health services provide care and support. Work is delivered statewide and locally to improve cancer outcomes for all Victorians and 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 <https://www.vics.org.au/>.

VICS statewide activity spotlights 2022–2023

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 North Eastern Melbourne Integrated Cancer Service (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

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.

Our Work continued



2022–2023 Priorities for Victoria's cancer services improvement network

Our vision: To improve patient experiences and outcomes by connecting cancer care and driving best practice

Improve equity of access to high-quality cancer care	Support the effective implementation of the Optimal Care Pathways (OCPs)	Improve wellbeing and support for all Victorians affected by cancer
<ol style="list-style-type: none"> 1. Improve adoption of quality cancer care closer to home 2. Increase alignment with the Multidisciplinary Meeting Quality Framework 3. Address the needs of the older person in routine cancer care 	<ol style="list-style-type: none"> 4. Implement the Aboriginal and Torres Strait Islander People (OCP) 5. Address variations in quality and timeliness of cancer care 6. Monitor and communicate alignment with OCPs 	<ol style="list-style-type: none"> 7. Facilitate high-quality supportive care 8. Facilitate high-quality survivorship care 9. Address variations in referrals to palliative care and advance care planning 

For more information, visit www.vics.org.au or email info@vics.org.au

HRICS has been responsible for co-leading two of the nine priority areas:

- **Priority 3.** Address the needs of the older person in routine cancer care
- **Priority 4.** Implement the Aboriginal and Torres Strait Islander People OCP

Pleasingly our statewide work in the focus area 3 is nearing completion and focus area 4 has been completed and recommendations have been distributed to inform localised work across the state.

HRICS have also worked extensively in focus area 8. Facilitate high-quality survivorship care on the statewide collaboration to improve cancer survivorship care project and locally with the evaluation of survivorship care plans at Northeast Health Wangaratta.

Priority Area 3 - Care of the Older Person with Cancer

Addressing the needs of the older person in routine cancer care by supporting health services to implement geriatric oncology models of care.

Following on from the work undertaken for the financial year 2021-22, HRICS have continued to work with Southern Melbourne Integrated Cancer Service (SMICS) to support improvements in the care for older people with cancer. Finalisation and release of the Care of the Older Person with Cancer toolkit was completed at the end of 2022 with a protocol for its use and timeframe for updates provided to ICS staff. The first review of the toolkit began in June 2023 and an additional review and update will be undertaken starting in February 2024. Thereafter updates will be performed annually for currency and to maintain effective links to resources.



Staff from seven Hume health services were interviewed and information collected will support improvements in local health services across the region.

The development of the toolkit was submitted for presentation at the Cancer Nurses Society of Australia (CNSA) Congress 2023. The application was approved for poster presentation on 15 and 16 June in Adelaide.

You can view the toolkit on the VICS website [Our Work | Victorian Cancer Integrated Services | Australia \(vics.org.au\)](https://www.vics.org.au/our-work/victorian-cancer-integrated-services/australia) and the virtual poster presentation for CNSA Congress 2023 is available until end of June 2024 [25th CNSA Annual Congress \(paperlessevents.com.au\)](https://paperlessevents.com.au).

¹ GA - Geriatric Assessment

² CGA - Comprehensive Geriatric Assessment



Poster presentation of the 'Care of the Older Person with Cancer: TOOLKIT', Sian Wright HRICS and Tracey Bucki SMICS



Our Work continued

Priority Area 4 – Implementation of the OCP for Aboriginal and Torres Strait Islander People with Cancer

The Victorian Cancer Plan 2020 – 2024 identifies the disparities in outcomes between Aboriginal and non-Aboriginal people in the state with data showing higher cancer and mortality rates for Aboriginal and Torres Strait Islander people. Focus areas 4a and 4b of the implementation plan are led by HRICS and Western and Central Melbourne Integrated Cancer Service (WCMICS) and support the application of the OCP to practice through improving workforce knowledge. By enhancing health professionals' knowledge of Aboriginal and Torres Strait Islander culture the aim is to improve understanding of their unique needs when accessing cancer care.

Following on from the work undertaken in the financial year ending June 2022, HRICS have continued to work with WCMICS to support the implementation of the OCP for Aboriginal and Torres Strait Islander people with cancer. The statewide health service clinician survey was distributed by ICS staff to clinicians at services within their catchments in October and November 2022. The survey included questions from the Cancer Australia 'Quick Checks' guide to identify service readiness to implement the OCP.

An external data analyst was engaged to support the analysis of the health service clinician survey results which formed part of the final report for the focus area. Broad themes were determined from the results which showed a positive correlation between knowledge of the OCP and awareness of culturally appropriate aspects of care. This positive result was associated with 19 out of 36 learning and practice needs across the steps of the OCP including:

- Understanding and responding to cultural factors affecting decision making
- Supporting/providing cultural practices for Aboriginal people at the end of life
- Use of the culturally specific supportive care needs tool – SCNAT-IP
- Gender specific matters (men's business, women's business)

A review of the ICS project activity relating to implementation of the OCP was undertaken and recorded in the final report. As of June 2023, the full report, an appendices section which includes a comprehensive record of the project documentation and a project handover report to support next steps for local implementation activities have been delivered to the Program Managers' group.

Victorian Statewide Collaboration to Improve Cancer Survivorship Care project

This two year project involving a strategic partnership between the Victorian Integrated Cancer Services (VICS) and the Australian Cancer Survivorship Centre (ACSC) aims to implement a statewide approach to cancer survivorship care as per the VICS Implementation Plan.

A Survivorship policy template was developed and provided to Victorian health services seeking to formalise their commitment to quality cancer survivorship care. This template is currently being modified and tailored at each of our public health services delivering cancer care within the Hume Region.

HRICS has continued to worked extensively with and supporting our health services with these objectives of implementing the Victorian Quality Cancer Survivorship Care Policy, and quality improvement initiatives in survivorship care.

Localised service improvement projects include: A Survivorship Care Planning pilot project at GV Health and Evaluation of Survivorship Care Plans at Northeast Health Wangaratta.

Survivorship Care Quality Improvement Initiatives

As part of the second objective to implement survivorship care models, two survivorship care quality improvement initiatives have been developed through co-design workshops with health professionals and consumers. These are:

- Needs assessment initiative
- Survivorship care planning initiative

A prioritisation process was undertaken to identify two survivorship care improvement areas to focus on for this project.

- The [Embed and Spread projects baseline site survey report \(2022\)](#), which GV Health and AWRCC were involved in, identified five survivorship care improvement areas.
- In August 2022, a consumer survey was undertaken with 69 consumers about their experience receiving and accessing cancer survivorship care. Six improvement areas were identified.
- A health professional poll (October 2022) was undertaken with 99 health professionals to rank the six improvement areas from most important to least important to prioritise. Survivorship care plans and needs assessment were the highest ranked improvement areas.
- This project's statewide advisory group endorsed progressing these two improvement areas to the co-design and model of care development phase.

HRICS looks forward to working with and supporting our cancer centres in implementing the Victorian Quality Cancer Survivorship Care Policy, and quality improvement initiatives in survivorship care.

Survivorship Care Planning Project at GV Health

In delivering the statewide objective to implement survivorship care models and incorporating learnings from the Embed and spread projects in 2022, GV Health are representing the Hume region as a pilot site. HRICS undertook diagnostic work within GV Health to identify gaps in survivorship care planning within the day oncology unit; this went on to inform planning for the pilot project. The project planning is currently underway with implementation phase to commence in September 2023.

Our Work continued

Evaluation of Survivorship Care Plans at Northeast Health Wangaratta

Whilst Survivorship Care Plans (SCPs) have been identified as an important aspect of care provision to assist survivors to transition to the post treatment phase, SCPs are not currently a standard of clinical practice in Australia.

SCPs are emerging as one element of an improved and more coordinated approach to survivorship care. They are formal, written documents that provide details of a person's cancer diagnosis and treatment, potential late and long-term effects arising from the cancer and its treatment, recommended follow-up, surveillance, and strategies to remain well. As SCPs are not a standard of clinical practice, patients often feel 'lost' and unsupported when transitioning to a new way of life post completion of treatment.

The Oncology Cancer and Wellness Service at NHW identified this as a service improvement opportunity, to better support their patients transitioning from end of active treatment into self-management/survivorship care. Providing patients with SCPs assists and supports in addressing their health and wellbeing needs beyond active treatment.

The nurse led project, commenced in October 2022 has created 38 SCPs for a sample group of bowel and lung patients completing chemotherapy treatment with curative intent at NHW. A sample group of breast patients completing chemotherapy/radiotherapy/adjuvant hormone therapy have also been part of the 6-month project with SCP being developed with the patient at the completion of active treatment.

A copy of the SCP was given to the patient, the patient's GP and treating oncology team. GPs can use the SCP to create a Chronic Disease Management Plan (CDMP) for the patient if required.

The project is now in the evaluation phase which will inform the service if the SCP program is meeting its primary objectives for improvement in patient experience, outcomes and satisfaction. Patient feedback thus far has shown the project to be successful with the aim to implement SCP into ongoing clinical practice at NHW.

HRICS has supported the NHW Oncology Cancer and Wellness Service team during the project and is assisting in the evaluation phase. We congratulate the NHW team in their time and effort with this project.



Northeast Health Wangaratta Cancer and Wellness Team

VICS Optimal Care Summits (OCS)

The Optimal Care Summits formally known as Victorian Tumour Summits aim to consult with cancer multidisciplinary clinicians, integrated cancer services, consumers and other expert stakeholders to collaborate and agree on priorities for reducing variations in cancer care and improving patient cancer outcomes throughout Victoria.

Reports and content from these summits are reviewed in detail for variations that relate to the Hume Region. The report, with a summary is distributed to our key stakeholder network and targeted clinical service groups. Opportunities to promote and identify service improvement opportunities are also informed by our clinical reference groups (CRG).

Consumer Framework

This year HRICS reviewed and redeveloped our Consumer Engagement Model to ensure that we continue to engage and recruit patient, carers and consumers of cancer services within the HRICS catchment area.

This has required the development of associated resources including, registry of patients, carers and consumers who have indicated interest in a variety of roles.

HRICS aspires to implement a sustainable model of patient and consumer engagement to support continuous improvement, advocacy and advisory contributions across the HRICS region.

The next steps for this program are to continue to expand the ways in which we can partner with carers, health services and the community ensuring the active voice of the consumer informs future service improvement initiatives.

HRICS would like to acknowledge the valuable contributions of our long established consumers who actively support the wide range of service improvements that are undertaken across the Hume Region.



I was diagnosed with leukemia in 1996, a huge shock for myself and my family. With the help and support of health professionals, social workers, volunteers and the community we were able to ask questions and feel supported.

Personal support is an important part of the cancer journey and by actively being involved as a consumer with HRICS I get the opportunity to support HRICS in ensuring the active voice of the consumer is heard.



Raja, Consumer Representative



I have been involved as a consumer in various projects with HRICS such as:

- A Consumer perspective on the suite of individual patient information
- HRICS services advisory committee
- Symptom and urgent review clinical project governance committee
- And as a Community Ambassador
- 2021 Grant evaluation review panel
- The previous Strategic plan
- Currently involved in the Consumer framework and survey paper and assisting in the recruitment of future consumers



Kathleen, Consumer Representative

Service Improvement Grant Funding

HRICS service improvement grants provide funding to organisations within the Hume Region to undertake projects that will deliver improvement in systems and processes that support cancer services. These grants are time-limited service improvement projects, that must link with one or more of the Cancer Plan Action Areas and Cancer Optimal Care Pathways and are projects that cannot be funded within existing hospital resources.

The HRICS team has worked extensively in the past 12 months updating the service improvement grant processes to better reflect Clinical Redesign methodologies for all our projects to promote sustainability.

In 2023 the following two projects have been approved and are currently in progress.

Scripted Exercise Therapy (SET) model of care for patients with Advanced Cancer Project, GV Health

The project aim is to develop a Scripted Exercise Therapy (SET) model of care for patients with Advanced Cancer. Research shows that regular exercise can greatly improve physical and mental health during every phase of treatment. The scripted exercise therapy model captures patients at the commencement of their cancer treatment journey and supports and monitors the patients throughout the whole treatment journey. The project has two phases: First phase is compiling an evidence based framework to deliver SET therapy to patients at GV Health fitting referral criteria. Second Phase is testing the operational delivery of SET framework and providing recommendations on how SET model can be implemented routinely into everyday practice at GV Health.

“ I want to assist other people with their cancer experiences and journey. Let people know its not a death sentence, there's life after a cancer diagnosis it does not have to be terminal. ”

Phillip, Consumer Representative, MET Working Party

Allied Health Strategy and Roadmap, AWRCC

The project aim is to define a centre wide strategy and actionable roadmap for allied health services at AWRCC. This in turn will then improve flow and efficiency of allied health services through a centre wide plan, including review of processes for referral and triage and shared resourcing strategies. Improving the patient experience and continuity of allied health services across the patient journey is central to this project.

Local Service Improvement Activities

Identification of and Engagement with First Nations Community at AWRCC project

(June 2022 – March 2023)

A collaboration between Strengthening Regional Cancer Services Program and HRICS to undertake this project to review the identification and supportive care assessment quality of Aboriginal and Torres Strait Islander service users at AWRCC. The Aboriginal Cancer Project Officer engaged local Aboriginal communities as well as other external service providers to explore gaps and issues and to provide recommendations on how to provide a culturally safe and welcoming environment and culturally competent workforce. Recommendations focused on 'quick wins' that could be readily adopted such as information provision, displaying Aboriginal Torres Strait Islander artwork created by local Wiradjuri artist, 'Ask the question' and culturally appropriate Supportive Care Screening training for all staff and employment of Aboriginal Torres Strait Islander care coordinator within the centre.

HRICS has provided further support with developing an implementation plan to facilitate delivery of recommendations within achievable timeframes.



Virginia Mitsch (Project Manager, HRICS), Megan Clayton (Project Officer, AWH) & Diane Davey (Operations Manager Cancer Services, AWH)

Other Local Service Improvements to note:

- Supported GV Health Oncology in working towards implementing five of the Australian Council on Healthcare Standards (ACHS) quality cancer clinical indicators, in alignment with the Victorian Cancer Performance Monitoring Framework (VCPMF) and Optimal Care Pathways (OCP).
- Supported GV Health Oncology in providing GP education event regarding rapid referral for suspected lung cancer patients.
- Supported GV Health Multidisciplinary meetings (MDMs) by auditing to identify gaps and areas for service improvement opportunities, and ensuring they align with quality framework standards.
- Supporting GV Health Oncology in evaluating the Androgen Deprivation Therapy (ADT) GP Management Action Plan for patients diagnosed with prostate cancer.
- Worked closely with our clinicians to engage and recommence the Ovens Murray Clinical Reference group in 2023, following the impact of COVID on meeting regularity. These meetings are a great opportunity for our clinicians to provide advice and input on the implementation of the clinical aspects of the Hume Region Cancer Services Plan 2021-2026, aligning with the five priority areas of the Victorian Cancer Plan (2020-24).
- HRICS reviewed the timeliness to accessing treatment for patients at GV Health with a diagnosis of lung cancer from 2020 to 2022. A variety of points of care were reviewed along the patient journey from date of referral to treatment and compared to OCP timeframes.
- HRICS continues to support, promote and educate on the Cancer Council Victoria's Access Project 13 11 20 cancer support hotline throughout the Hume Region, which has seen the successful uptake from four health services – AWH, Alpine Health, Corryong Health and NCN Health.

Local Service Improvement Activities continued

Enhanced Supportive Care

The Enhanced Supportive Care program at the Albury Wodonga Regional Cancer Centre was implemented in 2022 as a result of a one-year project funded by HRICS. This service has significantly improved the care of older patients through introducing screening and assessment for patients aged 70 years and above. The program helps to effectively identify patients who may require additional support due to age related issues, ensuring a more comprehensive and tailored approach to their care. With 187 patients having undergone assessments so far, the program not only aids in treatment decision-making but has also improved the timeliness and level of supportive care offered to this patient population.

The Enhanced Supportive Care program aims to proactively link patients into existing services, such as My Aged Care, allied health, and palliative care. By fostering early connections with these vital support systems, the program ensures a smoother transition into comprehensive care for older patients. This strategy is aligned with the program's commitment to patient centred care, emphasizing not only the medical dimensions of cancer care but also addressing the broader range of needs that patients in this age group may encounter. International guidelines now support the routine use of adequate geriatric assessment to guide appropriate care and this approach is now standard of care at AWRCC. Through these strategic linkages and a data-driven approach, the Enhanced Supportive Care program demonstrates how innovative screening, assessment and early intervention can significantly enhance the overall care experience for older patients with cancer.

World Cancer Day 2023

HRICS reached out to all MoU Health services in February 2023 with an offer to supply morning tea to their teams and celebrate World Cancer Day, the theme this year "Closing the Care Gap" which strongly aligns to the Victorian Integrated Cancer Services principles. It was an opportunity to promote better engagement with our smaller health services and promote the work that we do. 11/23 MoU health services "opted in" to participate to have morning tea supplied to their staff. HRICS team members delivered morning tea and vouchers in person as well as sharing morning tea on the day with the executive and staff at the smaller sites of Beechworth, Northeast Health Wangaratta and Yea. Following this, there has been increased contact from these health services in relation to our work and service improvement opportunities. We look forward to continuing to build upon these existing relationships with our stakeholders to collaborate and ensure health equity across our smaller sites.



Beechworth Health Service (left to right): Dr Sam Dunell, Monique Beecroft HRICS, Elizabeth Ibrom CQRC, Julia Brindson-Farr NUM Acute unit, Mark Ashcroft CEO, Angela Clement DCS, Virginia Mitsch HRICS

Hope and Connection – Bunjil



Associate Professor Craig Underhill and Annie Williams (HRICS, Director)

In leading our work within the statewide focus area 4a and 4b all MoU Health services were contacted and offered a complimentary print of 'Hope and Connection – Bunjil over Wurundjeri Land' artwork by Artist Vegas Fitzmaurice. Eight health services have accepted and will display these within their clinical or waiting room environments. The painting will be accompanied by a short overview provided by the artist, of the context and content of the painting, and its meaning.

2021–22 Annual Forum

The 2021–22 HRICS Annual Forum was held virtually on 12 October 2022. The Theme 'Supporting Cancer Services Across the Hume Region' highlighted the work of HRICS grant recipients in the areas of Aboriginal and Torres Strait Islander Clinical Trials, increase of clinical trials available within the GV Health Clinical Trials Unit and Geri-oncology models of care at AWRCC and GV Health. Improving patient flow and enhance patient experience of care at AWRCC was also a highlight of the forum.

'Hope and Connection – Bunjil over Wurundjeri Land' artwork by Artist Vegas Fitzmaurice was a resonating feature of the forum, with Vegas' artwork commissioned to represent VICS commitment to providing an all-encompassing and welcoming space for all Aboriginal and non-Aboriginal participants. This will support the process of working toward improved cancer outcomes for all Victorians.

Conferences

HRICS, alongside with Loddon Malley Integrated Cancer Service (LMICS) and Grampians Integrated Cancer Service (GICS) attended the sixth national COSA Cancer Survivorship Conference in March 2023, held in Adelaide.

The conference theme “solidarity in survivorship: bringing us together” showcased innovation in survivorship care, research and policy and was convened by Professor Bogda Koczwara.

Topics included overcoming unconscious bias, the individual and system roles in health care delivery, the life transforming experience of a cancer diagnosis, sleep and survivorship, measuring what is important, peer support and global issues in survivorship.

With support from the AWRCC Education Trust Education Committee, oncology nurses from Northeast Health Wangaratta were able to attend the conference, providing collaboration opportunities and key learnings for their current project work in cancer survivorship care plans, supported by HRICS.

The conference provided collaboration and engagement among clinicians, researchers, policymakers and consumers, in insightful, bold and collegial conversations about life after cancer diagnosis.



Cancer Survivorship Conference - Julie Symons LMICS, Rebecca McAllister HRICS and Kirsten Ives GICS



Cancer Survivorship Conference - Nicola Coats NHW, Erin Primmer NHW, Kerrin Elliot NHW and Rebecca McAllister HRICS

HRICS, alongside SMICS attended the Cancer Nurses Society of Australia (CNSA) Congress in June 2023, held in Adelaide. The development of the Care of the Older Person Toolkit poster was presented. The virtual poster presentation for CNSA Congress 2023 is available until end of June 2024 [25th CNSA Annual Congress \(paperlessevents.com.au\)](https://paperlessevents.com.au).

Multidisciplinary Meetings (MDMs)

A cancer multidisciplinary team meeting (MDM) is defined as “a deliberate, regular meeting involving a range of health professionals with expertise in diagnosing and managing cancer, with the purpose of facilitating best practise management of all patients with cancer” (Victorian cancer multidisciplinary team meeting quality framework, 2018, p. 1).

These meetings are held at two of our cancer services within Hume Region. Albury Wodonga Health (AWH) in Ovens Murray region and Goulburn Valley Health (GV Health) in Goulburn region. MDMs have evolved to online platform including linking to tertiary health services.

HRICS undertake annual cancer service performance indicator (CSPI) audits and service improvement audits to support and assist these health services to continually improve upon MDM service and processes to meet the Victorian cancer multidisciplinary team meeting quality framework and standards.

Ovens Murray Region	Goulburn Region
167 meetings held	72 meetings held
Incorporating 1,737 discussions (or patients flagged for noting)	Incorporating 406 discussions (or patients flagged for noting)
1,350 individuals	349 individuals

Notes:

In the Ovens Murray Region;

- AWH coordinates MDMs for the following tumour streams:
 - Breast
 - Gastrointestinal
 - Head and Neck
 - Lung
 - Urology
 - Wangaratta (multiple tumour streams)
- All meetings are open for the nomination/discussion on treatment plans for patients diagnosed with melanoma.
- Gynaecological cases are referred for discussion at metropolitan MDMs.
- Haematological cases are referred for discussion at the Peter MacCallam MDM.

In the Goulburn region;

- GV Health coordinates MDMs for the following tumour streams:
 - Breast,
 - Skin,
 - Advanced Lung, and
 - Gastrointestinal
- MDMs are held at GV Health every second week.
- GV Health participate bi-weekly via Teleconference with St Vincent’s Public Hospital Melbourne for the tumour streams:
 - Urology,
 - Upper Lung,
 - Hepatobiliary MDMs.

Multidisciplinary Meeting Activity



2,143 MDM presentations occurred across the **9** MDMs in 2022-2023.

The MDMs are administered by AWH, Northeast Health Wangaratta (NHW) and GV Health.

1,737 MDM presentations at AWH and NHW

406 MDM presentations at GV Health

(Excludes MDM presentations that occurred via a link into a Melbourne metropolitan MDM)

Breast, Lung and **Urology** MDMs had the highest number of presentations.

Source: CanMAP Dataset 2022-2023 and Qool-VIC website: QOOL-Vic MDM software (health.vic.gov.au)



Cancer Service Performance Indicators

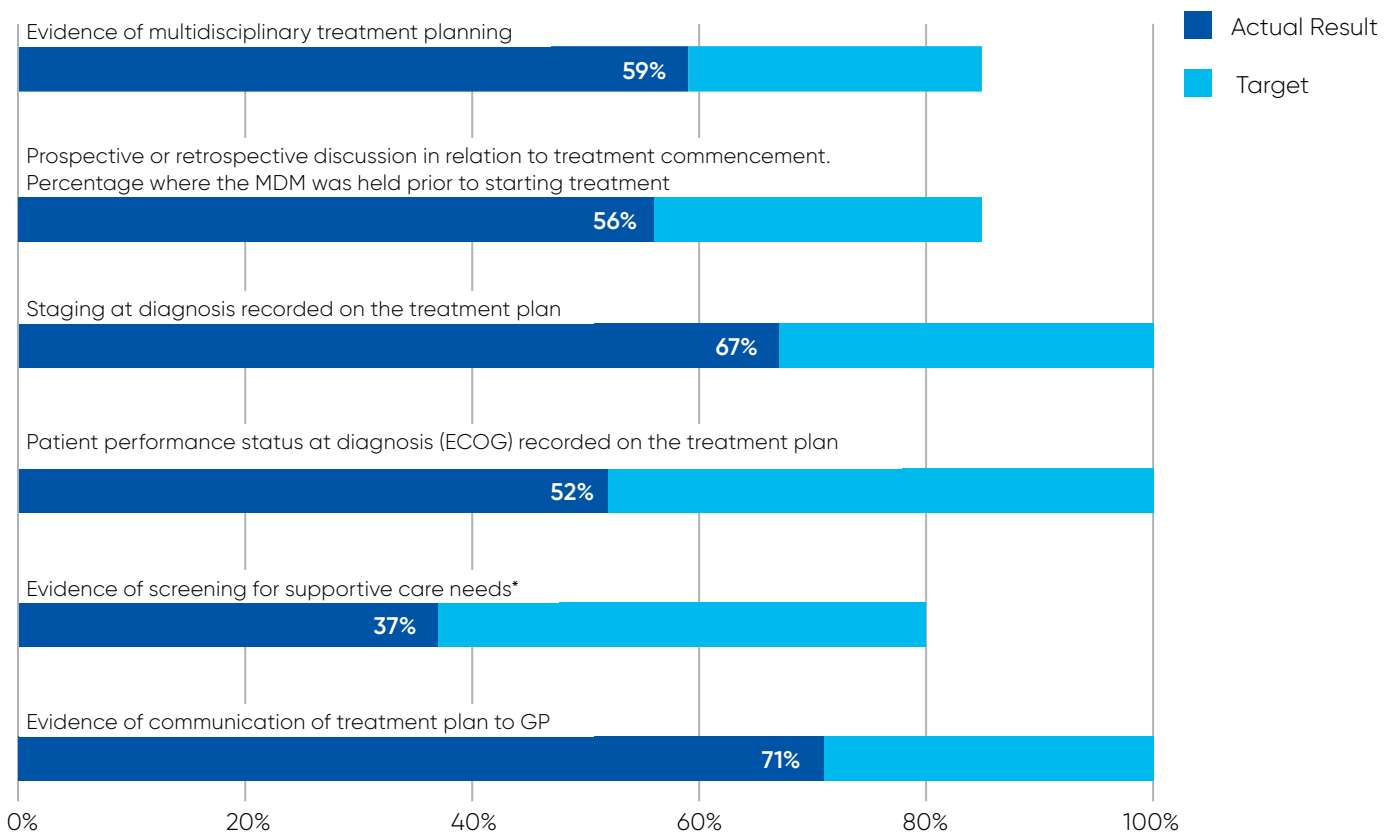
The Cancer Service Performance Indicators (CSPI) is an annual audit undertaken by HRICS directed by Department of Health Victoria. The indicators are used to measure progress across Victoria health services in relation to multidisciplinary care, care coordination across the cancer pathway, supportive care and reducing unwarranted variation in practice. Data is collected from the patient’s central medical record.

The key indicators are:

1. Evidence of multidisciplinary meeting (MDM) recommendations **(Target 85%)**
2. MDM occurs before the start of treatment **(Target 85%)**
3. Evidence of cancer staging in the MDM recommendations **(Target 100%)**
4. Evidence of patient performance status in MDM recommendations **(Target 100%)**
5. Evidence of supportive care screening **(Target 80%)**
6. Evidence of communication of initial treatment plan to GP **(Target 100%)**

The annual audit was conducted in July to October 2022 for patients diagnosed in 2021. Overall results for Hume as noted in the table below:

Cancer Service Performance Indicator Results for Hume (audit of selected cases diagnosed in 2021)



Each health service involved in the CSPI audit was given a localised interim feedback report to review for any service gaps and opportunities. There was follow up consultations with executive management to discuss and clarify data and recommendations for service improvement opportunities.

This dialogue generated a collaboration between GV Health and HRICS to complete a comprehensive audit assessing the current adherence to the MDMs minimum dataset. Including measuring compliance with the Framework following their change of MDM management platform from CANMAP to QOOL-Vic software in 2020.

Financial Statement

For the period July 2022 – June 2023

REVENUE	\$	EXPENDITURE	\$
ICS DH grant	\$1,315,883	Administrative salaries	\$789,972
Other DH grants	\$0	Computer software	\$6,797
Accumulated interest	\$0	Administration and Office Supplies	\$30,239
Other revenue	\$0	Consumables	\$1,191
TOTAL	\$1,315,883	Repairs and Maintenance	\$219
		Capital/Asset Purchases	\$0
		Equipment < \$2500	\$1,982
		Recruitment	\$0
		Motor Vehicles and Travel	\$3,452
		Corporate/Management Charge by Host Agency	\$131,886
		Rent	\$71,475
		Staff Training and Education	\$0
		Conferences and Travel	\$14,138
		PROJECT EXPENSES	\$
		Service Improvement Grants Expended	\$120,876
		Ring-Fenced Funds Expended	\$65,794
		EXPENDITURE TOTAL	\$1,238,021
		TOTAL	\$
		Opening Balance 1 July 2022	\$821,067
		Revenue Total	\$1,315,883
		Expenditure Total	\$1,238,021
		Balance of Funds June 30 2023	\$898,929



Future Directions

HRICS is focussed on completing the local commitments to the 2020-2024 Victorian Cancer Plan, and providing insights to help inform the 2024-2028 Cancer Plan, ensuring the voice of rural and regional communities is considered.

We will continue to work with our 23 member organisations to enable effective communication, engagement, skills development, ongoing process improvement in service delivery.

HRICS will continue to promote the further development of patient experience and outcomes measures, and how they can inform and prioritise service improvement.

Collaborating with strategic, operational and local services to build skills and capacity in service improvement will remain a priority.

We look forward to the continued opportunities to work with our ICS colleagues across the state to collaborate across strategic projects and share skills, insights and opportunities.

Acronyms

ACHS	– Australian Council on Healthcare Standards
ACSC	– Australian Cancer Survivorship Centre
ADT	– Androgen Deprivation Therapy
AWH	– Albury Wodonga Health
AWRCC	– Albury Wodonga Regional Cancer Centre
CDMP	– Chronic Disease Management Plan
CGA	– Comprehensive Geriatric Assessment
CNSA	– Cancer Nurses Society of Australia
COSA	– Clinical Oncology Society of Australia
CSPI	– Cancer Services Performance Indicator
DH	– Department of Health
EBCD	– Experience-based Co-design
ECOG	– Eastern Cooperative Oncology Group performance status
GA	– Geriatric Assessment
GICS	– Grampians Integrated Cancer Service
GP	– General Practitioner
GV Health	– Goulburn Valley Health
HRICS	– Hume Regional Integrated Cancer Service
ICS	– Integrated Cancer Service
LMICS	– Loddon Mallee Integrated Cancer Service
MDMs	– Multidisciplinary Meetings
MoU	– Memorandum of Understanding
NCN	– Nathalia, Cobram and Numurkah
NEMICS	– North Eastern Melbourne Integrated Cancer Service
NHW	– Northeast Health Wangaratta
NSQHS	– National Safety and Quality Health Service
OCP	– Optimal Care Pathways
OCS	– Optimal Care Summits
SCNAT-IP	– Supportive Care Needs Assessment Tool for Indigenous People
SCPs	– Survivorship Care Plans
SET	– Scripted Exercise Therapy
SMICS	– Southern Melbourne Integrated Cancer Service
VCPMF	– Victorian Cancer Performance Monitoring Framework
VICS	– Victorian Integrated Cancer Services
WCMICS	– Western and Central Melbourne Integrated Cancer Service

HRICS welcomes your feedback and suggestions on our work and to inform future planning of our annual report. Please contact our team via phone or email. Contact details are on the following page.





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