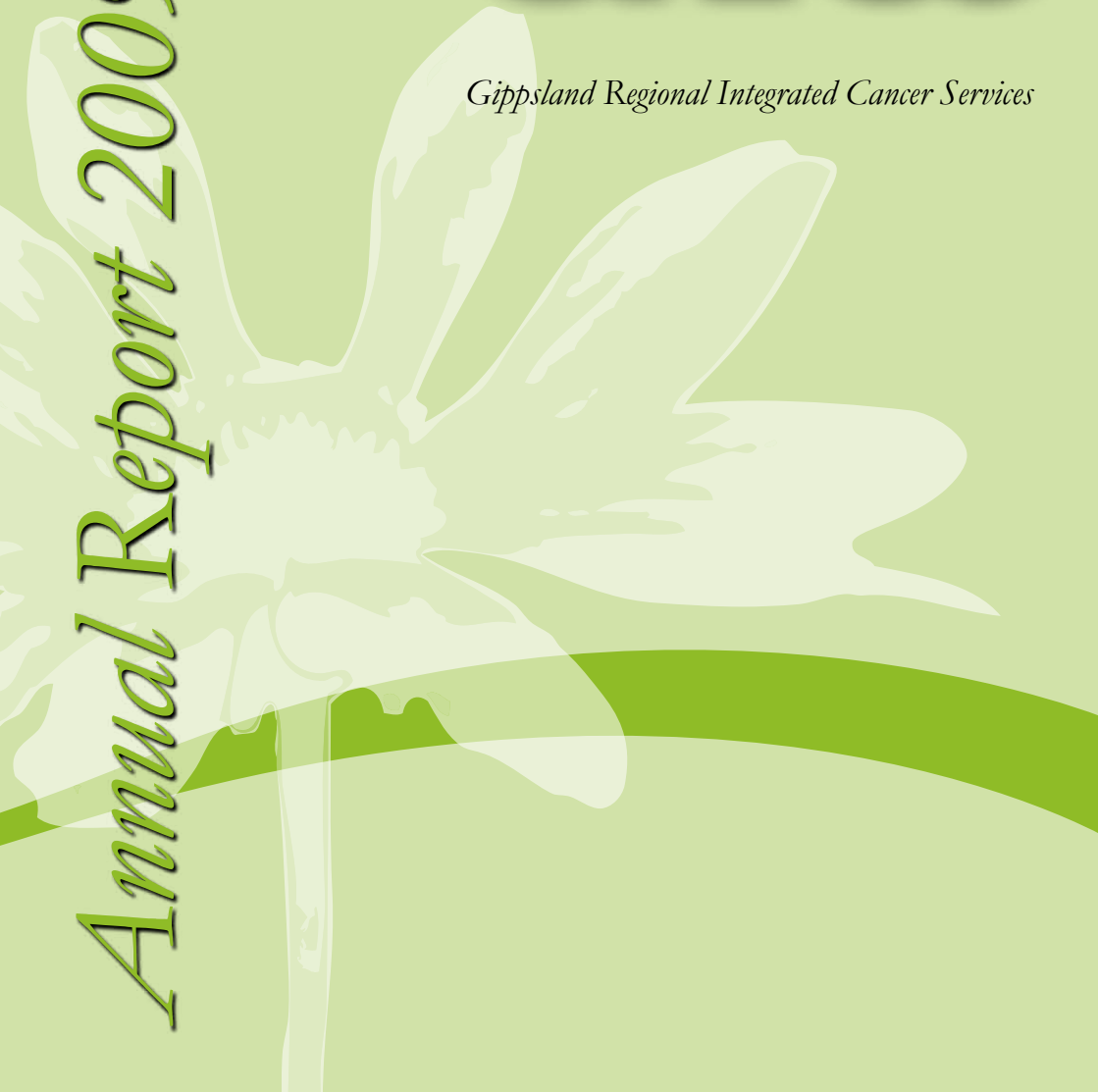


*Annual Report 2009/10*

# GRICS

*Gippsland Regional Integrated Cancer Services*



## About Us

Cancer remains the leading cause of death in Victoria and in Gippsland alone there were 613 cancer related deaths per year from 2005 to 2007.

Of the 613 cancer related deaths, 59 per cent were men.

There were 1,516 new incidents of cancers in the Gippsland region in 2007. This is an increase of 34 per cent from 1,128 in 1996. This is from an estimated population of more than 247,000. As the local population is expected to increase so too is the cancer incidence.

If cancer incidents increase at the same rate over the next few years, we can expect to see about 1,800 new cancers in Gippsland in 2015.

The five most common new cancers in Gippsland (2005-2007) were: genito-urinary (mainly prostate) 21 per cent, colorectal 15 per cent, breast 11 per cent, lung 11 per cent and skin (melanoma) nine per cent.

Males accounted for 58 per cent of all new cancer cases.

The Cancer Services Framework for Victoria (2002) aims to ensure the right treatment and support is provided to patients as early as possible after diagnosis. Reforms are being delivered through the Integrated Cancer Services (ICS).

In December 2008 Victoria's Cancer Action Plan 2008-2011 (VCAP) was launched by Premier John Brumby and Health Minister Daniel Andrews. VCAP requires GRICS to support the region's health services to achieve the milestones and targets set within the plan.

The ICS are a state-wide service system for improving the delivery of cancer treatment and care. The concept is that each ICS will comprise clusters of hospitals and associated health services that deliver services for people with all types of cancers within a geographic area.

It is envisaged that an ICS system will improve the delivery of cancer services through the development of clear and formal communication processes, referral patterns and relationships between services to meet the needs of people with cancer.

The Gippsland Regional Integrated Cancer Services (GRICS) team have been appointed to support improvements in the integration and coordination of cancer services within Gippsland.

Four priority areas have been identified for cancer service improvement:

- Care coordination
- Multidisciplinary care
- Supportive care
- Reducing unwanted variation in care

GRICS is made up of a Governance group, a Business group and Secretariat.

## Governance Group

Mr Peter Craighead\*  
Chief Executive Officer, Latrobe Regional Hospital (Chair)

Dr John Scarlett  
Clinical Director, GRICS

Ms Amanda Cameron\*  
Director Nursing, Midwifery and Clinical Services, Latrobe Regional Hospital

Ms Kylie Halsall\* and  
Ms Louise Cristofaro\*  
Co Managers, GRICS

Mr Ormond Pearson\*  
Chief Executive Officer, West Gippsland Healthcare Group

Mr Gary Templeton\*  
Chief Executive Officer, Gippsland Southern Health Service

Mr Wayne Sullivan\*  
Chief Executive Officer, Bairnsdale Regional Health Service

Ms Cheryl Bush  
Executive Manager, Clinical and Nursing Services - Gippsland Lakes Community Health

Mr Frank Evans\*  
Chief Executive Officer, Central Gippsland Health Service

Mr Greg Blakely  
Department of Human Services – Gippsland Region

## Business Group

Members denoted \* in the list above

## Secretariat

Ms Kylie Halsall and Ms Louise Cristofaro  
Co Managers

Ms Enza Wright  
Administration Officer

Ms Janice Ford  
Cancer Services Improvement Coordinator

Ms Maria Garrett  
Cancer Data & Information Analyst

Mr Peter Kevekordes  
Project Officer

Ms Michelle McKimmie  
Supportive Care Cancer Project Officer

# Overview

A strong focus for GRICS over the past 12 months has been around strengthening the governance of GRICS, increasing the capacity of the secretariat, re-engaging with key regional stakeholders and supporting the region's health services to achieve the milestones and targets set within Victoria's Cancer Action Plan 2008–2011 (VCAP).

The GRICS secretariat was supported by the appointment of two Co-Managers who have ensured that the strategic direction of GRICS aligned with the reporting requirements of the Department of Health (DH) and VCAP. Shortly after the Co-Manager appointments, a new organisational structure was developed and endorsed by the GRICS Business Group, which saw the appointments of an Administration Officer, Cancer Service Improvement Officer and two Project staff members.

An encouraging step towards re-engagement within the region was the outstanding success of the GRICS Annual Forum held in November 2009. The speakers for the evening included Professor Robert Thomas, Mr Cuong Duong, Dr Ian Porter, Dr Raj Hegde and Dr John Scarlett. The event was well represented by Gippsland surgeons, clinicians, allied health staff, nursing staff and consumers with well over 70 attendees to the event.

GRICS has been successful in renewing its Memorandum of Understanding (MOU) with 17 Gippsland organisations, with the purpose of documenting a shared understanding of the principles, objectives and governance framework for GRICS. This process has resulted in the GRICS Business and Governance Groups endorsing new Terms of Reference which are in line with the Department of Health Governance Review outcomes.

The GRICS Strategic Plan for 2010 was endorsed by the DH and to date GRICS has made progress towards the goals and deliverables set for the year which were focused on VCAP. The activities undertaken include;

- the introduction of the GRICS Scholarships Program, which enabled 27 health professionals from across the Gippsland region to undertake a range of courses, attend conferences and/or undertake mentoring opportunities;
- the VCAP Grants Program;
- GRICS Cancer Service Mapping Project across the Gippsland region;
- Gippsland Chemotherapy Nurse Preceptor Project and Bard Australia education program, providing training to over 100 health professionals
- increasing the capacity of the multidisciplinary care (MDC) meetings and patient referrals;
- facilitating health services to embed supportive care screening for cancer patients into routine clinical practice and developing the GRICS Supportive Care Strategy 2010–2013;
- collaboration with Latrobe Regional Hospital for the successful application of the Oncology Nurse Practitioner Program; and
- Victorian Cancer Clinicians Communication Program (VCCCP) for the region, a Cancer Council Victoria (CCV) program facilitated by GRICS.

Over the last six months GRICS has been able to provide detailed feedback to the DH in relation to the next round of audits of cancer patients medical records, which will measure the progress towards the VCAP targets related to the provision of multidisciplinary care, supportive care and coordinated care for the ICS.

We would like to take this opportunity to thank everyone involved with GRICS over this last year.

**Peter Craighead**  
Chair, GRICS Governance Group

# Overview

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## Organisational Structure

*The global objective of GRICS is to promote the development of a sustainable, integrated, multidisciplinary approach to the provision of cancer services in Gippsland, drawn from the best available evidence based practice. The purpose is to further develop service delivery structures that enable coordinated cancer planning and management.*



## *Care Coordination*

A multi-faceted approach to achieving continuity of care. Continuity of care is achieved for a patient when a provider knows what has happened in the past, different providers agree on the management plan and a provider who knows them will care for them in the future.

## *Multidisciplinary Care*

An integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment and care options and develop collaboratively, an individual prospective treatment plan for each cancer patient.

## *Supportive Care*

Describes all services that may be required to support the needs of people with cancer and includes information, psychological, physical, family, practical and spiritual needs. Supportive care can be optimised through routine screening and referral to appropriate treatment and care options.

## *Reducing Unwanted Variation in Care*

This encompasses the provision of information and education for health professionals and consumers on best-practices in cancer care. The purpose is to achieve consistency in standard of service provision and resourcing to provide quality and safe cancer care, quality monitoring and support across Gippsland.

## Care Coordination

### GRICS Service Mapping

#### Project Plan

The following Project Plan was prepared for the GRICS Service Mapping Report (SMR) to:

provide qualitative and quantitative data on cancer services provided across the Gippsland region;

- provide baseline data for use by GRICS and health services to evaluate cancer service improvement activities as well as measure targets listed in the Victoria's Cancer Action Plan 2008 – 2011 (VCAP); and
- identify regional service gaps across each of the 14 tumour pathways as well as opportunities to improve cancer service coordination.

#### Project Outcomes

To date, the following outcomes for the SMR have been achieved, all GRICS member agencies have submitted SMR responses detailing the expected treatment journey for cancer patients across the 14 tumour

streams defined by the Patient Management Frameworks (PMF);

(<http://www.health.vic.gov.au/cancer/framework/pmfnew.htm>)

- regional report of Victorian Admitted Episodes Data (VAED) titled 'Hospital Separations in Gippsland involving Neoplasm Diagnosis: 2005/06 to 2008/09', and
- decision-making flow chart showing services provided by agencies against the optimal treatment pathway outlined in the PMF documents for each tumour stream.

#### Project Follow-up

Before proceeding with the SMR gap analysis, GRICS proposes to visit all member agencies to:

- report on SMR outcomes recorded to-date based on the submitted work of each agency;
- verify information submitted by agencies in the SMR report;
- invite agency feedback on where they see the work of the SMR progressing; and
- invite agency feedback on the SMR process by completing an Evaluation Report.

#### Where To From Here

Whilst the SMR provides a useful snapshot of the range of services a cancer patient can access according to their tumour type and location, the report provides no evidence on how these services actually perform against recommended PMF benchmarks (eg. timelines for testing following initial GP referral).

Further work may involve benchmarking service outcomes against PMF service delivery recommendations. Benchmarking in this instance would be used to advance work on quality improvement and service sustainability in the following GRICS priority areas:

- reducing unwanted variation in care; and
- care coordination.

Any future work on the SMR will be informed by forthcoming changes to the multidisciplinary care (MDC) meeting format (the tumour streams of haematology, skin and gastro-intestinal will be added to the current focus on breast and colorectal cancers).



# Multidisciplinary Care

Under the VCAP targets announced in December 2008, 80 per cent of all patients diagnosed with cancer should be discussed within a multidisciplinary care (MDC) meeting by 2012. GRICS facilitates two MDC meetings throughout the Gippsland region. The surgical MDC has been expanded to develop treatment plans for patients with breast, skin, upper gastrointestinal and colorectal malignancies. The frequency of these meetings has been reviewed in line with regional demand and their occurrence increased from twice monthly, to weekly from April 2010. In addition to the surgical MDC meeting, a haematology meeting has been developed with direct input from metropolitan specialist practitioners. The development, expansion and increased frequency in the GRICS MDC meeting process has had a direct impact on the number of patients who are benefitting from having their cases discussed under a multidisciplinary framework. In comparison to last year's figure of 20 percent throughput, we are seeing figures which equate to approximately 46 percent of

newly diagnosed Gippsland cancer patients (under the above mentioned tumour groups), being referred.

Working closely with local practitioners has seen an increased participation level, giving the meetings a more regional focus. This has also enabled increased MDC referral rates and reduced unwanted variations in care throughout Gippsland.

Work is currently being done to develop MDC meetings for Gippsland patients diagnosed with gynaecological, prostate, lung and central nervous system malignancies.

Videoconferencing facilities across the region are under active review in order to facilitate greater reliability, clarity and stakeholder engagement.





# Supportive Care

## *Supportive Care*

GRICS has continued to focus on embedding and expanding supportive care screening into routine clinical practice within health services across Gippsland. The health services currently participating in supportive care screening are West Gippsland Healthcare Group, Gippsland Lakes Community Health, Latrobe Regional Hospital, Central Gippsland Health Service and Bairnsdale Regional Health Services with Bass Coast Regional Health coming on board shortly.

The final project report for participating health services and other stakeholders for the Supportive Care Research Project 2007-2008, a collaboration between GRICS and Monash University Department of Rural and Indigenous Health, was completed in February of this year. A copy is available on the GRICS website.

As an adjunct to the supportive care education that GRICS had already provided, health practitioner's across Gippsland were offered access to The Victorian Cancer Clinicians Communication Program – "Eliciting and Responding to Emotional Cues" provided by the Cancer Council Victoria. Planning is underway for further sessions as GRICS continues to be committed to providing education opportunities to both health professionals and consumers across the region.

To formalise supportive care within each ICS the Department of Health (DH) required a three yearly Supportive Care Strategic Plan to be developed which aligned with Victoria's Cancer Action Plan 2008-2011 (VCAP) targets in relation to supportive care and the GRICS strategic aims. This has been completed and an accompanying operational plan formulated to direct supportive care work over the coming 12 months. A copy is available on the GRICS website.

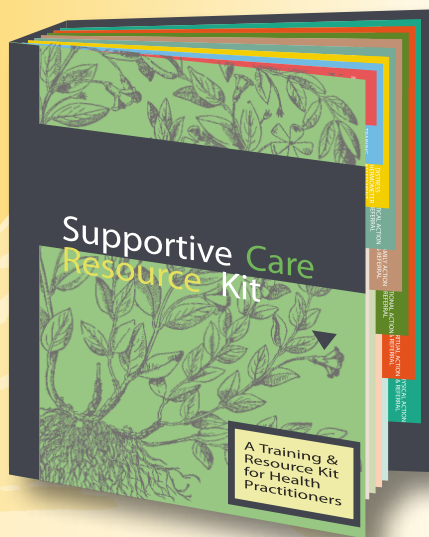
Survivorship training and the implementation of survivorship care for cancer patients is another cornerstone of VCAP. To address this, GRICS has

established linkages with the Australian Cancer Survivorship Centre and is scoping the feasibility of piloting a survivorship rehabilitation program.

A significant focus of supportive care has been the expansion of the supportive care section of the GRICS website to provide both consumers and health care professionals with a comprehensive list of available cancer resources and information regarding education opportunities.

Finally GRICS, in conjunction with other agencies, has worked with Supportive Cancer Care Victoria, Melbourne University and DH in developing the Supportive Cancer Care Victoria Project Framework for Professional Competency in the Provision of Supportive Care. The purpose of the document is to assist health services develop capacity to meet the supportive care needs of people affected by cancer across Victoria.

If you would like a PDF of the Supportive Care Kit please contact GRICS on (03) 5128 0138





# Reducing Unwanted Variation in Care

## *The Gippsland Chemotherapy Nurse Preceptor Project*

The Gippsland Chemotherapy Nurse Preceptor Project has provided a local accessible chemotherapy program from the Gippsland Cancer Care Centre, for subregional chemotherapy units. It has been successfully evaluated and achieved the desired outcome of an expanded and adequately trained chemotherapy nurse workforce. The program will continue to provide cancer nurses from across the region with the opportunity to undertake placements at Latrobe Regional Hospital under the Gippsland Chemotherapy Nurse Preceptor Project in 2010-2011.

Care and management of Peripherally Inserted Central Catheter (PICC) and ports workshops conducted by Bard Australia around the region enabled 80-100 participants to attain skills and knowledge around best practice in the care and management of PICCs and ports.

## *Regional Chemotherapy Nurse Mentor Project*

GRICS, in collaboration with metropolitan health services, is currently working on the development of a mentoring program for Gippsland chemotherapy nurses to further develop their professional skills in the treatment of cancer through the delivery of chemotherapy at a recognised Centre of Excellence. The objectives of the program are to:

- enhance professional development in an area that is of regional benefit to Gippsland cancer patients;
- improve 'specialist skills' through exposure to the latest chemotherapy techniques and enhance the scope of practice of cancer treatment;
- enhance specialist education on patient management practices through an engagement with Melbourne MDC meetings; and
- enhance collegiate and professional support between chemotherapy professionals, agencies and ICSS.

## *Consumer Involvement Strategy*

GRICS has continued to engage the wider Gippsland community through the provision of several consumer focused initiatives. A consumer forum is scheduled to be held in July 2010 where a GRICS Consumer Reference Group can be formed. To facilitate the development of an effective Consumer Strategy and Reference Group, Patient Advocacy training workshops have been scheduled in conjunction with the Health Issues Centre and Cancer Voices. These are scheduled to be held in August 2010.

## *Regional Chemotherapy Unit Data*

Data collection continued throughout the year by all five health services delivering chemotherapy services in Gippsland. A report of data for the first year of data collection was completed in May 2010 and the five Gippsland health services have agreed to share health service specific data with each other. Figures on patient 'time to chair' and 'clinical nurse hours' were found to be particularly useful in describing unit activity. The next step is to benchmark Gippsland data with other sites. In addition, there was agreement by the Nurse Unit Managers that the group should continue to meet six monthly with a broader agenda including being an advisory group to GRICS. Terms of reference for the group are currently being drawn up.

## *Colorectal Cancer Audit*

The pilot data collection at Latrobe Regional Hospital (LRH) continued during the year with information about colorectal cancer surgery being submitted to GRICS by registrars or surgeons. A Monash University medical student gathered additional data post surgery to enable an analysis of surgical outcomes. A presentation of the first two years of data is planned for August 2010, at which time an evaluation of the project is also due to take place.

Reducing Unwanted Variation in Care

## *Future Directions*

Since the launch of Victoria's Cancer Action Plan 2008-2011 (VCAP) by Premier John Brumby and Health Minister Daniel Andrews in December 2008, all Victorian Integrated Cancer Services have been provided with a framework for cancer service improvements, around specific target areas and milestones:

1. Multidisciplinary care (MDC), with a targeted increase in the number of newly diagnosed cancer patients that have a documented treatment plan, by 20 percent each year, to reach 80 percent by 2012.
2. Supportive care, with the development of supportive care screening programs allowing patients to be connected with appropriate supportive care throughout the management of their cancer. 50 percent of newly diagnosed cancer patients to have documented supportive care screening by 2012.
3. Working with consumer organisations.
4. Addressing deficiencies in the cancer care workforce and the need of that workforce for continuing training and effective networking.

2009/2010 has been an extremely positive year for the GRICS organisation, allowing the GRICS Secretariat to make huge gains in addressing VCAP targets and milestones. MDC has been an obvious area of improvement, with the commencement of weekly MDC meetings in the early part of 2010, covering breast and gastrointestinal cancer cases with some additional skin cancer cases. There has been excellent attendance by all clinicians, including surgeons, medical and radiation oncologists, pathologists, radiologists, nurses and allied health staff at Latrobe Regional Hospital. Attendance from other regional sites in Gippsland is being encouraged. A monthly haematology MDC meeting has been instituted, with support from Professor John Seymour at the Peter MacCallum Cancer Centre.

In the sphere of supportive care, to date 91 clinicians from across the Gippsland region have been trained in supportive care screening processes, with supportive care screening for newly diagnosed cancer patients occurring at a number of Gippsland health services. A Supportive Care Strategic Plan (2010 – 2013) has been developed and we look forward to working with our regional health care providers towards implementation, to ensure that supportive care screening is embedded into routine clinical practice for newly diagnosed cancer patients across the Gippsland region.

Over the last 12 months GRICS has supported a range of education and mentoring activities. The GRICS Scholarship Program for 2010 was introduced, which had excellent uptake from both nursing and allied health staff. Uptake by medical staff is to be encouraged for the 2010/2011 GRICS Scholarship Program.

In the critical area of workforce, especially medical workforce, GRICS has little ability to make an impact, as it cannot directly employ or fund clinical staff, and the recruitment and retention of surgeons, medical oncologists/haematologists and radiation oncologists remains a critical challenge for healthcare providers in Gippsland.

**Dr John Scarlett**  
GRICS Clinical Director

GRICS OPERATING STATEMENT FOR YEAR ENDING 30 JUNE 2010

	2009/10 Total
<b>REVENUE</b>	
Government Grants:	
- Department of Health	1,211,949
Indirect Contributions by Department of Human Services <sup>1</sup>	-
Other Income	-
<b>Total Revenue</b>	<b>1,211,949</b>
<b>EXPENDITURE</b>	
<b>Employee Benefits</b>	
Salaries & Wages	267,829
Workcover	5,495
Long Service Leave	1,131
Superannuation	22,040
Fringe Benefits Tax	(261)
Other Employee Costs	-
<b>Total Employee Benefits</b>	<b>296,234</b>
<b>Non Salary Labour Costs</b>	
Fees for Medical Officers	-
Consultants Professional	40,781
<b>Total Non Salary Labour Costs</b>	<b>40,781</b>
<b>Other Expenses from Operations</b>	
Administrative Expenses	23,483
Computer Costs	1,048
Conference Registration & Accommodation	5,368
Domestic Charges	-
Food	6,431
Motor Vehicles & Travel	8,912
Pathology	1,650
Project Costs <sup>4</sup>	989,377
Rental Buildings	2,359
Rental of Equipment	-
Repairs & Maintenance	281
Staff Recruitment & Training	13,714
Telephone Expenses	76
Capital - Motor Vehicle	70,947
Capital - Computer Equipment	-
LRH Exec/Admin Fee <sup>2</sup>	121,200
<b>Total Other Expenses from Operations</b>	<b>1,244,846</b>
<b>Total Expenditure</b>	<b>1,581,861</b>
<b>Surplus/(Deficit) for the year<sup>3</sup></b>	<b>(369,912)</b>

Note 1 - Department of Human Services makes certain payments on behalf of the Hospital. These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses

Note 2 - LRH Executive/Administration Fee is charged at 10% of all GRICS identified program funding

Note 3 - The net result for the year has been obtained from Latrobe Regional Hospital departmental reports which provide supporting documentation for this statement

Note 4 - Projects funded from accumulated surplus



## GIPPSLAND HEALTH REGION

MELBOURNE

Dandenong Hospital

KooWeeRup RHS

West Gippsland  
Healthcare Group

Bass Coast CHS

Bass Coast RHS

South Gippsland Hospital

Neerim DHS

Heyfield BNH

CGHS Maffra

Latrobe RH

Latrobe CHS

Maryvale Private

Gippsland Southern HS

Yarram & District HS

South Gippsland Hospital

Omeo District Health

Swifts Ck BNH

Ensay CHS

GLCH Bruthen

Bairnsdale RHS

Heyfield BNH

CGHS Maffra

Latrobe RH

Latrobe CHS

Maryvale Private

Gippsland Southern HS

Yarram & District HS

South Gippsland Hospital

Gelantipy BNH

Buchan BNH

Cann River BNH

Orbost RH

Nowa Nowa CHS

Gippsland Lakes CH

Mallacoota BNH

Wilson's  
Promontory

Bairnsdale Regional Health Service

Bass Coast Regional Health

Bass Coast Community Health Service

Central Gippsland Health Service

Central West Gippsland Division of General Practice Inc.

Gippsland Lakes Community Health

Gippsland Southern Health Service

KooWeerup Regional Health Services

Latrobe Community Health Service

Latrobe Regional Hospital

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

Gippsland

The Integrated Cancer Services are  
funded by the Victorian Government as  
part of Victoria's cancer reforms



Department of  
Health