

LMICS Annual Report

2014-15

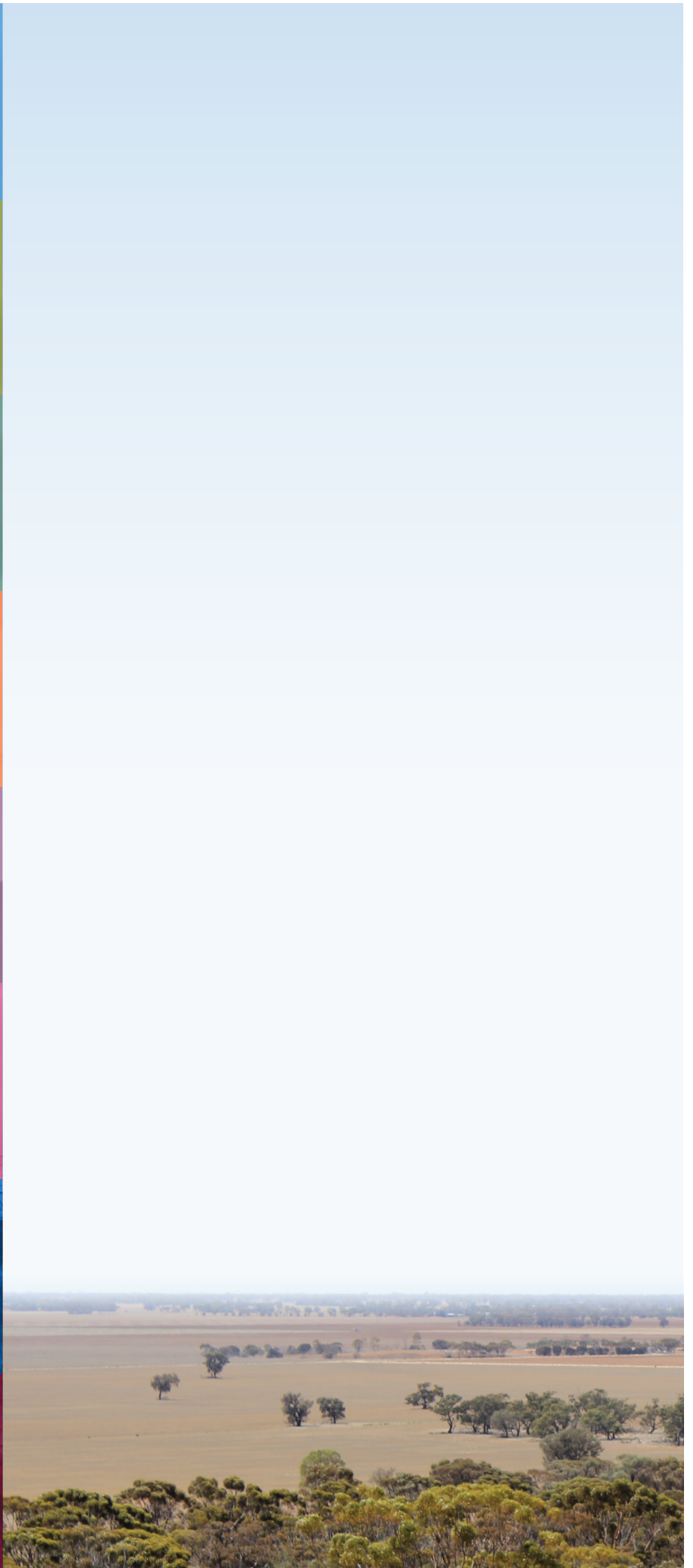


Loddon Mallee Integrated Cancer Service

www.lmics.org.au



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Overview

Message from the Chair

The LMICS team continues to work with clinicians and health services across the Loddon Mallee (LM) region to enable them to meet the strategies outlined in the Victorian Cancer Action Plan (VCAP) and other Department of Health and Human Services (DHHS) priorities.

This year signified a re-grouping of LMICS as the 2013 changes to governance began to have an impact and a permanent Strategic Manager was appointed. A strategic review of LMICS led to changes to the operational plan and some staffing roles. Meanwhile LMICS has been working hard to support the Regional Cancer Centre being developed at Bendigo Health to the benefit of its regional patients and carers.

LMICS has also invested significantly in building and strengthening a network of consumers to contribute to cancer services. A new consumer model was created and the Health Issues Centre was funded to deliver training on consumer participation to health services and consumers across the region. A Consumer Network was established to enable better partnerships with cancer service improvement initiatives across the region. LMICS also worked with Cancer Council Victoria and the Australian Survivorship Centre to deliver successful consumer forums in Swan Hill and Bendigo. These provided community members with information about cancer, but also the opportunity to participate in the future activities of LMICS.

This year LMICS focussed on transferring responsibility for the ongoing administration of multidisciplinary team meetings (MDMs) to partner health services. This will release capacity within LMICS to focus on DHHS key performance indicators and continuously improving MDMs. The handover process is complete in Mildura and will be completed in Bendigo for July 1 2016.

We sincerely thank the wide range of health professionals, executives and consumers involved in supporting our work and for their continued advice. Also significant thanks to Dr Saliang (Say) Ng, Clinical Director, Acting Manager Angela Cahill and Telehealth Specialist Diana Hookey. While they are no longer with LMICS their significant 2014 achievements are contained in this report.



June Dyson
LMICS Chair

About LMICS

LMICS is a collaborative relationship between health services, providers, researchers and other cancer sector participants to achieve coordinated planning and improvement of cancer services across the region. LMICS aims include the implementation of key aspects of Victoria's current cancer plan. LMICS was founded by DHHS in 2004 and is a component of the cancer clinical network in Victoria.

Vision:

Excellence in cancer care for our community

Role:

To support development of an integrated network of cancer and support services

Strategic goals:

1. Adopting a region wide approach to cancer care
2. Reducing unwanted variation in cancer care
3. Improving access to cancer care
4. Improving support for cancer survivors
5. Engaging consumers of cancer care services.

LMICS governance and structure

LMICS is formed via a Memorandum of Understanding between partner health services based on a DHHS template. In 2013 LMICS moved towards a skills-based Governance Group which attracted many high calibre members. It also added consumers to all levels of the organisation and created three clinical advisory groups.

The Governance Group sets strategic directions and monitors overall performance for LMICS. The clinical advisory groups enable LMICS to maintain active contact with staff from a range of disciplines to improve cancer care. In 2014-15 LMICS operated three clinical groups which met bimonthly:

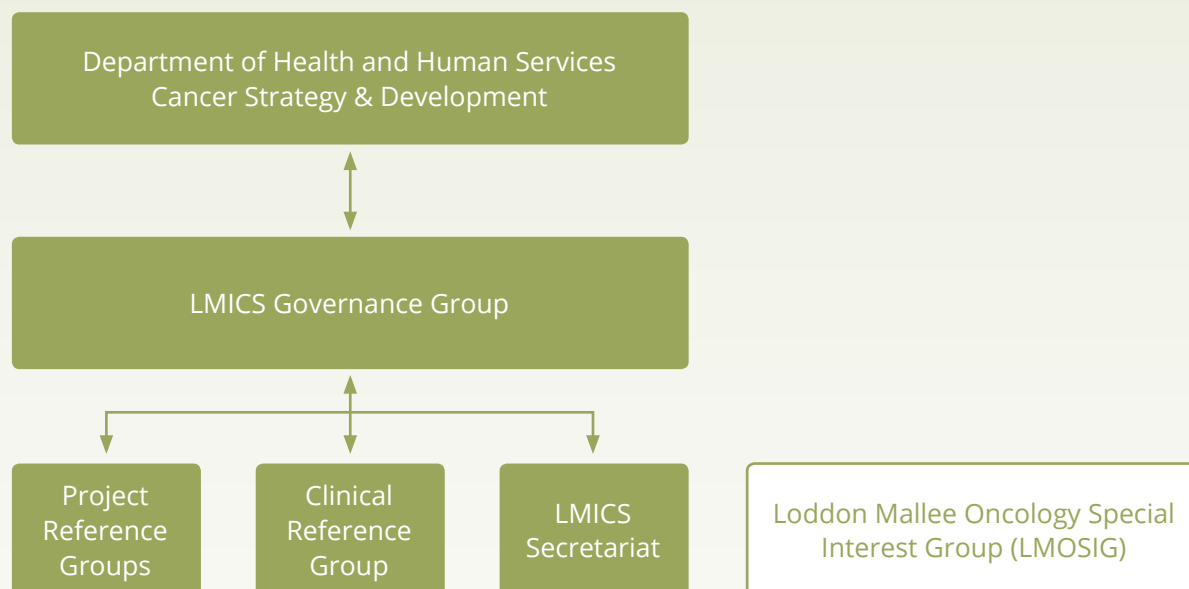
1. **Improving support for cancer survivors**
2. **Reducing unwanted variation in cancer care**
3. **Improving access to cancer care.**

Some years ago LMICS worked with clinicians to create the Loddon Mallee Region Oncology Special Interest Group (LMOSIG). This group continues to operate bi-monthly using LMICS videoconferencing support in six hospitals. Nurses and allied health staff working with people with cancer attend and receive education and peer support for their work.



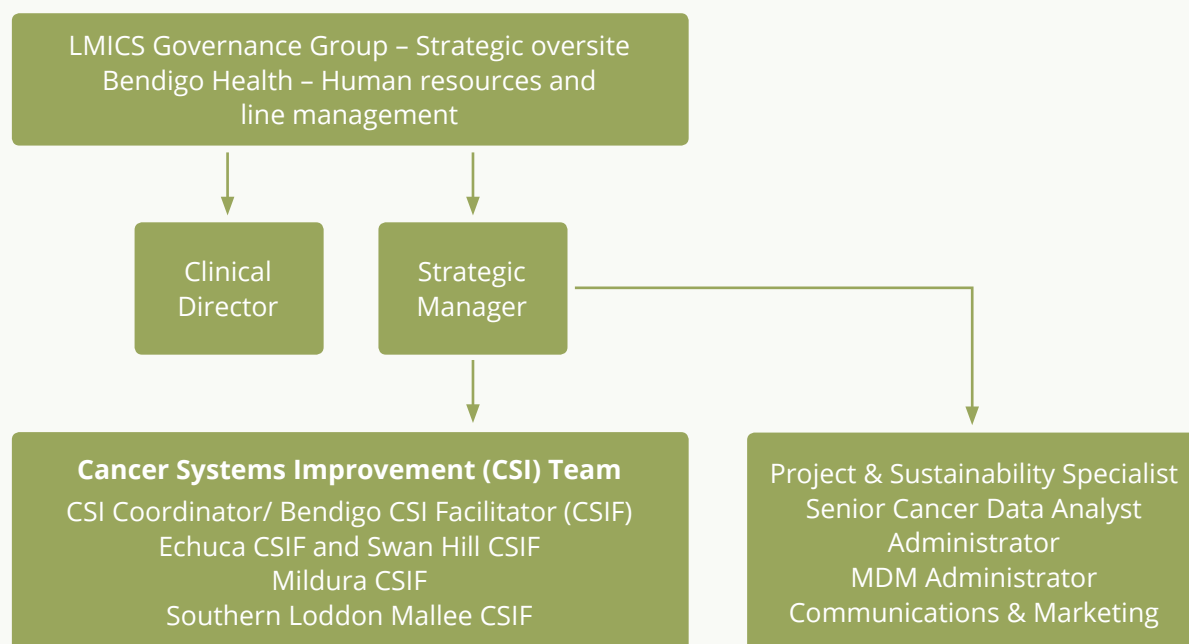
LMICS consumer Sheila Gaines.

The following diagram describes the relationship between the governance and clinical groups in LMICS. Appendix 1 details the membership of the different groups.



The LMICS Clinical Director and Strategic Manager receive strategic direction from the Governance Group. Organisational line management is with Bendigo Health through the Executive Director of Acute Services. All staff report to the Strategic Manager.

The following diagram describe the organisational structure as at November 2015.



Regional demographic and service system profile

The staffing structure and approach of LMICS is directly influenced by the demographic and service profile of the region. This covers ten local government areas and 26% of the state by area.

Population

Approximately 314,000 people live in the LM region. The population is concentrated around the south of the region in Bendigo and the Macedon Ranges. Mildura is also a significant population centre and is the regional hub for several remote locations. The distribution of the population of the region is summarised in Table 1.

LGA	2008	2009	2010	2011	2012	2013
Bendigo	97417	99003	100506	101995	103722	105332
Mildura	51140	51373	51625	51822	52204	52685
Campaspe	37017	37021	36973	36855	36954	36919
Macedon Ranges	40584	41582	42223	42883	43493	44098
Swan Hill	20976	21043	20982	20972	20972	20867
Mt Alexander	17585	17683	17806	17872	17868	17994
Central Goldfields	12531	12587	12600	12579	12582	12602
Loddon	7812	7741	7653	7546	7526	7443
Gannawarra	11052	10923	10692	10453	10394	10326
Buloke	6789	6751	6622	6465	6364	6221
LM region	302903	305707	307682	309442	312079	314487

Table 1: Estimated resident population by Local Government Area and year.

LMICS projects need to accommodate the needs of those people living in the larger regional centres as well as the regional and remote residents, which is why there are staff and members of clinical advisory groups located across the region.

Incidence of cancer

Data on incidence (number of new cases) of cancer are presented in Table 2. Since the population is increasing and ageing, it is expected that the incidence will increase in the next few years. LMICS is assisting services to prepare and plan for the anticipated increase in cancer cases through projects to increase their efficiency and effectiveness.

LGA	2009	2010	2011	2012	2013
Buloke	55	53	49	62	59
Campaspe	262	258	253	279	254
Central Goldfields	85	128	98	132	98
Gannawarra	88	102	100	68	100
Greater Bendigo	540	570	629	694	686
Loddon	65	55	63	73	66
Macedon Ranges	219	226	253	245	257
Mildura	287	319	317	350	302
Mt Alexander	118	120	131	140	131
Swan Hill	110	151	139	151	120
LMR	1829	1982	2032	2194	2073

Table 2: Number of new cases of all cancers in LMR, 2009-2013. (Source: Victorian Cancer Registry (VCR))

Prevalence of cancer

The 5-year prevalence of cancer is an estimate of the number of LM residents diagnosed with cancer in the last 5 years. It is a broad indicator of the potential demand for supportive care services. The estimates of 5-year prevalence of cancer by LGA in 2012 are summarised in Table 3. LMICS routinely supplies and promotes this type of data to the smaller health and community health services in the region, to encourage them to consider cancer survivors as part of their planning and activity.

LGA	5-year prevalence	Percent
Buloke	242.7	2.7
Campaspe	1140.7	12.7
Central Goldfields	464.3	5.2
Gannawarra	407.3	4.5
Greater Bendigo	2682.4	29.8
Loddon	315.1	3.5
Macedon Ranges	1035.2	11.5
Mildura	1496.7	16.6
Mt Alexander	588.5	6.5
Swan Hill	623.9	6.5
LMR	8996.8	100.0%

Table 3: Five year prevalence of cancer in 2012 by LGA.

Incidence by tumour stream

Table 4 shows that the leading types of cancer in the region are genitourinary, colorectal, breast and lung. These patterns are similar across Victoria.

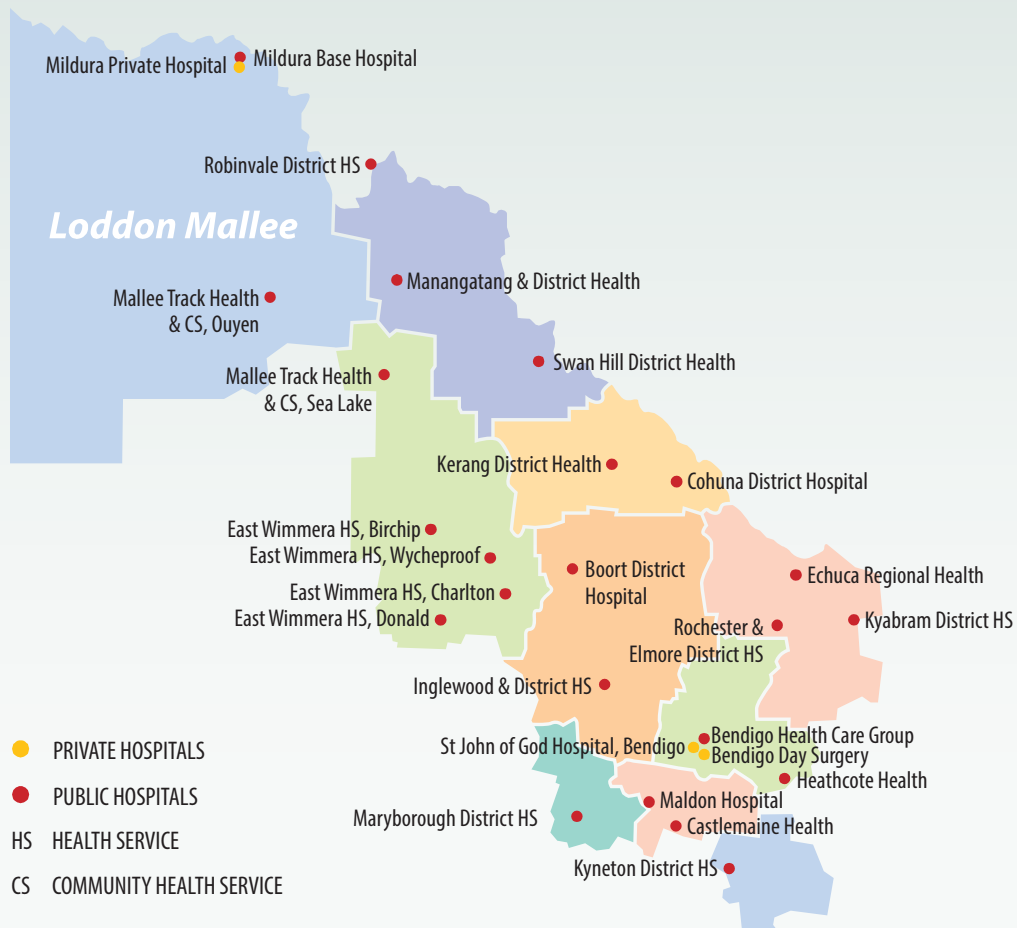
Tumour stream	2009	2010	2011	2012	2013
Genitourinary	453	430	444	510	473
Colorectal	290	314	279	317	294
Breast	184	212	256	260	262
Lung	167	211	201	230	215
Skin (melanoma)	180	159	163	169	170
Haematological malignancies	151	165	185	199	164
Gynaecological	64	71	85	91	102
Head & neck	75	108	82	75	83
Upper gastro-intestinal	124	144	158	155	150
Central nervous system	28	38	40	29	17
Other	113	130	139	159	143
Total	1829	1982	2032	2194	2073

Table 4: Incidence of cancer in LMR by tumour stream. (Source: VCR)

LMICS has designed and planned cancer MDMs in the region to map to the cancer incidence by tumour streams. LMICS initiated a new head, neck and skin MDM in November 2014. Mildura Base Hospital has just approved establishment of a new genitourinary MDM for Mildura based on LMICS foundational work.

Cancer services in the Loddon Mallee region

The map below shows the 28 campuses where acute health services are provided in the LM Region. Cancer patients and carers may attend urgent care, acute beds and community based programs in the smaller services and specialist cancer services in the larger services.



LMICS partnered with Bendigo Health and Mildura Base Hospital to establish an outreach oncology service in Mildura in 2006 (CHECK). Dr Divy Dua took this service over in 2014 and regional sustainability has now been achieved with the appointment of a second permanent oncologist Dr Krishna Rachakonda this year. Krishna is photographed with LMICS staff member Kaye Matthews during his recent visit to Bendigo Health as part of his orientation to the region.

Chemotherapy

There are six medical oncologists permanently based in the LM Region. Four are mainly based at Bendigo Health with services also provided to Echuca Regional Health, St John of God Bendigo Hospital, Kerang District Health and Swan Hill District Health. Two are based in Mildura with services provided to Mildura Base Hospital and Mildura Private Hospital.

There are six public and two private hospitals in the LM Region that provide chemotherapy services. These are described in Table 5 below:

Health Service	Chemotherapy	
	chairs	beds
Bendigo Health	12	2
Echuca Regional Health	4	
Kerang District Health – Bendigo Health outreach service	3	
Kyabram District Health Service – Goulburn Valley Health outreach service	Commencing 2016	
Maryborough District Health Service	2	
Mildura Base Hospital	8	
Mildura Private Hospital	6	1
St John of God	4	
Swan Hill District Health – Bendigo Health outreach service	4	
TOTAL	43	3

Table 5– chemotherapy services in the LM Region.

In early 2016 a seventh service will be implemented in Kyabram as a result of the government's Travis Review. Kyneton Health is also hoping to develop a chemotherapy service and LMICS has provided data and analysis to support this planning.

Table 6 summarises the number of same day separations for chemotherapy by health service in LMR for the financial year 2013/2014.

Health service	Count	Percent
Bendigo Health	4059	55.8
Mildura Base Hospital	854	11.7
Mildura Private Hospital	671	9.2
St John of God Hospital Bendigo	638	8.8
Echuca Regional Health	434	6.0
Swan Hill District Health	341	4.7
Kerang District Health	274	3.8
Other	6	0.1
Total	7277	100.0%

Table 6: Same day separations for chemotherapy by health service in LMR, 2013/14 (Source: VAED)

Surgical services

There are 14 health services in the LM region where cancer patients may receive surgery, primarily using Visiting Medical Officers (VMOs). These are described in Table 7 below:

Health service	Type
Bendigo Day Surgery	Private
Bendigo Health	Public
Castlemaine Health	Public
Cohuna District Hospital	Public
Echuca Regional Health	Public
Kerang District Health	Public
Kyabram District Health Service	Public
Kyneton District Health Service	Public
Maryborough District Health Service - Maryborough	Public
Mildura Base Hospital	Public
Mildura Private Hospital	Private
Rochester Elmore District Health Service	Public
St John of God, Bendigo	Private
Swan Hill District Hospital - Swan Hill	Public

Table 7 – hospitals providing surgery in the LM Region

Radiotherapy

Bendigo

Bendigo Radiotherapy Centre service is provided by the Peter MacCallum Cancer Centre. It has capacity for over 800 courses of radiotherapy per year. Services offered include superficial x-ray therapy (SXRT), 3D conformal radiotherapy, intensity modulated radiotherapy (IMRT) and stereotactic ablative body radiotherapy (SABR).

In 2014-2015 there has been increased demand for complex skin IMRT which has been met with the input of our team of radiation oncologists, radiation therapists and medical physicists.

The department is a participant in a number of national and international radiotherapy trials and supports CPD activities across all disciplines.

Mildura

Dr Andrew See is a private Radiation Oncologist who receives commonwealth funding (RWAV) which helps support monthly visits to Mildura. Andrew also participates in Mildura MDMs.

Mildura patients generally fly to the Epworth Radiation Oncology Service in Melbourne to receive their treatment. Travel assistance is available. In some specific cases their treatment may be arranged at other centres.

General practitioners

There is some fluctuation in the numbers of general practitioners in the LM Region. The Murray Primary Care Network maintains a list and as at November 2015 there were 439 general practitioners in the LM Region on this list. Approximately half of these are concentrated in the Greater Bendigo and Greater Mildura Regions. Table 8 below describes the distribution and number of GPs in the region.

Locality	No. GPs
Greater Bendigo	173
Birchip	1
Boort	2
Castlemaine	25
Charlton	1
Cohuna	4
Donald	3
Dunolly	1
Echuca	41
Gisborne	11
Heathcote	7
Inglewood	1
Kerang	8
Kyabram	16
Kyneton	12
Lancefield	5
Maldon	2
Maryborough	18
Greater Mildura Region	51
Ouyen	1
Pyramid Hill	1
Robinvale	4
Rochester	5
Romsey	8
Rushworth	3
Sea Lake	1
Swan Hill	29
Woodend	13
Wycheproof	1
Total	448

Table 8 – Numbers of GPs in the region as at November 2015

Specialist cancer nurses

McGrath Foundation, Leukaemia Foundation and Prostate Cancer Foundation of Australia all fund nurses in the region to support specific client groups. LMICS supported the original funding applications for the McGrath Breast Care Nurses now in Bendigo, Echuca, Swan Hill and Mildura. LMICS also supported Mildura Base Hospital and Bendigo Health to apply for Prostate Foundation nurse funding. Bendigo Health has invested in an ongoing role for their nurse now that the initial funding is expended.

The Leukaemia foundation funds a part time nursing role shared across the LM and Grampians Region and another in Shepparton. The roles both provides direct clinical services, often in the realm of supportive care to patients from the region. They also support a range of support groups.

Palliative care services

Please visit the LM Regional Palliative Care Consortium for details of the palliative care services in the region. www.lmrpcc.org.au

Familial cancer services

Familial cancer services are provided by the Peter MacCallum Institute in Mildura and Bendigo.

Cancer resources centre

In 2006 LMICS helped to establish the Sunraysia Cancer resources (SCR) in Mildura and LMICS staff member Kaye Matthews continues to volunteer her time to support the centre. This non-profit, community funded centre still continues to provide:

1. Financial assistance for travel to specialist consultations and treatment.
2. Funding for items such as wigs and utilities.
3. Administrative support to five active cancer support groups.
4. A suite of resources from most tumour streams.
5. Hosting the Look Good Feel Better program which is conducted three times per year.
6. Programs supported by various grants as they become available.

Cancer services building program

Cancer patients and carers will benefit from a large program of capital works across the region. LMICS has supported some of these programs through provision of data, use of networks and strategic advice.

Bendigo Health

As part of the new Bendigo Hospital the Bendigo Cancer Centre will play an important role in the system of cancer within the LM region. Oncology, radiotherapy and some surgical outpatient services will be provided in one location using integrated systems and processes. An information area that can be used for consumer training and support is being created, as is a world-class telehealth education centre.

Bendigo Health recognises that it is important to have clarity and alignment with the expectations and needs of its sub-regional, rural and metropolitan partners. LMICS has funded Bendigo Health to conduct a project to help them achieve this clarity and develop an action plan to address any gaps and opportunities.

Echuca Regional Health Service

Clinicians in Echuca now present patients to Bendigo based MDMs via videoconferencing. LMICS-purchased equipment is now fully operational. It will also be available for clinical patient consultations and education.



LMICS Chair June Dyson at the chemotherapy service in Echuca.

Kerang District Hospital

A new oncology ward is being built as part of the larger Kerang District Hospital building project. Oncology services will continue to be delivered through Bendigo Health.



Chemotherapy Nurse Jeecinta Lightbody pointing towards where the new oncology ward will be.

Kyabram District Health Service (KDHS)

Through the Travis Review, KDHS has been allocated funding for the establishment of a same day oncology service.

Plans have been drawn up for a unit with four chairs in the new KDHS facility. A project is underway to deliver the new service in conjunction with Goulburn Valley Health Service. Both LMICS and HumeRICS have been supporting the project with data and advice about quality requirements, room layout and models of care.

Maryborough District Health Service (MDHS)

Maryborough District Health Service is completing a community led and funded CancerCare Project. This includes installation of a CT scanner, implementation of a CancerCare transport program, palliative care suite, wellness and support centre and a chemotherapy service.

MDHS commenced chemotherapy services in October 2014 and the wellness centre was launched in September 2015 by the Premier of Victoria. The centre provides information, support and resources to people affected by cancer and contains a LMICS funded Telehealth consulting suite.



LMICS supported the Maryborough wellness centre by funding a telehealth suite

Core business – LMICS Key Performance Indicators

DHHS has set health services four KPIs and targets related to Victoria's Cancer Action Plan (VCAP) 2008-2011:

1. **Documented evidence of multidisciplinary team recommendations – target 80%**
2. **Documented evidence of disease staging in the multidisciplinary team recommendations – target 100%**
3. **Documented evidence of communication of initial treatment plan to GP – target 100%**
4. **Documented evidence of supportive care screening – target 50%.**

The collection of data by ICS via a medical record audit is used to inform these indicators. A DHHS document outlining audit methods must be followed. It focusses on the records of newly diagnosed patients who have had significant cancer related treatments at the audited sites. The following hospitals participate: Bendigo Health, St John of God, Bendigo, Echuca Regional Health, Mildura Base Hospital, Mildura Private Hospital, Swan Hill District Health.

Sustaining and improving performance against these indicators is core LMICS business and there are a range of strategies LMICS utilises to acquit this responsibility articulated below. LMICS will prioritise these strategies for 2015/16.

Documented evidence of multidisciplinary team recommendations – target 80%

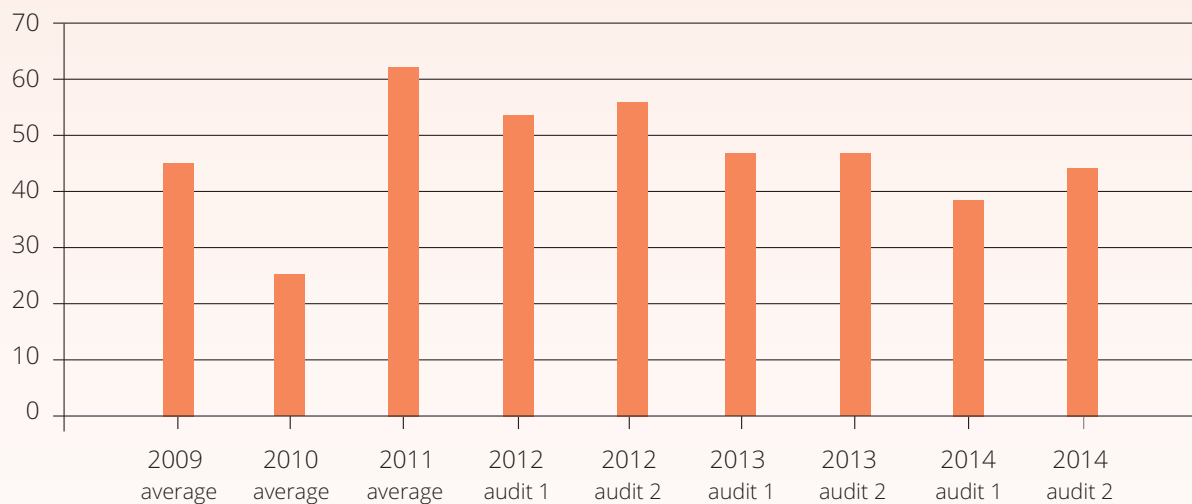
Best-practice cancer treatment includes treatment planning by a multidisciplinary team, at a MDM. This should occur prior to treatment commencing. This KPI identifies whether patients who were newly diagnosed with cancer were considered by MDMs.

In 2014/15 LMICS enacted the following strategies to maintain routine patient referrals to MDMs.

1. **Initiated a new Bendigo based head, skin and neck MDM November 2014**
2. **Completed foundational work for a new genitourinary MDM for Mildura.**
3. **Implemented new processes and installed new videoconferencing equipment for Echuca so that patients could be presented to MDMs using telehealth.**
4. **Promoted MDMs through the website and clinical advisory groups.**
5. **Reviewed and streamlined MDM processes to improve efficiency and clinician satisfaction.**
6. **Improved processes to ensure that MDM results were placed on patient files across the region.**
7. **Routinely trained registrars on each rotation to refer patients.**

The following graph describes LMICS performance against this indicator over time as outlined in the latest audit results provided to the DHHS.

Percentage of patients in LM region presented to MDMs in audits from 2011



Like other regional ICS, the region is still significantly below the target of 80%.

In seeking to better understand these results for 2014, LMICS cross referenced new cases of cancer reported in the Victorian Cancer Register against MDM presentations recorded in the CanMAP MDM software by tumour stream. This provides information about all patients considered by the formal MDMs within the region. Results are contained in Table 9 below:

Tumour stream	No. People with new diagnoses in 2014	% new patients considered by LM MDMs in 2014	Comment
Genitourinary	420	42%	
Colorectal	318	48%	
Breast	224	57%	
Lung	189	38%	
Haematological	156	17%	MDM commenced in June 2014
Upper Gastrointestinal	154	36%	
Skin	136	18%	MDM commenced in Nov 2014
Gynaecological	70	1%	Usually treated in Melbourne
Head and neck	40	2%	MDM commenced in Nov 2014
Central nervous system	13	0%	Usually treated in Melbourne
Other	87	2%	
TOTAL	1807		

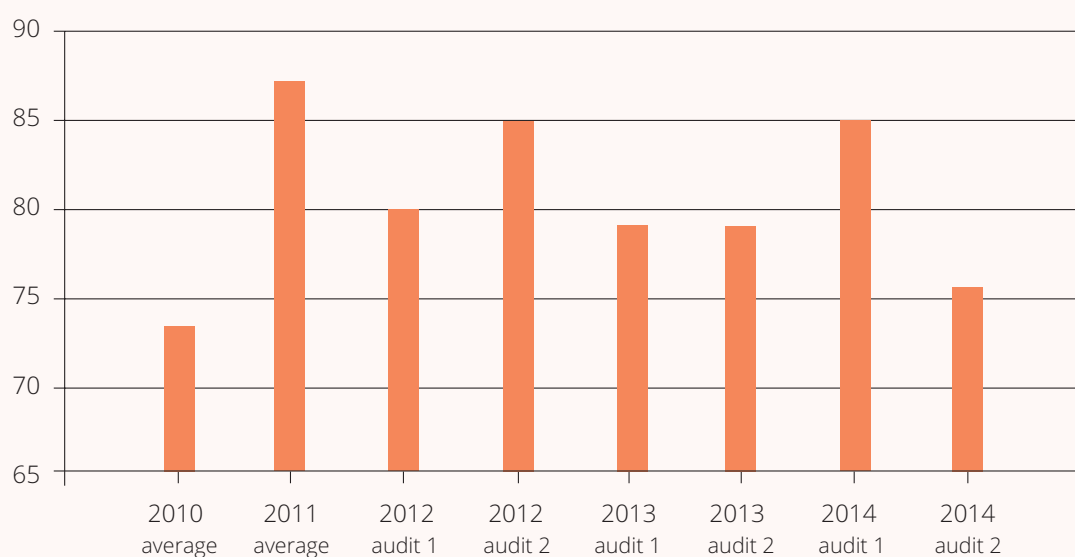
LMICS has discussed audit results with clinicians to identify new strategies to improve the presentation rates for MDMs. The following urgent priorities have been identified:

1. Overall LM regional self-sufficiency for cancer treatments is just shy of 70%. Patients may receive MDM consideration in metropolitan services. **LMICS will seek to identify ways of differentiating between those patients who are not presented to any MDMs versus those presented to metropolitan MDMs.**
2. Clinicians are not referring some patients because they do not see a clinical need to do so, for example, when there is a routine procedure for a common cancer. We do not have a clear picture of what the optimal presentations are, per tumour stream. **LMICS will work with clinicians in each tumour stream to identify some optimal targets that can be used to promote appropriate referrals.**
3. Clinicians are not referring some patients because some MDMs are already full. **LMICS will work with clinicians and with Southern Metropolitan ICS to identify ways to streamline case presentations for genitourinary MDMs as a model project. LMICS will work with Mildura Base Hospital to implement a new genitourinary MDM.**
4. Clinicians are not referring some patients because they find the CanMAP software and processes too time consuming. DHHS is operating a project to implement new software that will integrate with existing databases. **LMICS will actively support the state-wide software project.**

Documented evidence of disease staging in the multidisciplinary team recommendations – target 100%

It is widely recognised that treatment plans should be based on consideration of appropriate diagnostic information. The presence of tumour staging is used in DHHS audits as an indicative measure of whether this is occurring. This KPI looked at whether there was appropriate evidence of disease staging in the patient medical records of patients considered by MDMs.

Percentage of patients in LM region presented to MDMs with tumor staging recorded in the medical record who staging was recorded from 2010



LMICS has identified the following barriers and solutions to disease staging being included:

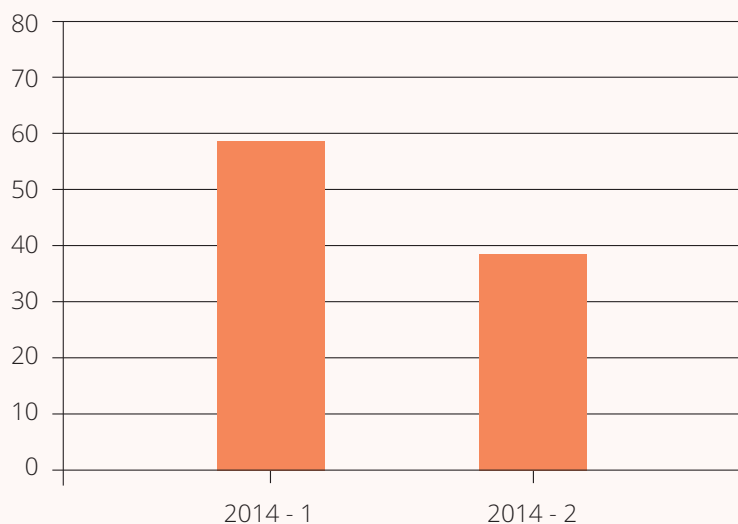
1. Staging information not known at the time of presentation. This may be due to patients being presented very early, experiencing diagnostic delays, having unclear results needing more tests, or there being difficulties in staging the disease.
2. Staging information is reported at the meeting but not recorded by the scribe. Bendigo based meetings utilise registrars to scribe for MDMs. **LMICS has been actively and routinely prompting the scribe and the meeting chair to ensure known staging information is documented. LMICS will revise information provided to the scribe and place prompt cards around the MDM room to increase compliance.**

Documented evidence of communication of initial treatment plan to GP – target 100%

Providing clear information about treatment plans to GPs is an important element of coordinated care. LMICS has received good results against the DHHS indicator for this in the audits because routine communication between cancer practitioners and GPs has been established in most hospitals. The following graph describes LMICS performance against this indicator over time as outlined in the latest audit results provided to the DHHS.

In order to improve these results further, LMICS established a project in 2014 to send MDM summaries directly to GPs at the completion of each meeting. A template was designed and clinician feedback collected. LMICS worked with the then Medicare Local in Mildura to implement GP summaries in Mildura. **LMICS will continue to work with clinicians and IT to implement GP summaries for the Bendigo MDMs a key priority for this year.**

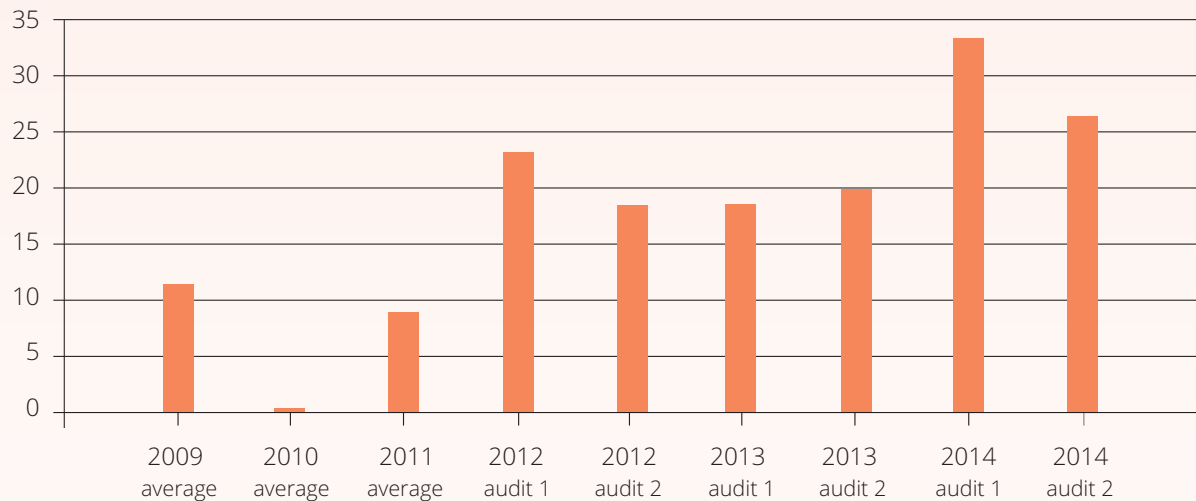
Audit results relating to correspondence to GP



Supportive Care Screening

LMICS is required to support health services to implement supportive care screening and associated interventions. Supportive care in cancer refers to the five domains of physical, social, information, spiritual and psychological needs. The following graph describes LMICS performance against the KPI - documented evidence of supportive care screening – target 50%.

Percentage LM of patients with evidence of supportive care screening in audits from 2011



Health service	Departments which are screening for supportive care	Approved screening Medical Record form	Approved policy and procedure in place	2014 Training provided to	Other activities 2014	Next steps
Bendigo Health	Medical Oncologists, Breast Cancer Nurses, Prostate Cancer Specialist Nurse, Palliative Care Services, Stomal Therapy Services	Yes	No	Oncology nurses, Medical Oncologists	Revise screening form in medical record Incorporated into draft Bendigo Cancer Centre KPIs	Improve processes in Medical Oncology Consider auditing and evaluation models (all sites) Share literature about benefits
Bendigo Day Surgery	Unknown	Unknown	Unknown			Commence relationship and seek to initiate screening
Echuca Regional Health Service	Breast Cancer Nurses, Cancer Care Coordinator, Oncology Nurses, Medical Oncologist	Yes	Yes - roll out included train the trainer model	Yes - using train the trainer model	Revise screening form.	LMICS has provided grant to Echuca for a comprehensive review of screening. Completion will be by June 2016 and results will inform other strategies
Kerang District Health Service	No	No	No	No	Discussion with key staff to promote screening.	Seek to initiate screening. Work with Bendigo Health, outreach provider, to ensure any screens of patients are sent to Kerang.
Maryborough District Health Service	Yes	Yes	Yes	Oncology Nurses and interested staff	Established regular supportive care discussions between Oncology Nurses and visiting Oncologist.	LMICS has funded the service to do a review of the model of care for the chemotherapy service including supportive care. Completion will be by June 2016 and results will inform other strategies.
Mildura Base Hospital	Oncology Nurses, Breast Cancer Nurses, Prostate Cancer Specialist, Nurse, Palliative Care Service, Stomal Services	Yes	Yes – but being reviewed	Oncology nurses and interested staff	Revise screening form. Update policy	Educate Medical Oncologists to enable screening of Oral Chemotherapy patients.
Swan Hill District Hospital	Oncology Nurses, Breast Cancer Nurses, Palliative Care Service	Yes	Yes	Oncology Nurses	Revise screening form, provide advice about Echuca Model for consideration	Update and implement policy
St John of God Bendigo	Oncology	Yes	Yes	No		

Table 10 – Supportive Care progress and gaps

Highlights

Working with other ICS

The ICS and DHHS have recognised the need to coordinate and jointly develop projects of state-wide significance. There are a number of projects that fit this description, and LMICS has actively participated, as described below.

Chemotherapy redesign project

Mildura Base Hospital received a joint DHHS and LMICS grant to participate in Round 2 of the Victorian Chemotherapy Services Redesign Project (VCSRP). This project was led by the Western Central Metropolitan ICS (WCMICS).

The project has implemented several significant changes to improve patient care and increase service efficiency. This includes:

1. Revision of scheduling processes in line with eviQ guidelines (eviQ is a treatment protocols website maintained by the NSW Cancer Institute).
2. Improvements to booking and scheduling including an option for fast track treatment chairs.
3. Standardisation of referral and treatment plans for patients.
4. Introduction of pre chemotherapy education sessions for all new patients.
5. Changes to referral processes to allied health services. New processes link to supportive care screening.
6. Transition from a team nursing model of care to a primary nursing model. Patient care is allocated to an identified nurse and a team leader is allocated to each shift.

MDM software development for regional Victoria

DHHS obtained significant Commonwealth funding for a new software system that will help with coordination of MDMs. LMICS staff have actively participated in the requirements definition and selection processes for the projects. The next project steps will involve trialling new software from Qld that is being considered.

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My Cancer Care Record

My Cancer Care Record is a resource that aims to assist people affected by cancer throughout their cancer experience to store and record cancer related information in one place so that it can be found quickly when requested by the healthcare team.

LMICS participated in a trial of this record being led by North Eastern Metropolitan ICS (NEMICS) by working with clinicians and consumers from Bendigo, Echuca, Mildura and Swan Hill.

MDMs

LMICS staff administered the region's MDMs in 2014 using the CanMap database. 177 meetings were held which included:

1. Weekly breast and colorectal meetings
2. Fortnightly Thoracic, Genitourinary, Haematological and Generalist Mildura meetings
3. Monthly head neck and skin meetings.

The data in Table 11 describe the growth in the activity of MDMs across the region since 2010/2011. LMICS has played a major role in this development.

Year	Total no. meetings	Total no/ presentations	Average no/ presentations per meeting	Total no/ attendees over all meetings (b)	Average no/ attendees per meeting
2010/2011	108	698	6.5	2309	21.4
2011/2012	122	1094	9.0	2403	19.7
2012/2013	151	1237	8.2	2979	19.7
2013/2014	175	1369	7.8	3112	17.8
2014/2015	177	1294	7.3	3265	18.4

Table 11: Activity of multidisciplinary cancer care team meetings since 2010/11

To ensure regional sustainability of MDMs and release ICS capability for other priorities, LMICS has been working with services to hand over administration of the MDMs. In July 1 Mildura Base Hospital took over administration of the generalist MDM held for Mildura Base and Mildura Private patients. Bendigo Health will take over Bendigo based MDMs in July 2016.

The Loddon Mallee Regional Health Alliance provided strong support to LMICS by conducting a review of the technical and operational aspects of the MDMs. The LMRHA has also supported LMICS to purchase new equipment for Kerang and Maryborough, with telehealth strategies and projects, and with technical issues through their telehealth helpdesk.

Using data to support the service system

LMICS has access to a range of data that we use to support clinicians and health services to improve and plan their services. This includes data from Victorian Admitted Episode Dataset (VAED) and the Victorian Cancer Registry.

Workplace development

LMICS led and/or funded more than fifteen formal education sessions for health professionals and six formal sessions for patients, carers and consumers to help improve the quality of the cancer system and reduce variation. Partners included the Health Issues Centre, Cancer Council Victoria, the Australian Cancer Survivorship Centre, Carers Victoria, the Leukaemia Foundation, Bendigo Health, Swan Hill District Health Service and GPs. There was a very broad geographic spread for these workshops – from Maryborough to Mildura.

Further details of this training is available on request.

Survivorship - Cancer as a chronic condition project

As more people are living longer with cancer, it is increasingly becoming a chronic disease. The health service system contains a range of chronic disease management programs which have the potential to improve quality of life and reduce physical and psychological complications. LMICS initiated a pilot project to seek to increase the utilisation of chronic disease programs for cancer patients in the south of the region.

During the project training was provided to increase workforce knowledge about the potentially chronic nature of cancer in three community services, nine medical practices and two health acute services.

Promotional materials were developed to increase referrals of appropriate cancer patients for GP led Chronic Disease Plans (Medicare items 721 and 723). Distribution was through the Primary Care Network and face to face meetings.

As a result of the project:

1. Three services adapted their promotional material so that cancer patients were explicitly identified as being eligible for chronic disease programs.
2. A community rehabilitation center implemented a workforce restructure to include a cancer rehabilitation specialist stream and improved linkages with cancer community services.
3. A Hospital Admissions Risk Program extended its case management service to address needs of people with complex needs and cancer.

A formal evaluation of this project will be available on request.

Future directions

In a workshop presentation provided to the ICS in July 2014 Professor Bob Thomas, Victoria's Chief Cancer Advisor, provided the following priorities for the ICS.

1. Continue to focus on improving the patient experience of care, including supportive care and survivorship.
2. Continued work on achieving targets around MDM and staging documentation and quality of MDMs.
3. Begin aligning the work of the cancer services and centres with the priorities of the ICS.
4. Strengthen regional and metropolitan links and clear referral pathways to promote integrated care.
5. Work with the Department of Health and Human Services on an agreed performance monitoring program.
6. Continue to engage with health professionals and consumers to improve outcomes for cancer patients and carers.

LMICS will use these priorities as a road map for its work for the next 12 months. It will focus on implementing the Optimal Care Pathways as a key mechanism for delivering these priorities.



Mini Field of Women – where the Echuca Moama community paid tribute to those affected by breast cancer.

Appendix 1

Governance and clinical advisory membership and staff

Governance Group Members

Name	Title	Organisation
June Dyson (Chair)	Executive Director of Nursing	Echuca Regional Health Service
Ann Maree Connors	Director, Health & Aged Care	Department of Health & Human Services
Dan Douglass	Chief Executive Officer	Heathcote Health
Daniel O'Brien	Consumer	n/a
Darren Rogers/ Angela Cahill	Chief Executive Officer/Deputy Director of Nursing	St John of God, Bendigo
Kim Sykes	Chief Executive Officer	Bendigo Community Health Service
Matt Jones	Chief Executive Officer	Loddon Mallee Murray Medicare Local
Peter Abraham	Chief Executive Officer	Kyabram District Health
Robyn Lindsay	Director Medical Services (acting)	Bendigo Health
Sandra Slatter	Consumer	n/a
Simone Heald	Director of Nursing	Mildura Base Hospital
Tracie Gleisner	Radiation Oncologist	Peter MacCallum, Bendigo

Ex-officio members		
Say Ng	Clinical Director (part year)	LMICS
Ilana Solo	Strategic Manager	LMICS
Susan Morgan	Manager	Loddon Mallee Palliative Care Consortium

LMIC Advisory Groups – Membership

Improving Support for Cancer Survivors		
Name	Title	Member Type
Colleen Morrish	Consumer	Consumer
Darren Gray	Nurse Manager (acting) Peter MacCallum, Bendigo	Radiation Oncology
David Heath	Prostate Cancer Specialist Nurse, Bendigo Health	Regional Health Service
Di Kenyon	Director of Nursing, Heathcote Health	Small rural health service
Janet Holland	Research Nurse, Bendigo Health	Regional Health Service
Jenny Jenkins	GP, Eaglehawk Medical Group	GP
Loretta Lilford	Community Nurse, Kyabram & District Health Service	Community
Peter Abraham	Chief Executive Officer, Kyabram & District Health Service	Local/small rural health service
Rob Blum	Medical Oncologist, Bendigo Health	Medical Oncology
Sandra Slatter	Consumer/LMICS GG Member	Consumer

Ex-officio roles		
Allison Peace (Sec	Cancer Systems Improvement Facilitator (Swan Hill, Echuca), LMICS	

Reducing Unwanted Variation in Cancer Care		
Name	Role/Organisation	Member Type
Adrian Waldron	GP, Rich River Health Group	GP
Dan Fletcher	Colorectal Surgeon, Bendigo Health	Surgeon
Jayne Boyle	Director of Nursing & Clinical Services – St John of God, Bendigo	Private Health Service
John Kean	Director, Principal Engineering Consultants	Consumer
Karen Wellington	Nurse Unit Manager - Oncology, Bendigo Health	Regional Health Service
Lyn Jeffreson	Nurse Manager - Medical Day Unit, Echuca Regional Health	Sub-regional health service
Maree Cuddihy	Chief Executive Officer /Director of Nursing, Kyneton District Health Service	Local/small rural health service
Melanie Shanahan	Manager – Loddon Mallee Integrated Palliative Care Service, Bendigo	Palliative care
Say Ng (Chair)	Medical Oncologist, Bendigo Health	Medical Oncology
Tracie Gleisner	Radiation Oncologist, Bendigo Health	Radiation Oncology

Improving Access to Cancer Care

Name	Role / Organisation	Member Type
Dennis O'Connor	GP, Primary Care Clinic, Bendigo	GP
Jennifer Jones	Director – Projects & Operations, LMRHA	Regional Health Service
John Kean	Director, Principal Engineering Consultants	Consumer
Judy Andrews	Deputy Site Director, Peter MacCallum, Bendigo	Radiation Oncology
Matt Jones (Chair)	CEO, Loddon Mallee Murray Medicare Local	Regional Health Service
Say Ng	Medical Oncologist, Bendigo Health	Medical Oncology
Sheilah Gaines	Consumer	Consumer

Ex-officio roles

Anita Xian (Sec)	Cancer Systems Improvement Facilitator – Southern, LMICS	
Diana Hookey	Tele-Health Specialist, LMICS	

Appendix 2

Financial report

Loddon Mallee Integrated Cancer Service Revenue & Expenses Statement YTD as at 30th June 2015

REVENUE	\$
DH grants	1,226,594
Other recoveries	1,657
Total revenue	1,228,251

EXPENSES	\$
Operating expenses	
Salaries & wages	477,402
Superannuation	48,090
Other personnel costs	67,943
Contracted services	73,678
Repairs & maintenance	52,575
Administration	92,230
Corporate charges	126,920
Total operating expenses	938,838
Capital expenses	
Vehicle	0
Computers	6,243
Total expenses	945,081

Net surplus / (Deficit) year to date	283,170
Opening balance accumulated surplus / (Deficit) at 30 June 2014	343,243
Closing balance accumulated surplus / (Deficit) as at 30 June 15	(Monies in trust) 626,413

Notes

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LMICS BENDIGO

Bendigo Health
PO Box 126
Bendigo VIC 3552
P: 03 5454 8380
F: 03 5454 8381

LMICS MILDURA

Mildura Base Hospital
PO Box 620
Mildura VIC 3502
P: 03 5022 3596
F: 03 5022 3408

LMICS SWAN HILL

Swan Hill District Health
PO Box 483
Swan Hill VIC 3585
P: 03 5033 9201
F: 03 5033 9203

LMICS ECHUCA

Echuca Regional Health
17 Francis St
Echuca, VIC 3564
P: 03 5485 5114
F: 03 5485 5239

LMICS SOUTHERN REGION

Castlemaine Health
142 Cornish St
Castlemaine, VIC 3450
M: 0428 583 514

COLLABORATING HEALTH SERVICES

Bendigo Community Health Services Inc.; Bendigo Day Surgery, Bendigo Health; Boort District Health; Castlemaine District Community Health Centre; Castlemaine Health; Cobaw Community Health Services; Cohuna District Hospital; Echuca Regional Health; Heathcote Health; Inglewood & Districts Health Service; Kerang District Health; Kyabram and District Health Service; Kyneton District Health Service; Maldon Hospital; Mallee Track Health & Community Service; Maryborough District Health Service; Mildura Base Hospital; Mildura Private Hospital; Northern District Community Health Service; Peter MacCallum Cancer Centre (Bendigo Campus); Robinvale District Health Services; Rochester & Elmore District Health Service; St John of God Hospital Bendigo; Sunraysia Community Health Services Inc.; Swan Hill District Health.

