



Metropolitan Regional Engagement Project 2018-19

End Year One Report



Metropolitan Regional Engagement Project 2018-19

End Year One Report

Date of commencement:

April 2018

Date of completion year one:

June 2019

Lead Organisations

Loddon Mallee Integrated Cancer Services (LMICS).
Western Central Melbourne Integrated Cancer Services (WCMICS)

Partners

LMICS and WCMICS Health Services

Project Governance Committee

Name	Role	Organisation
Dr Rob Blum	Clinical Advisor	Bendigo Health/LMICS
Dr Rob Campbell	Clinical Advisor	Bendigo Health/LMICS
Trish Calder - Sec	Joint Project Manager	WCMICS/LMICS
Chris Caudle - Sec	Joint Project Manager	WCMICS/LMICS
Philip McGuffie	Consumer Representative	
Kath Quade	Manager WCMICS	WCMICS
Lauren Richardson	Consumer Representative	
Ilana Solo	Chair Manager LMICS	LMICS
Dr Jeff Szer	Clinical Advisor	Peter MacCallum Cancer Centre/WCMICS

Joint Project Managers

Trish Calder
Chris Caudle

Executive Summary

The Metropolitan/Regional Engagement Pilot Project was initiated by the Loddon Mallee Integrated Cancer Service (LMICS) and the Western Central Melbourne Integrated Cancer Service (WCMICS) to improve services to patients who travel between regional and metropolitan Victoria. Two Project Managers with complementary skills and experience were appointed to undertake the 1.00 EFT role. This one year project has produced a number of products which are delivering benefits to Loddon Mallee Region (LMR) cancer patients. It has established a platform for future initiatives.

A number of high level issues and gaps associated with patient transfers between LMICS and WCMICS ambulatory cancer services were mapped. Interventions were proposed to address the gaps. 'Transition' and 'collaboration' were adopted as key project themes.

The initial project focus was on haematological cancer. Haematology was identified as the tumour stream with the greatest volume of Loddon Mallee Region (LMR) residents transferring between LMICS and WCMICS hospitals for chemotherapy. Particular emphasis was given to the transfer of patient information at key care transition points and when clinical supportive care is provided.

A range of initiatives were undertaken to build strong metropolitan and regional clinician and service relationships. There were significant beginning steps to move beyond a hub and spoke model towards an integrated network of services.

Each of the project products received positive responses from customers, clinicians and patients. The products included:

- baseline LMR lymphoma patient information
- haematology patient information transfer templates
- a LMR Cancer Services Showcase
- an interactive LMR Services Directory
- a community hub cancer patient Digital Resource Pack
- a visit program to Bendigo Hospital (BH) Cancer Centre for metropolitan hospital haematology clinicians, and
- a metropolitan regional Shared Care Video.

Specific outcomes of the Metropolitan Regional Engagement project include:

- changes in practice arising from new/enhanced working relationships between staff in LMICS and WCMICS services
- new initiatives undertaken to address identified issues and gaps associated with transfer for treatment in the metropolitan area
- improved communication of haematology patient information
- improved accessibility of information for WCMICS clinicians about where and how to refer Loddon Mallee patients locally for acute, sub-acute and primary care
- improved accessibility of information on metropolitan services for Loddon Mallee residents with a cancer diagnosis, and
- increased metropolitan clinician and executive awareness of regional patient travel issues.

Appointing joint project managers with complementary skills in health service planning and clinical cancer care created a synergy that was an important part of the pilot project's success.

LMICS and WCMICS provision of shared governance, office and team support underpinned the development of connections with and between a broad range of regional and metropolitan stakeholders. Effective engagement provided the foundation for subsequent project initiatives.

The combination of an agile project process running alongside PRINCE2 project management methods gave the pilot a commonly understood structure and language.

A Greenfields approach helped the project managers to move beyond constraints imposed by the current system and allowed freedom for innovation. There was an expectation that scalable recommendations and trials would form a solid base for subsequent expansion and application across a selection of tumour streams and health services.



St Vincent's staff visited the Bendigo Health Cancer Centre and the Bendigo Radiotherapy Centre as part of the regional engagement project which aimed to build further partnerships and collaboration between Metropolitan and Regional health services.

Dr Solveig Grenfell, Dr Neetu Tejani (Radiation Oncologists), Leanne Anderson (Bendigo Health Cancer Centre Director) with Dr Ali Bazargan and Dr Con Tam (St Vincent's Hospital Melbourne haematologists)



Peter MacCallum Cancer Centre Clinical Nurse Consultant Tracey Dryden is well known to Bendigo Cancer Centre chemotherapy unit nursing staff through her clinical contributions at the haematology MDMs.

Tracey visited the Bendigo Health Cancer Centre and met up with Kerri Bourke, Karen Wellington and Rachel Howe from the Chemotherapy Unit.

Contents

1	Introduction	6
	Background.....	6
	Objectives	6
	Project scope	7
2	Project method.....	8
	Research and project approach	8
	Project activities and deliverables	9
3	Outcomes and outputs	13
	Impact of the project	13
4	Costs	17
5	Discussion	18
	Key learnings	18
	Changes in project design.....	19
	Key risks and how they were managed	19
6	Sustainability.....	21
7	End Year One Project Recommendations.....	22
	Appendix 1	23
	Stakeholder engagement log	23
	Appendix 2.....	24
	Regional/metropolitan patient transfer issues and gaps	24
	Appendix 3.....	26
	Tumour streams.....	26
	Haematology patient transfer data	26
	Appendix 4.....	27
	Haematology patient information templates	27

1 Introduction

Background

The Department of Health and Human Services (DHHS) has long had an expectation for the Integrated Cancer Services to work collaboratively to improve services to patients who travel between regional and metropolitan Victoria. In February 2018 the Loddon Mallee Integrated Cancer Service (LMICS) Governance Group approved a proposal to pilot a new approach to seek to address this responsibility. A senior project manager role would be appointed within the Bendigo office to:

- develop relationships with metropolitan cancer services
- conduct a rolling program of work to improve the quality of referrals, information and patient data between metropolitan and Loddon Mallee cancer services, and
- evaluate the work to inform decision making about ongoing funding.

The LMICS Program Manager contacted the Western and Central Melbourne Integrated Cancer Service (WCMICS) Program Manager to ascertain their interest in joining the project. There was very strong support from WCMICS who had identified clinical risks for their regional patients. WCMICS decided to co-fund the roles, allocate shared office space and support the project managers with relationships, governance and connection with the WCMICS team. A Service Level Agreement to support this work was developed.

In April 2018 a joint LMICS/WCMICS selection panel appointed Chris Caudle and Trish Calder to share a 1.00 EFT role. Their first tasks were to commence consultation with regional and metropolitan stakeholders and create a project governance structure and this Project Plan.

Objectives

The original objectives of the 12 month project were to work closely with the Loddon Mallee Integrated Cancer Service (LMICS) and the Western Central Melbourne Integrated Cancer Service (WCMICS) WCMICS to:

- map and identify in the first three months the high level issues and gaps with regard to regional/metropolitan patient transfers between the ambulatory cancer services in LMICS and the WCMICS services who share these patients
- work with health service key clinicians and LMICS/WCMICS staff to identify possible scalable interventions to address and remedy gaps identified in the mapping exercise that can be implemented within the project time and scope
- implement the agreed initiatives using appropriate project tools and techniques which includes early establishment of evaluation metrics
- prepare a detailed End Project Report that evaluates the individual project initiatives as well as the joint LMICS/WCMICS approach including documentation of lessons learned and recommendations for future initiatives.



The Metropolitan Regional engagement Project required extensive travel.

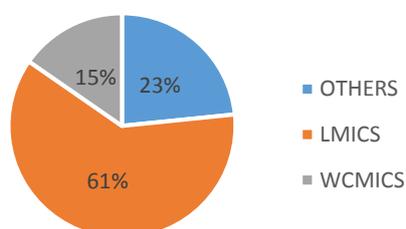
Joint Project Manager Chris Caudle checking the map on a trip to Manangatang



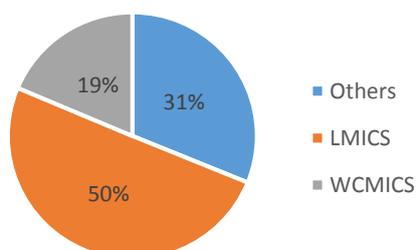
Project scope

In Scope	Out of Scope
A 12 month pilot project concluding in June 2019 with the option for LMICS and WCMICS to consider further initiatives on conclusion of the project.	Interventions that could not be delivered within the initial 12 month project timeframe.
Investigation of regional/metropolitan patient transfers focused on Loddon Mallee residents. Potential targeting of a select group of patients/services.	
WCMICS health services relevant to agreed initiatives and where high LMICS patient volumes exist.	Other metropolitan health services that treat Loddon Mallee residents.
Interventions that result in provision of appropriate care closer to home	Interventions that will involve IT solutions
Opportunities that align with Optimal Care Pathways	
Foundation investigations that will inform subsequent interventions	

Proportions of LMR residents with cancer who had chemotherapy in 2017/18 in LMICS, WCMICS and other ICS (n = 1634)



Proportion of surgeries provided in 2017/18 to Loddon Mallee residents with cancer inside and outside the LMR (n = 2510)



2 Project method

Research and project approach

PRINCE2 principles and methods provided the basis for project management structure and communication. An agile approach was required to accommodate changing project circumstances.

During the project's establishment stage the project managers read widely and talked with many clinicians, consumers and health services. Extensive engagement was a key project ingredient (refer Appendix 1). A number of issues related to patient transfers between LMICS and WCMICS cancer services were identified (refer Appendix 2).

The initial broad-ranging list of gaps, issues and suggested initiatives to address them were reduced to three proposed interventions. These were subsequently consolidated into one scalable intervention which incorporated the two themes of 'transition' and 'collaboration'.

Haematology was recognised as the tumour stream with the greatest volume of Loddon Mallee Region (LMR) residents transferring between LMICS and WCMICS hospitals for chemotherapy (see Appendix 3). In 2016-17, 70 (39%) LMR residents with haematological cancer received chemotherapy at a WCMICS hospital. This compared with 24 (13%) for breast cancer and 23 (13%) for head and neck cancer (Victorian Admitted Episodes Dataset). Of the LMR residents with haematological cancer who received chemotherapy, 46 (66%) were treated at the Peter MacCallum Cancer Centre (PMCC), 9 (13%) were treated at St Vincent's Hospital (SVHM) and 5 (7%) were treated at the Royal Melbourne Hospital (Victorian Admitted Episodes Dataset).

Accordingly, the Project Governance Committee agreed that the initial project focus should be on haematological cancer with particular emphasis on the transfer of patient information at key care transition points, and on the provision of clinical supportive care during treatment (refer templates Appendix 4). It was agreed that this work would be accompanied by a range of initiatives to build strong clinician/service relationships.



A Greenfields approach was acknowledged as the best way to move beyond constraints imposed by the current system and allow freedom for innovation. Given the short-term nature of the project, it was expected that scalable recommendations and pilots would form a solid foundation for further expansion and application across other tumour streams and health services.

Project activities and deliverables



The project produced a digital resource pack (left) for Loddon Mallee residents who need to travel to the city for cancer treatment and a Loddon Mallee regional service directory (right) to assist metropolitan hospital staff find local services when discharging patients back to the region.



Deliverable name	Product purpose and composition	Delivered and accepted as planned?	What else needs to be done/Recommendations
LMR Interactive Cancer Services Directory	Provide WCMICS cancer clinicians with quick access to LMR cancer services when referring LMR patients back to the region. Comprises a wide range of regional supportive care and cancer services available for LMR residents affected by cancer.	The LMR Cancer Services Directory was developed by the project managers in collaboration with other members of the LMICS team. It is accessed through the LMICS website. It has been accepted as planned.	The Directory needs ongoing monitoring to ensure its currency. Further promotion of the product across metropolitan Health Services is planned.
SVHM and BH visit program	Familiarise SVHM haematologists with the BH Cancer Centre and the PMCC radio oncology facilities and services. Explore opportunities for collaboration (telehealth capabilities, MDM participation). Comprised an itinerary for the SVHM haematologists' visit.	This beginning initiative to build an integrated network of collaborative relationships was successful. SVHM haematologists visited the BH Cancer Centre and the PM Radiotherapy Centre. A meeting with local clinicians was instrumental in setting up subsequent referrals from SVHM and establishing access to SVHM MDMs.	Ongoing work is needed to formalise processes and monitor the flow-on benefits of this visit in terms of access to MDMS and cross metropolitan regional referrals. The visit program could be broadened to include other metropolitan hospital cancer clinicians and linking appropriate health care professionals e.g. specialists with allied health

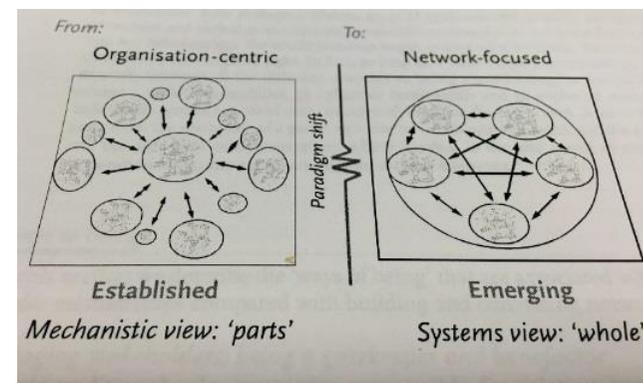
Deliverable name	Product purpose and composition	Delivered and accepted as planned?	What else needs to be done/Recommendations
		Awareness of imaging capabilities at the Bendigo Health Site for Haematology patients under the care of SVHM Haematologist was raised i.e. PET scanner available with highly regarded radiologist on site to report.	professionals in the Head and Neck tumour stream.
Baseline LMR lymphoma patient information	Capture and analyse baseline OCP information for LMR lymphoma patients who transferred to a WCMICS service for treatment. Investigate the completeness of information transfer. Comprised a summary of dimensions of OCP information for LMR patients diagnosed with Lymphoma who were treated in a WCMICS health service in 2017.	Data was gathered on LMR patients diagnosed with AML or Lymphoma who received treatment in WCMICS Health Services in 2017. Of the 24 patients in the file, 11 had a particular type of haematological cancer corresponding to an OCP (i.e. the OCP for Hodgkin lymphoma and diffuse large B-cell lymphoma). An audit against OCP recommended timeframes was completed. This provided the baseline information for measuring future improvements resulting from lymphoma patient information transfer.	The small patient numbers in the audit were a concern. The baseline audit would be more robust if data were collected over a period longer than the 2017 calendar year. Further work is needed to investigate the duration of symptoms before presentation and initial investigation by a GP.
Haematology templates (see Appendix 5)	Standardised delivery of prompt, relevant and accurate haematology patient information from a regional cancer service to a WCMICS cancer service. Consistent, high quality information provided in a standardised fashion will make processing of patients easier for WCMICS colleagues and staff. The composition includes referral, patient, referrer and clinical details	Templates were developed for haematology service referral, supportive clinical care and post treatment discharge. A contained piece of action research was undertaken to identify any initial problems with use of the clinical supportive care referral template in practice.	A trial to demonstrate benefits compared with the use of current forms is envisaged. The intention is to scale up the pilot to other high volume tumour streams (i.e. colorectal cancer) and complex tumour streams (i.e. lung cancer). Follow up work is needed with the BH and PMCC EMR project teams to set up mechanisms for extracting patient information from the data bases and

Deliverable name	Product purpose and composition	Delivered and accepted as planned?	What else needs to be done/Recommendations
		Preparations for an education/awareness program for use of the template by ward staff were commenced.	populating the templates, and for transferring encrypted patient information between hospitals.
Regional metropolitan shared care video	Demonstrate the care pathway for remote LMR cancer patients. Highlight transition issues for LMR patients who transfer to Melbourne for cancer treatment. Comprises a short video incorporating video snippets, still images, voice over and text.	A first cut video was produced for preview. A final video edit and post production was completed and the product was delivered in required fields. Response has been positive.	Subsequent strategic promotion of the video is planned. Link: https://vimeo.com/341929823 Password: Rhonda
WCMICS/LMICS haematology team video	Reassure LMR residents who have treatment for haematological cancer in a WCMICS hospital that the metropolitan and regional clinicians work as a close knit team. Build relationships between metropolitan and LMR haematology clinical teams. Highlight transition issues for LMR haematology patients who transfer to Melbourne for treatment	A preliminary story board and accompanying smart phone video footage were completed. Further work was delayed by the time taken to seek quotations from film makers for the shared care video above. Also the consumer involved suffered a relapse of disease and a change in treatment which led to time delays.	Additional work needed includes footage evaluation and advice, edit of existing and forthcoming material and final video edit and post production for delivery in required fields. Subsequent strategic promotion of the video is planned.
Community hub patient resource pack	Provide LMR patients who transfer to Melbourne for cancer treatment with easy access to information about metropolitan services. For use by community hub volunteer navigators with the role of supporting the needs of LMR residents transferring to Melbourne for cancer treatment. Comprises a visual information data	The resource pack was completed and widely acclaimed by consumers and health service colleagues. Training for community hub volunteer navigators was completed for two trial services.	Further promotion within LMICS and WCMICS health services will spread the benefits of this product. Expand/Update of the resource pack is required in response to consumer and stakeholder feedback.

Deliverable name	Product purpose and composition	Delivered and accepted as planned?	What else needs to be done/Recommendations
	base with hyperlinks to existing services.		
LMR Cancer Services Showcase	Build WCMICS cancer clinician awareness of LMR cancer service initiatives. Promote the LMR cancer service directory. Model and build confidence in the use of telehealth	Five rapid-fire presentations from LMR health services were originally envisaged for the PMCC LMICS tele oncology mini forum. This was subsequently consolidated into one 20 slide presentation on LMR cancer services built around a patient story. The presentation was well received.	Possibilities for promotion of LMICS and WCMICS health service innovations across metropolitan and country regions are being considered. Seek appropriate forums and conferences for promotion of project products.



Joint project manager Trish Calder with a regional patient, Rhonda, and her husband Keith. Rhonda was the subject of the “Rhonda’s story” video which demonstrates the challenges for country patients’ participation in clinical trials.



An effort was made within the Metro/Regional project to move beyond a hub and spoke model towards an integrated network of services.

3 Outcomes and outputs

Benefit	Outcome measure	Target performance	What was achieved	Comment/forecast
Changes in practice arising from new/enhanced working relationships between staff in LMICS and WCMICS services	Number of changes in practice	Five changes in practice	<p>Connections established between BH and SVHM clinicians resulted in improved referral pathways and delivery of services closer to home.</p> <p>Collaboration between WCMICS and LMICS data experts.</p> <p>Participation in WCMICS production of a prostate cancer video.</p> <p>Initiation of planned changes in LMR shared care practice for breast cancer arising from connections created with metropolitan.</p> <p>Creation of a Palliative Care Consortium video based on project connections.</p> <p>CCV CIS is utilizing the LM Regional Service Directory to assist patients.</p>	<p>Consolidation and building relationships developed between LMR health services and SVHM.</p> <p>Anticipated increase in SVHM haematology referrals to BH radiotherapy and imaging services (i.e. PET scans)</p> <p>Clear GP guidelines for haematology referral within LMR.</p> <p>Collaboration between the WCMICS and LMICS data teams on three future projects.</p>
New initiatives undertaken to address identified issues and gaps associated with transfer for treatment in the metropolitan area.	Number of initiatives undertaken to address issues and gaps	Five new initiatives	<ol style="list-style-type: none"> Established an electronic Regional Health Directory for the LMR for use by Metropolitan clinicians to refer patients to local 	<p>Three new initiatives in year two</p> <ol style="list-style-type: none"> Further steps to integrate patient information templates into EMR – future proofing

Benefit	Outcome measure	Target performance	What was achieved	Comment/forecast
			<p>services (allied health, etc.) on discharge</p> <p>2. Developed a product to assist consumers to navigate their travel to metropolitan services and connecting them to metropolitan supportive services</p> <p>3. Using National Standard guidelines high quality patient information templates was produced with initial trialling commenced</p> <p>4. Developed user friendly patient information templates which are interactive and electronically formatted</p> <p>5. A working party was formed between BH and PMCC in the haematology group for ongoing advice and collegial input</p>	<p>2. Establish other professional working parties to improve patient information transfer for other tumour streams/patient group e.g. Lung cancer, AYA group</p> <p>3. Work towards strategic change with influential key stakeholders i.e. Medical/Nursing Directors</p>
Improved communication of haematology patient information	<p>Increase in the quality of haematology patient information transfer</p> <p>Reduced time to complete haematology patient information template</p>	20% increase in quality and timeliness (against audit criteria)	<p>Target not met</p> <p>Three templates developed. A template pilot was commenced.</p>	<p>A quality audit will be undertaken in year two. Plans are in place to scale up to one other tumour stream.</p>

Benefit	Outcome measure	Target performance	What was achieved	Comment/forecast
Improved accessibility of information for WCMICS clinicians about where and how to refer Loddon Mallee patients locally for acute, sub-acute and primary care	Reduced time taken by WCMICS cancer clinicians when referring LMR patient back to the region	30% reduction in time taken to find appropriate referrals	Regional service directory was established. Outcome has not been measured as yet.	Continuing strategic promotion of the directory and subsequent measure of outcomes.
Improved accessibility of information on metropolitan services for Loddon Mallee residents with a cancer diagnosis	Number of volunteer training sessions.	3 training sessions	Target achieved	Further training sessions across the region are planned. Wider uptake of resource pack by social workers for other dimensions of healthcare delivery (e.g. cardiac patients) Evaluation of uptake also planned.
Increased metropolitan clinician awareness of regional patient travel issues	Increased metropolitan clinician awareness regional patient travel issues	10% increase in clinician awareness	Video completed	Strategic use of the video to maximise its potential to leverage system change.
	Review of VPTAS eligibility criteria for regional patients on collaborative clinical trials	One review of the eligibility criteria	Review is planned for later in 2019.	

Impact of the project

In addition to the more tangible benefits described above, the following impacts have been observed:

- there has been an increase in awareness of metropolitan regional patient transfer issues within the project's sphere of influence
- relationships between metropolitan and regional haematology clinicians are building, and
- LMICS and WCMICS health services have shown they can work collaboratively to improve services to patients who travel between regional and metropolitan Victoria.



In 2017, almost 47,000 patients living in regional Victoria received treatment in hospitals for cancer.

10,279 of them were from the Loddon Mallee region.



One round trip from Manangatang to Melbourne is approximately **826** km.

Rhonda has already made **37** trips.

That is over 3 quarters of the way round the **Earth**.

It will take Rhonda almost **6** hours to get to the hospital in Melbourne.

That includes a 4 hour bus ride followed by a 2 hour train and tram ride.

That is **6** hours each way.

Driving will still take her **4.5** hours each way.

Images from 'Rhonda's Story'

Link:

<https://vimeo.com/341929823>

Password: Rhonda

4 Costs

Cost area	Estimated expense	Actual expense	Comments
Project Managers for 1 EFT one year including on-costs	\$100,000	\$104,000	Salary plus 17% on costs
Desk, computers, training, HR, payroll etc. in LMICS	In kind		
Hot desk and computers WCMICS	In kind		
ICS team support and advice	In kind		
Travel and accommodation	\$3,000	\$1,200	BH fleet hire
Sub project costs	\$2,600	\$2,600	Graphic designer
Total	\$105,600	\$107,800	

5 Discussion

Key learnings

What went well	What was problematic
Provision of supportive leadership, thoughtful governance and ready support from LMICS and WCMICS team members.	The Project Managers were remote workers in a sense. They worked from a variety of locations. Short term changes in office accommodation arrangements at Castlemaine District Heath Service were unsettling, but were quickly resolved.
Initial engagement and ongoing relationship building with metropolitan and regional clinicians and patients paved the way for initial concept development, the provision of expert comment and commencement of product delivery. The relationships have been sustained over the first year and provide a platform for further development.	
The new WCMICS Melbourne office provided a base for building relationships with the team and networking with Metropolitan clinicians.	Ready access to the PMCC computer system available to WCMICS staff will improve efficiency.
An agile approach to project management enabled successful negotiation of changing project circumstances. It also enabled the project managers to capitalise on opportunities as they arose.	Changes in WCMICS service supplier thinking with regard to video production lead to delays in completion. The upside of this was that interaction with professional film producers increased the expertise of the project managers.
Completion of the PRINCE 2 Project Management course established a common understanding of product based project management.	The benefits of the PRNCE2 Project Management training would have been maximised if undertaken at project commencement.
The model of part-time shared project management has worked well. Productive team work and the complementary skills of the Project Managers have been significant elements of the project progress to date.	It was a challenge to participate fully in all the meetings and all the other activities in both WCMICS and LMICS teams. Meeting minutes would have helped keep the project managers informed.
Flexibility in working days facilitated responsiveness to project opportunities and demands as they arose.	

Changes in project design

Change	Impact of the changes
The initial broad-ranging list of gaps, issues and suggested initiatives to address them were reduced to three interventions for further development. Three subsequent sub-project plans were proposed and approved by the Governance Committee.	The project initiatives were kept in scope and manageable within the timeframe and resources available. Selection of priorities gave the project a clear manageable focus.
Following further WCMICS feedback, the three approved sub-project plans were consolidated into one scalable intervention which incorporated the two themes of 'transition' and 'collaboration'.	Key sub-project elements were combined into a more coherent whole. This strengthened the project and reflected a more balanced response to WCMICS and LMICS service needs.
A Greenfields approach was adopted as the best way to move beyond constraints imposed by the current system.	The Greenfields approach enabled the role of project manager to embrace a consultant function. It allowed freedom for innovation and opened up the possibility of making recommendations. The intention was that scalable recommendations and pilots would form a solid foundation for further expansion. This was appropriate given the short-term nature of the project.
Most project products were modified in some way during their development and delivery. Changes reflected practical considerations and customer and consumer feedback.	In some cases this delayed progress and changed the nature of the final product. Flexibility was required in a dynamic project context.

Key risks and how they were managed

Description	% addressed	Outstanding issues	Owner
Some issues may require system wide change and resources	50%	Tapping the potential of EMR for patient information transfer	LMICS WCMICS teams
Difficulty in agreeing on priority projects	100%	Need to agree on year two priorities	CC, PC, Is, KQ
Lack of time to implement selected projects within the 12 month timeframe	75%	Completion of second video Consolidate initial work on templates	PC, CC
Access to WCMICS clinicians restricted	95%	Strategies to broaden reach	PC, CC

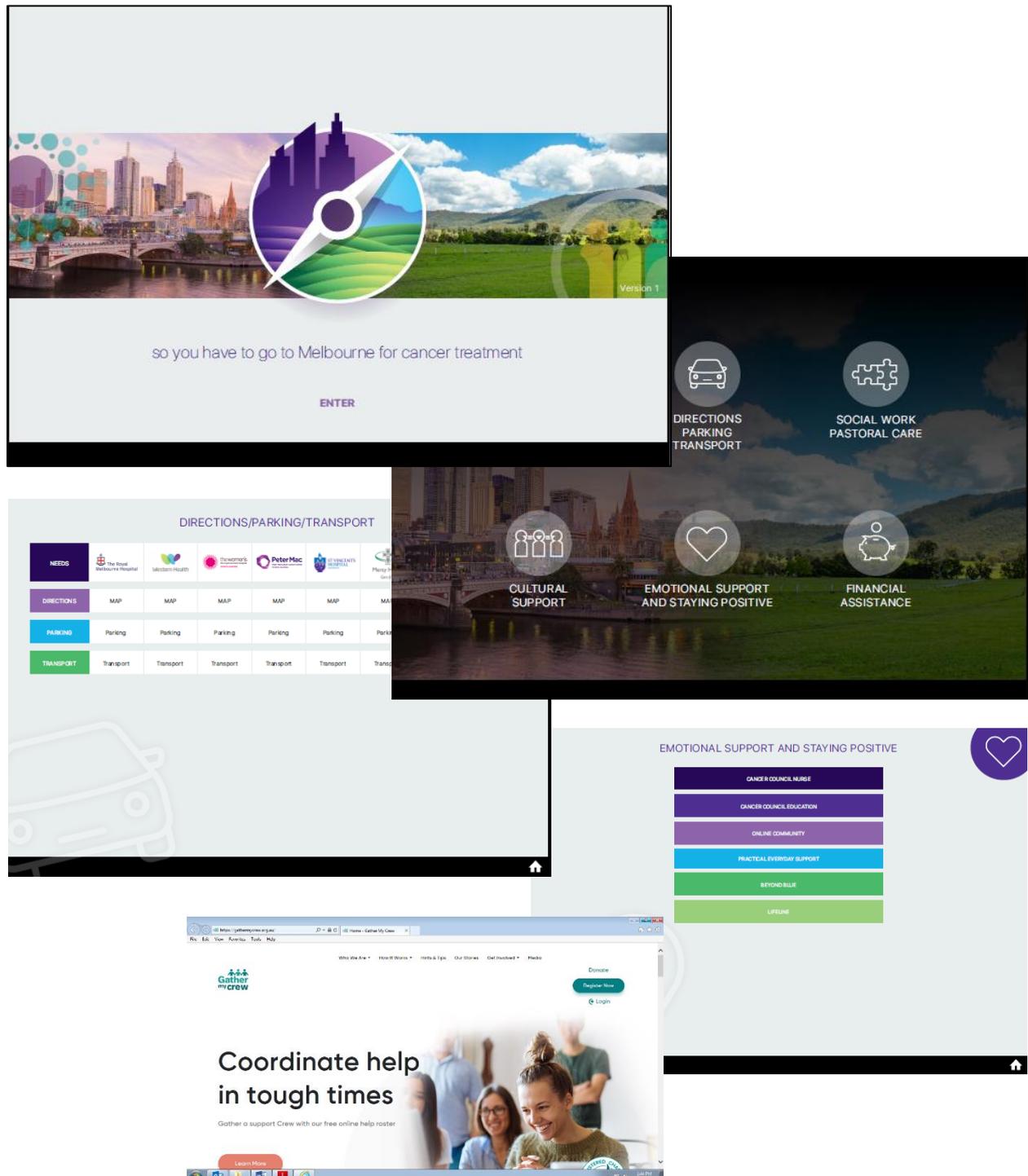
Description	% addressed	Outstanding issues	Owner
Failure to secure commitment from people who are needed to support selected projects	80%	Continue to work with those who can provide support	CC, PC
Unable to secure access to high needs patient groups	Not applicable	Address in year two	PC, CC
Difficulties with ethics approval	Not applicable	Address as required	PC, CC



The Governance Committee provided expert guidance for the project. Medical Oncologist Rob Blum, LMICS Manager Ilana Solo and consumer representative Philip McGuffie in discussion at a governance meeting.

6 Sustainability

Many of the products delivered can be sustained if the project finishes after the first year pilot phase. Ongoing management can be handed over to staff within the LMICS and WCMICS teams. Consolidation and further development of products would be restricted with current resources and infrastructure.



7 End Year One Project Recommendations

Recommendation 1

Other regional and metropolitan Integrated Cancer Services consider adopting the Metropolitan Regional Engagement Project tailored to their own needs.

Recommendation 2

Additional Metropolitan Regional Engagement Projects appoint project managers with complementary skills and experience in clinical cancer care and health service planning.

Recommendation 3

PRINCE2 product based project management be adopted as the project methodology in any future project.

Recommendation 4

Regional Service Directories be developed to incorporate the whole of Victoria

Recommendation 5

The community hub resource pack be made available across all regions

Recommendation 6

The community hub resource pack be expanded to reflect regional cancer patient pathways to metropolitan hospitals (this could include private hospitals)

Recommendation 7

The Rhonda's Story video be used strategically to maximise its potential to leverage system change

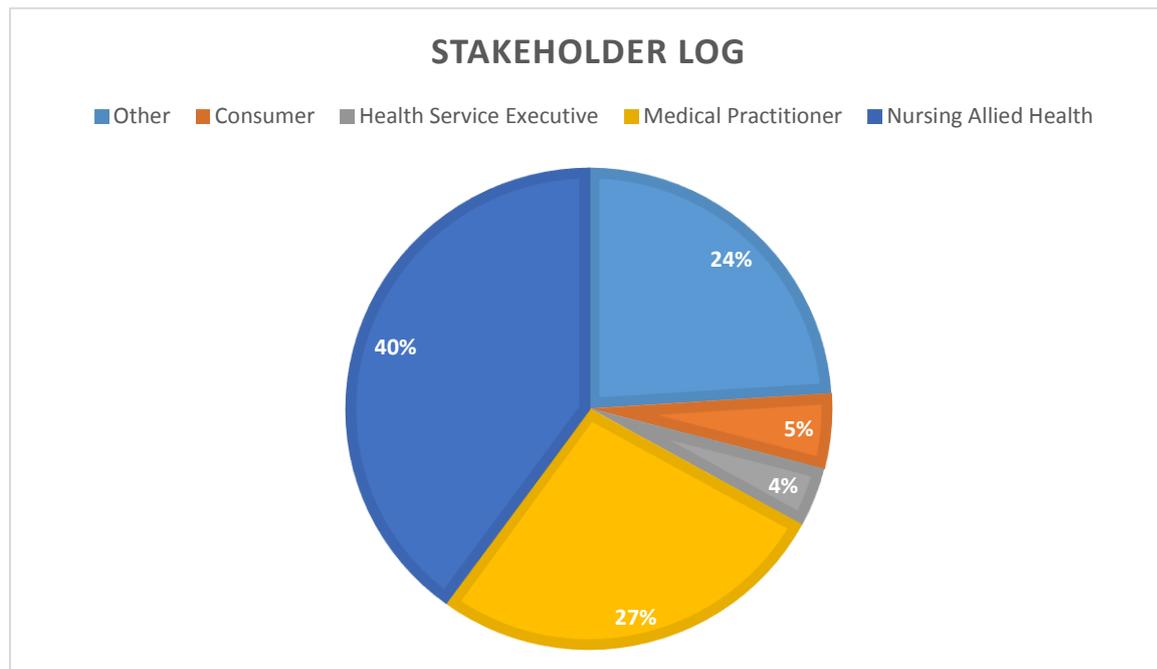


On the road to Manangatang to video Rhonda's story.

Appendix 1

Stakeholder engagement analysis

A Stakeholder Log was used throughout the project. This included 256 names which included clinicians, executives, consumers, and other stakeholders as demonstrated in the pie chart below. Many of these stakeholders had more than one off contacts, but they are only counted the once. The 'other' group consists of project workers, administrative staff, DHHS, PHN, researchers, and ACCHO.



This engagement project has been wide reaching throughout the Loddon Mallee region and the WCMICS health services. The stakeholders that had multiple contacts have been invaluable in their expert advice. The engagement has been essential for informing and directing our product development to ensure sustainability and viability.

The contacts with Stakeholders involved face-to-face 1-1 meetings as well as emails, teleconferencing, and 2 larger forums directly addressing concerns for cancer patients treated across regions.

Appendix 2

Regional/metropolitan patient transfer issues and gaps

Issue	Gap	Proposed initiatives
Partnerships between regional services and metropolitan tertiary hospitals	Less than ideal patient information management	Initial pilot project to Improve the communication of information for Loddon Mallee residents with blood cancer who transfer between the chemotherapy units of Bendigo Hospital and the Peter MacCallum Cancer Centre
		A companion pilot project to investigate the factors influencing the referral pathway of Loddon Mallee residents with colorectal cancer who transfer to WCMICS hospitals
		A more broad-ranging follow up project to map the referral pathways for Loddon Mallee residents from the three highest volume tumour streams who transfer between LMICS and WCMICS hospitals for chemotherapy and surgery: <ul style="list-style-type: none"> investigate the factors influencing the referral pathway investigate of the completeness of patient information transfer
		A companion project to improve communication of patient information at other stages of the cancer care pathway: <ul style="list-style-type: none"> initial diagnosis to first specialist consultation treatment to rehabilitation/survivorship treatment to palliative care
Provision of supportive cancer care	Apparent deficiency in provision of psycho-social support that helps people come to terms with diagnosis, treatment and after treatment issues and assists with anxiety management and decision making	A project to embed the provision of supportive care along the cancer care pathway within three 'first wave' sites
	Deficiencies in transport and accommodation support for regional patients transferring to metropolitan services for treatment	A project to develop a Regional Cancer Patient Transfer Plan based on the Sunraysia model. Expand the transport and accommodation role of metropolitan neighborhood houses.
Access to appropriate cancer care	More work is needed on the Optimal Care Plan for ovarian cancer	A project to investigate and follow-up on the review report of the ovarian cancer optimal care pathway.

Issue	Gap	Proposed initiatives
	Low uptake of cancer services by Aboriginal people	A collaborative project with LMARG and ACHO's to engage Aboriginal consumers in co-designing care.
	People who live in remote areas have limited access to primary health care	A project to Improve cancer screening and early detection for people who live in remote areas of the Loddon Mallee region. Address consumer reticence.
	The particular cancer care requirements of elderly people with complex needs have not been articulated.	A project to investigate the cancer care requirements of elderly Loddon Mallee residents (>65 years) with complex needs who have a cancer diagnosis.
Patient experience as a foundation to define quality and value in cancer care delivery	Modest response to Health Consult consumer survey. Difference between survey and focus group responses. No respondents identified as Aboriginal.	A project to survey Aboriginal experience of cancer care, particularly as it relates to regional metropolitan transfers. Work collaboratively with the Monash University. Identify deficiencies in patient experience and propose solutions.

Appendix 3

Tumour streams

Tumour Stream	Number of LMR Residents with Cancer who Received Chemotherapy at a WCMICS Hospital* in 2016-17 and as a percentage	
Haematology	70	39%
Breast	24	13%
Head and Neck	23	13%
Gynaecology	20	11%
Skin	11	6%
Colorectal	9	5%
Lung	8	4%
Upper gastrointestinal	6	3%
Genitourinary	5	3%
Bone and soft tissue	< 5	
Thyroid other endocrine glands	< 5	
Any Tumour Stream	179	100%

* Includes Peter MacCallum Cancer Institute (mainly), Royal Melbourne Hospital, St Vincent's Hospital, Sunbury Day Hospital, Sunshine Hospital, Mercy Hospital for Women and Footscray Hospital
Data source: Victorian Admitted Episodes Dataset (VAED)

Haematology patient transfer data

Number of LMR residents with haematological cancer who received chemotherapy at a WCMICS hospital in 2016-17 stratified by WCMICS hospital

Western and Central Melbourne Integrated Cancer Service Hospital	Number of LMR Residents with Haematological Cancer Who Received Chemotherapy	
Peter MacCallum Cancer Institute	46	66%
St Vincent's Hospital	9	13%
Sunshine Hospital	6	9%
Royal Melbourne Hospital	5	7%
Sunbury Hospital	< 5	
Any WCMICS Hospital	70	100%

Data source: Victorian Admitted Episodes Dataset (VAED)

Appendix 4

Haematology patient information templates

Haematology Supportive Clinical Care Referral Template



wcmics
Woolloomooloo Community Medical Centre

**HAEMATOLOGY
SUPPORTIVE CLINICAL
CARE REFERRAL FORM**



lmics
Leeds/Ilford Integrated Cancer Service

Surname: <input style="width: 80%;" type="text"/> URN: <input style="width: 100%;" type="text"/> Given Name: <input style="width: 80%;" type="text"/> DOB: <input style="width: 100%;" type="text"/> Sex: <input style="width: 50%;" type="text"/> Address: <input style="width: 100%; height: 20px;" type="text"/> Suburb: <input style="width: 100%; height: 20px;" type="text"/> Postcode: <input style="width: 150px;" type="text"/> Phone: <input style="width: 150px;" type="text"/>	Referrer: <input style="width: 80%;" type="text"/> Date: <input style="width: 100%;" type="text"/> Signature: <input style="width: 100%; height: 20px;" type="text"/> Provider number: <input style="width: 100%; height: 20px;" type="text"/> Contact number: <input style="width: 100%; height: 20px;" type="text"/> Consent to referral: <input type="checkbox"/> Y <input type="checkbox"/> N Interpreter required: <input type="checkbox"/> Y <input type="checkbox"/> N
--	--

FAX and/or email: Bendigo Health (03) 8454 8816 haem@bendigohealth.org.au
 PMIC (03) 8559 7371 referrals@pofarmc.org | RMH (03) 8559 7371

ECG Required clinical support: (i.e. blood tests, C/NAD care, blood product support)																
Current diagnosis/ treatment plan																
Blood Product Information Parameters For Transfusion: PATHOLOGY- Issues searched Medications allergy If for more medication provide list	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">BLOOD TYPE</td> <td style="width: 30%; text-align: center;">DMV STATUS</td> <td style="width: 30%; text-align: center;">Ironload</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="font-size: small;">crossflex if AB+</td> <td style="font-size: small;">Positive +</td> <td style="font-size: small;">BRTS (Lx, 2/28)</td> <td style="text-align: center;"><input type="checkbox"/> Y</td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Y</td> <td style="text-align: center;"><input type="checkbox"/> N</td> <td colspan="3"></td> </tr> </table>	BLOOD TYPE	DMV STATUS	Ironload			crossflex if AB+	Positive +	BRTS (Lx, 2/28)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			
BLOOD TYPE	DMV STATUS	Ironload														
crossflex if AB+	Positive +	BRTS (Lx, 2/28)	<input type="checkbox"/> Y	<input type="checkbox"/> N												
<input type="checkbox"/> Y	<input type="checkbox"/> N															
Social history - Referrals to Regional Allied Health required GP DETAILS IF KNOWN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Y</td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> </table>	<input type="checkbox"/> Y	<input type="checkbox"/> N													
<input type="checkbox"/> Y	<input type="checkbox"/> N															

CLEAR FORM

PAGE 1 OF 1

PRINT

Urgent Haematology Referral Template

	URGENT HAEMATOLOGY REFERRAL FORM																																																					
<table border="1"><tr><td>Surname</td><td><input type="text"/></td><td>URN</td><td><input type="text"/></td></tr><tr><td>Given Name</td><td><input type="text"/></td><td>DOB</td><td><input type="text"/></td><td>Sex</td><td><input type="checkbox"/></td></tr><tr><td>Address</td><td colspan="5"><input type="text"/></td></tr><tr><td>Suburb</td><td colspan="5"><input type="text"/></td></tr><tr><td>Postcode</td><td><input type="text"/></td><td>Phone</td><td colspan="3"><input type="text"/></td></tr></table>	Surname	<input type="text"/>	URN	<input type="text"/>	Given Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="checkbox"/>	Address	<input type="text"/>					Suburb	<input type="text"/>					Postcode	<input type="text"/>	Phone	<input type="text"/>			<table border="1"><tr><td>Referrer</td><td><input type="text"/></td><td>Date</td><td><input type="text"/></td></tr><tr><td>Signature</td><td colspan="3"><input type="text"/></td></tr><tr><td>Provider number</td><td colspan="3"><input type="text"/></td></tr><tr><td>Contact number</td><td colspan="3"><input type="text"/></td></tr><tr><td>Consent to referral</td><td colspan="3"><input type="checkbox"/></td></tr><tr><td>Immuniser required</td><td><input type="checkbox"/></td><td>Y</td><td><input type="checkbox"/></td><td>N</td></tr></table>	Referrer	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>			Provider number	<input type="text"/>			Contact number	<input type="text"/>			Consent to referral	<input type="checkbox"/>			Immuniser required	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Surname	<input type="text"/>	URN	<input type="text"/>																																																			
Given Name	<input type="text"/>	DOB	<input type="text"/>	Sex	<input type="checkbox"/>																																																	
Address	<input type="text"/>																																																					
Suburb	<input type="text"/>																																																					
Postcode	<input type="text"/>	Phone	<input type="text"/>																																																			
Referrer	<input type="text"/>	Date	<input type="text"/>																																																			
Signature	<input type="text"/>																																																					
Provider number	<input type="text"/>																																																					
Contact number	<input type="text"/>																																																					
Consent to referral	<input type="checkbox"/>																																																					
Immuniser required	<input type="checkbox"/>	Y	<input type="checkbox"/>	N																																																		
REFERRAL FORM TO BE FAXED TO (03) 8559 7371 OR EMAILED TO referrals@patermac.org																																																						
<table border="1"><tr><td>Reason for referral</td><td><input type="text"/></td></tr><tr><td>Relate any investigations attached Relate any clinical information</td><td><input type="text"/></td></tr><tr><td>Significant medical history</td><td><input type="text"/></td></tr><tr><td>Medications allergy If 5 or more medications provide list</td><td><input type="text"/></td></tr></table>	Reason for referral	<input type="text"/>	Relate any investigations attached Relate any clinical information	<input type="text"/>	Significant medical history	<input type="text"/>	Medications allergy If 5 or more medications provide list	<input type="text"/>	<table border="1"><tr><td>Y</td><td><input type="checkbox"/></td><td>N</td><td><input type="checkbox"/></td></tr></table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>																																									
Reason for referral	<input type="text"/>																																																					
Relate any investigations attached Relate any clinical information	<input type="text"/>																																																					
Significant medical history	<input type="text"/>																																																					
Medications allergy If 5 or more medications provide list	<input type="text"/>																																																					
Y	<input type="checkbox"/>	N	<input type="checkbox"/>																																																			
PAGE 1 OF 1																																																						
CLEAR FORM		PRINT																																																				

Discharge Haematology Template



**DISCHARGE
HAEMATOLOGY FORM**



LABEL

Referrer

Signature

Provider number

Consent number

Consent to inform

Interpreter required Y N

ADMINISTRATIVE DISCHARGE DETAILS

Date of admission

Source of referral

Method of admission

Hospital site

Date of discharge

CLINICAL NARRATIVE

Significant Clinical Information

Diagnosis

Relevant Treatments and Surgery

Relevant Investigations and results recorded

Clinical Signs

Allergies

Medical History

Medication Current

Other

PAGE 1 OF 2



**DISCHARGE
HAEMATOLOGY FORM**



MEDICATION DETAILS

Medications on discharge on arrival

Medications stopped or withheld

FUTURE MANAGEMENT

Referred to services

GP services

Specialist services

Information given to patient or carer

Other recommendations, follow plan

PERSONS COMPLETING DISCHARGE SUMMARY

First name <input type="text"/> Consent number <input type="text"/> Professional body/registration number <input type="text"/> Date of discharge accuracy completed <input type="text"/>	Surname <input type="text"/> Job role <input type="text"/> Capacity <input type="text"/> Signature <input type="text"/>
---	--

PAGE 2 OF 2