

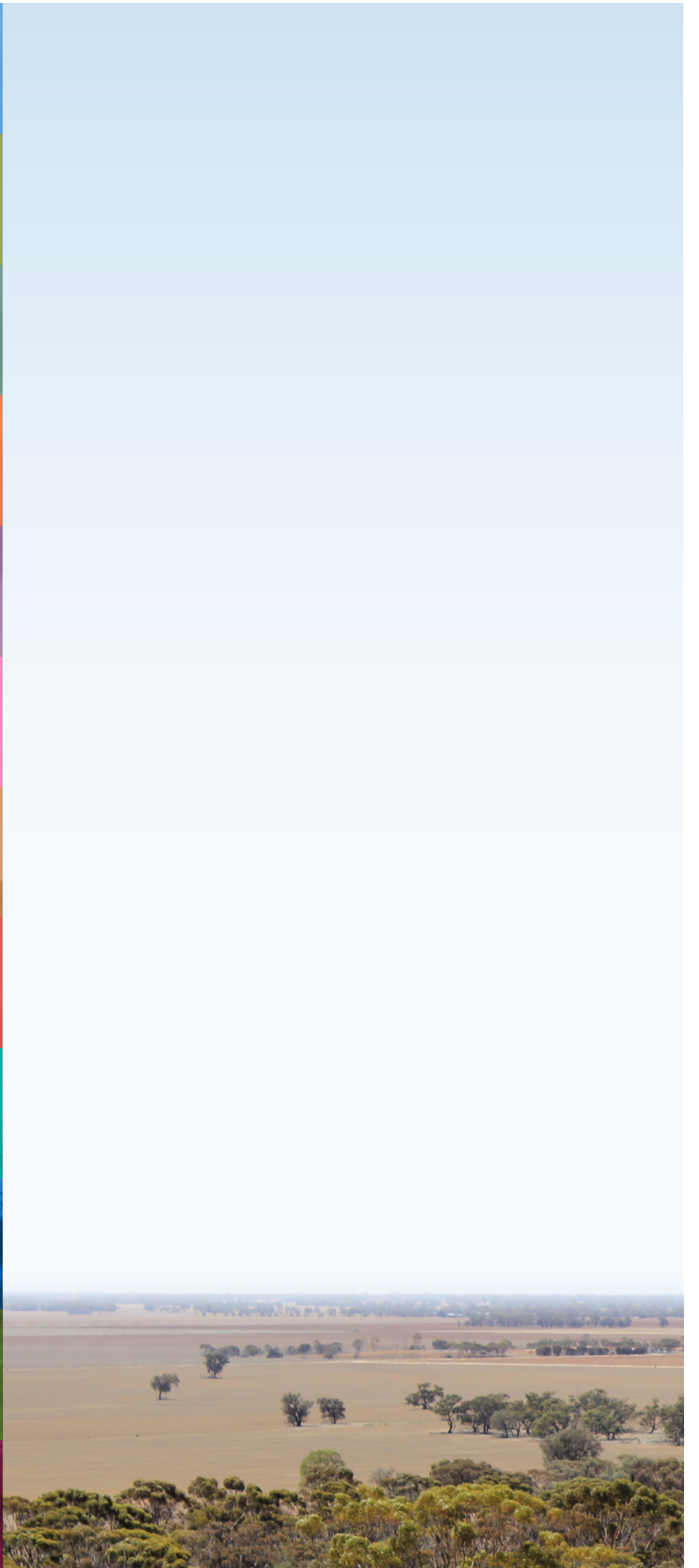
LMICS Annual Report

2015-16



Loddon Mallee Integrated Cancer Service

www.lmics.org.au



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Overview

Message from the Chair

The ICS have been working together actively this year to convert successful local initiatives into state-wide projects. This shift is evidenced by the 2015/16 Annual Report in what I believe is a positive development for LMICS and its members. In particular much of our work is now captured within the Optimal Care Pathways project and LMICS has made a significant investment in this program.

The LMICS Governance group is looking forward to implementing the 2016-2020 Victorian Cancer Plan and we have commissioned a Regional Cancer Services Plan to help guide project activities for both LMICS and its members.

Meanwhile the region's cancer service system continues to grow and this year will see the opening of the new Bendigo Cancer Centre. We continue to work closely with Bendigo Health to gain a clear understanding of the role of the new Cancer Centre and explore where LMICS can assist and support the Centre to acquit its new role within the region. We are very pleased to report that the LMICS team is now accommodated within the new cancer centre.

We sincerely thank the wide range of health professionals, executives and consumers involved in supporting our work and for their continued advice. This year LMICS said farewell to Multi-Disciplinary Team Meeting (MDM) Administrator Monica Muller who is now positioned within the Bendigo Cancer Centre. Monica continues to make a valuable contribution to cancer care in her new location. Also many thanks to Allison Peace and Deb Howell who worked for LMICS during the year. While they are no longer with LMICS their significant achievements are contained throughout this report.



June Dyson
LMICS Chair



Vale Dane Huxley

Former Mildura Base Hospital Chief Executive Officer Mr Dane Huxley passed away peacefully in Melbourne on Friday 14th October 2016, surrounded by his family.

Dane was appointed Chief Executive Officer of the Ramsay Health Care privately operated public hospital in 2000 and had extensive public and private Hospital experience. Dane was born in Melbourne and was educated at Monash University where he obtained a Bachelor of Arts and a Masters in Business Administration. He was actively involved in a number of organisations in Mildura and had held positions as Chairman of the Northern Mallee Primary Care Partnership, Chairman of the Mildura Rural City Council Audit Committee, Chairman of the Mildura Development Corporation and most recently Chairman of the Sunraysia Modernisation Project.

Dane was a LMICS Governance Group committee member during 2012 and worked tirelessly to support and improve cancer services, during his time as CEO at Mildura Base Hospital.

With significant contribution from LMICS and others, Dane was able to foster partnerships to progress a number of cancer achievements including:

1. Encouraging the establishment of an Outreach Radiation Oncology clinic (December 2007)
2. Partnering with Bendigo Health to establish a Medical Oncology Outreach model of care (February 2009)
3. Hospital expansion to provide a dedicated space for the installation of diagnostic quality meeting equipment to enable the establishment of multidisciplinary cancer care team meetings. These are now embedded, highly regarded and well attended. (September 2012)
4. Securing Commonwealth funding to enable an upgrade to the Oncology Unit, doubling the size of the area and increasing the chair space from 4 to 8 (2013)
5. Establishment of an Oncology Telehealth service (November 2013)
6. Signatory to and supportive of the successful funding applications to appoint a full time McGrath Breast Care Nurse and Prostate Cancer Specialist Nurse
7. Supportive of the appointment of permanent Mildura Base Hospital Medical Oncologist(s)

Dane will be deeply missed by all who knew him.

Kaye Matthews

About LMICS

LMICS is the clinical network for cancer in the Loddon Mallee Region (LMR) of Victoria. It is a collaborative relationship between clinicians, public and private health services, and consumers to achieve coordinated planning and improvement of cancer services across the region. LMICS uses its networks and resources to implement key cancer policy objectives. LMICS was founded by the Department of Health and Human Services (DHHS) in 2004 and works closely with the eight other Integrated Cancer Services (ICS) as well as the department on joint projects and objectives.

Strategic priorities

In November 2015, representatives from all the ICS and other key groups came together to review and refresh the ICS' vision, mission, and strategic priorities. These strategic goals have been adopted by all ICS, bringing them together as a statewide cancer clinical network.

Vision:

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

Mission:

The ICS will achieve their vision by:

1. understanding the needs of people affected by cancer
2. building and supporting collaboration between health professionals, health services, and consumers
3. driving quality improvement in cancer care
4. supporting development of the cancer workforce
5. facilitating system-wide engagement in cancer research.

Strategic goals:

1. A networked cancer care system

- a. Link services involved in cancer care (across all sectors, including cancer centres, health services, and community organisations) and work with these services and health professionals to align priorities.
- b. Strengthen linkages between metropolitan and regional cancer service providers.
- c. Engage consumers and communities in the work of the ICS.

2. High-quality cancer care

- a. Implement the Optimal Cancer Care Pathways (OCPs), including improvements to multidisciplinary care, supportive care, and care coordination.
- b. Analyse available data and information of relevant clinical evidence/innovation and disseminate it to drive quality improvement.
- c. Support providers to apply cost-benefit considerations to care/service planning and delivery.
- d. Continue statewide tumour summits to drive consistent cancer care across tumour streams.
- e. Continue to drive improvements in the patient experience of cancer care.
- f. Continue to support workforce development initiatives.

3. A research-informed cancer care system

- a. Encourage providers to participate in clinical trial programs.
- b. Support health services research.
- c. Foster robust evaluation of cancer programs, models of care, and ICS initiatives.

LMICS governance and structure

Governance Group

LMICS is formed via a Memorandum of Understanding between partner health services. LMICS is governed by a skills-based Governance Group whose membership comprises CEOs, consumers, and clinicians. This group sets strategic directions and monitors overall performance for LMICS.

Appendix 1 LMICS Governance Group contains membership details.

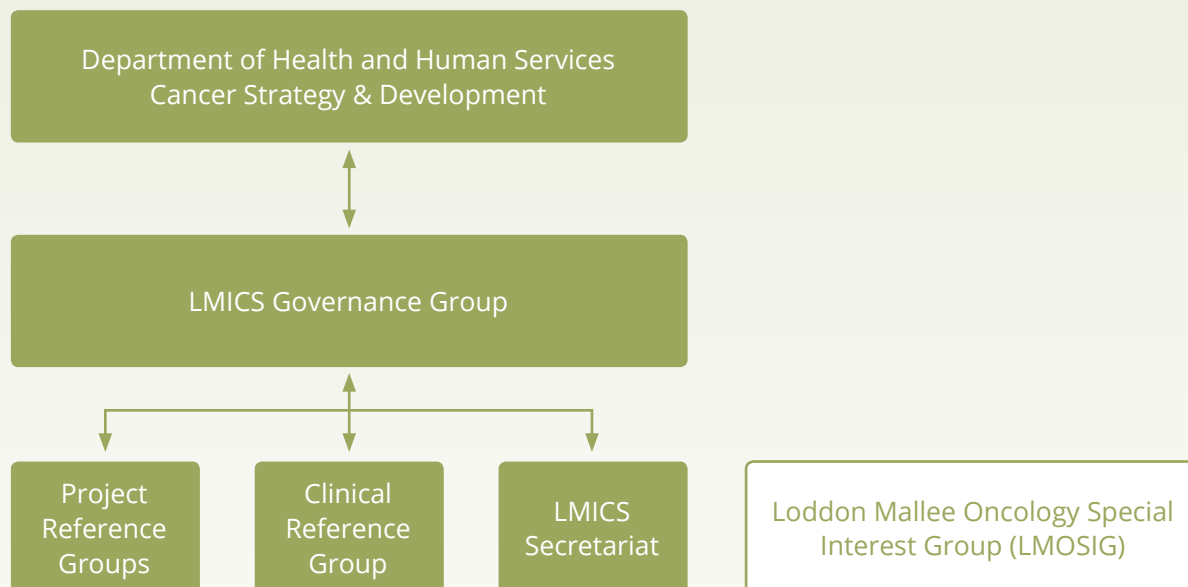
Clinical advisory and project steering groups

LMICS utilises advisory and project steering groups to ensure active engagement and consultation with clinicians from a range of disciplines. The majority are chaired by Dr Robert Blum, Clinical Director of LMICS.



Specialist Cancer Services advisory group meeting utilising video conferencing across up to six sites.

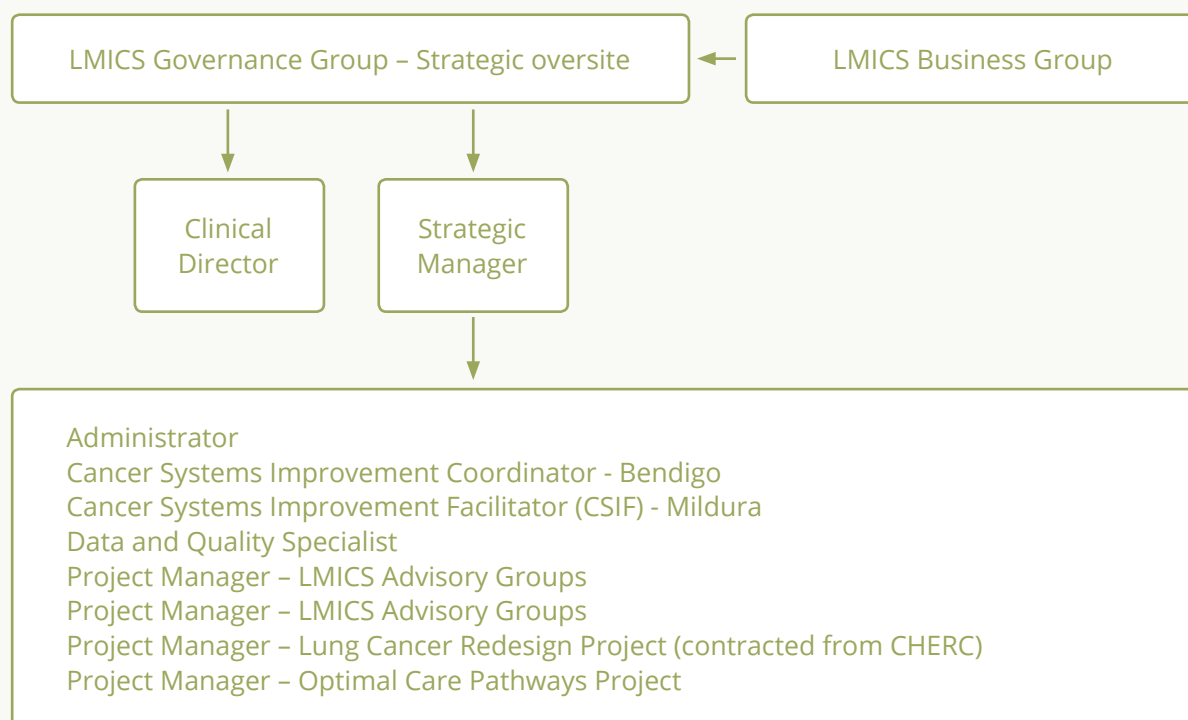
The following diagram describes the relationship between the governance and clinical groups in LMICS. Group membership information is available on request.



Staffing and operational structure

The LMICS Clinical Director and Strategic Manager receive strategic direction from the LMICS Governance Group. The LMICS Business Group provides support and reviews financial reports. All staff report to the Strategic Manager. Organisational line management is with Bendigo Health and LMICS is part of the Bendigo Cancer Centre team.

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



Regional demographic and service system profile

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.



Photo from the Swan Hill to Melbourne train. Many cancer patients use this service to attend Melbourne-based appointments.

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 318,000 people live in the LMR. 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 below.

LGA	2009	2010	2011	2012	2013	2014	2015
Bendigo	99003	100506	101995	103605	105222	107051	108437
Mildura	51373	51625	51822	52197	52633	53018	53015
Campaspe	37021	36973	36855	36967	36898	36889	36747
Macedon Ranges	41582	42223	42883	43517	44056	44702	45308
Swan Hill	21043	20982	20865	20950	20849	20574	20409
Mt Alexander	17683	17806	17872	17896	17964	18087	18130
Central Goldfields	12587	12600	12579	12581	12620	12609	12575
Loddon	7741	7653	7546	7506	7417	7353	7283
Gannawarra	10923	10692	10453	10376	10311	10142	10019
Buloke	6751	6622	6465	6355	6214	6084	5952
LMR	305707	307682	309335	311950	314184	316509	317875

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

Incidence of cancer

Data on incidence (number of new cases) of cancer are presented in Table 2 below.

LGA	2009	2010	2011	2012	2013	2014
Bendigo	541	570	625	692	668	621
Mildura	289	318	316	355	336	315
Campaspe	263	258	253	280	281	292
Macedon Ranges	220	226	252	243	252	221
Swan Hill	110	150	140	151	124	127
Mt Alexander	118	121	131	139	136	132
Central Goldfields	85	130	98	133	100	105
Loddon	66	56	63	74	63	45
Gannawarra	88	102	100	68	106	108
Buloke	54	53	49	61	59	72
LMR	1,834	1,984	2,027	2,196	2,125	2,038

Table 2: Number of new cases of all cancers in LMR, 2009-2014. (Source: VCR)

Prevalence of cancer

The 5-year prevalence of cancer is an estimate of the number of LMR 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 2014 are summarised in Table 3 below.

LGA	5-year prevalence 2012	% 2012	5-year prevalence 2014	% 2014
Bendigo	2682.4	29.8	2803.1	30.5
Mildura	1496.7	16.6	1449.7	15.8
Campaspe	1140.7	12.7	1229.3	13.4
Macedon Ranges	1035.2	11.5	1059.4	11.5
Swan Hill	623.9	6.5	599.9	6.5
Mt Alexander	588.5	6.5	585.8	6.4
Central Goldfields	464.3	5.2	487.8	5.3
Loddon	315.1	3.5	270.9	2.9
Gannawarra	407.3	4.5	433.2	4.7
Buloke	242.7	2.7	266.0	2.9
LMR	8996.8	100.0	9185.1	

Table 3: Five year prevalence of cancer in 2014 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	2014
Genitourinary	454	432	442	510	480	434
Colorectal	291	313	279	316	300	294
Breast	184	212	255	259	266	255
Lung	167	207	199	231	221	193
Skin (melanoma)	178	159	161	169	182	184
Haematological malignancies	151	166	184	199	172	195
Gynaecological	64	72	85	92	102	83
Head & neck	76	110	83	76	89	73
Upper gastro-intestinal	124	144	160	155	157	169
Central nervous system	28	38	40	29	20	24
Other	117	131	139	160	136	134
Total	1,834	1,984	2,027	2,196	2,125	2,038

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

Cancer services in the Loddon Mallee region

Figure 1 (below) is a map showing the campuses where acute health services are provided in the LMR. People with cancer and their carers may utilise urgent care, acute beds, and community-based programs in the smaller services and specialist cancer services in the larger services.

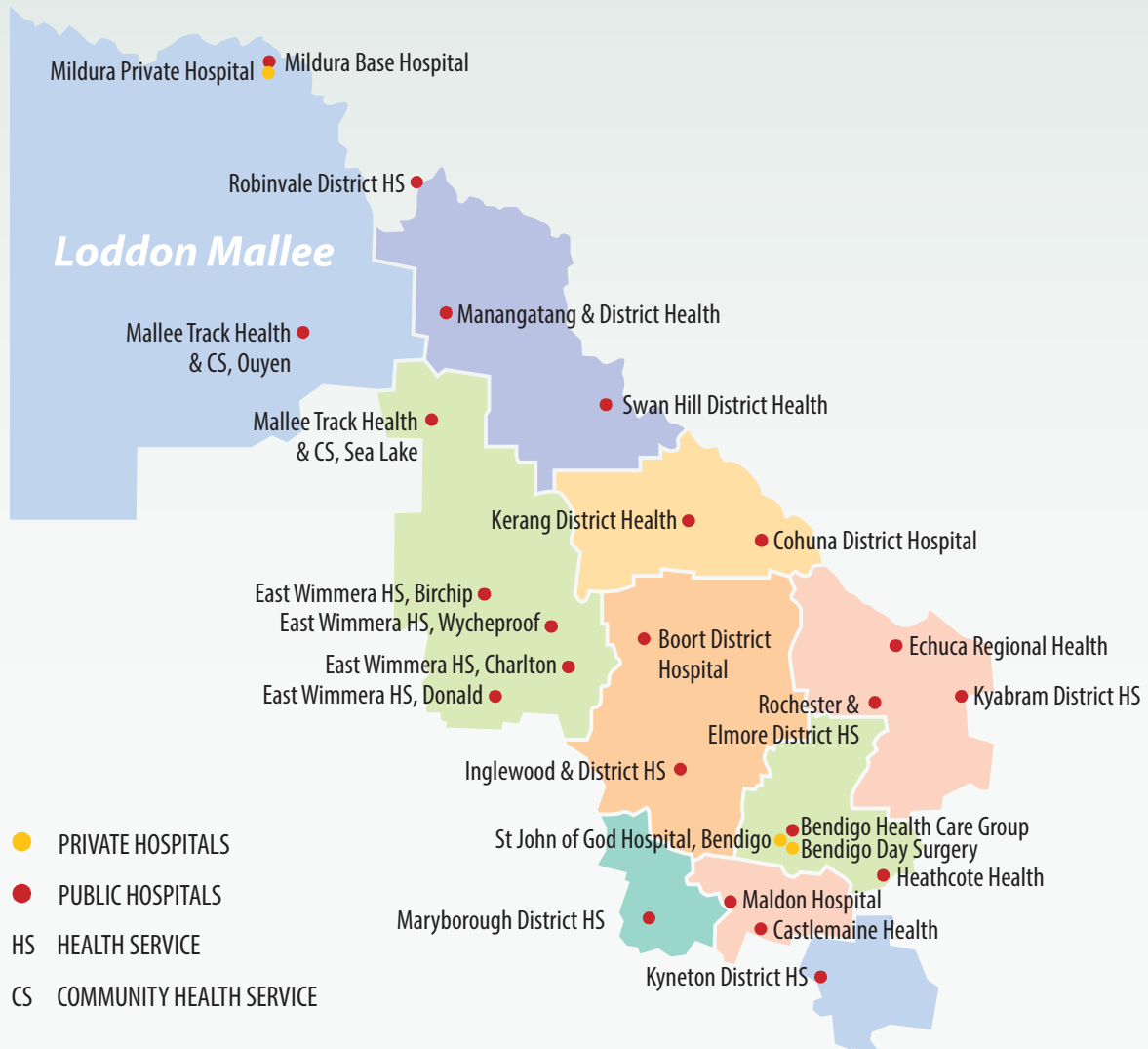


Figure 1: Map of cancer services in the LMR

Chemotherapy

There are five full-time Medical Oncologists permanently based in the LMR. Four of the five are primarily based at Bendigo Health, with services also provided to Echuca Regional Health, St John of God Hospital, Kerang District Health, and Swan Hill District Health. One Medical Oncologist is based in Mildura, with services provided to Mildura Base Hospital and Mildura Private Hospital.

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

Health Service	Chemotherapy	
	chairs	beds
Bendigo Health	22	4
Echuca Regional Health	4	0
Kerang District Health – Bendigo Health outreach service	6	0
Kyabram District Health Service – Goulburn Valley Health outreach service	4	0
Maryborough District Health Service	2	0
Mildura Base Hospital	8	0
Mildura Private Hospital	6	1
St John of God Hospital, Bendigo	4	1
Swan Hill District Health – Bendigo Health outreach service	4	0
TOTAL	64	6

Table 5: chemotherapy services in the LMR.

Table 6 summarises the number of same-day chemotherapy separations by health service in the LMR for the financial year 2014/2015. On average, each patient will receive approximately six separations.

Health service	Count 2013/14	% in 2013/14	Count 2014/15	% in 2014/15
Bendigo Health	4059	55.8	3750	44.0
Mildura Base Hospital	854	11.7	1442	16.9
Mildura Private Hospital	671	9.2	932	10.9
St John of God Hospital, Bendigo	638	8.8	932	10.9
Echuca Regional Health	434	6.0	653	7.7
Swan Hill District Health	341	4.7	429	5.0
Kerang District Health	274	3.8	343	4.0
Maryborough District Health Service	6	0.1	41	0.5
Total	7277	100.0	8522	

Table 6: Same-day separations for chemotherapy by health service in LMR, 2014/2015 (Source: VAED)

Surgical services

There are 14 health services in the LMR 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 Hospital, Bendigo	Private
Swan Hill District Hospital - Swan Hill	Public

Table 7 – hospitals providing surgery in the LMR

Radiotherapy

Bendigo

The Bendigo Radiotherapy Centre's radiotherapy service is provided by the Peter MacCallum Cancer Centre. The Centre has two megavoltage linear accelerators, a superficial x-ray treatment machine and dedicated CT scanner for treatment planning. Services offered include superficial x-ray therapy (SXRT), 3D conformal radiotherapy, intensity modulated radiotherapy (IMRT), stereotactic ablative body radiotherapy (SABR), volumetric modulated arc radiotherapy (VMAT) and deep inspiration breath hold (DIBH) techniques.

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

The Bendigo Radiotherapy Centre will be co-located in the Bendigo Cancer Centre from 2017, with nursing and allied health staff now provided through Bendigo Health.

Mildura

A private Radiation Oncologist receives commonwealth funding to support his monthly visits to Mildura. The service incorporates telehealth consultations and participation in Mildura multidisciplinary meetings (MDMs).

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

General practitioners (GPs)

There is some fluctuation in the numbers of GPs in the LMR. The Murray Primary Care Network maintains a list. As at November 2016, there were 439 GPs in the LMR 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. of GPs November 2015	No. of GPs November 2016
Greater Bendigo	173	162
Birchip	1	1
Boort	2	2
Castlemaine	25	27
Charlton	1	1
Cohuna	4	4
Donald	3	3
Dunolly	1	1
Echuca	41	45
Gisborne	11	4
Heathcote	7	8
Inglewood	1	Incorporated into Greater Bendigo via Marong practice
Kerang	8	8
Kyabram	16	17
Kyneton	12	20
Lake Boga	0	1
Lancefield	5	9
Maldon	2	2
Maryborough	18	12
Greater Mildura Region	51	63
Ouyen	1	2
Pyramid Hill	1	1
Riddells Creek	0	1
Robinvale	4	5
Rochester	5	7
Romsey	8	2
Rushworth	3	2
Sea Lake	1	1
Swan Hill	29	33
Wedderburn	0	1
Woodend	13	16
Wycheproof	1	1
Total	448	462

Table 8 – distribution and numbers of GPs in the region as at November 2016

Specialist cancer nurses

The McGrath Foundation, Leukaemia Foundation, and Prostrate Foundation all fund nurses in the region to support specific client groups.

Bendigo Health funds specialist prostate and breast care nurses through their surgical streams. Echuca Regional Health and Mildura Base Hospital fund nurse coordinators as part of their cancer services.

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 Parkville Integrated Familial Cancer Centre in Mildura and Bendigo.

Cancer resources centre

In 2006, LMICS assisted in the establishment of the Sunraysia Cancer Resources (SCR) in Mildura. LMICS staff member Kaye Matthews continues to volunteer her time to support the SCR.

Cancer services building program

Cancer patients and carers will benefit from a program of capital works across the region.

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 LMR. Oncology, radiotherapy, and some surgical outpatient services will be provided in one location utilising integrated systems and processes. The Centre incorporates an information area that can be used for consumer education and support as well as a world-class telehealth education centre.



LMICS staff members, from left, Carol Gibbins, Sandra Barri, Sue Spencer and the Director of Bendigo Cancer Centre, Leanne Anderson.

Kerang District Hospital

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

Kyabram District Health Service (KDHS)

KDHS received funds from the Travis Review to initiate a chemotherapy service in conjunction with Goulburn Valley Health Service. Both LMICS and Hume Regional Integrated Cancer Service (HumeRICS) have been supporting the project with data and advice about quality requirements, room layout, and models of care.



Kyabram CEO Peter Abraham and Nurse Unit Manager Diane Roberts in the new chemotherapy unit.

Core business – Key Performance Indicators (KPIs)

DHHS has set KPIs for health services relating to multidisciplinary and coordinated care:

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%..**

Each ICS collects data about these KPIs biannually via a medical record audit. A methodology developed by DHHS must be followed. Records of newly diagnosed patients who have had significant cancer-related treatments are reviewed at the audited sites. Across the LMR, the following hospitals participate in the audit: Bendigo Health, St John of God Hospital, Echuca Regional Health, Mildura Base Hospital, Mildura Private Hospital, and 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 meet these targets as detailed below.

Multidisciplinary team recommendations – target 80%

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

Table 9 below describes the strategies LMICS enacted in 2015/16 to maintain routine patient referrals to MDMs.

Input	Outcome
Initiated a new Genitourinary (GU) MDM for Mildura.	13 patients have been discussed at Mildura's GU MDMs rather than the generalist MDM.
Initiated the MDM Assurance Group to provide governance for Bendigo-based MDMs and related KPIs.	Increase to quality and systems for scribing MDMs. Discussions commenced at this meeting have triggered agreement from Peter MacCallum Cancer Institute to initiate supportive care screening for Bendigo Radiotherapy Centre (BRC) patients. Clinical protocols for some tumour streams will be reviewed and monitored through the group.
Revised training material for registrars on each rotation to more accurately refer patients to MDMs and scribe.	Too early for outcome measures to be available.
Successfully advocated for inclusion of MDM KPIs into the Bendigo Cancer Centre.	Referral rates and other KPIs are now visible to Bendigo Health's executive and cancer management structure.
Promoted MDMs through the website and clinical advisory groups.	Not measurable.
Provided audit feedback and information back to referring hospitals about MDM performance.	Too early for outcome measures to be available.
Reviewed and improved systems and processes for referral to MDMs from Swan Hill and Echuca.	Too early for outcome measures to be available.

Table 9: strategies to increase MDM referrals

Figure 2 below describes LMICS performance against this indicator over time, as outlined in the latest audit results provided to the DHHS.

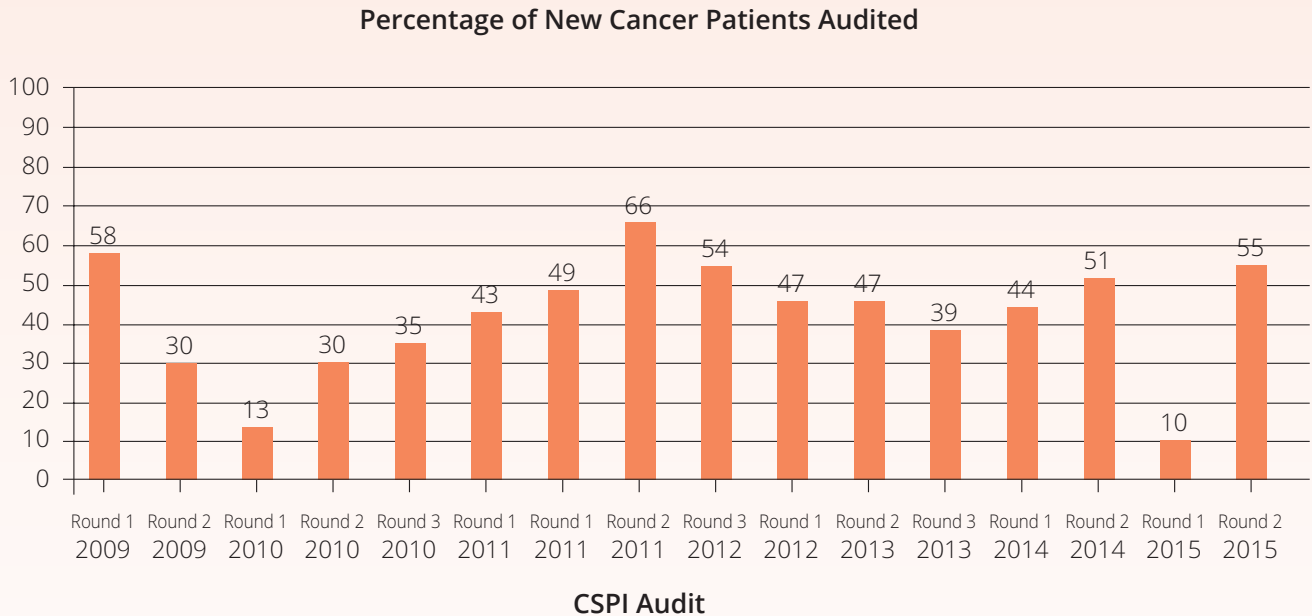


Figure 2: Percentage of LMR patients presented to MDMs in audits, 2009-2015

In seeking to better understand these results for 2014 and 2015, LMICS cross referenced new cases of cancer reported in the Victorian Cancer Registry (VCR) 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 10 below.

Tumour stream	% new patients diagnosed in 2015 who were considered by LMR MDMs in 2015 or 2016	Comment
Genitourinary	25%	MDM commenced at Saint John of God Bendigo Hospital in 2014. These MDMs are not being recorded in CanMAP as they are private patients.
Colorectal	54%	
Breast	67%	
Lung	52%	
Haematological	25%	MDM commenced at BH in June 2014
Upper Gastrointestinal	21%	
Skin	6%	MDM commenced at BH in Nov 2014
Gynaecological	0%	Patients usually treated in Melbourne
Head and neck	23%	MDM commenced at BH in Nov 2014
Central nervous system	0%	Patients usually treated in Melbourne
Other	1%	

Table 10: MDM presentations by tumour stream

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 by the MDM Assurance Group:

1. 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. **LMICS will incorporate MDM presentations into the OCP and tumour summit projects.**
2. Clinicians are not referring some patients because they find the CanMAP software and processes too time consuming. DHHS is leading a project to implement new software that will integrate with existing databases. **LMICS will continue to actively support this state-wide software project.**
3. Patients are presented at metropolitan MDMs but this is not recorded in the patient records. **LMICS has been and will continue to be an active participant in the ICS Information Management Group (IMG), which works with DHHS to continuously improve KPI audits.**

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 medical records of patients considered by MDMs. Figure 2 below describes LMICS performance against this indicator over time, as outlined in the latest audit results provided to DHHS.

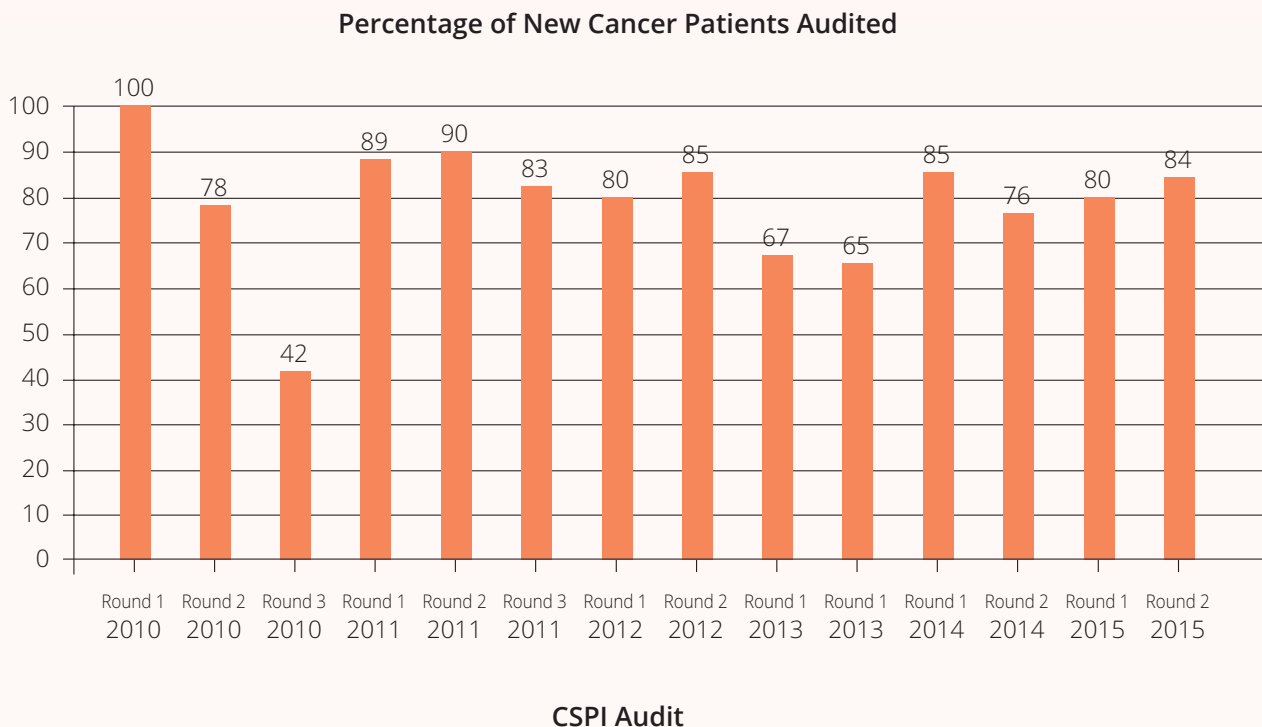


Figure 3: Percentage of LMR patients presented to MDMs for whom staging was recorded, 2010-2015

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 very early presentation of patients, diagnostic delays, unclear results requiring more tests, or difficulties in staging the disease. **LMICS has revised training material for registrars on each rotation to increase the referral detail provided to MDMs.**
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 encouraged the documentation of staging information through the development of new training material for MDM scribes which highlights required information.**

Communication of initial treatment plan to GP – target 100%

Providing clear information about treatment plans to GPs is an important element of coordinated care. Figure 4 below describes LMICS performance against this indicator over time, as outlined in the latest audit results provided to the DHHS.

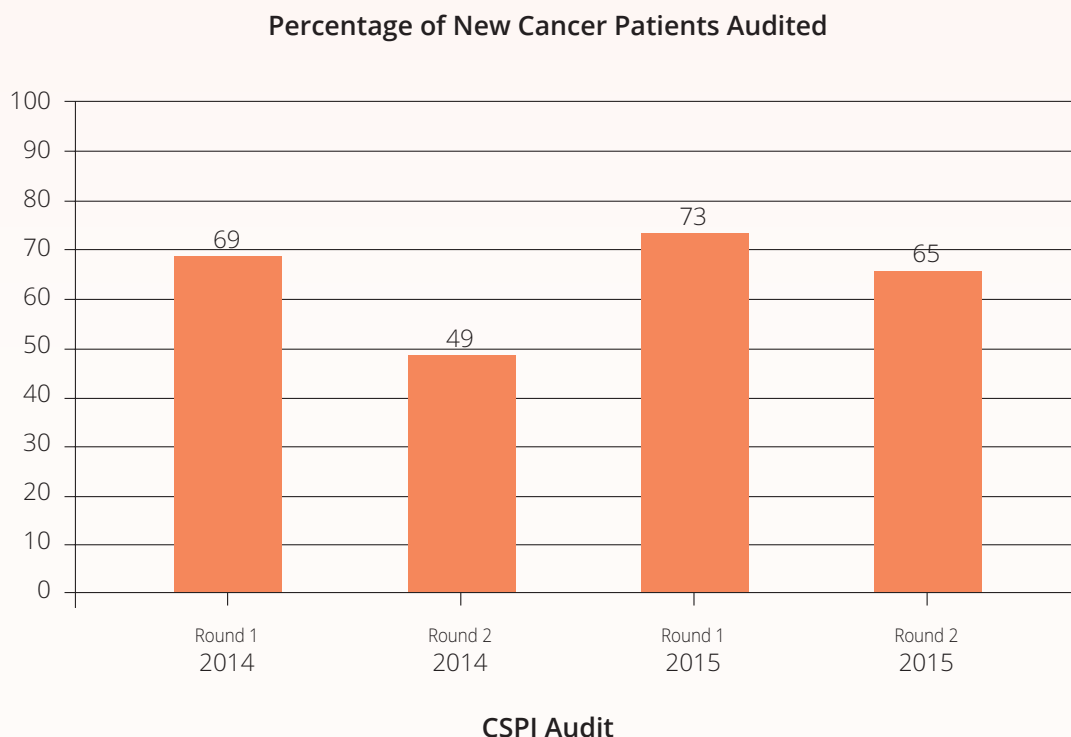


Figure 4: Percentage of LMR patients with documented evidence of a treatment plan being sent to the GP within two weeks of treatment initiation or MDM discussion, 2014-2015

In order to improve these results, the MDM Assurance Group established a project to send MDM summaries directly to GPs at the completion of each meeting. **They identified that improving the quality of meeting scribing was a pre-requisite (see above). LMICS will continue to work with clinicians and IT to make the implementation of GP summaries for Bendigo MDMs a key priority for the coming year.**

Evidence of Supportive Care Screening – target 50%

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. Figure 5 below describes LMICS performance against the KPI - documented evidence of supportive care screening. The work LMICS has achieved to improve screening is described in the Highlights section below.

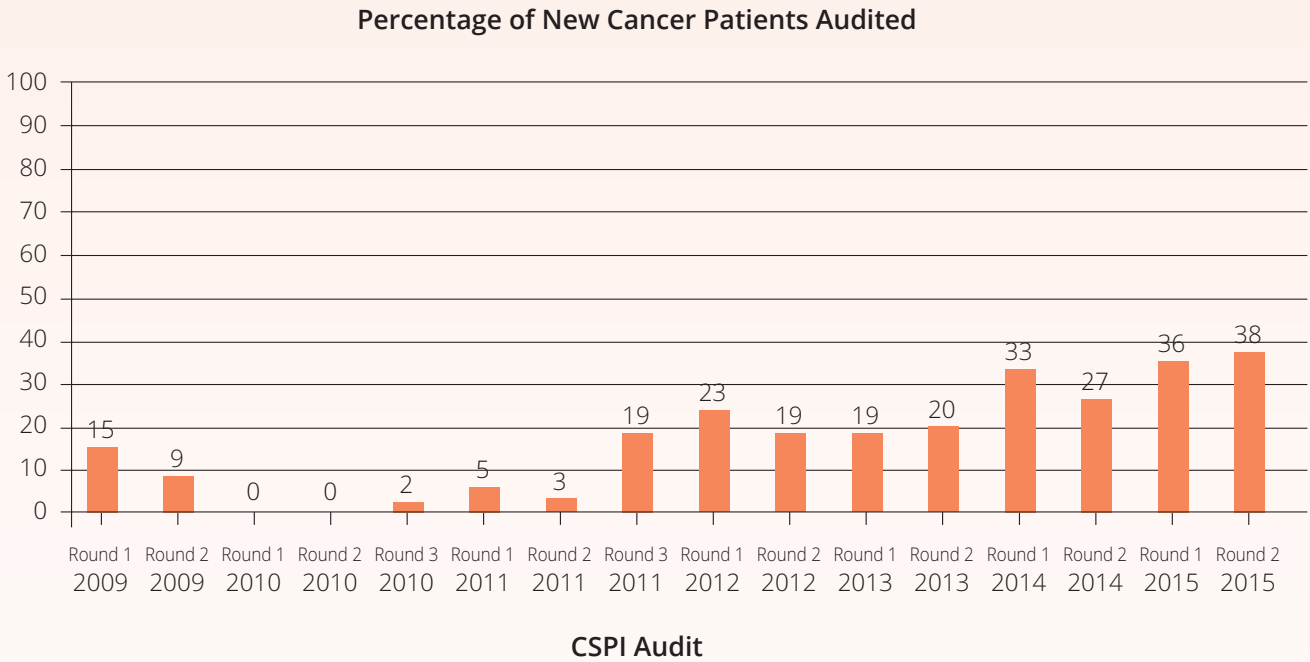


Figure 5: Percentage of LMR patients with evidence of supportive care screening in audits, 2009-2015

Highlights

Working with other ICS

The ICS and DHHS have recognised the need to coordinate and jointly develop projects of state-wide significance. A state-wide approach is adopted when common outcomes are required. There are a number of projects that fit this description, and participation in these has been a significant focus of LMICS work this year, as described below.

Optimal Care Pathways (OCPs) – state-wide project

The nationally-endorsed Optimal Cancer Care Pathways (OCPs) outline key principles for evidence-based and best-practice care at key points along the cancer patient journey, providing a framework to assess and improve cancer care throughout the health system. They underpin the activities of the ICS in demonstrating and improving the provision of optimal cancer care. The OCPs are available in a detailed clinical version and as a quick-reference guide for GPs. Consumer versions are available in plain English and six other languages.

DHHS has implemented a program in conjunction with ICS and Primary Health Networks (PHNs) to implement 2–3 pathways each year. In 2016–17, the focus has been on lung and colorectal cancer. Ovarian cancer has also been selected for state-wide application, bringing together the state's women's hospitals and regional stakeholders. The OCP project is utilising a service redesign methodology and is guided through a state-wide working group.

OCP Project – LMR

LMICS has allocated two full-time staff to deliver the lung and colorectal OCP project. They have completed a detailed mapping process involving a medical record audit in six hospitals and a review of nine databases. Consumer experience is being captured where available and patient-reported outcomes are included. The results have highlighted some areas where patient care is within optimal tolerances and others where clinicians and services need to make improvements.

The OCP project incorporates close relationships with partners. Regular meetings are being held with the Primary Health Network and Campaspe Primary Care Partnerships. LMICS is delivering part of the Victorian Lung Cancer Service Redesign Program (VLCSRP) in Bendigo concurrently with the OCP project. Meanwhile there are three survivorship projects in the region that are complementary to the project.



The Optimal Care Pathways (OCP) Project is complex as it covers many services and partnerships. The above photo shows a board created by LMICS staff to help plan the project.

The project steps will be to use the data analysis to identify key priority areas to pursue.

The poem reproduced below represents a patient journey relevant to the OCP project. It was originally published by Michael Leach (Data and Quality Specialist, LMICS) in the Medical Journal of Australia (doi: 10.5694/mja15.00555) and presented at the 8th Annual International Arts and Health Conference, Sydney.

Longitudinal

Hear it trickle
Watch it make ripples
As your winter woollies prickle
And that familiar pain briefly cripples
Cup it in shaky hands like hourglass sands
Feel time slipping away into a forgotten past
Feel cold and alone yet prepared to take a stand
To fight the good fights and feel better at long last
Hear the underdog howling at all phases of the moon
Smell an evening meal that's nearly ready in the kitchen
Continue smiling and laughing and whistling a sweet tune
While battered spirits take off like bulletproof clay pigeons
Those cogs in your body's clock begin to turn less erratically
In time with your calmer mind as you lay there so angelically
Stare at this ceiling in half-light; envision a view thru a skylight
See stars beyond a half moon, & consider what'll happen soon
Reread a list of your life goals and consider each one logically
It's very hard to strike gold but you will do so metaphorically
Sense your life expectancy lengthen smidgeon by smidgeon
Cast shadows on a cautious optimism in the late afternoon
Give thanks for your GP, medical specialists, and surgeons
See this black pond reflect the white light of a half moon
Do not forget your own part when new actors are cast
Remain smart, funny, kind-hearted and in command
Learn how a fish out of water can still stand fast
Scatter sands until the new moon is at hand
Until that old pain no longer cripples
As your summer dress crinkles
All water makes ripples
Hear it trickle

Tumour summits

The tumour summits are a series of tumour stream-based forums attended by cancer clinicians from across Victoria. Available data sources are used to create a broad picture of common themes, variations, and outcomes for the tumour stream, in line with the OCPs.

These data are analysed under the guidance of an expert clinical working party for each tumour stream. Initially piloted in 2014–15 for colorectal, lung, and lymphoma tumour streams, this project has transitioned into a three-year program for the remaining tumour streams. The program is led by the North East Melbourne Integrated Cancer Service (NEMICS) and jointly funded by DHHS and the ICS.

The aim of the program is to support state-wide tumour-based clinical engagement in reducing variations in access and delivery of care. The program is a structured quality improvement initiative to ensure agreed actions are implemented following the summits.

Victorian Lung Cancer Service Redesign Program (VLCSRP)

The VLCSRP arose from the Lung Cancer Summit held in November 2014, when improved access and timelines to treatment were key improvement opportunities identified by over 60 multidisciplinary lung cancer clinicians. This project is led by the Southern Metropolitan Integrated Cancer Service (SMICS).

Grants were offered to health services to improve the timeliness of care for new lung cancer patients, in particular from receipt of referral to first specialist appointment, confirmation of diagnosis, treatment planning, and commencement of treatment. LMICS was successful in obtaining a grant on behalf of its members in Bendigo and has completed the diagnostic phase of the project. This has involved a detailed audit of patient medical records and electronic data, interviews with clinicians and patients, and development of process and value stream maps.

The next phase will involve implementing a series of targeted interventions to reduce variation in treatment times.

Quality standards for cancer MDMs

Since 2006, there has been significant growth in the number of MDMs. Four state-wide surveys have been conducted to assess the functioning of MDMs in Victoria and to highlight areas for improvement. The most recent survey was in 2014, with 141 MDMs across 30 health services participating. The survey found variation in characteristics and functioning of MDMs across Victoria. It recommended the establishment of a framework to 'enhance and support the quality, effectiveness and consistency of MDMs'. This project is led by HumeRICS.

MDM software development for regional Victoria

DHHS obtained significant Commonwealth funding for a new software system that will help with coordination of MDMs. LMICS and Bendigo Cancer Centre staff have actively participated in the requirements definition and selection processes for the projects. This including running pilots of the QOOL (Queensland Oncology On-Line) system in Bendigo and Mildura. LMICS is on the project Board and will participate in User Acceptance Testing.

Cancer care performance monitoring framework

A framework and a suite of measures to monitor performance and outcomes of cancer care in Victoria is being developed. The focus of the framework is to develop measures that are useful to clinicians, hospitals, ICS, and DHHS to monitor the cancer care system across the patient pathway and, thus, drive service improvement. This project is led by the Barwon South Western Regional Integrated Cancer Service (BSWRICS).

Existing and potential indicators were identified from the literature and the clinical field. Criteria for identifying and selecting appropriate indicators were developed and tested. From an initial pool of over 450 potential measures, 60 were selected after a first-round selection process.

The second-round selection identified 26 indicators for development in three waves. The first six indicators are currently being tested. They include timeliness of treatment, patient health status at diagnosis, how far cancer has spread at diagnosis, and types of treatment for specific cancers.

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. These include:

1. Revision of scheduling processes in line with eviQ guidelines.
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.

Inter-ICS consumer forum

In April 2016, NEMICS hosted the first forum for consumers participating in the activities of the ICS. Consumers from all ICS attended. A cameo of a key activity in consumer participation from each region was presented to the group. These activities were explored and considered for expansion to other ICS.

LMICS priority projects

LMICS has delivered regional priority projects this year in two key ways. Firstly, LMICS staff and networks worked closely with health services to implement and support projects on their behalf. Secondly, a grants program supported those services that wished to implement projects directly. The following section describes these programs as they apply to the LMICS strategic objectives:

1. A networked cancer care system
2. High quality cancer care
3. A research-informed cancer care system.

Please note that the abovementioned state-wide projects contain details of other significant work that LMICS is doing under these headings (e.g. the OCP project).

A networked cancer care system

Regional Cancer Services Plan

LMICS has prioritised the development of a Cancer Services Plan for the LMR of Victoria. Once ratified by the LMICS Governance Group, the plan will be used to set the direction for cancer service development in the region. The plan is being developed by HealthConsult and will enable LMICS and its members to:

1. Better understand and address social and cultural barriers that may affect access to services.
2. Expand options for patients to have care provided locally where appropriate.
3. Undertake service system delineation articulating cancer centre relationships, patient pathways, and service capabilities.
4. Continue to improve our service system through approaches that engage both public and private providers, and improve accessibility, coordination across the care pathway, and outcomes of care.

Chemotherapy nurse competencies

Many of the chemotherapy nurses in the LMR have received accredited training and informal clinical support from Bendigo Health's oncology department. Bendigo Health approached LMICS to help them formalise and expand this role. To date the project has worked closely with the LMICS Specialist Cancer Services Advisory Group (SCAG) to develop core minimum competencies and receive in-principle support from many services for a regional education role. The next steps are to receive broader ratification of the competencies and funding model for a regional educator position.

Multidisciplinary Team Meetings (MDMs)

2015/16 saw the success of a project to hand over the Bendigo-based MDMs to Bendigo Health. These meetings involved participation from private and public services including Echuca Regional Health, Swan Hill District Health, and St John of God Hospital, Bendigo. As part of the handover, an MDM Assurance Group was established and the MDM Administrator role was systematised.

During 2015/16, LMICS administered more than 170 meetings using the CanMAP database. This incorporated:

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
2015/2016	183	1267	6.9	3348	18.3

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



View from the roof above the MDM room in Echuca. This room allows participation in the Bendigo-based MDMs.

Chemotherapy in Kyabram

Kyabram District Health Service has received government funding to implement a chemotherapy service. LMICS and HumeRICS have partnered to provide data and networking support to the project. This has included advice about models of care, funding, and design as well as an ongoing role in the governance structure for the service.

Neighbourhood houses community transport

Neighbourhood Houses are a place-based community development initiative of the Victorian Government. Of the approximately 400 neighbourhood houses in Victoria, 54 have active community transport programs. Many of these incorporate health-related transport.

LMICS has funded two clusters of neighbourhood houses in the region, representing 43 houses, in a project to:

1. Map and profile the neighbourhood transport programs in the LMR.
2. Review a set of highly successful neighbourhood house transport programs to identify the factors that make them successful.
3. Develop a toolkit to assist other houses establish or enhance their transport programs.
4. Offer seed-funding for two houses in the region to either establish or enhance transport programs for cancer and other patients using the toolkit.

LMICS Grants program – a networked cancer service system

Table 12 below describes the Grants relevant to a networked cancer service system that were acquitted in the 2015/16 financial year.

Recipient and project description	Budget	Outputs	Outcomes as at December 2016
Bendigo Health - Establish alignment of cancer centre with DHHS and regional expectations	\$57,223	<p>Current alignment of Bendigo Health Cancer Services with DHHS and regional expectations established through:</p> <ol style="list-style-type: none"> 1. Desktop audit 2. Extensive engagement with Loddon Mallee stakeholders. <p>Action plan developed.</p> <p>Results shared at regional cancer services forum.</p> <p>Baseline for measurement of improvements in service created</p>	<p>Alignment was generally strong. Twenty-one actions were identified for improvement. Of these, the following have been completed:</p> <ol style="list-style-type: none"> 1. Develop policy and guidelines around positron emission tomography (PET) scanning. 2. Identify rooms for review of surgical and paediatric patients 3. Establish an MDM Assurance Group. <p>The following actions are Incorporated in the current strategic plan:</p> <ol style="list-style-type: none"> 4. Develop a model to increase the depth and breadth of allied health staffing. 5. Improve the MDM model 6. Develop a relationship with the new familial cancer centre at the Victorian Comprehensive Cancer Centre.
Mildura Base Hospital – develop and implement a cancer service model of care	\$57,223	<p>Consultant conducted stakeholder interviews and desktop review to establish a new model of care for cancer services. This includes:</p> <ol style="list-style-type: none"> 1. Service mix and workforce capabilities 2. Referral pathways 3. Public and private interfaces 4. Service gaps and areas for improvement 5. KPIs. 	<p>Agreed Model of Care now available to guide and evaluate performance of cancer centre.</p> <p>Numerous actions were identified for improvement. Of these, the following have been completed:</p> <ol style="list-style-type: none"> 1. Service leader appointed (NUM and ANUM) 2. Allocation of care coordinator to service. <p>The following actions are Incorporated in the current strategic plan:</p> <ol style="list-style-type: none"> 3. Develop Regional Cancer Service Steering Group 4. Create better integration with Palliative Care Services.
Maryborough District Health Service (MDHS) – review model of care for oncology service	\$57,223	<p>Consultant conducted staff, patient, and stakeholder interviews and data review to establish a five-year cancer service plan for MDHS. This includes reviewing:</p> <ol style="list-style-type: none"> 6. The business case /sustainability of oncology services 7. Supportive care screening (SCF) and services 8. Required staff capabilities and how they will be maintained 9. Options MDHS Wellness Centre. <p>A report has been accepted by the MDHS Executive and Board.</p>	<p>MDHS has developed a new model of care for their cancer services that better aligns with the expected SCF as part of the LMICS-funded project.</p> <p>On completion of the grant project, support was provided for a business case that will finalise the transition.</p>

Table 12: Grants relevant to a networked cancer service system that were acquitted in the 2015/16 financial year

Table 13 below describes the grants relevant to a networked cancer service system that have been awarded for the 2016/17 financial year.

Recipient	Amount	Project Name	Summary
Loddon Mallee Aboriginal Reference Group (LMARG)	\$50,000	Let's yarn about cancer Loddon Mallee	An iterative, inductive, community-oriented project investigating Aboriginal Health Workers' (AHWs) cancer understandings and practice needs. A part-time project worker will engage and work with AHWs in Aboriginal Community Controlled Health Organisations (ACCHOs) across the LMR to determine the needs and understandings of AHWs in relation to cancer, and then work with the relevant services and stakeholders to address the identified needs.
LMR Palliative Care Consortium	\$15,750	Strengthening relationships between Aboriginal and mainstream palliative care partners in Sunraysia Region	Increase the cultural and contextual understanding in mainstream palliative care health workers about Aboriginal perspectives by: <ol style="list-style-type: none"> 1. Organising a series of conversations between Aboriginal Community Leaders and up to 15 mainstream palliative care workers. Each session will be held monthly and located at the Aboriginal Healing Centre at Mildura Base Hospital. 2. Aim to develop a consensus statement about next steps to further support increasing Aboriginal peoples' access to Palliative Care Services. 3. At the end of the five sessions, service staff will submit a document describing how they plan to share their knowledge amongst colleagues.

Table 12: Grants relevant to a networked cancer service system that were acquitted in the 2015/16 financial year

High quality cancer care

LMICS Supportive care screening program

Continuing to implement supportive care screening is another significant area of core business for LMICS. This year saw some great success, with agreement for four new services to begin screening. The strategy of incorporating screening into a grants program was crucial to this success. LMICS can now proudly say that screening has been implemented into all specialist cancer services in the region. The next steps are to increase the screening rates in all services and implement screening into more surgical services. The LMICS grant provided to Swan Hill District Health's allied health service (see below for details) could help to support this objective.

Table 14 below maps the successful strategies and future directions LMICS will undertake to improve supportive care screening rates.

Health service	Departments who are screening for supportive care	LMICS training provided in 2016 Other activities 2016	Next steps
Bendigo Health including Bendigo Radiotherapy Centre (Peter MacCallum)	Medical Oncologists, Radiation Oncologists, Breast Cancer Nurses, Prostate Cancer Specialist Nurse, Palliative Care Services, Stoma Therapy Services	Incorporated into Bendigo Cancer Centre KPIs. Incorporated into terms of reference for MDM Assurance Group. Conducted a patient audit to ensure all medical oncologists routinely screening. Medical records for 45 patients were reviewed, representing patients from the four staff specialist medical oncologists and visiting haematologist and oncologist. 40/45 records showed evidence of supportive care screening. The audit confirms that medical oncology patients are being regularly screened in Bendigo Health. Peter Mac Radiation Oncologists and Social workers have agreed to commence screening. Form successfully added to Bendigo Health's Digital Medical Record.	Ensure form in future BH SCC Policy Provide training in SCS & BH SCS policy for BH Cancer Services increase screening rates of surgical patients Electronic Medical Record Share literature about benefits Ensure screening converts to a documented referral.
Echuca Regional Health Service	Breast Cancer Nurses, Cancer CareCoordinator, Oncology Nurses, Medical Oncologist	LMICS funded a detailed review of Supportive Care Screening. See Key Initiatives section below.	Follow up activities identified in Supportive Care research.
Kerang District Health Service	From 2017	Kerang District Health Service has been successful in obtaining a LMICS grant to implement screening by December 2016.	Support LMICS funded project.
Kyabram District Health Service	From 2017	Kyabram District Health Service has been successful in obtaining a LMICS grant to implement screening by December 2016.	Support LMICS funded project.
Maryborough District Health Service	Oncology Nurses	A LMICS funded project will see the service model change from an acute to supportive care service.	Keep supporting MDHS in their cancer services.
Mildura Base Hospital	Oncology Nurses, Breast Cancer Nurses, Prostate Cancer Specialist, Nurse, Palliative Care Service, Stoma Services	Revise screening form. Update policy	
Swan Hill District Health	Oncology Nurses, Breast Cancer Nurses, Palliative Care Service, Allied Health from 2017	Revise screening form, provide advice about Echuca Regional Health model for consideration, support and encourage grant to implement screening into allied health.	Support LMICS-funded project.
St John of God Hospital, Bendigo	Oncology Nurses	Agreement to use BH SCS tool	

Table 14: supportive care progress and gaps

Survivorship projects

LMICS has been actively involved in three survivorship projects through three grant programs.

1. LMICS received funding from Better Care Victoria to implement a breast cancer survivorship program into Bendigo Health.
2. Murray Primary Care Network received DHHS survivorship funding for a program to enhance capability program in three shires across the region.
3. Castlemaine Health received DHHS survivorship funding to implement a survivorship service into its community rehabilitation service.

A strong partnership has been established between these projects, with joint meetings being held regularly and overlapping outputs being developed together. This includes consultation with GPs and consumers. A very active Survivorship Committee has been established to support the projects.

Oral chemotherapy project

The oral chemotherapy project introduced new process and procedures into the Bendigo Health medical oncology service to ensure patients on oral chemotherapy treatment (self-administered at home) receive an appropriate level of care and management.

The project has:

1. Process mapped existing and future appointment procedures for oral chemotherapy patients.
2. Established a process for identifying patients on self-administered oral cytotoxic chemotherapy.
3. Developed draft procedures and templates to support the new model. This includes incorporating oral chemotherapy patients into Nurse Practitioner review clinics.
4. Commenced education of staff on the changes to procedures for oral chemotherapy patient's appointments and follow up.

As a result of the project, oral chemotherapy patients are receiving increased monitoring, review, and education. This is reducing the risk of adverse effects among patients.

LMICS Grants – supporting high quality cancer care

The following table describes the grants that were acquitted in the 2015/16 financial year that are relevant to high quality cancer care.

Recipient and project description	Budget	Outputs	Outcomes as at December 2016
Echuca Regional Health - Evaluation of supportive care screening processes	\$29,200	<p>Partnership with the University of Melbourne to evaluate supportive care screening processes. This included a retrospective file audit to map time periods of screening, levels of distress at each time point, and referrals to supportive care or allied health services. Themes identified were used to develop a second level of the evaluation with cancer patients, families, and staff involved in care provision.</p> <p>Outputs included a detailed report with structured recommendations. This has been widely shared across the sector.</p>	<p>Evaluation now guiding development and monitoring of supportive care service.</p> <p>Numerous actions were identified for improvement. Of these, the following have been completed: Changes to frequency and type of screening.</p> <p>The following actions are incorporated in the current strategic plan: Improve support provided to prostate cancer patients. Improve referral pathways to and from supportive care screening service.</p>
Loddon Mallee Palliative Care Consortium - increasing grief and bereavement support capacity across region	\$5,950	<p>Deliver five free full day workshops called “dealing with grief and bereavement” in Castlemaine, Bendigo, Swan Hill, and Mildura.</p> <p>Participants trained in use of validated grief and bereavement assessment tools.</p> <p>Evaluation results were positive.</p>	

The following table describes the grants that have been awarded for the 2016/17 financial year that are relevant to high quality cancer care.

Recipient	Amount	Project Name	Summary
Echuca Regional Health (ERH), Rochester and Elmore District Health (REDS), and Kyabram District Health (KDH)	\$50,000	A Sustainable Model of Care - Exercise Physiology Services in Cancer Care.	To commence and embed exercise prescription as part of the treatment/ care plan for cancer patients accessing services within the KDHS, ERH, and REDHS catchment. To establish a sustainable framework and funding model (primarily MBS-billed and Private Health Insurance options).
Swan Hill District Health (SHDH)	\$56,874	Enhancing supportive care screening at SHDH and implementing a cancer-specific exercise/education program and referral pathway utilising Tier 2 funding.	Implement coordinated screening into SHDS Allied Health Services. Develop a referral pathway for cancer-specific SHDS Restorative and Supportive Care services. Implement a sustainable, holistic cancer-specific exercise/education program. Build the capacity and knowledge of health professionals regarding supportive care screening and the benefits of allied health/ restorative services.
Bendigo Health (BH)	\$2,660	Online chemotherapy education	Upload revised oncology education course onto BH's iLean platform so that students can access educational materials online.
Kerang District Health (KDH)	\$11,000	Implementation of the Supportive Care Screening Tool in KDH day oncology	To implement supportive care screening including: Developing an agreed policy and procedure for screening and associated referrals. This includes mapping of relevant services. Providing education on the tool to relevant staff. Establishing systems for recording the screening and referral results in the patient medical records.
Kyabram District Health Service (KDHS)	\$9,984	Establishment of supportive care screening and comprehensive referral pathways for new KDHS Cancer Services	To develop a consistent best practice approach to supportive care screening and referral to supportive care services both within KDHS, and in partnership with other local health and community services. The supportive care screening and referral practice will be embedded in cancer-related services provided by KDHS, including inpatients, chemotherapy day unit, outpatients, community nursing, survivorship, and palliative care services.

A research-informed cancer care system.

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 the Victorian Admitted Episode Dataset (VAED) and the Victorian Cancer Registry (VCR). LMICS has employed a full-time Data and Quality Specialist to support LMICS projects and help clinicians utilise this data in a meaningful way. The following list describes some of the support provided to LMICS and its members:

Relevant project	What was delivered	Recipient
Haematological workforce	Data	Bendigo Health
Medical Oncology workforce	Data	Bendigo Health
Oral Chemotherapy project	Data and sample advice	Bendigo Health
Survivorship Grant (Better Care Victoria)	Data	Bendigo Health
Survivorship Grant	Data	Castlemaine Health
Aboriginal patients in Echuca	Advice	Echuca Regional Health
Cancer capital works program	Data and demand projections	Echuca Regional Health
Regional Cancer Services Plan	Data	HealthConsult
Implement chemotherapy service	Data and demand projections	Kyabram District Health
Implement MBS billing for MDMs	Data and demand projections	LMICS
Optimal care pathways (OCPs) for lung and colorectal cancer	Data	LMICS
Victorian Lung Cancer Service Redesign Program (VLCSRP)	Data	DHHS
Regional cancer services planning for Macedon and Mt Alexander	Data	LMICS
Review cancer service model of care	Data and demand projections	Maryborough District Health Service
Cancer Model of Care Project	Data and demand projections	Mildura Base Hospital
Media release on growth in oncology services and quality and safety	Data	Mildura Base Hospital
Survivorship Grant	Data and demand projections	Murray Primary Health Network
Large corporate donation	Data on service sizes	Potential donor
Review of Multidisciplinary Outpatient Oncology Rehabilitation Program	Data and sample advice	St John of God Hospital, Bendigo

Review of Multidisciplinary Outpatient Oncology Rehabilitation Program

St John of God Hospital, Bendigo runs a Multidisciplinary Outpatient Oncology Rehabilitation Program funded by health insurance. They have utilised the LMICS Data and Quality Specialist to support a project to rigorously evaluate patient outcomes of the program. The study showed significant improvements in physical, functional, and psychosocial health. The results are being promoted through the sector through conferences and networks.

Oncology Clinical Trials

LMICS has completed a rapid review into the Bendigo Health oncology clinical trials unit to support their plans to increase the numbers of clinical trials. This will assist with future improvements to be implemented by the new Research Manager role.

LMICS has established a project to establish the barriers and enablers to LMR residents accessing clinical trials. This project will help to provide foundational information to help improve access to trials held in Bendigo, Melbourne, and other regional cancer centres. The project will:

1. Identify and summarise participation in trials conducted in Bendigo and Melbourne between 2013 and 2016.
2. Establish the gaps between the cancer clinical trial (CCT) participation rates for Bendigo and non-Bendigo trials and the population profile.
3. Examine LMR patient referral pathways into the CCTs in which they participate.
4. Engage with key stakeholders to determine barriers and enablers influencing access to CCTs for LMR patients.
5. Identify a range of possible solutions to the issues identified in the project.

A research-informed cancer care system.

Future directions

LMICS is establishing its future directions in two ways. Firstly, by close consideration of the new Victorian Cancer Plan 2016–2020. The plan establishes key areas for improvement in outcomes from prevention, early detection, and treatment, with support and leading to recovery, underpinned by research. LMICS has cross referenced its existing projects against the new plan and created a strategy to iteratively introduce projects where there are gaps. This incorporates a prioritisation of the OCP project as per DHHS advice.

Secondly, LMICS has commissioned a Regional Cancer Services Plan which will be completed in March 2017. This plan will set out a prioritised list of projects for member services and LMICS to implement. On completion of this plan, LMICS will reformulate its Strategic Plan.

Appendix 1

LMICS Governance Group

The following table describes the membership of the LMICS Governance Group as at December 2016.

Name	Title	Organisation
Peter Abraham	CEO	Kyabram District Health
Leanne Anderson	Director, Bendigo Cancer Centre	Bendigo Health
Rob Blum - Ex officio	Clinical Director	LMICS and Bendigo Health
Dan Douglass	CEO	Heathcote Health
June Dyson (Chair)	Executive Director of Nursing	Echuca Regional Health
Solveig Grenfell	Clinical Director	Bendigo Radiotherapy Centre (Peter MacCallum)
Janet Hicks	Director of Nursing	Mildura Base Hospital
Andrew Kallaur	Manager	DHHS
Robyn Lindsay	Executive Director Medical Services	Bendigo Health
Susan Morgan - Ex officio	Manager	Loddon Mallee Palliative Care Consortium
Daniel O'Brien	Consumer Representative	N/A
Janice Radrekusa	Regional Manager	Murray Primary Health Network
Darren Rogers	CEO	St John of God Hospital, Bendigo
Ilana Solo - Ex officio	Strategic Manager	LMICS
Callum Wright	Executive Director, Enterprise and Business Development	Bendigo Community Health Service

Appendix 2

Membership, purpose and frequency of LMICS advisory and project groups

Name	Membership	Purpose	Meeting frequency
Specialist Cancer Clinical Advisory Groups	DONs and/or NUMs of each of the regions eight public and private chemotherapy services. Senior radiotherapy, oncology, pharmacy, and allied health staff.	Implement quality improvement projects across the specialist cancer service system.	Quarterly
MDM Meeting Assurance Group	Chairs of the five MDM meetings operating from Bendigo Health. Representatives from Swan Hill, Echuca, pathology, oncology, and radiology providers	Oversee the MDM meetings and associated LMICS KPIs, including supportive care screening.	Quarterly
Loddon Mallee Oncology Special Interest Group (LMOSIG)	Over 30 nurses and allied health staff working with people with cancer. Staff from Shepparton and five Loddon Mallee campuses attend via videoconferencing.	Attend and receive education and peer support for their work, including information about DHHS and the cancer policy setting.	Bi-monthly
Bendigo Survivorship Committee	Consumers, GPs, and Oncology, radiotherapy, nursing and allied health staff from across the region.	Steering committee for the Bendigo Health survivorship project. Support integration between Bendigo and sub-regional projects.	Six weekly
Regional Cancer Services Plan Steering Committee	LMICS Governance Group, which includes clinical and service members.	Ensure the regional cancer services plan is delivered to agreed quality standards. See below for project details.	Bi-monthly
Lung Cancer Service Redesign Program (VLCSR) Steering Committee	Lung Cancer Surgeon, Respiratory Physician, outpatients, pathology, and radiology managers.	Ensure the VLCSR is delivered to agreed quality standards. See below for project details	Bi-monthly
LMICS PHN Optimal Care Pathways working group	Senior management and project staff from LMICS and the Murray Mallee Primary Health Network.	Ensure excellent alignment between the LMICS and PHN Optimal Care Pathways and survivorship projects. Develop a joint project advisory group.	Bi-monthly. To commence in March 2017

Appendix 3

2015-16 financial report

REVENUE	2014-15	2015-16
Integrated Cancer Services DH grant	\$1,226,594.00	\$1,174,060.00
Other DH grants	\$1,657.00	
Other revenue	\$-	\$313.00
	\$1,228,251.00	\$1,174,373.00
EXPENDITURE	2014-15	2015-16
SALARIES & WAGES (INC. ONCOSTS)		
Administrative salaries including oncosts	\$536,570.00	\$659,421.00
Clinical salaries	\$16,980.00	\$31,000.00
Salaries & Wages Sub Total	\$684,092.00	\$690,421.00
GENERAL EXPENSES		
Computer software		\$3,901.00
Printing & stationery	\$3,177.00	\$5,085.00
Food	\$664.00	\$6,040.00
Repairs and maintenance	\$52,575.00	\$34,305.00
Capital/asset purchases	\$6,243.00	\$89,634.00
Equipment < \$2500	\$-	\$1,810.00
Motor vehicles and travel	\$5,003.00	\$3,992.00
Corporate/management charge by host agency	\$126,920.00	\$128,898.00
Staff training and education	\$818.00	\$2,810.00
Conferences & travel	\$1,705.00	\$10,570.00
General Expenses Sub Total	\$224,833.00	\$290,789.00
PROJECT EXPENSES	2014-15	2015-16
Consultancy - Regional Cancer Plan	\$36,156.00	\$18,000.00
Service Grants	\$-	\$204,377.00
Project Expenses Sub Total	\$36,156.00	\$222,377.00
RING-FENCED FUNDS EXPENDED/ TRANSFERRED	2014-15	2015-16
2014-15 ring-fenced	\$-	\$30,587.00
Ring-Fenced Funds Sub Total	\$-	\$30,587.00
EXPENDITURE TOTAL	\$945,081.00	\$1,234,174.00

BALANCE SHEET	2014/15	2015/16
Receivable from host agency	\$343,243.00	\$626,413.00
Total assets	\$343,243.00	\$626,413.00
Current surplus/(deficit)	\$283,170.00	\$313.00
Accumulated surplus/(deficit)	\$343,243.00	\$626,413.00
Total Equity	\$626,413.00	\$566,612.00

Notes

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

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.

