





# acknowledgements

SMICS and the Victorian Government acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past, present and emerging.

We are committed to safe and inclusive workplaces, policies and services for people of LGBTIQ communities and their families.

The Victorian Integrated Cancer Services  
are supported by the Victorian Government



# contents

05

about us

06

leading a culture of excellence

10

understanding our community

17

improving cancer services

32

collaborating with our community

33

strengthening workforce capability

37

better together

38

financial summary

# about us

Southern Melbourne Integrated Cancer Service (SMICS) provides a network to improve the quality and continuity of patient care and ensures that appropriate links exist between health services to optimise patient pathways for persons affected by cancer.

SMICS is pivotal in ensuring strong coordination and planning across the southern Melbourne region.

## our vision

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

## our member health services

Our member health services deliver over 71,200 episodes of acute cancer care per annum, including medical, surgical, radiation oncology, day chemotherapy, imaging, pathology, palliative care, psycho-oncology, supportive care and allied health services.

**AlfredHealth**



# leading a culture of excellence



**Felicity Topp, MPCCC Chair &  
Seleena Sherwell, Program Manager**

On behalf of Southern Melbourne Integrated Cancer Service, we are pleased to share our 2020-21 annual report.

The ongoing COVID-19 pandemic has, without a doubt continued to impact the cancer sector. It has presented new challenges which have been met with agility and fortitude to ensure better care and outcomes for people affected by cancer in southern Melbourne.

Despite reduced capacity to engage with stakeholders and progress some projects, SMICS has continued to work closely with our member health services and stakeholders to progress the implementation of the Victorian Cancer Plan.

This year, our priorities are for the first time shared with all Victorian Integrated Cancer Services (VICS), with a focus on collective improvements across Victoria. Our new shared branding, vision and purpose support greater collaboration and sharing between Integrated Cancer Services, resulting in an increased number of shared evaluation measures and projects and improved impact across the state.

Thank you to the SMICS team for your resilience and tenacity throughout a challenging year and members of the Monash Partners Comprehensive Cancer Consortium (MPCCC) Governance Group for your oversight and guidance.

To our consumers, clinicians and health service staff - thank you for your ongoing support and contribution to the various committees and projects to which you have generously contributed your time and expertise. Your collective efforts to improve the experience and outcomes for people affected by cancer is greatly appreciated and we look forward to working with you in the coming year.

## VICS priorities

<b>Improve equity of access to high quality cancer care</b>	<b>Support the effective implementation of the Optimal Care Pathways (OCPs)</b>	<b>Improve well-being and support for all Victorians affected by cancer</b>
<p>1 Improve the adoption of quality cancer care closer to home by actively supporting:</p> <ul style="list-style-type: none"> <li>a) the appropriate use of telehealth models in clinical care and multidisciplinary meetings (MDMs)</li> <li>b) Home Based Cancer Care or Care Closer to Home programs</li> <li>c) The development and implementation of service capability frameworks for cancer in Victoria</li> <li>d) Cancer services to establish appropriate and effective referral and repatriation pathways (with a particular focus on regional and outer metro services)</li> </ul>	<p>4 Implement the Aboriginal and Torres Strait Islander OCP by collaborating with Aboriginal Controlled Health Organisations and other key partners to:</p> <ul style="list-style-type: none"> <li>a) Improve workforce knowledge of the OCP</li> <li>b) Improve the understanding of the unique needs of Aboriginal and Torres Strait Islander people with cancer</li> </ul>	<p>7 Facilitate high quality supportive care through:</p> <ul style="list-style-type: none"> <li>a) Supporting health services to ensure appropriate policies are in place and adhered to</li> <li>b) Supporting health services to implement routine supportive care screening</li> </ul>
<p>2 Increase alignment with the Multidisciplinary Meeting Quality Framework by collaborating to implement the recommendations from the 2019 audit of the Multidisciplinary Meeting Quality Framework</p>	<p>5 Address unwarranted variation against the OCP by:</p> <ul style="list-style-type: none"> <li>a) Delivering 7 Victorian Tumour Summits</li> <li>b) Implementing Victorian Tumour Summit recommendations through state wide and local service improvement activity</li> </ul>	<p>8 Facilitate high quality survivorship care through:</p> <ul style="list-style-type: none"> <li>a) Supporting health services to ensure appropriate policies are in place and adhered to</li> <li>b) Collaborating to implement survivorship care models and support the implementation of the Australian Cancer Survivorship Centre's Embed &amp; Spread project</li> </ul>
<p>3 Address the needs of the older person in routine cancer care by supporting health services to implement geriatric oncology models of care</p>	<p>6 Using existing data sources, monitor and communicate alignment with the OCPs (including Paediatric Oncology Care Pathways) by:</p> <ul style="list-style-type: none"> <li>a) Defining and implementing a standardised monitoring and reporting process</li> <li>b) Leading a CancerTHON pilot</li> </ul>	<p>9 Analyse and address variations in timeliness and appropriateness of referrals to palliative care and advance care planning by:</p> <ul style="list-style-type: none"> <li>a) Completing the VICS Palliative Care and Advance Care Planning Scoping Project (early 2021)</li> <li>b) Implementing recommendations from the VICS Palliative Care and Advance Care Planning Scoping Project</li> </ul>

SMICS' progress against these priorities is reflected in this report.

# from the clinical directors

Another year in the pandemic and as we look back at the last 12 months, it is truly impressive to see what has been achieved by the SMICS team. We are proud to have been able to support our member health services in various service improvement initiatives regardless, even during the COVID-19 pandemic with various restrictions in place.

We have continued to co-chair the Victorian COVID Cancer Network (VCCN), with Professor Grant McArthur and Associate Professor Sue-Anne MacLachlan, which was set up in March 2020 in response to the COVID-19 pandemic. The VCCN has been able to help lobby on behalf of Victorian cancer patients to ensure world class cancer treatments continued throughout the last 18 months.

Issues covered by the Network have included the decline in pathology notifications from the Victorian Cancer Registry, and the expected surge in undiagnosed cancer cases, priority COVID-19 vaccinations for oncology patients, healthcare workers' wellbeing, and workforce shortages across both medical and nursing in cancer services. The VCCN has been a wonderful demonstration of how clinicians and consumer advocates from all over the state have been able to work together to bring about important improvements for cancer patients in Victoria during the pandemic.

Both of us are also members of the Cancer Expert Reference Group where regular communications and actions are shared with health service leadership groups and government in response to the pandemic. Andrew was the representative on the COVID-19 Unintended Consequence Committee while Zee Wan chairs the Telehealth Expert Working Group. In addition, various SMICS staff members have been deployed to support the various working groups within the network including the Ethics Expert Working Group and the various tumour stream working groups.

There has been unprecedented engagement between the clinicians and the various members of the Victorian Integrated Cancer Services (VICS), which prompted nimble response to the changes in cancer care such as administrative support for telehealth implementation at member health services.

**A/Professor Andrew Haydon &  
A/Professor Zee Wan Wong**



Despite being redirected to help with many COVID-19 related activities, our staff have been able to continue to work and progress a number of projects looking at improving service delivery within our member health services. The pancreatic synoptic radiology reporting project is completed and has successfully piloted CT scan synoptic reporting of pancreatic cancers at The Alfred and Austin hospitals.

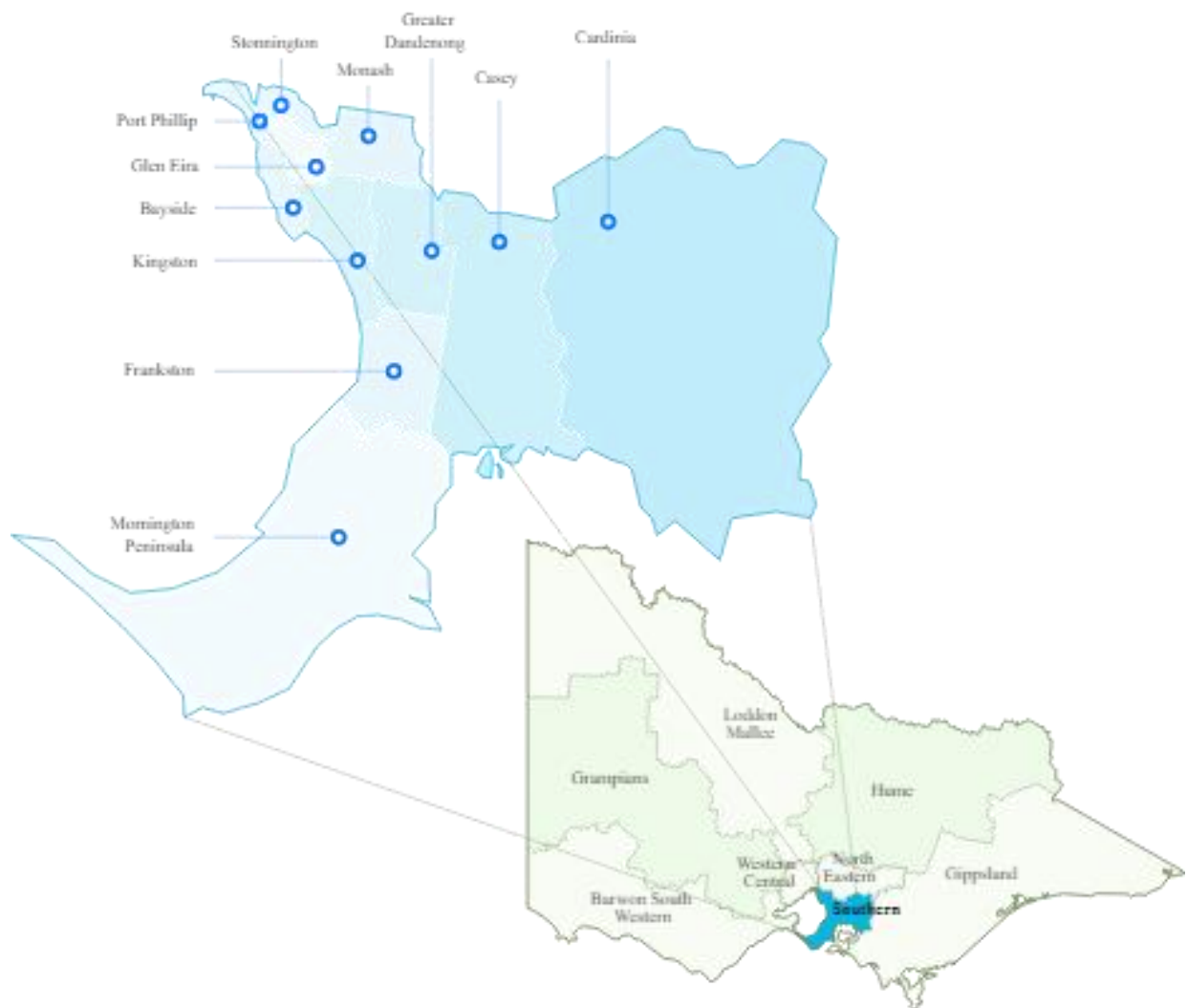
Work has been done looking at Advance Care Planning for patients with more advanced disease, with the ability to refer these patients to have discussions around their wishes with respect to end of life care. Work is also ongoing in Geriatric Oncology, with a workshop being held in September this year. This workshop brought together clinicians with an interest in geriatric oncology, VICs and representatives from the Department of Health to create a proposal for a statewide approach to implementing models of care specifically for older cancer patients.

We also would like to congratulate our team who were involved in seven abstracts selected for presentation at this year's COSA and MOGA conferences.

As we emerge from the other side, this year has been challenging for everyone on many fronts. Undoubtedly, COVID-19 has catalysed the engagement and collaboration of the various cancer sectors and stakeholders like never before and we hope this will continue well beyond the pandemic.

# understanding our community

SMICS services south east Melbourne, the fastest growing population area in Victoria. The SMICS catchment covers a total area of 2,967 square kilometres. It aligns most closely with eleven local government areas (LGAs):



The SMICS region is also home to a significant refugee population with the Greater Dandenong Local Government Area a signatory of the Refugee Welcome Zone declaration, to welcome refugees into the community, and enhance cultural and religious diversity.

## cancer incidence in southern Melbourne

SMICS provides a network to improve the quality and continuity of patient care and ensures that appropriate links exist between health services to optimise patient pathways for persons affected by cancer. SMICS is pivotal in ensuring strong coordination and planning across the southern Melbourne region.

The annual incidence for new cancer diagnoses in our region currently exceeds **9,697** with more than **2,951** persons dying from cancer each year.

It is predicted that the annual incidence of new cancers in Victoria will exceed 48,000 per annum by 2033.

Source: Victorian Cancer Registry 2021

**71,200**

episodes of acute care  
per annum

**71%**

of cancer patients who reside in the southern Melbourne region survive for five years post diagnosis (Cancer Council Victoria: Cancer in Victoria Statistics & Trends 2019)

**86%**

of newly diagnosed cancer patients have their treatment plan discussed at a multidisciplinary team meeting

**Head and Neck**  
New incidence 287  
5yr survival rate 76%

**Endocrine & Thyroid**  
New incidence 203  
5yr survival rate 94%

**Central Nervous System**  
New incidence 164  
5yr survival rate 32%

**Skin (Melanoma)**  
New incidence 803  
5yr survival rate 95%

**Lung**  
New incidence 879  
5yr survival rate 23%

**Breast**  
New incidence 1288  
5yr survival rate 91%

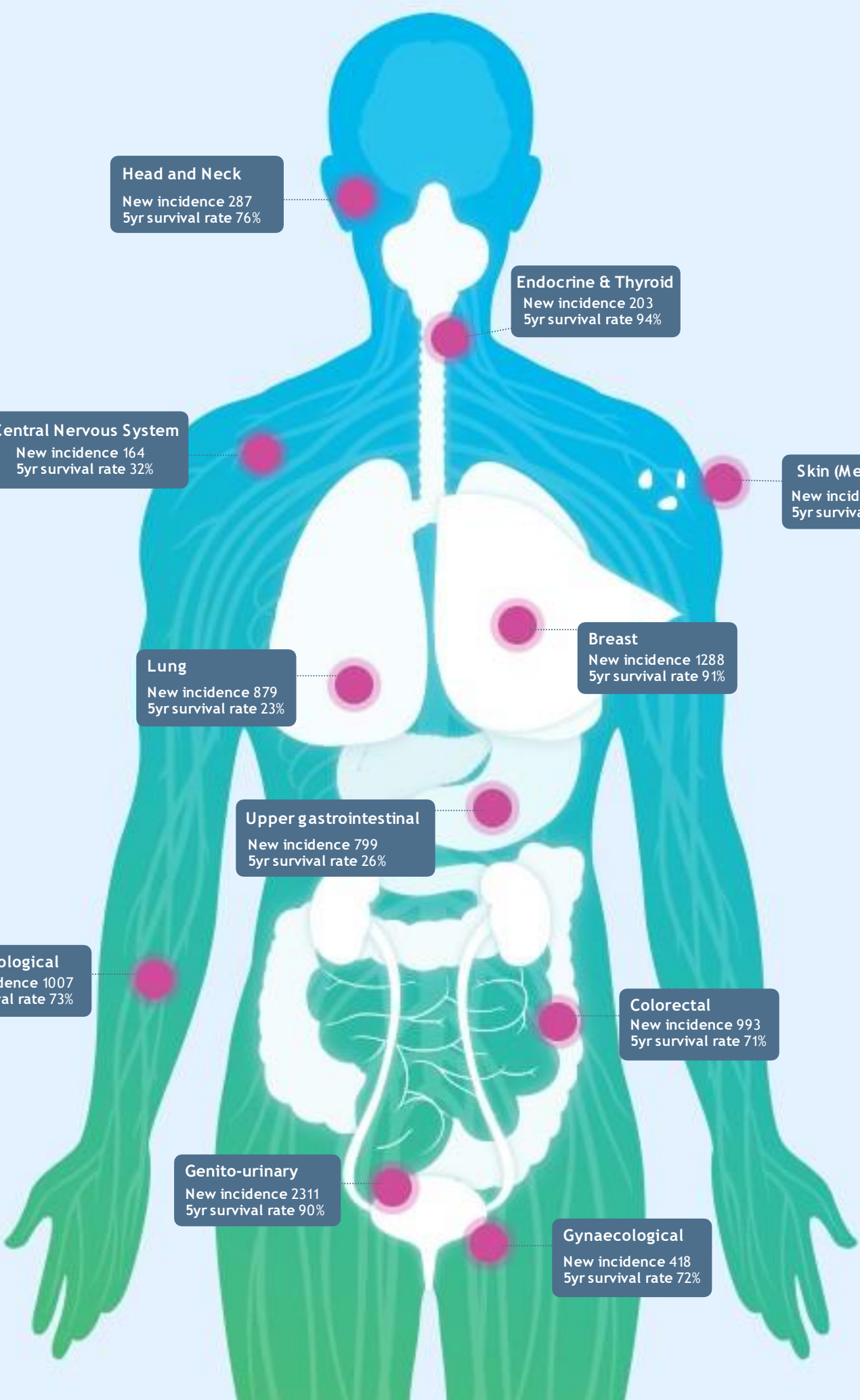
**Upper gastrointestinal**  
New incidence 799  
5yr survival rate 26%

**Haematological**  
New incidence 1007  
5yr survival rate 73%

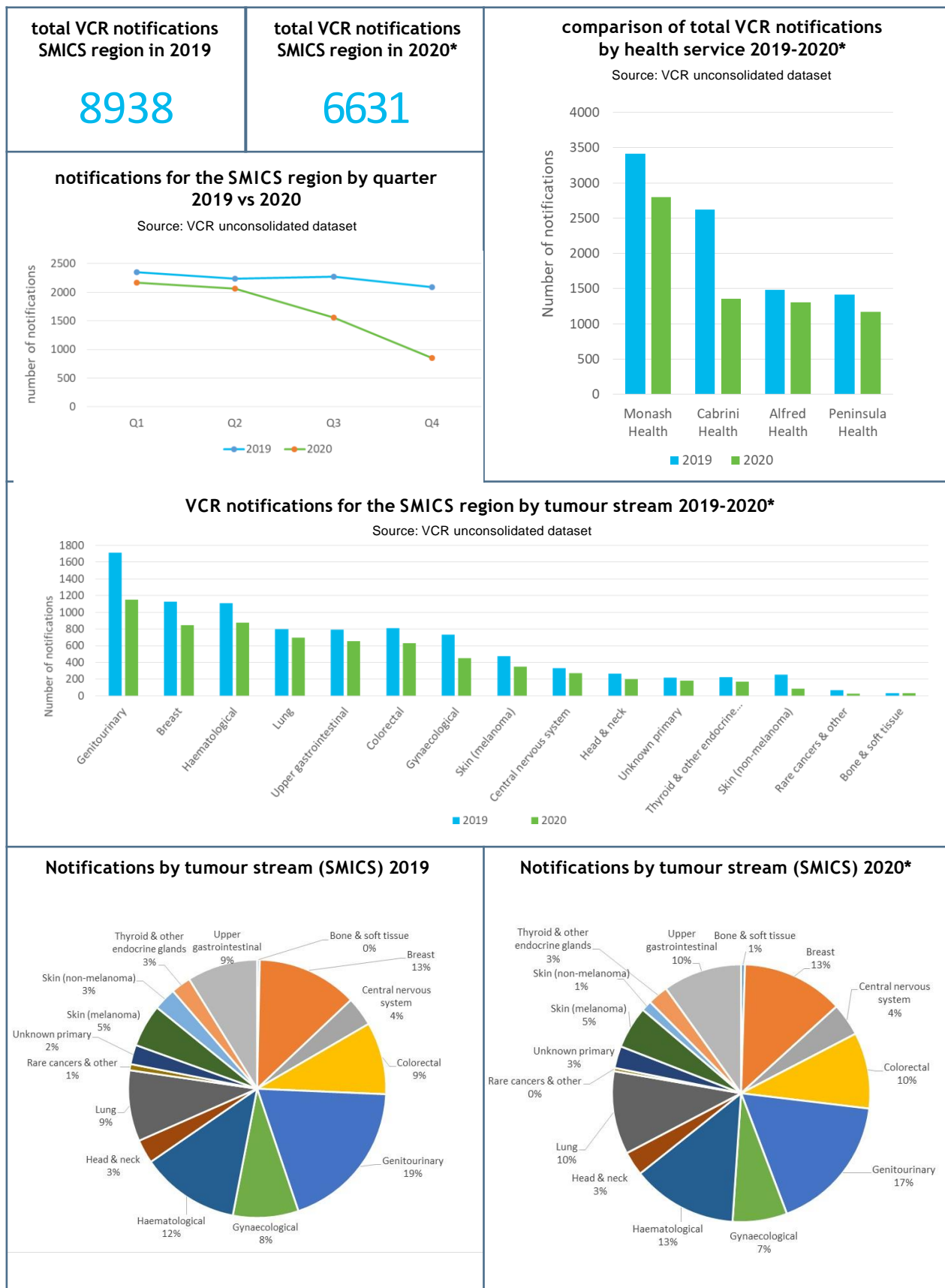
**Colorectal**  
New incidence 993  
5yr survival rate 71%

**Genito-urinary**  
New incidence 2311  
5yr survival rate 90%

**Gynaecological**  
New incidence 418  
5yr survival rate 72%



# Victorian Cancer Registry (VCR) notifications sent by SMICS member health services 2019-2021



\*Alfred Health December 2020 numbers not included at the time of data release, however this is unlikely to have a significant impact on the data presented above

## cancer services performance indicator audit 2020

The Victorian cancer service performance indicator (CSPI) program was established in 2007 to measure and monitor progress with Victorian Government policy. Due to COVID-19, no audit was undertaken for 2019 data.

The CSPI 2020 audit included additional pancreas cancer indicators. To view the full list of indicators click on this image



Results below are compared with the previous audit completed for 2018 data (collected in 2019).

Indicator	2018	2020
Total number of patients audited	667	626
1a. % of documented evidence of multidisciplinary team meeting recommendations	86%	84%
2. % of documented evidence of disease staging in the multidisciplinary team meeting recommendations	87%	76%
3. % of documented evidence of ECOG performance status in the multidisciplinary team meeting recommendations	54%	44%
4. % of documented evidence of supportive care screening	52%	37%
5. % of documented evidence of communication of the initial treatment plan to the General Practitioner	not collected	82%

Breakdown of 2020 audit indicators by health service:

Health Service	Audits completed	1a. MDM	2. Staging	3. ECOG	4. Supp Care	5. GP letter
Alfred Health	210	86%	72%	35%	28%	88%
Monash Health	265	89%	81%	55%	35%	75%
Peninsula Health	151	73%	73%	35%	53%	83%

additional CSPI pancreas cancer indicators collected in 2020



**87** pancreas cases audited

**51%** of cases audited had a date of referral to palliative care services recorded

**DOCUMENTATION OF STAGING RESECTABLE**

borderline resectable	5%
resectable	24%
unresectable	52%
other/unknown	18%
case with no information	1%

**referral to the first management/ admitting service**

gp	25%
emergency dept	18%
surgeon	11%
medical oncologist	5%
radiation oncologist	0%
inter-health service	7%
intra-health service	16%
other	16%
case with no information	1%

**87%** of cases audited had a recorded date of referral

**DOCUMENTATION OF STAGING CLINICAL**

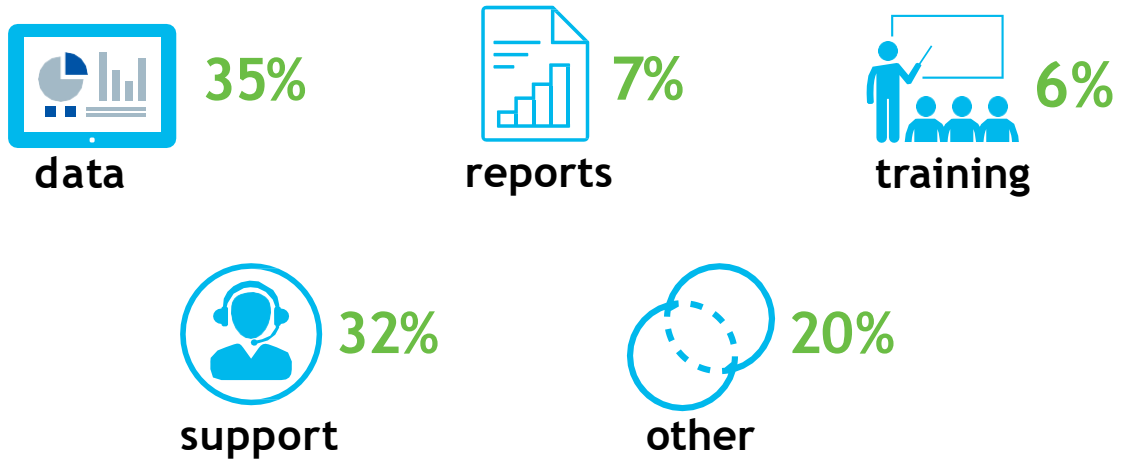
early stage (including AJCC stage I or II)	5%
locally advanced (including AJCC stage III)	23%
metastatic	44%
other/unknown	28%
case with no information	1%

**99%** of cases audited had recorded the date the patient was first seen by the health service

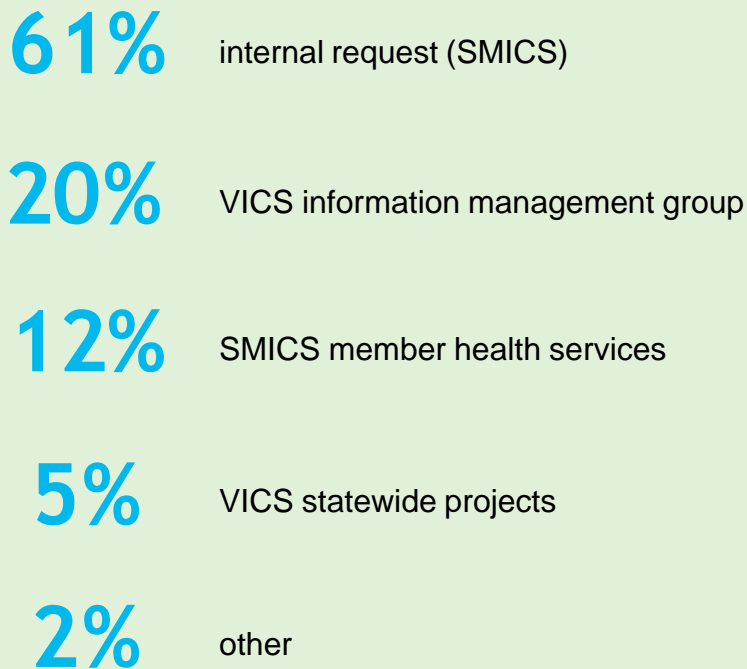
## data unit requests

SMICS has access to a range of administrative datasets to assist health services measure and/or monitor quality, or inform and evaluate improvement initiatives.

During 2020-2021, the SMICS Data Unit responded to 137 requests:



Those requests came from a number of sources:



# improving cancer services

## implementing optimal care

### Aboriginal and Torres Strait Islander optimal care pathway

The Aboriginal and Torres Strait Islander project commenced in 2020. Working with Monash Health and Peninsula Health the project is a co-planned, co-designed and co-delivered approach to identify barriers and develop strategies to improve the quality of cancer services for Aboriginal and Torres Strait Islander people with cancer in southern Melbourne.

Progress is underway to develop a training program for Aboriginal health workers and cancer service staff. This program will support members of the workforce who are involved in supporting Aboriginal people and their families experiencing cancer to deliver culturally competent cancer services.

The training program will use the Aboriginal and Torres Strait Islander optimal care pathway as the foundation to deliver a range of scenarios from four of the seven steps described in the pathway.

It will provide a safe and non-judgemental environment for Aboriginal health workers and Cancer Coordinators to share their knowledge and develop networks and strategies which can be utilised when planning the care required for Aboriginal patients and their families living with cancer.

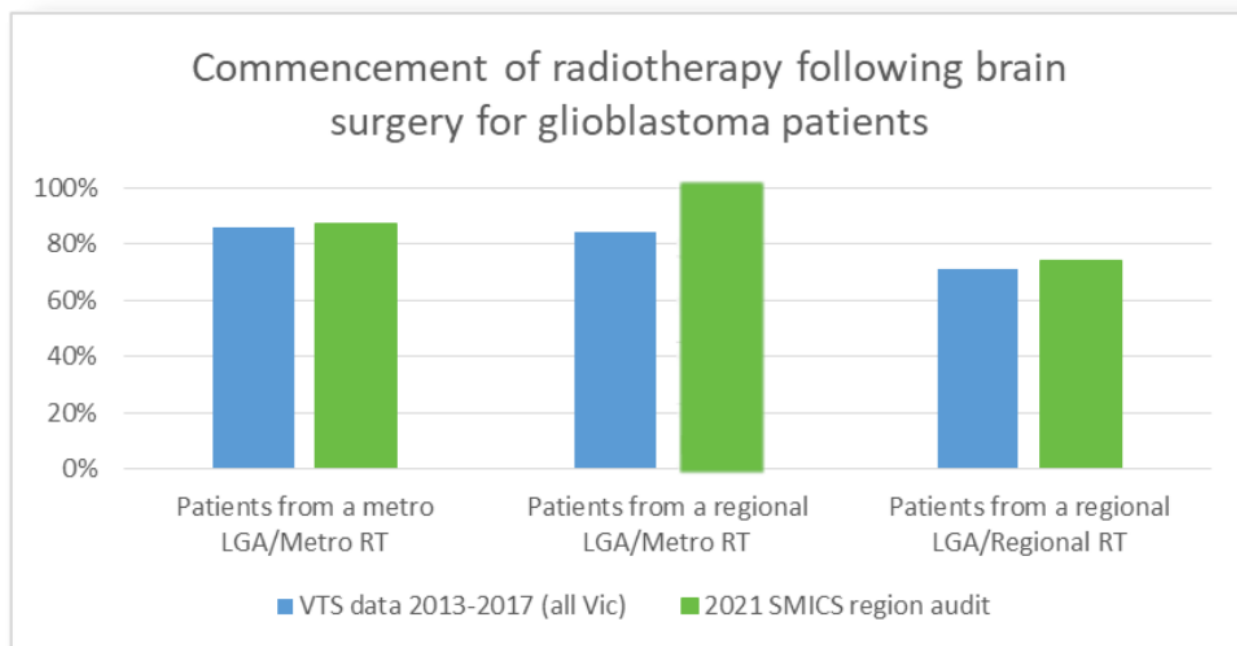
## brain optimal care pathway

The online Brain Cancer Tumour Summit was held in October 2020.

Based on the summit recommendations, SMICS completed auditing at its three public member health services for timeliness of commencement of radiotherapy (RT) following brain surgery for glioblastoma patients and found:

- eighty seven percent of metro patients referred for RT at a metro facility receive treatment within six weeks
- one hundred per cent of regional patients referred for RT at a metro facility receive treatment within six weeks
- seventy four per cent of regional patients referred for RT at a regional facility receive treatment within six weeks.

These findings are in alignment with the optimal care pathway recommended timeframes for people with high-grade glioma.



Other key areas of investigation for SMICS include:

- access to early palliative care planning and
- work with the Gippsland Regional Integrated Cancer Service to improve referral pathways and coordination of care between metro/regional services for patients repatriated for post-surgery treatment and follow up.

## lung optimal care pathway

Work has been undertaken at Peninsula Heath to improve the number of patients who undergo surgery with curative intent within 42 days of referral, in line with the lung optimal care pathway.

The local thoracic surgery pathway was mapped to identify the root cause of unwarranted variations in the referral process that had potential to impact the timely receipt of a patient's appointment with the attending surgeon and subsequent management. Local clinicians were engaged to develop agreed solutions to the identified variations. SMICS supported a six-month pilot implementation of several redesign measures to address the identified variations in the surgical pathway.

root cause	solution
delay in receiving faxed referrals	dedicated referral email established to promote more timely transmission of referrals from thoracic surgeons
the private rooms of attending thoracic surgeons do not have access to the patients records at PH creating an information gap	lung cancer nurse to contact the attending thoracic surgeons' rooms post the lung multidisciplinary team (MDT) meeting to verify the referral/relevant notes have been received and to confirm an appointment has been scheduled for the patient to see the relevant surgeon
category 1 patients, waiting 5 to 6 weeks to complete their preoperative Transthoracic Echocardiogram (TTE)	email TTE request to private service provider to complete at no out-of-pocket cost to the patient. Anecdotally this resulted in a turnaround TTE report time of 10 days or less
lung function test (LFT) results not available before scheduled lung MDT meeting	lung cancer nurse to routinely communicate with relevant technicians regarding outstanding cardiothoracic patient LFT reports and ensure relevant results are made available prior to the next scheduled MDT meeting
the patient's phone number is not recorded in the local patient's Bradhma label positioned on the referral and the requested phone number section of the surgeon referral is frequently not completed	raised awareness among MDT team members of the importance of completing the requested patient phone number section in future referrals so the surgeon's rooms may contact the patient directly


An audit to evaluate the project outcomes has been delayed by COVID-19 related restrictions and will be undertaken as soon as practical.

## pancreatic resectability project - 12 months on



81%

resectability status  
determined



80%

MDM summary notes  
documented resectability  
status



77%

No. of cases synoptic  
report uploaded to the  
electronic medical record

Consistent management of pancreatic ductal adenocarcinoma (PDAC) is hindered in Victoria by the lack of agreed guidelines to classify disease staging. As a result, there is recognised variation in clinical practice.

Adoption of a statewide definition on resectability in pancreatic cancer would help ensure appropriate and consistent management of patients.

SMICS has partnered with North Eastern Melbourne Integrated Cancer Service (NEMICS) to engage key clinical stakeholders in main pancreatic surgery centres in Victoria to:

- agree use of a governing set of guidelines to classify resectability in non-metastatic PDAC patients - namely the 'International consensus on definition and criteria of borderline resectable PDAC 2017' for classification of disease staging
- use the agreed definition to develop and pilot the use of a structured radiology reporting tool at two health services to support hepatopancreatobiliary (HBP) multidisciplinary assessment of resectability in pancreatic cancer. Radiology, oncology, and surgical specialists were tasked with co-designing the report based on the definition.

A year on, the two participating pilot sites, The Alfred and the Austin Hospitals are wrapping up the project. The radiological synoptic tool was implemented in HPB multidisciplinary meetings, where pancreatic cases feature regularly, and data was gathered directly in the Upper Gastrointestinal Cancer Registry (UGICR) via the registry REDCap database. A local radiology information system was also used as part of the pilot.

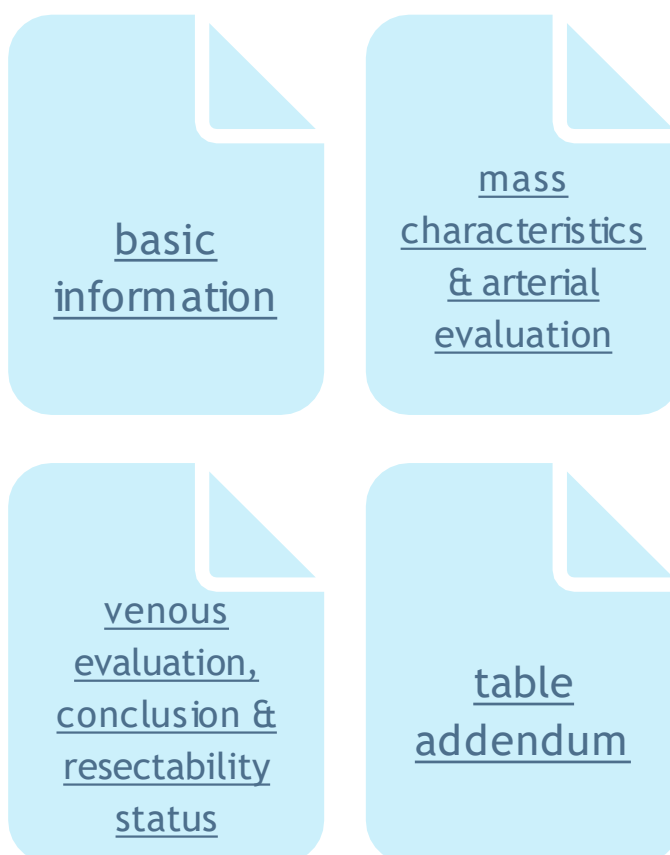
The UGICR is a quality cancer registry managed by the Monash University department of public health and preventative medicine. The registry already collects similar data, creating an opportunity for a central collection point for the project.

Preliminary results demonstrate that out of the 88 suspected PDAC cases assessed using the new radiological synoptic tool across the two health service sites, eighty one percent had their resectability status determined.

Eighty per cent had their resectability status documented in MDM summary notes and uploaded to the medical record for use by the wider treating team, and seventy seven per cent of cases had the synoptic report electronically uploaded to the medical record.

This shows that radiological synoptic reporting based on an agreed definition supports consistent classification of disease staging in PDAC assessment and facilitates systematic MDM case discussion and documentation. Other findings demonstrated that radiological synoptic reporting requires high quality CT imaging and current practice demonstrates only fifty nine per cent of presented patients had optimal scanning at the time of MDM. More detailed findings will follow as the complete results become available at the end of the pilot.

[click to view pages of the radiological synoptic tool](#)



## multidisciplinary care

### MDM QOOL-VIC implementation at Peninsula Health

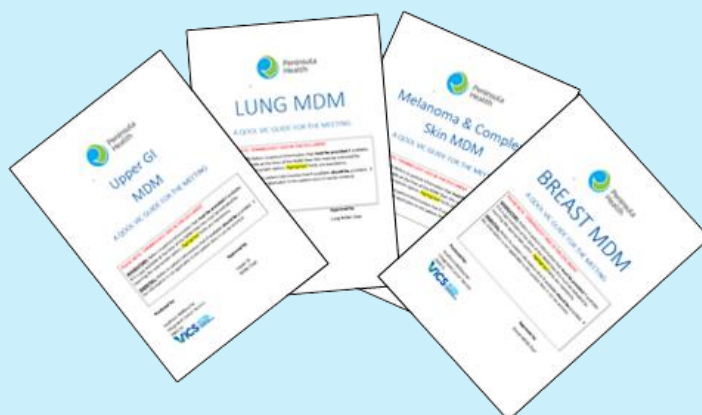
SMICS has supported Peninsula Health in rolling out QOOL-VIC, a new software platform used for the purpose of Multidisciplinary Team Meeting (MDM) management which Frankston Hospital adopted in October 2020.

SMICS' role focused on ensuring the ongoing quality of MDM meetings using the new tool. Amongst its objectives:

1. To raise awareness of the QOOL-VIC platform requirements and opportunities among the MDM team
2. Ensuring consistent referral to MDM meetings across six tumour streams
3. Ensuring data fields are completed, contributing to long term measures of Peninsula Health's MDM performance, and ensuring appropriate information sharing with GPs.

In order to deliver on these, SMICS worked in partnership with all multidisciplinary meeting (MDM) leads, and MDM coordinators. It developed tumour specific customised training manuals, which have since been endorsed and distributed to registrars and scribes and have become the new gold standard for data completion at Peninsula Health MDMs. A dedicated instruction sheet on the use of the QOOL VIC dashboard for MDM Leads and interested parties has been distributed and a data report showing progress in data collection across quarters has been disseminated to key stakeholders.

A comparison across the last three quarters is already showing significant improvements across data fields, such as the completion of diagnosis and treatment plans. This directly impacts the content of GP letters and MDM summaries, allowing better GP communication. First steps have also been taken in establishing an MDM Governance Group.



## MDM quality framework - Cabrini Health terms of reference

Based on results from the Victorian Cancer Multidisciplinary Team (MDT) Quality Framework audit in 2019, SMICS supported Cabrini Health to develop terms of reference (ToR) for each MDM.

All eight cancer stream MDMs held at Cabrini Health now have ToRs which are consistent with the Victorian cancer MDT meeting quality framework. The chair of each MDM endorsed a final version and all MDM team members were provided with an opportunity to provide feedback.

The SMICS multidisciplinary care patient brochure was also updated and 1000 copies provided to promote patients understanding of care planning and the purpose of the multidisciplinary team.

## advance care planning workbook

Evidence suggests limited uptake of Advance Care Directives (ACDs) by people with cancer across Australia. In Victoria, it was found that in a cohort of 270 Australians 65+ years with cancer, only thirteen per cent had an ACD. Only three per cent of these had appointed a Medical Treatment Decision Maker.

Local ACP programs at Alfred Health and Peninsula Health reported receiving no referrals from medical oncologists, radiation oncologists or haematologists between 2 September 2019 and 30 June 2020. SMICS worked collaboratively with local clinicians to develop and support the development and implementation of an Advance Care Planning (ACP) pilot at both health services. The pilot supported selected specialists and health professionals to initiate more timely discussion and documentation of patients advanced care planning preferences in an outpatient clinic appointment setting (person to person or via telehealth).

An ACP workbook was designed to assist project participants initiate an advance care planning conversation with their family and loved ones. The ACP workbook contains relevant information along with a series of exercises to assist participants to:

- think about their values and preferences as they relate to healthcare
- reflect on their past health experiences
- think about their current health and future health wishes
- select a medical treatment decision maker to speak for them if they cannot speak for themselves
- communicate what they want to others
- reflect on their experience.

A prompt sheet on how to introduce an advance care planning discussion was provided to participant consultants for their discretionary use. In addition, a weekly email reminder is sent to participant specialists to prompt them to recruit suitable patients.

Appropriate patients are approached by the specialist at their scheduled outpatient appointment to explore their interest in using the ACP workbook. Those who express an interest in learning more about the project are formally referred by the participant specialist/health professional to the local ACP Service.

Following referral, potential/actual participants receive the following sequential interventions from a member of the local ACP program research team:

1. a letter introducing the project along with a copy of the ACP project workbook and participant survey questionnaire form
2. phone invitation seeking to schedule a 20-minute telehealth consultation with the patient, on a date and time of their choosing
3. 20 minute face to face / telehealth consultation
4. 90 minute face to face / telehealth consultation.

Collated pilot implementation data measures will be analysed and compared with relevant baseline measures at pilot end, to help determine the impact of the intervention. In addition, participants are invited to complete a participant survey questionnaire, so we may better understand their experience of the ACP workbook and identify opportunities for improvement.



## supportive care refresh project

Wellbeing and support are recognised as integral components of cancer care in the Victorian Cancer Plan and the Optimal Care Pathways. The Supportive Care Refresh project aims to ensure people affected by cancer have access to timely and appropriate support across SMICS member health services.

Supportive care policies, procedures and referral guidelines have been developed at Alfred Health and Monash Health to embed supportive care practices into routine care. To support implementation, an online training package is now available on local Learning Management Systems and SMICS has delivered in-service education to cancer health professionals.

Approximately 145 Alfred Health staff completed the online training and 176 viewed a pre-recorded in-service. At Monash Health, the online training package has been incorporated into the Nursing Professional Development Framework and 45 staff participated in nine in-service sessions.

WeCan postcards and posters have been distributed to all health services and are routinely provided to patients to promote self-management of unmet needs. In addition to improving patients' experience of care and outcomes, this project will assist member health services to achieve the Department of Health target of supportive care screening of eighty per cent of newly diagnosed cancer patients.

Ongoing COVID-19 restrictions delayed project implementation at Cabrini Health and Peninsula Health with activity expected to commence in late 2021.

## preventing a trip to hospital

### improving accessibility of telehealth for oncology outpatient appointments

During the COVID-19 pandemic, oncology outpatient appointments at Monash Health were converted to telehealth to protect vulnerable patients and staff with the preferred mode being a video consultation. From September to October 2020, SMICS conducted a phone-based intervention to convert Monash Health patients with upcoming telephone oncology outpatient appointments to a video consultation.

In addition to coaching patients on how to use the Health Direct telehealth platform, the reasons why patients declined a video consultation were collected to better understand the barriers. The main barriers identified included patients having limited or no internet access, lack of equipment required, preference for a telephone call and other reasons such as declining health.

patients offered a video consultation (n=99)	reasons for declining a video consultation (n=55)
<ul style="list-style-type: none"><li>• Converted to a video consultation (23%)</li><li>• Declined a video consultation (55%)</li><li>• Could not be contacted (21%)</li></ul>	<ul style="list-style-type: none"><li>• No internet access (13%)</li><li>• Lacked equipment required (36%)</li><li>• Preferred a telephone consultation (42%)</li><li>• Declined for other reasons (9%)</li></ul>

Although the phone-based intervention was effective in converting patients to telehealth it was resource-intensive taking eight hours per week to convert 25 patients (19.2 minutes per patient). Of those converted, seventy four per cent continued to use video consultations for subsequent telehealth appointments. Findings from this project were accepted for oral presentations at the MOGA and COSA Annual Scientific Meetings in 2021.

## symptom urgent review clinics

In early 2020, applications for funding were invited from SMICS member health services to implement a Symptom Urgent Review Clinic (SURC) model of care.

To be eligible to apply, health services must provide more than 1000 episodes of same day systemic anticancer therapy (SACT) services for cancer patients (including intravenous and subcutaneous administration) per annum. Funding for each service was capped at \$110,000.

Applications were received from Alfred Health, Cabrini Health and Peninsula Health and all three health services successfully secured funding totalling \$328,000 for a 13-month period from June 2020 to June 2021 inclusive. Following recruitment and clinic setup, all three SURCs commenced operation in August or September 2020 .

### models of care

#### **Alfred Health**


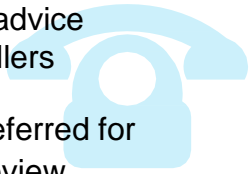
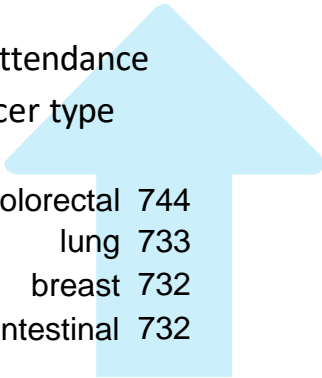
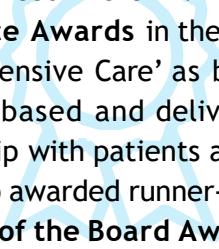
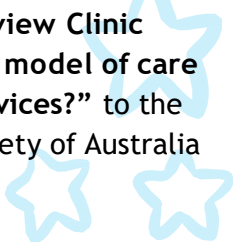
Alfred Health implemented a nurse-led (1 x Clinical Nurse Consultant @ 1.0 EFT) telephone and/or email nursing service providing patients with a central point of contact. If required, patients then presented at the nurse-led SURC multidisciplinary clinic, supported by access to haematology, medical oncology doctors and pharmacy staff to assist with medication management and education. SURC is facilitated out of the Haematology/Oncology Centre (HOC) where the nurse has a dedicated two-chair bay to be able to facilitate face to face attendances. Current medical staff (Hospital Medical Officers and Registrars) were rostered to cover the requirements of SURC. The HOC pharmacist covered any patient medication related matters that arose in SURC. Allied Health provision was within existing resourcing for HOC.

#### **Cabrini Health**

The SURC model of care at Cabrini Health is designed to reduce potentially avoidable presentation to the Emergency Department, improve patient communication and support, empower patients with self-care and provide adequate follow up. Cabrini Health SURC is staffed 0.6 EFT by an Associate Nurse Unit Manager and 0.4 EFT by a Clinical Nurse Specialist. The SURC nurses are a dedicated contact for patient concerns with rapid access to expert advice for the management of SACT related symptoms.

## Peninsula Health

Peninsula Health SURC model differs from SURCs at other health services. It was established utilising the existing resource of the Oncology Nurse Practitioner (ONP) in addition to the training of two Clinical Nurse Specialist SURC nurses (0.6 EFT), and is managed by the Chemotherapy Day Unit (CDU) Nurse Unit Manager. The ONP can prescribe medications to manage treatment side effects and request investigations for timely assessment and patient management. There is a decreased reliance on the Oncology and Haematology Medical teams with this model. The clinic is based in the CDU at Frankston Hospital, however during COVID-19 restrictions and due to lack of available space in CDU the clinic was run remotely from a small office located adjacent to the hospital.

 <p><b>1592</b> patients received a first treatment review in SURC</p>	<p><b>5264</b> total episodes of care across the three pilot sites</p>
<p>ACTION BY SURC NURSE</p> <p><b>2205</b> instances of advice given to callers</p> <p><b>787</b> patients referred for medical review</p> <p>oncology consultant contacts with <b>757</b></p> 	<p><b>478</b> episodes of care averaged per month</p> <p>highest attendance by cancer type</p> <ul style="list-style-type: none"> <li>colorectal 744</li> <li>lung 733</li> <li>breast 732</li> <li>upper gastrointestinal 732</li> </ul> 
<p>Alfred Health SURC was nominated and recognised in their <b>Nursing Excellence Awards</b> in the category of 'Comprehensive Care' as being evidence based and delivered in partnership with patients and families. It was also awarded runner-up prize in the <b>Chair of the Board Awards</b></p> 	<p>Peninsula Health successfully submitted an abstract titled "<b>Should Symptom Urgent Review Clinic (SURC) be a standard model of care across all cancer services?</b>" to the Clinical Oncology Society of Australia (COSA) 2021</p> 

## telehealth cancer support nurse review clinic



A total of 14 primarily female patients with a mean age of 60 years attended the clinic during the six-month pilot period



Most episodes of care (n=21) were nurse initiated (52%)



Telehealth encounters:  
Breast 58%  
Gynaecology 14%  
Haematology 14%  
Genitourinary 7%  
Lung 7%



The median time required for an episode of care was 20 minutes



The bulk of nurse activity (81%) focused on symptom triage



Participant nurse actions focused on the provision of medication guidance (48%) and advice

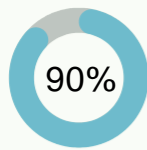
Monash Health provides cancer services to a population of 1.4 million patients across a large geographical area including rural and regional patients and a significant culturally and linguistically diverse and lower socio-economic population. The evolving demand for cancer care, complexity of multi-modal treatments and associated prevalence of survivors with treatment related physical and emotional complications, signalled a critical need to consider auxiliary, evidenced based, models of care. An increase in the local use of telehealth consultation related to the emergence of the COVID-19 pandemic in 2020 had demonstrated it was an acceptable and often preferred method of receiving clinical review for some patients.

A Telehealth Cancer Support Nurse Review Clinic (TCSN-RC) was subsequently established to enhance the current oncology service provision and piloted over a six-month period between October 2020 and March 2021.

Patients were invited to participate in a telehealth appointment with their healthcare professional from their home, work, or from wherever was most convenient using everyday smartphone, tablet, or desktop computer.

The TCSN-RC operated on demand, during business hours (0800-1630), Monday to Friday. It provided a service for patients from across Monash Health and was led by four experienced oncology nurses who were distinctively positioned to provide accurate assessment, triage, education, support, and intervention to intensify management of poorly controlled symptoms at home. Symptom triage was conducted using the evidenced based Australian version of the United Kingdom Oncology Nurse Society (UKONS) assessment tools.

The experience of patients and clinicians who used the service was overwhelmingly positive:



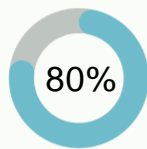
affirmed the telehealth consultation saved them travel time



indicated they felt confident using the technology



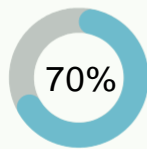
of patients reported the service they received was comparable to face to face



of patients indicated telehealth consultation gave them a better understanding of their symptoms



of patients stated the telehealth service saved them the need to see a general practitioner



of patients reported the telehealth consultation enabled them to better manage their own symptoms

# collaborating with our community

## engaging with SMICS consumers

SMICS' consumers play a pivotal role in the continued efforts to improve the quality and continuity of patient care in the southern Melbourne area. They are valuable team members who volunteer their time and expertise and we appreciate their contributions.

In 2020-21 SMICS' consumers represented the voice of cancer patients and their families in the following contexts:

- ◆ board members as consumer advocates
- ◆ project team members
- ◆ advisors to tumour summits
- ◆ reviewers of cancer literature
- ◆ presenters at conferences
- ◆ consumer forum participants
- ◆ assessors of funding applications.

## consumer engagement peer group

This year consumer coordinators from each of the Integrated Cancer Services came together as part of the Consumer Engagement Peer Group (CEPG). The peer group meets every two months and in that time has initiated:

- ◆ two statewide consumer catch up forums
- ◆ a consumer web page to be added to the Victorian Integrated Cancer Services web site
- ◆ development of a consumer recruitment brochure
- ◆ networking and support for consumer coordinators across the VICS, including sharing of resources and increasing access to our valuable consumers.

# strengthening workforce capability

## metastatic breast cancer nurse training and mentoring program

Patients with metastatic, or incurable breast cancer will benefit from an innovative new training program being piloted by the McGrath Foundation, Monash Health, Monash University and SMICS.

In an Australian first, a training program designed to upskill McGrath Breast Care Nurses caring for people with metastatic breast cancer will be delivered via telepresence robot. Originally designed to be delivered in-person, the training program pivoted to remote learning due to ongoing COVID-19 travel restrictions. Nicknamed 'Rosie', the telepresence robot allows nurses to participate in the training program based at Moorabbin Hospital from anywhere in Australia.

The training program includes online modules tailored to the individual learning needs of each nurse participating before the three-day practical component to be delivered via the robot. Across the three days, the nurse shadows the metastatic breast cancer nurse practitioner at Moorabbin hospital, including attending multidisciplinary team meetings, outpatient clinics and supportive care consultations with patients. This is followed by 12 months of clinical supervision support. The pilot project will see eight nurses participating in the first year.

The project will be evaluated by Monash University, Nursing and Midwifery utilising a longitudinal interventional study design. The aim is to evaluate the impact of an individualised training project for metastatic breast cancer nurses at an individual, organisational and national level. If well evaluated, it will be supported as an ongoing program for nurses supporting metastatic patients across the country.

## cancer nurse coordinator community of practice

**“ As a CNC who works across four health services, this is a great idea for a much broader networking opportunity. This would be opportune for other health services within SMICS at the very least ”**

Monash Health is committed to facilitating ongoing professional development for nurses who work in the cancer setting. It is recognised that Cancer Nurse Coordinators (CNCs) at Monash are the central point of contact and communication for patients who have been diagnosed with cancer.

Within Monash Health there is a growing number of CNCs operating at an advanced practice level, however the members of this group have diverse reporting lines and limited nursing practice supervision.

The Clinical Oncology Society of Australia (COSA) Position Statement suggests that CNCs require a supportive professional practice environment and adequate professional development opportunities to enable them to function optimally given changing service needs. Furthermore, the Victorian Cancer Plan 2016-2020 advocates for a workforce that can meet the future needs of cancer prevention and care.

Evaluation of the professional development needs of the CNCs at Monash Health was undertaken via a baseline survey and resulted in the pilot of a CNC Community of Practice (CoP). The pilot comprised eight meetings, each focusing on a key topic identified from the survey and included a networking opportunity and a mindfulness session. COVID-19 impacted this project requiring a change from in person to virtual delivery. A total of 50 individuals joined the CoP and despite the challenges of COVID-19, sessions were attended by an average of 20 participants. Feedback from the sessions was positive and strong support was provided for continuation of the CoP.

## Topics included:

- ◆ adolescent & young adult oncology: youth friendly healthcare
- ◆ fertility preservation
- ◆ cultural safety - Aboriginal and Torres Strait Islander peoples
- ◆ survivorship and the late effects of cancer treatment
- ◆ bereavement
- ◆ voluntary assisted dying
- ◆ genetics and cancer treatment
- ◆ new and emerging treatments
- ◆ business case development
- ◆ academic writing / research skills
- ◆ oncology emergencies
- ◆ psycho-existential symptoms in cancer patients - recognition and clinical response

As part of the project a research study was conducted that explored the impact of a low-cost, professional support intervention on stress, burnout, resilience, job satisfaction, and mindfulness among a group of specialist and advanced practice nurses.

A consecutive mixed methods approach was employed in the pilot study and conducted over three phases:

1. pre-intervention survey
2. intervention
3. evaluation

A separate report on the findings of the research has been generated and will be presented as a poster at the upcoming Clinical Oncology Society of Australia Annual Scientific Meeting 2021.

## SMICS 2019-2020 annual forum

In previous years, SMICS and Monash Partners Comprehensive Cancer Consortium (MPCCC) have held a joint annual cancer forum. Due to COVID-19 restrictions, a combined face to face forum was not possible, however SMICS continued to host an online event titled Ethical Considerations.

Keynote speakers Professor Clare Delany, Associate Professor Andrew Haydon and Associate Professor Zee Wan Wong took a deep dive into the impacts of COVID-19 in cancer care and the ethical challenges associated with clinical decision making during the pandemic.

The forum also featured a special presentation by Associate Professor Charles Pilgrim and Associate Professor Samantha Ellis showcasing the pilot of the newly developed radiological synoptic report to define resectability of non metastatic pancreatic ductal adenocarcinoma.

150

emails to  
stakeholders

148

registrations

268

views on  
YouTube

20

evaluation  
responses



experience of  
YouTube platform



satisfaction with  
forum content

# better together

## VICS palliative care and advance care planning project

The benefits of timely and appropriate referral to palliative care and development of an advance care plan are well documented and clearly recommended in the Optimal Care Pathways for people with advanced cancer.

Led by Barwon South Western Regional Integrated Cancer Service (BSWRICS), the Victorian Integrated Cancer Services undertook a scoping exercise to better understand statewide patterns of end of life care for Victorians with metastatic cancer. In particular the study aimed to understand if:

- people with advanced cancer received timely and appropriate referral to palliative care
- all patients with a cancer diagnosis are provided with an opportunity to discuss and document their end of life treatment preferences in an advance care plan.

Recommendations from the project will be disseminated and addressed within the ongoing VICS implementation plan.

## victorian tumour summits

The Victorian Tumour Summits are funded by the Victorian Integrated Cancer Services and the Department of Health, and hosted by the North Eastern Melbourne Integrated Cancer Service (NEMICS).

The Summits are clinician led forums where unwarranted variations in tumour-based clinical practice and cancer outcomes are identified and discussed.

Recommendations to address these variations are developed and where applicable, adopted and addressed by the Victorian Integrated Cancer Services and broader cancer sector.

In 2020-21 the brain and repeat prostate cancer summits were delivered. A further three summits are currently scheduled for the 2021-22 financial year for breast, melanoma and pancreatic cancers.

# financial summary

## income

grants - state	1,934,292
other revenue	23,248
income total	1,957,540

## expenditure

### salaries & wages

SMICS program office	1,162,410
clinical directors	213,297
salary on-costs	156,681
salaries & wages sub-total	1,532,388

### project expenses

projects - local	337,415
projects - statewide	272,922
project expenses sub-total	610,337

### operating expenses

general administration	1,781
host agency corporate management fee	123,650
external contracts	2,039
other expenses	6,053
operating expenses sub-total	133,523

## balance

total income	1,957,540
total expenditure	2,276,248
planned deficit as at 30 June 2021*	-318,708

# our team

tracey bucki

heather davis (until Jan 2021)

jessica delaney

amanda eddy

andrew haydon

chamaree jasintha

geraldine largey

anna maciejewska

linda maddaford

seleena sherwell

nell sproule

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