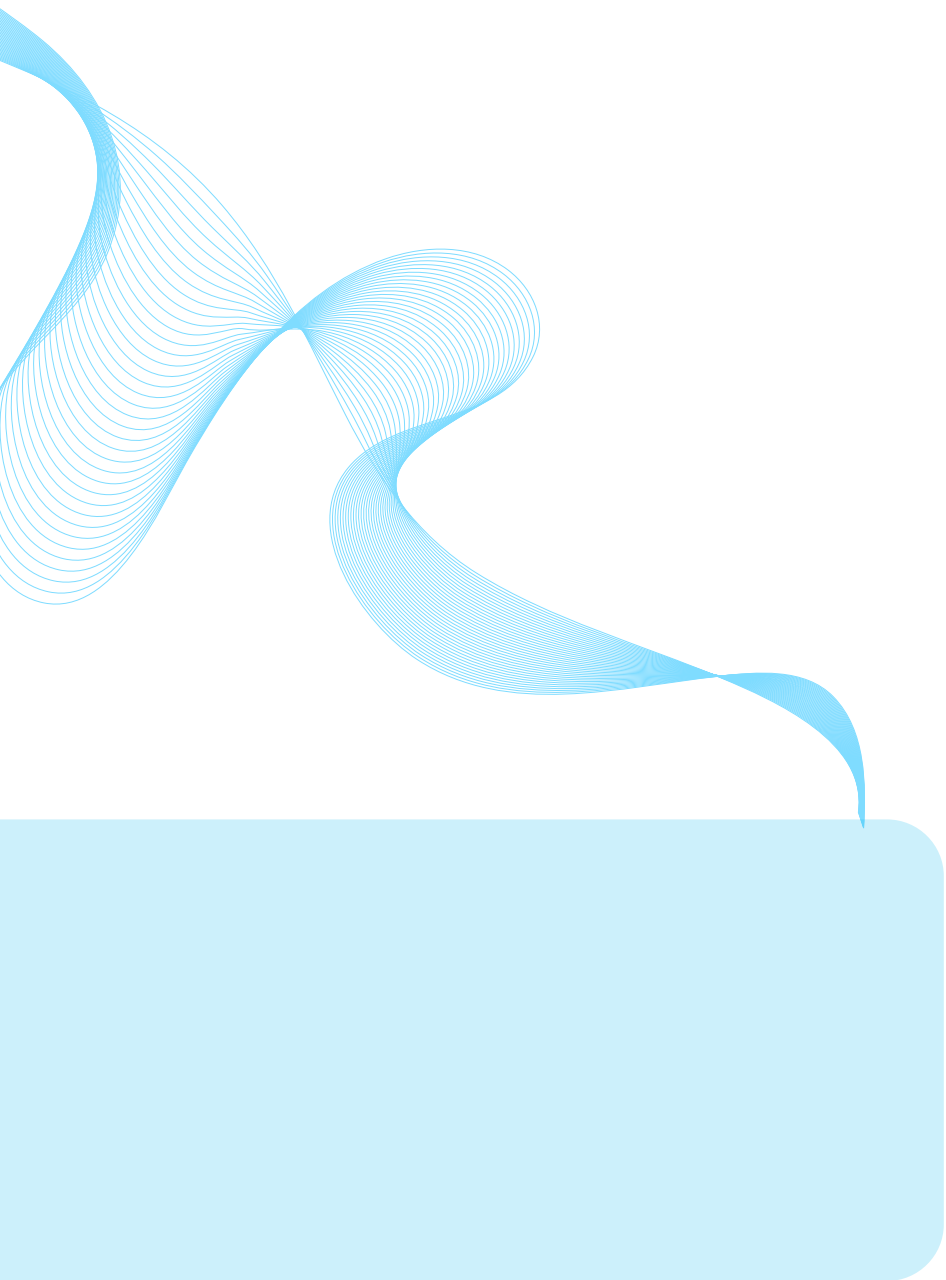


# **WICS** SOUTHERN MELBOURNE INTEGRATED CANCER SERVICE

**Together for better cancer care**



**annual report 2021-22**



# 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



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# 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**  
**Chair MPCCC**

On behalf of Southern Melbourne Integrated Cancer Service, I am pleased to share with you our 2021-22 Annual Report.

The ongoing effects of the COVID-19 pandemic have continued to create challenges across the health sector, not the least of which the fatigue and resource shortages impacting our committed health service staff. Conversely, opportunities such as the rapid uptake of telehealth services by patients and clinicians have set a new benchmark for use of technology into the future.

SMICS has continued to work closely with our member health services and stakeholders to progress the implementation of the Victorian Cancer Plan, with a particular focus on the 2021-2022 Priorities as identified by the Victorian Integrated Cancer Services (VICS) network.

I would like to thank the SMICS leadership group Seleena Sherwell, Program Manager, A/Professor Andrew Haydon and A/Professor Zee Wan Wong, SMICS Clinical Co-Directors and Paul Butler Executive Director, South East Metro Health Partnership for their practical support and continued commitment to delivering quality improvement in oncology services in our catchment.

Thank you to the entire SMICS project team for your work and determination to make a difference throughout another challenging year, and members of the Monash Partners Comprehensive Cancer Consortium (MPCCC) Governance Group for your continued 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 so generously given your time and expertise.

Your collective efforts to improve the experience and outcomes for people affected by cancer are greatly appreciated and we look forward to working with you in the coming year.

## message from the SMICS leadership team

**Associate Prof Zee Wan Wong, and  
Associate Prof Andrew Haydon SMICS Clinical Co-Directors  
Seleena Sherwell, SMICS Program Manager**



It is hard to imagine that almost three years have passed since the COVID pandemic was announced. Despite the ongoing challenges faced by the healthcare sector SMICS has continued to navigate a complex landscape to deliver a range of service improvement initiatives supporting our member health services and people affected by cancer in southern Melbourne.

SMICS team members were again able to provide practical support within our health services during the COVID surge, both working in cancer wards and developing protocols for COVID screening pre-appointment/treatment and management of patients returning positive results.

Zee Wan Wong and Andrew Haydon, SMICS Clinical Co-Directors continued to co-chair the Victorian COVID-19 Cancer Network (VCCN) Taskforce, established in response to the COVID-19 pandemic to support the healthcare sector treating patients with cancer.

The SMICS team have also delivered a range of initiatives, among them the development of a new Optimal Cancer Care for Aboriginal People learning package for health workers. A partnership project with the Gippsland Regional Integrated Cancer Service, the program brings together cancer care specialists with Aboriginal health workers to explore resources, facilitate networking learnings about the unique needs, barriers and enablers for this patient population.

The Pancreatic Cancer Resectability Project resulted in the development and implementation of a new radiological synoptic reporting tool to assess pancreatic CT imaging. This initiative, which was led by the Southern Melbourne Integrated Cancer Service in collaboration with the North Eastern Melbourne Integrated Cancer Service, and in partnership with the Upper Gastrointestinal Cancer Registry, has since received further support to test the radiology reporting tool by trialing the report at 40 pancreatic cancer treatment centres across Australia.

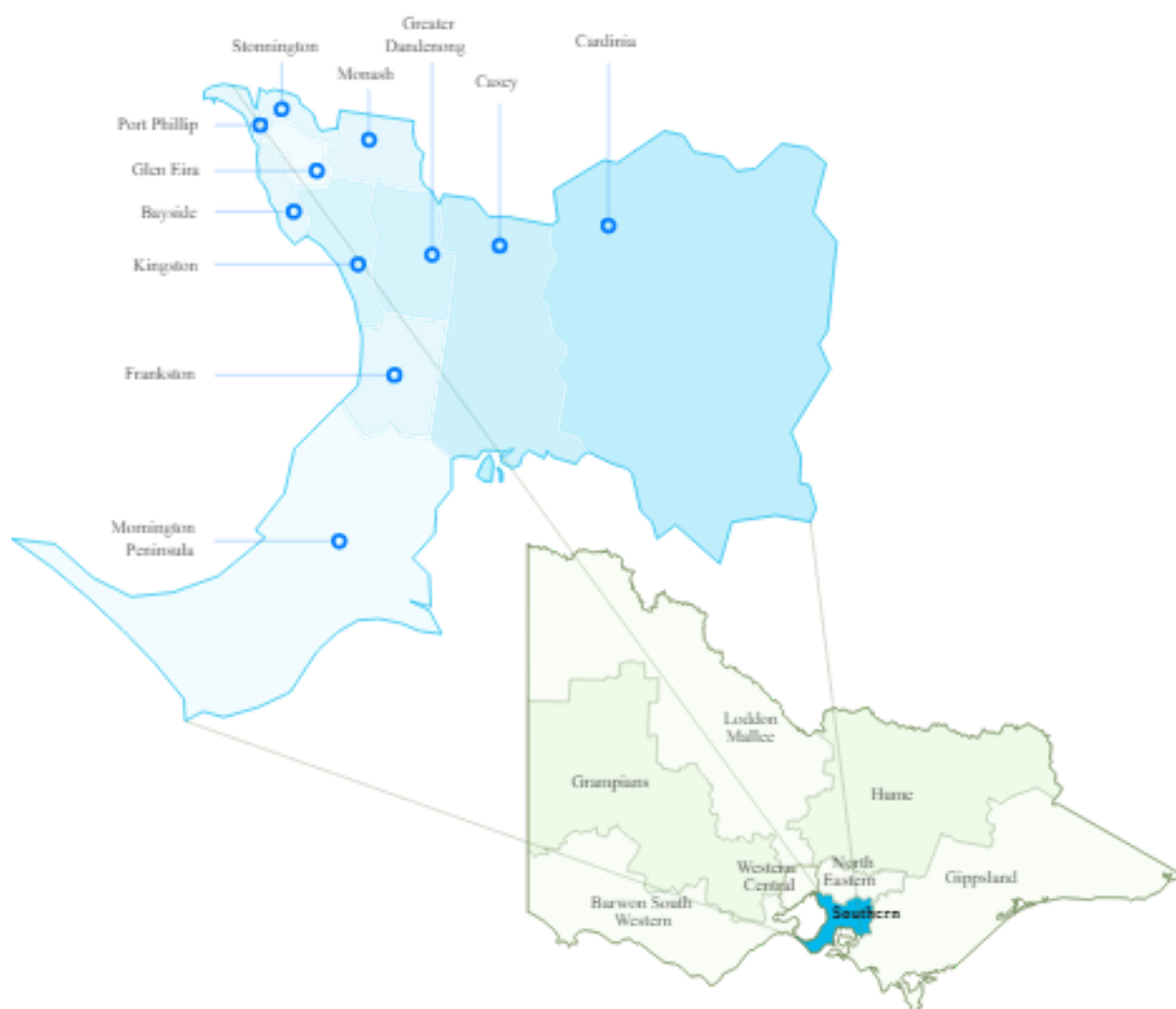
SMICS and Hume Regional Integrated Cancer Service (HRICS) are also developing a toolkit to provide a reference point for Victorian health services considering implementing new approaches to the care of the older person with cancer. It will be used to support conversations to highlight the needs and opportunities for this patient group at VICS member health services in the coming year.

Overall, another busy year, filled with some great results for the SMICS team.

A big thank you to all of our stakeholders for your ongoing contributions and inputs, crucial to the ongoing delivery of and improvements to best cancer care in southern Melbourne.

# 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 **9,336** with more than **2,805** persons dying from cancer each year.

It is predicted that the annual incidence of new cancers in Victoria will exceed 52,000 per annum by 2035.

Source: Victorian Cancer Registry 2020

71,200

episodes of acute care  
per annum

72%

of cancer patients who  
reside in the southern  
Melbourne region survive  
for five years post  
diagnosis

84%

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

**Head and Neck**  
New incidence 87  
5yr survival rate 78%

**Endocrine & Thyroid**  
New incidence 196  
5yr survival rate 94%

**Central Nervous System**  
New incidence 150  
5yr survival rate 31%

**Skin (Melanoma)**  
New incidence 747  
5yr survival rate 97%

**Lung**  
New incidence 918  
5yr survival rate 25%

**Breast**  
New incidence 1264  
5yr survival rate 92%

**Upper gastrointestinal**  
New incidence 818  
5yr survival rate 28%

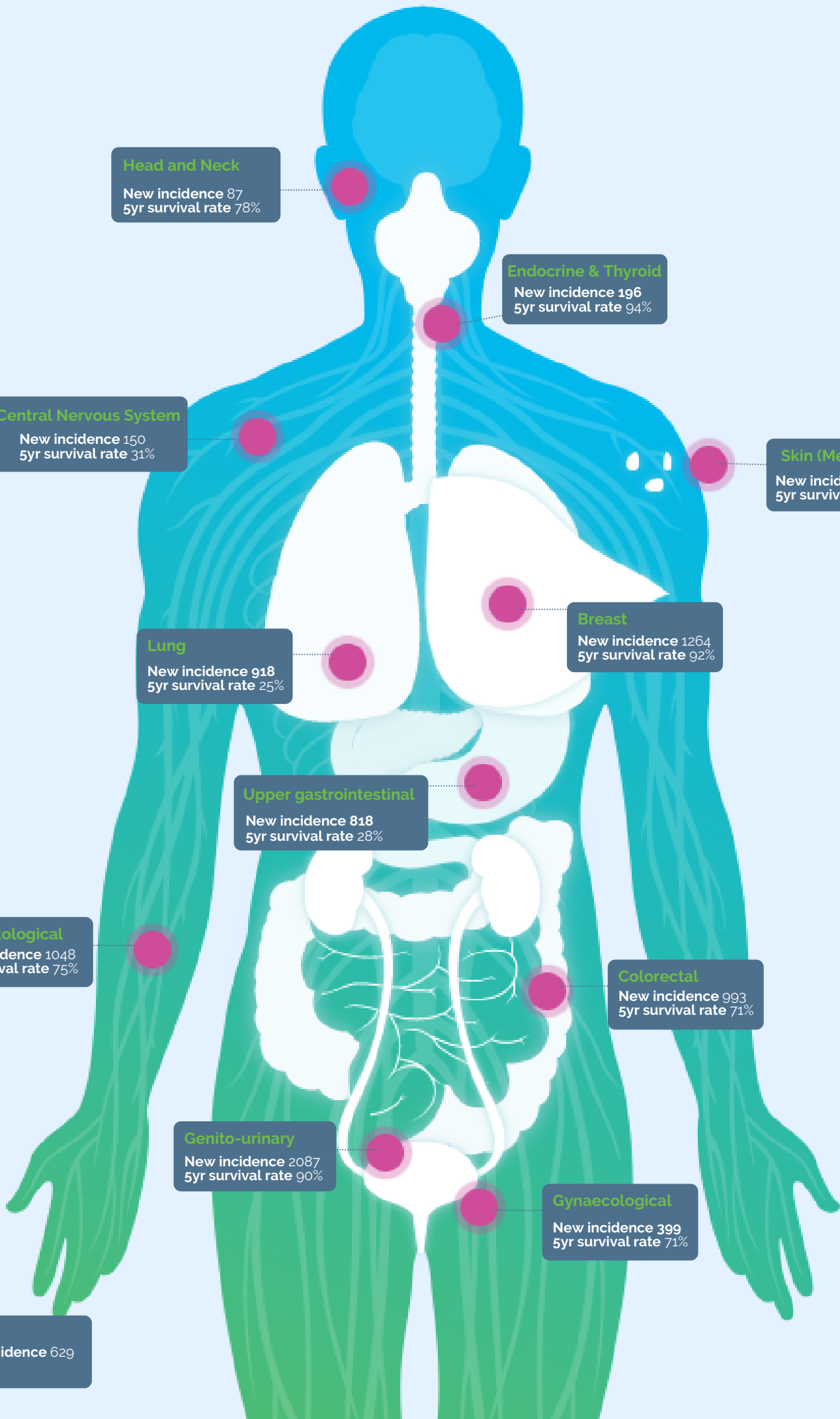
**Haematological**  
New incidence 1048  
5yr survival rate 75%

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

**Genito-urinary**  
New incidence 2087  
5yr survival rate 90%

**Gynaecological**  
New incidence 399  
5yr survival rate 71%

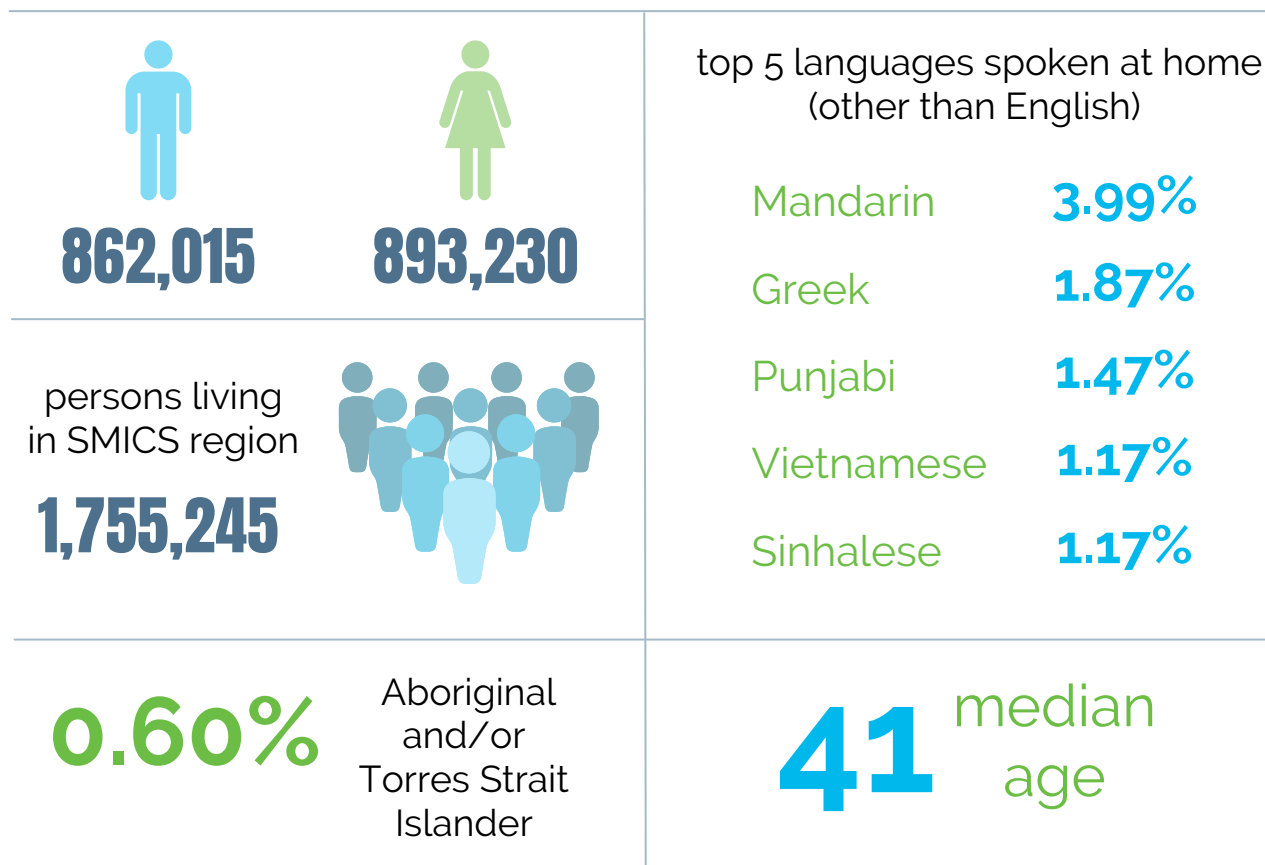
**Other**  
New incidence 629



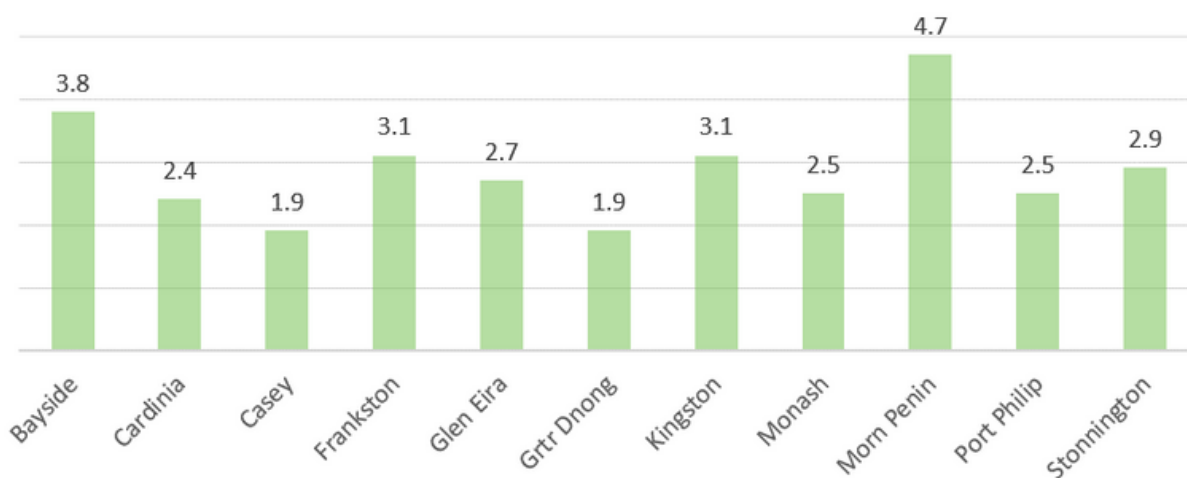
## census data

The 2021 Census was collected on 10 August 2021

## smics region data



## % long-term health condition - cancer (including remission)



Source: Australian Bureau of Statistics - Census 2021 Quick Stats

## cancer services performance indicator audit 2021

The Victorian cancer service performance indicator (CSPI) program was established in 2007 to measure and monitor progress with Victorian Government policy. No audit was undertaken in 2019 due to the impacts of COVID-19.

Results below are compared with the previous audit completed for 2020 data (collected in 2021).

Indicator	2020	2021
Total number of patients audited	626	650
<b>1a.</b> % of documented evidence of multidisciplinary team meeting recommendations	84%	83%
<b>2.</b> % of documented evidence of disease staging in the multidisciplinary team meeting recommendations	76%	77%
<b>3.</b> % of documented evidence of ECOG performance status in the multidisciplinary team meeting recommendations	44%	47%
<b>4.</b> % of documented evidence of supportive care screening	37%	47%
<b>5.</b> % of documented evidence of communication of the initial treatment plan to the General Practitioner	82%	82%

### Breakdown of 2021 audit indicators by health service:

Health Service	Audits completed	1a. MDM	2. Staging	3. ECOG	4. Supp Care	5. GP letter
Alfred Health	216	81%	67%	27%	46%	76%
Monash Health	277	91%	81%	56%	42%	83%
Peninsula Health	157	71%	81%	57%	57%	87%

\*CSPI audit covers public health services only , these results are currently being addressed with individual health services

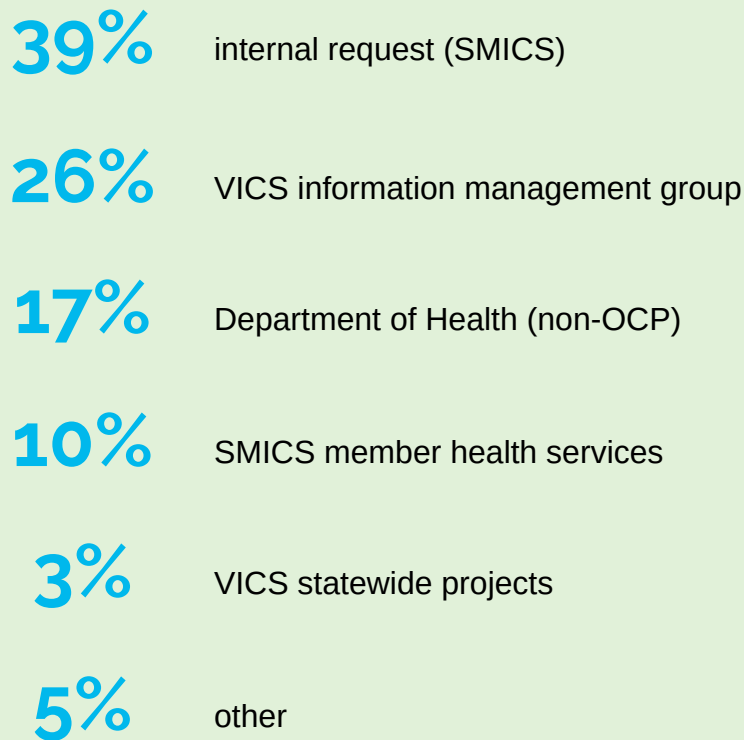
## data unit requests

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 2021-2022, the SMICS Data Unit responded to 77 requests:



Those requests came from a number of sources:



# improving equity of access to high quality cancer care

care closer to home

brain optimal care pathway - repatriation  
(hospital to hospital patient transfer)

Focus area 1D of the Victorian Implementation Plan seeks to improve the adoption of quality cancer care closer to home. SMICS and Gippsland Regional Integrated Cancer Service (GRICS) have begun scoping work to establish appropriate and effective referral and repatriation pathways that will strengthen outer metropolitan and regionalised service delivery, with a specific focus on glioma brain tumour patients in the first instance.

SMICS and GRICS have thus far engaged clinicians at Peninsula Health, Alfred Health and Gippsland to better understand the processes, wastes and challenges posed by inter-hospital patient transfer. We have identified four key documents necessary to allow appropriate patient care when a patient's care shifts from a metropolitan centre to an outer metropolitan or regional public health provider.

Further consultations with the Health Information Exchange and the Digital Team at the Department of Health are under way.

## Shared follow-up for women with low-risk endometrial cancer in general practice

The Monash Health Gynae-Oncology Department identified a need to increase the capacity of its outpatient clinic to meet growing service demand. An alternative model of GP-led follow-up care was proposed to reduce the number of women with low-risk endometrial cancer attending the outpatient clinic for follow-up appointments, thereby increasing capacity for more urgent cases.

SMICS supported Monash Health to develop a procedure for GP-led follow-up care in accordance with clinical guidelines. The procedure encompasses both hospital-based follow-up and subsequent discharge to GP-led follow-up care on completion of active treatment. Where clinically appropriate, women will be discharged to their GP for follow-up care with rapid access to the Gynae-Oncology Department available if required. Implementation of this model will be monitored over the next 12 months.

multidisciplinary care

increasing alignment with the multidisciplinary meeting (MDM) quality framework

## QOOL-VIC implementation at Peninsula Health

The project to assist with the MDM QOOL-VIC implementation at Peninsula Health was completed in December 2021, with ongoing monitoring of data during 2022.

Overall, the quality of data entered into QOOL-VIC continues to slowly improve across most MDMs, with a 17% improvement in the completion of diagnosis details for the year.

There is also scope for further improvement in completing the diagnosis and treatment plans fields. This is important as it directly impacts on the content of the GP letters and the MDM summaries, allowing better GP communication.

Generating a tool kit for the completion of data sets designed for each MDM has helped teams to adapt to the new software system at Peninsula Health.

## MDM governance at Alfred Health

In collaboration with Alfred Health cancer services, SMICS is supporting a project aimed to review current governance, operational and documentation of all MDM's.

One of the aims is to improve the visibility of MDM performance and risks, and develop agreed minimum standard operating procedures and governance processes, including minimum documentation requirements.

Furthermore, the project will develop individualised change strategies per MDM to support alignment of the MDMs to those standards. Standardising MDM patient information, will support analysis, reporting and benchmarking.

The project recommenced in May 2022 after lengthy delays due to the COVID pandemic. MDM Chairs and clinical nurse consultants from eleven cancer related MDM's have commenced mapping the current process and the resulting analysis will be used to inform current risks, barriers and enablers to support the delivery of quality cancer service.

## symptom urgent review clinics

In February 2022, the Department of Health invited public health services to apply for funding via an EOI process to expand Symptom and Urgent Review Clinics, to enable health services to support patients during the COVID-19 recovery phase. With support from SMICS, three health services were successful in obtaining additional funding to strengthen their SURC services.

### Alfred Health

- further develop pathways to link with Alfred Health Virtual Emergency Department
- manage the appropriate and timely progression of care of COVID positive patients, including commencement of anti-viral treatment in addition to their anti-cancer therapy
- manage suspected COVID 'at risk' patients enabling specific treatment pathways depending upon whether the patient is symptomatic or asymptomatic
- manage cancer patients who are outliers in wards across the health service

### Monash Health

- improve the follow up of patients accessing the Chemotherapy Day Unit
- educate patients and their families to access virtual health for symptom management in between their treatments
- comprehensive follow up of COVID patients, ensuring they have access to anti-virals especially for immunosuppressed patients
- follow-up patients who have been admitted to hospital, ensuring cancer treatment plans have been updated and regular meetings or point of contact with ward staff to follow up on patients progress and discharge plans
- supporting the needs of Aboriginal and Torres Straight Islanders patients who are going through their cancer journey. Working towards developing a liaison officer to assist with this

### Peninsula Health

- initiate a care pathway for older people with cancer utilising the G8 geriatric screening tool to identify care needs and link appropriately to allied health, Geriatrician/My Aged Care services, and increased frequency of phone call follow up from SURC
- identification of vulnerable populations at SURC introduction and provision of additional SURC follow up calls after the standard cycle 1 intervention
- development of an oral SACT pathway identifying individual requirements, central script dispensing, SURC education, follow up and monitoring in collaboration with the oncology pharmacy team
- support for cancer patients during COVID-19/recovery phase: advice and referrals for patients currently on SACT who test positive for COVID to assess eligibility of antiviral treatments

## addressing the needs of the older person

### care of the older person with cancer toolkit

SMICS and Hume Regional Integrated Cancer Service (HRICS) have created a toolkit to provide a reference point for Victorian health services considering implementing new approaches to the care of the older person with cancer. The toolkit aims to start a conversation at health services about what services are currently available and what the possibilities are for first steps, moving ahead, or a potentially larger focused effort. The target audience includes oncologists, geriatricians, cancer care coordinators, nurse practitioners, allied health, and operational executive/managers.

This toolkit provides information on:

- the use of screening tools to help identify older, vulnerable cancer patients who will benefit most from a geriatric assessment
- comprehensive geriatric assessment to identify areas of vulnerability, assist in clinical treatment decisions, and guide interventions in routine oncology practice
- practical suggestions to existing barriers
- examples of geriatric oncology services that have been implemented and used in health service settings in Australia
- key resources including links to calculators, how-to guides, guidelines, education opportunities, patient resources and further considerations

# supporting the successful implementation of the optimal care pathways

## victorian tumour summits

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

Summit recommendations are developed and where applicable, adopted and addressed by the Victorian Integrated Cancer Services and broader cancer sector.

The Breast Summit, delivered in July 2021 found that:

1. There is an unacceptable number of breast patients reported with unknown stage at diagnosis
2. There is under-reporting of patients with metastatic breast cancer impacting provision of appropriate services
3. There is variation in access to supportive care services and coordination of care across the State

Melanoma and Pancreatic Summits are planned for the latter half of 2022.

## breast optimal care pathway

Based on the recommendations from the 2021 Victorian Breast Tumour Summit and local consultation, SMICS has begun work to review the coordination of care with the Monash Health Breast Care team, to ensure breast cancer patients are not lost to follow-up.

We have held numerous consultative meetings with surgeons, oncologists, nurses and administrative staff together with senior clinicians to learn about the clinic, its systems and operation. We are now taking steps to map the current state of care coordination for breast care services and identify any areas that could be streamlined/improved.

## lung optimal care pathway

SMICS collaborated with local clinicians to develop agreed solutions to data identified variations in the surgical pathway at Peninsula Health.

Implementation of the planned pilot solutions was deferred in March 2020 due to altered local work priorities associated with the emergence of the COVID-19 virus.



SMICS supported a six-month pilot implementation of the agreed solutions to address the identified variations in the surgical pathway.

A 26% improvement in the median time from date of referral to date of diagnosis and a 3% improvement in the median time from date of referral to date of first curative-intent surgery resulted.

## brain optimal care pathway

Based on the recommendations from the Victorian Brain Tumour Summit, which included improvement in the coordination of care, especially for patients with a mix of metro/regional service delivery, SMICS has:

- supported the Monash Health Neurosurgery multidisciplinary team to progress from monthly to fortnightly multidisciplinary team meetings for glioma patients. Best practice as outlined in the Victorian Cancer Multidisciplinary Team Meeting Quality Framework (2018) is defined as meetings that occur at least fortnightly
- developed a terms of reference for the Monash Health Neurosurgery MDM
- worked in partnership with Gippsland Regional Integrated Cancer Service to have a representative from Medical Oncology in Gippsland attend the Monash Health Neurosurgery MDM. Participation by regional clinicians in MDM discussion of patients being referred/repatriated to regional Victoria for post-surgery treatment and care can improve coordination of care. Regional clinicians will also benefit from participation in MDMs as an opportunity to increase professional knowledge of cancer treatment and management of brain tumours.
- consulted with the Monash Health neuro-oncology team to adapt the current oncology supportive care screening tool to better address the specific needs and concerns of brain cancer patients.

## Optimal Cancer Care for Aboriginal and Torres Strait Islander People (OCCAP) Learning Program

The Victorian Cancer Plan 2020-24 recognises inequities for Aboriginal Victorians across the entire cancer pathway, with higher incidence and mortality rates. Multifactorial reasons have been identified as contributing.

In 2021 SMICS and GRICS, in partnership with the Aboriginal health and cancer services of Monash Health, Peninsula Health, Bairnsdale Regional Health service and Latrobe Regional Hospital developed the OCCAP Learning Program.

The program aimed to bring together Aboriginal health workers and cancer care professionals to:

- explore individual beliefs and knowledge of the optimal care pathway in a safe and non-judgemental environment
- facilitate networking
- explore available resources
- discuss gaps, barriers and enablers

A train-the-trainer course was developed and conducted at Traralgon in May 2022 (facilitated by Cancer Care Victoria), followed by a 1-day pilot learning program in June facilitated by Aboriginal Health Liaison Officers and cancer care nurse educators.

A number of different services and disciplines attended, including Aboriginal health workers, a palliative care physician, McGrath breast care nurses, cancer care coordinators, a survivorship nurse and a nurse practitioner.

This project was presented at the Cancer Nurse Society of Australia (CNSA) 24th Annual Congress 2022 in Brisbane.

## needs analysis of post-treatment/survivorship phase for head and neck cancer patients receiving radiation therapy

SMICS is providing support to understand the current state and identify service delivery gaps in the post-treatment/survivorship phase for head and neck cancer patients receiving radiation therapy at Peter MacCallum Hospital, Moorabbin.

Activities include:

- mapping of the current head and neck service and processes to understand the patient journey and identify gaps in service delivery
- gap analysis of the current service and practices against the Victorian Quality Cancer Survivorship Care Framework
- needs analysis to identify unmet supportive and survivorship care needs of head and neck cancer patients treated at the service

Results will inform health service planning to optimise survivorship care for people affected by head and neck cancer.

## prostate patient resource flyer

To further support access for prostate patients to appropriate information and support at diagnosis, VICS engaged with health professionals, consumers, Prostate Cancer Foundation Australia and Cancer Council Victoria. Four key resources have been agreed and are now recommended to be provided to prostate cancer patients at diagnosis. This will help avoid the variation in information provided to newly diagnosed prostate patients across Victoria, as identified at the Prostate Tumour Summit.

These resources include:

- the PCFA booklet Prostate cancer: a guide for newly diagnosed men
- Cancer Council's Understanding prostate cancer
- guides to best cancer care – prostate cancer
- 'A Common Path' video developed by North Eastern Melbourne Integrated Cancer Service



## pancreatic resectability project

83%

resectability status  
determined

81%

MDM summary notes  
documented resectability  
status

78%

synoptic reports uploaded  
to the patient medical  
record

The Pancreatic Cancer Resectability Project to test a new radiological synoptic (or structured) reporting tool for use in assessing CT imaging in cases where pancreatic cancer is suspected, concluded in September 2021 after a 12-month pilot.

Almost 100 patients benefited from the project by having their CT scans reviewed and reported by specialist radiologists for the purpose of MDM treatment planning during the pilot, which was held at two health services.

The report, codesigned by local radiologists and surgeons, is based on internationally recognised guidelines that define the criteria for assessing surgical resection in pancreatic cancer.

In recommending surgical resection to patients with pancreatic cancer, surgeons consider three important factors:

- the location of the cancer including the surrounding vascular anatomy
- any biological findings (blood and pathology tests)
- the patient's overall condition

The radiology synoptic report developed as part of this project assists in reporting the anatomical component. Out of the 95 pancreatic cancer suspected cases reviewed:

- 83% had their resectability status determined
- 81% had their resectability status documented in MDM summary notes
- 78% had their synoptic report uploaded to the patient medical record

It was also found that almost 60% of scans originated from external providers, and 17% of scans were of inadequate quality to enable assessment. 25% of scans were found to be sub-optimal, meaning that the radiologist elected to continue with the assessment despite low quality of the scan.

## pancreatic resectability project (cont)

The project successfully delivered on its aim to agree and adopt a common set of guidelines for assessing resectability in suspected pancreatic cancer as well as provide a clear and consistent method for documenting and reporting radiology findings for multidisciplinary treatment planning based on these guidelines.

The project serves as a practical example of a collaborative partnership between an Integrated Cancer Service and a clinical registry, in this case the Upper Gastrointestinal Cancer Registry (UGICR). The UGICR is a quality cancer registry that already collects similar data, creating an opportunity for a central collection point for the project, where the pilot data was collected directly via a REDCap database, an existent mechanism for data collection at the UGICR. REDCap was used when a local radiology information system (RIS) could not take up the new synoptic template or the scan was taken externally to the health service.

The Pancreatic Cancer Resectability Project, which was led and developed by the Southern Melbourne Integrated Cancer Service in collaboration with the North-Eastern Melbourne Integrated Cancer Service, and in partnership with the UGICR registry, has also received further support.

The Federal government through its Medical Research Future Fund (MRFF) awarded almost \$3 million dollars to Monash University, home of the UGICR, part of the Monash University School of Public Health in January 2022.

The grant funding provides the opportunity to further test the radiology reporting tool by taking the learnings from this local ICS 'Pancreatic Resectability Project' to the national arena, trialling the report at 40 pancreatic cancer treatment centres across Australia.

\$3M

awarded

**Medical Research  
Future Fund**

# improving well-being and support for all Victorians affected by cancer

facilitate high quality supportive and survivorship care

## embed and spread

The Victorian Government-funded project, 'Embed and spread optimal cancer survivorship across Victoria' aims to increase commitment to and awareness of cancer survivorship care.

Led by the Australian Cancer Survivorship Centre (ACSC), SMICS supported an audit of current survivorship care at member health services and a virtual educational roadshow to promote ACSC resources including [mycareplan.org.au](http://mycareplan.org.au).

Resources have been distributed to participating health services across Southern Melbourne to facilitate improved survivorship care.

## accessing cancer care equitably using support services (ACCESS) project

Led by the Cancer Council Victoria, the ACCESS project aims to support health services meet the increased demand for supportive care during the COVID-19 recovery.

SMICS has partnered with Cancer Council to expand supportive care screening and capacity to improve access for people affected by cancer. Tailored referral pathways to the Cancer Council Helpline (13 11 20) are being developed to complement existing hospital based services.

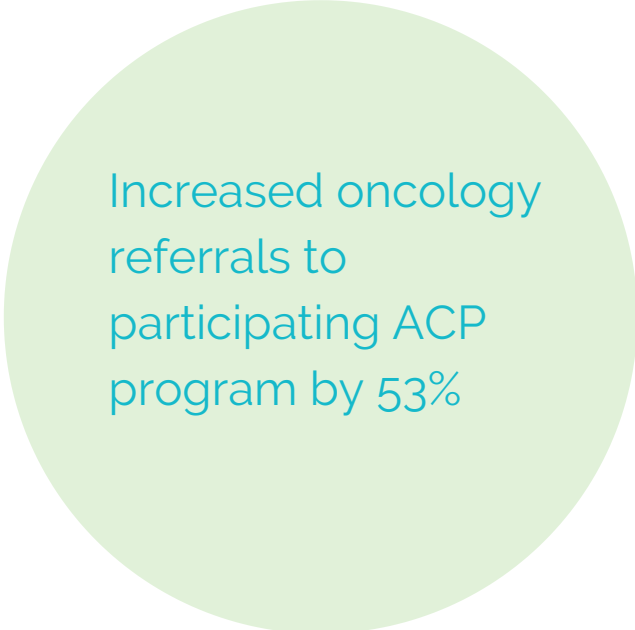
SMICS supported member health services to complete a supportive care audit to identify service gaps. Information collected will inform the Cancer Council's Cancer Services Guide to be released in late-2022. Cancer Council will also conduct education sessions at health services.

## advance care planning workbook

SMICS supported the development and pilot implementation of an Advance Care Planning (ACP) workbook project at Alfred Health and Peninsula Health between February 2021 and October 2021. The aim of the project was to promote greater participation by oncology multidisciplinary practitioners in ACP activities.

Outcomes:

- increased the number of oncology referrals to the participating ACP program/service by 53%
- promoted more advanced care planning discussions between 53 patients and their health care providers
- increased ACP documentation ensuring future care delivery remains consistent with participants beliefs, values, and healthcare preferences, 42% participants formalised their wishes.
- increased multidisciplinary practitioner participation in advance care planning
- provided participants with the skills necessary to communicate their future care wishes to their family/friends
- informed participants understanding of ACP and its importance



Increased oncology referrals to participating ACP program by 53%

# collaborating with our community

## engaging with SMICS consumers

Our consumers continue to play a key role in both project delivery and SMICS governance. Over the past year consumer involvement has been reduced due to the impacts of COVID-19.

A key statewide project to which our consumers contributed was the Victorian Integrated Cancer Services Data and Information Management Framework (VDIMF) Project Steering Committee (PSC). The PSC was responsible for the overall governance and supervision of the project. All documentation, final reports and recommendations, together with final VICS Data and Information Management Framework were reviewed and endorsed by the PSC. Consumers provided invaluable input to the project from both personal and professional perspectives.

## consumer engagement peer group (CEPG)

The CEPG is a forum for VICS staff with a responsibility, interest or expertise in consumer engagement to exchange ideas, learn from each other and collaborate on joint projects/initiatives.

Over the past twelve months the team and consumers have collaborated and developed a consumer web page. The aim of the web page is to be a source of information for both VICS staff and consumers.

# strengthening workforce capability

## metastatic breast cancer nurse training and mentoring program

People diagnosed with metastatic breast cancer (MBC) have complex clinical and supportive care needs.

In collaboration with the McGrath Foundation, Monash Health and Monash University, SMICS supported a pilot training program to upskill McGrath breast care nurses to care for patients with MBC. Initially designed to be delivered in-person, recurrent COVID-19 restrictions required a change of approach to enable remote participation.

In 2021-22, eight nurses completed the pilot program including online learning modules, a three-day clinical placement at Monash Health and clinical supervision for twelve months. Six of the eight nurses completed remote placements via a telepresence robot.

Initial results indicate the training increased participant's knowledge, skills and confidence to care for MBC patients.

Final evaluation results will be available in late 2023.

## Victorian COVID-19 Cancer Network (VCCN)

SMICS Clinical Directors Zee Wan Wong and Andrew Haydon continue to Co-Chair the Victorian COVID-19 Cancer Network (VCCN) with Professor Grant McArthur and Professor Sue-Anne MacLachlan. The Network aims to provide support and advice to clinicians and health care services treating patients with cancer during the COVID-19 pandemic, advocate for patient needs and support the cancer workforce across Victoria.

The VCCN has been key in helping to advocate continued access to world class cancer treatment for patients throughout the COVID pandemic. The taskforce also continues to be a great vehicle for collective synergy amongst clinicians and consumer advocates from across the state, bringing about important improvements for people living with cancer.

# smics funding program

In September 2021, SMICS launched a new program to provide eligible health services with funding to support innovative project applications designed to have a positive impact on the quality of patient care and experience. The program encourages effective partnerships and collaboration between health providers and consumers to improve coordination, accessibility and quality of care provided to better support all people affected by cancer.

SMICS offered two categories of funding:

- Quality and Service Improvement Projects (up to \$100,000 each)
- Service or Process Redesign Projects (up to \$30,000 each)

Seventeen applications were received from health services across the SMICS catchment with seven progressing to the second stage of the process. These applicants were provided an opportunity to pitch to an assessment panel and after careful consideration, four projects were successful in securing funding.

## Quality and Service Improvement category:

### **Alfred Health**

Utilising novel nutritional biomarkers in oesophago-gastric cancer to trigger standardised pre-operative nutritional surveillance and intervention in high-risk patients across partnered health care services

### **Monash Health**

Specialist multimodal Speech Pathology service for Head and Neck oncology patients with an altered airway: implementation of a proactive and preventative community-based care via telepractice

### **Monash University**

Real-time patient-reported outcomes measures (PROMs) and patient-reported experience measures (PREMS) in oncology: enhancing inclusivity and toward a new standard of care

## Service or Process Redesign category:

### **Cabrini Health**

Implementation of an electronic supportive care screening tool, utilising the eCaptis ePROMS platform, for Cabrini cancer patients

# financial summary

## income

grants - state	1,963,305
----------------	-----------

income total	1,963,305
--------------	-----------

## expenditure

### salaries & wages

SMICS program office	977,786
----------------------	---------

clinical directors	160,932
--------------------	---------

salary on-costs	142,127
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salaries & wages sub-total	1,280,845
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### project expenses

projects - local	73,421
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projects - statewide	98,165
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project expenses sub-total	171,586
----------------------------	---------

### operating expenses

general administration	1,508
------------------------	-------

host agency corporate management fee	98,062
--------------------------------------	--------

other expenses	39,601
----------------	--------

operating expenses sub-total	138,631
------------------------------	---------

total income	1,963,305
--------------	-----------

total expenditure	1,591,062
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<b>surplus</b>	<b>372,243</b>
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# our team

tracey bucki - senior project manager

jessica delaney- senior project manager

amanda eddy- information manager

andrew haydon - clinical director

chamaree jasintha - data analyst

geraldine largey - senior project manager

anna maciejewska - senior project manager

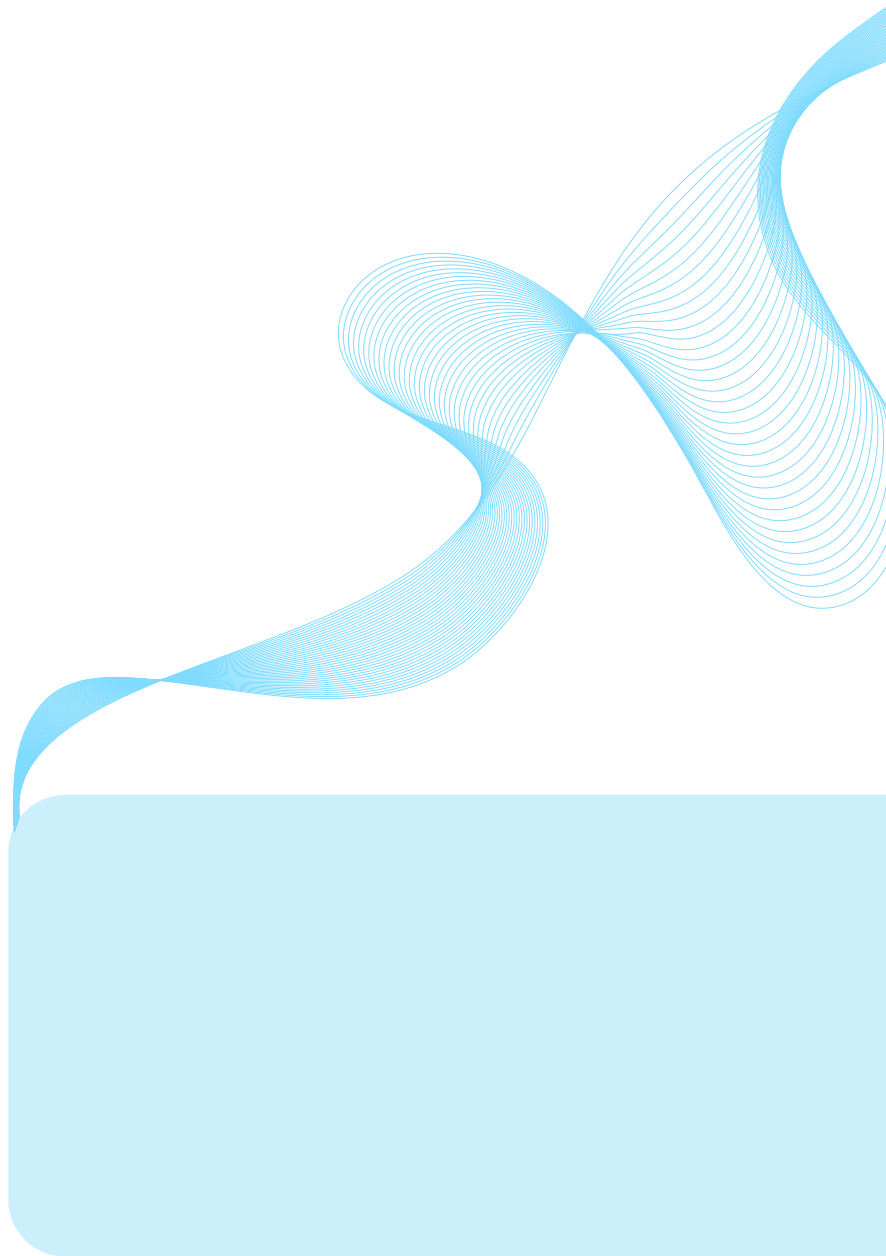
linda maddaford - executive assistant

seleena sherwell - program manager

nell sproule - quality manager

jennifer thresher - senior project manager

zee wan wong - clinical director





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