



NEMICS Annual Report 2023–2024

Together for better cancer care

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List of acronyms

CALD	Culturally and linguistically diverse
GRICS	Grampians Region Integrated Cancer Services
HRICS	Hume Regional Integrated Cancer Service
ICS	Integrated Cancer Service
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer (or questioning), plus
NEMICS	North Eastern Melbourne Integrated Cancer Services
OCP	Optimal Care Pathway
OCSP	Optimal Care Summits Program
OG	Oesophagogastric
QOOL-Vic	Queensland Oncology On-Line-Victoria
SMICS	Southern Melbourne Integrated Cancer Service
VAED	Victorian Admitted Episodes Dataset
VICS	Victorian Integrated Cancer Services
WCMICS	Western and Central Integrated Cancer Service

Welcome to our 2023–2024 Annual Report

Victoria's cancer services improvement network, also referred to as the Victorian Integrated Cancer Services (VICS), is comprised of nine integrated cancer services. The VICS and their member health services, deliver on the *Victorian cancer plan 2020–2024* and other important cancer policy including the Optimal Care Pathways (OCPs).

The VICS improve patient experiences and outcomes by connecting cancer care and driving best practice. The Integrated Cancer Services (ICS) build strategic relationships and activity workplans to develop, implement, and evaluate initiatives that improve the way Victoria's health services provide cancer care and support to people affected by cancer.

The North-Eastern Melbourne Integrated Cancer Service (NEMICS) is one of the nine Victorian ICS. NEMICS delivers statewide, network wide, and local cancer services improvement initiatives. NEMICS strives to be a dynamic network and program that engages, learns from, and collaborates with our member health services and others to achieve a shared vision. We utilise cancer administrative and quality datasets available to us to deliver innovative, effective, and sustainable programs of work.

This year, NEMICS has continued to invest in delivering quality cancer service improvement initiatives that are sustainable and achieve real impact. Our team has delivered service improvement initiatives co-designed with our member services, undertaken evidence translation to inform future work, administered the VICS' statewide Optimal Care Summits Program (OCSP) on behalf of the VICS network, hosted the Statewide Communications function for the VICS, and connected our member services with state and national service development opportunities.

NEMICS is committed to continuing to support cancer services and Victorians affected by cancer.



vics.org.au/nemics 03 9496 3322



Disclaimer: This annual report has been prepared by NEMICS for the purpose of informing our network of our activities and achievements. NEMICS accepts no legal responsibility for this publication's contents. The data contained in this report should not be relied upon by any other party or for any other purpose.

Acknowledgement: NEMICS acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past and present. We celebrate, value, and include people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.



NEMICS is supported by the Victorian Government.

Front cover: Victoria's Mount Donna Buang drive (Adobe Stock).

A message from us

On behalf of NEMICS, we are pleased to present the 2023–2024 Annual Report. The report demonstrates our ongoing commitment to supporting our member health services in the continuous improvement of cancer care, support and outcomes for those affected by cancer.

During the past 12 months, NEMICS has built on the transformative program and staff structure changes implemented the previous year. The Austin Hospital's Chief Executive Officer (CEO) Adam Horsburgh and then interim CEO Cameron Goodyear have taken up the role of NEMICS Governance Committee Chair. Clinical Directorship has continued to be led by Professor Wanda Stelmach from Northern Health and Dr Umbreen Hafeez from Austin Health. Ms Linda Nolte has continued as the operational NEMICS Director, with Ms Ann Yeomanson acting as Director from March until October 2024.

In 2023–24, together with our member services, NEMICS delivered a range of initiatives and improvements to cancer care. Our Project Managers directly facilitated 12 service improvement projects which aimed to facilitate quality multidisciplinary meetings (MDMs) and supportive care. Additionally, NEMICS service improvement grants supported 11 novel projects across our four member services, and professional development grants program enabled the upskilling of 59 of our region's dedicated cancer clinicians.

In support of optimising consumer experience, NEMICS engaged in discussions with key community stakeholders to understand the barriers to quality cancer care for the Culturally and Linguistically Diverse (CALD) population in our region. In parallel, we also analysed available data to understand the variations in in-hospital cancer care for our CALD community.

As state host of the highly recognised Optimal Care Summits Program (OCSP), NEMICS implemented multiple enhancements to the Summits Program in 2023–24, then delivered a highly attended and celebrated Oesophagogastric Cancer Summit in February 2024.

NEMICS remains committed to supporting its four member services through significant change. Actioning opportunities for continuous improvement and transformation has arguably never been more critical. State-wide service demand has surged whilst health services' structure, funding and other operational elements have been undergoing simultaneous adjustments. The year has also seen many changes in the health leadership landscape across Victoria, bringing new relationships and opportunities to bring new stakeholders into projects underway.

Looking ahead, the VICS and NEMICS will continue to focus on building a resilient and adaptive cancer care system. We will continue to balance leveraging local improvement opportunities (as NEMICS) with delivering impactful state-wide projects (as part of the VICS). Consumers will be increasingly at the centre of all work we do. Additionally, we will enable implementation of relevant incoming commonwealth initiatives such as the National Public Lung Screening Program into the Victorian health system.

Our most sincere thanks go out to the cancer workforce, consumers, volunteers, carers and the NEMICS program team for their commitment to partnering with others to achieve improved patient experiences and outcomes. Our work would not be possible without our member health services cancer leaders' engagement and expert advice. We acknowledge the time and commitment of the NEMICS Governance Committee and Consumer Advisory Group in guiding the program. We thank you all.



Mr Cameron Goodyear
NEMICS Chair



Ms Linda Nolte
NEMICS Director



Ms Ann Yeomanson
NEMICS Acting Director
(March–October 2024)



**Professor
Wanda Stelmach**
NEMICS Clinical
Director



Dr Umbreen Hafeez
NEMICS Deputy
Clinical Director



► Oesophagogastric Cancer Summit event, February 2024

Our member profiles and NEMICS governance

NEMICS Governance Group includes members from Austin Health, Eastern Health, Mercy Hospital for Women, Northern Health, NEMICS itself and NEMICS' Consumer Advisory Group. Membership of the NEMICS Governance Committee in 2023–24 is tabled below. NEMICS thank the Victorian Department of Health (Ms Spiri Galetakis and colleagues) for their attendance and advice at the NEMICS Governance Group meeting during 2023–24.

Austin Health		
Mr Adam Horsburgh Chief Executive Officer (>August 2024)	Ms Cherie Cheshire Divisional Director Medical and Cancer Services	Dr Danielle Ko Acting Medical Director Medical and Cancer Services
Mr Cameron Goodyear Chief Executive Officer (Interim > August 2024)		
Eastern Health		
Adjunct Professor David Plunkett Chief Executive Officer	Ms Michele Goding Deputy Director Operations Cancer Services	Professor Phil Parente Director, Cancer Services
Mercy Hospital for Women		
Mr Michael Krieg Chief Executive Officer	Ms Tanya Darrer General Manager	Mr Simon Hyde Head of Gynaecological Oncology
Northern Health		
Mr Siva Sivarajah Chief Executive Officer	Mr Ed Savill Divisional Director Operations Medicine and Cancer Services	Associate Professor Prahlad Ho Director, Cancer Services
Consumer representatives		
Ms Kate Puls	Mr Chris Souness	
NEMICS		
Professor Wanda Stelmach Clinical Director	Linda Nolte Director	Ann Yeomanson Acting Director (March–October 2024)

Our region

NEMICS is one of three metropolitan Integrated Cancer Services (ICS); the other two being Southern Melbourne Integrated Cancer Service (SMICS) and Western and Central Melbourne Integrated Cancer Service (WCMICS). Five rural/regional Integrated Cancer Services cover the remainder of Victoria.

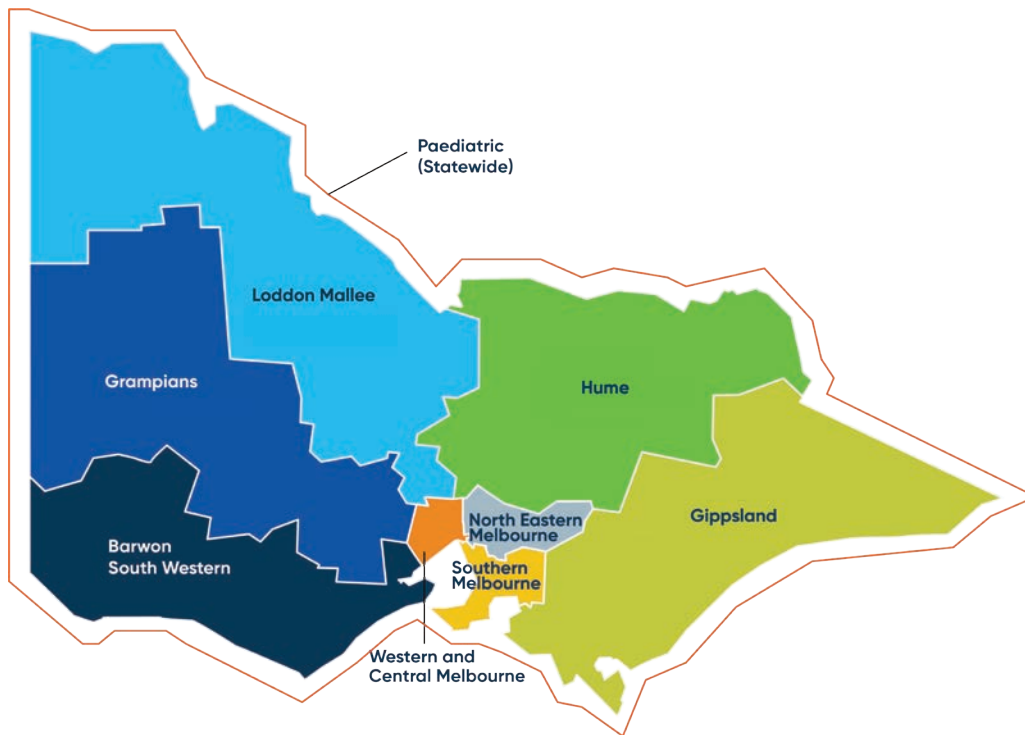


Figure 1: Geography of the Victorian Integrated Cancer Services.

The NEMICS region includes the local government areas of Banyule, Boroondara, Darebin, Knox, Manningham, Maroondah, Nillumbik, Whitehorse, Whittlesea, and Yarra Ranges. It is home to approximately 1.5 million people (ABS 2022–2023). The NEMICS population is approximately 29% of the Greater Melbourne population and 22% of the Victorian population.



Figure 2: Geography of the North Eastern Melbourne Integrated Cancer Service.

Regional cancer service demand and flow

2023 cancer service demand

Over 54,000 public cancer admissions occurred within NEMICS member services in 2023. The proportion of cancer patients admitted via emergency departments has remained steady since 2014. In 2023, approximately 240 NEMICS residents admitted in any VICS region identified as Aboriginal or Torres Strait Islander, with the large majority (198) admitted within the NEMICS region.

NEMICS member services continue to evolve their service provision to meet cancer service demand. High-level changes of note within the NEMICS region are detailed in Figure 3 as follows:

- Changes (since 2014) in the NEMICS population numbers and new cancer incidence are indicated by the pink and dark blue lines respectively.
- The orange line indicates a strong positive increase in the number of patient cases being discussed at a NEMICS multidisciplinary team meeting (MDM), as is best practice guidance.
- The green line indicates a 24% increase in malignant cancer bed-based admissions at NEMICS public hospitals between 2014 and 2023. The yellow line indicates a notable increase at Northern Health.
- A comparison of the green and light blue lines indicates that between 2014 and 2022, NEMICS public health services have seen greater percentage increases in malignant cancer bed-based admissions than NEMICS private health services.

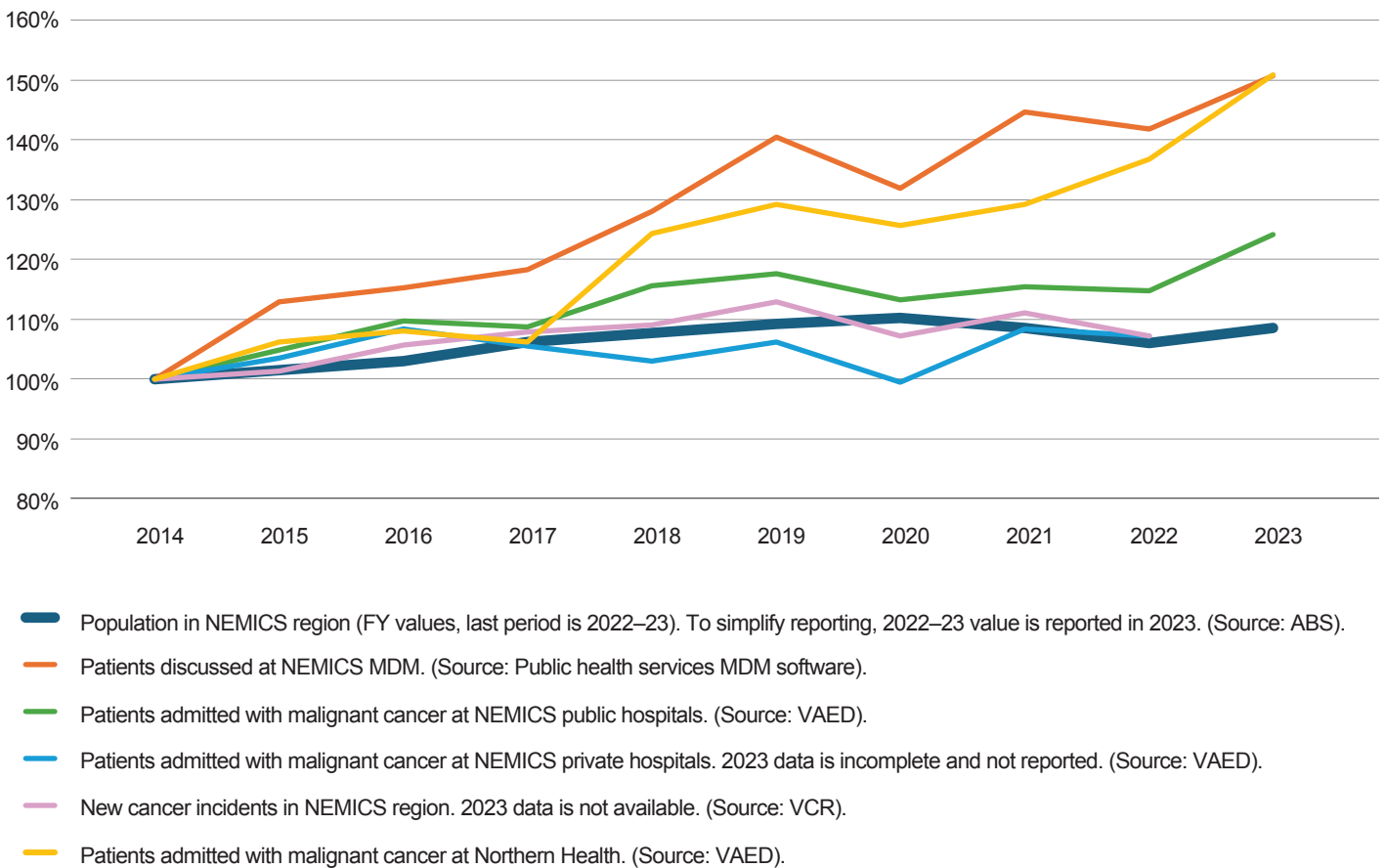


Figure 3: Changing rates of cancer activity in the NEMICS region, using 2014 as baseline.

Please note: 2023 data not yet available for pink and light blue data items. Source: Varied as per legend.

All data is sourced from the Victorian Admitted Episodes Dataset (VAED) unless otherwise stated.

Public and private admissions for **chemotherapy** are detailed below in Figure 4.

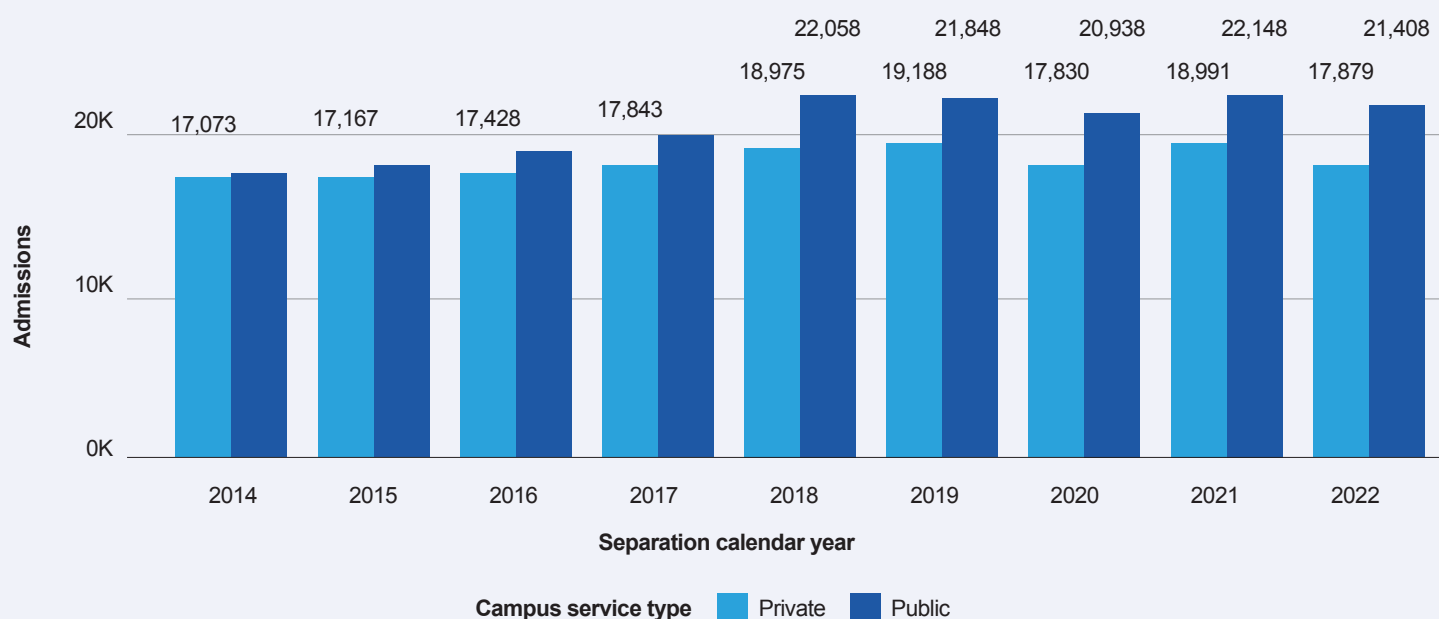


Figure 4: NEMICS public and private health service chemotherapy admissions by separation calendar year and campus service type.

In 2022, **tumour streams with most admissions** for malignant cancers across NEMICS’ public and private member services were (in descending order) haematological, breast, genitourinary, upper gastrointestinal, colorectal, and then lung cancer. Public health services admitted a greater number of patients in these tumour types, except for the genitourinary stream, where private admissions (5,136) exceeded public admissions (3,940). In the context of Australia’s national public lung screening program commencing in 2025, it is noted that 5,072 and 2,014 lung cancer patients were admitted to NEMICS region public and private (respectively) member services in 2022.

Corridors of cancer care

‘Corridors of care’ are a concept introduced in the Victorian Department of Health’s [final report](#) of its Health Services Plan Expert Advisory Group. Flow of residents in and out of their own local government area (in corridors) is typical of the cancer care system for a variety of reasons, including to enable warranted access to certain care specialisations and clinical trials. NEMICS’ corridors of care are described below in terms of ‘self-sufficiency, outflow and inflow’.

NEMICS self-sufficiency

In 2022, 66% of NEMICS local government area residents received their bed-based admitted care via a NEMICS public or private service, with 49.6% of these admissions being to public services and 50.4% being to private services.

In 2023, the NEMICS region was lower in public care self-sufficiency than the other two metropolitan ICS regions. Whilst 70% of public admissions for NEMICS residents were within NEMICS, WCMICS was 78.4% self-sufficient and SMICS was 81.89% self-sufficient.

All data is sourced from the Victorian Admitted Episodes Dataset (VAED) unless otherwise stated.

Outflow from NEMICS to other regions

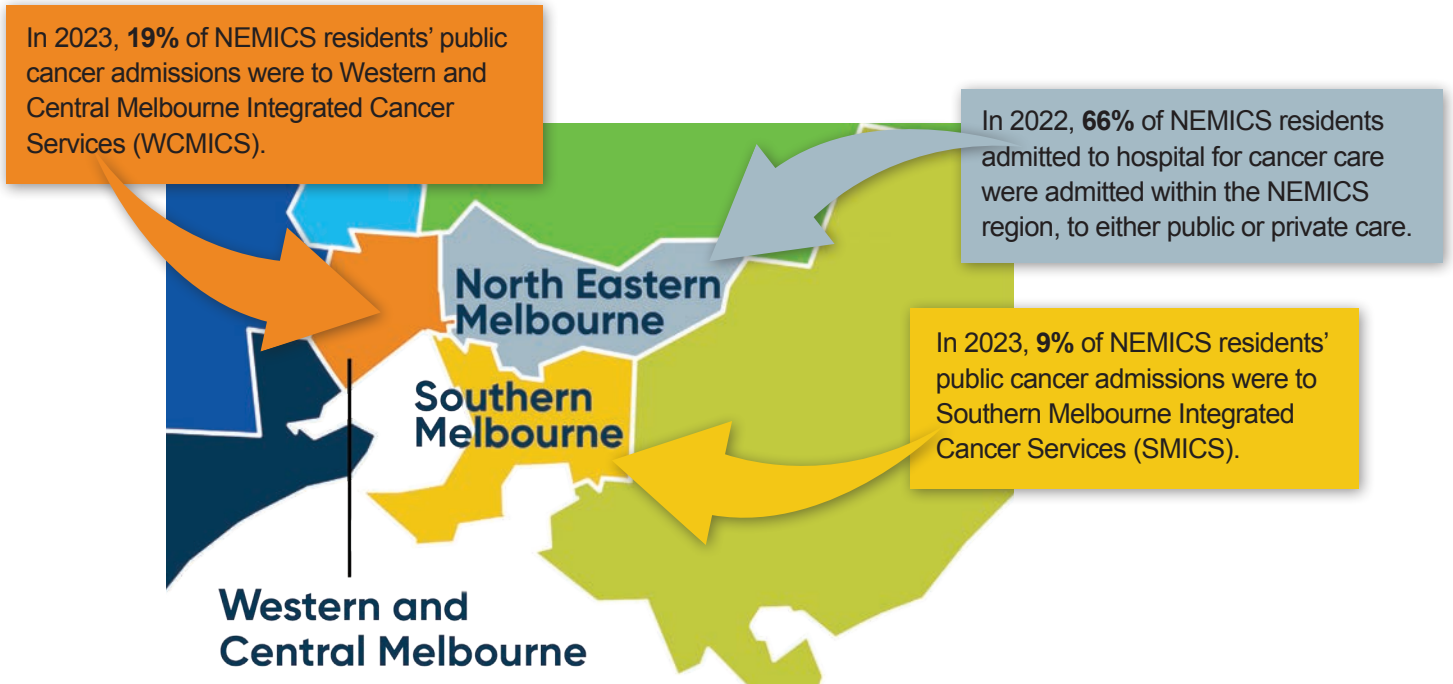


Figure 5: Outflow from NEMICS to other regions (bed-based services).

In 2022, **38%** of private cancer admission for NEMICS residents were to services outside the NEMICS region.

Inflow to NEMICS from other regions

In 2023, Hume Regional Integrated Cancer Service (HRICS) and Western and Central Melbourne Integrated Cancer Service (WCMICS) were the only two VICS regions that saw more than 5% of their residents admitted to public care within NEMICS. In 2022, **27%** of cancer admissions to the NEMICS region were for residents from outside of NEMICS, with the Hume local government area being the largest source of non-resident admissions



Figure 6: Inflow to NEMICS from other regions (2023 bed-based services).

It is anticipated that the late 2024 launch of the Victorian Cancer Services Capability Framework (by the Victorian Department of Health) will elicit further information regarding flow drivers across Victoria. NEMICS looks forward to supporting its member services to self-evaluate against this framework.

All data is sourced from the Victorian Admitted Episodes Dataset (VAED) unless otherwise stated.

Our priorities

This year has been the final year for the current four-year VICS Implementation Plan 2020–2024. The September 2024 release of the new *Victorian Cancer Plan 2024–2028* has triggered the development of a new aligned VICS Strategic and Implementation Plan, with associated projects and activities.

Implementation priorities 2020–2024

Improve equity of access to high quality cancer care	Support the effective implementation of the Optimal Care Pathways	Improve well-being and support for all Victorians affected by cancer
<ul style="list-style-type: none">■ Improve adoption of quality cancer care closer to home■ Increase alignment with the Multidisciplinary Meeting Quality Framework■ Address the needs of the older person in routine cancer care	<ul style="list-style-type: none">■ Implement the Aboriginal and Torres Strait Islander OCP■ Address variations in quality and timeliness of cancer care■ Monitor and communicate alignment with OCPs	<ul style="list-style-type: none">■ Facilitate high quality supportive and survivorship care■ Address variations in palliative care referrals and advance care planning

Our cancer service improvement highlights

VICS Optimal Care Summits

The highly regarded VICS Optimal Care Summits Program (OCSP) is administered by NEMICS on behalf of the VICS network. At the May 2024 Cancer Australia launch of the Australian Comprehensive Cancer Care Network, the OCSP was recognised as a national exemplar of how to drive high quality cancer care.

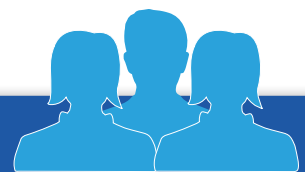
The OCSP engages in strategic consultation with subject matter experts from across Victoria, conducts literature reviews, fosters multidisciplinary collaboration, analyses data and information, and assesses Victoria’s performance against the standards and targets outlined in Australia’s national Optimal Care Pathways (OCPs). This comprehensive approach aims to identify unwarranted variations in cancer clinical practices and outcomes, while fostering state-wide consensus on priorities and aligned initiatives to address these variations.

February 2024 saw the delivery of a highly attended and celebrated Oesophagogastric (OG) Cancer Summit. This summit built on a 2016 OG Cancer Summit, which identified a series of unwarranted variations and priorities including:

- the development of multidisciplinary meeting processes
- improvements to timeliness of care, and
- investigation of the utilisation of treatment and late presentations.

Pleasingly a comparison of OG cancer patient data between the two summit periods (2012–16 and 2017–21) noted an increase in the OG patient multidisciplinary meeting rates from 74% to 86%, meeting the Victorian Department of Health target of 85%. Furthermore, multiple improvements in statewide mortality as well as one and five-year survival rates were identified to have occurred.

2024–25 will see the delivery of summits for endometrial and colorectal cancer. Head and neck as well as hepatocellular cancer summits will follow in the latter half of 2025.



Following the summit, **88% of respondents** reported an improved understanding of unwarranted variations in OG cancer care in Victoria, and **91% of respondents** stated they would attend another summit event.



▶ Oesophagogastric Cancer Summit event, February 2024

Improving supportive and survivorship care

In cancer, the term [‘supportive care’](#) refers to the domains of physical, social, information, spiritual and psychological needs. [‘Survivorship care’](#) refers to the time following active cancer treatments and involves helping cancer survivors cope with life beyond their acute treatment. Both supportive and survivorship care encompass health and wellbeing beyond diagnosis and clinical treatment.

Significant work has been undertaken to improve **supportive care** for cancer patients at all NEMICS public health services in 2023–2024. Services have enhanced how they identify patients’ supportive care needs and provide patients with relevant information that empowers them in their care. Additionally, an audit of patient’s supportive care needs has informed an update of referral pathways.



In the course of this work, it has also been identified that supportive care screening rates in the NEMICS region may be under-recorded due to challenges associated with the documentation system. This learning will inform further supportive care improvement work in 2024–25.

Spotlight on Victorian statewide collaboration to improve cancer survivorship care

As part of the 2023–24 Victorian Statewide Collaboration to Improve Cancer Survivorship Care, NEMICS facilitated the implementation of survivorship care policies and improvement strategies across our four public health services.

At the Mercy Hospital for Women, NEMICS supported improvements for Ovarian cancer patients undergoing chemotherapy and Endometrial cancer patients who had undergone surgery. The initiative was well-received, with patients reporting improved understanding and appreciation for post-treatment follow-up care. NEMICS also continues to promote cancer survivorship education and training to our workforce.



Building the capacity and capability of multidisciplinary meetings

Multidisciplinary meetings (MDMs) are planned meetings between three or more healthcare providers of different professions or specialisations, with the purpose of facilitating best practice management. Cancer MDMs support high quality diagnostics, cancer-staging, care and treatment planning and care recording; including the recording of critical data for upload to state and national cancer registries.

All MDMs within the NEMICS region are hosted by its four public health services, as tabled in Appendix 2. NEMICS' MDMs accept referrals from the host service as well as private and other public services that do not host MDMs, including multiple rural and regional services.

In 2023–24, NEMICS supported all four of its public member services with projects to enhance cancer MDM quality, by aligning practices with the MDM Quality Framework. Work to strengthen multidisciplinary meeting processes, governance, documentation, data collection and use included:

- development of MDM governance committees and terms of reference
- establishing MDM processes and policy, and updating patient information sheets including multiple language translations, and
- documenting MDM quality auditing requirements.

This year, NEMICS has simultaneously explored recent research evidence related to MDM streamlining and quality, to inform future work. Continued optimisation of MDMs quality and capacity will be critical to meeting future increases in patient numbers. One of the optimisation levers is anticipated to be the continued adoption of more contemporary MDM software programs (such as Queensland Oncology On-line-Victoria, or QOOL-Vic) to equip health services for future improvements in data linkage.

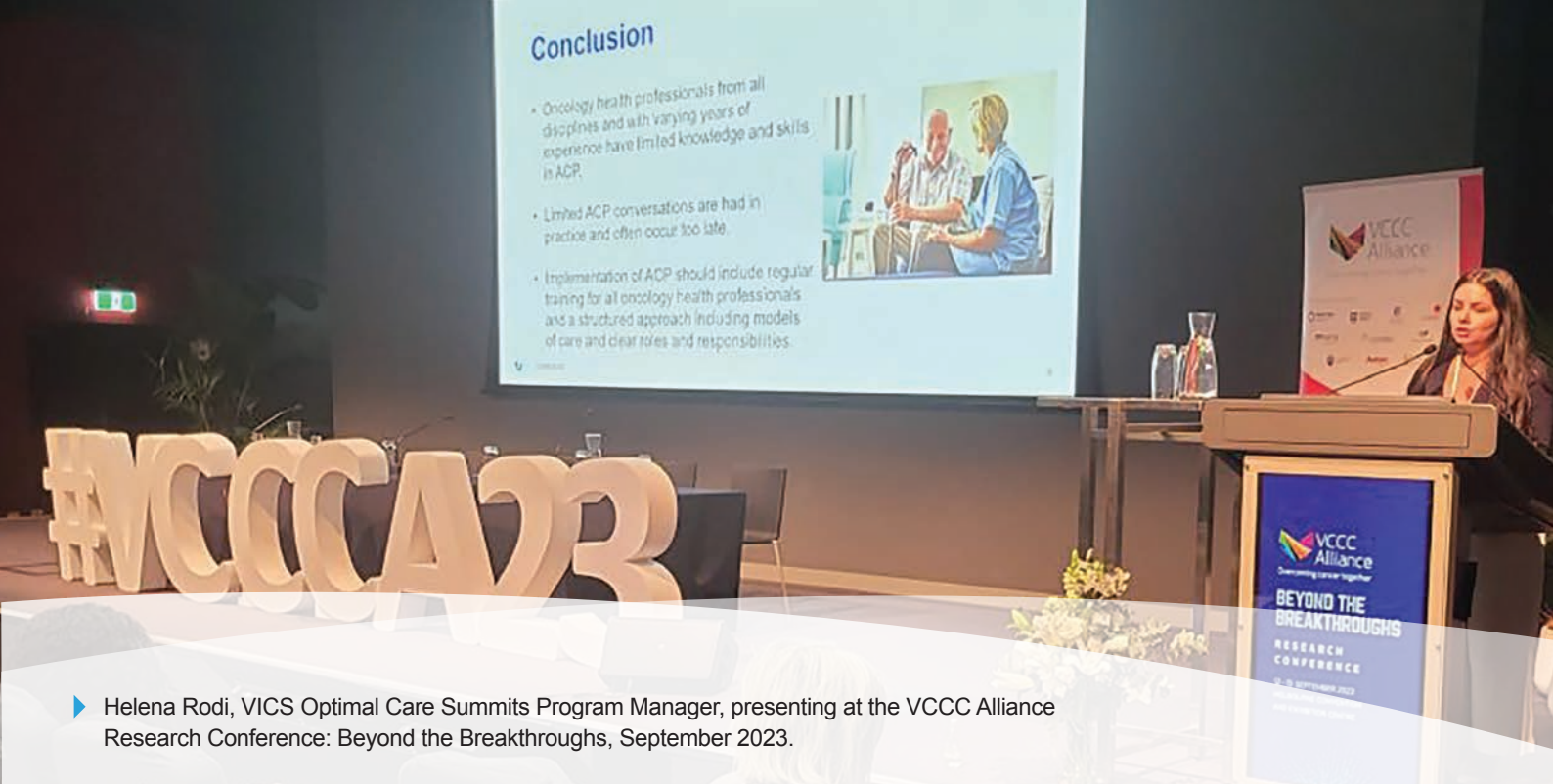
Spotlight on improving cancer care for patients at Eastern Health with QOOL-Vic

In 2024, NEMICS played a key role in transitioning all sixteen of Eastern Health's MDMs to the QOOL-Vic system. NEMICS worked closely with Eastern Health's Cancer Services' Chair and Leadership Committee to facilitate project and change management as well as supporting various aspects of technical implementation. With the support of the Department of Health, QOOL-Vic training was provided to Eastern Health Consultants, Registrars and Nursing staff on essential tasks such as patient referrals, scribing during meetings and accessing meeting agendas.

By adopting QOOL-Vic, Eastern Health can now connect with other services registered on the platform, including other health and pathology services. Clinicians have reported being particularly pleased with the ability to access additional patient information from other services using QOOL-Vic, and excitement about the more advanced data analytics that QOOL-Vic now provides them with. Eastern Health also report having been able to tailor aspects of the system to meet the specific needs of each MDM and have provided positive feedback on the change. Congratulations to everyone involved!



Pictured left: Grace Rowbotham (left) and Yolanda Ebanks; **and** Jean Whittle (left) and Yolanda Ebanks participating in QOOL-Vic training. With the support of the Department of Health, QOOL-Vic training was provided to Eastern Health Consultants, Registrars and Nursing staff on essential tasks such as patient referrals, scribing during meetings and accessing meeting agendas.



▶ Helena Rodi, VICS Optimal Care Summits Program Manager, presenting at the VCCC Alliance Research Conference: Beyond the Breakthroughs, September 2023.

Exploring priority populations experience of cancer care

NEMICS continues to better understand the needs, experiences and outcomes related to cancer care for priority population groups identified in the Victorian Cancer Plan.

NEMICS' member public health services are linguistically diverse, with the top three **languages other than English** in 2022 illustrated in Figure 7.

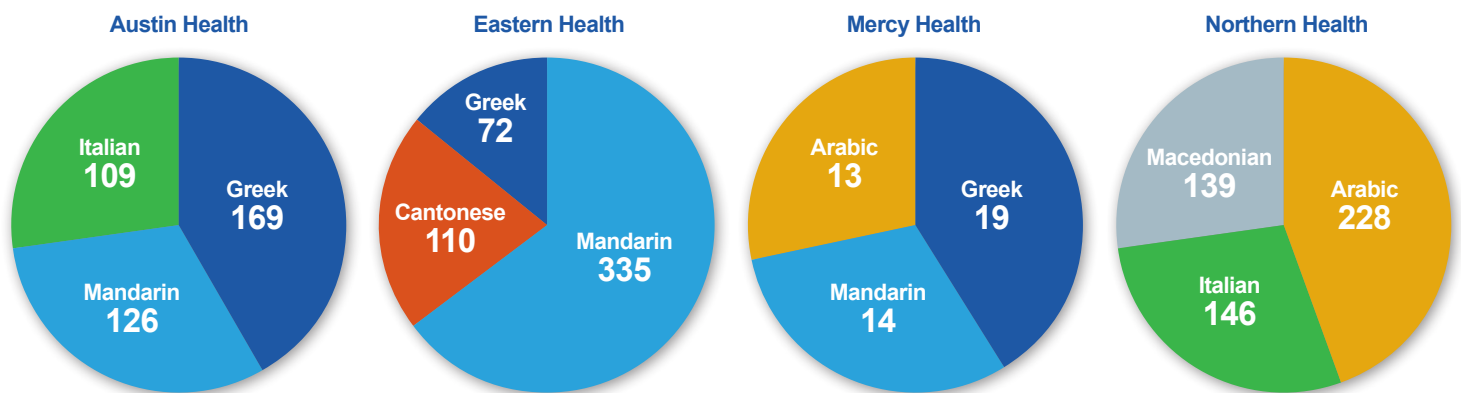


Figure 7: Linguistic diversity across NEMICS public health cancer admissions.

The most recent Cancer Patient Experience Survey (CPES) data provide insights regarding Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD), LGBTIQ+, and adolescent and young adult cancer patients in Victoria.

Key messages from the CPES included the following:

- **CALD consumers** reported they desired better access to information and support, interpreter services and bilingual staff, communication of contact details for concerns post-discharge and access to financial support information.
- **Aboriginal and Torres Strait Islander consumers** identified opportunities for improving communication, timeliness of treatment, sense of privacy, pain management during surgical admissions, information regarding possible treatment side-effects, radiotherapy preparation, and follow-up care.
- **LGBTIQ+ consumers** highlighted similar opportunities as well as the potential benefits of more information regarding possible ongoing symptoms and when to schedule tests and appointments. Just over half of all LGBTIQ+ respondents also highlighted an opportunity for staff to convey a stronger message of respect for them.



▶ Smoking ceremony at the opening of **nangnak warr bagora** – Eastern Health’s dedicated cancer clinic at Healesville, which provides culturally appropriate care for First Nations people; and (left to right) Ashley Macleod (NEMICS), Michele Goding (Eastern Health’s Deputy Director Operations, Cancer Services), Prof. Phillip Parente (Eastern Health’s Clinical Director Cancer Services), Ann Yeomanson (NEMICS Acting Director), and Claire Rickard (NEMICS) at the opening.

Spotlight on First Nations cancer care

On Thursday 9 May 2024, Eastern Health launched **nangnak warr bagora** – a dedicated cancer clinic at Healesville, which provides culturally appropriate care for First Nations people. The clinic’s main aim is to address the gap in cancer outcomes and specifically address the health of the local Community.

Eastern Health’s Clinical Services Director Cancer Services, Professor Phillip Parente led the project. ‘In the last few years, cancer has overtaken cardiovascular diseases to become the leading cause of death among Aboriginal and Torres Strait Islander peoples, who are 14% more likely to be diagnosed with cancer and 20% less likely to survive at least five years after diagnosis compared with non-Aboriginal Australians. This disparity continues to increase on a yearly basis,’ Professor Parente said.

The clinic provides medical oncologists along with a Social and Emotional Wellbeing clinician from the Eastern Health Aboriginal Health Team. NEMICS is pleased to have supported the project by providing data and collaborating on the business case.

Improving cancer services strategic planning with a new methodology

In 2023–24, NEMICS developed an evidence-based approach to helping its member health services to each build a local cancer services strategic plan. The five-stage approach (see Figure 8) facilitates:

- alignment of plans with key strategic documents, including the Australian Cancer Plan, the Victorian Cancer Plan, and the Victorian Aboriginal Cancer Journey Strategy
- equitable contributions from the various specialty groups within each service, and
- engagement and collaboration across groups including cancer clinicians, heads of specialty units, executives and consumers.

Each strategic planning stage builds on the last, commencing with analysing the current environmental context before then identifying future goals, objectives and measures relevant to the desired future state. Meetings and surveys are utilised so that all contributors have the opportunity to be heard. The approach results in the development of strong strategic plans and promotes collaboration and connection across each health service. The approach has been piloted at Austin Health in 2023–24, and NEMICS look forward to supporting its other member health services with development of their strategic cancer services plans in 2024–25.

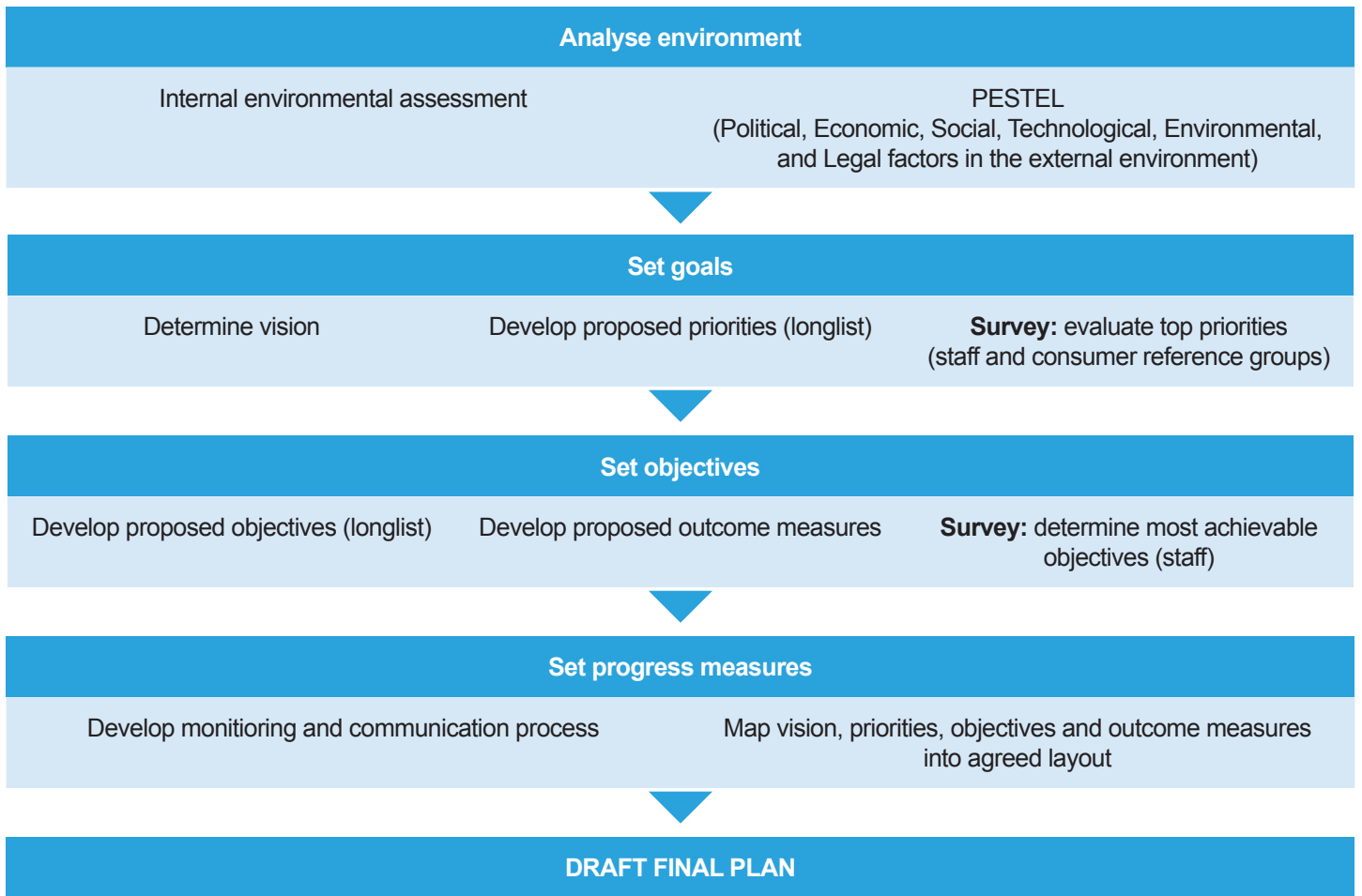


Figure 8: The NEMICS five-stage evidence-based approach to helping its member health services to each build a local cancer services strategic plan.

Investing in cancer service improvement

Each year NEMICS offers our member health services access to grant funding to support service improvement projects and staff up-skilling that align with the current Victorian Cancer Plan, VICS Implementation Plan, and NEMICS priority areas.

Grant-funded member service improvement projects 2023–2024

Table 1 summarises improvement projects implemented by health services, using grant funding provided by NEMICS. Further detail on each project is available at Appendix 3.

Table 1

Screening and early detection	Treatment	Well-being and support	Research
Developing a Nurse Practitioner (NP)-led model of care for individuals with cancer to access treatment focused genetic testing Austin Health	Electronic chemotherapy prescribing implementation project officer – effectively and efficiently transitioning for all cancer services health professionals. Eastern Health	Embedding palliative care into outpatient cancer clinics Eastern Health	Building capacity and expanding access to cancer clinical trials in northern Victoria Northern Health
	Implementation of total body irradiation at Austin Health to improve patient access in north-east metropolitan Melbourne. Austin Health	Oncology symptom management reform for chemotherapy patients at Mercy Hospital for Women (MHW) Mercy Health	
	State of the ART: Improving patient outcomes and experiences with head and neck cancer Austin Health	Mercy Health supportive care screening review and expansion Mercy Health	
	Standardised early palliative care intervention for patients with aggressive haematological malignancies (EPiC-Haem) Austin Health	Phenotyping palliative care patients most likely to benefit from physiotherapy. Austin Health	
	Development of an outpatient Venetoclax ramp up pathway Austin Health		

Professional development grants 2023–2024

The NEMICS professional development (PD) grants program supports our member health services in enhancing the skills and expertise of cancer services staff.

This year, NEMICS provided \$56,633.84 in professional development grants to 59 staff across 31 grant applications from the four health services. Amongst the various skills and competencies supported by the grants, was advanced skills in difficult venous access. Twenty-two staff were funded to attend training that further enhanced their confidence and practice in this procedure with the aim of improving patient experience.

Spotlight: Mercy Hospital for Women PD grant recipient

A NEMICS grant was also crucial in helping Eleanor Wilkes enhance her ability to promote quality care that aligns with sound research. By completing her Graduate Certificate in Leadership and Management at the Australian College of Nursing, Eleanor gained essential clinical and decision-making skills to provide high level care in complex circumstances at the Mercy Hospital for Women.



Mercy Hospital for Women's PD grant recipients Eleanor Wilkes (right), with Haylee Barron (left) and NEMICS' Project Manager Jesvinder Kaur (centre).

Our people

Linda Nolte

NEMICS Director

linda.nolte@austin.org.au

Ask me about cancer policy, NEMICS governance, strategy, collaboration, operational leadership, our team, grants, and programs of work.

Ann Yeomanson

Acting NEMICS Director (March–October 2024)

ann.yeomanson@austin.org.au

Ask me about NEMICS governance, strategy, collaboration, operational leadership, our team, improvement methodology and programs of work.

Professor Wanda Stelmach

NEMICS Clinical Director

wanda.stelmach@nh.org.au

Ask me about clinical leadership and engagement in cancer reform.

Dr Umbreen Hafeez

NEMICS Deputy Clinical Director

umbreen.hafeez@austin.org.au

Ask me about clinical leadership and engagement in cancer reform.

Allira Mitchell

NEMICS Program Administrator

allira.mitchell@austin.org.au

Ask me about all administrative matters including meetings with staff, invoicing, document control, office management, governance committees, and My Cancer Care Record orders.

Emma Berner

Acting NEMICS Program Administrator

(March 2024–May 2025)

emma.berner@austin.org.au

Ask me about all administrative matters including meetings with staff, invoicing, document control, office management, governance committees, and My Cancer Care Record orders.

Sameerah Arif

NEMICS Project Manager, Northern Health

sameerah.arif@austin.org.au

Ask me about cancer service improvement at Northern Health including multidisciplinary meetings, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.

Nick Baje

VICS Optimal Care Summits Research Officer

nick.baje@austin.org.au

Ask me about the VICS Optimal Care Summit program and unwarranted variations in cancer care.

Megan Dendle

NEMICS Communications Officer

megan.dendle@austin.org.au

Ask me about NEMICS website, social media channels, newsletter, and communications.

Dr Frances Graham

VICS Optimal Care Summits Project Manager

frances.graham@austin.org.au

Ask me about the VICS Optimal Care Summit program and unwarranted variations in cancer care.

Melanie Greco

Deputy Director/NEMICS Improvement and Consumer Engagement Manager

melanie.greco@austin.org.au

Ask me about improvement science, information management systems, consumer engagement and representation, and grants.

Jesvinder Kaur

NEMICS Project Manager

jesvinder.kaur@austin.org.au

Ask me about cancer survivorship, diversity and cancer care, cancer service improvement at Mercy Hospital for Women including multidisciplinary meetings, supportive care and optimal care pathway implementation.

Stephanie Lawson

NEMICS Project Manager, Austin Health

stephanie.lawson@austin.org.au

Ask me about cancer service improvement at Austin Health including multidisciplinary meetings, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.

Dr Ashley Macleod

NEMICS Quality and Projects Manager

ashley.macleod@austin.org.au

Ask me about cancer services performance monitoring, cancer services strategy and planning, inequalities experienced in cancer care, and service improvement.

Francesca McGannon

NEMICS Research Assistant

francesca.mcgannon@austin.org.au

Ask me about cancer care evidence and quality.

Claire Rickard

NEMICS Project Manager, Eastern Health

claire.rickard@austin.org.au

Ask me about cancer service improvement at Eastern Health including multidisciplinary meetings, QoolVic, supportive care, home-based cancer care, optimal care pathway implementation, and palliative care.



▶ The NEMICS Team at the VICS Workshop.

Helena Rodi

VICS Optimal Care Summits Program Manager

helena.rodi@austin.org.au

Ask me about the VICS Optimal Care Summit program and unwarranted variations in cancer care, evidence development and co-design.

James Shirvill

VICS Communication Manager

james.shirvill@austin.org.au

Ask me about the VICS communications strategy, website, social media, and e-newsletter.

Spira Stojanovik

NEMICS Health Data Manager

spira.stojanovik@austin.org.au

Ask me about data management, cancer data, data requests, and analyses.

CONSUMER ADVISORY GROUP MEMBERS

Graeme Down (Chair)

Sue Mathews (Deputy Chair)

Angela Ong

Anne Kay

Catherine Kelly

Chris Sounness

Cindy Schultz-Ferguson

Janine Rossley

James Armstrong

Jenny Dexter

John Clements

John Hall

Kate Puls

Max Shub

Lisa Kennedy

Tahli Batkilin

Viv Interrigi

NEMICS Financial Report

1 July 2023 to 30 June 2024

INCOME	
DH revenue (NEMICS)	2,056,061
Other revenue/grants	143,850
TOTAL INCOME	2,199,911
EXPENDITURE	
NEMICS	
Salaries and wages	1,640,166
General administration	198,650
Capital/asset purchases	2,329
Corporate/management charge by host agency	203,859
Conferences and training ICS program staff	12,160
Training and education across NEMICS	55,960
NEMICS service improvement grants program	621,949
VICS	
Ring fenced funds – statewide	160,677
SURC evaluation framework project	24,096
TOTAL EXPENDITURE	2,920,677
OPENING BALANCE AT 1 JULY 2023	1,451,964.42
CLOSING BALANCE AND ACCUMULATED SURPLUS AT 30 JUNE 2024	731,198.42

VICTORIAN OPTIMAL CARE SUMMITS PROGRAM FINANCIAL REPORT – 1 JULY 2023 TO 30 JUNE 2024

INCOME	
Ring-fenced funds revenue	374,823
TOTAL INCOME	374,823
EXPENDITURE	
VTS salaries	367,923
Venue and catering	22,996
Administration	22,997
Capital asset purchase	831
TOTAL EXPENDITURE	414,747
OPENING BALANCE AT 1 JULY 2023	146,045.25
CLOSING BALANCE AND ACCUMULATED SURPLUS AT 30 JUNE 2024	106,121.25

Appendix 1: The Victorian Integrated Cancer Services (VICS)

The Victorian Integrated Cancer Services (VICS) are Victoria's cancer service improvement network. We connect **124 member services** that support Victorians affected by cancer – to drive best practice and improve patient experiences and outcomes.

Improving cancer outcomes for all Victorians

The VICS have been a key mechanism driving local and statewide implementation of the *Victorian Cancer Plan 2020–24*. Our role, as defined in that plan, is to promote and enable:

- system integration across structural boundaries
- collaborative approaches to evidence-based service development
- quality improvement at the local level.

In 2020–24, the VICS undertook more than **300 projects** in support of the Victorian Cancer Plan. With our support, all five short-term goals of the Victorian Cancer Plan have been met or are making progress towards achievement in 2024.

Cancer policy and system reform

The VICS build relationships between healthcare providers and other stakeholders to develop, implement and evaluate initiatives that improve how Victoria's health services provide care and support to people affected by cancer.

Our **statewide collaboration with the Australian Cancer Survivorship Centre**:

- supported VICS member services to ensure appropriate policies are in place
- helped health services implement survivorship models of care
- improved health services' confidence, capacity and capability in survivorship care.

Our **Care of the Older Person with Cancer Toolkit** (updated in August 2023 and April 2024) helps health providers to identify and address barriers to quality care and to find key resources such as how-to guides and patient information.

Other work undertaken by the VICS includes:

- implementation of a new model of care for improved cancer care closer to home
- development and application of resources that inform improved delivery of cancer care for the older person
- increased awareness and understanding by clinicians of the need to improve cultural safety for Aboriginal and Torres Strait Islander cancer patients and carers
- policy implementation by health services to support best-practice survivorship care practices.

For more information visit www.vics.org.au

VICS Implementation Plan statewide projects 2020–24

Victoria's nine Integrated Cancer Service (ICS) partnerships work together to deliver statewide improvement projects guided by the VICS Implementation Plan.

Improving adoption of quality cancer care closer to home SMICS/LMICS/PICS/BSWRICS/GRICS/GICS

Telehealth and telemedicine guidelines were developed and 53 health services participated in a telehealth audit. Additionally, 25 local ICS telehealth projects were delivered. Four pilot sites tested the Chemo@home or closer-to-home projects, involving 10 health professionals and leading to professional workshops to upskill staff. This work was also supported by thirty-one local projects.

A project on improving processes around the My Health record was delivered with two health services involved in a pilot and supported by nine local activities. Outcomes included improved access to clinical services close to home, increased clinician accessibility, better patient experiences, reduced travel, and enhanced care for patients and families. Health service staff experienced improved retention, increased capacity, and professional development.

Increasing alignment with the Multidisciplinary Meeting (MDM) Quality Framework LMICS

VICS worked collaboratively in developing governance structures aligned with the MDM quality framework. This was supported by 38 local activities including 22 health services audited, 55 ICS and Health Service staff attending the Multi-Disciplinary Meeting (MDM) webinar. Outcomes included improved processes and compliance with the MDM Quality Framework recommendations, and enhanced mechanisms for treatment decisions, multidisciplinary communication, and patient care.

Addressing the needs of the older person in routine cancer care HRICS and SMICS

Activities included 33 health services participating in an environmental scan of their service improvement projects for older cancer patients, with 16 delivering projects and 25 planning. A GeriOncology Toolkit was created, a workshop by subject matter experts was held, and 12 local ICS projects supported the needs of older patients.

Outcomes included support for clinicians in person-centred care, improved quality of care for older cancer patients, geriatric screening to inform appropriate care, increased confidence in adapting service models through the Toolkit, and increased consistency in referral pathways, screening, service coordination, and delivery of geriatric care.

Implementing the Aboriginal and Torres Strait Islander Optimal Care Pathway (OCP) HRICS and WCMICS

Activities included 56 ICS staff participating in a cultural awareness audit and 114 clinicians assessing their OCP knowledge. 33 local ICS projects supported the Aboriginal and Torres Strait Islander OCP implementation, such as exploring patient navigation models, collaborating with local communities, creating over 40 culturally welcoming treatment spaces, and reviewing processes like the SCNAT-IP tool.

Outcomes included increased understanding of Aboriginal culture by ICS staff, improved OCP awareness among clinical staff, enhanced delivery of culturally sensitive healthcare, and increased distribution of Aboriginal artwork to improve cultural safety in healthcare settings.

Addressing variation in quality and timeliness of cancer care NEMICS and GICS

The VICS delivered six VICS Optimal Care Summits (formerly Victorian Tumour Summits) consultations. Each identified unwarranted variations across Victoria in care and patient outcomes, for specific tumour types, and codesigned actions to address those variations.

Participants including consumers, multidisciplinary clinicians, and cancer organisations. The VICS led and collaborated on service improvement projects based on summit recommendations, resulting in 18 local ICS projects to address identified variations.

The summit data and recommendations led to improved clinical practices across six tumour streams, increased clinician engagement, and the identification of unwarranted variations in cancer care. This work improved cancer care practices and models, reduced variations, and ensured more consistent and improved care for cancer patients.

Monitoring and communicating alignment with OCPs PICS and WCMICS

Activities included conducting a gap and opportunity analysis of VICS data processes, reviewing OCPs to determine appropriate indicators, developing standardized monitoring and reporting processes, piloting and implementing 21 clinical indicators, and modifying three SCIP-based indicators. Additionally, 34 local ICS projects and 10 PICS projects were delivered.

Outcomes included the formation and improvement of standardised monitoring and reporting processes, consistent statewide monitoring and reporting of health service performance, identification of service improvement opportunities, improved care, and enhanced engagement with clinical stakeholders.

Facilitating high quality supportive care

GICS and GRICS

Activities included 54 health services participating in the Supportive Care policy audit tool, auditing patients at two health services (WCMICS and GICS), making several recommendations, and hosting two supportive care showcases. There was a 300% increase in supportive care uptake through the 131120 ACCESS project, and 52 local projects were delivered.

Outcomes included increased patient access to supportive care services, implementation of clear policies and protocols for supportive care screening, increased service improvement opportunities, improved quality of life for patients, and a strong partnership with Cancer Council Victoria enhancing supportive care provision statewide.

Facilitating high quality survivorship care

LMICS, WCMICS and PICS

Activities included developing a survivorship care policy template, informing 43 Victorian health services about its importance, and creating a Survivorship Needs Assessment tool and Survivorship Care Plan through co-design workshops. Twelve pilot sites tested the tools, survivorship education was provided to various health services, and 30 local projects were delivered.

Outcomes included increased consistency and sustainability of survivorship care statewide, enhanced workforce knowledge and confidence in survivorship care, improved quality of life for cancer patients, and better survivorship support for paediatric patients through resources developed by PICS.

Addressing variation in palliative care referrals and advance care planning

BSWRICS and SMICS

The Palliative Care Scoping project delivered a qualitative review and data analysis of end-of-life care currently provided in the Victorian health sector. 18 recommendations were released in the report. These informed the implementation of 15 service improvement projects by the ICS. Outcomes included increased patient access to palliative care and advance care services, improved equity and quality of life for cancer patients, and enhanced monitoring and reporting of health service performance in these areas.

Improving the capture of cancer staging at diagnosis

Cancer stage at diagnosis is to be reported by health services to the Victorian Cancer Registry (VCR) as part of cancer registrations. Stage is generally captured by Health Information Managers / medical coders (HIMs) from clinical notes and multidisciplinary team meeting (MDM) notes. However, less than 10% of cancer registrations contain complete and correctly formatted data.

A statewide collaboration between the VICS and the VCR is working with HIMs and key MDM participants to improve documentation of stage information available to the VCR. This population-based initiative will enable improved capture of cancer registration information and better understanding of the type and stage of disease in Victoria, with a strong focus on improving the capture of breast cancer stage.

Consumer engagement

The VICS take a consistent approach to consumer engagement. In 2020–24, more than 120 consumers were involved in both local and statewide work through ICS Consumer Advisory Groups (CAGs), ICS governance committees, grant committees, and project working groups. Their input informed the development and review of a range of statewide cancer service improvement initiatives.

Supporting service improvement

ICS grants programs help our member services to undertake cancer service improvement initiatives that are important to them, for which alternative resourcing is not available. Grants provide health services with funding to support innovative project applications designed to positively impact patient care and experience. This approach enables new initiatives to be scoped, trialled, evaluated and identified as being able to be scaled statewide. Many of these initiatives focus on upskilling staff in contemporary practice or expanding service provision to underserved populations.

Appendix 2: Summary of 2023 multidisciplinary team meetings (MDMs) held by NEMICS public health services

MDM stream	Austin Health		Eastern Health		Northern Health	
	Patients	MDM discussions	Patients	MDM discussions	Patients	MDM discussions
Breast	400	739	511	780	440	670
CNS	555	614	—	—	—	—
Colorectal	443	651	261	323	233	363
Endocrine	—	—	121	136	56	66
Gynaecological	—	—	214	349	—	—
Haematology and myeloma	90	132	219	326	30	36
Head and neck	260	399	112	158	—	—
Hepatoma	—	—	200	616	—	—
Hepatobiliary	500	701	—	—	111	135
Liver mass	476	1171				
Lung	387	531	351	477	328	466
Lymphoma	233	332	214	282	121	196
Radiology surgery	443	545				
Upper gastrointestinal	103	142	204	281	61	95
Urology	571	733	437	575	270	356

Cancer not treated at service
 Cancer treated at service, no MDM

Source: Canmap database.

Note: In addition to the above table, a Melanoma NEMICS-wide MDM saw 156 patients with 207 discussions.

Appendix 3: Summary of member service improvement projects supported by NEMICS grants

Project topic	Project title	Organisation	Priority area	Project contact
Total body irradiation	Implementation of Total Body Irradiation at Austin Health to improve patient access in North-East metropolitan Melbourne.	Austin Health	Improving the adoption of quality cancer care closer to home	Associate Professor Richard Khor richard.khor@austin.org.au
Palliative care	Standardised early palliative care intervention for patients with aggressive haematological malignancies (EPiC-Haem)	Austin Health	Facilitating high quality care for the older person Facilitating timely palliative care and advance care planning	Dr Sarah Charlton Sarah.charlton@austin.org.au
Care closer to home	Development of an outpatient Venetoclax ramp up pathway	Eastern Health	Improving the adoption of quality cancer care closer to home Facilitating high quality care for the older person	Emily Minopoulos emily.minopoulos@easternhealth.org.au
Palliative care	Phenotyping palliative care patients most likely to benefit from physiotherapy.	Austin Health	Facilitate timely palliative care and advance care planning Facilitating high quality care for the older person (as most patients on 8S are over 65 years old) Facilitate high quality supportive care	Andrea Morrison Andrea.morrison@austin.org.au
Radiotherapy	State of the ART: Improving patient outcomes and experiences with Head and Neck cancer	Austin Health	Improving the adoption of care closer to home. Improving equity of access to high quality cancer care Facilitating high quality supportive care Facilitating high quality care for the older person.	Dr Jessica Lye Jessica.lye@austin.org.au
Supportive care/treatment	Building capacity and expanding access to Cancer Clinical Trials in Northern Victoria	Northern Health	Improving the adoption of care closer to home Improving equity of access to high quality cancer care Facilitating high quality cancer care for vulnerable populations (CALD groups)	Dr Chong Chyn Chua Chong.chua@nh.org.au

Appendix 3: Summary of member service improvement projects supported by NEMICS grants (continued)

Project topic	Project title	Organisation	Priority area	Project contact
Supportive care	Mercy Health Supportive Care Screening Review and Expansion	Mercy Health	Facilitating high quality supportive care	Janiece Williams Janiece.williams@mercy.com.au
Symptom management	Oncology Symptom Management Reform for Chemotherapy Patients at Mercy Hospital for Women (MHW)	Mercy Health	Improve equity of access to high quality cancer care Facilitating high quality supportive care.	Janiece Williams Janiece.williams@mercy.com.au
Supportive care/treatment	Developing a Nurse Practitioner (NP)-led model of care for individuals with cancer to access treatment focused genetic testing	Austin Health	Improve equity of access to high quality cancer care Assisting Victorian families to understand their risk of cancer and prevent cancer or detect cancer earlier Improve the adoption of quality cancer care closer to home	Dr Ainsley Campbell Ainsley.campbell@austin.org.au
Treatment	Electronic chemotherapy prescribing implementation project officer – effectively and efficiently transitioning for all Cancer Services health professionals	Eastern Health	Improve the experience of cancer treatment	Dr Phillip Parente Phillip.parente@easternhealth.org.au
Palliative care	Embedding palliative care into outpatient cancer clinics	Eastern Health	Support early access to palliative care to manage symptoms and improve quality of life	Dr Phillip Parente Phillip.parente@easternhealth.org.au



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www.vics.org.au/nemics.