



**WESTERN &
CENTRAL MELBOURNE
INTEGRATED
CANCER SERVICE**



**ANNUAL
REPORT**
2022-23

Acknowledgment of Traditional Owners

WCMICS acknowledges Australia's Aboriginal and Torres Strait Islander communities and their rich culture and pays respect to their Elders past and present.

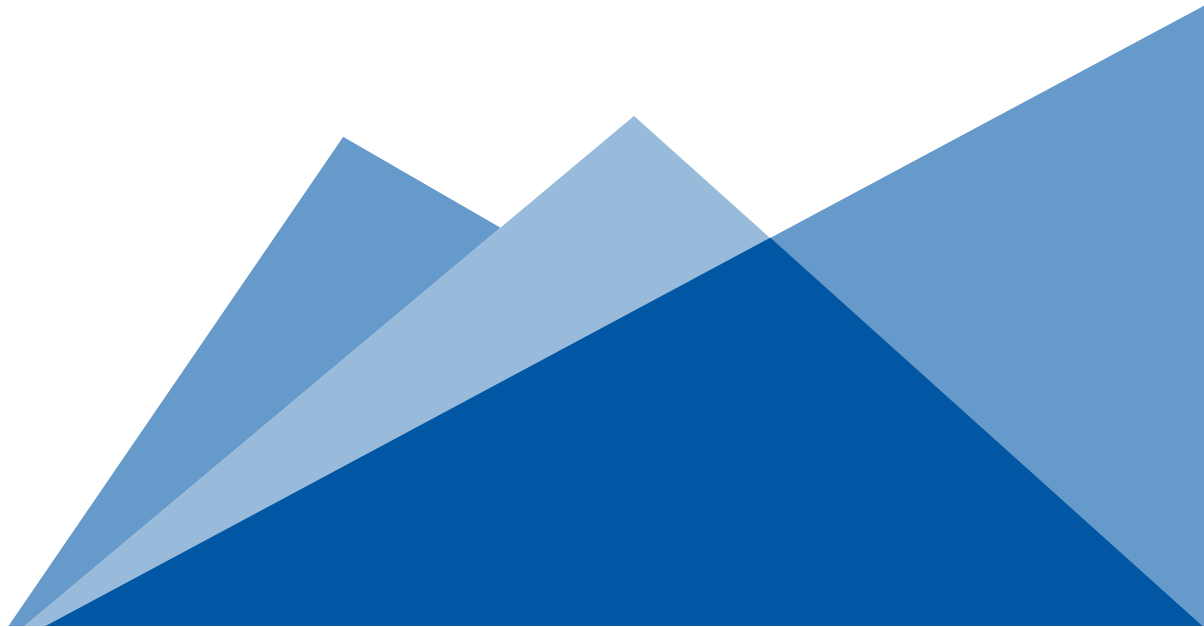
We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.



Hope and Connection - Bunjil over Wurundjeri Land
Artist: Vegas Fitzmaurice

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Message from the Chair

As Chair of the Western & Central Melbourne Integrated Cancer Service, I am delighted to share this annual report with you.

This report is not only a reflection of the past year's accomplishments; but a celebration of the impact of the individuals who define our organisation. Within these pages, we have the unique opportunity to reflect on the lives touched and transformed by our collective efforts—a testament to the positive impact on the communities we serve and the causes we champion.

The service improvement journey is not solitary, but a collaborative effort that exemplifies our combined dedication to better cancer care. In our region, where seven health services unite to deliver cancer care, the strength of our collective knowledge, skills, and resources cannot be overstated.

This past year, the collaborative mission of WCMICS has especially resonated with me. My recent transition to The Royal Melbourne Hospital after several years at Peter MacCallum Cancer Centre brought with it a heartening sense of continuity. Through collaboration and connection, the strong bonds of our region make even the most significant periods of change feel familiar and sustain our shared purpose. I feel privileged to continue to be a part of this collaborative force dedicated to improving cancer care in our region. It's through our collective efforts and unwavering dedication that we will continue to make a significant difference in the lives of those living with cancer.

This year WCMICS have remained dedicated to progressing work in alignment with the Victorian Cancer Plan, including the successful co-led VICS statewide implementation of the Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer. Significant progress has also been made in our additional statewide projects:

- Defining and implementing standardised processes to monitor and communicate alignment with all OCPs; and
- Collaborating with the Australian Cancer Survivorship Centre to facilitate high-quality survivorship care.

Additionally, our data service continues to play a pivotal role in providing health services and practitioners with the vital insights necessary to support evidence-based service improvements in our region. Providing cancer data within our region not only offers insights into our treatments and patient demographics, but acts as a powerful spotlight, shedding more light on the areas or populations in need of support or improvement.

Within this report, you'll find evidence of WCMICS' ongoing alignment to the VICS vision to improve patient experiences and outcomes by connecting cancer care and driving best practice. As you read through these pages, I trust that you gain a real sense of the tangible strides we are making in improvement of cancer care.

To the WCMICS team, our clinicians, consumers, executives and our many community stakeholders, I thank you all for your relentless pursuit of excellence in cancer care.



Professor Shelley Dolan
WCMICS Chair
CEO, Royal Melbourne
Hospital

Message from the Clinical Director and Program Manager

This report recognises and celebrates the achievements and diverse array of service improvement work undertaken by WCMICS, in collaboration with our stakeholders over the past 12 months.

At the heart of our work lies a resolute focus on improving the lives of those who are living with cancer. Our endeavours, whether statewide or local, are fuelled by the unwavering commitment to quality cancer care. The following pages not only underscore our dedication to this mission but also celebrate the instances where this impact has been realised.

Over the past year, WCMICS' numerous initiatives have left an indelible mark on the landscape of cancer care in our region and beyond. A noteworthy milestone was achieved in the completion of co-led statewide project, The VICS implementation of the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer. This folio of work represents a significant step towards ensuring that all individuals, regardless of their background, receive equitable care and support in their cancer journey.

In our region, we've also witnessed a multitude of local improvement works taking shape, each one a testament to the collaborative spirit and dedication of our teams and partners. These projects are the embodiment of our mission to facilitate, innovate, and collaborate, and it's heartwarming to see this mission realised so completely.

On behalf of the WCMICS Program Office Team, we extend our heartfelt gratitude to all those involved in the past 12 months. From the healthcare professionals who put their expertise into practice, to our many stakeholders and committee members with special thanks to the Chair of our Clinical Management Advisory Committee Tony Dowling. It's through your unwavering commitment and shared passion that we've been able to bring these essential improvements to fruition, making a real difference in the lives of those we serve.

Your dedication is the driving force behind our collective success, and we look forward to another year of collaboration with you all.



Dr Dish Herath
WCMICS Clinical
Director



Angela Mellerick
Acting WCMICS
Program Manager

The Victorian Integrated Cancer Services

The Victorian Integrated Cancer Services (VICS) are Victoria's cancer service improvement network. Funded by the Victorian Department of Health, the VICS vision is to improve patient experiences and outcomes by connecting cancer care and driving best practice.

The nine Integrated Cancer Services (ICS) locally and collectively, collaborate with stakeholders to design and implement service improvement initiatives that lead to better experience, care and outcomes for Victorians affected by cancer.

The VICS work to promote:

- System integration across structural boundaries
- Collaborative approaches to evidence-based service development
- Quality improvement at the local level.

The VICS build relationships between health services, partners and stakeholders to develop, implement and evaluate initiatives that improve the way Victoria's health services provide care and support. Work is delivered statewide and locally to improve cancer outcomes for all Victorians and aligned with the Victorian Cancer Plan.

Each of the nine ICS has a core role in implementing three of the five goals of the Victorian Cancer Plan locally and statewide, to ensure that:

- Victorians know their risk and have cancers detected earlier
- Victorians with cancer have timely access to optimal treatment
- Victorians with cancer and their families live well.

The VICS Implementation Plan guides this work by providing a consistent statewide approach, built around nine areas of focus for service improvement work:

1. Adoption of quality cancer care closer to home
2. Alignment with the Multidisciplinary Meetings (MDM) Quality Framework
3. Addressing the needs of the older person in routine cancer care
4. Implementing the Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer
5. Addressing unwarranted variations against the OCPs
6. Monitoring and communicating alignment with the OCPs
7. Supportive care
8. Survivorship care
9. Referrals to palliative care and advance care planning.

Types of work undertaken by the VICS include:

- 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 for cultural awareness and practices 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.



VICS Optimal Care Summits

The VICS Optimal Care Summits program delivers strategic consultation, multidisciplinary engagement, data and information analysis, and reporting to identify unwarranted variations in clinical practice and cancer outcomes and priority activities to address them. This statewide program is administered by North Eastern Melbourne Integrated Cancer Service (NEMICS) on behalf of the VICS network.

The program, formerly known as the Victorian Tumour Summits, involves the examination of tumour stream cancer care, experience and outcome measures against the standards and targets set out in the OCPs. It aims to identify data-informed patterns of cancer care and outcomes, variations in cancer care, agree priorities for reducing variations, and deliver quality improvement initiatives to reduce variation. Two summits were delivered in 2022.

The Pancreatic Cancer Summit (August 2022) identified three priority areas of unwarranted variation: Multidisciplinary meeting (MDM) patient presentation rates; timeliness of care; and palliative care referral rates. For each area, several further investigations and actions were recommended.

The Melanoma Summit (October 2022) identified three priority areas of unwarranted variation: MDM patient presentation rates; timeliness and access to Sentinel Lymph Node Biopsy; and supportive care screening rates. Specific actions were identified to help improve outcomes and equity in these areas.

The VICS work with health services and other stakeholders to support implementation of each summit's recommendations.

Palliative Care and Advance Care Planning

The VICS report, 'Palliative Care and Advance Care Planning: Current Practices in Victorian Cancer Services' has important insights for all organisations and services about advance care planning, palliative care, and end-of-life care. The report makes 18 recommendations to address different variations including the timing of access to palliative care and advance care planning and quality improvement activities. The VICS will work with cancer services and other stakeholders to help prioritise the recommendations for implementation. This work also informed the peer reviewed publication by Philip et al, Palliative Medicine 2022, Vol. 36(9) 1426–1431.

Care of the Older Person with Cancer toolkit

The VICS developed the Care of the Older Person with Cancer Toolkit to help health services and ICS improve care of the older person with cancer. The toolkit provides information to help identify and address existing barriers, examples of existing geriatric oncology services, and key resources including how-to guides, education opportunities and patient resources. www.vics.org.au/resourcesadult/care-of-the-older-person-with-cancer-toolkit

Victorian Statewide Collaboration project to improve Cancer Survivorship Care

This is a strategic partnership between the VICS and the Australian Cancer Survivorship Centre (ACSC). This work is still in progress and aims to:

- Facilitate high quality survivorship care through supporting Victorian hospitals to ensure appropriate policies are in place.
- Facilitate high quality survivorship care through collaborating to implement survivorship care models. This is supported by ICS working with member services to implement local change.
- Improve VICS and member services' confidence, capacity and capability around survivorship through reducing the gap in survivorship education and training.

Western and Central Melbourne Integrated Cancer Service (WCMICS)

WCMICS is a partnership with local health services to promote coordinated care planning, systems integration and improvement of cancer services across the western and central regions in Melbourne.

Our work is overseen by a Governance Committee and a Clinical Management Advisory Committee. Membership includes representation from people affected by cancer; multidisciplinary clinicians; and executive stakeholders from partner hospitals and cancer related organisations.

Our Member Health Services



Our People

Program Office Team

Maddison Gray
Kath Quade
Dilu Rupassara
Angela Mellerick
Jannelle Lay
David Moloney
Sandra Picken
Kate Whitehead
Dishan Herath
Travis Hall
Sachi Bajaj
Michael Barton
Frezsa Fulia
Tara Gannon

Governance Committee

Shelley Dolan (Chair)
Michelle Barrett
Robynne Cooke
Janelle Devereux
John Ferraro
Brendon Gardner
Christine Kilpatrick
Lisa Lynch
Kathleen Menzies
Ben Nuttall
Anthony O'Donnell
Jason Payne
John Preston
Jane Taylor
Nicole Tweddle

Consumers

Deborah Chemke
Ian Dennis
John Preston
Jan Whyte

Clinical Management Advisory Committee

Anthony Dowling (Chair)
Bianca Bell
Keelan Byrne
Melissa Culka
Melisa Darby
Andy Dimech
Dan Fleming
Maria Ftanou
Stephanie Germano
Cameron Grant
Dish Herath
Senthil Lingaratnam
Jane Lynch
Kristie MacKenzie
Linda Mileshekin
Orla McNally
Jenny Philip
Sharni Quinn
David Routledge
Ben Teh
Henry To
Phillip Tran
Kellie Vivekanantham
Jan Whyte
Debra Wilson

About the WCMICS Region

WCMICS supports the local government areas of Brimbank, Hobsons Bay, Hume, Maribyrnong, Melbourne, Melton, Moonee Valley, Merri-Bek, Wyndham, and Yarra.

1/4

of Victoria's population live in the WCMICS LGAs

1,618,968

Total population

34

Median Age

18%

of Victoria's Aboriginal or Torres Strait Islander population live in the WCMICS region

52.1%

of the WCMICS region use a language other than english at home

The top 5 Countries of birth after Australia for the WCMICS region are:



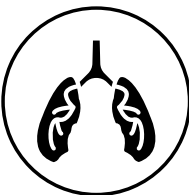
While the top 5 preferred languages after English are:

- Vietnamese
- Greek
- Mandarin
- Italian
- Cantonese

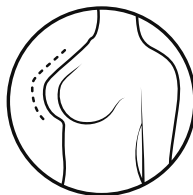
Cancer Statistics of the WCMICS Health Services

July 2022 – June 2023

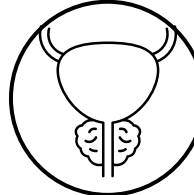
The 5 most common new cancers in patients treated at a WCMICS hospital are:



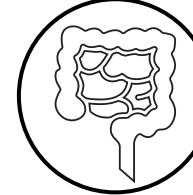
Lung



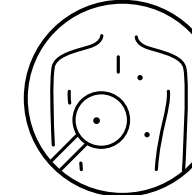
Breast



Prostate



Bowel



Melanoma

WCMICS Admitted Activity

37,955

Allied Health interventions

42,181

Chemotherapy treatments

13,830

Elective surgeries

73

Different preferred languages

23%

of patients who identified as Aboriginal or Torres Strait islander across Victoria were treated in a WCMICS Health Service

50.3%

Male

49.7%

Female

133

admitted patients identified as indigenous

79%

of cancer patients who reside in a WCMICS LGA were treated in a WCMICS hospital in 2022/23. This number has remained consistent over the last 5 years.



Lung and Melanoma cancers patient numbers have been less than the 2018/19 patient numbers year-on-year.

	Number of admissions related to cancer	Number of patients treated for cancer	Patients with their first cancer related admission	Median age of new cancer patients
Victoria	360,888	92,188	39,841	67
WCMICS	61,408	15,373	6,611	65

That’s 18 people per day, or 1 every 80 minutes

50%

of patients treated in WCMICS health services came from outside the WCMICS Region

In 2022-23 Victorian patients travelled

710,495km

for cancer care admissions at WCMICS health services

Interstate patients travelled

297,135km

for cancer care admissions at WCMICS health services

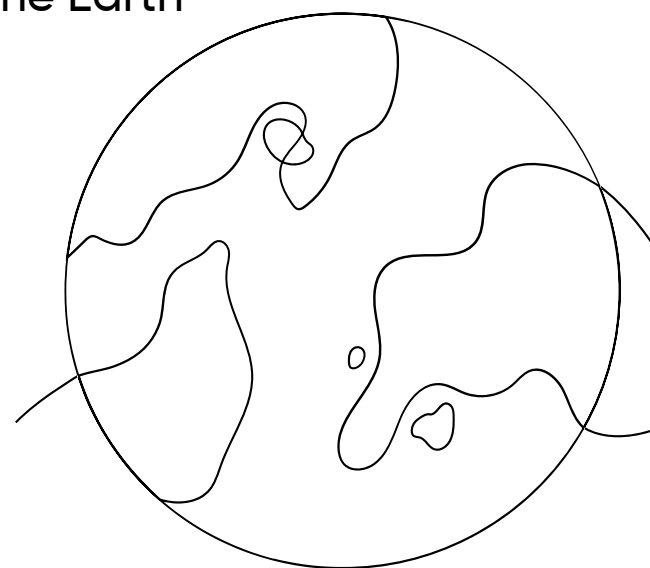
That's a total of

1,007,630km

That's the equivalent of

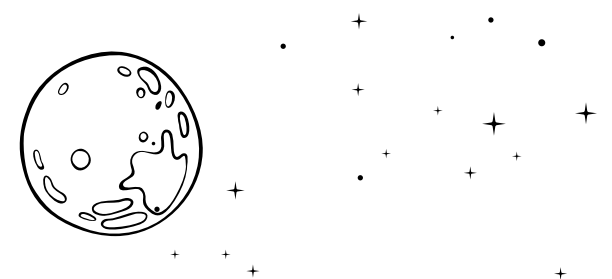
25.1

laps of the Earth



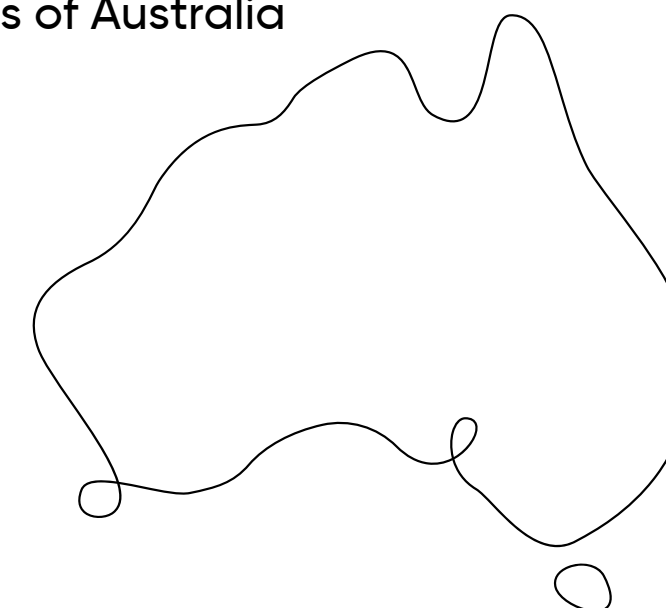
1.3

times to the moon and back



39

Laps of Australia



Victorian Cancer Patient Experience Insights

The aim of the statewide cancer patient experience surveys is to assist in improving the quality of care delivery and outcomes for people affected by cancer. The survey is managed by the Victorian Agency for Health Information (VAHI).

The '2022' data was collected between March 2023 and May 2023 for those who had an experience with cancer care between January 2022 and December 2022.

Respondents may have received one or more modalities of treatment, at one or more hospitals or health services. Some respondents may have received part of their treatment in a private hospital. Respondents' results are attributed to the public health service where they had their most recent episode of care.

Analyses of cancer patients' experiences of cancer care assist in monitoring the quality of health services and will inform potential future workplans within WCMICS.

1,311

People participated

29.4%

Response rate

	How would you rate the overall care you received from all health professionals involved in your treatment? (Good/Very good)	Did the health professionals involved in your diagnosis talk to you with respect and understanding? (Yes, always)	How would you rate how well the staff involved in your cancer care worked together? (Very good/Excellent)	Was there a time when you were so unhappy with your treatment that you wanted to or did complain about it? (No, my care was excellent)
Victoria	98.3%	91.1%	92.4%	56.4%
WCMICS	98.1%	92.1%	92.1%	57.8%
	Do you think that your condition was well managed while you were waiting to see an Emergency Department doctor during your most recent visit? (Yes)	When you had finished your most recent cancer treatment were you given a written plan that included information about your follow-up care over the next 12 months? (Yes)	Did you get enough information from health professionals about: What you could do to preserve your fertility? (Yes)	You experienced discrimination or were treated unfairly because of racial, ethnic or cultural background. (No, never)
Victoria	75.2%	55.9%	67.9%	98.5%
WCMICS	76.1%	61.9%	74.2%	98.6%

NB: WCMICS analysis does not include data from The Royal Melbourne Hospital; unfortunately The Royal Melbourne Hospital did not participate in this edition of the cancer experience survey.

Our Impact



Cancer Mind Care

Cancer Mind Care (CMC) aims to provide a free, self-help online platform that offers tailored mental health support for people with cancer, their support persons, clinicians, and First Nations peoples.

Psychological distress increased for individuals with cancer during the COVID-19 pandemic – a cohort with recognised pre-existing unmet emotional and psychological needs. To help address the rising demand for psycho-oncology services, WCMICS, Peter MacCallum Cancer Centre and GRICS (Gippsland Regional Integrated Cancer Service) partnered to develop Cancer Mind Care (CMC).

Analysis of data collected from Google analytics and pop-up survey results over a 24-month period indicates CMC has achieved great interest and consistent use since launching at the end of 2021.

CMC has maintained relevance in the cancer sector and supported self-management of psycho-oncology needs, with [almost 47,000 page views](#) and [over 8000 users](#) (Oct. '21-23).

The volume of website traffic recorded indicates it is being used as a resource by people affected by cancer seeking psychological care, despite a substantial proportion experiencing 'very high' and 'high' distress.

Integrating CMC as part of a stepped care model in healthcare will ensure its continued relevance and success beyond the initial project timeline.

The sustainability and relevance of CMC in the cancer sector remains a priority to help support self-management of mental health for people affected by cancer, and their support people.

WCMICS proudly continues to support this project by:

- Further development of psycho-oncology content for the clinician and First Nations Peoples portal.
- Providing funding via the 22/23 Annual Grants Program to Peter Mac to 'Implement an innovative digitally enhanced stepped-care model of psychosocial oncology care'.

CMC forms an important first step in access to psycho-oncology support, however it is not all encompassing in meeting all people's needs. Whilst digitally delivered interventions may be sufficient for some people and remove the barriers of availability and affordability, it is vital for those experiencing greater distress to have psychological needs met via other existing models of care.



[Visit Cancer Mind Care](#)

Prep-4-RT

Funded by an Innovation & Improvement grant from the WCMICS Grants Program 2021-22

Radiotherapy (RT) is a primary treatment modality for patients with a diagnosis of head & neck cancer (HNC). RT can induce significant physical impacts and high rates of distress. Prehabilitation interventions have demonstrated improved clinical outcomes and are becoming common practice prior to surgery. This initiative sought to replicate this approach by developing a prehabilitation model of care for patients undergoing RT for HNC.

The Peter Mac team collaborated with consumers and clinicians from Bendigo Health and Melbourne Health to develop a stepped multimodal prehabilitation model of care for patients with HNC. The model involved three steps:

- Screening HNC patients for potential risk of psychological distress, malnutrition, sarcopenia, dysphagia, and poor functional capacity
- Offering all patients self- management resources
- Offering specialist prehabilitation for patients identified as being at risk



I put the videos
on our TV screen
for all the family
to watch.

Co-design by patients, carers and clinicians is an effective means to create highly acceptable resources. 18 new resources developed including:

- webpages
- factsheets
- videos
- postcard with QR code directing to resources

61% of patients reported using the self management resources and 100% of patients who used the resources reported high satisfaction.

Prep-4-RT addressed care and information gaps for HNC patients prior to radiotherapy, leading to early intervention. The Prep-4-RT model is a feasible and acceptable model of prehabilitation for HNC patients prior to radiotherapy across metropolitan and regional health services.

- 54% of screened patients were eligible for specialist prehabilitation. Nearly all patients adhered to specialist treatment recommendations and 100% were satisfied with the treatment they received
- 90% of health care professionals found Pre-4-RT acceptable

100% of clinicians believed Prep-4-RT improved how patients prepared for the impact of radiotherapy

This project has shown that the Prep-4-RT model of care is a feasible and acceptable model of prehabilitation for HNC patients prior to radiotherapy. Recommendations include:

- Minor changes to the program and further testing of the model into clinical practice
- Further evaluation of efficacy in terms of clinical and health service outcomes, and ability to improve equity and access for patients and carers in regional areas.

Understanding the needs of patients and their partners regarding sexual health intervention following prostate cancer treatment

Funded by an Innovation & Improvement grant from the WCMICS Grants Program 2021-22

While Prostate cancer is a significant health concern for men in Victoria, the 5-year survival rate of 95% suggests that more men are living with the side effects of their treatment, particularly sexual dysfunction (SD) or erectile dysfunction (ED).

This project aimed to enhance patient engagement and care throughout the survivorship journey by addressing the decline in attendance rates of men seeking treatment for ED at Western Health's sexual health clinic and improving their adherence to new treatment options.

Patients were invited to participate in an online survey via email, phone, or post and a focus group session. The survey results were analysed to identify enablers and barriers to treatment for SD and ED to help design service improvement.

Analysis of feedback from 75 patients' surveys and 1 focus group, highlighted that a multidisciplinary approach is recommended to address ED.

Common barriers affecting patients' decisions to continue or discontinue ED treatment include cost, treatment efficacy, psychological impact, lack of partner support, unavailability of treatment options, external factors, and patient disinterest.

Enabling factors for treatment continuation included strong partner support, perception of treatment efficacy, counselling, psychological support, and patient-centred care.

Engagement with ED treatment varies across age groups, with distinct themes influencing patients' decisions to continue or discontinue treatment. Age influences patient preferences for educational programs, with younger patients prioritising sexual health and valuing in-person consultations.

Patients emphasised the value of the existing nurse led model to provide patient education and address misconceptions about ED and treatment options emphasising the importance of one-on-one consultations over telehealth and group sessions.

Addressing barriers and tailoring interventions for different age groups are essential to improve sexual function recovery. Fostering multidisciplinary collaboration and patient-centred care, where individual concerns and needs are addressed, is essential to enhance treatment uptake and adherence. Additionally, promoting public awareness can lead to better sexual health outcomes and improved overall well-being for prostate cancer survivors.



Nurse Joanne moves into radiation therapy

Building on the success of our series of chemotherapy and bone marrow transplant education videos, two further videos about radiotherapy were launched in January 2023.

Once again, the host of the animated videos is Nurse Joanne, voiced by WCMICS Project Officer Kate Whitehead. The videos were developed by Kate in collaboration with staff from GenesisCare, Icon Cancer Centre and Sunshine Hospital Radiation Therapy Centre, alongside WCMICS consumers and animation company Green Scribble.

The first video provides easy-to-understand information about radiotherapy, how to prepare for treatment and what to expect on treatment days. The second video focuses on advice for the treatment period, such as managing side effects, eating well and protecting a weakened immune system.

The videos are available via the WCMICS website, where health service staff can also request written resources to compliment the videos. The resources include info cards to give to patients and carers featuring a QR code to access the education videos at a time convenient to them. The video and written resources are available in five additional languages.

The education videos are in use in at least ten radiation therapy centres around Australia and have received glowing reviews.

"All of your videos and resources are great. Thanks so much for sharing your fantastic work!"

Clinical Nurse Educator, Eastern Health

"We really appreciate the sharing of your education resources and how much this aids cancer patients"

Nurse Educator, Cairns and Hinterland Hospital, QLD

To view the videos and request the written resources please visit the [WCMICS website](#).



Prep-4-Cancer Surgery Toolkit

Funded by a Scale & Spread grant from the WCMICS Grants Program 2021-22

Major cancer surgery is physically and psychologically demanding and commonly associated with a high incidence of postoperative complications. Multimodal prehabilitation aims to prepare and optimise patient health in the time between diagnosis and surgery.

This project aims to scale prehabilitation by co-designing an evidence-based 'Prep-4-Cancer Surgery Toolkit', which will be used to develop and implement prehabilitation services across Australia and internationally. This Toolkit will enable health services to develop prehabilitation services and lead to improved patient outcomes for those undergoing major colorectal, gastrointestinal and gynaecological surgery.

Peter Mac is collaborating with consumers, Western Health, St Vincent's Hospital Melbourne, Bendigo Health, Mercy Health, The Royal Women's Hospital, North Western Melbourne Primary Health Network and Cancer Council Victoria to co-design a Prehabilitation Toolkit and evaluate the utility and the ability to implement the Toolkit.

Three co-design workshops have been conducted with consumers, health care workers and other key stakeholders.

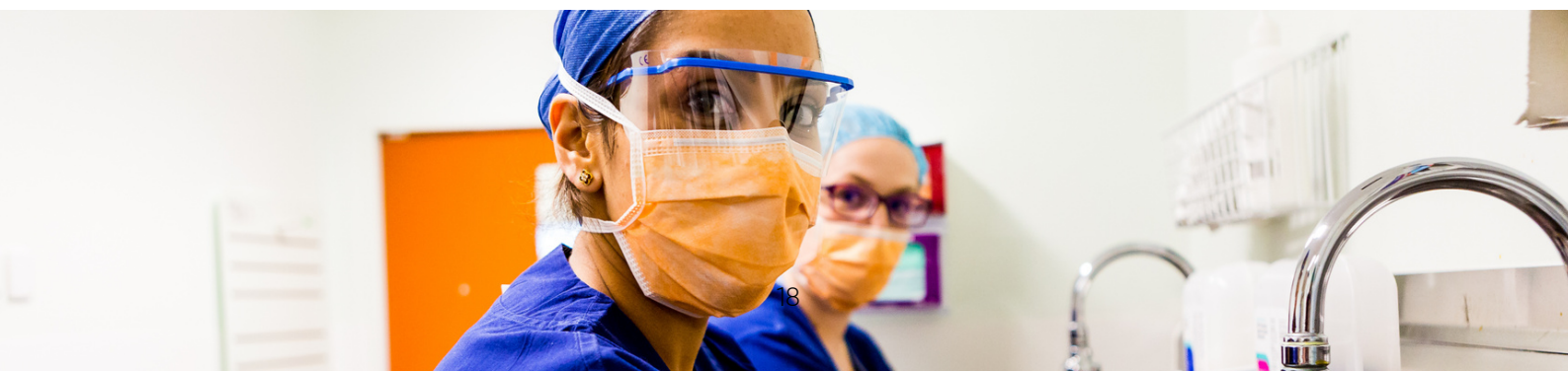
The Toolkit is likely to consist of:

- Clinician facing modules to cover medicine, nursing, physiotherapy, nutrition, and psychology. Guidance on how to implement and evaluate prehabilitation programs will be included.
- Health service guidance such as business case templates and suggested funding sources that may be tailored to various health settings.
- Patient facing education resources. This will include a mixture of newly developed resources, particularly prehabilitation specific resources in psychology and nutrition, and existing education resources.

To evaluate the utility and the ability to implement the Toolkit, Western Health will use the Toolkit to implement and trial a multimodal prehabilitation service with 20 patients. Additionally, clinicians from Bendigo Health and St Vincent's Hospital will take part in a survey about the usefulness, adoptability, adaptability and utility of the Toolkit and will complete an organisational gap analysis.

Other partners, Royal Women's Hospital, Mercy Health, North Western Melbourne Primary Health Network, will input into the project via representation on the steering committee.

The end-product will be an online, evidence-based, multidisciplinary Toolkit. It is anticipated that the Toolkit will lead to benefits for both clinicians and patients. For clinicians, having access to a Toolkit will improve the quality of the care delivered, save time in finding resources and build skills and confidence in delivering prehabilitation services. For patients, it is anticipated that will improve access to evidence-based prehabilitation, improve satisfaction and experience of care and ultimately improve, physical, functional and psychological outcomes. For health services, it is anticipated that they will provide a more consistent offering, with a greater ability to compare outcomes at a system level.



Collaboration with the West Metro Health Service Partnership (WMHSP)

During 2022-23 WCMICS has collaborated with WMHSP on a range of projects.

WCMICS supported the HSP through provision of two dedicated project officers to the Planned Surgery Recovery and Reform program.

Staff in the Better at Home program were provided with mentorship and project advice from senior WCMICS project staff, and data analysis assistance from the WCMICS data team. These collaborative projects are summarised below.

Theatre Sharing Project – Rapid Access Hub

With demand for planned surgery at an all-time high, the WMHSP has established multiple partnerships across the region to enable the sharing of available theatres and procedure rooms. These initiatives will expand the available capacity across the system and improve access to planned surgery for patients.

A Rapid Access Hub was launched in March 2023 at Mercy Health (Werribee), which has so far delivered an additional 669 endoscopy procedures (as of 30 June 2023) for patients from Western Health, Royal Melbourne Hospital and the Royal Children's Hospital. The hub has also freed up available theatre capacity at WMH to enable RCH surgeons to deliver 21 surgical procedures (as of 30 June 2023) closer to home for patients living in the Wyndham LGA.

Additional procedures will be delivered for Gynaecology patients from the Women's who will be treated at Peter MacCallum Cancer Centre, utilising available theatre capacity that is supported through a cross credentialed workforce and expanded short stay bed capacity.

Clinical, operational, legal and finance teams have worked together to build the enabling infrastructure, clinical models of care, systems and processes to allow both patients and clinicians to cross traditional boundaries to improve access to surgical care.

In the spirit of partnership and continuous improvement, the WMHSP is committed to understanding what is working well and areas for improvement that will help to strengthen hub operation. They will continue to engage with the involved stakeholders to support the ongoing success and growth of the Rapid Access Hub.

Same Day Surgery Improvement Project

A priority for the WMHSP's elective surgery reform program is reducing length of stay and readmission rates, by increasing the rate of same day procedures across the partnership. Health services have individually commenced work in this space and to add value the WMHSP have been looking for ways to encourage and support the improvements in same day surgery.

To improve clinician confidence in moving towards a same day model of care, the project team are exploring what is required in the after-hours period to ensure patients continue to have access to safe clinical support once discharged home. The first phase of this work is to scope and design options for after-hours model/s servicing the Royal Melbourne Hospital, Royal Children's Hospital, The Women's, Peter MacCallum Cancer Centre, Western Health and Werribee Mercy.

Another component of this project is for the WMHSP to support knowledge-sharing of same day resources and project successes across the partnership's health services and clinicians. Knowledge sharing is promoted through forums, such as Safer Care Victoria's 'Expanding Day Surgery: Lessons Learnt' session. We have also developed platforms to enable the sharing of resources between health services to improve collaboration across the partnership.

Finally, we are exploring opportunities for consumer and primary health engagement in same day surgery pathways. The WMHSP is engaging with the North Western Primary Health Network to develop communications for primary care to ensure GPs are informed about the changes in same day surgery and can discuss this with their patients who may be referred for surgery.

By expanding the procedures that occur as day cases, health services can increase the amount of planned surgery provided, therefore reducing the number of patients on waitlists and their waiting time for surgery. Combined, the components of project will aim to encourage health services in their uptake of same day pathways and processes.

Elective Surgery Waitlist Project

While demand for planned surgery is driven by a range of factors, strong referral practices and waitlist management can help us better manage our surgical demand. The Waitlist Management Improvement Project is working to improve the way waitlists are managed, starting with reviewing current waitlist management and referral practices at each of our health services.

Phase 1 consisted of two components of work – the Waitlist Forecasting Study and the Best Practice Policy and Implementation Review. Participating health services included Werribee Mercy Hospital, Peter MacCallum Cancer Centre, Royal Melbourne Hospital, Royal Children's Hospital, Royal Women's Hospital and Western Health.

The Forecasting Study produced an interactive data analysis tool projecting known and hidden demand for planned surgery across the WMHSP, to generate insight into system requirements for addressing unmet and future needs. This forecasting tool is being used by health services and the WMHSP to understand how changes to demand and surgical throughput rates could impact waitlists.

The Best Practice Policy & Implementation Review examined health services' current practices and their alignment with the Government's policy and best practice guidelines, relevant to management of waitlists across both specialist clinics and planned surgery. The review has helped identify common challenges and opportunities to strengthen the way our health services manage planned surgery waitlists.

Phase 2 of the project will focus on how to achieve a regionalised approach to waitlist management across the WMHSP. This work is in the early stages and will align with one of the priorities in the Department of Health Planned Surgery Reform Blueprint which will be released later this month.

Contact kate.whitehead@petermac.org or the West Metro Health Service Partnership central team.

Virtual Surgery School

A key component of Enhanced Recovery After Surgery plus Prehabilitation (ERAS+) program is pre-operative education which aims to inform and empower patients about their care and recovery. Pre-operative education via virtual surgery school (VSS) is well established locally and internationally. The collaboration between WCMICS and WMHSP has contributed valuable project management support and content expertise to enable the planning, co-ordination, and delivery of the initiative.

The WMHSP health services developed a total of twenty-one VSS videos. The WMHSP leveraged five existing general VSS videos developed by Peter MacCallum Cancer Centre and expanded the video set to a total of nine general videos. In addition, twelve condition-specific videos were developed to meet the specific needs of gynaecological, orthopaedic, colorectal, and head and neck surgical patients. Oncology educational topics covered are diverse and include: tracheostomy, patient journeys and pelvic floor training.

The WMHSP engaged with consumers to help ensure VSS videos are engaging and understandable for patients. The consumers were sourced from the local consumer engagement teams at each health service. They provided input at two time points in the process, the final script and post-production draft. At each timepoint the feedback was reviewed and embedded into the final product as appropriate.

The WMHSP is utilising a suite of patient reported outcome measures (PROMs) and a custom-made patient reported experience measure (PREM) to better understand and capture the patient experience in viewing and accessing the VSS videos. We are currently in the process of developing a digital platform solution to test its feasibility in improving access to VSS videos and the capture of PROMs/PREMs. The digital platform will allow patients to access the VSS by phone application or web browser.

The WMHSP team in collaboration with local multidisciplinary experts and consumers developed a suite of twenty-one pre-operative educational videos to inform and empower patients about their surgical care and recovery.

The virtual surgery school videos are being translated into five languages other than English: Cantonese, Mandarin, Arabic, Vietnamese and Greek.

These languages were selected by contacting the health service translation service to understand translation use numbers. Furthermore, the WMHSP team reviewed recent population datasets from local government areas to understand current and future trends for the community's non-English speaking population,

The WMHSP is home to some of the most diverse communities in Victoria. Making these videos available in languages other than English will promote equity of access to care and support utilisation of health information in individuals from culturally and linguistically diverse (CALD) backgrounds.

The videos are being translated with both voice over and subtitles to improve accessibility. The scripts have been translated, voiceover recording completed, and graphic translation and video editing is in progress. Community review is embedded within the translation process to ensure cultural appropriateness.

Theatre Utilisation Project

The WMHSP recognises the need to increase the supply of planned surgery across the region. One way this can be achieved is through improving theatre management practices and optimisation of current theatre capacity. This project will provide an analysis of the theatre utilisation across the WMHSP health services.

An external consultant has been engaged to undertake an analysis to understand theatre utilisation at a regional level and at each health service to provide insights on local and regional improvement initiatives. Recommendations for developing a standardised set of metrics will also be made to enable benchmarking and sharing of best practice in theatre management.

A Waitlist Forecast study completed provided insights about the demand side of planned surgery including current and future demand. This project will provide us with a clearer view of our capacity and opportunities for improving utilisation of our theatres. Together these pieces of work will enable the WMHSP to identify priority areas and ways that health services work together to address the mismatch of demand and supply.

The analysis and report is currently underway and is due to be finalised by November 2023.

Please contact Travis Hall if you'd like further information.
Travis.Hall@mh.org.au

Better at Home

This West Metro HSP program aims to improve patient outcomes, experience, and system sustainability using home-delivered and virtual care. Peter Mac @ Home has expanded its daily care hours, with support from the Better at Home program. The project comprised three distinct arms: Sub-acute, Surgical, and Medical/Haematology Hospital In The Home (HITH) Projects.

Subacute

The Peter Mac HITH service Better at Home, Subacute pathway is an innovative inpatient bed substitution program designed to support patients' rehabilitation in the comfort of their own homes. It offers a seven-day specialist medical, nursing, and allied health service, aiming to maximise patients' independence and reduce demands on acute bed capacity. Achievements include the development of a clinical referral pathway, a consumer-approved service brochure, education packages, and data analysis for improved utilisation. Notably, it has led to a decrease in overall patient length of stay (LOS) and reduced waiting times for both referral and acceptance to subacute care by an average of 3.1 days.

Medical/Haematological

This pathway aimed to enhance the capacity of HITH for patients receiving eligible Systemic Anti-Cancer Therapy (SACT) in the field of medical oncology and haematology.

The project's objective was to redesign the anti-cancer therapy pathway to reduce demand on ambulatory and inpatient services while promoting a more patient-centred approach to care. Through the utilisation of evidence-based criteria, a total of 102 out of 165 SACT protocols were identified as suitable for delivery through the Peter Mac at Home service. Key project accomplishments include the development and implementation of a care pathway that allows eligible patients to transition from the Chemotherapy Day Unit to

Peter Mac @ Home for treatment, with medical endorsement and consent obtained during the prescription stage.



Additionally, the project streamlined the patient transition process to at-home care and generated valuable patient information resources as well robust communication within the organisation.

Most recent data shows, 77 (75.5%) protocols have successfully transitioned into the preferred Peter Mac @ Home pathway. Preliminary data suggests an increase in HITH referrals for SACT, and an increased capacity in CDU indicating progress towards the project's goals and desired outcomes. A final data analysis and activity evaluation will be confirmed when all protocols are moved into preferred pathways, providing a comprehensive review of the project's impact and success.

Remarkably, the overall project achievement included increasing inpatient HITH days from 5.36% to 7.43%, showcasing a substantial improvement in the utilisation of Hospital In The Home services in the last financial year. This outstanding accomplishment is particularly noteworthy considering that all projects are not yet complete and have been in implementation for less than 12 months, underlining the effectiveness and impact of the Better at Home program.

Surgical

The surgical arm of this project aimed to enhance patient care and movement by developing key surgical pathways, particularly in the context of the Peter Mac @ Home service. This initiative sought to increase the number of surgical patients benefiting from this service, ultimately reducing inpatient bed days, and improving access to care. Two specific processes were addressed as part of this project. The first process focused on improving the Percutaneous Endoscopic Gastrostomy (PEG) pathway by introducing a new day case insertion approach. This change resulted in more efficient PEG placements, with 14 day case insertions completed without complications. However, challenges such as variations in wait times and stakeholder adherence were encountered, despite achieving approximate cost savings of \$40,852 and reduced bed days.

The second process targeted Plastics/Breast (PRS) surgeries, aiming to decrease inpatient length of stay significantly. By employing the ERAS pathway and a discharge coordinator, the project achieved a notable reduction in LOS, saving approximately \$209,000 over four months. This allowed for increased surgical throughput and improved patient transitions to Peter Mac @ Home, showcasing substantial success in enhancing patient care. Other processes, such as Robotic Proctectomies and Split Skin Grafts, are currently under review for further improvements.

A total of 59 patients since last review had been directed to the program, facilitating their readiness for either returning home or alternate discharge options and effectively averting extended stays in acute care wards, with an average LOS in the subacute program of 10.27 days.

Service Improvement Grants

The WCMICS Grants Program provides funding for ideas that support improvements in cancer care in our member health services.

The focus areas of the program align with the statewide priorities laid out in the Victorian Cancer Plan, where opportunities for improvement and significant impact have been identified. Specifically, it is aimed at initiatives that:

- Improve cancer patient outcomes and experience,
- Improve the health of underserved populations across the region, and
- Improve the efficiency of cancer care.

The WCMICS Grants Program funding process involves three stages:

- Initial brief written Expression of Interest (EOI) submitted via key contacts at each health service.
- Applicants whose EOIs meet the core selection criteria are invited to pitch their idea to an evaluation panel.
- Top ranked projects chosen by the panel are invited to develop their project plan in collaboration with WCMICS directorate staff. Funding is granted once an agreed plan is finalised.

The program runs 2 separate funding initiatives:

Innovation & Improvement

The Innovation & Improvement funding stream is open to initiatives that are new, innovative improvement ideas. Typically this type of project runs for 12-18 months.

Scale & Spread

The Scale & Spread funding stream is open to initiatives that aim to increase the impact of successfully tested health innovations so as to benefit more people. Typically these projects run for approximately 24-30 months.

Grant rounds are dependent on available funding and are communicated broadly via email, website and social media channels. To hear about future grant rounds please sign up for our newsletter.

Grant round	Project title	Lead health service
Innovation & Improvement 2022-23	Myeloma Virtual Chemotherapy Day Unit	SVHM
	A Remote Care Leukaemia Coordinator to Enhance Outpatient Delivery of Novel Therapies to Older patients with Acute Myeloid Leukaemia	RMH
	An integrated stepped-care model of psychosocial oncology care: Overcoming barriers and improving access to mental health services for people impacted by cancer.	PMCC
	The co-design of an electronic patient-reported outcome (ePRO) symptom monitoring system for people receiving immunotherapy	PMCC
	Plaque Brachytherapy Patient Education Package	RVEEH
Scale & Spread 2022	Developing an evidence-based Toolkit for implementing Prehabilitation for Patients having Major Cancer Surgery. The Prehabilitation Toolkit for Cancer Surgery. "PREp-4-Cancer Surgery Toolkit."	PMCC
	Establishing and implementing an Aboriginal Patient Navigator role: Improving cancer outcomes for the Aboriginal and Torres Strait Islander community in Victoria	SVHM
	Digitally enabled service re-design: Overcoming inequity of access to specialist nurse-led care coordination at home for Victorians affected by pancreatic cancer	PMCC
Innovation & Improvement 2021-22	A personalised information sheet in a patient's preferred language to improve understanding of their colorectal cancer diagnosis and planned management. (Phase 2)	WH
	Prehabilitation to improve the psychological and physical symptoms experienced by head & neck cancer (HNC) patients before radiotherapy – "Prep-4-RT"	PMCC
	Making our prostate cancer nurse-led model of care the best it can be to maximise sexual function recovery for men post prostate cancer treatment	WH

Implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer

Aboriginal and Torres Strait Islander people continue to experience a different pattern of cancer incidence and significant disparities in cancer outcomes, compared with non-Indigenous Australians. The Victorian Cancer Registry reported in its 'Cancer in Victoria' report (2021) that Aboriginal Victorians are twice as likely to be diagnosed with cancer and three times more likely to die from cancer than other Victorians.

Despite health services' commitment to provide high quality care, provision of accessible, culturally safe cancer care to Aboriginal people is less evident.

WCMICS and Hume Regional Integrated Cancer Service (HRICS) co-led the VICS statewide implementation of the Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer by collaborating with key partners to:

1. Improve workforce knowledge of the OCP
2. Improve the understanding of the unique needs of Aboriginal and Torres Strait Islander people with cancer

The study used a cross-sectional design, whereby data collection occurred at only a single point in time for any one participant over a 4-week period in October 2022. The survey was developed based on Cancer Australia's OCP Implementation Guide and distributed electronically to Victorian health professionals at 29 health services across eight Integrated Cancer Service regions. Survey data were collected and stored in REDCap platform.

The survey assessed variation in health professionals' knowledge and skills to provide culturally safe care, professional/demographic background, and awareness of the OCP for Aboriginal and Torres Strait Islander people with cancer



Overall, 114 Victorian health professionals responded to one or more sections of the survey, giving a response rate of 4.3%.

Key participant demographics:

- 44% were nurses
- 50% worked in a metropolitan service
- 73% had >10 years' clinical experience

A clear outcome of the survey was that awareness of the OCP for Aboriginal and Torres Strait Islander people is significantly associated with:

- attending cultural training (62.8%) (figure 1)
- confidence asking patients if they identify as Aboriginal and Torres Strait Islander
- use of the Supportive Care Needs Assessment Tool for Indigenous People (SCNAT-IP)

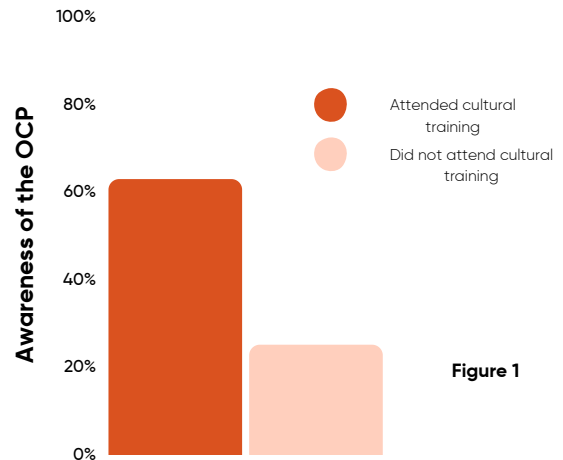


Figure 1

Figure 1 Compares the variation in the level of OCP awareness and attendance at cultural training

This study provides preliminary evidence that health professionals who attend cultural training have greater awareness of the OCP for Aboriginal and Torres Strait Islander people with cancer. The OCP and the accompanying implementation guide are tools that can be used by health services to improve their cultural safety.



As part of the implementation activities, Vegas Fitzmaurice (VGF Creative), a Victorian Aboriginal artist was commissioned to develop artwork that complements ICS activities of the OCP for Aboriginal and Torres Strait Islander people with cancer. The artwork is entitled 'Hope and Connection – Bunjil'.

Indicator development to monitor alignment with Optimal Care Pathways

The VICS aim to use available data sources to monitor and communicate Victorian health services' alignment with the Optimal Care Pathways (OCPs). To do this WCMICS have led a project to define a standardised suite of performance and quality indicators and a standardised monitoring process.

The performance and quality indicator results will be used to identify aspects of cancer care in need of further analysis, investigation, and quality intervention. The monitoring data will be routinely accessed and reported by each of the VICS to drive improvement within their network.

Indicator selection, testing and development was a staged process that drew on both evidence-based literature and advice gathered through clinician engagement, stakeholder input and expert opinion. Criteria were established to guide the comparison, ranking, and assessment of potential indicators.

The current 24 OCPs for adult cancer were reviewed for recommended actions and timeframes for consultation and treatment to derive the indicators. Initially there were 168 potential indicators that were refined to a longlist of 36 indicators through grouping like-recommendations across the OCPs and excluding indicators deemed infeasible to measure. Using a modified-Delphi method, the longlist of 36 indicators were assessed by a clinical reference group for their value in monitoring the quality of cancer care and potential to inform impactful improvement activities.

A survey was developed to enable the scoring of indicators and a mechanism for feedback for each indicator. Indicators were then ranked on score and grouped by feasibility of data collection. A shortlist of 21 indicators was determined with seven indicators from the top three feasibility categories:

- Data sources already available to the VICS, e.g. Statewide Cancer Indicator Platform (SCIP)
- Data available to request through existing relationships, e.g. Victorian Radiotherapy Minimum Dataset (VRMDS)
- Data available through health record audit, e.g. Cancer Services Performance Indicator audit (CSPI)

Development of the 21 indicators and the implementation plan is now underway in consultation with the VICS and the Department of Health.

This project will strengthen focus on monitoring alignment with OCPs at scale across Victoria and will enable the VICS to provide health services consistent regular data reporting against these indicators.



Financial Report

Income

DH grant	\$1,963,305
Other revenue	\$154,313
Income total	\$2,117,618

Expenditure

Salaries and wages

ICS staff	\$1,263,820
Other contracted staff	\$4,575
Salary & wages subtotal	\$1,268,395

Operating expenses

General administration	\$50,768
Host agency fee	\$66,764
Operating expenses subtotal	\$117,532

Statewide projects expenses

Local contribution (RFF)	\$91,294
Statewide project expenses subtotal	\$91,294

Local project expenses

WCMICS project disbursements (grant program)	\$737,044
Project expenses subtotal	\$737,044

Balance

Total revenue	\$2,117,618
Total expenses	\$2,214,265
Opening Balance at 1 July 2022	\$889,038
Closing Balance at 30 June 2023	\$792,391
Committed grants 2023-2024	\$612,010

**Western and Central Melbourne Integrated
Cancer Service (WCMICS)**

2 St Andrews Place
EAST MELBOURNE
VIC 3002

(03) 8559 9070

contactWCMICS@petermac.org

www.vics.org.au/wcmics



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Cover image courtesy of Werribee Mercy Hospital, Mercy Health Services, by Penny Stephens, Werribee Mercy Hospital theatre staff, Debra Taylor, Alexandria Reynes, Maria Evangelista.'