



Hume RICS

REGIONAL INTEGRATED
CANCER SERVICE

annual

report

Year ending June 2015

14-15



Positively making a difference to cancer
support and treatment in the Hume region

www.humerics.org.au



This year's annual report highlights the diversity of work that Hume RICS has undertaken over the past twelve months in order to strive to achieve our mission of positively making a difference to cancer support and treatment within the Hume Region.

Message from the Chair

The work of Hume RICS continues to pivot around the four key priority areas of multidisciplinary care, supportive care, reducing unwanted variations in care, and care coordination, and we are proud to see our existing programs continue to grow and new initiatives in these areas develop. The successes of our initiatives in 2014-15 have been based on solid partnerships and collaborative approaches with local, regional and statewide partners. We are supporting and actively participating in a number of statewide activities such as the Victorian Patient Experience Survey, the Victorian Integrated Cancer Services (ICS) Multidisciplinary Team Meeting Survey 2014, and Cancer Council Victoria's (CCV) development of the Optimal Care Pathways. Hume RICS facilitated the involvement of Hume region health services to develop and pilot a service capability framework that will now be implemented on a statewide basis. Another achievement this year was contributing to the successful delivery of the Victorian ICS Conference, including a Hume RICS team member being awarded the People's Choice for Best Oral Presentation.

Hume RICS has continued to work in partnership with other ICS on projects to improve communication processes in order to achieve better outcomes for patients receiving treatment across regions.

Additionally, the team in the Border/East Hume Cancer Network was pleased to support the Border Medical Oncology Research Unit with the implementation of a novel initiative this year through establishing a process for patients accessing services in Albury/Wodonga to participate in a NSW statewide biobanking program, which supports translational research.

We have been delighted to see the continued expansion of the Aboriginal cancer program which in the past year has provided culturally sensitive education in a variety of formats to Aboriginal Health Workers, community health agencies, specialist cancer service providers and members of the Aboriginal community about cancer prevention, early detection, treatment, palliative care and end-of-life issues. This work has culminated in the development of a series of resources for Aboriginal Health Workers and members of the community which have been distributed nationally. The success of this program is a testament to the positive approach and shared vision of all of our partners to improve the outcomes of Aboriginal people with cancer.

Hume RICS has also supported the development and implementation of additional resources and education for the broader community, clinicians and health professionals. The team has worked with partners such as Bowel Cancer Australia, Lung Foundation Australia,



Day chemotherapy treatment at Kilmore & District Hospital



Pathology representative

the Leukaemia Foundation, Cancer Council NSW and CCV to facilitate the delivery of targeted education sessions that cover specific tumour streams, as well as general cancer-related information. The Hume RICS website will soon house a link to supportive care services in the Hume region and extended catchment to provide an additional avenue of support and information for people with cancer, their families, and health professionals to access at a time that is convenient to them. We are committed to supporting the continuous improvement of the way that accessible information is provided to consumers and the input of our consumer representatives and Community Participation Network is critical to this process.

Another key component of our work is supporting further development and improvements to the multidisciplinary team meeting (MDTM) program which has continued to expand over the past twelve months.

The program has developed to include more regular linkages with metropolitan MDTMs to support shared care arrangements and best practice care. We have also seen a 25% increase in the numbers of patients presented at local Hume region MDTMs from the previous year, which demonstrates improvement in moving towards the statewide target that 80% of all newly diagnosed cancer cases are presented at a MDTM.

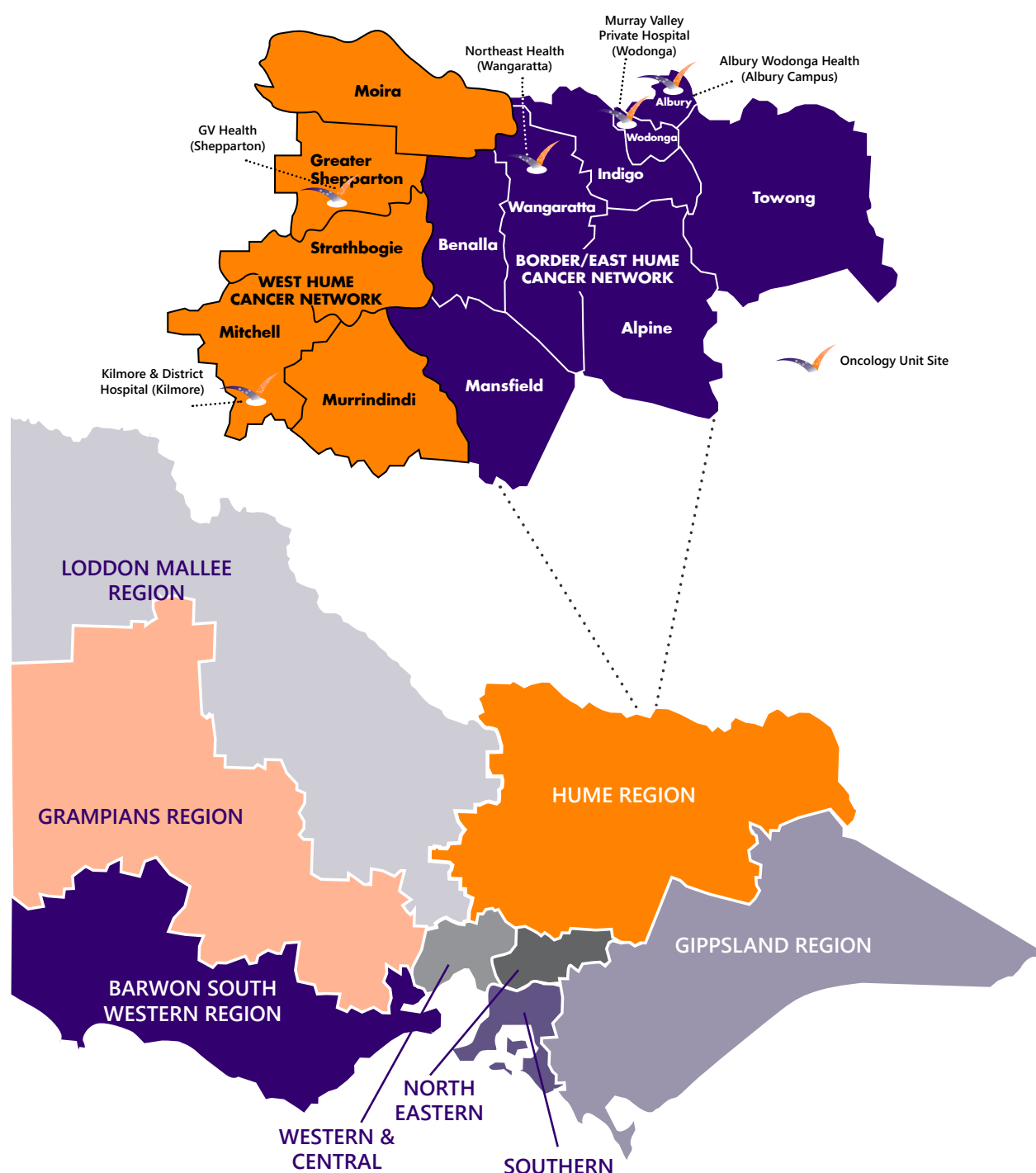
In the upcoming year, the Hume RICS team will continue to focus on working with local, regional and statewide partners to instigate locally-relevant strategies to improve the care that is provided to people diagnosed with cancer and their families. A critical aspect of this is to maintain and extend our engagement with consumers, as they bring enormous value to our service planning and implementation. We look forward to extending the work undertaken over the past twelve months into the new financial year through working with our health service partners in the Hume region and beyond. By remaining committed to working collaboratively, we can ensure the continued provision of high quality cancer care in the Hume region. Together, we can positively make a difference.

Mr Dale Fraser
Chair, Hume RICS Executive Committee

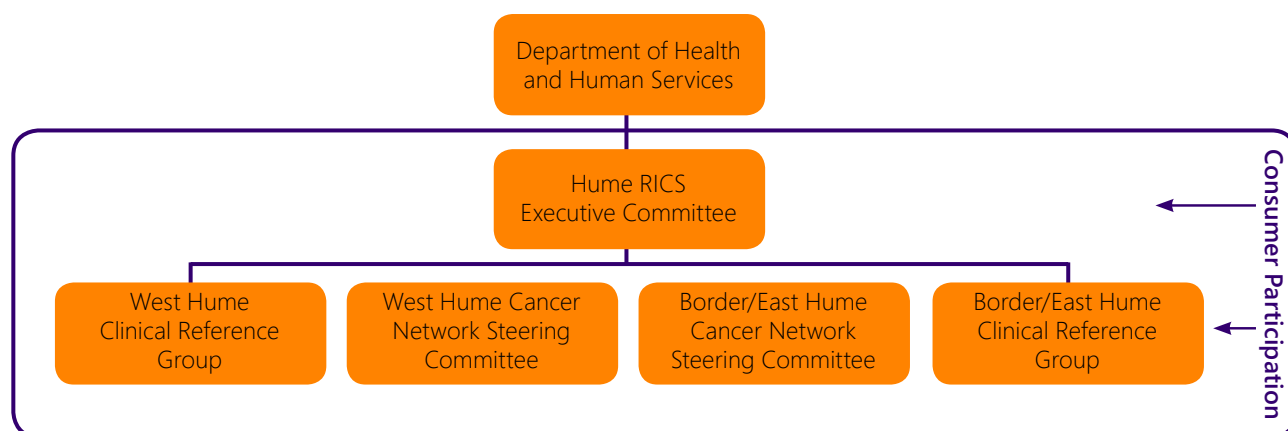
About Us

Hume RICS is located in northeast Victoria and supports a wide catchment that extends from Southern NSW to the northern growth corridor of metropolitan Melbourne.

Unique in its cross-border structure, Hume RICS is comprised of two clinical networks: the Border/East Hume and the West Hume Cancer Networks. The combined population for the Hume RICS primary catchment area is over 310,000.



Hume RICS Governance



Our Staff

Chris Packer
Strategic Manager
Hume RICS

Carole Mott
Service Improvement Facilitator
West Hume

Kathy Vickers
Cancer Care Coordinator
(NSW Funded Position)

Donna Thomson/Jennie Young
Personal Assistant
Hume RICS

Michelle Judd
Service Improvement Facilitator
West Hume

Liz Macpherson
Cancer Care Coordinator
(NSW Funded Position)

Megan Wright
Cancer Data and
Information Analyst
Hume RICS

Rebecca Myers
Service Improvement Facilitator
Border/East Hume

Valda Murray
Aboriginal Project Officer
Hume RICS

Joan Schroen
Network Coordinator
Border/East Hume

Rebecca McAllister
Project Officer
West Hume

Jennifer Grech
MDTM Administrator
West Hume (Kilmore)

Robyn Sharman
Cancer Resource Nurse &
Project Coordinator
Border/East Hume

Vanessa Sariman
MDTM Administrator
Border/East Hume

Executive Committee



Mr Dale Fraser (Chair)
Chief Executive Officer
Goulburn Valley Health



Ms Catherine O'Connell
(June 2014 - March 2015)
Chair, Border/East Hume Cancer
Network Steering Committee
Executive Director of Clinical
Operations, Albury Wodonga Health



Ms Judith Scarfe
Representative
Department of Health
and Human Services



Mr Glenn Davies
(March 2015 onwards)
Chair, Border/East Hume Cancer
Network Steering Committee
Director Medical Services,
Albury Wodonga Health



Ms Anne Robinson
Chair, West Hume Cancer Network
Steering Committee
Divisional Operations Director Medical
& Critical Care Goulburn Valley Health



A/Prof Susan O'Neill
Chief Executive Officer
Albury Wodonga Health



Mr Bart Ruyter
Chief Executive Officer
Kilmore & District Hospital



Ms Margaret Bennett
Chief Executive Officer
Northeast Health Wangaratta



Dr Mahesh Iddawela
Clinical Director
West Hume Cancer Network



Dr Craig Underhill
Clinical Director
Border/East Hume Cancer Network



Ms Chris Packer
Strategic Manager
Hume Regional Integrated
Cancer Service

Performance Indicator Audits

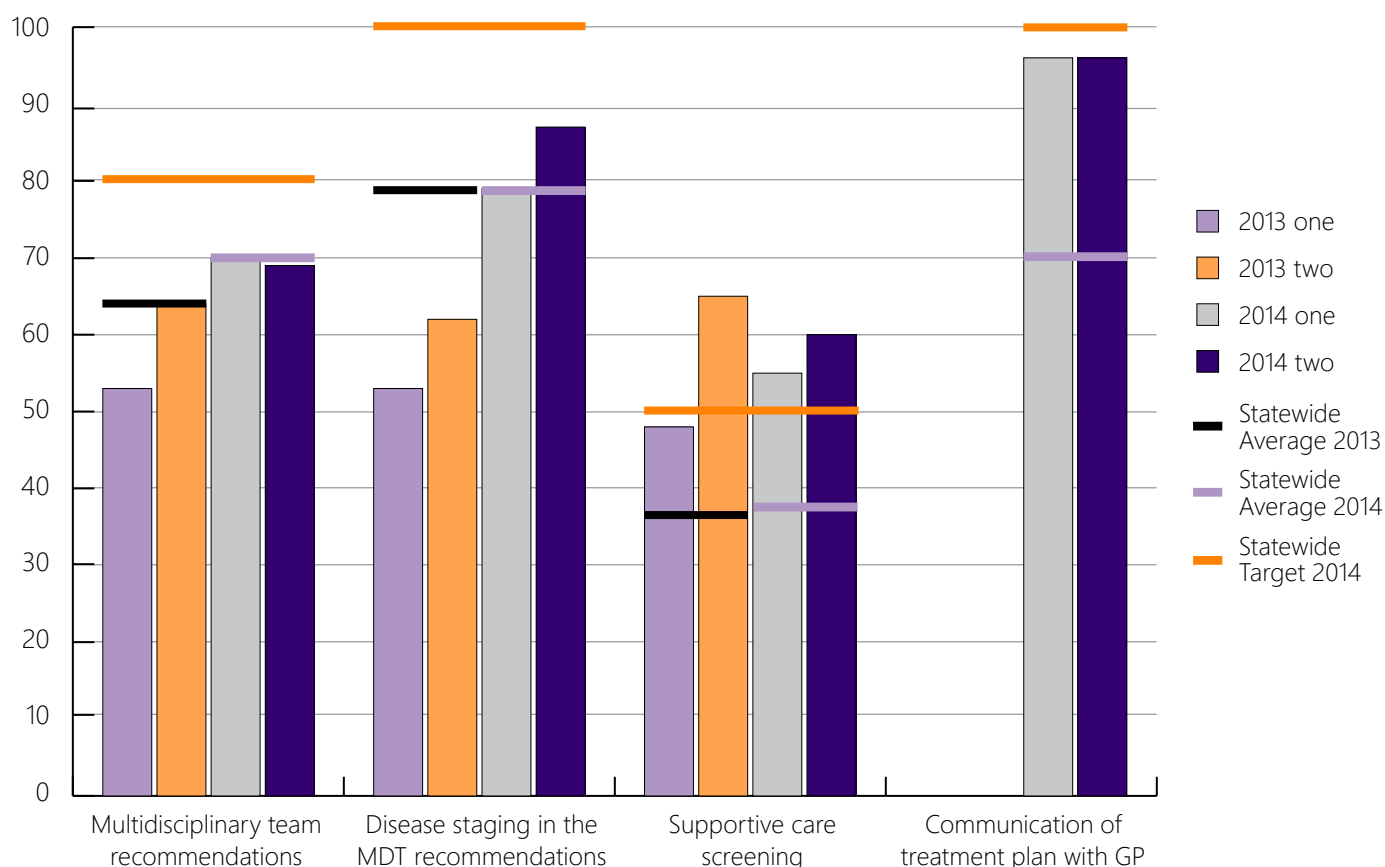
Hume RICS conducts a biennial audit on behalf of the Department of Health and Human Services (DHHS) which measures progress with the implementation of Victorian Government cancer reform policy. It involves the collection and reporting of data for four cancer performance indicators, which are listed below with the statewide targets set by the DHHS for 2014:

- Documented evidence of multidisciplinary team recommendations (80%)
- Documented evidence of disease staging in the multidisciplinary team recommendations (100%)
- Documented evidence of supportive care screening (50%)
- Documented evidence of communication of initial treatment plan to General Practitioner (GP) (100%)

(a new indicator in 2014)

As shown in Chart 1 below, service sites in the Hume region have generally demonstrated an improvement against each of the performance indicators over the past four audit cycles. Whilst not meeting the aspirational statewide targets for three of the four indicators, Hume service sites have consistently outperformed the state average for supportive care screening and communication with the GP. Additionally, more recently we have matched, or outperformed the state average for multidisciplinary team recommendations and disease staging. Hume RICS are working in collaboration with the health service sites to implement strategies to continue to improve our performance across each of these indicators and work towards meeting the targets established by the DHHS.

Chart 1: Hume RICS performance across audit cycles 2013-2014 compared with statewide average and targets



Statewide Cancer Data

Statewide cancer data allows us to identify our priorities for future service improvement initiatives and also to benchmark against other regions across the state. In this year's report we have chosen to present data about colorectal cancer. Unfortunately due to data limitations, it only includes residents of Victoria and does not include residents of NSW.

As shown in Chart 2 and Chart 3, residents of the Hume region have comparable incidence and five-year survival rates with other regional areas, although survival rates in particular are slightly better for residents of metropolitan Melbourne.

Chart 2: Colorectal cancer standardised incidence rate 2008-2012

Source: Victorian Cancer Registry

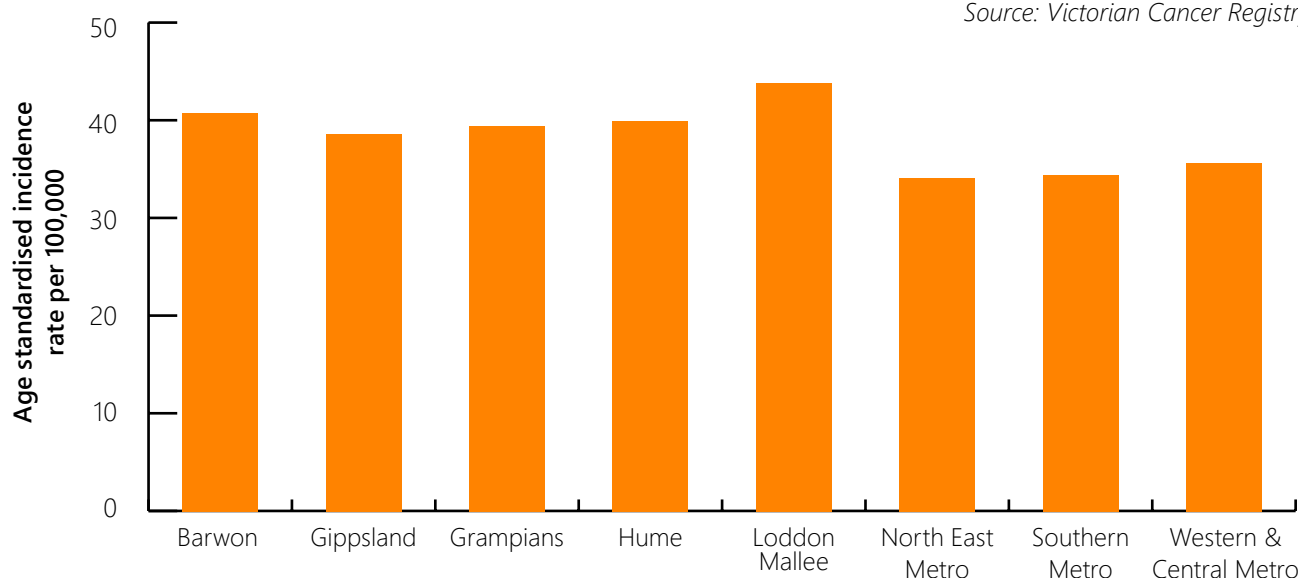
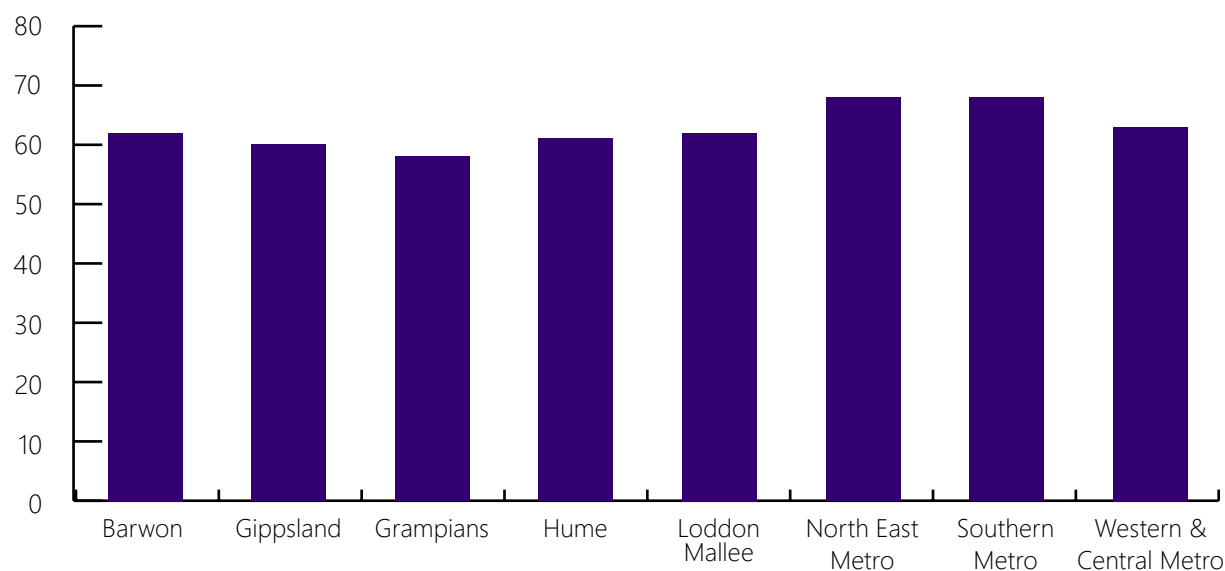


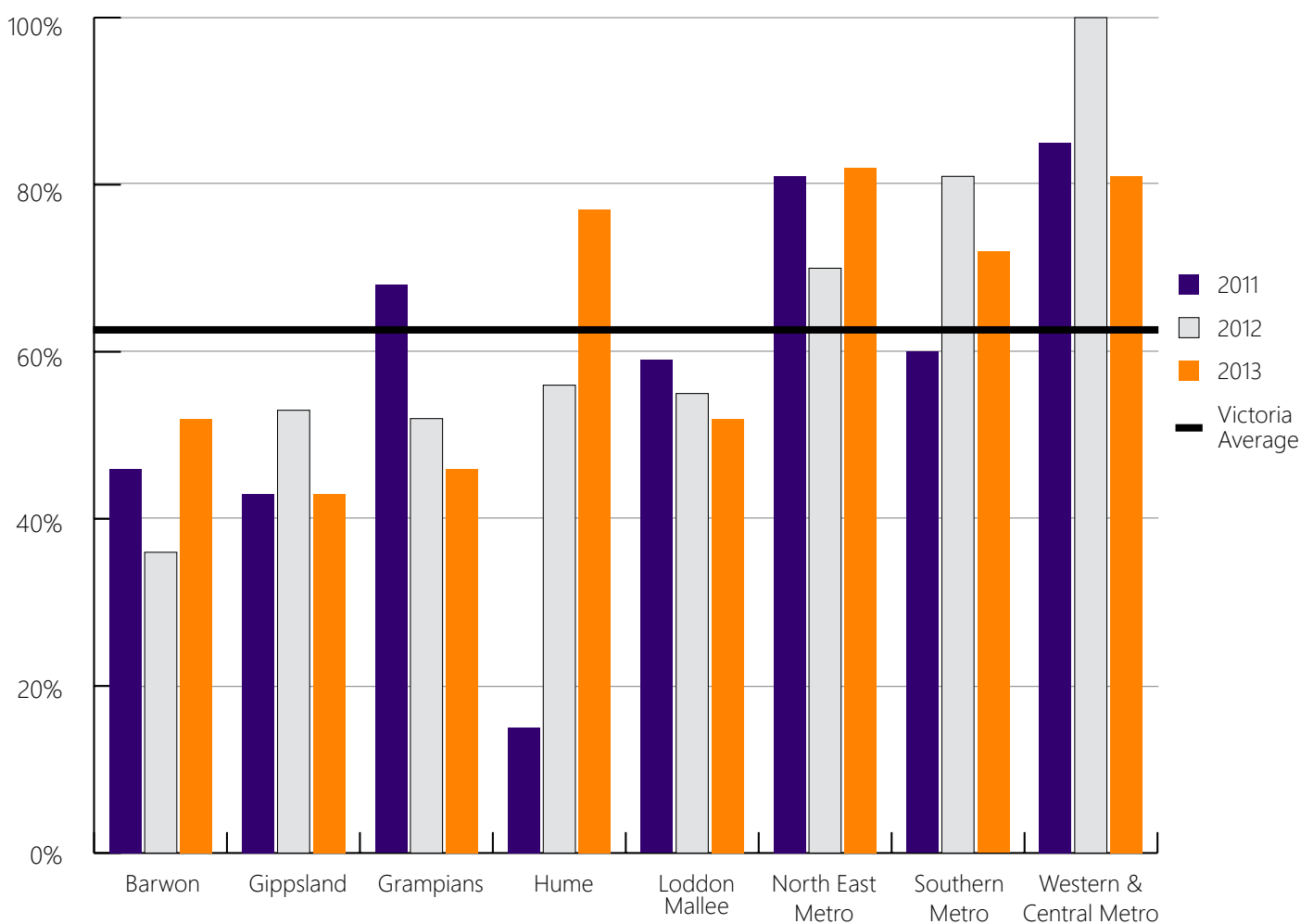
Chart 3: Colorectal cancer 2006-2010 cohort, relative 5-year percentage survival by ICS

Source: Victorian Cancer Registry



The DHHS have set a statewide target that 80% of all newly diagnosed cancer cases will be discussed in a multidisciplinary team setting. The vast improvement that Hume RICS has made in working towards this target for colorectal cancer patients over the period 2011-2013 is shown below, with the Hume region achieving the third best result in the state in 2013 and far exceeding the statewide average.

Chart 4: Multidisciplinary treatment planning for newly diagnosed colorectal cancer patients 2011-2013



The data demonstrates that the efforts Hume RICS have made in developing and supporting processes for the MDTMs are resulting in a greater number of newly diagnosed patients being discussed. Additionally, over the past year, Hume RICS has supported the delivery of cancer screening education, including specific sessions for the Aboriginal and Culturally and Linguistically Diverse communities.

We have also supported clinicians to attend specific statewide colorectal cancer summits which have developed clinical guidelines for implementation across the state to improve the timeliness of cancer diagnosis and subsequent treatment.

Multidisciplinary Care

Multidisciplinary Team Meetings and Telehealth

Multidisciplinary care remains a key priority area for Hume RICS and we are working in partnership with multidisciplinary teams in Albury/Wodonga, Wangaratta and Shepparton to ensure the continuous improvement of their local MDTMs.



MDTM in progress

This includes acting on the feedback provided by clinicians and health professionals in a local evaluation survey in the Border/East Hume Cancer Network to expand the Terms of Reference for the Breast and Gastrointestinal MDTMs to include complex melanoma cases and high risk basal cell carcinomas and squamous cell carcinomas. This expansion provides the opportunity for cases to be discussed that are additional to those already presented at the Head and Neck MDTM. Feedback from the West Hume Cancer Network local evaluation survey identified areas of improvement which involved making the MDTM discussion summary more concise to facilitate efficient individual case discussion and an improved process for the notification of any MDTM management or administrative changes. In consultation with Goulburn Valley (GV) Health, this change was implemented and has resulted in improved communication pathways for MDTM team members. In the 2014-15 financial year, there has been an increase of almost 25% in the number of patients presented at the Hume region MDTMs in comparison with the previous financial year, as shown in Chart 5.

On a weekly basis, the Hume RICS team is using high definition video conferencing solutions to access specialist oncologist resources at the Austin Hospital, Peter MacCallum Cancer Centre and St Vincent's Hospital Melbourne (SVHM). We also collaborate closely with our regional neighbour, the Loddon Mallee Integrated Cancer Service, to ensure continuity of care for patients who may reside in one region but receive treatment in the other.



Desktop videoconference linkage for MDTMs

Apart from the obvious savings in travel, immediate productivity gains are realised for expensive and scarce resources across regional areas.

The benefits of using technology to link with specialist metropolitan facilities include more effective time management for health professionals and reduced need for metro-regional travel for both patients and specialists.

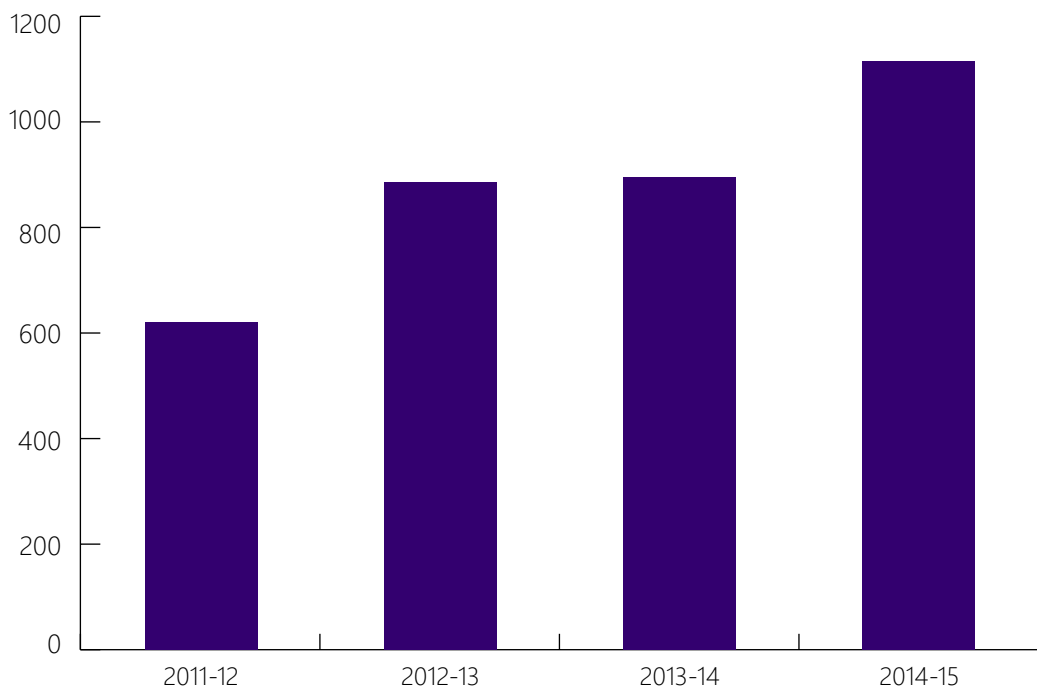
Statewide Initiatives

Hume RICS is also committed to participating in statewide activities related to MDTMs; such as the survey conducted by the DHHS to describe the number of MDTMs held across Victoria and the processes and protocols that support them. We have also actively contributed to a project to develop statewide MDTM datasets.



Chart 5: Number of patients discussed at an MDTM in the Hume region

Source: CANMAP





CCV workshop attendees

Supportive Care

Framework for Supportive Care

Supportive care is recognised to be one of the fundamental principles of a person-centred approach to cancer care. Since the introduction of the Victorian Supportive Care Framework, Hume RICS has continued to support health services to implement the Victorian Supportive Care policy by building the capacity of the supportive care workforce and strengthening the culture in which the importance of supportive care for patients and their families is recognised.

Meeting the principles of the supportive care policy has been integral to many of the projects and activities undertaken by Hume RICS this year. The supportive care screening program at the Murray Valley Radiation Oncology Centre has been sustained since its implementation in October 2013 and we are working to expand the program to surgical settings to ensure early intervention in recognising and addressing cancer patients' needs at diagnosis. At Kilmore and District Hospital the screening program was modified to utilise the Distress Thermometer (DT) and this was accompanied with training in its use for the staff in the oncology unit, as well as District Nursing. At Seymour Health, preliminary training has

been conducted with staff in the use of the DT, with implementation of the screening program expected in the upcoming year.

Additionally the implementation of the Cancer Survivorship Project that is piloting a nurse-led survivorship clinic will see the implementation of an evidenced based model of care for survivors including a person-centred survivorship plan of care. Hume RICS are committed to continue to identify gaps in existing supportive care services and support health professionals within cancer services to optimise patient experiences and outcomes.

Partnering with the Cancer Council

Hume RICS collaborated with the CCV for a 'Living With Cancer & Life After Cancer Education Program' workshop, which gave participants the opportunity to contribute to the development of a plan for these programs in 2015-16. The involvement of Cancer Council staff from both NSW and Victoria was extremely positive and allowed a discussion of the cross-border support services available to ensure that people affected by cancer are not disadvantaged according to which side of the border they reside.

Cancer Survivorship Project

Hume RICS are working in partnership with the Barwon South Western Regional Integrated Cancer Service (BSWRICS) to implement a model that provides survivorship nurse consultations to patients who have completed chemotherapy and/or radiation therapy. The survivorship project will ensure that all people completing active treatment are provided with assistance to transition from the often intense and heavily supported treatment stage to recovery and long-term wellbeing as a cancer survivor. Project planning has commenced, with the model to be implemented in 2015-16 following the recruitment of survivorship nurses in both the Border/East and West Hume Cancer Networks.

An individual care plan specific to the patient's tumour type will be developed by the nurses and provide a focus for health assessment, prevention of cancer recurrence and provision of specific information related to the person's health needs and goals. Coordinated pathways of care between cancer services and primary health providers will be developed to increase engagement of each patient's GP and increase access for cancer survivors to allied health and community health services. This program will adopt the BSWRICS model, but will be implemented to address local needs and pathways, and is underpinned by a focus on health literacy, patient empowerment, health prevention, a chronic disease approach and liaison with primary care providers.

Cancer Care Services Link

As a component of the Cancer Survivorship Project, a regional resource of cancer specific and general health services and supports for cancer survivors is being developed. The goal is to create an easily maintained, readily accessible link to supportive care services for the Hume Region and extended catchment area listing local, statewide and national services, based on the five inter-related domains of need: physical, social, psychological, spiritual and information, as well as encompassing survivorship. After conducting forums with community members to gain their vital feedback, the Cancer Care Services Link will be available on the Hume RICS website in late 2015 comprising of information and hyperlinks directly related to the consumer's supportive care requirements.

West Hume Sub-regional Supportive Care Model

To ensure that cancer patients and carers from smaller rural communities in the West Hume Cancer Network are supported as close to home as possible, a project was conducted to expand the Supportive Care Meeting and screening program at GV Health to include outlying health services from Kyabram and Moira Shire. This has resulted in a greater number of patients being discussed at the meeting and has developed processes to support the increased identification and management of the supportive care needs of patients and their carers within their local communities.

Supportive care meeting



Reducing Unwanted Variance in Cancer Care



Pathologists participating in the biobanking program

Biobanking

Hume RICS has been working in collaboration with the Border Medical Oncology Research Unit (BMORU), the Health Service Alliance Biobank at the Lowy Cancer Research Centre and local pathology providers to establish a process for patients receiving treatment in Albury/Wodonga to participate in a NSW statewide biobank initiative. A biobank is a collection of human samples such as tissue and blood, linked to patient information that supports researchers and clinicians in advancing the field of translational cancer research. Recruitment has commenced for patients linked with the BMORU and will be extended more broadly in the near future.

Optimal Care Pathways

The Optimal Care Pathways (OCPs), formerly known as Patient Management Frameworks, describe the optimal care that is recommended for patients according to their specific type of cancer. Commissioned by the DHHS, the CCV have been carrying out a review of the OCPs to ensure the inclusion of up-to-date evidenced based information and emerging areas of practice. A new addition to the OCPs will be a consumer navigation tool which is the result of consumer feedback, including from the Hume RICS Community Participation Network members.

Hume RICS has also been active in maintaining communication between the CCV and our regional stakeholders, together with recommending local cancer clinicians and health professionals as expert working group members. The implementation of the OCPs, which is expected to occur during 2015-16, will be a significant part of our future work and we are looking forward to working with stakeholders during this period. Further information about the OCP project can be obtained from the CCV website.

Antineoplastic Drug Administration Course (ADAC)

Hume RICS has been actively working with health services across the Hume region to implement the national online chemotherapy education resource, ADAC, which has been developed by EviQ Ed under the auspices of Cancer Institute NSW (CINSW).

ADAC comprises of 8 online learning modules containing eLearning guides and eQuizzes, a facilitator supported workshop and clinical competence assessment tools. This gives health services staff the opportunity to develop skills and knowledge in administering antineoplastic drugs and managing the associated waste safely. It is designed to improve an aspect of cancer practice that significantly impacts on staff and patient safety and quality patient outcomes. Currently Hume region nurses working in the oncology field are required to travel to a tertiary hospital or other regional centres such as Bendigo, to undertake specialised education. This can be costly, time intensive and difficult to coordinate. Being able to access ADAC online and have competencies assessed locally minimises the travel burden on nurses who work within oncology units to gain specialised chemotherapy administration education. To date, it has been implemented at Albury Wodonga Health, Murray Valley Private Hospital, Northeast Health Wangaratta (NHW), Kilmore and District Hospital, GV Health and is due to commence at Seymour Health in August 2015.

Victorian Chemotherapy Service Redesign Project Phase 2

To meet the ever growing demand of day chemotherapy services it is essential that units remain fiscally sustainable whilst continuing to provide safe, quality care to patients and carers. In recognition of this and following the success of the Victorian Chemotherapy Service Redesign Phase 1 Project in 2013-14, the DHHS have committed further funds for six health services to undertake the redesign project. Hume RICS is delighted to collaborate with and provide further funding and support to three Hume regional health services that were successful in receiving DHHS funding for this project: GV Health, NHW and Albury Wodonga Health. Although the overall aim of the project is to streamline processes within the unit to promote efficient business practices, a large emphasis is on improving the quality of the day oncology service and promoting positive patient experiences.

Well Women Workshops

Hume RICS successfully applied for funding from Cancer Australia to conduct two Aboriginal and Torres Strait Islander Well Women Workshops in Albury/Wodonga and Shepparton. These workshops were held in collaboration with a number of Aboriginal Health services and health professionals to help community members without a diagnosis of cancer to understand the importance of early detection of breast cancer, the role of mammographic screening and how to identify breast cancer symptoms. Nearly 50 Aboriginal women aged 18 – 50+ years attended these successful events.



Well Women Workshop



Archie Roach launching the "Yarning" resources

Reducing Unwanted Variance in Cancer Care (continued)

Yarning Along the Murray Project

Building on the successes achieved in 2013-14, the Yarning Along the Murray Project funded by the CINSW has continued to support Aboriginal Health Workers to attend clinical placements in day chemotherapy and radiotherapy treatment units, as well as palliative care and BreastScreen. Another major achievement in 2014-15 has been the development of the "Beginning the Journey" DVD which provides an introduction to chemotherapy and radiotherapy treatment. Produced locally, this resource has been distributed nationally by the CINSW and joins the suite of resources produced by this project that are targeted to the Aboriginal community that have also been promoted across Australia. These resources add to those developed in partnership with the Lung Foundation Australia in the previous financial year, which were launched by Aboriginal singer-songwriter Archie Roach in Albury in mid-2014.

The Yarning Along the Murray project team also assisted the CINSW with the development of their new booklet "Cancer treatment and side effects: A guide for Aboriginal Health Workers". This booklet was developed with the input of several Aboriginal Health Workers from northeast Victoria and southern NSW. As with the project DVDs, this resource will be distributed nationally by the CINSW.

CINSW staff introducing a new Aboriginal health resource





Local artwork



Hume RICS staff at the "Big Bowel" exhibit

In recognition of the successes of the Yarning Along the Murray Project, the CINSW provided additional funding for Stage 2 of the project, which has a focus on the promotion of breast, bowel and cervical cancer screening to members of the Aboriginal communities. A series of events has been held to raise awareness about cancer screening, including Bowel Cancer Australia's "Big Bowel" exhibit in Albury and Deniliquin which was a huge success with over 240 people attending and learning about bowel cancer awareness and screening through this interactive educational exhibit.

Advance Care Planning and End of Life Issues in the Aboriginal Community

This project, funded by the Victorian Government, aimed to address the need for culturally appropriate palliative care for Aboriginal people in the Hume region and had a focus on education around advance care planning and end of life issues.

These activities were guided by an identified knowledge gap in our region around accessing palliative care services, advance care planning, making a will, power of attorney and end of life issues.

A series of education sessions have been held across the Hume region for Aboriginal Health Workers and community workers to address these knowledge gaps and support placements within palliative care services.

Almost 100 health professionals have attended these sessions with the evaluations overwhelmingly indicating that participants are more confident with aspects of palliative care and end of life issues, will be able to use the information in their work and would certainly recommend this workshop to their colleagues.

Education session for Aboriginal Health and Community workers





Hume RICS staff and health workers at the VICS Conference

Reducing Unwanted Variance in Cancer Care (continued)

VICS Conference 2015

The 2nd Victorian Integrated Cancer Services (VICS) Conference held in May 2015 was very well attended, with over 300 delegates. Hume RICS was well represented and supported 17 staff, clinicians, health workers and consumers to attend. Oral presentations were given by Hume RICS team members Kathy Vickers for "Improving Access to Psychosocial supports in regional Victoria" and Robyn Sharman for "Let's Yarn with the Aboriginal Health Workers and Community about Cancer". Posters were also presented by Michelle Judd and Robyn Sharman. A highlight of the conference from a Hume RICS perspective was the award presented to Robyn Sharman for the People's Choice for Best Oral Presentation. Robyn's presentation promoted much discussion in the audience and the project's strong collaboration with the Aboriginal community and demonstrated benefits were commended, with an Aboriginal Health Worker in the audience stating "I just want to take this back to my communities and say...we CAN do this!".

Hume RICS staff and health workers at the VICS Conference





Hume RICS staff at the Survivorship Conference

Health Service Grants

Hume RICS were again in a position this financial year to be able to offer health service grants for projects to achieve sustainable cancer service improvement. GV Health received a grant to review the 2012 West Hume Cancer Service Plan and identify the priorities for access to radiation oncology services. This project aligns with the development of the 2014 GV Health Strategic Plan and was completed in June 2015. Kilmore and District Hospital were also awarded a grant for a service development project to explore opportunities for a partnership between their health service and the Northern Hospital in Epping. A Project Officer has been employed to progress this project, which is currently underway.

Staff professional development and conference presentations

In addition to the VICS Conference 2015, Hume RICS staff members have attended several conferences and professional development workshops over the past twelve months. These include the 2015 Survivorship Conference (Adelaide), the Australian Lung Cancer Conference (Brisbane), the Cancer Institute NSW Innovations Conference (Sydney), the Clinical Oncological Society of Australia Annual Scientific Meeting (Melbourne), World Cancer Congress & Masterclass (Melbourne) and the Deakin Health Literacy Masterclass (Melbourne). The Hume RICS team is committed to applying the learnings from these sessions to their cancer service improvement work within the Hume region.

Care Coordination

Linking Care Project

Hume RICS, SVHM and Western and Central Melbourne Integrated Cancer Service have partnered on this project to improve the quality and timeliness of the communications between the Nurse Coordinators/ Cancer Liaison Nurses at SVHM and Hume RICS. The aim is to improve the continuity of quality care for patients diagnosed with a malignancy following patient discharge from surgical inpatient treatment at SVHM. A Communication Pathway Tool is being piloted for a 6 month period as it is anticipated that improving communication will result in improved coordination of individual patient care, as well as strengthen clinical relationships between service providers. Patient and clinician surveys have also been undertaken to ascertain their views of the current communication processes and suggestions for the development of the new Communication Pathway Tool. The project is initially focusing on the gastrointestinal, urology, and Central Nervous System tumour streams, with plans to extend the systems developed to all other tumour streams in the future.

Oral Chemotherapy

It has been recommended by the DHHS that health organisations evaluate their safety controls for the prescribing and dispensing of oral chemotherapy and evaluate their current procedures against recommended guidelines. Following consultation with GV Health and health services within the Border/East Hume Cancer Network, an audit was conducted in the oncology units using the DHHS document "Quality use of medicines Audit Tool – Oral chemotherapy for cancer". Completion of this audit tool identified areas where further investigations were required and improvements could be made to reduce the risk of critical errors during the prescribing, dispensing and self-administration of oral chemotherapy. Further consultation continues with the participating oncology units to highlight service improvement opportunities and to develop recommendations for consideration by key stakeholders.

Victorian Patient Experience Survey

One way of measuring the performance of health services and highlighting areas to improve the experiences of patients and their carers is by utilising a patient experience survey. For many years the Victorian Patient Safety Monitor has been used for this purpose, however this survey has been limited in its ability to extract information that is specific to cancer.

The Victorian Patient Experience Survey study is funded by the DHHS and aims to test a patient experience survey specific to people diagnosed with cancer by capturing a record of their unique and often complex experiences. Hume RICS has facilitated negotiations with GV Health and NHW to support their participation in this study, which has recently commenced.

Patient experience survey participant





Community forum attendees

Consumers

The Hume RICS Consumer Participation Model continues to be implemented through a variety of mechanisms, including regular interaction with the Community Participation Network, involvement of consumers in our governance groups and project working parties, and supporting consumers to attend conferences. This year Hume RICS supported three consumers to attend the VICS Conference 2015. They identified their highlights of the conference, which included exchanging views and experiences with other delegates, presentations about the services provided by the Australian Survivorship Centre and the McCabe Centre for Law and Cancer, and an overarching theme that saw the increasing use of consumer input into cancer care and services. Our consumer attendees are keen to meet with other community members from across the region to share their learnings from this conference, as well as to extend consumer networks. Hume RICS will work in partnership with our consumers to explore this in the upcoming year.

Another key component of the Consumer Participation Model is facilitating the provision of balanced and objective information to assist consumers in understanding the problems, alternatives, opportunities and/or solutions relating to cancer. Over the past year, this has been achieved through supporting and/or facilitating education sessions for cancer patients and their carers, such as hosting the Leukaemia Foundation on National

Myeloma Day, in which patients attended an information session regarding the advancements in new clinical trials and treatments. Hume RICS has also supported GV Health with the promotion of the Big Bowel exhibit in Shepparton with over 380 community members attending over a three-day display period, and facilitated Bowel Cancer Australia to conduct bowel cancer education to factory workers for a large industrial employer in Shepparton.

Hume RICS Clinical Director at the "Big Bowel" exhibit



Financial Report

For the period July 2014 – June 2015

REVENUE	\$
ICS DH grant	\$1,226,589
Other DH grants	\$124,029
Accumulated interest	\$ -
Other revenue	\$177,213
TOTAL	\$1,527,831

EXPENDITURE	\$
Administrative salaries	\$936,478
Computer software	\$3,600
Administration & Office Supplies	\$86,597
Consumables	\$6,467
Repairs and maintenance	\$289
Capital/asset purchases	\$2,394
Equipment < \$2500	\$16
Recruitment	\$745
Motor vehicles and travel	\$16,113
Corporate/management charge by host agency	\$93,621
Rent	\$42,642
Staff training and education	3,895
Conferences & travel	\$22,934

PROJECT EXPENSES	\$
Consultancy	\$7,000
EXPENDITURE TOTAL	\$1,222,791

TOTAL	\$
Opening Balance 1 July 2014	\$92,898
Revenue Total	\$1,527,831
Expenditure Total	\$1,222,791
Balance of Funds June 30 2015	\$397,938

Our Partners

Goulburn Valley Health (host agency)

Albury Wodonga Health

Albury Wodonga Private Hospital

Alexandra District Hospital

Alpine Health

Beechworth Health Service

Benalla and District Memorial Hospital

Cobram District Hospital

Euroa Health

Gateway Health

Kilmore and District Hospital

Mansfield District Hospital

Murray Valley Private Hospital

Nagambie Hospital

Nathalia District Hospital

Northeast Health Wangaratta

Numurkah District Health Service

Seymour Health

Shepparton Private Hospital

Tallangatta Health Service

Upper Murray Health and Community Services

Walwa Bush Nursing Hospital

Wangaratta Private Hospital

Yackandandah Bush Nursing Hospital

Yarrawonga District Health Service

Yea and District Memorial Hospital

Acronyms

ADAC	Antineoplastic Drug Administration Course
BMORU	Border Medical Oncology Research Unit
BSWRICS	Barwon South Western Regional Integrated Cancer Service
CCV	Cancer Council Victoria
CINSW	Cancer Institute NSW
DHHS	Department of Health and Human Services
DT	Distress Thermometer
GP	General Practitioner
GV Health	Goulburn Valley Health
Hume RICS	Hume Regional Integrated Cancer Service
ICS	Integrated Cancer Services
MDTM	Multidisciplinary Team Meeting
NHW	Northeast Health Wangaratta
OCP	Optimal Care Pathway
SVHM	St Vincent's Hospital Melbourne
VICS	Victorian Integrated Cancer Services



Hume RICS is supported by the Victorian Government

Hume RICS Contact Details:

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