



## Forums

**GRICS have recently held a number of forums in Traralgon for consumers, GPs and specialists.**

Presenters from Monash Health Familial Cancer Centre provided two separate open discussion forums in September which included presentations on familial cancer statistics, referral and follow up procedures.

In October, GRICS held another oncology-focused discussion forum for local GPs. The presentations included an overview of GRICS and the oncology and radiation services available in Gippsland, an introduction to the Optimal Cancer Care Pathways and case studies to prompt discussion between the panel members and audience.

All sessions were a great success with plans for further forums across Gippsland in 2018.



*Pictured left, Familial Cancer Forum presenters, left to right, Shona O'Connell, Dr Mahesh Iddawela and Dr Marion Harris.*



## Service Improvement Grants

**GRICS have this financial year funded seven new service improvements grants to Gippsland healthcare services with the aim of improving health outcomes for cancer patients.**

The work aligns with the Optimal Care Pathways, GRICS Strategic Plan and the Victorian Cancer Plan.

The successful applications include:

- Implementation of the care plan for the dying person
- Oncology Rehabilitation Program
- Oncology Inpatient Discharge Planning Review
- Bladder Pharmacotherapy Installation Clinic
- Integrated model to improve self-management of those living with cancer as a chronic illness

The GRICS team is excited by the breadth of work being undertaken and the positive impact these changes will have on services and the patients we care for.

## QOL in Prostate Cancer - project report

**A report has been completed on the Quality of life (QOL) in prostate cancer and understanding the models of care.**

The intent of the report is to start sorting out the difficulty of integrated care in prostate cancer to help with possible solutions to the challenge.

The report builds a common understanding of the issue of unmet quality of life needs drawing on existing evidence and views from key clinical groups and organisations.

The report offers an overview of:

- prevalence of quality of life needs in prostate cancer
- level of care to be expected (as noted in the Optimal Care Pathway)
- information on existing integrated models of care in Victoria.

For further information on the project report please click the link below:

Quality of life in prostate cancer: understanding models of care project report

# Scholarship Feedback

## Sue Kennedy

In September 2017 I attended Haematological Malignancies Module One at the Peter MacCallum Cancer Institute in Melbourne. The course covered hemopoiesis and the principles and practice related to the management of leukaemia, lymphoma and myeloma and reflecting on issues relating to patient care including developing approaches to treatment.

The content of the course encouraged participation to outline the nursing care needed. I was engaged and felt the teachings were relevant and helpful to me.

Advances in the treatment and supportive care of patients with haematological malignancies herald some exciting times ahead. Cancer survivorship is fast becoming reality.

## Sarah Phillips

I attended the 2017 Auspen Conference 'Collaboration in Clinical Nutrition' in November. The conference covered enteral and parenteral nutrition, oncology nutrition and surgical nutrition. The conference had speakers from around the world, including well recognized surgeons, dietitians and psychologists. The conference included many dietitians sharing audits and projects they have done in their hospitals. This has given me ideas of audits I could do, such as looking at malnutrition rates in oncology patients and assessing the benefits of omega 3 and oral nutrition supplements. The conference has also improved my knowledge and confidence in when to recommend enteral and parenteral nutrition in cancer patients, particularly those who are having palliative treatment. I am communicating the knowledge I have learnt with our team of dietitians by having a one hour professional development session.

## Laurie Newman

I was fortunate enough to be granted a GRICS scholarship to attend the Haematology Associations of Australia (HAA) Annual Scientific Meeting in Sydney.

The meeting was a great way to network with fellow haematology nursing colleagues from interstate as well as the tertiary referral centres in Melbourne with whom we share the care of local patients. In addition to learning about exciting new therapies for haematological malignancies, there was a particular focus on care of the elderly cancer patient. It was interesting to hear about different strategies and clinics that various hospitals had implemented regarding the screening and assessment of elderly patients prior to commencement of treatment. Attendance at the meeting allowed me to join a Myeloma Nursing Special Practice Network and through this group I now have greater access to myeloma specific resources which I can now share with both my nursing colleagues and patients.

## Michelle Turra

The Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting was held in Sydney in November. The ASM is a multidisciplinary meeting inviting participation from doctors, nurses, allied health professionals and scientists working in cancer care nationally and internationally. I was fortunate to be granted a GRICS Scholarship to attend the conference. The title of the conference was 'Immunotherapy: Molecules and Mountains'. The main focus was on immunotherapy with a subtheme of implementing quality and safety in cancer care.

Many sessions at the conference included managing toxicities related to these treatments.

I had the opportunity to listen to representatives from both rural and metropolitan hospitals and their perspective on how to deliver immunotherapy in the clinical environment through their own models of care.

COSA compiled an engaging program. The speakers managed to get you thinking on how we can translate all the growing evidence in this area into day to day applications. I most certainly will change the way I educate and support my patients in the future and I look forward to developing new pathways and protocols for these new drugs. In my opinion it is a reasonable expectation cancer immunotherapy is still full of promise even if it is occasionally over hyped. Now that cancer immunotherapy has emerged as treatment standing alongside chemotherapy, radiotherapy and surgery, it is time for us address a new way of managing care.



## GRICS Scholarships

GRICS Scholarships are available for 2017/18. Individual applicants from a medical, nursing, allied health or administrative background currently working for a health service within the GRICS region (hospitals, community health services and primary care facilities) can apply for up to \$3,000.

Closing date for applications is 31 March 2018.

Guidelines and application forms can be obtained by visiting the GRICS website [www.grics.com.au](http://www.grics.com.au)

## GRICS Consumer Reference Group



For more information please contact GRICS

**5128 0138**

# Optimal Cancer Care Pathways

**Optimal Cancer Care Pathways (OCPs) have been developed to help people receive the best possible care.**

The pathways describe the key stages in a patient's cancer journey and expected optimal care at each stage. This ensures people diagnosed with cancer receive the quality care, regardless of where they live or have their cancer treatment.

For each cancer pathway there are three versions:

- **detailed clinical pathway** for cancer specialists, health professionals and health service administrators
- **quick reference guide** for General Practitioners - to familiarise GPs and primary care providers with the care pathway
- **patient 'what to expect' guides** - to assist patients and people affected by cancer to understand the care pathway and what to expect at each stage.

## Who will implement the pathways?

The Integrated Cancer Services are implementing the pathways throughout Victoria. GRICS has been tasked with implementing across the Gippsland region with the initial focus on the Colorectal and Lung tumour streams with work now beginning on the Prostate and Oesophagogastric tumour streams.



As part of this process, GRICS are involved with data auditing and surveying to collect information about the current state of cancer pathways in Gippsland and subsequently identify gaps in current cancer practices as compared to the OCP recommendations.

GRICS have also been involved in the promotion of the OCPs to health professionals and consumers with the communication activities continuing throughout this year.

By adopting the OCPs, Gippsland health facilities will be better equipped to provide consistent, coordinated and quality cancer care at each stage of a patient's cancer journey.

## Where do I find out more information on the pathways?

View the Optimal Cancer Care Pathways or download PDF versions from [www.cancer.org.au/OCP](http://www.cancer.org.au/OCP) or view the interactive consumer web portal at [www.cancerpathways.org.au](http://www.cancerpathways.org.au)

## Future Events 2018

### 13 March

Forum for GPs involved in the care and treatment of cancer patients – Central Gippsland Health, Sale

### 16 March

2nd Victorian Colorectal Cancer Summit - RACV Club, Melbourne

### 11 May

GRICS Prostate Cancer Conference - Esso BHP Billiton Wellington Entertainment Centre, Sale

### 15-18 August

World Congress on Cancers of the Skin - International Convention and Exhibition Centre, Sydney

*Please see GRICS website for further information on the above events.*

# Gippsland Cancer Survivorship Program

In 2016 Gippsland was successful in obtaining funding from the Department of Health and Human Services to implement a cancer survivorship program in the region.

The GCSP will use a shared care model to ensure cancer survivors have ongoing support from a survivorship nurse, oncology specialist and their GP. The program will also build workforce capacity to manage the complex needs of cancer survivors, collect data to identify factors which impact on outcomes and integrate the Optimal Care Pathways into survivorship care plans to improve access and coordination of services in Gippsland.

Over the past 18 months GRICS in collaboration with Latrobe Regional Hospital (LRH), Monash University, Gippsland PHN, Bairnsdale Regional Health Service (BRHS) and Gippsland Southern Health Service (GSHS) have commenced the nurse led clinic at LRH, with plans for the clinic to commence at GSHS & BRHS this year.

There are also plans underway for the project to develop culturally appropriate pathways to ensure Aboriginal people can easily access shared care services that meet the needs of indigenous cancer survivors and their families.

During 2017 the Survivorship Working Group have attended conferences and provided posters of the work being undertaken in Gippsland at the VICS Conference in Melbourne and also at Clinical Oncology Society of Australia in Sydney.

**For further information on the Gippsland Cancer Survivorship Program, please email [survivorship@lrh.com.au](mailto:survivorship@lrh.com.au) or call 5128 0062.**

**Do you have an experience of or support someone with cancer?**

GRICS are currently seeking interested people to share their story with local community and cancer support groups.

If interested contact:  
**Linda Burton (03) 5128 0137 or email [gricswebsite@lrh.com.au](mailto:gricswebsite@lrh.com.au)**

**GIPPSLAND CANCER SURVIVORSHIP PROJECT (GCSP): IMPROVING CARE AND CO-ORDINATION OF REGIONAL CANCER SERVICES BETWEEN PRIMARY AND SPECIALIST HEALTH PROVIDERS**

**INTRODUCTION**  
Support and coordination of services post treatment or awaiting care in cancer care. It is recognised that the number of people surviving cancer is increasing and that people in regional/rural areas, access to services, poor outcomes and limited specialist services can impact on their treatment care.

**AIMS**  
Extend cancer services in a regional setting to enable patients and coordinated care post active cancer treatment.  
Implement a shared care model between general practitioners and specialists, facilitated by a nurse led clinic.

**DESCRIPTION**  
In collaboration with project partners and funding from the Department of Health and Human Services a nurse led clinic (NLC) to support patients from Bairnsdale, Bairnsdale Regional Health Service (BRHS) and Gippsland PHN, Gippsland Southern Health Service (GSHS) and Latrobe Regional Hospital (LRH) to improve patient outcomes and coordinate their follow up care between specialist and general practitioners (GPs). The NLC comprises of two appointments incorporating physical and emotional assessment, and of treatment care plan generation, acceptance and completion of necessary referrals, and recommendations of health things to be done in waiting. Coordination with the patient's GP and specialist regarding the construction of a shared care plan model will be extended to two other sites in Gippsland including Bairnsdale and Langford. The NLC will include an Aboriginal Liaison Officer in regional population. The project also includes an Aboriginal Liaison Officer in regional population. The project also includes an Aboriginal Liaison Officer in regional population. The project also includes an Aboriginal Liaison Officer in regional population.

**OUTCOMES**  
Family first breast cancer patients have attended the NLC since June 2017. Data collection for cancer care and measures include Patient Reported Outcome Measures (PROM), demographic data and patient satisfaction. Successful analysis of the data is being undertaken. Further research specific health pathways are being developed with Gippsland Primary Health Network, to public GP follow up care and surveillance. Further engagement with GPs will continue in 2018.

**CLINIC PATHWAY**  
A flowchart showing the process from patient referral to specialist care, through the nurse-led clinic, and back to the patient's GP for ongoing management.

**DEVELOPMENT OF CANCER SURVIVORSHIP MODEL OF SHARED CARE BETWEEN ONCOLOGY SPECIALISTS AND PRIMARY HEALTH CARE PROVIDERS IN A REGIONAL AREA**

Taryn Robinson<sup>1</sup>, El Rotewski<sup>2</sup>, Michelle Pryce<sup>3</sup>, Danielle Roscoe<sup>4</sup>, Jeannette Douglas<sup>4</sup>, Mahesh Idorevic<sup>1</sup>

<sup>1</sup> Latrobe Regional Hospital, Traralgon, Victoria, Australia.  
<sup>2</sup> Monash University Department of Rural Health, Moe, Victoria, Australia.  
<sup>3</sup> Gippsland Regional Integrated Cancer Service, Traralgon, Victoria, Australia.  
<sup>4</sup> Gippsland Primary Health Network, Moe, Victoria, Australia.

**BACKGROUND**  
Over the last 15 years, five year survival rates for people diagnosed with cancer in Australia have significantly increased from 44% to 67% (1,2). However, approximately one third of survivors have ongoing needs such as fatigue, depression, sleep disruption and pain, which remain unmet by the current delivery of oncology services. If unaddressed (or untreated), these symptoms can lead to significant physical and psychological problems (3,4). Inappropriate service levels can include undertake of necessary cancer-related care such as late effects surveillance and support for chronic disease management (5,6), or overuse resulting in high variation in care, poor care coordination and increased and unnecessary costs to survivors and the health system (4). With health services already facing significant increases in patient numbers, especially in rural and remote areas (7,8), specialised services are often reduced on meeting the demand in new cases (diagnosis and treatment), and often lack the knowledge about survivorship issues (9,10). There is a clear need for a new model of care to support cancer survivors.

**AIM**  
To develop a cancer survivorship model of shared care between oncology specialist and primary health care providers which meets the needs of cancer survivors, their families and health service providers in Gippsland, Victoria.

**METHOD**  
A review of demographic, social, health and wellbeing indicators in the Gippsland cancer patient population was undertaken. The proposed model of cancer survivorship was developed.

**CONCLUSION**  
Positive feedback about survivorship care plans was received from oncology specialists, local GPs and Practice Nurses - "great resource". Work being undertaken on information and Communication Technology systems to ensure care information is shared appropriately between key parties. Health Referrals are being developed for the family streams. The model will be trialed in three regions in Gippsland (Traralgon, Moe, and Langford) with input, presence, stress and lymphoma patients.

**Diagram: GIPPSLAND CANCER SURVIVORSHIP SHARED CARE MODEL**  
A circular diagram showing the interaction between Specialist, GP, Patient and supports, Cancer Survivorship Nurse, and Community supports.

**CANCER SURVIVAL RATES:**  
Gippsland: 62% / 66% Victoria

**RISK FACTORS:**  
Gippsland / Victoria  
Smoking: 30% / 28%  
Obesity: 60% / 20%  
Age 65 Years: 12% / 10%  
Income: \$600 / \$749 per week  
ALSO: Long term harm  
ATI: 1.64% / 0.74%



# PROSTATE CANCER CONFERENCE

The Prostate Cancer Optimal Care Pathway is being implemented across Victoria, this conference aligns with the implementation phase. The Cancer Council Victoria statistics have been released and show a large number of men are diagnosed with Prostate Cancer in Gippsland.

Aligning with the OCP steps and allowing each presenter to be streamlined with the pathway making the education paced through a patients journey.

This is a free event open to all Medical, Nursing and Allied Health professionals.

- Chair- Dr Sachin Joshi
- Associate Professor Jeremy Grummet
  - Dr David Monash
  - Dr Raj Hegde
  - Dr David Pook
  - Dr Mahesh Iddawela
  - Dr Rohan Nair
  - Radiologist Specialist
- Oncology Pharmacist Annabel McNally
- Prostate Cancer Specialist Nurse Leanne Prosser
- Palliative Care Nurse Practitioner Irene Murphy
  - PCFA Ambassador Tony Walker

\*\*\*You may be eligible for CDP points\*\*\*

Please contact your college for further information



For more information – [www.grics.com.au](http://www.grics.com.au)

**DATE- Friday 11<sup>TH</sup> May  
2018**

**8:45am to 4:30pm**  
Registrations at 9 am

**Esso BHP Billiton  
Wellington  
Entertainment Centre  
100 FOSTER STREET,  
SALE VICTORIA 3850**

**REGISTRATIONS CLOSE  
1<sup>ST</sup> MAY 2018**

**Refreshments on arrival,  
morning tea and lunch  
provided.**

To register for this event please visit  
<https://www.surveymonkey.com/r/registrationpcc2018>

Or contact, RSVP and dietary requirements to

Leah Savage – Cancer Service Improvement Coordinator

P | 03-51280075

E | [leah.savage@lrh.com.au](mailto:leah.savage@lrh.com.au)

Friday 16 March 2018

9.00am — 1.00pm

RACV Club  
501 Bourke Street  
Melbourne

[Register here](#)

# 2nd Victorian Colorectal Cancer Summit



**Make a difference to outcomes and the experience of care by contributing your expertise at this event!**

Multidisciplinary colorectal cancer clinicians are invited to attend the second Victorian Colorectal Cancer Summit in Melbourne. Come and hear about progress with the 2014 Colorectal Cancer Summit outcomes and Optimal Care Pathway Implementation efforts.

The clinical working party co-chaired by Mr Brian Hodgkins and Dr Geoff Chong has been re-formed to oversee the organisation of the 2018 event.

**Discussion topics:**

- How are we tracking with colorectal cancer multidisciplinary care in Victoria?
- The quality of colorectal cancer care in Victoria: review of data
- Developments in screening, colonoscopies and early diagnosis of colorectal cancer

This event is one of a series of tumour specific summits hosted by Victorian Integrated Cancer Services in collaboration with the Cancer Council Clinical Network and the Department of Health and Human Services.

Cancer clinicians are invited to discuss data on treatment planning and treatment for patients with cancer living in different regions of Victoria and treated in public and private health services.

**Network with multidisciplinary colleagues**

**Share examples of improved access and delivery of care**

**Be informed of cancer data analytics developments**



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