The following health services have a signed Memorandum of Understanding to form part of the BSWRICS:

- Balmoral Bush Nursing Centre
- Barwon Health
- Bellarine Community Health
- Casterton Memorial Hospital
- Colac Area Health
- Dartmoor Bush Nursing Centre
- Geelong Private Hospital
- Hesse Rural Health Service
- Heywood Rural Health
- Lorne Community Hospital
- Moyne Health Services
- Otway Health and Community Services
- Portland District Health
- South West Healthcare
- St John of God Health Care Geelong
- St John of God Health Care Warrnambool
- Taringa and Werribee Health Services
- Timboon and District Health Service
- Western District Health Service

Other key collaborators

- BreastScreen Geelong
- Regional Palliative Care Consortia
- Pathology Providers
- Imaging Services
- Tissue Bank
- Cancer Council Victoria
- Deakin University
- The Victorian Cancer Agency
- Barwon Medicare Local
- Great South Coast Medicare Local

Sandy Morrison
EDWAR, Barwon Health (Chair)

Prof David Ashley
Clinical Director

Kate Morrissy
Program Manager

Felicity Topp
Executive Director, Medical Services, Barwon Health

John Krygger
CEO, South West Healthcare

Jim Fletcher
CEO, Western District Health Service

Geoff Iles
CEO, Colac Area Health

Ros Jones
Acting CEO, Portland District Health

Anne Fairbairn
Department of Health, Regional Office

Michael Homewood
General Practice Representative

Greg Mitchell
Surgical Representative

Linda West
CEO, Otway Health and Community Services

Rod Lynch
Radiation Oncologist

Terri Hayes
Medical Oncologist Warrnambool

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Chairman’s Report

Welcome to the Barwon South Western Regional Integrated Cancer Service 2011/2012 Annual Report. As the Chair of the governance group, I am pleased to highlight the following key achievements over the last 12 months.

The newly established Consumer Advisory Group with representatives from Colac, Warrnambool, Geelong and Portland brings a new level of community engagement to the program. Through the group, BSWRICS aims to ensure that consumer perspectives are central to service planning, infrastructure development and the quality improvement of cancer care in our region.

BSWRICS was pleased to be the only regional project funded as part of the Department of Health’s Victorian Cancer Survivorship Program. Commencing in 2012, the project will run until the end of 2013. For the first time, BSWRICS is partnering with local primary care organisations in the Barwon Medicare Local and the Great South Coast Medicare Local to trial a new model of care for cancer survivors. Barwon Health in Geelong and Western District Health Service in Hamilton have been nominated as the two pilot sites. The project team are looking at a number of ways to better meet service needs, improve health outcomes and enhance the lives of cancer survivors and their families. Deakin University has been engaged to provide a comprehensive evaluation of the project.

We have been delighted to work with the Warrnambool Multidisciplinary Team to implement the ‘CANCAP’ database and align processes with that of the Geelong tumour streams. Margaret Carey was appointed as the South West Healthcare multidisciplinary coordinator providing much needed support for the team locally.

BSWRICS has played a key role in the initiation of a medical oncology outreach service from Barwon Health to the South West. This has resulted in monthly clinics at Colac, Portland and Hamilton and has significantly reduced the burden of travel for many of our regional patients.

The Cancer Link Nurse Evaluation highlighted the vital role the nurses play in supporting regional patients whose cancer journey is more complex than most by virtue of need to travel. It also demonstrated the important role that the nurses play in improving communication across organisational boundaries.

Support provided to cancer patients by the Cancer Link Nurses has been complemented with additional capacity building across key service providers in our region. The implementation of the ‘Distress Thermometer’ is close to completion with a total of 40 health professionals trained in supportive care screening. As part of the implementation, supportive care teams have now been established at Barwon Health, South West Healthcare and Western District Health Service. The team comprises health professionals such as social work, pastoral care, as well as nursing, and focuses primarily on support services for the patient.

The Evaluation of Cancer Outcomes Project has been an important partnership for BSWRICS with Cancer Council Victoria and the Department of Health Victoria. It was gratifying to complete the project at the end of 2011 with a comprehensive dataset now collected for 2008 and 2009. The project’s legacy has provided BSWRICS with a sophisticated model of data collection for all newly diagnosed cancer patients, including detailed information about diagnosis, prognostic indicators and first line treatment.

More recently, the project team has worked with the Commonwealth Department of Health and Aging to examine radiotherapy utilisation rates in our region.

Following the evaluation of the CHARM electronic prescribing system, the BSWRICS Governance Group endorsed the transition of funding from BSWRICS to health services. This is an important step in ensuring this service innovation becomes mainstream and embedded in clinical practice for the future.

The first concrete outcomes of our successful Hospital and Health Fund (HHF) submission of 2010 were realised with the opening of the new Cancer Consulting Suites at Western District Health Service in Hamilton. As part of the HHF initiative, BSWRICS initiated a Chemotherapy Service Planning Project to assist Portland District Health navigate the complexities of establishing a local chemotherapy service. The plan was five months in its development and drew upon local expertise and knowledge through a region wide advisory group. It also considered the unique context of Colac Area Health as a potential future chemotherapy service.

A milestone for our program in the past year was the retirement of Maggie Stowers, our Care Coordination Manager since 2005. As part of the foundational team, her early pioneering work paved the way for the success of the program in later years. She was integral to the establishment of the Cancer Link Nurse Program and the very successful regional education network. We also farewelled Dr Lucy Cuddihy, our Nursing Clinical Director, who has played an important role in oversight of the Program since 2008. I sincerely thank both for their contribution.

Thank you also to the governance group for your ongoing commitment and support of our vision as well as the many other stakeholders who give their time freely to assist our work.

In closing, I would also like to recognise the professionalism and skills of Kate Morissi our Program Manager, David Ashley, our Clinical Director and the BSWRICS team who work hard to achieve the best possible outcomes for all our member health services.

Sandy Morrison
Chair
BSWRICS Governance Group
Executive Director
Service Reform and Innovation
Barwon Health

Pictured above: The new Cancer Consulting Suites at Western District Health Service in Hamilton.

CHAIRMAN'S REPORT
ABOUT US

Established in 2005, the Barwon South Western Regional Integrated Cancer Service (BSWRICS) is funded by the Victorian Department of Health to facilitate the formal partnership of health services delivering cancer care within the region to improve service planning, coordination and quality.

BSWRICS is based at Barwon Health in Geelong and is undertaking its role by consulting and collaborating with regional health partners and consumers.

Further information is available on our website: www.swarh2.com.au/bswrics

OUR VISION

Connecting cancer care to provide the best outcomes and experiences possible for patients across the region.

OUR MISSION

To improve the experience for all those affected by cancer in our region by:

• Ensuring patients’, their families’ and carers’ needs are at the centre of care;
• Enabling effective local coordination of care for cancer patients;
• Improving relationships and communications between hospital and primary care providers within the region to achieve an integrated platform for cancer care

DESIRED OUTCOMES

• Patients’ cancer journeys are leading to optimal outcomes and experiences in treatment and support;
• Collaborative planning is strengthening relationships, delivering good governance and the capacity to address needs within the region;
• Participation in research and innovative initiatives is ensuring evidence based cancer care is being provided throughout the region;
• Access to training and technology is enabling the delivery of locally coordinated care

OUR REGION

The Barwon South Western region of Victoria stretches from the tip of the Queenscliff Heads to the border of South Australia, covering a total area of 33,000 square kilometres. It is home to Victoria’s largest provincial centre, Geelong, and its population is projected to grow by approximately 26% by 2026, a rate higher than the regional Victoria average with the current population recorded at 385,000.

Source: Regional Development Victoria
CANCER INCIDENCE

Cancer is the leading cause of death in Victoria. Approximately 500 Victorians are diagnosed with cancer each week. The highest incidences of cancer occur within the lung, bowel, prostate and breast tumour streams. In 2010, 28,363 Victorians were diagnosed with malignant cancer and 10,673 died from cancer. The Barwon South Western Region accounts for approximately 8% of cancer in the state. The combined incidence for all cancers in 2010 for the Barwon South West was 2,312; total number of deaths from cancer 941.

Source: Cancer Council Victoria.

VICTORIA’S CANCER ACTION PLAN 2008-2012

Victoria’s Cancer Action Plan 2008-2011 (VCAP) was released in December 2008. The plan will ensure the cancer prevention and care Victorians receive is the best it can be, informed by the latest research and state-of-the-art technologies.

The Cancer Action Plan outlines a medium-term vision for cancer reform that will offer standardised and high-quality cancer care to all Victorians, regardless of whether they live in metropolitan, regional or rural Victoria. This is a comprehensive action plan with measurable targets across four key action areas.

ACTION AREA 1

PRIORITY 1 Reduce the prevalence of established risk factors for cancer in the Victorian population
PRIORITY 2 Increase participation rates in population-based cancer screening programs
PRIORITY 3 Increase access to genetic screening and new diagnostic technology

ACTION AREA 2

PRIORITY 1 Sustain and strengthen Victoria’s leadership role in linking cancer research to clinical outcomes within Australia
PRIORITY 2 Invest in transitional research and develop partnerships with industry
PRIORITY 3 Further develop institutional structures, platforms and support systems to facilitate cancer research and its effective translation into clinical practice in Victoria

ACTION AREA 3

PRIORITY 1 Improve cancer service capacity across Victoria
PRIORITY 2 Improve the quality of cancer services through the consistent implementation and monitoring of evidence-based care
PRIORITY 3 Improve access to cancer diagnostic and treatment equipment and ensure a sustainable cancer workforce

ACTION AREA 4

PRIORITY 1 Create better experiences for cancer patients and carers
PRIORITY 2 Ensure the needs of adolescent and young adults with cancer are addressed and that long-term effects of treatment for survivors of childhood cancers are managed
PRIORITY 3 Increase capacity of palliative care services to provide care for patients in the place of their choice

Source: Victoria’s Cancer Action Plan 2008-2011
Our commitment to consumer participation has never been more evident than in the last 12 months with the establishment of our region-wide Consumer Advisory Group. The group includes representatives from Colac, Portland, Warrnambool and Geelong and range in age from 30-70 years.

In preparation for their role as consumers, the Health Issue Centre provided an in-house training session. The group has subsequently met three times and provided input into a range of BSWRICS improvement initiatives.

Specifically they have:

• Reviewed the Consumer Multidisciplinary Care Brochure
• Provided input into the Survivorship Project initiative
• Identified the need for general information packs to be available for patients travelling to Geelong from the region.

Marilyn Dolling (pictured right) has a long history of involvement with BSWRICS. The team was therefore delighted when she agreed to chair the group. Marilyn is also part of the Barwon Health Consumer Advisory Committee and currently sits on Barwon Health’s Consumer Centred Care Committee. She has also been involved at a State level on the CanNET project team and Cancer Voices Victoria.

As outlined in our Consumer Participation Plan in 2011, the Consumer Advisory Group is a key strategy aimed at:

• Increasing relevance of BSWRICS’ work to the needs of consumers in our region
• Developing a culture of consumer and BSWRICS partnership
• Utilising consumer perspectives to inform strategies for cancer service improvement by identifying consumers’ priorities, expectations and needs
• Seeking advice on ways to improve the cancer experience for patients and carers
• Building capacity of consumers to actively participate in design, planning and evaluation of cancer services.

There have been two consumers appointed to the Board of the Survivorship Pilot both of whom have undertaken the Health Issues Centre Training. We look forward to their continued involvement particularly in the development of the new cancer service facilities across our region.
The BSWRICS Multidisciplinary Care Program has seen considerable progress since the last reporting period.

For the past 12 months we have focused on expanding our successful Multidisciplinary Care Meeting (MDM) Program within the region. This has included many visits to Warrnambool to further develop and strengthen the relationship with our regional colleagues. In this time, we have developed and approved a meeting Terms of Reference, streamlined meeting processes and appointed Margaret Carey as the .4EFT Multidisciplinary Meeting Coordinator. As a registered nurse, Margaret brings with her significant knowledge and experience of surgical services within the Warrnambool area.

For the first time we have been able to collect data on the Warrnambool Multidisciplinary Cancer Care Meeting which indicated 145 cases had been presented at this meeting. Combined, this has provided a growth of almost 20% in our total figures over the financial year.

The number of cases listed for discussion at the Geelong meetings increased by 91 as a direct result of improved efficiency in meeting processes.

Significant work has also been undertaken to support the establishment of the Supportive Care Team (SCT) meeting at South West Healthcare. This is based on the SCT meetings which are held at Barwon Health, Geelong.

Behind the scenes, we worked in conjunction with software developers on a major upgrade of the CANMAP database used to capture and distribute information in relation to the MDM program. The website upgrade incorporates the Victorian MDM consensus dataset. Arrangements are now in place with the Regional Health Services to receive and include meeting recommendations for patients discussed at a BSWRICS MDM in their central medical records. A new television and updated video conferencing equipment were also installed in the Geelong MDM meeting room during the year.

As part of the Victorian Integrated Cancer Services MDM Coordinators group, and in collaboration with the CanNET II project team, we have contributed toward the content of the statewide MDM directory and review of the multidisciplinary team meeting toolkit.

We wish to acknowledge and thank our outgoing Meeting Chairs for 2011: Mr Karl Braslis (Urology), Mr George Kiroff (Upper GI) and Dr Chris Steenfort (Lung). And we welcome the new incumbents: Mr Ken Chao (Upper GI), Mr Paul Kearsns (Urology) and Dr Madhu Singh (Lung).

Planning for the next reporting period is underway and will include the:

- Establishment and commencement of a regional Melanoma/Skin Cancer MDM
- Provision of continued support toward the development of the Hamilton Multidisciplinary Cancer Review meeting, including the appointment of a .2EFT MDM Coordinator
- Ongoing review of the imaging collection processes for Geelong meetings
- Review of Terms of Reference and meeting guidelines for all MDMs.

We would like to pass on my thanks to Bianca Maher and Margaret Carey for their valuable assistance they provide to the MDM teams with their thorough and efficient preparation of each MDM. Working together as a cohesive team has ensured the continued growth of the program.

Shayne Ryan,
Regional Multidisciplinary Care Manager

I would like to pass on my thanks to Bianca Maher and Margaret Carey for the valuable assistance they provide to the MDM teams with their thorough and efficient preparation of each MDM. Working together as a cohesive team has ensured the continued growth of the program.

Shayne Ryan,
Regional Multidisciplinary Care Manager
The key focus in care coordination over the past 12 months has been the implementation of the Cancer Link Nurse Evaluation. The Cancer Link Nurse (CLN) Program commenced in 2010, following a six-month pilot project at Colac Area Health. This was followed by appointment of Cancer Link Nurses at Western District Health Service, Portland District Health, South West Healthcare and Barwon Health. The five nurses work together to:

- Provide information and emotional support to rural patients following a cancer diagnosis
- Facilitate early referral to supportive care services
- Improve coordination of care and travel assistance for patients receiving treatment outside their local area
- Streamline communication between multiple care providers and transcend health services boundaries
- Act as a local source of expertise and knowledge in supportive care
- Identify cancer service improvements.

An outcome of the Cancer Link Nurse (CLN) Evaluation was the recognition that the Cancer Link Nurses are in a unique position to identify cancer service improvements. This is highlighted in the following two examples:

A patient living in a rural area outside of Colac was having to travel into Colac on the day before their chemotherapy treatment in Geelong to have blood tests. An hour long trip in the car in consecutive days was becoming increasingly difficult for the patient due to feeling unwell. The Barwon Health CLN identified the patient’s distress and contacted the Colac CLN to discuss an alternative process. As a result, the Colac CLN liaised with the local pathology service and the treating clinicians at Barwon Health and organised the blood tests to be performed on the way to Geelong. This eliminated the need for consecutive trips and reduce the travel burden and anxiety for the patient.

The Warrnambool CLN identified minimal care coordination for patients from South Australia having treatment in Warrnambool. She contacted the health service in Mt Gambier and spoke to the care coordinator. Subsequently, a new referral pathway was established ensuring adequate referrals to local supportive care services for these patients when returning home.
Dr Mustafa Khasraw, Medical Oncologist at Barwon Health provided an update on pancreatic cancer at the April 2012 Education Forum.

MULTIDISCIPLINARY CANCER EDUCATION NETWORK

The Multidisciplinary Cancer Education Network was established by BSWRICS in 2005. The network is an authorised provider of courses endorsed by the Royal College of Nursing, Australia, providing monthly forums for clinicians. This means participants receive formal recognition of the education as part of their mandatory professional development requirements. The network also notifies and circulates education opportunities and information to Geelong and regional groups. In addition, BSWRICS also offers sponsorship grants for regional clinicians to attend cancer education across Victoria and Australia.

BSWRICS is committed to continuing the Multidisciplinary Cancer Education Program that was initiated and led by Maggie Stowers until she left in June this year.

The attendees cover a wide range of disciplines including oncology and palliative care nurses at Barwon Health and St John of God Hospital, medical, allied health, pharmacy and clinical trial clinicians.

The 2011-2012 education forums have been well received throughout the year and we are grateful to specialist clinicians from Barwon Health who are willing to share their time and expertise. A number of presenters from Melbourne have allowed us to cover a wider range of topics presenting forums on familial cancer services and fertility preservation.

Also in collaboration with local clinicians and consumers, the Ontrack Team at Peter Mac provided a workshop on the treatment of Adolescent and Young Adults for cancer. This was part of the Victorian and Tasmanian Youth Cancer Network.

CANCER EDUCATION FORUM ATTENDANCE - GEELONG & REGIONAL

The network also notifies and circulates education opportunities and information to Geelong and regional groups. In addition, BSWRICS also offers sponsorship grants for regional clinicians to attend cancer education across Victoria and Australia.

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Also in collaboration with local clinicians and consumers, the Ontrack Team at Peter Mac provided a workshop on the treatment of Adolescent and Young Adults for cancer. This was part of the Victorian and Tasmanian Youth Cancer Network.

Project 2011-2012, and these sessions will become a regular feature of the program in the future.

These forums are free to participants and a light supper is provided by BSWRICS. The topics covered in 2011-2012 are as follows:

- Management of renal cancer
- Surgical developments in colorectal cancer
- Supportive care update
- Gynaecological cancer update
- Oncology pharmacy
- Familial cancer services update
- Pancreatic cancer update
- Radiotherapy update
- Breast cancer and pregnancy
The supportive care screening tool, called the Distress Thermometer, has now been implemented at the Andrew Love Cancer Centre (ALCC) medical oncology and the radiotherapy department. More than 700 patients were screened for supportive care needs from June 2011 to June 2012. Training of clinicians on the inpatient oncology ward at Barwon Health has commenced and will be completed by October 2012.

Seventy health care clinicians across Warrnambool, Hamilton and Portland have attended education forums on supportive care screening. An additional 40 clinicians in total have now completed training on the Distress Thermometer about using the tool and conducting a follow-up interview with the patient on their supportive care needs.

There has been a strong focus on building capacity at the South West Health Services with the implementation of the Distress Thermometer completed at Hamilton Hospital and in progress at the other sites.

Following the successful establishment of a Multidisciplinary Supportive Care Team meeting at Barwon Health, this model has now been implemented at South West Healthcare and Western District Health Service. These meetings are facilitated by BSWRICS, the regional cancer link nurses and involve the new MDM coordinator roles at each of those hospitals. The Supportive Care Team is made up of different disciplines at each regional hospital and may include social work, pastoral care, nursing, medical, pharmacy, psychology, diabetes educator or palliative care. This will ensure regional cancer patients’ supportive care needs are identified and assessed, and that they are offered timely access to support.

A new policy for Supportive Cancer Services was endorsed at Barwon Health providing a commitment to ensuring patients are screened for supportive care needs as part of their routine care pathway.

BSWRICS established a new volunteer role for restocking all of the cancer information resources at the Andrew Love Cancer Centre, on the inpatient oncology ward, and the accommodation units.

Melinda Williams
Supportive Care Project Manager
Waurn Ponds resident Zara White, a breast cancer survivor and mother of two, completed the Distress Thermometer when she first attended the Andrew Love Cancer Centre for chemotherapy treatment in 2011. Zara said the Distress Thermometer enabled her to identify and communicate her concerns.

“The Distress Thermometer helped alert me to the areas where I needed more support,” she said.

“The way in which the emotional concerns were listed on the screening tool as feelings made it easier for me to identify my concerns. I felt it directly facilitated a referral to the psychologist and the McGrath Breast Care Nurse. It also meant I was linked into the ‘Look Good Feel Better’ program and the Lymphoedema Clinic.

“The McGrath Breast Care Nurse provided me with emotional support and information which allayed my concerns.

“Other services like the Lymphoedema Clinic and education sessions on wigs and makeup empowered me to take care of myself.

“Having direct access to the psychologist through the Andrew Love Cancer Centre played an important role in helping me to cope better with my cancer journey. The psychologist was familiar with the notions surrounding palliative care and other issues which meant I did not need to explain my story again. Completing the tool made me feel like the staff cared about the way I was feeling and what I was going through.”
CHEMOTHERAPY AND RECORDS MANAGEMENT (CHARM)

CHARM is an electronic regional oncology system which has been used to provide chemotherapy treatment to cancer patients attending Barwon Health since 2007 and the Western District Health Service (WDHS) since 2008, South West Healthcare (SWH) since 2010 and St John of God Hospital Pharmacy in Geelong since 2011.

CHARM facilitates the use of consistent evidence based oncology and haematology clinical treatment pathways for electronic prescribing of chemotherapy. It supports safety by ensuring records are legible for pharmacy and nursing staff. Using one integrated oncology database across the region allows patient information to be shared, improving care coordination and also supporting patient involvement in clinical trials.

In November 2010, the BSWRICS Governance Group recommended an evaluation of CHARM across the Barwon South West. The purpose of the evaluation was to consider whether CHARM was meeting users’ needs and to inform decision making leading up to Barwon Health’s contract renewal in June 2012.

The evaluation included:

- A review of CHARM as well as alternative systems
- A survey of CHARM users at Barwon Health was conducted to ascertain needs across the various professions
- A site visit to Warrnambool and Hamilton to consult with clinicians and current satisfaction levels with CHARM

The evaluation team concluded that CHARM was meeting the needs of Barwon Health and the other sites and a new contract was negotiated with unlimited licenses. It is expected this will allow for the expansion of CHARM into other sites across the region.

Following the evaluation, the BSWRICS Governance Group agreed to transition CHARM from project based funding (through BSWRICS) to integration with health services’ operational responsibility. This change aims to build local ownership and ensure sustainability for the future.

Additional quality management of CHARM pathways has also been established over the last 12 months. This involves annual reviews of each tumour stream by the medical and radiation oncology teams to ensure the treatments are current best practice.

Marilyn Wendt
CHARM Project Officer
EVALUATION OF CANCER OUTCOMES – VICTORIAN CANCER OUTCOMES NETWORK

The Evaluation of Cancer Outcomes (ECO) project was a partnership between BSWRICS, Cancer Council Victoria and the Department of Health. The overall objective was to establish a sustainable model of data collection for all newly diagnosed patients across our region.

Since inception in 2008 we have successfully implemented a standardised method of collecting stage at diagnosis, prognostic indicators, first line treatment and subsequent outcomes. This provides an extension to the existing Victorian Cancer Registry (VCR) population-based dataset.

Throughout 2012 we established a further link with the Victorian Department Health and Commonwealth Department of Health and Ageing to investigate patterns in those not presenting for radiotherapy in the Barwon South Western Region and to calculate actual radiotherapy rates in this region.

Existing methodology uses an approximation from state-wide data with no direct link to complete patient information. Our study improved on this by calculating actual utilisation of radiotherapy rates using the Victorian Cancer Outcomes Network (VCON) population-based dataset for BSWRICS.

Univariate analysis found a pattern towards those without radiotherapy being older and with greater distance to travel. However, the majority of clinical decisions are based on tumour stage.

Prostate, breast, rectum and lung tumour sites were selected for more detailed analysis across tumour stage. The highest rate of radiotherapy was found in Stage III categories for lung, breast and rectal tumours. There was a trend towards an older age group in those without radiotherapy for the breast, lung and rectal tumour streams. Longer distances to travel were found in these without radiotherapy for breast and prostate. However, further links to multidisciplinary meeting outcomes, surgery and chemotherapy data may identify important cofounders.

Table 1

<table>
<thead>
<tr>
<th>Site</th>
<th>BSWRICS Patients receiving radiotherapy (Utilisation Rate %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>488 (27.5%)</td>
</tr>
<tr>
<td>Head and neck</td>
<td>27 (62.8%)</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>22 (62.9)</td>
</tr>
<tr>
<td>Stomach</td>
<td>9 (23.1)</td>
</tr>
<tr>
<td>Colon</td>
<td>4 (22.2)</td>
</tr>
<tr>
<td>Rectum</td>
<td>24 (34.7)</td>
</tr>
<tr>
<td>Anus</td>
<td>6 (85.7)</td>
</tr>
<tr>
<td>Liver</td>
<td>1 (15.0)</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>5 (10.9)</td>
</tr>
<tr>
<td>Lung</td>
<td>83 (52.2)</td>
</tr>
<tr>
<td>Melanoma</td>
<td>10 (8.6)</td>
</tr>
<tr>
<td>Breast</td>
<td>525 (56.0)</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>9 (15.5)</td>
</tr>
<tr>
<td>Prostate</td>
<td>71 (21.2)</td>
</tr>
<tr>
<td>Testis</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Renal</td>
<td>3 (6.5)</td>
</tr>
<tr>
<td>Bladder</td>
<td>5 (15.5)</td>
</tr>
<tr>
<td>Central Nervous System</td>
<td>13 (45.0)</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>19 (20.4)</td>
</tr>
<tr>
<td>Myeloma</td>
<td>7 (28.9)</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>4 (9.5)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>1 (25.0)</td>
</tr>
<tr>
<td>Other</td>
<td>27 (27.8)</td>
</tr>
</tbody>
</table>

In addition, the VCON dataset has been utilised to:

- Inform service planning across region
- Support funding submissions
- Support Clinical Audit
- Support feasibility of Clinical Trials
- Understand pathways for patients across health services and public and private sectors across our region

Further development of the data collection methodology has resulted in a consolidated database encompassing numerous efficiencies.

Leigh Matheson  
Health Information Manager  
Data, Quality and Research

Assoc. Prof Margaret Henry  
Data Analyst  
Data, Quality and Research
FINANCIAL REPORT
FOR THE PERIOD 1 JULY 2011 TO 30 JUNE 2012

REVENUE

Leadership and ICS Management                           $308,963.00
Clinical network development                             $185,379.00
Multidisciplinary care coordination                      $185,379.00
Australian Better Health Initiative                     $271,884.00
Psychosocial care development                            $123,585.00
Quality monitoring and support                           $98,869.00
Other DH grants – CanNET II                              $15,000.00
Accumulated interest                                     $52,866.00
REVENUE TOTAL                                           $1,189,060.00

EXPENDITURE

Administrative salaries                                  $593,838.00
Contract/other agency                                     $210,060.00
Computer software                                         $91,014.00
Administrative and office supplies                        $58,986.00
Education/MDM operation costs                            $23,419.00
Motor vehicles and travel                                 $13,189.00
Capital and equipment                                     $10,172.00
Corporate management charge by host agency                $153,750.00
Conference and sponsorship                               $32,065.00
Project expenses                                          $9,935.00
TOTAL EXPENSES                                           $1,197,428.00

OUR PRIORITIES FOR 2013

• The completion of Supportive Care Screening training for clinicians on the inpatient oncology ward (Barwon Health, Warrnambool Base Hospital, Portland Hospital)
• Commence training clinicians in supportive care screening at regional private hospitals
• Support ongoing implementation of the SCT MDM’s at the regional hospitals
• Development of the new BSWRICS Strategic Plan 2013-2016
• Identification of a sustainable funding stream for the Cancer Link Nurse Program
• Exploration of more efficient models of medical oncology outreach through tele-health technologies
• Implementation of the survivorship project at Barwon Health and Western District Health Service
• Expansion of CHARM into Barwon South West private hospitals
• Establishment of the clinical review multidisciplinary meeting at Western District Health Service
• Integration of the Evaluation of Cancer Outcomes Project with clinical research, quality improvement and new data related projects
• Establishment of a regional melanoma/skin cancer multidisciplinary meeting
• Consolidation of the Supportive Care Meetings at the regional hospitals
• Completion of Supportive Care Screening training for clinicians on the inpatient oncology ward (Barwon Health, South West Healthcare and Portland District Health Service
• Piloting of the Cancer Patient Experience Survey at Barwon Health
• Ensuring opportunities for consumers to provide input and inform the development of new cancer facilities across the region
• Further development and refinement of mechanisms for engaging consumer perspectives in the BSWRICS work program
The BSWRICS team thanks Zara White and Marilyn Dolling for their valued contributions to this report.

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