



# ANNUAL REPORT

2021-2022

*Together for better cancer care*

# FOREWORD

On behalf of the Paediatric Integrated Cancer Service, I am pleased to present the 2021-22 Annual Report. This report highlights the achievements and broad range of service improvement initiatives undertaken by PICS, in partnership with our stakeholders over the past 12 months.

2021-22 has seen a progression of the COVID-19 challenges we faced last year and its impact on cancer detection, diagnosis, treatment, follow up care, and supportive care. The use of telehealth and home-based care during the period of isolation and physical distancing is likely to alter future models of paediatric cancer care across the continuum.

As we prepare for the year ahead, we're proud to reflect that throughout this period we have continued to remain focused on improving patient experiences and outcomes by connecting cancer care and driving best practice. We continue to work closely with the VICS to ensure that our projects are aligned to the Victorian Cancer Plan 2020 -2024.

I would like to take this opportunity to thank the PICS team, the members of our governance, clinical advisory and project committees, partner health services, consumers, patients and families; whose contributions are driving positive change.



**Ms. Bernadette McDonald**  
RCH CEO and PICS Chair



**Peter Mac**  
Peter MacCallum Cancer Centre  
Victoria Australia

**M<sup>on</sup>nash**  
Children's  
Hospital

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# WHO WE ARE

## Who we are

The Victorian Paediatric Integrated Cancer Service (PICS) is funded by the state Government to lead a networked paediatric cancer care system in Victoria. We are part of the Victorian Integrated Cancer Services (VICS) and align to the principles of the *Victorian Cancer Plan* in all that we do.

We achieve our goals through working with the Victorian primary diagnostic and treatment centres for children and adolescents:

- The Royal Children's Hospital
- Monash Children's Hospital;
- the state-wide paediatric radiation therapy service;
- Peter MacCallum Cancer Centre;
- and our regional shared care partner health services.

## Our strategic priorities

The Victorian paediatric cancer strategic priorities set out how PICS will contribute to the Victorian Cancer Plan 2020-2024, and are designed to focus our attention on what is most important for paediatric cancer care.

## Our role

To improve patient experiences and outcomes, by driving equitable access to consistent, high-quality cancer care.

## Our vision

Paediatric cancer care will be family-centred and evidence-based for all children and adolescents receiving care in Victoria.

## Our network



## To perform our role, we:

### CONNECT

Building relationships between providers, health services and sectors in Victoria, to facilitate equitable access to paediatric cancer care

### PROVIDE

Delivering an integrated statewide survivorship program for all children and adolescents following cancer treatment, across metropolitan and regional areas

### COORDINATE

Building regional capability and capacity through PICS Regional Outreach and Shared Care Program's onsite education and clinics, and coordination of the delivery of low-complexity care

### INFORM

Developing family-focused supportive care resources

### STANDARDISE

Developing and delivering education forums and clinical resources to facilitate standardisation of best practice paediatric cancer care across our network

### TRANSLATE

Providing data analysis services to translate data into organisational knowledge, and support statewide health services research and improvement

### CO-CREATE

Engaging with consumers and clinicians to co-create service improvement projects and programs of work

### EVALUATE

Evaluating completed service improvement projects and program changes to ascertain the impact locally, and potential for impact at scale

### EMBED

Working with health services to implement project recommendations in a sustainable and effective way

### MONITOR

Systematically monitoring processes and outcomes of cancer care to improve system-wide performance

**Facilitate high quality survivorship care for all children and adolescents following cancer care in Victoria, and develop the Victorian Childhood Cancer Survivorship Registry to improve workforce knowledge.**

**Improve the adoption of quality cancer care closer to home by supporting implementation of standardised programs.**

**Facilitate high quality supportive care for children and adolescents across their cancer pathway.**

**Support Victorian health services to provide safe, consistent, equitable care through the expansion of our statewide Regional Outreach and Shared Care Program.**

Measure of success: Evidence of standardised services available to all Long Term Follow-up Program patients, and evidence of timely, consistent access to clinics.

Measure of success: Year-on-year growth of cancer services delivered via home-based or care closer to home programs.

Measure of success: Supportive care policy review and implementation state-wide. Evidence of family-focused PICS supportive care resources becoming embedded in practice.

Measure of success: Consistent delivery of ROSCP paediatric oncology nursing and medical education across the state.

Evidence of improved data collection, availability and use pertaining to paediatric cancer survivorship and late effects of treatment.

Evidence of development and implementation of appropriate and effective shared care pathways.

A 'palliative radiotherapy closer to home' feasibility study with an recommendations endorsed by the network.



**Improve equity of access to clinical and supportive care trials, and support cancer services research.**

**Drive implementation of the Adolescent and Young Adult and Aboriginal and Torres Strait Islander Optimal Care Pathways.**

**Update the Paediatric Oncology Care Pathways, and monitor and communicate health service alignment with optimal cancer care.**

**Assess and monitor service capability to deliver low complexity care to children and adolescents with cancer, across Victoria.**

Measure of success: Evidence of improved clinical and supportive care trial data collection, availability and use across the network.

Measure of success: Evidence of improved patient experience for adolescents and young adults, and Aboriginal or Torres Strait Islander families receiving cancer care.

Measure of success: A standardised monitoring and reporting system is in place, with evidence of routine communication of results with our partner health services.

Measure of success: Delivery of an updated Service Capability Framework (SCF). Evidence of routine monitoring with any unwarranted variations in practice communicated appropriately.

# OUR YEAR AT A GLANCE

Consumer Participation Framework co-design workshops held & consumer working group established



PICS received MRFF grant funding to develop a Victorian Childhood Cancer Survivorship Registry

Launch of 40 chemotherapy fact sheets for families, into 4 languages other than English (Vietnamese, Simplified Chinese, Dari and Arabic).

معلومات عن التعامل مع أدوية العلاج الكيميائي



Completed the Long Term Follow-up Program Review

Held the 2021 PICS Annual Forum & published the annual report



Completed the Medication Adherence at Home Review

PICS Consumer Participation Framework launched



Adolescent and Young Adult Optimal Care Pathway draft completed by expert review panel

Completed the Home-based hydration project evaluation



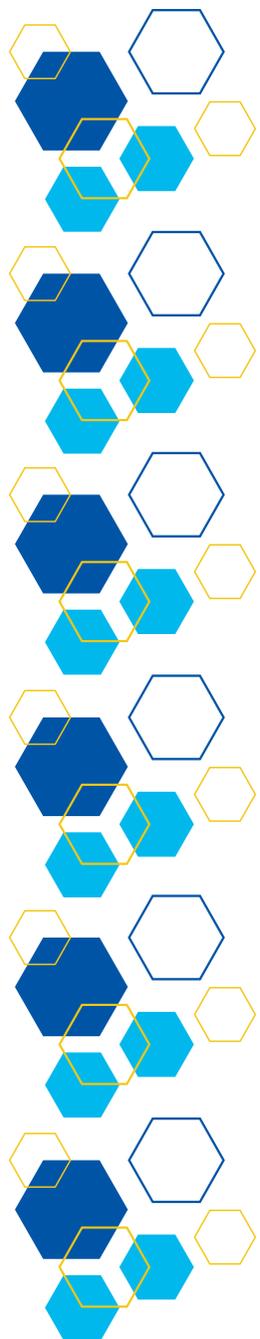
Completed the Regional Outreach & Shared Care Program (ROSCP) review

PICS staff participated in Aboriginal cultural insight training workshops



Published the VICS Data and Information Management Framework

# SPOTLIGHT ON: STATE-WIDE AND NATIONAL IMPACT



There are 9 Integrated Cancer Services (ICS) in Victoria who have access to a wide range of local, and state-wide patient level and administrative data, for service improvement, and quality and performance monitoring work. The VICS Data and Information Management Framework project, co-led by PICS and Western Central Melbourne Integrated Cancer Service (WCMICS), was based on five agreed principles, with the Framework encompassing a VICS Data Strategy 2021-2024, Data Governance Charter, Data and Information Management Guidelines and Data Evaluation Plan.

Over 12 months, the project team, together with the Project Steering Committee and five working groups involving 44 stakeholders, co-designed the Framework, while embedding the Data Strategy vision – Data is everybody's business within the ICS teams. This Framework will drive improvement and standardisation in the way the VICS acquire, access, store, manage, share, and use data; with a large focus on building our Data Services and capabilities across all ICS roles.

Recommendations from the working groups, community of practice events, the Project Steering Committee, and general stakeholders, were consolidated into twenty-one initiatives, to be implemented under the VICS Data Strategy 2021-2024.

The Adolescent and Young Adult Optimal Care Pathway (AYA OCP), was developed by PICS in collaboration with OnTrac at Peter Mac, together with an expert reference group led by Professor Ian Olver from the University of Adelaide.

The AYA OCP has received endorsement from Cancer Australia to be released as the national pathway to guide best practice cancer care for adolescents and young adults, which is a testament to the quality of work that PICS is known for.

The document will now be presented for jurisdictional endorsement through the Federal Department of Health. Aligned to the Aboriginal and Torres Strait Islander OCP format, the AYA OCP is directed at a specific sub-group of cancer patients versus disease, and as such, complements the existing cancer-specific optimal care pathways. This pathway acts as a reminder for health professionals of their responsibility to consider a young person with cancer not just in the context of their disease, but equally in the context of their life stage, in turn, reducing disparity and improving the outcomes and experiences for young people with cancer.

The PICS Long Term Follow-up Program (LTFP) facilitates the transition of children and adolescents treated for cancer from completion of curative treatment to the Survivorship phase of care, across Victoria. The aim of the program is to provide a clear and consistent standard of long term follow-up care for children and adolescents, and provide an effective service model to enable childhood cancer survivors to safely transition from the paediatric to the adult health care sector.

In 2014 PICS developed a bespoke clinical repository, designed to centralise key LTFP data related to treatment and clinical outcomes, with a focus on late effects of paediatric cancer treatment. With its architecture now dated, the need to redevelop the repository brings with it a valuable opportunity to expand it from a limited-purpose reference database, into a complete and robust clinical, research and service improvement data warehouse.

In early 2021, PICS collaborated with the children's cancer centres, research and university partners in Victoria, to apply for a Medical Research Futures Fund grant, to advance childhood cancer research, and the implementation of research findings into practice. With the successful bid, the **Victorian Paediatric Cancer Consortium (VPCC)** was formed, and in late 2021, PICS was awarded the grant funds to redevelop and expand the existing PICS LTFP clinical repository, into a *Victorian Childhood Cancer Survivorship Registry*. This will, for the first time in Victoria, provide a platform for data mining (utilising existing and standardised disease classifications and data definitions), analytics and detailed reporting related to paediatric cancer survivorship. PICS is proud to be partnering with the VPCC to drive Survivorship research forward, and improve the lives of children and adolescents with late effects of childhood cancer treatment.



# SPOTLIGHT ON: SERVICE IMPROVEMENT

## Home-Based Hydration for Chemotherapy evaluation

The home-based hydration program was an initiative led by PICS, in collaboration with clinicians at the Children's Cancer Centre, Hospital in the Home, Pharmacy, Physiotherapy, Oncology wards, and Emergency Department at The Royal Children's Hospital.

On the home hydration program, a family could potentially avoid 60 overnight hospital stays throughout the course of their treatment. Prior to its implementation in late 2019, children and their parent or carer would stay in hospital for pre and post chemotherapy hydration. Using the Children's Oncology Group AOST0331 Osteosarcoma protocol as an example, from day one, the child can receive their hydration at home, with only an Outpatient visit to navigate on days one and two. During the evaluation period, children and adolescents undergoing treatment for Osteosarcoma, Medulloblastoma, Rhabdomyosarcoma, Ewing Sarcoma and Acute Lymphoblastic Leukaemia had accessed the program.



This evaluation was presented at the 2022 ANZCHOG conference in Sydney, Australia

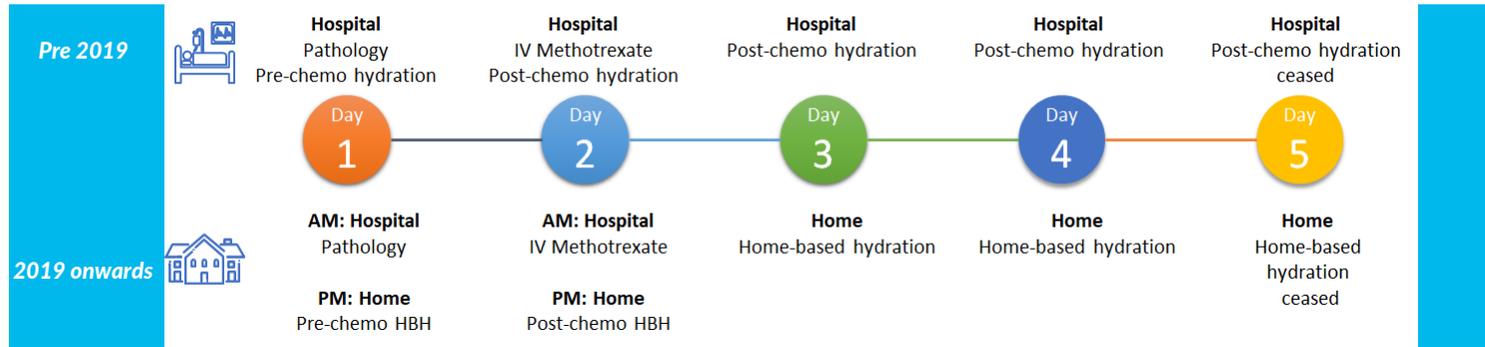


Figure 1 : experience of home-based hydration on the osteosarcoma protocol

The 2022 program evaluation aimed to understand the impact of the Home-based Hydration program, to identify further areas for improvement and to draw out key learnings and recommendations for the benefit of RCH and other health organisations investigating innovative models of cancer care. A mixed methodology was used to collect qualitative and quantitative data on patients transferred to the program between January 2019 and December 2020. 18 children and adolescents received their hydration at home during this period, with a median age of 8 ½ years old. Eighty-four (95%) episodes were completed at home. Only 5% required readmission for fever and/or port issues; however there were also nineteen unplanned visits to hospital, where following review, the family were able to continue the episode at home. For the most part, it was determined that these were preventable and could be addressed with further training. The average bed days saved per admission across all tumour types was 3.5 days. Between these 18 patients, the program has saved families 230 bed days or overnight hospital stays, which has such an impact on family experience.

### Recommended interventions:



Update the clinical nursing guidelines for home-based hydration



Customise the parent or carer learning packages for home-based hydration for other patient cohorts



Support expansion, and ongoing monitoring, evaluation and improvement

### Child, adolescent, parent and carer experience

(I was able to spend) more time in normal places with familiar people



Night time was hard. (Need) bigger bags of fluid for overnight

We had much more success managing nutrition and weight gain when we were able to prepare her favourite foods at home – seeing her eating and seeing her happily enjoying family activities made us much less stressed

COVID was incredibly isolating so being at home with hydration even for 1 night was 1 less night in hospital and we were able to support each other as a family

I get a lot of comfort from my pets but I did miss the Starlight captains



(I was) more comfortable and could be with my kitten



Less stressful, less expensive and better for my child's wellbeing.

We got to spend time being as "normal" as possible. Our older daughter didn't miss out on much, hubby could still attend his outlet, like the gym, etc.



Being able to sleep in her own bed was a comfort – unfortunately she had to be woken and taken to ED to complete hydration which ended up being a more lengthy process than if it was done on the ward.

# SPOTLIGHT ON: SERVICE IMPROVEMENT

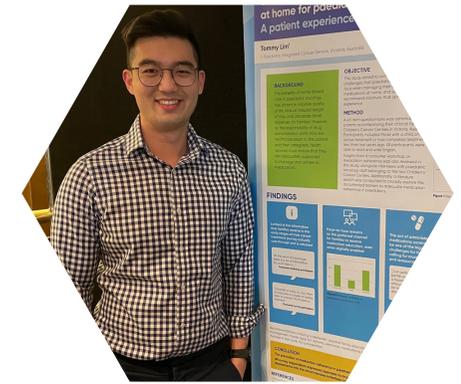
## Medication Adherence At Home project

This project aimed to comprehend the challenges that paediatric oncology families face when managing their child's cancer medications at home, and subsequently, recommend initiatives that optimise this experience. The benefits of home-based care in paediatric oncology include improvements in quality of life, reduction in hospital length of stay, and a decrease in travel expenses for families. However, as the responsibility of drug administration shifts from the healthcare team to the patient and their caregivers, health services must ensure that they are adequately supported to manage and adhere to medications.

PICS developed and administered a 45-item questionnaire to parents accompanying their child at the Royal Children's Hospital, and Monash Children's Hospital. Participants included those with a child on active treatment or had completed treatment less than two years ago. All participants were able to read and write English. Insights from a consumer workshop on medication adherence were also reviewed in this study, alongside interviews with paediatric oncology staff belonging to the two Children's Cancer Centres. Additionally, a literature search was conducted to broadly explore the documented barriers to adequate medication adherence in paediatrics.

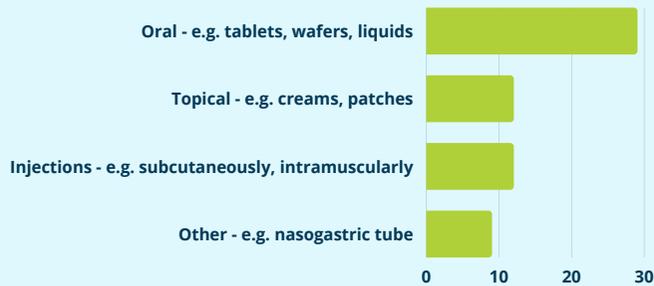
The questionnaire received responses from 31 families and was completed by a parent or carer. 77% of parents/carers reported needing to give between 1-6 different medications to their child per week on average, with 68% indicating their child being aged 0-5 years when they first took on the responsibility of managing their child's medications at home.

Three key interventions were conceptualised to improve the parent and carer experience, including the implementation of a telehealth-assisted family education program; publication of a medication tips and tricks resource; and development of a hospital-linked medication management app. These will be prioritised for development by the PICS Service Improvement team over the coming year.



A project summary was displayed at the 2022 ANZCHOG conference in Sydney, Australia

### Reported routes of medication administration by parents/carers



### Recommended interventions:



Telehealth-assisted family education program



Medication administration 'tips and tricks' resource



Medication management mobile device app linked to hospital pharmacy systems

### Parent and carer experience



Information provided to families following a cancer diagnosis, is difficult for them to retain

"At the point of discharge, there is a lot of information for us to take in..."  
Consumer workshop participant

"Educate us early on, but then re-educate a couple of weeks later to ensure information is retained"  
Consumer survey participant



Face-to-face remains as the preferred channel for families to receive medication education, even when digitally enabled

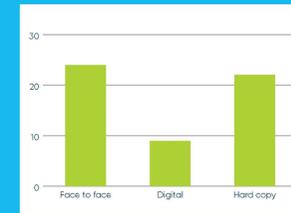


Figure 2 Preferred channels of medication education, n=31



The act of administering medications continues to be one of the biggest challenges for families, calling for more assistance and reassurance

"Just getting it down ... a battle every single time ... a heads up that massive amounts of patience would be required for every single dose would've been good"  
Consumer survey participant

"It was pure dumb luck that that we came across different methods to mask the taste of medications ... I overheard it from other parent conversations on the ward"  
Consumer survey participant



Medication lists that are provided by health services are rated invaluable by families, but can quickly be outdated with medication regimen changes

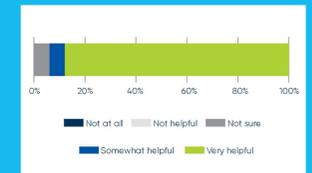


Figure 3. Survey Question: Did you find the medication list helpful?, n=31

"A renewed medication list [from the hospital] each time medication was changed would have been helpful"  
Consumer survey participant

# SPOTLIGHT ON: SERVICE IMPROVEMENT

## The Long Term Follow-up Program review

The Victorian Long Term Follow-up Program (LTFP) has been providing tailored care to paediatric cancer survivors for over a decade, supporting almost 2000 patients with 'late effects' related to health and wellbeing. Following substantial growth, a comprehensive service review was undertaken. Consumer engagement was a key component of the review aiming to:

- explore patient/family experiences
- identify areas for improvements
- develop recommendations to support a sustainable, best-practice model of care.

Patients and parents/carers who attended the LTFP between 2018-2020 were invited to participate in a confidential online survey (n=103) and a group workshop (n=10). Two adolescent and young adult (AYA) consumers and one parent with lived experience were engaged as members of the LTFP service review steering committee.

The LTFP is unique and highly valued. Participants provided invaluable feedback to directly shape and improve the LTFP. Importantly, families valued the workshop experience itself and welcomed the opportunity to influence change. Survivorship is complex and families must be meaningfully involved in identifying service improvement priorities and recommendations. As most participants in this review were parents, it will be important to also include the voices of children and young people in future work.

**PICS has commenced implementation of the 37 improvement recommendations, with 10 successfully completed, 14 in progress and 13 yet to commence.**

### KEY THEMES FROM SURVEY AND WORKSHOP

**Inadequate support at completion of treatment prior to attending the LTFP.**

*"Once you leave that island [cancer treatment], yes it's a relief, but it's choppy waters before you get to anywhere...felt like I was cut adrift"*  
**(WORKSHOP PARTICIPANT)**

**Concerns about transitioning from the LTFP into adult services.**

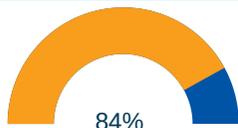
*"After spending her whole life at RCH transitioning is a huge step – for both of us! We have been spoilt for 19 years and worried that being treated like an adult is going to be very difficult"*  
**(SURVEY RESPONDENT)**

**The need for more psychosocial support.**

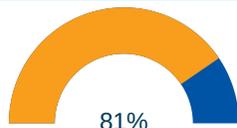
*"Offer time with psychologists/ counsellors...from end of treatment onwards...provide an opportunity for young people to process what they have been through, and develop coping strategies early."*  
**(SURVEY RESPONDENT)**

**Lacking confidence in primary care services to manage specific needs.**

*"In my experience GPs tend to be a little nervous around this type of illness."*  
**(SURVEY RESPONDENT)**



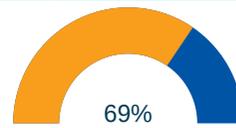
of those surveyed would recommend the service to others



of those surveyed reported LTFP is meeting expectations



agreed attending the LTFP increased their understanding of cancer after-care 'a little' or 'a lot'



responded positively to the statement 'Confidence in your GP to support your long term follow-up needs in-between appointments'

### KEY IMPROVEMENT AREAS FROM SURVEY AND WORKSHOP

**Addressing gaps in communication between hospital departments and local GPs and Paediatricians – especially during transitions.**

**Developing opportunities for empowerment and self-management.**

**Addressing gaps in access to personalised resources and provision of psychosocial support.**

All feedback contributed directly to development of **37 improvement recommendations** across **11 focus areas**.



Administration



Governance



Collaboration



Transition in



Resources



Psychosocial support



Shared care



AYA



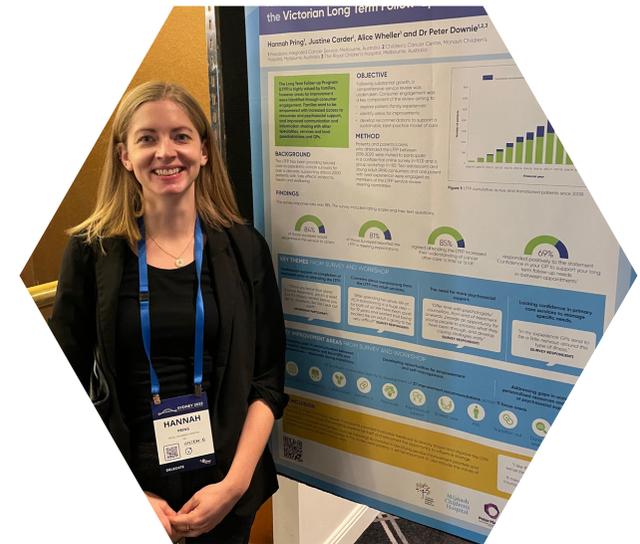
Transition out



Data and research



LTFP staffing



**A project summary was displayed at the 2022 ANZCHOG conference in Sydney, Australia**

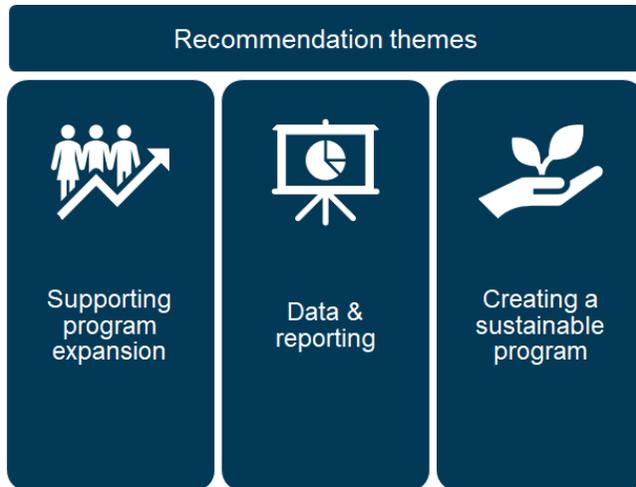
# SPOTLIGHT ON: SERVICE IMPROVEMENT

## The Regional Outreach & Shared Care Program review

The Regional Outreach & Shared Care Program (ROSCP) aims to provide care as close to home as possible when it is safe and appropriate to do so. It does this by coordinating service provision at dedicated regional centres through a shared care model with the primary treating centres. There are nine regional centres with a formal service agreement aligned to the PICS Service Capability Framework.

The program is funded by the Sporting Chance Cancer Foundation and PICS, with significant in-kind support from The Royal Children's Hospital and the regional centres. The ROSCP is run by a small team consisting of a Nurse Coordinator, responsible for identification of patients for the program and coordinating outreach clinic and shared care appointments; and a Nurse Consultant who delivers regional staff education, reviews patients alongside the primary treating centre oncologists, and facilitates the governance of the program.

In 2021-22 PICS appointed a Project Lead to undertake a review of the service. The recommendations were informed by staff and consumer feedback, and analyses of the ROSCP dataset.

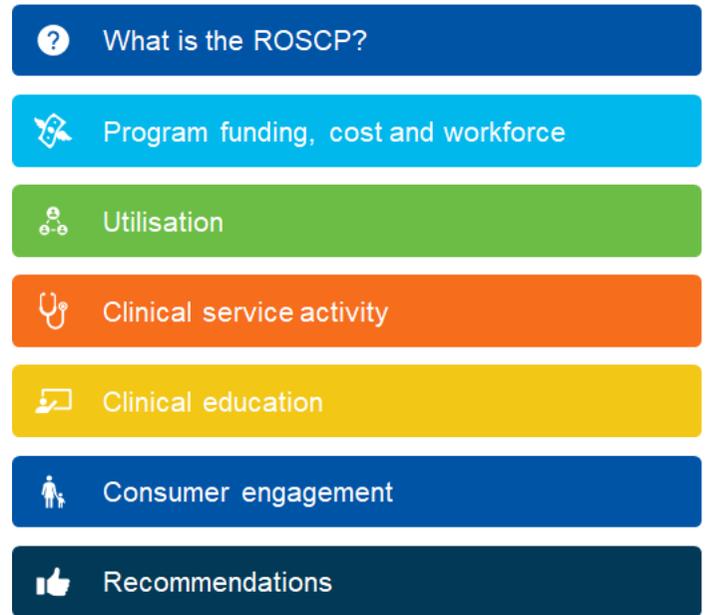


Thirteen recommendations were established, across the three recommendation themes; Supporting program expansion, Data & reporting, and Creating a sustainable program.

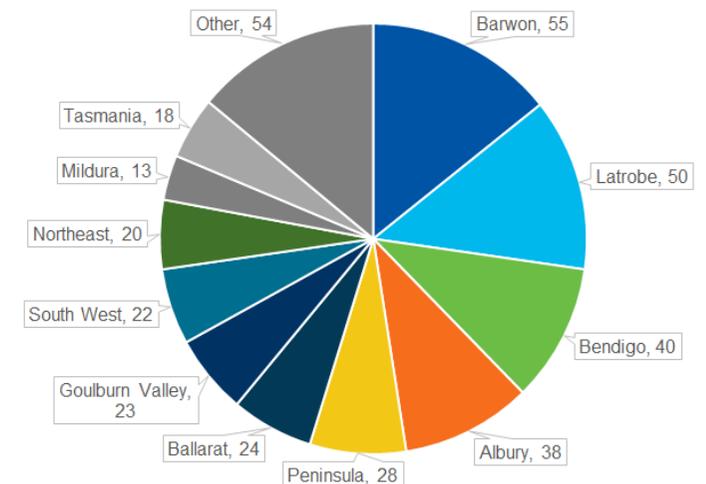
These were to:

- appoint an additional Nurse Coordinator to drive engagement and collaboration between ROSCP, Monash Children's Hospital, Latrobe Regional Hospital and Peninsula Health.
- PICS to offer to support to Barwon Health, in consideration of expanding their paediatric oncology scope of practice in their new Women's and Children's Hospital build
- reinstate ROSCP team visits to families on the ward early in treatment or at diagnosis
- develop a ROSCP marketing plan to increase awareness of the program, targeted at families and clinicians, to complement the current onboarding pathway
- continue to strive for regional clinical trial inclusion wherever possible
- develop a robust program evaluation plan to support continuous quality improvement
- improve routine reporting back to the Children's Cancer Centre and Regional Centres
- develop a succession plan for the ROSCP team, and clinical staff involved.
- undertake process mapping of the ROSCP and the intersect with LTFP including the definition and consistency in terminology used across programs, and roles and responsibilities.
- update Standard Operating Procedures.
- implement a standardised nursing education program.
- improve ROSCP access to pathology, such as GVH Pathology and Dorevitch.
- reinvigorate the use of Parkville Connect through active promotion to Regional Centres.

## Review scope



## ROSCP patients by regional catchment (n=385)



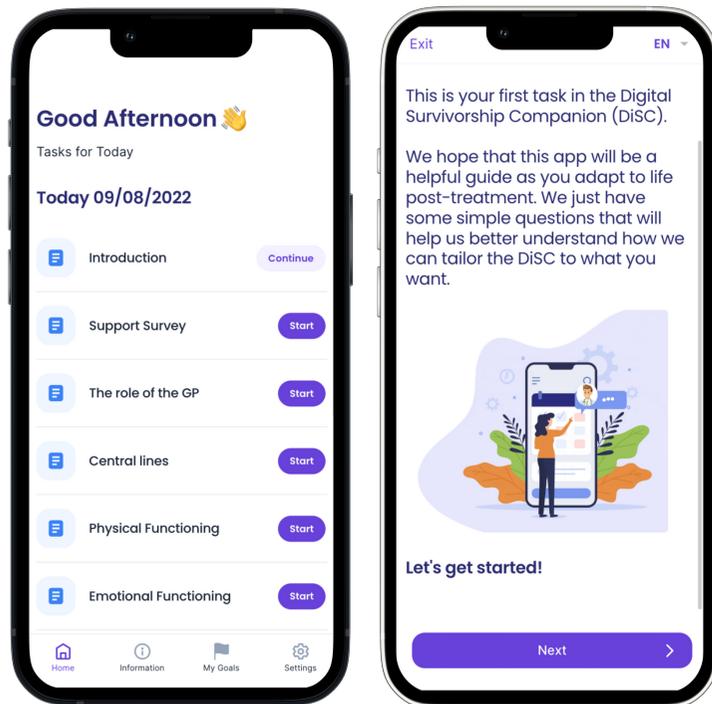
# SPOTLIGHT ON: SERVICE IMPROVEMENT

## Digital Survivorship Companion (DiSC)

The aim of the eDiSCover project is to develop a digital survivorship companion (DiSC) that will provide an **innovative digital solution** to engage children, adolescents, and young adult survivors of childhood cancer and their families at the end of their active cancer treatment and **facilitate equitable access to supportive care and survivorship clinical trials**.

Leading the 3-year project are psycho-oncology clinician-researchers from Murdoch Children's Research Institute (MCRI) and The Royal Children's Hospital (RCH), A/Prof Maria McCarthy (top right) and Dr Cinzia De Luca (top left); PICS staff Chris Williams (bottom left) and Georgia Taylor (bottom right) are supporting the project with project management and clinical education expertise. The app is being built using WeGuide, a highly configurable platform for clinical trials and patient engagement by industry leaders in health technology, Curve Tomorrow.

The app and digital platform will provide tailored information about the coming off treatment period through an interactive and personalised experience.



## Financial support

The eDiSCover project is supported by the Cancer Trials Management Scheme Competitive Grants Program administered by Cancer Council Victoria and the Victorian Government through the Victorian Cancer Agency.



## Planned stages

The first phase of the project has involved the establishment of core topics and development of associated information, informed by feedback from established consumer networks. Childhood cancer survivors and their families were invited through the Parents Advisory Groups, the VCCC consumer group, and the Victorian Youth Cancer Action Board to participate in a 'card-sort' activity whereby they grouped and prioritised topics relating to coming off treatment. This information along with feedback leveraged from recent consumer engagement work undertaken by PICS and MCRI is guiding the development of a prototype app, due to be piloted for 3 months with patients coming off treatment, their families and health professionals in early 2023. The pilot will provide information on usability and preferences and inform the next iteration of the app which will include additional topics and enhanced functionality.

In year 2 and 3 of the project, the team will:

- Pilot the application of the DiSC to a supportive care trial, including utilising the DiSC for study enrolment, data collection (screening/patient-reported outcomes (PROs)), monitoring and adherence.
- Develop an implementation and sustainability plan for the ongoing application of the finalised DiSC.

The project is due for completion by December 2024.



# SPOTLIGHT ON: SERVICE IMPROVEMENT

## Day Oncology Unit patient appointment scheduling refresh

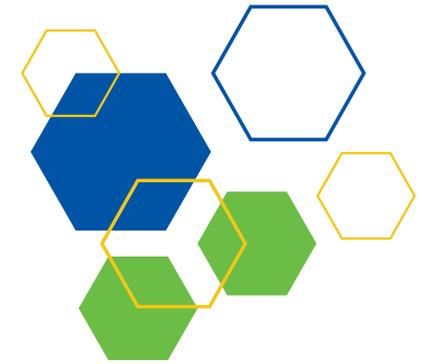
The number of patients treated daily at the Monash Children's Hospital Day Oncology Unit has grown significantly over the past few years. Coupled with the added impacts of COVID, this has caused an increase in patient waiting times. An investigation was undertaken by PICS, to develop a greater understanding of the current workflow and process bottlenecks within the unit, and subsequently identify solutions for workflow efficiencies to meet service demands, and improve the patient & family experience.

An analysis of patient flow was undertaken, and three improvement opportunities were detected

- a reconfiguration of the Microsoft Outlook booking system, to improve transparency
- introduction of a clerical booking guide
- building in capacity for the ANUM to forward plan

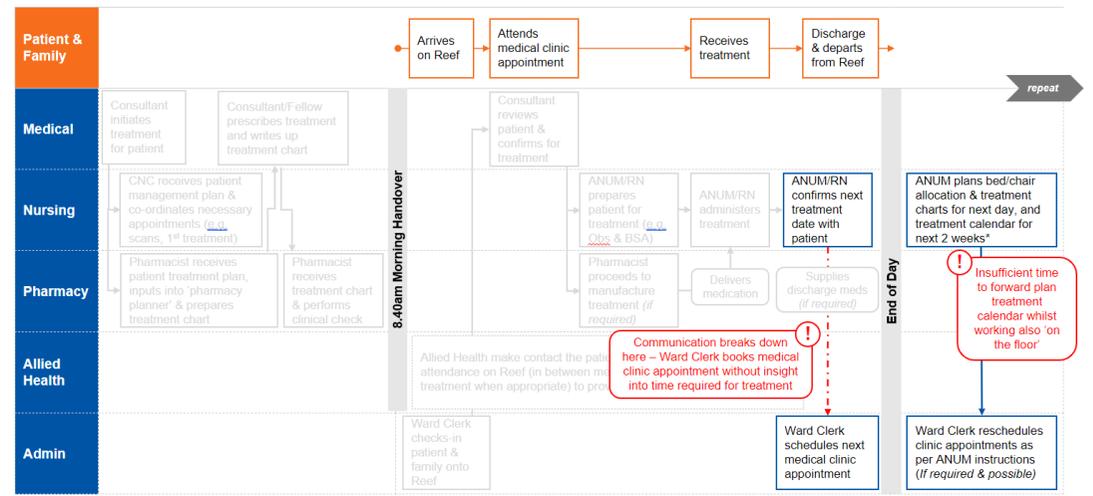
Following development of a standard operating procedure, family and staff communication pack, the PICS staff worked with IT at Monash Health to configure the unit calendars. Day oncology unit staff were supported during go-live by PICS staff on-site, with one-to-one technical sessions and a motivational cupcake.

Over the next twelve months, PICS will continue work with Monash Children's Cancer Centre to identify and implement further workflow efficiencies, and innovations that will support service demands into the future.



## Patient flow analysis

### MCH Day Oncology Unit – Reef



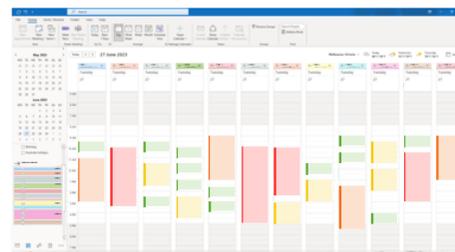
Key: → Flow

\*treatment calendar planning once week only on Tuesdays or Wednesdays



## Recommended interventions

### 1 Reconfigure the Microsoft Outlook Booking System



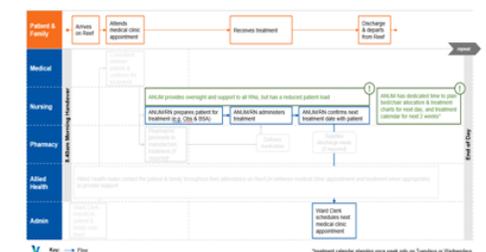
### 2 Introduce a Clerical Booking Guide

#### Patient Medical Review Appointment Booking Guide

- Key Takeaways**
- All patients booked in for treatment require an appointment with their Consultant the day before or day of scheduled treatment
  - Planning consecutive days of treatment, a Consultant appointment is only required on the first day
  - All patients booked on the LP and BSA list on a Wednesday or Friday require an appointment with a Consultant or Nurse Practitioner
  - Any scheduled treatment that is not the patient's required to have an appointment booked prior to 10am, this should not be altered unless this has been discussed with the ANUM



### 3 Dedicate Time for ANUM to Forward Plan



The PICS Paediatric Oncology Care Pathways (POCPs) were published in 2019, identifying **seven critical time points** to guide the delivery of **consistent, high-quality, evidence-based care** for children and adolescents with cancer.

The POCPs focus on how 'optimal' paediatric oncology care is defined, in terms of care **equity, quality, timing, safety and access**.

By developing definitions of optimal cancer care into a measurable form – **key performance indicators (KPIs)**; we can better understand current health service performance, and drive the delivery of equitable cancer care to children, adolescents and their families.



# SPOTLIGHT ON: SERVICE IMPROVEMENT

## PAEDIATRIC ONCOLOGY KEY PERFORMANCE INDICATORS

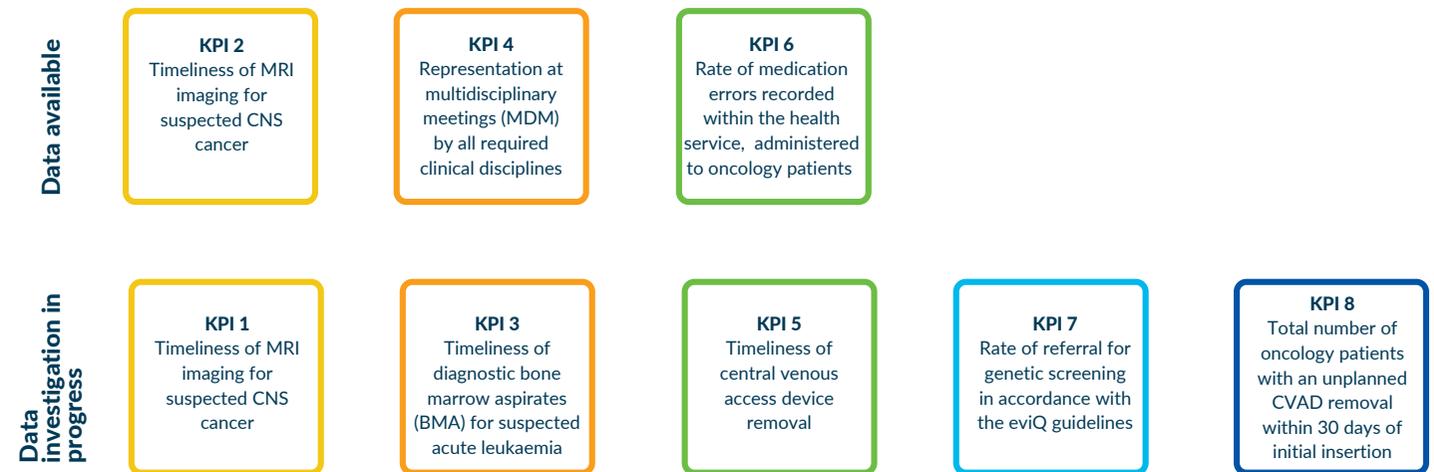
In the past twelve months, PICS has progressed the development of a suite of paediatric oncology specific Key Performance Indicators (KPI), to facilitate ongoing quality and service monitoring of cancer care in Victoria. The development and implementation of the KPI suite is a component of a larger VICS-wide project to improve the visibility of cancer service performance against the oncology Optimal Care Pathways (OCPs) and the Victorian Paediatric Oncology care Pathway developed by the PICS in 2019, and undertake data-driven improvement.

During 2022, PICS actions toward the project goals have included:

- The development of a data dictionary and detailed guide to provide the rationale, formula, inclusions and exclusions associated with each KPI.
- Significant consultation with the health analytics teams at The Royal Children's Hospital and Monash Children's Hospital, to identify and test the technology, data sources, and data transformation necessary to support automated reporting, wherever possible.
- Collaborating with the VICS KPI working group, to support standardisation of quality and performance monitoring across the state, for cancer patients across all age groups.

These pre-implementation activities will strengthen the consistency and accuracy of reporting, and will ensure sustainability. Once established, it is expected that time taken to extract key information from the medical records will significantly reduce, with manual audit required for the minority of KPIs. Where automation cannot be achieved, but the clinical impact is significant, PICS will support manual audit and seek to improve data collection and access.

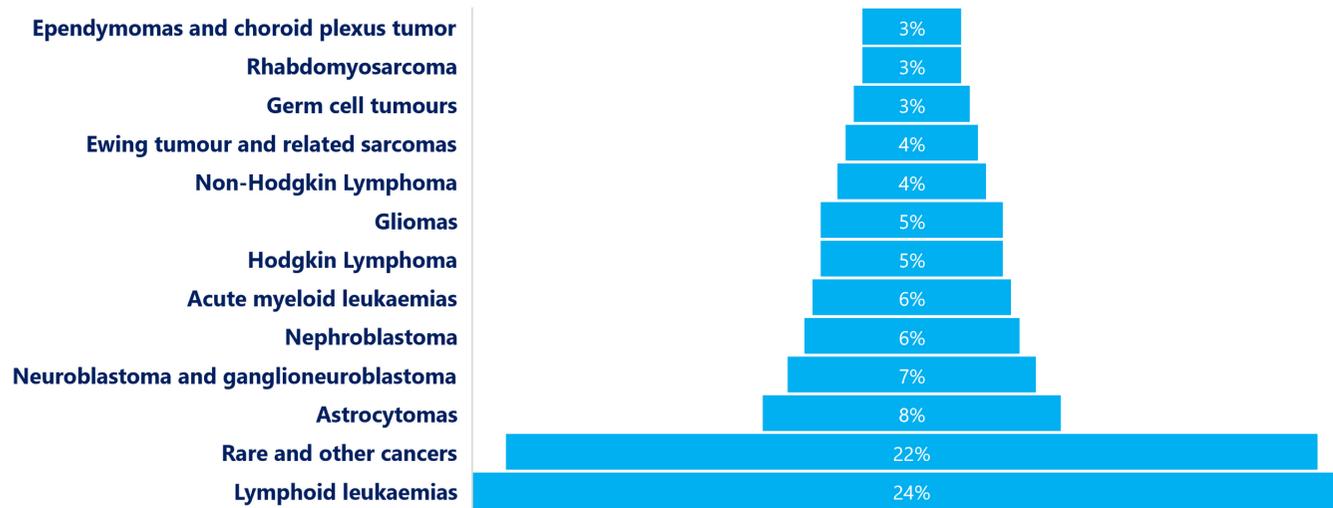
From seventeen preliminary measures developed, the following eight have been prioritised for implementation over the coming year:



# DATA INSIGHTS

## PAEDIATRIC CANCER IN VICTORIA

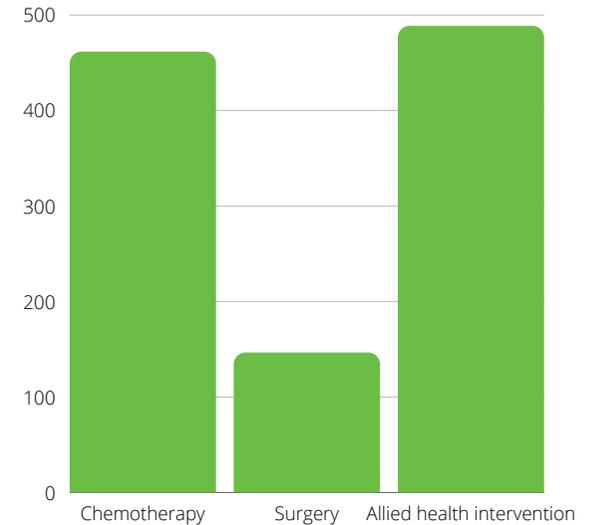
Patients < 18 years old, newly diagnosed with cancer\* in 2021, by cancer type<sup>1</sup>



**KEY**

\*inclusive of non-malignant CNS tumours  
 Data sources:  
<sup>1</sup> Victorian Cancer Registry  
<sup>2</sup> Victorian Admitted Episode Dataset

Patients < 18 years old with cancer\*, by in-hospital cancer treatment provided in 2021<sup>2</sup>

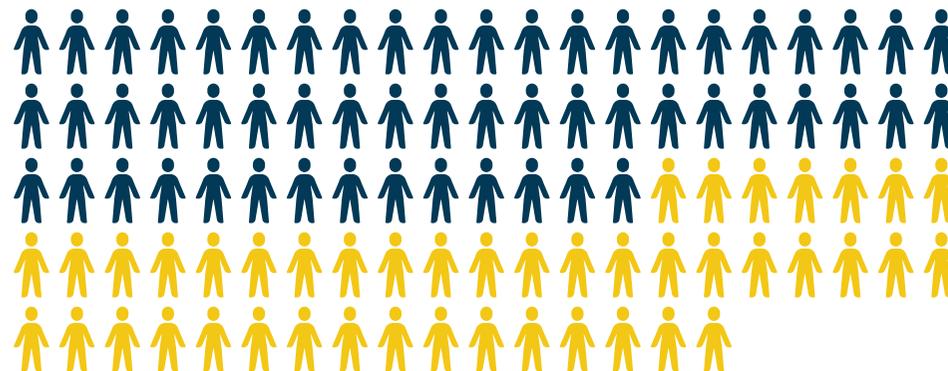


Proportion of regional Victoria (or interstate) patients < 18 years old with cancer\* treated in a Victorian hospital in 2021<sup>2</sup>



Metropolitan (blue): 68%  
 Regional/interstate (green): 32%  
 Total: 706 patients

Proportion of male to female patients < 18 years old with cancer\*, treated in a Victorian hospital in 2021<sup>2</sup>



Male (blue): 56% Female (yellow): 44% Total: 706 patients

Number of families who identified as Aboriginal or Torres Strait Islander descent, while in hospital with a child or adolescent (<18 years old) with cancer\* in 2021<sup>2</sup>



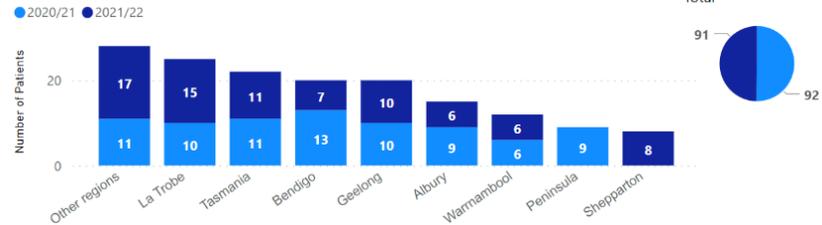
# DATA INSIGHTS

## REGIONAL OUTREACH AND SHARED CARE PROGRAM

The PICS Regional Outreach and Shared Care Program (ROSCP) continued to provide clinics via a hybrid telehealth and face-to-face model in 2021-22 due to the ongoing impacts of COVID-19. In the last 12 months, PICS has worked with Ballarat Health Service to expand the paediatric team's scope of practice to facilitate delivery of low complexity chemotherapy to children and adolescents from the area.

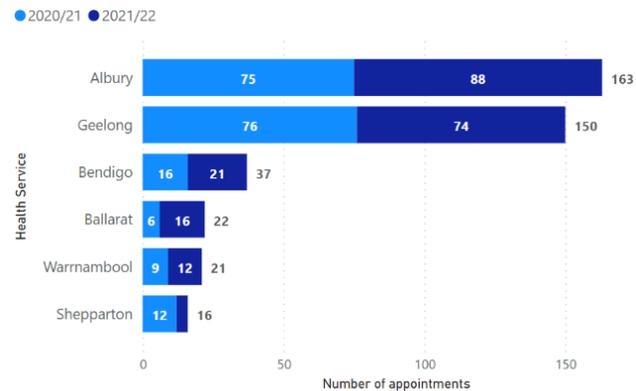
### Regional Outreach and Shared Care Program activity 2020-21 & 2021-22

New patients by region of residence

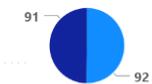


Notes: This graph is based on the regions where the ROSCP live, not necessarily where they received cancer care. Regions with less than 6 patients have been excluded to protect patient confidentiality.

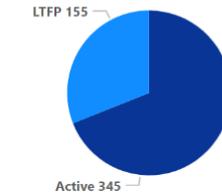
Appointments



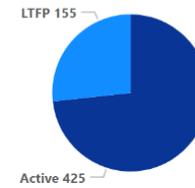
Total



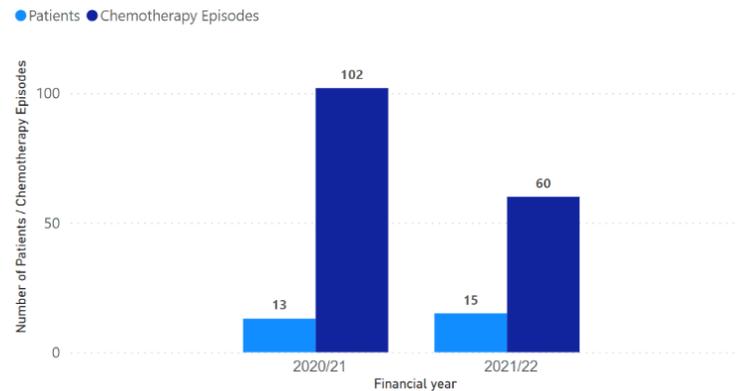
ROSCP patients at 30 June 2021



ROSCP patients at 30 June 2022



Chemotherapy delivered regionally



## Education and training delivered by the ROSCP CNC in 2021-22

24 regional education sessions with over 300 participants including:

- medical and nursing emergency training on the management of central lines and febrile neutropenia in children with cancer
- Foundations in Paediatric Oncology Nursing Study Days in Geelong, Traralgon and Bendigo
- Low-complexity chemotherapy training for nurses (in collaboration with regional adult oncology services)
- ward-based updates on patient activity and new treatment protocols

**In collaboration with Tasmania Health:**

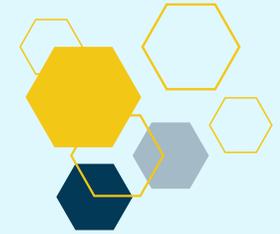
- 2 Foundations in Paediatric Oncology Nursing and Chemotherapy Study Days in Launceston, Tasmania
- 2 Foundations in Paediatric Oncology Nursing and Chemotherapy Study Days in Hobart, Tasmania

**In collaboration with the Royal Children's Hospital:**

- support in delivering 5 Foundations in Paediatric Oncology Nursing Study Days

**In collaboration with Monash Children's Hospital:**

- support in delivering 2 Foundations in Paediatric Oncology Nursing Study Days
- support in delivering 1 Chemotherapy Study Day



PICS would like to acknowledge the Sporting Chance Cancer Foundation for their ongoing support for regional children, adolescents and their families managing a cancer diagnosis in Victoria.

Without the generous assistance of the Foundation, many of the services and initiatives we have been able to deliver would not have been possible.

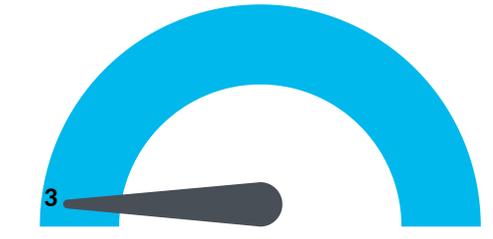
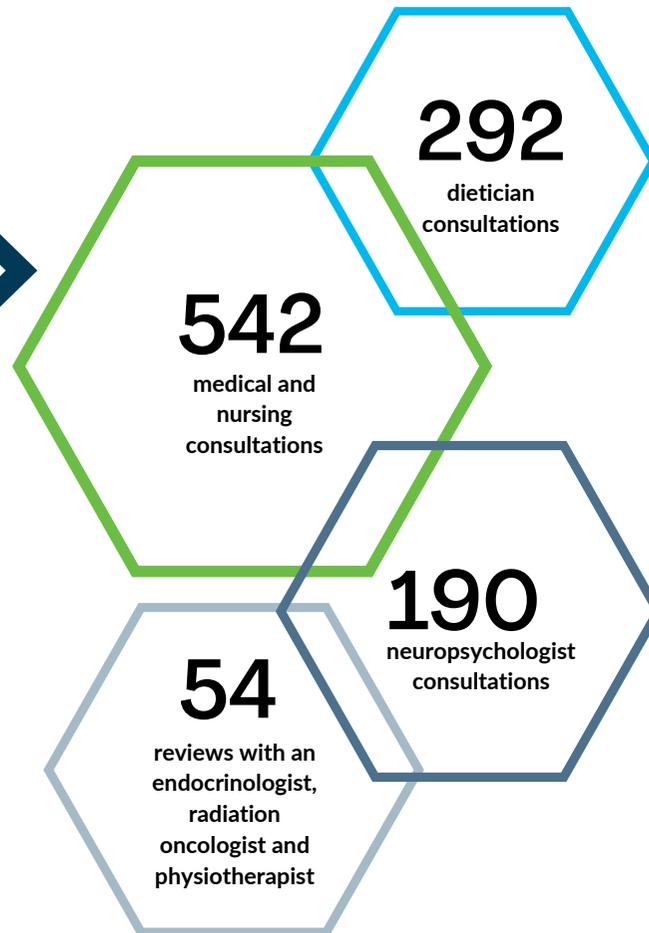
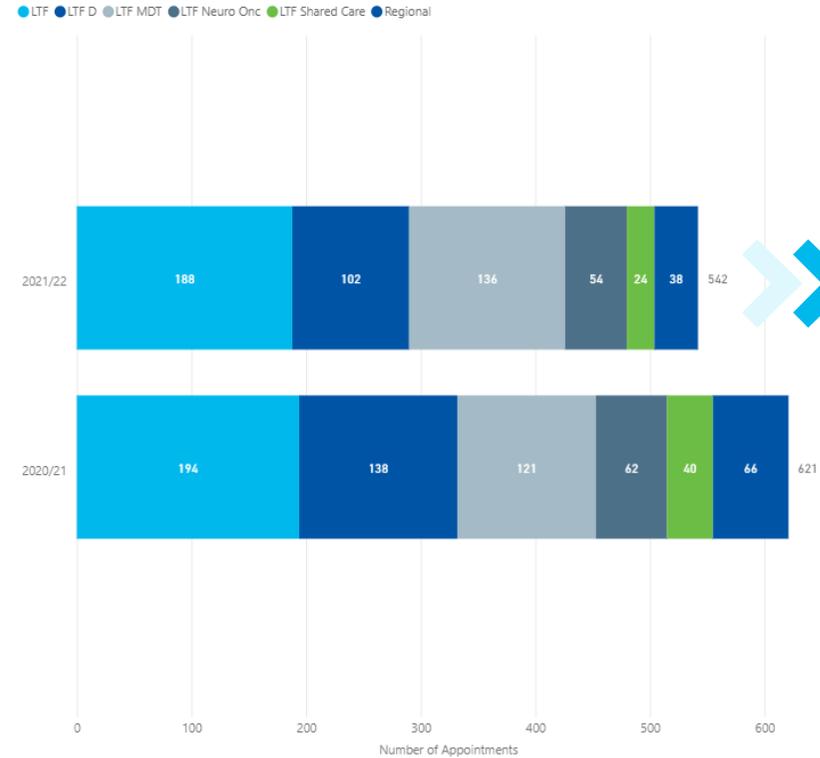


# DATA INSIGHTS

## PICS LONG TERM FOLLOW-UP PROGRAM

The Long Term Follow-up Program (LTFP) has grown to 851 active patients, receiving survivorship care. 542 appointments were delivered during the 2021-22 financial year. Each of these appointments offer families multi-disciplinary support, based on the type of cancer the child or adolescent had, and their individual follow-up needs.

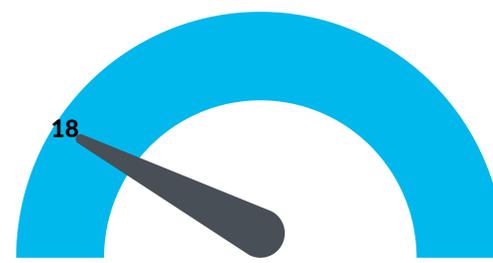
### LTFP appointments by appointment type



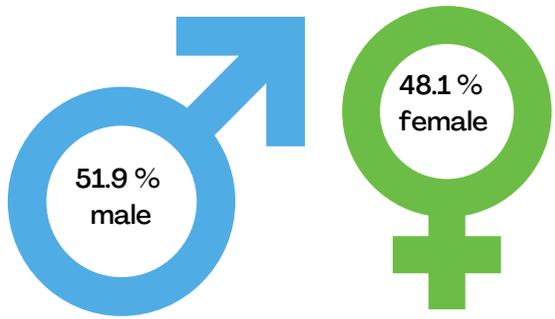
3  
Median age of LTFP children & adolescents, at the time of their cancer diagnosis



13  
Median age of children & adolescents, who are currently patients of the LTFP



18  
Median age of children & adolescents when transitioned to adult hospital and community survivorship services, from the LTFP



Children and adolescents who are currently patients of the LTFP, by gender

# FINANCE SUMMARY 2021-22



## PICS Revenue & Expenses

Balance brought forward (1 July 2021)	\$398,828
Paediatric Integrated Cancer Services - Victorian Government Grant	\$1,353,999
Other Grant income	\$136,822
Salary Expenses	(\$1,441,872)
Operating & Project Expenses	(\$179,647)
<b>PICS surplus / (deficit)</b>	<b>\$268,129</b>

## LTFP Revenue & Expenses

Balance brought forward (1 July 2021)	\$19,089
Long Term Follow Up Program - Victorian Government Grant	\$616,744
Other revenue / grants	\$239,654
Salary Expenses	(\$675,883)
Operating Expenses	(\$907)
<b>LTFP surplus / (deficit)</b>	<b>\$198,697</b>

## ROSCP Revenue & Expenses

Regional Outreach Shared Care Program - Sporting Chance Cancer Foundation Grant	\$105,000
Salary Expenses	(\$105,000)
<b>ROSCP surplus / (deficit)</b>	<b>\$0</b>

We thank the members of our Governance Executive Committee, and the health service staff who partner with us in our work. We acknowledge the Victorian Government for its ongoing support, and the Sporting Chance Cancer Foundation for the financial support of the Regional Outreach & Shared Care Program. We would also like to thank our patients and their families who were generous with their time throughout the year.

PICS acknowledges Victoria's Aboriginal and Torres Strait Islander community and their rich culture, and pays respect to their Elders past, present and emerging. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.



PICS is supported by the Victorian state government.



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