

Service Mapping Report

Background and Purpose

One of the roles of the Southern Melbourne Integrated Cancer Service (SMICS) is to map cancer services provided to adults by Alfred Health, Peninsula Health and Southern Health for 10 tumour streams. The purpose of this report is to:

- provide quantitative and qualitative data regarding current cancer services that will be used by the SMICS Tumour Groups and SMICS Governance Committee to plan service improvements;
- provide baseline data that can be used to evaluate SMICS' outcomes; and
- assist to identify gaps and opportunities for improving cancer service coordination.

Report Details

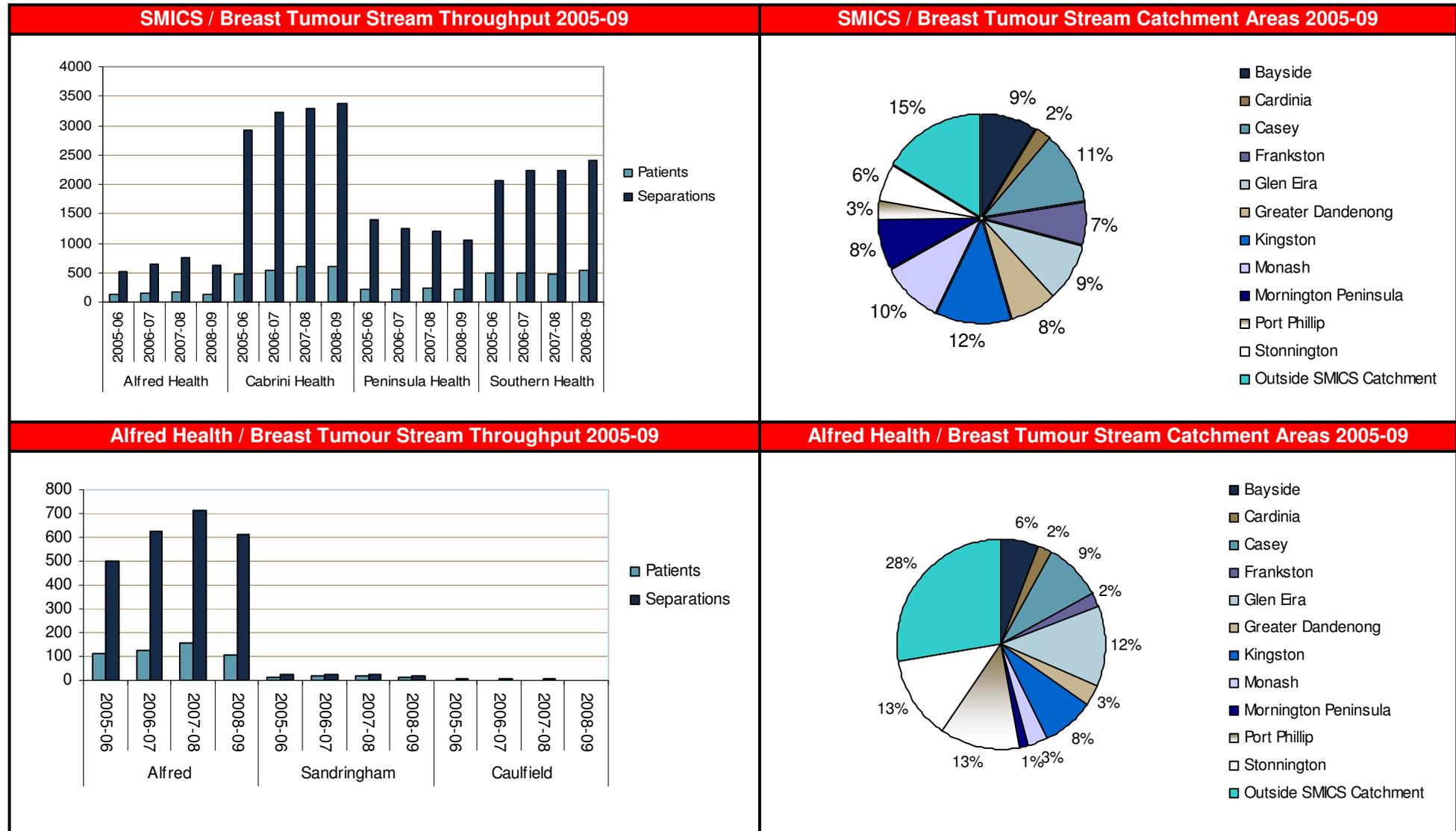
This report provides a summary of services provided by:

Tumour Stream:	Breast
Site:	The Alfred
Health Service:	Alfred Health
Data Collection Period:	Jan – April 2009
Date of Report:	7 April 2009

This report may need to be read in conjunction with tumour stream reports for other sites.

Health Service	SMICS Mapping Report (✓)
Alfred Health	
The Alfred	✓
Sandringham Hospital	–
Caulfield General Medical Centre	–

Cancer Services Data: Quantitative



Cancer Services Data: Qualitative

1. General Services Available Onsite

Service	Onsite	Notes or comments	Service	Onsite	Notes or comments
Cancer Support Nurses	✓		Palliative Care	✓	Consultation service provided
Breast Care Nurses	✓		Pain Service	✓	Provided by dept anaesthesia & available at Caulfield Hospital
Chemotherapy	✓		Pathology - Anatomical	✓	
Clinical Trials Coordination	✓		Pathology - Biochemistry	✓	
Day Surgery	✓		Pathology - Haematology	✓	
Dental Services	✓		Pathology - Genetics	✓	
Diagnostic Imaging - General	✓		Pathology - Microbiology	✓	
Diagnostic Imaging - CT	✓		Pathology - Synoptic Reporting	✓	
Diagnostic Imaging - MRI	✓		Pastoral Care -Chaplain	✓	
Diagnostic Imaging - PET	✓		Pharmacy	✓	
Diagnostic Imaging Nuclear Med	✓		Psychology	✓	
Dietetics	✓		Psycho- Oncology	✓	
Emergency Department	✓		Psychiatry	✓	
Genetic Counselling	✓		Physiotherapy	✓	
GP Liaison Units	✓		Pre-admission Clinic	✓	
Immunotherapy	✓		Prosthetics & Orthotics	✓	
Interpreting Services	✓		Radiation Oncology	✓	
Intensive Care Unit	✓		Rehabilitation Physician		Provided at Caulfield Hospital
Lymphoedema Service		Not Available	Speech Pathology	✓	
Medical Oncology	✓		Short Stay Unit	✓	Alfred Centre Elective Surgery, Also have Medi Hotel
Occupational Therapy	✓		Social Work	✓	
Outpatient Clinics	✓		Support Groups	✓	Living with cancer, Look good feel better
Palliative Care Beds		Utilise Bethlehem & Cabrini			

2. Overview of Treatment and Care

Critical Point ¹	Patient Journey	Supporting Structures & Processes
Community Level	<ul style="list-style-type: none"> Patient recognises symptoms or receives abnormal screening result (if applicable) and sees general practitioner (GP). 	<ul style="list-style-type: none"> The Alfred is located in St.Vincent's BreastScreen catchment area and therefore tends not to receive many referrals via BreastScreen as St.Vincent's Hospital has a major breast cancer unit. The majority of Alfred referrals come from the surgeons' private rooms or the GP.
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Initial Diagnosis & Referral	<p>Private Consultant</p> <ul style="list-style-type: none"> The GP refers the patient to a private breast surgeon or general surgeon. <p>Outpatient Clinic</p> <ul style="list-style-type: none"> The GP refers the patient to the Breast Cancer Outpatient Clinic which is held at The Alfred on Tuesday afternoons. The majority of referrals are from the GP with incidental referrals from other units within Alfred Health. 	<ul style="list-style-type: none"> The interpreting service is highly valued in communicating with Alfred Health's CALD patients most particularly for the first visit and for gaining consent for treatment.
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Determine Treatment Program	<p>Surgery</p> <ul style="list-style-type: none"> There is a Breast Cancer Outpatient Clinic held on Tuesday afternoon at 14:00 in the ground floor private clinics (a public Medicare bulk billing service). At this clinic, both new and follow up patients will see the breast surgeon (consultant, resident or registrar), peri-operative nurse co-ordinator and the cancer support nurse. Patients are referred to allied health staff on an as needs basis. Tests to help decide the diagnosis and work-up for surgery are done in this clinic. <p>Radiation Oncology</p> <ul style="list-style-type: none"> There is a Patient Radiation Oncology Clinic held daily. Breast patients are usually seen on Thursdays and Fridays. At these clinics the patient sees the radiation oncologist (consultant or registrar). Nursing and allied health staff see patients on an as needs basis. There is discussion between the patient and the radiation oncologist about the treatment path for radiotherapy. 	<p>Multidisciplinary Team Meeting</p> <ul style="list-style-type: none"> There is a Breast Multidisciplinary Team Meeting which is held fortnightly on Tuesdays prior to the outpatient Breast Clinic. This meeting is lead by the head of breast surgery and attended by breast surgeons (consultant, registrars and residents), medical oncologists (consultant, registrars and residents), radiation oncologists (consultant, registrars and residents), psychologist, pathologist, cancer support nurse and the surgical services data manager. All breast cancer patients at The Alfred and some private patients are referred to the MDT after surgery. The purpose of this meeting is to discuss the patient and their disease status before they come into clinic that same day. There is formal documentation, which is currently being updated and a protocol (developed by BCIP) for this meeting. Referral decisions are made at this meeting. Discussion of the patients suitability to participate in a clinical trial is also discussed at this meeting. <p>Clinical Trials</p> <ul style="list-style-type: none"> There are currently 4 international multi-site trials underway.

¹ Ministerial Taskforce for Cancer 2006 Critical points of Patient Management Framework

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>Medical Oncology</p> <ul style="list-style-type: none"> There are Medical Oncology Clinics held daily. At these clinics the patients are reviewed by the medical oncologist (consultant or registrar). Nursing and allied health staff see patients on an as needs basis. There is a discussion between the patient and the medical oncologist about the treatment path for chemotherapy. 	<p>Outpatient Clinic</p> <ul style="list-style-type: none"> The Breast Cancer Outpatient Clinic that is held on Tuesday afternoon is a bulk billing clinic Interpreting services are provided to this clinic by Alfred Health as there are a significant number of CALD patients. Radiation Oncology Clinic The Patient Radiation Oncology Clinic is available for public patients. Interpreting services are provided to this clinic by Alfred Health. Medical Oncology Clinic The daily Medical Oncology Clinics are available for public patients. Interpreting services are provided to this clinic by Alfred Health.
<p>↓</p> <p>Implement Treatment Program</p>	<p>Surgery</p> <ul style="list-style-type: none"> Patients who require surgery will have their name put on the waiting list at the Alfred. Patients will then attend one of the general surgery pre-admission clinics held on Tuesday, Wednesday and Thursday each week. After the patient has their surgery they attend the Alfred Centre until they are discharged. <p>Radiation Oncology</p> <ul style="list-style-type: none"> Patients who attend the Alfred will go to William Buckland Radiotherapy Centre (WBRC) for their radiation oncology treatment. If the patient is unwell and needs to have a hospital admission while being treated with radiotherapy they will be an inpatient on Ward 7 East. Patients are reviewed weekly while having radiotherapy treatment by the radiation oncologist (either the consultant or the registrar). There is a radiation oncology nurse review at the beginning and the end of radiotherapy and as required throughout treatment. Allied health staff see the patient while receiving radiotherapy as required. If the patient is suitable for a current radiation oncology clinical trial the radiation oncologist will discuss this with the patient. Surgeons would have a role in recruiting patients for these trials. <p>Medical Oncology</p> <ul style="list-style-type: none"> Patients who attend the Alfred will go to William Buckland Radiotherapy Centre (WBRC) for their medical oncology treatment. If the patient is unwell and needs to have a hospital admission while being treated with chemotherapy they will be an inpatient on Ward 7 East. Frequency of reviews during chemotherapy treatment 	<p>Surgery</p> <ul style="list-style-type: none"> See Breast Multidisciplinary Team Meeting above. A discharge summary and letter is sent to the referring specialist and GP after surgery. There is a surgical audit database maintained by the surgical services data manager in conjunction with the surgeons. Data is submitted to the Royal Australian College of Surgeons. <p>Radiation Oncology</p> <ul style="list-style-type: none"> There is a Radiation Oncology Multidisciplinary Team Meeting which is held weekly on Ward 7 East and lead by the radiation oncology registrar. This meeting is attended by Ward 7 East nurse unit manager, radiation oncologist resident, physiotherapist, social worker, dietitian, occupational therapist, cancer support nurse and palliative care consultant. The purpose of his meeting is to discuss discharge planning and issues with specific patients. There is no formal documentation and no protocol for this meeting. Referral decisions are made at this meeting. There is a radiation oncology database at the WBRC which encompasses patient demographic details, treatment and ongoing follow-up. <p>Medical Oncology</p> <ul style="list-style-type: none"> There is a Medical Oncology Multidisciplinary Team Meeting, which is held weekly on Ward 7 East and lead by the medical oncology registrar and attended by Ward 7 East nurse unit manager, medical oncology resident, physiotherapist, social worker, dietitian, occupational therapist, cancer support nurse and palliative care consultant. The purpose of this meeting is to discuss discharge

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>depends upon the type of chemotherapy, the type of cancer and the treatment phase or chemotherapy.</p> <ul style="list-style-type: none"> • If the patient is appropriate for a current medical oncology clinical trial the medical oncologist will discuss this with the patient. Surgeons would have a roll in recruiting patients for these trials. • Allied health staff will see the patient during chemotherapy treatment as required. <p>Clinical Support and Other Services</p> <ul style="list-style-type: none"> • The patient has access to the cancer support nurse. The cancer support nurse links the patient with support services - two in particular that are run from The Alfred are 'Look Good Feel Better' and 'Living With Cancer' program. • The ward nursing staff and allied health staff will link patients in with external supportive services such as Royal District Nursing Service, Hospital in the Home, Rehabilitation in the Home and Post Acute Care. • Referrals are also made to the palliative care consult team, physiotherapy, social work, occupational therapy, dietetics and psychology. 	<p>planning and issues with specific patients. There is no formal documentation and no protocol for this meeting. Referral decisions are made at this meeting.</p> <p>Clinical Support and Other Services</p> <ul style="list-style-type: none"> • The clinicians do not undertake formal psychosocial assessments using a specific screening tool. However psychosocial questions are asked and referrals can be made to the cancer support nurses, social work, psychiatry and psychology. • There are no protocols available for use by staff for the management of breast cancer patients. • Chemotherapy nurses and cancer support nurses undertake specific post graduate courses to perform out their role.
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Follow-Up	<p>Surgery</p> <ul style="list-style-type: none"> • Following surgery, patients attend the Breast Cancer Clinic on Tuesday afternoons for review with the surgeon. • For ongoing follow-up with the breast surgeon the patient continues to attend the Breast Cancer Clinic as directed. <p>Radiation Oncology</p> <ul style="list-style-type: none"> • Patients have radiotherapy follow-up at the Radiation Oncology Follow-Up Clinic for discussion with the radiation oncologist about the radiotherapy treatment. • For ongoing follow up with the radiation oncologist the patient will attend the Radiation Oncology Clinic. <p>Medical Oncology</p> <ul style="list-style-type: none"> • Patients have medical oncology follow-up at one of the daily Medical Oncology Clinic for discussion with medical oncologist about the chemotherapy. • For ongoing follow-up with the medical oncologist the patient will attend the Medical Oncology Clinic every 12 months. This appointment is alternated with the surgery and radiation oncology 	<p>Surgery</p> <ul style="list-style-type: none"> • After surgical follow up the patient will be discussed at the Breast Multidisciplinary Team Meeting and a decision made about the need for chemotherapy and radiotherapy. See 'Multidisciplinary Team Meeting' above. <p>Radiation Oncology</p> <ul style="list-style-type: none"> • After radiotherapy follow-up, the patient will proceed to their next therapy or have ongoing follow-up. • Long term follow-up is tracked through the WBRC database system. <p>Medical Oncology</p> <ul style="list-style-type: none"> • After chemotherapy the patient will proceed to their next therapy or have ongoing follow-up with the oncologist.

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>follow-up appointment so that the patient will see a specialist every six months.</p>	
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<p>Determine & Implement Treatment Program for Recurrence</p>	<p><i>Surgery / Radiation Oncology / Medical Oncology</i></p> <ul style="list-style-type: none"> If the patient has a recurrence it will be detected by either their GP or at the follow-up appointments with the breast surgeon, medical oncologist or radiation oncologist. The GP refers the patient to one of the three specialists and patients will enter the system as they did at the beginning of their journey. 	<p><i>Surgery / Radiation Oncology / Medical Oncology</i></p>
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<p>End of Life Care</p>	<ul style="list-style-type: none"> Management of end-of-life issues and / or symptom management are facilitated by Palliative Care Consult Service. 	<p><i>Palliative Care Services</i></p> <ul style="list-style-type: none"> Inpatient palliative care beds are sourced at Bethlehem Hospital which has 33 dedicated palliative care beds. Cabrini Palliative Care is also a palliative care referral source which has 22 inpatient beds and a community palliative care service. Other services available in the community include South Eastern Palliative Care, GPs and the RDNS

3. Summary of issues, comments and improvements

Issues↓	Issues Raised 2005	Issues Raised 2009
	<ul style="list-style-type: none"> The Alfred is situated in the St Vincent's Breast Screen catchment area and the majority of patients identified as requiring treatment by BreastScreen are referred to a facility in that catchment area, usually St. Vincent's hospital 	<ul style="list-style-type: none"> Oncologists are receiving an increased number of referrals from Gippsland.. Anecdotal evidence suggests that as many as 2 to 3 new patients a week are referred as a result limited access to medical oncologists in the Gippsland region. The outpatient booking system is rigid and does not allow the flexibility needed to efficiently schedule patients to be seen. For example there are specific appointments set aside for new patients and specific appointments set aside for reviewing patients, and these cannot be changed. This means that if there are more new patients than revisions or more revisions than new patients, the booking system is inefficient. If there are unfilled clinic appointment times it may mean that staff may be waiting around in clinic until a specific new patient or revision appointment is available. The system needs to be reviewed in more depth. The provision of a data coordinator at clinic for prospective collection of data and also carrying out patient satisfaction surveys would be helpful. Cancer Support Nurses keep track of patients on a spreadsheet. A database would be more efficient. The Cancer Council Victoria database is no longer used.
Improvements↓	Improvements to Service	
	<ul style="list-style-type: none"> The introduction of The Alfred Centre for dedicated elective surgery is the most significant improvement since the previous mapping was carried out. Patients who are scheduled for breast surgery are no longer postponed or cancelled from the theatre list and this has decreased waiting times for all services. PET scanning is now available on site. 	

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