

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 Cabrini Health, Cabrini 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

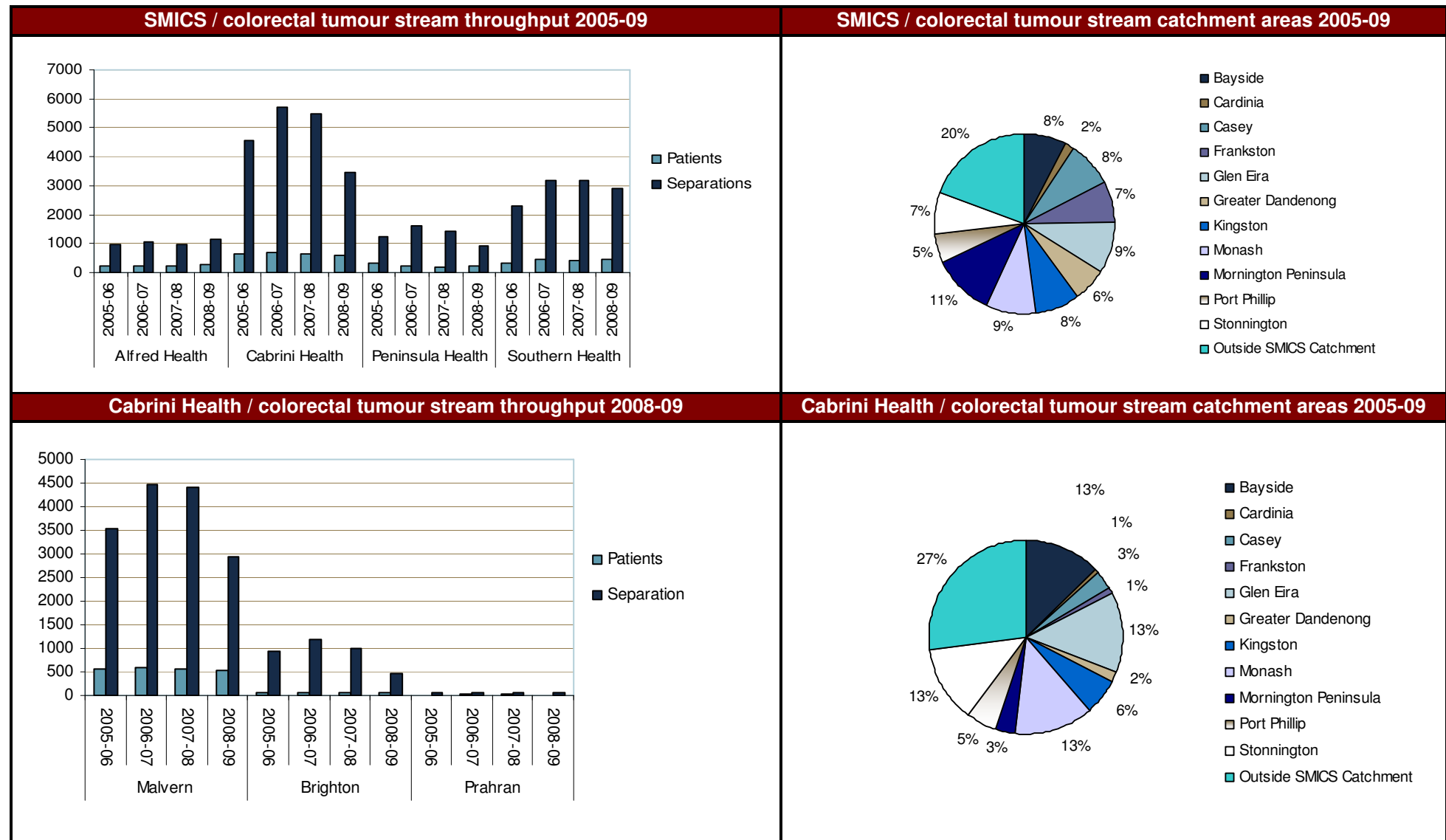
This report provides a summary of services provided by:

Tumour stream:	Colorectal
Site:	Cabrini Health
Health service:	Cabrini Malvern
Data collection period:	September – Dec 2009
Date of report:	December 2009

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

Health service	SMICS mapping report (✓)
Cabrini Health	
Cabrini Malvern	✓
Cabrini Brighton	✓
Cabrini Prahran	✓

Cancer services data: quantitative



Cancer services data: qualitative

1. General services available onsite

Service	Onsite	Notes or comments	Service	Onsite	Notes or comments
Breast Care Nurse	✓	Malvern/Brighton	Palliative Care Beds	✓	Prahran
Cancer Support Nurses	✓	Breast and colorectal	Palliative Care	✓	Consultation Service Prahran & Malvern Home Care
Case Coordinators	✓	Nursing case coordinators	Pain Service		Consultant who specialises in pain management
Chemotherapy	✓		Pathology - Anatomical	✓	
Clinical Trials Coordination	✓		Pathology - Biochemistry	✓	
Day Surgery	✓		Pathology - Haematology	✓	
Dental Services	✓		Pathology - Genetics		Outsourced to Peter MacCallum
Diagnostic Imaging - General	✓	Digital Mammography Brighton	Pathology - Microbiology	✓	
Diagnostic Imaging - CT	✓	Malvern & Brighton	Pathology - Synoptic Reporting	✓	
Diagnostic Imaging - MRI	✓	Malvern	Pastoral Care -Chaplain	✓	
Diagnostic Imaging - PET	-		Pharmacy	✓	
Diagnostic Imaging Nuclear Med	✓	Malvern	Psychiatry	✓	
Dietetics	✓		Psycho- Oncology	✓	Privatised
Emergency Department	✓	Malvern	Psychology	✓	
Genetic Counselling	✓	Private consulting	Physiotherapy	✓	
GP Liaison Units	-		Pre-admission Clinic	✓	
Immunotherapy		Immune modifying therapy	Prosthetics & Orthotics		For Breast Cancer patients
Interpreting Services	-		Radiation Oncology		Radiation Oncology consultants
Intensive Care Unit	✓		Rehabilitation Physician	✓	Hopetoun
Lymphoedema Service	-		Speech Pathology	✓	
Medical Oncology	✓		Short Stay Unit	✓	DPC
Occupational Therapy		Available	Social Work		Access to Bethlehem social worker – Brighton Access to Mercy social worker - Malvern
Outpatient Clinics	-		Support Groups	✓	Prostate, Yesterday Today and Tomorrow Look Good Feel Better

2. Overview of treatment and care

Critical point ¹	Patient journey	Supporting structures & processes
Community level	<ul style="list-style-type: none"> The patient recognises symptoms or receives an abnormal screening result (if applicable) and sees the general practitioner (GP). 	Screening program <ul style="list-style-type: none"> The National Bowel Screening Program offers testing to people turning 50, 55 or 65 years of age between January 2008 and December 2010. Participants with a positive FOBT result will be advised to discuss the result with their GP, who will generally refer them for further investigations, usually a colonoscopy.
Initial diagnosis & referral	<p>Emergency Department</p> <ul style="list-style-type: none"> Patients present to the Emergency Department at Cabrini Malvern with signs and symptoms (e.g. bleeding/obstruction) of colorectal cancer. <p>Private consultant</p> <ul style="list-style-type: none"> The general practitioner (GP) or enterologist refers the patient to a private colorectal surgeon or general surgeon. <p>Other</p> <ul style="list-style-type: none"> A smaller number of patients are referred to the private colorectal surgeon from the public outpatient clinics and via hospital transfer. 	<p>PET scan referrals</p> <ul style="list-style-type: none"> Patients requiring a PET scan are referred to one of the following providers: <ul style="list-style-type: none"> MIA at MMC Moorabbin Alfred Health Peter MacCallum Cancer Centre East Melbourne Austin Health. <p>GP communication</p> <ul style="list-style-type: none"> The GP creates a referral letter, referral proforma from their practice software or telephones the colorectal/general surgeon, regarding the patient.
Determine Treatment Program	<p>Surgery</p> <ul style="list-style-type: none"> Colorectal or general surgeons see patients in their private rooms and determine their surgical treatment path. Where patients have been transferred from another hospital, they will be seen by the colorectal or general surgeon in the Emergency Department or on the surgical ward. 	<p>Multidisciplinary team meeting</p> <ul style="list-style-type: none"> There is a Colorectal Multidisciplinary Team Meeting, which is held fortnightly on Mondays at 8:00am. This is attended by colorectal surgeons, radiation oncologist, medical oncologist, pathologist, radiologist and colorectal nurse coordinator. The purpose of the meeting is to discuss management of patients and the most appropriate treatment path. Recruitment for clinical trials may be facilitated by this meeting. There is no formal documentation and no protocol for this meeting. Referral decisions are made at this meeting. <p>GP communication</p> <ul style="list-style-type: none"> Communication with the GP regarding the patient's diagnosis and treatment occurs via letter from the consultant who refers the patient to the meeting. In some instances the consultants utilise the Argus communication system to transmit letters and results to GPs. <p>Clinical trials</p> <ul style="list-style-type: none"> The colorectal service at Cabrini Health is periodically involved in multi-site clinical trials. A research nurse from the Cabrini Institute is coordinates the trials.

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

Critical point ¹	Patient journey	Supporting structures & processes
		<p>Surgeons</p> <ul style="list-style-type: none"> • The surgeons' private rooms are located at: <ul style="list-style-type: none"> ○ Cabrini Malvern Suite 5 ○ Cabrini Malvern Suite 20 ○ Cabrini Malvern Suite 27 ○ Cabrini Malvern Suite 44 ○ Cabrini Malvern Suite 56 ○ Cabrini Brighton Suite 6.
	<p>Radiation oncology</p> <ul style="list-style-type: none"> • The patient is seen by the radiation oncologist in their private rooms where they discuss the patient's radiation oncology treatment path. 	<p>Radiation oncology</p> <ul style="list-style-type: none"> • The radiation oncologists' private rooms are located at: <ul style="list-style-type: none"> ○ Suite 19 at Cabrini Health Malvern ○ Suite 51 at Cabrini Health Malvern. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient's treatment options occurs via letter from the radiation oncologist.
	<p>Medical oncology</p> <ul style="list-style-type: none"> • Patients see the medical oncologist in their private rooms. There is a discussion between the patient and the medical oncologist about the treatment path and whether the patient is suitable for inclusion in a clinical trial. 	<p>Medical oncology</p> <ul style="list-style-type: none"> • The medical oncologists' private rooms are located at: <ul style="list-style-type: none"> ○ Suite 19 Cabrini Health Malvern ○ Suite 25 Cabrini Health Malvern ○ Suite 45 Cabrini Health Malvern ○ Suite 5 Cabrini Health Brighton. • Communication with the GP regarding the patient's treatment options occurs via letter from the medical oncologist.
<p>Implement treatment Program</p>	<p>Surgery</p> <ul style="list-style-type: none"> • Patients who need surgery have their names placed on the waiting list at Cabrini Malvern/Brighton. • If patients have complex medical conditions, they are referred to the appropriate physician for medical assessment prior to surgery. • Some patients are referred by the surgeon to the nurse led pre admission clinic prior to surgery. • The majority of patients are admitted on the day of surgery, however complex cases, are admitted the day prior to surgery. • Patients with co-morbidities usually have their surgery at Cabrini Malvern which has more extensive on site services. • After the patient has their surgery they are admitted to Ward 4 North, Cabrini Malvern until they are discharged. 	<p>Surgery</p> <p>Pre - operative workup</p> <ul style="list-style-type: none"> • Patients are generally referred to the Wattleree Road Physiology Clinic for their preoperative medical workup. • There is a general surgery audit database, however there is no facility for follow up data. <p>GP communication</p> <ul style="list-style-type: none"> ○ Communication with the GP regarding the patient's surgery occurs via letter from the colorectal or general surgeon. <p>Psychosocial support</p> <ul style="list-style-type: none"> ○ During the patient journey, clinicians undertake an informal assessment of psychosocial needs, and where necessary facilitate referral to the

Critical point ¹	Patient journey	Supporting structures & processes
	<p>Radiation oncology</p> <ul style="list-style-type: none"> • Radiotherapy services are not available at Cabrini Health. Patients are generally referred to William Buckland Radiotherapy Centre (WBRC) located at Alfred Health for their radiation therapy. • If the patient wishes to attend an alternate radiotherapy centre closer to home, the following options may be utilised: <ul style="list-style-type: none"> ○ Peter MacCallum Radiation Therapy Centre at MMC Moorabbin, East Melbourne, Richmond or Box Hill ○ Radiation Oncology Victoria (ROV) at East Melbourne, Ringwood or Frankston. <p>Medical oncology</p> <ul style="list-style-type: none"> • Patients who attend Cabrini Health go to the Day Oncology Unit at Cabrini Malvern or Cabrini Brighton for their medical oncology treatment. • If patients are unwell during treatment they are generally admitted to Ward 2 Central at Cabrini Malvern, or Ground Floor South Ward at Cabrini Brighton. • Patients are reviewed weekly while having treatment. 	<p>Cabrini Health Psycho-oncology service or appropriate support services where required.</p> <p>Radiation oncology WBRC clinic</p> <ul style="list-style-type: none"> • Private patients attend the WBRC Radiation Oncology Clinic at Alfred Health. • The patient is seen initially by the radiation oncologist and at subsequent clinics is seen by the nursing and allied health staff as required. • Interpreting services are provided by Alfred Health. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient’s treatment options occurs via letter from the radiation oncologist. <p>Clinical trials</p> <ul style="list-style-type: none"> • If the patient is suitable for a current radiation oncology clinical trial the radiation oncologist will discuss this with the patient. Surgeons have a role in recruiting patients for these trials. <p>Medical oncology</p> <ul style="list-style-type: none"> • If the patient is suitable for a clinical trial the medical oncologist discusses this with the patient. Surgeons also have a role in recruiting patients for trials. The clinical trial nurse coordinates the trial. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient’s treatment options occurs via letter from the medical oncologist. • In some instances the consultants utilise the Argus communication system to transmit letters and results. <p>Inpatient chemotherapy</p> <ul style="list-style-type: none"> • Chemotherapy is provided to inpatients on Ward 2 Central by nursing staff who are accredited to administer chemotherapy. <p>Day Oncology Unit (DOU) Malvern</p> <ul style="list-style-type: none"> • There are 28 chairs, 5 beds and a 2 bed aphaeresis unit in the DOU at Cabrini Malvern. • Referrals into the unit are received via phone, fax, email or letter. • Patients attend a nurse led pre-admission clinic prior to attending the DOU as per patient or consultant preference. • CI Scat (now EVIQ) chemotherapy treatment protocols are in place to guide practice. • Education and support group information is provided to all patients as required. • Pastoral care is available.

Critical point ¹	Patient journey	Supporting structures & processes
		<ul style="list-style-type: none"> • A social worker from Mercy Health is available to consult with patients upon referral. • The psycho-oncology unit at Cabrini is available for referrals where required. • The palliative care liaison nurses, the stomal therapist and the colorectal nurse coordinator are available to organise palliative care services, however the staff of DOU also organise palliative care services when required. • The DOU will be migrating to the Charm clinical information system next year which will incorporate modified Peter MacCallum Cancer Centre chemotherapy protocols. • All staff working within the DOU undertake Module 1 chemotherapy training in the first instance and then undertake Module 2 to advance their skills. • It is expected that staff undertake annual competencies to maintain the standards of the DOU. <p>Day Oncology Unit (DOU) Brighton</p> <ul style="list-style-type: none"> • There are 24 chairs, in the DOU at Cabrini Brighton. • There are similar standards, protocols and services as per Cabrini Malvern. • The exceptions are as follows: <ul style="list-style-type: none"> ○ access to a dietitian 2 half days a week ○ access to a social worker at Calvary Health Bethlehem ○ 3 chairs are also used for the sleep medicine clinic at night ○ there are no palliative care liaison nurses on site. <p>Emergency Department</p> <ul style="list-style-type: none"> • Patients presenting to the Cabrini Emergency department with suspected neutropenia are classified as a category 2 patient and administered antibiotics within 12 hours of presentation.
	<p>Clinical support and other services</p> <ul style="list-style-type: none"> • The patient has access to the stomal therapist, who refers the patient to the relevant support services. • There is a colorectal nurse coordinator available to coordinate the patients overall care. • The ward nursing staff and allied health staff refer patients to external support services such as Royal District Nursing Service, hospital in the home, rehab in the home as required. • Nursing case managers are in place to facilitate discharge planning. • Referrals are also made to the palliative care consult team, physiotherapy, social work, and dietitian as required. 	<p>Clinical support and other services</p> <ul style="list-style-type: none"> • Cabrini Health provides a Module 1 Chemotherapy course. Nurses are encouraged to advance their skills by undertaking a Module 2 chemotherapy course at Peter MacCallum Cancer Centre. • Pastoral care is provided by Cabrini Health.

Critical point ¹	Patient journey	Supporting structures & processes
<p>Follow-Up</p>	<p>Surgery</p> <ul style="list-style-type: none"> • Patients have post-surgical follow up in the surgeon’s private rooms to discuss the surgery and their progress. • The standard on-going follow-up regime is <ul style="list-style-type: none"> ○ 3 monthly for 2 years ○ 6 monthly for 5 years ○ annually thereafter. 	<p>Surgery</p> <ul style="list-style-type: none"> • After surgical follow-up, the patient proceeds to their next therapy or has ongoing follow-up. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient’s follow-up visit and treatment occurs via letter from the surgeon.
	<p>Radiation oncology</p> <ul style="list-style-type: none"> • Follow -up is conducted by the treating radiation oncologist in their private rooms. 	<p>Radiation oncology</p> <ul style="list-style-type: none"> • After radiation oncology follow-up, the patient proceeds to their next therapy or has ongoing follow-up. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient’s follow-up visit and treatment occurs via letter from the radiation oncologist.
	<p>Medical oncology</p> <ul style="list-style-type: none"> • Follow -up is conducted by the treating medical oncologist in their private rooms. • Ongoing follow-up will depend on the type of chemotherapy, round of chemotherapy, type of cancer and the level of involvement of the medical oncologist. 	<p>Medical oncology</p> <ul style="list-style-type: none"> • After chemotherapy follow-up, the patient proceeds to their next therapy or has ongoing follow-up. • Ongoing follow-up is shared between the colorectal surgeon, radiation oncologist and medical oncologist. <p>GP communication</p> <ul style="list-style-type: none"> • Communication with the GP regarding the patient’s follow-up visit and treatment occurs via letter from the medical oncologist.
<p>Determine & implement treatment program for recurrence</p>	<p>Surgery / radiation oncology / medical oncology</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 colorectal surgeon, medical oncologist or radiation oncologist. The GP will send the patient back to the colorectal surgeon and the patient enters the system as they did at the beginning of their journey. 	<p>Surgery / radiation oncology / medical oncology</p> <ul style="list-style-type: none"> • Patients with disease recurrence will be presented at the Colorectal MDT for further discussion regarding their treatment. Please see MDT above.
<p>End of life care</p>	<ul style="list-style-type: none"> • Management of end of life issues are facilitated by palliative care consult team. 	<p>Palliative care</p> <ul style="list-style-type: none"> • There are 2 palliative care liaison nurses who coordinate palliative care services at Cabrini Health Malvern.

Critical point ¹	Patient journey	Supporting structures & processes
		<ul style="list-style-type: none">• Nurses from the DOU and the stomal therapist and the colorectal nurse coordinator also organise palliative care for their patients when required.• Inpatient palliative care commences on the ward.• Patients are later transferred to the 22 bed Cabrini Prahran inpatient facility or to Cabrini Community Palliative Care for home based palliative care.• Patients requiring long term palliative care upon occasion are transferred out of Cabrini Prahran palliative care to other facilities, the most prominent being Calvary Health Care Bethlehem.• Other services available include:<ul style="list-style-type: none">○ GP○ RDNS○ Eastern Palliative Care○ South Eastern Palliative Care○ Peninsula Hospice○ Nursing homes.

3. Summary of issues, comments and improvements

Issues	Issues 2005	Issues 2009
	<ul style="list-style-type: none"> There were no issues raised in 2005 	<ul style="list-style-type: none"> The establishment of a Colo-rectal specific database that operates across Alfred Health and Cabrini Health is an important priority, particularly in terms of follow – up data. Some work has already been carried out in this area.
Improvements	Improvements to Service	
	N/a	

Office Use Only			
Version	1.0	Author:	HD
Date:	20 April 2010	Reviewer:	JC
File Path	G:\smics_mapping\Service Mapping 200809\Cabrini\Reports\CR Cabrini Health HD201000420v1.0.doc		