



Southern Melbourne Integrated Cancer Service

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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 Groups 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

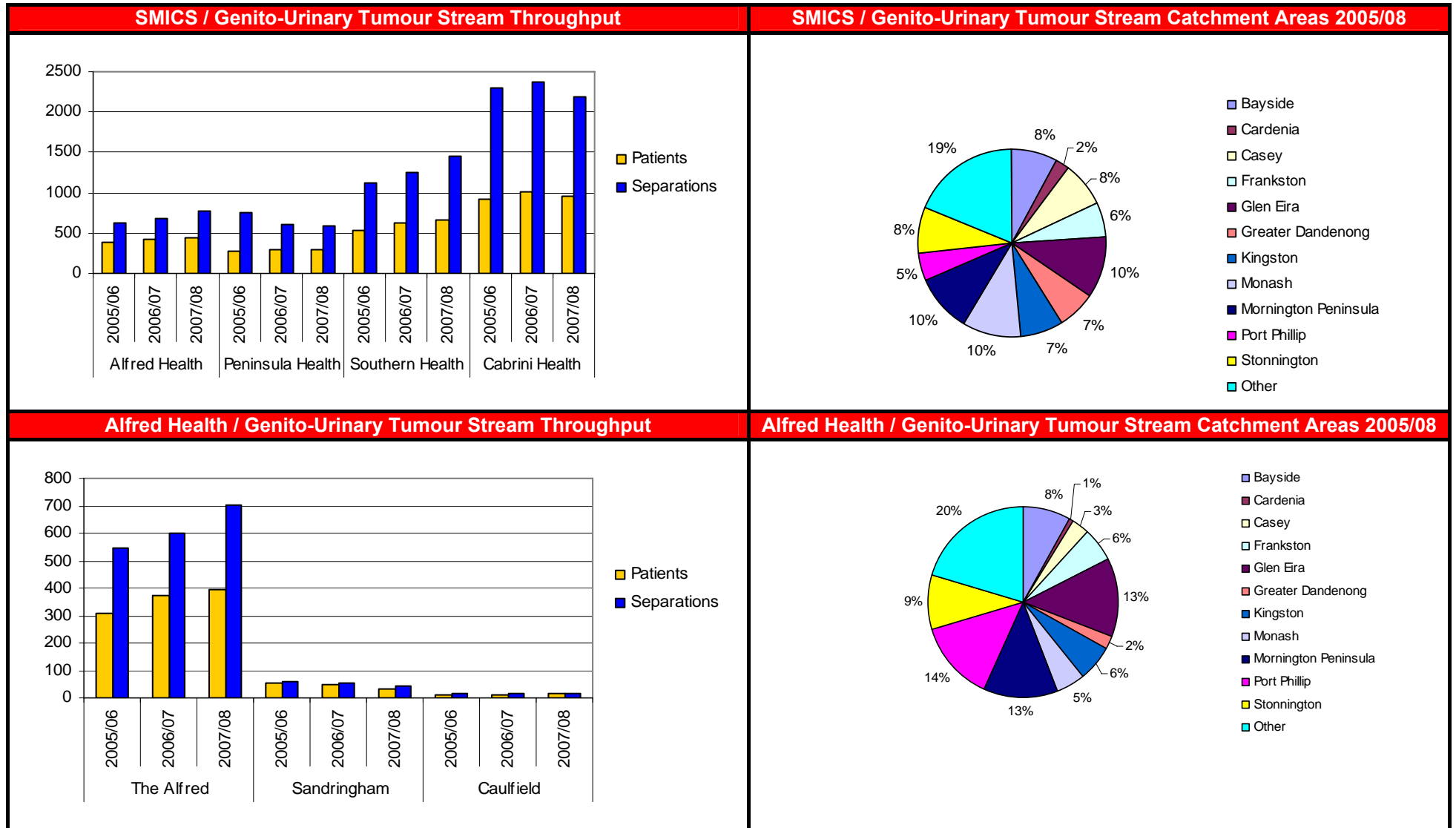
This report provides a summary of services provided by:

Tumour Stream:	Genito-Urinary
Site:	The Alfred
Health Service:	Alfred Health
Data Collection Period:	April – August 2005
Date of Report:	December 2005

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 Hospital	✓
Sandringham & District Memorial Hospital	No report
Caulfield General Medical Centre	No report

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"> The patient recognises symptoms or receives an abnormal screening result (if applicable) and sees their General Practitioner (GP). 	<ul style="list-style-type: none"> GP typically requests PSA test and where an abnormality is detected, the patient is referred to a specialist.
↓	<p>Initial Diagnosis & Referral</p> <p>Private Consultant</p> <ul style="list-style-type: none"> The patient attends a private urologist for further investigative / diagnostic tests. Public patients are referred to the Urology Outpatient Clinic. <p>Outpatient Clinic</p> <ul style="list-style-type: none"> The patient is referred by their GP or a private urologist to the public Urology Outpatient Clinic (Tuesday PM) and is seen by the urologist (consultant, register, resident, or fellow), and continence Nurse (where required). Investigative / diagnostic tests are undertaken and diagnosis is determined. The Urology outpatient clinic follows the Urology MDT meeting. <p>WBRC Outpatient Clinics</p> <ul style="list-style-type: none"> Note: Many patients are referred from external specialists or GPs directly to the WBRC genito-urinary cancer outpatient clinics. 	<ul style="list-style-type: none"> A urology peri operative clinical nurse coordinator has been appointed to streamline and coordinate the Urology Outpatient Clinic process.
↓	<p>Determine Treatment Program</p> <p>Surgery</p> <ul style="list-style-type: none"> The patient attends the Urology Outpatient Clinic and treatment options are discussed. Where surgery is required, the patient subsequently receives a date for their surgery. 	<p>Multidisciplinary Team Meeting</p> <ul style="list-style-type: none"> The Urology multidisciplinary Team meeting (MDT) is held fortnightly and attended by the urology consultants, radiation oncologist, pathologist, radiologist, and allied health. Patients are referred into the meeting from any clinic, radiation oncologist or medical oncologist. Triage is carried out by the MDT lead clinician and the most appropriate cases are presented. The purpose of this meeting is to discuss clinical issues and the team determines the appropriate treatment pathway for patients. Notes are made in the patient's record based upon the discussion held at the meeting. Notes are made in the patient's record based in the discussion held at the meeting.

¹ Ministerial Taskforce for Cancer (Draft June 2005), Critical points of Patient Management Framework

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>Radiation Oncology</p> <ul style="list-style-type: none"> The patient attends a public Radiation Oncology Outpatient Clinic at the William Buckland Radiotherapy Centre (WBRC) and is seen by the Radiation Oncologist. Radiotherapy treatment is discussed with the patient. Relevant clinical trials are discussed with the patient. There are 7 Clinical trials in progress during 2008/09. Patients meet with the Urology Clinical Nurse Consultant following this meeting to further discuss their radiotherapy treatment if required. Prostate cancer patients suitable for seed brachytherapy are seen as part of the Melbourne Prostate Institute (MPI). (MPI is located at WBRC and provides a multidisciplinary service to prostate cancer patients suitable for seed Brachytherapy). <p>Medical Oncology</p> <ul style="list-style-type: none"> The patient attends the public Medical Oncology Outpatient Clinic (daily) and is seen by the medical oncologist to discuss chemotherapy treatment. Any relevant clinical trials that are available will be discussed with the patient. 	<p>Referrals are generated from the meeting.</p> <ul style="list-style-type: none"> This meeting now has formal terms of reference, a meeting protocol and standardised documentation in place. The urology resident coordinates the meeting however a plan in in place for the urology secretary to coordinate the meeting. There is a weekly multidisciplinary clinical quality and research meeting held in WBRC for prostate brachytherapy <p>Radiation Oncology</p> <ul style="list-style-type: none"> The Radiation Oncology Research Coordinator maintains information on the clinical trials that are currently available to cancer patients. WBRC has a comprehensive data system in place to track and record patient treatments and follow up. The GP is informed of the treatment plan via a letter generated from the WBRC. <p>Medical Oncology</p> <ul style="list-style-type: none"> A Medical Oncology Research Coordinator maintains information on the clinical trials that are currently available to cancer patients.
<p style="text-align: center;">↓</p> <p>Implement Treatment Program</p>	<p>Surgery</p> <ul style="list-style-type: none"> The patient attends a Preadmission Clinic at the Alfred Centre on Friday mornings to determine their fitness for surgery. The Brachytherapy nurse attends this clinic. <p>Following surgery, the patient is admitted as an inpatient to Ward 6 East for recovery.</p>	<p>Surgery</p> <ul style="list-style-type: none"> Protocols for straightforward surgical cases guide practice. On admission, an initial assessment of the patient is completed by Ward 6 East nursing staff. Daily ward rounds are undertaken by medical and nursing staff. Where allied health support is required, an electronic referral is sent. A discharge letter is provided to the patient's GP. Clinical audits are undertaken.

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>Radiation Oncology</p> <ul style="list-style-type: none"> On the day of first treatment, a nurse meets with the patient to undertake an initial needs assessment and facilitates a referral to the appropriate support services. Patients are reviewed weekly by the radiation oncologist during treatment. If a patient becomes unwell, they are admitted to Ward 7 East. Where required, the patient attends an outpatient appointment with the dietitian at WBRC (Monday PM, Wednesday AM, Friday AM, Friday PM). <p>Medical Oncology</p> <ul style="list-style-type: none"> Patients go to WBRC for chemotherapy and are reviewed weekly by the medical oncologist during treatment. When a patient becomes unwell during treatment, they are admitted to Ward 7 East. 	<p>Radiation Oncology</p> <ul style="list-style-type: none"> Nursing staff undertake an assessment prior to treatment to determine the patient's needs and discuss the treatment process. Management guidelines regarding the treatment of genito-urinary cancer patients support the development of the patient's treatment program. An annual audit undertaken to inform practice. A database on patient management is maintained. Quality meetings are held quarterly. <p>Medical Oncology</p> <ul style="list-style-type: none"> See above for the Urology Multidisciplinary Team Meeting.
	<p>Clinical Support and Other Services</p> <ul style="list-style-type: none"> During all stages of treatment, patients may be referred to a physiotherapist, occupational therapist, speech pathologist, social worker, dietitian, psychologist, psychiatrist, cancer support nurse, or the Palliative Care Consult Service. Following discharge from treatment, patients are referred to Hospital in the Home, Post Acute Care, Victorian Aids and Equipment Program, and / or the Royal District Nursing Service as required. 	<p>Clinical Support and Other Services</p> <p>Psychosocial Support</p> <ul style="list-style-type: none"> During the patient journey, clinicians undertake an informal assessment of psychosocial needs and facilitate referral to social work, psychology, psychiatry and / or the cancer support nurse. Living with Cancer and Look Good Feel Better programs are available for cancer patients.
↓		
Follow-Up	<p>Surgery</p> <ul style="list-style-type: none"> The patient attends the public Post-operative Urology Outpatient Clinic (Friday PM) attended by the registrar, resident and fellow. <p>Radiation Oncology</p> <p>The patient attends the follow up clinic and is seen by the radiation oncologist.</p>	<p>Surgery</p> <ul style="list-style-type: none"> Letters are sent to the patient's GP following Urology Outpatient Clinic appointments. <p>Radiation Oncology</p> <p>Letters are sent to the patient's GP following Radiation Oncology Clinic appointments.</p>

Critical Point ¹	Patient Journey	Supporting Structures & Processes
	<p>Medical Oncology Patients are followed up by the medical oncologist at the Medical Oncology Outpatient Clinic.</p>	<p>Medical Oncology</p>
↓		
<p>Determine & Implement Treatment Program for Recurrence</p>	<p>Surgery / Radiation Oncology / Medical Oncology If the patient has a recurrence it is detected by either their GP or at the follow-up appointments with the urology surgeon, medical oncologist or radiation oncologist. The GP refers the patient to one of the three specialists and the patient enters the system as they did at the beginning of their journey.</p>	<p>Patients with disease recurrence are presented at the Genitourinary MDT for further discussion regarding their treatment. Please see MDT above.</p>
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3. Summary of issues, comments and improvements

Note: A very small number of genito-urinary cancer patients may have their surgery performed at Sandringham Hospital. This only occurs in instances where the patient is unable to access The Alfred.

Issues↓	Issues Raised 2005	Issues Raised 2009
	<ul style="list-style-type: none"> Limited resources to support the organisation of the Urology Multidisciplinary Team Meeting 	<ul style="list-style-type: none"> N/A
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 last mapping as patients who are scheduled for genito-urinary surgery are no longer cancelled/postponed from the theatre list for trauma cases. This has decreased waiting times for all services. PET scanning is now available on site. The MDT meeting now has formal Terms of Reference, a Meeting Protocol and Standardised Documentation in place and the Urology Department now has a unit secretary who will be assisting with the organisation of the meeting. 	

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