Providing optimal cancer care

Supportive care policy for Victoria

A Victorian Government initiative

Victoria The Place To Be

Providing optimal cancer care

Supportive care policy for Victoria

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1. Introduction

The diagnosis and management of cancer has a significant impact on the lives of more than 24,000 Victorians who develop cancer every year and their families. The five-year survival rate from cancer in Victoria was 61 per cent in 2004, a steady increase from 48 per cent in 1990 (Cancer Council Victoria 2007). While survival rates are improving, far-reaching changes to the daily lives of those affected by cancer may result. An expanding national and international body of evidence demonstrates the value of supportive care approaches in improving experiences and outcomes for those affected by cancer (NBCC and NCCI 2003, NCCN 2005, IOM 2007, Stiefel 2006). A systematic approach towards strengthening supportive care in cancer is required and the supportive care policy will underpin this work.

The supportive care policy outlines the strategic directions for supportive care provision in Victorian cancer services. Supportive care is an umbrella term used to refer to services that may be required by those with cancer, their family and carers. Supportive care in cancer refers to the domains of physical, social, information, spiritual and psychological needs. The aims of the Victorian supportive care strategic directions are to improve the supportive care outcomes for those affected by cancer, to build capacity within the supportive care workforce, to ensure resources are utilised appropriately and to ensure equity in the provision of supportive care services in Victoria to those affected by cancer. The term 'those affected by cancer' is used in this policy to refer to the patient, their family and carers.

Supportive care, which addresses a wide range of needs across the continuum of care for those affected by cancer, is increasingly seen as a core component of cancer care. Improving supportive care for those affected by cancer is one of the priority areas for the Integrated Cancer Services (ICS), the major platform for implementing the Victorian cancer reform agenda. *Victoria's Cancer Action Plan 2008–2011* (VCAP) invests in innovative prevention, treatment and research activities, and in building the cancer workforce in order to reduce the burden of cancer on the Victorian community. VCAP has four action areas, one of which is 'Supporting and empowering patients and their carers throughout their cancer journey'. The supportive care goal is to 'increase access to supportive care through the introduction of supportive care screening processes and training of the cancer workforce in supportive care competencies across metropolitan and regional services' (DHS 2008 p 68).

It is expected that each ICS will establish a supportive care network to direct activities related to the continuous improvement of supportive care services within their region. A three-year supportive care strategic plan, which aligns with the ICS strategic plan and the supportive care policy, should be developed within each ICS.

The supportive care policy for Victoria provides an overview of the Victorian cancer reforms, the context in which the supportive care strategy is being implemented and the supportive care strategic directions.

2. Cancer reforms in Victoria

The need for improved delivery of cancer services, along with improved outcomes for those affected by cancer, has been identified as a priority by both state and federal governments. It is driven by:

- an ageing population leading to an increase in cancer incidence
- the increasing complexity in the diagnosis and treatment of cancer
- the impact cancer has on individuals, their families and the community
- the increasing cost of cancer treatment
- the shift of cancer treatment to the ambulatory care setting
- improved outcomes of current treatment regimes, resulting in increasing survival rates
- health workforce issues.

Victoria has a significant cancer reform agenda that aims to improve the planning and delivery of treatment and support to patients so that appropriate care is provided in a timely manner as close to the patient's home as possible.

In 2004, eight ICS were established within metropolitan and regional Victoria and one statewide Paediatric Integrated Cancer Service (PICS). The ICS are the platform on which improvements in cancer service delivery and patient care are being implemented.

Other department initiatives to support the Victorian cancer reform agenda include the development of:

- the four key priority areas for reform/service improvement
- the *Patient management frameworks* (DHS 2007e), which provide a guide to achieving consistent optimal cancer care for the 10 most common tumour streams
- a model for safety and quality in cancer care:
  - *Clinical excellence in cancer care: a model for safety and quality in Victorian cancer services* (DHS 2007c)
- guides to support the implementation of multidisciplinary care, coordinated cancer care, and consumer and carer participation in service improvement:
  - *Achieving best practice cancer care: A guide for implementing multidisciplinary care* (DHS 2007a)
  - *Linking cancer care: A guide for implementing coordinated cancer care* (DHS 2007b)
  - *A guide to enhancing consumer and carer participation in Victoria's Integrated Cancer Services* (DHS 2007d).

Key priority areas for service improvement

Four key priorities for reform have been identified as the focus for service improvement at the ICS and statewide levels:

- multidisciplinary care
- care coordination across the cancer care pathway
- supportive care
- reducing unwanted variation in practice.

The four priority areas are integrally linked to each other with some initiatives impacting on more than one priority area. The provision of optimal supportive care requires a consistent, coordinated multidisciplinary team approach.

Victorian Cancer Agency

The Victorian Cancer Agency was established in 2006 to build linkages between researchers, clinicians, academics and industry groups. This is seen as necessary to promote and accelerate the rapid application of research outcomes into improved cancer care. The agency aims to increase cancer research capacity through investing in translational research programs and projects, clinical trials enabling grants, regional research enabling grants, a range of workforce initiatives and providing funding to research consortia.

Victoria's Cancer Action Plan 2008–2011

VCAP builds on the cancer reform work that has been undertaken to date and sets the agenda for the next phase in the reform process. VCAP has set the goal of increasing the five-year survival rate from cancer to 74 per cent by 2015. This is a significant challenge as the anticipated five-year survival rate by 2015, based on current projections, is 67 per cent. VCAP aims to achieve this goal by investing in the following action areas:

- reducing major cancer risk factors in the population and maximising effective screening
- ensuring rapid translation of research into effective treatments and clinical care
- investing in innovative treatments and technologies and sustainable integrated care systems
- supporting and empowering patients and carers throughout their cancer journey.

3. Purpose of the supportive care policy

The purpose of this policy is to promote:

- a strategic, population-based, person-centred approach to the provision and enhancement of supportive care for all Victorians affected by cancer
- capacity building for supportive care
- efficient and effective use of supportive care resources to meet the needs of those affected by cancer
- linkages between services within and across sectors to provide a network of supportive care resources and services that are accessible and responsive to the needs of those affected by cancer.

It will be necessary for the ICS to continue to strengthen their supportive care network in order to achieve the aims of the Victorian supportive care strategic policy. A supportive care strategic plan will be required in each ICS. A strategic plan template with guidelines is provided (see Attachment 1). Supportive care targets have been established in VCAP and data collection, monitoring and response methods will need to be established within the ICS. The supportive care targets are:

- By 2012 we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness.
- We will aim to document supportive care screening for 50 per cent of newly diagnosed cancer patients by 2012.

Supportive care is a priority area of the Victorian cancer reforms and, as a result, work has been undertaken by the ICS to implement and improve the system-wide aspects of supportive care. An organisational checklist has been designed to assist the ICS and health services review the status of supportive care services with a view to identifying opportunities for improvement (see Attachment 2).

The supportive care policy is intended for use by ICS staff and tumour group leaders, members of the ICS executive group, health service executive, clinicians working within the multidisciplinary cancer team, other clinicians working with those affected by cancer, and clinicians working in supportive care areas.

4. Defining supportive care

Supportive care includes five inter-related domains of care: physical, social, psychological, spiritual and information.

- Physical domain includes a wide range of physical symptoms that may be acute, relatively short-lived or ongoing, requiring continuing interventions or rehabilitation (NBCC and NCCI 2003).
- Social domain includes a range of social and practical issues that will impact on the individual and family such as the need for emotional support, maintaining social networks, and financial concerns (NICE 2004).
- Psychological domain includes a range of issues related to the person's mental health wellbeing and personal relationships (NBCC and NCCI 2003).
- Spiritual domain focuses on the person's changing sense of self and challenges to their underlying beliefs and existential concerns (NICE 2004).
- Information domain transects the above domains with people needing to access information about their disease and treatment, support services and the health system overall (NBCC and NCCI 2003).

Benefits to patients, teams and health services

An effective approach to providing supportive care can result in a number of benefits for those affected by cancer, the multidisciplinary teams providing the care and health services overall.

The benefits for those affected by cancer include:

- a positive impact on experiences by reducing levels of anxiety and depression, managing physical symptoms and increasing knowledge of the disease and treatment (NBCC and NCCI 2003)
- improved medical outcomes through better adherence to treatment including faster recovery, fewer post-hospital complications, enhanced self-care and greater ability to cope with difficult treatments (Mumford et al 1982 as cited in Girgis and Boyes 2005)
- enhanced decision-making, active participation in care and satisfaction with care.

The benefits to the multidisciplinary team and health services include:

- greater patient satisfaction with the care received and reduced patient complaints (Thorne et al 2005)
- reduced stress for service providers with good communication skills (NBCC and NCCI 2003)
- reduced health care costs through the early identification and management of potential or actual supportive care needs in patients reduces the need for more intensive or specialist interventions (Girgis and Boyes 2005, Thorne et al 2005).

5. Victoria's approach to supportive care

Key principles for supportive care

The following principles underpin the supportive care strategic directions at both a statewide and an ICS level:

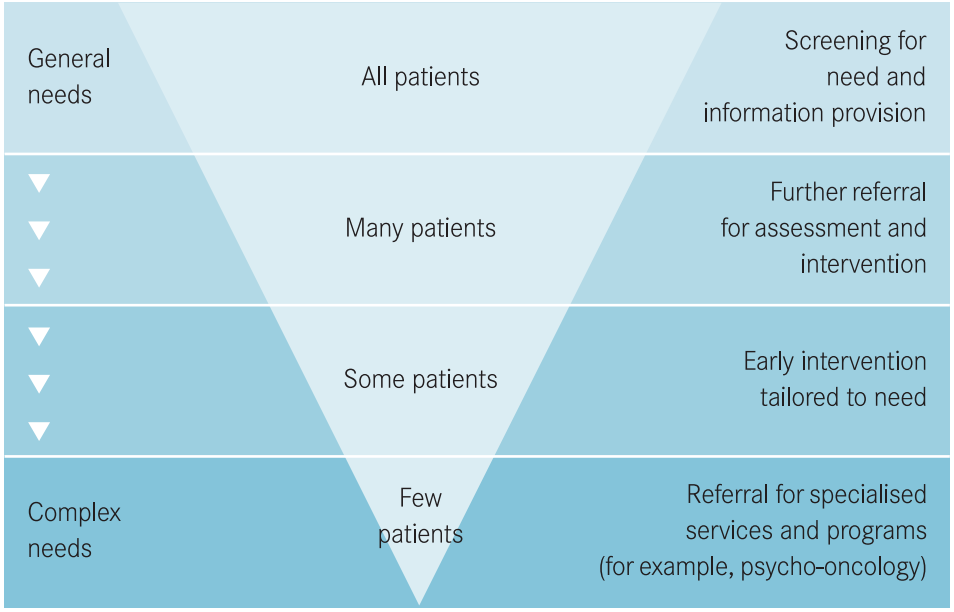
- a person-centred (and family-centred) approach to care
- a system-wide and team approach, within and across services and sectors, to ensure that all health care professionals have responsibility for supportive care
- developing and supporting the workforce to optimise their capacity to respond to the needs of those affected by cancer, building on skills and experience, and optimising sustainable approaches
- maintaining a focus on quality of care through providing evidence-based protocols and processes and monitoring progress and outcomes through medical record audit, benchmarking and peer review
- population-based planning to identify the needs of the population and gaps in existing supportive care services and to facilitate an informed approach to future service planning.

Fitch's model

Best practice clinical care, coordinated care in a supportive environment and high-quality supportive care resources and services are required to provide optimal cancer care.

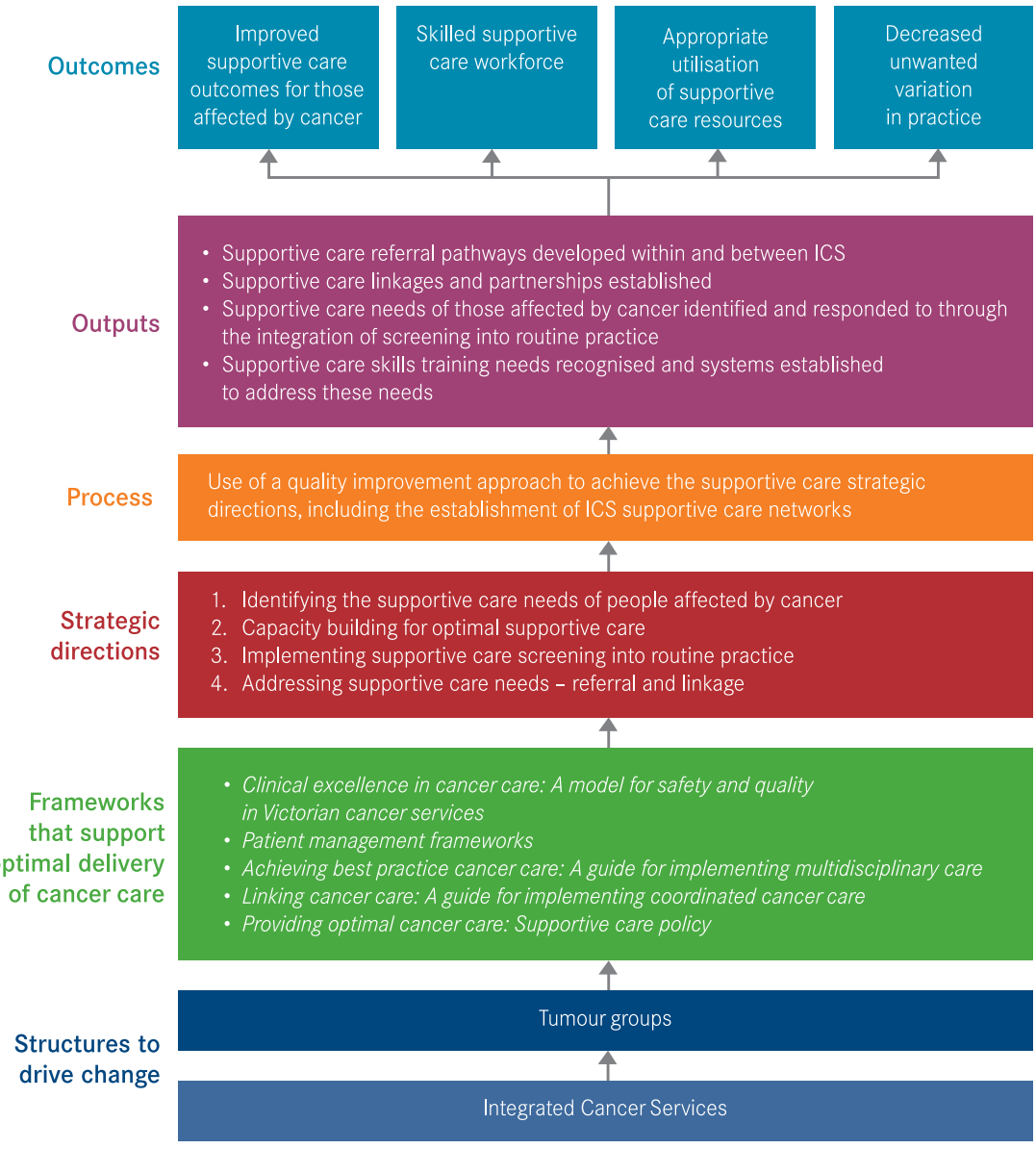
Supportive care in Victoria adapts the tiered approach described by Fitch in 2000 (see Figure 1). This approach recognises that effective, efficient allocation of resources is required to respond to the diversity of needs of a population.

Figure 1: The tiered approach



Victoria's approach to supportive care in cancer services brings together the structures to drive change (the ICS and tumour groups), frameworks to support optimal cancer care and related strategic directions, outputs and outcomes (see Figure 2). Achieving high-quality supportive care in Victoria for those affected by cancer will be demonstrated by an improved experience of, and satisfaction with, cancer care, access to appropriate supportive care services when required and decreased variation in supportive care provision within Victoria.

Figure 2: Victoria's approach to supportive care



6. Strategic directions for supportive care

Four core strategic directions have been defined for supportive care in Victoria:

1. Identifying the supportive care needs of people affected by cancer
2. Capacity building for optimal supportive care
3. Implementing supportive care screening into routine practice
4. Addressing supportive care needs – referral and linkage

6.1 Strategic direction 1: Identifying the supportive care needs of people affected by cancer

Two approaches are needed to identify supportive care needs of people affected by cancer:

- gaining an understanding of the needs of the overall population that takes into consideration the population characteristics and the cancer profile
- taking an approach that identifies the needs of the specific individual with cancer, their family and carers (6.3 Strategic direction 3).

An understanding of the range of supportive care needs most of those affected by cancer might have, as well as the needs of smaller groups and the factors that might influence these needs, will be required to achieve this strategic direction. The demographic profile of the service's catchment area will be important in developing this understanding. Factors such as socioeconomic backgrounds, culturally and linguistically diverse backgrounds, and indigenous communities will contribute to a range of differing supportive care needs. Identifying the needs of the population will build a picture of the common and less common supportive care needs.

Knowledge of the existing supportive care services will be required. Mapping and analysis of current supportive care providers within the ICS, an understanding of utilisation rates of supportive care services, identification of referrals to supportive care providers external to the ICS, and an appreciation of the level of specialisation of services being accessed externally (Fitch's model) are important aspects in building a picture of supportive care services within an ICS.

An understanding of the supportive care needs of the ICS population and of the available supportive care resources will allow an evidence-informed approach to be taken to identifying the gaps in supportive care services. Planning is required to develop an approach to address gaps in the provision of supportive care services required to meet the needs of the population. Strategies that might be considered include identifying other resources across sectors that might be able to respond to needs, establishing linkages and partnerships, and supporting the development of a critical mass of specialist supportive care providers.

Priorities for action:

- Identifying the supportive care needs of the population affected by cancer
- Identifying the existing supportive care services within the ICS
- Identifying supportive care service gaps
- Planning a response to supportive care service gaps

6.2 Strategic direction 2: Capacity building for optimal supportive care

Capacity building for supportive care covers a range of areas, five of which have been identified as essential. These are described below.

Executive and clinical leadership

At an organisational level, strengthening supportive care and facilitating the organisational change needed to achieve this requires both executive and clinical leadership. Approaches include:

- ensuring a supportive care strategic plan is developed that is linked to the ICS strategic plan and reflects the direction of Department of Human Services policy
- aligning the supportive care strategy with key organisational structures and processes such as clinical governance and quality structures, human resources policies and processes and the organisation's IT strategy
- supporting the implementation of the strategy within local cancer services and across their geographic area
- identifying and engaging executive and clinical champions
- developing supportive care networks from within executive teams, the multidisciplinary cancer team and specialist supportive care providers who will work to achieve the supportive care strategic goals.

A team approach

Responsibility for supportive care is shared by the whole multidisciplinary team by:

- developing clear roles and responsibilities for team members
- routinely considering supportive care within multidisciplinary team discussions
- strengthening consideration of supportive care needs within the broader multidisciplinary treatment planning and management processes
- documenting the outcomes of supportive care screening and subsequent interventions clearly within the medical record
- ensuring supportive care needs are optimally communicated
- developing partnerships with service providers within and between ICS to facilitate referrals and care.

Workforce capacity

Definitions

Generalist supportive care providers: most members of the multidisciplinary cancer team, including surgeons, medical and radiation oncologists, general practitioners, nurses and allied health clinicians.

Specialist supportive care providers: experts in supportive care such as oncology social workers, palliative care consultants and allied health clinicians with recognised expertise in supportive care.

Ensure the generalist and specialist workforce is skilled and supported to provide appropriate levels of supportive care in:

- communicating with those affected by cancer
- supportive care screening
- supportive care needs assessment
- facilitating referrals to appropriate supportive care services
- care planning and coordination
- illness self-management
- collaborating across disciplines/specialties and working in teams
- outcome assessment
- informatics (to support screening, needs assessment, planning, care coordination, service provision and outcome assessment).

Secondary consultation might be an important mechanism to strengthen the capacity of all providers to support people with cancer and their families. These secondary consultations might be facilitated through developing strong supportive care networks and partnerships. Secondary consultations can assist to strengthen supportive care skills for members of the multidisciplinary cancer team, for example:

- specialist supportive care providers providing advice about assessing and managing anxiety and depression and other mental health problems to members of the multidisciplinary cancer team
- palliative care specialists providing advice to the multidisciplinary cancer team on managing complex physical symptoms or other distress.

Consumer and carer participation

Consumer and carer participation should inform the development and implementation of supportive care strategies at service, ICS and statewide levels. Feedback from consumers and carers can be gained through surveys, interviews or focus groups. Consumer and carer participation can be gained through involvement at a strategic level within the ICS. Further information about carer and consumer involvement is available in *A guide to enhancing consumer and carer participation in Victoria's Integrated Cancer Services* (DHS 2007d).

Environment

Maximise the individual's and family's ability to cope through:

- optimising the physical environment
- having access to private space, free from disruptions for key consultations.

Priorities for action:

- Securing executive and clinical leadership to build supportive care capacity
- Developing a supportive care strategic plan that aligns with Department of Human Services policy and VCAP
- Building a supportive care network to facilitate referral and linkage, service development and quality improvement
- Extending the capacity of the workforce through building supportive care skills: effective communication, counselling, knowledge of the needs of cancer patients and knowledge of services

6.3 Strategic direction 3: Implementing supportive care screening into routine practice

Supportive care interventions should be tailored to the identified needs of an individual. This requires routine questioning of those affected by cancer about their needs and the issues with which they require assistance to optimise their quality of life (NBCC and NCCI 2003, NICE 2004). Regular screening is a core component of supportive care and a systematic process should be established to ensure this occurs.

Definitions

Screening: the administration of a test or process to individuals who are not known to have, or do not necessarily perceive that they have, or are at risk of having, a particular condition or need. It is used to identify those who are likely to have a condition of interest and should benefit from its detection and treatment. (IOM 2007 p 165)

Screening tools: a collection of questions, scales and other means of obtaining information, which together provide a consistent and comprehensive system, through which patients' range of needs for support and care can be explored. (Richardson et al 2005 p 1)

There are two key components to screening for supportive care needs in those affected by cancer:

- *Identifying risk factors:* these are factors that might place the person at greater risk of distress in the future, regardless of their current levels of distress and needs. These risk factors include characteristics within the individual or within the disease (NBCC and NCCI 2003 p 98).
- *Identifying current needs:* these needs should be assessed around the time of diagnosis, during early management and at key points throughout the cancer journey.

The use of a validated screening tool must be integrated within the context of a clinical discussion. In this way the screening tool can be an important mechanism to open up channels of communication between the person with cancer and health care professionals (Richardson et al 2005). If specific issues are raised, an assessment is required, either by the initial practitioner or through referral to other service providers (IOM 2007).

Within every service across the ICS, clear policies and protocols need to be developed and implemented to support the introduction of screening into usual practice. Supportive care screening tools should be validated tools and documentation should occur in the medical record. Whatever tool is used to screen for supportive care needs, each service must clearly designate the responsibility for initial and ongoing screening and referral within team roles. This will vary from service to service.

VCAP has two targets associated with supportive care:

- By 2012 we will provide evidence of training of the cancer workforce in supportive care screening processes and survivorship awareness.
- We will aim to document supportive care screening for 50 per cent of newly diagnosed cancer patients by 2012.

Increasing the supportive care workforce capacity is discussed in strategic direction 2. The need to train the cancer workforce in supportive care screening processes must also be addressed.

Priorities for action:

- Identifying supportive care needs of those affected by cancer through the integration of supportive care screening into routine practice
- Training the cancer workforce in supportive care screening processes

6.4 Strategic direction 4: Addressing supportive care needs – referral and linkage

Definitions

Linkage: this refers to the creation of relationships and pathways with organisations outside the health service such as within and across ICS.

Referral: includes internal referrals (within the health service) and external referrals (to services outside the referring service), within and across ICS.

Once screening has identified specific needs, referral to appropriate providers may be required. All services need referral pathways, protocols and other mechanisms to enable those affected by cancer to link with supportive care services as close to home as possible. Consideration should be given to:

- the level of additional care that is appropriate to provide from within the multidisciplinary cancer team
- when it is appropriate to refer to other generalist or specialist supportive care services within the health service or community and what is needed to facilitate that referral
- developing appropriate referral pathways across and between ICS
- proactively developing closer relationships or partnerships with appropriate services or providers within and across ICS to facilitate referral and patient management across acute, sub-acute, primary and community sectors

- the range of potential partnerships including:
  - general cancer information and support programs such as the Cancer Council Victoria's support programs
  - services for specific cancer populations
  - volunteer-based cancer support programs
- appropriate referrals to meet the needs of specific population sub-groups such as patients from diverse backgrounds
- secondary consultation options such as:
  - palliative care providers for advice on specific symptom management
  - a psychologist or liaison-psychiatrist providing advice on care for a patient unable or reluctant to see a specialist mental health worker
  - *onTrac@PeterMac* to provide advice on supporting adolescents or young adults with specific supportive care needs.

Strategies need to be put in place to optimise the uptake of referrals (IOM 2007). Educating clinicians on how best to make the referral may be required. The referral recipient might require active encouragement to take up the referral offer and reinforcement of the potential benefits. Referral to community-based services rather than services within the treatment centre may be preferred. Tracking and following-up on the receipt of referrals and the outcomes of people who are referred may be required.

Priority for action:

- Building supportive care partnerships to facilitate referral and linkage, service development and quality improvement

7. Next steps

Improving supportive care for people affected by cancer is a major objective of the Victorian Government's cancer reform agenda. The supportive care policy provides the optimal model of supportive care and identifies four strategic directions for supportive care service improvement:

- identifying the needs of those affected by cancer
- capacity building for optimal supportive care
- implementing screening into routine practice
- referrals and linkages.

This policy is designed to enable the adoption of a strategic approach to the continuous improvement of supportive care services that meet the needs of those affected by cancer.

The ICS are the major platform on which improvements in cancer service delivery and patient care are being implemented. It is the responsibility of the ICS to develop a supportive care network to direct the planning, monitoring and continuous improvement of supportive care services within their region. It is anticipated that the supportive care networks will bring together a range of supportive care stakeholders, including clinicians and consumers, and have executive sponsorship. The supportive care network is expected to consult and collaborate with the tumour groups. Developing strategic partnerships with external organisations should also be considered to assist in facilitating supportive care initiatives that will meet the needs of their population.

ICS supportive care networks should:

- develop a supportive care strategy aligned with the ICS strategic goal and departmental policy
- report progress on achievement of strategic goals to the ICS governance group
- work closely/integrate with tumour groups.

Ideally each ICS will develop a three-year supportive care strategic plan identifying key objectives and outcomes for each of the supportive care strategic directions. The supportive care strategic plan should be developed in accordance with the ICS strategic plan and directly support the implementation of the department's supportive care policy and the supportive care aims of VCAP.

As part of the ICS supportive care strategic planning process, and in consultation with the supportive care network, it is important to:

- map current supportive care services and resources
- develop an understanding of the general and specific supportive care needs of the population
- review current supportive care practices against the parameters of the organisational checklist (see Attachment 2)
- establish goals for each strategic direction. This includes identifying expected outcomes, strategies for sustainability and timeframes for each goal.

It is the responsibility of the ICS governance group to appropriately endorse the supportive care strategic plan and be provided with reports regarding its implementation on a regular basis. Strategies for reviewing progress, monitoring outcomes, promoting collaboration, sharing knowledge and celebrating success should be used, in accordance with existing ICS and member health service processes, to support the implementation of the supportive care strategic plan.

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Attachment 1

Developing a strategic plan

The following provides a simple template for writing the supportive care strategic plan. It can be modified to develop strategic plans for:

- an Integrated Cancer Service (ICS)
- a specific health service
- a cancer team or tumour group.

The focus and the level of detail will vary depending on its overall purpose.

Within the attached template, key sections have been identified and some points made about content that might be included. Some of these points highlight the processes needed to develop the strategic plan.

If you are developing a plan at a service, team or tumour group level, you may want to access other strategic plans developed within your organisation. This will provide some additional guidance and promote consistency.

The writing of the strategic plan is the final part of process. It is essential that the strategic plan:

- is developed in conjunction with key stakeholders
- draws on the evidence from the literature and Department of Human Services policy directions
- aligns as much as possible with the ICS strategic directions, quality plans and associated documents
- draws on an understanding of current services and practices.

[Name – ICS/organisation/team]

Enhancing supportive care for people affected by cancer

Strategic plan

(Plan implementation period)

Developed by: [Name(s)]

Date: [Insert]

1. Executive summary

The executive summary should be a concise overview of the contents of the overall document.

It should provide a clear and concise presentation of how this particular strategic plan aims to support the broader strategic goals of the ICS and the local service.

This section should include:

- objectives
- benefits
- resources required.

The executive summary should be 1–2 pages.

2. Introduction

A brief introductory statement about the purpose of the document.

3. The broad context

This section addresses the broader drivers of change for improving supportive care in Victoria including:

- a definition of supportive care and the approach to its provision
- the ICS agenda
- the relationship to Department of Human Services policy
- the relationship to the aims of *Victoria's Cancer Action Plan 2008–2011* and the supportive care targets
- the key points about the benefit of supportive care for individuals, service providers and health services.

4. Strategic planning method

This section describes the method used to develop the strategic plan including:

- review of the evidence
- review of local data, such as:
  - data routinely collected within the service or demographic data about the region
  - data collected as part of the strategic planning process, for example, medical record audit to review current practice, identify specific gaps and develop priority areas for focus
- consultation with key stakeholders
- feedback on the draft plan.

5. Service context

This section should document:

A description of the service

- What are the key features of the service?
- Who are the stakeholders?

- Who is the population served and what are their needs?
- What services are provided?

Where is the organisation now?

This section allows an assessment of the current situation and services.

Use the organisational checklist (Attachment 2) to assess current services.

- What is done well?
- Where are the major gaps?

SWOT analysis

Using the information from the organisational checklist and other data, identify and document the ICS' strengths, weaknesses, opportunities and threats, taking an internal and external perspective. Strengths may include experienced and committed staff and a supportive executive. Weaknesses could include the lack of a formal supportive care screening process, lack of documented referral pathways and protocols. Opportunities could include the potential to collaborate with another ICS or local university in supportive care work. Examples of threats include a service that is relied on to provide supportive care being re-located or closed down or lack of support within a health service.

6. Purpose, vision and strategic directions

- What is the purpose of the ICS and the tumour groups?

Consider including information such as:

- role of the ICS:
  - partnerships between health services and clinical teams for planning and service improvement across a geographic area
  - established to support /implement work of tumour group program
  - platforms through which improvements in patient care can be implemented
- role of tumour groups:
  - promote consistent approach to care for a particular tumour stream
  - promote a multidisciplinary approach to care
  - ensure reform is 'clinician driven'
  - provide advice and respond to service planning, treatment and research issues
  - drive quality improvement within a particular tumour stream.
- What is the vision for providing supportive care for the ICS? Where should the ICS be in five years' time?
- What are the strategic directions or goals for the ICS? These should be fairly broad.

The supportive care strategic directions or goals should align with those identified in the Department of Human Services supportive care policy. This might mean that the strategic directions are adopted from departmental policy or the service may develop a strategic direction that aligns with one of the four key strategic directions.

7. Strategic direction/s

For each strategic direction, identify your key objectives. These objectives should be **SMART**:

Specific

Measurable

Agreed

Realistic

Timely

Consider the strategies that may be needed to address each objective.

This section of the plan should be developed for each of the strategic directions or goals identified.

8. Implementation requirements

Each strategic direction identified should be reviewed in terms of the impact it will have, the priority in terms of need, the timeframe for implementation and the ease with which the specific strategy can be implemented. This will help prioritise the activities to be undertaken by the ICS.

This process will help finetune the overall strategic plan and develop an implementation plan. A phased approach addressing the short, medium and long-term goals and strategies can be used.

This section of the plan needs to consider what is required to implement the overall strategy and what other things should be considered. These might include the following:

Executive engagement:

- Has an executive sponsor and champions of the plan been identified?
- Have links of the plan to local service quality systems and clinical governance mechanisms been identified?
- Has there been consideration of the need for a steering or advisory group to guide implementation?
- Has there been consideration of how a steering/advisory group would link with current structures and processes?

Stakeholder engagement and partnerships:

- Who needs to be involved to ensure the successful implementation of the supportive care strategic plan?
- What mechanisms have been identified to ensure that stakeholders are effectively and efficiently involved?
- Will existing structures be sufficient to ensure appropriate stakeholder engagement and partnerships or are new structures required?

A communications strategy:

- Who needs to know about the supportive care strategic plan?
- How will the supportive care strategic plan be communicated?
- How will the progress of the supportive care strategic plan be communicated?

Data and IT requirements:

- Are there any data collection or IT implications arising from the supportive care strategic plan?
- How will these be addressed?

Review and evaluation:

- How will the supportive care strategic plan be evaluated? Will there be a regular review process or evaluation framework?
- What data will you collect and analyse to support monitoring and evaluation of progress against each strategic direction/goal?

Resource requirements:

- This might include staffing costs and other costs. A detailed budget should be included as an attachment to the supportive care strategic plan.

A risk analysis:

- What are the risks involved in the supportive care strategic plan?
- How likely are they to occur?
- How serious could they be?
- What can be done to reduce the likelihood of the risk occurring?

Attachment 2

Supportive care organisational checklist

This checklist is designed to assist cancer service providers to assess the status of supportive care services with a view to identifying opportunities for improvement.

The tool has five key components that relate to strategic planning and the four strategic directions outlined in the supportive care policy:

A. Strategic planning

1. Identifying the needs of people affected by cancer
2. Capacity building for optimal supportive care
3. Implementing screening into routine practice
4. Addressing supportive care needs – referral and linkage.

For each element of service planning, delivery or care, the following items are included:

- relevance of activity/element/area of care to the service
- rating progress in this area
- comments to place the responses of the service in context.

The tool is ideally used as a self-assessment tool and is to be completed by key personnel within a service. It provides a useful visual tool to assess how the service is performing. Initial assessment and reassessment using the tool will provide a baseline and a snapshot of improvements over time.

Integrated Cancer Services (ICS) can use this tool to map organisational readiness for implementation of a systematic approach to supportive care. This data is a useful diagnostic tool for assessing common gaps and areas for improvement as well as good practice. This tool should be used to reflect upon strategic directions, executive engagement and ICS activity in relation to supportive care.

A. Supportive care strategic planning

	Is this activity relevant to your service?	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	Comments
1. A three-year strategic plan is established to provide the directions and key priorities for supportive care for the service. This plan aligns with the key principles and strategic directions in the supportive care policy and incorporates mechanisms for consumer participation.	Yes / No	☐	☐	☐	☐	
2. A communication strategy is developed and implemented to inform key stakeholders of the supportive care plan, approach and achievements of the service.	Yes / No	☐	☐	☐	☐	
3. The service has identified and allocated resources to support the implementation of the strategic plan for supportive care.	Yes / No	☐	☐	☐	☐	
4. The service has identified opportunities for collaboration, statewide initiatives or links with other resources or services.	Yes / No	☐	☐	☐	☐	
5. The supportive care strategic plan is reviewed regularly to identify progress against agreed goals and to set new goals for the future.	Yes / No	☐	☐	☐	☐	
6. The provision of supportive care is endorsed by executive and key clinical leaders as a core component of providing cancer services and of equal priority with other aspects of care.	Yes / No	☐	☐	☐	☐	

1. Identifying the needs of people affected by cancer

1. The population characteristics, cancer profile and the specific needs of the general population and diverse groups within the geographic catchment area are analysed to inform focused and tailored local strategic planning for supportive care.	Yes / No	☐	☐	☐	☐	

2. Capacity building for optimal supportive care

	Is this foundation relevant to your service?	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	Comments
Executive and clinical leadership						
See A. *Strategic planning*						
1. Strategies are put in place to: • create an organisational culture that facilitates a systematic approach to effective provision of supportive care • ensure that safety and quality issues related to supportive care are identified and managed through effective systems • ensure sufficient personnel and resources to facilitate optimal supportive care • ensure active consumer participation in decision making about care, in service planning and development, in quality-improvement activities and evaluation.	Yes / No	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
Executive and clinical leadership						
See A. *Strategic planning*						
2. A range of measures such as the organisational checklist and performance indicators are used to: • identify a baseline measure for supportive care within and across services • set goals for the future • monitor progress against these goals over time.	Yes / No	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
A team approach						
3. Roles and responsibilities for supportive care are clearly defined and communicated.	Yes / No	☐	☐	☐	☐	

	Is this foundation relevant to your service?	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	Comments
4. All personnel providing cancer care acknowledge and understand their role in providing supportive care for those affected by cancer.	Yes / No	☐	☐	☐	☐	
5. Mechanisms are in place to ensure that the individual's supportive care needs are: • communicated to all members of the general multidisciplinary team and other specialist supportive care providers where appropriate • taken into consideration in the development of their treatment plan • addressed in the most appropriate way optimising the use of skills within the whole team and across services and sectors.	Yes / No	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	
Workforce capacity						
6. All members of the multidisciplinary cancer team undertake communication skills training relevant to their role including breaking bad news and listening and responding to emotional cues.	Yes / No	☐	☐	☐	☐	
7. All members of the multidisciplinary cancer team are trained in the administration of an agreed screening tool/method, interpretation of findings, initial response and referral processes.	Yes / No	☐	☐	☐	☐	
8. Processes for documentation of supportive care screening, assessment and interventions are established and implemented to facilitate audit, review outcomes of initiatives, and to identify improvement opportunities including identifying the needs of the multidisciplinary cancer team.	Yes / No	☐	☐	☐	☐	
Environment						
9. Private space (free from interruptions) is available for critical consultations (clinical and supportive care) to facilitate communication and decision making.	Yes / No	☐	☐	☐	☐	
10. A range of strategies are put in place to review and improve the physical environment and to streamline appointment systems to reduce unnecessary waiting and distress.	Yes / No	☐	☐	☐	☐	

3. Implementing screening into routine practice

	Is this area of care relevant to your service?	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	Comments
1. Those affected by cancer are screened to identify supportive care needs at diagnosis and key points in the pathway, using a validated screening tool in accordance with local protocols.	Yes / No	☐	☐	☐	☐	
2. Members of the multidisciplinary cancer team are aware of the processes for referring people for further assessment.	Yes / No	☐	☐	☐	☐	
3. Within routine consultations those affected by cancer are asked about their current levels of distress or changing needs.	Yes / No	☐	☐	☐	☐	
4. The outcomes of screening, additional assessment and management are clearly documented in the medical record and are accessible to the multidisciplinary cancer team.	Yes / No	☐	☐	☐	☐	

4. Addressing supportive care needs – referral and linkage

	Is this area of care relevant to your service?	Processes established and working effectively	Processes in place but need enhancement	Processes under development	No processes in place for this element	Comments
1. Supportive care linkages are established within and across services and sectors to facilitate communication, information transfer, referrals and strategic planning.	Yes / No	☐	☐	☐	☐	
2. A strategy is in place and partnerships are actively fostered with general practitioners to facilitate open communication and optimal supportive care.	Yes / No	☐	☐	☐	☐	
3. Partnerships are established with: a wide range of supportive care provider organisations; state, regional and local services; and tertiary institutions to facilitate improved access to supportive care services.	Yes / No	☐	☐	☐	☐	
4. Services have agreed policies, protocols and referral pathways to facilitate referral to appropriate providers within the multidisciplinary cancer team, the broader health service or other sectors.	Yes / No	☐	☐	☐	☐	

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