

# Guidelines for Service Mapping

November 2004

## Overview

The Integrated Cancer Services (ICS) have a number of outcomes required in the 2004 – 2005 financial year. These outcomes include: the appointment of key staff; service mapping; and the identification and development of projects to be funded under the Cancer Services Improvement Program.

These guidelines are designed to provide assistance and support to the ICS in the service mapping process. The results will help to identify gaps in service delivery and enable the development of a strategic plan for the improvement of cancer services and will provide direction in the development of proposals for submission to the Cancer Services Improvement Program (CSIP).

Specifically, the guide will assist planners to:

- Determine the **range of cancer services provided** by each health service campus within the ICS
- Determine the **level of activity** which is undertaken in cancer services for the ICS
- Identify **who delivers the cancer services** within each health service campus (which staff & how many)
- Identify **how the activity is performed/delivered** (models of care/clinical pathways)
- Identify **existing interactions and relationships** (referral pathways) with other service providers (including private hospitals, primary and community health care providers and GPs)

The underlying principles of the *Cancer Services Framework for Victoria* should be considered in the service mapping process. Particular attention should be paid to:

- The relationships between primary and community health services and the private sector in the delivery of cancer care within the ICS
- The differences in care delivery which exist across the 10 identified tumour streams
- The opportunities for service improvement in common areas across cancer services.

## Tools

A range of tools have been developed to map service delivery. To ensure consistency of information collected across the State, it is essential that planners provide the information requested in Part 1 of this document to the Cancer Coordination Unit. This will provide some baseline information to inform statewide initiatives and evaluation. Part 2 will provide useful additional information about the cancer services within the ICS.

The tools provided will assist with the collection of data relating to the following:

### PART 1

1. Range and nature of services provided throughout the ICS
2. Profile of general and /or specialist clinics throughout the ICS related to cancer services
3. Service provider profile
4. Service interactions
  - 4.1 Acute services
  - 4.2 Post-acute services
  - 4.3 Community and primary care providers/services

### PART 2

5. Multidisciplinary Care
6. Psychosocial care
7. Clinical trials
8. Protocols
9. Reporting systems and data review processes
10. Projects currently undertaken within the ICS
11. Consumer engagement

## Further information

The Cancer Coordination Unit is available to support the ICS to undertake their service mapping. Queries with regard to service mapping should be addressed to:

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**Please note that each ICS is not expected to submit a service mapping report until Thursday 31 March 2005.** Reports should be addressed to:

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## **PART 1**

### **1. Range and nature of services provided throughout the ICS**

The purpose of this tool is to identify the range and nature of services provided for cancer patients throughout the ICS. This table should be completed for each health service campus within the ICS. Please specify:

- Whether the service is available to patients who are inpatients or outpatients or both
- Which tumour streams are catered for by the service (see section A for tumour streams list)

Please note any specific issues about the service in the comments column.

<b>Service Provided</b>	<b>Hospital Setting (inpatient /outpatient/both)</b>	<b>Description of service</b>	<b>Relevant tumour stream</b>	<b>Comments</b>
<b>Pathology</b>				
<b>Radiology</b>				
<b>Surgical Oncology</b> Please specify whether specialist surgery is available e.g. reconstructive/plastic surgery				
<b>Medical Oncology</b>				
<b>Radiation Oncology</b>				
<b>Specialist Nursing</b> e.g. Breast Care Nurse, Bone Marrow Transplant Nurse, Stomal Therapist, etc				

Service Provided	Hospital Setting (inpatient /outpatient/both)	Description of service	Relevant tumour stream	Comments
<b>Palliative Care</b>				
<b>Psycho-oncology</b>				
<b>Allied Health –</b> including Social Work, Physiotherapy, Occupational Therapy, Speech Therapy				
<b>Other</b>				

## 2. Profile of general and/or specialist clinics throughout the ICS related to cancer services

The purpose of this tool is to present an overview of the general and/or specialist clinics within each health service that manage cancer patients. Please provide as much detail as possible. There is a need to indicate:

- If patients (for each tumour stream) have the option of being managed in a general or specialist clinic
- Whether the clinic is provided as an area of specialisation or is attended by a range of specialist consultants
- Who is present to consult with patients during the clinic

Tumour Streams	General Clinic (name)	Specialist Clinic (name)	Indicate area of specialisation (surgical onc., med/rad onc., palliative care, mixed clinic)	Frequency of Clinic	Consultants and other attendees present (eg visiting clinicians, nursing staff, others)	Privatised Clinic (Yes/No)	Comments
Breast							
CNS							
Colo-rectal							
Genito-urinary							
Gynaecological							
Haematological							
Head & Neck							
Lung							
Skin							
Upper gastro-intestinal							

### 3. Service Provider Profile

The purpose of this tool is to identify the range of health care providers who are involved in the management of cancer patients within each health service campus. Please indicate:

- Who the service provider is and whether they are employed by the hospital or if they are a visiting clinician (if visiting, state name of health service campus elsewhere)
- If the service provider is only available for specific cancer patients

Service Provider Group	Clinician details (name, employing health service)	Provider Availability (including EFT)	Specify Tumour Stream	Comments
Medical Consultants				
Specialist Nurse(s)				
Specialist Oncology Nurse(s)				
Palliative Care				
Psychosocial (psychology, psychiatry)				
Social Worker(s)				

<b>Service Provider Group</b>	<b>Clinician details (name, employing health service)</b>	<b>Provider Availability (including EFT)</b>	<b>Specify Tumour Stream</b>	<b>Comments</b>
<b>Genetic Counselling</b>				
<b>Physiotherapy/ Occupational Therapy/ Speech Therapy</b>				
<b>Interpreter (s)</b>				
<b>Others</b>				

## 4. Service Interactions

### 4.1 Acute Services

The purpose of this tool is to map out the existing referral patterns and relationships that each health service campus has with other health services. The information collected should capture service interactions across the cancer pathway (including primary & community health) and should be repeated for each health service campus as well as for the major tumour streams managed by each of the campuses. Please indicate whether the service is provided on or off-site (provide details).

Pathway	On site (please tick)	Off site (please name service and specify public/private/community health)	Describe service provided	Comments
<b>Diagnostic investigations</b>				
<b>Specialist Surgery</b>				
<b>Medical oncology</b>				
<b>Radiation oncology</b>				
<b>Specialist Nursing</b> eg Breast Care Nurse, Chemotherapy Nurses, Stomal Therapy Nurse				

Pathway	On site (please tick)	Off site (please name service and specify public/private/community health)	Describe service provided	Comments
Palliative Care				
Psychosocial (psychology, psychiatry)				
Allied Health – Social Work, Physiotherapy, Occupational Therapy, Speech Therapy				
Other				

#### 4.2 Relationships to primary care

a) What mechanisms exist to discuss referral and clinical issues with GPs and other primary health care providers within each health service campus?

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b) What links does each health service campus have with local GPs through GP Divisions or other GP structures?

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### 4.3 Referral links to post acute services

The purpose of this tool is to identify existing links between health service campuses, home care and palliative care service providers within and across the ICSs.

<b>Where are your referral links for general home care services and palliative care</b>	<b>Please state names of services where appropriate</b>	<b>Comments</b>
Hospital in the Home Program		
Royal District Nursing Service		
Local Government Services eg home help; meals on wheels etc		
Community health agencies		
On site palliative care service		
Community Palliative Care Service(s)		
Other (please specify)		

## PART 2

### 5. Multidisciplinary Care

Multidisciplinary (MD) care can be defined as “an integrated approach to health care in which medical and allied health professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient” (NBCC, 2003). Multidisciplinary team meetings are one element of multidisciplinary care. Such meetings are sometimes referred to as multidisciplinary clinics (NB. these are different to clinics in which patients are consulted).

#### 5.1 Multidisciplinary team meetings

The following table aims to capture information about multidisciplinary care team meetings. Please indicate for each tumour stream:

- Whether a **multidisciplinary team** meeting exists for the care and management of patients with cancer within each health service campus
- The frequency of the MD team meeting
- Whether: 1-all cases are discussed, 2- select cases are discussed (as determined by agreed criteria) 3-Select cases are discussed (as determined by individual clinicians- ie no agreed criteria)

	MD team Yes/No	Does the MD team have a nominated team leader? (specify who it is)	Frequency of meeting (never/ occasionally/ weekly/ 2 weekly/ monthly/ other)	Purpose of the meeting- Treatment planning- prospective (pre/post operative), retrospective, mixed	Are the recommendations from the MD team meeting formally documented & does this include referrals? (by whom?)
Breast					
CNS					
Colo-rectal					
Genito-urinary					
Gynaecological					
Haematological					
Head & Neck					
Lung					
Skin					
Upper gastro- intestinal					

a) Please comment on any special features of your meetings/case conferences (eg are they face-to-face, teleconferenced or video-conferenced)

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b) Is education the primary or secondary purpose of the meeting, or is it incidental (that is, there is no formal education component to the meeting)?

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c) Please indicate who the health care providers are who attend on a regular, ad hoc basis or by invitation only.

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d) Do written protocols describing the organisation and content of the meeting exist? If so, how often are they reviewed?

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## 6. Psychosocial Care

a) Is routine psychosocial assessment performed for all cancer patients?  
If so, by whom?

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b) At what point(s) along the cancer trajectory is assessment performed- eg initial diagnosis, periodic assessments throughout and beyond the treatment phase?

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c) Are screening tools used in the assessment process? If so which tools?

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d) Are there agreed pathways for referral endorsed by the multidisciplinary team or hospital?

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e) Are referrals made to specialist providers and are these personnel available within or external to the health service?

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## 7. Protocols

a) Does each health service within the ICS have written agreed protocols for the management of oncology patients in any of the following domains:

Diagnosis, medical, nursing, Medical oncology, Radiation oncology, psychosocial support, (other)

## 8. Clinical Trials

Describe the way in which patients are able to participate in clinical trials within each health service.

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For each health service campus, please indicate the tumour streams/areas in which recruitment for clinical trials is currently open.

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## 9. Reporting systems and data review processes

a) What data systems exist within each health service for the management of cancer patients (excluding data submitted to DHS, eg. VAED, VACS)?

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b) Please describe any audit or feedback mechanisms in place within each health service to inform practice?

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## 10. Projects

### A. Quality improvement

Please provide details about quality improvement projects that have been conducted within each health service and that have involved or impacted on cancer services (describe project and status of activity/ impact/outcomes/ project contact/ specify area)

### B. Government initiatives

Please provide details about government initiative projects that have been conducted within each health service and that have involved or impacted on cancer services (describe title of initiative, involvement/activity, program lead contact, key personnel involved – DHS liaison, hospital).

## 11. Consumers

a) What community based cancer services/programs are available in your ICS or geographical area?

- Cancer Support Groups (please provide details)
- Living with Cancer Education Programs
- Other \_\_\_\_\_

b) Are patients routinely referred to these services/programs?

- Yes
- No

If yes, by whom and where is this information documented?

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c) Does each hospital within the ICS have a comprehensive list of services available for cancer patients in your community?

If yes, who is responsible for the list and how can cancer patients access it?

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