
POSTER ABSTRACT

The Regional Outreach and Shared Care Program – a formalised shared care model for children and adolescents with cancer

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

Chris Williams, Nicole Sirianni, Amy Shelly, Belinda Zambello

Paediatric Integrated Cancer Service, Parkville, VIC, Australia

Introduction: The Paediatric Integrated Cancer Service (PICS) aims to promote a cohesive, integrated, coordinated, multidisciplinary approach to the provision of cancer services in Victoria, Australia.

Approximately 30% of Victorian paediatric cancer patients live in a regional or rural location. Access to cancer treatment and supportive care services can be challenging for families living outside of metropolitan Melbourne. Many regional families have to travel long distances, and experience significant disruptions to social, education and workforce participation.

Description of practice change implemented: In 2005, the PICS, Monash Health (MH) and The Royal Children's Hospital (RCH), sought a grant from the Commonwealth Department of Health and Ageing, to establish a Regional Outreach and Shared Care Program (ROSCP).

After extensive consultation, the PICS developed a formalised shared care model for children and adolescents with cancer, inclusive of an inaugural Memorandum of Understanding (MOU) between MH, RCH and regional health services.

Aim and theory of change: The ROSCP aims to facilitate care for regional paediatric cancer patients, and their families, as close to home as possible, when it is safe and appropriate to do so.

The initial focus of the program was on defining stakeholder responsibilities, and mechanisms required for the provision of coordinated, high quality care to regional patients and families; and building capacity and capability of the regional health service staff.

Targeted population: The ROSCP focuses on paediatric patients with a cancer diagnosis who live in regional Victoria.

Timeline: The program commenced in 2006, with formal agreements now in place with nine regional health services. Further enhancements to the shared care model have been implemented over time, with the publication of a Service Capability Framework, provision of a fit-for-purpose regional chemotherapy service, dedicated outreach clinics and the integration of telemedicine initiatives.

Highlights: In 2018-19, the program delivered 336 telehealth encounters, 86 regional chemotherapy administrations, and 176 regional outreach clinic appointments; to 194 individuals.

In 2017, a new three-year MOU was signed between participating clinicians and executives, formally recognising the role shared paediatric cancer care plays in Victoria.

Williams; The Regional Outreach and Shared Care Program – a formalised shared care model for children and adolescents with cancer

Sustainability: Operational sustainability is dependent on the part-time employment of a Clinical Nurse Educator and a Regional Nurse Coordinator.

Transferability: The shared care model, formal agreements, processes and service capability framework have applicability both conceptually and practically in other health areas, beyond paediatric oncology.

Conclusions: The ROSCP has achieved 13 years of success, and has proven to deliver improved care experiences and outcomes for regional patients via a coordinated, multidisciplinary approach.

Discussions: In addition to patient care, nursing and medical staff are supported via regional education sessions, training forums and medical information dinners. This component of the program is integral to its success.

Lessons learned: The development of the Service Capability Framework has provided clear guidelines to support both the tertiary cancer centres and the regional shared care centres to plan, develop and deliver safe and effective paediatric cancer care within an agreed regional scope of practice. This program demonstrates the utility of frameworks to guide the scope of services; and support service and workforce planning.