

Paediatric Surgical Oncology Program Summary Report

Original report completed December 2008



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Executive Summary

The Paediatric Integrated Cancer Service in collaboration with the surgical units at the Royal Children's Hospital and Monash Medical Centre have recognised the need for improved surgical services for children with cancer. A proposal to develop a Paediatric Surgical Oncology Program over a period of 3 years has been submitted to the Cancer and Palliative Care Unit within the Department of Human Services. In response, the Department has provided funding for this initial scoping exercise to better understand the issues and identify opportunities for improvement.

The project has considered views of providers, results of recent clinical audits, published literature, the experience of those who have visited international centres and reviewed relevant data. The report highlights a number of significant organisational and clinical issues that are affecting the quality of care of children with cancer.

In summary:

- Treatment of childhood cancer is complex and intensive requiring coordinated multidisciplinary care
- Early management of children with suspicious lesions can be improved
- There are multiple surgeons undertaking low volumes of cancer surgery
- The current service model requires strengthening to adequately meet the standards of international best practice
- Communication between specialities requires strengthening
- Access to anaesthetic services for procedures/investigations is limited
- Variation in the surgical management of CVAD's and organisation of lists
- Processes for patient readiness, theatre/anaesthetic bookings, access to imaging services and consent processes require attention.

Best practice principles have been developed in collaboration with surgical and oncology health care providers and form the basis for the following service improvements.

Principles and Recommendations

Principle 1 - Care provided is based on the best available evidence

Recommendation 1

Protocols to guide the early management of suspicious lesions are developed for all major solid tumour groups.

Recommendation 2

An education program is developed to support protocol implementation at RCH and MMC followed by major regional centres.

Principle 2 - Care is well planned with early and ongoing input from a multidisciplinary team

Recommendation 3

Guidelines are developed to standardise CVAD management in line with hospital wide protocols.

Recommendation 4

A risk stratification model is developed to identify high risk patients and guide early intervention.

Recommendation 5

Teleconferencing facilities are utilised for MDT meetings to link to MMC and other centres as required.

Recommendation 6

Combined surgical/oncology outpatient clinics are established with additional clerical support.

Principle 3 - Care is provided by expert staff

Recommendation 7

The role of the Paediatric Oncology Surgeon be established.

Recommendation 8

Subspecialisation within Oncology be expanded and aligned with surgical teams.

Principle 4 - Access to services is timely and minimises clinical risk

Recommendation 9

Theatre and imaging lists at RCH be increased to accommodate demand.

Recommendation 10

Further work be undertaken to plan for increased activity at MMC for local patients.

Principle 5 - Care is provided in a collaborative coordinated way with clear communication between specialists and families

Recommendation 11

Treatment protocols are integrated into the HO database to assist in care planning and coordination and that access to the database be expanded.

Recommendation 12

Coordination between the Medical Imaging and Anaesthetic Departments at RCH be reviewed for patients requiring emergency scans.

Recommendation 13

Coordination of CVAD lists at RCH be the responsibility of the oncology surgeon.

Recommendation 14

The CNC's and psychosocial team work collaboratively to develop ways to empower families to become more proactive in the coordination of their child's care.

Principle 6 - Service delivery is supported through appropriate organisational structures and governance arrangements

Recommendation 15

A Paediatric Surgical Oncology Program is developed supported by changes in organisational structure.

Recommendation 16

A Surgical Oncology Program Manager is appointed to support the development of the Program.

Recommendation 17

A detailed business case is developed outlining components of the Program and resources required over the next 3 years.

Principle 7 - Service delivery is supported by a program of continuous quality improvement

Recommendation 18

A research and education program be established with adequate resources committed to development and ongoing participation.

Recommendation 19

A process for regular clinical auditing be established utilising MDAnalyze at RCH and a yet to be determined system at MMC supported by the appointment of a data manager.

Recommendation 20

The Logic Model be utilised to assess the outputs and outcomes of program development.



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