

1. Project Title

Development of a WCMICS common shared Head and Neck Cancer website as a resource for clinicians, GPs and patients and their families.

2. Tumour groups and Hospitals involved

Head and Neck Tumour Group
Royal Melbourne Hospital, Peter MacCallum Cancer Centre, St Vincent's Hospital, Western Health.

3. Project Manager and Project Sponsor

Michael McCullough/Joanne Moss

4. Date of commencement and completion of project

1 st May 2007	28 th March 2008
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5. Abstract

This project successfully developed a specific Head & Neck Cancer website as a resource for hospital staff, General Practice staff and other community health workers, and patients and their families. Staff from the Head & Neck Cancer services at four Melbourne Hospitals participated in the project. The Hospitals involved were the Peter MacCallum Cancer Centre, the Royal Melbourne Hospital, St Vincent's Hospital and the Western Hospital.

A small working group sourced or developed the content material, in consultation with the broader staff from this field, and the site was drafted on a dedicated PC available over the Internet. A procedure for acceptance of new and review material was included.

A communication strategy was developed to ensure broad dissemination of the availability of the website, which is linked to the WCMICS website. A sub-group of the Head and Neck tumour Group will oversee the ongoing site to ensure that it remains current. A free web-based statistical counter will allow analysis of the visits to the site, and the geographic location of the visitors. The model can potentially be applied to other tumour groups.

6. Introduction (background, purpose of the project)

Care Coordination and reducing variations in care are two of the key priority areas of the Government's cancer reform agenda. One method of centralising and providing consistent, evidence based and accurate information available for all concerned in the patient care journey (General Practice staff and referring clinicians, hospital and

community based staff and patients and their families) is to make available a locally relevant central information source in the form of a WCMICS Head & Neck website.

The project considered viable sustainable options for a website. The project team broached such issues as the web site design, site statistics, content and content management mechanisms, security, links directory and site search capability. A roll out strategy to inform relevant staff and community health providers is attached.

7. Methodology (please specify any changes from Project Plan provided in Interim Project Report)

This project was undertaken using a staged process as outlined below. Key elements of this project included:

1. Start up phase:

- A project team was established. The members were:
 - Sarah McDonald, Hollie Bevans from SVH
 - Sharon Busch, Michelle Noronha, Juliet Hoey from Western Health
 - Michael McCullough, David Wiesenfeld, Scott Ferris from Royal Melbourne Hospital
 - Wendy Poon, June Corry (until 17/08/07) Andrew Coleman, Benjamin Swift, Nuno Goncalves from Peter MacCallum Cancer Centre
 - Chris Bain, Joanne Moss, Rajesh Sharma WCMICS.
- An initial assessment of the technical infrastructure needs (e.g. delivery environment, server space, hosting arrangements, realistic costings) was undertaken and documented. The Information Technology Manager and Non Clinical Information Projects Manager allocated space on a server at the WCMICS host agency, PMCC. Arrangements for ongoing maintenance were costed and agreed.

2. Development of material for website

Existing websites and material was reviewed and recommendations were made as to the suitability or otherwise for the website. This included

- Development of generic information in each key delivery area e.g. – for patients – information relating to anatomy and physiology, disease, diagnosis, treatment (medical, surgical, radiation, combination) side-effects, medicines, diet and speech issues, supports available etc), for care providers, for other/referring health staff
- The potential for links to other reputable websites such as CCV was determined.
- Michael McCullough secured space on a dedicated PC at the University of Melbourne, School of Dentistry to develop the draft material.
- A visit to each site Head and Neck Multi-disciplinary team meeting was undertaken to discuss the potential website with staff and seek their support and assistance. The issue of a common referral form was raised as a priority, as two sites (SVH/PMCC already share a referral form for this group of patients). Currently there are four separate forms.
- The committee agreed that the site would not have links to other sites/information which may change outside the control of the group.

3. Establish initial Website design

- Following liaison with key clinicians and service managers at each site, a template was developed and populated. This was then sent to each site for

comment. Michael and Joanne visited the lead clinician at each site to ensure the accuracy and appropriateness of the of the draft content.

- Approval was granted to use each hospital's logo as well as the WCMICS logo.
- Due to the slowness of securing content for the website, a decision was made to focus on two sections only (Patient Information and the Referring Clinician). The third section, Treating Oncologist/Clinician, was postponed.
- Feedback was again requested from the Tumour Group members and incorporated into the draft website.

4. Establish roll out strategy

A communication strategy was developed and is attachment 3. This determines the key informational points to be communicated to hospital staff, primary care sector, patients and families, and the mechanisms of this communication.

- Sign off on technical environment

5. Finalisation of Website

The final draft website was sent to the Tumour Group for review, consideration and comment due by end March 2008. The final design and content was

6. Testing and transfer of package to the world wide web

The final website will be linked to the WCMICS server and website.

7. Finalise the content inclusion and maintenance model with justification

The transferable learnings have been documented.

8. Roll out website

This will be as per the Communication strategy (Attachment 2).

8. Project activities, findings, outcomes including evidence of achievement
(specify any information/tools developed and suitable/applicable for sharing across the WCMICS)

These are described in point seven above.

9. Limitations/Deviations for Project Plans

The project timeline was extended due to the revised project methodology and delays in finalising the website content. Development of the content was slower than anticipated because of competing work commitments of the project team and difficulty obtaining feedback from the field. This resulted in the WCMICS Project Officer sourcing content directly from hospitals and organisations, which was a much slower process. In spite of this, this website and the associated project plan and communication strategy could readily be adapted to other tumour groups in the future.

Lessons learned

As this was the first website to be developed, it was difficult to accurately predict the timeframe required. In retrospect a longer time frame was required, however, other Tumour Groups may use this site as a basis for their own.

10. Recommendations (include a description of how this project will be sustainable and transferable across other tumour streams and sites)

The recommendations from this project are:

1. Ensure key clinician/sponsor is involved and acts as champion for life of the project
2. Use the Multi-disciplinary meetings as per this project
3. Ensure technical management through WCMICS vs external IT department
4. build in availability of statistical program to assess utility/evaluation
5. Smaller focused group to work with their own clinical team.

11. Implementation

The implementation of the project relates to the final version “going live” on the world wide web. This is planned to occur on in early to mid March 2008.

12. Expenditure report

Budget item	Original forecast amount	Final amount spent	Comment
Total amount (pre GST)	\$16,000	\$8,000	\$3,000 has been allocated for the maintenance over a 3 – year period. \$5,000 allocated for purchase of server was not required.

13. Project Manager (Applicant) signature

I declare that this report is a true and proper representation of the activities undertaken in this project...

14. Project Sponsors signature

I fully endorse this report and its content...

15. Participating Hospitals Clinical Leads

I fully endorse this report and its content...

16. Appendix:

1. **Project Plan** – Attachment 1
2. **Literature review** – N/A
3. **Tools/resources developed** – Communication Strategy - Attachment 2
4. **Supporting data/ clinical audit** – Process for acceptance of new and review material for H&N Website -Attachment 3.



Head & Neck Website

Communication Strategy

Joanne Moss
WCMICS Project Officer

March 2008

1. Background

1.1 Western & Central Melbourne Integrated Cancer Service

The Western & Central Melbourne Integrated Cancer Service (WCMICS) is one of the nine Victorian Integrated Cancer Services funded by the Department of Human Services to implement the Victorian Government's *Cancer Services Framework*.

The Head and Neck Tumour Group is one of ten WCMICS tumour groups which were established to promote best practice through the development and implementation of evidence-based practice. WCMICS Tumour Groups consist of medical, nursing, and allied health staff members from across all constituent hospitals. They provide leadership, knowledge and expertise related to each tumour stream. In particular, the role of Tumour Groups includes:

- Key service mapping and planning activities
- Provision of feedback and advice on the implementation of the patient management framework
- Advice and response to service planning, treatment and research issues
- Identification and implementation of service improvement based on the four key priority areas for the Integrated Cancer Service.
- Revision of clinical protocols and making recommendations for a consistent approach

1.2 Situation

A Communication Strategy is required in order to maximise use of the WCMICS Head and Neck website and ensure that all relevant staff know:

- about the website
- how to use it
- the process for contributing articles, information and other content (attachment 1)

Staff external to the WCMICS hospitals will also be able to use the site, and patients and their families also need to be informed of this resource in a systematic manner.

On the advice and guidance of the smaller sub – group, perhaps virtually, the relevant WCMICS Project Officer will be responsible for ensuring that the website is kept up to date and current.

2. Objectives

The Communication Strategy will support the aim and objectives of the WCMICS Head and Neck Website project by allowing broad dissemination of the website as a resource and allow it to meet the changing needs of the groups listed below.

The key strategic aims will be:

- To promote the WCMICS Head and Neck website as broadly as possible
- To ensure that key groups are informed of the availability of the website
- To ensure that changes and updates to the website are communicated in a timely and efficient manner

3. Target Audience

The target groups for this message are:

1. Hospital staff who care for patients with head and neck cancers and their families/carers
2. Community health professionals who refer or potentially refer patients to WCMICS hospitals
3. Patients, their families, carers and friends
4. The broader community.

Each group will require a slightly different approach, however the following methods and timelines are provided:

Method	Group	Priority	Timeline	Other comment
Direct email	<ul style="list-style-type: none"> • H&N Tumour Group • Admin Coordinators • ? other related tumour groups Lung, Upper GI?? 	High	April 10th	Ask each lead clinician to forward to all team members
WCMICS website	All	High	April 10 th	
WCMICS newsletter	All	Medium	April	
?	Community Health providers	Medium	May	
Item in other newsletters CCV Other ICS DHS CPCU GP Divisions HIC CEH	<ul style="list-style-type: none"> • GP Liaison Officers • Community Health Providers • Community Health Centres • Consumer groups • Consumers • General public 	Medium	May	
Poster at H&N Conference	Health professionals working with H&N patients	Low	September	Abstract pending
Newsletter item	Speech pathology group	Medium	When available 2008	
Newsletter item/email	ENT college	Medium	When available 2008	
Business cards/bookmarks	Patients Families Staff	Medium	May	
Other				

4. Longer term communication

The H&N Website sub-group (of representative staff from across the region and consumer representatives) will be responsible for overseeing the website content, in particular, recommendation of removal of items, updating of items, and addition of new items.

5. Evaluation

A free web-based statistical system has been applied to the website. This allows analysis of the number of hits and also identifies the geographical region of the computer used to access the site.

Evaluation of the website will be done on an ongoing basis with a formal evaluation in 12 months time. This may involve a survey of the WCMICS H&N and related staff, as well as consumer groups. A feedback section may also be placed on the site.

Joanne Moss

Project Officer
WCMICS

List of Abbreviations

CCV	Cancer Council Victoria
CEH	Centre for Culture, Ethnicity and Health
CPCU	Cancer and Palliative Care Unit
DHS	Department of Human Services
ENT	Ear, Nose and Throat
GP	General Practice
HIC	Health Issues Centre
WCMICS	Western and Central Melbourne Integrated Cancer Service