Application Guidelines
Symptom and Urgent Review Clinic (SURC) Initiative
Grants Scheme

Closing date: 1 May 2020
Contents

A. Introduction .......................................................................................................................... 3
  Purpose ................................................................................................................................. 3
  Background ............................................................................................................................ 3
  SURC Model of Care ............................................................................................................ 4

B. Grants Scheme Overview .................................................................................................. 5
  Objectives ............................................................................................................................. 5
  Proposed outcomes .............................................................................................................. 5
  Expectations of funded services ......................................................................................... 5
  Scope .................................................................................................................................... 6
  Project Governance ............................................................................................................ 6
  Key dates and information ................................................................................................. 7

C. Application Process ......................................................................................................... 7
  Funding available ................................................................................................................. 7
  Submission of applications ................................................................................................. 8

D. Eligibility criteria ............................................................................................................. 8
  Applicant requirements ....................................................................................................... 8
  Project requirements ........................................................................................................... 8
  Exclusions ............................................................................................................................ 8
  Participating organisation requirements ........................................................................... 8

E. Assessment Process ......................................................................................................... 9
  Selection criteria and requirements ................................................................................... 9
  Evaluation process ............................................................................................................. 9
  Privacy .................................................................................................................................. 9
  Conflict of interest .............................................................................................................. 10

F. Administration and reporting requirements ..................................................................... 10
  Applicant .............................................................................................................................. 10
  Administering organisation ............................................................................................... 10
  Funding ................................................................................................................................. 10
  Goods and services tax ...................................................................................................... 10
  Public Liability ................................................................................................................... 10
  Proposed Reporting .......................................................................................................... 11

G. Frequently asked Questions ............................................................................................ 12

H. Project role description and co-signatories to application ............................................. 13
  Role ..................................................................................................................................... 13

I. Questions .......................................................................................................................... 13
A. Introduction

For the purposes of this document, the term Systemic Anti-Cancer Therapy (SACT) is used to refer to all drugs with direct anti-tumour activity including conventional cytotoxic drugs (chemotherapy), monoclonal antibodies, targeted therapies and Immunotherapies.

Purpose

This document provides an overview of the Symptom and Urgent Review Clinic (SURC) Initiative Grants Scheme.

The 2020 funding round for the SURC grants will provide funding to successful services over a 13 month period. Funding for each service will be capped at $110,000.

Applications are invited from health services that are members of the Southern Melbourne Integrated Cancer Service (SMICS) and provide more than 1000 episodes of same day SACT services for cancer patients (including intravenous and subcutaneous administration) per annum.

Background

Demand for services that deliver SACT is increasing. The number of SACT episodes of service in Victoria has grown in recent years in both the public and private sectors. There is an increasing trend for SACT to be administered in the ambulatory environment, shifting the burden of managing treatment related toxicities onto the patient, carers and primary care providers. Patients are often unaware of the significance of their side effects and lack the confidence to manage their symptoms at home. Under-reporting and under-treatment of SACT side effects is well described within the literature and is a common scenario, despite the link between effective management of SACT side effects and improved patient outcomes.

Emergency Departments (ED) provide the key interface between the community and the acute setting, resulting in unplanned ED presentations for many patients experiencing treatment related side effects.

Unplanned ED presentations may pose significant risk to the patient including:

• presentation with non-specific symptoms related to the disease, the treatment, or combination of both impacting the assessment and identification of other seriously ill oncology patients
• unnecessary investigations and interventions
• unnecessary hospital admissions.

This in turn may have the following impacts:

• lengthy waiting times
• interrupted continuity of care
• costs and inconvenience associated with hospital presentations.

The Victorian Cancer Plan 2016 – 2020 identifies within Action area 3, that cancer treatment has become more complex, making it more difficult for patients to navigate. It highlights the priority to improve patient experience of treatment and care by empowering patients to be active partners in their care.

Whilst there is increasing awareness by oncology health professionals of the need to support patients receiving SACT in the ambulatory setting to self-manage treatment side effects, a number of challenges remain in achieving a person-centred, flexible and coordinated approach.

These include:

• Engaging and building partnerships with primary care providers to support shared care and follow-up of patients throughout treatment
• Limited information technology solutions to capture information around SACT treatment toxicity.
• Health care provider capacity to identify patient groups most at risk of developing treatment related toxicities, and to deliver/refer to support services as appropriate
• Preparing patients early in their treatment pathway to socialise the concept of being an active participant in their care
• Empowering patients to seek treatment information and support in a manner that suits their individual needs.

**SURC Model of Care**

A number of SURC clinics have been implemented across Victoria’s public hospitals in metropolitan and regional areas. These nurse led models of care address identified gaps within the SACT Day Unit (CDU) to support patients experiencing treatment related toxicities during the period of active treatment.

The SURC model of care has been created to:

• Provide consistent education to patient and carers prior to the commencement of treatment
• Provide a point of contact where patients and carers could access support during and throughout treatment cycles
• Establish protocols based on previous work undertaken by the United Kingdom Oncology Nursing Society (UKONS) including patient assessment, telephone advice and management of face-to-face presentation (link to documents via eviQ can be found [here](#))
• Work collaboratively with existing medical staff within the CDU to manage patients outside the scope of the nursing role
• Establish patient pathways to ensure safe management of toxicities.

Implementation of this service has shown high rates of patient participation in the SURC model of care, a reduction in emergency presentations, improved patient satisfaction throughout treatment and favourable clinician support, with ongoing SURC models / clinics, in place at the following organisations:

**Original SURC model (2014)**

- Western Health

**DHHS funded metropolitan sites (2017)**

- Austin Health – Olivia Newton-John Cancer Centre Wellness and Treatment Centre
- Eastern Health
- Monash Health (Dandenong)
- Royal Children’s Hospital

**DHHS funded regional sites (2018)**

- Bendigo Health
- Border Medical Oncology (Albury Wodonga Health Service)
- Goulburn Valley Health
- Latrobe Regional Hospital
In addition SURC models have been established via other funding models at:

- Ballarat Health
- Barwon Health
- Northern Health – Epping

B. Grants Scheme Overview

Objectives
The aim of this grants scheme is to expand the SURC model to additional sites to increase the capability of Victorian CDU management teams to support patients experiencing SACT related toxicities. The grants scheme is available to health services who are members of the Southern Melbourne Integrated Cancer Service (SMICS).

Proposed outcomes

Patient / Carer Level:
- Increased knowledge and understanding of SACT side-effects, how to manage, when to report symptoms and how to access support
- Provision of a specified point of contact for telephone or face to face assistance with SACT related toxicities.

System / Service level:
- Improved patient education prior to starting treatment (measurement - percentage of first-time patients who had a pre-treatment SACT education session prior to starting treatment)
- Improved management of adverse events
- Reduced number of SACT patients presenting to ED
- A decrease in day of treatment cancellations (efficiency measure)
- Improved CDU efficiency (impact - waiting times on treatment day, time from scheduled appointment time to treatment commencement).

Expectations of funded services

- Implement local governance to ensure the quality and safety of a model of care that is tailored to the local environment, ensuring appropriate representation of the multi-disciplinary team and consumers.
- Engage with key stakeholders including ED, Bed Management, Pathology, Radiology, Pharmacy, Surgery, Radiotherapy, and Allied Health to provide appropriate, timely care to patients experiencing SACT toxicities. This should be operationalised via a local steering committee chaired by the executive sponsor of the project.
- Tailor resources to the local area to support patients/carers in the self-management of SACT toxicities when appropriate and to seek advice when required.
- Improve understanding of the needs of specific patient groups, differentiated by age, gender, tumour type, nationality or cultural background.
- Deliver targeted interventions to identified groups to optimise self-care strategies
- Evaluate the model for acceptability and effectiveness.
- Ensure sustainability beyond the project.
- Encourage strong engagement with consumers and the role and needs of carers.
### Scope

<table>
<thead>
<tr>
<th>Inclusions</th>
<th>Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites selected through an EOI process</td>
<td>Funding beyond the project timeframe for clinical or administrative positions</td>
</tr>
</tbody>
</table>

Selected sites must demonstrate organisational readiness through:
- Effective governance
- Establishment of a working group for development of local project documentation and pathways
- A dedicated clinical space for the delivery of the model
- Continuity of project staff
- Ability to participate in data collection using provided ACCESS database
- Resources for local evaluation of the model
- Commitment to sustainability of the SURC clinic following the project period

Site implementation activities to include:
- Establishment of project governance committee
- Development of local patient pathways
- Appointment of project and clinic staff
- Measurements at baseline / during and post pilot
- Attendance at Communities of Practice convened for participating sites

Sites provided with documentation templates and toolkit

Use of DHHS SURC ACCESS database for data collection

Implementation of SURC model in each project site

Evaluation at the local and whole of project levels

A project manager will provide support to successful individual sites and convene the Communities of Practice for participating sites

### Project Governance

**Project Governance Committee (PGC)**

Project management oversight will be provided with membership to include:
- Oncology/Haematology medical and nursing representation
- Southern Melbourne Integrated Cancer Services (SMICS) representation (ex officio)
- Consumer/Carer representatives.
The PGC will meet at least three times over the project period and will include representatives from all funded sites.

**Project Resources**
A toolkit to support local implementation will include templates for:
- Development of patient pathways
- SURC assessment and management adapted from the United Kingdom Oncology Nursing Society (UKONS) documentation
- SURC nursing role position description
- SURC nursing role orientation manual
- User manual for ACCESS database.

**SURC Community of Practice**
A Community of Practice (CoP) will provide support to health services implementing a SURC model of care throughout the project. Participation in the CoP is a requirement for funded sites. The CoP will be open to all health services with an interest in the SURC model.

### Key dates and information

<table>
<thead>
<tr>
<th>Milestone/ Activity</th>
<th>Key Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications will be considered and negotiated upon receipt</td>
<td>3 April – 1 May 2020</td>
</tr>
<tr>
<td>Successful sites advised (expectation is that applications will be assessed within 1 week of receipt)</td>
<td>By Friday 8 May 2020</td>
</tr>
<tr>
<td>Project commencement (expectation is that projects will commence as soon as approval is advised)</td>
<td>No later than Monday 11 May 2020</td>
</tr>
<tr>
<td>Project Plan</td>
<td>Within 4 weeks of approval</td>
</tr>
<tr>
<td>Progress reports</td>
<td>Tuesday 1 October 2020</td>
</tr>
<tr>
<td>Project completion</td>
<td>Monday 1 April 2021</td>
</tr>
<tr>
<td>Final report &amp; Financial Acquittal</td>
<td>Tuesday 30 June 2021</td>
</tr>
<tr>
<td></td>
<td>Monday 20 August 2021</td>
</tr>
</tbody>
</table>

Submit any questions to smics@monashhealth.org.au

**C. Application Process**

**Funding available**
Funding is available for SURC projects to develop, implement, evaluate and embed the model of care over 13 months.

Funding for each service will be capped at $110,000. Project Management support is available through SMICS for projects with an immediate start.
The table below outlines the grant’s objective, the funding available per site and funding timeframes.

<table>
<thead>
<tr>
<th>Description</th>
<th>Proposed number of funded sites</th>
<th>Funding per project</th>
<th>Funding timeframe per grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>To support services that wish to participate in the implementation/expansion of a sustainable SURC model to support the delivery of SACT services within their health service.</td>
<td>Four</td>
<td>Up to $110K</td>
<td>1 year</td>
</tr>
</tbody>
</table>

Submission of applications

- All applicants must complete a SURC Grants Scheme application form to be submitted via email to smics@monashhealth.org
- Applications will only be accepted if they are lodged on or before the closing date.

**Applications must be received by Friday 1 May 2020 by 3pm**

D. Eligibility criteria

Applications are invited from SMICS member health services that provide more than 1000 episodes of same day SACT services per annum.

**Applicant requirements**

- The lead applicant must be an employee of the participating organisation.
- The applicant should read through all instructions and guidelines regarding the aims and objectives and application processes for this funding round.

**Project requirements**

- The project must be completed by a SMICS member health service.
- Projects must have specific aims and outcomes that align with the objectives outlined in Part B and are achievable in the designated timeframe.

**Exclusions**

The SURC Pilot Grants Scheme, 2020 will not fund:

- An existing SURC service, but will fund the expansion of an existing service
- Projects that are currently funded through other targeted initiatives/grants
- Ongoing operational costs for existing models of care
- Development of IT/ software to support the model of care.

**Participating organisation requirements**

Applicants must make their application under the auspices of a Victorian operated public or private hospital.
The administering organisation must:

- Certify in the application form that they meet the requirements for receipt of government funding
- Have in place policies and procedures for the management of public funds
- Have in place policies for the proper conduct of projects
- Provide adequate infrastructure to allow the project to be completed
- Applicants must demonstrate that there is a suitable environment in which the project can be undertaken
- It is expected that the participating organisation will ensure that there is effective governance of the project and have in place a process for evaluating the effectiveness of any governance arrangements.
- Applicants must demonstrate how the SURC clinic will be sustained post implementation
- Applicants must have the approval and endorsement by the nominated health service representative with authorised operational financial accountability within the organisation where the project will be carried out
- Applicants must have the endorsement of a member of the Emergency Department executive team
- Applicants must have the endorsement of an appropriate person from the Information Technology department to confirm that the organisation will facilitate the use of MS ACCESS, a requirement for data collection
- The participating organisation will provide the facilities and infrastructure to undertake the project.

E. Assessment Process

Selection criteria and requirements

Evaluation process

Applications will be screened by SMICS to ensure that selection and eligibility criteria have been met.

A receipt of submission will be sent to applicants via email.

An Evaluation Panel will be convened to assess applications and make recommendations for funding.

The lodging of an application does not confer any entitlement on the applicant. The making of a recommendation is totally within the discretion of the assessment panel.

All applicants will be advised in writing via email of the final outcome of the selection process.

Privacy

All information contained in applications will be regarded as confidential. Documents containing personal information will be handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998. Personal information will only be disclosed with the permission of the individual to whom it relates, or where the Act allows.

Applicants consent to the information supplied as part of their application being disclosed for the purposes of the evaluation and administration of the grant. Such disclosure includes but is not limited to members of evaluation panels, independent readers/assessors requested by evaluation panels to provide advice on the applications, Department of Health and Human Services CSD.

Applicants acknowledge that announcement of the funded grants will involve the dissemination of information to the public about the general nature of the funded grants.
Conflict of interest
SMICS and the Victorian Government requires its Evaluation Panel members to act in an ethical manner, declare conflicts of interest and withdraw from considering applications where such conflict exists.

F. Administration and reporting requirements

Applicant
The Applicant will be responsible for guiding and managing the project through to completion. This will include liaising with collaborators and coordinating reporting requirements of the grant with the administering organisation.

Where the project involves several sites, the Applicant must obtain written commitment from all Chief Executives of collaborative partners not within the Administering Organisation or Host Organisation and must assume responsibility for undertaking and completing the activities outlined in the application.

The grant recipient (or funds manager) must enter into a funding agreement with SMICS that sets out the terms and conditions, including delivery of the funded activity described in the application form.

Administering organisation
The Administering Organisation will be responsible for administration of the project and funding. Funds must only be used for the purposes set out in the agreement.

Funding
The total grant amount will be paid upon execution of contracts.

The grant recipient (or funds manager) must spend the grant funds as described in the agreement with SMICS, and acquit all purchases funded by this grant.

A request to vary the approved items of expenditure for approved grant amounts must be submitted to SMICS for approval prior to implementation.

All the funds must be spent by 30 July 2021.

SMICS must be notified of any funds unspent by 30 July 2021. SMICS may recall unspent funds or allocate underspend for a specific purpose.

Goods and services tax
GST will be paid on top of grant amounts where appropriate. This will be determined by the administering organisation’s GST status. This status must be identified by the financial delegate of the Administering Organisation. Please include the administering organisation’s GST status in the application.

Public Liability
The grant recipient (or funds manager) must ensure it has arranged public liability insurance for at least $10 million for any one occurrence; such insurance indemnifies the group against personal injury and/or property damage claims made by third parties in connection with the group’s activities.
Proposed Reporting

Grant recipients will be required to submit reports on a regular basis. A project plan will need to be submitted to SMICS within six weeks of project commencement.

A proposed reporting schedule is listed below:

<table>
<thead>
<tr>
<th>Report</th>
<th>Reporting frequency</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Project Plan</td>
<td>Once only</td>
<td>Within 4 weeks of project approval being received</td>
</tr>
<tr>
<td>Progress against project milestones, risk assessment and/or targets</td>
<td>2 x progress reports during project lifetime</td>
<td>1 October 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 April 2021</td>
</tr>
<tr>
<td>Final report including sustainability plan</td>
<td>Once only</td>
<td>20 August 2021</td>
</tr>
</tbody>
</table>

These reports will enable SMICS to assess whether project teams are achieving agreed milestones, and that funds are being acquitted in accordance with the original application goals.

SMICS reserves the right to recall funding if progress is considered unsatisfactory, or funds have not been utilised in accordance with the grants process, and project’s aims and objectives.
G. Frequently asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Suggestions</th>
</tr>
</thead>
</table>
| I have been unsuccessful at previous applications for a SURC grant. What can I do to have more success? | Review your application. Does your application:  
1. Clearly demonstrate an unmet patient need in your service that could be addressed by a SURC model?  
2. Use appropriate data to support your application?  
3. Clearly describe engagement with key stakeholders across the organisation including  
   - Emergency Department  
   - IT  
   - Pathology  
   - Radiology  
   - Executive team  
4. Include strong consumer engagement?  
5. Demonstrate organisational readiness to progress project? |
| My IT department have raised concerns in relation to the data base.     | Do you have capacity within your organisation via existing systems (e.g. electronic medical record) or an existing database to report on SURC presentations including:  
   - Type of presentation – telephone/physical presentation/education session  
   - Tumour Type  
   - Alternative patient action if SURC model not available  
   - Presenting toxicities including grade of toxicity  
   - Interventions  
   - Outcome of presentation?  
Funded services are required to report on this data.                     |
### H. Project role description and co-signatories to application

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Lead</strong></td>
<td>The person on the project team who will provide overall project co-ordination</td>
</tr>
<tr>
<td>(Should be involved with the project at a clinical level. May have a dual role as Medical Lead or Nursing Lead)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Lead role in preparation and submission of the initial application,</td>
</tr>
<tr>
<td></td>
<td>- Liaise with key stakeholders</td>
</tr>
<tr>
<td></td>
<td>- Convene the local site project team</td>
</tr>
<tr>
<td></td>
<td>- Central point of contact with SMICS for two way communication</td>
</tr>
<tr>
<td></td>
<td>- Prepares interim and final reports</td>
</tr>
<tr>
<td><strong>Medical Lead</strong></td>
<td>Provides medical input into the development of a local model of care and ongoing medical oversight throughout the project</td>
</tr>
<tr>
<td>(may have a dual role as the Project Lead)</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Lead</strong></td>
<td>Provides nursing input into the development of the local model of care and ongoing nursing oversight throughout the project</td>
</tr>
<tr>
<td>(may have a dual role as the Project Lead)</td>
<td></td>
</tr>
<tr>
<td><strong>Executive Sponsor</strong></td>
<td>Accountable for organisational governance for the project at an individual site level</td>
</tr>
<tr>
<td></td>
<td>Chair of the organisational SURC project governance committee</td>
</tr>
<tr>
<td><strong>Information Technology Lead</strong></td>
<td>Provides IT oversight to ensure project deliverables around SURC presentations data are reached</td>
</tr>
</tbody>
</table>

### I. Questions

If you require further information regarding your application, please email Nell Sproule, SMICS Quality Manager at nell.sproule@monashhealth.org or telephone 0413 353 268.