Introduction

The Gippsland region Oncology Nurse Practitioner (OncNP) project is a collaborative model to support medical oncology services and patient care at each of the current five hospitals providing medical oncology services across Gippsland. Latrobe Regional Hospital has the lead role and will manage the project in liaison with Gippsland Regional Integrated Cancer Services (GRICS), other participating health services, key stakeholders and Gippsland consumers.

Context

Gippsland covers an area of 41,538 square kilometres (18.3% of Victoria), from metropolitan Melbourne to the New South Wales border in the east. The distance from Mallacoota in the east to Melbourne CBD is approximately 516 km and at least five hours travel.

Population

In 2006, the estimated resident population in Gippsland was 247,710 persons or 5% of Victoria’s total population. By 2031, the Gippsland population is predicted to increase to 283,767 persons (an increase of 14.6%). There are six Local Government Areas in Gippsland and the population of each is identified on the above map.
The age distribution for Gippsland’s population in 2006 shows that age groups between 20 and 39 years are comparatively small (not the case for Victoria as a whole). The population over 65 years of age accounted for 16.6% (Victoria 13.3%) of the total population. The population aged 0-14 years accounted for 19.7% (Victoria 19.0%) of the total population. (Gippsland Cancer Profile, GRICS, 2009)

The Victorian Cancer Registry 2009 reported that in 2004 – 2006, Gippsland had a significantly higher cancer incidence rate (number of new cancers per year per 100,000 persons) compared to the Victorian rate. There were 1,486 new cancer incidences in the Gippsland region, a number which has gradually increased since 1996. Based on these data (linear regression), we can expect to see about 1,789 new cancers in Gippsland by 2015 and 2,327 by the year 2030. (Gippsland Cancer Profile, GRICS, 2009)

**Oncology services in Gippsland**

There is one full time resident Medical Oncologist (MO), based at the Gippsland Cancer Care Centre in Traralgon. He offers a limited visiting MO service to the public health services in Bairnsdale, Warragul and Leongatha. In addition, there is a physician at Sale. Chemotherapy is delivered at the five sites, varying from one day per week to five days per week.

**The Oncology Nurse Practitioner role in Gippsland**

The OncNP model is based on a professional partnership arrangement, where the care is shared between the MO and the OncNP, under the clinical supervision of the MO.

Oncology and haematology patients will initially be referred to a MO. Once diagnosis is confirmed and a management plan is determined, suitable patients will be enrolled for OncNP services. Where there is an interdisciplinary referral, the OncNP will provide a triage service to patients prior to being seen by the MO.

The OncNP role will raise the quality of supervision and care of the current chemotherapy service delivery to be in parity with metropolitan centres, reducing the need for patients to travel out of the area for services. For patients and their families, it will:

- increase choice
- enable individuals to remain at home
- enable individuals to be managed more consistently locally
- reduce the personal and financial impact of the disease and treatment.

Access to oncology treatment locally will be improved; services will be more timely and enhanced, through improved coordination of service delivery. By establishing strong links and support from specialist and tertiary level health facilities, a seamless and coordinated service will be provided to patients residing in Gippsland.

It is envisaged that two OncNP candidates will provide enhanced involvement in the GRICS Multi Disciplinary Care meetings, where cancer patients’ management is discussed under a multidisciplinary framework to enable reduced variations in care for individuals across the region. The addition of OncNPs to the region will value add to the services available locally, where the concentration of supportive care and self management strategies is more likely to occur.
The engagement of two OncNP candidates will also enable peer support, consistencies in training and the added benefit of built in leave relief.

**Inclusions**

Service delivery will include medical oncology and haematology services and the delivery of chemotherapy. The OncNP will be the first point of contact, generally by telephone, for any complications developing in clients enrolled for OncNP services.

Patient groups considered to be appropriate for management in the OncNP model, are those who:

- Require triage to facilitate interdisciplinary referrals to ensure work ups are completed by the time the patient is to see the MO;
- Require a review prior to prescribed chemotherapy;
- Present for symptom management;
- Receive concurrent chemotherapy and radiotherapy;
- Are anaemic and require monitoring of their blood counts and blood product transfusions;
- Have impaired immunity requiring intragam infusions; and
- Require procedures eg., bone marrow biopsy or PICC insertions.

The extended scope of practice will be determined by the OncNP Task Group and is likely to include:

- History taking, physical examination and describing and interpreting actual / potential health needs of clients.
- Evaluation and management of symptoms resulting from treatment or disease by having authority to order treatment within a limited medication formulary.
- Management of complications and symptoms, including coordinating admissions to hospital when required.
- Making referrals to Consultants, Allied Health Professionals, other Specialist Nurses and community service providers.
- Ordering pathology, diagnostics and discussing the results with the MO and then patient.
- Supplying absence from work certificates.
- Performing certain clinical procedures.
- Collaborating with the Drug and Therapeutics Committee to establish and revise a prescribing formulary for the OncNP role.
- Providing clinical support, advice, education and mentoring for nursing staff and others in the care team.
- Networking with providers of services in the community and developing working relationships.
- Developing and implementing appropriate policies and practices for the role, in line with Latrobe Regional Hospital governance procedures.
- Emergency Department referrals and consultations.
Exclusions

In the initial phase of the project, referrals from surgical or radiation oncology will be limited to assessment and consultation. Patients under 16 years of age will not receive services from the OncNP.

The service to be provided

One OncNP candidate will cover Gippsland Southern Health Service, West Gippsland Healthcare Group and Latrobe Regional Hospital and it is anticipated that the other candidate will cover Central Gippsland Health Service and Bairnsdale Regional Health Service (current Gippsland chemotherapy Units). The second OncNP candidate role is subject to local health service funding.

The OncNP candidates will be primarily based at their “home hospital” during weekday office hours. They will provide services to patients at that site and outreach services to patients at the other Gippsland sites, particularly when the MO is not on site. The OncNP will be supported by the Gippsland MO and/or visiting MO. Specific eligibility criteria, referral pathways, treatment protocols and care pathways will be established as the model develops. Referral pathways will make use of established technologies such as Service 2 Service (S2S) e-referral.

Patients seen by the OncNP will be under the primary care of a MO with the two professionals working in collaboration. The OncNP will provide care for oncology patients over the age of 16 who present to the various health services.

The OncNP would improve service delivery to Gippsland cancer patients by managing the following:
- interdisciplinary referrals
- problems and symptom management
- patients from all tumour streams
- incidental problems that arise to reduce emergency attendances and demand on General Practitioner (GP) / MO
- complications and side effects, liaising with Medical Registrar and MO if admittance is required
- responding to queries from sub regional chemotherapy units, Emergency Departments, GPs and patients.

How the service is to be provided

It is anticipated that the OncNP roles will commence on 1st July 2010. The successful applicants will participate in OncNP Task Group meetings, to enable input into the developing role and model. They will be provided with clinical space, such as a consulting room, close to the day chemotherapy or radiotherapy area so cancer services are located together. Some of their consultation work will take place in the Emergency Department.

Key collaborative/liaison structures

The OncNPs will become key members of the care team providing enhanced services to patients in the region. In addition to regional support, they will develop strong links with, and receive support from specialist and tertiary level health facilities.
**Clinical and professional accountability**

Clinical supervision of the OncNP will be provided by the MO on a case by case basis. Regular and timely, operational supervision will be provided by the Nurse Unit Manager, Chemotherapy Unit.
Entry
- Referred patients over 16 years of age
- Interdisciplinary referrals
- All tumour stream patients receiving medical oncology and haematology services who:
  - are enrolled for OncNP services and have complications and side effects
  - require review prior to chemotherapy
  - receive concurrent chemotherapy and radiotherapy
  - have anaemia requiring close monitoring
  - have impaired immunity
  - require procedures

Oncology Nurse Practitioner
- Assessment of referred patients
- Reduce Emergency attendances
- Patient-centred treatment planning and management
- Complications and symptom management
- Facilitate interdisciplinary referrals – work ups prior to MO consultation
- Referrals to appropriate services
- Clinical support, advice, education and mentoring to care team
- Absence from work certificates
- Appropriate therapeutics and diagnostics

Governance
- Policies and procedures
- Scope of Practice
- Clinical Practice Guidelines
- Clinical and operational supervision
- National Competency Standards

Development Requirements
- Master's in NP
- Internship program
- Clinical supervision
- Discipline supervision
- Peer support meetings

Exit
- Service 2 Service (S2S) e-referrals
- Chemotherapy treatment completed
- Follow up with community GP
- Discharge from service

Identified Service Need for OncNP
- Improve access to oncology treatment
- Timely and enhanced coordination of service
- Establish strong links and support from specialist and tertiary level health facilities
- Provide a seamless and coordinated service