ACKNOWLEDGEMENTS:

A significant amount of the work to develop the proposed Southern Health (SH) Oncology Nurse Practitioner (NP) model has been the result of a willingness to share resources, including information and tasks in order to achieve a common goal: NP models of care that will improve outcomes for people who are receiving oncology services, irrespective of their place of residence.

I wish to acknowledge the particular contributions of the following people and their respective organizations:

- The Department of Health Services: Nurse Policy Branch
- The Southern Health Oncology Nurse Practitioner Steering Committee members:
  - Dr Peter Briggs – Director of Medical Oncology Services
  - Dr Michael Franco – Oncology Consultant
  - Sharon Wood – DON Moorabbin
  - Trish Dito – DDON Moorabbin/ Patient Access Coordinator
  - Sue Liersch – Cancer Services Improvement Manager, SMICS
  - Emily Mead – CDU NUM
  - Vicki McLeod – Oncology Ward NUM
  - Melanie Kosick – Oncology Outpatients NUM
  - Jo Begbie – Acting Manager Advancing Nursing and Midwifery Practice
  - Mark Burgess – Diagnostic Imaging
  - Tony Gabbert – Pathology
  - Obaid Fazli – Pharmacy
- Members of the Victorian Oncology Nurse Practitioner Community of Practice (VONPCoP)
- Southern Melbourne Integrated Cancer Service (SMICS)
- The Southern Health Oncology and Nursing and Midwifery and Strategic Directorate Team.
BACKGROUND OF THE PROJECT

In 2009 Southern Health recognised that the demand for Oncology Services was exceeding current resources to provide best practice and cost effective care. The need to develop the right workforce was identified as a key requirement to meeting the increasing needs of Cancer Patients in the Southern Health region. The Oncology Nurse Practitioner model of care was identified as a priority for the future Southern Health Oncology Team.

In October 2009 Southern Health received funding from the Victorian Department of Health’s Victorian Nurse Practitioner Project (VNPP) funding round 4.5 (Oncology), enabling employment of a project officer to coordinate the Southern Health Oncology Nurse Practitioner Project.

The project began with a gap and growth corridor analysis, (Appendix B) via individual key stakeholder meetings, both internal and external to the Southern Health Oncology Team. From this a Southern Health Oncology Patient Map, (Appendix A), was developed which again highlighted the gaps and growth expectations existing in the current Southern Health Oncology Service.

The Southern Health endorsed Oncology NP Model of Care has been developed by the Southern Health Oncology Nurse Practitioner Steering Committee, which was established at the onset of this project.

The Steering committee consists of key stakeholders representing different specialities and services, which will be directly linked to the Oncology Nurse Practitioner. A key role of the steering committee was to ensure alignment of the new model of care with the existing service, structural and strategic frameworks which the Oncology Nurse Practitioner position will exist within. These key documents included:

- Victoria’s Cancer Action Plan 2008-2011
- Southern Health Cancer Service Plan, August 2007
- Southern Health Nursing and Midwifery Strategic Plan, 2011-2013
- Southern Health Nurse Practitioner Framework, 2008

The SH Oncology NP Steering Committee created a SH Oncology Nurse Practitioner Model of Care utilising a NP model development tool (diagram 1) developed by Michelle Thomas, (Nurses Board of Victoria Nurse Policy Officer) which details how the Southern Health (SH) Oncology Nurse Practitioner (ONP) will be involved with a patient’s whole episode of care, as well as other aspects of the ONP roles.

Diagram 1: Nursing Board of Victoria’s NP Model Development Guide (2010)
The SH ONP Steering Committee also:

- Developed a governance flowchart for the role, (Appendix C),
- Identified the key supports in place for the new role, (Appendix D)
- Conducted a risk analysis of the new ONP Model of Care, (Appendix E).

The SH ONP Steering Committee will provide ongoing support for the Oncology NP role and model. These documents aim to anticipate any issues, which might arise from the development of the project, and to have appropriate risk plans and strategies in place before the completion of the funded project.

**Key principles regarding this Oncology Nurse Practitioner (ONP) model of care:**

- The model is not to replace existing services, such as the CNC/Nursing Coordinators positions, it is to fill the gaps where these CNC/Nursing Coordinator positions do not exist.
- This role has not been developed to care only for the ‘easy/simpler’ patients. The role is specifically designed to utilise the advanced clinical knowledge and skills of the ONP to provide the best care for patients. This will also assist the ONP to maintain their advanced level of skills and knowledge.
- In addition to the patient support, the ONP will be a valuable resource to the Oncology team.
- This role is not completely autonomous, the role works within the existing oncology service model, to assist in meeting the growing needs of cancer patients in the Southern Health region

**Glossary of terms**

- HITH: Hospital in the Home
- NP: Nurse Practitioner
- NPC: Nurse Practitioner Candidate
- ONP: Oncology Nurse Practitioner
- MDT: Multi-Disciplinary Team
- SH: Southern Health
- CDU: Chemotherapy Day Unit
- VONPCoP: Victorian Oncology Nurse Practitioner Community of Practice
THE SH ONCOLOGY NURSE PRACTITIONER MODEL OF CARE

ENTERING THE ONP'S CARE
- Complex Oncology Patients
- Especially complex social issues, advanced diseases or complex chemotherapies
- Work with registrar to triage new patients
- Other source of referrals:
  - MDT meetings
  - Upper GI
  - Lung
  - Colorectal
  - CDU and Ward 2

CARE PROVIDED
- Assessment
- Communication
- Education and Resource to team
- Treatment Planning
- Symptom Management
- Advanced Disease Management
- Work up
- Intrathecal & Complex Chemo
- Support

EXITSING THE ONP'S CARE
- Referrals and care planning to:
  - Other units
  - GP’s
  - MDT’s
  - Clinic Appointments
  - Palliative Care
  - Community Services
- Transfer to:
  - Home
  - Palliative Inpatient
  - Aged Care Setting
  - Original Hospital (ie. regional)

Work within SH Advanced Scope of Practice Traffic Light System for ONP
Detailed SH Oncology Endorsed Model of Care

Entering The ONP’s Care

- **Referral Criteria:**
  - Complex Patients – ONP or Consultant
    - (Patients who need an extra person to support them through their Cancer journey)
    - Complex social issues
    - Require Intrathecal or complex chemotherapies
    - Advanced Disease Management
  - Non Complex Patients – Straight to clinic (not seen by ONP)
  - Resource and Support for complex chemotherapies given at Clayton campus and on wards.
  - (Important note: role is not to de-skill existing nursing staff, it’s to up-skill them by being a resource. Role will also give complex chemotherapy to outlying patients if no local trained staff is available)

- **Sources of Referrals:**
  - Patients discussed at Multi-Disciplinary Team meetings
  - Oncology Registrar works with the ONP to triage new patients (Help to Screen and Assess)
  - CDU, Ward 2 and Oncology Nurse Coordinators- identify complex patients which need additional supports

CARE PROVIDED

- **Assessment** - Screening tools will be used to assess new referrals and existing patients
- **Triage** – With the Oncology Registrar the ONP will triage patients needs
- **Treatment Planning** – The ONP will assist the patient and family in decision making, informed choice. Patient cares will also be discussed at MDT meetings.
- **Communication** – The ONP will be a key resource to provide education and information to the SH Oncology team and to health care professionals both internally and externally from Southern Health. They will also maintain open communication with the patients support team, especially GPs and other units.
- **Workups** – Diagnostic tests, pain management and support will be provided to complex patients.
- **Advanced Disease Management** – The ONP will provide chemotherapy, symptom management, treatment plans and referrals for patients with advanced disease.
- **Symptom Control** – Care planning, explanations and home supports will be put in place by the ONP.
**Southern Health**

- **Complex Chemotherapies** - ONP becomes a specialist in this (especially for ICU and Clayton). This is mainly when there are no trained staff available, or the chemotherapy protocol is complex or rare such as Intrathecal chemotherapy or when cannulation is required for chemotherapy to commence.
- **Support** - Advice and detailed explanations about care, treatments and treatment plans will be provided by the ONP to the patients and families, as well to other Health care professionals when required.

**ONP Advanced Scope of Practice**
The ONP will work within the Advanced Scope of Practice which is currently being developed by the SH Oncology NP Steering Committee. This will be developed in the form of the existing SH Traffic Light System, which is a living document, which will be reviewed every 6 months by the SH ONP Steering Committee.

Some items on the Advanced Scope of Practice Traffic lights will be:
- **Ordering tests** - i.e. X-rays, ascitic taps, Blood Infusions, Bone Scans, CTs (not PETS or MRI), Referrals for U/S for PICC lines and Ports.
- **Medications** - Prescribing: analgesia, antiemetic and the ONP will be able to prescribe Chemo within a protocol. This medication list will be developed in accordance to the Victorian ONP Formulae, and then safety and costs measures will be addressed.

**Locations**

- **Monash Cancer Centre (MCC) Moorabbin (Primarily)**
  - Moorabbin Outpatient Clinics - aim eventually to create a ONP Nurse Led Clinic
  - Chemotherapy Day Unit - possibility of creating a triage room
  - Wards - newly diagnosed complex patients workups & advanced disease management
  - Telephone support for patients at home - ONP Triage and advise

- **Other SH Campuses** (As required)
  - Clayton - new referrals, workups, Intrathecal and complex chemotherapies
  - Dandenong - MDT Meetings

**EXITING THE ONP’s CARE**

<table>
<thead>
<tr>
<th>Referrals &amp; Care Planning to:</th>
<th>Transfer to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other units, GPs, MDTs, Clinic Appointments, Palliative Care, Community Services</td>
<td>Palliative Care Inpatient Facilities, Aged Care Facilities, Home, Original Hospital (i.e. regional hospitals)</td>
</tr>
</tbody>
</table>
APPENDIX A: SOUTHERN HEALTH ONCOLOGY PATIENTS MAP

SH Oncology Input (referral streams)

- GP
- Specialist (including Private, Peter Mac, etc)
- Public Hospital Inpatient
- Emergency

GAPS – Length of time from initial referral to outpatient appointment
GROWTH – Increased oncology diagnosis, population increase in Southern Health area (particularly Casey & Dandenong region), large culturally diverse population, increasing referral Gippsland region
GAPS – Care is all hospital based (no community support – distance travel etc)
GROWTH – Increased oncology diagnosis, population increase in Southern Health area (particularly Casey & Dandenong region), large Culturally diverse population, increasing referral Gippsland region
APPENDIX A: SOUTHERN HEALTH ONCOLOGY PATIENTS MAP

SH Oncology Output (Discharge Streams)

**TREATMENT SUCCESSFUL**
- Outpatient follow-up
- Late Effects Clinic (Peter Mac, clinical trial)
- Rural oncology service (i.e. Gippsland)

**TREATMENT UNSUCCESSFUL**
- Palliative Care
- External support services
- RDNS
- GP

**GAPS** — No Late Effects Clinic at SH (followed up in outpatients, difficult to ‘get in early’), decreasing home support, GPs ‘out of the loop during treatment & picking up pieces afterwards’, palliative care resources.
## APPENDIX B: GAP AND GROWTH CORRIDOR SUMMARY OF SOUTHERN HEALTH ONCOLOGY SERVICE

<table>
<thead>
<tr>
<th>Gaps</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lag time between Diagnosis/referral and initial outpatient appointment</td>
<td>Lack of care coordination after referral (can be over a month with no support), then patients present to clinic and haven’t had any workup done – waste of time. Lack of clear guidelines of what is required for work ups in different streams</td>
</tr>
<tr>
<td>Lack of care offered in the community to oncology patients</td>
<td>All based at hospital – lots of travel time, promotes role of “sick person”, disempowering. RDNS not dealing with ‘complex oncology issues’, no HITH</td>
</tr>
<tr>
<td>No late effects/survivorship/rehab clinics</td>
<td>Difficult to get into clinics for follow ups if symptoms arise etc Lack of integration of wellness, rehab etc for follow up support People living with cancer for longer Patients all followed up by consultant</td>
</tr>
<tr>
<td>GPs ‘out of the loop during treatment’ and difficulty picking up care post treatment</td>
<td>Transient GP nature, Some lack of confidence of GPs to be involved during treatment phase as they don’t understand oncology (particularly treatment related symptoms). Education to GPs required.</td>
</tr>
<tr>
<td>Different access to treatment/medications as an inpatient and outpatient</td>
<td>Due to existing government funding model</td>
</tr>
<tr>
<td>Can be difficult to access a Medical consultant/Registrar for CDU</td>
<td>To review patients, give the treatment go ahead, advice for nurses, unwell patients</td>
</tr>
<tr>
<td>Private to Public (for chemo)</td>
<td>Long wait time for outpatient appointment, usually their specialist has written up treatment plan, but still needs to be reviewed by SH</td>
</tr>
<tr>
<td>Residence get limited support in CDU/ lack of support for medical staff when rotating</td>
<td>Mainly due to Consultants and Registrars being mainly in clinic &amp; very busy</td>
</tr>
<tr>
<td>Tumour Stream CNC roles are all different</td>
<td>Some cross campuses, some very specific, hours varied, funding varies, limited by scope of practice too.</td>
</tr>
<tr>
<td>Wait time for clinic appointments if symptoms arise, or deteriorating</td>
<td>Often patients end up in ED or as an inpatient, which could be prevented or present to outpatients or CDU very unwell.</td>
</tr>
<tr>
<td>Lack of rural services</td>
<td>Especially in Gippsland creating an overflow into SH.</td>
</tr>
</tbody>
</table>
## APPENDIX D: KEY SUPPORTS IN PLACE FOR ONCOLOGY NPC

<table>
<thead>
<tr>
<th>Type of Supports</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commencing Position Supports</strong></td>
<td>• Getting Started Pack developed by Project Officer</td>
</tr>
</tbody>
</table>
| **Mentoring Supports**    | • Medical  
                           • Nursing  
                           • Professional                                              |
| **Educational Supports**  | • SH NP Master Class  
                           • SH NP Action Learning Sets Program  
                           • Linking into existing SH Oncology Educational Supports  
                           • Linking in with the SH Oncology Registrar training opportunities |
| **Organisational Supports** | • SH very supportive of NPs  
                             • Cohort of SH NPCs in July 2010                                |
| **External Supports**     | • Vic Oncology NP CoP  
                           • SMICS  
                           • CNSA  
                           • Australian College of NPs  
                           • Exploring the opportunity of linking with the Victoria Medical Oncology Training Group |
## APPENDIX E: RISK MANAGEMENT

<table>
<thead>
<tr>
<th>Description</th>
<th>Impact</th>
<th>Conseq.</th>
<th>Prob.</th>
<th>Score (C+P)</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to recruit the appropriate candidate</td>
<td>Southern Health does not implement the program as required</td>
<td>High</td>
<td>Unlikely</td>
<td>Medium</td>
<td>Promotion and Marketing widely throughout all Southern Health Campuses</td>
</tr>
<tr>
<td>Lack of understanding of the benefits of the role as part of the Specialist Team</td>
<td>Appropriate patients are not referred or are not identified. NPC not used as part of the Specialist Team</td>
<td>High</td>
<td>Unlikely</td>
<td>Medium</td>
<td>Education and Promotion of the role and the benefits to all Southern Health Oncology Team and throughout Southern Health. Referral Criteria for the role clearly identified. This role is clearly a different role and not taking over any existing roles.</td>
</tr>
<tr>
<td>Transition period for candidate from existing role into NPC Position</td>
<td>Misunderstanding and misconception of NPC Role</td>
<td>Medium</td>
<td>Unlikely</td>
<td>Low</td>
<td>Candidate will have identified mentors – medical, professional and operational as well as support from other SH NPCs and VONPCoP. Finally a clear Job Description will be created.</td>
</tr>
<tr>
<td>Model unrealistic for one ONP to undertake</td>
<td>Position tasks not completed due to not enough time.</td>
<td>Medium</td>
<td>Possible</td>
<td>Medium</td>
<td>Evaluate the role 6 months post endorsement of NP. Aim to commence another Oncology NPC at the same time the NP is endorsed to help spread the role and provide leave support etc.</td>
</tr>
<tr>
<td>Sustainability of position</td>
<td>Position not continually funded, therefore program not sustainable. No position while NP on leave.</td>
<td>High</td>
<td>Possible</td>
<td>High</td>
<td>Having a plan in place for leave cover. The chair the Steering Committee holds the funding for the role.</td>
</tr>
<tr>
<td>Inability of candidate to meet the competing requirements of academic and professional requirements</td>
<td>ONPC does not complete training to become an endorsed NP.</td>
<td>Medium-High</td>
<td>Unlikely</td>
<td>Medium</td>
<td>Recruitment of NPC with existing postgraduate studies. Funded non-clinical and study leave opportunities. Additional supports in place with a cohort of SH NPCs commencing together. SH NP Master Class education opportunities for NPCs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Probability</th>
<th>Score (C+P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Likely</td>
<td>Very High</td>
</tr>
<tr>
<td>High</td>
<td>Possible</td>
<td>High</td>
</tr>
<tr>
<td>High</td>
<td>Unlikely</td>
<td>Medium</td>
</tr>
<tr>
<td>Medium</td>
<td>Likely</td>
<td>High</td>
</tr>
<tr>
<td>Medium</td>
<td>Possible</td>
<td>Medium</td>
</tr>
<tr>
<td>Medium</td>
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<td>Low</td>
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</tr>
<tr>
<td>Low</td>
<td>Unlikely</td>
<td>Very Low</td>
</tr>
</tbody>
</table>