

Cancer nurse coordinator initiative: Frequently asked questions

The Ministry of Health has been asked questions about the cancer nurse coordinator initiative; this document outlines and responds to the common questions.

1. Where in a district health board (DHB) should the cancer nurse coordinator roles be based?

The Ministry recommends that DHBs base the cancer nurse coordinator role in services that are involved in providing care at the front end of the patient pathway. For example, if the role is a dedicated role for patients with suspected lung cancer the role may be best based in respiratory services. The roles are not dedicated oncology roles.

2. What part of the patient pathway are the cancer nurse coordinator roles focused on?

The cancer nurse coordinator roles should focus on the patient pathway from the point that a referral is made with suspected cancer, through diagnosis to treatment. The parts of the patients' pathway that the cancer nurse coordinators focus on reflect the faster cancer treatment indicators.

3. Are the cancer nurse coordinators only coordinating care?

The Ministry encourages DHBs to use the cancer nurse coordinator roles in a strategic / change management capacity. DHBs should provide the cancer nurse coordinators with the mandate to identify system and process issues, and for the cancer nurse coordinators to work with the appropriate people to address the issues so that care is streamlined and well-coordinated.

The strategic / change management capacity is important as cancer nurse coordinator roles work best if the system is also committed to care coordination. This means that all health professionals continue to be responsible for providing continuity of care to patients and that DHBs continue investing in processes and systems that streamline services, and the referrals between services.

4. Are the cancer nurse coordinators community based roles?

The cancer nurse coordinators are secondary or tertiary care based roles and not in the community. The roles are expected to focus on the parts of the patients' pathway that reflect the faster cancer treatment indicators. The roles will have some liaison with general practice teams particularly as a facilitator of information about the patient between the general practice team and the lead physician.

5. Who should the cancer nurse coordinator role report or be accountable to?

The reporting and the accountability lines for the cancer nurse coordinator roles will vary across DHBs. The Ministry is aware that in some DHBs the cancer nurse coordinators will be reporting directly to the DHB's director of nursing.

6. Why is the cancer nurse coordinator role based in each DHB rather than regionally?

There is a cancer nurse coordinator role based in each DHB rather than regionally because it is important for the cancer nurse coordinators to understand the local context and to have good relationships with their DHB colleagues. As the role focuses on the part of the pathway from when a patient is referred with suspected cancer, it is likely that the patients' journey will start in their DHB of domicile rather than in the cancer centre DHB.

7. How can the DHBs work regionally in implementing the cancer nurse coordinator roles?

The Ministry encourages DHBs to work regionally in implementing the cancer nurse coordinators roles. This can be achieved by the:

- directors of nursing agreeing on the regional need and linkages
- DHBs working regionally to develop the job description for the cancer nurse coordinator roles
- providing regional training, support and mentoring forums for the cancer nurse coordinators.

8. Are the cancer nurse coordinators clinical nurse specialists?

The Ministry has not specified that the cancer nurse coordinators are clinical nurse specialists, however the funding allows for a clinical nurse specialist to be appointed into the cancer nurse coordinator role. DHBs are encouraged to consider the role requirements, as outlined in the crown funding agreement variation service schedule and appendix, and employ a nurse with the appropriate skills and experience to deliver this. The nature of the relationships and engagement required means that a clinical nurse specialist may be best suited to the cancer nurse coordinator role.

9. Why are the cancer nurse coordinators nurses?

The cancer nurse coordinators are nurses because the roles require expert knowledge of the assessment, care, and management of cancer. The roles also require individuals who are able to triage patients to determine area of need and level of assistance required, if any. The cancer nurse coordinators need to develop and maintain functional relationships with other health professionals to ensure that a patient's care is coordinated and appropriate.

10. How does the cancer nurse coordinator identify the patients that need their care coordinated?

The Ministry recommends that DHBs establish a mechanism for the cancer nurse coordination to identify patients who are referred into the DHB with suspected cancer. For example, the DHB may use a system of flagging patients with suspected cancer both for reporting the faster cancer treatment indicators and for identifying to the cancer nurse coordinator patients who have suspected cancer. As the volume of patients with suspected cancer is likely to be greater than the resource provided, DHBs are also expected to support the cancer nurse coordinator to assess and triage patients to ensure that the cancer nurse

coordinator prioritises the coordination of care for patients with high or complex needs.

11. What supports will the Ministry be providing to assist the cancer nurse coordinators?

The Ministry will be developing tools to assist cancer nurse coordinators, for example psychosocial needs assessment.

12. What training will be available for the cancer nurse coordinators?

Health Workforce New Zealand is developing a care coordinator training module. This training, once developed, will be available for the cancer nurse coordinators.

13. How will the cancer nurse coordinator initiative be evaluated?

The initiative will be evaluated by an independent provider. The evaluation will cover a three year period, with annual reports covering process and a final report covering outcomes. Specifically the evaluation will consider whether the cancer nurse coordinator roles have contributed to:

- improving the experience for patients, including their family and whānau, with cancer or suspected cancer
- improving overall access and timeliness of access to diagnostic and treatment services for patients with cancer.

14. Are the cancer nurse coordinators data managers?

No, the cancer nurse coordinators are not data managers. The funding provided to DHB for the cancer nurse coordinator roles allows for nurses at a level of expertise and experience that is misused if the roles focus on managing data.

15. If we have cancer nurse coordinators already in our DHB, what can we do with the funding?

The funding must be used to implement cancer nurse coordinator roles. DHBs should consider whether all high needs / complex patients have well-coordinated care, focusing on identifying which patients could benefit from more active coordination. This is also an opportunity for DHBs to use the cancer nurse coordinator as a full-time strategic / change manager identifying system and process issues, and working with the appropriate people to address these so that care is streamlined and well-coordinated.