

# *Cancer Resource Practitioner Toolkit*



"Our community may be small  
But our commitment is enormous"

## Table of Contents

Table of Contents.....	2
Cancer Resource Practitioners: An opportunity for Rural Health Services to support people with cancer .....	3
What is a Cancer Resource Practitioner? .....	3
Lessons learned.....	5
Case Study .....	6
About the toolkit .....	7
Appendix 1: References .....	9
Appendix 2: Role Implementation Plan .....	11
Appendix 3: Generic Position Description .....	11
Appendix 4: Education Framework and Support.....	11
Appendix 5: Promotional Materials.....	11
Appendix 6: Data Collection Tool .....	11
Appendix 7: Patient Satisfaction Survey .....	11

## Cancer Resource Practitioners: An opportunity for Rural Health Services to support people with cancer

One in two men and women will be diagnosed with cancer by the age of 85 (1). Cancer is one of the most complex diseases to both treat and experience. The burden of cancer is enormous and is amplified in rural areas due to the tyranny of distance and the separation from family, friends, and home during phases of treatment (2).

People living in regional and rural areas often report feeling isolated during their cancer experience and expressed their desire for local support and partnership between care providers (3). There is a need for accurate information, support and appropriate referrals to allied and community health services in the right place at the right time more than ever before for those affected by cancer and their carers.

A project undertaken in Victoria's Wimmera region successfully trialed the role of Cancer Resource Nurses, or Practitioners as a strategy to ensure 'every patient experiencing cancer in the Wimmera area is supported and receives the best care at the right time as close to home as possible'. The role is now embedded in three services across six sites in the Wimmera, as well as Maryborough District Health Service. There is an opportunity for other rural health services to similarly incorporate the Cancer Resource Practitioner role as part of their service offerings. Click on this icon for the evaluation report

Wimmera Cancer  
Care Coordination  
Implementation  
Plan



### What is a Cancer Resource Practitioner?

A Cancer Resource Practitioner is a local generalist nurse or allied health professional who is trained to offer supportive care to people, families and carers affected by cancer in their area. They refer people with cancer to the right services as close to home as possible. They also offer support, information and links to community and specialist cancer services. Main activities conducted with in this role include:

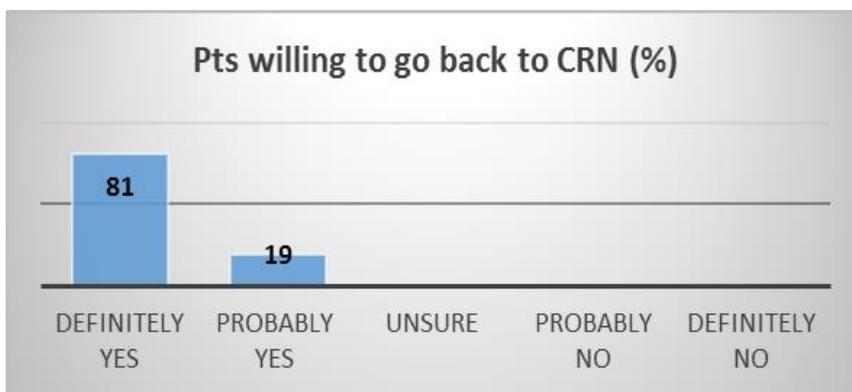
- Screening and assessing for supportive care needs
- Timely referral to relevant health care providers
- Timely communication; liaison among patients/carers, family members and the health care team
- Supporting telehealth with specialists
- Education and provision of information to patients/carers and family members
- Promoting patient and family participation in care
- Promoting a team approach to the delivery of physical and emotional support to patients/carers and family members
- Assisting patients/carers and family members to navigate the health care system by coordinating appointments to reduce time and travel, explaining services and advocating for them when appropriate

Evaluation of the Cancer Resource Nurse/Practitioner role in health services in the Wimmera (4) identified:

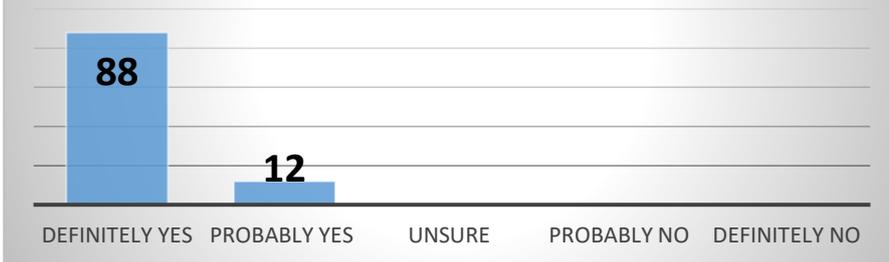
- A high level of support and acceptance by patients, community members and health professionals
- streamlined referral process to ensure that referrals happen and are appropriate
- improved patient experience, including patient and carer/family satisfaction
- provision of a single and consistent point of contact for the patient with a cancer diagnosis and their carer/family
- reduced duplication of service delivery during the active treatment, recovery and survivorship phases
- Patients travelled less distance for appointments, and saved money on travel costs
- When Cancer Resource Practitioners have protected time to their role to undertake pro-active identification, up to 90% of eligible cancer patients can be supported.

Figure 2: Health Professional reasons for referring to Cancer Resource Practitioner

Referral Reasons	% referrals
general support	100%
information on cancer	54%
referral to local services	62%
travel and accommodation	54%
financial support	38%
emotional support	62%
to arrange psychological support	23%
physical issues	23%
advance care planning	31%
cancer treatment follow up	46%



## HCP will continue to refer to CRN (%)



“The Resource nurse was my knight in shining armour. Anytime I needed to know anything or CRN wasn't sure I only had to get in contact with her and she would help me or if she wasn't sure she would get back to me. She was awesome. I wouldn't have got through without her.” (Patient)

“Employ additional staff to maintain the excellent service provided to our community and surrounds” (patient)  
“CRN is incredibly passionate, professional and thorough in her work and goes above and beyond for all of her clients. She builds a trusting, genuine and strong rapport with all her clients.” (HCP)

“The Cancer Resource Nurse (CRN) is an extremely valuable support for a person navigating the often confusing health system. People in this area are also often at a disadvantage due to geographical isolation, so the CRN is able to link them into appropriate services and assist them with gaining funding for travel expenses. Clients of the CRN and their families are always extremely grateful for the work the CRN does” (HCP)

### Lessons learned

1. The Cancer Resource Practitioner role requires ‘protected time’ to undertake their role in order to be effective – this cannot be another role added onto an already busy workload.
2. It is important to identify clinical champions early and utilize their networks to promote referral to Cancer Resource Practitioners
3. It is important to engage and develop effective relationships with the regional cancer centre, and other key cancer service providers, as a support for the Cancer Resource Practitioners, as well as a key referral resource.
4. Cancer Resource Practitioners need access to induction training in cancer care, as well as ongoing professional development opportunities, and opportunities to network with cancer care professionals.
5. Engage line managers in the introduction of the Cancer Resource Practitioner role. They are most often the ones responsible to implement and support a new initiative. Their buy-in and advice is useful.
6. Include patient experience as demonstration for the value of a new role
7. Funding for cancer coordination is challenging, and block funding has been used in the majority of cases to resource the cancer resource practitioners.

## Case Study

In partnership with the Wimmera Southern Mallee Health Alliance and the Grampians Integrated Cancer Service, Rural Northwest Health, (situated in the Wimmera Southern Mallee, with campuses at Warracknabeal, Beulah and Hopetoun), was an early adopter of the Cancer Resource Practitioner in 2014.

The team could see the benefits of the role and in 2014 designed and implemented the new role through the flexibility provided with Block Funding. In the first year the role was allocated 0.4 EFT. In 2015 due to the success of the role and the significant health and wellbeing benefits experienced by community members, the role was expanded to 0.9 EFT and shared between two team members.

Over the last 4 years the role has continued to change and expand. The service is now delivered in additional geographic locations, and has assumed a leadership role in supporting and accessing telehealth consultations and the use of technology. Services have expanded to deliver 'Living with Cancer' and 'Wellness After Cancer Group' education and we are working with Cancer Victoria to deliver Oncology Rehabilitation programs via telehealth across three health services.

The Cancer Resource Practitioners have now expanded to over 4 EFT and are known as Wellbeing Coordinators. The Coordinators assist all community members living with any chronic disease, to a supported, coordinated service focusing on enhancing the health and wellbeing of all.

The introduction of the role has provided the Rural Northwest Health with some unexpected benefits including met with merit accreditation outcomes for Standard 2, Partnering with Consumers and Standard 1 for Clinical Governance. Expanded research partnerships with telehealth, Latrobe Rural Health School and Cancer Victoria and evidence that as a small rural health service they are aligned to the Targeting Zero report and working within our clinical capability. Rural Northwest Health also have positive feedback from their community that they are meeting the key outcome that we all aspire to, delivering safe and high quality services close to home.

## **About the toolkit**

This toolkit has been developed to support rural health services establish and support Cancer Resource Practitioner roles, building on the lessons learnt in the Wimmera.

The following resources have been provided for adaption for health services, to support recruitment, training, service promotion, and evaluation/quality improvement associated with the Cancer Resource Practitioner role:

- Role Implementation Plan (Appendix 2)
- Generic position description (Appendix 3)
- Education framework and support (Appendix 4)
- Promotional materials: map, brochure, press release, launch invite (Appendix 5)
- Data collection tool (Appendix 6)
- Patient satisfaction survey (Appendix 7)

## **Considerations for Implementing the Cancer Resource Practitioner Role into a small rural health service**

### **1. Obtaining organisational commitment**

Obtaining the commitment to resourcing a CRP role at an executive level is essential for the role to be effective. This will require a rationale for the role based on community need, demonstrated effectiveness of the role and identification of appropriate and sustainable funding streams. Your local Integrated Cancer Service will be able to provide relevant statistics and consumer reports to support you to develop a rationale for any business case that might be required. The Wimmera Cancer Care Implementation Evaluation Report (attached) will also be able to provide additional background information on the usefulness of the role in other small rural health services.

An overarching role implementation spreadsheet has been included in the toolkit for your use (see Appendix 2).

Funding opportunities for rural health services to explore to support the resourcing of Cancer Resource Practitioners include:

- MBS Billing: MBS 871 & 872, Team Care Arrangements
- State funding: Community Health Program or Block Funding Tier 2 funding for non-admitted care provided by allied health and/or clinical nurse specialist (5). This would assume that the CRP is classed as a clinical nurse specialist. The Independent Hospital Pricing Authority 40 Series lists two of five inclusions in 40.52 Oncology as education and counselling, and self-care strategies and supportive care needs assessment which are part of the CRP role.
- Fee-for-service
- Philanthropy. Most of these are non-recurrent, time-limited funding in the philanthropic area.

Cancer Resource Practitioners will also require access to a desk, computer, phone and motor vehicle.

### **2. Recruitment and Selection**

See Appendix 3 for a sample position description, which can be amended by your health service, to meet your needs. It would also be useful to consider including a CRP, cancer coordinator or cancer nurse specialist from another health service, on the selection panel.

### **3. Training**

Please see Appendix 4

The Framework for Professional Competency in the Provision of Supportive Care (2011) outlines core competency requirements for all health care professionals in identifying and addressing the supportive care needs of patients with cancer.

Competencies are divided into three areas to describe what is expected of the health professional in:

1. Identifying and addressing the needs of the individual
2. Engaging with the health service/organisation in the process of identifying and addressing supportive care needs
3. Taking a local community approach to identifying and addressing supportive care needs.

A more detailed education and training guide is also provided in Appendix 4 that can be used as a resource for training providers/coordinators.

### **4. Ongoing support for the CRP**

Ongoing support for the CRP is important for the success of the role. As the CRP can often be a "lone practitioner", peer support can be vital. CRPs can join the Grampians Community of Practice, who hold quarterly meetings (meeting content is a combination of professional development, resource sharing and networking). For further details of the Grampians CRP Community of Practice, please contact [gics@bhs.com.au](mailto:gics@bhs.com.au).

This toolkit also includes a terms of reference for a broader cancer care community of practice which can be tailored to health services requirements.

CRP's should have access to regular supervision as per the health service's clinical governance systems and processes.

Linkage into regional cancer centres is also crucial for CRP's in relation to ongoing professional development opportunities, development of local referral processes and relationships with cancer care providers.

### **5. Role promotion**

The importance of promoting the new CRP role internally and externally with health care professionals and the community cannot be underestimated.

As with any new service being offered in rural communities, a promotional launch can be an easy way to gain good community and media coverage.

A media release and news article, and pamphlet template has been provided in the toolkit to support the promotion of the role.

The CRP will need to be supported to visit and develop relationships with local health care professionals and services, as well as community groups in order to promote referrals to the new service. This should include the local Primary Health Network (PHN) who can promote the CRP role to GPs through their communication channels.

### **6. Establishment of referral pathways with health care providers**

It is essential to establish formal referral processes into your local CRP from other sub regional, regional (including regional cancer centres) and metropolitan health services, which will need to be reviewed on a regular basis.

Contact your local PHN to update HealthPathways to incorporate referral process to the CRP. (HealthPathways is web-based information portal supporting primary care clinicians to plan patient care through primary, community and secondary health care. HealthPathways are designed to be used at the point of care, primarily for General Practitioners but is also available to Hospital Specialists, Nurses, Allied Health and other Health Professionals)

Your CRP will also need to collect information about appropriate health and support services to refer patients or clients onto. Your local Integrated Cancer Service or Cancer Council Victoria will be able to help access this information.

## **7. Service Evaluation**

The quality of the services provided by CRP's can be evaluated in a number of ways: by using existing patient survey tools and processes, or by using tailored evaluation. A CRP specific patient questionnaire has been included in the toolkit for your use.

## Appendix 1: References

1. Cancer Council Australia <https://www.cancer.org.au/about-cancer/what-is-cancer/facts-and-figures.html>
2. National Rural Health Alliance Inc. January 2012, Cancer in Rural Australia.
3. Grampians Integrated Cancer Services, Central Highlands Primary Care Partnership & University of Ballarat December 2010, The experience of the cancer journey for patients and their carers in the Grampians Region
4. Grampians Integrated Cancer Services and Wimmera Southern Mallee Health Alliance: Wimmera Cancer Care Coordination Implementation Plan: Final Evaluation Report September 2017.
5. [https://www.ihsa.gov.au/sites/g/files/net636/f/publications/tier\\_2\\_non-admitted\\_services\\_definitions\\_manual\\_2016-17.pdf](https://www.ihsa.gov.au/sites/g/files/net636/f/publications/tier_2_non-admitted_services_definitions_manual_2016-17.pdf)

## Cancer Resource Practitioner Toolkit - Final Version May 2018

### Contact Details:

Grampians Integrated Cancer Service (GICS)  
PO Box 577  
Ballarat Vic 3353

Ph: 5320 4782

[www.gics.com.au](http://www.gics.com.au)

## **Appendix 2: Role Implementation Plan**

[http://gics.com.au/files/131/Project Tracking template CRP Implementation.xlsx](http://gics.com.au/files/131/Project_Tracking_template_CRP_Implementation.xlsx)

[http://gics.com.au/files/114/Cancer Care Community of Practice Terms of Reference.docx](http://gics.com.au/files/114/Cancer_Care_Community_of_Practice_Terms_of_Reference.docx)

## **Appendix 3: Generic Position Description**

[http://gics.com.au/files/115/CRP Generic Position Description.docx](http://gics.com.au/files/115/CRP_Generic_Position_Description.docx)

## **Appendix 4: Education Framework and Support**

[http://gics.com.au/files/116/CRP Education Framework.docx](http://gics.com.au/files/116/CRP_Education_Framework.docx)

[http://gics.com.au/files/117/CRP Education and Training Guide.docx](http://gics.com.au/files/117/CRP_Education_and_Training_Guide.docx)

[http://gics.com.au/files/118/CRP Induction Study Day.docx](http://gics.com.au/files/118/CRP_Induction_Study_Day.docx)

[http://gics.com.au/files/119/CRP Supplementary Education.docx](http://gics.com.au/files/119/CRP_Supplementary_Education.docx)

## **Appendix 5: Promotional Materials**

[http://gics.com.au/files/120/CRN Brochure.pdf](http://gics.com.au/files/120/CRN_Brochure.pdf)

[http://gics.com.au/files/121/CRN Map.pdf](http://gics.com.au/files/121/CRN_Map.pdf)

[http://gics.com.au/files/122/CRP Media Release.docx](http://gics.com.au/files/122/CRP_Media_Release.docx)

[http://gics.com.au/files/123/CRP Launch blurb.docx](http://gics.com.au/files/123/CRP_Launch_blurb.docx)

[http://gics.com.au/files/124/CRP Launch Invitation.docx](http://gics.com.au/files/124/CRP_Launch_Invitation.docx)

## **Appendix 6: Data Collection Tool**

[http://gics.com.au/files/125/CRP Patient Data Template instructions.docx](http://gics.com.au/files/125/CRP_Patient_Data_Template_instructions.docx)

[http://gics.com.au/files/126/CRP Data Collection Tool Master 2018.xlsm](http://gics.com.au/files/126/CRP_Data_Collection_Tool_Master_2018.xlsm)

## **Appendix 7: Patient Satisfaction Survey**

[http://gics.com.au/files/127/CRP Patient survey letter.docx](http://gics.com.au/files/127/CRP_Patient_survey_letter.docx)

[http://gics.com.au/files/129/Patient Survey question set.docx](http://gics.com.au/files/129/Patient_Survey_question_set.docx)

[http://gics.com.au/files/128/Practitioner Survey Question set.docx](http://gics.com.au/files/128/Practitioner_Survey_Question_set.docx)