

Development of Cancer Care Coordinator Roles in Three Melbourne Hospitals

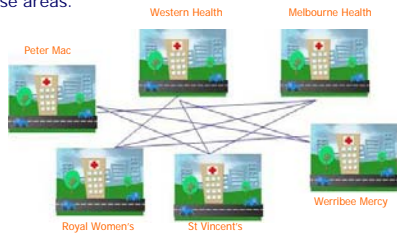
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Initiative

The Western and Central Melbourne Integrated Cancer Service (WCMICS) is a collaboration of cancer services across six Melbourne hospitals, which has been set up to advance the Victorian Government's four cancer priority areas – **multidisciplinary care, care coordination, supportive care** and **reducing variations in care**.

To support the delivery of these objectives within WCMICS hospitals, a series of funding programs have been made available to hospitals and tumour groups for service development activities.

In response to advice from our Clinical Management Advisory Committee, WCMICS funding was made available to the hospitals in early 2008 for Cancer Services Positions that would support improvements in these areas.



Process

A call for applications was made across all hospitals. Applications were required to be submitted via the Cancer Services Director at each hospital to ensure that they were appropriate and had the support of senior management.

Due to the nature of the funding available, these Cancer Services Positions were required to be non-clinical, and are initially funded for 12 months only. Other funding conditions included:

- That the positions and solutions being developed demonstrate potential for sustainability and ongoing benefit, and build on existing resources and capacity where possible
- Positions will have agreed objectives and measurable deliverables
- A full evaluation of the position will be conducted and submitted to the WCMICS
- Any tools developed as part of the position will be made available to the WCMICS to enable sharing of good practice.

The applications were assessed by the WCMICS Clinical Management Advisory Committee, which is made up of senior clinicians representing each of the WCMICS hospitals. Three hospitals chose to apply for funding to support Cancer Care Coordinators (two at each site), and these applications were approved.

Responsibilities

Each position covers two or three Tumour Streams (Table 1). The Tumour Streams that are covered are those with the greatest unmet needs.

Table 1: Tumour Streams covered by the new Care Coordinator positions

	Hospital 1	Hospital 2	Hospital 3
Breast			
Central Nervous System		Yes	Yes
Colorectal	Yes	Yes	Yes
Genitourinary	Yes		Yes
Gynae	Yes		
Haematology			Yes
Head & Neck	Yes	Yes	
Lung	Yes		
Skin/Melanoma		Yes	
Upper GI	Yes	Yes	Yes

Although the emphasis for each of the roles is slightly different, key responsibilities for all of these positions include:

Multidisciplinary Care

- Assessing and improving services related to multidisciplinary care
- Supporting multidisciplinary meetings by provision of administrative support and coordination
- Coordination of information required at the meeting such as imaging, pathology, supportive care screening results
- Following up meeting recommendations to ensure they are carried out
- Documentation of the treatment plan and communication of this to relevant internal and external clinicians.

Care Coordination

- Scoping and documenting resources available for care coordination
- Facilitating communication between different specialities, hospitals, and sectors
- Acting as a primary contact for patients with a cancer diagnosis and their families and carers, and also for health professionals (both internal and external)
- Acting as a navigator for the patient in the highly complex environment of a tertiary care centre
- Coordinating the patient journey by ensuring patients receive the necessary investigations, treatments, and follow-up in a timely manner.



Supportive Care

- Implementing supportive care screening
- Ensuring the patient receives both tumour specific and personally relevant information and that information delivery is documented in the patient record.

Reducing Variations in Care

- Ensuring patients are presented for treatment planning at the relevant multidisciplinary meeting
- Documenting problems, gaps, and adherence to the ideal pathway as documented in the Victorian Patient Management Frameworks (1), and developing mechanisms to overcome these barriers
- Ensuring equity of access for rural patients and other vulnerable groups.



Evaluation

In order to evaluate the value of these roles, each hospital has set key performance indicators (KPIs) and deliverables against which the success of the roles will be measured. These include:

- Recommendations made regarding sustainable improvements to multidisciplinary care and care coordination processes
- 100% of new patients discussed at multidisciplinary meetings
- Multidisciplinary meeting and clinic processes documented and areas for improvement identified
- 100% of multidisciplinary meeting treatment plans recorded in the patient record
- Existing resources for care coordination identified
- Reduction in time between diagnosis to treatment
- Usual patient pathway documented and compared with the PMF, and problems/gaps/strengths identified
- Current supportive care and information resources identified and documented
- Supportive care screening tools implemented and trialled
- Translators used for CALD patients when required
- Follow up plans are documented in the medical record.

The evaluation of the roles against these KPIs will be done externally, and the report will be used to determine if further non-recurrent funding will be allocated, and provide additional evidence on the requirements for the coordination of care. Depending on the result of the evaluation, it may also be used to develop a business case for recurrent funding of these positions, as well as identifying opportunities to redesign systems to support the patient pathway.

Conclusion

The positions were established to address a gap in the delivery of Cancer Services reported by clinicians. If successful, these positions should reduce variations in care and result in improved provision of multidisciplinary care, care coordination, and supportive care. The positions will be comprehensively evaluated and the results shared with other cancer services and networks considering implementing similar roles.

References

(1) Metropolitan Health and Aged Care Services Division (2006). *Patient Management Frameworks* (various). Victorian Government Department of Human Services, Melbourne, Victoria.

