

ROLE OF THE ONCOLOGY  
CLINICAL NURSE SPECIALIST  
CANCER & BLOOD SERVICE ADHB

*FELICITY DRUMM*

*October 2018*

# Oncology Patients

- ▣ 5800 patients referred each year
- ▣ 100 treated daily across daystay and the infusion room
- ▣ 250 each day given radiation therapy

# Senior Nursing Team



# CNS Role

- ▣ 11 Clinical Nurse Specialists
- ▣ 2 Nurse Practitioners
- ▣ Tumour Stream specific:
  - Breast; Gastro-Intestinal; Melanoma**
  - Gynae; Genito-Urinary; Lung; Sarcoma**
  - Head & Neck; Neuroendocrine**

# CNS ROLE

- ▣ Role variability
- ▣ Looks different across tumour streams
- ▣ Ultimately working for same outcome
- ▣ All patients have designated CNS

# Key Focus

- ▣ Care coordination
- ▣ Improve patient experience / outcomes
- ▣ Manage complex / specialist caseloads
- ▣ Tumour stream specific knowledge
- ▣ Timely referrals and adherence with FCTs and MOH guidelines

## Cont:

- ▣ Improve treatment compliance
- ▣ Extended practice – nurse led clinics, phone clinics
- ▣ Ordering scans, interpreting results, discussion with patients re scans, blood tests, tumour markers results

# Care Coordination

- ▣ Point of contact – patient, family, wider MDT
- ▣ Improve accessibility, equity of care
- ▣ Patient advocate/support
- ▣ Alleviate anxiety/stress
- ▣ Ensure timely appts, investigations, scans

# Cont:

- ▣ **Referrals:** Clinical psychology; social work; culturally specific services; interventional radiology; surgical services; fertility services; Cancer Society, Volunteer Drivers; Hospice
- ▣ **Letters of support** – WINZ; Housing NZ; Immigration; Employers; Financial reimbursement e.g. recovery of holiday costs

# Specialist knowledge

- ▣ Provide tumour specific knowledge : symptom management, disease pathology and treatment regimen
- ▣ Knowledge of evidence based and current research, trials, immunotherapies and new treatments
- ▣ Provide information , resource for patient/family
- ▣ Resource for staff across service / hospitals

# Referral to CNS

- ▣ Allocation of patients from prioritisation – letter introducing CNS as point of contact
- ▣ Aim to meet at first chemo appt
- ▣ F/U phone call once treatment commenced
- ▣ Rely on day stay staff or Dr to contact us if extra support/input required
- ▣ Not all patients need CNS input
- ▣ Referrals from surgical services –  
ACH, MMH, NSH, Whangarei

# Communication

- ▣ Importance of relationships with CNSs from other departments/hospitals
- ▣ Liaison with pharmacy re alternative therapies/rare drugs (supply/stock)

# Nurse Practitioners

- ▣ 5 in New Zealand - 2 in Auckland, 1 in - Tauranga, Christchurch and Dunedin
- ▣ In Auckland Anne works across Lung and Melanoma and Felicity in GI Tract cancers
- ▣ Across oncology care continuum from New Patient referral through to discharge to surgical follow up, or Hospice
- ▣ Full prescribing rights and may provide primary oncology care

# Expectations for both CNS and NP roles

- ▣ Networking
- ▣ Relevant Conference Attendance
- ▣ Commitment to further education – working towards Masters, +/- NP Pathway