Evaluation of the Cancer Nurse Coordinator Initiative

Second Annual Report
APPENDICES

21 October 2015

Appendices

Appendix 1: DHB case studies

Tairawhiti DHB: generalist approach

Canterbury DHB: tumour stream approach

Counties Manukau: tumour stream approach with population-based roles and lead CNC

Overview of Canterbury DHB’s CNCI

CNCI type: A tumour stream approach was adopted by Canterbury DHB following a mapping exercise to ensure the introduction of the CNCI did not duplicate existing cancer nursing services which coordinated patient care. CNCs in Canterbury DHB focus on complex patients with cancers relating to gastro-intestinal, skin/sarcoma, gynaecology, and thyroid.

CNCs’ role: CNCs focus on the patient and whānau and their holistic cancer journey. The CNC service is not ‘owned’ by one department and CNCs can move with the patient through the various services used or hand the patient over to another nursing service (e.g. CNS) if they are best placed to meet the patient and whānau needs. Having a CNC offers patients and whānau the key benefit of having a consistent point of contact; someone who has an overview of their needs and cancer journey.

‘That’s what I love about this job because wherever my patients go I can go.’

Patients with high suspicion of cancer get referred to the CNCs and triaged. CNCs meet with patients and whānau at point of referral to explain the journey ahead, and excepted processes and timelines. CNCs are aware of and monitor the tumour standard timelines and will discuss as appropriate with clinicians' time between referral and appointments/treatments. The CNCs have also developed a patient information leaflet related to tumour types, investigations and treatments to ensure patients are aware of the cancer treatment standards.

‘I am a specialist in coordination’

CNCs, working with other health professionals and through the MDM process, seek to coordinate patients’ timely investigation and minimise ‘the creep’ that can occur in managing multiple appointments. CNCs facilitate the sharing of clinical information in a timely manner. CNCs will also identify other treatment options such as clinical trials, and enable patients to negotiate the unfamiliar system.

CNCs are active in seeking to identify improvements to cancer services by mapping and auditing services against tumour standards to identify gaps. With the introduction of tumour standards, other departments are now keen to have CNCs involved.

‘Just need to keep thinking in the forefront of your mind…how can we improve the system.’

Canterbury DHB: Benefits and challenges perceived by CNCs

Embedding the role: In CDHB, over the last two years, the role of CNCs is becoming more established and recognised. CNCs have spent significant time seeking to build awareness and understanding of the role, although there is recognition that ongoing work is needed to create greater clarity about the role and its fit with other services. For CNCs the role is centred on enhancing the patient and whānau experience and ensuring their cancer journey is enabled and timely.

Patient benefits: CNCs' perceive the key benefits of their role for patients and whānau as offering them go-to person who has knowledge and oversight of their cancer, care and treatment. The presence of the CNC offers both comfort in an daunting and unfamiliar system, and provides reassurance at a time of high stress. CNCs are able to ensure timely appointments for tests and treatment are made and that patients are enabled to attend them. As the CNC roles are NZ wide, there is the ability to ensure effective transfers across DHBs.

CNCs are also able to flag patients with complex issues at MDMs, and ensure linkages across departments for the patients.

'Oncologists would definitely say that having the role [CNC] as a go-between the two departments has been invaluable.'

Systems improvements: CNCs have been active in initiating projects to identify how the cancer care pathway can be changed to improve processes and patient experiences, e.g. a retrospective audit of referrals for lymph biopsies. CNCs acknowledge that system change is challenging and to be effective requires buy-in and action from a large number of staff. The introduction of tumour standards, FCT data, and patient stories are starting to enable this change process. However, more impetus and incentives are needed to embed and sustain changes in the long-term.

'With system change it takes time as you are coming into established teams. Implementing system change often impacts on large numbers of staff and patients and there has to be an incentive to change.'

Future developments: As noted the CNC role continues to be embedded in CDHB and CNCs continue to focus on increasing understanding of their role and the benefits it brings for patients and their whānau and other health professionals. CNCs acknowledge the the following as areas for future development in their role:

- **Developing a referral system** to ensure patients do not get missed out. CNCs particularly want to strengthen referrals from primary care. CNCs note that the triage tool developed has been useful in determining patients in most need of the service.
- **Enhancing discharge processes** as patients develop a deep attachment with CNCs and when discharged patients can feel adrift.

Canterbury DHB: patient experience of CNC roles

All patients and whānau interviewed were extremely positive about the CNC role and the benefits it offered them.

Patient understood the CNC role to be one of helping them to navigate their health journey and co-ordinating their care, advocating for them and overseeing any issues arising. CNCs were the human-face of their care and offered support and a reassuring ear. CNCs were seen to be experienced cancer nurses who understood their disease and could explain their tests and treatment in plain English.

'She was like the negotiator in the middle.'

Positive patient experience

One patient interview felt they have been lost in the system and had a great sense of relief when referred to the CNC who offered support, and help to negotiate appointments. The CNC was also able to explain their cancer, tests and treatment.

'It was incredibly reassuring that I had a phone number… someone at the end of the phone to call.' (Whānau)

For other patients the key benefit of the CNC was having an experienced and knowledgeable nurse dedicated to them to navigate a surprise diagnosis that had significant implications for their family.

'It is really worthwhile…many situations are like ours where its changes overnight virtually so you have to come to terms with quite a lot of things and get to know what is going to happen and treatment. It would be very difficult without the [CNC].'

Other benefits of the CNC role as noted by patients and whānau interviewed include:

- Coordinating their appointments and care thereby reducing stress and wait times
- Educating and informing patients and whānau about their cancer by translating medical jargon, providing written information, and being a key contact for follow up questions
- Referring patients and whānau to other services e.g. counselling service
- Checking on patients and whānau to ensure all issues resolved
- Coordinating care in emergency situations.

'To know that there are people there that actually advocate… be a reassuring ear as well… because it is a completely new journey.'

Improvement area - Discharge: When CNCs discharged their patients, they can be concerned about who to contact or how to proceed if their journey does not progress smoothly.

Overview of Counties Manukau DHB' s CNCI

CNCI type: A tumour stream approach was adopted by Counties Manukau DHB to encompass existing coordinator roles. **Sixteen** CNCs cover 10 tumour steams including orthopaedic, gynaecology, breast, lung, haematology, thyroid, skin, head and neck. Funding is available for: two population-based coordinators for Māori and Pacific people; although it has been challenging to recruit and maintain these roles. The population-based roles require further strengthening to determine how best they fit with other tumour stream roles. Each tumour stream CNC and population-based CNC report to a DHB appointed lead CNC.

CNC fit with other nursing roles: Counties Manukau DHB have CNSs in some of the tumour streams, which focus on particular parts of the cancer pathway. In contrast, CNCs have a consistent job description and national expectation for the role, and they oversee the whole patient journey. CNCs are seeking to ensure an effective and complementary working relationship with CNSs.

'The coordinator is the person who oversees the patient; the CNC has a helicopter view from referral to first treatment.'

In some tumour streams, the CNC is used to fill the gaps due to a lack of nurse specialists or clinic nurses due to budget restructuring. This reflects that CNCs are an advanced nursing role.

CNC role: CNCs are the first point of contact for patients and they follow patients through their cancer journey. CNCs acknowledge that they are not always picking up all cancer patients and have worked to raise visibility of CNCs to include identifying inpatients who have a recent diagnosis or present to the emergency department acutely unwell. The goal at Counties Manukau DHB is to have all cancer patients referred to a CNC who will then triage the patients and actively coordinate those with complex needs. Following referral, the CNCs use the CNC triage tool when they meet the patient, and then focus on supporting patients that have the most complex needs. For patients with less complex needs, the role of the CNC is to provide contact details, information and resources to the patient and maintain a distant overview to ensure they are progressing through the pathway in a timely manner. Engagement with patients with less complex needs tends to be on a 'as-needs-basis', when the patient or whānau initiates contact. CNCs acknowledge the need to enhance patient and whānau understanding of the CNC role.

'We are not picking up all cancer patients. We are looking at all data sources to identify every patient with cancer diagnoses to ensure we do not miss anyone who requires CNC input.'

CNCs focus on educating patients and their family about their cancer, tests and treatment and their expectations of what will happen when and for what reason. CNCs are active in seeking to ensure patients' care is coordinated and aligns with FCT and Tumour Standards; although there is variation in the latter.

Counties Manukau DHB: benefits and challenges noted by CNCs

Embedding the role: As in other DHBs there was initial confusion about the CNC role. Over time understanding of the role is increasing amongst other health professionals and CNCs are coming together more as a team. The latter is supported by the national CNC forums. Having **16** CNCs creates critical mass and the ability to support each other and create a presence and voice. Amongst nurses, the role of the CNC as an advanced nursing role is gaining greater recognition as noted by the increased number of applications for these roles. Further senior management are aware of the role and support the CNCs' contribution to the patient journey and identifying system improvements.

'We've got team buy-in for the role. Doctors and clinics, the role is valued and feeling valued. There is a culture of valuing CNC and what they do in terms of talking to patients and being a liaison between patients and doctor and sort out the appointments.'

Patient benefits: CNCs perceive that patients are experiencing more coordinated care through effective rapport with other departments (e.g. radiology), and greater understanding of their disease and treatment (as the CNCs have time to explain within the context of a busy clinic). CNCs perceive great benefits for families in being their key point of contact should any questions arise. However, this ease of contact can be hinder where the CNC has a very small FTE.

'The most rewarding part of the role, supporting someone who the wheels are coming off and they are in desperate need. To help them, get through that and out the other end.'

System improvements: Now that the role is embedded, CNCs are turning their focus to system improvements. This is an area requiring further focus and support. CNCs are active in supporting FCT and the mapping of pathways for the tumour stream guidelines. The use of monitoring data is also enabling considerations of how to enhance systems to benefits patients.

'The last two years have been about establishing the role and making sure people know the role and what CNCs do, and now it is about how to improve service and work on the system.'

Improvement areas: Increasing awareness and understanding of the CNC role amongst patients and other health professionals; Focusing on identifying system improvements; Reviewing the population-based CNC role to avoid duplication of services and address potential gaps in patient referral processes; Supporting system wide adoption of Tumour Standards.

'It's raised the question are we doing the best for our patients. There's a lot of service improvement at a high level looking at pathway and process.'

Counties Manukau DHB: patient experience of CNCI

All three Pacific patients and their whānau interviewed were extremely positive about the CNC role and the benefits it offered them.

Patients understood the CNC role to be about explaining their cancer, test and treatment, and ensuring they were emotionally support and enabled to attend their appointments. CNCs are seen as kind, experienced, and trustworthy.

Positive experience : Patients were introduced fairly early to the CNC in their cancer journey. For example, one patient was referred to a specialist by their doctor and the patient was introduced to CNC at the hospital on the same day as she met her specialist. The CNC explained their role and how they were going to help. Patient and family interviewed noted the following benefits gained in their engagement with the CNC:

- More coordinated care by helping patients keep on top of appointments. CNC were also noted for helping patients to navigate the hospital and explaining how to get to appointments. Being advised where to go made the experience less stressful. CNCs also attended hospital appointments with patients and family. The CNCs were therefore able to explain any points that where unclear or the questions that the patient or family thought about at a latter point in time.

'She makes it easier with dates for appointments.'

- Better understanding of their cancer, the treatment pathway and the care they would receive. CNCs were described as acting as an interpreter by being able to translate medical jargon. CNCs advised about their cancer and how to manage it through discussions and provision of written information. Family particularly appreciated the easy accessibility of the CNC particularly being able to email the CNC with outstanding questions and receiving a prompt reply.
- Patients and their families greatly value the emotional support and friendship provided by CNCs.

'She tells me not to give up and look to the future.'

'How she deals with other people like me… she finds a way to make me comfortable to not make me upset.'

Improvement areas: No major improvements were noted by Pacific people interviewed. .

'This illness needs love and support and without it [CNC] I don't know how it will be, it is a very important role.'

Overview of Tairawhiti DHB’s CNCI

CNCI type: Tairawhiti DHB implemented the CNCI using a generalist approach. There is one CNC who works at the front of the cancer pathway across all tumour streams with the exception of breast cancer as that is an existing CNS role.

CNC role: Patients are referred to the CNC at point of referral with high suspicion of cancer or on diagnosis. The CNC supports patients and their whānau from this early point until they have their first treatment, or are handed on to another CNS/CNC. Includes post-operative follow-up for surgical cases.   The CNC also supports high need patients on the diagnostic pathway for cancer which may include those with cancer recurrences or metastases. The CNC is therefore addressing a gap in the system as these patients needs are not being met by other services.

All outpatient high suspicion of cancer electronic referrals are copied to the CNC’s email inbox. At this point, the CNC does a preliminary screening based on demographics, referral reasons, symptoms and investigations. The CNC then decides if they need to be involved and will allocate triage rating accordingly. The CNC focuses on patients on complex cancer pathways.

The CNC seeks to ensure Māori and Pacific people with cancer or a high suspicion of cancer are supported. Due to limited capacity, it is not feasible for the CNC to coordinate all Māori and Pacific patients with cancer. The CNC triages these patients to ensure that the patients with the most complex needs are receiving the services they require.

The CNC works closely with Tairawhiti Outpatient service to support patients with new cancer diagnosis, recurrence or metastases. In this busy clinic setting, the CNC is able to offer patients and their whānau support and information about their cancer, the cancer pathway, potential needs and services available. Colleagues in the Tairawhiti Outpatient service have commented on the value of having the CNC to ensure investigations, diagnosis and the first steps in the pathway are progressed.

‘Where they [Tairawhiti Outpatient service] might not know the intricacies of the next step for a patient, particularly outside the district, I’ve got that under my cap. It would take a lot of time and knowledge to do that as well as keep running a busy clinic with 15 patients in it. They see it [CNC role] as both helpful to the patient and helpful to them’

As an advanced nursing role, the CNC is well placed to offer holistic patient- and whānau-centred support and to facilitate services outside of the hospital setting and district (e.g. organised tertiary test and transfers for patients with lung cancer). Having the CNC oversight of the patients’ care reassures other practitioners that their patients will not be lost in the system. The CNC is focused on the national tumour standards and seeks to embed them in their practice.

‘I have boiled it [CNC role] down to having the patient at the centre of practice. My main role is to support and facilitate a smooth pathway as much as possible that centres on meeting patients needs. A bit like a broker or advocate – that covers most of my daily work. That can be extended out to negotiating and modifying processes in some situations.’

Tairawhiti DHB: benefits and challenges perceived by CNCs

Embedding the role: The CNC role was challenging to establish due to little understanding of the role and how it fitted within the well established cancer team and across the DHB. As a result some clinicians were initially hesitant to engage and work with the CNC. As the CNC role follows the patient journey, some clinicians were surprised to see the CNC involved and asking questions about barriers and enablers faced by patients. The CNC has established a cancer work stream which involves regular meetings with the nurse manager and has created stronger links to CNSs.

'Some areas didn't expect to see me involved. Thought I would be confined to one areas. The breadth of my mandate was unsettling for some groups… The role has a horizontal view of the patient journey and can translate this to services with a more vertical focus.'

Patient benefits: Feedback to the CNC indicates that patients appreciate that the CNC is their direct point of contact and is available, responsive at an early stage of their contact with secondary services. The CNC is well placed to quickly assess the patient and whānau needs and agree plans to address these needs. The CNC is also well placed to enable timely access to services and a streamlined process. The CNC notes that within a small community, the benefits gained such as timely access to care are noted which builds faith in the system and can alleviate patients' worries and fears.

'Make one patient's journey easier or more timely – one of my main goals. I find if the journey is timely they have less distress and more confidence in the system.'

Systems improvements: The CNC has been active in identifying system improvements, although this aspect of the role is not always appreciated. The two key areas of focus are equity of access for Māori and Pacific people, and work on the tumour standards. The equity focus of the CNC role has resulted in improved visibility of the barriers to accessing services faced by Māori and Pacific people. The CNC has also been active in seeking to embed the national tumour standards in Tairawhiti DHB as standard practice, and involvement in audits has identified several areas for system strengthening. CNC has worked to improve the liaison between secondary and specialist tertiary services both regionally and nationally.

Challenges: Working as one CNC in a smaller DHB has its challenges such as a lack of resources to produce tailored patient information and guidelines, and lack of administrative support to enable the evaluative components of the role. The CNC continues to balance the expectations on the CNC role and the reality of the workplace constraints.

Future developments: A consulting space to have private conversations with patients and their whānau. Continuing to address existing inequities.

'It is going back to patient/family centred care and picking out people with complex issues to improve equity and access.'

Tairawhiti DHB: patient experience of CNC roles

The four Māori patients and whānau interviewed were extremely positive about the CNC role and the benefits it offered them.

Patient understanding of the role: The patients were introduced to the CNC role by their doctor/specialist or during their diagnosis process. Patients and whānau had little expectations of the role as they were not aware of its existence before their diagnosis. Patients identified two key services offered by the CNCs: 1) provision of information about their cancer, their rights, diagnosis and treatment process, other cancer related services, and 2) facilitating the set up and attendance of their appointments through reminders, arranging transport, managing their expectations, accompanying them to appointments, and discussing next steps after their appointments.

"The key … is continuity of trust. That person has the important information. That's how I see it, [CNC] offered a one-stop-shop on the cancer journey and going forward" Māori whānau

Positive patient experience: Patients were positive about the role of the CNC being their key contact with expert knowledge about cancer and the cancer journey and being able to share this knowledge in an accessible and everyday way. Both patients and whānau noted that the CNC was proactive in engaging with whānau to enable them to better support the patient.

'You have the transition period from hospital to whatever department you are thrown into but the cancer nurse fills the gap in the middle.' (Māori whānau)

Patient and whānau benefits: Include helping them understand the cancer, tests and treatment through information provision, assistance with navigating treatment pathways which alleviated stress, more seamless transitions between different health and other services. Support with transport and other logistics was also noted particularly for those located rurally. The CNC also attended appointments and debriefed with patients after. Patients were reassured by the CNCs translation of medical jargon and the discussion of the next steps in the treatment process.

'You would leave appointments and think 'Oh I should have asked this'. Being able to have that ability to just fire off an email to someone and get quite a speedy response, during a time when everyone is sort of on edge and not understanding details of what and where treatment will be and what the diagnosis actually means it was really good to be able to get that sort of information. Or they would chase it up for us" (Māori whānau)

Improvement areas: A stronger message answering system to ensure that if patients do make the initial contact there is a prompt response from CNC. Patients and whānau were impressed with the level of service received, however, they did feel that the CNC could possibly use more support. Whānau members feel that older members of the community, especially those who live alone, are at risk and need the education, support and encouragement provided by a CNC.

'[Without the CNC] it would a little chaotic otherwise. It would add to the stress; the anxiety if they didn't have a coordinated approach from the start. It helps people make informed decisions" (Māori whānau)

Appendix 2: Sample Profiles for surveys

CNC

Providers

Patients (with cancer and high suspicion)

Senior management

CNC survey profile

CNC survey profile **Base: answered CNC survey**		**n=48 No.**	**n=48 %**
Years qualified as a nurse	5–10 years	2	4%
	11–15 years	9	19%
	16–20 years	6	13%
	Greater than 20 years	31	65%
Highest nursing qualification	Registered Nurse	1	2%
	Bachelors Degree	7	15%
	Postgraduate Certificate	19	40%
	Postgraduate Diploma	9	19%
	Masters Degree	10	21%
	Other	1	2%
Professional groups (multiple choice questions)	NZNO	45	94%
	NZNO Cancer Nurses Section	30	63%
	Cancer Nursing Society of Australia	3	6%
	Oncology Nursing Society	5	10%
	Other	8	17%
Ethnicity	Māori	2	4%
	New Zealand European	38	79%
	Other	7	15%
	Refused	1	2%

CNC survey profile (continued)

CNC Survey Profile Base: answered CNC survey		n=47 Number	n=47 %
Length of time in role	Less than 3 months	1	2%
	More than 3 months and less than 6 months	2	4%
	More than 6 months and less than 12 months	3	6%
	More than 12 months and less than 24 months	25	53%
	More than 24 months	16	34%
Permanent or fixed term	Fixed Term	1	2%
	Permanent	46	98%
FTE	0.1	1	2%
	0.2	0	-
	0.3	2	4%
	0.4	2	4%
	0.5	5	11%
	0.6	4	9%
	0.7	5	11%
	0.8	4	9%
	0.9	15	32%
	1	9	19%
Nursing position in same DHB	Yes	16	34%
	No	31	66%

Provider sample profile

Positions **Base: answered provider survey**	**n=876** **Number**	**n=876** **%**
Secondary Care Nurses	227	26%
Senior Medical Officers	205	23%
Administration support	99	11%
Allied Health & NGOs	69	8%
Primary Care	62	7%
System support/Management	37	4%
Māori/Pacific/Asian providers	16	2%
Other	6	1%
Blank/Refused	155	18%

Provider sample profile

Provider DHB Base: answered provider survey	n=876 Number	n=876 %
Auckland	37	4%
Bay of Plenty	37	4%
Canterbury	79	9%
Capital & Coast	35	4%
Counties Manukau	48	5%
Hawke’s Bay	19	2%
Hutt Valley	18	2%
Lakes	5	1%
Mid-Central	42	5%
Nelson-Marlborough	47	5%
Northland	44	5%
South Canterbury	17	2%
Southern	21	2%
Tairawhiti	71	8%
Taranaki	34	4%
Waikato	39	4%
Wairarapa	9	1%
Waitemata	65	7%
West Coast	37	4%
Whanganui	16	2%
Blank	156	18%

Patient Profile

DHB	Patients with cancer n=664 Number	 n=664 %	Patients with high suspicion of cancer n=68 Number	 n=68 %
Auckland	48	7%	-	-
Bay of Plenty	26	4%	2	3%
Canterbury	91	14%	1	1%
Capital & Coast	24	4%	-	-
Counties-Manukau	62	9%	13	19%
Hawke's Bay	59	9%	-	-
Hutt Valley	13	2%	1	1%
Lakes	32	5%	-	-
MidCentral	-	-	28	41%
Nelson-Marlborough	16	2%	-	-
Northland	55	8%	4	6%
South Canterbury	12	2%	-	-
Southern	22	3%	1	1%
Tairawhiti	17	3%	6	9%
Taranaki	32	5%	-	-
Waikato	40	6%	9	13%
Wairarapa	5	1%	-	-
Waitemata	74	11%	-	-
West Coast	30	5%	1	1%
Whanganui	6	1%	2	3%

Patient Profile

Profile		**Patients with cancer**		**Patients with high suspicion of cancer**	
Base: answered patient survey		**n=664**	**n=664**	**n=68**	**n=68**
		Number	**%**	**Number**	**%**
Ethnicity	Māori	71	11%	8	12%
	Pacific	13	2%	5	7%
	New Zealand European	501	75%	49	72%
	Other	52	8%	5	7%
	Refused	27	4%	1	1%
Gender	Female	356	54%	49	72%
	Male	286	43%	19	28%
	Refused	22	3%	-	-
Age	20 – 29	3	0%	-	-
	30 – 39	18	3%	2	3%
	40 – 49	55	8%	4	6%
	50 – 59	114	17%	11	16%
	60 – 69	219	33%	22	32%
	70 – 79	170	26%	22	32%
	80 years or older	68	10%	7	10%
	Refused	17	3%	-	-

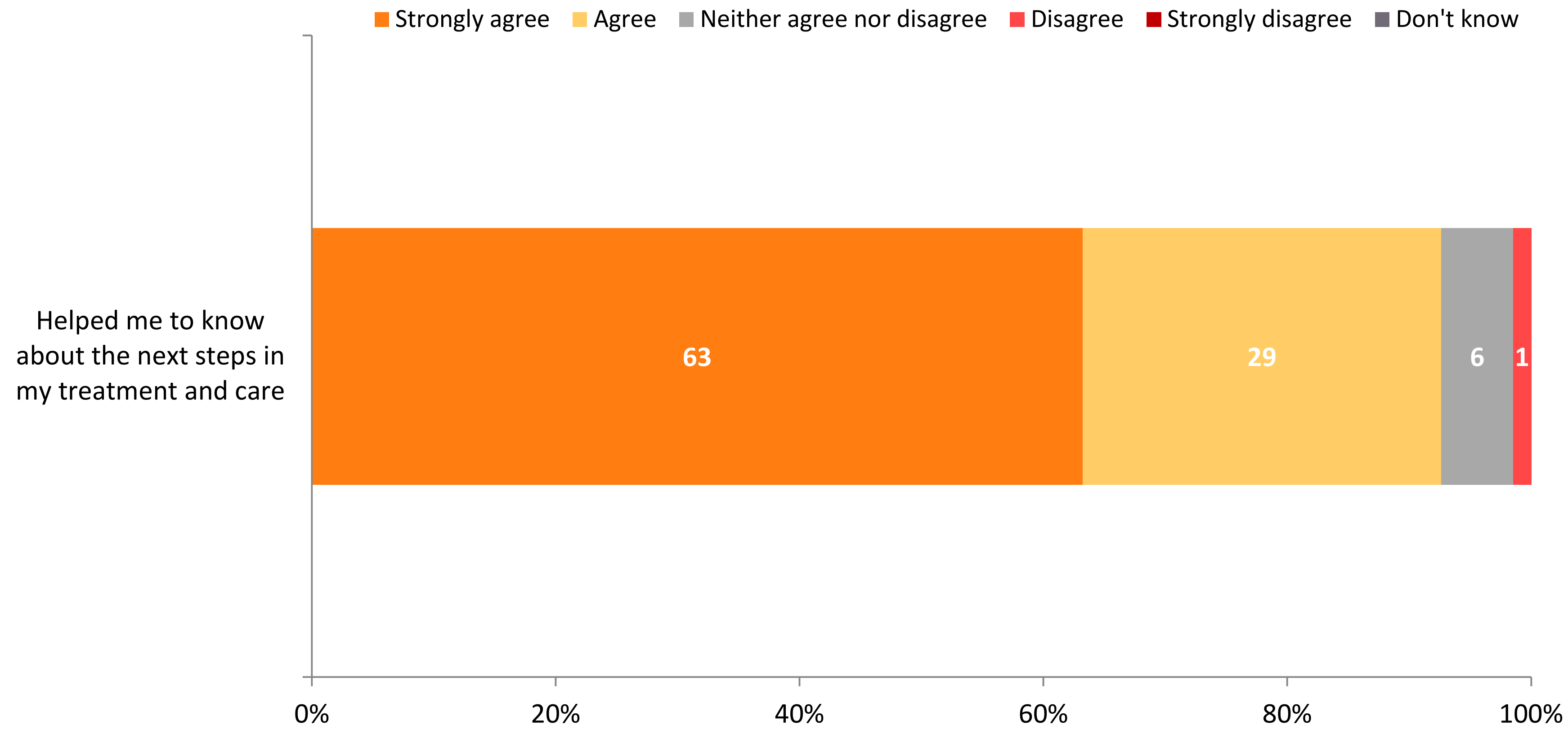
Senior Management profile

Position Base: answered senior management survey	n=38 Number	n=38 %
Service Manager	18	47%
Director of Nursing	7	18%
Senior Nursing Contact	6	16%
Nursing Lead	4	11%
Cancer Network Manager	3	8%

DHB Base: answered senior management survey	n=38 Number	n=38 %
Central	12	32%
Midland	10	26%
Northern	8	21%
Southern	8	21%

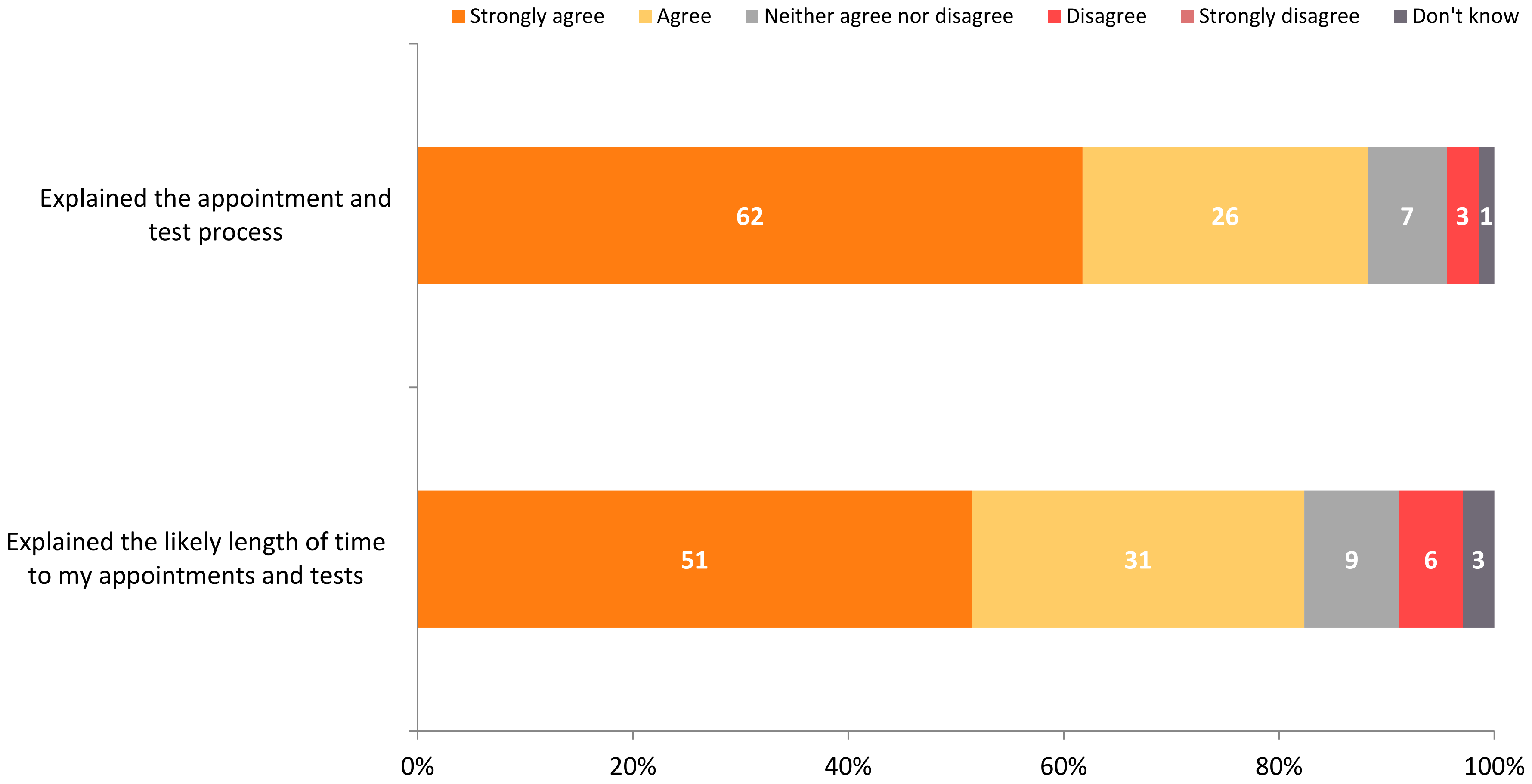
Appendix 3: Survey results patients with high suspicion of cancer

Patients with high suspicion of cancer



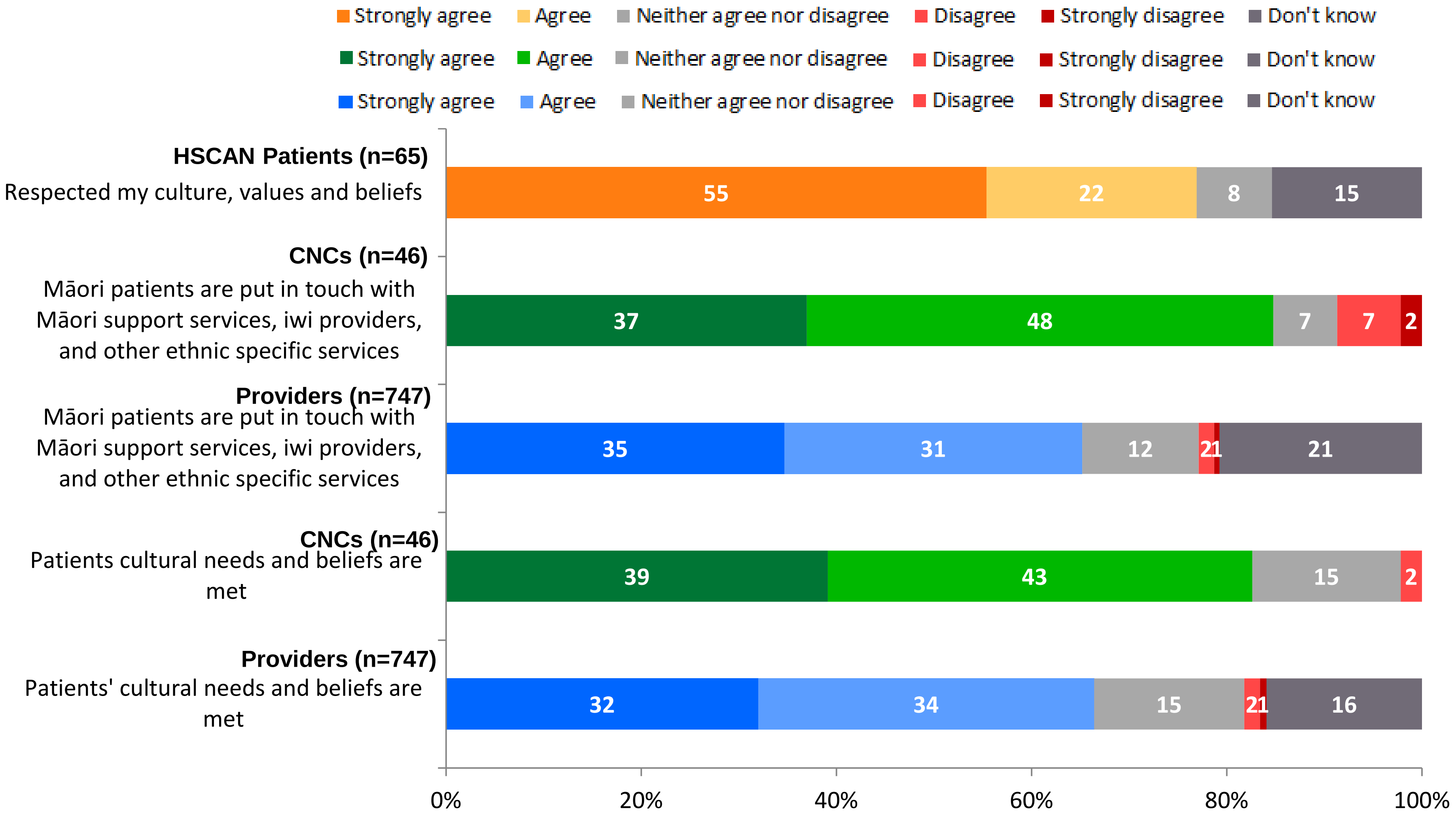
Base: HSCAN Patients who answered the question (n=68)
Please tick if you agree or disagree that my Cancer Nurse Coordinator…

Patients with high suspicion of cancer



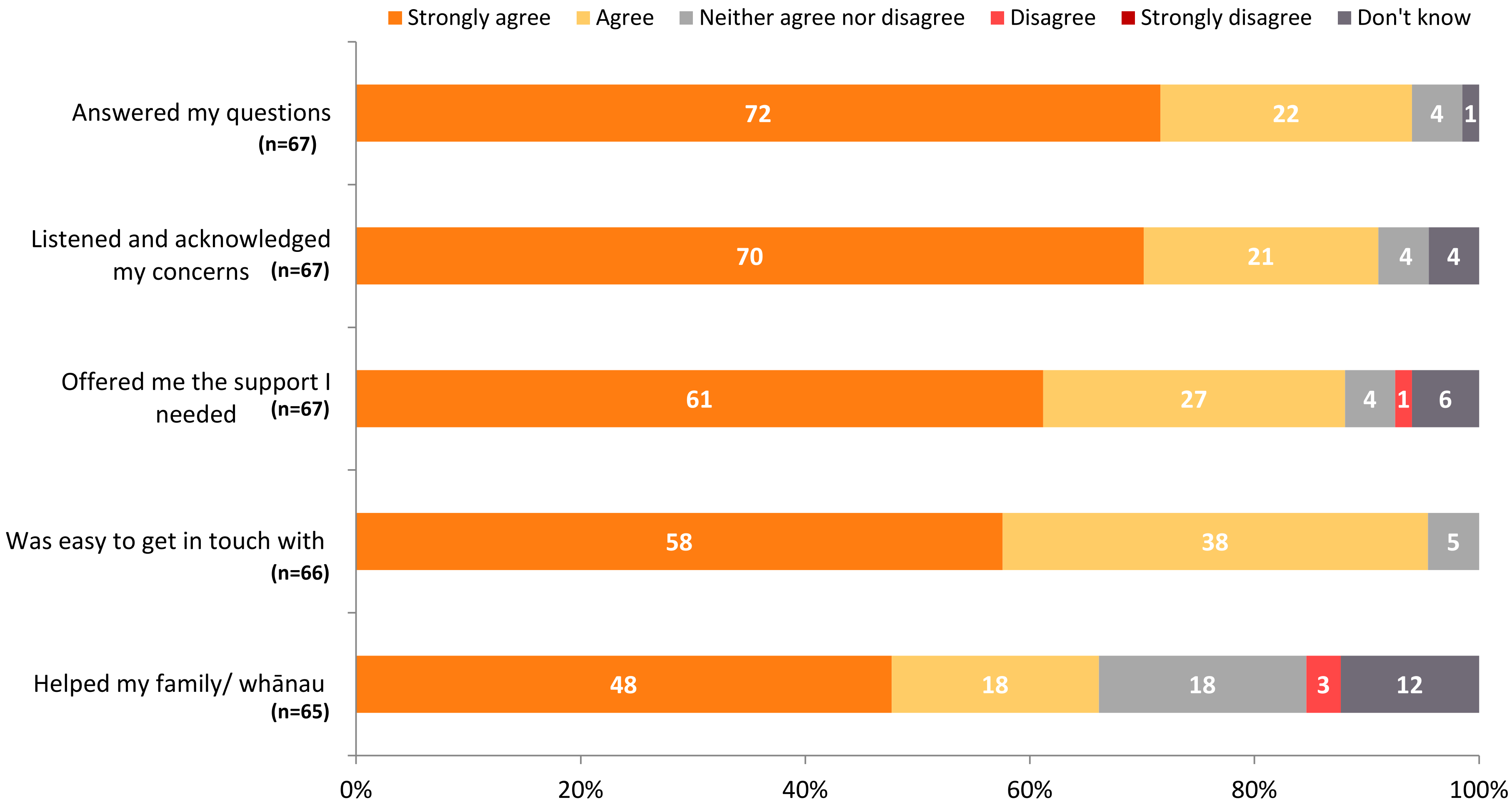
Base: HSCAN Patients who answered the question (n=68)
Please tick if you agree or disagree that my Cancer Nurse Coordinator…

Patients with high suspicion of cancer



Base: HSCAN Patients (n=65), CNCs (n=46) and Providers (n=747) who answered questions
Please tick/click if you agree or disagree that the Cancer Nurse Coordinator role…

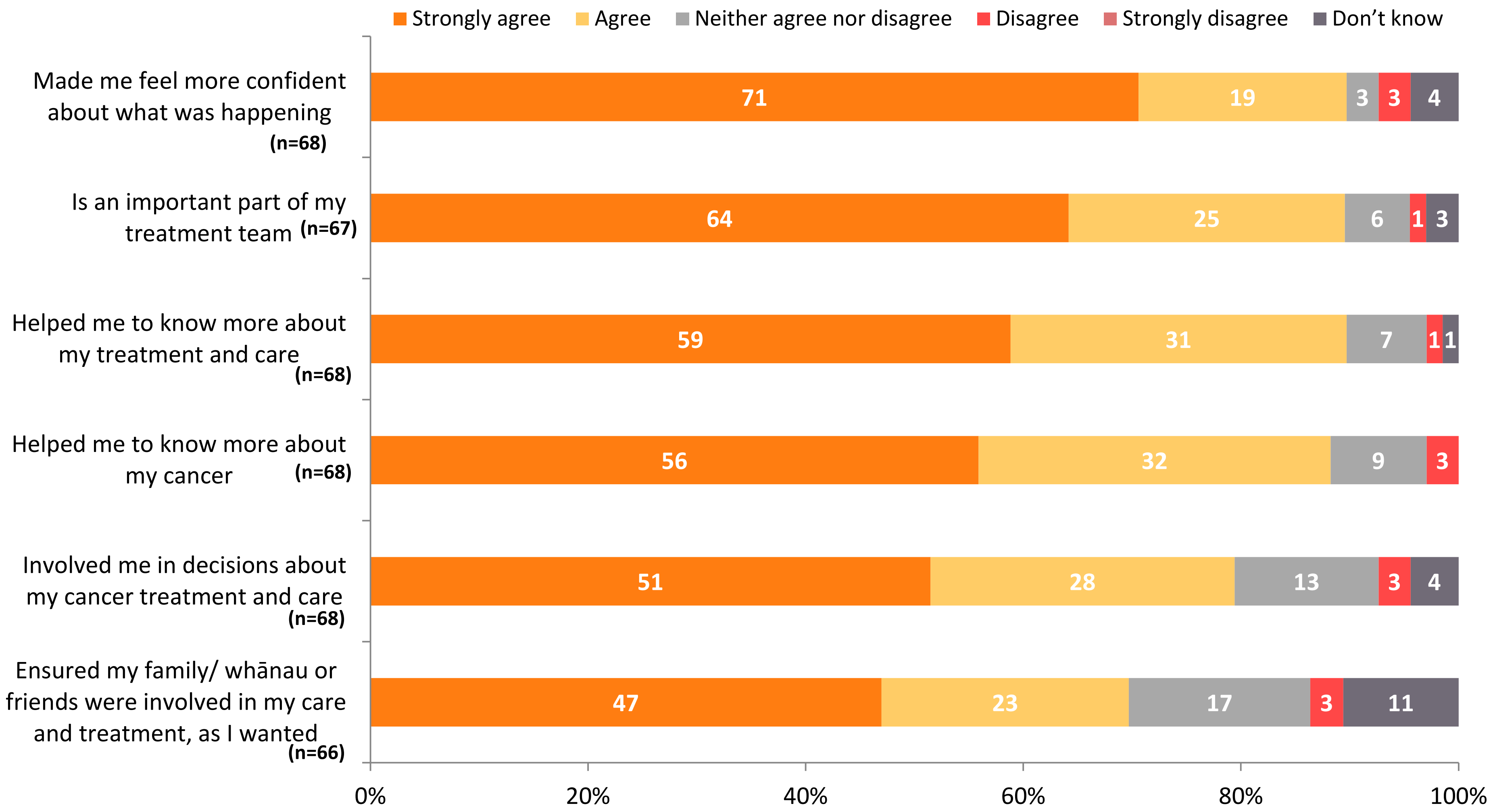
Patients with high suspicion of cancer



Base: HSCAN Patients who answered the question

Please tick if you agree or disagree that my Cancer Nurse Coordinator...

Patients with high suspicion of cancer



Base: HSCAN Patients who answered questions
Please tick if you agree or disagree that my Cancer Nurse Coordinator…

Appendix 4: CNC feedback from survey

Professional development or training attended by CNCs

Professional development or training attended Base: number of CNCs who answered question	n=47 Number	n=47 %
CNC meetings and forums around service development and education	42	88%
Annual CNC Forum	40	83%
Faster Cancer Treatment	32	67%
Tumour specific study days and meetings	28	58%
Postgraduate papers	21	44%
Change management	13	27%
Cultural training	13	27%
Supervision	12	25%
Psycho- social	12	25%
Quality improvement training	9	19%
Equity	8	17%
Excel	7	15%
PowerPoint	7	15%
Presentation skills	7	15%
Process Mapping	5	10%
Practitioner Improvement training	1	2%
Other	6	13%

CNC noted successes in their roles

Improving the journey for patients and their families; instituting the REACH clinic process in respiratory; developing a process with radiology to pick up suspicious chest x-rays and CTs; introducing Indwelling pleural catheters to he DHB and training all staff on their use and management; developing a clinical assessment tool - currently trialling; completing distress screening training; working alongside the respiratory clinic nurses to upskill them; relationships with other health professionals; working with patients and families;
he tangata,
he tangata,
he tangata

What are your successes in this role to date? Base: number of CNCs who answered question	n=46 %
Building relationships with other health professionals	35%
Patient satisfaction	33%
Identification of system barriers, facilitating enhancements	33%
Supporting patients	28%
Improved timeliness	24%
Increased awareness and respect for role	22%
Improved patient care coordination	15%
Input at MDMs	15%
Improved communication across DHBs	13%
Improved referral process	11%
Educating patients	9%
Advocating for patients	7%
Working across multiple care settings	7%

Established excellent relationships with medical staff in [DHB] and [DHB]. With open lines of communication resulting in timely management of issues our patients have. Advocated for patient taken off wait list for breast reconstruction. Outcome positive surgery completed. Numerous patients I have seen who have had no idea of plan or pathway appear very distressed when I meet them face to face and totally relaxed and happy I had clarified and outlined the pathway to them by the end of my visit

CNC biggest challenges in role to date

What are the biggest challenges in this role to date? Base: number of CNCs who answered question	n=46 %
Not enough FTE	35%
Educating other health care professionals about role/Unclear role description	22%
Lack of support/buy in from stakeholders and other health care professionals/ Negative perceptions of role from other health care professionals	20%
Facilitating system change/Changing ingrained attitudes about process (advocating patient-centred approach)	17%
Meeting patient needs	15%
Integration of role into a larger team/organisation	13%
Workload of administration and reporting duties	13%
Instigating and continuing communication with health professionals across different teams and DHBs	13%
Ensuring timeliness of process	11%
Managing intersection of management duties with other role components	9%

Identifying my patient cohort across the continuum of primary to tertiary cancer care within all services / whole system service. Maintaining visibility/ relationship building with many many aspects of services i.e. clinicians (Drs, nurses of various disciplines), admin teams, managers... Balance and timing of work with patients (individuals) and systems work (services & systems) and administrative duties, meeting attendance

identifying and leading change within the system to improve the journey and timeframes

Having to explain my role to other health care professionals some of whom still don't understand what my role is; trying to ensure I contact patients as early as possible in the pathway, ideally before their diagnosis - this is proving difficult amongst some of the clinicians I work with who either don't understand my role and/or don't understand my experience; trying to manage 2 complex tumour streams on [limited] FTE is very challenging and I don't always feel I am reaching every patient;

Activities to improve the experience of Māori patients and their whānau in the cancer pathway

What are the two most important activities you undertake in your CNC role to improve the experience of Māori patients and their whānau in the cancer pathway? Base: number of CNCs who answered question	n=46 %
Referral to Māori support services, Māori health workers	67%
Ensuring timely and accessible communication	35%
Inclusion of whanau	26%
Cultural awareness/appropriateness	22%
Education	17%
Coordination of care/transport/appointments	13%
Referral to Māori CNC	11%
Identification of barriers	9%

Involve all whanau members in FSA, diagnostic procedures and breaking serious news appointments in a way they support and comfort the patient. Offer Iwi support/navigator services particularly after diagnosis made to support in community setting

Ensure assistance is available to get patients to where they need to be without barriers such as travel, finance etc.

Appendix 5: Provider feedback from survey

Provider feedback on changes attributed to CNCI

Increased/faster access to cancer care because of coordination especially at beginning of cancer journey, identification of barriers to cancer care and local solutions to these

Changes since the introduction of the CNC role **Base: Number of providers who answered question**	**n=582** **%**
Improved follow up and increased timeliness of referral, diagnosis and access to treatment and other services	23%
Improved coordination of care	21%
Improves and personalises patient care and journey. A more holistic approach to care	18%
Improves systems and makes the pathway better. Increased awareness of barriers and high risk patients	15%
Increase patients understanding of cancer and treatment	15%
Support person for patients / whānau	13%
Single point of contact for patients and whānau	12%
One person with ownership of patients care who ensures patients don’t get lost in the system	11%
CNCI has made no difference / duplicates CNS role	9%
Single point of contact for providers makes it easier for providers to get patient information	9%
Improved communication within providers i.e. with other nurses, primary and secondary care	7%
Supports us and helps us provide a better service	7%
Improved communication between providers i.e. between DHBS	6%
Patient advocacy and empowerment	6%
Improved communication between providers and patients	5%
CNC is great / CNCs personal attributes	3%
Services provided by CNC i.e. help with transport	2%
Reduces DNAs	1%

Coordination of patient care has improved, there is a smoother pathway for patients to get to multiple appointments

There is a consistent "go to" person who I can interact with regarding a patient's progress and find out how I might be able to help with the patient's journey by facilitating different aspects of care

The role is largely duplicating activity already carried out by other staff. While there may a role for a CNC , it should not be an extra step in an already complex path for our patients

Provider feedback on best things about CNC

As a clinician I get more of a 'window' into how the patient is coping, than simply from the impression gained in a busy clinic. I also know that there is someone else looking out for my patient ensuring that their pathway through the medical system is as smooth and stress-free as possible

Best thing about the cancer nurse coordinator role **Base: Number of providers who answered question**	**n=612** **%**
A dedicated person tasked with patient oversight that has in-depth knowledge of patient case, advocates for patients and ensures patients don’t get lost in the system	26%
A ‘go-to’ person for information on patient case	19%
Provides overall support and reduced stress for patients and whānau	13%
Improves processes and pathway addresses barriers & gaps in system and captures high needs patients	12%
Patient has a single point of contact for queries and advice	11%
Facilitates communication & relationships with other health care professionals. Improves transfer of patients between DHBs	10%
Improved communication with patients. Patients are more educated. Patients cultural needs are met. CNC is a good link to Māori service providers	9%
Improved timeliness (non-specific & referral/treatment process)	9%
Improved coordination of care	9%
Provides support for & alleviates workload for other health care professionals & admin staff	8%
Patients journey has improved and patients are receiving more holistic care	8%
Cancer expertise and knowledge / CNCs leadership	6%

Fantastic liaison with colleagues in other centres, makes pathway for patients smoother and generally patients are seen in a more timely manner. the role is exceptional

Patient centred care - love that someone is looking out for them on their journey.

Provider feedback on improvements to the CNC role

Increased FTE to be able to develop these roles - so difficult juggling all the background gap analysis/system reporting/data collection/new service improvements alongside looking after the patients. This role demands dedicated admin support

How can the Cancer Nurse Coordinator role be improved Base: Number of providers who answered question	n=545 %
More FTE/CNC roles/leave cover	24%
Increase awareness & understanding of CNC role. Clarification of the CNC role and reduced duplication.	13%
Satisfied with role/service	11%
Better communication & relationships with other health care professionals	8%
Increased visibility and availability of CNC. Patient centred approach where the patient is followed through the entire journey	6%
More funding, resources and support for CNCs	5%
Resource for ongoing education for CNC's. More research by CNCs to inform best practice	4%
Greater admin support for CNC role/Less administrative tasks for CNCs	4%
Improve / implement IT systems and databases for automated referrals, information sharing & tracking patients across different DHBs	3%
Improve process of referral to CNC	2%
More support for CNC role from other health professionals	2%
Space for CNC, private room or office for CNC to talk privately with patients	2%
Greater CNC involvement in MDMs. Increase amount of MDMs and improve follow up.	2%
Has made little/no impact	2%
Improve cultural literacy (Māori/Pacific/Asian) & links with Māori support services and providers/dedicated CNCs for different ethnic groups / Clarification of cancer patient criteria for CNC service	2%

Clinicians need to be made more aware of the value of this role and there needs to be more support from nursing colleagues who sometimes perceive the coordinator to be a threat rather than a help

Comprehensive automated reports … a daily report searches for key information fields that would identify relevant patients across various/wide-ranging hospital systems and databases; finding the relevant patients as early as possible in the pathway. Additionally I would look to have an automated system to advise the CNC … on which cases are approaching a new pathway phase

Appendix 6: Feedback from Senior DHB Managers and Regional Cancer Managers

Changes attributed to the introduction of the CNCI

There has also been improvement in systems allowing for faster movement of cancer patients and those suspected of having cancer to move through diagnosis and into the treatment phase of their journey

What has changed with the introduction of the Cancer Nurse Coordinator role? Base: Those who answered the question	n=38 Number	n=38 %
Improved, streamlined coordination of the patient cancer pathway / improvements for patients with complex needs	18	47%
Additional nursing expertise and resource/ single accessible point of contact for health professionals / support for other health professionals and Clinical Nurse Specialist roles	11	29%
System improvements and improvements to delivery of services / Addresses process design faults and the difficulties working across DHBs	10	26%
Improved patient care/experience	9	24%
Patient-centred care / Greater sector awareness of complexities of patient pathways and role of nursing	8	21%
Patients have an advocate who acts as a single point of contact / Patients have a better understanding of the pathway/system	8	21%
Improved timeliness in patient cancer pathway and high suspicion of cancer patient pathway	5	13%
Implementation of tumour stream standards and coordination along FCT parameters	5	13%
Identification of gaps and problem solving of individual patient cancer journeys	5	13%
Improved networks and communication between teams and other health professionals and NGOs	4	11%
Robust and meaningful data collection, reporting and administration processes	4	11%
Other	8	21%

Most significant is improved communication between teams leading to better coordination of the cancer journey for patients as they move from investigation to diagnosis and on to treatment

Fit of CNCI with other cancer workforce in DHBs

How does the Cancer Nurse Coordinator role strategically fit within the cancer workforce in your DHB? Base: Those who answered the question	n=38 Number	n=38 %
Integral to improving services and achieving health targets e.g. MOH targets, DAP intentions and goals, NPF and FCT	14	37%
Overarching role providing leadership and expertise, links all aspects of cancer care within DHB and contributes to MDMs	9	24%
Point of contact and link with MDT for patients	9	24%
Key role in cancer team (local and regional)	6	16%
Links with other teams e.g. oncology nurses / Aligned with CNS roles	6	16%
Implemented in tumour streams	5	13%
General satisfaction with fit in DHB workforce	5	13%
Not integrated into DHB	3	8%
Other	2	5%

Additional resource with an improvement focus

Dovetails well

CNCI contribution to improving quality of care across the patient pathway

We would not be able to manage the coordination of our patients care without them

How well do the Cancer Nurse Coordinator roles contribute to improving the quality of care across the patient pathway? **Base: Those who answered the question**	**n=38 Number**	**n=38 %**
Indication of valued or major contribution (in general)	18	47%
Patient focused: provides support and reduces patient anxiety, point of contact for patients, educates patients, improves patient experience	17	45%
Identified systems and service issues, addresses them/ Facilitating regional tumour standard reviews Whole system reviews / Contributes to meeting FCT targets	12	32%
Better, smoother coordination of patient cancer pathway	7	18%
Ensures timely process and early identification/ Patients are followed along pathway	5	13%
Identification of key person with oversight of patients journey for health professionals / Improved systems and patient flow / improved relationships with other health professionals	4	11%
Good for select group of patients e.g. high and complex needs patients / complex referrals	4	11%
Other	6	16%

Due to volumes, tend to focus on high and complex need patients

CNCI contribution to improving systems

How well do the Cancer Nurse Coordinator roles contribute to improving systems? **Base: Those who answered the question**	**n=38 Number**	**n=38 %**
Systems improvements made in specific areas e.g. patient journey, administration processes	20	53%
Major contribution (in general)	11	29%
Lead role in informing wider organisation needs through initiatives such as nurse-led clinics with real-time overview of system e.g. clinical audits	9	24%
Identification of issues and gaps in delivery of services	8	21%
Patient benefits/ Facilitates timely interventions in patient cancer journey	8	21%
System improvements in tumour streams/ Facilitates regional tumour stream standards reviews	4	11%
Contribution unclear	6	16%
Other	7	18%

Having an overview in real time of the patient journey from suspicion of cancer to treatment has allowed the CNC to … identify bottlenecks or key 'pressure points' in systems/processes/departments. Real time identification of issues has allowed timely intervention for single patients and planned improvements that benefit all patients. Overall the effect has been more timely journeys for many patients

Other feedback on CNC role or initiative

Having a group of CNCs that are willing and able to make changes is key to this role having a real benefit for all patients both now and in the future. Having someone navigate individual patients is helpful but ensuring that the journey through the cancer continuum is enhanced for all patients has far wider benefit

Other feedback/comments on the Cancer Nurse Coordinator role or CNC Initiative? **Base: Those who answered the question**	**n=38 Number**	**n=38 %**
General satisfaction with role/initiative	15	39%
CNCs effectiveness of implementing system changes to impact patient cancer journey valued/ individual patient management and contact valued/ timely service is provided	9	24%
Increased patient satisfaction noted / patients are less anxious and have confidence in the service	7	18%
Improves awareness of health professionals’ responsibilities to the patient/ Links primary and secondary care/ Breaks down silos	7	18%
The CNCs ‘fit’ within wider cancer team is crucial for management and other staff to provide adequate support for role	6	16%
Initial role description unclear, created issues/ Have not received enough information about role	5	13%
CNCs impact through system improvements is valued	4	11%
Additional FTE needed	3	8%
Other	7	18%

Finding the right place within organisational structure is a challenge

Appendix 7: Patient feedback from survey

Best thing for patients about having a CNC

Best thing for patients about having a Cancer Nurse Coordinator **Base: Number of patients who answered question**	**n=579** **%**
Approachable accessible person for patient and whānau to contact with issues and questions	25%
Identifiable single point of contact for patient	22%
Provided overall support for patient and whānau	20%
Can rely on CNC to respond promptly / CNC pulls it all together and gets me the help I need	19%
CNC is a knowledgeable source of information who explains things in layman's terms	17%
CNC attributes – understanding, kind, caring, friendly, lovely etc.	17%
Patient did not feel lost in the system. Alleviated stress and provided reassurance that someone had oversight.	13%
A good service that makes the journey easier and helps patients navigate the hospital system.	11%
Coordination of appointments, meetings and travel. Ensuring timeliness of referrals / treatment	10%
CNC attendance at appointments and meetings	6%
Good interface for patient with secondary care	5%
No contact or minimal contact. Don't see the need for the role. No benefit.	5%
Help with other services / transport etc.	2%
Visited at home /	2%
	1%
	2%

Everything she has helped me in so many ways

Having an organised, friendly & caring person coordinating a bewildering array of appointments for meetings, tests and treatments, notifying me promptly and sending reminders removed a lot of stress from me and my family … her 'just touching base-call me any time' messages reassured me that I was a person, not just a statistic

Patient suggested improvements to CNC

This service is great compared to my experience of previous [years], thank you

Improvements to CNC role **Base: Number of patients who answered question**	**n=408** **%**
Satisfied with service / No improvement needed / Nurse was very professional / Retain role/service and continue as it is	60%
More CNCs / More resources and supports for CNCs	12%
More regular communication /More hands-on contact / Home visits / More accessible	7%
Better introduction of CNC and explanation of CNC role / better information sharing and handover of patient case	5%
Improve follow up procedures / Didn’t explain handover clearly	5%
No contact / Minimal contact	4%
Earlier appointment / More prompt referral	2%
Help with other services – transport, wigs	1%
Provide more information / All the options	1%
Don’t like the use of term cancer on business cards, being referred to a cancer nurse coordinator before cancer is confirmed	1%
Other	9%

I know they are busy people and I was not the only person {CNC} had to look after but often it was an answer phone and sometimes no one got back to me for several days. I think the service is a good idea but it's isn't quite working yet.

Appendix 8: High suspicion of cancer patient feedback from survey

High suspicion of cancer patients best thing about having a CNC

Boosts confidence in the unknown. Boosts ability to cope with difficult situation. Can ask a 'silly' question without being embarrassed

Best thing for patients about having a Cancer Nurse Coordinator Base: Number of high suspicion of cancer patients who answered question	n=68 %
Approachable accessible person for patient and whānau to contact with issues and questions	35%
Can rely on CNC to respond promptly. CNC pulls it all together and gets me the help I need.	31%
CNC attributes – understanding, kind, caring, friendly, lovely etc.	22%
Patient did not feel lost in the system. Alleviated stress and provided reassurance that someone had oversight.	19%
Identifiable single point of contact for patient	13%
Provided overall support for patient and whānau	13%
CNC is a knowledgeable source of information who explains things in layman's terms	10%
A good service that makes the journey easier and helps patients navigate the hospital system.	10%
Coordination of appointments, meetings and travel. Ensuring timeliness of referrals / treatment	4%
Good interface for patient with secondary care	3%
CNC attendance at appointments and meetings	1%
Other	9%

Everything falls into place. Care delivered on time. Family well involved

High suspicion of cancer patients suggested improvements to CNC

It can't, found the service excellent, I felt very secure which was wonderful at that time

Improvements to CNC role Base: Number of high suspicion of cancer patients who answered question	n=45 %
Satisfied with service / no improvement needed /nurse was very professional / Retain role/service and continue as it is	61%
More CNCs / More resources and supports for CNCs	7%
No contact / minimal contact	7%
Better introduction of CNC and explanation of CNC role / better information sharing and handover of patient case	2%
Improve follow up procedures /Didn't explain handover clearly	2%
Earlier appointment / more prompt referral	2%
Provide more information / all the options	2%
Other	9%

I feel very strongly that the nurse co-ordinator details should be given to the patient on the first appointment … if I had had the nurse coordinators details - would have saved a lot of stress.

Appendix 9: Analysis of CNC system logs received from 19 DHBs

Number of system projects across 19 DHBs

DHB	Period	Number of projects
Capital and Coast	01/2013 – 04/2015	26
Waikato	2014 - 04/2015	25
Bay of Plenty	01/2014 - 04/2015	21
Southern	08/2013 - 04/2015	16
Nelson Marlborough	Not known	13
Auckland	12/2013 - 04/2015	12
Tairawhiti	01/2014 - 04/2015	12
Canterbury	01/2014 - 04/2015	10
Northland	2013 - 04/2015	10
South Canterbury	04/2013 – 04/2015	10
Whanganui	04/2013 - 04/2015	10
Hutt Valley	12/2014 - 04/2015	9
Wairarapa	10/2014 - 04/2015	8
Waitemata	Not known	7
West Coast	2013 - 04/2015	6
Mid Central	12/2014 - 04/2015	5
Taranaki	06/2013 - 04/2015	5
Hawke’s Bay	01/2014 - 04/2015	4
Counties Manukau	12/2013 - 04/2015	2
Total		**211**

Care is needed in interpreting table as:

1. The reported durations vary across DHBs ranging from 28 months (e.g. Capital and Coast) to 5 months (e.g. Hutt Valley)
2. Not all CNCs completed a system log
3. For around 12 months Auckland and Capital and Coast DHB were solely focused on identifying gaps in service delivery and undertaking projects around the tumour pathway

Source: System logs completed by CNCs across 19 DHBs

Descriptions of system projects completed or undertaken

Description of system projects	n=211 Number	n=211 %
Review and revision of patient pathway / Mapping tumour streams / tumour stream improvements	38	18%
Develop / implement protocols and tools (e.g. patient tracking system, MOSAIQ, DNA reminder system, Screening for Distress and Triage)	25	12%
Developing or supporting MDMs	24	11%
FCT data collection, advice or system development	21	10%
Equity projects (Screening for Distress, DNAs, National Travel Assistance, improving cancer care pathway for Māori)	20	9%
Developing patient information resources (e.g. booklets, pamphlets, resource folders)	13	6%
Personal development / forums / Education or assisting with education for other nurses and health professionals working with patients and whānau effected by cancer	12	6%
Supporting establishment and/ or evaluation of the Tumour Standards	11	5%
Facilitating / improving processes for working between different DHBs	8	4%
Increase awareness / accessibility of CNC understanding of CNC role	7	3%
Referral process - secondary care	6	3%
Referral process - primary care i.e. GPs	5	2%
Establishing or attending clinics (new ways for the CNC working in clinics)	5	2%
Develop / implement processes to improve communication to ensure timeliness of support and services	3	15
Referral to other services i.e. counselling, input into other services (palliative care)	1	0
Reports on service structure or developing services	1	0
Developing resources to support assessment, care planning, transition or referral	1	0
Improve patient outcomes through access to resources e.g. access to humidifiers ADHB	1	0
Develop CNC skills to provide specialist care	1	0

Source: System logs completed by CNCs across 19 DHBs

Barriers faced by CNCs when seeking to implement

Barriers to CNCs undertaking and implementing system projects	n=211 Number	n=211 %*
Lack of buy-in / Not working together / Others not fulfilling agreed duties	35	17%
CNC workload resulting in a lack of time for system projects	29	14%
Current systems or IT infrastructure not capable to the process required to initiate system improvements	26	12%
Lack of time - others and unspecified	24	11%
Lack of resources	24	11%
Required a change in protocol /Practice and there is a resistance to the change	19	9%
Communication within the hospital system where there is a large number of staff with different opinions. Personal changes. Coordination of multiple staff members.	15	7%
Other practitioners lack of skill / specialist knowledge (e.g. staff not understanding how to dial into virtual meeting room for MDM)	10	5%
Challenges in getting the group together	7	3%
Gatekeeping / Blocking	5	2%
Other practitioners lack of awareness of CNCs role, scope and capabilities	3	1%
Other	21	10%

Source: System logs completed by CNCs across 19 DHBs;
*Percentages add to more than 100 as some projects had multiple barriers

Outcomes of systems projects

Outcomes of Systems Projects	n=211 Number	n=211 %*
Created a tool / protocol. Tool / protocol is used.	36	17%
Tumour stream /pathway mapped. Barriers identified. Plans put in place to address barriers. Systems are becoming more streamlined / standardised / more easily identified. Systems tightened to reduce risk of patients falling through the gaps.	29	14%
Improved referral pathway/ process / information / amount of referrals / timeliness of referrals	22	10%
Useful data is being collected / data that is collected is usable i.e. gives a good printout	12	6%
Improved timeliness and access to treatment and investigations	11	5%
Improved communication between others doctors specialists DHBS/ video link established	10	5%
Supporting other staff and implementation of new roles. Education program being delivered to nurses / other staff/ providers	9	4%
Meetings are now held	9	4%
Health professionals understanding and awareness of support services has improved	8	4%
Creation of a resource for patients. Patients have access to information and are more informed / Support or education groups held for patients / community.	7	3%
Increased awareness of CNC role / increased understanding of CNC role / increased appreciation for the CNC role	6	3%
Improved communication with the CNC and primary or secondary providers i.e. GP other departments / improved working practices between CNCs	5	2%
Review completed / Plans put in place /Revision / recommendations accepted e.g. revised TOR for MDM	5	2%
Raised awareness of FCT / increased understanding of FCT	3	1%
Work in progress	54	26%
Other	30	13%

Source: System logs completed by CNCs across 19 DHBs;
*Percentages add to more than 100 as some projects had multiple outcomes

Appendix 10: Triage and referral management tool

Draft: Triage and management of referrals to Cancer Nurse Coordinator

Triage Category	Presentation	Action	Outcome
1	Confirmed diagnosis Requires psycho-social support AND/ OR Has complex care coordination needs Has poor understanding of treatment trajectory Nurse Coordinator acts as primary nurse	Comprehensive assessment Liaise with MDM to identify a coordinated plan of care Act as first point of contact Lead role in facilitating care Patient care is focused on symptom management, information and supportive care Recognise barriers in care and opportunities to progress service development	Patient is enrolled in care of Cancer Nurse Coordinator
2	High suspicion of cancer or confirmed diagnosis Requires psycho-social support AND/ OR Has complex care coordination needs Clear treatment pathway identified Engaged with HCP at key points on treatment trajectory	Comprehensive assessment Liaise with MDM to identify a coordinated plan of care Patient care is focused on support and information Manage transition between treatment services Referral to support services Recognise barriers in care and opportunities to progress service development	Patient is enrolled in care of Cancer Nurse Coordinator
3	Confirmed cancer diagnosis Single modality treatment Psychosocial needs are met Does not meet DHB criteria for complex care coordination Engaged with established treatment team	Review referral and patient information Liaise with treatment teams as necessary Signpost availability of information and education materials Update patient records as required Maintain data	Patient registered with Cancer Nurse Coordinator Patients care will be managed by established DHB (cancer) services
4	High suspicion of cancer Psychosocial needs met Does not meet DHB criteria for complex coordination Patient has clear understanding of the diagnostic pathway	Review referral and patient information Liaise with treatment team as necessary e.g. GP, MDM Update patient records as required Maintain data	Patient registered with Cancer Nurse Coordinator Initiative