

Duty List – Cancer Nurse Coordinator



Type	Procedure	Approved by	Director, Primary Care
Department	Primary Care	Service	Community Health

PURPOSE

To provide staff appointed to a position details of the inherent requirements and or duties of the position.

TARGET AUDIENCE

Portland District Health (PDH) staff appointed to a position as per position statement

POLICY / PROCEDURE / GUIDELINE

- Assume responsibility and accountability for own actions and the delegation and supervision of nursing care to other Registered Nurses (RNs).
- Promote optimal outcomes while delivering values based and patient centred care through competent practice in the following functional areas

Coordination of Care	<ul style="list-style-type: none"> - Assesses patient needs upon initial encounter and periodically throughout navigation, matching unmet needs with the appropriate services and referrals and support services , such as palliative care, allied health, medical specialists and financial services - Identifies potential and real barriers to care (e.g. transportation, caring responsibilities, housing, language, culture, literacy, employment, financial) and facilitates referrals as appropriate to mitigate barriers - Develops knowledge of available local, community and national resources and the quality of services provides; also established relationships with the provider of these services - Uses appropriate screening/ assessment tools and methods (e.g. carer stress, pain scale, motivational interviewing) to promote a consistent wholistic plan of care - Facilitates timely scheduling of appointments, diagnostic testing and procedures to advance the plan of care and to promote continuity of care - Participates in coordination of the plan of care with the multidisciplinary team, promoting timely follow up on treatment and supportive care recommendations - Facilitates individualised care within the context of functional status, cultural considerations, health literacy, psychosocial and spiritual needs for the patients, families and care givers - Applies knowledge of clinical guidelines and speciality resources throughout the cancer continuum - Support a smooth transition of patients from active treatment into survivorship, chronic cancer management or end of life care - Assists patients with cancer with issues related to treatment goals, advanced care directives, palliative care and end of life concerns using a framework that is non-judgemental and non-discriminatory - Maintains accurate and timely documentation of patient encounters and provided services
Communication	<ul style="list-style-type: none"> - Builds therapeutic and trusting relationships with patients, families and caregivers through effective communication and listening skills

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	<ul style="list-style-type: none"> - Act as a liaison between the patients, families and caregivers and the providers to optimize outcomes - Advocates for patients to promote values based and patient centred care that includes shared decision making and patients goals of care with optimal outcomes - Provides psychosocial support to and facilitates appropriate referrals for patients, families and care givers , especially during periods of high emotional stress and anxiety - Empowers patients and families to self-advocate and communicate their needs - Adheres to established regulations concerning patient information and privacy - Promotes a patient and family centred environment to enable ethical decision making and advocacy for patient with cancer - Ensures all communication is culturally sensitive and appropriate for identified level of health literacy - Facilitates communication among members of the multidisciplinary team to prevent fragmented or delayed care that could adversely affect patient outcomes - Provides cancer care information and awareness raising to groups, as approved by the Nurse Unit Manager 		
Education	<ul style="list-style-type: none"> - Assesses educational needs of patients, families and caregivers by taking into consideration barriers to care (e.g. literacy, language, cultural influences, comorbidities) - Provides and reinforces education to patients, families and caregivers about diagnosis, treatment options, side effect management and post-treatment care and survivorship - Educates patients, families and care givers on the role of the Cancer Nurse Coordinator - Orientates and educates patients, families and care givers to the cancer care pathways, the multidisciplinary team member roles and available resources - Promotes autonomous decision making by patients through the provision of individualised education and support - Educates and reinforces the significant adherence with patients, families and care givers regarding treatment schedules, protocols and follow up - Assesses and promotes healthy lifestyle choices and self-care strategies through education and referral to services - Provides anticipatory guidance and manages expectations to assist patients in coping with the diagnosis of cancer and its potential or expected outcomes - Obtains or develops oncology related education material for patients, staff and community members, as appropriate 		
Professional Role	<ul style="list-style-type: none"> - Promotes lifelong learning and evidenced based practice to improve the care of patients with a past, current or potential diagnosis of cancer - Demonstrates effective communication with peers, members of the multidisciplinary team and community organisations and resources 		

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	<ul style="list-style-type: none"> - Contributes to the PDH Cancer care and Community Palliative care services and plans through role development, implementation and evaluation of strategies - Participates in the tracking and monitoring and reporting of data and patients outcomes to evaluate the outcomes of the cancer care coordination service and role - Collaborates with PDH Cancer care and Community Palliative care services to elevate data from community needs assessments to identify areas of improvement that affect the cancer care coordination process and participate in quality improvement based on identified gaps - In collaboration with other members of the healthcare team, builds partnerships with local providers and groups that may assist with cancer patient care, support or educational needs. - Establishes and maintains professional role boundaries with patients, caregivers and the multidisciplinary care team in collaboration with the Nurse Unit Manager.
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Source: Oncology Nursing Society. '2017 Oncology Nurse Navigator Core Competencies'

- Foster positive team dynamics and workplace culture.
- Ensure documentation of client/patient/resident care is in accordance with Portland District Health policies and discipline specific guidelines.
- Collate and report data that will assist in the development of appropriate pathways and protocols as well as the management and evaluation of the service.
- Facilitate a learning environment by implementing strategies that support and promote education, learning, and workforce development, including leadership and research initiatives.
- Actively participate in clinical networks and work collaboratively with health care teams across the care continuum.
- Participate in ongoing professional development of self and others, particularly other Registered Nurses, and take an active role in the performance appraisal process.
- Undertake relevant professional development and training, including PDH mandatory training, and maintain Continuing Professional Development (CPD) portfolio and renewal of registration with Australian Health Practitioner Regulation Agency (AHPRA)
- Contribute to quality health care and the nursing profession, by participating in research activities
- Ability to organise programs and/or special projects, as required and/or delegated.
- Demonstrate the ability to assume extra responsibilities as requested by the line manager or senior clinicians.
- Attend team meetings and other relevant external meetings as directed by line manager.
- Participates in approved research, as appropriate
- Other duties as required or directed to undertake

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DEFINITIONS / ABBREVIATIONS

Duty List – A list of the main tasks (inclusive of the inherent requirements) of the position.

EVALUATION

This document will be reviewed in the event of a change to position duties, prior to advertising for a new position or within 3 years.

KEY ALIGNED DOCUMENTS

Occupational Health & Safety Policy
Recruitment and Selection Policy

KEY LEGISLATION, ACTS & STANDARDS

NSQHS Standards Edition 2
Aged Care Quality Standards
Fair Work Act 2009

REFERENCES

AUTHORS / CONTRIBUTORS

Name	Position	Review date
Name	Position	Date
Margaret Cadenhead	Director, Primary Care	17 June 2020
Joanna Spurge	Nurse Unit Manager	
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