

Bayside Health

Alfred Care Group

Establish, Expand, Sustain: The Advanced Practice Nurse In Cancer Care

Ellen Heywood

Director of Operations
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Co-Vice President
Board of Directors
Cancer Nurses Society of Australia

Connected for quality care



Bayside Health

Alfred Care Group

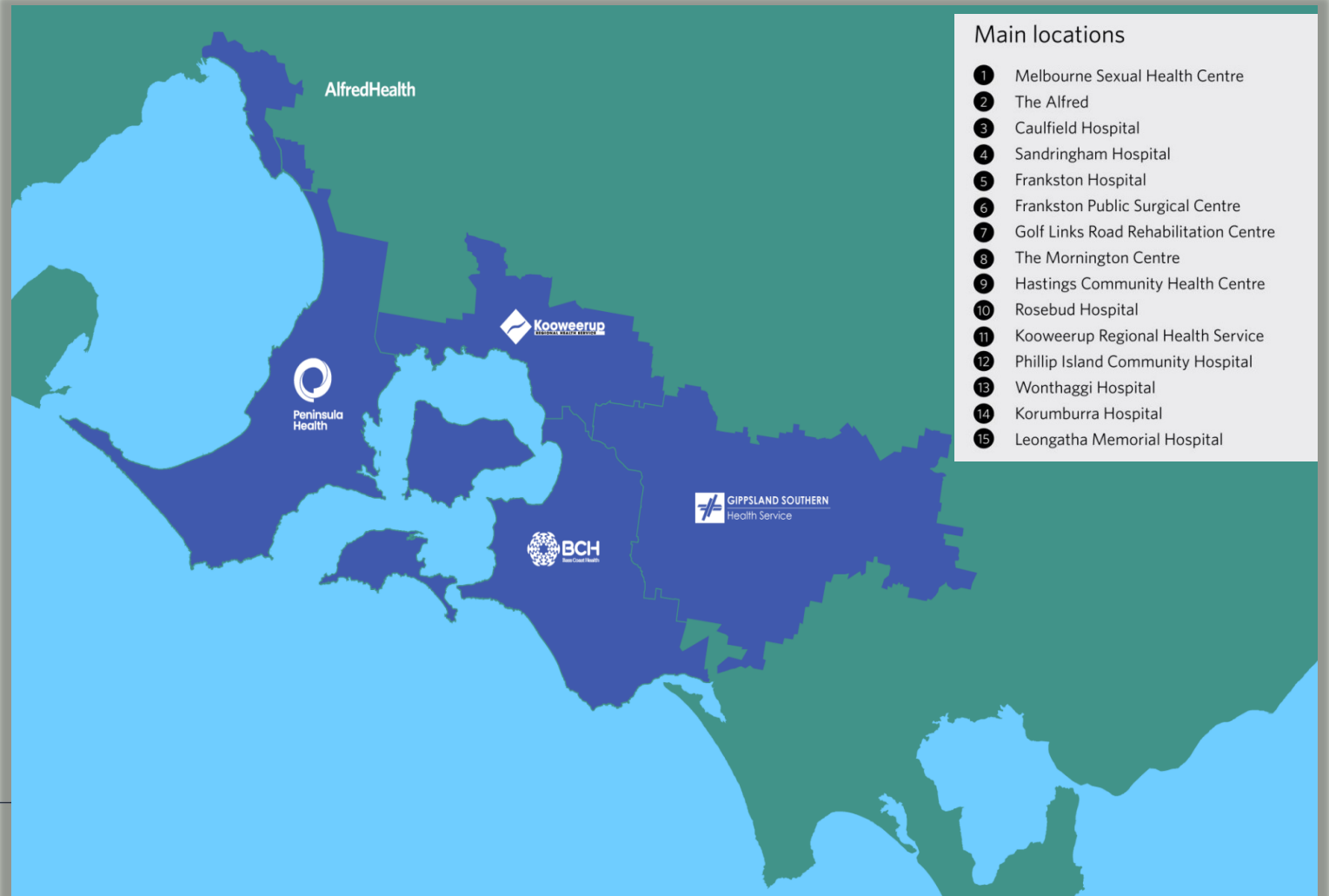
What we will cover:

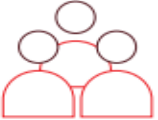
- Bayside Health Alfred Care Group & the Alfred Cancer Program
- Where we began ...
- Fundamentals – Funding Models & Data
- Cancer@Home
 - SURC
 - PATS
 - HITH
 - APNs
 - Patient Navigators
 - Allied Health
- Succession Planning & Career Pathways


Connected for quality care




Bayside Health – 1st January 2026 1.2m catchment



 **770,000** people in our catchment

 **18** statewide services

 **3** hospital campuses

Alfred Cancer Program FY24

Our patients



RURAL AND REGIONAL PATIENTS ARE SUPPORTED TO RECEIVE THEIR CARE AT THEIR LOCAL HEALTH SERVICE

34%

RESIDE WITHIN OUR COMMUNITY

Our services



11,000 +

INDIVIDUAL PATIENTS PER YEAR



66,000+

PATIENT ENCOUNTERS



8%

GROWTH PER YEAR

Our people



600+

STAFF ACROSS THE PROGRAM

6

NURSE PRACTITIONERS

5 NP CANDIDATES

28

NURSE CONSULTANTS

1

PROF CANCER NURSING RESEARCH

Admitted services



8%

EMERGENCY ADMISSIONS

92%

PLANNED ADMISSIONS

Outpatient services



66,000+

APPOINTMENTS



32%

GROWTH



60-79 Years Old

AVERAGE AGE



36 CHAIRS
50 MULTIDAY BEDS



RADIATION THERAPY

5

LINEAR ACCELERATORS

Trials

PATIENTS **1,000+**

TREATMENTS **9,500+**

GROWTH **93%**

Bayside Health

Where we began ... 2021

Haematology

3.0EFT Nurse Practitioners (NP)

0.8EFT BMT CNC

1.0EFT Donor Coordinator



Medical Oncology & Palliative Care

1.5EFT 'all cancer' CNC

1.0EFT Palliative Care NP

4.0EFT Palliative Care CNC

- Covid
- No @home services
- Limited allied health support
- Pending introduction of CAR-T...

Funding Models

- NWAU – National Weighted Activity Unit
 - Admitted & Non-Admitted
 - Cost standardisation
 - Funding allocation
 - Complexity adjustment
 - Financial Incentive
- Variability
 - State based funding
 - Public vs Private
- Considerations
 - NWAU growth allocation
- MBS - Medicare Benefits Schedule
 - Nurse Practitioner clinics



<https://www.health.vic.gov.au/data-reporting/national-funding-model-implementation-resources>

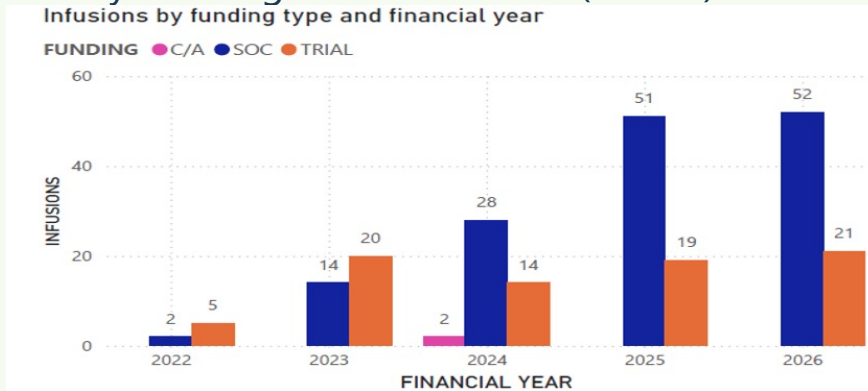
The Game Changer – Tier 2 Non-admitted Services Classification

- Tier 2 clinics are a classification system used to categorise and count non-admitted hospital services for activity-based funding purposes
- Classified to one of the groups below on the nature of the service provided;
 - Procedures (10 series)
 - Medical consultation services (20 series)
 - Diagnostic services (30 series)
 - Allied health or clinical nurse specialist interventions services (40 series)



The Power of Nursing Data: Metrics That Matter

Activity data – growth in service (CAR-T)

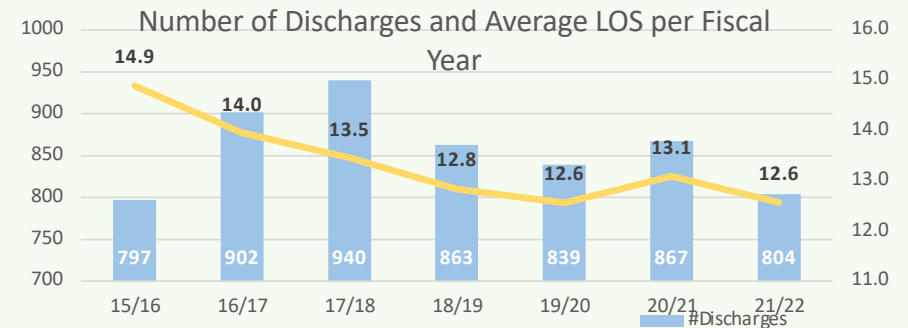


ED Presentations avoided (SURC)

| 2019/20 | | | 2022/23 | | |
|---|---------------|-----------|---|---------------|-----------|
| Elective vs Emergency by Admission Unit | | | Elective vs Emergency by Admission Unit | | |
| ADMIT_INDICATOR | 1 | .Y | ADMIT_INDICATOR | 1 | .Y |
| Sum of ADMIT_INDICATOR | Column Labels | | Sum of ADMIT_INDICATOR | Column Labels | |
| Row Labels | Elective | Emergency | Row Labels | Elective | Emergency |
| BMT | 69% | 31% | BMT | 78% | 22% |
| HAEM | 50% | 50% | HAEM | 66% | 34% |
| HTH | 11% | 89% | HTH | 10% | 90% |
| MONC | 22% | 78% | MONC | 35% | 65% |
| RADT | 51% | 49% | RADT | 59% | 41% |
| Grand Total | 44% | 56% | Grand Total | 55% | 45% |

Table 1: Reduction in Emergency presentations across the program FY19/20 vs 22/23

Inpatient bed days saved - BMT



- Admission to inpatient beds avoided
- Reduction in LOS
- Chair time availed

- Staff experience
- Patient experience

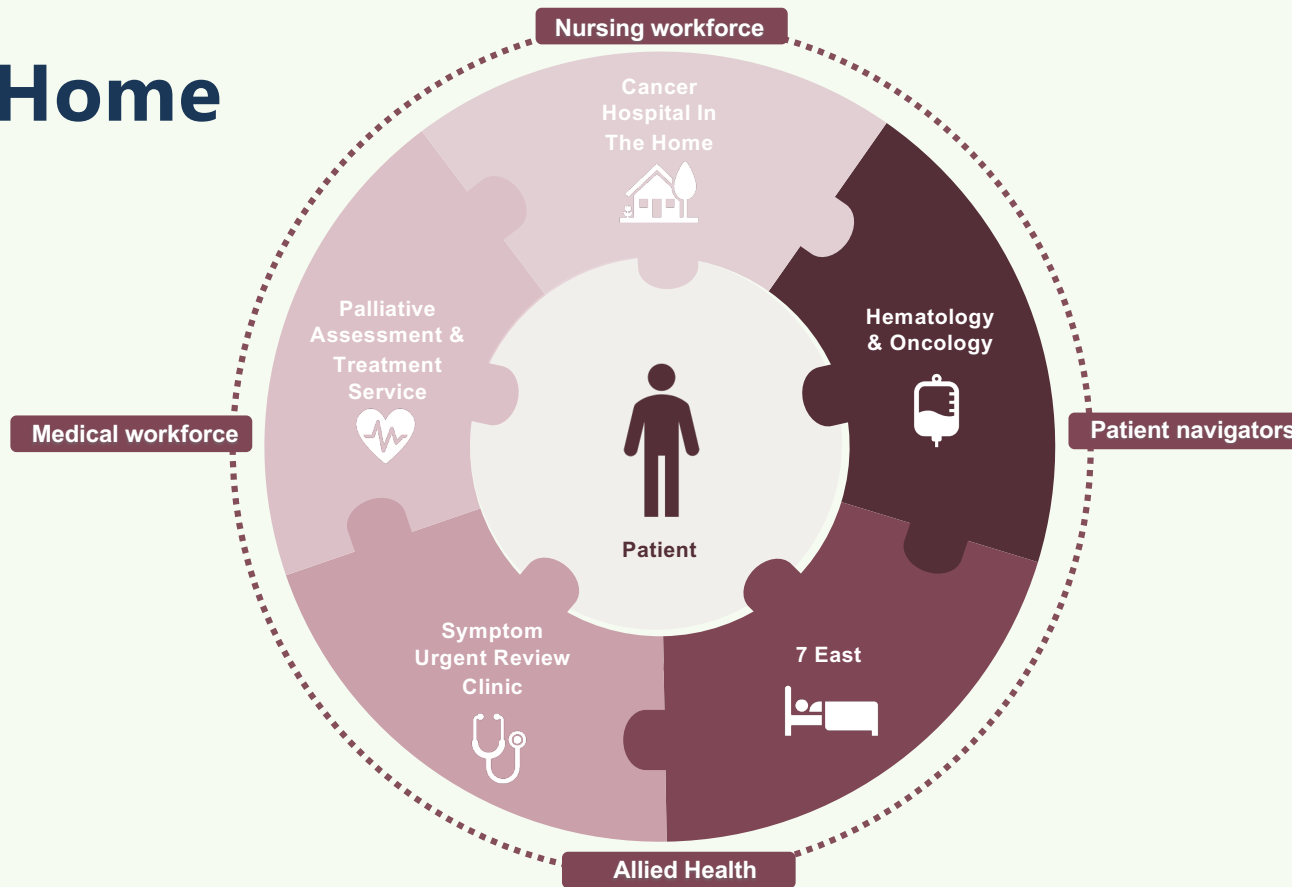
Qu.) Please provide any additional comments you would like to make about your experience of the Symptom and Urgent Review Clinic.

"My experience and overall peace of mind has been improved greatly by the existence or the SURC"

"For me, it was crucial. Having someone available to ask questions of, keep an eye on me, and keep me laughing was central to my safe recovery"

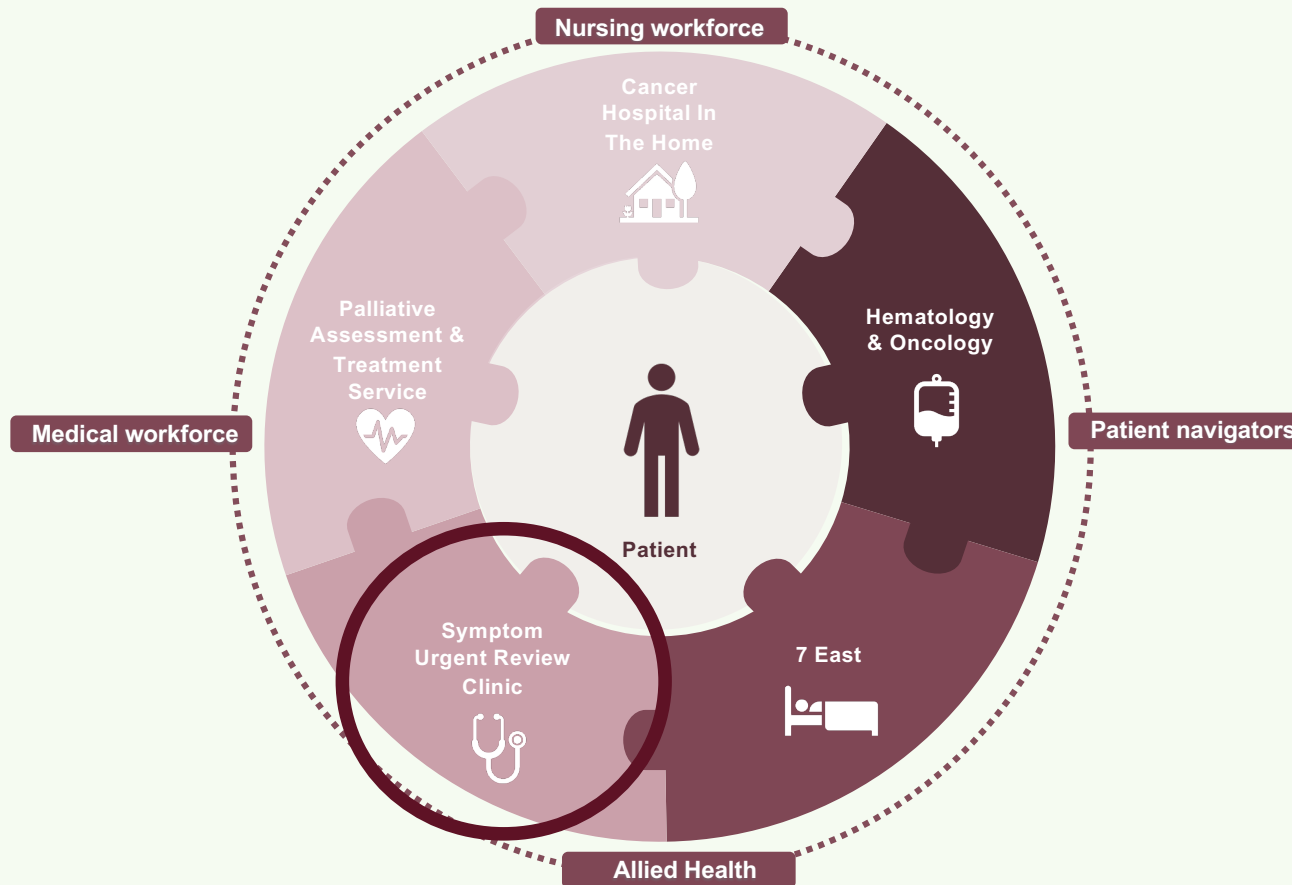
The VISION

Cancer@Home



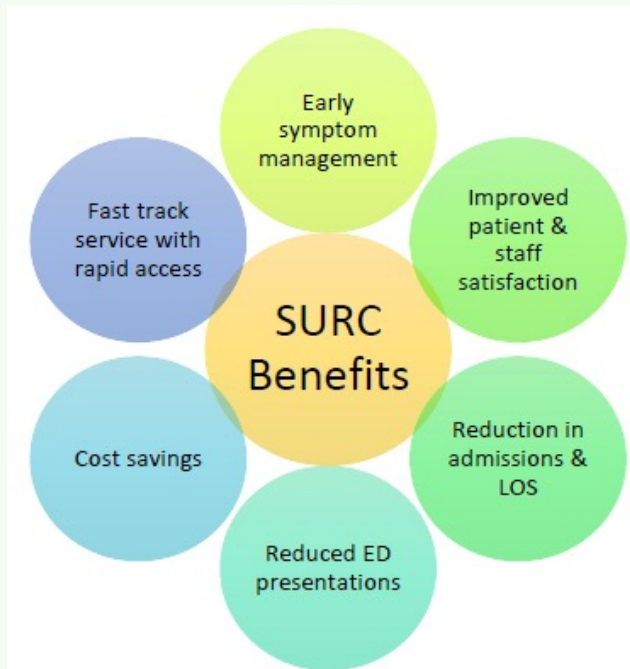
Cancer@Home

SURC



SURC – Symptom & Urgent Review Clinic

- DoH Grant to comment clinic with 1.0EFT CNC over 12 months



Operational Improvements as documented by SURC Nurse (Sept 2020 – June 2021)

| Improvement | Rational | Total amount of patients |
|--|--|--------------------------|
| ED presentations avoided by cancer patients | Patient attended SURC rather than ED | *176 (12%) |
| Hospital admissions avoided (multiday) | Improved self-management through education and more timely management of patient symptoms facilitated by SURC telephone advice | 52 (3.5%) |
| Haematology/Oncology Centre (HOC) admissions avoided (sameday) | Patient attended SURC rather than impacting on flow and workload within HOC | 328 (22%) |

*Denominator - 1474 episodes of care
Data captured through RedCaps

<https://www.health.vic.gov.au/cancer-treatment/symptom-and-urgent-review-clinic-initiative>



Business Case – Turn data into dollars

SURC Modality and Estimated Funding Potential (1 December 2020- 1 June 2021):

| Location | Funding source | Number of appointments | Funding amount \$ | Nurse Practitioner NWAU revenue through MBS |
|----------------------------|----------------|------------------------|--|--|
| HOC | WIES | 175 | $\$483.10^* \times 175 = \$84,542.50$ | Item #: 82205 - $\$18.55 \times 175 = \$3,246.25$ |
| Virtual-HOC (Face to Face) | WASE | 65 | $\$431.49^{**} \times 65 = \$28,046.85$ | Item #: 82205 - $\$18.55 \times 65 = \$1,205.75$ |
| Virtual-HOC (Telephone) | WASE | 736 | $\$283.88 \times 736 = \$208,935.68$ | Item #: 91192 or 91193 - $\$8.50 \times 736 = \$6,256$ |
| | | | TOTAL = \$ 332,233 over 6 months = \$666,466 over 12 months | |

Note: Retrospective data from Sept-Nov 2020 not available through Cerner, therefore funding amount likely to be higher than reported here

*WIES revenue is at 50% due to being paid marginal funding above activity targets, with an NWAU model the revenue could be more.

**WASE coded to 40.48 earns $1.52 \times \$283.88 = \431.49

As advised by the Performance and Analysis Unit

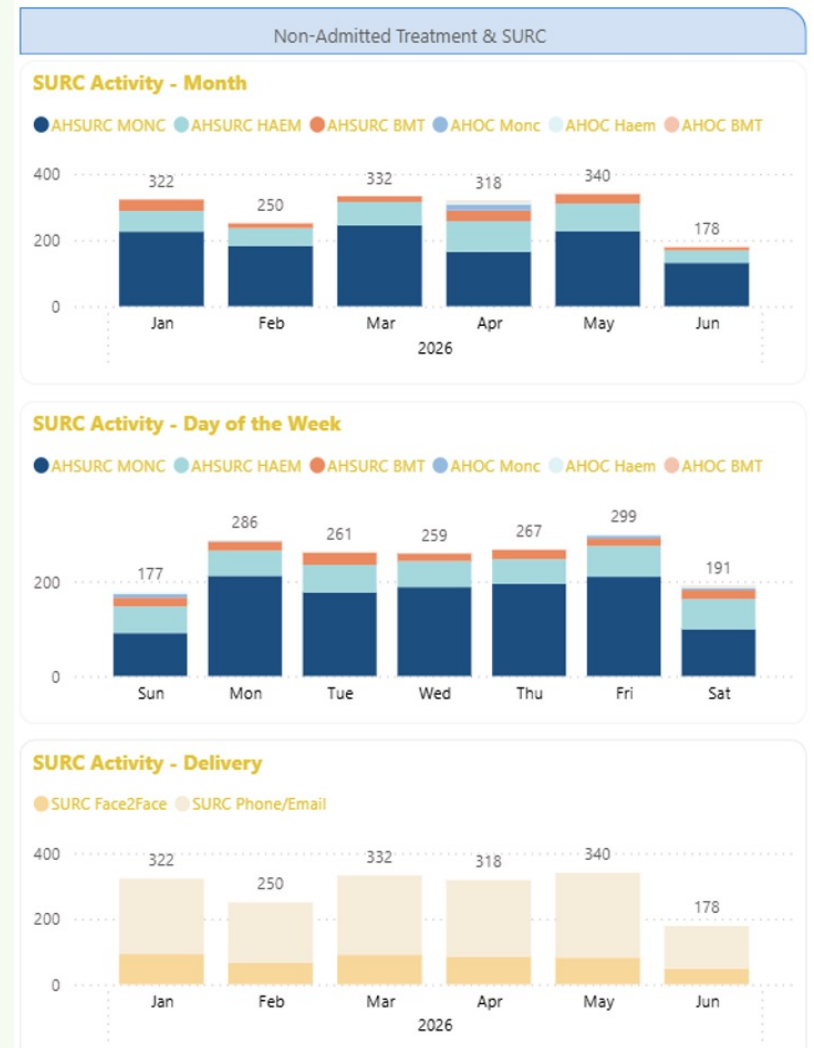
| Service delivery | Requirements | Cost | Revenue | Deficit / (Surplus) |
|------------------|--|------------------|------------------|---------------------|
| SURC Program | Staffing | | | |
| | • Clinical Nurse Consultant 1.75EFT, 7-day service | \$300,592 | \$666,466 | (\$177,220) |
| | • Pharmacist = 0.51EFT | \$92,104 | | |
| | • Junior Medical Staff 0.19EFT Weekend cover | \$58,447 | | |
| Consumables | \$35,103 | n/a | | |
| TOTAL | | \$489,246 | \$666,466 | (\$177,220) |

SURC Dashboard

- March 2022 Department of Health -100K Symptom and Urgent Review Clinic (SURC) - Covid-19 Support and Recovery funding

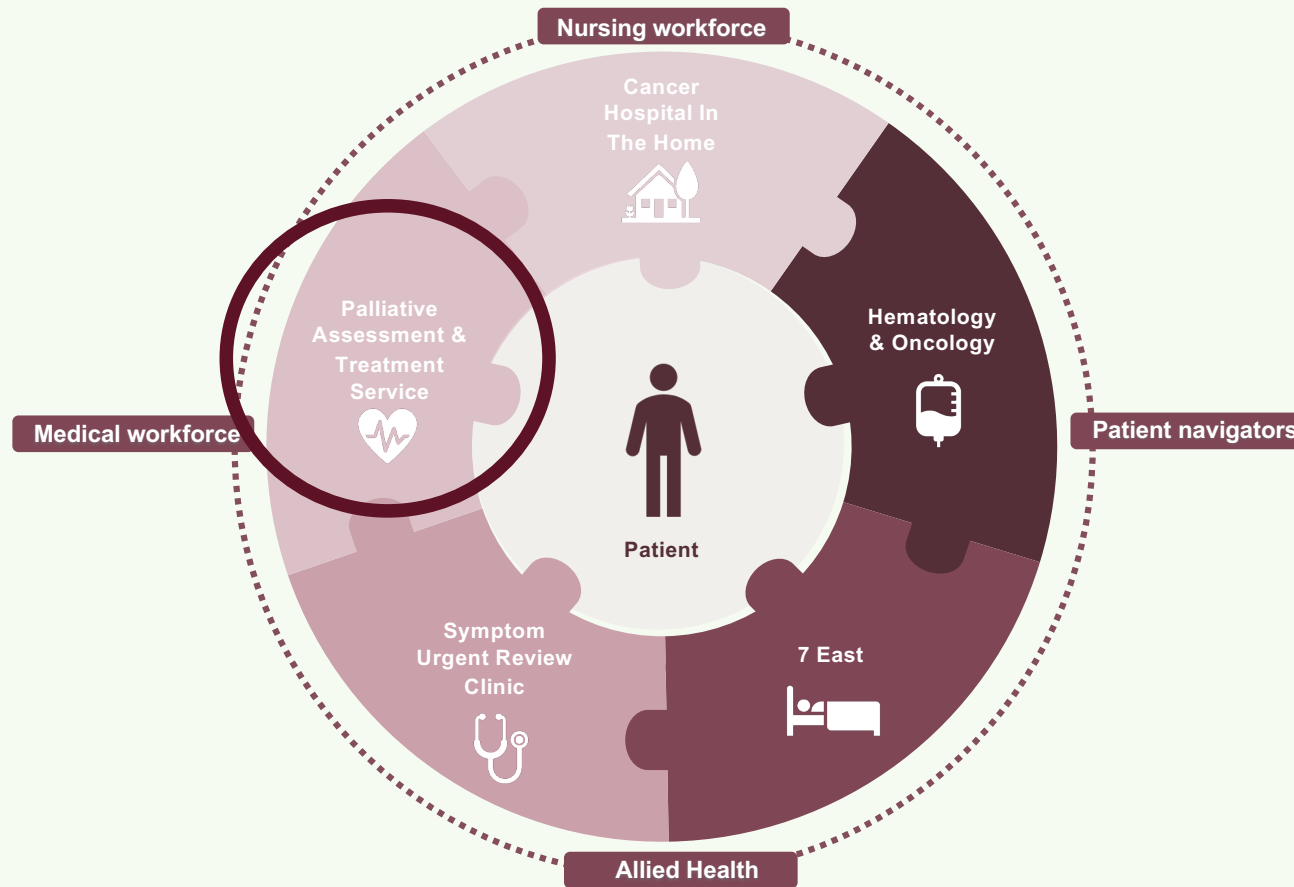
Focus of the funded SURC project

1. further develop pathways to link with Alfred Health Virtual Emergency Department
2. manage the appropriate and timely progression of care of COVID positive patients, including commencement of anti-viral treatment in addition to their anti-cancer therapy
3. manage suspected COVID (SCOVID) 'at risk' patients enabling specific treatment pathways depending upon whether the patient is symptomatic or asymptomatic
4. manage cancer patients who are outliers in wards across the health service; displaced due to the transplant and newly diagnosed demand



Cancer@Home

PATS



Palliative Assessment and Treatment Service (PATS)

PATS helps to navigate care, connect systems, improve lives, and honors individual goals.

Acknowledgment

Fiona Mitchell PATS Nurse Practitioner Candidate

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Palliative Assessment and Treatment Services (PATS)

- PATS is an Acute Palliative Care Outreach Service.
 - Initially funded in 2019 through a Victorian DoH grant
- Funded for full time Nurse Practitioner
- Supported by Palliative Care Medical Specialists.
- Partnering with General Medicine and the Complex Care Program (Hospital Admission Risk Program - HARP).
- NWAU funding has enabled expansion of the service
 - full time Grade 5 Clinical Nurse Consultant from 2025

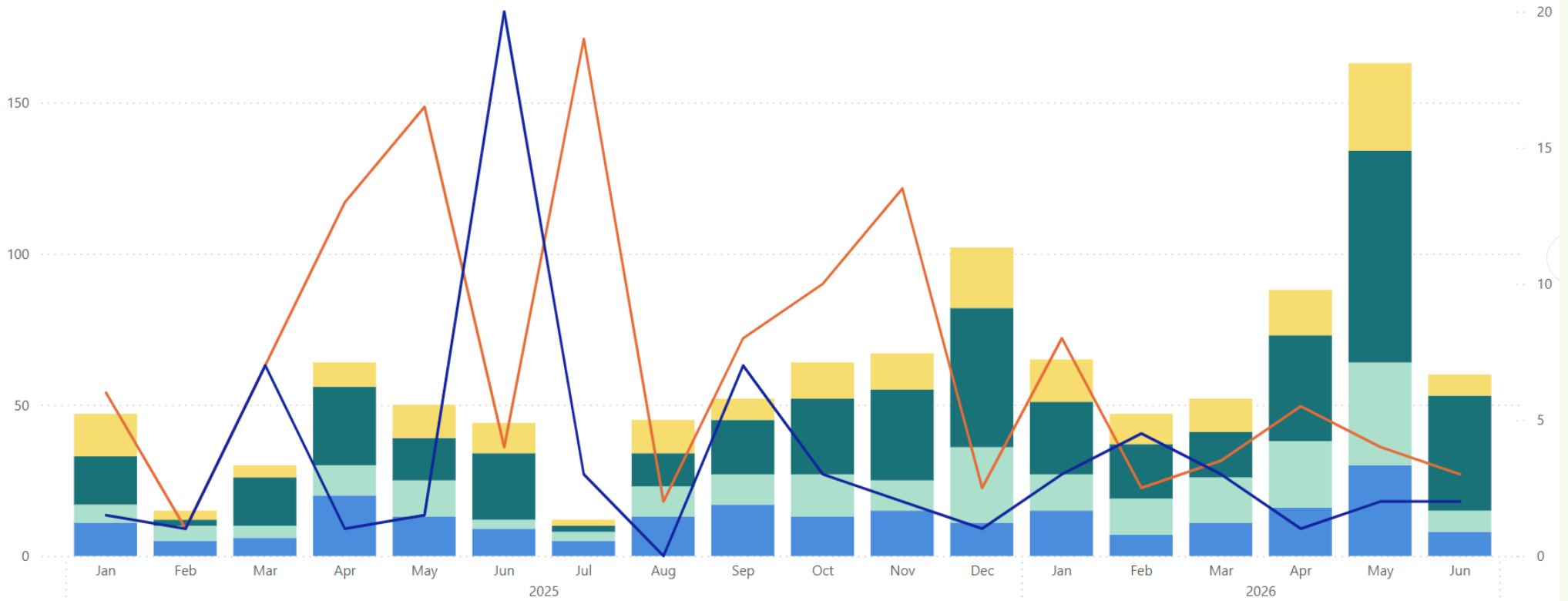


PATS Dashboard

[Back to report](#)

PALLIATIVE ASSESSMENT AND TREATMENT SERVICE

● Palliative Care PATS Referral
 ● PATS Initial Assessment
 ● PATS Ongoing Assessment
 ● PATS Outcome
 ● Median Palliative Care LOS (days)
 ● Median Palliative Care Timeliness (days)

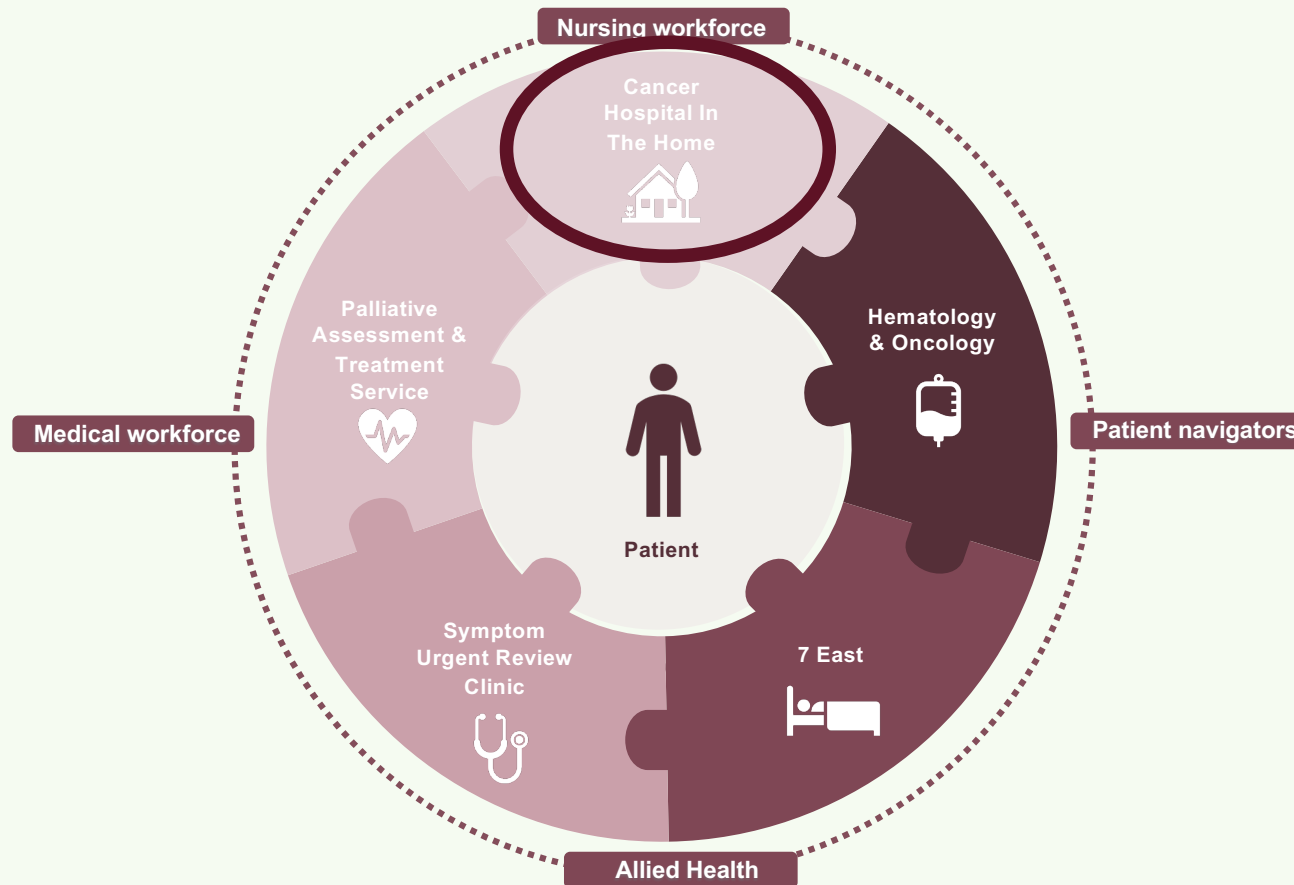


PATS Key Achievements 2024-2025

- **Early Access & Timeliness** : Median time to review **0- 1 days**
- **Transition-of-Care (TOC) Pathway Leadership**: Co-designed and led a new TOC model with Residential In-Reach (Mobile Assessment & Treatment Service - MATS) and Calvary Bethlehem CPCS, reducing waiting time for CPCS admission from **7-14 days** to **same** day or within **24 hours**.
- **Collaborative Integration**: Active partnership with General Medicine and their ambulatory & bed substitution - GHITH & HARP
- **Clinician Feedback Jan 2025**: PATS integration is **strongly valued** by HITH & HARP. **86% of staff** reporting improvements in patient care, symptom management and quality of life and cited better clinician confidence.

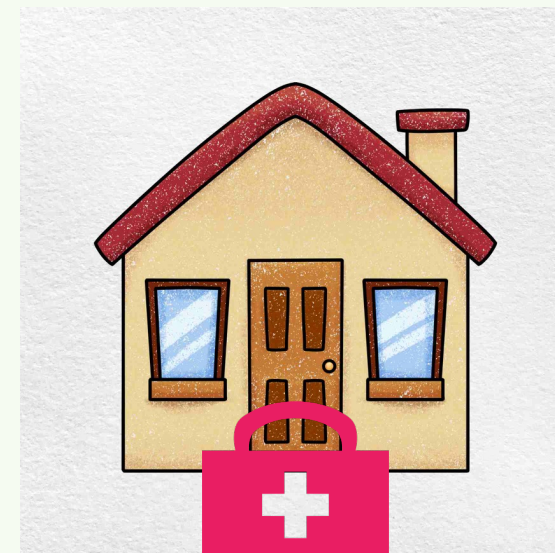
Cancer@Home

HITH

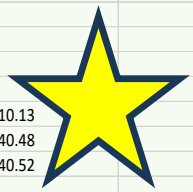


Hospital In The Home (HITH)

| | MONC | Cancer Type | HAEM | Cancer Type | Timeframe |
|-------------|---|-------------------|----------------------------|------------------------------------|------------------------------------|
| Pre Phase 1 | Pembrolizumab | Melanoma | Low dose Cytarabine | AML/ALL/MDS | Pilot project in 2017/18 |
| | Nivolumab | Melanoma | Azacytidine | AML/MDS | |
| Phase 1 | Atezolizumab | Lung | Bortezomib | Myeloma | June 2020 to current |
| | Durvalumab | Lung | Carfilzomib | Myeloma | |
| | Avelumab | Merkel (Met skin) | Zometa/ Zoledronic Acid | Myeloma (also Breast and Prostate) | |
| | Trastuzumab | Breast | Daratumumab | Myeloma | |
| | Pertuzumab | Breast | | | |
| | Bevacizumab | Colorectal & Lung | | | |
| Phase 1b | As per Phase 1 drugs above, opening up to all cancers | | | | Subject to HITH capacity & funding |
| Phase 2 | <u>Supportive Care:</u> <ul style="list-style-type: none"> Blood tests Blood transfusions CADD connect + disconnects Central line access and care Electrolyte replacement | | | | |
| Phase 2b | <u>Additional Oncology Drugs:</u> <ul style="list-style-type: none"> IM Fulvestrant SC Goserilin (Zoladex) Leuprorelin (Leuprolide) Degarelix (Firmagon) SC Octreotide (Lantreotide, Sandostatin LAR) IV Immunoglobulin (IVIG) IV Iron infusion- - Ferrinject or Monofer | | | | |
| Phase 3 | Clinical Trials in the home | | | | |



NWAU Revenue – actual episodes FY 23/24 & 24/25 ~1200



| Activity Growth Rate | 8.20% | | | | | | | | |
|--|-----------------------|-----------------------------|-------------------------------------|--|------------------------|----------------|--|--------------------------|--|
| 2022/2023 Victorian Efficient Price | \$4,500 | | | | | | | | |
| Price Indexation | 1.50% | | | | | | | | |
| Expected 2023/2024 Victorian Efficient Price | \$4,567 | | | | | | | | |
| Funding Type | NWAU | Revenue | | | | | | | |
| Admitted | 0.3172 | \$1,449 Based on R63Z | | | | | | | |
| Non-Admitted Treatment | 0.0972 | \$444 Based on tier 2 10.13 | | | | | | | |
| Non-Admitted Haematology | 0.0514 | \$235 Based on tier 2 40.48 | | | | | | | |
| Non-Admitted Oncology | 0.0428 | \$195 Based on tier 2 40.52 | | | | | | | |
| Referring service | Admitted/Non Admitted | single/multi day | Number of episodes per year FY21-22 | Expected Number of Episodes per year FY23-24 | Funding Type | Base NWAU | Growth and Previously Unclaimed NWAU FY22-23 | Expected Revenue FY23-24 | Growth and Previously Unclaimed NWAU Revenue FY22-23 |
| CANCER - ONC | | | | | | | | | |
| Pembrolizumab | Admitted | single | 25 | 27 | Admitted | 7.9300 | 0.6344 | \$39,113.61 | \$2,897.30 |
| Nivolumab | Admitted | single | 75 | 81 | Admitted | 23.7900 | 1.9032 | \$117,340.84 | \$8,691.91 |
| Atezolizumab | Admitted | single | - | - | Admitted | 0.0000 | 0.0000 | \$0.00 | \$0.00 |
| Durvalumab | Admitted | single | 12 | 12 | Admitted | 3.8064 | 0.0000 | \$17,383.83 | \$0.00 |
| Avelumab | Admitted | single | - | - | Admitted | 0.0000 | 0.0000 | \$0.00 | \$0.00 |
| Trastuzumab | Admitted | single | 21 | 22 | Admitted | 6.6612 | 0.3172 | \$31,870.35 | \$1,448.65 |
| Pertuzumab | Admitted | single | 25 | 27 | Admitted | 7.9300 | 0.6344 | \$39,113.61 | \$2,897.30 |
| Bevacizumab | Admitted | single | 18 | 19 | Admitted | 5.7096 | 0.3172 | \$27,524.40 | \$1,448.65 |
| CANCER - HAEM | | | | | | | | | |
| Low dose cytarabine | Non-Admitted | multi | 683 | 739 | Non-Admitted Treatment | 0.0000 | 66.3876 | \$328,051.26 | \$303,192.17 |
| Azacytadine | Non-Admitted | multi | 115 | 124 | Non-Admitted Treatment | 0.0000 | 11.1780 | \$55,045.14 | \$51,049.93 |
| Bortezomib | Non-Admitted | single | 50 | 54 | Non-Admitted Treatment | 0.0000 | 4.8600 | \$23,971.27 | \$22,195.62 |
| Carfilzomib | Admitted | single | - | - | Admitted | 0.0000 | 0.0000 | \$0.00 | \$0.00 |
| Daratumumab | Non-Admitted | single | 32 | 34 | Non-Admitted Treatment | 0.0000 | 3.1104 | \$15,093.02 | \$14,205.20 |
| Zoledronic Acid (Zometa) | Admitted | single | 45 | 48 | Admitted | 14.2740 | 0.9516 | \$69,535.32 | \$4,345.96 |
| Total | | | 1,101 | 1,187 | | 70.1012 | 90.2940 | \$764,042.66 | \$412,372.70 |

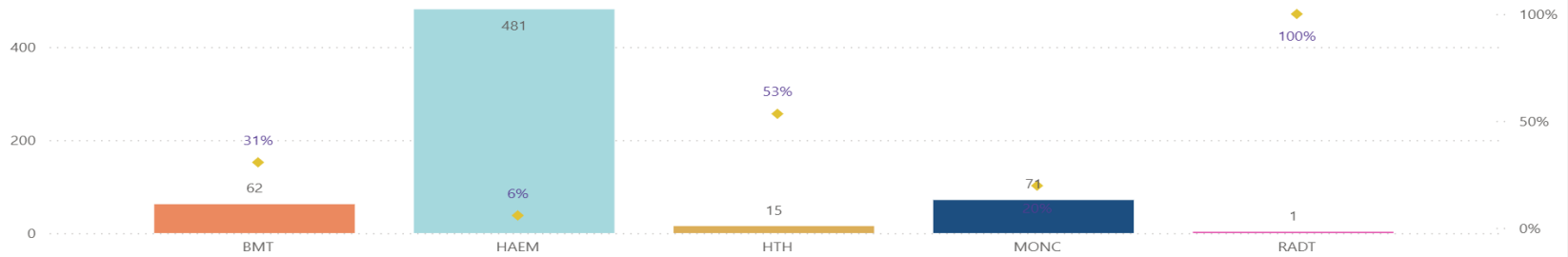
Request HITH Cancer CNC = \$147K

Cancer HITH Dashboard

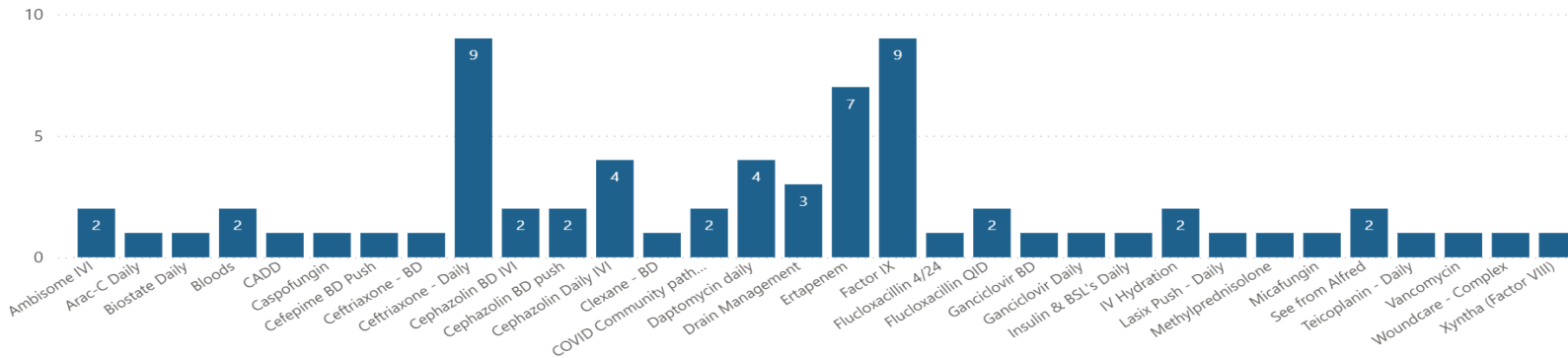
[HITH Homepage](#)

Number of HITH Referrals

● HITH Referrals ◆ % Referrals Accepted



HITH Referrals by Referral Reason

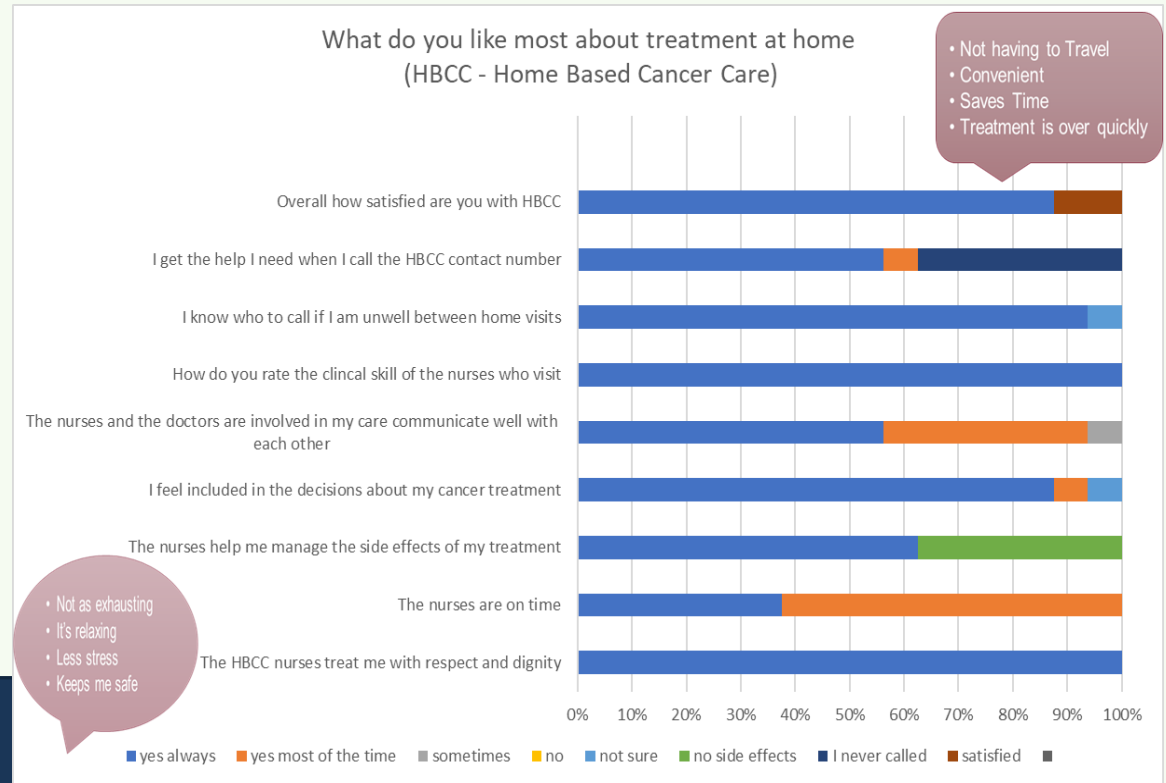


WHAT DO YOU LIKE MOST ABOUT TREATMENT AT HOME?

- Nurses are cheerful, dedicated & competent- put you at ease
- High professionalism & attitude
- Brilliant service very happy with my care
- Everything, congratulations on the staff professionalism

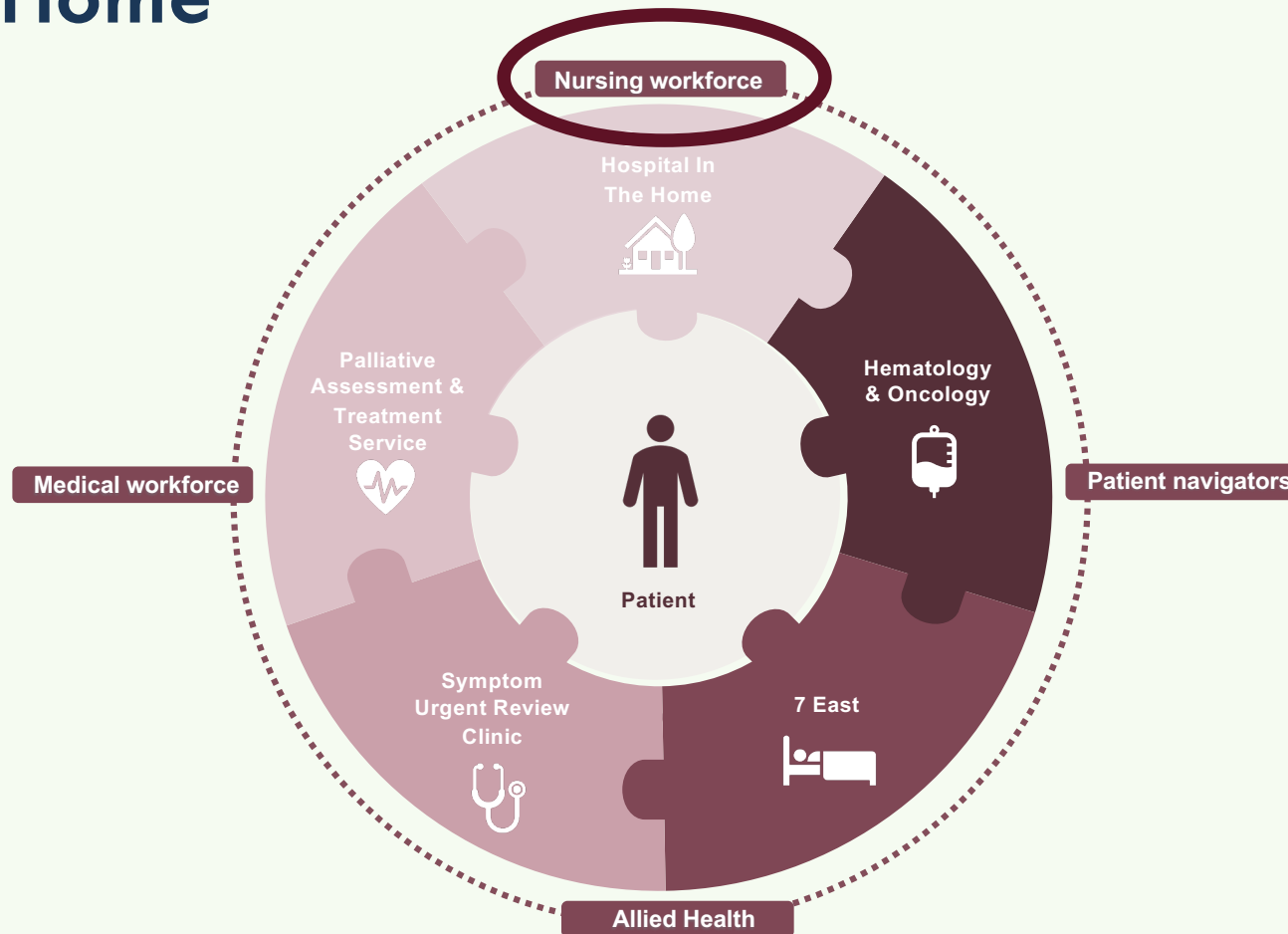
WHAT DO YOU LIKE THE LEAST?

- Sometimes it takes a few phone calls to coordinate
- Inconvenience to the household- much easier in HOC
- Can be a little crowded



Cancer@Home

APNs



Setting the scene for APNs in Australia

Who are APNs?

- Clinical Nurse Consultants
 - Nurse Practitioners
 - Clinical Nurse Specialists
 - Senior Research Nurses
 - Diabetes Nurse
 - Stomal Therapists
 - Nurse Educators
 - Nurse Fellows
 - Clinician/researchers
 - Nurse Trial Coordinators
 - Nurse Navigators
- In 2019 the NMBA consulted and approved the following definitions of Advanced Practice Nursing
 - **Advanced Practice:** nurses practicing at an advanced practice level incorporate professional leadership, education, research and supportive systems into their practice their practice includes relevant expertise, critical thinking, complex decision making, autonomous practice and is effective and safe. They work within a generalist or specialist context, and they are responsible and accountable in managing people who have complex healthcare requirements.
 - Advanced practice in nursing is demonstrated by a level of practice and is not by a job title or level of remuneration
 - **Nurse practitioner:** a nurse practitioner is a registered nurse endorsed as a nurse practitioner by the NMBA. The nurse practitioner practices at an advanced level, meets and complies with nurse practitioner standards for practice, has direct clinical contact with practices within their scope under the legislatively protected title '*nurse practitioner*' under the national law.
 - 2,664+ NPs in Australia
 - 62 NPs in cancer (CNSA National Health Workforce Data)
 - PBS, MBS access, NWAU generating



2017



1.0EFT Prostate Cancer Support Nurse

2022



1.0EFT Early-stage breast cancer nurse
0.6EFT Metastatic breast cancer nurse

2024 EOI – pending decision
1.0EFT Genitourinary CNC
1.0EFT Myeloma CNC

2024



1.0EFT Melanoma Support Nurse

Funding Opportunities

University research

- Studies which involve recruitment of a 'study nurse'
 - Prophecy Study 0.2EFT funded BMT CNC
 - SUPER-ED Study 0.2EFT funded ACUP CNC (adenocarcinoma of unknown primary)

New appointment @ Alfred Cancer

- Associate Professor of Cancer Nursing A/Prof. Olivia Cook PhD, RN



Occasions of Service

The screenshot shows a web-based form titled "Occasion of Service - APN - TEST, MR DHP4". The form is divided into several sections:

- Appointment Type:** Radio buttons for Inpatient, Outpatient, and Non-admitted.
- Attendance Type:** Radio buttons for New and Review.
- APN Role:** Radio buttons for CNC, NPC, and NP.
- Treating APN Speciality:** A dropdown menu.
- Total Direct Patient Time:** A text input field with "minute(s)" as a unit.
- Total Indirect Patient Time:** A text input field with "minute(s)" as a unit.
- Service Event Comment:** A large text area for notes.
- Delivery Type:** Checkboxes for In person, Telephone, Clinical Email, and Video conference.

The form is currently in an "In Progress" state, as indicated by the text in the bottom right corner.

Linked to VINAH reportable NWAU clinic = revenue

Business Case Request

| Position title (s) | EFT |
|--|-----|
| Gastrointestinal Cancer Nurse Coordinator | 0.8 |
| Head and Neck Cancer Nurse Coordinator | 0.6 |
| HITH Nurse Coordinator | 1.1 |
| Lung Cancer Nurse Coordinator | 0.3 |
| Neuro Oncology Nurse Coordinator | 0.3 |
| Palliative Assessment & Treatment Service (PATS) Clinical Nurse Consultant | 1.0 |
| Patient Navigator | 6.0 |
| Medical Oncology Nurse Practitioner | 1.0 |

| Year | Annual NWAU | \$ Revenue | Cost of resources | NET value |
|--------------|-------------|---------------------|--------------------|----------------------------|
| 2024/2025(R) | 810.23 | \$1,910,534 at 50% | \$1,413,707 @ 50% | \$496,827 at 50% |
| | | \$3,821,069 at 100% | \$1,447,862 @ 100% | \$2,373,208 at 100% |



Organisational and Patient Benefits:

- Patients have access to high-level cancer nursing skills that enable early identification, triage and nurse-led management of cancer-related problems
- Reduce likelihood of unplanned hospital admissions and ED visits due to availability of the CNC or NP to answer questions, provide advice and deliver early intervention as required by the clinical context
- Decrease overall inpatient admissions and hospital LOS
- Facilitate timely community-based investigations and communication to avoid hospital presentations
- Improve access and compliance to community based, primary care and follow up
- Tests and treatments performed in an efficient manner through coordination of appointments
- Reduce delays in starting treatment, thereby improving compliance to OCP recommendations
- Contribute to quality and efficiency of healthcare services
- NP can order and interpret tests, formulate treatment plans and prescribe medications
- NP can generate income via MBS billing
- NPs/CNCs can generate NWAU revenue

Where we began ... 2021

Haematology

- 3.0EFT Nurse Practitioners (NP)
- 0.8EFT BMT CNC
- 1.0EFT Donor Coordinator



Medical Oncology & Palliative Care

- 1.5EFT 'all cancer' CNC
- 1.0EFT Palliative Care NP
- 4.0EFT Palliative Care CNC

- Covid
- No @home services
- Limited allied health support
- Pending introduction of CAR-T...

Advanced Practice Nursing roles in Alfred Cancer

| APN ROLE | TUMOUR STREAM | EFT |
|-------------------------------------|-------------------------|-------------|
| Clinical Nurse Consultant | *Breast – Early | 1.0 McGrath |
| *indicates new role or expanded EFT | *Breast – Metastatic | 0.6 McGrath |
| | *Bone Marrow Transplant | 1.6 |
| | *Donor Search | 1.6 |
| | *GI – Lower | 1.0 |
| | *GI – Upper | 0.5 |
| | Haemophilia | 2.4 |
| | *Head & Neck | 0.6 |
| | *Haemostasis Thrombosis | 0.5 |
| | *Lung | 1.0 |
| | *Melanoma – Early | 1.0 MIA |
| | Melanoma – Metastatic | 1.0 |
| | *Neuro Oncology | 1.0 |
| | *Non-Melanoma Skin Ca | 1.0 |
| | Palliative Care | 5.0 |
| | Prostate | 1.0 PCFA |
| | *SURC | 1.8 |

Advanced Practice Nursing roles in Alfred Cancer

| APN ROLE | TUMOUR STREAM | EFT |
|------------------------------|-------------------------|-----|
| Other | *Cancer HITH | 1.0 |
| | *SCIg | 1.0 |
| Nurse Practitioner Candidate | *Bone Marrow Transplant | 1.0 |
| | *CAR-T | 2.0 |
| | *Haemostasis Thrombosis | 1.0 |
| | *Palliative Care | 1.0 |
| Nurse Practitioner | Bone Marrow Transplant | 1.0 |
| | Leukaemia | 1.0 |
| | Lymphoma | 1.0 |
| | *Medical Oncology | 1.0 |
| | Myeloma | 1.0 |
| | Palliative Care | 1.0 |

The Australian Advanced Practice Nursing Self-Appraisal (ADVANCE) Tool -Background



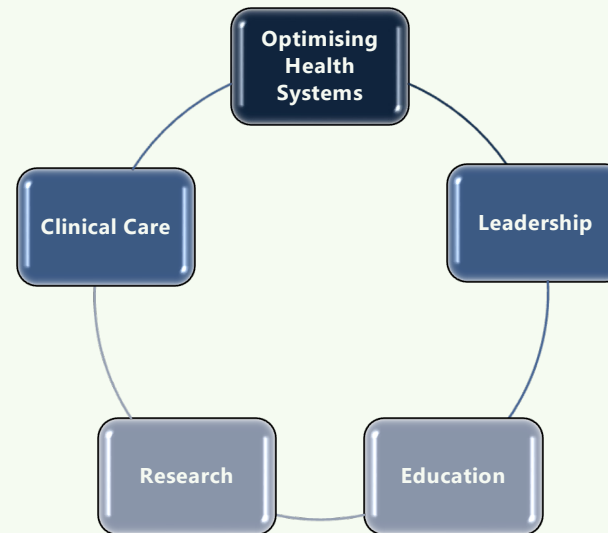
Provides a standardised understanding of advanced practice to support health service planning, team development and career development



Five Domains of nursing practice

Current Gaps/Issues

- Lack of visibility of APN contribution to research, education and service improvement
- Variation in understanding of advanced practice roles and level required to meet APN role expectations
- Lack of a standardised approach to support APN development and career advancement



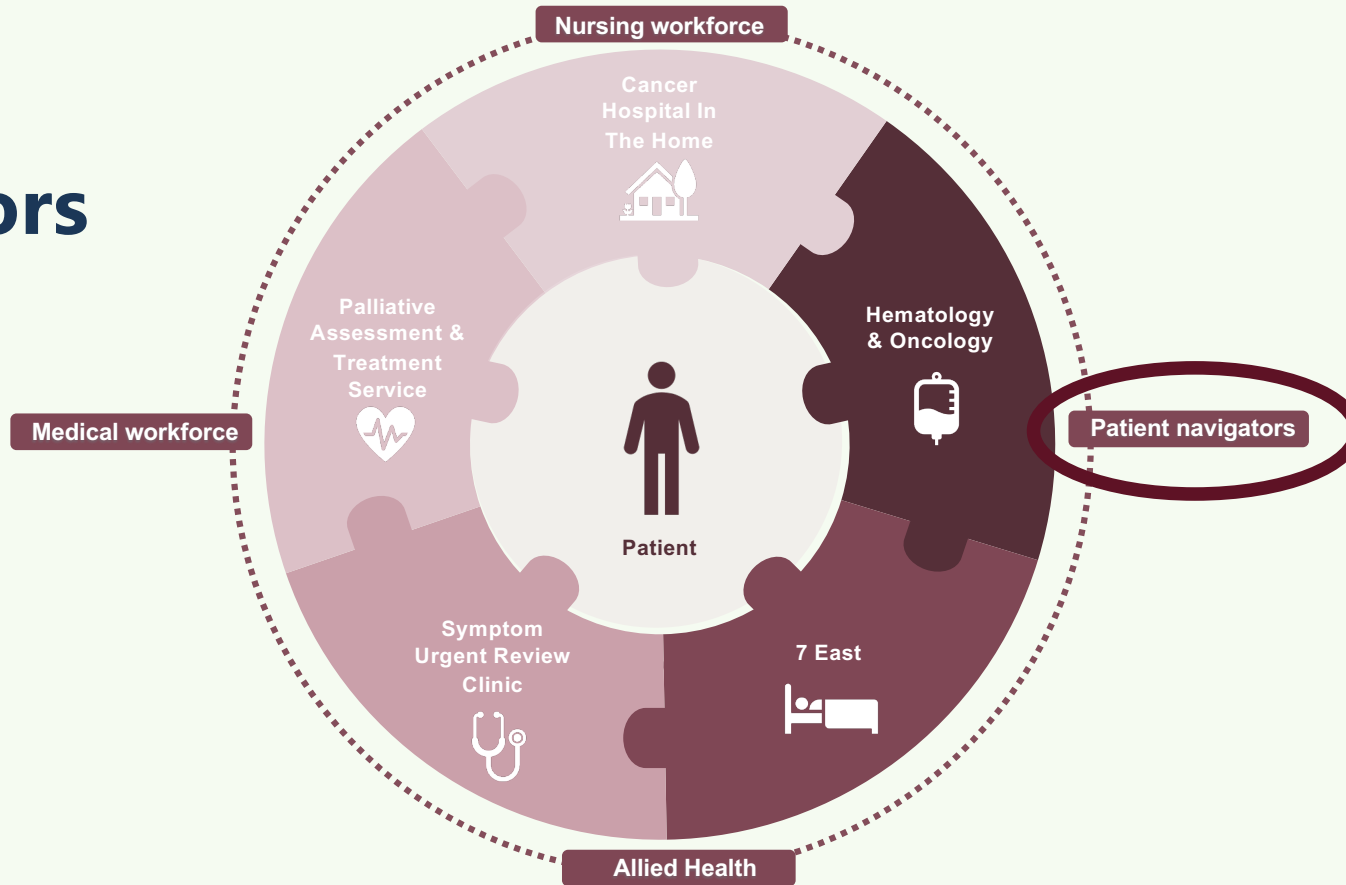
ADVANCE Survey

- ❑ **Clinical Care** – Encompasses direct patient-focused activities such as assessments, procedures, care coordination, and advanced clinical decision-making.
- ❑ **Optimising Health Systems** – Includes system-level contributions like improving workflows, service delivery, care pathways, and promoting health system efficiency.
- ❑ **Education** – Involves teaching, mentoring, staff training, and disseminating knowledge to colleagues, patients, or the community.
- ❑ **Research** – Covers activities like conducting or evaluating research, implementing evidence-based practice, and contributing to academic knowledge.
- ❑ **Leadership** – Reflects roles in governance, policy development, innovation, advocacy, and leading teams or service improvements.



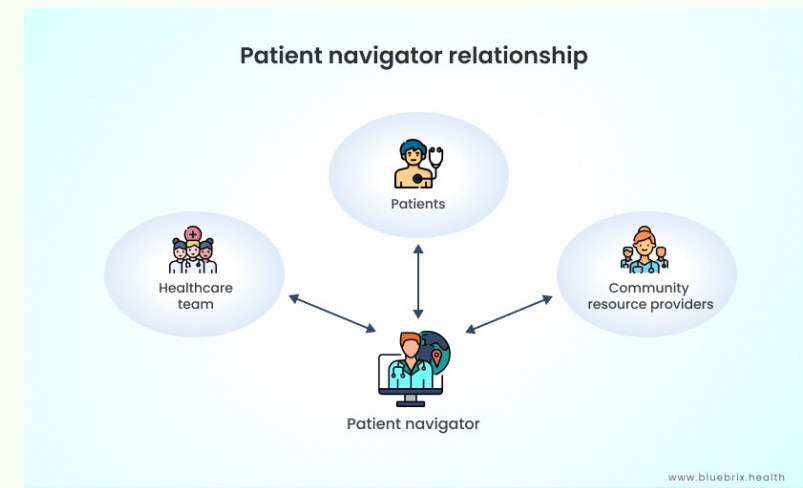
Cancer@Home

Patient Navigators



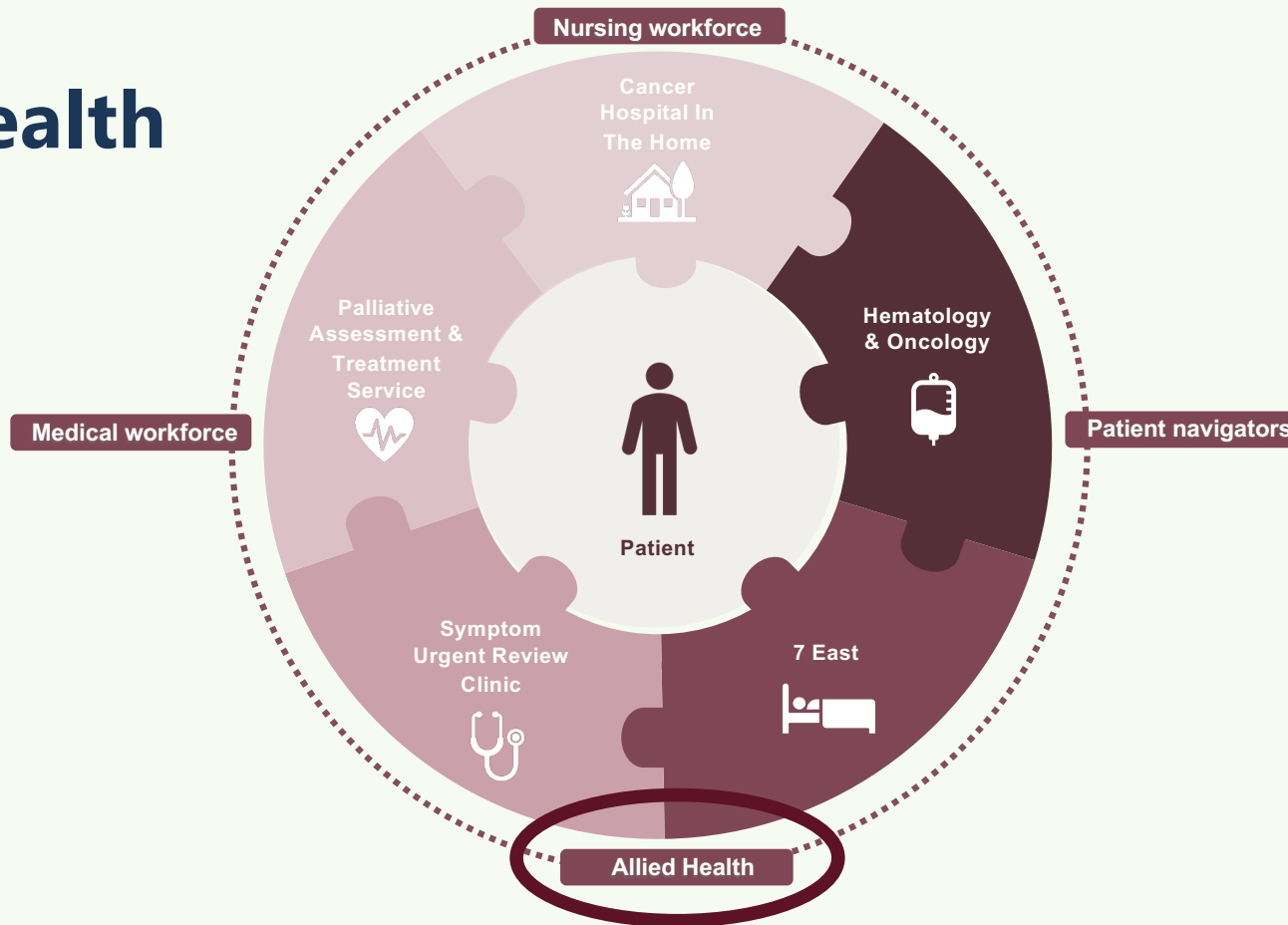
Patient Navigators – Administration Support to APNs

- Identifying urgent patients and prioritising appointments, thereby meeting Optimal Care Pathways (OCPs) for time to first appointment
- Ensuring appointments are appropriately timed, sequenced and coordinated across all healthcare teams. This includes ensuring, where clinically appropriate, that multiple appointments are booked on the same day and or/ face-to-face consultations are replaced with video/ telehealth consultations to reduce burden on the patient
- Delivering all patient information to clinicians in a timely manner to guide treatment decisions
- Supporting patient flow through the cancer care system and facilitating timely patient access, discharge and follow-up
- Freeing up time and increasing capacity for the specialist CNC/NP to provide patient education, support and carry out what is required of a clinical expert
- Increasing patient, family and carer satisfaction by acting as a key contact to help coordinate and navigate the healthcare system
- Arranging and coordinating MDM data, ensuring all relevant information is collected and available for presentation to reduce delays in care due to missing information



Cancer@Home

Allied Health



AlfredHealth

Revenue Allied Health

Allied Health Cancer Services

Date of data: 18th April, 2024

| | 2023-2024 | 2024-2025 |
|---------------------------|-----------|-----------|
| Victorian Efficient Price | \$4,607 | \$4,716 |

| | |
|-----------------|---|
| Cycles per Year | 1 |
| FTA Rate | |

| Service | Tier 2 Classification | 2024-2025 | NWAU Weight | NWAU Revenue per Appointment | Appointments per Cycle | Appointments less FTA per Cycle | NWAU per Cycle | NWAU Revenue per Cycle at 50% | NWAU Revenue per Cycle at 100% | NWAU per Year | NWAU Revenue per Year at 50% | NWAU Revenue per Year at 100% |
|-------------------------------|-----------------------|------------------|-------------|------------------------------|------------------------|---------------------------------|-----------------|-------------------------------|--------------------------------|-----------------|------------------------------|-------------------------------|
| Allied Health Cancer Services | 40.63 Oncology | 2024-2025 | 0.0487 | \$230 | 3,120 | 3,120 | 151.9440 | \$358,283.95 | \$716,567.90 | 151.9440 | \$358,283.95 | \$716,567.90 |
| Total | | 2024-2025 | | | | | 151.9440 | \$358,283.95 | \$716,567.90 | 151.9440 | \$358,283.95 | \$716,567.90 |

Notes:

* Uses 2024-2025 NWAU weights

* The 2024-2025 Victorian Efficient price is estimated to be an additional 2.37% on the 2023-2024 price

* NWAU revenue in the first year of service should be listed in business cases at 50% of the full NWAU revenue as this activity will not be in the baseline Department of Health targets so are not fully funded

Activity Calculations:

| | |
|---|-------|
| New Patients per Year | 650 |
| % Patients Receiving Intervention | 80% |
| Patients Receiving Intervention | 520 |
| Number of Disciplines involved | 3 |
| Number of Interventions per Discipline | 2 |
| Total Number of Interventions per Patient | 6 |
| Total Number of Interventions | 3,120 |

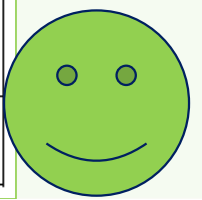
Power in Numbers – Combine your efforts

Salaries and Wages: Position breakdown Allied Health

| Classification | 3 4 5 | | | Current Cycle | Next Cycle | FY25 CALUMO | Cancer Outpatient 04.04.2024 | | | | | | | | | | | | | |
|----------------|--------|---------|-------|---------------|------------|-------------|---------------------------------|----------------|------------------------------|---------------------------------|-----------|-------------|----------|----------|-----------|-----------|------------|-----|----------|-----------|
| | Before | Current | Next | | | | Cost Centre | Classification | Position Description | Labor Code | Total EFT | Base Salary | On-Cost | Non-Base | HQA | AL Cover | Total Cost | | | |
| VF9 | 1,917 | 1,956 | 1,995 | 01/03/2024 | ##### | 107,574 | N2702 | VF9 | OCC THER GR 2 YR 4 | Ancillary Support Services (08) | 0.50 | \$51,139 | \$8,811 | \$532 | 6,435 | \$66,917 | | | | |
| VB4 | 1,917 | 1,956 | 1,995 | 01/03/2024 | ##### | 102,241 | N3004 | VB4 | PHYSIO GR 2 YR 4 | Ancillary Support Services (08) | 0.80 | \$81,822 | \$14,098 | \$4,958 | 10,733 | \$111,612 | | | | |
| AJ4 | 1,976 | 2,016 | 2,056 | 01/12/2023 | ##### | 105,940 | N2504 | AJ4 | DIETITIAN GR 2 YR 4 | Ancillary Support Services (08) | 1.00 | \$105,940 | \$18,253 | \$8,073 | 14,073 | \$146,339 | | | | |
| SC24 | 1,917 | 1,956 | 1,995 | 01/03/2024 | ##### | 102,241 | N3302 | SC24 | QUAL SOC WKR GR2 YR4 | Ancillary Support Services (08) | 1.00 | \$102,278 | \$17,622 | \$5,912 | 13,386 | \$139,198 | | | | |
| PL4 | 2,290 | 2,336 | 2,383 | 01/12/2023 | ##### | | N2302 | PL4 | PSYCHOLOGIST GR3 YR4 | Ancillary Support Services (08) | 1.00 | \$122,785 | \$21,156 | \$6,139 | 15,968 | \$166,048 | | | | |
| IN30 | 1,215 | 1,240 | 1,265 | 01/07/2023 | ##### | 65,704 | N2005 | IN30 | Allied Health Assistant Grad | Ancillary Support Services (08) | 1.00 | \$65,699 | \$11,320 | \$788 | 8,279 | \$86,087 | | | | |
| HS2 | 1,284 | 1,284 | 1,284 | 01/07/2023 | ##### | 74,736 | HS2 | | | | 1.10 | \$73,445 | \$12,655 | \$3,672 | 9,552 | \$89,772 | | | | |
| | | | | | | | | | | | | | | 6.40 | \$603,107 | \$103,915 | \$30,074 | \$0 | \$78,427 | \$815,524 |



| Discipline | Year | Annual NWAU | \$ Revenue | Cost of resources | NET value |
|---------------|--------------|-------------|--------------------|-------------------|------------|
| Nursing | 2024/2025(R) | 810.23 | \$1,910,534 at 50% | \$1,413,707 | \$496,827 |
| Allied Health | 2024/2025(R) | 151.94 | \$358,283 at 50% | \$815,524 | -\$457,241 |
| TOTAL | | 962.17 | \$2,268,817 at 50% | \$2,229,231 | \$39,586 |



Career Pathways



Succession Planning

Graduate Year

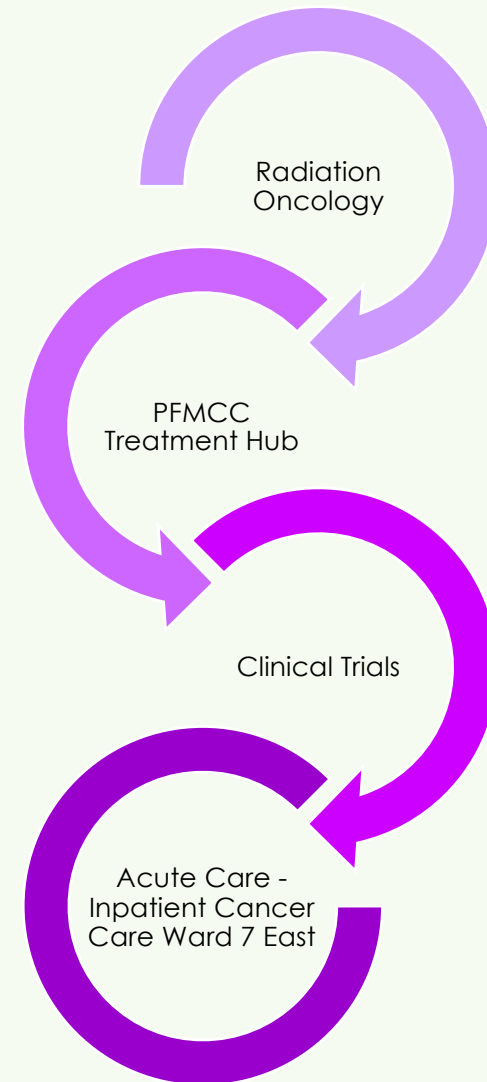
- 6 months inpatient; 3 months Treatment Hub; 3 months RadOnc

Cancer Career Pathway

- 2-month rotation each into Clinical Trials, Treatment Hub, Radiation Oncology & 7East (inpatient)
- Self directed learning & development
- Clinical rotations
- Professional portfolio – case presentation & QI
- Supernumerary time with CNCs/NPs from Haem, MONC, Palliative care

Transition to Speciality Practice

- Targeted at 3rd year nurses
- 12 months speciality training



Succession Planning continued...

Each year, EOI sent to all nurses in Cancer Program offering supernumerary time with an APN in a tumour group of their interest

- Assists in backfill of leave
- Greater exposure to a tumour group of interest
- Promotes speciality practice and encourages post graduate studies and progression to CNC, NPC, NP

KEY TAKE AWAYS

- Apply for grants/access programs
- Partner with cancer organisations
- Get involved in University research
- Link in with hospital finance department
- Link in with hospital data analyst
- Collect data – hospital metrics & patient/staff experience
- Convert your data to dollars
- Succession plan where possible

Acknowledgements

Alfred Care Group Executive

Alfred Cancer Leadership Team

Alfred Data Analyst Team

Alfred Finance Team

Alfred Outpatients

Alfred Nursing Workforce

Fiona Mitchell

Ty Simpson

My teams



Thank-you!

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