MYELOMA NURSE SPECIALIST ROLE

A guide for implementation

Developed by the Myeloma Special Practice Network (M-SPN) of the Haematology Society of Australia and New Zealand (HSANZ) Nurses Group

MyeSPN
MYELOMA SPECIAL PRACTICE NETWORK

Adapted with permission from the Myeloma Academy, Myeloma UK. 'Meeting the nursing needs of myeloma patients: Myeloma Clinical Nurse Specialist Business Case'.

Available at:
https://academy.myeloma.org.uk/wp-content/uploads/sites/2/2015/04/Business_Case-2015-Final.pdf.

Amended to reflect the Australian healthcare situation.

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MAKING THE CASE

Published literature refers to a registered nurse with specialist knowledge, expertise, practicing with some degree of autonomy, and possesses specialist and tertiary qualifications by many different titles including: Clinical Nurse Specialist, Clinical Nurse Consultant (CNC), Specialist Practitioner, Nurse Consultant, Advanced Practitioner, Advanced Nurse Practitioner, Independent Nurse Prescribers, Advanced Practice Registered Nurse, and Nurse Practitioner (NP).[1–8] For the purposes of this document the title will be referred to as Myeloma Nurse Specialist (MNS).

A business case is required whenever a new role is to be justified and formally approved within an Area Health Service (AHS). The aim of a business case is to assist decision makers in understanding the justification for the allocation of financial, human, and other resources. A business case is required whenever a resource, such as a MNS, is being justified for formal hospital approval. This MNS implementation framework has been designed as a guide to help develop a business case for funding applications for a MNS role.

A well-developed business case should outline the reasons the current service provision may need improvement to better address the needs of the local population. The business case must be approved prior to implementation of the position, and will be subject to internal approval procedures. You should receive input from all relevant stakeholders and departments in your organisation, who can provide information to support the case specific to your organisation, including finance and human resources. You should meet with all relevant internal stakeholders to increase their awareness of, and engagement with, the business case, which will help increase the chances of approval.

A business case should capture both quantifiable and unquantifiable characteristics of the MNS role, including potential benefits, such as health promotion, chronic disease management, symptom control, patient education, leadership activities, and participation in clinical trials and research. It is also important to demonstrate how the MNS post will help meet national, state, and/or local care quality initiatives and standards relevant to your area health service (AHS) or organisation. This framework details recommended sources of evidence and data that can be used in support of the development of a business case that is robust and well-evidenced, along with summarising the key considerations when developing a business case for a MNS post. This document has been designed as a guide, and should be used in conjunction with local practice and the relevant AHS, state, and national policies.

AIMS OF THE BUSINESS CASE

Demonstrate how a MNS post will improve access to care for patients with myeloma.

- Provide a detailed framework for an internal dialogue with stakeholders, and departments and services impacted by the business case, to gain a better understanding of the benefits of establishing a MNS post.
- Demonstrate that the MNS post will have a positive cost-benefit (i.e. cost neutral or will generate income for the AHS or organisation).
- Outline measurable outcomes resulting from the creation of the MNS post linked to organisation or AHS key strategic objectives.
- Provide robust evidence of the positive impact of the MNS post on patient experience, as well as:
  - Patients' families/caregivers
  - Multi-disciplinary team (MDT)
  - Local organisation or AHS
  - Compliance with relevant quality state and national cancer standards.

Before writing a business case you should consider the following questions:

- Why is the appointment/retention of a MNS needed?
- Can you quantify the demand for a MNS post? Is the demand currently not met, or met by a more expensive resource option (e.g. medical consultant or physician-led services)?
- How will this MNS post free-up capacity within your organisation or AHS, to support efficiency and income generation?
- Are you able to describe the complexities of the MNS role?

- Can you quantify the expected contribution of the MNS to safety, quality and efficacy, and improved patient outcomes?
- Will the MNS post deliver a return on investment?
- How will the MNS post resolve issues and/or develop opportunities for the department, organisation, or AHS?
- What is unique about the work of a MNS?
- What would be the impact on the service of not appointing a MNS?

BEFORE YOU WRITE YOUR CASE

Below are some important things to research and consider before writing a business case:

- Does your organisation or AHS have a template or guide to writing a business case, which can be referenced. You need to ensure that your business case contains information specific to your organisation or AHS.
- Find out the submission cycle within your organisation or AHS for a business case. Are cases only accepted at specific times of the year?
- Find out to whom you should submit your business case.
- Make sure the business case is clear and succinct.
- Make sure you include quantitative evidence and data, avoid anecdotal information.
- Where possible utilise diagrams, tables, and graphs, to display data to support your case.

You have permission to use any of the information contained within this guide to support the development of your business case.

SUBMITTING A BUSINESS CASE

1. Clarify the submission process, including time scales, for your business case
2. Identify key stakeholders involved in the development of the business case and agree which sections they will contribute to
3. Gather required evidence and information to support the development of your business case
4. Set a deadline for key stakeholders to collate relevant information to complete their sections of the business case
5. Draft and review business case to ensure relevant data has been captured and submit as per your organisation AHS process
6. Business case review and submission of any additional requested information/ evidence
7. Decision reached on business case – if successful, agree implementation and ongoing monitoring

Tips for completing a business case:

- Write the business case for an audience that does not have specialist knowledge of myeloma or senior nurse roles, such as CNC and NP.
- Reflect the service or organisation current strategic objectives.
- Reference current relevant local health policy requirements that the business case will address.
- Collect or source robust quantitative evidence and information to support the business case, this will include local data such as:
  - length of stay
  - number of emergency admissions
  - number of impatient readmissions
- Avoid anecdotal information and evidence.
- Ensure you have access to relevant financial data e.g. payment by results income.
- Reflect your organisation and/or AHS learning and development strategy.
- Collect and reference relevant nurse workforce data, including sickness rates, staff turnover, use of relief staff etc. to support arguments for the cost effectiveness of the role.

1. EXECUTIVE SUMMARY

This is the most important part of the business case. It should contain a clear and concise overview of the business case, including the rationale. The executive summary is crucial as:

- Some of your audience may only read this section, so you must ensure the reader can easily understand the basic argument and rationale for your case upfront.
- It provides an overview to orientate the reader prior to diving into the details.
- This section should be written last and include a short summary of the business case, including the main benefits of establishing the post and the following:
- Summary of the current haematology and myeloma services in your organisation and/or AHS and any opportunities, weaknesses, and risks.
- Details of how the MNS post can address these opportunities, weaknesses, and risks.
- Evidence to support the demand for a MNS post.
- Data on other senior nurse posts (Clinical nurse consultant [CNC] or nurse practitioner [NP] or equivalent advanced practice posts), particularly in haematological cancers, in your organisation and/or AHS, and services provided to patients.
- Key deliverables, including key performance indicators (KPIs), and benefits of the post (clinical and non-clinical).
- Financial information demonstrating that the post will be cost-neutral or generate income for the organisation and/or AHS.

2. BACKGROUND

In this section, you should provide information about myeloma and the role the MNS plays. Bear in mind your audience may not have specialist knowledge. Sample content is outlined below.

MYELOMA: AN OVERVIEW

Myeloma is a complex and incurable blood cancer characterised by bone destruction, anaemia, renal, and immunological impairment. [9,10] In Australia, over 1600 new cases of multiple myeloma (MM) are diagnosed each year, which is projected to increase with an aging population.[11,12] Although MM remains an incurable disease the median overall survival has improved to 5–7yrs.[12,13] MM is primarily a disease of the elderly with median age at diagnosis of 70 years. Managing myeloma requires an understanding of the concepts of frailty and disability to best individualise treatment choices.

The MM treatment paradigm and patient survival has dramatically changed in the past decade, with the introduction of several novel therapies has improved survival rates.[12,13] Treatment goals in the management of myeloma are to control the disease, maximise health related quality of life (HRQoL) and prolong survival.[10,13,14] The HRQoL for patients diagnosed with MM is poor, with disease and treatment-related effects adversely affect all domains of HRQoL, especially the burden of symptoms.[9,10,14,15] Patient clinical management requires stringent and regular review to pre-empt and manage treatment toxicities, and myeloma-related symptoms. Myeloma is typically characterised by a course of multiple remissions and relapses during a patients' lifetime, which means individualised management is important, but complicated. Clinical management should involve regular review of therapies, disease control, disease management, treatment, and cumulative toxicities, including: cytopenias, infection, peripheral neuropathy, thrombotic events, and gastrointestinal side effects. [9,10,14]

MM accounts for only 1.2% of all cancer cases in Australia, but was included among the top five reasons for cancer admissions to hospital for chemotherapy between 2014–15.[12] The five-year survival rate for MM in Australia, increased from 26–48.5% between the periods 1982–1987 and 2009–2013.[12]

Increasingly patients with myeloma are living longer with a complex chronic disease, with the treatment landscape becoming increasingly complicated as options diversify.[13] Consequently, the interplay of the complex clinical features of myeloma and the range of complications associated with the disease and its treatment, means it is challenging to manage these patients. Improving overall health outcomes for patients requires a combination of treatment approaches, delivery of supportive measures and provision of targeted supportive care. A patient centred model of care requires a multidisciplinary team approach with input from a broad range of healthcare professionals (HCPs), in which specialist nurses play a pertinent role.

THE NURSES' ROLE IN MYELOMA

The competency standards for specialist cancer nurses outlined in the national Professional Development Framework for Cancer Nursing[16] describes the expected minimum standards of professional qualifications, experience and practice of specialist cancer nurses. Below we describe the varying levels nursing expertise in the management of patients with myeloma cancer.

Nurses have an important role to play in myeloma treatment, management, and care:

- A key member of the MDT.
- Ensure that nursing goals reflect the changing nature of myeloma treatment, management, and care, and adapt to individual patient circumstances and characteristics.
- Provide patient information in the right format, at the right time to:
  - Ensure patients, family, and caregivers, can make informed decisions about treatment, management, and care.
  - Ensure patients feel they are in control of their cancer.
  - Support patient treatment compliance, reporting of side-effects, and ensuring prompt resolution of any complications.

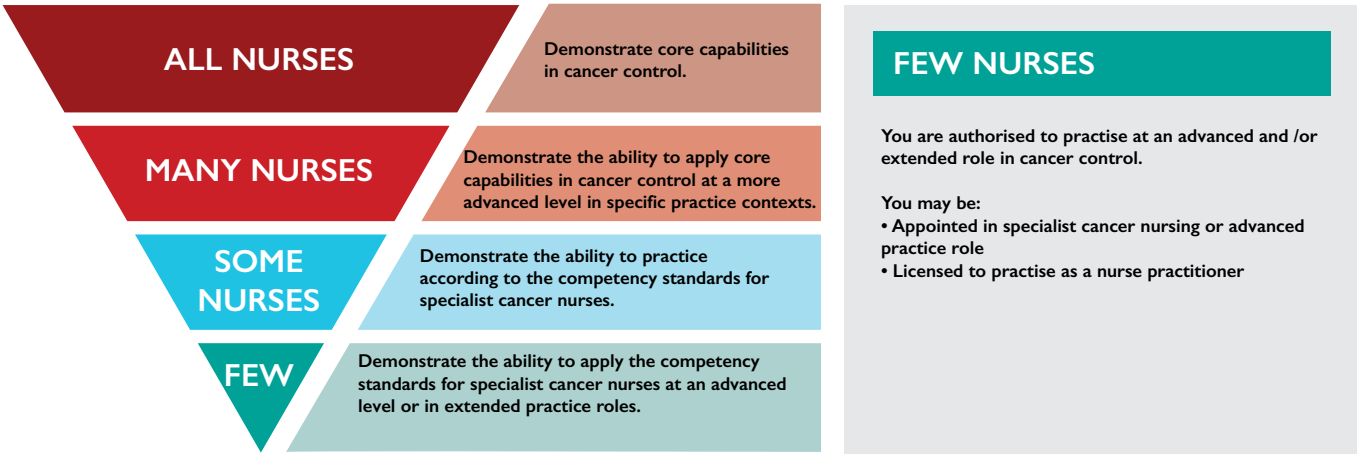
THE MNS ROLE

MNSs are well positioned to meet the complicated care needs of myeloma patients; including monitoring and managing symptoms related to the disease and treatment, underpinned by evidence-based clinical practice guidelines.

MNS possess post-registration specialist education, have completed graduate level tertiary qualifications, commonly at Masters level. Many MNSs practice with a high degree of autonomy, and initiate nursing actions.[16,17] MNSs are highly knowledgeable, experienced and educated about myeloma, its treatment and clinical management.[18,19] They can function both autonomously and cooperate with the wider MDT to manage these complicated patients.[1] They are key providers of information, education, and social and psychological support, to patients, their families and caregivers, which has a significant impact on their experience.[15,19,20] Early provision of information and support can help patients, their families and caregivers, to better understand myeloma and make informed decisions about treatment and care. Well-informed patients are better equipped to detect and report side-effects and complications early, meaning they can be managed promptly and effectively, minimising the impact on their quality of life, and reducing the need for hospital admissions, especially for complex interventions, such as renal and intensive care support.[21] Well-informed patients are also more likely to comply with treatment, meaning outcomes are better, and treatment is more cost-effective.[22]

To further support the development of a business case, refer to CNC or NP competencies to provide a framework for an advanced practice nurse role. Competencies can be either accessed from your organisation and/or AHS, or accessed through the Nursing and Midwifery Board of Australia. [24]

Nursing professional development model as it applies to the MNS role. Adapted from the National Cancer Nursing Education Project (EdCaN).[16]



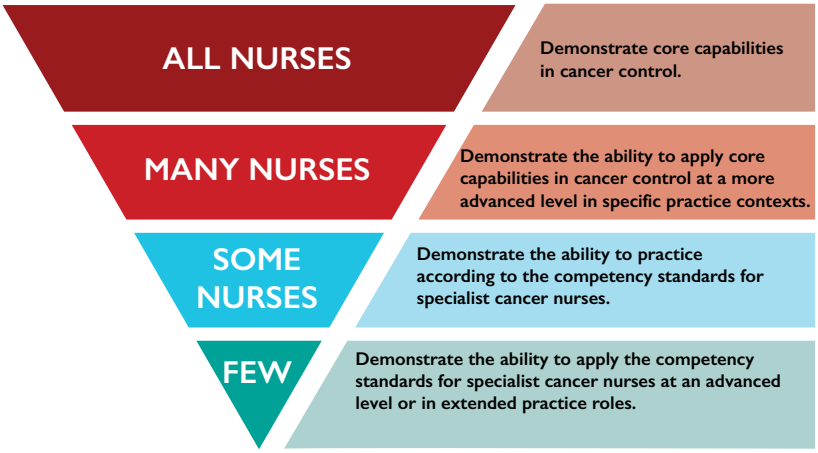
THE NURSE PRACTITIONER (NP) ROLE

A NP is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. A myeloma NP demonstrates extensive knowledge and clinical expertise in clinical management of patients with myeloma; with extensions to nursing practice that include diagnosis, ordering, and interpretation of diagnostic investigations, prescribing medicines, and direct referrals to other HCPs. Refer to the NP competency standards[24]

The NP is well positioned to provide care for the complicated needs of patients with myeloma, monitoring and managing symptoms related to the disease and treatments, including:

- Advanced clinical assessment and management of treatment-related adverse effects, including (but not limited to):
  - Instigation, review, and interpretation of pathology and common diagnostics.
  - Early instigation, prescribing and monitoring of supportive therapies to prevent or treat adverse effects of treatment and/or disease.
  - Assess timing, instigate, and order re-staging diagnostic investigations at the end of treatment, intolerance of treatment, or at disease progression.
- Facilitate ongoing and regular clinical review.
- Medication management: prescribing, initiation, dose alteration, cessation of drug therapy, patient education, and assessment of compliance.
- Early assessment and clinical management of myeloma-related symptoms, treatment adverse effects and cumulative toxicities.
- Initiation of diagnostic investigations and referrals to other Health care professionals HCPs, specialist services, and clinics.

ENursing professional development model as it applies to the NP role. Adapted from the National Cancer Nursing Education Project (EdCaN).[16]



SOME NURSES

You are a specialist in cancer care. You work in dedicated or specialised cancer services.

You may be:
- Working with people at a specific phase of thier journey - eg. Diagnosis, treatment or survivorship care
- Working with specific groups of people affected by cancer - eg. breast care nurse, paediatric oncology nursing
- A cancer nurse coordinator
- A cancer nurse educator

Impact of the MNS role activities

Demonstrate safety

- Be involved in routine patient review including monitoring, assessment of thrombotic, bleeding, and infection risk
- Undertake medicine management for MM patients
- Deliver safe nurse-led services
- Use vigilance of symptoms and drug toxicity
- Identify and take action to reduce risk
- Facilitate rapid re-entry into acute services (as appropriate)

Pathway and service provision

- Improve referral pathways between primary and secondary care
- Input measures of MM care and outcomes into appropriate databases
- Liaise between different specialist services within secondary care
- Increase training, education and awareness of myeloma across differing healthcare settings
- Provide effective liaison and planning between specialist services
- Coordinate, escalate and refer care
- Provision of consistency in care

Impact of the MNS activities

Direct patient care

- Patient's main point of contact, coordinating treatment management and care, initiating a care plan for patients in partnership with the wider MDT throughout their MM pathway.
- Education and information to manage the symptom burden of MM both verbally and in a written format including relief strategies
- Patient assessment and initiating and supporting patients undergoing diagnostic processes
- Prevention & treatment of illness or injury
- Promotion of health, well-being and quality of life
- Ensure continuity of treatment management and care throughout all care settings
- Use advanced skills in communication and education to support patients, their carers and families at all stages of myeloma
- Assessing prescriptions to maximise patient management and recovery

Pathway and service provision

- Initiate and implement standards of nursing treatment and care for MM patients
- Develop new approaches to running services
- Undertake strategic planning to incorporate specific speciality needs and evidence-base practice
- Provide nurse-led clinics as appropriate, such as pre- and post-transplant, inpatient/outpatient, routine monitoring, whilst receiving active therapy
- Have the experience and judgement to assess patients' physical and psychological responses to treatment and be able to take appropriate action in a timely way
- Contribute to achieving the best outcomes for the patient through research
- Act as a source of expertise for a wide range of clinical staff involved in the treatment, management and care of MM patients, but not necessarily MM specialists
- Educate & share specialised expertise & knowledge with patients & colleagues

EVIDENCE FOR THE ROLE OF A MNS

Both Australian and international studies, have reviewed the role of senior nurses in cancer care, highlighting the varied and important domains of the position, including supporting patient navigation through an increasingly complex healthcare system - including case manager, clinical coordinator, cancer support nurses, follow-up nurses, disease based specialist, and coordinator, and lead cancer.

These functions consequently lead to the provision of patient-centred care, promotion of MDT contribution to patient care, and provides patients and clinicians with a central point of contact. Across all studies the role was found to play a critical role in patient education, and linking patients to support services, particularly psychosocial support services.[10,14,18,21,23,25–34]

However, there are few publications demonstrating the positive impact of senior nurse roles on the experience of patients with myeloma in Australia and New Zealand. Evidence is drawn from elsewhere where these roles are more established.

SUPPORTING EVIDENCE FOR THE MNS ROLE

There is evidence that senior nurse roles have a significant impact on the management and care of cancer patients, whilst showing that they are cost-effective or neutral. In the UK, several studies have been conducted to illustrate the value a senior nurse role brings to patients, their families, and caregivers, as well as to the organisation and/or AHS, including:[34,35]

- Reducing waiting times.
- Free-up consultant appointments.
- Services delivered at the point of need.
- Reduced patient treatment drop-out rates.
- Education of HCPs and social care professionals.
- Introduction of innovative service delivery frameworks.
- Direct specialist advice given to patients and families.

Furthermore, studies have shown that senior cancer nurses:[34]

- are highly valued by cancer patients and have a positive impact on their management, treatment, and care
- lead to positive patient-reported outcomes in relation to the care and support they received, compared with those who were not cared for by a senior nurse.

In the UK, reports from large numbers of patients with myeloma who call the Myeloma UK helpline,[36] demonstrate that under-provision of senior myeloma nurses can have a negative impact on patients. Without access to a senior myeloma nurse, patients report that they 'fall through the gap' in terms of the amount and quality of information, support, and care they receive.[36]

A patient experience survey conducted by Myeloma UK in April 2013, completed by 1,063 participants, collected data on the role of the myeloma clinical nurse specialist (CNS) impact on patient care, which found the following:[36]

- Patients reported more positive ratings of the quality of healthcare they received up to diagnosis, when a CNS was present at diagnosis. 85% with a CNS present rated their pre-diagnosis care as good compared to 70% when a nurse was not present.
- Only 2/5 patients reported a nurse specialist present at diagnosis.
- 1/3 of patient' had not been provided with a key worker/CNS.
- Only 34% of patients were provided with the contact details of a key worker/CNS.
- 90% of patients reported they have either a good or very good relationship with their CNS.

A further source of evidence comes from the National Cancer Patient Experience Survey,[37] in which haematology patients were asked about their experiences across the healthcare service. This highlighted areas for improvement that could be facilitated by a CNS role:

- Only 58% understood explanations of what was wrong with them. The lowest level recorded across all tumour groups, compared with breast (79%), colorectal (79%) and lung (75%) cancer patients.

- There was a lower level of trust in ward nurses.
- Older patients had less access to a CNS – myeloma affects mainly an older population.
- People with rare forms of cancer reported poorer experiences of their treatment and care than people with more common forms of cancer.

This evidence suggests that there is an unmet need amongst patients with a haematological malignancy, and more specifically patients with myeloma, which can be met by a MNS. As myeloma is a complex cancer, there are potentially greater benefits gained from increased senior nurse support to these patients than with other more common, less complex cancers.[22]

MNSs can have a positive impact on patient outcomes, including prevention of unnecessary early deaths from myeloma. Studies show that patients with myeloma experience high rates of early death, with 10–20% dying within the first 60 days of diagnosis.[38,40] It is known that infection is a major cause of early mortality in myeloma and if symptoms are recognised early and treated promptly these deaths may be avoided.[38,39] MNSs are ideally placed to educate patients and their families (carers) about the signs and symptoms of infection, which require reporting to ensure intervention.[18,25,34]

3. STRATEGIC ALIGNMENT AND OBJECTIVES

A business case should demonstrate how the MNS role aligns strategically to your state or territory requirements, and local objectives. Your service will have its own objectives. For an example of local AHS objectives refer to the Northern Sydney Area Health District – Strategic Plan and Objectives (see Appendix 4)

Contribution to local health service strategic plan

The proposal to implement a MNS post must conform to the health service (insert own) strategic plan as the position addresses key points of the health service quality framework (reference your source).

Consumer Value – Complex patient case management: Patients with myeloma should have the opportunity to be reviewed by a highly skilled and experienced MNS throughout their hospital/healthcare experience. Patients may avoid prolonged in-hospital stays as the MNS's can regularly review and instigate early clinical interventions to avoid potential deterioration in their status and avoid the subsequent need for hospital admission. This consistency provides greater patient satisfaction, more efficient delivery of care; reduced hospital re-admissions, length of stay, and reduced emergency department presentations. The patient can be referred to appropriate HCPs by the MNS and provide multidisciplinary and interdisciplinary referrals, as required, enabling the patient to gain access to the appropriate HCPs for their requirements in a timely and efficient manner.

Clinical Performance & Evaluation – MNS will practice within the agreed Scope of Practice as legislated by AHPRA and agreed to by the nurse, and the AHS. Performance will be measured through assessment and review by the clinical supervisor and/or relevant direct line manager. Evaluation will be provided and determined by AHS framework and governance. It should be participatory, evidence-based, patient-focused and have a clear process for guiding development, implementation, and evaluation of advanced practice nursing. The framework will be utilised to ensure that reporting and auditing processes provided reflect accurately the advanced care provided.

Clinical Risk – The MNS will reduce the organisation/AHS clinical risk to adverse events by providing expert, evidence-based, and timely interventions, for patients with complex and chronic health care needs.

Innovation – The MNS will provide new researched methods of improving service provision and clinical care. The MNS will remain current with the latest trends, and research on myeloma management, and should have the ability to evaluate, research, trial, and implement new innovations that benefit both the patient and the AHS.

Your business case should demonstrate how the MNS role aligns strategically to national policy requirements and local objectives.

Table 1. MNS strategic alignment to state and national policies and guidelines
(This is an example – but you should refer to and include your own current and local policies).

Policy and Guideline	How does the MNS role align to this policy objective?
AIHW 2016 – Australia's Health[41] **AIHW 2017 – Cancer in Australia**[12]	• Develop and implement new and innovative treatment methods — including coordinated care and chronic disease management plans, holds great promise for future disease management. • Contribute to improvements in cancer treatments that leads to improvements in cancer outcomes, particularly decreasing mortality, and improved survival. These include: - Provides and contributes to MDT approach to treatment; - Delivers more options in, and access to, treatment and follow-up. • Survivorship experience: longer-term risks, and the associated stressors, and reduced quality of life for cancer survivors and their family and carers, highlight the importance of follow-up healthcare and of survivorship as part of the cancer continuum.
EdCan – National Professional Development Framework for Cancer Nursing (2009)[16]	• Provision and support for all cancer nurses regardless of experience or setting. • Support professional development of nurses to develop the competency standards for specialist cancer nurses. • Act as a role model and mentor for nursing expertise in the management of patients with myeloma. • Provide leadership at local, state, national and international level within Myeloma Special Interest Groups. • Focus on improving access to MDT care for all people diagnosed with cancer to ensure better care and support for people affected by cancer through an integrated team approach to cancer care.
Local health service Clinical Services Plan, examples (Appendix 4): **- Central Adelaide Local Health Network** **- Northern Sydney Local Health District**	• Meet key strategic goals: improves integrated care particularly for patients with complex and ongoing health needs such as those with myeloma. • Keep people healthy, well, and out of hospital. • Provide expert clinical services with timely access and effective infrastructure. • Deliver truly integrated care for persons with complex health needs using (insert local model) models of care and for cancer patients through a single integrated cancer/healthcare service for the AHS. Complex work based at (insert organisation) and other services and treatment delivered locally on an outreach basis.

Examples (Appendix 4): **- NSW Cancer Plan 2016** **- VIC Cancer Plan 2016/20 - Improving Cancer Outcomes Act 2014**	To increase survival with cancer: • Participates in an improved model of service delivery. • Embeds healthcare services research in cancer care. To improve the quality of life for people with cancer and their carers: • Establishes long-term goals to prevent cancer, increase survival, improve the experience of the cancer treatment and care system, and achieve equitable outcomes for all individuals. • Ensures individuals have the best possible experience of the cancer treatment and the healthcare system. • Delivers improved assessment and response to the needs of people affected by cancer, in patient-centered health systems. • Directly improves the patient experience and correspondingly positively influences patient outcomes. • Assesses patient, family, and carer information needs throughout the patient pathway, to ensure that information is provided in the right format at the right time: information provision will support patients to make the right choices about their health and treatment, resulting in better outcomes. • Supports self-management by encouraging patients and their families to recognise symptoms of complications/relapse and report these promptly. • Contributes to achieving improved clinical outcomes and a higher quality patient experience.
Standards of Practice for Registered Nurses CNC and NP Policy Directives (relevant to each state and territory) **(Appendix 4)** **- Nursing and Midwifery Board of Australia - professional standards** **- Standards for Service Provision for Myeloma Pts in NZ** **- NICE (2016). Guideline (NG35). Myeloma: diagnosis and management** **- UKMF and the BSH. (2017) Guidelines for screening and management of late and long-term consequences of myeloma and its treatment** **- Haematology-oncology Task Force of the British Committee for Standards in Haemtology and UKMF. Guidelines for supportive care in MM (2011)**	• Directly improves access to care and address gaps in service to a defined group of patients. • Responsive to individual clinical care needs that facilitates improved patient experience. • Provision of specialist care on a continuous basis. • Demonstrates expert knowledge and clinical practice in management of myeloma patient. • Conducts advanced, comprehensive, and holistic nursing assessment and plan of care for myeloma patients. • Demonstrate expert and high level of communication skills with patients and the wider MDT. • Provision of ongoing support and education of patients. • Provision of collaborative care of myeloma patients. • Conducts systematic review of clinical practice and ensures delivery of expert and evidence based clinical nursing care.

Cancer Australia Strategic Plan 2014—19 (Appendix 4) **NICE (2016). Guideline (NG35). Myeloma: diagnosis and management**	• Reduce the impact of cancer and improve the wellbeing of people affected by cancer. • Deliver optimal outcomes for people with cancer as well as value for the health system. • Provision of healthcare underpinned by the best available and updated evidence. • Provides innovative and sustainable responses to current and emerging challenges. • Improving quality of life for people affected by cancer, through the systematic implementation of evidence-based strategies for prevention, screening, early detection, diagnosis, treatment, supportive care, follow-up care, palliation, and end-of-life care. • Develops innovative and sustainable system approaches to cancer care, which meet the changing requirements of cancer patients, with a focus on health and wellbeing, including working in a MDT. • Involves patients in their healthcare that is patient-centred and responsive to the individual experience. • Delivers specialist support to patients with a wide range of health needs.
Chemotherapy Service Standards South Australia (Appendix 4) **Cancer Institute NSW (Appendix 4)**	• Delivers aspects of the chemotherapy care pathway, including information, education, advice and support for patients and carers. • Delivers safe, high quality chemotherapy. • Provides care in the most appropriate service setting, which has capacity and capability to meet the individual patients' current and anticipated health needs and risks. • Undertakes comprehensive clinical assessment and identifies needs and risks of the patient and thus the complexities in the delivery and supportive care requirements of low, medium, and high-risk chemotherapy. • Is credentialed and/or educated and assessed as competent according to current local and state policies, standards and endorsed guidelines or frameworks. • Maintains level of and currency of knowledge and education in cancer, cancer care and chemotherapy, including supportive care (side effects, symptom management and psychosocial care to address the emotional, social, spiritual, informational, and financial needs of the patient, family, and carer). • Maintains level of skill and experience in assessment of the cancer patients, particularly the patient receiving chemotherapy. • Retains level of and currency of skill, experience and competency in administration and monitoring of cancer treatment.

Palliative Care Australia -Standards for Palliative Care for All Australians (Appendix 4)	• Delivers elements of the end-of-life care pathway, including discussions as end of life approaches and coordination of care for individual patients, providing support and information for patients, carers and families. • Manages and leads discharge (ready to go high impact action). • Ensures admitted patients are well nourished (keeping nourished, getting better high impact action). • Facilitates conversations about preferred place of death (where to die when the time comes high impact action).

GOVERNANCE STRUCTURES AND SUPPORT - STRATEGIC OBJECTIVES

Ensure that you are aware of your organisation or AHS key strategic objectives before writing your business case; your business case should outline how the role of a MNS will support and develop the key strategic objectives alongside national policy objectives.

Most organisations will have key strategic objectives based on the following themes as per AHS or state/territory policy (for example refer to NSW Health Strategic Objectives and Performance Context – Appendix 4):

A. Community integration

In your business case demonstrate how the role of the MNS role will support services, which provide care as close to home as possible, through liaison with primary and community care where appropriate. The post holder will also be a source of expert knowledge in myeloma and provide specialist support to primary and community care colleagues.

B. Providing optimum treatment and care to patients

Demonstrate how the unique MNS role ensures that myeloma patients have vital access to specialist, expert nurse support, and the best possible standard of treatment and care. Some examples of MNS activities, which facilitate this include:

- Liaison with all wards where MM patients are in-patients to assist with care and discharge planning, ensuring continuity of care, and avoiding duplication.
- Follow-up consultation post-diagnosis psychological support, carrying out holistic assessments and palliation.
- As MM is a relapsing/remitting disease, patients need a high level of support at relapse which can be provided by the role.
- Opportunities to provide care closer to home e.g. bortezomib administration and bisphosphonate (according to patient choice and local resources).
- Ensure that the MM service has up-to-date policies and guidelines to meet clinical governance requirements and to assist in the care of patients and contribute to continuity of care wherever they are treated.
- Telephone consultations or contact with patients and carers.
- Holistic assessment at the point of diagnosis and throughout the patient's MM course.
- Referrals to other specialities to ensure holistic needs of MM patients are met.
- Acting in the role as named key worker for patients and their families/carers.
- Providing support for carers.
- Referrals and signposting of patients, their families, and carers, to other agencies.
- Supporting and leading local patient services e.g. local patient support groups.
- Blood result review and acting on blood results anomalies, such as arranging prescriptions or highlighting indications of MM relapse to consultants.
- To be present at 'breaking bad news' consultations.

- Providing letters for insurance, breaks in employment and housing etc.
- Symptom control.
- Peripheral blood stem cell transplant preparation and care during recovery following high-dose therapy and stem cell transplant.

C. Supporting and developing services

Show how the role of the MNS will not only improve treatment and care for patients, but how the post will also support the service delivery of your organisation or AHS. Some examples of how providing a MNS-led service will support your service, include:

- Improve efficacy of service provision and promote timely review of patients.
- Reduce physician consultation time.
- Contribute to staff education.
- Improving MDT working.

4. MARKET ASSESSMENT

CURRENT POSITION

This section of your business case should provide an overview of existing services (or lack of them) for myeloma patients within your organisation and/or AHS, as well as providing an indication of current service demand and potential unmet need.

Service overview should include:

- Staffing levels.
- Current nursing attendance at MDT meetings.
- Out-patient clinic appointments.
- Numbers of elective/non-elective admissions for myeloma.
- Numbers of patients diagnosed with myeloma currently receiving anti-myeloma, supportive, or other myeloma-related treatments.
- Number of newly diagnosed myeloma patients in the past five years.
- Expenditure.

Current service demand and unmet need should include:

- Expected number of myeloma patients using national or state/territory prevalence figures, also include local myeloma patient numbers.
- Appointment frequency for myeloma patients and required ambulatory care capacity.
- Indicators of mismatched demand and supply, which could be addressed by releasing medical consultant capacity, including waiting times for first appointment with a consultant haematologist, over-running ambulatory care clinics.

As an example, identify data to support your business case to fund (or continue funding) a MNS:

- X patients were referred to the haematology department with suspected myeloma over the period of (insert dates).
- X% of those patients who were referred under the maximum waiting periods (refer to your state/territory and organisation cancer treatment waiting times).
- On average patients waited X days after being referred to the Haematology Department under the X week wait.
- X patients were diagnosed with myeloma.
- X patients were diagnosed with another plasma cell dyscrasia.

Additional data you might want to include:

- X myeloma patients attend the haematology department (or your service) every month to receive supportive treatments, i.e. bisphosphonate treatment.
- X myeloma patients attend the haematology department (or your service) every month for a check-up, or follow-up appointment, and are reviewed by the MNS (if MNS post is currently filled).
- X patients with another haematological cancer are treated at your hospital.
- X other senior nursing positions, particularly in another haematological cancer (i.e. lymphoma), are in post at your hospital (If there are currently no senior nurse roles in cancer services, look to other chronic conditions).

Within this section you should outline the short-comings and limitations of existing services, which can be used to support the case for the MNS post. Conclude this section with a SWOT analysis of the current situation (see Appendix 1).

PROPOSED SERVICE DEVELOPMENT

Your business case should describe your vision for change and your proposal for service development within the framework of your organisation and/or AHS key strategic objectives, and should refer to local and state/territory strategies that support your proposed service development.

Your business case needs to address practical issues, such as the capacity of facilities to expand or maintain myeloma service provision, staff members required to deliver the service to myeloma patients, in addition to the MNS, and state what the MNS will deliver, for example:

- Additional service capacity.
- Transfer of activity to ambulatory and/or community services.
- Provision of superior care and support for patients.
- Responsive clinical care that facilitates improved patient experience and satisfaction.
- Improvement of existing services.
- Provision of a new/extended service.
- Increase and/or improve efficiency of patient throughput.
- Improve access to high quality healthcare for patients.

Within this section of your business case you should state measurable milestones, including expected completion dates for proposed service developments or improvements.

A scope of practice is included (Appendix 2) to demonstrate the activities of MNS. Another helpful document to assist with the implementation and approval process of the role is 'Nurse practitioner in NSW – Guideline for Implementation of Nurse Practitioner Roles' (Appendix 4).

PROPOSED CAPITAL DEVELOPMENT

You will need to research and outline any financial investment required, not including the salary of the MNS, to develop the operational aspects for the myeloma services within your organisation and/or AHS. This could include, any refurbishments, clinic area for patient reviews, personal computer, telephone, pager, secretarial support, and/or additional seating capacity.

5. BENEFITS AND DELIVERABLES

Your business case should demonstrate measurable, quantitative outcomes of the role of the MNS. Whenever possible you should audit the experience of myeloma patients in your organisation and/AHS to develop an evidence base, which will provide justification for the role (See sample audit Appendix 3). Some of the expected benefits you should reflect in your business case are described in the Table 2; you will need to describe how these will be quantified and evaluated on an ongoing basis and if supported by existing evidence.

Table 2. Expected benefits of a MNS role.

Expected Benefits	Supporting evidence for the MNS in delivering this benefit
Better concordance with medication and increased self-care	Cancer patients with access to a senior cancer nurse report better information provided to them about support groups and a greater choice of different cancer treatments.[32,42,43]
Better outcomes and overall survival	Senior cancer nurses educate patients to help minimise life threatening complications, including renal impairment, infections, and spinal cord compression.[42,44]
Reduction in inappropriate admissions as emergencies or to specialist haematology wards	Senior cancer nurses reduce unnecessary admissions by acting as a first point of contact, helping to avoid the development of complications, and improving patient's self-care.[42,45–47]
Reduction in the length of stay/excess bed days	When involved with patients at the time of admission senior cancer nurses can facilitate earlier discharge and as a result reduce the length of stay in hospital.[43,49,50]
Improved symptoms management following anti-cancer therapies	Senior cancer nurses play an important role in providing education about treatment plans and toxicities (including neutropenic sepsis), and emphasising early presentation of signs and symptoms.[42,51,54] Lack of a specific senior cancer nurses for the relevant type of cancer contributed to patient deaths due to a consequent lack of effective communication between doctors, nurses, patients, and relatives.[52]
Reduction in patient, family, and caregiver distress, as a result of the recognition and management of side-effects of both disease and treatment	Senior cancer nurses quickly identify issues and reduce the need for hospital admission.[18,21,53,54,56]
Reduction in side-effects of cancer treatment	Patients with a senior cancer nurse are more likely to be given easy to understand written information about side-effects of treatment supporting them to recognise and report side-effects for appropriate action.[18,29,34,44,55]
Reduction in risks of recurrent disease	Senior cancer nurses reduce the risk to patients from the disease or its treatment.[55,58]
Reduction in the proportion of people who report unmet physical or psychological support needs following treatment	Senior cancer nurses CNS' provide a holistic approach to patient management.[59,60] Cancer CNS' use empathy, knowledge and experience to assess and alleviate psychosocial suffering of patients.[34] Haematology CNS' play a vital role in ensuring patients receive optimal psychological support to promote wellbeing and overall quality of life.[53,55,61,62]
Increased liaison between community and specialised services	Cancer CNS' refer to other agencies or disciplines as appropriate.[46,53,62]
Incorporation of best evidence-based practice into all myeloma services	Cancer CNS' improve the quality of care.[18,31,55]
Improved patient satisfaction	Clinical CNS' are consistently rated higher than other healthcare professionals in understanding patient needs, designing better personal care pathways and obtaining patient feedback.[35] Cancer CNS' improve patient experience.[15,31,43,62]
Improved times from first referral to first treatment	Cancer nurse-led clinics are successful and can free up consultant capacity.[29,58,65]

Reduced clinic waiting times	Senior cancer nurses can be a cost-effective alternative to speed up patient throughput.[42,64-66]
Evidence of MDT working to benefit patients (shared protocols and improved communication strategies)	Cancer CNS' act as the key accessible professional for the MDT.[33,58]
Increase in myeloma patients' participation in clinical trials	Cancer CNS' can help patients overcome barriers to participation in clinical trials and their communication style about the pros and cons of clinical trials can positively influence enrolment.

6.0 CONSTRAINTS AND DEPENDENCIES

Within this section of your business case, you should outline current resources and service provision to myeloma patients, their families, and caregivers, including:

- If there is a MNS currently in the post, and the business case is to extend this post, or if you are applying to recruit a new or additional MNS.
- Outline current capacity and demand on myeloma services:
  - X number of myeloma patients are reviewed each month in your organisation and/or AHS (state the time period).
  - X number of nurse reviews (and/or phone consultations by a nurse) were carried out over the same period, and what was the need of these consultations/phone discussions.
  - Current rates of new diagnoses, patients' need for psychological support, assessment, end-of-life support, and symptom control review.

Think about what else would the MNS contribute to the haematology/myeloma services of your organisation and/or AHS. For example:

- Attendance at weekly network haematology MDT meetings.
- Support to achieve Cancer peer review measures.
- Dependency and impact of the role on other services, including support services.

7.0 OPTIONS APPRAISAL

Your business case should outline the options to be explored (at high level), including:

- The impact on haematology/myeloma services if you 'do nothing.'
- The benefits of appointing a MNS.

Provide a short narrative and simple summary regarding each option and describe the preferred option at this stage.

OPTION 1: Do nothing

Outline the implications of failing to fund, or continue funding the position of a MNS, within your organisation and/or AHS. Some suggestions include:

- Non-compliance with cancer standards
- Myeloma patients receive a lower quality of support, management, treatment, and care
- Attendance at consultant clinics increases due to the added pressure of newly diagnosed myeloma patients
- Physicians' workload increases, putting further strain on their practice with less time to review each patient
- Escalation in admissions and costs
- Potential increase in indirect costs due to increased prescribing
- Lost opportunity to promote partnerships for improved integration across inpatient and ambulatory care services
- Reduced ability to participate in clinical trials
- Population growth and aging population will continue to place an increased demand on health services and resources.

OPTION 2: Do nothing Appoint one full time equivalent MNS

Outline the benefits of funding or continuing to fund the position of a MNS, within your organisation and/or AHS. Some suggestions include:

- Delivery of high-quality, expert service to myeloma patients and compliance with all national cancer standards and peer review measures
- Improve outcomes for patients
- Develop expertise and local advocates for patients
- Improve the patient experience throughout their cancer pathway
- Reduce attendance at consultant clinics
- Reduce pressure and demands on consultants' time
- Improve sustainability of clinical haematology
- Reduce telephone calls and visits due to lack of clear and consistent information
- Reduce emergency admissions and strain on other hospital services.

State the preferred option at this point.

8.0 FINANCIAL EVALUATION

In addition to the quality of care and patient outcome benefits, your business case must include the financial benefits of a MNS post. It is important to involve the relevant finance lead within your organisation and/or AHS to help complete this section of your business case.

1. Ensure that all financial consequences have been identified
2. Where possible compare costs of various options – MNS in the post compared to not in the post, and the financial implications this will have on other services
3. Highlight how the role of the MNS is value for money (cost-neutral or generate savings)
4. Assess the implications of both cost and potential income.

Your case should not only highlight how the appointment of a MNS can save costs, but ways to ensure that the cost-effectiveness of the role can be maximised. AHS and governments are often looking to make cost savings within health services and some senior managers may see a MNS (particularly a NP position) role as an unaffordable luxury.

There are very few financial risks associated with this proposal outside the normal operational issues, with the most obvious risk being the cost of employing a senior registered nurse.

Savings and benefits include:

- Nurse led clinics can replace some physician led clinics at a reduced cost.
- Nurse led clinics can improve patient through put and provide consistency of care.

The timely recognition of side-effects and patient education provided by a MNS can:

- Reduce morbidities and emergency hospital admissions.
- Prevent unnecessary and lengthy inpatient stays.
- Reduce the length of stay and therefore excess bed days of admitted myeloma patients (include local numbers and figures).

This can be further supported by using data to support the cost-effectiveness for the organisation. Considerations should include the following:

- Health professional wages physician vs senior registered nurse or NP.
- Potential decrease in inpatient bed number days.
- Decrease in hospital length of stay.
- Prevention of unnecessary admissions to the Emergency department.
- Reduction of readmission rate (currently this is X%) of myeloma patient admissions in your organisation.

The creation of the MNS may generate income. Potential sources of income may include:

- Increased outpatient activity.
- Nurse led clinics.
- Chargeable telephone consultations.
- Reduction in excess inpatient bed stays.

Some of these costs are incurred by the hospital or AHS directly, but most are of interest to administrators. Including increasing improvements in the quality and co-ordination of patient care resulting in reduced Emergency bed days, routine follow-up and GP visits. Given healthcare administrators, state and federal governments, are under continual pressure to make efficiency savings, a continued high level of Emergency admissions and prolonged hospital admissions is unsustainable.

Each Australian state and territory will also have their own health budget, so it will help to liaise with someone locally in the finance department to assist with the financial details.

9.0 NON-FINANCIAL RISK

Your business case should also address any non-financial risks, and the impact the MNS will have on these risks to myeloma patients, or other services or departments within your hospital or AHS. As mentioned previously completing a SWOT assessment (See Appendix 1) will outline the strengths, weaknesses, opportunities, and threats associated with developing the role. Identified potential risks should be identified, quantified (i.e. major, minor, low, high), and assessed for manageability.

Non-financial risks should be linked to the options appraisal (See section 7), even if after your research and evidence collecting - your hospital or AHS chooses option 1: do nothing.

Within this section you should also state:

- What are the chances of success in securing the role of a MNS?
- Whether the evidence collected for the business case shows that the appointment of the role of a MNS is necessary and achievable.
- What the consequences are if the business case is unsuccessful?

Risks associated with a non-myeloma specialist operating within the field include:

- Non-compliance with cancer standards.
- Patients will not receive high-quality and consistent nursing care, which may impact on their access to treatment, clinical outcomes and patient experience.
- Nurses operating in the field as non-specialists, who don't have sufficient specialist knowledge and experience to deliver the best possible evidence-based treatment and care to patients.
- Attendance at consultant clinics will increase with newly diagnosed myeloma patients.
- Medical Consultants' workload will continue to increase.
- Wider MDT, including allied healthcare professionals, won't have access to a nurse specialist's expertise and advice.
- Reduction in the ability to participate in clinical trials.

Consider the options if this role is not established or continued.

10. IMPACT ON OTHER SERVICES

The impact of the role of a MNS (both positive and negative) on other departments in your organisation and AHS services should be addressed. The appointment of the post could lead to an increase in demand on other services, including, for example an increase in referrals to:

- Physiotherapy
- Clinical psychology
- Occupational health
- Other medical specialities including endocrinology
- General practitioners
- Investigational units such as radiology and bone density
- Pathology and transfusion services
- Increased workload in ambulatory care
- The work load of community-based nursing services

The business case should address how any identified impact issues will be addressed and negated so as not to overburden other services within your hospital or AHS.

Any potential impact issues should also be addressed the financial evaluation and non-financial risks (See section 8 and 9).

11. CONCLUSION AND RECOMMENDATIONS

MEASURES OF SUCCESS

Appropriate assessment criteria should be in place to effectively measure the success of appointing a MNS to the post. Here you could consider KPIs matched to the job description and scope of practice. As an example, some measures may include:

- Reduction of Emergency Department presentations.
- Reduction of length of stay for myeloma patients in hospital.
- Establishment of a myeloma nurse led clinic – demonstrates consistency in follow-up and increased throughput of patients.

The evidence and data that you collect to support the business case should be collected over a defined period of time (minimum of six months), to demonstrate the positive impact on services and patient care where a MNS is currently in post.

CONCLUSION

The business case conclusion should state that significant developments of novel therapies and new drug combinations in recent years, means that myeloma is now a treatable chronic disease, although cure remains elusive. Treatment, along with ongoing care and support aims to extend patient survival, minimise disease complications and improve quality of life. A high proportion of younger patients can now expect to live with myeloma as a chronic cancer and maintain a good quality life.

Reiterate as outlined in the business case, MNSs are highly skilled nurses, with expert knowledge and understanding in myeloma and are an invaluable resource to patients in supporting them to live well with this chronic cancer. Highlight how the role provide patients with the information and support required to make informed decisions about their treatment and care throughout their myeloma pathway, but also how the appointment of the role can have a significant impact on the current financial and service burdens facing your hospital/AHS directly and the overall public health care system in Australia.

In your conclusion, you should refer to the options appraisal (See section 7) and state that you are applying for the appointment or continuation of the role of a MNS and reinforce the negative impact of not appointing or maintaining the role on:

- Patients and their families
- Nursing peers
- Department/clinical team
- Other organisation or AHS services
- Organisation and AHS targets

It might be worth considering, at the end of the process of evidence gathering to support the appointment of a MNS, whether your myeloma patient population and service demands justify the appointment (especially under such stringent healthcare economics). In such circumstances, you may wish to develop a business case to propose joint working or splitting the post with another senior nurse post as a means of improving services and maintaining continuity of care for patients.

The evidence base and data that you have collected to write the business case should be used to support your conclusion and recommendations and reiterate what you have highlighted within your proposed case. We recommend that your findings and recommendations are included in your executive summary at the beginning of your business case.

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APPENDIXES

APPENDIX 1: SWOT ANALYSIS

SWOT analysis is a useful technique for understanding your strengths and weaknesses, and for identifying both the opportunities open to you and the threats you face. Strengths and weaknesses are often internal to your organisation, while opportunities and threats generally relate to external factors.

	HELPFUL to achieving the objective	HARMFUL to achieving the objective
EXTERNAL ORIGIN (attributes of the environment)	Strengths	Weeknesses
EXTERNAL ORIGIN (attributes of the environment)	Opportunities	Threats

APPENDIX 2: JOB PLAN

Myeloma Nurse Specialist – Scope of Practice (Example)

Name:

Speciality:

Area Health Service/Organisation:

PRACTICE CONTEXT/SETTING

PURPOSE OF THE POSITION

The MNS model of care offers an opportunity to introduce a senior nursing role into the service at (insert organisation): The primary objectives of the MNS is to optimise the management, coordination, and quality of clinical care for MM patients.

The MNS is well positioned to provide ongoing and complicated care needs of MM patients and monitor and manage symptoms related to myeloma and treatments, underpinned by evidenced based clinical practice guidelines.

The position will support education, research clinical practice and quality care for patients with myeloma and their significant others

PRINCIPLE DUTIES

Clinical assessment and management of patients with MM and treatment related adverse effects. This includes:

- Review and interpretation of pathology and other common diagnostics in MM management including routine diagnostics to determine extent of disease and organ function (B2M, FBE, electrolytes, serum and urinary paraprotein, albumin), BMAT and non- routine investigations that include assessment of comorbidities
- Perform comprehensive patient interview and history taking - includes assessment and management of patient comorbidities prior to commencing Myeloma treatment
- Medication management including patient education and assessment of compliance
- Optimisation of patients receiving therapy for MM with emphasis on maintaining optimum health including patient assessment for peripheral neuropathy, assessment for DVT risk, instigation, prescribing and monitoring of anti-thrombotic (aspirin, enoxaparin), antimicrobial prophylaxis (valaciclovir), and bisphosphonates
- Early instigation, prescribing and monitoring of supportive therapies to prevent and/or treat adverse effects related to disease or treatment - such as blood product support, and immunoglobulin administration.
- Provision of ongoing patient education – pertinent when patient clinical status alters and treatment may require readjustment given intolerance to therapy; when new treatment begins, and to ensure patient compliance to therapies
- Assess timing, instigate and order restaging diagnostic investigations at the end of treatment or prior to commencing new treatment and/or at disease progression
- Early identification and assessment for disease progression including Physical and laboratory assessment for signs and symptoms of adverse effects or progressive myeloma including bone pain, worsening cytopenias (particularly anaemia), abnormal renal function and electrolyte imbalances. Prompt communication to treating haematologist to follow.
- Referral to appropriate services

CLINICAL GUIDANCE

- The MNS will support and clinical education of staff working in (xx unit) caring for patients with MM
- The MNS will work collaboratively with medical staff and other members of the MDT working within the (xx unit).
- For patients receiving treatment in (xx unit) clinical problems/issues are triaged by xx nursing staff and referred to the MNS to assess in the first instance. Medical problems outside the MNS scope are referred directly to the medical registrar or treating haematologist.

SERVICE DESCRIPTION

Target Population for Service

Patients over the age of 16 years with MM.

HEALTH SERVICE SETTING

- The MNS will assess and manage patients within the (insert organisation) public health services provided within the (AHS), primarily in the ambulatory care setting.
- Inpatients that require MNS expertise will primarily be on a consultative and educational basis,
- Follow-up assessment will be coordinated and reviewed on an ongoing basis in the ambulatory care setting.

FACILITIES/FACILITY WHERE MYELOMA NURSE SPECIALIST ROLE OR SERVICE OPERATES

The MNS will be based in the Ambulatory Care setting at (organisation), primarily on in (Unit x). This will include:

- Myeloma clinic – every second month
- Nurse led clinic – every month
- Review of patients in DTU on a needs basis

OPERATIONAL ASPECTS

The MNS will work in collaboration, and as a core member of the Haematology MDT, within an interdisciplinary framework in the (AHS) and throughout (region) and (state) as required.

The MNS will require:

- Flexible working hours to meet patient demand
- A telephone and pager to enable communication with patients and the MDT.
- A work desk and computer to ensure efficient and quick access to patient information and documentation to ensure provision of the best up-to-date evidenced based clinical care for patients.

Services available to support the MNS include:

Located at xx:

- Haematologists
- Haematology MDT
- Clinical Nurse Consultants
- Clinical Nurse Educators
- Transfusion Services
- Radiology services including Nuclear Medicine
- Diagnostic Pathology (NSW Health Pathology and Private Laboratories)
- Pharmacy department

Services and specialists (outside of organisation)

- General Practitioners
- Community Services

ELEMENTS OF CARE

Elements of care include:

- Comprehensive history taking and assessment
- Comprehensive clinical assessments (NP only)
- Initiation and interpretation of diagnostic interventions (NP only)
- Differential diagnosis (NP only)
- Health promotion and education
- Initiation and evaluation of therapeutic management plans
- Patient advocacy
- Medication management including review, titration and initiation
- Symptom assessment and management
- Referral to (and from) other health care professionals (NP only)

COMMON PRESENTING CONDITIONS AND DISEASE STATES MANAGED BY THE MNS (NOT EXHAUSTIVE)

- Individuals with MM

COMMON CONDITIONS THE MNS WILL COORDINATE AND/OR MANAGE THE FOLLOWING PATIENT GROUPS:

- with MM, receiving outpatient treatment
- with MM, not receiving active treatment
- at high risk of developing opportunistic infections
- peripheral neuropathy
- steroid adverse effects, such as hyperglycemia and mood disturbances
- cytopenias
- deep venous thrombosis
- hypogammaglobulinemia
- multiple complex drug management
- at risk of psychological distress, anxiety and depression

EXCLUSIONS OF CARE

- demonstrating haemodynamic instability or evidence of life threatening conditions
- Evidence of disease progression in patients with MM or other PCD
- Inpatients

Patients demonstrating significant haemodynamic instability and or evidence of life threatening conditions will receive initial treatment as appropriate within the MNS scope of practice (including emergency measures) and subsequently transferred for appropriate medical care. The treating haematologist and team will be informed and arrangements will be made for the patient to be transferred directly to the clinically appropriate in-patient ward or the Emergency Department.

CLINICAL GOVERNANCE ARRANGEMENTS

PART A: STUDY, CLINICAL SUPERVISION AND MENTORSHIP ARRANGEMENTS

Mentorship of the MNS is provided by:

- (Head of Haematology Department)
- (Nurse Manager)
- (Director of Research and Practice Development)
- Additional: consider colleagues in other organisations.

Periods of supervised practice in clinical settings, to demonstrate competence will be provided by (nurse practitioners, medical colleagues, other clinical nurse consultants).

PART B: DESCRIBE WHO THE NP ROLE / SERVICE ARTICULATES INTO ORGANISATIONAL GOVERNANCE ARRANGEMENTS

- The MNS reports operationally and professionally to the (Nurse Manager).
- Annual performance development and review of the scope of practice is undertaken at a (management) level.
- The MNS will play a key role in assessing and developing protocols and guidelines for the clinical management of patients with Multiple Myeloma.
- Concerns regarding clinical performance of the MNS will be referred to the (Direct line Nurse Manager).
- Regular quantitative and qualitative reviews of the role are planned and will be evaluated at a departmental level.

PROFESSIONAL ROLE ACTIVITIES

CLINICAL LEADERSHIP, EDUCATION, AND RESEARCH

Senior and advanced nursing practice as part of the MNS role encompasses clinical leadership, education, quality improvement and research activities.

Clinical leadership

- Provision of consultation to policy and planning activities for (service) - locally, statewide and nationally
- Provision of clinical expertise, support and advise to the wider Haematology MDT including doctors, nurses and allied healthcare professionals within (AHS, other organisations, statewide and nationally).
- Acts as a role model, mentor and expert point of clinical knowledge and practice to nurses and junior doctors caring for patients with MM
- Actively participates as a senior member and/or leader of relevant MDTs.

EDUCATION

- Provision of mentoring and educational role for nurses caring for patients with MM
- Provision of clinical expertise, support and advise to the Haematology MDT and throughout the organisation
- Provision of advice and guidance to nurses on matters of clinical practice and professional development.

QUALITY IMPROVEMENT

- Initiation, development, input and/or updating of clinical practice policies & quality initiatives in MM
- Identification and promotion of quality activities to optimise evidence based clinical practice
- Active participation in clinical peer review activities within (organisation), the speciality of haematology and senior clinical nurse practice forums.

RESEARCH ACTIVITIES

- Remains up-to-date with contemporary issues and evidenced based practice that impacts care of myeloma patients through active contribution in meetings and scientific conferences at the local, state and national level.
- Application of up-to-date evidence based in routine clinical practice
- Evaluate clinical practice and identifies/undertakes relevant research activities to improve practice
- Supports a research culture within the clinical workplace and throughout (organisation).

EVALUATION

Strategy for evaluation of MNS scope of practice review

Activity data surrounding the various aspects of the role are maintained and reviewed as part of the annual performance review.

Clinical practice is audited and evaluated.

Additionally, evaluation of quality outcomes using qualitative and quantitative approaches will be used.

Performance Review

- Annually
- Registration requirements as per APHRA
- Performance review with direct line nurse manager
- Review of scope of practice.

APPENDIX 3: SAMPLE AUDIT

About you and your hospital

Q1. How old are you?

Q2. What is your gender?	
☐ Male	☐ Female

Q3. What region of the Australia do you live in?	
☐ NSW	☐ VIC
☐ ACT	☐ TAS
☐ QLD	☐ WA
☐ SA	☐ NT

Q4. Please tick the box below that most accurately describes your employment status?	
☐ Employed - Full time	☐ Retired
☐ Employed - Part time	☐ Student
☐ Unemployed	

Q5. When were you diagnosed with MM	
☐ Newly diagnosed (within a month)	☐ 1 - 2 years ago
☐ 2 months - 6 months ago	☐ 3- 5 years ago
☐ 7 months - 12 months ago	☐ 6 - 10 years ago
☐ More than 10 years ago	

Q6. Which hospital are you treated at?

Q7. Is the majority of your routine care as an outpatient (receive medical treatment without being admitted) or an inpatient (a patient who stays in a hospital while under treatment)?	
☐ Inpatient	☐ Outpatient

Q8. How often do you visit your hospital for a check-up/consultant appointment?	
☐ Every week	☐ Every 4 - 6 months
☐ Every 2 - 4 weeks	☐ Every 7 - 12 months
☐ Every 2 - 3 months	☐ More than every 12 months?

Q9. How often do you go to the hospital to receive your treatment?	
☐ More than once a week	☐ Every 4 - 6 months
☐ Every week	☐ Every 7 - 12 months
☐ Every 2 - 4 weeks	☐ More than every 12 months?
☐ Every 2 - 3 months	

Q14. Do you have a specialist nurse at your hospital who is involved in your treatment and care? If your answer is No/I'm not sure, please go to Q17		
☐ Yes	☐ No	☐ I'm not sure

Q15. If you do have a specialist nurse, do you know how to contact them during office hours?	
☐ Yes	☐ No

Q16. If you do have a specialist nurse, do you know how to contact them outside of office hours?	
☐ Yes	☐ No

Q16a. What type of specialist nurse do you have access to? (please tick all that apply)	
☐ Myeloma specialist nurse	☐ Haematology specialist nurse
☐ Transplant specialist nurse	☐ Research & clinical trials specialist nurse
☐ Oncology specialist nurse	☐ I'm not sure
☐ Other (please specify)	

At diagnosis
(Please only answer the questions that apply to you)

Q17. Who was present when you received your diagnosis?	
☐ Just your consultant	☐ Your consultant and a specialist nurse
☐ Your consultant and a junior nurse	☐ Your consultant and another healthcare professional (please specify)
☐ Other (please specify)	

Q18. What if any, information did you receive at diagnosis? (Please tick all that apply)	
☐ Verbal information about MM	☐ Verbal and written information about MM
☐ The nurse/ward contact details	☐ The contact details for other organisations, for example Myeloma Foundation Australia (MFA) or Cancer Council
☐ Other (please specify)	

Q19. If you did NOT have a specialist nurse present at diagnosis, do you think this would have been beneficial?	
☐ Yes (please explain why)	☐ No

Q20. If a specialist nurse WAS present at diagnosis, how important was their presence/role?						
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Not valuable						Very valuable

Q21. If a specialist nurse was NOT present at diagnosis, how valuable do you think this would think their presence would have been?						
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
It would have made no difference valuable						It would have been very

Q22. If you had any questions or concerns about your health in-between hospital appointments who would you contact?	
☐ My specialist nurse directly	☐ Emergency Department
☐ My GP	☐ Myeloma Foundation Australia (MFA) or Cancer Council
☐ I'm not sure, I haven't had to contact anyone in-between appointments	☐ Other (please specify)

Q23. Have you been told who you should contact in an emergency?	
☐ Yes	☐ No

Q24. Who have you been told to contact/who would you contact in an emergency?	
☐ My specialist nurse directly	☐ Emergency Department
☐ My GP	☐ Myeloma Foundation Australia (MFA) or Cancer Council
☐ Use the internet	

Q25. Is there anything else you would like to add or anything else you think we need to know about your myeloma specialist nurse

APPENDIX 4: RESOURCES

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Cancer Institute. Focus areas.
Available at: https://www.cancerinstitute.org.au/cancer-plan/focus-areas and http://palliativecare.org.au/.

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Nurse Practitioners in NSW Guidelines for Implementation of Nurse Practitioner Roles – NSW Health.
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MyeSPN
MYELOMA SPECIAL PRACTICE NETWORK