



Referral to Regional Cancer Centres/Units Medical Oncology Services Procedure

1. Guiding Principles

Adult patients can be externally or internally referred to WA Country Health Service (WACHS) regional cancer treatment centre/units medical oncology outpatient services from:

- general practitioners
- private specialists
- medical officers at tertiary cancer centres and hospitals
- multidisciplinary team meetings
- nurse practitioners.

WACHS designated cancer treatment units (DCTU) with medical oncology services are:

- Regional Cancer Centres/Units: Albany, Esperance, Geraldton, Kalgoorlie, Northam
- TeleChemotherapy Units: Broome, Karratha, Narrogin

Regional cancer centre/units are to accept generic (unnamed) referrals for public outpatient services and named referrals when required for clinical reasons.

This procedure is to be read in conjunction with the:

- [WA Health Aboriginal Health and Wellbeing Policy – MP 0071/17](#)
- [WA Health Central Referral Policy](#)
- [WA Health Clinical Services Framework 2014 - 2024](#)
- [WA Health Specialist Outpatient Services Access Policy – OD 0530/14](#)
- [National Optimal Cancer Care Pathways](#)

If at the time a referral is received or at any time after the date of receipt, the regional cancer centre/unit is unable or unlikely to be able to provide treatment within the assigned urgency category timeframe, the regional cancer centre/unit is to notify the referrer and patient and transfer the patient to another outpatient cancer service that is equivalently credentialed to perform the review and where a shorter waiting time is anticipated.

Children, adolescent and young adults and patients with high risk or rare cancers e.g. sarcoma, neurological or gynaecological are to be referred to the corresponding state-wide service for immediate and urgent treatment.

Patients who are currently receiving treatment at another cancer centre are to be directed back to that service after immediate or urgent local management and when escalation of care is clinically appropriate.

South West Comprehensive Cancer Centre

Information regarding referral pathways to private providers in the South West can be obtained by contacting the **Comprehensive Cancer Centre St John of God (SJOG) Healthcare Bunbury ph. 08 9729 6230.**

Regions with TeleChemotherapy Services

The Pilbara (Karratha), Kimberley (Broome) and Wheatbelt (Narrogin) regions have TeleChemotherapy units.

TeleChemotherapy is a model of care that enables regional medical oncology patients to receive low risk cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via video supervision.

Patients assessed as suitable and residing in these areas can be referred to a teleChemotherapy unit for routine referrals and by telephone to the appropriate metropolitan based service for urgent and immediate management.

Urgent referrals are to be escalated to the appropriate Metropolitan Cancer Centre by telephone call to the on-call medical oncologist.

2. Procedure

2.1 Identify if this is an urgent / immediate or routine referral:

Urgent referral

Urgent referral means that a patient is to be reviewed immediately within no longer than 48 hours of referral receipt due to life threatening or very aggressive disease or an oncological emergency.

Telephone contact is to be made to the specific consultant or registrar by the referee.

Immediate referral means that a patient is to have an immediate outpatient review (within two to seven days) and requires that initial telephone contact be made to the specific consultant or registrar by the referee. Patient has an aggressive cancer that could become life threatening without commencement of SACT within the next 14 days

[Medical Oncology Referral recommendations](#)

[Medical Oncology CPAC Summary](#)

Urgent and immediate referrals are **not** to be sent to the Central Referral Service

2.2 For routine referrals follow these steps

[eReferral](#) is the WA Health application for the secure referral of patients to specialist services (*best opened in Chrome*)

There is a standardised set of clinical questions to be answered within eReferral and a section for additional information.

Each site has eReferral for medical oncology services

- Select site
- Select medical oncology
- Select responder
- Select urgency – phone if urgent / immediate

Attachments can be included.

Results already available on iSOFT Clinical Manager do not need to be replicated in eReferral.

Email is not a secure medium for disseminating unencrypted patient/client person identifiable, private, sensitive or confidential information. Staff, referees and patients are not to use e-mail unless it is protected by security measures such as encryption.

When patient information needs to be transmitted by email the WA Health secure email encryption messaging service –My File Transfer [MyFT](#) is to be used. Refer to [WA Health Information Security Policy](#) – MR 0067/17. A WA Health email address and your normal password are required.

For referees that do not have access to eReferral or a WA Health email address and/or access to [MyFT](#) the referral is to be faxed to the regional cancer centre/unit/teleChemotherapy unit on the facsimile number listed in [Appendix 1](#) and a follow up phone call made to confirm receipt of the referral.

Step 1 - Gather patient information

- Obtain the patient's consent
- Full name of patient: surname (legal name), and first and second names (ensure correct spelling)
- Date of birth
- Medical record number if known
- Permanent address, including post code
- Home /mobile telephone number
- Business telephone number
- Medicare number
- Full name and contact details of next of kin or carer
- Full name of physician(s) involved in the care of the patient (the referring physician, general practitioner, surgeon)
- Diagnosis

- Date, location and type of all relevant operations, pathology, cytology, imaging scans and x-rays
- Medical insurance status.

Step 2 - Gather the required / available reports

- Pathology reports
- Operative reports
- Laboratory reports
- Imaging reports
- Other malignancies
- Relevant health history and co morbidities.
- Relevant treatments and dates

Step 3

Complete the [eReferral](#).

Or

Use facsimile or the WA Health secure email encryption messaging service – [MyFT](#) to email the details and reports as listed in steps 1 and 2 to the regional cancer centre/unit/teleChemotherapy unit selecting an address from [Appendix 1](#).

South West

Contact the selected private provider directly

Contact details can be requested by contacting the **Comprehensive Cancer Centre SJOG Health Bunbury 9729 6230** or by contacting the South West Rural Cancer Nurse Coordinator on

southwestcancernursecoordinator@health.wa.gov.au Mob: 0427 446 028.

If you need any assistance to make a referral, please contact the relevant site using the details outlined in [Appendix 1](#).

The following steps are for regional cancer centres/units and teleChemotherapy units

Step 4

- The referral is triaged, and the referee is informed of an appointment date and time
- The patient is contacted and informed of the appointment date and time
- All referrals received by the regional cancer centres/unit/teleChemotherapy units are to be entered into WebPAS and a record generated within the following timeframes:
 - Immediate/urgent referrals within one (1) working day
 - Routine referrals within two (2) working days.

3. Definitions

| | |
|---|---|
| Immediate Outpatient Referral | Means that a patient is to have an immediate outpatient review (within two (2) to seven (7) days) and requires that initial telephone contact be made to the specific consultant. |
| Category 1 URGENT Treatment to commence within two days | Patient at imminent risk of significant complication or deterioration. Review is to occur immediately within no longer than one (1) day. Hospital admission is usually required, and initial telephone contact is to be made to the specific consultant. |
| Category 2 SEMI URGENT | Review for patients requiring neoadjuvant / adjuvant chemotherapy is to occur within a suitable timeframe to allow the commencement of chemotherapy according to cancer specific Optimal Care Pathways and available clinical trials. |
| Category 3 NOT URGENT (Routine) Next available appointment and review within 14 - 28 working days | All other groups of patients not meeting the above category criteria. At the consultant's discretion. |

4. Roles and Responsibilities

4.1 The Referee is responsible for:

- Contacting the consultant by telephone for immediate/urgent referrals and forwarding the written referral
- Directing routine referrals to the regional cancer centre/teleChemotherapy unit email address using [MyFT](#), facsimile or e Referral
- Completing the referral details as per the minimum requirements.

4.2 Consultant Medical Oncologist is responsible for:

- Assessing each new routine referral within two (2) working days and allocating the triage category
- Identifying which patients require assessment or commencement of treatment in a tertiary centre
- Identifying which patients and treatments are outside of the scope of the regional cancer centre/teleChemotherapy unit in collaboration with the regional team
- Contacting the referee if clinical concerns are identified, the patient requires escalation of care or if the referral cannot be accepted.

4.3 Cancer Nurse Coordinator – Oncology Coordinator (CNC-OC) is responsible for:

- Liaising with the clerk and assessing the documentation for all new medical oncology referrals
- Completing the triage in collaboration with the medical oncologist
- Identifying which patients and treatments are outside of the scope of the regional cancer centre/teleChemotherapy unit in collaboration with the medical oncologist and/or CNC - teleChemotherapy
- Notifying the clerk to schedule a timely appointment at the regional cancer centre/unit, teleChemotherapy unit or tertiary centre

4.4 Clerical assistant is responsible for:

- Daily collation of the new referrals and completing the clerical procedure in collaboration with the CNC - OC
- Making the appointment within the nominated time frame category
- Contacting patient advising of appointment
- Filing the referral documentation in the patient's medical records
- Enter the service events onto WebPAS.

4.5 All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Monitoring of compliance with this procedure is to be carried out by the coordinator of nursing responsible for the cancer centre and is to measure the:

- number of referrals
- time from receipt of referral to specialist review

Results are to be tabled at the Regional Cancer Clinical Governance Group meetings.

8. Standards

National Safety and Quality Health Care Standards:

Comprehensive Care Standard: 5.4a-c

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards [User Guide for Medication Management in Cancer Care](#) (open in Chrome)

9. References

1. WA Health [Central Referral Policy](#) (internet). Perth: Government of Western Australia Department of Health; 2014 Feb (Cited 2020 September 02).
2. Government of Western Australia Department of Health. [Outpatient and Elective Access Criteria](#) (Internet). Australia: Government of Western Australia Department of Health 2014 Dec. (cited 2020 September 02).
3. Department of Health and Human Services. State Government of Victoria, [A guide to chemotherapy day unit redesign measures for improvement](#). 2016 (cited 2020 September 02).
4. BC Cancer Agency. [Referrals](#) (Internet). Canada: BC Provincial Health Services Authority; 2015 (cited 2020 September 02).
5. State Government of Victoria (2015). [Guidelines for timely initiation of chemotherapy, A proposed framework for access to medical oncology and haematology cancer clinics and chemotherapy services in Victoria](#) (Cited 2020 September 02).

10. Related Forms

Nil

11. Related Policy Documents

Nil

12. Related WA Health System Policies

[WA Health Aboriginal Health and Wellbeing Policy – MP 0071/17](#)

[WA Health Clinical Services Framework 2014 - 2024](#)

[WA Health Central Referral Policy](#)

[WA Health Information Security Policy – MR 0067/17](#)

[WA Health Specialist Outpatient Services Access Policy – OD 0530/14](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

14. Appendices

Appendix 1 - [Referral to a Medical Oncologist Process Flowchart](#)

Appendix 2 - [Referral and Triage Definitions](#)

This document can be made available in alternative formats on request for a person with a disability

| | | | |
|---------------------|------------------------------------|------------------------|----------------|
| Contact: | Nurse Practitioner Cancer Services | | |
| Directorate: | Nursing and Midwifery Services | TRIM Record # | ED-CO-15-52436 |
| Version: | 4.00 | Date Published: | 5 May 2021 |

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Appendix 1 – Referral to a Medical Oncologist Process Flowchart

WA Health INTERNAL Referrals

Identify if this is an Immediate/Urgent or Routine Referral

Immediate/Urgent Referral

Immediate/urgent referral means that a patient is to have an immediate outpatient review (within 2-7 days) and requires that initial telephone contact be made to the specific consultant or registrar by the referee.

Patients with high risk or rare cancers e.g. sarcoma, neurological or gynaecological are to be referred to the corresponding state-wide service for immediate and urgent treatment.

Patients who are currently receiving treatment at another cancer centre should be directed back to that service for immediate or urgent escalation of care.

Goldfields, Pilbara and Wheatbelt

Contact Fiona Stanley Hospital Medical Oncology Registrar during OFFICE HOURS and on-call Medical Oncologist AFTER HOURS. Telephone 6152 2222 available 24 hrs/7 days.

Kimberley

Contact Sir Charles Gairdner Hospital Medical Oncology Registrar during office hours or the on-call Consultant after hours. SCGH switchboard 6457 3333 available 24/7.

Great Southern

Contact Medical Specialist Registrar during OFFICE HOURS or the Resident Oncologist AFTER HOURS on 9892 2222 or contact Fiona Stanley Hospital Medical Oncology Registrar during OFFICE HOURS and on-call Medical Oncologist AFTER HOURS on 6152 2222

Midwest

Contact OFFICE HOURS Mon-Fri (excluding Public Holidays) on 9956 2222. AFTER HOURS from 1700-0800 page 'on call' Medical Oncologist/Registrar via the SCGH switchboard 6457 3333.

South West

Contact the selected private provider directly. Contact details can be requested by contacting the Comprehensive Cancer Centre SJOG Health Bunbury telephone 9729 6230.

Then follow the steps below to complete the eReferral

For Routine Referral

Step 1-Obtain the patient's consent and complete eReferral

Step 2-Gather the required/available reports and attach to eReferral if not on ICM

Step 3-Complete eReferral

Contacts

Email: midwestcancercentre@health.wa.gov.au Phone: 9956 2480 Fax: 9956 2244

Email: greatsoutherncancercentre@health.wa.gov.au Phone: 9892 2494 Fax: 9845 8752

Email: Wheatbeltcancernursecoordinator@health.wa.gov.au Phone: 9690 1689 Fax: 9690 1601

Email: goldfieldscancercentre@health.wa.gov.au Phone: 9080 5928 Fax: 9080 5808

TeleChemotherapy Units:

Email: kimberleycancercentre@health.wa.gov.au Phone: 9166 4222 Fax: 9166 4250

Email: TeleChemotherapy.Karratha@health.wa.gov.au Phone: 9144 7953 Fax: 9144 7788

Email: Wheatbeltcancernursecoordinator@health.wa.gov.au Phone: 9690 1689

South West: Follow local referral pathways to specialist medical oncologists. Contact Comprehensive Cancer Centre SJOGH Bunbury: 9729 6230 OR Contact Fiona Stanley Hospital Medical Oncology Registrar during office hours or the on-call Consultant after hours 6152 2222 available 24/7.

Central Referral Service: DO NOT USE IF REFERRAL IS URGENT / IMMEDIATE

WACHS Referral to Regional Cancer Centres/Units Medical Oncology Services Procedure

Mail: P.O. Box 3462 Midland WA 6056

Phone: 1300551142

Fax:1300 365 056

EXTERNAL Referral – GP or Private Services

Identify if this is an Immediate/Urgent or Routine Referral

Immediate/Urgent Referral

Immediate/urgent referral means that a patient is to have an immediate outpatient review (within 2-7 days) and requires that initial telephone contact be made to the specific consultant or registrar by the referee. Patients with high risk or rare cancers e.g. sarcoma, neurological or gynaecological are to be referred to the corresponding state-wide service for immediate and urgent treatment. Patients who are currently receiving treatment at another cancer centre should be directed back to that service for immediate or urgent escalation of care.

Goldfields, Pilbara and Wheatbelt

Contact Fiona Stanley Hospital Medical Oncology Registrar during OFFICE HOURS and on-call Medical Oncologist AFTER HOURS. Telephone 6152 2222 available 24 hrs/7 days.

Kimberley

Contact Sir Charles Gairdner Hospital Medical Oncology Registrar during office hours or the on-call Consultant after hours. SCGH switchboard 6457 3333 available 24/7.

Great Southern

Contact Medical Specialist Registrar during OFFICE HOURS or the Resident Oncologist AFTER HOURS on 9892 2222 or contact Fiona Stanley Hospital Medical Oncology Registrar during OFFICE HOURS and on-call Medical Oncologist AFTER HOURS on 6152 2222

Midwest

Contact OFFICE HOURS Mon-Fri (excluding Public Holidays) on 9956 2222. AFTER HOURS from 1700-0800 page 'on call' Medical Oncologist/Registrar via the SCGH switchboard 6457 3333.

South West

Contact the selected private provider directly. Contact details can be requested by contacting the Comprehensive Cancer Centre SJOG Health Bunbury telephone 9729 6230.

Follow the steps below to complete the referral

Routine Referral External Clinicians

Step 1-Gather patient information

- Obtain the patient's consent
- Full name of patient: surname (legal name), and first and second names (ensure correct spelling)
- Date of birth
- UMRN if known
- Permanent address, including post code
- Home/mobile telephone number
- Medical insurance details
- Business telephone number
- Medicare number
- Full name of physician (s) involved in the care of the patient (the referring physician, general practitioner, surgeon)
- Diagnosis
- Date, location, and type of all relevant operations, pathology, cytology, imaging scans, and x-rays (including numbers)

Step 2-Gather the required/available reports

- Pathology reports
- Operative reports
- Laboratory reports
- Imaging reports
- Other malignancies
- Relevant health history and comorbidities

Step 3-Complete your preferred referral form/letter including the minimal details and reports as listed in steps 1 & 2.

Step 4-Fax or securely email the information to the relevant Regional Cancer Centre.

Contacts (over page)

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from [WACHS HealthPoint Policies](#).

WACHS Referral to Regional Cancer Centres/Units Medical Oncology Services Procedure

| Contacts | | |
|---|-------------------|-------------------|
| Email: midwestcancercentre@health.wa.gov.au | Phone: 9956 2480 | Fax: 9956 2244 |
| Email: greatsoutherncancercentre@health.wa.gov.au | Phone: 9892 2494 | Fax: 9845 8752 |
| Email: Wheatbeltcancernursecoordinator@health.wa.gov.au | Phone: 9690 1689 | Fax: 9690 1601 |
| Email: goldfieldscancercentre@health.wa.gov.au | Phone: 9080 5928 | Fax: 9080 5808 |
| TeleChemotherapy Units | | |
| Email: kimberleycancercentre@health.wa.gov.au | Phone: 9166 4222 | Fax: 9166 4250 |
| Email: TeleChemotherapy.Karratha@health.wa.gov.au | Phone: 9144 7953 | Fax: 9144 7788 |
| Email: Wheatbeltcancernursecoordinator@health.wa.gov.au | Phone: 9690 1689 | |
| South West: Follow local referral pathways to specialist medical oncologists. Contact Comprehensive Cancer Centre SJOGH Bunbury: 9729 6230 <u>OR</u> Contact Fiona Stanley Hospital Medical Oncology Registrar during office hours or the on-call Consultant after hours 6152 2222 available 24/7. | | |
| Central Referral Service: DO NOT USE IF REFERRAL IS URGENT / IMMEDIATE | | |
| Mail: P.O. Box 3462 Midland WA 6056 | Phone: 1300551142 | Fax: 1300 365 056 |

Appendix 2 – Guidelines for Timely Medical Oncology Appointments

| Triage of referrals | Optimal care timeframes | Notes |
|---|--|--|
| All Referrals | All new referrals are to be triaged within two business days of referral receipt | These notes do not replace clinical assessment or the oncologist's discretion |
| First medical oncology clinic appointment | | |
| Category 1 URGENT ED admission and phone call to on-call oncology registrar to escalate care | Review for patients with urgent presentation is to occur immediately, within no longer than 48 hours of referral receipt | Includes but is not limited to: <ul style="list-style-type: none"> • Patients who present with severe and / or imminently life-threatening symptoms or test abnormalities. Oncological emergencies • Imminent Spinal cord compression • Corda Equina compression • Superior vena cava obstruction • Hypercalcaemia • Aggressive cancers • Small cell lung cancer • Haemorrhage • Neurological symptoms • Impending upper airway or bronchial obstruction • Tumour lysis syndrome • Acute onset of hepatic or renal failure |
| Category 2 SEMI URGENT First appointment is to occur according to cancer type | Review for patients requiring neoadjuvant / adjuvant chemotherapy is to occur within a suitable timeframe to allow the commencement of chemotherapy according to cancer specific recommendations and available clinical trials | Good practice points for commencement of chemotherapy for common cancers Breast - Neoadjuvant within two weeks of ready for care Adjuvant within four weeks from surgery Colorectal - Neoadjuvant within three weeks of ready for care Adjuvant within eight weeks from surgery Lung - First line three weeks of ready for care Adjuvant within eight weeks of surgery Small cell within 48 hrs of ready for care Ovarian - First line within four weeks of ready for care. Adjuvant within four weeks of surgery For further information Optimal Care Pathways |
| Category 3 NOT URGENT | Review for all other patients is to occur within 14 (or up to 28 days of referral receipt if able to be seen by a Nurse Practitioner to review and prepare patient for medical oncology review). | Long term follow up Non-urgent palliative treatment Non-urgent awaiting results |
| Timely initiation of chemotherapy | | |
| Category 1 | For patients with urgent presentation, chemotherapy is clinically indicated immediately, within no longer than 48 hours of the ready for care date. | These patients are to commence treatment in a level 5 or 6 cancer centre. For some with very aggressive disease or life-threatening conditions [oncological emergency] every hour of delay can increase mortality |
| Category 2 | For all other patients, chemotherapy is clinically indicated within two to eight weeks of the ready for care date or date of surgery, depending on the cancer type. | At the medical oncologist's discretion |

Source: State Government of Victoria (2015). Guidelines for timely initiation of chemotherapy, A proposed framework for access to medical oncology and haematology cancer clinics and chemotherapy services in Victoria.