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Oncology Nursing Program Newsletter

cancer care ontario | action cancer ontario

ONCOLOGY NURSING PROGRAM

Working collaboratively to Advance Cancer Control through Excellence in Oncology Nursing

Cancer is a chronic illness with acute phases which affects people at all stages of the life cycle. Nurses in all practice settings (adult, pediatric, acute inpatient, ambulatory, and community) are involved in cancer control: prevention, early detection, treatment, rehabilitation and palliative care. Nursing is a valued health human resource group in the delivery of excellent cancer care and clinical, organizational and system outcomes. Oncology nursing is a specialized field that encompasses additional knowledge, clinical skills and judgment to meet the needs of individuals with cancer and their families.

To support quality of care, Cancer Care Ontario established the Oncology Nursing Program with provincial leadership and developed a core program committee; the Oncology Nursing Program Committee (ONPC). The Vision of the Oncology Nursing Program is *working collaboratively to advance cancer control though excellence in oncology nursing.* The program is designed to support CCO's mission *"to improve the performance of the cancer system by driving quality, accountability and innovation in all cancer-related services."* The Oncology Nursing Program supports Ontario nurses to promote and develop excellence in oncology nursing practice, education, research and leadership. ONPC is the avenue to promote evidence based practice, and application of innovation. The ONPC includes representatives from integrated and regional cancer programs and the community. The committee represents change, not only in thinking but also in models of collaboration that will support sustainable shifts in the way cancer care is delivered.

Esther Green
Provincial Head
Nursing & Psychosocial Oncology
Cancer Care Ontario

Oncology Nursing Documentation

As a practitioner, does your documentation reflect what you have done for your patient's plan of care? Have you ever done a chart audit? Have you been looking for guidance on what to document for your Oncology patient interactions? The CCO Oncology Nursing Documentation working group is very proud to announce the completion of "The Oncology Nursing Documentation Competencies". The competencies parallels the Practice Domains from the Canadian Association of Nurses in Oncology standards, extracting key elements required for oncology nursing documentation and draws out the salient aspects that nurses across the spectrum of oncology patient care can apply to their documentation practice. A multi-functional audit tool has been developed to accompany the competencies. For more information please contact

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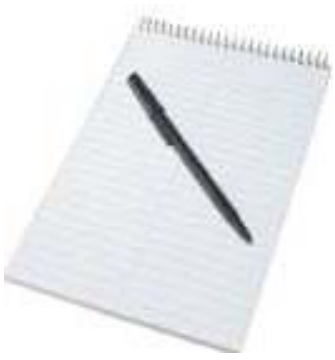

Oncology APN eMentorship Project: Supporting role development in Ontario Oncology Advanced Practice Nurses

The Ontario Oncology Advanced Practice Nurse Community of Practice (APN-COP) is a provincial network of APNs that aims to improve the health of those affected by cancer through the effective use of APN expertise. In a recent study by Bryant-Lukosius et al., (2007) the majority of APNs surveyed did not see themselves as experts. At least 50% of APNs were in their first APN role and less than one third had prior oncology experience or specialty education. Many worked in settings or regions where they were the only APN. Isolation and lack of role models to develop role competencies and to address role implementation challenges were often reported. The development and evaluation of the Oncology APN Interprofessional eMentorship Program provides the first steps in achieving APN-COP goals. The Program is funded by the Ministry of Health and Long-Term Care Interprofessional, Mentorship, Preceptorship, Leadership and Coaching Fund with support from Cancer Care Ontario and the School of Nursing at McMaster University.

Evidence documenting APN role development needs was used to build the mentorship program and establish a national inventory of intra and inter professional mentors accessible to APNs across Ontario. Rigorous processes were developed to screen and recruit high quality mentors and to link mentees with suitable mentors. A two-day workshop and e-Based resources were provided to promote effective mentorship. Questions about the Oncology APN eMentorship Program contact the Program Co-ordinator at apnment@mcmaster.ca

Increasing Capacity for the Effective Implementation of Oncology Advanced Practice Nursing Roles PEPPA Project Newsletter Fall edition 2007

As Canada's need for well trained health care providers remains high, especially in under-serviced areas, a recent nursing award helps to support the emerging and critical role of the APN. This project is one of six winning entries in the 2006 Awards for Innovation in Nursing Human Resources, a joint project between the Change Foundation and the Nursing Secretariat of the Ontario MOH-LTC. A $100,000 grant will help examine "*Increasing capacity for the effective implementation of oncology APN roles in under-serviced populations: A collaborative facilitative approach.*" This project aims to improve oncology APN roles by developing and evaluating tools to support role implementation; applying systematic frameworks; and using collaborative strategies to engage stakeholders in APN role development and evaluation. The project aligns with two of the Ontario government's policy priorities to provide better health care services to remote communities and those suffering from cancer. Gail Donner Chair of the Change Foundation says "We know that well-designed APN roles maximize the use of in depth nursing knowledge and skill to better care for patients and help our system work more efficiently." The project is a partnership involving the Sudbury Regional Cancer Program, the Juravinski Cancer Program, CCO and the Schools of Nursing of McMaster and Laurentian Universities.

Chemotherapy Education for Oncology Nursing

An update on preliminary work: An informal survey of major cancer centers in Ontario revealed chemotherapy education programs consisted of variation of both the components and required clinical hours before nurses were authorized to administer chemotherapy. Such inconsistencies confirmed the need for a standardized approach for chemotherapy education. Under the CCO Oncology Nursing Program a working group was assembled with the goal of creating a model education program that outlines content areas and recommended clinical hours for theoretical and clinical education to promote a standard for initial and ongoing chemotherapy competency validation. The working group has initiated a literature review to examine models and methodologies of continuing education and chemotherapy certification and will explore current practice from oncology nursing colleagues nationally and internationally. The group recognizes the CCO Patient Education Committee's initiative regarding patient education delivery guidelines and its link to implementing the recommendations of this working group.

The need for innovation to allow diverse practice settings to implement these recommendations will be a sustaining principle throughout the entire project.

Patti Marchand, RN, MN, CON(C), CNS, Clinical Education Leader, MS McLaughlin Durham Regional Cancer Centre-Pamela Savage, RN, MAEd, CON(C), CNS, Medical Oncology, UHN, PMH

What is the degree of risk for nurses handling cytotoxics and how can risk be mitigated: Systematic review of the evidence and recommendations*

What we know or don't know about the risk associated with handling cytotoxic drugs is as important as what nurses and organizations do to minimize risk. To understand what evidence exists on the degree of risk that nurses and other health providers have related to the handling of cytotoxics, we initiated a systematic review of the existing evidence to address two key questions: 1. Are health care workers exposed to cytotoxic drugs at increased risk of: developing cancer; experiencing stillbirths, ectopic pregnancies or spontaneous abortions; having children with congenital malformations or developmental delays; or experiencing acute toxic effects, compared to unexposed healthcare workers; and 2. what precautions should be taken in the workplace to minimize the risk of adverse effects? The Guideline Panel reviewed the evidence on adverse staff events; the evidence related to closed handling systems; and conducted an environmental scan of recommendations from other jurisdictions. While there was limited evidence to determine an association between exposure to cytotoxic drugs and ectopic pregnancy or still birth, the panel agreed that there may be an increased risk for miscarriage. Underestimating substantial risk may have as great a consequence as overestimating an unproven risk. The review provides recommendations for minimizing exposure to cytotoxic drugs for all staff at all times, and suggested areas of research for the future. For a full copy of the report go to the CCO website and the report entitled "Safe Handling of Cytotoxics" on

http://www.cancercare.on.ca/index_2188.htm

Guidelines Development: Cancer Related Pain Management

We report here on a work in progress that is a quality initiative of the Program in Evidence Based Care and Cancer Care Ontario. Cancer is associated with many symptoms but pain is the one most feared by patients. We know that pain is experienced by one-third of patients receiving treatment and about two-thirds of those with advanced cancers. Quality care is most associated with comprehensive assessment of symptoms, appropriate interventions, management of side effects associated with some interventions and evaluation of whether the interventions are effective in controlling pain in the patients perspective. The Ambulatory Oncology Patient Satisfaction Survey results indicate that 20% of respondents have severe pain, 43.5% have moderate pain and 36.5% mild pain. While 70% did report pain relief, 30% indicated need for improvement. There are a number of practice guidelines that have been developed for use by professionals to control cancer-related pain. The purpose of this document is to assess the existing guidelines in order to determine evidence based recommendations to guide practice in all environments in which people with cancer related pain may be seen. The panel includes clinicians in palliative medicine, nursing, pharmacy and pediatrics.

What are the evidence-based recommendations for the management of cancer-related pain that guide the practice of health care providers?

Provincial Oncology Nursing Rounds

Provincial Oncology Nursing Rounds are provided free of charge by Cancer Care Ontario to facilitate networking and the acquisition of evidenced-based oncology nursing care. Participants include large nursing groups from regional cancer centres to individual community oncology nurses working in remote areas. Rounds occur 5 times per year generally on the third Monday of September, November, January, March and May from 0800-0900. The rounds are delivered via teleconference and a PowerPoint presentation is available in advance. Upcoming topics for Rounds include "Regional Models of Care for Systemic Treatment: Standards for the Organization and Delivery of Treatment" (November 19, 2007) and "Nursing Care Delivery Models in Ambulatory Care" BC Cancer Agency (November 26, 2007)for more information contact Lena.Roccasalvo@cancercare.on.ca

Rounds occur five times per year generally on the third Monday of September, November, January, March and May

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If there are topics or issues you would like us to address in the newsletter, let us know!
You can reach us at
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Cancer Care Ontario is an umbrella organization that steers and coordinates Ontario's cancer services and prevention efforts so that fewer people get cancer, and patients receive the highest possible quality of care. Driving quality, accountability and innovation, in all cancer related services.

Working collaboratively to create the best cancer system in the world

Upcoming Provincial Oncology Nursing Rounds

November 19th, 2007 8:00 am - Regional Models of Care for Systemic Treatment: Standards for the Organization and Delivery. Presenter **Dr. Ted Vandenberg,** London Regional Cancer Centre.

November 26, 2007 3:00pm - Nursing Care Delivery Models in Ambulatory Care. Presenters **Tracy Truant and Elena Serrano,** BC Cancer Agency

What's Happening in the Regions: CHIPP

CHIPP was initiated in Ottawa in 1996 working with the VON and CCAC. There is substantial evidence to support the use of continuous infusion therapy versus bolus infusion in the management of metastatic colorectal cancer. In Champlain LHIN, a need was identified to enhance the CHIPP program and improve safe access for all regional patients. Access to CHIPP across the Champlain LHIN has increased from 0 patients outside Ottawa in December 2006 to 21 patients post implementation March 2007. Currently there are approximately 130-150 patients on CHIPP at any given time.

Patient Satisfaction

" It (CHIPP) can make a big difference in the patient's life, for example, to be able to recover in privacy and in the comfort of your own home. It saves trips to the centre and the associated costs and not to have to travel for a disconnect when you don't feel well is important."

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