Issue 2

June 2008

# Oncology Nursing Program Newsletter

cancer care ontario | action cancer ontario

ONCOLOGY NURSING PROGRAM

**Working collaboratively to Advance Cancer Control through Excellence in Oncology Nursing**

In May, Cancer Care Ontario and its partner Princess Margaret Hospital announced, the Ontario Government committed $15 million over the next five years to the Anna Maria de Souza Knowledge Transfer Centre for Oncology Nursing.

Oncology nurses play a vital role for all cancer patients and their families throughout the cancer continuum of prevention, screening, diagnosis, treatment, survivorship and palliation. Currently, nursing graduates do not have the specialized knowledge or clinical experience to manage and care for the increasing cancer population.

The Centre will focus on training new graduates and nurses working in cancer programs.

To meet the complex needs of the growing cancer patient population, the Centre aims to provide specialized education to address the particular issues and challenges cancer patients and their families face.

The Centre will be located at Princess Margaret Hospital (PMH) but will be accessible to nurses across the province through e-learning and will also include on-site education programs at PMH and other regional cancer programs across Ontario.

The aim over the next five years is to create a state-of-the-art Centre for educating oncology nurses by:

- Preparing 120-160 nurses to write the Canadian Nurses Association Certificate exam in Ontario within five years
- Having up to 1,000 Ontario nurses participate in oncology nursing continuing education programs
- Training 50 to 80 new oncology nurse educators in communities across Ontario
- Ensuring five per cent of new Oncology Certified Nurses are enrolled in a Masters program

This grant is the largest commitment given to build capacity in oncology nursing in Canada. I want to acknowledge the visionary leadership of the Ontario government, specifically the Premier, Mr. McGuinty, to ensure that there are specialized oncology nurses in this province prepared to work with people at risk for or living through the diagnosis of cancer.

*Esther Green*
*Provincial Head - Nursing & Psychosocial Oncology*
*Cancer Care Ontario*

## Oncology Nursing Program Committee Update

The Oncology Nursing Program Committee, or ONPC as we like to call it, had a face-to-face meeting on Feb 27, 2008. Meeting was well attended and a big success. Items on the agenda included presentations on the Ontario Cancer Plan and the Disease Pathway Management Approach, Cancer Survivorship: Exploring Oncology Nursing's New Normal, Results of the PEPPA Implementation, Oncology Nursing Workload Review, Oncology Nursing Documentation Competencies: Practical Strategies for implementation, Cancer Related Pain Management: Evidence-Based Recommendations to Guide Practice, Knowledge Transfer and Exchange Strategies, Measurement Reporting and Next Steps of PPCIP (Provincial Palliative Care Integration Project) and a discussion of the Oncology Nursing Work Plan and Next Steps. Monthly teleconference meetings will continue on the 4th Wednesday of the month. Next meeting is scheduled for Wed. June 25, 2008. For more information, contact: Lena.Roccasalvo@cancercare.on.ca.

Inside this issue:



# Update on PEPPA Project

Studies identify that most barriers to optimal Advanced Practice Nursing (APN) roles could be avoided by improved planning and better understanding of the roles.[1,2] This project applies the PEPPA Framework, a participatory, patient-centred, evidence-based process that engages stakeholders in developing and evaluating APN roles (Figure 1).[3]

To better understand more precisely the resource needs for APN roles in the Ontario Cancer Control System, and to inform the development of an APN Role Implementation Toolkit, the PEPPA Project conducted a study surveying administrators and mangers from 76 organizations responsible for adult cancer services in Ontario. The following challenges, resource needs and implications were identified:

***Organizational challenges for introducing APN Roles***

- Recruitment of qualified oncology APNs
- Funding
- Retention of qualified oncology APNs

***Cancer priorities for oncology APN roles***

- Colorectal, breast and lung cancers
- Patients requiring palliative care, post-treatment care and on-treatment care
- A conservative estimate of 160 new oncology APN positions will be required over the next 5 years

*Administrator resource needs for the effective deployment of APN roles*

- Need for clear role definitions
- Tips on role support strategies
- Tips for improving role integration
- Tips for determining the need for an APN role
- Identifying the characteristics of an effective APN

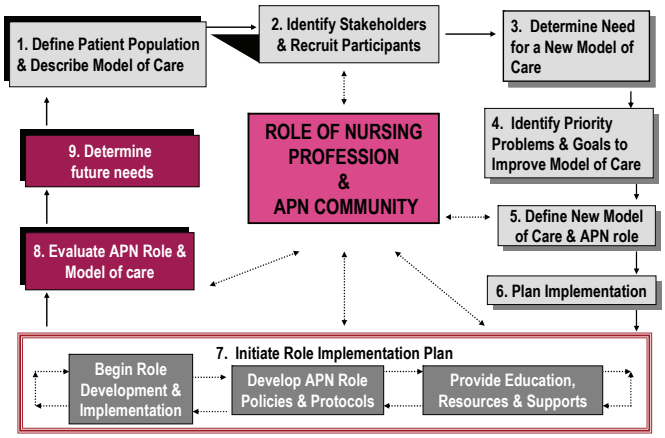
***Implications for Policy and Practice***

- There is an urgent need for a province wide health human resource (HHR) plan and actions to produce, recruit and retain the number of oncology APNs required to meet service needs in identified areas of priority

The PEPPA Framework and Toolkit is currently being applied and studied at 2 clinical practice settings: the Gastrointestinal Disease Site Team at the Juravinski Cancer Centre in Hamilton, Ontario and a Palliative Care Site Team at the Sudbury Regional Hospital, Regional Cancer Program. Each site is working through the PEPPA Framework with the long-term goal of hiring an APN within their respective cancer care settings. The Sudbury site has reached Step 6 in the PEPPA process and has recently posted for 2 APN roles within their Palliative Care Clinic*. The Hamilton site is working through the patient's and healthcare provider's needs assessment, Step 3 of the Toolkit, with the intent of also posting for an APN position in early July.

For more information contact Mizan Graham at peppa@mcmaster.ca

## The PEPPA Framework




# APN Community of Practice Update

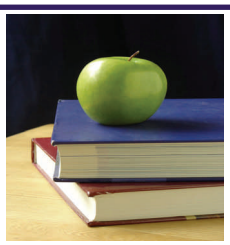
The APN COP was created in 2005 as a strategy to address significant organizational, system and social barriers to effective oncology APN role implementation in Ontario. Many APNs are relatively new to the APN role and often identify the need for mentorship related to role socialization, leadership, research, and scholarship (Bryant-Lukosius et al., 2004; 2005). The COP consists of 80 APNs from across Ontario and we continue to grow!

*Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their understanding and knowledge of this area by interacting on an ongoing basis.*

Our **vision** is to create a provincial cancer care environment that values, supports, and maximizes the role of APNs in providing access to high quality and cost effective cancer care by providing leadership and resources for oncology APN role development, implementation, and evaluation. **Sub-Committee Goals:** *Role Clarity*: To develop a position statement for oncology advanced practice nursing in Ontario for the purpose of providing clarity to the roles. *Mentorship:* To develop a Mentorship, Preceptorship and Peer Support program and website for APNs. *Clinical Practice Issues*: To promote evidence-based clinical practice. **Other Accomplishments** include: Initiating CANO APN Special Interest Group, 2007 and 2008 Members survey, CCO Workshop on Advanced Health Provider Roles, Orientation handbook for new members, Oncology APN Mentorship Program, Presentations and workshops at national and international scientific conferences. For more information on the COP, please contact the co-chairs:

Dr. Denise Bryant-Lukosius at bryantl@mcmaster.ca or Lisa Bitonti at lbitonti@ottawahospital.on.ca.

# Guidelines Development



Cancer Care Ontario's Program in Evidence-Based Care (PEBC) released two new guidelines earlier this year, the first one dealing with advance care planning (ACP)[1]. ACP should be conducted routinely with cancer patients as it can affect patient outcomes such as adherence to patient wishes. At minimum ACP includes an existing plan, patient wishes, the identification of the substitute decision-maker and proper documentation. The first step to ACP starts with education and should be initiated early in the disease process. A key component of ACP is a strong QA program for ongoing evaluation and measurement of outcomes.

The second guideline addresses provider-patient communication and targets health care professionals interacting with cancer patients during critical points of care such as diagnosis, recurrence, metastases and progressive disease[2]. Good provider-patient communication improves patient outcomes by decreasing psychosocial distress, increasing patient satisfaction, improving quality of life and helping patients to recall and understand information. The recommendations address components of good communication such as empathic listening, monitoring the patient's understanding of what is being communicated, using lay terms, identify the patient's communication preference and paying attention to the physical setting.

The PEBC Practice Guidelines Development Cycle was applied to the development of both guidelines. For further information about these two guidelines visit the website www.cancercare.on.ca

[1]Harle, I., Johnston, J., Mackay, J., Mayer, C., Russell, S., & Zwaal, C., (2008). Advance Care Planning with Cancer Patients: Guideline Recommendations. A Quality Initiative of the Program in Evidence-Based Care (PEBC), Cancer Care Ontario.

[2]Rodin, G., Mackay, J.A., Zimmerman, C., Mayer, C., Howell, D., Katz, M., Sussman, J., McNair, S. & Browers, M., (2008). Provider-Patient Communication: A Report of Evidence-Based Recommendations To Guide Practice in Cancer. A Quality Initiative of the Program in Evidence-Based Care (PEBC), Cancer Care Ontario.

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# Nursing Workload Review Team

During the past 12 months, a group of nursing leaders and clinicians, working in collaboration with a health economist, developed a workload tool based on over 250 actual chemotherapy regimens consistently delivered in 14 cancer programs. Excluded from this work were clinical trials, oral and in-patient chemotherapy and supportive care regimens. The group discovered that there were a number of provincial models independently developed but none validated. A validated tool developed by Cusack et al., 2004 was used as a reference tool. The group initially met by phone to review the scope of the work and to identify nursing activities associated with the delivery of systemic therapy. The workload estimates were derived via a consensus panel, informed by discussions with front line clinical experts. Initially, 50 high volume regimens were scored and the data were validated using hospital specific estimates. Upon completion of the initial validation of the tool, the group continued with scoring the outstanding 250 regimens. Concurrently, pharmacy partners scored their workload using the same regimens such that a comprehensive tool could be used for planning purposes such as human resources and funding. At the upcoming CANO conference, the Nursing Workload Review Team will present on the process that was developed, outline how they came to consensus and show examples of data. Policy implications of work from the perspective of managing and funding the delivery of systemic therapy will be discussed. Team members include: Esther Green (Provincial Head, Nursing and Psychosocial Oncology, CCO), Colin Preyra (Assistant Professor, Department of Health Policy Management and Evaluation, University of Toronto), Janice Stewart (Princess Margaret Hospital), Kathy Beattie (Supervisor Chemo Unit, Odette RCC), Marcia Langhorn (London RCC), Rosemary Bland (Clinical Manager Systemic Therapy, Juravinski RCC), Cindy McLennan (Ottawa Hospital RCC) and Tracy McQueen (Kingston RCC). For more information contact Janice.Stewart@uhn.on.ca.

# 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 centers 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. Recent topics for Rounds included "Oncology Nursing Documentation—Does your Documentation Reflect your Practice" (January 21, 2008), "Examining the Role and Influence of Oncology Nurses With Cancer Survivors" (March 17, 2008) and "Cancer Symptom Management Provincial Project Results" CCO (May 12, 2008). Upcoming rounds are scheduled for September 15th, 2008 and November 17th, 2008. Topics TBA. Mark your calendars! For more information on Rounds, contact Lena.Roccasalvo@cancercare.on.ca .

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

ONCOLOGY NURSING

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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 the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, Cancer Care Ontario works to reduce the number of people diagnosed with cancer and make sure that patients receive better care every step of the way.*

## Nursing Research Rounds

On May 16th, 2008 12:30 pm, PMH hosted inaugural Nursing Research Rounds. Presentation was by Dr. Karin Olson entitled 'A New Way of Thinking About Fatigue: A Reconceptualization'. Research results were presented. The idea that fatigue is a marker for the inability to adapt to cancer and its stressors was explored. Factors that interfere with the ability to adapt was discussed. Finally, a case study was used to apply these concepts. The presentation was done via video conferencing. Regional Cancer Centers across the province participated and rounds were well attended. This was Nursing Research Rounds first soirée and we hope to continue to see more. Rounds are supported by Cancer Care Ontario. For more information on Nursing Research Rounds, please contact Dr. Doris Howell at doris.howell@uhn.on.ca.

## What's Happening in the Regions: Community Nurse Led Breathlessness Intervention

In the fall of 2006 Cancer Care Ontario, with support from the Ministry of Health and Long Term Care launched the Palliative Care Integration Project (PPCIP) which was a comprehensive plan to improve symptom assessment and management, coordination of palliative support, shared decision making and improved end of life preparations.

In the fall of 2007, the Clinical Nurse Specialist in oncology palliative care at The Peel Regional Cancer Centre accepted two university students for a clinical placement. Together, the three specialized oncology palliative care nurses undertook an initiative to further support the PPCIP dyspnea management collaborative care plan through implementing a community nurse led breathlessness intervention program for the lung cancer population.

Recent work by researchers demonstrates that nursing interventions aimed towards managing breathlessness in individuals with lung cancer can reduce dyspnea scores and can improve mood, quality of life and function in this population (Corner, Plant, A'Hern, & Bailey, 1996; Bredin et al., 1999; Hately, Laurence, Scott, Barker, & Thomas, 2003).

Following submitting a proposal to the PPCIP steering committee and getting approval for the project, the Ottawa Model of Research Use (1998) was used to assess the environmental readiness and to determine the feasibility of implementing the program in Halton Peel Region.

Educational forums were facilitated for the community nurses in LHINS 5&6 to gain increased knowledge, skill and judgement in dyspnea management. Key to the success of the program was the development of a "toolkit" outlining the nurses role in assessment and management of breathlessness. The program was implemented in the homes of individuals with lung cancer to provide a comfortable, secure setting for successful interactions between the patients and community nurses. The components of the program included:

1. Screening using the ESAS tool
2. Detailed assessment of breathlessness and factors that ameliorate or exacerbate it
3. Advice and support for clients and their family
4. Exploration of the meaning of breathlessness, disease and feelings about the future with the lung cancer client
5. Training in breathing control techniques and distraction exercises
6. Goal setting with clients to complement breathing and relaxation techniques and to support development of coping
7. Early recognition of problems warranting pharmacological and/or medical intervention

The clear and significant benefit of reduced breathlessness based on best practice evidence was the foundation of the proposed intervention program. Presently, the program is being evaluated through focus groups with the community nurses in Halton Peel Region

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