

ONCOLOGY NURSING PROGRAM NEWSLETTER

Working Collaboratively to Advance Cancer Control Through
Excellence in Cancer Nursing

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SPECIAL POINTS OF INTEREST:

- To find out more information about the Oncology Nursing Program contact
Raquel.ShawMoxam@cancercare.on.ca
- A job description has been formulated for the specialized oncology nurse...stay tuned on the CCO Website
- Think about building oncology nursing capacity through planning for future models of care
- Representation at Multi-disciplinary Care Conferences is vital
- There is a link between funding for systemic therapy and nursing workload
- The Research COP group is up and running

Oncology Nursing: Looking Back and Moving Forward

The Oncology Nursing profession has grown and changed the face of patient care since its foundations with Florence Nightingale's famous nightly rounds, tending to injured soldiers. That was in the late 1800s, and here we are in 2010, centuries later. Oncology Nursing is specialized within the cancer field. 2009 has been a busy year with the launch

of the de Souza Institute featured in our last newsletter, the formulation of a workplan to carry forward initiatives over the next 3-5 years, looking at indicators and measures to ensure a quality framework and progression of successes within the program. The Oncology Nursing Program, its committee and the work being done are all showcased in this

edition of the our newsletter, with the workplan on the last page. We look forward to another busy year with continued growth of the program. We welcome your feedback on this edition of the Oncology Nursing Program Newsletter.

*Esther Green, Provincial Head
Oncology Nursing &
Psychosocial Oncology*

Oncology Nursing Program Committee

The Oncology Nursing Program Committee (ONPC) is a forum that links oncology nursing leaders across the province together to communicate, share, learn and engage in collaborative work. The committee uses the forum to advance the program's work with a focus on long-, medium- and short-term goals. It also aspires

to define indicators and establish measures to examine the progress and impact of the work. Its vision is 'working collaboratively to advance cancer control through excellence in Oncology Nursing'. Teleconference meetings are held on the third Wednesday of each month and one in person meeting is held

annually. New members are welcome. Visit our site for further information at www.cancercare.on.ca/ocs/clinicalprogs/oncnursing/.

Contact our program office for information regarding membership at:

Frances.Jackson@cancercare.on.ca.



16th International Conference on Cancer Nursing
THE PREMIER INTERNATIONAL EDUCATIONAL OPPORTUNITY FOR CANCER NURSES
The Westin Peachtree Plaza, Atlanta, Georgia, USA March 7 – 11, 2010

ENHANCING KNOWLEDGE, PROMOTING QUALITY

 International
Society of Nurses
in Cancer Care

Specialized Oncology Nurse: Setting the Standard

In 2000, the Canadian Association of Nurses in Oncology released the Standards of Practice and in 2006 the “Practice Standards and Competencies for the Specialized Oncology Nurse” were published. These documents have been helpful in guiding oncology nursing practices. However the Oncology Nursing Program Committee’s (ONPC) February 2009 in-person meeting identified the need for a clear job description to further define the role of the specialized oncology nurse. In turn, this would help create an accountability framework and support a consistent approach to defining the role and articulating the

necessary qualifications. A small committee of oncology nursing leaders from the ONPC reviewed several comprehensive and well written job descriptions from oncology settings across the province before selecting the Juravinski Cancer Centre’s (Hamilton, Ontario) job description as the template for the provincial job description. The new provincial Oncology Nurse job description reflects the desired competencies and qualifications to fulfill the role of the specialized oncology nurse, while adhering to the standards set by the College of Nurses of Ontario. We hope that this job description will provide direc-

tion for Oncology Nurses for their practice, and for managers from the interview process to ongoing performance evaluations of oncology nurses in their organizations. The committee developed this job description to primarily reflect the practice of oncology nurses in the ambulatory setting, however there are elements that are transferable to the inpatient and community setting. We would like to acknowledge the time and commitment of ONPC committee members: Marcie Flynn-Post, Sue Daley, Lynne Penton and Terry MacKenzie.



Nursing standards help define the level of quality required in practice.

Nursing Models of Care

Throughout my nursing career I have always been mystified by the notion of “care models”. How would a nurse leader go about designing one? Is there a menu of potential models of care to choose from or are we always to start from scratch? Most significantly, if there is a high degree of satisfaction on the part of nurses, their interdisciplinary teams and the patients they serve, then why do we have to keep talking about it? It makes everyone nervous.

The literature describes very few nursing models; functional nursing, team nursing, primary nursing, and case management being the most widely known. Historically, nursing and health care delivery models are pushed to change through an

examination of health care trends, the economy, societal changes and an evolving knowledge of evidence based decision making related to health care planning. If we consider our current environment with increasing numbers of cancer survivors, increasing health care costs married with smaller budgets, the increasing incidence of cancer due to an aging population, and a looming nursing shortage, we know that the current approach cannot be sustained. The Oncology Nursing Program Committee is committed to an ambitious work plan that includes the examination and implementation of nursing models designed to build our oncology nursing capacity and to ensure appropriate patient access to

oncology nurses in order to improve the patient experience in the system. Knowing that we face a shortage of oncology nurses in Ontario while expecting increasing numbers of patients moving through the system it is clear that we need to carefully consider models of care that maximize the nurse’s ability to work to full scope of practice with cancer patients across the continuum of cancer care. Through the work of the ONPC, we hope to learn about the strengths of the current models, how they affect oncology nursing recruitment/retention and job satisfaction, and how we might use those strengths to plan future models that will build oncology nursing capacity.

Jennifer Wiernikowski

“...we need to carefully consider models of care that maximize the nurse’s ability to work to full scope of practice with cancer patients across the continuum of cancer care”





Multidisciplinary Case Conferences allow members to consider best-practice options for their patients.

Nurses identify issues that the team requires to develop the care plan, and they have the ability to ‘translate’ the plan and issues presented for the patient and for the family.



Multidisciplinary Case Conferences: The Role of Nurses as Key Members

Multi-disciplinary Case Conferences (MCCs) provide health practitioners with a forum to discuss patient cases and plan for care and treatment. The disciplines involved in MCC include: pathologists, radiologists, surgeons, oncologists and nurses. MCC's are a core element of decision-making, where the disciplines examine what the best options are for the patient, prior to implementing the plan.

Maximizing the patient's potential level of health requires that the care plan address not only the disease stage, potential therapies and treatment goals, but also the patient's goals for care, resources and family situation. When nurses encounter patients, they gather

critical information that is essential for the multi-disciplinary team. Nurses identify symptoms, challenges faced by the patient in decision making, family dynamics, ability to cope with their illness, cultural issues or other factors that the team requires to develop the care plan.

These areas are as important as the pathology, staging and treatment modalities. Furthermore, the nurse has the ability to ‘translate’ the plan and issues presented by the medical team for the patient and family.

It is preferred that nurses attend and contribute to the discussions and related decision making for MCCs within Ontario. The oncology nurse has

responsibility to contribute their assessment findings to the MCC members. While the nurse can gain knowledge related to each case discussed, the objective is to contribute to the formulation of case management. The nurse has a responsibility to speak to the patient issues, and ask questions during the discussion, alerting the team members to issues that may arise during the patient's care journey. I encourage oncology nurses to participate and contribute to MCC as often as possible. Your nursing voice and presence is needed.

Esther Green
Provincial Head
Oncology Nursing &
Psychosocial Oncology

Regional Systemic Therapy: Funding Model & Nursing

The Regional Systemic Therapy Program's goal is to provide high-quality, equitable and timely systemic treatment, through the implementation of quality standards, strategic planning, and appropriate funding. One of the recommendations of the plan is to provide funding to hospitals based on resource intensity. As a first step, in 2007/08 Cancer Care Ontario (CCO) has developed an equitable funding model for the Regional Cancer Centers (RCCs), that is based on the complexity and number of treatments. The principle objective of the funding model is to recognize underlying differences in case mix, and related treatments, across cen-

ters. The case mix is based on the relative resource cost per visit across patient groups, which is largely driven by pharmacy and nursing workloads. The time required for nurses and pharmacists to prepare and administer the drug regimens that their patients receive over a course of care was estimated through a rigorous, consensus-based approach that reflected the actual practice of care in Ontario. Panels of expert nurse and pharmacy managers communicated with their clinical staff and completed activity tables independently that included information from current staff scheduling systems. The final workload results

were then reviewed and endorsed by the groups. The final result of this work was a funding formula where a facility's case funding is weighted according to their resource intensity. To ensure that the RCC funding model is kept current, this approach was repeated this year. The nursing and pharmacy groups have been reconvened to review new regimens that have been used for treatment in the 2008/09 fiscal year. These groups have proven to be extremely helpful for the generation of the funding model and we look forward to continued involvement in this initiative.

Haim Sechter, CCO

Oncology Nursing Research Community of Practice

Last year, we introduced the Nursing Research Community of Practice (NR-COP), and then undertook a strategic planning process to reaffirm our goals. The first step was a membership survey and the results validated that members viewed the four original NR-COP Terms of Reference statements as relevant and important. From this exercise, four working groups were established to identify and focus on activities that would operationalize each of the Terms of Reference statements.

One group developed a vision statement that identifies the clients we serve, the services

we deliver to them, and how best to deliver these services (see below).

A second group has been working to generate a list of current oncology nursing research activities in Ontario. The promotion of oncology nursing and increasing awareness of the kind of research activities currently underway by researchers, as well as within clinical settings, is a major goal of the NR-COP.

The focus of a third group has been disseminating methods. The opportunity for the NR-COP to publish in the ONP newsletter is acknowledged as an important vehicle for information sharing with nurses and

other stakeholder groups throughout the province.

A fourth group's activities are aimed at becoming more informed about CCO's Evidence-Based Program and developing plans on how oncology nurses can learn more about evidence-based practice and access best practice guidelines.

As well, the NR-CoP has developed a curriculum vitae as a method for tracking and highlighting the work of the NR-COP (see opposing page).

Co Chairs:

Debra Bakker, RN, BNSc, MSc, PhD

Rose Steele, RN, PhD



Nursing Research COP Vision Statement

The Cancer Care Ontario Nursing Research Community of Practice (NR-COP) is a knowledge broker and network of excellence that increases awareness of oncology nursing research activities and fosters collaborations and collaborative research. It showcases how research informs evidence-based practice, policy, and education through: a) research dissemination b) development of knowledge tools to facilitate uptake of research in practice (including practice guidelines, evidence-informed reports), and c) sharing of ideas and knowledge.

In enacting its vision, the Nursing Research Community of Practice serves a broad range of stakeholders including:

- Ontario nurses who provide care to cancer patients, nurse researchers, and educators with an interest in oncology;
- Ontario organizations and leaders whose focus is cancer control or professional nursing, such as Ontario Chapters of the Canadian Association

of Nurses in Oncology (CANO), the Registered Nurses Association of Ontario (RNAO); regional cancer programs; LHINs; hospitals; community agencies; Canadian Cancer Society-Ontario Division; and Cancer Care Ontario;

- policy makers in the provincial government, such as the Nursing Secretariat and Health Force Ontario; and
- institutions at the university and the college levels in Ontario and with partners in other provinces.

As a knowledge broker, the Nursing Research Community of Practice brings together decision makers, researchers, educators and clinicians to build relationships, identify needs, and share ideas and evidence that will increase evidence-based decision-making across the spectrum of oncology health services. Knowledge brokering involves:

- fostering collaborations and collaborative research among nurses, researchers, educa-

tors, and decision makers;

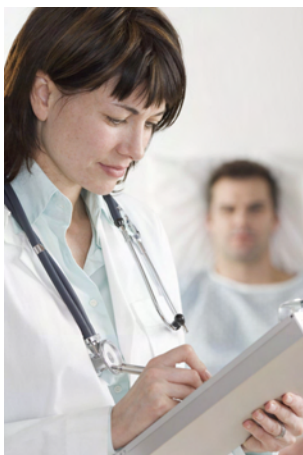
- disseminating research findings and activities;
- networking for the purpose of sharing ideas, expertise, and knowledge; and mentoring nurses in research activities;
- showcasing Ontario oncology nursing research activities; and
- engaging nurses, researchers, educators, and decision-makers in identifying research priorities; funding opportunities; and evidence-based guideline projects, such as CCO practice guidelines, RNAO Best Practice Guidelines.

Knowledge transfer and exchange services are delivered through networking and communication using a variety of methods, including but not limited to:

- tele- and video-conference
- in-person meetings;
- electronic newsletters;
- email;
- web-based learning; and
- workshops and courses

“Over the past year, we undertook a strategic planning process to reaffirm our aims.”





“...people who are either engaged in oncology nursing research or are interested in this area of research and/or are from the regional programs where the cancer programs exist”



Nursing Research COP Curriculum Vitae

Preamble

The Oncology Nursing Research Community of Practice (NR-COP) within Cancer Care Ontario (CCO) is comprised of people who are either engaged in oncology nursing research or are interested in this area of research and/or are from the regional programs where the cancer programs exist. Members include clinicians, organizational practice leaders, educators, and researchers who are geographically dispersed across Ontario. Our purpose is to advance oncology nursing in Ontario by:

- providing leadership in setting an agenda for oncology nursing research in CCO;
- contributing and sharing ideas, knowledge, and expertise through collaboration, partnerships, mentoring, and networking;
- initiating and implementing research and/or research based activities relevant to oncology nursing; and
- promoting knowledge transfer through linking and communicating with other CCO Communities of Practice and other key stakeholders.

This C.V. is intended to highlight the work of the NR-COP as a whole, not that of individual members.

PUBLICATIONS

Refereed

Stacey, D., Bakker, D., Green, E., Zanchetta, M., Conlon, M., & the Cancer Care Ontario Community of Practice Research Group. (2007). Ambulatory oncology nursing telephone services: A provincial survey. *Canadian Oncology Nursing Journal*. 17(4), 186 (e1-5). [Les services de soin infirmières téléphoniques en oncologie ambulatoire: une enquête provinciale]

Non-Refereed

Bakker, D., & Steele, R. (2009). Oncology nursing research community of practice. *Oncology Nursing Program Newsletter, Cancer Care Ontario*, 4, 3.

Green, E., & Bakker, D. (2008) Using communities of practice in oncology nursing research. *International Cancer Nursing Newsletter*, 20(1), 8.

Conference Proceedings

PRESENTATIONS

Green, E., Bryant-Lukosius, D., Bitonti, L., & Bakker, D. (2008, August). *Communities of practice: Working in new ways to advance oncology nursing*. Paper presented at the 15th International Conference on Cancer Nursing, Suntec City, Singapore.

Bakker, D., & Green, E. (2007, October). *Implementing the community of practice concept in oncology nursing research*. Paper presented at the 19th Annual Canadian Association of Nurses in Oncology Conference, Vancouver, BC.

Green, E., Bryant-Lukosius, D., & Bakker, D. (2007, October). *Communities of practice: Working in new ways to advance oncology nursing*. Paper presented at the 19th Annual Canadian Association of Nurses in Oncology Conference, Vancouver, BC.

Bakker, D. (2007, March). *Oncology nursing research community of practice*. Paper presented at the Oncology Nursing Program Committee Symposium, sponsored by Cancer Care Ontario, Toronto, ON.

Stacey, D., Bakker, D., Green, E., Zanchetta, M., & Conlon, M. (2006, October). *Provincial survey of ambulatory oncology telephone-based nursing services*. Paper presented at the 14th International Conference on Cancer Nursing, Toronto, ON.

Stacey, D., Bakker, D., Green, E., Zanchetta, M., & Conlon, M. (2006, October). *Provincial survey of ambulatory oncology telephone-based nursing services*. Poster presented at the Nursing Scholarship Institute, North Eastern Ontario Collaborative Nursing Program, Sudbury, ON.

FUNDED RESEARCH PROJECTS

2008-09

Canadian Partnership Against Cancer: Clinical Practice Guidelines Action Group & Adaptation Project

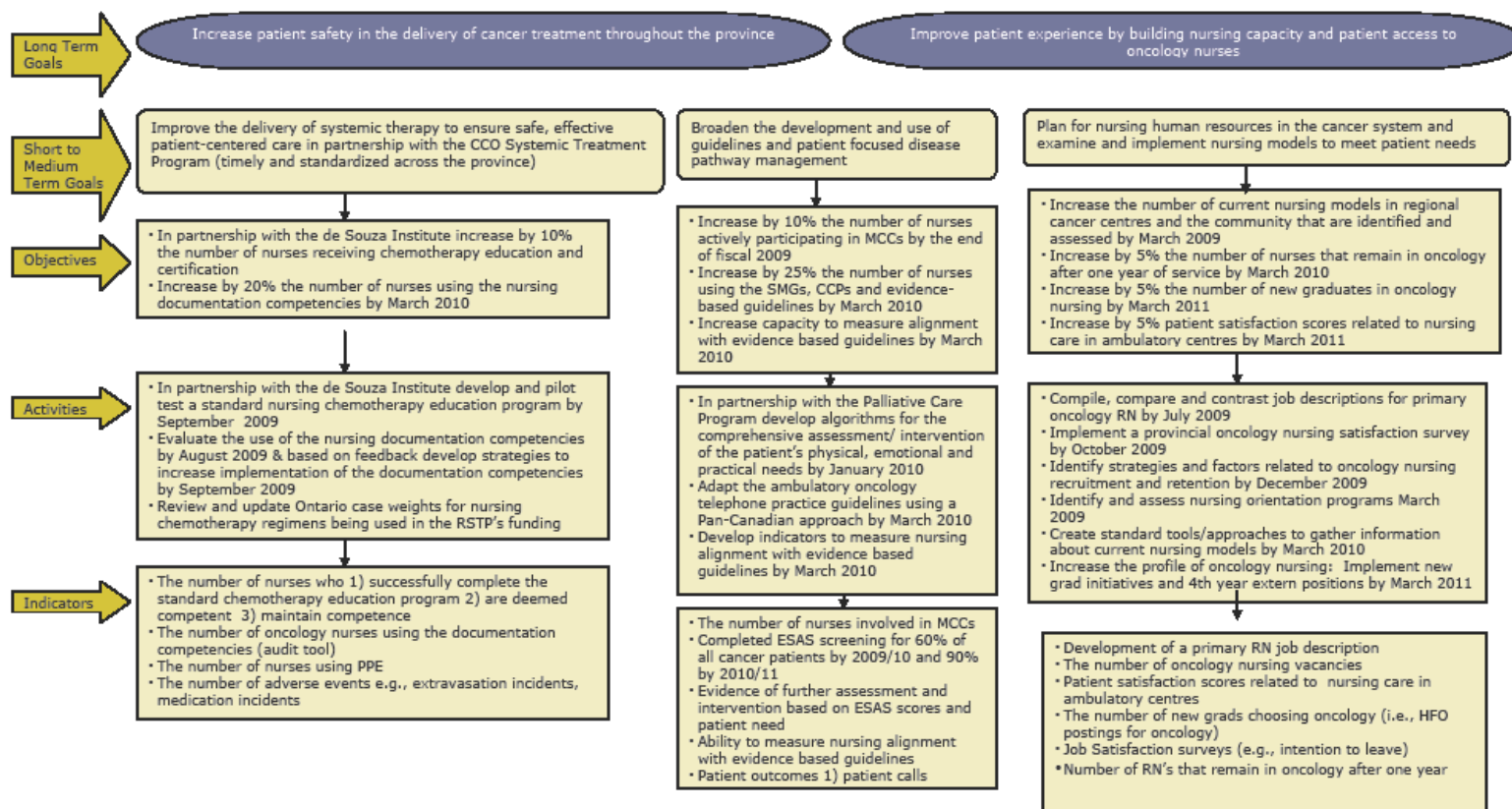
~\$72,000 in-kind support over 1 year

A pan-Canadian knowledge translation initiative in telephone practice: A multi-phased approach

Initial members of the National Steering Committee: Dr. D. Bakker, RN, PhD; Dr. L. Butler, RN, PhD; K. Chapman, RN, MSc(N); Dr. D. Crooks, RN, DNSc; Dr. G. Cummings, RN, PhD; E. Green, RN, MSc(T); Dr. C. Kuziemy, PhD; A. Saucier, RN, MSN; Dr. D. Stacey, RN, PhD; B. Sabo, RN, MSN, PhD(c); M. Skrutkowski, RN, MSc; Dr. R. Steele, RN, PhD; A. Syme, RN, MSN, PhD(c); C. Tayler, RN, MSA; and T. Truant, RN, MSN

Evolved to become the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) CAN-ADAPTE Working Group. Project Co-Principal Investigators: Dr. D. Stacey, RN, PhD, CON(C) & G. Macartney, RN(EC), MSc(A), CON(C)

Oncology Nursing Program Goals and Objectives



Working Collaboratively to Advance
Cancer Control Through Oncology Nursing

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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.