PROVINCIAL ONCOLOGY NURSING NEWSLETTER

Cancer Care Ontario
Action Cancer Ontario

FALL 2012 8TH EDITION

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A note from Esther...

As we move forward on the Oncology Nursing Program Work Plan, it is important to recognize the excellent work that is happening at the regional level. In this edition we invited Shari Moura to outline the work that she and her colleagues have undertaken to support women with breast cancer as they transition from the end of treatment to survivorship and follow-up care by their primary care providers. Survivorship is a relatively new entity for those with cancer, some individuals struggle with the term survivor, and many have expressed concern about returning to a 'new normal'. This program provides the supports needed to guide these women from acute treatment to active survival. Carol Gunsch is a Nurse Navigator in the Wellington Waterloo region, working in the Gastrointestinal (GI) Diagnostic Assessment Program. She was one of the first of the fourteen navigators funded by the Nursing Secretariat and continues in this unique role. Carol is also one of the first de Souza Designated Nurses in Ontario. In her article, she outlines the role and effects that she has seen from the navigation work that she and other nurses do to reduce waiting times and address symptom issues. One of the new elements of the newsletters is the opportunity to meet colleagues from across the province. For this edition, we are pleased that Marlene Mackey agreed to share her role and work in the Ottawa Hospital Cancer Program. I want to thank Alysha Glazer in particular, who quickly and efficiently came into the role when our colleague Naomi Greenberg left to give birth to her son, Ethan….a little earlier than anticipated. Welcome Alysha and Zahra to the oncology nursing program. Finally, I want to thank Raquel Shaw-Moxam. Raquel has held various roles at CCO over the last six years, including Program Manager of the Oncology Nursing Program. While we are sorry to be losing Raquel's experience, enthusiasm and positive attitude, we have appreciated her knowledge and her contributions to the team and the outcomes of the programs.

Sincerely,

Esther Green
Provincial Head - Oncology Nursing and Psychosocial Oncology, Cancer Care Ontario

The Princess Margaret Hospital & Women's College Hospital After Cancer Treatment Transition (ACTT) Initiative

Princess Margaret Hospital (PMH) saw over 13,000 new cancer cases, administered chemotherapy treatment to 6,000 patients and had over 35,000 systemic treatment and 9,750 courses of radiation, totaling over 250,000 visits in 2009. Ambulatory care at PMH is the largest in Canada. The overall growth in cancer incidence and systemic treatment activity in the greater Toronto area has increased 30% in the past 5 years and continues to grow due to population growth, increased incidence of cancer as population's age, and the advances in cancer therapy.

To manage the growth, a collaborative partnership was developed between PMH and Women's College Hospital (WCH) to implement and evaluate innovative follow-up strategies for patients treated for cancer at PMH who are currently free of disease.

Supported by the Academic Health Science Centres Alternate Funding Plan Innovation Fund Proposal (Moore & Fitzgerald, 2009) starting in December 2009, The PMH and WCH After Cancer Treatment Transition Clinic (ACTT) was developed to address the needs of cancer patients post treatment. Development of the unique post cancer transition clinic was initiated in January 2010 led by an advanced practice nurse (APN) in partnership with a General Practitioner in Oncology (GPO).

Patients are approved for transition of their post treatment care, by their oncologist, and referred to the ACTT Clinic when risk of recurrence is moderate to low. The development of standard guidelines for post treatment surveillance by the involved cancer sites is a prerequisite for participation in the program. Subsequent assessments and surveillance testing are completed at ACTT which is located at WCH. ACTT then transitions follow up care to primary care as appropriate, providing both supports to primary care partners, patient and their families.

Presently patients treated at PMH, with testicular, skin (melanoma), breast, colorectal, gynecological or thyroid cancer, have been transitioned to ACTT. Patients and primary care are provided a post treatment summary outlining the details of their cancer treatment, signs and symptoms suggestive of recurrent disease to report to health care providers. In addition a focused discussion on other age related health screening and guidelines on diet, exercise, sun safety and offering smoking cessation support is provided. The clinic screens for distress using the Edmonton Symptom Assessment System (ESAS) and provides consults as necessary including referrals to psychosocial support.

To date, 1,400 cancer survivors have transitioned from PMH to ACTT. In the absence of published, evidence based clinical practice guidelines, the ACTT team has facilitated the development of consensus on best practice for after cancer care for each cancer site group. The effect has been to standardize post cancer care, which has substantially reduced unnecessary diagnostic testing and reduced the number of duplicate oncologist follow-up visits. In November 2011, ACTT was acknowledged as a leading practice by Accreditation Canada (http://www.accreditation.ca/en/LeadingPractice.aspx?id=3218).

*- **Shari Moura**, RN MN CON(C)*
Clinical Nurse Specialist (ACTT Clinic)

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CCO Launches Strategic Focus on Patient-Centred Care

On Friday June 22nd, 2012, CCO launched its strategic focus on patient-centred care at the CCO town hall as part of its new Corporate Strategy 2012 – 2018. The town hall was used as a forum to discuss CCO's goal of partnering with patients and healthcare providers to advance a patient-centred approach. Patient- and family-centred care is an approach used to plan, deliver, and evaluate healthcare by determining the patient and family's needs and wants. Engaging patients and families throughout their involvement with the healthcare system will result in better health outcomes, wiser allocation of resources, and greater patient and family satisfaction.

The town hall featured various speakers who helped the audience understand the different components of patient-centred care. Topics addressed included:

- The importance of the patient and family voice
- The use of experience-based design in advancing patient-centred care
- The difficulties clinicians face when assessing patient experience
- The need for collaboration between patients and healthcare providers

The town hall also featured a graphic artist who captured the meeting's messages in a visually appealing infographic. The figure above is the final infographic created during the town hall.

- ***Yanci Rajmohan***, *Co-op Student Project Coordinator, Disease Pathway Management*

A Roadmap of the Whole-Person Approach to Cancer Care in Ontario

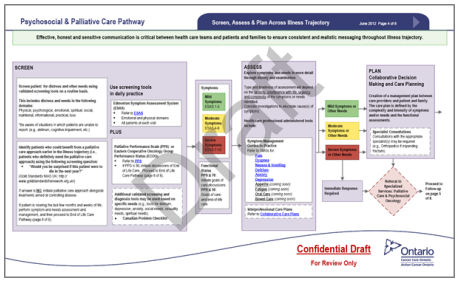
CCO's Psychosocial Oncology and Palliative Care Clinical Programs are working with the Disease Pathway Management (DPM) Secretariat to incorporate critical elements of psychosocial and palliative care into CCO's existing pathway maps of the cancer journey. The goal of this work is for the disease pathway maps to provide a picture of the whole-person approach to cancer care in Ontario.

CCO's DPM Program has developed evidence-based pathway maps of a patient's cancer journey in Ontario, for specific types of cancer, including lung, colorectal, and prostate. The pathways are meant to set regional expectations for the delivery of evidence-based care in Ontario. The disease pathway maps are available for download on the CCO website: http://www.cancercare.on.ca/ocs/qpi/dispathmgmt/disease_pathway_maps/. The existing pathways are largely "tumour-focused" and as such lack elements of psychosocial and palliative care.

Under the leadership of Esther Green and Dr. José Pereira, a team of experts has developed a pathway that depicts the recommended psychosocial and palliative care a person should receive in Ontario, regardless of the type of cancer. The pathway is meant to highlight the notion of using a psychosocial and palliative care approach early in the illness trajectory and not simply when patients are nearing the end of their lives. The pathway was developed for all health care providers involved in a patient's cancer journey, including specialists and non-specialists, and will be available on the CCO website. The pathway covers screening for distress, assessment of screening results, planning for care management, recommendations for follow-up and referrals to specialists. The pathway also includes essential elements of end of life care.

Following the completion of the Psychosocial and Palliative Care Pathway, elements of this pathway will be integrated into the existing disease-specific pathways of the Lung, Colorectal and Prostate Cancer journeys. The disease-pathway maps will then provide a picture of the whole-person approach to cancer care.

For more information about disease pathway maps, please contact Angelika Gollnow, DPM Program Manager (Angelika.Gollnow@cancercare.on.ca).



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On the Right Track: Innovative Nursing

Even in times of tranquility, our complex health care system can lead to some very bewildering times for many us. The intricacies of this very multi-faceted environment are mystifying at best, and discouraging or even daunting to many. For anyone in the midst of a diagnostic phase to either rule out, or diagnose a cancer, this environment can appreciably become entirely overwhelming. It has been my experience as a Nurse Navigator that having the guidance and support of a specialized oncology nurse can significantly remove these intimidating barriers and provide for a more holistic approach to health care. Having actually had several patients attest to the fact that they do not believe they would have even attended the staging component of their care, never mind the tri modality curative treatment without the services of a Nurse Navigator, is reassuring that cancer care in Ontario is moving in the right direction.

Many people have predetermined misconceptions about cancer; combined with their elevated fear and heightened anxiety, this entire journey is often more then they can handle on their own. As a Nurse Navigator I have witnessed first hand the benefits of such care. Having the added skill and ability to provide in-depth knowledge to positively influence care for patients, lends itself to a very rewarding nurse-client relation that is truly valued. Well past the diagnostic phase, I often find myself as their primary contact for any questions or concerns throughout their entire cancer care journey. In collaboration with other health care professionals, as Nurse Navigators we ensure high quality care and early access to diagnostic testing. Appreciating the fact that wait times are down from suspicion to treatment makes this position truly rewarding. The autonomy and collaboration with other health care providers afforded to Nurse Navigators is enhanced; so much more can be accomplished when someone is assisting with the transition throughout all the components of patient care. Nurse Navigators literally "navigate the system" for patients; they are always comforted by that fact.

Symptom screening and management is an essential component to Nurse Navigation. Early access to patients either by phone or in person can allow for some very early interventions for many symptoms. By utilizing validated screening tools and symptom management guidelines, reducing patient anxiety and distress throughout the diagnostic phase is my principal motivation for achieving optimal outcomes. As a Nurse Navigator, I assess, coordinate, and support the patient's physical, psychological, practical, informational, and social needs. Many times simply offering educational support to patients, their families, and health care providers has in turn optimized informed decision support. The concept of Nurse Navigation is growing. Initially formed as pilot project in 2010, Nurse Navigators are becoming the norm in most cancer centers in Ontario. There are now specialty courses related to Nurse Navigation, international conferences, and more recently the formation of The Ontario Oncology Navigators Community of Practice. This special interest group will continue to enhance the role of Nurse Navigators, where as professionals we can continue to share information, expertise, and experiences that will lead to even better patient care and patient experiences.

- **Carol Gunsch**, RN, BScN, CON(C)
GI Nurse Navigator

Meet your Colleague: Marlene Mackey

Marlene Mackey has been the Advanced Practice Nurse (APN) for Colorectal Cancer at The Ottawa Hospital (TOH) since 2007. She currently also holds a joint appointment with the University of Ottawa. Marlene received a Bachelor of Nursing Science from Queen's University in Kingston and a Masters in Health Services Management from Charles Sturt University in Australia. Her nursing professional career includes a range of experiences. She has worked in various capacities in nursing, first as a clinical nurse, then nurse manager for an inpatient medicine and oncology unit followed by geriatrics, then as the Corporate Quality Improvement Coordinator in Nursing Professional Practice.

Marlene is very involved with the surgical oncology team in the Ages Cancer Assessment Clinic. She has provided leadership in developing nursing and patient processes, including medical directives and standardized patient education. She crosses the colorectal cancer treatment continuum of care from diagnosis, treatment and on to Wellness Beyond Cancer class. She has been a consultant for health care providers within the hospital and in the community. Her research has focused on genetics and more recently, she is looking into body image issues with rectal cancer patients. She has played an integral part in the evolution of the multidisciplinary colorectal cancer team at TOH.

In her role to support best practices, Marlene continues to be the co-chair of the Colorectal Cancer Communities of Practice within the Champlain LHIN, developed under the Ottawa Model. This has served to enhance and improve the care provided for colorectal cancer patients by standardizing evidence influenced care and efficiencies within the region. More recently, Marlene has agreed to co-chair the Nurse Navigator Communities of Practice within the cancer program. This opportunity will provide a venue for members to share information, expertise and experience around Navigator roles in the oncology settings and to bring key issues forward to be addressed by the group. The creation of the community of practice for oncology Navigators in Ontario provides a platform to identify priority issues for the Navigator role development, implementation and evaluation.

On a personal note, Marlene is married and has 2 daughters (one with her Masters in Nursing and the other one working in HR). She loves to ski in the winter and has just started golf lessons.

New CCO Oncology Nursing Program Staff!

Zahra Ismail
Program Manager, Nursing, Psychosocial Oncology, & Patient Education
Zahra.Ismail@cancercare.on.ca

Alysha Glazer
Project Coordinator, Nursing & Psychosocial Oncology
Alysha.Glazer@cancercare.on.ca

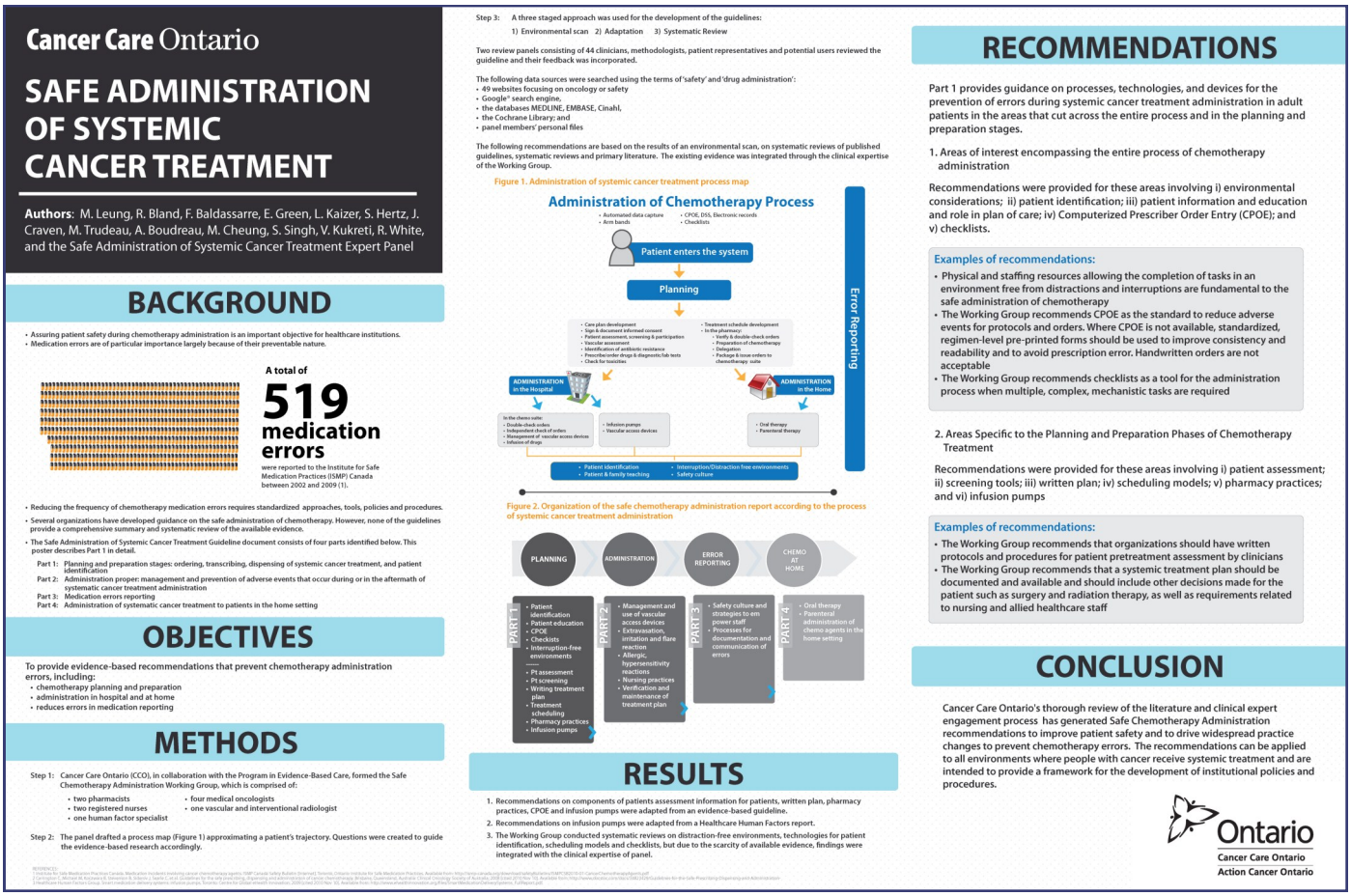
New Publication!!!

Green E, Preyra C, Stewart J, McLennan C, Bland R, Dus T, Langhorn M, Beattie K, Cheung A, Hertz S, Sechter H, Burns J, Angus H, Sawka C. Determining resource intensity weights in ambulatory chemotherapy related to nursing workload. Canadian Oncology Nursing Journal. 2012; 22(2): 114-128.

Safe Administration of Systemic Cancer Treatment

On September 9 -13th, 2012 Cancer Care Ontario (CCO) presented a poster on the "Safe Administration of Systemic Cancer Treatment" at the 17th International Conference on Cancer Nursing (ICCN) held in Prague, Czech Republic. The ICCN is the longest running international conference for cancer nursing, and brings together international cancer leaders from all over the world. The theme for the 17th ICCN was "Enhancing Patient Safety through Quality Cancer Nursing Practice."

The development of the guideline is a collaboration between the Systemic Treatment and Oncology Nursing Programs working with the Program in Evidence-Based Care to form the Safe Chemotherapy Administration Working Group. The Working Group, co-led by Rosemary Bland (nurse) and Mova Leung (pharmacist), is producing recommendations based on the results of an environmental scan, on systematic reviews of published guidelines, systematic reviews and other literature. The evidence was integrated through the clinical expertise of the Working Group. Due to the large size of the project, recommendations are published in four parts, in accordance with the different areas in the systemic cancer treatment administration process. The ICCN poster, "Safe Administration of Systemic Cancer Treatment", focused on the recommendations from Part 1 which provides guidance on processes, technologies, and devices for the prevention of errors during systemic cancer treatment administration in adult patients in the areas that cut across the entire process and in the planning and preparation stages.



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SAFE ADMINISTRATION OF SYSTEMIC CANCER TREATMENT

Authors: M. Leung, R. Bland, F. Baldassarre, E. Green, L. Kaizer, S. Hertz, J. Craven, M. Trudeau, A. Boudreau, M. Cheung, S. Singh, V. Kukreti, R. White, and the Safe Administration of Systemic Cancer Treatment Expert Panel

BACKGROUND

- Assuring patient safety during chemotherapy administration is an important objective for healthcare institutions.
- Medication errors are of particular importance largely because of their preventable nature.

A total of 519 medication errors were reported to the Institute for Safe Medication Practices (ISMP) Canada between 2002 and 2009 (1).

- Reducing the frequency of chemotherapy medication errors requires standardized approaches, tools, policies and procedures.
- Several organizations have developed guidance on the safe administration of chemotherapy. However, none of the guidelines provide a comprehensive summary and systematic review of the available evidence.
- The Safe Administration of Systemic Cancer Treatment Guideline document consists of four parts identified below. This poster describes Part 1 in detail.

Part 1: Planning and preparation stages: ordering, transcribing, dispensing of systemic cancer treatment, and patient identification
Part 2: Administration proper: management and prevention of adverse events that occur during or in the aftermath of systematic cancer treatment administration
Part 3: Medication errors reporting
Part 4: Administration of systematic cancer treatment to patients in the home setting

OBJECTIVES

To provide evidence-based recommendations that prevent chemotherapy administration errors, including:
- chemotherapy planning and preparation
- administration in hospital and at home
- reduces errors in medication reporting

METHODS

Step 1: Cancer Care Ontario (CCO), in collaboration with the Program in Evidence-Based Care, formed the Safe Chemotherapy Administration Working Group, which is comprised of:
- two pharmacists
- two registered nurses
- one human factor specialist
- four medical oncologists
- one vascular and interventional radiologist

Step 2: The panel drafted a process map (Figure 1) approximating a patient's trajectory. Questions were created to guide the evidence-based research accordingly.

Step 3: A three staged approach was used for the development of the guidelines:
1) Environmental scan 2) Adaptation 3) Systematic Review

Two review panels consisting of 44 clinicians, methodologists, patient representatives and potential users reviewed the guideline and their feedback was incorporated.

The following data sources were searched using the terms of 'safety' and 'drug administration':
- 49 websites focusing on oncology or safety
- Google® search engine,
- the databases MEDLINE, EMBASE, Cinahl,
- the Cochrane Library; and
- panel members' personal files

The following recommendations are based on the results of an environmental scan, on systematic reviews of published guidelines, systematic reviews and primary literature. The existing evidence was integrated through the clinical expertise of the Working Group.

Figure 1. Administration of systemic cancer treatment process map

Administration of Chemotherapy Process

Figure 2. Organization of the safe chemotherapy administration report according to the process of systemic cancer treatment administration

RESULTS

1. Recommendations on components of patients assessment information for patients, written plan, pharmacy practices, CPOE and infusion pumps were adapted from an evidence-based guideline.
2. Recommendations on infusion pumps were adapted from a Healthcare Human Factors report.
3. The Working Group conducted systematic reviews on distraction-free environments, technologies for patient identification, scheduling models and checklists, but due to the scarcity of available evidence, findings were integrated with the clinical expertise of panel.

RECOMMENDATIONS

Part 1 provides guidance on processes, technologies, and devices for the prevention of errors during systemic cancer treatment administration in adult patients in the areas that cut across the entire process and in the planning and preparation stages.

1. Areas of interest encompassing the entire process of chemotherapy administration

Recommendations were provided for these areas involving i) environmental considerations; ii) patient identification; iii) patient information and education and role in plan of care; iv) Computerized Prescriber Order Entry (CPOE); and v) checklists.

Examples of recommendations:
- Physical and staffing resources allowing the completion of tasks in an environment free from distractions and interruptions are fundamental to the safe administration of chemotherapy
- The Working Group recommends CPOE as the standard to reduce adverse events for protocols and orders. Where CPOE is not available, standardized, regimen-level pre-printed forms should be used to improve consistency and readability and to avoid prescription error. Handwritten orders are not acceptable
- The Working Group recommends checklists as a tool for the administration process when multiple, complex, mechanistic tasks are required

2. Areas Specific to the Planning and Preparation Phases of Chemotherapy Treatment

Recommendations were provided for these areas involving i) patient assessment; ii) screening tools; iii) written plan; iv) scheduling models; v) pharmacy practices; and vi) infusion pumps

Examples of recommendations:
- The Working Group recommends that organizations should have written protocols and procedures for patient pretreatment assessment by clinicians
- The Working Group recommends that a systemic treatment plan should be documented and available and should include other decisions made for the patient such as surgery and radiation therapy, as well as requirements related to nursing and allied healthcare staff

CONCLUSION

Cancer Care Ontario's thorough review of the literature and clinical expert engagement process has generated Safe Chemotherapy Administration recommendations to improve patient safety and to drive widespread practice changes to prevent chemotherapy errors. The recommendations can be applied to all environments where people with cancer receive systemic treatment and are intended to provide a framework for the development of institutional policies and procedures.

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CANO Standards and Competencies for Cancer Chemotherapy Nursing Practice
POSTED ON CANCER CARE ONTARIO WEBSITE
https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=10746

Launch of New Symptom Management Guides-to-Practice

Cancer Care Ontario is pleased to announce the release of four new Symptom Management Guides-to-Practice (SMGs). Building on the successes of the first six, Cancer Care Ontario has released SMGs for ***Loss of Appetite, Bowel Care, and Oral Care*** along with accompanying two-page Algorithms and condensed Pocket Guides for each. We are also endorsing the newly published Fatigue guideline and algorithm developed by Canadian Partnership Against Cancer.

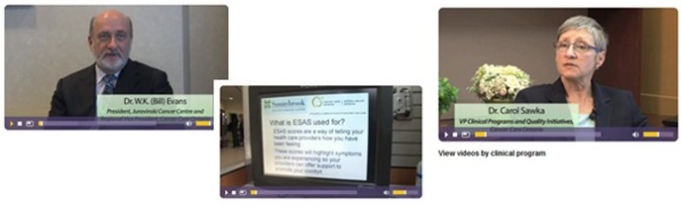
These SMGs are a follow up to the Pain, Nausea & Vomiting, Anxiety, Depression, Delirium and Dyspnea Guides originally launched in 2010.

The SMGs are clinical tools designed to assist health care practitioners with the assessment and pharmacological and non-pharmacological management of a patient's cancer-related symptoms. All the Guides have been through a rigorous interdisciplinary development and review process. They represent current evidence and best practice and replace previously published guidelines distributed through CCO.

Please feel free to download and print these guides and forward the link to others:
http://www.cancercare.on.ca/toolbox/symptools/

You can also download the Symptom Management Mobile App here:
http://www.cancercare.on.ca/applibrary

To view a video highlighting how patient care is improved through Optimal Symptom Management click here:
http://www.cancercare.on.ca/ocs/qpi/ocsmc/



If you have any questions or concerns about the content of this newsletter or about the Oncology Nursing Program, please contact Alysha Glazer, Project Coordinator at Alysha.Glazer@cancercare.on.ca or 416.971.9800 ext. 2713.

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