

PROVINCIAL ONCOLOGY NURSING NEWSLETTER

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A note from Esther

Spring Greetings,

Over the last two months, we celebrated Oncology Nurses Day and Nursing Week. These are one-time events, but give us all

an opportunity to reflect on the amazing work, care, compassion and courage that oncology nurses offer each and every day. Thank you for making a huge difference through your presence, knowledge, skills and clinical judgement to patients and their family members across Ontario.

This Spring edition of the Provincial Oncology Nursing Newsletter describes some interesting work that is underway. For the first time in Ontario, one university has stepped forward to plan and implement a graduate

program in oncology and palliative care. I commend Dr. Linda Patrick for her vision and fortitude to drive change in academia through this unique program; and to Dr. Mary Jane Esplen for her continual drive to create new education courses to support oncology nurses.

We also recognize one of our colleagues, Dr. Dawn Stacey, who is pioneering more supports for patients in the form of decision support tools. I have had the opportunity to know and work with Dawn over several years, having first met her when she was an Educator in the Ottawa Regional Cancer Centre. Since then she has completed both a Masters and PhD program leading to her work in research and education. Dawn's career demonstrates a model of continuous learning that has generated excellent strategies for nurses to use and support patient

decision making.

There have been a number of papers published on patient safety and its importance in chemotherapy delivery. Melissa Griffin shares the work that she undertook to examine issues related to managing oral chemotherapy. There is work underway in the systemic programs to develop safe practices in pharmacies and clinics to support patients to use oral chemotherapies and monitor the side effects. But, as Melissa points out, we need to consider many processes across the system to understand the barriers and identify supports for patients and their families in a more holistic way.

I want to thank the contributors to this newsletter and recognize Tory Andrien, Project Coordinator for pulling this edition together so competently!

Esther Green

A Partnership to Educate Nursing Leaders



A partnership with Cancer Care Ontario and de Souza Institute has enabled the University of Windsor to create an innovative new graduate diploma in oncology and palliative care.

"Since our inception in 2008, we've been saying that there needs to be a university in Ontario that provides nurses with advanced

level education in oncology and palliative care." said Dr. Mary Jane Esplen, Director of de Souza Institute. "We are delighted to see that the University of Windsor will now be offering Canada's first-ever graduate diploma in advanced practice oncology/palliative nursing." The diploma program is currently accepting applications for its first cohort, to



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begin in September 2013. Aimed at nurses and nurse practitioners holding master's degrees, it is designed to provide the knowledge and skills essential for nursing management of the cancer patient and for care of patients at the end of life.

Dr. Linda Patrick, Dean of the University of Windsor's Faculty of Nursing, said the need for these professional skills is growing, especially with the escalating numbers of seniors and people living longer with chronic diseases and serious life-threatening illnesses.

"Cancer centres across the province have identified a need for more nurses trained in oncology care," she said. "We believe that our program can assure Ontarians of high-quality specialized cancer care, close to home, from nurses who achieve specialty graduate education."

The program will combine online and hands-on education in a format that will provide access to students across Canada and potentially worldwide. It will be delivered as a hybrid distance education offering, using e-Learning technology, combined with Windsor's renowned summer research institute, simulation facilities and a supervised clinical practicum.



Nursing professors Laurie Freeman-Gibb and Jason Kiernan work with a mannequin in the UWindsor simulation lab.

The core component of the hands-on learning is a six-week full-time preceptorship, which will place students in clinical positions as close as possible to their place of residence. Helping to identify these placements is Cancer Care Ontario and de Souza Institute, an innovative centre of learning dedicated to improving cancer care by supporting excellence in oncology nursing.

According to Dean Patrick, these partnerships are vital to the success of the program. She is also excited about the local collabora-

tions that will provide opportunities for students and researchers.

"The Windsor community provides a supportive setting for this initiative," she said. "We will be working closely with other local experts, including Windsor Regional Hospital and the Hospice of Windsor and Essex County. We hope to create linkages here that will foster interdisciplinary research collaborations and expand capacity in this crucial area."

Meet your Colleague: Dawn Stacey



Dawn Stacey, RN, PhD CON(C), is a member of the CCO Community of Practice in Nursing Research. In the Fall of 2012, she was awarded a University Research Chair in Knowledge Translation to Patients, by the University of Ottawa, and the Award of Excellence in Oncology Nursing Research by CANO/Pfizer. Dawn is an Associate Professor in the School of Nursing at the University of Ottawa and a Scientist in the Ottawa Hospital Research Institute where she is the Director of the Patient Decision Aids Research Group (<http://decisionaid.ohri.ca>). She leads the Cochrane Collaboration systematic review of patient decision aids and

the Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Research Group. In all of her roles, Dawn actively worked towards increasing patient participation in their healthcare by fostering decision-making through knowledge and capacity building.

Dawn received her Bachelor's degree in Nursing Science from McMaster University and began her career as a pediatric nurse at Chedoke-McMaster Hospital. She then

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became a clinical trials nurse at Juravinski Cancer Centre and subsequently the education coordinator at The Ottawa Hospital Regional Cancer Centre, where she developed her interest in oncology and patient education. She later returned to university to pursue her Masters in Nursing from the University of Ottawa and continued on to achieve her PhD in Population Health, graduating in 2005.

In her new role as Research Chair in Knowledge Translation, Dawn will design innovative evidence-informed tools to help patients take a more active role in decision making surrounding their healthcare. She will also examine how such tools can be employed during visits with healthcare professionals.

One of her projects in Ottawa and with the Saskatchewan Ministry of Health is focused on evaluating the implementation of a patient decision aid for men newly diagnosed with localized prostate cancer and a one-

page preference report for their surgeon and/or radiation oncologist. Using an inter-professional approach, nurses provide decision coaching to facilitate patients' preparation for making the decision with their surgeon/radiation oncologist by verifying men's understanding of the evidence-based information on their options, including benefits and harms, clarifying their values for outcomes, and guiding them in the process of decision making.

The COSTaRS project aims to build an effective and sustainable approach for implementing new evidence-informed protocols for nurses to use when providing remote (telephone, email) symptom assessment, triage, and guidance in self-management for patients experiencing symptoms while undergoing cancer treatments. This project involves representatives from 8 provinces. The implementation study is funded by the Canadian Institutes of Health Research. Updated COSTaRS protocols are based on guidelines published to the end of 2012 and available on the project website (<http://www.ktcanada.ohri.ca/costars/>).

Check out Dawn Stacey in over 90 peer reviewed publications available on PubMed and try using a patient decision aid located on the Research Group's website (<http://decisionaid.ohri.ca/>). There are several focused in oncology care and the Ottawa Personal Decision Guide is a generic decision aid for any health or social decision. This website serves as a valuable resource for patients and clinicians alike. In 2012, it hosted 71,000 unique visits and supported 198,000 downloads – both increasing significantly from 2004 (284% and 177% respectively) – showing just how fast this field, and patient participation, is growing! (Saarimaki, Stacey, O'Connor, 2013).

References

Saarimaki A, Stacey D, O'Connor A, Ottawa Patient Decision Aids Research Group (2013). Dissemination of models, measures and tools to facilitate shared decision making: Usage of the patient decision aids website. Presented at the International Shared Decision Making conference, Lima, Peru.

2012 Nursing Rounds – A Year in Review

From palliative performance scale training, patient-reported outcomes, nursing chemotherapy resource intensity weights, personalized care strategies, to electronic symptom management – we covered a lot in 2012! For the 10th year running, CCO's Nursing Rounds continue to develop and expand. It's been a very successful way to share knowledge, brainstorm ideas, disseminate research results, and discuss best practice. We thought it would be worthwhile to take a moment, reflect, and summarize the thoughts from our rounds participants.

9 rounds, upwards of 28 participants per session, and 50 evaluations tallied

90% of participants felt that the presentation topics were relevant to their practice

90% of the participants felt the presenters were effective

88% of the participants felt the presentations were well organized

86% of the participants felt the time was adequate

What our Participants Say

"Being new to the field of Oncology I have found the Nursing Rounds of great benefit to me, from both educational and networking aspects. Topics are always relevant!"

- Sue Mason RN, BScN, MN

Lessons Learned

With your help and patience, we've also learned how to make rounds more effective. For example:

- ✓ Ways to minimize technology disturbances and help participants navigate online meetings
- ✓ The importance of protecting the time allotted for questions and discussion
- ✓ The development of a library of past presentations to increase participation and access
- ✓ The emphasis on translation of theory and policy into everyday practice

Some tips to enhance the Rounds experience

- ✓ Avoid the use of acronyms (for both presenters and participants included in the discussion)
- ✓ Use the online message board to pose questions and comments. This helps moderate the discussion and gives the presenter feedback in real time
- ✓ Participate in rounds with your team to help continue the discussion and integrate the ideas into practice
- ✓ Suggest your own Rounds topic!



Home Care Safety: Managing Oral Chemotherapy

Historically patients have received chemotherapy intravenously in a clinic, inpatient, or home care setting, but more recently many of these chemotherapy drugs are becoming available in oral formats. According to Laura Boehnke Michaud in HemOnc Today¹ an estimated one-quarter of available antineoplastic drugs are in the process of being developed as oral medications. Although a shift to oral chemotherapy can result in benefits to patients such as providing a feeling of control over their cancer treatment, and fewer clinic visits leading to reduced wait times, traveling, and parking costs, it also has the potential to introduce new hazards when it comes to patient safety.

Given the cytotoxic nature and narrow therapeutic ranges of chemotherapy medications, the potential for serious and sometimes fatal consequences exists if either an under- or an over-dose occurs. In clinic and inpatient settings, these high-risk drugs are managed by experts: oncology nurses and other health care professionals who are knowledgeable about medication names, doses, protocols, expected side effects, potential drug reactions, proper hydration, and safe disposal. When this burden of responsibility is shifted to patients and their families in the home care setting, it can be quite challenging to manage these high-risk medications safely.

Home care environments are inherently more complex than institutional settings for a number of reasons. At home, patients and families are autonomous when it comes to health care-related issues such as managing

medications. Even if all the proper information and resources are given to patients and families, at the end of the day, they are the ones who decide how and whether to take their medications. Factors such as medication cost, side effects, ease of swallowing pills, risk of exposure to a cytotoxin and perceived effectiveness can all impact on whether a medication is taken correctly, or at all.

Even when patients and families have the best of intentions with regard to taking medications correctly, the complexity of medication schedules can make it quite challenging to get every required dose correct, and then there may be uncertainty about how to proceed for a late or missed dose, or in case of vomiting after taking a pill. Also, the fact that oral chemotherapy can be taken and managed at home by patients and families may carry with it the misconception that oral chemotherapy is inherently lower risk than intravenous chemotherapy.

In home care environments, patients are typically supported by family members or close friends who usually do not have a medical background. Caregivers are almost always unpaid, on call 24/7, may be trying to hold down a full time job, or may be elderly and dealing with their own health issues.

Despite these challenges, oral chemotherapy has the potential to revolutionize how oncology care is delivered. Translating expert knowledge into patient-friendly resources that are useful and understandable,



Melissa Griffin, Human Factors Analyst
HumanEra, www.humanera.ca

and providing easy and open access to expertise, may help to address some of these challenges.

Perhaps even more beneficial, however, will be further understanding the barriers to safely managing oral chemotherapy in the home. To do this effectively, a thorough understanding of the entire system influencing oral chemotherapy must be achieved. We need to consider hospitals, clinics, pharmacies, home environments, transitions between these environments, costs, policies, procedures, IT systems, scheduling, as well as patient-specific issues such as difficulty swallowing, cognitive challenges and risk of inappropriate drug exposure, and family dynamics. If we are able to understand the barriers relating to oral chemotherapy that arise within this complex system then we will be able to start developing targeted supports for patients and families in a holistic way.

1. Boehnke Michaud, L.C., Shauna *Oral chemotherapy: a shifting paradigm affecting patient safety*. HemOnc Today, November 25, 2008.

APN Survey

Participant Recruitment!

The Advanced Practice Nurse (APN) Community of Practice has developed a survey to better understand the current state of the APN role and responsibilities within oncology settings across the province. Information gained from this survey will be used to develop quality improvement initiatives related to the effective use of APNs in oncology within Ontario (a guideline on this topic is forthcoming).

Eligibility Criteria

To be eligible to complete this survey, participants must:

- ✓ Be an Advanced Practice Nurse, Nurse Practitioner or Clinical Nurse Specialist who has completed a relevant graduate education program
- ✓ Work within an oncology setting in Ontario
- ✓ See oncology patients as part of their practice

If you are eligible, or know of colleagues who are eligible for this study, please contact Tory Andrien (Tory.Andrien@cancercare.on.ca) to be added to the survey participant distribution list.

Regional Quality and Safety Network

The Regional Quality and Safety Network (ReQSN) includes regional and hospital teams working on projects to improve the quality and safety of systemic treatment delivery within their region. The group meets once a month to discuss key topics related to systemic treatment quality and safety, consider educational topics related to systemic treatment quality and safety, and to share and hear updates from regions and CCO. Further, to support collaboration and knowledge sharing between regions, two online communication tools have been developed to support ReQSN and serve as portals for sharing best practices, and quality improvement tools, templates, and forms: SharePoint and ListServ.

The SharePoint site acts as a portal for knowledge transfer and exchange to improve quality and safety of systemic treatment. The site contains various tools, templates, forms, policies, and procedures surrounding key elements including:

- Febrile neutropenia and fever cards
- Incident reporting
- Patient satisfaction
- Non-same day chemo and MD blood work
- Independent double checks

The site also stores past ListServ discussion summaries, and documents from events, and conferences, such as the Safety Symposium and ASCO Quality Care Symposium.

ListServ is an email list, where participants raise and discuss a wide variety of topics ranging from incident reporting; calculation of BSA; oral chemotherapy policies and procedures; policies for febrile neutropenia; policies for administration of Rapid Rituxan. Discussions are automatically redistributed to all those subscribed to the list.

To become a member of ReQSN or to get more information on ReQSN, SharePoint, or ListServ, please email

Vicky.Simanovski@cancercare.on.ca or Noor.Ahmad@cancercare.on.ca

The Launch of ISAAC 2.0

On February 4th, 2013, a redeveloped Interactive Symptom Assessment and Collection (ISAAC 2.0) tool was successfully launched to the 14 Regional Cancer Centres and 24 systemic treatment partner hospitals across the province. ISAAC is the electronic platform that allows Ontario patients to enter their Edmonton Symptom Assessment System (ESAS) scores through a touch-screen kiosk at the cancer centres or through the internet at home.

In alignment with Strategic Priority 4 of the Ontario Cancer Plan (OCP III) to “continue to assess and improve the patient experience”, ISAAC 2.0 was redeveloped to support the following key initiatives:

1) To improve the patient experience by increasing patients’ ability to provide information on symptoms beyond those in ESAS;

2) To support better symptom management through the implementation of new Patient

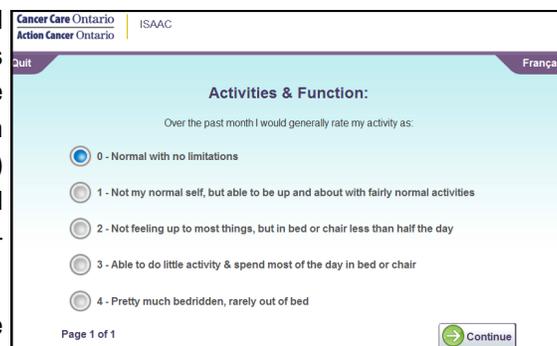
Reported Outcome (PROs) measures; and

3) To create a more flexible tool that can adapt to future requirements for symptom management in the Province.

A major change in ISAAC 2.0 is the transition from ESAS to the revised version of the symptom assessment tool (ESAS-r). Based on concerns of patient comprehension and potential patient error, ESAS was revised. Revisions include a change in symptom order (now starting from physical to psychosocial symptoms) and additional definitions provided for some potentially confusing symptoms.

ISAAC 2.0 can also now support the addition of new PROs, tools that directly ask patients about a health condition and its treatment. The addition of new PROs will enhance the measurement of the patient experience beyond ESAS. Patient Reported

Functional Status (PRFS), a patient reported version of ECOG, was the first new PRO to be collected through ISAAC 2.0 beginning on April 29th, 2013. Additional PROs that focus on symptoms more prevalent in specific disease sites, phases, or types of treatment will be added to ISAAC 2.0 in the future.



Screenshot of the new PRO, PRFS, on ISAAC 2.0

New CCO Oncology Nursing Program Staff!

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If you have any questions or concerns about the content of this newsletter or about the Oncology Nursing Program, please contact Tory Andrien, Project Coordinator at Tory.Andrien@cancercare.on.ca or 416.971.9800 ext. 2460.