

Using evidence to advocate for cancer symptom management: A workshop for oncology nurses

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Workshop goals

- Find and assess the quality of available guidelines
- Demonstrate skills in using guidelines for patients experiencing symptoms
- Identify how to overcome barriers to using guidelines in clinical practice



Workshop outline



1. Welcome & introductions
2. Clinical Practice Guidelines –
what, how to find them,
appraising their quality
3. Using guidelines in clinical
practice
4. Discussion of Barriers and
Facilitators
5. Wrap-up and workshop
evaluation

Introductions large group & small group



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EBP & KT – what do they mean?

EBP:

"The integration of best research evidence with clinical expertise and patient values"

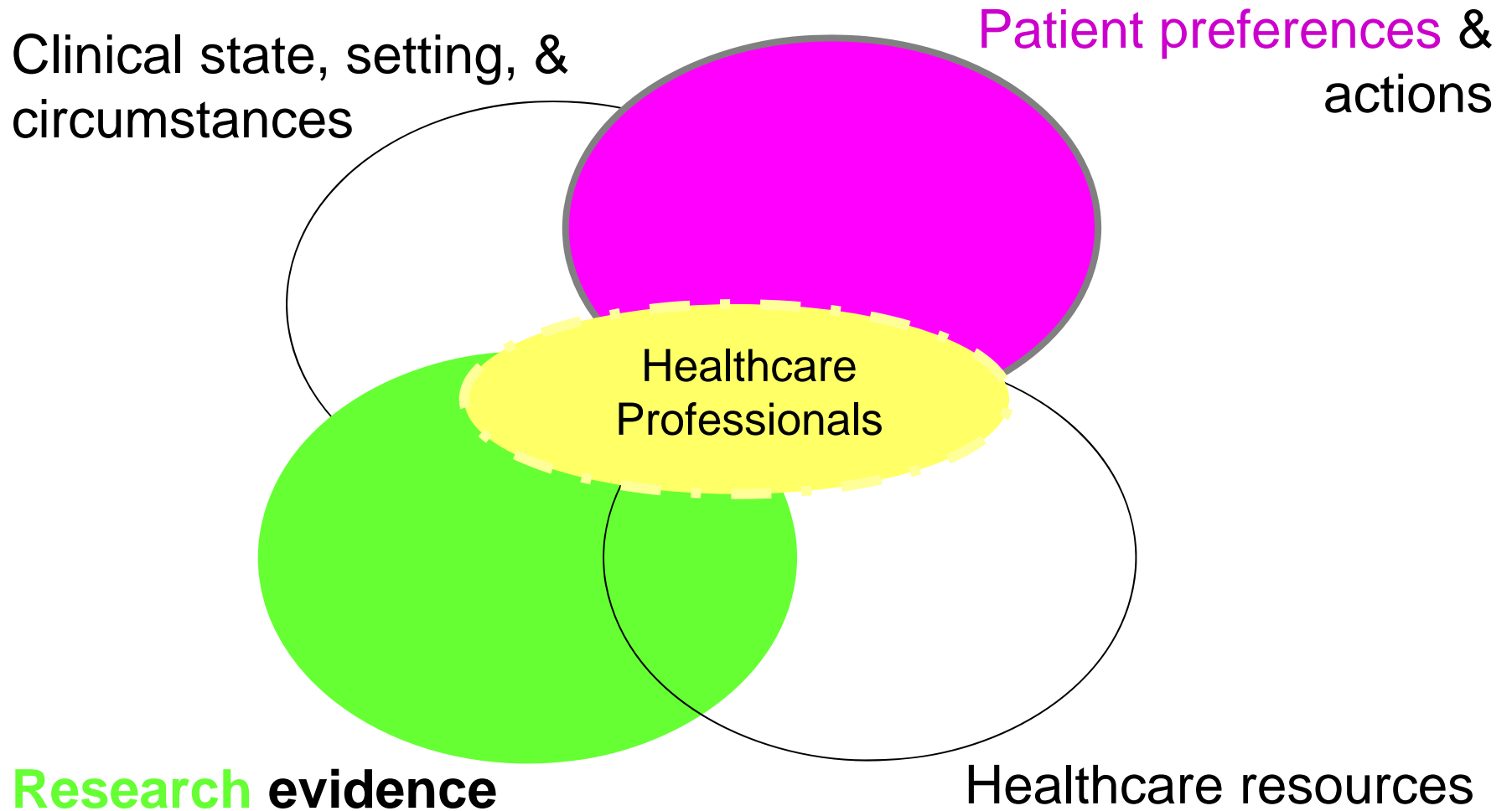
(Sackett, 2000)

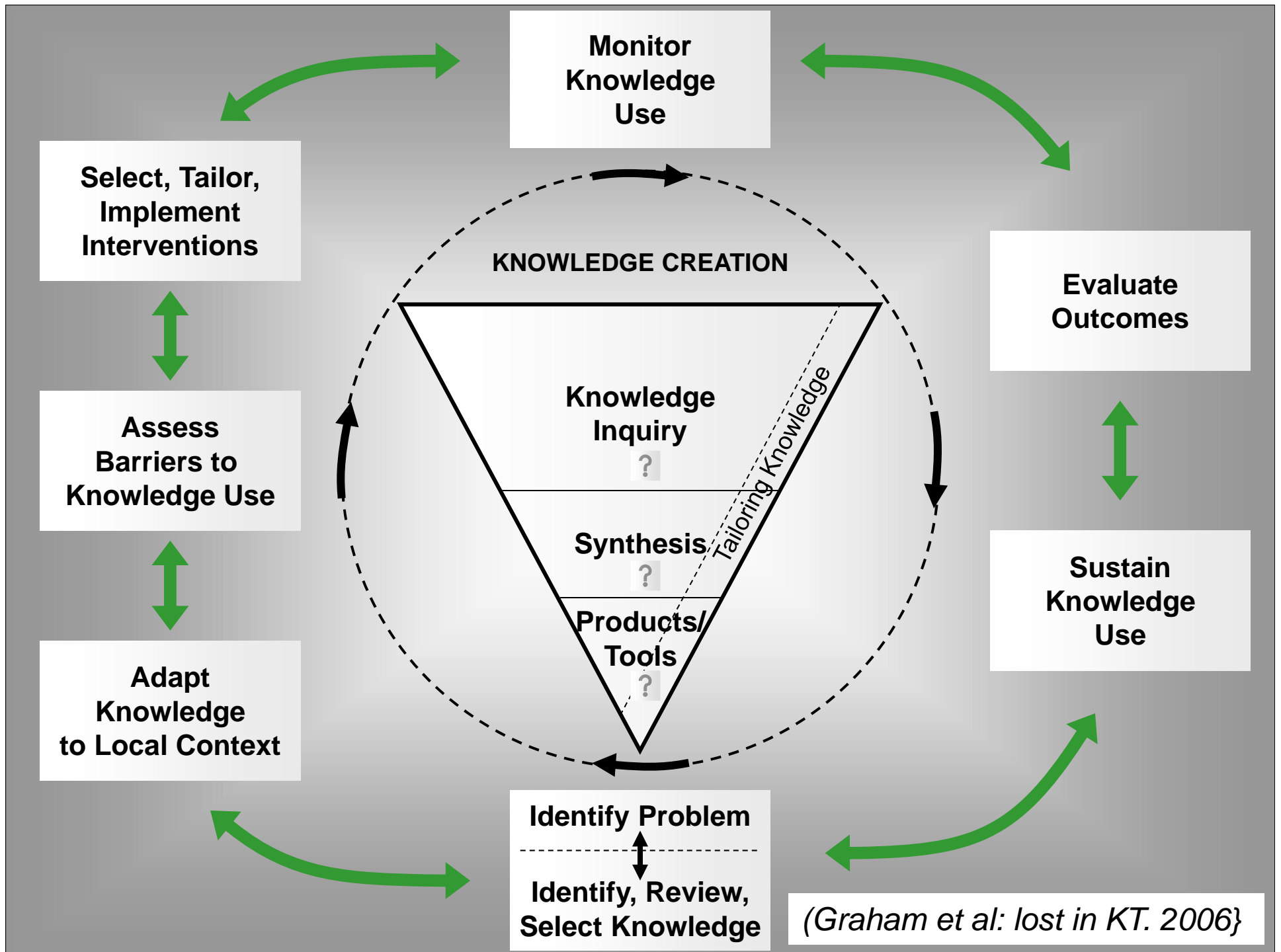
KT:

"Dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products and strengthen the health care system" (CIHR)

Evidence-based clinical decisions

(Guyatt, Haynes, DiCenso from McMaster University)





KT tools – Clinical practice guidelines

- Systematically developed statements aimed to assist clinicians and patients in making decision about appropriate health care for specific clinical circumstances

Systematic vs. arbitrary

Assist and not supplant decision making

Not formulaic protocols

CPGs – systematic development

- Establish multidisciplinary team
- Identify question
- Systematic review of evidence
- Appraise and interpret evidence
- Draft recommendations
- External review of draft
- External review of draft
- Revise recommendation
- Dissemination
- Implementation

CPGs – do they work?

- Systematic review by Grimshaw et al*
 - 10% improvement in processes and outcomes of care

* *J Gen Intern Med* 2006 Feb;21 Suppl 2:S14-20

* *Health Technol Assess* 2004 Feb;8(6):iii-iv, 1-72

CPGs – determining quality

○ 6 quality domains (23 items)

○ Scope & purpose

○ Stakeholder involvement

○ Rigour of development

○ Clarity of presentation

○ Applicability

○ Editorial independence

- Systematic search
- Criteria for selection
- Strengths/limitations
- Methods for making recommendations
- Health benefits/risks considered
- Link b/w evidence and recommendations
- External peer review
- Procedure for update

CPGs – determining quality

AGREE II <http://www.agreetrust.org>

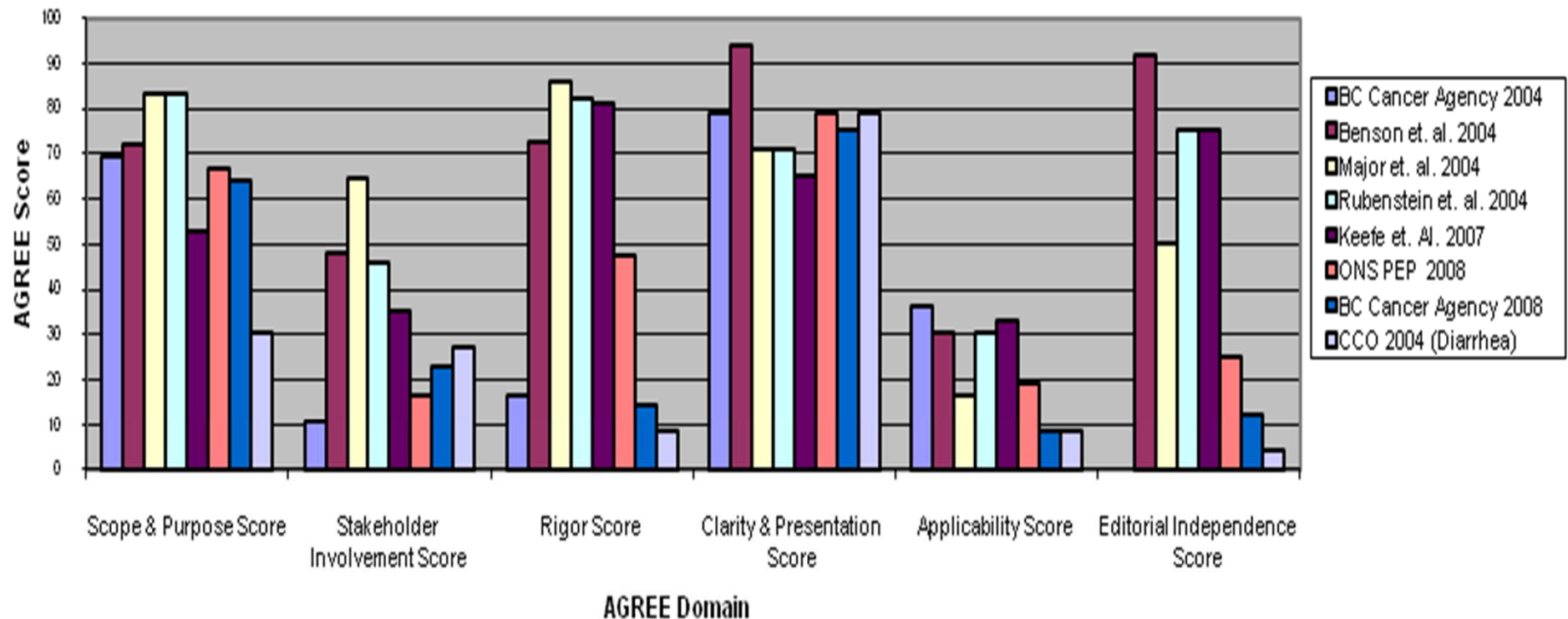
1. Scope & purpose (3)
2. Stakeholder involvement (3)
3. Rigour of development (8)
4. Clarity & presentation (3)
5. Applicability (4)
6. Editorial independence (2)

- 23 items
- 7-point Likert Scale

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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AGREE Appraisal – Results on Cancer treatment induced diarrhea Guidelines

Diarrhea Guidelines AGREE Scores



Finding CPGs relevant to Oncology Nursing

1. COSTaRS - Remote Symptom Protocols (CANO)
2. Canadian Partnership Against Cancer / Canadian Association of Psychosocial Oncology
3. Oncology Nursing Society – PEP guidelines
4. Cancer Care Ontario
5. BC Cancer Agency
6. Fraser Health
7. National Comprehensive Cancer Network
8. Registered Nurses Association of Ontario-Best Practice Guidelines
9. Johanna Briggs Institute
10. Others...

Putting them to the test...

COSTaRS Project (pan-Canadian Oncology Symptom Triage and Remote Support)

- Steering committee membership from 8 provinces
- 13 user-friendly symptom protocols for remote support practice (telephone, email)
- 5 key recommendations
 - Assess; triage; review medications; review self-care strategies; summarize and document agreed upon plan
- Available on CANO website:
<http://www.cano-acio.ca/triage-remote-protocols>

Canadian Partnership Against Cancer / Canadian Association of Psychosocial Oncology

○ Pan-Canadian Practice Guidelines:

- ***Screening, Assessment*** and ***Care*** of Psychosocial Distress (Depression, Anxiety) in Adults with Cancer

- ***Screening, Assessment*** and ***Care*** of Cancer-Related Fatigue in Adults with Cancer

- Use Edmonton Symptom Assessment System (ESAS) and Canadian Problem Checklist

- Rigorous and transparent development process

- Available on CAPO website: www.capo.ca

Fraser Health (British Columbia)

- Hospice Palliative Care Symptom Guidelines
- 20 symptom guidelines +2 under development
- Originally developed in 1996, revised and refined, now 4th edition
- Standard of Care:
 - Assessment; Diagnosis; Education; Treatment: Non-pharmacological; Treatment: Pharmacological; Crisis Intervention
- Rigorous process resulted in standardized, evidence-based guidelines
- Available on Fraser Health website:

http://www.fraserhealth.ca/professionals/hospice_palliative_care

Registered Nurses Association of Ontario-Best Practice Guidelines

- Nursing best practice guidelines (BPGs) program includes development, implementation, evaluation, dissemination and support of uptake
- Since 1999, 29 BPGs are available and being adopted nationally and internationally
- RNAO provides BPG implementation resources and supports including BPG newsletters; Best Practice Champion Network, Best Practice Spotlight Organizations
- Guideline development reviewed in 2006 to ensure highest standards and most rigorous methodology
- Recommendation levels:
 - Clinical; Education; Policy/Organization
- Available on RNAO website: <http://rnao.ca/bpg>

Cancer Care Ontario

- 10 symptom management guidelines
- Recommendations:
 - Assess; Diagnose; Non-pharmacological treatments; Pharmacological treatment
- Published starting in 2010, using current evidence, replacing previous guidelines
- Rigorous development process
- Available on CCO website:

www.cancercare.on.ca/toolbox/symptoms/

Table 5. AGREE Scores

AGREE Scores	Fraser Health (1)	Capital Health (2)	NCCN (3)	RNAO (31)
Scope & Purpose	77.78 %	55.56 %	85.19 %	77.78 %
Stakeholder Involvement	43.06 %	40.00 %	41.67 %	54.17 %
Rigour of Development	68.25 %	23.81 %	38.10 %	86.90 %
Clarity & Presentation	75.00 %	65.00 %	77.78 %	87.50 %
Acceptability	27.78 %	8.89 %	22.22 %	52.78 %
Editorial Independence	25.00 %	10.00 %	77.78 %	62.5 %
Overall Quality Assessment	Recommend with provisos. Good generally, well written. Literature search could have been more comprehensive.	Recommend with provisos.	Recommend with provisos. Drugs described are not used in Ontario; good to see antipsychotics were used as they are often more effective; did not specify when meds should be used.	Rejected. Not for this group's perspective; needs more pharmacological recommendations to treat delirium.

(CCO Delirium guideline)

	Used AGREE to develop	Available Online (PDF)	App for Mobile Device	Resources
COSTaRS Protocols	Yes	Yes	No	-Interactive PDF
CPAC/ CAPO	Yes	Yes	No	-Algorithm within guideline
RNAO	Yes	Yes	Yes	-Online learning modules -Free videos -Self-learning packages -Toolkit
Cancer Care Ontario	Yes	Yes	Yes	-Algorithm -Pocket guide
Fraser Health	Yes	Yes	No	

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Case study instructions



- At your table you will find case studies related to a symptom as well as guidelines available from different sources and in different formats.
- Answer the questions in the case study based on information from the guidelines.
- As you are working, think about:
 - Do the guideline recommendations fit with my practice?
 - Would the guidelines help me in my practice?
 - What guideline format do I prefer?
 - Is there anything else I like or don't like about the guidelines?

Case study debrief



○ Your thoughts...

- Do the guideline recommendations fit with your practice?
- Would the guidelines help you in your practice?
- What guideline format do I prefer?

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From the literature-barriers

Type of barrier	Examples
Guideline	Cost to implement, impractical, do not address complex/multiple symptoms
Nurse	Resistance to change, brand loyalty, lack of disseminators, obedience to MDs, lack of knowledge, workload/inadequate staffing, detached from guidelines, time constraints
Environment	Lack of collaboration with researchers, poor consensus among disciplines, inadequate supports

Macartney, Stacey, Carley & Harrison, in press
Yagasaki & Komastu, 2011

From your perspective...

- What additional barriers exist to the use of guidelines in your practice setting?
- How can these barriers be overcome?



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The future is friendly...

- Most guidelines include tools that are practice-friendly
- Guideline applications to address multiple symptoms coming
- Available in a variety of formats, many compatible with EHRs
- Coming soon, from a patient near you...

Take home pearls

- Make guideline use a habit
- Consider barriers at the environment level, advocate to have them addressed
- Seek like-minded colleagues for support
- Stay positive

