THE BEST OF CANO/ACIO Conference 2017

The Path to Change: Oncology Nurses Leading the Way
October 27-30, 2017
Hilton Lac-Leamy Gatineau-Quebec
Objectives

The objectives for developing the Best of CANO/ACIO was to highlight key elements and salient information from the 2017 CANO Conference as

• A review for people who attended
• An update for CANO members and/or oncology nurses who were unable to attend the conference
Highlights

• Keynote Address
• Concurrent Session Themes
  – Foundational Knowledge Stream
  – Education
  – Research
  – Clinical
  – Leadership/Models of Care
• Board Sponsored Workshops
• Annual General Meeting: 2017-2021 CANO Strategic Directions
• 2018 Conference:
Keynote Address: Stuart Schwartz

- Local celebrity as a radio and television veteran in Ottawa
- Diagnosed with Leukemia and allogeneic stem cell transplant recipient in 2016
- Used social media to document his experience as a patient
- Shared his personal journey as a patient and his experience with the nurses who helped answer his questions about treatments, care plans, etc
Keynote Address: Dr. Greta Cummings

- Dean, Faculty of Nursing, University of Alberta
- 2017 Recipient CANO/ACIO of Lifetime Achievement Award
- Discussed the Evolution of Oncology Nursing Leading the Path to Change
  - Highlighted the importance of emotional intelligence in leadership
  - Differentiated between leaders and managers: “Leaders do the right thing; Managers do things right”
Keynote Address: Pierre Lainey

- Discussed Change management and the change process
- How to lead people through change
- Strategies to get buy in and remove obstacles with change
- Communication is key
Foundational Knowledge
"Opioid Crisis: What Is Our Role in Preventing Misuse of Opioids Prescribed to Cancer Patients?"

Deborah Evans, RN., MScN., CON(c), CHPCN(c)

• **Problem/Issue:** The majority of the public awareness campaigns and guideline development for the safe use of opioids have focused on the chronic non-cancer pain patients. There is a belief that the misuse of opioids is not a very common problem in the cancer population.

• **Process:** “Developed a pt education handout with Universal Precautions on How to Safely Use Their Opioids”

• **Key Messages:** As oncology nurses, we should be teaching a set of “Universal Precautions” about the safe use and storage of their opioids. We need to be able to identify patients at risk of misusing their opioids and provide additional counseling and monitoring while still providing compassionate relief of their symptoms.

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Back to Basics – An Overview of CVAD Care and Maintenance

Sarah Champ RN MN CON(C)

• **Problem/Issue:** Nurses lack of knowledge regarding CVADs can negatively impact patient care

• **Context/Process:** Without proper CVAD knowledge, potential complications can go unnoticed. Patients require education in order to care for their lines, and to report any potential issues. Lack of RN knowledge on lines can result in poor patient education, and CVAD assessment

• **Impact/Outcome:** By improving nursing knowledge, proper assessment of CVADS will reduce complications

• **Key Messages:** All nurses require some degree of CVAD knowledge. Even if they don’t provide CVAD care, knowledge will help with advocating for the right line, proper CVAD assessment, and patient education

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Education
The Path to Enhancing Competency for Specialized Oncology Nurses in Clinical Trials

Marcie Flynn-Post, RN, BA, MHST, CON(C), & Cynthia Bocaya, RN, CON(C)

• **Problem/Issue:** Inconsistent oncology nursing research practice leading to inconsistent data collection. Rapid growth in volume and number of oncology trial nurses.

• **Context/Process:** Focus groups gave us feedback about gaps in orientation and positive elements. Increased complexity and new investigational drugs challenged workload and process.

• **Impact/Outcome:** Standardization of orientation, annual renewal, re-training, documentation

• **Key Messages:** Important to develop, implement and sustain practices that integrate both oncology nursing practice standards and clinical research standards
Oncology Orientation Program At The CHU De Québec: Preparing Nurses To Oncology Practice

Stephanie Duguay, Genevieve Lepage, Maria Ruiz-Mangas

• **Problem/Issue:** A re-evaluation and harmonization of oncology orientation program were needed. Oncology nurse orientation program was updated using the competency-based learning.

• **Context/Process:** Development of the program with clinical experts through the competency-based learning of oncology nurses.

• **Impact/Outcome:** Continuity between training and twinning through the use of relevant content and assessment that takes into account the use of knowledge gained during the twinning period.

• **Key Messages:** An unique training in oncology to promote intraprofessional and interprofessionnal collaboration.

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The CANO/ACIO Doctoral Student Network

- **Problem/Issue**: An overview of the evolution and current DSN structure, activities and outputs, and future plans.
- **Context/Process**: A document analysis was conducted to identify themes across DSN documents, such as meeting notes and newsletters.
- **Impact/Outcome**: There was an alternating synergy and tension between group and personal capacity development. When synergistic, personal skills were developed with contributions to CANO/ACIO, and the group’s voice expanded.
- **Key Messages**: A strengthened capacity and leadership voice is an important resource to further CANO/ACIO’s strategic plan.

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HARMONIZATION OF PROCESS AND RESOURCES: SYSTEMIC TREATMENT PATIENT EDUCATION FOR ALBERTANS
Debora Allatt, Liz Ross, Keira MacKinnon, & Karey McCann

- **Problem/Issue**: Variance and availability of systemic patient education resources throughout all treatment sites in AHS.

- **Context/Process**: The establishment of working groups with representation from all AHS treatment sites for review and development of the materials. A patient advisory group gave feedback and insightful direction, along with the greatly appreciated ideas.

- **Impact/Outcome**: Harmonization and a standardization of patient education resources that were consistent throughout all AHS sites for patients undergoing systemic treatment.

- **Key Messages**: “Knowledge is power for so many patients and at a time when patients so often feel helpless, having access to good, relevant and current information available in various modalities can only help empower them throughout their cancer treatment.” CancerControl Alberta established a stronger partnership in care, supporting the optimization of patients’ well-being with the development and improvement of educational resources.

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ASK A NURSE: Innovative Education Program to meet Patients’ and Caregivers’ Informational Needs.

Stephanie Burlein-Hall, RN, BScN, MEd, CON (C), Kathy Carothers, RN, BScN, MN, CON(C), Jason Oliver, BA, MEd, Angela Boudreau, RN, BScN, MN, CON(C), Angela Leahey, RN, BScN, MN, Laura Rashleigh, RN, BSN, MSN, CON(C), CHPCN(C)

Issue: Decreasing patient engagement in formally scheduled education programming in an ambulatory oncology setting

Process: An informal process of addressing patients’ informational needs was piloted and expanded to include “Ask A Nurse” drop-in sessions.

Impact/Outcome: During a 13 month period, 46 one hour drop-in sessions resulted in 144 patient/family consultations by nurses. Of these, 133 interventions were education based and included themes of clarifying cancer and treatments, symptom management strategies, psychosocial care and the provision of patient education materials.

Key Message: Although subjects raised are unpredictable and broad, the advanced practice nurses have been successful in providing advice, support and a positive encounter for patients and families. This informal approach to patient education also exemplifies the principles of person-centred care. Nurses are encouraged to think creatively about how a similar program could be developed within their own practice settings.

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An NP Fellowship Program to advance the learning of novice NPs in Oncology/Palliative care delivery in an ambulatory setting

Grace I Bradish & Wendy McEwen

- **Problem/Issue:** Increasing cancer incidence and prevalence; aging population; overall population growth; Lack of NPs expertise working in Oncology
- **Context/Process:** Enhancing NP roles; increasing resource pool of APNs in Oncology
- **Impact/Outcome:** high degree of satisfaction in all stakeholders (Fellow; Mentoring Team) and patients
- **Key Messages:** capacity building (recruitment of fellow to organization in palliative care); opportunity for career advancement

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Title: Redesigning new staff orientation for specialized oncology nurses in an ambulatory cancer centre

Author/Presenter: Suganya Vadivelu, Education Clinician, JCC

- Problem: The past orientation process didn’t include foundation knowledge of oncology nursing. Hence, a need to establish a consistent new staff orientation process for nurses entering JCC with no or limited oncology experience

- Process: Orientation framework developed, received input from stakeholders, trialed and widespread to all new nurses entering JCC

- Findings: Streamline and standardize new nurse orientation process supporting new nurses with enhanced foundation of oncology knowledge, skills, and competencies

- Nurses develop a set of standards and competencies to provide the highest quality patient and family centred care.

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Standardizing Cancer Care Through Collaboration: A Partnership Between Alberta and Ontario
By: Komal Patel and Dave Whiteside

Problem/Issue: Standardizing specialty oncology orientation/education.

Context/Process: Addressing the inconsistent specialty oncology orientation/education in Alberta, through a collaboration with de Souza Institute and utilization of online learning modules.

Impact/Outcome: Implemented a standardized online General Nursing Orientation that is more portable, accessible, timely, sustainable and reflects best practice.

Key Messages: Collaboration between Alberta and Ontario has enabled the delivery of a standardized General Nursing Orientation in Alberta and the building of learning pathways in Alberta.
Programme de formation en oncologie au CHU de Québec: préparer les infirmières à la pratique de l'oncologie

Stéphanie Duguay, Geneviève Lepage, Maria Ruiz-Mangas

• **Problem/Issue:** Actualiser le programme de formation des infirmières en oncologie par l’approche par compétences.

• **Context/Process:** Élaboration du programme de formation des infirmières en oncologie avec des experts cliniques par l’approche par compétences.

• **Impact/Outcome:** La continuité entre la formation et le jumelage par l’utilisation d’un contenu pertinent et d’une évaluation tiennent compte de l’utilisation des connaissances acquises pendant la période de jumelage.

• **Key Messages:** Une formation unique en oncologie permet de favoriser la collaboration intraprofessionnelle et interprofessionnelle.

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Refining Ambulatory Oncology Orientation & Assessing Readiness for Telephone Practice

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Samia Elmi, RN, BScN, MN, Laura Rashleigh, RN, BSN, MSN, CON(C), CHPCN(C), Kathy Carothers, RN, BScN, MN, CON(C), Angela Boudreau, RN, BScN, MN, CON(C), Angela Leahey, RN, BScN MN, Tamara Homeward, RN, BScN, MEd.

Issue: Consistency in orientation process for ambulatory oncology setting and assessing when nurses have competency to move into telephone practice.

Process: After brainstorming all possible activities and skills in the ambulatory centre, a comprehensive framework for nursing orientation was developed. The framework focused on a different clinical area for each module including objectives and activity checklists to be completed by the orientee. A process to assess a nurse’s readiness to engage in telephone practice was also developed. The telephone readiness assessment is initiated at least 3 months after the date of hire and includes a reading package of related policies, knowledge quiz, completion of competency checklists and a review of the nurse’s documentation. Nurses are then invited to participate in the formal education session with additional ‘buddied’ telephone observation. Close follow-up is provided by the APN for telephone practice.

Impact/Outcome: Consistency of practice through the standardization of orientation and clarification of expectations for both ambulatory oncology nursing and telephone practice. Also gaps in orientation were identified that resulted in the development of a preceptor program specific to the ambulatory oncology setting.

Key Message: A cohesive orientation program that provides the necessary resources and supports are success factors in building and strengthening nurses new to oncology and ambulatory practice.

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Research
Fear of Cancer Recurrence (FCR) Among Survivors of Adult Cancers

Jacqueline Galica, Christine Maheu, Carol Townsley, Kelly Metcalfe

- **Problem/Issue**: Clarifying the predictors and mediators of FCR is useful to identify persons at-risk for higher FCR and to develop interventions.

- **Context/Process**: One-thousand and two heterogeneous cancer survivors completed a standardized battery of measures, and structural equation modeling was used to examine variable relationships.

- **Impact/Outcome**: Demographic, clinical, and characteristics of the self predicted FCR. How survivor’s made sense of their condition and coping styles mediated levels of FCR.

- **Key Messages**: Patient perceptions/their interpretations of their context/situation are important predictors and mediators of FCR.

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Shared Medical Appointments for Patients with Cancer: A Systematic Review

Freya Kelly, Carrie Liska, Robin Morash, Jiale Hu & Dawn Stacey freya.kelly03@gmail.com

• **Problem/Issue:** To determine the effectiveness of shared medical appointments (SMAs) on oncology patients, their healthcare providers and the healthcare system

• **Context/Process:** A previous systematic review (Kelly 2016) identified only one randomized controlled trial evaluating the use of SMAs with a focus on breast cancer survivors. Another systematic review was therefore performed to determine what intervention trials have been done in the oncology setting.

• **Impact/Outcome:** Preliminary results included 4 intervention trials. Attendance rates were 100% across all four studies, patients were consistently satisfied with the SMA in the survey studies. There was no difference in healthcare provider satisfaction or cost of running an SMA versus individualized care.

• **Key Messages:** More rigorous studies are required using more objective outcomes to determine the effectiveness of SMAs.
A Secondary Analysis Of Unsolicited Narratives From Cancer Survivors Regarding Their Fear Of Cancer Recurrence (FCR)

Jacqueline Galica & Christine Maheu

• **Problem/Issue:** Forty-four cancer survivors provided unsolicited narratives on a quantitative survey about FCR.

• **Context/Process:** A secondary analysis was conducted to examine if these narratives may contribute to FCR understanding and assessment.

• **Impact/Outcome:** Few differences existed between those who did/did not provide narratives, providers of narratives had lower FCR, and narratives provided overall support for existing FCR theory.

• **Key Messages:** Results provide unique insights into which survivors may benefit from more expressive interventions to cope with FCR and illustrates the importance of free-space on quantitative surveys.

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Leadership/Models of Care
Innovative Cancer Centre Care Delivery Model: NP Led Clinic for Men with Metastatic Castration-Resistant Prostate Cancer (mCRPC)

Grace I Bradish & Wendy McEwen

• **Problem/Issue:** Overcrowding in regional Cancer Centres (increased incidence and prevalence) of men with mCRPC; Large cohort of men receiving oral treatment;

• **Context/Process:** Creation of an alternative model of cancer care follow up; Decrease burden of mCRPC patients in regional clinics while continuing to provide quality ongoing care

• **Impact/Outcome:** Creation of a NP Led satellite clinic has saved 191 clinic visits in 50 weeks to the Regional Cancer Centre with a high degree of stakeholder and patient satisfaction; This model has been adopted as standard of care for this patient population and is being considered for other cancer patient populations

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Patient Centered Concurrent Modality Nurse Navigation Model

C. Campbell NP, C. Hipgrave RN

• **Problem/Issue:** Safety and coordination of care for patients on concurrent cancer treatment.

• **Context/Process:** Nurse navigator to improve productivity, patient safety and symptom support for patient on concurrent treatment.

• **Impact/Outcome:** Nursing hours saved, no incident reports, patient and provider satisfaction.

• **Key Messages:** Importance of team role clarity, meet regularly, communicate often; we all have the ability to make a difference.

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The Clinical Nurse Expert: Optimizing the Role for Change Leadership

- **Problem/Issue:** The need for acute leukemia services in Ontario is growing. Cancer Care Ontario's plan for expansions include The Ottawa Hospital Hematology/Radiation Oncology unit to accommodate this complex patient population.

- **Context/Process:** The inpatient unit designated to start caring for AL patients did not previously admit patients from this disease site. Acute leukemia trained CNE position (without a patient assignment) following the Ottawa Hospital Model of Nursing Clinical Practice (MoNCP©) was optimized to support the nurses through this challenging and time-sensitive transition.

- **Impact/Outcome:** Daily support and coaching from the CNE who acted as a resource providing direct and indirect care helped the nurses gain confidence in caring for acute leukemia patients. In collaboration with the Clinical Nurse Educator, various creative resources were developed (e.g. cheat sheets, live/recorded in-services, practice alerts, pre-printed MARs, online reference library).

- **Key Messages:** Utilizing the CNE role, without a patient assignment, was a key component to the successful transition where time was limited for education. The daily support of the CNE ensured the nurses were fully prepared for the care of AL patients, providing safe, quality patient care.
Nurse Practitioner-led Toxicity Assessment Clinic within the Ambulatory Cancer Program: Transforming the Way We Practice.

C. Campbell NP

- **Problem/Issue**: Patients with cancer treatment symptoms using emergency departments or dropping into clinic unwell.

- **Context/Process**: Provision of Toxicity Assessment Clinic within a cancer program partnering with 24/7 triage services.

- **Impact/Outcome**: Appropriate use of clinic, emergency room diversion, positive patient experience, improved nursing autonomy and documentation.

- **Key Messages**: Right provider at the right time in the right place can appropriately reduce ER visits.

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Clinical
Nurse-Led Collaborative Initiative to Implement a Digital Vision for the Cancer Care Clinic
Lisa Lun & Novlett Hamilton, Humber River Hospital, Toronto

• **Problem/Issue:** To design and implement an integrative electronic solution to improve efficiencies and communication in staff and patient safety.

• **Context/Process:** Using transformational leadership practices, oncology nurses engaged themselves as health technology super-users to support the team.

• **Impact/Outcome:** Conducted gap analysis and developed strategies to improve process outcomes related to integration of practice, and patient outcomes related to improving wait times and patient satisfaction.

• **Key Messages:** Essential for the team to promote and support an environment that fosters clinician resilience to cope with change management processes.

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Improving Organization Of Care For Patients On Oral Chemotherapy Agents At The CHU De Québec

Maria Gabriela Ruiz Mangas, RN, MScN, CSN(c)

- **Problem/Issue**: Structure and formalize the organization of care for patients on oral chemotherapy that facilitates patient autonomy and maximizes continuity of care and interprofessional collaboration

- **Context/Process**: Using the DMAIIC framework to guide the process, a model of care was developed by a multidisciplinary group of experts

- **Impact/Outcome**: Creation of a shared process to structure the care of patients on oral chemotherapy

- **Key Messages**: It is essential to structure the care for patients on oral agents; to address the challenges posed by this interprofessional collaboration is vital

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Medical Assistance in Dying (MAiD):
What Oncology Nurses Need to Know
Reanne Booker, MN BScN NP

• **Problem/Issue:**
Medical Assistance in Dying became legal in Canada in 2016. Hundreds of patients across the country have utilized MAiD and many more patients and caregivers have questions about MAiD. Oncology nurses may encounter patients/family members who have questions about MAiD and/or may be involved with patients who wish to proceed with MAiD.

**Key Messages**

− Overview of federal legislation on MAiD was provided
− Discussion of oncology nurse’s role (providing information, answering questions, offering support to patients/caregivers, direct role in MAiD procedure)
− Early palliative care is critical; nurses can help ensure patients and caregivers are aware of and have access to palliative care
Sexuality in Palliative Care and Cancer
Reanne Booker, MN BScN NP

• **Problem/Issue:**
The impact of a cancer diagnosis and treatment on sexuality has been well established in the literature. Potential adverse effects of cancer and/or treatment on sexuality include: diminished libido, altered body image, relationship changes, dyspareunia, erectile and ejaculatory changes for men and vulvovaginal changes for women.

• **Key Messages:**
changes in sexuality and sexual function are common after cancer/treatment and can be distressing to patients across the illness trajectory, even at end-of-life

• A number of interventions exist to help pts/partners manage changes in sexuality and sexual function. A biopsychosocial approach is recommended to help manage concerns. Examples of interventions include:
  – Psychosocial (assistance w: counseling [individual, couple’s], mindfulness, sensate focus, communication, body image)
  – Lubricants, moisturizers for vulvovaginal atrophy; vaginal dilation; vibrators
  – Pharmacologic: topical agents for vulvovaginal symptoms, phosphodiesterase type 5 inhibitors for erectile dysfunction (ED), intracavernosal injection for ED
  – Hormone therapy (if not contraindicated)

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'PallOnc': how the synergy of two disciplines can optimize outcomes for patients and caregivers in cancer care
Reanne Booker MN BScN, NP, Linda Watson PhD RN, Allyson Nowell, MN RN, Shari Moura, MN RN

• **Problem/Issue:** Advancements in both the understanding of cancer biology as well as in therapeutic modalities for cancer have led to improved survival for many patients faced with a cancer diagnosis. However, the provision of supportive and palliative care has not kept pace with the rapidity of innovations in the treatment realm, leaving many patients to experience suboptimal management of symptoms and psychosocial distress.

• **Key Messages:**
  – Oncology nurses are ideally suited to provide primary palliative care to patients after a cancer diagnosis
  – Early integration of palliative care can lead to improved outcomes including: better QOL, reduced symptom burden and distress, improved caregiver outcomes and in some contexts, better overall survival
"Return to Work Experiences of Cancer Survivors"
D. Rajacich, D. Kane, C. Andrary, E. Johnson, M. Lot, C. Stergiou

- **Problem/Issue:** cancer survivors report strong desire to be employed yet 1.4 times more likely to be unemployed

- **Context/Process:** 7 cancer survivors interviewed regarding their experience with staying in the workforce during cancer treatment or returning to the workforce after cancer treatment

- **Impact/Outcome:** personal identity, return to normalcy and sense of purpose were reasons for remaining in/returning to work

- **Key Messages:** modified hours, clear communication and being assertive contributed to successful return to work rajacic@uwindsor.ca
Meeting the Survivorship Needs of Endometrial Cancer Survivors

Kelly-Anne Baines, Carrie Liska, Robin Morash

• **Issue:** Ensuring appropriate endometrial survivorship care.

• **Process:** Meeting the individual endometrial survivors needs through 1. Education 2. Survivorship Care plan 3. Patient Resources.

• **Outcome:** Survivors reported 100% Satisfied to Very Satisfied evaluation scores on the discharge session and knowledge gained.

• **Key Messages:** Endometrial cancer survivors have unique needs. An oncology nurse-led discharge visit, that includes evidence based education, survivorship care plans, and information resources, is an effective model of care to address endometrial survivors needs, coordinate care, and improve communication between cancer specialists and PCPs.

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• **Problem/Issue:** As more and more patient’s live beyond cancer, they may not know how to “live their best life after cancer”

• **Context/Process:** In Alberta, as part of a larger Transitions program, a Patient empowerment workshop has been developed and is available for free if others want to deliver a similar workshop in their location

• **Impact/Outcome:** Over 950 patients participated in the workshop in the last two years, and the feedback from them has been excellent. This has now been operationalized as part of core patient education content

• **Key Messages:** Empowering patients to find a new normal after cancer is important. New video resources and facilitator guides are available on you tube and are free for use anywhere
Oncology Nurses Pilot After-Hours Telephone Symptom Management Support for Cancer Patients

Dina Linardos BScN, CON(c)

Cancer Centers offer telephone nursing support for symptom management during clinic hours.

The Pilot project is designed to offer telephone nursing support for symptom management and side effects after-hours.

The pilot project addresses the patients’ need for nursing support after-hours and preliminary data demonstrates a reduction in emergency room visits.

Further analysis of data is needed to establish the impact of this program on Oncology patients.

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Beyond the Clinic: Oncology Nurses Leading the Way in Supporting Cancer Patients over the Phone

Angela Leahey, RN, BScN, MN, Laura Rashleigh, RN, BSN, MSN, CON(C), CHPCN(C), Samia Elmi, RN, BScN, MN

**Issue:** Patients and families identified a need for us to create a seamless, person-centered, telephone experience that provided clear points of contact, navigation and support for patients, families, and caregivers living with and affected by cancer.

**Process:** Development of a *Live Voice Answer* telephone call centre was created with the intent of connecting patients and families to a person live versus leaving a voice mail message that was described by patients as going into a “voicemail black hole”. Patients still call their original nursing site line contact and now have option to connect with a person live to have health &/or appointment-related concerns addressed.

**Impact/Outcome:** After a year-long pilot and several phases of implementation, the patient satisfaction scores for telephone support jumped from a 3.23/5 to a 4.93/5. This in turn has freed up capacity on the nursing site voicemail lines (by 30-50%) so that nurses could now engage in more proactive telephone work with patients and families.

**Key Message:** Patients want to connect with a person live in their time of need. This helps mitigate distress and provides clear points of contact for patients and families. The future of ambulatory oncology nursing is on the phone and specialized oncology nurses are perfectly poised to support patients and their families beyond the cancer clinic environment.

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Oncology Nurses Changing Telephone Triage Practice through the Implementation of COSTaRS


Problem/Issue: COSTaRS practice guide were implemented to enhance the quality and consistency of cancer symptom management by nurses. One year post, practice guides are still not fully integrated.

Context/Process: Took Continuous Quality Improvement approach to understand the barriers to using and identify opportunities for improvement.

Impact/Outcome: Uptake is greater with Novice RNs. Experience RNs report “doing this” without the tool. “Tool is too busy” to review with each call, therefore most RNs use them as reference. Need more symptoms and tx specific recommendations. They need to be better integrated in buddy shifts.

Key Messages: Gap in practice needs to be articulated to increase uptake. Identify how best to Integrated the tool in eMR. Experienced RNs need to model how to integrate them in practice.

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Leading and Supporting Nurses To Use COSTaRS

D Stacey, B Ballantyne, L Jolicoeur, A Davis

• **Goal:** To enhance the quality and consistency of cancer symptom management by nurses

• **Process:** A workshop using 15 COSTaRS symptom practice guides and training materials (available at [https://ktcanada.ohri.ca/costars](https://ktcanada.ohri.ca/costars))

• **Outcome:** training improved nurses confidence with symptom management and use of COSTaRS; nurses satisfied with training

• **Key Messages:** Listen to the patient and provide patient-centred symptom management with a) a thorough assessment; b) appropriate triage based on severity; and c) self-care and medication tips

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Hearing Patient’s Voices During The Times Of Change

Renata Benc BA.MSc(A) CON(C), Paula Calestagne, BA

• **Problem/Issue:** Understand the patient’s experience in a health care system undergoing re-organization and budgetary constraints.

• **Context/Process:** Feedback gathered using questionnaires and Focus groups.

• **Impact/Outcome:** Positive reinforcement for team to hear patients feel supported. Initiatives to address areas requiring improvement.

• **Key Messages:** Patients very happy to share their experience to influence care for future patients. Little interventions leave a big impact.

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Strength Based Nursing: Changing Practice to Regain the Essence of Nursing
Renata Benc B.A., MSc(A), CON(C) & Christina MacDonald RN,BScN, MScN, CON(C)

• **Problem/Issue:** Changing Practice to Regain the Essence of Nursing
• **Context/Process:** Book club, bi-monthly reflective practice, Nursing Grand Rounds
• **Impact/Outcome:** International Conference, Poster presentation, adoption by surgical managers and Palliative care team.
• **Key Messages:** Strength Based Nursing is a philosophy which provides a language to validate nursing practice.

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Cancer and Work
Christine Maheu and Maureen Parkinson

- **Problem/Issue:** Lack of available and relevant resources to support the return to work (RTW) process of cancer survivors

- **Context/Process:** To meet the need for resources, Cancer and Work Website ([www.cancerandwork.ca](http://www.cancerandwork.ca)) was created that pulled together many Canadian experts in the field that contributed to the content.

- **Impact/Outcome:** The website provides with over 450 pages of content, 9 videos, 7 online tools, available in French and English, geared towards the support of cancer and work.

- **Key Messages:** Nurses and its allied health have key roles to play in supporting cancer patients and survivors return to work, stay at work, or change work.

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Fear of Cancer Recurrence
Christine Maheu and Maureen Parkinson

- **Problem/Issue**: Fear of cancer recurrence (FCR) is a common unmet need
- **Context/Process**: Over 50% of cancer survivors will experience moderate to high levels of FCR with negative impact on their general health.
- **Impact/Outcome**: Untreated clinical levels of FCR are associated with psychological morbidity and reduced quality of life.
- **Key Messages**: Clinical guidelines for incorporating screening measures and interventions for FRC are needed to address this frequent and unmet need of cancer survivors.
Goal: To enhance nurses knowledge of sarcoma and identify supportive care needs unique to patients treated for musculoskeletal cancer.

Process: Foundational knowledge about sarcomas was provided using 2 cases. The first case outlined the trajectory for osteosarcoma treated with chemotherapy and rotationplasty. The second case described the care provided for a soft tissue sarcoma treated with radiation therapy and surgery.

Impact: Attendees increased their knowledge of this tumor site.

Key Messages: Many patients require complex treatments, provided by different health care providers across different specialties, the care trajectory is difficult to map out and challenging for patients and families to understand. Nurses in various care setting are well positioned to address patients and families supportive care needs.
Cancer Symptom Management In Radiation Therapy

D Stacey, L Jolicoeur, M Carley, C Henry, A Killam, K Linden, C Ludwig, A Patry, J Renaud

• **Problem:** Little is known about medical radiation therapist (MRT) use of evidence-informed guidelines

• **Process:** Adapt and evaluate implementation of COSTaRS guides by MRTs and RNs for symptom management with patients on radiation

• **Outcome:** To overcome barriers to use, interventions included creating a simplified version that fit within the workflow of MRT activities, training, integrating in MRT electronic documentation, linking to RN role & patient education materials, and easy access

• **Key Messages:** Findings showed feasibility of MRTs using adapted COSTaRS but need further encouragement to implement in practice

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Leading the path to change with Synergy: Application of a professional practice model

Lounsbury, Jennifer¹; Cordon, Charissa²
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• **Problem:** Increasing complexity of patients and colliding costs to care require leaders to be able to balance quality of care with resource allocation

• **Process:** 2 Cancer Centers shared their experience with adopting the Synergy Model®, a Nursing Professional Practice Model. The Model was implemented to inform nurse resource allocation and staffing in inpatient surgical oncology unit and ambulatory/outpatient chemotherapy clinic

• **Outcome:** Enabled staff engagement and empowerment; Right provider at the right time, and at the right place

• **Key Messages:** The Synergy Model® provided a systematic approach to assess patient care needs, identify staff competencies, determine appropriate skills mix, and determine environmental factors/issues/pressures that impact on care

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CANO Board of Directors Sponsored Workshop
A National Conversation: Oncology Nurses and Cancer Patient Navigation

Dr. Linda Watson RN, PhD, CON(c); Tracy Truant, RN, PhD(c); Marg Fitch, RN, PhD
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- **Problem/Issue**: Oncology nurses in every province are involved in some way with Cancer Patient Navigation, and yet there is very little common understanding of what is core to CPN roles and how being an Oncology nurse affects the impact these roles have.

- **Context/Process**: A draft national position statement on Oncology Nurse’s contribution to Cancer Patient Navigation has been created.

- **Impact/Outcome**: This workshop provided an opportunity for a national discussion about CPN, oncology nursing, and this draft position statement.

- **Key Messages**: This is just the beginning. We need to formulate a national working group to incorporate all the feedback and finalize the position statement. Maybe CANO should develop national educational support for nurses who take a CPN position.
Your Safety Matters: Promoting Chemotherapy Safe Practice

Charissa Cordon, RN, MN, EdD, CON(C)¹, Komal Patel, RN, MN, CON(C), CHPC(C), CVAA(C)², Donalda McDonald, RN, CON(C)²

1- CANO/ACIO Director at Large, Education  2- Desouza Institute Educator

• Problem/Issue: A hands on - skills building workshop aimed to help nurses understand CANO/ACIO Practice Standards on Chemotherapy Administration; Chemotherapy principles of safe handling and spill management; hands on experience on how to clean up a chemotherapy spill

• Process: Steps to manage a spill: (1) assess the extent of the spill; (2) get spill kit and limit access; (3) apply PPE; (4) contain spill; (5) wash area; (6) discard; (7) wash hands; (8) document
Enabling and Enhancing Specialty Certification of Canadian Oncology Nurses: CANO/ACIO, CNA/AIIC and Oncology Leaders Pathway to Success

Patricia Elliott-Miller, BScN, MScN
Executive Lead
Certification and Professional Development
Canadian Nurses Association

Shari Moura RN MN CON (C)  CHPCN(C)
CANO/ACIO Director at Large, External

Charissa Cordon, RN, MN, EdD, CON (C)
CANO/ACIO Director at Large, Education

Lucie Vachon, RN, BScN
Nurse Advisor
Certification and Professional Development
Canadian Nurses Association

Problem/Issue: CANO and CNA partnered to discuss strategies to promote and support certification among oncology nurses

Context/Process: 45% of CANO/ACIO members have indicated that they have CON(C); Feedback from 2016 workshop indicated that barriers to certification include (1) lack of motivation/incentives and encouragement from leaders; (2) costs associated with certification process; (3) lack of knowledge on the certification process

Key Messages: From the literature, value of certification include:

- 2.5% increase in patient satisfaction scores after 60% increase in certified nurses (Coleman et.al, 2010);
- 16.7% to 8.1% reduction in hospital nurse turnover after 60% increase in certified nurses (Coleman et.al, 2010);
- 2% decrease in the odds of mortality and failure to rescue for every 10% increase in certified nurses (Kendall-Gallagher et.al, 2011);
- Significantly lower rates of geriatric unit patient falls with two or more certified nurses (Lange et.al, 2009)

CANO/ACIO have multiple strategies to support certification on website: position statement, discounts for study group; certification information, CANO/ACIO activities and equivalent CE hours, monthly webinars, learning plan template
A National Framework for Oncology Nursing Roles: Development of a Framework and Educational Implications

Allyson Nowell, DAL-Professional Practice; Charissa Cordon, DAL- Education

**Problem/Issue:** CANO/ACIO is moving towards developing a framework for nursing practice and knowledge to guide care across the continuum for patients with cancer and their families. This workshop builds on discussion from 2016 conference

**Context/Process:** Large group discussion to determine the fit between CANO/ACIO Standards of Practice and Competencies for the Specialized Oncology Nurse can be used to inform competencies for the “All Nurses” and “Many Nurses” Subgroup. Also discussed educational topics to support knowledge development for the “All” and “Many” sub groups.

**Impact/Outcome:** CANO/ACIO will strike a working group to develop practice competencies, led by DAL- Professional Practice.
International Vision and Strategy

Facilitators: Shari Moura, RN, MN, CON(C), CHPCN (C), Margaret I. Fitch, RN, PhD, Tracy Truant, RN, MSN, PhD (C)

Il-06 Workshop Friday October 27th 2017 2pm
Salon du Jardin

Problem/Issue: CANO/ACIO is a driving force nationally and an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum. Continuing the dialogue on CANO/ACIO’s role in International work with vulnerable communities.

Context/Process: A brief highlight of CANO/ACIO’s International Vision and Framework shared with participants and panel discussion on experiences of CANO members working in Thailand, Nairobi, South America and with vulnerable populations

Impact/Outcome: Unveiling of CANO/ACIO draft mission statement for international vision and strategy

Key Messages: CANO/ACIO continues to engage with its members on global issues, CANO/ACIO international framework and its role in international work

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CANO/ACIO Strategic Directions for 2017-2021

- Be a Strong Collective Voice for Oncology Nurses
- Optimize Organizational processes and outcomes
- Support Oncology nurses to achieve and maintain specialized knowledge and skills
- Grow and Maintain our Membership
All CON(C) nurses who attended the CANO/ACIO 2017 Conference gathered for a group picture.
CANO/ACIO 2018 Conference