



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

CANO/ACIO 2018 Conference Highlights

Excellence in Oncology: Our Patients, Our Passion

Charlottetown, PEI, October 26-29, 2018

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



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Best of CANO 2018



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Day 2 – Saturday Oct. 27 2018



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Passion driven oncology nurses' leadership helps craft health policies, saving lives in NB

New Brunswick Cancer Network, Department of Health

Shirley Koch RN BN CON(C)

Linda Varner RN BScN CON(C)

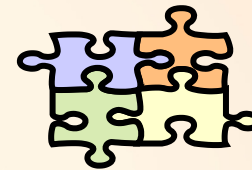
30th CANO Annual Conference

Charlottetown, Prince Edward Island

October, 2018

Our Goals for today...

The Policy Puzzle



- WHY: Cancer Screening policy important
- WHO: Decision making leadership
- HOW: Make Cancer Screening evidence-based
- WHAT: Final policies and achievements
 - Cancer Screening Program
 - Nurse navigation
 - Successes and challenges
 - Q&A

Cancer Screening Navigation

- Role

- Cancer Screening Access Coordinator
- Offering follow-up screening to participants with a Positive (abnormal) FIT result

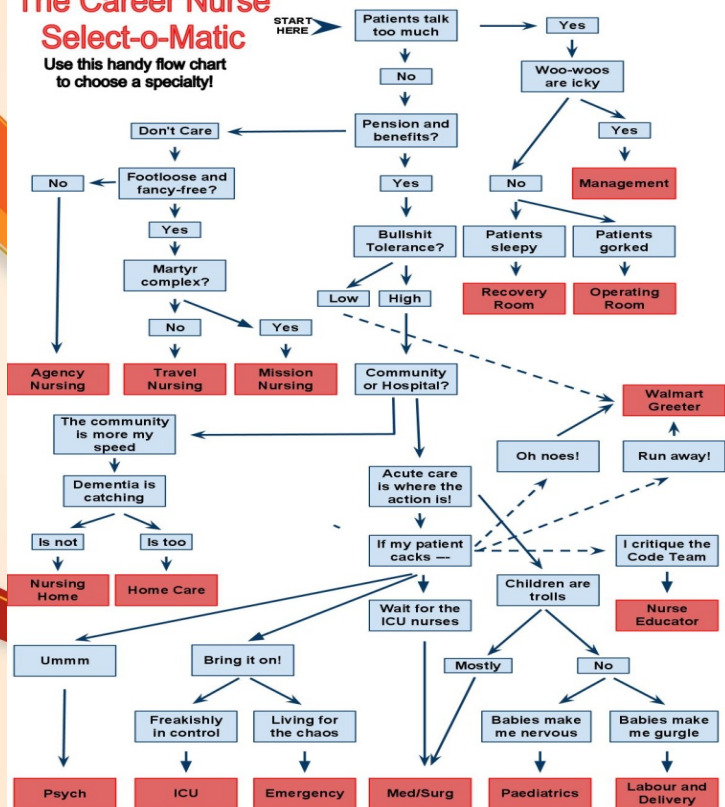


- Responsibilities

- Health Evaluation
- Colonoscopy coordination
 - Directly in Facilities
 - Indirectly through Endoscopists referrals (law amended)
- Education
 - Participants (bowel preps, procedure)
 - Staff in facilities
 - Primary Health Care Providers
 - Admin support in Endo offices
 - Endoscopists

The Career Nurse Select-o-Matic

Use this handy flow chart
to choose a specialty!



Working in health policy.....

...not a common choice for new nurses.



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Day 3 – Sunday Oct. 28 2018



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Passion for Patients: Meeting the Survivorship Needs of Patients Living with Head and Neck Cancer (HNC)

Maurene McQuestion, RN, BScN, MSc, CON(C)

Clinical Nurse Specialist

Co- Lead H&N Survivorship Program,

Princess Margaret Cancer Centre,

Adjunct Lecturer, Lawrence S. Bloomberg

Faculty of Nursing, University of Toronto

maurene.mcquestion@rmp.uhn.ca



H&N Survivorship Vision and Principles

- **Inclusive:** - patients from diagnosis onward
 - Family member & caregivers
- **Grassroots:** - designed by / for people living with HNC
- **Interdisciplinarity:** - Nursing, Oncology, Allied Health (RD, SLP, SW), patients
 - across surgery, med, rad
- **Patient-centred:** education, care, support
- **Innovative:** - evaluation & research
- **Empowering:** - build a team including patients

Address the needs across the spectrum of care

Outcomes to Date

- 2 strategic planning retreats - initial 2012; 5 year follow-up (2017) each with > 50 participants
- Co-chair model (RO and CNS) – Steering & Research committees
- Research funding and publications
- Education pathway
- Patient education resources (pamphlets, education packages, videos (HPV – in progress))
- 3 psycho-educational group intervention classes
- Survivorship navigation map
- Rehabilitation navigation consultation & website
- Early intervention swallowing demonstration project
- 3 annual H&N Awareness Events
- Journey to Conquer Cancer annual walk

Chemotherapy Chair Utilization

Karyn Perry BSN, RN, CON(C) MBA and Cynthia Heron
BScN., RN, CON(C)

Chemotherapy Chair Utilization

Karyn Perry BSN, RN, CON(C) MBA and Cynthia Heron BScN., RN, CON(C)

- **Problem/Issue:** Manage and treat increasing patient volumes without increased resources
- **Context/Process:** Patients routinely waitlisted for systemic therapy appointments. SRCC maximized efficiency and utilization of the systemic therapy suite treatment chairs.
- **Impact/Outcome:** Waitlists eliminated, 100 patient appointments were able to be added monthly to the suite.
- **Key Messages:** Appreciative inquiry and Change management model used to guide the QI project. Change is hard but when building on a shared dream anything can happen.

Day 4 – Monday Oct. 29 2018



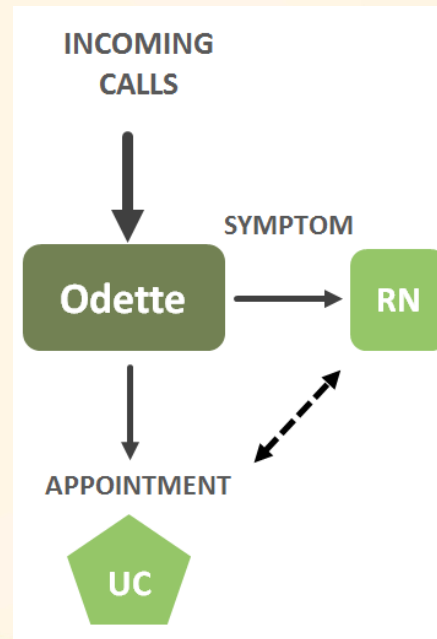
Excellence in Oncology Nursing: The Evolution of the Live Voice Answer Telephone Initiative

- **Problem/Issue:** Patients and families need direct access to specialized oncology nurses by telephone as it is essential to ensuring acknowledgement of health related concerns in real time, identifying emergent needs and establishing safe and appropriate resolution.
- **Context/Process:** In 2016, we tested the feasibility of having calls answered in real time by nursing over a 12-day period. During this period, we found that the concept of nurses answering calls in real time was in fact feasible. With the success of the proof of concept phase, we embarked on a multi-phased quality improvement initiative known as the Live Voice Answer initiative. A Live Voice Answer Call Centre was developed and is now operational for patients and families to access nursing and clerical staff in real-time for their health-related and/or appointment-related concerns.
- **Impact/Outcome:** Throughout the various phases of this project, we measured patient satisfaction and overall impact with respect to timely access to nursing and clerical support. With the regards to patient satisfaction, we demonstrated marked improvement in patient satisfaction scores from the pre-pilot phase to our initial phase and we have been able to sustain a relatively high patient satisfaction score to date. With our Live Voice Answer Call Centre, over 80% of calls are answered in real time for both nursing and clerical. This is a significant improvement from our previous model of telephone practice where calls to nursing and clerical would be directed to a voicemail box with no definitive return call time.
- **Key Messages:** Specialized oncology nurses play an essential role in supporting ambulatory cancer patients to cope and manage at home. Patients and families frequently have questions regarding their care between hospital visits and clinical appointments. The development of the Live Voice Answer Call Centre has led to the following successes; the majority of calls are answered live, response to distress in a timely manner and a more efficient and effective resolution of calls.

Contact: samia.elmi@sunnybrook.ca

Live Voice Answer: The Evolution

Our Vision: To create a seamless, person-centered, telephone experience that provides clear points of contact, navigation and support for patients, families and caregivers living with and affected by cancer.





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CANO Highlights

Electronic Tools in Oncology

Integrating Digital PROs into Standard Ambulatory Care Processes:

What is Meaningful?

Linda Watson, Danielle Moch, Shelley Lawrence

- **Problem/Issue:** Can collecting, reporting and utilizing Patient reported outcomes as a standard of care in ambulatory oncology settings improve outcomes and patient experience?
- **Context/Process:** Four digital PRO dashboards were developed and tested in an ambulatory oncology setting?
- **Impact/Outcome:** Improvement in team communication, patient experience and interdisciplinary care was noted
- **Key Messages:** PROs can improve care processes, patient outcomes and experience if used to guide care conversations and symptom management

What's App Doc? Empowering Patients and Families with a downloadable Consult Recording App

Dr. Linda Watson, Pat Curley

- **Problem/Issue:** Patients forget up to 80% of content from first consult
- **Context/Process:** Research has shown that patients who have an audio recording of their consult to re-listen to and reflect have many benefits
- **Impact/Outcome:** An AHS branded audio recording app was developed with legal, privacy and patient input
- **Key Messages:** Innovative IT approaches that put the power in the hands of the patients can make a big difference

Patient Education

Striving for Excellence in Patient Education for Vaginal Dilator Therapy: An Interdisciplinary Approach

J. Power, L. Luciani Castiglia, J. Alfieri, N. Posel

- **Problem/Issue:** Vaginal dilation is recommended for all women who have had pelvic radiotherapy as a preventative measure, but compliance to this recommended treatment varies widely across studies
- **Context/Process:** Interdisciplinary group of nurses and physicians working in gynecologic oncology and radiation oncology came together and worked with the hospital's patient education office to develop a new patient education tool using images to provide a visual component to enhance learning.
- **Impact/Outcome:** Patients report that tool is useful, images help in their understanding. Nurses find that pamphlet facilitates their teaching about vaginal dilator therapy with patients.
- **Key Messages:** Having consensus from interdisciplinary team on content was important. Booklet with images aids in patient understanding and facilitates teaching about vaginal dilator therapy.

Managing the Information Needs of Patients with a Human Papilloma Virus (HPV) Related Oropharyngeal Cancer

Jennifer Deering, RN, NP; Maurene McQuestion, RN, CNS

Problem/Issue: Patients and families had unmet informational and supportive care needs pertaining to HPV related oroharygeal cancer.

Context/Process: In response to a gap analysis and a patient / family salient belief questionnaire, a grant was obtained and used to develop an HPV patient education video series.

Impact/Outcome: Videos and user evaluations will be available in 2019.

Key Messages: Identification and subsequent addressing of information needs can reduce patient and family distress.



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Seeking Excellence in Providing Patient Education Post Brachytherapy: Utilizing Our Passion for Exceptional Care to Empower and Engage Our Patients

Problem/Objective: Anet Julius, RN, MN, CON(C), Jodi-Ann Manhertz, RN, CON(C)

To determine the educational needs of women with gynecologic cancers treated with brachytherapy from the perspectives of both patients and HCPs. To determine the enablers and barriers to providing brachytherapy education according to health care professionals (HCPs.)

Context/Background:

Patient education post-brachytherapy involves a team of HCPs: radiation oncologists, radiation therapists and specialized oncology nurses. Currently, no standardized patient education exists for women with GYN cancers receiving brachytherapy. Evaluating the perspectives of key stakeholders, the patient and HCPs, regarding post-brachytherapy patient education should inform current practices, identify gaps and facilitate the development of standardized patient education materials.

Impact/Outcome:

This study identified the most important education needs of women post brachytherapy: vaginal dilator use, vaginal stenosis, skin care and diarrhea management.

Enablers and barriers that affect the HCP's ability to provide comprehensive discharge education were also assessed.

Key Messages:

Consistent with the literature, results from this study revealed that there is much room to improve vaginal toxicity management education and training at PM. These research findings will be used to create standardized patient educational materials for both patients and HCPs.

Results of a pilot feasibility study exploring the effect of neurofeedback on postcancer cognitive impairment (PCCI) and cancer-related fatigue (CRF)

Marian Luctkar-Flude, Janet Giroux, Dianne Groll, Jane Tyerman, Linda Beckett

- **Problem:** Cognitive impairment and fatigue are distressing persistent symptoms following cancer treatment, with few effective evidence-based treatments and management strategies
- **Process:** We aimed to determine feasibility and effect of a 20-week neurofeedback protocol on PCCI and CRF using a waitlist control design
- **Impact/Outcome:** Participants perceived statistically significant improvements in their perceived cognition and fatigue levels
- **Key Messages:** These results support the need for neurofeedback trials in cancer survivors to manage debilitating symptoms

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Promoting Best Practices in Oncology

Delivering Safe Care to Cancer Patients on Non-Oncology Units

Eleanor Miller, **Linda Ramjohn**, **Anita Long**, **Ashley Andrade**, Mark B. Eugenio

- **Problem/Issue:** To better understand the inpatient oncology nurses experience in delivering chemotherapy on non-oncology units.
- **Context/Process:** Oncology nurses are expected to deliver chemotherapy to other areas of the hospital whenever the need arises.
- **Impact/Outcome:** Specific concerns and issues when administering chemotherapy on non-oncology units were identified.
- **Key Messages:** Addressing the concerns of the staff who were going off unit to administer chemotherapy.



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Supporting Our Patients Throughout Their Journey of Breast Cancer

- Engaging Patients With Radiation Related Skin Discomfort in Self Care (CONJ Vol. 28, issue 3, Summer 2018)
- Patients reported satisfaction from the weekly assessments that aided in fostering a trusting relationship between the nurse and patient. The use of InterDry Ag dressing for radiation skin reactions to the breast has shown to be beneficial in terms of providing comfort to this small cohort of patients.

Crystele Montpetit RN BScN
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Integrating Smoking Cessation Practices among Cancer Patients in an Ambulatory Cancer Setting

Criselda Gonzales RN, Maria Laylo RN, Khushdeep Parhar RN, Rosemarie Rivera RN MN, Charmaine Mothersill RN MN CLM

Issue: Smoking reduces the effectiveness of cancer treatments and exacerbates chemotherapy and radiation side effects. In St. Michael's Hospital Medical Day Care Unit (MDCU), we identified an ineffective smoking cessation screening and referral process and lack of education among staff.

Process: Our strategies include utilizing a standardized assessment form, providing a streamlined referral process, staff education, and creating a patient education pamphlet.

Outcome: 1) Post-education session survey data revealed a significant increase in staff's knowledge and confidence level in smoking cessation practices. 2) Feedback from patients revealed that the pamphlet was helpful in providing information about the effects of smoking on their health, resources, and treatment options.

Key Messages: Key success factors include providing education to all staff in MDCU and collaborating with the patients and inter-professional team throughout the process of developing the St. Michael's Hospital Smoking Cessation Program.

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Better Medication Management Tools for Patients with Brain Tumours, their Caregivers and their Health Care Providers through a Quality Improvement

Janelle Desjardins (MScN) & Lynne Jolicoeur (MScN)

- **Problem/Issue:** Patients and families require skills to manage complex symptoms related to medication management for their brain tumour in order to avoid unnecessary emergency department (ED) visits
- **Context/Process:** Data analysis included a review of ED data, calls to patient support line, patient & caregiver surveys, and literature review to identify main challenges for patients diagnosed with a brain tumour
- **Impact/Outcome:** Medication management tools were developed for temozolomide and dexamethasone tapering to guide the patients and health care providers.
- **Key Messages:** Caregivers play an invaluable role in supporting patients with a brain tumour to manage the complex symptoms related to cancer and treatment. Due to low volume of patients diagnosed with a brain tumour, the complexity of their needs often times go unnoticed. Tools and resources are required 1) to close the health care provider knowledge gap, and 2) to provide information to patients and caregivers for medication & symptom management, and on how to access providers for additional support.

Janelle Desjardins: jandesjardins@toh.ca & Lynne Jolicoeur: ljolicoeur@toh.ca

Symptom practice guides for health professionals to use on the telephone or in person: Lessons learned from 3 implementation studies

D Stacey, M Carley, E Green, D Howell, L Jolicoeur, C Kuziemy, C Ludwig, T Truant, for the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Team

- **Purpose:** Build an effective and sustainable approach for implementing practice guides for health professionals to use when supporting patients undergoing cancer treatment.
- **Process:** Comparative case study of 3 implementation studies. Participants were oncology nurses, homecare nurses, and radiation therapists. Data collection included surveys, interviews, and chart audits.
- **Outcome:** Implementation showed some increased use of the practice guides. Sustained use requires organizational alignment and ongoing leadership support.
- **Key Messages:** COSTaRS Practice guides are usable in practice and can be adapted for patients and health professionals globally.

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Telephone Nursing

Research Priorities for the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Practice Guides: A Modified Nominal Group Consensus

L Jibb, D Stacey, M Carley, I Graham, E Green, L Jolicoeur, C Kuziemy, C Ludwig, T Truant, for the COSTaRS Team

- **Purpose:** 1-day invitational meeting to review the current evidence on COSTaRS projects and establish research priorities for larger scale study.
- **Process:** Presentations included a patient story and experiences implementing COSTaRS guides. Modified nominal group technique was used to generate research questions and 2 rounds of voting to reach consensus.
- **Outcome:** 4 categories proposed: 1) enhanced usability; 2) outcome measurement; 3) sustainable process for renewal; 4) integration into clinical practice.
- **Key Messages:** Future endeavors will be focused on identified priorities, which reflect the needs and perspectives of diverse stakeholders. Highest priorities were to add immunotherapy, create an app, measure patient experiences, identify competencies

Development of a Digital Education Pathway for Patients Considering Allogeneic Stem Cell Transplant

Zoe Evans, BNSc, MN-NP Adult, CON(C), Christine Piescic, BNSc, RN, CON(C), Tina Papadakos MA(Ed)

- **Problem/Issue:** To increase access to education for patients considering Allogeneic Stem Cell Transplant
- **Context/Process:** A theory-based methodology was utilized to co-develop patient education resources with providers and patients.
- **Impact/Outcome:** A digital modality was created, which can be accessed anywhere, anytime, to support patients' needs while also providing measurable, high quality, consistent education.
- **Key Messages:** Large project which depended on interprofessional collaboration and commitment to quality patient care.

Supportive Care for Caregivers

Supporting Caregivers of HSCT Pts

Philip Nguyen, Laurie Ann Holmes

- Limited formal assessment of caregivers needs, skills, supports, as increase demands on caregiver to provide care
- Concern is caregiver burnout
- Caregiver strategies:
 - Set up a separate support system for yourself.
 - Keep a diary and carry it with you.
 - Take time to recharge yourself.
 - Try some relaxation techniques.
 - Learn to accept help.
 - Set up a system to update people about the patient's progress.
 - Be an advocate for the patient. Be Flexible and patient

CARING FOR CANCER SURVIVORS IN THE COMMUNITY: OPPORTUNITIES AND CHALLENGES FOR NURSE PRACTITIONERS

Krista Wilkins

- **Problem/Issue:** Growing cancer survivor population places significant demands on the primary healthcare system as care shifts from treatment to survivorship.
- **Context/Process:** Interviews were conducted to identify expectations, opportunities and challenges of NP-delivered survivorship care.
- **Impact/Outcome:** NPs provide holistic care that may help cancer survivors normalize their lives and increase control over their health.
- **Key Messages:** NPs need to be more fully integrated in primary healthcare settings where they can improve the breadth and quality of services available to cancer survivors.

Survivorship

From Patient- to Person-Centred:

Key Strategies to Inform Equitably High Quality Cancer Survivorship Care

Presenters: Tracy Truant, RN, PhD, CONC and Sally Thorne

- **Problem/Issue:** Survivorship care in Canada is currently patchy and disjointed – “non system” of care. Uncritical replication of old models of care further marginalizes vulnerable populations and limits their opportunities for optimal health.
- **Context/Process:** We conducted a multi-phased , intersectional qualitative study to illuminate potentially resolvable inequities in the current context.
- **Impact/Outcome:** We identified individual, group/population and system barriers requiring intervention and generated recommendations going forward.
- **Key Messages:** Survivors and stakeholders agree that there is a serious problem requiring collective will and attention. Strategies to improve survivorship care systems require consideration of the full spectrum of complexities across levels, particularly the systemic barriers that create disparities.

Palliative Care

An EPICC Approach to integrating early palliative care into oncology nurses' roles

- **EPICC Project:** Laura Mercer, Clinical Nurse Leader, BC Cancer
 - What is it?
 - What is the role of the oncology nurse?
- **Interdisciplinary Approach:**
 - Serious Illness Conversation Guide / LEAP training
 - RNs, Physicians, Counselors
- **Impact:**
 - Earlier palliative approach = higher patient and health care provider satisfaction
 - Reduce treatments at EOL that do not align with person centred care
- **Key Points:**
 - Not a one-stop-shop
 - Buildable, fluid process that all HCPs can participate in

Providing Culturally Sensitive End of Life Care

Laurie Ann Holmes RN BScN CON(C)CHPCN(C)

- Presentation discussed a process of assessing, providing education and a plan to develop educational resources for in-pt Oncology nurses to provide culturally sensitive EOL care
- **Key Cultural Assessment:** Language, educational format
- What do you know about your condition, what do you want to know?
- How are decisions about healthcare made in your family?
- How do you prefer to be addressed, anything we should avoid, male/female caregivers?
- Are there any customs/ practices that are important to include in your care?
- What key messages did you take away from this presentation? What were some of their lessons learned?
- **Death Rituals:** Care of the body, rituals / practices?
- What is your beliefs about what happens after death?
- What might you need at time of death, afterwards
- Who should care for the body, male/female/family
- Ferrell, B.,Coyle,N. (2010). Palliative Nursing

Delivering optimum care for MAiD patients: Voices of the care team

Eleanor Miller, **Linda Ramjohn**, Anita Long, Ashley Andrade

- **Problem/Issue:** Potential conflict within the point-of-care nursing staff providing care for the oncology patient who elects to undergo MAiD.
- **Context/Process:** Encouraging open dialogue needed to ensure that the nurses' voices are heard.
- **Impact/Outcome:** The majority of the nurses are aware of the process and the resources available to support them, however the personal beliefs of the staff were strongly reflected in their responses.
- **Key Messages:** Not all of the staff were aware of the supports available or how to capture the care provided in workload.