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

Canadian Association of Nurses in Oncology

National Strategy for Chemotherapy Administration

Phase Three:

Evaluation Strategy Final Report

Presented by:
Evaluation Working Group

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Phase Three: Evaluation Strategy

The National Strategy for Chemotherapy Administration (NSCA) is a three-phased special initiative of the Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO) that sought to establish national chemotherapy administration standards, competencies, and educational resources for oncology nurses across Canada (CANO/ACIO, 2011a). In 2008, CANO/ACIO conducted a member needs assessment to provide direction for its future initiatives and special projects (CANO/ACIO, 2008). The results of this national survey demonstrated a clearly articulated need for Canadian standards and competencies for cancer chemotherapy nursing practice. To respond to this request from their membership, CANO/ACIO convened a volunteer expert working committee to develop a strategy for this special initiative (CANO/ACIO, 2011c). The strategy consisted of three phases that were refined and revised over a three-year period (CANO/ACIO, 2011c). The goal of this initiative was to provide oncology nurses and organizations with evidence based standards and competencies to achieve optimal cancer chemotherapy nursing practice in Canada. The vision articulated for this project was that:

> Every patient across Canada, regardless of geography, receives chemotherapy treatment and care from oncology nurses who meet a predetermined standard of practice through a comprehensive education program to ensure continuing competency (CANO/ACIO, 2008)

The project timeline and implementation plan provide an overview of the activities that comprised the initiative (see Appendix A). CANO/ACIO utilized a combination of inductive and user-focused approaches to generate the strategy for the NSCA; an overview of the strategies objectives is presented in Appendix A (CANO/ACIO, 2011). The strategy engaged key stakeholders and members throughout the entire process of the initiative (CANO/ACIO, 2010). All phases were driven by the membership and the change process was developed and refined throughout the initiative (CANO/ACIO, 2010). The volunteer working group validated the draft Standards and Competencies for Cancer Chemotherapy Nursing Practice (S&C) with key stakeholders and implemented a consensus-building approach throughout its development (CANO/ACIO, 2011c). The approach evolved over the duration of the project due to many factors; for example, the scope of the project, financial constraints, feasibility, and volunteer recruitment and turnover (CANO/ACIO, 2011c). The purpose of the third phase of this initiative was to evaluate the change that occurred with implementation, discover best practices in implementation of national standards and competencies and inform future CANO/ACIO initiatives. Specifically the evaluation goals of phase three were to: (a) develop an evaluation strategy for the National S&C; (b) evaluate the uptake and dissemination of the S&C, considering utilization, feasibility, strengths, and gaps; (c) explore the need for nursing quality indicators based on the S&C; and (d) develop recommendations for long term evaluation of the S&C (Rashleigh et al., 2012).

Evaluation Strategy

The evaluation strategy was developed by a working sub-group of the CANO/ACIO Research Committee lead by Dr. Sally Thorne, DAL-Research. The Evaluation Working

Group included the following CANO/ACIO members: Laura Rashleigh DAL-Professional Practice, Tracy Truant (co-chair), Maurene McQuestion, and Renée Hartzell, supported by CANO/ACIO Executive Director Ana Torres. The evaluation strategy consisted of a multi-pronged approach including: (a) a pan-Canadian electronic survey, (b) a qualitative interview component, and (c) a validation exercise conducted with an expert panel at the 2012 CANO/ACIO Annual Conference in Ottawa. Due to the enthusiastic timeline and workload of this strategy, the Evaluation Working Group felt it was necessary to appoint a Project Leader. A request to support a remunerated (contract) position was approved by the CANO/ACIO Board of Directors in June 2012. Renée Hartzell accepted this role and assumed Project Lead on July 2nd, 2012.

National Electronic Survey

A short (7-10 minute) electronic survey was developed by the Evaluation Working Group and launched nationally over a 6-week period from August 13th to September 24th 2012. The focus of the survey was to evaluate the implementation and uptake of the S&C to ensure that they were relevant, accessible, and effective to support quality Registered Nursing practice in the care of people and their families receiving cancer chemotherapy care. The question themes included, a) who is currently using the document and toolkit and which parts, b) who is planning to use the document and toolkit, c) suggestions for improvement, d) implementation challenges, barriers, and successes, and e) willingness to participate in a short interview. The survey was disseminated via the CANO/ACIO Website, an E-mail to the Membership, the CANO/ACIO Connections Newsletter, the national oncology educator list serve (200+ CANO/ACIO and non-CANO/ACIO members in education and professional practice roles across Canada), Facebook and Twitter posts, and sent to identified stakeholders. The survey was available in both English and French. Intended participants in the survey were Registered Nurses who directly or indirectly are involved in the care of people receiving chemotherapy in any setting across the cancer trajectory in Canada.

The results of the survey were presented at the CANO/ACIO Conference in Ottawa (October, 2012) and are available in Appendix B (Rashleigh et al., 2012). Sixty-nine surveys were completed and nine provinces were represented; 72% of respondents were CANO/ACIO members and 28% were non-members. The survey respondent's demographics are presented in Appendix C.

Qualitative Interviews

Fifteen survey respondents indicated a willingness to be contacted for qualitative interview. The qualitative interview structure was developed by the Evaluation Working Group and was guided by four key questions:

- What are the gaps between individuals' enthusiasm and organizations' capacity to implement the S&C?
- Is there a need for national quality nursing indicators?
- How do you currently evaluate the effectiveness of the S&C?
- What does S&C implementation look like in your organization?

Ultimately, nine telephone interviews were completed by Renée Hartzell and Tracy Truant, eight in English and one in French, representing seven provinces, over a 4-week period in September 2012.

The project leader utilized an inductive analytical process to develop an overall understanding and impression of themes within the data. Using techniques of immersion in the data and bracketing preconceptions, data were reviewed repetitively, considering the whole in relation to the parts, and ultimately grouped into themes. Tentative thematic patterns were identified and narrowed down by combining groups of data and extracting meaning units from the data. Themes identified in this manner were not necessarily representative of every participant's perspective, but demonstrated ideas that arose across several interviews. Because the questions guiding the qualitative interviews were derived from the initial analysis of the quantitative component, interpretations from those findings were considered in relation to the qualitatively derived findings in the interpretive phase. Throughout this process, the Working Group continued to review the survey findings, interview transcripts and emerging themes to enable multi-perspectival engagement in the analytic process. Discussions were held via teleconference to achieve consensus on the optimal approach to representing the findings. Through this analytic process, seven metathemes were conceptualized (Appendix D). These metathemes formed the basis for the Evaluation Working Group's presentation and validation workshop at the 2012 CANO/ACIO Conference.

NSCA Evaluation Workshop

The NSCA Evaluation Workshop was held in Ottawa on Thursday October 11th 2012. The goals of the workshop were to convene an expert panel to review, reflect upon, and validate the results of the electronic survey and qualitative interviews. This step of the three-pronged evaluation process allowed for further exploration of the seven themes to confirm their relevance and priority. Issues pertaining to strengths, gaps and implementation feasibility were also discussed. Additionally, the workshop provided an opportunity to more deeply explore the viability of developing quality indicators for cancer chemotherapy nursing practice.

Thirty-three participants attended the workshop and twenty-two evaluations were received (see Appendix E). The workshop began with a brief overview of the strategy and evaluation results followed by a series of large and small group discussion and a validation process. A World Café approach (World Café Foundation, 2012), which encourages multiple small group discussions and further critical reflection on the metathemes, was used to further explore and confirm the seven metathemes. Participants had the opportunity to raise questions, deliberate on the meaning of the findings, and finally rate the metathemes in order of priority (See Appendix F).

Evaluation Findings

The evaluation results, consisting of a national electronic survey, stakeholder interviews and an expert panel workshop, revealed a level of enthusiasm, support, and appreciation for the S&C by Oncology Registered Nurses (RNs) across Canada. The national survey included respondents from across the country with the exception of Prince Edward Island and the Territories. The majority of respondents' (65%) primary work setting was ambulatory care in the adult (96%) population. The survey revealed that 89% of respondents

were aware of the S&C and 82% were aware of the toolkit. The majority of respondents learned about the S&C and toolkit on the CANO/ACIO website (28%) and at the CANO/ACIO Conference (22%). This finding demonstrated the effectiveness and usefulness of the CANO/ACIO website as a marketing and awareness tool. Greater than a third (42%) reported that their organization had implemented the S&C in some capacity and 75% reported using the S&C in their own practice as an RN. These findings demonstrate the usefulness and utilization of the S&C in Canada.

Time was the number one reported obstacle that detracted from implementing the S&C (50%) and 26% reported needing national support or advice about the best way to implement the S&C. Standard A: Accountability for Practice, which includes the competencies, was reported as the most used standard to inform practice. The Toolkit was reported being utilized by 49% of respondents. The majority of respondents said they use the S&C to design/revise ongoing chemotherapy competency tools and supports for RNs and to develop standards and policies in their organization. The remaining results are presented in Appendix B. The findings reveal pockets of uptake of the S&C across Canada and areas for further development and support.

The qualitative stakeholder interview findings revealed seven metathemes:

1. Quality Nursing Indicators
2. Marketing/Awareness/Dissemination
3. Toolkit Development
4. Establish a Community of Practice
5. Engage High Power Stakeholders
6. Standardized Education/Maintenance of Competencies (national/provincial)
7. Practical Standards

See Appendix D for details related to each theme. The seven themes were further explored and validated at the workshop, resulting in the ultimate grouping of three key priorities.

Priority 1: Standardized Education and Maintenance of Competencies

Standardized oncology education has been a recurring need identified by the membership over the past four years of this initiative. This current evaluation further explored this need and supports the national consensus that this should be a priority. Many suggestions were proposed regarding educational strategies and programs that could support standardized education and maintenance of competencies (see Appendix D and F). However, for the purpose of our evaluation we focus on the general importance of this theme. The expert panel members indicated that CANO/ACIO should develop and endorse recommendations on the structure and content required in provincial initial and continuing competency education programs and should be the leading driver in standardized education in Canada. Furthermore, they proposed that the standard of maintaining competency needs to be further supported by CANO/ACIO through the development of strategies and tools. One example of a strategy recommended by the expert panel to address this issue is establishing a community of practice on the CANO/ACIO website, focused on all aspects of cancer chemotherapy education.

Priority 2: Quality Nursing Indicators

The need for quality nursing indicators was confirmed as a major priority in both the

stakeholder interviews and the workshop. Suggestions were made for CANO/ACIO to identify core indicators that reflect the uptake of the S&C that can be applicable on a national level and that are measurable, accessible, and usable. CANO/ACIO's membership requires guidance and resource support to measure the effect and value of the S&C to improve uptake and dissemination. Suggestions of possible indicators and measurement strategies included: patient-nurse ratios, incident reporting review strategies, indicators for each competency, tools for focused chart audits, and checklists for performance appraisals.

Priority 3: Marketing, Awareness, and Dissemination

Although the S&C have been well disseminated and endorsed by the CANO/ACIO membership, there remains a need for further marketing strategies and engagement of influential stakeholders. RNs across Canada report difficulties gaining support from organizations, communities, and provincial bodies to fully implement the S&C. In order to gain the required resources for implementation, the S&C should be endorsed from stakeholders in leadership positions and driven by frontline staff. Strengthening CANO/ACIO's relationship with organizations such as the Canadian Nurses Association, Oncology professional organizations, Oncology regulatory bodies, Accreditation Canada, non-CANO members, and patients will further support the awareness, uptake, and dissemination of the S&C.

Additionally, there was general agreement that CANO/ACIO should increase accessibility and practice-ready applicability of the S&C to frontline staff. Not all oncology RNs are CANO/ACIO members and we need to develop tools that support increased uptake of the S&C by frontline workers. Implementation incentives and recognition, such as highlighting organizations that are meeting the standards on the CANO/ACIO website or providing implementation grants, may prove a useful strategy to improve awareness and uptake.

Gaps/Challenges of the S&C

The challenges of implementing the S&C varied depending on setting, location, and resources. It would be beneficial to access provincial evaluation initiatives and results to achieve a more global understanding of the gaps/challenges in specific areas. Understanding the big picture could assist CANO/ACIO to develop appropriate, targeted resources and create better connections with struggling areas (such as the Territories). Smaller organizations and rural/remote areas may struggle to gain resource support for implementation of the S&C. Creating a community of practice on the CANO/ACIO website could serve as one strategy to assist rural/remote organizations with implementation.

Cost and time commitment of implementing the standards was among the top barriers to implementation. "We are aware of where we should be, we are just struggling to get there right now. There's the will to do, it's just a matter of getting organized and getting there. There is just always so much going on!" (Interview #6, 2012). Administration and management endorsement of the S&C was also reported as a major factor influencing whether or not the S&C would be implemented. It was recommended that by creating a CANO/ACIO S&C recognition program for organizations, influential stakeholder endorsement might be encouraged.

We acknowledge that there were also limitations to our methodology. The evaluation consisted of a small convenience sample that may not have reached rural and remote settings.

The Territories and Prince Edward Island were not represented in the electronic surveys. Surveys and interviews were completed on a voluntary basis and the participants of the expert workshop were all CANO/ACIO conference attendees, who represent a subset of all oncology nurses. Nevertheless, we believe that the insights that have been surfaced in relation to the NSCA will be a valuable source of policy direction for the organization.

Strengths of the S&C

Many strengths of the S&C were highlighted throughout this evaluation and the value of the S&C was evident. The majority of interviewees commented on the usefulness and need for the CANO/ACIO S&C. "This is the standard, best practice, and we need to do it!" (Interview #3, 2012). The top five reported statements that enabled/supported participants use of the CANO/ACIO S&C and toolkit were: the availability of the S&C on the CANO/ACIO website (81.8%), the toolkit to accompany the S&C is useful (57.5%), the S&C meet accreditation standards (54.5%), the S&C correspond with organization's priorities/mandate (45%), and leadership dedicated to implementation (39%). The use of the S&C to guide Oncology nursing practice was apparent. The results indicate that targeting dissemination and implementation strategies to oncology leaders in Canada may further enhance the uptake of the S&C.

Assessment of the Utility of the Three-Phased Evaluation Process

The depth and focus of this evaluation evolved over the duration of the project due to feasibility constraints, cost constraints, and national applicability. To formally evaluate the success of the uptake and dissemination of the S&C and to determine whether this initiative has had an impact on Canadian oncology patient care and outcomes is beyond the scope and capacity of CANO/ACIO volunteers. A major challenge at this point in time is that we only have access to self-reported data and have limited means of objectively measuring the impact of this initiative. A full-blown conventional evaluation is not fundable or feasible in the current context. However, through this process, we believe we have established a more efficient, streamlined, and scaled-down version of evaluation that was both feasible and meaningful for this project. Our evaluation strategy facilitated the identification of some of the implementation challenges and solidly confirmed the sustained enthusiasm and commitment to standards development as a mechanism for solving a complex problem identified by nurses that have potentially detrimental effect on cancer care and outcomes. In doing so, we have also shed light on future directions for activities that can extend our capacity to embed these standards into an increasingly broad application across chemotherapy delivery contexts in Canada.

We recognize that cancer chemotherapy is undergoing rapid change and undoubtedly new issues and administration concerns will arise in the coming years, requiring revisions or extensions on our standards, but also that new educational/professional development opportunities are emerging into which we can embed this information. We see it as good news for us and for the pharmaceutical industry, for which there is a strong interest in partnering on initiatives that increase patient safety and care efficacy. We also see the method as a model for value-added assessment of nurse-led initiatives where broad-spectrum quantification of nurse-sensitive outcomes is out of reach. So we believe our project has produced a rigorous and useful assessment of the quality of the standards document as well as an expanded insight in terms of how to take it forward, and how to mount smaller scale evaluations of such activities.

Discussion

The evaluation strategy successfully met all intended purposes of the NSCA Phase Three Initiative. The evaluation strategy was developed and conducted to evaluate the uptake and dissemination of the S&C, considering utilization, feasibility, strengths, and gaps, as previously highlighted. The need for nursing quality indicators based on the S&C was also explored. Recommendations for long-term evaluation of the S&C are provided in the following section of this report.

Throughout the development, implementation and evaluation of the CANO/ACIO S&C, a unique strategy was utilized that may be of benefit to other organizations. To disseminate the discovered best practices in the development, implementation and evaluation of national standards and competencies, the working group intends to coordinate the development of two manuscripts for submission to peer-reviewed journals:

1. Phase 1 and 2: Development and Implementation of the S&C (including Environmental Scan)
2. Phase 3: Evaluation

The findings indicated that there are varying levels of uptake of the S&C across Canada and that more work needs to be completed to improve the awareness and support for use of the S&C. Over the past 4 years CANO/ACIO has supported the NSCA to unfold, and it is essential that it continue this support to ensure these important S&C and related resources are taken up in the practice setting. Developing resources and further supports at a national level will help cancer care organizations to contextualize the S&C for their unique practice settings.

A wide variety of strategies and resources were proposed within the national survey and the stakeholder interviews to improve awareness and uptake of the S&C, with the top three priorities identified by participants at the stakeholder workshop. These top three recommendations are discussed below. Examples of how these recommendations could be enacted are provided to give perspective on the suggested scope of each recommendation. Further challenges and scope issues are anticipated and will need to be addressed as the initiative moves forward.

Recommendations for Next Steps

Based on the pan-Canadian electronic survey, stakeholder interviews, and validation and priority setting with the expert panel workshop, a number of recommendations to further develop and evaluate the NSCA are proposed. These recommendations are centered on the top three priorities identified in the expert panel workshop.

Recommendation #1

Supporting the development of standardized education and continuing competency programs and/or resources that meet the national standard. Some examples of how this recommendation could be enacted include: 1) identifying and reviewing existing chemotherapy nursing practice educational and continuing competency programs and resources, 2) identifying chemotherapy education programs and resources that may be accessible to others across the country (e.g. BCCA chemotherapy/biotherapy course could be used by educators in other provinces to develop their own programs), 3) offering educational sessions or workshops at CANO/ACIO conferences to support aspects of initial and/or continuing competency

requirements, and 4) establishing a virtual community of practice to share resources and problem solving related to cancer chemotherapy nursing practice across the country.

Recommendation # 2

Commissioning a conceptual project on the synthesis of oncology nursing quality indicators for cancer chemotherapy nursing. The goal of this recommendation is to build a foundation for the identification of a common set of nursing quality indicators to accompany the S&C. Some examples of how this recommendation could be enacted include: 1) creating a contract position for this work (doctoral student), 2) bringing together a group of key informants to identify quality indicators that are currently being used within their organization to evaluate how the S&C are bring used, 3) developing a key set of feasible and accessible nursing quality indicators that oncology nurses across the country can use in relation to the S&C.

Recommendation #3

Continued strategies for the marketing, awareness, and dissemination of the S&C. Some examples of how this recommendation could be enacted include: 1) targeting key administrators and leaders within health care organizations, professional organizations (e.g. CPAC, CAPCA, CNA), and other groups to discuss the S&C and plan for enhanced awareness and uptake, and 2) creating "practice-ready" S&C that can be used quickly and easily within the practice setting.

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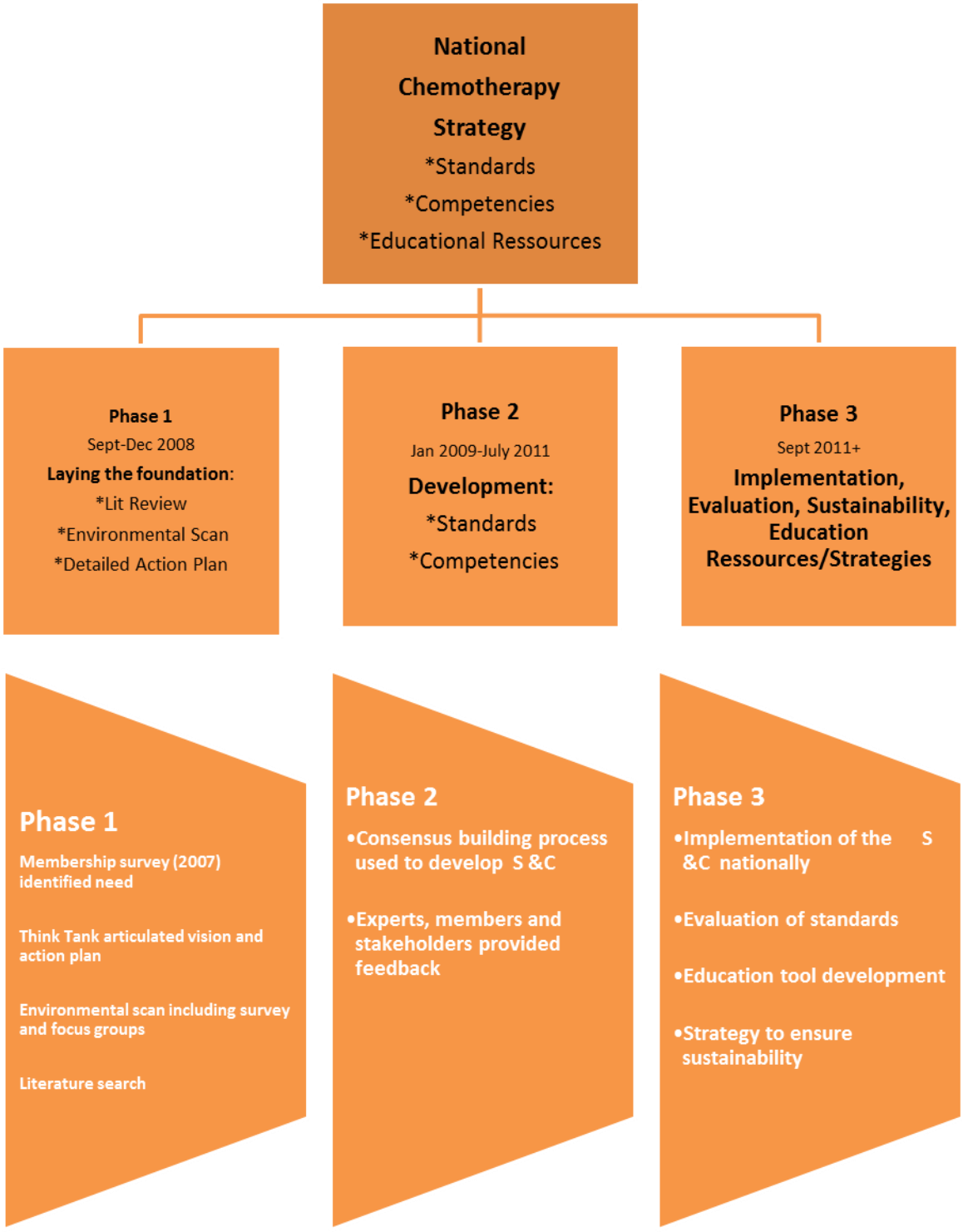
Appendix A: Timeline Overview



Appendix B: Survey Results
SEE PDF FILE

Appendix C: Survey Demographics

How old are you?

- <25: 3.8%
- 25-34: 17%
- 35-44: 23%
- 45-54: 34%
- 55-64: 21%
- >65: 0

How long have you been a Registered Nurse?

- 0-10 years: 23%
- 11-20 years: 17%
- 21-30 years: 35%
- 31-40 years: 25%
- >40 years: 0

What is your primary position?

- Academic Educator: 2
- Clinical Nurse Specialist: 9
- Clinical Staff Nurse: 15
- Clinical Trials Nurse: 1
- Director/Manager: 4
- Nurse Navigator: 3
- Nurse Practitioner: 3
- Professional Practice Leader: 2
- Staff Educator: 10
- Other: 7

What is your primary work setting?

- 65% Ambulatory Care
- 24% Inpatient
- 4% Other
- 2% Community

What is your primary patient population?

- 96% Adult

- 4% Pediatric

Are you a CANO member?

- Reported CANO/ACIO Members: 38 (72%)
- Reported Non Members: 15 (28%)

In which province do you practice?

ON: 33%, BC: 24%, QC: 15%, NB: 9%, AB: 4%, MB: 4%, SK: 4%, NS: 4%, NL: 2%

- Missing: PEI, Territories

Appendix D: Meta Themes

1. **Quality Nursing Indicators**
    a) Measurable
    b) CANO/ACIO to identify core indicators
    c) Applicable (national level)
    d) Outcomes
    e) Reflect S&C
    f) Examples:
        i. Observation of practice
        ii. Chart audits
        iii. Incident reporting
        iv. Patient-nurse ratios
        v. Use current resources (survey to patient post oncology visit: Cancer Care Ontario)
2. **Marketing/Awareness/Dissemination**
    a) Need to improve dissemination plan
    b) Increase marketing, awareness
    c) Not all oncology nurses are CANO/ACIO members
    d) Implementation plan
    e) Simplified CANO/ACIO standards to reach staff nurses (max 4 pages)
    f) Increase accessibility/applicability to frontline staff
3. **Toolkit Development**
    a) Not endorsed/promoted enough
    b) Need to include more in toolkit, further develop
    c) More flexible documents (not PDF, editable)
    d) Maintenance of competencies (how?)
    e) Needs:
        i. Patient-Nurse Ratio Statement (++++)
        ii. LPN/RPN and chemo statement
        iii. Oral chemo statement
        iv. Combined modality statement
        v. Minimal Education guidelines for organizations
        vi. Documentation standard statement
        vii. Pathway for new grads/new oncology nurses to develop their specialized oncology nurse competencies
        viii. How to engage experienced staff
        ix. Simplified S&C statements (to post on units, frontline staff will not take the time to read entire S&C document, to complex/abstract)
        x. Reflective practice tool: simplified, to complex: people do not know how to self measure, staff resistance to complete
4. **Establish a Community of Practice**

a) Create a communication space on the CANO/ACIO website
b) Create a space for leaders/educators to brainstorm, problem solve, share resources
c) Focused specifically on implementation
d) Share point software (share zone on website: ideas, documents, strategies, discussions)
e) Space to share implementation successes, challenges
f) Hold Monthly Meetings (teleconference…anyone can attend)
g) Chat room
h) Have discussion groups specific to certain topics
i) Extension of national educator list

5. **Engage High Power Stakeholders**
    a) Engage high power stakeholders
    b) Provincial governing bodies
    c) Make implementation mandatory (vs. recommended)
    d) Physician Support/Awareness
    e) This is the national S&C: Are you meeting them in your organization?
    f) Accountability
    g) Accreditation Canada
6. **Standardized Education/Maintenance of Competencies** (national/provincial)
    a) Need CANO /ACIO to support standardized provincial education programs
    b) Lobbying support for provincial standardization
    c) Everyone is teaching something different
    d) Need for maintenance program
    e) Engaging experienced staff (strategies)
    f) Mandatory by governing bodies (allow time for education, continuing education during work hours)
7. **Practical Standards (policies/procedures)**
    a) Need for standardized chemo administration procedures
    b) Need for simplified CANO/ACIO S&C (3-4 pages max)
    c) More specific S&C
    d) Applicable to frontline staff
        i. Ex: What IV tubing to use
        ii. How much of a flush to give post, pre
        iii. When to take vitals?
        iv. Iv pump, or no IV pump
        v. Extravasation protocols
        vi. Chemo spill protocols

Combined Themes for World Café:

1) Quality Nursing Indicators
2) Engage High Power Stakeholders/Marketing/Awareness/Dissemination
3) Toolkit Development

4) Establish a Community of Practice
5) Standardized Education/Maintenance of Competencies/Practical Standards

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Appendix E: Workshop Evaluation

Workshop Evaluation: 1=strongly disagree; 5=strongly agree

1) The facilitators were clear and organized: **4.72**
2) An effective style of presentation was used to validate the S&C: **4.68**
3) The facilitators interacted well with the audience: **4.90**
4) The world café was an effective way to facilitate discussion: **4.95**
5) There was an opportunity to network through the world café: **4.5**
6) I participated in the validation of the seven meta themes: **4.54**
7) I participated in the prioritization of strategies to recommend to the CANO board of directors: **4.22**
8) There was an opportunity to address group questions: **4.59**

Comments:

- "Great way to involve individuals from across to identify areas that CANO should work on"
- " I have always enjoyed and benefitted from these CANO strategies workshops! Excellently organized and facilitated!"
- "Well done. This always gets me fired up! Thanks"
- "Well planned and implemented—congrats to you and thanks for this opportunity"
- "Proud to be part of this amazing group of professionals in nursing"
- "Although World Café was excellent way to achieve goals-wonder what ability to have groups rotate to all areas rather then just 3"
- "Excellent session!"
- "Great workshop!"
- "Great job!"
- "Great way to discuss and further bring priorities to our practice that will be practical and ultimately doable!!"

Appendix F: Prioritization/Validation

Top 3 Priorities:

1. Standardized education/maintenance of competencies/CEC's
2. Quality Nursing Indicators
3. Marketing, awareness, and dissemination
4. Engage high power stakeholders

*****Priority 3-4 combined during workshop validation processes**

Poster Board Notes

#1: Standardized Education: Priority: 1=15; 2=5; 3=2

- Develop a maintenance program
- Skills Checklist: preceptor
- CANO/ACIO to endorse over the recommendations on the structure of provincial continuing education
- Environmental scan of current practice then develop national program
- Create a national curriculum and roll out at provincial level
- CANO/ACIO creates an exam for CE's program

Total Votes: 22

#2: Quality Nursing Indicators: Priority: 1=6; 2=12; 3=3

- National standardized education access
- Indicators for each competency
- Competency checklists (adaptable, include pediatrics)
- Annual performance evaluation
- Incident reports, etc. toxicities
- Failure to rescue models applied to ambulatory oncology
- National mentorship system (support for low volume settings)
- Checklists for self evaluation and administration
- Tools for guide for focused chart audits
- Incentive success in MTO standards; recognition mechanisms
- Strengthen competencies for documentation (embedded tools in systems)
- Structure forces function in an easy to access system
- Check lists built into performance appraisals

Total Votes: 21

#3: Marketing, Awareness, and Dissemination: Priority: 1=6; 2=6; 3=3

- Promote awareness ++
- What they are doing already
- Need creative strategies (plague endorsing, CNA align, VIDEO, OND)

- Incentives for implementing
- Oncology educator cop
- Practice leaders emphasizing
- Accessibility/applicability
- Needs to be done locally with local contract
- Case studies
- Hire someone to create and marketing plan
- Dissemination:
    - Involve key opinion leaders, and embedded into talks provincially/nationally/internationally
    - Publish/conferences
    - de Souza Institute as a vehicle
    - IPE

Total Votes: 15

#4: Engage High Power Stakeholders: Priority: 1=0, 2=4, 3=8

- Who: CNA, CPAC, CAPCA, VPs, Program Directors, ACCREDITATION CANADA, RNAO, provincial cancer agencies, private infusion clinics, CCAC, CHE, CNO's/CNE's, PHARMACY, Industry, DON's, Prov. Chief Nurse
- Need $$ to create plan and implement: CANO/ACIO special initiatives, project leads in the centre, other avenues
- What does engagement look like? (Questions to stakeholders)
- Patient advocacy: patient as partners
    - Patient brochure that they bring into their centre
    - CANO/ACIO commitment to the patient
    - Picker Survey: include a question
    - Non-profit, pt association

Total Votes: 12

#5: Practical Standards: Priority: 1=2; 2=4; 3=6

- Need national guideline to support local policies and procedure development
- Proper Protective Equipment: National Policy Needed (consistent, standardized)

Total Votes: 12

 # 6: Establish a community of practice: Priority: 1=1; 2=1; 3=7

- One representative from each province and association
- Diversity of roles
- Validated content
- Evidence protocol, clear focus
- Needs a facilitator
- Web, webinars, telephone
- Sharing site, discussion boards, share documents, central location, repository, updating?

- CANO/ACIO in good position to collaborate CPAC and CAPCA, CVAA
- Formalized informal setting
- Good resource for smaller centers
- Linking with community partners
- Moderated? Provincial focus (chat rooms?)
- Space to collaborate
- Goal, share, implementation (evaluations)
- Marketing for CANO/ACIO, practical, accessible, problem solving
- Non-CANO/ACIO members? Access for all?
- Info, support, connecting, sounding board, like minded, goals, KT

Total Votes: 9

#7: Toolkit Development: NOT a Priority: 0 Votes

- Electronic/Apps
- Pediatric statement
- Video
- Non cancer chemo statement
- Develop Exams/Quizzes on CANO/ACIO website for Continuing Education Credits (regarding the S&C)
- Create modules like de Souza (education)