

REGIONAL ONCOLOGY NURSING COUNCIL OF SOUTHEASTERN ONTARIO

MEETING HIGHLIGHTS MAY 2003

NEW MEMBERS

Brenda Asselstine, Aboriginal Cancer Care Representative.

The council will no longer have a representative from VON because of the situation in the Kingston area.

PROGRESS

The abstract regarding the Regional Oncology Nursing Council (RONC) that was submitted to the **RNAO BEST PRACTICE GUIDELINES 2ND INTERNATIONAL CONFERENCE 2ND CHAMPIONING NURSING KNOWLEDGE: "MAKING A DIFFERENCE IN PATIENT OUTCOMES"** was accepted. Linda Robb Blenderman (Chair); Brenda Weir (Northumberland Hills Hospital) and Margaret Zanchetta (Queens) will represent the council and present the abstract at the conference. All the names of the members of the council are listed as authors of the paper. A draft presentation was given; members gave their editorial comments.

RESEARCH

Joan Tranmer (Research, KGH) gave a brief overview of the study **"A DESCRIPTION OF CARDIOVASCULAR HEALTH SYMPTOMS, BURDEN, SOCIAL**

SUPPORT AND PHYSICAL AND EMOTIONAL WELL BEING IN ELDERLY PATIENTS WITH CANCER." The study is a work in progress, which started approximately a year ago when Linda Robb Blenderman (Chair), Esther Green (CNO-CCO) and Joan spoke. Patti Groome, Radiation Oncology Research – Epidemiology, Diane Groll who is in her last stages of her PhD, Andrew Day, a local statistician, Dr. A.D. Ginsburg, oncologist and Dr. J. McCans, cardiologist are also involved in the study.

Statement of Issue:

- 1/3 of Canadians have some form of cancer.
- ¼ of Canadians have cardiovascular disease.
- Elderly are likely to have one or the other or both.
- Comorbid conditions, symptom burden, social support impact quality of life.
- Poor understanding of relationships between these factors – cardiovascular health and optimal health form elderly patients living with cancer.

Research Objectives:

- To systematically measure in elderly patient diagnosed with cancer personal characteristics, cardiovascular health, symptom burdens, functional comorbidity, social support and HRQL.
- To describe these measures

across disease site and treatment modality.

- To determine the prevalence of cardiovascular illness and cardiovascular risk factors across disease site.
- Where possible across disease sites (n>64 for disease site) determine if there are relationships between cardiovascular health, levels of symptoms distress, functional comorbidity, social support and HRQL.
- To describe the informal/formal supports elderly patients with cancer access.
- Collect enough information to document extent if cardiovascular disease.

The goal is to pilot (trial) this study in the fall. This will be a cross sectional study that will recruit patients when being seen for treatment. Data collection will involve a self-administered questionnaire at entry and 3 months and chart review.

Inclusion criteria:

- >65 years old.
- Diagnosis of lung, breast, GU, GI or Head & Neck as confirmed by currently attending KRCC for chemotherapy and/or radiation therapy for their cancer.
- Able to complete questionnaire, prepared at Grade 6 level and to communicate via phone.

Exclusion criteria:

- Currently on clinical trial protocol that precludes inclusion in this study.
- Currently referred to or receiving palliative care or expected survival is less than 6 months.

This study has been submitted to ethics for this stage.

Exclusion criteria:

- Currently on clinical trial protocol that precludes inclusion in this study.
- Currently referred to or receiving palliative care or expected survival is less than 6 months.

This study has been submitted to ethics for this stage.

The PI (Diane Batchelor) gave a progress update on the **REGIONAL ONCOLOGY NURSE'S SURVEY**. There were problems identified:

- Meeting standards of practice.
- Few structured education programs

THE RURAL BREAST HEALTH NETWORK

Jane Thurston (Public Health) explained about the Rural Health Network.

There was a need assessment done in Sharbot Lake looking at what needs rural women have that differ from urban women.

It was explained that the network is lacking a piece dealing with treatment issues and is looking for volunteers, front line workers to fill this void. The meetings are by teleconference.

The group consists of a Nurse Practitioner, a Nurse representative from OBSP, Breast Actions Canada,

Harrowsmith Breast Support Group, VON, CCAC, CCO and the Health Unit.

Linda Robb Blenderman will approach the Cancer Centre Primary Nurses to see if a nurse would be interested in participating.

REGIONAL ONCOLOGY NURSE'S SURVEY

The Principle Investigator gave a progress update. She explained that there have been a few problems:

- Meeting standards of practice
- Few structured education programs
- Discrepancies in knowledge base.

It was important to ask the question what do nurses know about oncology?

An investigative committee has been formed – Diane Batchelor (APN-Pain and Symptom Management); Linda Robb Blenderman (Chair) and Margareth Zanchetta (Queens).

The committee will put the proposal and survey together. Process:

- Presented to RONC
- Beginning survey development
- Proposal in writing
- Continued discussions

The next step is to develop an advisory committee. The committee would establish face and content validity, pilot the survey for efficiency and comprehensibility, review results, develop an implementation committee, look at the logistics and make sure that the survey answers the questions, who, what, where, when and how. The PI asked

for volunteers to be involved in the 2 committees.

- Advisory Committee – refine contents of survey
- Shannon Loughrey – Peterborough
- Karen Burrows – Smiths Falls/Perth
- Jane Palmateer – Belleville

CCO TELE-NURSING PROJECT

The CCO tele-nursing project is being trialed for the next 3 weeks. There are 8 cancer centres and 2 hospitals (Durham and Grand River) involved in trialing the project. Five symptom management guidelines are being trialed: nausea and vomiting, pain, fever, constipation and diarrhea. There are 8 nurses in the Cancer Centre involved with the pilot project. The guidelines are to assist nurses in their telephone assessment. The group has already started working on the next 5 guidelines. All work done by the group is by teleconference or email. A question regarding the legal issue of tele-nursing was brought up by a member of the council. A discussion had taken place at an ONS Conference she had attended- the result was that any telephone advice given by a nurse, she must be able to prove that a telephone follow-up call had been made to see if the patient had followed the advice that was given. There were also legal issues in the United States as well. Esther Green (CNO-CCO) mentioned that at the last provincial grand rounds a nurse who is a lawyer as well spoke on this issue.

ST. LAWRENCE COLLEGE (SLC) NEEDS ASSESSMENT SURVEY

Linda Robb Blenderman (Chair) received a survey regarding the need for comprehensive education in oncology program at St. Lawrence College. Linda felt that this initiative would tie in nicely with the council's initiatives. Linda has spoke to the surveyor and explained about the council and that the council has a Queen's University representative.

TERMS OF REFERENCE AND STRATEGIC DIRECTION OF COUNCIL

The members divided into 4 groups (Education, Research, Practice and Leadership) to discuss issues relating to the strategic direction of the council using the Terms of Reference as a guide.

Education

- Training persons in technology.
- Workshop on evidence based practice.
- Use results of learning needs survey.
- Leadership – each nurse – RNAO course.

Research

- Subcommittee of RONC to identify sources of information for research (e.g. Ontario Cancer Registry).
- Identify existing ongoing oncology research – build on or piggyback.
- Organize workshops in research utilization. RNAO modulars: qualitative and quantitative.
- Enhance oncology-nursing research. Utilize oncology-nursing research.

- Facilitate participation in regular research – identify clinical practice issues, which would foster nursing research in oncology.
- Within the region, identify issues (common) and design research questions.
- Organize oncology nursing research/education day annually.
- Identify the process for research-granting agencies.

Practice

- Develop model for case studies presentations – practice problems.
- Clinic competence across region develops efficiency in care delivery:
 - Standardizing
 - Developing checklist
 - Telephone practice guidelines
 - Complement – reduce workload
- Standard protocols, chemo delivery, develop information tools for patients, create standardize triage guidelines for Emergency Department for oncology patients.
- Standardize chemo protocols and delivery in home – cytotoxic drug handling.
- Develop recommendations and standardize “one stop shopping” for patients – Nurse navigator (including Pediatrics).

Leadership

- Increase profile:
 - Formal presentation in health care setting.
 - Website-could be sub site.
 - Chair report monthly to RCAC.
- Care Coordination Working Group:
 - Information sharing.

- Inventory of services that are out there – don't duplicate.
- Key people.
- What resources are available?
- Initiative – Partake in CCO Practice rounds by teleconference, all members should be able to participate.
- Make recommendations to RCAC that regional supportive care and symptom management initiatives should come through this council for dissemination of information.
- Communication:
 - Informing clients how to access.
 - Informing staff and all agencies of the RONC.