

# REGIONAL ONCOLOGY NURSING COUNCIL OF SOUTHEASTERN ONTARIO

## MEETING HIGHLIGHTS SEPTEMBER, 2003

### MOTION TO ADOPT REVISED TERMS OF REFERENCE

Brenda Bass (OBSP), Diane Batchelor (APN, Pain and Symptom Management), and Linda Robb Blenderman (Chair) reviewed the Terms of Reference and a few changes were made:

1. #4 will read: *Participate in the development of a model of coordination of care continuity of care and collaboration across the region for cancer patients and families.*
2. #5 and #6 will be combined – it will read: *Generate new knowledge in oncology nursing through collaboration and participation in research.*
3. The new #6 will read: *utilize quality indicators across the region to assess the impact on patient outcomes.*
4. In the second paragraph *Advice* changed to *Advise*.

With the changes the motion was accepted.

### CANO STANDARDS, ROLES AND COMPETENCIES ADOPTED

The RONC Terms of Reference made reference to accept the CANO Standards, Roles and Competencies. This document

will provide a foundation for the council. The motion was carried.

### PRIORITIES FOR COUNCIL

Linda Robb Blenderman (Chair), Brenda Bass (OBSP) and Diane Batchelor (APN, Pain and Symptom Management) met to discuss the priorities for the council. The group looked at the Terms of Reference and came up with an action for each and some ways to implement the specific action. The group felt that it could be used when to guide working groups.

### OVARIAN CANCER INFORMATION PROJECT STAKEHOLDERS MEETING

Meeting held in Kingston on September 9, 2003. An invitation was extended to all members to participate. There were representatives from the region. Dr. Margaret Finch spoke on this national initiative.

### REGIONAL HOSPICE PALLIATIVE CARE PLANNING STEERING COMMITTEE

An invitation was extended to the chair to attend this meeting. Dr. A. Smith, KRCC; Carolyn Baker, KGH; Allen Prost, CCAC;

Sue Graham, PCCC are also members of the committee. The purpose of this committee is to steer implementation of the Palliative Care Integration Project regionally. This project involves the adult population.

### PALLIATIVE CARE STAKE HOLDERS MEETING – SEO DISTRICT HEALTH COUNCIL

Linda Robb Blenderman (Chair) attended the meeting on September 24, 2003. This was an exploratory meeting to see if there was interest in working collaboratively with the District Health Council (DHC) in developing a 'long-term' plan for regional palliative care. Linda will bring forward at the next meeting the issue of the needs of the pediatric population. The next meeting will be November 5, 2003.

### RNAO- Integrating Best Practice Guidelines into Nursing Education: Demonstration Project (proposal deadline November 15, 2003)

Margareth Zanchetta (Queens) approached the RONC chair to see if there was interest to work collaboratively with Queen's School of Nursing and York University in putting together a proposal. Lori VanManen

(Cancer Genetics); Margareth Zanchetta (Queens); Gwen Duhn (St. Lawrence College); and the chair had a preliminary discussion on the RONC involvement. Ideas were that the demonstration project would be at the undergraduate level – decision-making course in the 2<sup>nd</sup> year of studies. However, there was some question whether the course was at the appropriate level for the group. The students are not introduced to family nursing until the 3<sup>rd</sup> year. The course would focus on cancer genetics such as:

1. Help families recognize family patterns in cancer.
2. Help nurses to be literate in cancer genetics issues.
3. It would focus on teaching students how to recognize families who have cancer and are high risk.
4. Cancer genetics issues.

The RNAO BPG would be “Family Centered”. If the proposal is accepted, \$10,000.00 will be made available for the demonstration project.

Support was requested from the RONC to continue discussions and participate in the proposal. This type of joint initiative is in keeping with the terms of reference as the role of the council is to influence education facilities to increase undergraduate curriculum for oncology nursing and to participate in the development of curriculum content. Brenda Bass (OBSP) expressed her interest to work on the proposal.

## **K.R.C.C. REGIONAL PATIENTS NEEDS SURVEY – RESULTS**

The chair gave a brief overview of the Regional Patient Needs Survey that was done. A

RONC Meeting Highlights-29.09.03.doc /tf

synopsis was previously circulated. Members will need to review in more detail as this stud may provide some guidance on setting priorities for the council.

## **REGIONAL CANCER NETWORKS – IS THIS A ROLE FOR THE RONC**

Dr. Smith (VP, Cancer Services) gave an overview of the history of CCO and what the “new CCO” and “new Regional Cancer Programs” are all about? She acknowledges the work of the council and stated that this council is important piece or the development of a Regional Cancer Program. Developing a Regional Cancer Program will be challenging as there has been no funding provided for such a program. Currently cancer centres are consumed with mandate of integrating cancer centres with host hospitals (KRCC with KGH). Effective January 1, 2004 cancer centre staff will be employees of the hospital.

## **COUNCIL PRIORITIES - WORKING GROUPS**

Members discussed several ideas on how to get started:

1. Divide into 4 working groups – Leadership, Screening and Prevention, Treatment-Related and Supportive Care (including Palliation). The groups will use the CANO Standards to guide through RONC projects.
2. What are the groups to focus on? Prioritize what is important to the group. The members must make a decision.
3. Seek out further funding.
4. Profile RONC outside.
5. Ask for slot in CCO to develop standardize presentation to share with decision makers.

6. Formalize linkages with RCAC and other formalized groups key stakeholders.
7. Implement – distribute RCAC minutes – give formal report to group.
8. Recommend to RCAC to be made aware of initiatives. How does it affect us regionally? How are we involved?
9. Implement a working group to guide standardization of practice. How to best promote them across the region.
10. Long term projects: Standardized clinical practice guidelines.
11. Tackle an issue from needs survey – have RONC deal with one issue – fatigue management, chemotherapy, etc. To get started – build on learning needs survey, form working groups, review needs.
12. Raise awareness of CANO Standards Role and Competencies – facilitate, promote attendance, and promote abstracts.
13. Do no reinvent the wheel – there is a model – make aware to all agencies that the information is out there.
14. Recognize oncology nursing is a specialty – job descriptions, higher certified oncology nursing, higher specialty oncology nursing.

## **PROGRESS**

Linda Robb Blenderman (Chair) and Brenda Weir (Northumberland Hills Hospital) had an [OHA Conference Poster](#) accepted for the conference to be held in Toronto from November 3<sup>rd</sup> to November 5<sup>th</sup>. Brenda Weir will be attending the conference.

## **SYMPTOM CLINIC – LYMPHEDEMA**

Diane Batchelor (APN, Pain and Symptom Management) has

started a Nurse-Lead Symptom Control Clinic in August of this year. The clinic will take referrals for nursing expertise in complex symptomatology such as lymphedema related to cancer/cancer treatment. Diane is working on getting the work out about the clinic. There has been a good response from the patients. Members can contact Diane if more detail is required on how to refer patients.

### **TELEPHONE NURSING PRACTICE-SYMPTOM MANAGEMENT GUIDELINES PROJECT (CCO)**

Nurses from cancer centre are participating in the development of Telephone Practice-Symptom Management Guidelines WITH CCO. Such as **breathlessness, constipation and radiation skin reactions.**

There is a meeting in November. This provincial working group will develop processes for communicating guidelines to practicing nurses.