

REGIONAL ONCOLOGY NURSING COUNCIL OF SOUTHEASTERN ONTARIO

INAUGURAL MEETING HIGHLIGHTS OCTOBER 28, 2002

BACKGROUND AND GOAL OF MEETING

Linda Robb Blenderman began the meeting by thanking everyone for coming and explained her goal for the meeting was:

- To get an overview of what oncology nursing issues there are across the region.
- How can we collaborate and support one another regionally (provincially) in the areas of education, practice, leadership and research?

She gave an overview of the changes in today's health care and the dynamic changes in cancer care. It was suggested that a regional approach was needed to look at regional oncology nursing and patient care issues.

A list of challenges the Cancer Centre oncology nurses were experiencing was shared and these were:

- Who does the nurse liaise with to co-ordinate care?
- Who does the nurse "refer" patients to for screening, genetic counseling, clinical trials, and supportive care?
- Lack of regional standardization of procedures. E.g. PICC Lines
- Lack of oncology research

for best/evidence-based practices.

- Lack of experience and educated nurses in oncology.
- Increasing number of cancer patients.
- Increasing number of patients over the age of 65.
- Increasing complexity in ambulatory treatment protocols.
- Increasing complexity of ambulatory procedural treatments.
- Increasing number of combined modality treatments (approx. 40 % of patients on treatment).

CANCER CENTRE INFORMATION SYSTEMS (I.S.)

Maurice Bouchard, Manager of Information Systems at KRCC was introduced. He gave an overview of I.S. projects provincially, regionally and centre wide.

- Systems integration with host hospital.
- Improving access to systems and data.
- Thunder Bay and Sudbury are trialing a replacement for the current "Oncology Patient Information System" (OPIS).
- OPIS 2000 (Drug ordering system for chemotherapy) was being reviewed.
- E-chart (web-based approach) was being developed in the cancer

centre to assess nurses and other to access timely information.

- Content Management tool was being developed as a secure site to share information (2003).
- Pathology Information System – across the province.

KRCC NURSING AND I.S. INITIATIVES

Linda described one initiative – the nursing intranet site. This will be a one-stop shopping site for oncology nurses at KRCC to have information accessible in a timely manner. At the moment it is just accessible at KRCC. KRCC nursing and I.S. have been working towards improving nursing knowledge and skill with respect to information technology (IT) and systems. IT will be a major enabler for the nurses to co-ordinate care. Maurice Bouchard has agreed to act as an IT advisor for the council.

REGIONAL ONCOLOGY NURSING ISSUES

A round table discussion took place-invitees commented on their current situations and future expectations with respect to cancer care. Everyone agreed that there were gaps in communication, coordination, education and in

consistent practices within the region.

CCO-NURSING PROFESSIONAL ADVISORY COMMITTEE (NPAC)

Esther Green (CNO-CCO) gave an overview of the role and responsibility of the CCO Nursing Professional Advisory Council.

NPAC's Mandate:

The Nursing Professional Advisory Committee is collectively accountable for the determination, implementation and evaluation of strategic directions for oncology nursing. This work is accomplished through the NPAC subcommittees: Practice, Education, Research and Leadership.

NPAC's Terms of Reference:

Practice:

- Recommend strategies to implement evidence-based practice.
- Develop strategies to support NPAC.
- Advise on the implementation of nursing standards of practice roles in oncology nursing and nursing competencies.
- Link with other Professional Advisory Committees to develop interdisciplinary standards, guidelines and policies.
- Work with NPAC Education sub-committee on the establishment and co-ordination of province nursing ground rounds.

Education:

- Develop, implement and evaluate continuous education and professional development programs to support the advancement of oncology nursing.

- Recommend expenditures and/or awarding of funding support for oncology nursing initiatives.
- Establish and coordinate Provincial Nursing Grand Rounds working collaboratively with nursing faculty to influence the development of curriculum in specialize oncology nursing in undergraduate and graduate studies.

Research:

- Working collaboratively with NPAC Practice Sub-committee to develop a framework for evidence based practice.
- Foster innovation and collaboration across CCO and partners through nursing research.
- Establish nursing research rounds.

Leadership:

- Develop strategies to mentor nurses at CCO.
- Working in concert with Human Resources to develop and implement recruitment and retention strategies for oncology nursing and nursing leadership positions.
- Working in concert with regional cancer centres to establish and maintain quality practice environments.
- Examine the effectiveness of work environment through quality of work life innovatives.
- Participate in systems implementation such as workload measurements and knowledge management.
- Examine the external and internal environment and literature to develop nursing leadership position descriptions.

Current initiatives of NPAC:

- Standardize policies and procedures.
- Online oncology nursing modules.
- Telephone nursing practice and protocols.

- Workload related to patient acuity.
- Advanced practice nursing.
- Leadership development.
- Documentation.
- Provincial Nursing Rounds.
- Oncology nursing network.

The NPAC group is looking at the current model of the Advanced Practice Nurse and is looking to expand their role. 5 centres currently have an advanced practice nurse position.

With the implementation of content management it will be possible to put policies and procedures online for all the centres to refer to.

The group is working on standardizing the delivery of care. Telephone protocols have been developed for certain sites and they are being piloted.

VICE PRESIDENT, REGIONAL CANCER SERVICES

Dr. Anne Smith thanked everyone for attending. She gave an overview of how the integration of CCO with the host hospitals started:

- Cancer services were fragmented and there were gaps that resulted in the Ontario Cancer Treatment and Research Foundation (OCTRF) to change to Cancer Care Ontario (CCO).
- 1 year ago the government decided the way to fix these gaps would be for the cancer centres to integrate with their local hospital.
- CCO stepping in because they did not want to destroy parts of the cancer services that were very good.
- CCO set up a board to look at cancer services. Dr. Allan Hudson chaired this board. The board looked at preserving cancer services and

recognized there were gaps. The board determined that there should be integrated cancer services with CCO and the host hospital and there should be a single head for cancer services.

- CCO is not in the care delivery business. They will be responsible for standards, guidelines, quality, services guidelines, prevention and screening.
- There will now be regional cancer programs – same quality of care wherever you are in the region.
- There will be a need for more oncology nurses.
- There will be a need for more training of oncology nurses.

Dr. Smith also mentioned Cancer Care Ontario Regional (CCOR) has changed its name to **Regional Cancer Advisory Committee (RCAC)**. The purpose of this group is to bring various stakeholders together for information sharing and strategies in the care of cancer patients throughout the region.

CANO STANDARDS OF CARE, ROLES AND COMPETENCIES

Esther Green as the current president of CANO, gave a presentation on the standards of care. Two years ago CANO re-looked at their standards of practice. They asked the question: Where is CANO going? CANO decided to take a different direction in regards to the roles of standards of practice and nursing and competency of both the roles.

CANO'S MISSION STATEMENT

- Excellence in nursing care.
- Promote competent care through the development of current standards.

- Promoting highest quality of care.

CANO used to focus on structural kind of issues regarding what nurses will do and how to do it.

CANO re-looked at the standards of care:

- Standards document necessary.
- Lack of consensus on oncology nursing role definitions, scope of practice and educational preparation.
- Need for more contemporary oncology nursing roles to meet health needs of Canadians in a rapidly advancing increasingly complex cancer care system.
- Canadians are entitled to access high quality oncology nursing care.
- Obtain resources necessary to support the development of oncology nursing and enhance the contribution of nursing in the delivery of cancer care across the province.
- **Conceptual framework:**



The USA, Australia and the United Kingdom already use this framework.

Generalist Nurse:

- Completed basic-diploma or baccalaureate nursing program.
- Experienced in provided care for mixed population of cancer and non-cancer patients in a variety of settings.

Specialize Nurse:

- Working in cancer situation 100%.
- 2 years experience.
- Completed oncology nursing certificate.
- Attend oncology focused continuing education program.
- CAN certification.

Advanced Oncology Nurse:

- Completed graduate nursing McScN or equivalent with a focus in a specific area of cancer control or theme of nursing care (e.g. prevention, palliative care, etc.).
- Provides advanced care to focused population of cancer patients especially those with complex health needs.
- 5 role domains: clinical practice, education, research, professional and organized leadership.

Useful application of standards to:

- Determine appropriate staffing levels.
- Guide to hiring and performance appraisal practice.
- Create new and appropriate nursing roles.
- Establish new models of care delivery.
- Enhance nursing roles and contributions with organization.
- Determine oncology focused educational curricula.

- Identify and evaluate relevant nurse sensitive outcomes of care.
- Develop public policies to promote effective integration and utilization of oncology nursing within the cancer control/health care systems.

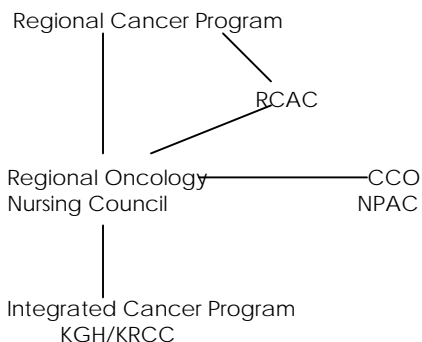
NAME, MANDATE, TERMS OF REFERENCE

A consensus was reached that a regional council would formally be implemented.

Terms of reference (roles and responsibilities) and naming of the council was discussed.

Consensus was reached to call the council "Regional Oncology Nursing Council".

Discussion on how the council would "fit" with the KRCC/KGH integrated cancer program and the Regional Cancer Program. The council would provide leadership for nurses across the care continuum. It would advise and collaborate with the VP Cancer Services and the Chief Nursing Officer of Cancer Care Ontario. With respect to oncology nursing practice, education and research issues.



There was a general consensus reached on the draft mandate (purpose) and terms of reference.