

NURSING MATTERS

Taking nursing to the next level. Together.

June 2016

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WELCOME

"Understanding and respecting patients' values, preferences and expressed needs are the foundation of patient-centered care." -- Harvey Picker

At the end of 2015, the Professional Practice Nursing Team (PPNT) had an opportunity to discuss nursing practice and patient care at the BC Cancer Agency with people who have experienced cancer and had volunteered to take part in the conversation. The opportunity to speak and work with these key participants inspired a renewed sense of responsibility and commitment to ensuring nursing practice is truly focused on the patient and family.

As the [Focus](#) of this month's newsletter, Patient & Family Centered Care is introduced and discussed as a means of inspiring us to build better partnerships with patients and to improve their health care experiences. This is an opportunity for each of us to reflect on nursing practice at the BC Cancer Agency and to learn more about "ensuring that patient values guide all clinical decisions" (Institute of Medicine [IOM], 2015, p. 2). You will find many helpful resources in the [Education and Support](#) section as well as a [Featured Article](#) to inform your practice.

If there is an area of your practice that you would like to learn more about, please contact a member of our team at nursinged@bccancer.bc.ca

We look forward to hearing from you.

WELCOME BRENDA CANITZ

In her new role as Acting Vice President of **Patient Experience** and **Interprofessional**



Practice with BCCA, Brenda will assume leadership of interprofessional practice, patient engagement and education, and survivorship programs. Brenda's portfolio is also responsible for professional practice leadership for nurses, psychological services, nutrition, and rehabilitation services.

Previously, Brenda had held senior nursing leadership positions with Health Canada and the BC Ministry of Health (Chief Nursing Executive and Executive Director for Clinical Care and Patient Safety) and Associate Executive Director for Nursing Services in First Nations and Inuit Health, Health Canada in Ottawa. Brenda is Adjunct Faculty at the University of Victoria and teaches part-time in the School of Public Health and Social Policy. Along with her many years of experience working with interdisciplinary practice and research teams, Brenda is also a director on several non-profit boards, including the College of Registered Nurses of BC and Mount St. Mary Hospital.

Since starting in her new role on May 9, 2016, Brenda has been busy meeting colleagues through on-site visits at each of the 6 BCCA regional Centres. With BCCAs increasing focus on patient & family centred care, we look forward to her role providing a visible presence on Agency Executive.

GETTING TO KNOW YOUR PROVINCIAL NURSING COLLEAGUES

Upcoming Events – Provincial

11th Annual BCNPA Conference
June 3 – 5, 2016



Delta Grand Okanagan Resort & Conference Centre, Kelowna, BC



Nancy “Surya” Absolon, a radiation oncology nurse working at the Vancouver Centre is passionate about patients and clinical research. While working full time as a direct care nurse, Surya actively led a pilot study related to the experience of sleep-wake disturbances in cancer patients which occurred from May 2009 to December 2012. Her research was supported by Frankie Goodwin, her former nursing leader. Along with Surya, other team members were, Lynda Balneaves, Tracy Truant, Rosemary Cashman, Margurite Wong, Jeremy Hamm, and Manisha Witmans. Their work has been published in the June 2016 edition of the Clinical Journal of Oncology Nursing (CJON). The

study titled “A Self-Administered Sleep Intervention for Patients with Cancer Experiencing Insomnia” is available at: <https://cjon.ons.org/cjon/20/3/self-administered-sleep-intervention-patients-cancer-experiencing-insomnia>

After completing the pilot study, Surya and the team published a blueprint to help the point-of-care researcher be successful and encourage direct care nurses to become involved in research that is relevant to them in their practice. This article titled “ I Can’t Sleep: Gathering the Evidence for an Innovative Intervention for Insomnia in Cancer Patients” was published in 2014 and can be found at: <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=103920493&site=ehost-live>

Though that would seem busy enough for most people, Surya also obtained scholarship money to allow her to write the Oncology Nursing Certification (OCN®) exam. She successfully obtained her certification and has found the information to be very valuable in her role as an Ambulatory Care and Radiation Therapy Support Clinic RN.

WHAT’S NEW

CRNBC: Key Recommendations on Medical Assistance in Dying (MAiD)

The College of Registered Nurses of B. C. (CRNBC) has been working collaboratively with the Ministry of Health and provincial inter-professional regulating bodies to establish standards, protocols and safe approaches for Registered Nurses’ (RNs) and Nurse Practitioners’ (NPs) involvement in Medical Assistance in Dying (MAiD). The CRNBC provided a report to the Standing Senate Committee on Legal and Constitutional Affairs on Bill C-14 on May 10, 2016. This report focused on recommendations in two key areas: (1) Regulatory supports for inter-professional collaboration, (2) Quality assurance mechanisms.

Upcoming Events – National

2016 13th Annual CANO Conference
October 20 – 23, 2016



Hyatt Regency, Calgary, AB

Upcoming Events – International

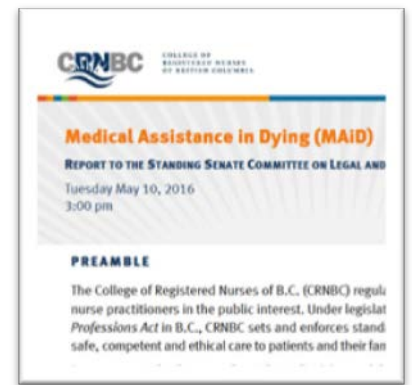
7th International Conference on Patient- and Family- Centered Care: Partnerships in Care, Interprofessional Education, & Research

July 25 – 27, 2016



New York Marriott Marquis, New York
[Click here for the conference brochure!](#)

Key recommendations for inter-professional collaboration are for legislation to address shared-decision making, and role clarification of physicians and NPs' scope of practice in administering MAiD substances. Regarding RNs, the CRNBC sees their role as limited to aiding with MAiD- excluding the administration of MAiD substances. Recommended quality assurance mechanisms are for legislation to be drafted to require provincial standardization of protocols, forms and care pathways, and establishing provincial and federal data collection, monitoring and reporting requirements.



For more information, please review the document in its entirety at: https://www.crnbc.ca/crnbc/Announcements/2016/Documents/CRNBC_BillC-14_Senate_10May2016.pdf

New Support Programs for People who have Finished Treatment for Breast or Colorectal Cancer

As part of an initiative being led by the Survivorship & Primary Care Program at the BC Cancer Agency, two new support services are now available to patients who have completed treatment for breast or colorectal cancer: New Normal and MyHealthConnect-Oncology. These services offer support as patients adjust to life after cancer. The programs have been developed in partnership with the Canadian Cancer Society and the BC Alliance on Telehealth Policy and Research as part of projects being funded by the Canadian Partnership Against Cancer.

New Normal is a free and confidential telephone based peer support program available to people living in BC and the Yukon. Volunteers with specialized training provide emotional support based on shared experience and are able to share appropriate resources. Program staff assess client suitability for the program and provide ongoing coaching and support to volunteers. Interpreters are available to assist with matches when required. With patient consent, healthcare providers can refer by calling 1-800-822-8664 or emailing newnormal@bc.cancer.ca. Self-referrals are also accepted.

MyHealthConnect-Oncology is a free online goal-setting tool that can help people focus on things most important to them after cancer. The easy-to-use website helps people set specific, measurable goals and track progress in five key topic areas: managing fatigue, stress/emotions, social support, nutrition and physical activity. Self-referrals are accepted by phone 1-855-444-1265 extension #2, or email oncology@myhealthconnect.ca.

For more information or to request materials to share with patients, please contact Andrea McIntosh, Program Leader, Survivorship & Primary Care

604-877-6000 ext 676123 or andrea.mcintosh@bccancer.bc.ca



Canadian Cancer Society
Société canadienne du cancer

An initiative of / Une initiative du



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



British Columbia
Alliance on Telehealth
Policy and Research

INFECTION CONTROL UPDATES

CNA Exams 2016

CNA Certification Program Online

Application Process Open
April 11 – July 1, 2016

Being CNA certified shows a commitment to an advanced standard of professional competence and have a comprehensive understanding of the oncology nursing specialty.

Become CNA certified!

Show that you Care to Be the Best and apply for your CON(C) — Certified in Oncology Nursing (Canada)

<https://www.nurseone.ca/en/certification>

Are you planning on writing the 2016 CNA Oncology Nursing Certification?

If so, sign-up for the

BCCA Nursing- CNA Oncology Certification Exam Study Group

Register on the LearningHub to access an online support system of Education Resources Nurses and peers across the province to help you successfully prepare for and pass your exam!

Well Hello PPE: Would You Care to Meet My Friend BBE?



We are all familiar with the term PPE (Personal Protective Equipment) these days, but have you heard of the BBE (Bare Below the Elbows) movement yet? Healthcare worker attire, including the use of lab coats has recently been described as the 'emerging frontier' of important environmental surfaces in healthcare.

The concept of 'Bare Below the Elbows' is just as it sounds – it encourages those who provide direct patient care to wear short sleeves with no wristwatch or jewelry during clinical practice. This practice was fully adopted as a policy by the British National Health Service several years ago, requiring all care providers to either roll up their sleeves or remove any outer garments and hand/wrist adornments while on the wards. Not only does this practice reduce the risk of harboring potentially harmful organisms, but you guessed it, hand hygiene becomes much easier and more effective.

It makes sense. Research indicates that healthcare worker attire often harbors micro-organisms and it's the cuffs and sleeves that are most likely to come in contact with the patient. Pockets, not surprisingly are another hotspot for organism growth. One acute-care research study, which sampled the sleeves, waists and pockets of healthcare worker uniforms, found 63% of the samples were positive for healthcare associated pathogens. So crank up the washer and dryer to hot when laundering your work clothes, consider changing at work at the end of your shift and hey, make friends with PPE & BBE.



Nursing Practice Committee (NPC) Updates

NPC meetings take place monthly. Each centre has a NPC representative who will be able to provide you with updates and minutes are available to read on H:\EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee (NPC). This section will highlight some of the practice changes.

NPR Updates:

NPR- C-150 – Clean Intermittent Self Catheterization

Nursing Practice Reps

Allison Budgell – CSI
Chris Lepore – FVC
Arlyn Heywood –VC
Bonnie Hung – VC
Heather Montgomery- VC
Chelsy Steele- AC
Michele Lafreniere – VIC
Anne Case - CN

FOCUS: PATIENT & FAMILY-CENTERED CARE

A Vision of Patient and Family Centered Care at the BC Cancer Agency

Every nursing interaction is an opportunity to ensure our care is patient and family-centered. This includes working with patients and families directly as well as working with other health care professionals. Practicing with the principles of patient and family centered care in mind ensures that each individual's cancer care journey is meaningful and valuable. While there are many different definitions of patient and family-centered care, the Institute of Medicine (IOM) defines it as "providing care that is respectful of and responsive to individual patient [and family] preferences, needs, and values, and ensuring that patient values guide all clinical decisions (IOM, 2015).



The Institute for Patient and Family Centered Care (2016) furthers this definition by explaining it as an approach to planning, delivery, and evaluation of healthcare that is foundationally built on partnerships between healthcare providers, patients, and families. Although the premise of patient and family centered care may not seem different than what we already do in our day to day oncology nursing practice, there is still improvement to be made and areas in which all of us could strive to enhance our relationships with patients.

In 2014, the BC Ministry of Health (BCMOH) determined that patient-centered care is its top priority and recognized the need for a cultural shift from healthcare being provider or disease driven to person-centered. This shift requires each of us to take on the responsibility of what is truly meant and envisioned in a system that is directed by the patient and their family members. The BCMOH supports four key principles of patient and family centered care: 1) **dignity and respect**, 2) **information sharing**, 3) **participation**, and 4) **collaboration**.

The principle of respect and dignity refers to a relationship built on active listening and honouring patient and family values in the delivery of care. The principle of information sharing supports open communication of information between care givers and patients and families, in order to better understand and validate what is, and needs to be known, when making informed decisions. The third principle of participation encourages patient and family engagement in care at a level that they feel comfortable with. And finally, the principle of collaboration includes the potential for patients and families to become involved in healthcare education, delivery, and redesign.

Although this is a very limited introduction into the topic of patient and family centered care, the most important aspect to remember is that patients and families are ultimately put “at the forefront of their health and care” (BC Ministry of Health, 2015, p. 5).

For more information about this topic and related education, check out the Education & Support Section!

References:

British Columbia Ministry of Health (2014, February). Setting priorities for the B.C. Health System. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

The Institute for Patient and Family Centered Care (2016). Patient and family centered care: Core concepts. Retrieved from <http://www.ipfcc.org/pdf/CoreConcepts.pdf>

EDUCATION & SUPPORT

Patient & Family-Centered Care Education & Support

BC CANCER AGENCY

- [Partners in Care: Our Mutual Commitments](#)

BC MINISTRY OF HEALTH

- [The BC Patient-Centered Care Framework](#)
- [Bibliographies & Supporting Evidence Documents](#)
- [Better Together – Partnering with Families Campaign](#)

INSTITUTE FOR PATIENT- & FAMILY- CENTERED CARE (IPFCC):

The IPFCC is an organization dedicated to “advancing the understanding and practice of patient- and family- centered care in all settings where individuals and families receive health care” (IPFCC, 2016). The website offers a multitude of resources and tools for change, including:

- [Frequently Asked Questions](#)
- [Bibliographies & Supporting Evidence Documents](#)
- [Better Together – Partnering with Families Campaign](#)

INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI):

The IHI recognizes the human side of health care and has a goal to improve partnerships between clinicians and individuals and honoring the values and preferences of each patient and their family. The website includes education specific for health care professionals. [Click Here](#) to register for free and have full access to all resources, including:

- [Patient- and Family-Centered Care Organizational Self-Assessment Tool](#)
- [Partnering with Patients and Families: A Roadmap for the Future](#)
- [Partnering with Patients and Families: Recommendations and Promising Practices](#)

Pickers Eight Principles of PATIENT CENTERED CARE

Respect for patient's preferences

Coordination and integration of care

Information and education

Physical comfort

Emotional support

Involvement of the family and friends

Continuity and transition

Access to care

Picker Institute (2013). Patient-centered care: The road ahead. Retrieved from <http://www.ipfcc.org/pdf/Patient-Centered%20Care%20The%20Road%20Ahead.pdf>

BCCA Library Links – Journal Article Database

To access articles such as this and more, use the [BCCA Library Links: Your Information Base](#)

FEATURE ARTICLE

Missed Care – Do Patients Notice?

The fact that missed nursing care occurs during our every day practice is a reality many of us would rather not admit to, but the fact is that in the complex and busy health care system care does get missed. “However commonly it occurs, missed care represents nursing care needed by the patient, but not provided” (Lake, Germack & Viscardi, 2015, ‘Missed nursing care’). In order to better understand the consequences of missed nursing care, a team of nurse investigators conducted a cross-sectional study from 409 acute care hospitals across the US. The study examined a list of 12 essential care activities, including tasks such as administering medications on time, documentation, discharge preparation, and more. **If you are interested in reading more about missed nurse care, click on the link below.**

Lake, E. T., Germack, H. D., & Viscardi, M. K. (2016, September) Missed nursing care is linked to patient satisfaction: A cross-sectional study of US hospitals. *British Medical Journal*. . Retrieved from <http://www.medscape.com/viewarticle/852945>

Note: Articles & links work best if copied and pasted into Google Chrome browser.

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