

NURSING MATTERS

Taking nursing to the next level. Together.

August 2016

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WELCOME

*“It takes a lot of dedication to quit smoking, and whether you give up for good on your first try or have to give it a couple of tries - just keep swinging at it and you will succeed” –
Harmon Killebrew*

It will be of no surprise to anyone reading this newsletter that the health risks associated with smoking are many. Studies have proven that smoking affects almost every organ in the body, increases risk in a wide variety of diseases and contributes to the deaths of millions.

As a Registered Nurse working at BCCA, you may have heard patients make statements such as, “What’s the point of quitting now – I already have cancer” or “It’s my own fault, I should have quit smoking long ago”. Take a moment to reflect on how you would respond to statements such as these? Do you agree? Do you ignore? Or do you turn these statements into ‘teachable moments’?

The **Focus** in this month’s newsletter is Smoking Cessation. This is an opportunity to learn more about how BC Cancer Agency is offering tobacco cessation information and what role you can play in supporting patients, family members and colleagues in their journey. You will find many helpful resources in the **Education and Support** section as well as an informative **Feature Article** to help guide 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.

A MESSAGE FROM BRENDA CANITZ

Building Patient Experience and Interprofessional Practice (PE & IPP) at the BC Cancer Agency

It is an exciting time in BCCA and we are moving forward with the development of the PE & IPP portfolio.

Considering the recommendations of the April 2016 BCCA Nursing Review, an initial consultation with provincial and regional BCCA staff, a literature search and information from other cancer service agencies, we are ready to move forward with some changes at the provincial level.

There will be five provincial directors reporting to the VP of PE & IPP and we will soon be posting these positions. These directors are responsible for provincial collaboration, consultation, strategic direction and professional support. The five key provincial directorates in the PE & IPP are:

Upcoming Events - Provincial

2nd Annual Nursing Across The Cancer Care Continuum
November 5, 2016



Fairmont Hotel, Vancouver, BC

For more information and to register click on the link below
<http://naccc.ca/>

Upcoming Events – Provincial (continued)

2016 IDC Research Days



Call for Abstracts: Deadline for submission of abstracts is Sept. 18, 2016. Conference theme is **Making Research Matter: Celebrating Evidence Implementation in Northern BC**.

Who should apply?

Researchers, students, health authority employees, health care practitioners, and community organizations.

To obtain conference registration and/or abstract submission guidelines, please contact:

jayleen.emery@northernhealth.ca

Upcoming Events – National

2016 13th Annual CANO Conference

October 20 – 23, 2016



Hyatt Regency, Calgary, AB

[Click here for conference information](#)

Upcoming Events – International

International Society of Nurses in Cancer Care (ISNCC): Embracing Globalization through Leadership and Partnership in Cancer Care



September 4-7, 2016

1. Patient Experience – patient engagement, education and advisors.
2. Professional Development, Innovation and Research – education, innovation; and research.
3. Supportive Care – psycho-social oncology, nutrition, speech-language services, pain and symptom management, advanced care planning and spiritual care.
4. Transitions and Community care – support patients and families to transition to home care, primary care, hospice, Community Oncology Network sites and Family Practice Oncology Networks.
5. Nursing services – direction and support to provincial and regional centre staff, to develop a strong nursing service that is fully educated, supported and resourced.

Over the next 4-6 weeks I will finalize my consultation with regional staff to look at best ways to facilitate supportive care and nursing. I look forward to meeting many of you soon. In the meantime please feel free to contact me directly (individually or in groups) if you have additional questions or suggestions.

Thank you again for your continued commitment to the patients and families.

Brenda Canitz
VP PE & IPP (Interim)
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GETTING TO KNOW YOUR PROVINCIAL NURSING COLLEAGUES



Anne Case graduated with a BScN in nursing from the University of Northern BC in 2010. She started her nursing career providing care to patients requiring hemodialysis. It was not long after when Anne accepted a position at Central Interior Native Health. In this challenging community focused nursing role, Anne developed an understanding and commitment to providing a holistic approach to care and the importance of the nursing role within an interdisciplinary team.

Anne joined the BC Cancer Agency in 2014 and could see the opportunity for growth in supporting Aboriginal people with cancer. Anne's heritage is First Nations from the Lower Post Liard River, The Kaska Dena Nation- Wolf Clan. Since joining the nursing team at Centre for the North, Anne has been able to support Aboriginal people in practicing their healing ceremonies. Anne feels privileged as an Oncology Nurse to be able to walk the journey with patients and is honored and inspired to come to work every day to hear and take part in people's stories. Anne is able to provide support through her multiple nursing roles in Radiation Therapy, Pain and Symptom Management and Formalized Care Coordination. A fun fact that those close to Anne know is that she loves to make up words. So if you ever get a chance to speak to her in person you can ask her about her Aboriginality!

Update from BCCA Survivorship Nurse Practitioners

Survivorship Nurse Practitioners provide primary-care in community-based settings for people who have had a cancer diagnosis. They provide full-spectrum primary care with an additional focus on survivorship issues, as well as surveillance and monitoring for recurrence or additional cancers. Survivorship Nurse Practitioners accept new patients who do not have a regular family doctor or other primary care providers. New patients must have an MSP number and live in any of the following areas: Vancouver, Burnaby, Richmond, North

Sheraton Hong Kong Hotel & Towers

[Click here for conference information](#)

CNA Exams 2016

CNA Certification Program Online

Application Process Open
April 11 – August 8, 2016

Being CNA certified shows a commitment to an advanced standard of professional competence and 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 the CNA Oncology Nursing Certification exam

New in 2016

This year brings many exciting changes to the certification program as Canadian Nurses Association (CNA) celebrates its 25th anniversary!

Certification goes paperless! Online applications and computer-based exams offer benefits to nurses and employers, including maximum scheduling flexibility.

- See more at:

<https://www.nurseone.ca/en/certification#sthash.8ZSz3c6Y.dpuf>

Vancouver, West Vancouver, Surrey/White Rock, Langley, Delta/Ladner, Mission, Coquitlam, Port Coquitlam or Port Moody. **Colleen Riley, NP (F)** joined the Survivorship Nurse Practitioner team in March 2016 and is accepting new patients at the UBC Family Practice Clinic in Vancouver. Other team members are: Vancouver clinic- **Kristina Morrison, NP (F)**. Fraser Valley Clinic- **Jill Matheson, NP (F)**.

BCCA aims to expand this service across BC. For more information:

<http://www.bccancer.bc.ca/our-services/services/primary-care>

WHAT'S NEW

CRNBC: Medical Assistance in Dying (MAiD) Scope of Practice Standard for Registered Nurses

A new scope of practice standard for Registered Nurses (RNs) considering aiding in the provision of Medical Assistance in Dying (MAiD) is available from the College of Registered Nurses of British Columbia (CRNBC). Information available within the standard covers:

- Legal information on MAiD and eligibility
- Witnessing and signing MAiD requests
- Conscientious objection
- Education, standards, limits and conditions
- Application of standard to practice
- Available resources



The CRNBC has stated that “RNs who are considering

whether to aid in the provision of MAiD need to confer with their employer and are encouraged to seek the guidance of the Canadian Nurses Protective Society”.

More indepth information regarding MAiD and the practice standard can be found at:

<https://www.crnbc.ca/Standards/resourcescasestudies/beinganurse/MAID/Pages/Default.aspx>

References:

College of Registered Nurses of British Columbia [CRNBC]. (2016). Medical Assistance in Dying (MAiD): The role of nurses and nurse practitioners. Retrieved from <https://www.crnbc.ca/Standards/resourcescasestudies/beinganurse/MAID/Pages/Default.aspx>

BCCA Website

Patient information about balance and coordination is now on the managing symptoms and side-effects section of the BCCA website: <http://www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects/balance-coordination>

New Late Effects, Assessment & Follow-Up (LEAF) Clinic

The LEAF Clinic is for adults who have survived childhood cancer. Children treated for cancer are at risk for health complications later in life. These health issues are called late effects and change over time. Information about late effects also changes, so it is important for survivors to have up-to-date information. The LEAF Clinic assists patients and health care professionals in obtaining current information, support and ongoing assessment of late effects. The clinic accepts new patients who: (a) were diagnosed with cancer at age 17 or younger, (b) finished treatment more than 5 years ago, and (c) are now over the age of 17 and are not being followed by BC Children’s Hospital. Referrals are not required for this clinic. Patients may talk to their

family doctor about attending the clinic, or contact the clinic directly for more information.

<http://www.bccancer.bc.ca/our-services/services/late-effects-assessment-follow-up>

INFECTION CONTROL

How is Your Knowledge on the Use of Personal Protective Equipment (PPE)?



Healthcare professionals (HCP) should be aware that clean gloves are worn for non-sterile procedures to provide a protective barrier against direct contact with blood, body fluids, secretions, excretions, mucous membranes, draining wounds and/or non-intact skin. Gowns are also worn in the same situations to prevent contamination of clothing during procedures and to protect any exposed skin of HCP. Depending on the activity, the addition of surgical procedure masks would be necessary to prevent exposure to large infectious droplets. To prevent exposure to airborne pathogens, HCP need to be familiar with proper use, and have annual Fit testing, of N95 Respirators. Goggles or a face shield are added when there is a risk of droplet exposure to the eyes, or when a HCP may be exposed to splashes or sprays of bodily fluids.

Sterile gloves are worn to protect the patient from transmission of infectious organisms; however they also protect the HCP by providing a barrier against body fluids. Most people receiving cancer treatments are immune-compromised so it is essential to protect the patient during aseptic procedures and during all invasive procedures where contact with sterile sites, tissues or body cavities are anticipated. As an HCP, it is important to prevent introduction of any new micro-organisms to our patients – they have enough to deal with! This is why we wear surgical masks when changing a PICC line dressing. Studies have shown that failure to wear masks contribute to surgical site infections. Sterile gowns are added to the PPE during invasive procedures where contact with sterile tissues or body cavities are anticipated e.g. Brachytherapy procedures. Soiled PPE should be removed as soon as possible following the end of the procedure.

Quick Quiz:

In what order are these procedures completed?

Donning (putting on) PPE: Gown; Glove; Mask; Hand Hygiene; Eye Protection

Doffing (removal of) PPE: Gown; Hand Hygiene; Glove; Mask; Eye Protection; Hand Hygiene

***Answer provided following the Feature Article Section**



It only takes...

5 A's in 3 Minutes!

ASK

about their tobacco use

ADVISE

them to quit

ASSESS

for willingness to quit

ASSIST

in a quit attempt

ARRANGE

for follow-up

(QuitNow, 2016)

Nursing Practice Committee Updates

Nursing Practice Committee (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 the [H:EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee \(NPC\)](#). This section will highlight some of the practice changes.

NPR Updates:

N-40 Nephrostomy Tube Care and Management

D-75 Documentation- Slight change in wording and black or blue ink only identified as appropriate for documentation

FOCUS ON SMOKING CESSATION

The Importance of Smoking Cessation Following a Cancer Diagnosis

".....the epidemic of smoking-caused disease in the twentieth century ranks among the greatest public health catastrophes of the century, while the decline of smoking consequent to tobacco control is surely one of public health's greatest successes" (The Health Consequences of Smoking -50 years of Progress :A Report of the Surgeon General, Executive Summary, 2014, p.1)

While the number of people who start smoking or continue to smoke is on the decline, smoking remains one of the greatest risk factors to a person's health. This holds true for people with a cancer diagnosis as well. There is mounting evidence to suggest that smoking decreases treatment effectiveness, survival rates, and quality of life, as well as increases the likelihood of developing second primary malignancies (A. Florou et al, 2014, p. 1924). In the US Surgeon General 2014 report, it stated that the "risk of dying could be lowered by 30-40% by quitting smoking at the time of diagnosis. For some cancer diagnoses, the benefit of smoking cessation may be equal to, or even exceed, the value of state-of-the-art cancer therapies..." (The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General, 2014, p. 291). Armed with this information, Register Nurses have a responsibility to discuss the risk factors associated with the decision to keep smoking following a cancer diagnosis and assess the patient for readiness to quit.

This is not to make light of the complexities involved for a person who attempts to give up smoking. There are excellent resources available to assist with smoking cessation. One such resource available to both healthcare professionals and people interested in smoking cessation is [quitnow.ca](#). Along with information on both quitting and helping others, [quitnow.ca](#) offers free telephone counseling. Those living in BC also have access to BC Cessation program benefits – three months of cessation aides and subsidized pharmacology. Products that qualify in the BC Cessation program benefits can be accessed via community pharmacists or mailed to patients free of charge. As part of your discussion, it may be appropriate to introduce these resources. To learn more about these programs refer to the Education and Support Section of this newsletter.

References:

Florou, A. N. Gkiozos, J. C. H., Tsagouli, S. K., Souliotis, K. N., & Syrigos, K. N. (2014). Clinical significance of smoking cessation in subjects with cancer: A 30-year review. *Respiratory Care*, 59(12). <http://dx.doi.org/10.4187/respcare.02559>

EDUCATION & SUPPORT

Smoking Cessation Education & Support

BC CANCER AGENCY

BCCA Tobacco Prevention Programs (<http://www.tobaccoed.org/>)

- TEAM: Tobacco Education & Action Module : <http://www.tobaccoed.org/team/>
- CTIP: Clinical Tobacco Intervention Program: <http://www.tobaccoed.org/ctip/>

THE LUNG ASSOCIATION RESOURCES:

- [QuitNow for Healthcare Providers](#)
- [QuitNow Video Gallery](#)
- [QuitNow Referral Program](#)

CANADIAN NURSES ASSOCIATION (CNA):

- Position Statement: [The Role of Health Professionals in Tobacco Cessation](#) (2011, July)

REGISTERED NURSES OF ONTARIO (RNAO):

- Best Practice Guideline: [Integrating Smoking Cessation into Daily Nursing Practice](#)
- Best Practice Guideline: [Smoking Cessation Evaluation Tools](#)
- Health Education Fact Sheet (From Nurses for You): [Deciding to Quit Smoking](#)
- Nursing Best Practice Smoking Cessation Initiative & Learning Modules: [TobaccoFreeRNAO](#)
- Online Course: [Nurses and Other Health Care Professionals Helping Client Quit Smoking](#)

OTTAWA MODEL FOR SMOKING CESSATION: INPATIENT, OUTPATIENT and PRIMARY CARE

- [Ottawa Model for Smoking Cessation \(OMSC\)](#)

Nursing Practice Reps

Lauren Hull – CSI
Chris Lepore – FVC
Heather Montgomery – VC
Bonnie Hung – VC
Chelsy Steele- AC
Michele Lafreniere – VIC
Anne Case - CN

BCCA Library Links – Nursing Databases

To access articles such as this and more, use the BCCA Online Resources at [file:///srvnetapp02/bcca/docs/EVERYONE/Library/Dreamweaver/Library Links/Publish/databases.html](file:///srvnetapp02/bcca/docs/EVERYONE/Library/Dreamweaver/Library%20Links/Publish/databases.html)

If you have a fun, interesting or strange story to share, please send it our way via email NursingEd@bccancer.bc.ca

FEATURE ARTICLE

Understanding the Nurse's Role in Smoking Cessation

Current recommendations are for nurses to support patients with smoking cessation. This issues featured article provides a background on both motivators and barriers to smoking cessation and the cyclic nature of the process. “In doing so it attempts to provide insight into the difficulties experienced by those wishing to quit so that nurses can better understand the journey and be better placed to offer an individualized approach when giving advice” (Carlebach & Hamilton, 2009, p. 672). If you are interested in reading more about the nursing role in smoking cessation, click on the link below.

Carlebach, S., & Hamilton, S. (2009). Understanding the nurse's role in smoking cessation. *British Journal Of Nursing*, 18(11), 672-676. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=105358670&site=ehost-live>

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

***Answer to Infection Control Updates “Quick Quiz”**

Donning: Hand hygiene-> Mask-> Eye Protection-> Gown-> Glove

Doffing: Glove-> Gown-> Hand Hygiene-> Eye Protection-> Mask-> Hand Hygiene

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