WELCOME

Getting to know your provincial nursing colleagues

Sue Iverson remembers being an inpatient at age 5, and from that moment knew she wanted to be a nurse! The passion sparked from a young age led her to receive her BScN and begin her career in nursing as a pediatric oncology nurse at Calgary Children’s Hospital. Upon moving to BC, Sue started working on 6 East at the Vancouver Centre. During the next 20 years of her life, she focused on raising her family, worked in palliative care and helped with the opening of a new hospice in Chilliwack. In 2010, Sue returned to her oncology roots and BCCA by joining the Abbotsford Centre (AC) team. This decision came following a recommendation from a friend being treated at BCCA – AC who shared her experience of being cared for by the fantastic AC nursing team. Sue remains inspired every day-working with a team of nurses who she feels have created a positive, supportive work environment. She is also inspired by the amazing patients and families she has the opportunity to meet. She describes the reward of seeing the look of panic and fear begin to slip away from the face of a new patient, and a smile emerge at the end of the first treatment day, when they realize they are going to make it through the treatments. Sue believes “to be effective in the chemo room a nurse can’t just go through the motions; you need to really care about the patients and families. Nurses need to be able to help them feel humanized in a system that can often be clinical and cold during a time when they are the most vulnerable. That can sometimes be emotionally exhausting for a nurse, but at the end of the day you go home knowing that you made a small difference in your corner of the world.”

WHAT’S NEW

We want to hear from you! – 1 year since the launch of this newsletter

It’s hard to believe that we are approaching the one year anniversary of the first edition of Nursing Matters! The Professional Practice Nursing Team want to ensure this newsletter is meeting your communication and information needs and expectations. So we are asking for your feedback.

The link below will take you to a fluid survey with 6 questions. It should take approximately 5 minutes to complete. http://surveys.phsa.ca/surveys/ppnt/nursing-matters-newsletter/?code=
We look forward to hearing your ideas and suggestions for improvements along with what you currently like about “Nursing Matters”.

Clinical Practice Reminders
As outlined in the new NPR P-50 (which provides further clarity about use of personal equipment when administering hazardous drugs) a reminder - when double gloving, the length of the glove should be sufficient enough to allow one pair of gloves to go underneath the chemotherapy gown cuff and the second pair to go over the cuff.

Also, when programming the Alaris infusion pump, please remember to enter the patient ID information (patient’s BCCA number).

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

EDUCATION & SUPPORT

Common Cancer Sites: Basics and Nursing Management Gynecological Cancer Learning Guide

The latest edition to the Common Cancer Sites: Basics and Nursing Management Gynecological Cancer Learning Guide is now available. Like other guides in the series, it has been developed to promote autonomy to search for and review reliable and evidence-based information. As you work through the Gynecological Cancer Learning Guide, you will be encouraged to reflect on your practice and learning needs and to seek additional information as required. The guide features a case study of a patient experience with the most common cancer of this tumour site- endometrial cancer.

Topics unique to this guide are:

- Gynecologic risk factors
- Endometrial cancer surgery
- Gynecologic brachytherapy
- Health literacy and health disparities
- Intimacy and sexuality
- Follow-up after Gynecologic cancer treatment

This, along with the other guides in the series, can be requested through the Professional Practice Nursing Administrative Coordinator, Isabel Lundie ilundie@bccancer.bc.ca

Interested in other educational opportunities? Check out the index of education resources on our website http://www.bccancer.bc.ca/nursing-site/Documents/INDEX%20of%20Nursing%20Practice%20and%20Education%20Resources.pdf

Walk the Talk: Three Key Messages for Intimacy and Sexuality Conversations

Being diagnosed with a gynecological cancer can have a significant impact on a woman’s intimacy and sexuality. Oncology nurses have a role in ensuring that these women have their intimacy and sexuality needs addressed. Theressa Zapach, Education Resource Nurse at
Vancouver Island Centre, has an interest and additional education in this area of care. When asked what she would consider 3 key messages for RNs to consider when caring for women with gynecologic cancers her response was:

**Normalize**- Many people who are undergoing treatment for cancer experience changes in their sexual function.

**Ask permission**- Is there anything that you would like to discuss regarding intimacy or sexuality at this time?

**Follow up**- Provide symptom management as appropriate. Ask if they would like to speak to a counselor regarding relationship concerns. Refer to the Intimacy and Sexuality Symptom Management Guideline for professional and patient resources.

**Nursing Practice Committee: Working Together**

Nursing Practice Committee (NPC) at the BCCA is a provincial committee that meets once a month; connecting nursing clinical and leadership representatives from all six centres through video link conferencing. NPC’s responsibilities are:

- To review, set and advance evidence based nursing practices within the BCCA
- To improve quality of care and health outcomes while ensuring access to safe patient care
- To communicate meeting activities and decisions/outcomes within BCCA forums that the member represents

These areas of responsibility are accomplished through identifying and raising topics of interest related to nursing practice, enabling evidence informed nursing practice that meets BCCA standards and providing subject matter expertise and approval of actions such as guideline and reference updating.

Nurses working at the BCCA are encouraged to communicate any practice issues, concerns or ideas to their NPC representative or Clinical Nurse Leader for committee meeting discussion.

NPC information, including minutes, upcoming agendas and terms of reference are available on the H:drive at: H:\EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee (NPC)

**FOCUS ON INFECTION CONTROL**

**Electronic Devices in the workplace**

Computers, keyboards, telephones, smartphones, laptops, tablets and pagers are permanent fixtures in hospitals. There is increasing usage of electronic devices for direct patient care such as self-registration terminals and electronic charting. But have you ever stopped to consider if the device you are using is clean? Electronic devices are a potential reservoir for infectious microorganisms eagerly waiting for transmission to patients, ourselves and even our family members.

When it comes to infection prevention and control and electronic devices, one of the biggest challenges is cleaning and disinfecting. Manufacturers often do not provide recommendations for cleaning and disinfecting specific to the healthcare setting. In addition, hospital grade disinfectants can damage expensive devices. One may assume housekeeping staff clean devices, however, electronic devices do not fall under the domain of housekeeping...
as they are not considered medical equipment. During busy shifts with increased workloads or while working short staffed, cleaning is often overlooked. Additionally, technology seems to be evolving quicker than agencies can update policies. So, the inevitable question is, where do we turn for guidance?

In 2012, Infection Preventional and Control Canada (IPAC) provided practice recommendations for electronic devices in healthcare settings:

1. Hand hygiene is the most important factor in prevention. Hand hygiene should be performed before and after accessing a device and between patient contact.

2. Prior to selection and purchase of electronic devices, manufacturer’s guidelines for use, cleaning/disinfection and maintenance should be reviewed to ensure these guidelines meet the standards for cleaning and low-level disinfection that is necessary for exposure to Multi-Drug-Resistant Organisms (MDROs), C. difficile and non-enveloped viruses.

3. Items that cannot be adequately cleaned should not be used OR designated as “clean” and not be accessed in patient rooms or be touched by patients.

4. If an item cannot be cleaned with a hospital-grade disinfectant, and is necessary for patient care, a risk assessment should be conducted to determine the best approach to mitigate the risk.

5. All touch surfaces of IT devices used at, or near, point-of-care must be cleaned and disinfected with a hospital-grade disinfectant (per manufacturer’s instructions) if used or touched during the encounter with the patient.

6. The surface of telephone components, pagers and computer ‘mice’ should be cleaned in a manner that prevents damage to internal systems from excessive fluid. LCD screens in non-clinical areas can be cleaned with Information Technology (IT)-approved screen cleaning products.

7. If an item cannot be adequately cleaned and will be accessed in a patient environment, it requires a cleanable cover.

8. The user/owner of the device is responsible for routine cleaning and disinfection of the device.

Submitted by BCCA Infection Control Practitioner
Reference

FEATURE ARTICLE
Sex Talk and Cancer: Who is Asking?

Difficult conversations in oncology practice are not always regarding bad news. Often it is difficult for patients and health care professionals to have the conversations necessary to promote optimal sexual health. The following article explores barriers to addressing sexual health concerns, provides communication frameworks and includes case examples.


Note: Article link works best if copied and pasted into Google Chrome browser.

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