

NURSING MATTERS

Taking nursing to the next level. Together.

October 2015

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Upcoming Events

NOV 05-06, 2015. 41ST ANNUAL D.A. BOYES SOCIETY MEETING & OBSTETRICS AND GYNAECOLOGY CLINICAL REVIEW:

The D.A. Boyes Society Meeting is dedicated to knowledge translation in Gynaecologic Oncology is preceded by a one day Clinical Review course in Obstetrics and Gynaecology. For more information on program and registration:
<http://ubccpd.ca/course/DABoyes2015>

NOV 7, 2015. Nursing Across the Cancer Continuum:

A one day conference for oncology nurses across BC. Nursing Across the Cancer Continuum is located at the Fairmont Waterfront Hotel and registration is \$50.00. Conference agenda contains a range of topics including cardiac issues associated with chemotherapy, sexual health concerns and end of life care. More detailed information and registration can be found at:
www.nacc.ca

WELCOME

Getting to know your provincial nursing colleagues



Adriana Mendes had her heart set on infection control nursing from the beginning, so the majority of her career has been spent battling the bugs. Most of Adriana's infection control experience has been focused on acute inpatient care. Her new role as a full time infection control practitioner (ICP) at BCCA is currently shared between Abbotsford and Centre for the North. The outpatient setting has put an entirely different spin on the most basic daily work issues with new challenges in preventing the spread of infection in patients with confounding oncologic disease processes. The opportunity to build new relationships and connect with patients, their families and staff motivates Adriana to come to work everyday. As an ICP establishing trust with staff and patients is essential. When reflecting on the highlights of the ICP role, Adriana stated "I look forward to the moments when I am able to educate and empower a healthcare professional, patient or family member in preventing the spread of infections". Adriana would like to leave her provincial colleagues with three qualities she believes are important when working as an ICP:

- Inquisitive: when in doubt ask a question
- Proactive: the *prevention* of infections is the #1 goal of this nursing role
- Creativity: implementing ideal practices in very real, yet challenging, healthcare environments sometimes takes a little creativity and thinking outside of the box

WHAT'S NEW

CON(c) Certification 2015



Successful completion of the Canadian Nurses Association (CNA) certification exam in oncology (CONc) is one way to have your skill and expertise as an oncology nurse validated and recognized nationally. This past spring, two BCCA Nurses decided to take that step and utilized the new BCCA Virtual Study Group on the PHSA Learning Hub to support their exam preparation. Congratulations are in order as Allison Budgell (ST Nurse at BCCA-SAHCSI) and Mary-Beth Rawling (Clinical Nurse Coordinator at BCCA-CN) were both successful in achieving CON(c) certification!



If you interested in CONc certification, the virtual study group can support you in your learning and preparation. Registration for the next CON(c) exam will open in spring of 2016 - see side panel for details.

CNA Exams 2016

There will be a formatting change to the 2016 CNA certification exams. All exams will be computer based! As a Result there will be no spring exam session. Registration will now occur in the spring of 2016 for eligible candidates to write their exam between **September 19 and October 7, 2016**. CNA has also extended the **renewal expiry deadline to the end of 2016** to allow renewal using the new online process.

Professional Practice Nursing will be offering the Virtual Study Group again to support 2016 exam applicants.

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

NPR Updates:

NPR: G-60-Gastrostomy/Jejunostomy Tube Care.

NPR: T-80- Transdermal Fentanyl Patches, Disposal of.

<H:\EVERYONE\nursing\REFERENCES AND GUIDELINES\BCCA Nursing Practice Reference Manual>

Nursing Practice Reps

Allison Budgell – CSI

Chris Lepore – FVC

Nursing Matters Survey Results are In

Thank you to those of you who responded to the Nursing Matters Survey. Of the 26 people who responded, 88% found that the newsletter provides information that is useful to their nursing practice. Our plan is to incorporate your feedback and suggestions in future issues.

If you were unable to complete the survey and/or have suggestions for upcoming issues, you can pass them along to an Education Resource Nurse or send an email to

nursinged@bccancer.bc.ca

Changes in Advance Care Planning Resources

As some of you may know, the BCCA librarians will no longer be able to order the “My Voice” booklets as there is now a charge associated with them. The “My Voice” booklet can still be accessed electronically on the BC Government website at:

<http://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf> .



To replace this resource, BCCA has created a separate patient and staff education booklet titled “Cancer and Advance Care Planning: You’ve been diagnosed with cancer. Now what?”. Each BCCA centre received copies of this booklet in April.

Extra booklets are available from the library, the BCCA website and on the H drive in PDF form (H/Everyone/Advance Care Planning). Re-ordering information can also be found here.

Access to the booklet on the BCCA website is under patient handouts on the Advance Care Planning Page: <http://www.bccancer.bc.ca/health-info/coping-with-cancer/advance-care-planning>

Communicating with SBAR

New information in the literature suggests that using a structured communication tool for verbal reporting on patient situation and handover can improve patient outcomes. Use of such a tool can help to structure your report while providing pertinent and succinct information. The acronym **SBAR** is a well known communication tool used in interdisciplinary communication and emergency situations. **SBAR** stands for:

Situation- What is going on with the patient? Provide a concise statement of the problem. **“Mr. J is experiencing symptoms of a moderate hypersensitivity reaction”**

Background- What is the clinical background information that is pertinent to the situation? **“He just received a partial dose of his 7th cycle of carboplatin- 100 mls infused”**

Assessment- What did you find? Your nursing assessment findings such as vital signs, and symptoms along with your analysis and consideration of options. **“I stopped the carboplatin, am infusing bolus N/S and have given Benadryl 50mg IV push. His vitals are: B/P 90/50, P 100, O₂ Sat 98%. He has hives, mild hypotension and lower back pain”**

Recommendation- What action/recommendation is needed to correct the problem? Suggest recommendations based on your nursing assessment, knowledge and judgement. **“I would like to give Hydrocortisone 100mg IV according to SCDRUGRX protocol and for you to come and assess him.”**

Arlyn Heywood –VC

Trevor Howard – VC

Chelsy Godin- AC

Michele Lafreniere – VIC

Anne Case - CN

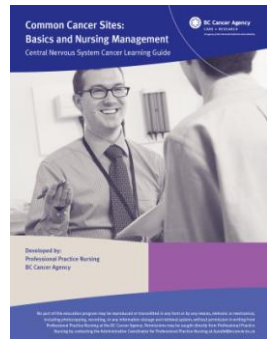
If you have a fun, strange or interesting story to share, please send it our way via email NursingEd@bccancer.bc.ca

EDUCATION & SUPPORT

2 New Common Cancer Sites: Basics and Nursing Management Learning Guides are now available- Central Nervous System Cancer and Head and Neck Cancer

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

A “Sneak Peek” at the CNS section on Oral Chemotherapy



Advances in Oral Therapy: As more is discovered and revealed regarding the behaviour and signaling pathways of cancer cells, more targeted therapies are becoming available (Wilkes, 2011). Many of these therapies are oral agents and can be antineoplastic, hormonal or biologic. The increased use of oral medications has the potential to create gaps in care as the level of support that has traditionally been provided with parenteral chemotherapy may not exist. Often the nurse/patient encounters are limited to managing symptoms once they have occurred rather than a more

proactive/preventative approach to care resulting in less nursing time spent with patients on oral chemotherapy (Wilkes, 2011).

The following are factors that may interfere with taking oral chemotherapy as prescribed:

- Prolonged treatments
- Complex schedules
- Substantial behavior change
- “Out of pocket” payment for medications
- Poor health literacy
- Feeling unwell or nausea
- Cognitive changes
- Lack of support at home (i.e. living alone)
- Lack of follow-up by health team members
- Health inequities

If you are interested in learning more on how to increase support to patients receiving oral chemotherapy, this issues featured article provides an overview of the evidence on a partnership approach to care.

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>

FOCUS ON INFECTION CONTROL

Say What?!? Infection Risk Assessment?

If you’ve attended an Infection Control info session or consulted with an Infection Control Practitioner (ICP) lately, you likely heard some mention of ‘Infection Risk Assessments’. Sometimes there is trepidation to even ask what this is because staff do not have time for

another task in their busy schedules – well, here is a quick breakdown.

Thankfully, an Infection Risk Assessment is not a long list of questions that you must go through with each patient; rather, it's simply ACTING on the information that is evident to you either by observation, patient reporting or something you might read in a patient's chart. For instance, you might notice a patient sitting in the waiting room – red, watery eyes, scrambling for the nearest tissue box, coughing into their elbow sort of... We have all seen it. This person is unwell. So what do we do?

The Provincial Infection Control Network draws it out simply:



- 1) Notice the symptoms. Are these new symptoms, associated with a fever?
- 2) Is there something I should do? For instance, isolate the patient? Do I need to alert staff PPE is required? What type of precautions?
- 3) Is there something I should advise the patient to do? Perhaps have them put on a mask and do hand hygiene in the presence of respiratory symptoms?
- 4) Who needs to know this information? Good communication amongst care providers ensures everyone is well protected and the appropriate investigations are triggered.

If you are interested in obtaining one of these posters in your work area, please contact your local ICP.

FEATURE ARTICLE

Challenges with Oral Chemotherapy

Both healthcare professionals and patients can be influenced either positively or negatively by terminology and perceived labels. In the case of oral medications, terms such as adherence, compliance and concordance are all used. There are however, differences in their meaning and some, even if unintended, assign blame rather than addressing everyone's role in

assuring that the person has the necessary supports to be successful. The following article by Mitchell et al. (2014) offers evidence to support a partnership approach to caring for patients receiving oral chemotherapy.

Mitchell, G., Porter, S., & Manias, E. (2014) Adherence to oral chemotherapy: A review of the evidence. *Cancer Nursing Practice*. 13(4), 25-28. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2012575734&site=ehost-live>

Note: Article link works best if copied and pasted into Google Chrome browser. If using Internet explorer less than version 8 please use the following steps:

- Click on the “retrieved from” link to open the abstract page of the malignant wound article
- Click on the PDF Full Text icon on the left hand side of the page
- Click on the permalink icon on the right hand side

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