

NURSING MATTERS

Taking nursing to the next level. Together.

December 2015

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Upcoming Events

The Professional Practice Nursing Team would like to wish everyone a Safe and Happy Holiday Season.

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 to support 2016 exam applicants following CNA registration.

WELCOME

Getting to Know your Provincial Nursing Colleagues



Paulo Paralejas has been working as a Clinical Trials Nurse at BCCA Vancouver Centre for the past five years. He obtained his BN from the University of Calgary in 2004 and started his career working in Respiratory Medicine, Thoracic Surgery and Trauma Surgery at the Foothills Hospital in Calgary. From there he moved to Vancouver where he continued to work in Thoracic Surgery at Vancouver General Hospital. Inspired by a European holiday, Paulo furthered his career in London, England working in a GI Surgical Unit. Upon his return to Canada, he obtained a position as a Clinical Trials Nurse for the GI group at the Tom Baker Cancer Center in Calgary prior to returning to Vancouver.

Paulo believes that important qualities for a Clinical Trials Nurse Coordinator include: being self motivated, a skilled problem solver and communicator, a team collaborator, and being able to demonstrate empathy while ensuring you know your boundaries.

"Knowing that I can be that person who can help facilitate patient(s) to gain access to a new clinical trial treatment drug which can either help reduce or eliminate the cancer, or keep the cancer stable, which in turn may improve their quality of life and increase the time they can have to spend with their family and friends" inspires Paulo to come to work each day. Outside of nursing, Paulo enjoys Muay Thai Kickboxing which he started the beginning of the year and is a fan of tattoos.

WHAT'S NEW

BCCA Chemotherapy and Biotherapy Education Program Application Process

In order to improve the BCCA Chemotherapy and Biotherapy Education Program **application process**, the following changes have been made:

1. The application process is now electronic
2. There are two application forms to complete, one by the referring manager and the other by the participant
3. Course payment can now be made by the participant via a secure online process

The information collected via these forms will streamline the process. All information and links to the application forms are located on the BCCA website at

<http://www.bccancer.bc.ca/health-professionals/education-development/nursing/chemotherapy-patient-care>.

Any questions? Please contact ahughes@bccancer.bc.ca or ilundie@bccancer.bc.ca

CANO BC Facebook Page

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:

Surgical Suite NPR's have been revised and the current versions are available in the Nursing Practice Reference Manual:

A-50 Admission To and Care of the Patient in the Preoperative Area

A-52 Post-Op Admission of Patient to PARR

A-99 Assisting with General and Regional Anaesthesia

B-65 Body Temperature - Maintenance of Normal Perioperatively

B-90 Brachytherapy Implant Patients in the OR Proc Room - Nursing Care Of

B-100 Brachytherapy Implant Patients in PAR, Nursing Care Of

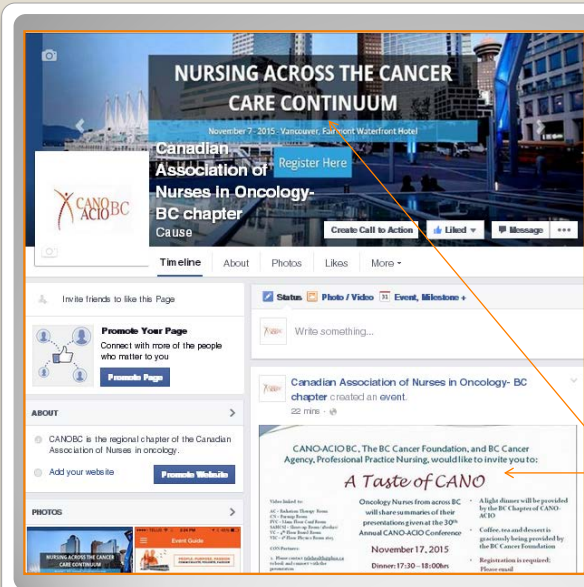
C-100 Cardiac Arrest in the Surg Suite - Proc Room- Procedure for Management Of

D-55 Discharge of a Patient from PARR

L-15 Laryngeal Mask - Removal Of in PARR

M-50 Malignant Hyperthermia -Care of the Patient Experiencing an MH Crisis

The Canadian Association of Nurses in Oncology is your national specialty association; did you know there is a BC Chapter? CANOBC is here to support oncology nurses across British Columbia and is pleased to announce that you can now follow us on Facebook. Search for us as "Canadian Association of Nurses in Oncology: BC Chapter" and "Like" our page to stay up to date on current events and other interesting resources relevant to today's oncology nurse. Also, help us build a stronger community for all BC oncology nurses by letting us know of any special events or acknowledgements that you would like to see shared.



CANOBC is now on Facebook!

Connect with us today by searching for:

Canadian Association of Nurses in Oncology- BC Chapter

Like the page to stay up to date on events and other links of interest to oncology nurses across BC.

For more information or to request a direct electronic link to our new page, email us at: bconcnurses@gmail.com

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

FOCUS ON INFECTION CONTROL

The 'New Bug' on the Block- CPO

You may have heard the acronym **CPO** around lately – so what is this bug and what's the big worry? **CPO** stands for 'Carbapenemase Producing Organism' and refers to a group of bacteria that are resistant to carbapenem antimicrobials (e.g. imipenem, meropenem, ertapenem) through production of carbapenemase enzymes. **CPO**'s are sometimes commonly referred to as **CRE** (Carbapenem Resistant Enterobacteriaceae) or **CPE** (Carbapenemase Producing Enterobacteriaceae).

Infections with these bacteria can be very difficult to treat and can even be deadly. **CPO** is often detected through a fecal stained rectal swab but can also be found in clinical isolates (urine, sputum, wounds etc.). Infections are most likely acquired through health care exposures in areas where these bacteria are commonly found.

S-145 Steam Sterilization - Product Recall

[H:\EVERYONE\nursing\REFERENCES AND GUIDELINES\BCCA Nursing Practice Reference Manual\Surgical Suite Only](#)

Nursing Practice Reps

Allison Budgell – CSI

Chris Lepore – FVC

Arlyn Heywood – VC

Trevor Howard – VC

Chelsy Godin- AC

Michele Lafreniere – VIC

Anne Case - CN

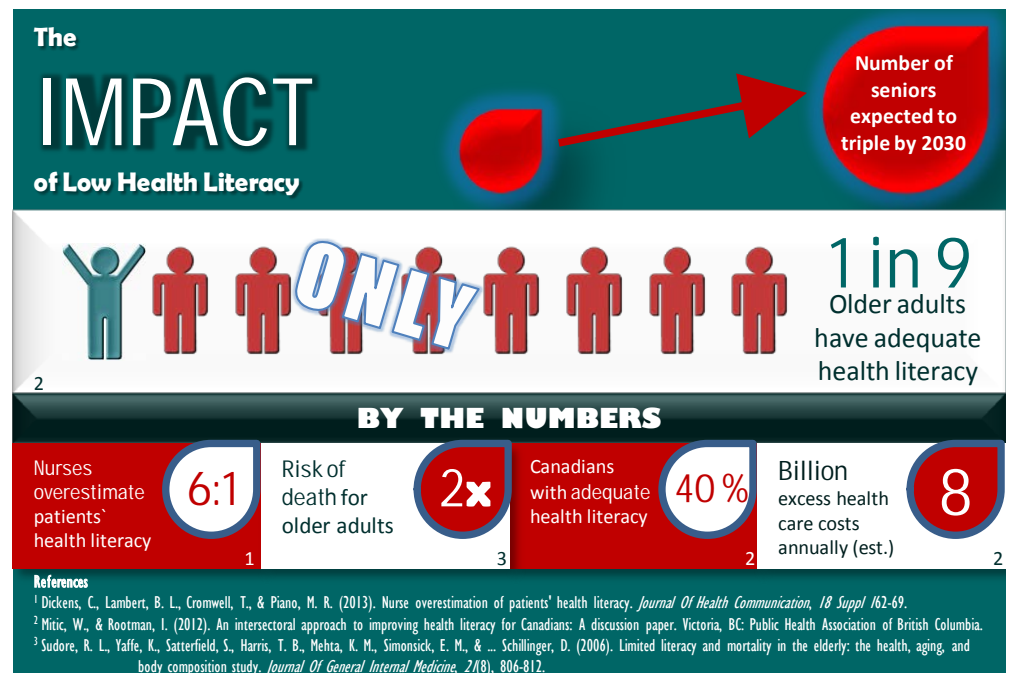
Here are some management basics for this bug:

1. **Contact Precautions & Private room:** CPO is likely spread through direct and indirect contact
2. **Dedicated Bathroom:** CPO colonize the Gastrointestinal (GI) tract and can be found in feces
3. **Dedicated Equipment:** If equipment cannot be dedicated, ensure that it is thoroughly cleaned prior to use on the next patient
4. **Terminal Clean:** All areas occupied by the patient (including bathrooms) need to be terminally cleaned by housekeeping
5. **Hand Hygiene:** Wash your hands with Soap & Water or Alcohol Based Hand Rub (ABHR)

*Contact your local Infection Prevention and Control Practitioner if you caring for any patients known or suspected of having **CPO**.

[HTTP://WWW.BCCDC.CA/NR/RDONLYRES/CB885921-A243-41B9-B699-COA7B754AB24/0/CPOBACTERIAINBC_FACTSHEET_FEB7_2014.PDF](http://www.bccdc.ca/nr/rdonlyres/cb885921-a243-41b9-b699-coa7b754ab24/0/cpobacteriainbc_factsheet_feb7_2014.pdf)

FOCUS ON HEALTH LITERACY



Crystal Clear or Muddy Waters: The Crux of Health Literacy

“As clinicians, what we say does not matter unless our patients are able to understand the information we give them well enough to use it to make good health-care decisions. Otherwise, we didn't reach them, and that is the same as if we didn't treat them.”

- Dr. R. Benjamin (Former Surgeon General)

How is health literacy different from reading literacy? Health literacy is multi-faceted. It is impacted by literacy skills, numeracy skills, environment, vision, hearing, medical vocabulary, information access skills, knowledge of the health care system, even confidence and anxiety. Individuals with high reading literacy may still struggle with health information and access.

As oncology nurses, a large portion of our day is spent providing information to patients and family members. We teach about anti-nausea schedules, managing side effects, oncologic emergencies, available resources, system navigation, important contact numbers and many other topics. We are diligent in reviewing our resources and ensuring they are up-to-date with the most current information. Yet, studies show many patients lack adequate health literacy skills to understand and use information provided by healthcare professionals. For example, despite information sharing, patients might not call when they develop a fever or may take their medications incorrectly. They may not be consistent with oral care or saline soaks. They may miss appointments or arrive late. They might wait to call the telephone nurse line rather than going to the Emergency Room for severe pain. This is not because they are purposefully ignoring the information we provide, rather, they may be struggling with health literacy.

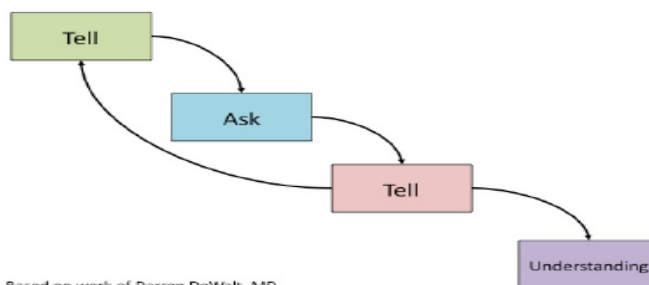
So, the next time you need to review information with a patient or family member, ask yourself if you have done everything in your power to ensure understanding of the information. One strategy is the teach-back method, described later in this newsletter. Other strategies include providing print materials in a large enough font, using plain language and highlighting key messages and instructions. We can also consider re-evaluating our approach when repeated information sharing does not translate into increased understanding.

Teach Back: A Strategy to Increase Key Teaching Point Retention

The focus of health related teaching is to ensure the person has an understanding of the key messages. Assessment of this understanding is a responsibility of the healthcare professional. Teach back, a research-based health literacy intervention, is a simple strategy that allows the person to demonstrate they understand the information in their own words and with their own comprehension. Elements of effective teach back include:

- Use a caring tone of voice and attitude.
- Display comfortable body language and make eye contact.
- Use plain language to deliver 2-3 key messages maximum for one session.
- Ask the patient to explain back, using their own words.
- Use non-shaming, open-ended questions.
- Avoid asking questions that can be answered with a simple yes or no (e.g. Did you understand?)
- Emphasize that the responsibility to explain clearly is on you, the provider.
- If the patient is not able to teach back correctly, explain again and re-check.
- Use reader-friendly print materials to support learning.
- Document use of and patient response to teach-back.

Teach Back



Based on work of Darren DeWalt, MD

This is Bad Enough

This is bad enough So please...

Don't give me gobbledegook.

Don't give me pages and dense pages and "this leaflet aims to explain..."

Don't give me really dodgy photocopying and

"DO NOT REMOVE, FOR REFERENCE ONLY."

Don't give me "*drafted in collaboration with a multidisciplinary stakeholder partnership consultation short-life project working group.*"

I mean is this about you guys or me?

This is hard enough So please...

Don't leave me oddly none the wiser or listening till my eyes are glazing over.

Don't leave me wondering what on earth that was about, feeling like it's rude to ask or consenting to goodness knows what.

Don't leave me lost in another language adrift in bad translation.

Don't leave me chucking it in the bin.

Don't leave me leaving in the state I'm in.

Don't leave me feeling even more clueless than I did before any of this happened.

This is tough enough So please...

Make it relevant, understandable - or reasonably readable at least.

Why not put in pictures or sketches, or something to guide me through?

I mean how hard can it be for the people who are steeped in this stuff to keep it up-to-date?

And you know what I'd appreciate? A little time to take it in, a little time to show them at home, a little time to ask "What's that?", a little time to talk on the phone.

So give us the clarity, right from the start. The contacts there at the end.

Give us the info you know we need to know. Show us the facts, some figures

And don't forget our feelings.

Because this is bad and hard and tough enough

So please speak like a human make it better not worse.

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EDUCATION & SUPPORT

Health Literacy Education and Resources

Having an awareness of how health literacy affects outcomes, and increasing your knowledge on ways to decrease barriers and provide information in a meaningful way are important aspects of patient centred care. Resources available are:

- Health Literacy: Your Role in Patient and Family Learning. Available on the PHSA LearningHub: <https://learninghub.phsa.ca/>
- Your BCCA librarians: <http://www.bccancer.bc.ca/our-services/services/library/contacts-and-hours>
- Health Literacy: Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php>
- A Vision for a Health Literate Canada: http://www.cpha.ca/uploads/portals/hl/report_e.pdf

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>

FEATURE ARTICLE

Health Literacy: Bridging the Gap

Healthcare professionals often overestimate a patient's health literacy level. To increase understanding, Weiss (2014) advised for professionals to use "... universal health literacy precautions ... communicating in plain language, focusing on one or two key messages, speaking slowly, using the teach-back technique, and using written materials that are clear ..." (p. 18). Want to read more? Click on the link below or copy and paste it into your Google Chrome browser for access to the complete article.

Weiss, B. D. (2014). How to bridge the health literacy gap. *Family Practice Management* 21(1), 14-18. Retrieved from <http://www.aafp.org/fpm/2014/0100/p14.pdf>

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

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