

NURSING MATTERS

Taking nursing to the next level. Together.

February 2016

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**Medicinal Cannabis: Panel
Presentation**

**“What you need to know, but are
afraid to ask”**

Feb 12, 2016 1200-1300

Videolinked to all Centres:

AC – Telehealth Unit,
Behind Clinic 3 A8.0531
CN – Parsnip Room
CSI – Shuswap Room
FVC – Room 1056
VC – 4th Floor Boardroom
VIC – Conference Room #3



2016-2017

**Registration Renewal
Now Open!**

Jan. 4 to Feb. 29, 2016

WELCOME

We are happy to bring to you the first edition of the Nursing Matters Newsletter for 2016. This year each issue will have a ‘focus’ on either a clinical or practice issue, helping to bring more depth to important nursing areas. In this issue, the focus is on **Documentation** – a critical component of quality patient care – that can often cause frustration for RNs in their day-to-day practice. We hope that you will find information in this newsletter to help enhance your practice and improve your documentation skills.

February is often a time when we reflect on our practice over the course of the past year as we prepare to complete our CRNBC registration. Perhaps there is an area of practice that you identified as something that you would like to learn more about. If so, it may be a topic that could be featured in a future edition of this newsletter. Contact one of the Education Resource Nurses (ERNs) or send your suggestions via email to NursingEd@bccancer.bc.ca

Speaking of ERNs.....the Professional Practice Nursing team has gone through some recent changes with the addition of three new ERNs. We are happy to welcome Jennifer Larssen (filling Jagbir Kohli’s maternity leave at AC/FC), Kerstin Humber-Droz (filling Jeevan Dosanjh’s maternity leave at VC) and Charolotte David (VC).

As always, your feedback, comments and questions are always welcomed.

We look forward to hearing from you.

Sincerely, The Professional Practice Nursing Team

GETTING TO KNOW YOUR PROVINCIAL NURSING COLLEAGUES



Joy Bunsko completed her BScN from UBC in 1991. In her last year of university, a new trial course in oncology nursing was offered to a limited number of applicants. She decided to apply, and the rest is history. Joy asked for a final practicum on the 5th floor at BCCA Vancouver Centre. “I saw from the start the excellence in patient care, the teamwork and the collaboration within the interdisciplinary group. I was inspired and knew that this was somewhere I was going to be happy and be able to make a difference in such a vulnerable and challenging time in patients’ lives”. Joy was hired at BCCA as a new graduate and worked on the inpatient units (5 East and 5 West) caring for patients who received chemotherapy, symptom management/pain control, and selectron/

Upcoming Events – Provincial *(continued)*

RONOC 2016



3rd Bi-Annual Realities of Northern Oncology Conference

Prince George, BC

May 6-8, 2016.

This year's conference features an EPEC™-O workshop on May 8th. For

further information contact

Ava.Hatcher@bccancer.bc.ca

FHA Oncology Education Day

UBC, Vancouver

May 28, 2016.

A series of short talks on topics such as chemo related complications, oncology complications, principles of chemotherapy and radiation therapy, geriatric oncology assessments, work up for Primary Unknowns

Registration opening the end of February – for more information contact Dr. Ursula Lee, Medical Oncologist, VC

ulee@bccancer.bc.ca

Upcoming Events – National



Fairmont Pacific Rim

Vancouver, BC

Feb 11 – 12, 2016



Fairmont Chateau Whistler

Whistler, BC

Feb 19 – 22, 2016

brachytherapy. With great support, mentorship and 10 years of experience 'under her belt', new opportunities became available. The first was a short-term stint as a Clinical Resource Nurse, followed by a "new" role as Clinical Nurse Leader. After having her son in 1999, she moved to the Fraser Valley Centre (FVC) where she was introduced to ambulatory oncology care. Here she worked briefly in Patient Review (RT) and then the chemo room. In 2004 she was hired as an Education Resource Nurse and worked for 8 years with the Professional Practice Nursing team. Currently Joy works as the Assessment Module Leader at FVC.

When reflecting on her career Joy states, "I truly feel like I've won the 'work lottery'. I work with individuals who are patient centered, respectful, fun and focused on problem solving". Outside of work, Joy doesn't shy away from any 'dares' that come her way – taking on challenges such as mountain biking on crazy terrains, bungee jumping and riding dirt bikes. When asked her biggest life lesson learned from working as an oncology nurse, Joy replied, "Let it go! Don't hold grudges and hold your friends and family close. If there is something you've always wanted to do, don't put it off."

WHAT'S NEW

Updated Learning Guide

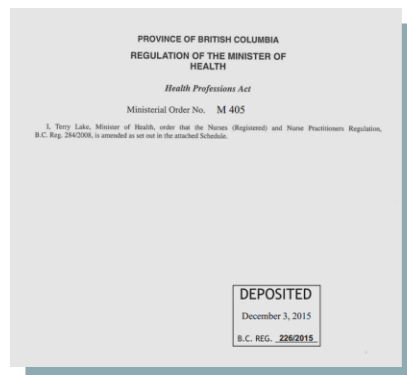
The **Pain and Symptom/Palliative Care Learning Guide** has recently been updated and is available to any RN wishing to learn more about Pain and Symptom management.

There is also a recommended orientation for those RNs who will be working as part of the Pain and Symptom/Palliative Care Team. This learning guide can be requested by email through Isabel Lundie, Administrative Coordinator, Professional Practice Nursing (ilundie@bccancer.bc.ca).

Index of Resources

Reminder that the **Index of Nursing Practice and Education Resources** document can be found on the BCCA website at <http://www.bccancer.bc.ca/health-professionals/education-development/nursing> (bottom of the page). Here you will find a list of courses and learning guides that are available to nurses working at BCCA as well as the CON sites. This index has been created and is managed by Professional Practice Nursing at BCCA.

Health Professions Act



Amendments to the BC Health Professions Act involving scope of practice for Licensed Practical Nurses (LPN), Registered Nurses (RN), and Nurse Practitioners (NP) were finalized on December 3, 2015. The documents can be accessed at the following links: [LPN](#) or [RN and NP](#)

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.

Documentation Standards

The **CRNBC Documentation Practice Standard** underwent review at the end of last year and the approved revisions and changes for nursing practice become effective as of February 12, 2016. According to the CRNBC, “the revisions primarily address records retention and expectations related to electronic health records” (College of Registered Nurses of British Columbia, 2016). All BCCA nurses are encouraged to review the new practice standard on the CRNBC website and to email practice@crnbc.ca if they have any questions. [Click here](#) to review the new document.

INFECTION CONTROL

Moving Beyond Ebola Preparedness to Long Term Plans for High Risk Disease Management: A Positive Side-Effect of the West African Ebola Outbreak.

One year ago, West Africa was in the middle of a devastating Ebola outbreak. Many thousands were ill and thousands would ultimately die. Despite massive local and international efforts, there was a real chance that the outbreak could spread around the world. BCCA was required to develop a plan to keep patients and staff safe should someone with Ebola arrive at one of our facilities.

Developing a regional response plan for each BCCA site required the hard work and cooperation of site administration, intra-professional groups and work teams. At most sites, fine tuning of the Ebola Response plan is still happening, even as the Ebola outbreak in West Africa is (we hope!) nearing its end. Was all our hard work worth it? Yes! Many of the plans made in response to Ebola can be used to help manage any disease that is highly contagious/virulent.

Outcomes and Development:

- The BCCA Vancouver Centre Ebola Response Team is evolving into a High Risk Disease Response Team, with permanent membership and ongoing training that can be adapted quickly to respond to any new threat.
- Ebola planning across all centres has helped us identify staff learning needs, for instance:
 - Reinforcement of BCCA site-specific ‘Basic Response to GI and Respiratory Symptoms’ policies and
 - Developing plans to provide regular Personal Protective Equipment (PPE) training for all clinical staff.

Links to BCCA site specific ‘Basic Response to GI and Respiratory symptoms’ and ‘Ebola Virus Disease Preparedness’ policies can be accessed through your BCCA site policy manual or at [H:\EVERYONE\Infection Control](#)

DID YOU KNOW??

Nursing documentation patterns have been directly linked to patients' mortality.

Quality nursing documentation is not optional – it is our professional responsibility!

Frequent and precise nursing documentation can lead to the identification and prevention of life threatening patient conditions.

As nurses, we have “consistent, direct contact with patients and are thus enabled to detect subtle changes in [patient] conditions” (Collins et al., 2014).

Being accountable for safe patient care requires dedicated time and effort to document..

Not only does quality documentation make your nursing actions visible and guarantee your rights on a legal basis, but more importantly, it saves lives!

Collins et al. (2013). Relationship between nursing documentation and patients' mortality. American Journal of Critical Care, 22(4). 306-313. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=107956039&site=ehost-live>

FOCUS ON DOCUMENTATION

Quality patient care depends upon complete and accurate information among care givers and is an essential component of institutional accreditation. Through documentation, nurses communicate their observations, decisions, actions and the related outcomes. Documentation serves three purposes: to facilitate communication; to promote safe and appropriate nursing care; and to meet professional and legal standards (CRNBC).

Focus charting is a systematic approach to documentation, which uses nursing terminology to describe health status and nursing care. In 2014, an audit of nursing documentation was completed at all six BCCA centres. Findings identified gaps in the structural components of documentation and some weaknesses in the narrative portion of nursing documentation. Examples of these gaps/omissions include illegible entries, inappropriately completed corrections, inaccurate foci and the absence of a written plan.

The project “**Improving Nursing Documentation through the application of the Focus Charting System at the British Columbia Cancer Agency**” was developed and implemented in May of 2015 to address these findings. This project has initially focused on nursing documentation at the Vancouver Island Centre. Following testing, the project will be expanded (in a sequential order) to include the remaining BC Cancer Agency centres. To date project activities have included a literature review, interviews with nursing staff, learning module development, the facilitation of interactive education sessions and weekly chart audits. Project results and recommendations will be presented to the Nursing Advisory Committee (NAC) in March 2016.

Esther's Voice

Included in the e-learning module for the documentation quality improvement project is a patient's story that highlights how poor communication/documentation may cause harm to those we care for.

On February 20th, 2000, Esther Winckler, a bright, articulate 77 year old with a good quality of life was admitted to Chilliwack General Hospital for elective surgery. She died 15 days later following complications post surgery. Her story has been described as “a story of bad care, not bad people”. The findings outlined in the Judgment of Inquiry were extensive and included insufficient and inaccurate documentation. The RNABC (now CRNBC) were asked to facilitate education for nurses on the importance of complete and accurate documentation.

Esther's family chose to use the events that led to their mother's death to highlight how such actions can be prevented in the future. They have created a website outlining the details of the care their mother received and recommendations for health care providers. To learn more about Esther Winckler's story visit www.esthersvoice.com

Focus on the 'Focus'

During the nursing documentation QI audits and subsequent education sessions, it became clear that some RNs were having difficulty determining what the 'Focus' in focus charting should be. Often the focus was a nursing focused intervention (ie. dressing change) as opposed to a patient focused intervention (ie. skin integrity).

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:

NPR- C90 Central Venous Catheters – Generic Directive has been deleted.

****Stay Tuned****

More information and changes coming to NPRs C-75, C-80, and C-86.

Nursing Practice Reps

Allison Budgell – CSI

Chris Lepore – FVC

Arlyn Heywood – VC

Trevor Howard – VC

Chelsy Godin- AC

Michele Lafreniere – VIC

Anne Case - CN

Below are some examples of ways to help you determine what a nursing focus should be:

A key word or diagnostic category from a nursing diagnosis:

Coping / Activity intolerance / Skin integrity / Self care deficit /
Risk for Infection related to PICC Insertion Site

A current patient concern or behavior:

Chest pain / Nausea / Hospital Admission for Febrile Neutropenia

A sign or symptom of importance to the nursing and /or medical diagnosis or treatment plan:

Fever / Lethargy / Incontinence / Constipation / Hypertension

An acute change in an individual's condition:

Discomfort / Pain / Seizure / Respiratory Distress / Hypersensitivity Reaction

A significant event in an individual's care:

A New Treatment Regimen – Oxygen,/ Chemotherapy protocol / A change in diet / Wound / Pathologic Fracture

A key word or phrase indicating compliance with a standard of care or agency policy:

Self Injection Teach Back / Transition / Chemotherapy or Radiation Therapy
Information or Education

Adapted from <http://www.scribd.com/doc/64035837/Focus-Charting> February 2, 2016

EDUCATION & SUPPORT

Documentation Education and Resources

Nurses practicing in BC are required to follow the CRNBC practice standard on documentation, along with organizational and/or health authority policies. Resources to support nursing documentation can be accessed at the following locations:

CRNBC RESOURCES:

- [You Asked Us-Documentation](#)
- [Practice Support-Documentation](#)
- [Documentation Web Module](#)

BCCA NURSING RESOURCES:

- [LearningHub: BCCA – Provincial Nursing Documentation Education](#)
- [Nursing Practice Reference: D75- Documentation](#)

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

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)

FEATURE ARTICLE

Nursing Documentation: Frameworks and Barriers

“Nursing documentation should, but often does not show the rational and critical thinking behind clinical decisions and interventions while providing written evidence of the progress of the patient” (Blair & Smith, 2012, p. 160). Although a number of frameworks exist to guide nursing documentation towards accuracy and legal prudence, many nurses continue to have trouble in achieving either. The BCCA chooses focus charting as the preferred method of nursing documentation and for good reason. This article summarizes the literature on different approaches to documentation, highlighting that the focus charting framework helps “to improve the standard of documentation and the standard of care patients receive (Blair & Smith, 2012, p. 166). **If you are interested in reading more about nursing documentation frameworks and barriers, click on the link below.**

Blair, W., and Smith, B. (2012) Nursing documentation: Frameworks and barriers. *Contemporary Nurse*, 41(2), 160-168. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=104506058&site=ehost-live>

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

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