Innovation in Cancer Survivorship and Community-Based Primary Healthcare: National Stakeholder Meeting

Sponsors: CIHR, Canadian Centre for Advanced Practice Nursing Research (CCAPNR) and The Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN)

Project Objectives:
1. To examine varied perspectives about patient, provider, health policy and health system needs related to cancer survivorship and post-treatment follow-up care;
2. To examine the current evidence about best practices for chronic disease management, cancer survivorship and post-treatment follow-up care; and
3. To identify priority goals, outcomes and research questions for a national research program.

When and Where: January 9th and 10th, 2012, at McMaster University.

Participants: National and international researchers, clinicians, decision-makers, and patient advocates involved in oncology, primary healthcare, and chronic disease management.

Format: Facilitator-led and computer-mediated decision-support process approach that involved panel discussions, presentations and group work.

Key Findings: There are untapped and emerging resources and services related to chronic disease management and primary healthcare that can be integrated in new models of cancer survivorship care. Based on the priorities and the feasibility issues, core elements of the new program of research were identified:
- Patient centredness;
- Self-care management and patient engagement;
- Evidence-based surveillance;
- System navigation;
- Collaboration across healthcare sectors;
- Attention to equity; and
- Diversity: the research program should be nationally informed, but, locally contextualized.

Next Steps: Pilot work is in-progress to develop and test an improved model of post-treatment follow-up care for cancer patients in Ontario.
Purpose
To determine strategies for providing integrated (cancer, community and primary healthcare) cancer survivorship care in Ontario.

When and Where
March 9th, 2012, at McMaster University, Hamilton, Canada.

Participants
Key provincial stakeholders including clinicians, decision-makers, patient advocates, and researchers in oncology and primary healthcare.

Format
Presentations made by decision-makers, advocates, and researchers; facilitator-led small and large group discussions; and use of a computer mediated decision-support to establish consensus on research priorities.

Key Findings
Goals, short-term priorities, barriers and strategies for improving post-treatment follow-up and cancer survivorship care through community-based primary healthcare services were identified.

The vision for improving cancer survivorship care included:

- Patient wellness: Achieving optimal health (not just cancer cure);
- Role clarity: Clear understanding among cancer and primary healthcare providers about their responsibilities for survivorship care;
- Timely information: Patients and providers get the information and answers when needed;
- Effective communication between/among patients, providers and communities across the cancer journey;
- Evaluation: Care plans are assessed and revised based on evaluated outcomes; and
- System capacity: There are financial resources and HCP supply to meet demand.
Introduction
Internationally, issues relating to the quality, access and cost of healthcare continue to dominate health reform debates. With healthcare costs escalating and the availability of primary care physicians unable to match demand, the role and integration of advanced practice nurse (APN) providers are still being negotiated. Nurses practising in APN roles in the United States include nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). While advanced practice nurses have assumed greater prominence in the healthcare system, particularly in underserved populations, the placement of these roles within healthcare systems continues to evolve.

Purpose
A systematic review study conducted by Newhouse et al. (2011) set out to synthesize and evaluate the scientific literature on the care provided by APNs, specifically how APNs compare to other providers (physicians or teams without APNs)? Of particular interest was whether patient outcomes of care were similar. The review compared the processes and outcomes of care delivered by APNs to a comparison provider group, most often physicians. The intent was to “consider the broad range of studies and outcome measures across these groups using a systematic, transparent, and reproducible review process”.

Methods
Teams for each of the four APN groups searched the following databases: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Proquest. Inclusion criteria were randomized controlled trials (RCT) and observational studies of at least two groups of providers, studies conducted in the United States between 1990 and 2008, and studies which reported quantitative data on patient outcomes. Across the four APN groups, 69 studies met the inclusion criteria, including the decision to focus on patient outcomes with at least three supporting studies (NP, 37; CNS, 11; CNM, 21; CRNA, 0).

Key Findings
Findings of this systematic review include:

- Patient outcomes of care provided by NPs and CNMs in collaboration with physicians are similar to and in some ways better than care provided by physicians alone.
- Use of CNSs in acute care settings can reduce the length of stay and cost of hospitalized patient care.
- APNs provide effective and high-quality patient care, have an important role in improving the quality of patient care in the United States and can help address concerns about whether care provided by APNs can safely augment the physician supply.
- APNs can have an expanded role in healthcare systems and should be integrated into these systems to their fullest extent.

These findings are consistent with the expanding body of literature which emphasizes the critical role APNs play in the healthcare system. While this systematic review was specific to the United States, the findings likely resonate with APNs in other jurisdictions (e.g., Canada, England, Australia). Moving forward, healthcare systems in the United States, Canada and elsewhere will benefit from the collaborative engagement of various health providers with a shared goal of providing improved access to and quality of healthcare. APNs represent an integral and essential part of this process.

Jennifer Ranford, MA

References
Survivorship services for adult cancer populations: a pan-Canadian guideline


Purpose: The purpose of this study was to identify best-care practices to improve health and well-being of cancer survivors and to develop evidence-based recommendations for the structure and organization of cancer survivorship services.

Design: A systematic search was conducted to identify key articles from 1999-2009 with a focus on organizational system components of cancer survivorship or psychosocial and supportive interventions. A guideline was developed based on obtained evidence.

Results: Detailed recommendations were made about organization and care delivery structure for survivorship services and psychosocial and supportive care interventions.

Conclusion: Post-treatment cancer survivorship care improves the lives of cancer survivors. Patients faced with a cancer diagnosis need to have access to appropriate supportive services throughout their journey. High quality research is needed to overcome the current limitations of evidence-based cancer survivorship research. Research is needed to evaluate effectiveness and cost of supportive care services and best mode of delivery.

COMMENTARY

1) Are the results of the systematic review valid?
Yes. A systematic search of relevant databases was conducted. Fourteen practice guidelines, 8 systematic reviews and 63 randomized trials were included in the study. Valid tools were used to appraise quality of the studies.

2) What were the results?
The results highlight the importance of interdisciplinary survivorship care. Greater satisfaction was achieved by survivorship services that met a wide range of survivor’s needs. Outcomes in physical health were improved by interventions including diet and exercise. Psychosocial functioning was improved by cognitive behavioural therapy and psycho-educational interventions. The evidence demonstrated that ongoing post-treatment survivorship programs benefit cancer survivors.

3) Limitations:
- Diagnosis phase of cancer survivorship was not included in this study; survivorship was defined as post-primary treatment.
- Practice guidelines/systematic reviews/randomized trials included in this study were poor to modest quality.
- Randomized trials had small sample sizes and were focused on breast cancer survivors, making it difficult to generalize the results to other survivor populations.
- Results were inconsistent between studies.

4) Strengths:
- A thorough literature search was completed to identify relevant studies.
- Inclusion criteria were appropriate and well described.
- The developed guideline was reviewed by the Cancer Journey Survivorship Expert Panel and an external review committee. Recommendations in the guideline were adjusted based on their feedback.

5) Implications for Practice:
- Recommendations included in this guideline can be applied to practice in Canada and can be used in the development/evaluation of current and future survivorship services.
- Current evidence in cancer survivorship care is inconsistent. This study identifies the need for further high quality research addressing this topic.
- Most of the current evidence in survivorship care is based on breast cancer survivors. More research including other cancer survivor populations is needed.
- Cost effectiveness, continuity of care and individual outcomes of cancer survivorship care should be evaluated and included in future research.

Lindsay Yuille, BScN
OAPN Research Seminar Series

Maximizing APN Access and Outcomes in Canadian Cancer Control: Measuring Activity and Workload

It was a sell out crowd that attended OAPN’s Research Seminar Series presentation on Measuring APN Activity and Workload in Canadian Cancer Control on October 26, 2011. The presenters included Esther Green (Provincial Head of Nursing and Psychosocial Oncology, Cancer Care Ontario) and Denise Bryant-Lukosius (Associate Professor, McMaster School of Nursing; Director, OAPN). Presentation objectives were to:

- Define nursing activity and workload;
- Provide rationale for the need to measure APN activity and workload;
- Summarize what is known about measuring APN activity and workload; and
- Discuss the challenges and outline recommendations for measuring oncology APN activity and workload in Canada.

A diverse group of over 100 healthcare professionals from Canada, Australia, the United States, and the United Kingdom participated in this dynamic seminar. Participants included nurse practitioners, clinical nurse specialists, advanced practice nurses, nurse managers, registered nurses, professors, researchers, professional practice educators, policy analysts, graduate students, and international project managers.

The Results of Canada’s First National Survey of Clinical Nurse Specialists: Implications for Practice, Policy and Research

On November 23, 2011, OAPN and The Canadian Association of Advanced Practice Nurses (CAAPN) collaborated to host a webinar addressing the results of Canada’s first national survey of Clinical Nurse Specialists (CNS).

Josephine Muxlow (Co-Chair, CNS Council, CAAPN) facilitated this stimulating webinar with Kelley Kilpatrick (RN, PhD, Professor Universite du Quebec en Outaouais) who presented the CNS study results. Following Kilpatrick’s presentation, national panel members that included Josette Roussel (Nurse Advisor - Advanced Practice, Canadian Nurses Association), Barbara Foster (acting Director, Office of Nursing Policy, Health Canada), and Denise Bryant-Lukosius (Associate Professor, McMaster School of Nursing; Director, OAPN) outlined the implications of the study findings in relation to national practice, policy development, and future research initiatives, and addressed participant questions.

Over 200 healthcare professionals participated in this significant webinar. There was participant representation from all provinces across Canada.

Presentation Archive:

The presentations can be accessed at: http://oapn.mcmaster.ca/index.php/initiatives/research/resource-webinar/archive

For more information on the OAPN Research Seminar Series and to register for upcoming seminars please email oapn@jcc.hhsc.ca
News and Events

Provincial, National and International Activities Engaging Oncology Advanced Practice Nurses

Effective health human resource planning that maximizes the expertise of advanced practice nurses (APNs) is a hot topic around the world as countries grapple with the challenges of meeting demands for high quality and cost-effective healthcare services. OAPN recently circulated an e-Blast that highlighted the provincial, national and global events that reflect the continued and heightened demand for APN roles. To view the content of this e-Blast, please click on the column headings below.

- The Advanced Practice Nursing - Community of Practice Discussion Forum
- Measuring APN Activity and Workload
- Ontario’s APN - CoP Continue Work on Measuring APN Activity
- Cancer Care Ontario’s Cancer Plan 2011 - 2015
- Cancer Care Ontario - Models of Care Program
- Optimizing the Interprofessional Workforce in Community Services: Determine the Need and Role for Advanced Practice Nurses in Alberta
- Advanced Practice Nurses in Switzerland

Upcoming Conferences

7th International Nurse Practitioner/Advanced Practice Nursing Network Conference
Conference date: 20 - 22 August, 2012
Location: London, England

17th International Conference on Cancer Nursing (ICCN)
Conference date: 9 - 13 September, 2012
Location: Prague, Czech Republic

CANO/ACIO Annual Conference 2012
Conference date: 11 - 14 October, 2012
Location: Ottawa, Canada

Oncology Nursing e-Mentorship Program Upcoming Events

Career Development, Resume Writing, Social Media & Networking, and Interviewing Skills Workshops - These workshops are now fully available online and conducted at least once every month free of charge. For registration requests, please contact Brenda Cruz at onment@mcmaster.ca.

For more information on other program activities, please visit:
http://fhsson.csu.mcmaster.ca/apnment/

Capacity Enhancement Program Guideline Development Webinars

Between January and June, 2012, The Capacity Enhancement Program of the Canadian Partnership Against Cancer will be conducting six webinars to provide training and facilitate discussion in evidence-based practice guideline development and implementation. For more information please contact Ms. Sandy Hsu at hsus@mcmaster.ca.
KTClearinghouse

The KT Clearinghouse website is funded by the Canadian Institute of Health Research (CIHR) to serve as the repository of knowledge translation (KT) resources for individuals who want to learn about the science and practice of knowledge translation, and access tools that facilitate their own KT research and practices. The goal of the program is to improve the quality of care by developing, implementing and evaluating strategies that bridge the knowledge-to-practice gap, and to research the most effective ways to translate knowledge into action.

The KT Clearinghouse website is an excellent information source for healthcare providers interested in evidence based practice and healthcare educators interested in learning how to effectively incorporate evidence-based practice into their organization or practice setting. Access to the KT Clearinghouse website is free and its simple format is extremely user friendly.

Specific services accessible through the KT Clearinghouse website include:

- **KT Canada** - A CIHR-funded research network of Canadian experts in knowledge translation joining forces to tackle the greatest challenge in healthcare today: the fact that although there is a great deal of health research being conducted, there is a gap in applying the results at the patient’s bedside and in every day health decisions.

- **The Knowledge Base** - An information repository and short ‘primer’ course on knowledge translation, designed for individuals who want to learn the basics of ‘doing knowledge translation’.

- **The Centre for Evidence-Based Medicine** - This portion of the website is dedicated to developing, disseminating, and evaluating resources that can be used to practice and teach evidence-based medicine.

- **KT Tools** - This toolkit provides an up-to-date list of tools for healthcare providers and educators to use that assist in the practice and teaching of knowledge translation.

- **KT Trainee Collaborative (KTTC)** - This online community easily connects healthcare professionals, students, and researchers interested in knowledge translation through a blog format discussion page. The mission of the KTTC is to provide a sustainable network that facilitates: 1) collaborative learning, 2) collaborative work, 3) network building, and 4) career development.

Take advantage of this excellent resource today by visiting [www.ktclearinghouse.ca](http://www.ktclearinghouse.ca)!
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