Engaging in Excellence.

I thank you for the opportunity to speak on this topic and feel honoured that I was selected to pass on some thoughts.

Having remained in a specialty for so many years has given me the gift of living the evolution of cancer care over the past 40 years. The book "The Emporer of all Maladies" by Siddhartha Mukherjie was such a fascinating read for me as I could recall the various drug therapies that came to be such as Gleevac and how it revolutionalized CML; Herceptin for Her 2 positive breast cancer and ritux in lymphoma; new targeted therapies for renal cancer and other life saving treatments. This book so aptly described the challenges for oncologists and cancer team members in this very complex specialty of medicine. I have also witnessed my sister-in-law survive treatment and transplantation for ALL; watched her manage the long term side effects with such grace. Excellence in care now provides support to patients in the outpatient setting and for us in the interior the monthly interdisciplinary bone marrow out patient clinics has been a huge service.

Many of the standard drug cocktails administered back then are still being used. AC and FEC for breast cancer; carbo/taxol for ovarian cancer; CHOP in lymphoma; ABVD for hodgkins; chlorambucil ,5FU, methotrexate have been around for a long time; to name a few. However, what used to be a relatively few number of protocols has exploded into over 350 treatment regimens. This has afforded multi lines of therapies which keep lives extended and often suffering alleviated. I remember the days of nursing patients with distressing bowel obstructions; terrible suppurating breast wounds, cord compressions in prostate and renal cancer patients prior to the very important role of palliative chemotherapy and radiotherapy.

I remember the days where discussion was being held within the BC Cancer Agency in developing a website and now look at this remarkable piece of work that is open to the world at no cost. This is astounding and an example of excellence to be proud of. And our communities Oncology Network. How wonderful to have standardized care delivered by trained professionals to our patients close to home. Another piece of excellence to be so proud of.

From a nursing perspective, I believe that Oncology attracts nurses who are impassioned in their work. It is simply too complex an area for superficial care. The body of knowledge in psychosocial oncology is immense in itself, let alone aspects of treatment/side effects and supportive care. Nurses need to be engaged to fulfill their moral imperative to care for this population.

However, due to ever increasing numbers of patients requiring treatment and attention, stretched resources and efficiency models of care, the ability for flexibility and advocacy for those we serve have been challenged.

So, from my perspective, what are the factors for consideration in our region that are facing nurses as we strive for excellence?

1) Many of the clients in the interior lack access to community support for a variety of reasons (varying social determinants, families live a long distance off, the changing role of the GP with many patients relying on walk in clinics for GP support, many of our client base do not utilize computers, the role of the home care nurse has changed and indeed some communities have very limited home care nursing support, access to specialized care such as pain management is centralized in Kelowna).

2) The majority of our patients are older to elderly; often they are caregivers to their elderly spouses.

3) Patient caregivers are often sandwiched with the care of the patient and the care of their own families all the while continuing to work. There are challenges of trying to work in treatment and doctor appointments when an efficiency model does not allow for flexibility (this is often what matters most to patient….how much disruption they are causing family members). I think of the frustration that is caused to family members in voice messaging and waiting for replies…more and more common in efficiency models/ however distressing to families.

4) There is research emerging on the cognitive changes as sequelae of cancer treatment (chemo therapy and hormone therapy). This, compounded with cognitive changes from stress and that which naturally occurs with aging can be profound and impacts teaching and support.

5) Accessing and advocating within a health care system that is stretched and stressed (an example is accessing timely paracentesis for comfort care).

6) The management of ARO (antibiotic resistant organisms) within our agencies (I think of C.Diff and Shingles particularly) and how we need to be engaged and critically thinking every moment to avert potentially very serious transmissions of disease.

7) The ethics of collaborative practice….and the challenges when working with skeletal resources (I think of the amazing work done by nurses in the communities with very limited counseling/nutritional support as an example).

8) Ever expanding portfolios for everyone; our leaders are taking on multi roles from clinical, administrative, staffing to name a few. How do we continue to be creative and think of better ways of ‘doing’ within a framework of being ‘flat out’ every day. Within these increasing work loads may be the inclination to

'pass the buck' or 'send them to emerg' when we are the experts that need to be dealing with symptom support. This is where patient support clinics have been so helpful in assisting our complex patient situations in getting through their treatment plans.

9) Bringing Theory to Practice (translational research) – as specialty experts we need to be asking the questions; in doing so we need to be prepared to deal with the answers. This becomes a major challenge in efficiency models of care.

10) Recognizing the 'at risk' patients – those with education/family support/access to computers/ ability to self advocate/adequate resources are not the ones of most concern. Patients/families who cope with mental illness perhaps/ stressors from working poor/single parent families/prior trauma are ones that may require check ins and follow up support to ensure treatments are followed through all the while keeping other medical conditions from decompensating.

11) Keeping up on the ever changing literature – how does one build in their day the keeping up on email communication, annual certifications, systemic updates, when daily patient care is the priority. Is this the expectation, then, that this work is done from home? And then what are the implications of confidentiality and the potential for viral contamination between computer networks.

12) How do we work to remove redundancy in ACU with nursing and physician assessments? How do we streamline our work for efficiency and for effective care? This has been an ongoing question for many years with different assessment tools suggested/discarded/reinstituted.

13) How do we retain our stars and our fore thinkers? How do we cope with the ever changing technology? Engagement in excellence is bringing theory to practice in all levels of our organization including resource management. Many nurses are themselves within the sandwich generation balancing work, aged elderly parents and raising their own children. Is there flexibility with part time positions/casual work?

14) How do we engage in reflective practice when demands of day to day result in reactive versus proactive management. And how do we cope with the ever changing technology that consumes our own capacity; how do we prevent burn out?

In summary, and with optimism, I see our new nurses coming through the ranks with the skills, the intelligence and also the compassion. We are facing huge challenges as the bulge of baby boomers into advancing age has just begun. The competing

resources for cancer care/dementia/diabetes/mental health will create many ethical debates.

And perhaps most importantly, I think we critically need to look at ways to clean up our environment, evaluate the chemicals in our day to day we take for granted, look at our food sources and take steps into promoting healthy lifestyles (a whole other topic of discussion).

Thank you.

Christine Ransom RN