Contents

INTRODUCTION ................................................................................................................. 3

ENVIRONMENTAL SCAN METHODOLOGY – SOAR.......................................................... 4
  Strategic Inquiry and the SOAR Approach ................................................................. 4
  Environmental Scan ......................................................................................................... 5
  SOAR Analysis Based on All Sources ........................................................................... 6

BOARD STRATEGIC PLANNING PROCESS AND RESULTS ....................................... 7
  Values, Philosophy, Mission and Vision ......................................................................... 8
  Strategic Directions......................................................................................................... 9

STRATEGY MAP 2013 – 2016 .......................................................................................... 11

APPENDIX 1: ACTION ITEMS DEVELOPED AT STRATEGIC PLAN ......................... 12

APPENDIX 2: CANO/ACIO ENVIRONMENTAL SCAN 2013 ......................................... 15
  Definition & Purpose ..................................................................................................... 15
  Introduction to the Environmental Scan ......................................................................... 15
  Environmental Scan – Approach .................................................................................. 16
  Part 1: Input from Patients and CANO/ACIO Membership .......................................... 17
  Part 2: SOAR ANALYSIS Based on All Sources ......................................................... 20
  Part 3: Summary of Key Themes and Issues from Scan ............................................. 21

APPENDIX 3: CANO/ACIO BOARD MEMBER LIST ..................................................... 23
Introduction

First Leadership Limited was engaged in January 2013 to assist the Board of Directors of the Canadian Association of Nurses in Oncology/Association Canadienne des Infirmières en Oncologie (CANO/ACIO) in the renewal of the association’s strategic plan. First Leadership consultants worked in collaboration with the CANO/ACIO executive director and the vice president of the association as a team to design the approach and collect information for an environmental scan from internal and external stakeholders. Interviews and surveys were confidential and no individuals are identified in the findings.

This collaboration included the development and refinement of questions for the interview/surveys and determination of the internal and external individuals to be contacted. All findings were reviewed and assessed by the team of First Leadership consultants, the vice president and the executive director. In addition, the team prepared the design of the strategic planning process agenda to engage all members of the board. Initial analysis of the information gathered and report development was undertaken by the consultants.

Strategic Planning sessions were held on May 30, 31 and June 1, 2013 in Toronto. Sessions were facilitated by a First Leadership consultant.

CANO/ACIO’s previous Strategic Plan (2010) put forward the following Strategic Directions:

Fuel the Passion
Presence in Canada
Knowledge Exchange
Growth and Sustainability

First Leadership found that those who were interviewed in the 2013 Environmental Scan process identified significant progress on all strategic directions over the three year period.
Environmental Scan Methodology – SOAR

Strategic Inquiry and the SOAR Approach

Appreciative inquiry was used in the CANO/ACIO strategic planning process. The SOAR approach (Strengths, Opportunities, Aspirations and Results) to environmental scanning was used to inform the CANO/ACIO board planning sessions. SOAR analysis is derived from appreciative inquiry, which involves the discovery of what gives life to a system when it is most effective and constructively capable in economic, ecological and human terms. It is also a proven approach for generating new energy and ideas for organizations.

When conducting a SOAR analysis, the basic questions to be answered are:

What are our greatest strengths?
What are our best opportunities going forward?
What is our preferred future that we aspire to?
What are the measurable results that will tell us we’ve achieved that vision of the future?

Different questions were used for internal interviews and external surveys. Items were included in the list if they were identified by several stakeholders.

1Cooperrider, D; Whitney, D; and Stavros, J. (2003). Appreciative Inquiry Handbook: The First in a Series of AI Workbooks for Leaders of Change, Lakeshore Communications, Cleveland, OH.
Environmental Scan

An environmental scan is a process of collecting, analyzing and distributing information for tactical and strategic purposes. The purpose of an environmental scan is to provide planners with strategic intelligence by evaluating potential significant environmental trends and changes. It gathers factual and subjective information from internal and external sources to enable adaptive planning before trends are fully developed. Information gathered may be in terms of issues, expectations, events, organization abilities, infrastructure, human resources, structure, systems and impact.

Member Survey

Input was obtained via interviews, surveys and data mining of the CANO/ACIO membership survey. Over 250 persons provided their perspectives on the strengths, opportunities (including obstacles), aspirations and results desired.

CANO/ACIO Internal Review

The internal review was focused on obtaining input from CANO/ACIO board members, Malachite Management Inc. staff, past presidents of CANO/ACIO, special interest group (SIG) chairs, committee and chapter chairs and CANO/ACIO’s membership (from the 2012 survey).

CANO/ACIO External Review

The external review sought input from senior representatives of key stakeholder organizations such as International Society for Nurses in Cancer Care (ISNCC), Canadian Association of Psychosocial Oncology (CAPO), Canadian Partnership Against Cancer (CPAC), Oncology Nursing Society (ONS), Canadian Nurses Association (CNA), nurse researchers, nursing students and the de Souza Institute. In addition, survey data was obtained from a pharmaceutical organization and from cancer patients via the Patient Portal at UHN.
## SOAR Analysis Based on All Sources

### STRENGTHS

- Supporting oncology nurses to do oncology nursing well.
- National strategy for chemotherapy.
- We have made oncology more of a specialty.
- Conference and education. No silly abstracts. Webinars for people who can’t get there.
- Journal on line. Bilingual.
- Having the centrally located expertise and resources for nurses across the country.
- Generations from novice to near retirement.
- Our connections with other organizations we can affect thinking of decision makers.
- Promoting among students. Oncology nursing award.
- Some growth of membership.
- Special initiatives driven by membership – chemo, survivorship, psychosocial.

### OPPORTUNITIES

- How to ensure volunteers are policy based?
- What makes me a cancer care nurse rather than something else?
- Interprofessional practice. Effect has been to lose nursing leadership positions. Pushed to be handmaidens.
- Identify at which point a nurse decides when she wants to become an oncology nurse.
- CANO/ACIO gets invitations to connect with smaller groups who want to use the strength of CANO/ACIO. Who to collaborate with?
- Interview members leaving, look at membership data. Define the benefit.
- Shifting of nursing role – where are we going to be sitting?
- Changing face of oncology care—i.e., Hiring of LPNs, RPNs and other support workers.

### ASPIRATIONS

- Expand the CANO/ACIO voice and “brand”.
- Still need to push for awareness in Canada.
- Increase CANO/ACIO education initiatives and innovative methods of delivery.
- Build the member base.
- Ability to engage all nurses in oncology care – that is all nurses.
- Promote healthy work environments for nurses.
- Expansion of standards and guidelines to include Radiation and Surgical Oncology (and others).
- Partnership with de Souza for education by internet when its mandate goes beyond Ontario.
- Engage key healthcare leaders.

### RESULTS

- Use CANO/ACIO’s resources/money to benefit members’ capacity to practice oncology nursing.
- Build more high quality products (i.e., standards, guidelines, education) that meet the needs of members.
- Evaluation of national strategy on chemotherapy – a method to ensure standards, guidelines and position statements are relevant.
- Raise the bar at the conference ensuring bridge between research and clinical.
- Move forward with strategic educational support system into certification – CNA certified oncology nurses.
- Succession planning for CANO/ACIO board.
The analysis of information gathered including the SOAR analysis led to the identification of Four Strategic Pillars. The pillars which were used as guidelines in the Board Strategy Session were:

1. SHAPING OUR AGENDA
2. STRENGTHENING OUR ORGANIZATION
3. POTENTIAL KEY INITIATIVES
4. FOCUS ON PEOPLE

Board Strategic Planning Process and Results

The Board strategic planning process involved approximately 14 hours over three days. Most work was done with the full group and some small group work was conducted as well. It was designed with three main purposes:

◆ Give members of the Board the opportunity to review and use the findings of the environmental scan.
◆ Set the stage for review of values, philosophy, mission and vision.
◆ Assist the Board to develop strategic directions (2013 to 2016), strategic goals and actions for implementation of a new strategic plan.

Values, Philosophy, Mission and Vision

Following the review and discussion of the environmental scan and potential strategic directions, the Board restated CANO/ACIO’s values, philosophy, mission and vision as described below.
Values

CANO/ACIO believes that:

❖ Every nurse can be a leader.
❖ We rely on member engagement to inform our work.
❖ We facilitate the growth of our members and work to support all nurses who care for people with cancer and their families.
❖ Canadians deserve access to excellent oncology nursing care.
❖ Evidence-informed care is the foundation for excellence in nursing.
❖ The specialty of oncology nursing is an essential component of health care services across the cancer control spectrum.
❖ Collaborative relationships and partnerships further the health, well-being and quality of life of Canadians.
❖ Ongoing learning is essential for the professional and personal development of oncology nurses.

Philosophy

CANO/ACIO recognizes the responsibilities and mandate of nurses to promote and provide the highest standards of care for individuals, families and populations who are living with, affected by or at risk of developing cancer. Cancer is a chronic illness with acute phases which affects people at all stages of the life cycle. Nurses across practice settings are involved with the process of cancer control, which includes prevention, detection, treatment, rehabilitation/survivorship, end-of-life care, research, leadership and education. Individuals with cancer have complex needs; a specialized body of knowledge and skills is fundamental to the provision of high quality cancer nursing care.

Mission (NEW)

To advance oncology nursing practice excellence through practice, education, research and leadership for the benefit of all Canadians.

Vision (NEW)

CANO/ACIO is a driving force nationally and an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum. Canadians across the cancer spectrum have timely access to high-quality nursing.
Strategic Directions

Discussion and identification of Strategic Directions was conducted with the whole board. Working with the Four Pillars from the Environmental Scan, the Board chose to re-envision the strategic pillars as follows:

- **Policy influence**: Create an infrastructure for policy development that is timely and strategic.
- **Leadership**: Develop organizational infrastructure to provide leadership paths.
- **Standards and Guidelines**: Build on work done with the National Strategy for Chemotherapy Administration.
- **Specialization, Education, and Knowledge Exchange**: Meet the needs of nurses working across the spectrum of cancer care.
Specialization, Education and Knowledge Generation

The objective of CANO/ACIO’s Specialization and Continuing Education Direction is to build a mandate to meet the needs of nurses working across the spectrum of cancer care, including nurses who care for cancer patients within a generalist context, those who primarily work in specialty oncology settings, those who seek formal specialization/certification in oncology practice, and those nurses who assume advanced nursing practice roles associated with cancer patient populations.

The objective of CANO/ACIO’s Education and Knowledge Generation direction is to develop educational opportunities and support knowledge generation of Canadian oncology nurses. CANO/ACIO will partner with national organizations/institutions to ensure the ongoing availability of high quality continuing educational resources. The council of chapters will be consulted and will help develop the objectives of this work. Continue bridge-building between clinicians and researchers to increase the capacity for clinically relevant research and knowledge translation.

Leadership

The objective of CANO/ACIO Leadership priority is to develop an organization infrastructure that advances leadership opportunities and development with the objective of creating a strong voice for oncology nursing across the country. Create a formal mentorship program with capacity building for nurses engaging in CANO/ACIO leadership roles (i.e. those involved in CANO/ACIO Committees, Special Interest Groups, Council of Chapters and as board members).

Policy Influence

In order to achieve the vision of “Canadians having access to high quality nursing and excellence in cancer nursing” CANO/ACIO will need to influence policy. Building upon the work done in specialization, education and knowledge generation, standards and guidelines and leadership, CANO/ACIO will create the infrastructure for policy development that is timely and strategic. Ultimately, CANO/ACIO will be seen as a leader influencing the advancement of cancer nursing excellence across the spectrum of cancer care.

Standards and Guidelines

The objectives of CANO/ACIO’s Standards and Guidelines direction are to accelerate the development of guidelines, position statements, and education (including high priority issues such as healthy workplace, the role of nursing in psychosocial oncology, personalized medicine, patient safety, care coordination, self-management and inter-professional care guidelines). Establish a framework within the national association that identifies, introduces, implements and evaluates new, key initiatives and special projects.
### MISSION
To advance oncology nursing practice excellence through practice, education, research and leadership for the benefit of all Canadians.

### VALUES
- Every nurse can be a leader.
- We rely on member engagement to inform our work.
- We facilitate the growth of our members and work to support all nurses who care for people with cancer and their families.
- Canadians deserve access to excellent oncology nursing care.
- Evidence-informed care is the foundation for excellence in nursing.
- The specialty of oncology nursing is an essential component of health care services across the cancer control spectrum.
- Collaborative relationships and partnerships further the health, well-being and quality of life of Canadians.
- Ongoing learning is essential for the professional and personal development of oncology nurses.

### VISION
CANO/ACIO is a driving force nationally and an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum. Canadians across the cancer spectrum have timely access to high-quality nursing.

### PHILOSOPHY
CANO/ACIO recognizes the responsibilities and mandate of nurses to promote and provide the highest standards of care for individuals, families and populations who are living with, affected by or at risk of developing cancer. Cancer is a chronic illness with acute phases which affects people at all stages of the life cycle. Nurses across practice settings are involved with the process of cancer control, which includes prevention, detection, treatment, rehabilitation/survivorship, end-of-life care, research, leadership and education. Individuals with cancer have complex needs; a specialized body of knowledge and skills is fundamental to the provision of high-quality cancer nursing care.

### STRATEGIC DIRECTIONS

#### SPECIALIZATION, EDUCATION AND KNOWLEDGE GENERATION
Build an expanding mandate to support nurses working across the spectrum of cancer care, including nurses who care for cancer patients. Partner with national organizations and council of chapters to ensure the ongoing availability of high-quality continuing educational resources, and in supporting the development of new resources.

#### STANDARDS & GUIDELINES
Accelerate development of guidelines, position statements, education on high priority issues.

#### LEADERSHIP CAPACITY
Create a leadership pathway within the organization (Board, Chapters, Special Interest Groups).

#### INFLUENCING POLICY
Related to the vision of “Canadians having access to high quality nursing and, who needs to be influenced”, which links back to policy.
**Appendix 1: Action Items Developed at Strategic Plan**

*M = Moderate priority; *I* = Immediate priority; *L* = Lower priority

<table>
<thead>
<tr>
<th>STRATEGIC PILLAR</th>
<th>ACTION ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialization, Education, and Knowledge Generation</strong></td>
<td>Revisit the standards of practice and role competencies document to ensure that it represents the full range of cancer nursing with specific emphasis on approaches to meet the broader range of needs associated with cancer care nationally.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Generate a position statement on certification in oncology nursing.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Develop relevant partnerships.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Investigate what LPNs and generalists need with regards to standards and certification.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Engage in meaningful conversations with provincial groups regarding certification.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Profile certified oncology nursing.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Create a metric for specialty certification across the country.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Continuing education strategy and support.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Clarify the specific ongoing role for CANO/ACIO in education. Partner with national organizations and council of chapters to ensure the ongoing availability of high quality continuing educational resources and in supporting the development of new resources.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Sustain an excellent journal as a scholarly cancer nursing conversation in Canada and clarify the role of the editor and how to align to rapid changes in publishing.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Clarify the core business.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Create a committee or working group to support education.</td>
</tr>
<tr>
<td><strong>L</strong></td>
<td>Examine the role of students and what we do for students with regards to education. DAL External. Encourage the chapters to take leadership around this.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Clarify the reporting structure for chapters and SIGs.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Determine how we work with national educational institutes; memorandum of understanding; we see ourselves as an organization that links.</td>
</tr>
<tr>
<td>STRATEGIC PILLAR</td>
<td>ACTION ITEM</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Do we need to have a council of SIGs – perhaps have a focus group at the conference.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Devote some time from the Board to examine the business of CONJ and consider a strategic planning process – e.g., online publishing; advertising, distribution of journal?</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Expand resource networks and opportunities for research capacity building and knowledge exchange. Increase bridge-building between clinicians and researchers to increase the collective capacity for clinically relevant research and knowledge translation.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Budget for research program/activities.</td>
</tr>
<tr>
<td><strong>L</strong></td>
<td>Other research position statements; have research inform policy and position statements.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Create a process template for standards and guideline development and resources available.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Examine what already exists with regards to standards and guidelines; partner where possible</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Learn from the model that we use from the conference – create a process to accelerate the development of standards and guidelines. Resource appropriately.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Engaging the SIGs to support the process; create real life practice tools in conjunction with SIGs.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Develop standing committees to evaluate standards and guidelines.</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Have position statements on standards and guidelines inform CANO/ACIO’s policy and partnerships; this may be on an issue by issue basis.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Continue to monitor membership for useful resources and tools for nurses we can develop.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>Develop strategy toward development (and revision and maintenance) of guidelines in a sequenced manner, taking advantage of partnerships and funding opportunities with the following as possible priorities in the next 5-10 years: health promotion &amp; prevention, oral chemotherapy, biotherapy, screening and early detection, radiation oncology, surgical oncology, survivorship, end-of-life care.</td>
</tr>
<tr>
<td>STRATEGIC PILLAR</td>
<td>ACTION ITEM</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Policy Influence</strong></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Create a process for responding to issues (e.g., board committee).</td>
</tr>
<tr>
<td>I</td>
<td>Create a process for advancing policy briefs (which describe key issues on a particular topic).</td>
</tr>
<tr>
<td>I</td>
<td>Create a process for identifying key issues around which we need policy.</td>
</tr>
<tr>
<td>I</td>
<td>Create a process to decide what is a policy brief vs. policy statement.</td>
</tr>
<tr>
<td>M</td>
<td>Identify our individuals that are sitting at tables where policy is being developed; support them in advancing CANO/ACIO policy.</td>
</tr>
<tr>
<td>M</td>
<td>Identify the key cancer controls organizations in Canada; find out if we have CANO/ACIO representation.</td>
</tr>
<tr>
<td>M</td>
<td>Inviting key people to speak to the membership at conferences.</td>
</tr>
<tr>
<td>M</td>
<td>Create a process for ongoing dialogue with partners on key issues.</td>
</tr>
<tr>
<td>I</td>
<td>Do we need a DAL-Policy and Partnerships? Or task force?</td>
</tr>
<tr>
<td>I</td>
<td>Do we need to engage with regulatory and/or provincial bodies? Perhaps on an issue by issue basis? Or more comprehensive approach?</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Create a leadership pathway within the organization; e.g., active member to chapter/SIG president, to board member, to executive board member, to ambassador/mentor for the organization.</td>
</tr>
<tr>
<td>I</td>
<td>Examine board roles, specifically the Vice President, Past President, DAL PP, DAL external.</td>
</tr>
<tr>
<td>M</td>
<td>Create or partner with those who have tools to support the leadership pathway—e.g., leadership institute, or sessions; toolkit; support the chapters and SIGs; bursary to leadership.</td>
</tr>
<tr>
<td>M</td>
<td>Establish clarity about what we need in our leaders and foster the development and learning opportunities for our members. Link the leadership capacity within CANO/ACIO to support the general needs of nursing. Consider a position statement on leadership pathways.</td>
</tr>
<tr>
<td>M</td>
<td>Examine and develop the SIG, chapter and committee structure. Consider Communities of Practice vs. SIGs.</td>
</tr>
<tr>
<td>L</td>
<td>Orientation session for SIGs and chapters and committees at the meetings (perhaps PD).</td>
</tr>
<tr>
<td>M</td>
<td>Consider a process for off-boarding board members and association leaders. Have intentional conversations with outgoing board members to harness institutional knowledge and history.</td>
</tr>
<tr>
<td>I</td>
<td>Consider aligning SIG, chapter and committee to the strategic plan.</td>
</tr>
<tr>
<td>M</td>
<td>Mentorship policy and procedures.</td>
</tr>
<tr>
<td>L</td>
<td>Examine the role of students and what we do for students with regards to leadership. DAL External.</td>
</tr>
<tr>
<td>M</td>
<td>Examine the possibility of developing bursaries for leadership event to be linked to leadership gaps within the organization).</td>
</tr>
</tbody>
</table>
Appendix 2: CANO/ACIO Environmental Scan 2013

Definition & Purpose
An environmental scan is a process of collecting, analyzing and distributing information for tactical and strategic purposes. The purpose of an environmental scan is to provide planners with strategic intelligence by evaluating potential significant environmental trends and changes. It gathers factual and subjective information from internal and external sources to enable adaptive planning before trends are fully developed. Information gathered may be in terms of issues, expectations, events, organization abilities, infrastructure, human resources, structure, systems and impact.

Introduction to the Environmental Scan
First Leadership Limited was engaged in January 2013 to assist the Board of Directors of the Canadian Association of Nurses in Oncology / Association canadienne des infirmières en oncologie (CANO/ACIO) in the renewal of the association’s Strategic Plan. Two First Leadership consultants worked in collaboration with the CANO/ACIO executive director and the incoming president of the association as a team to design the approach and collect information from internal and external stakeholders. Interviews and surveys were confidential and no individuals are identified in the findings. This collaboration included the development and refinement of questions for the interview/surveys and determination of the internal and external individuals to be contacted. All findings were reviewed and assessed by the team. In addition, it included the design of the strategic planning process agenda to engage all members of the board. Initial analysis of the information gathered and report development was undertaken by the consultants.
Environmental Scan-Approach

The SOAR Approach

The SOAR (Strengths, Opportunities, Aspirations and Results) approach to environmental scanning was used. SOAR is based on Appreciative Inquiry which involves the discovery of what gives life to a system when it is most effective and constructively capable in economic, ecological and human terms. It is also a proven approach for generating new energy and ideas for organizations. When conducting a SOAR analysis, the basic questions to be answered are:

What are our greatest strengths?
What are our best opportunities going forward?
What is our preferred future that we aspire to?
What are the measurable results that will tell us we’ve achieved that vision of the future?

Different questions were used for Internal Interviews and External Surveys. Items were included in the list if they were identified by several stakeholders. Questions used for interviews and survey questions are located in Appendices 1 and 2.

Input Sources

In summary, the following categories of input were obtained:

<table>
<thead>
<tr>
<th>INTERVIEWS</th>
<th>ONLINE SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANO/ACIO board members (10)</td>
<td>CANO/ACIO members (224 contributed)</td>
</tr>
<tr>
<td>Malachite staff (3)</td>
<td>Patient Portal (6)</td>
</tr>
<tr>
<td>Past Presidents (2)</td>
<td>SIG Chairs (3)</td>
</tr>
<tr>
<td>ONS past president (1)</td>
<td>Chapter Chairs (2)</td>
</tr>
<tr>
<td>ISNCC president (1)</td>
<td>Committee Chairs (2)</td>
</tr>
<tr>
<td>CAPO president (1)</td>
<td></td>
</tr>
<tr>
<td>CPAC president (1)</td>
<td></td>
</tr>
<tr>
<td>Agency nursing leader (1)</td>
<td></td>
</tr>
<tr>
<td>De Souza Institute (1)</td>
<td></td>
</tr>
<tr>
<td>Nursing students (multiple)*</td>
<td></td>
</tr>
<tr>
<td>Nurse researchers (2)</td>
<td></td>
</tr>
</tbody>
</table>

*Input from nursing students was obtained by a CANO/ACIO board member and shared with a First Leadership consultant.

Internal Review

The internal review was focused on obtaining input from CANO/ACIO board members, Malachite staff, past presidents of CANO/ACIO, Special Interest Group (SIG), Committee and Council chairs and CANO/ACIO membership (from the 2012 survey).

External Review

The external review sought input from senior representatives of key stakeholder organizations such as ISNCC, CAPO, CPAC, ONS, CNA, nurse researchers, nursing students and the de Souza Institute. In addition, survey date was obtained from a pharmaceutical organization and from cancer patients via the Patient Portal at UHN.
Part 1: Input from Patients and CANO/ACIO Membership

Messages from Patients
To obtain a cancer patient perspective on CANO/ACIO a simple survey asking for views about CANO/ACIO, nursing and healthcare trends was put on the Patient Portal at UHN. Although a tiny sample of twelve patients responded, it does give some indication of their views. Many had never heard of CANO, but offered comments on other areas. The following is a gleaning of patient comments:

◆ “Nurses are fully aware and knowledgeable about the procedures we are going through and explain things so we understand and can cope.”
◆ “In my opinion, I have had amazing interactions with nurses who have the ability to impact a patient's mood and comfort level. I have been blessed to have amazing nurses who go above and beyond their jobs to positively impact patients and their families.”
◆ “I believe that nurses are one of the most underrated professions out there. Please pay these noble and compassionate people the pay and recognition they so deserve. It's the hardest job in the world and they do it with a positive and happy outlook which transfers to the patients. God bless them!”
◆ “Pay and keeping the Canadian nurses in Canada.”
◆ “CANO/ACIO enables cancer specific support, which any patient will tell you is crucial for decent patient passage through the cancer journey.”
◆ “I haven’t got a clue about CANO/ACIO. All the nurses I've encountered have been very good, knowledgeable, caring and efficient.”
◆ “CANO/ACIO is the national organization that supports Canadian nurses to promote and develop excellence in oncology nursing practice, education, research and leadership. It advocates on behalf of oncology nurses, patients, and their families.”
◆ “I know that a lot of Canadian nurses are going to the States because of better pay and opportunities. Let's keep our Canadian talent where it belongs. Let's pay and respect our nurses in Canada so they stay in Canada.”
◆ “I believe that nurses in general should take on more responsibility, for two reasons: they are capable and knowledgeable enough to be able to do more. The less we need to rely on doctors, the less their power and high cost affects the system.”
◆ “Better communication is needed between the nurses and the pharmacy for the distribution of the chemo drugs. The delay in getting the drugs to the patients impacts the nurses and their ability to provide quality care.”
◆ “Delegation of basic tasks from doctors to nurses.”
◆ “Better integration with the Cancer support centres like Wellspring Cancer Support Network that can assist the CANO/ACIO care system.”
◆ “Less money is being spent on health care perhaps. Governments are looking to reduce cost wherever possible.”
Messages from CANO/ACIO membership

The First Leadership consultants “data mined” the 2012/13 CANO Membership Survey and put the findings into a SOAR framework. Below is a summary:

CANO/ACIO Strengths

- Conferences
- Communicating to members
- Standards & Competencies (effective job of developing the Chemotherapy Administration and Care Position (NSCA)).
- Funding/Educational opportunities
- CONJ
- Membership activities
- Website
- CANO/ACIO’s recognition of excellence program;
- Travel grants
- CANO/ACIO survivorship toolkit with agreement that it informs practice
- The Annual Report is useful and easy to read

Opportunities

- CANO/ACIO should continue to develop a marketing and membership recruitment plan.
- CANO/ACIO should promote the work and achievements of its members nationally and internationally.

- The research committee could assist in:
  - design of the research/evaluation portions of CANO/ACIO initiatives (e.g. survivorship module, Chemo competencies, etc);
  - facilitate the knowledge development (re: research) in the membership via webinars, workshops;
  - offer support in helping new researchers get connected with more senior researchers to facilitate projects.
Aspirations

- Increase membership.
- CANO/ACIO: active role in the development of oncology-related position statements including: Smoking, Survivorship, Chemotherapy, CAM, Radiation Oncology, Cancer Prevention and Screening, Oncology Nursing Education
- CANO/ACIO should have a stronger advocacy role in: Cancer Prevention, Access to medications and funding support, Survivorship
- Health and wellbeing challenges for future initiatives such as:
  - Compassion Fatigue and Burnout
  - Healthy work environments
  - Worklife Balance
- Create a national position statement on Nurses health and well-being.
- Communicating resources/information sharing.
- Educational support.
- Support for local chapters.
- Affordable conference and webinar fees.
- More Standards & competencies.
- Mentorship.

Results (Desired)

- Measurement and Evaluation of CANO/ACIO Knowledge Transfer activities.
- Number of new members annually.
- Total revenues from membership received per annum.
- Actual number of nurses engaging in mentorship activities; Models used; Impact of mentorship.
- Number of funding dollars allocated per year;
- Evaluation planning of initiatives.
- Social Media/Network growth (analysis of CANO/ACIO on Facebook and Twitter: eg Google analytics/Network analysis).
## Part 2: SOAR Analysis Based on All Sources

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>OPPORTUNITIES</th>
</tr>
</thead>
</table>
| ◆ Supporting oncology nurses to do oncology nursing well.  
◆ National strategy for chemotherapy.  
◆ We have made ON more of a specialty.  
◆ Conference and education. No silly abstracts. Webinars for people who can’t get there.  
◆ Journal on line. Bilingual.  
◆ Having the centrally located expertise and resources for nurses across the country.  
◆ Generations from novice to near retirement.  
◆ Our connections with other organizations we can affect thinking of decision makers.  
◆ Promoting among students. Oncology nursing award.  
◆ Some growth of membership.  
◆ Special initiatives driven by membership – chemo, survivorship, psycho-social. | ◆ How to ensure volunteers are policy based?  
◆ What makes me a cancer nurse rather than something else?  
◆ Interprofessional practice. Effect has been to lose nursing leadership positions. Pushed to be handmaidens.  
◆ Identify at which point a nurse decides when she wants to become an oncology nurse.  
◆ CANO/ACIO gets invitations to connect with smaller groups who want to use the strength of CANO/ACIO. Who to collaborate with?  
◆ Interview members leaving, look at membership data. Define the benefit.  
◆ Shifting of nursing role – where are we going to be sitting?  
◆ Changing face of oncology care—i.e. Hiring of LPNs, RPNs and other support workers. |

<table>
<thead>
<tr>
<th>ASPIRATIONS</th>
<th>RESULTS</th>
</tr>
</thead>
</table>
| ◆ Expand the CANO/ACIO voice and “brand”.  
◆ Still need to push for awareness in Canada.  
◆ Increase CANO/ACIO education initiatives and innovative methods of delivery.  
◆ Build the member base.  
◆ Ability to engage all nurses in oncology care – that is all nurses.  
◆ Promote healthy work environments for nurses.  
◆ Expansion of standards and guidelines to include Radiation and Surgical Oncology (and others).  
◆ Partnership with De Souza for education by internet when its mandate goes beyond Ontario.  
◆ Engage key healthcare leaders. | ◆ Use CANO/ACIO resources/money to benefit members’ capacity to practice oncology nursing.  
◆ Build more high quality products (i.e., standards, guidelines, education) that meet the needs of members.  
◆ Evaluation of national strategy on chemotherapy - a method to ensure standards, guidelines and position statements are relevant.  
◆ Raise the bar at the Conference ensuring bridge between research and clinical.  
◆ Move forward with strategic educational support system into certification – CNA certified oncology nurses.  
◆ Succession planning for CANO/ACIO board. |
Part 3: Summary of Key Themes and Issues from Scan

The following provides a brief summary of key themes and areas for action identified by both internal and external stakeholders through the environmental scan process. Themes and descriptions were identified after initial analysis and discussion. Four planning “pillars” were used by our team to provide some differentiation although some items could be shifted to other “pillars”. The themes need to be discussed thoroughly by the CANO/ACIO board to begin the prioritizing and action planning process.

The “pillars” the team concluded were:

**SHAPING OUR AGENDA**

**STRENGTHENING OUR ORGANIZATION**

**POTENTIAL KEY INITIATIVES**

**FOCUS ON PEOPLE**

**SHAPING OUR AGENDA**

**CANO/ACIO DIRECTION:** The mission and vision of CANO/ACIO should be revisited to ensure relevance and role clarity. Efforts should be undertaken to make CANO/ACIO and the role of oncology nurses well known to all oncology nurses, nurses who are not in oncology, patients and families as well as to the general public. This is a significant strategy and communications piece for CANO/ACIO.

**NATIONAL VOICE:** Advocacy initiatives of CANO/ACIO should include taking a position on various aspects of cancer care and influencing researchers, politicians and other decision makers. There is a view that the voice of ON is needed at important tables – quality, health equity, work environment, patient advocacy and leading system change.

**HEALTH SCIENCE TRENDS:** Many cancers are now becoming chronic diseases as treatment changes and advances. Survivorship and strategies for living with cancer are challenges that nurses can contribute to significantly. For CANO/ACIO this should lead to accelerating the development of standards, guidelines and education as well as partnerships with specialized groups.

**PARTNERSHIPS:** Collaboration is vital for CANO/ACIO to have full impact. The board should focus attention on determining organizations that would provide the most synergy. Natural alliances would be with physicians, allied health professionals and educational institutions as well as specific focus organizations like CAPO, ISNCC, CPAC and CCS.

**INCLUSIVENESS:** Oncology nursing is changing and the delivery of care to cancer patients increasingly includes RPNs, LPN’s and other support workers. CANO/ACIO can find ways to work with these groups in the development of standards and practice guidelines that complement those of oncology nurses. It could also consider inviting them to become members of CANO/ACIO.
STRENGTHENING OUR ORGANIZATION

SUCCESSION PLANNING: Part of an overall leadership development strategy should include an approach for attracting members to serve on the CANO/ACIO board. It should create a succession plan for board, committee, chapter and SIG leadership with appropriate training and support.

ONGOING ENGAGEMENT: Virtually everyone agrees that past presidents have a great deal to contribute as thought leaders. Some past presidents have been unclear about how to continue engagement in CANO/ACIO once they step off the board. How can CANO/ACIO address this and make past presidents’ ongoing engagement valuable?

SUPPORT TO CHAPTERS & PROJECTS: Some Chapters need targeted support to maximize their value to their membership. This may involve the increased use of technology as well as leadership and board training. Also, CANO/ACIO needs to find ways to support SIG’s and special purpose task forces on important projects. Some of this can be accomplished by providing training for project leaders, central administrative support and by means of technology.

CONFERENCE: The CANO/ACIO conference is a significant area of success that engages people, informs and brings in revenue. However, some are concerned that the academic level of presentations is poor while others want to avoid becoming elitist. Balance is needed. How can this be achieved?

POLICY DEVELOPMENT CAPACITY BUILDING: To ensure that CANO/ACIO can take a place at influential tables, initiatives should be undertaken to increase the capacity of CANO/ACIO members to engage in policy analysis and development.

POTENTIAL KEY INITIATIVES

STANDARDS & GUIDELINES: Development of standards and guidelines for chemotherapy has been a major success of CANO/ACIO. Nurses want additional standards and guidelines developed for radiation and surgical oncology. Evaluation planning and protocols should be developed for the implementation of standards and guidelines to ensure clinical relevance going forward.

EXPANDING PRACTICE LEADERSHIP: CANO/ACIO standards and guidelines have been looked upon favorably by other countries. This is an opportunity for future partnerships, goodwill and global influence in cancer care that should be explored. It could also be a source of revenue through publications, educational workshops and related materials.
EDUCATION: The educational sessions provided by webinar have been well received across Canada and should be expanded. Also, partnership with the de Souza Institute should be pursued especially when their scope expands beyond Ontario.

CERTIFICATION: A specific initiative should be undertaken to prepare oncology nurses (members) for the CNA certification exams. This may slightly modify the role of CANO/ACIO, but its strong reputation with standards and guidelines as well as workshops and webinars can be put to good use here.

EVALUATION & RESEARCH: A component of education should include training for nurses in evaluation and research that is clinically relevant. There is concern that researchers do not pay enough attention to the needs of nurses working in clinical areas.

FOCUS ON PEOPLE

MEMBERSHIP GROWTH: While there has been good growth in CANO/ACIO membership there is a general view that many more nurses should be attracted to become members. There is a need to demonstrate the real benefits of belonging to CANO/ACIO. Special efforts should continue to attract bedside and clinic nurses who may not see themselves as oncology nurses.

MENTORING: Many believe that senior oncology nurses should take responsibility for mentoring new, younger nurses. There is an opportunity for a national oncology nurse mentoring initiative. This will require leadership from the board.

INTERPROFESSIONAL CARE: The trend toward interprofessional care and education are thought to have relegated nurses to the role of “handmaiden” to physicians. CANO/ACIO needs to influence interprofessional strategies and practices in support of nurses, emphasizing their vital role and unique contribution in the provision of patient care.

THE NEXT GENERATION: Strategies should be developed to attract students to CANO/ACIO. This should include developing some understanding of when a nurse chooses to become an oncology nurse.

HEALTHY ENVIRONMENTS: The available data on job stress and burnout is alarming. CANO/ACIO should develop a position statement on healthy working environments for its nurses and take leadership in designing programs/initiatives that promote the wellbeing of nurses and other staff.
Environmental Scan Appendices

In the course of interview, many interviewees commented on challenges and obstacles they believed that CANO/ACIO faces currently and in the next five to ten years. While this was not a major focus of the information gathering, it may be helpful in considering strategic choices.

CANO/ACIO Obstacles/Challenges

- Members need to see value.
- How are we making jobs easier?
- Money – if we don’t use our money in a different way we’ve missed an opportunity.
- Some members are leaving. Look at membership data.
- Make sure you are turning more people over in CANO/ACIO board positions.
- CANO/ACIO – 1-5 years what will CANO/ACIO look like? How do we get there.
- Some members may not see sufficient value resulting in less engagement
- Leadership – need to build capacity in our membership
- How are we making jobs easier for nurses
- Time.
- Lack of vision (CANO/ACIO).
- Membership numbers are not great.
- Ability to engage all nurses in oncology care – everyone is going to be delivering oncology care. Shifting of nursing role – where are we going to be sitting.
- When you step off board (president) you become quite disengaged, should we review this?
- Changing face of oncology nursing—i.e. Hiring of LPNs and other support workers
- Still have significant areas of cancer services that are being provided by nursing leadership and the individual may not be a CANO/ACIO nurse.
- For example a provincial cancer agency or regional leadership may or may not be oncology nurse; this is a regional and provincial problem.
- Having a strategy around how we reach the leadership of key influencers.
- Actually connecting with the influential people is a challenge.
- Trend around partnerships. We could miss the boat.
- Sense that here are a lot of healthcare associations
- How we are positioning as an effective collaborator and contributor is important
- The data that we are seeing to job stress and fatigue
- Keeping up with practice changes.
- Will they have a role in moving the field forward?
- Are they shaping the field?
- How do they add something to the field in implementation of their standards?
- They need to raise the bar. High level speakers, researchers, clinicians.
- Need evidence and critical thinking to guide our efforts.
- What are emerging methods to help patients cope with pain and suffering?
- Conference need to be more relevant. Make things more groundbreaking.
- Internal Interview Guide
CANO/ACIO Strategic Plan - Questions for Internal Interviews

Survey Introduction: the 2010/13 CANO/ACIO strategic plan directions were intended to focus on:
Fueling the Passion;
Presence in Canada;
Knowledge Exchange; and
Growth and Sustainability.

The seventeen objectives that gave specificity to these directions can be found on the next page of this document.

To assist with the environmental scan for the 2013/16 strategic plan, David MacCoy will interview you at a convenient time in March. The interview will take about 30 minutes of your time. The questions below will guide the interview process.

Taking into consideration the objectives of the previous CANO/ACIO strategy, what did it accomplish?
What is CANO/ACIO unique value offering?
What is needed or desired right now by those that CANO/ACIO seeks to serve?
What are CANO/ACIO powerful synergies? How can these be expanded?
What new synergies should be sought?
What growth/expansion initiatives should CANO/ACIO undertake?
What achievements do you want CANO/ACIO to be known for in the next three years? What should we focus on/should not focus on?
CANO/ACIO Objectives from Strategic Plan

Strategic Direction: Fuel the Passion.
Promote oncology nursing among students.
Promote oncology nursing to nurses in general.
To promote oncology nursing to oncology nurses.

Strategic Direction: Presence in Canada.
Increase profile of CAO/ACIO members among partners.
Increase profile of CAO/ACIO members amongst the Canadian general public.
Develop and formalize partnerships with organizations that share CANO/ACIO goals.
Increase CANO/ACIO profile in the online environment.
Have an up to date communications strategy.

Strategic Direction: Knowledge Exchange.
Ensure that membership has the tools to advance oncology nursing practice.
Ensure oncology nurses have national standards for chemotherapy administration.
CANO/ACIO to support members who work in clinical practice.
Ensure CANO/ACIO is responsive to changing needs in oncology nursing practice.

Strategic Direction: Growth and Sustainability.
Encourage a healthy working environment.
Ensure CONJ is available to members and the general public online.
Increase online merchandise sales.
Ensure that CANO/ACIO/BOD is sustainable and appealing for volunteer.
Understand the needs of member needs.

External Survey/Interview Guide

Questions for External CANO/ACIO Survey/Interviews

Please answer the following questions from the perspective of your organization:

What are the strengths of CANO/ACIO as a professional organization in the field of healthcare?
What is happening in the national and global healthcare environment that CANO should take advantage of?
Where should CANO/ACIO focus its energies/ avoid using its energies over the next three to five years?
What are CANO/ACIO key partnerships and how can CANO capitalize more effectively on them?
What significant obstacles does CANO/ACIO face over the next five to ten years?
## Appendix 3: CANO/ACIO Board Member list

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Title</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Brenda Sabo, RN, MA, PhD</td>
<td>Term: 2011-2013</td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td>Barbara Fitzgerald, RN, MScN</td>
<td>Term: 2011-2013</td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Jeanne Robertson, RN, BSc, BA, MBA</td>
<td>Term: 2012-2015</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – Communications</td>
<td>Lorna Roe, RN, MScN, BSc</td>
<td>Term: 2012-2015</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – Education</td>
<td>Karyn Perry, RN, BSN, CON(C)</td>
<td>Term: 2012-2015</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – External Relations</td>
<td>Christine Zywine RN(EC), BScN, MScN</td>
<td>Term: 2011-2014</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – Membership</td>
<td>Corsita Garraway, RN(EC), BScN, MScN</td>
<td>Term: 2011-2014</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – Professional Practice</td>
<td>Laura Rashleigh, RN, BScN, MScN, CON(C)</td>
<td>Term: 2010-2013</td>
<td></td>
</tr>
<tr>
<td>Director-at-Large – Research</td>
<td>Sally Thorne, RN, PhD, FCAHS</td>
<td>Term: 2011-2014</td>
<td></td>
</tr>
<tr>
<td>Canadian Oncology Nursing Journal Editor-in-Chief</td>
<td>Heather B. Porter, BScN, RN, PhD</td>
<td>Term: 2008-2012</td>
<td></td>
</tr>
<tr>
<td>Incoming Vice President</td>
<td>Tracy Truant, MSN, RN</td>
<td>Term: 2013-2015</td>
<td></td>
</tr>
<tr>
<td>Incoming CONJ Editor</td>
<td>Margaret Fitch</td>
<td>Term: 2013-2016</td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td>Ana Torres, BA (Hon) MPb</td>
<td>(Staff, ex-officio, non-voting)</td>
<td></td>
</tr>
</tbody>
</table>

---

*Note: The text is a representation of the content as it appears in the image.*