“Collaborative Education to improve the Safety and Quality of Care for Patients with Cancer”

Russian Nurses Association

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Russian Nurses Association

- **Founded** in 1992 by a group of 12 nursing leaders;
- **Unites** over 160 thousand nurses, midwives, medical assistants,
- **Established** collaborating branches in 53 out of 84 Regions of Russia,
- **Created and supports** 14 special nursing networks,
- **Develops** Professional Standards and Guidelines for nurses of different specialties,
- **Organizes** workshops and congresses,
- **Negotiates** for improved education, safe work environment, professional recognition,
- **Publishes** Journal, supports the web site
- **Engages** in international collaborative projects and holds membership with many international and regional organizations
RNA partnerships

Leading in the European forum of nursing and midwifery associations (EFNNMA) RNA puts forward efforts to advance the nursing and midwifery issues on the highest political level.

Memorandum of understanding (MoU) signed between WHO, Regional Director Zsuzsanna Jakab and EFNNMA Chair, Valentina Sarkisova.

MoU is to facilitate advancing the nursing and midwifery issues in WHO agenda.
Need

- **Increase in cancer prevalence rates**
  - Cancer is the second leading cause of death in Russia;
  - 18% increase in cancer rates in last 10 years
  - The number of patients living with cancer increased in 2007-2011 to 400 thousand people;
  - Over 40% of cancer patients receive chemotherapy as the main treatment or as a part of complex treatment regimens;

- **Low capacity of nursing workforce to care for cancer patients**
  - Lack of evidence-based knowledge and skills to provide care;
  - Lack of safe practices to provide inpatient, outpatient and home-based care;
  - Gaps in establishing safe environment for chemotherapy care;
  - Need for nurse management of treatment side-effects and complications
  - Shortage of nurses;
  - Lack of legislation - professional status of a nurse is not identified and this situation prevents the growth of nurses personal professional responsibility
Need

Reported nurse shortages around 800 thousand people; this is overestimated due to the gaps in nursing care organization, but still shortages of needed staff and needed specialists influences the quality of care.
Interventions

Develop strategic partnership

- Individual nurses - workshop participants
- RNA regional branches
- US nurse consultant on quality and research
Interventions

1. Implement Two “Train the trainer” workshops to prepare 60 nurse leaders from 30 regions of Russia
   • Give nurses evidence-based knowledge on multiple aspects of chemotherapy care;

2. Use Quality Improvement Projects in regions to support changes in nursing practices and learn how to use data for ongoing care improvement

3. Establish special network of oncology nurses to:
   • Exchange resources
   • Share learning experiences
   • Support new oncology nursing practices
Key Activities & Progress to Date

• **Selected Participants**
  - Recruit through project announcement in the RNA Journal, develop a Project page on the RNA web site;
  - Select 65 participants from 30 regions for the first and second workshop;
  - Achieve agreement on responsibility of RNA regional branches to support participants

• **In partnership with ONS developed Workshop Curriculum and refined it after the first workshop**
  - Assess learning needs of Project participants;
  - Content based on ONS evidence-based materials, use of teaching materials for patients, examples of chemotherapy documentation; Quality Improvement principles and use of scenarios to plan project data collection and introduction of new practice behaviors
  - Trainers develop a notebook of teaching materials to use with trainees in their regions
Key Activities & Progress to Date

• Implemented and Evaluated two Workshops for 6 nurses:
  • first - on June 24-28, 2013
  • second on February 17-21, 2014
  • Test knowledge on chemotherapy and quality improvement before and after the workshop;
  • Teach using lectures, group work, panel discussions;

• Topics covered:
  • Cancer types and treatment options;
  • Chemotherapy agents and regimes; complications and side effects during chemotherapy; specifically nausea and vomiting - prevention and care;
  • Safety of patients and staff in chemotherapy units and at home;

• Skills developed
  • Calculation of dozes to check the doctors’ order and guarantee safety;
  • Perform patient risk assessment for nausea and vomiting, and teaching;
  • Checks of phlebitis rates and advocating for implanted port systems (covered by the public health system)
Key Activities & Progress to Date

• Established a Network of Oncology Nurses

• Developed and supported implementation of Quality improvement Projects:
  • Finalized Protocols for Data Collection (phlebitis prevalence rates; risk assessment of nausea and vomiting)
  • Organized a data collection with the first and second groups of trainers and the reporting system;
  • Organized a site visit 8 months following the workshop to see and discuss the outcomes of quality improvement projects with nurses;
  • Organized a survey among the nurses to see to what extent they were able to implement changes at work;
  • 30 Nurses of the first group organized local trainings and reported training 376 other nurses; nurses of the second group are in process of teaching other nurses

• Plans to continue the work with oncology nurses group and give them more knowledge and more tasks
Impact. Higher level of knowledge received which is supported by pre and post workshop testing

• Pre-test results - achieved scores varied from **15 to 65%**
• Post-test results - achieved scores varied from **55 to 100%**
• 14 nurses out of 33 didn’t pass the post-workshop test and were to complete additional work to target needed learning

Workshop in 2013

Workshop in 2014

• Pre-test results - achieved scores varied from **30 to 60%**
• Post-test results - achieved scores varied from **75 to 100%**
• Only 3 nurses out of 33 achieved 75% which was on the border of passing the test; others achieved higher results and passed the test successfully!
Impact

“I wonder how and why should we start to calculate the drug doze if we are not trained to do so at the nursing college?

“Thank you for giving us knowledge on how much a nurse can give to a patient, how needed is this care and how important is the nurses role and responsibility for the patient”
Impact

“Do you know how many patients we have? Do you know that doctors decide on everything? I can not just come back to my clinic and tell “now we will start to teach the patients and to check the dozes”

It was great to collect the data about phlebitis, to organize rounds to assess the patients for nausea and vomiting risks and teaching them. They were very pleased with attention and care, and physicians were very supportive! **We are awaiting for the new tasks to implement!**”
Impact

Workshop evaluation on scale from 0 to 10, with 10 being the highest possible value, nurses rated it as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>The workshop scored</td>
<td>9.46</td>
<td>9.84</td>
</tr>
<tr>
<td>The group work scored</td>
<td>9.78</td>
<td>9.76</td>
</tr>
<tr>
<td>The oncology information scored</td>
<td>9.25</td>
<td>9.96</td>
</tr>
<tr>
<td>The quality improvement information scored</td>
<td>9.39</td>
<td>9.88</td>
</tr>
</tbody>
</table>
Impact.

• Nurses succeeded in implementation of Quality improvement projects that included:
  • Patient both personal risk assessment for nausea and vomiting and assessment of risk related to chemotherapy agent;
  • Patient teaching to prevent nausea and vomiting;
  • Studies of phlebitis prevalence rates;
  • Teaching patients to monitor the IV site and identify potential problem to address the issue to a nurse/doctor)
  • Nurses from two regions reported that were able to start the dose calculations by nurses;

The majority of nurses reported they were highly supported by patients, other nurses and physicians!
Impact

Quality improvement projects

- Nausea and vomiting risk assessment results:
  1 - low risk; 2 - moderate risk; 3 - high risk
  - Personal average nausea and vomiting risk - 2.27

- All patients need risk assessment followed by teaching and clear instructions.
- Additionally some patients during assessments asked:
  - to teach family members,
  - to give printed instructions,
  - to teach how to take anti-emetogenic drugs at home;
  - to increase the dose of anti-emetogenic drugs, and
  - to provide good smells in hospital.
Impact

Quality improvement projects: Phlebitis rates:

- 641 patients who had any peripheral infusion (chemotherapy or any other) within 10 days prior to the IV site observation;
- 172 patients with phlebitis symptoms;
- Phlebitis rate - 26,8%
- Some patients have more than 1 phlebitis and have 2 and even up to 5 phlebitis
- Greatest input into high phlebitis rates is due to certain regions: Orenburg, Udmurtiya, Altay, Omsk, Ivanovo, Chuvashia

Assessment tool suggests 4 stages of phlebitis

- Phlebitis stages distribution:
  - 1\textsuperscript{st} stage - 58%
  - 2\textsuperscript{nd} stage - 29%
  - 3\textsuperscript{rd} stage - 10,8%
  - 4\textsuperscript{th} stage - 1,3%

Plan is to encourage all nurses to organize trainings to improve infusion practices and to repeat the data collection
Impact

Faculty Members - ONS experts and quality improvement and research consultant were happy with results achieved in 5 days in both workshops.
Key Challenges

- Nurse shortages and difficulties on the local level to select the nurses to become trainers and educate others in the region (lack of experienced nurses, high turnover, or aged nurses);
- Need to understand nursing focus on helping patients manage symptoms of illness and treatment;
- Lack of knowledge in evidence-based practice for oncology nursing, so the need to start at the “ground” level;
- Create way of introducing practice changes - quality improvement projects to engage nurses in collecting data to assess and intervene with patients;
- Overcome fixed care patterns (“this is not a nursing role, but physician role”; “patients do not need the teaching, do not understand the content”, “physicians will not support this new practice”, “it will take too much time and I do not have any”);
- Administrative barriers to implement nursing documentation.
Key Lessons Learned

• Being united and supported with partnerships, nurses generate ideas and are eager to try them in practice;

• There is a need to continually and collaboratively work with nurses to understand their work environment to achieve project goals for practice change. Cancer patients deserve the best nursing care;

• Nurses positively accept challenges and need mentors to guide and help them change the way they practice;

• Oncology nurse network promotes that changes are possible by providing good local example;

• Cross cultural partnerships and collaborative relationships pose challenges, but bring learning that is key to implementing the project activities.
Key Lessons Learned

The Russian Nurses Association and participating nurses sincerely thank Oncology Nurses Society and Quality Consultant for developing the content and providing outstanding teaching at two national workshops.

February 2014, participants of the 2nd workshop
Key Lessons Learned

The Russian Nurses Association, participating nurses and faculty members sincerely thank Bristol-Myers Squibb Foundation for establishing “Bridging cancer care” Program and supporting the improvements of nursing oncology practice in Russia!

July 2013, participants of the 1\textsuperscript{st} workshop