BUILDING CAPACITY FOR CANCER CARE, WHILE FACING GLOBAL CHALLENGES AND TRANSFERRING KNOWLEDGE

THE ROBERT TIFFANY LECTURESHP

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The Robert Tiffany lectureship

Keep alive and honor his memory

Founding member and President of the ISNCC

Biennial International Conference on Cancer Nursing

Inspiration to many nurses around the world.

To honor those who have a similar capacity to inspire cancer nurses of today and of the future.
Patients are great teachers

Respect and honor cultural differences

Working with limited resources

Facing the challenges to be an agent for change

Passing on what has been learned to others.

"Health is the affirmation of life" (Center Camiliano of Humanization, 2010).
Transformational Leadership

- Develop a Vision to Bring the Required Change
- Encourage the Team to Materialize the Vision
- Inspire, Gather Feedback and Look for Potential Leaders
- Ensure the Vision is Delivered Perfectly

Robert Tiffany
Need Teamwork centered in patient needs

**IS TEAMWORK NECESSARY IN HEALTHCARE?**

Team work is needed wherever multiple individuals with multiple skills are required to work interdependently to achieve a favorable outcome.

This means that teamwork is absolutely critical in the management of sick patients.

One individual working alone cannot achieve the target of healing a patient.

A team is therefore absolutely necessary

**POSITIVE OUTCOME OF EFFECTIVE TEAMWORK ON HEALTHCARE**

- Reduced Length of stay
- Higher quality of care
- Better patients outcomes
- Greater ability to meet family member needs
- Improved patient experience with care scores
- Lower nurse turnover
TeamWork centered in patient and family needs
Cancer care is a priority

The Disease Load

¿ How it could be faced ?
Regional Strategy for Prevention and Early detection

Integrated Focus
Cancer immunization
Education
Screening and treatment of precancerous lesions
Diagnosis and treatment of advanced cancer and palliative care.
Action about VHP vaccination
CANCER WORLDWIDE 2012

14.1M NEW CASES
8.2 M DEATHS

57% OF CASES
65% OF DEATHS

LOWER INCOME COUNTRIES

TODAY CHALLENGES

10% GLOBAL RESOURCES

CANCER DEATH AND BURDEN

LOWER THE MORBILITY AND MORTALITY

◦ BREAST AND CERVICAL SCREENING
◦ TABACO CONSUMPTION CONTROL
Estimated number of cases and age-standardized rates for incidence and mortality of female breast cancer in 2008

**INCIDENCE NUMBER OF CASES**

**WORLD**
- 1,384,155 cases
  - Age Standardized Rate (ASR): 44.5

**MORE DEVELOPED REGIONS**
- 692,634 cases
  - ASR: 71.7

**LESS DEVELOPED REGIONS**
- 691,521 cases
  - ASR: 29.9

*Age standardized rate per 100,000 population, using the WHO World Standard Population

**MORTALITY NUMBER OF DEATHS**

**WORLD**
- 458,503 deaths
  - ASR: 47.9

**MORE DEVELOPED REGIONS**
- 189,455 deaths
  - ASR: 37.0

**LESS DEVELOPED REGIONS**
- 269,048 deaths
  - ASR: 49.3

*Age standardized rate per 100,000 population, using the WHO World Standard Population

** Ratio of mortality rate to incidence rate
Non Communicable Diseases

80%
Atherosclerotic heart disease, type 2 diabetes, and cerebrovascular disease are preventable.

30%
Cancers are preventable
EDUCATORS
AGENTS OF CHANGE
FACE THE SOCIAL DETERMINANTS OF HEALTH
INCREASE THE COLLABORATIVE EFFORTS
REINFORCING TEAM WORK
THE HISTORY OF NURSING

nursing today

2.9 MILLION nurses in the U.S.

2.9 million nurses in the U.S.

8 MILLION of us every day.

8 million nurses caring for 8 million of us every day.

# of nurses per 10,000 people.

1 nurse for every 102 U.S. citizens.

30 worldwide average.

$7 BILLION - the economic value of nursing care.

care

research

restore

their contributions

assess

teach

American Red Cross started in 1881 by Clara Barton, a Civil War nurse known as the “angel of the battlefield.”

By early 1900s, hospitals take over nursing schools, using clinical experience over “book learning” and using students as cheap labor.

1860

Royal Victoria Hospital is opened by Queen Victoria to train caregivers and provide for soldiers.

1870

11,000 Catholic sisters running France’s 1,500 hospitals.

1874

Canada’s first training school opens at General and Marine Hospital.

1873

Linda Richards graduates as America’s first professionally trained nurse in Boston.

1911

15,000 nuns from over 200 religious orders make up the healthcare system.

birth of modern nursing

Florence Nightingale lays the foundation of professional nursing in the book Notes on Nursing.

Matt Vera, RN  Mar 21, 2015
Leadership

communication, responsibility, motivation, support, mentor, ethic, decision, vision, teamwork, management

support, strategy, vision, integrity, Leadership, contribution, communication, motivation, influence, responsibility, planning, management

"Leaders become great, not because of their power, but because of their ability to empower others."

John Maxwell
• Care to patients with cancer
• Implementation of Palliative Care
• Management policies en NCD’s and Cancer
Palliative Care Model for Public Health

Stjernsward, Foley, Ferris; JPSM 33(5), 2007
Every one deserves to receive palliative care wherever they need it
Patients in need of palliative care deserve to receive it: **It is an Human Right**
Improving Access to Palliative Care

WHO NEEDS IT?

Of the 40 million people who need palliative care each year:

- 39% have Cardiovascular diseases
- 34% have Cancer
- 10% have Chronic lung diseases
- 6% have HIV/AIDS
- 5% have Diabetes

WHAT ARE THE GAPS?

- 86% of people who need palliative care do not receive it
- 83% of the world’s population lack access to pain relief
- 98% of children needing palliative care live in low and middle income countries
WHAT ARE THE BARRIERS?

- Poor public awareness of how palliative care can help
- Cultural & social barriers, such as beliefs about pain and dying
- Insufficient skills and capacities of health workers
- Overly restrictive regulations for opioid pain relief

WHAT CAN COUNTRIES DO?

Implement the 2014 World Health Assembly Resolution 67.19 on palliative care, by:

- Integrating palliative care into national health policies
- Revise laws & processes to improve access to opioid pain relief
- Include palliative care in the training for health workers
- Provide palliative care services, including through primary health care centres and homes

WHO/NMH/NVI/15.5
"Leaders become great, not because of their power, but because of their ability to empower others."

JOHN MAXWELL
Non Communicable Diseases

80%
Atherosclerotic heart disease, type 2 diabetes, and cerebrovascular disease are preventable.

30%
Cancers are preventable
The Reality About Risk Factors

**Intermediate risk factors (Metabolic or physiologic alterations)**
- Hypertension
- Hyperkinemia
- Hyperglycemia
- Overweight and obesity

**Non Communicable Diseases**

**Modifiable FR**
- Inadequate Diet
- Physical Inactivity
- Tobacco consumption
- Excessive consumption of alcohol

**Social Determinants**
- Urbanization
- Globalization
- Technology
- Education
- Food Availability
- Poverty/income
The Reality About Risk Factors

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THE MAIN DETERMINANTS OF HEALTH
Suggested Priorities to Reduce Cancer Care Disparities Worldwide

Tobacco control

Obesity, diet, and exercise

Vaccines

Prevention, early detection, and treatment

Palliative care

Cancer control planning and registries

Universal health care

The Chronic Care Model Patient Centered Care

Better Outcomes

COMUNITY

HEALTH SYSTEM Organization of Health Care

Self-Management Support

Delivery System Design

Decision Support

Clinical Information System

Resources and policies

Informed Activated Patient

Productive interactions

Prepared, Proactive Practice Team
Building blocks for addressing cancer disparities per income settings.

Low-Income Countries Focus on prevention and risk reduction strategies

Middle-Income Countries Prevention/WHO list of essential medications

High-Income Countries Improve access to underserved populations

CANCER NURSING CHALLENGES AND CHANGES

Practice the full extent of the education and training
Should achieve higher levels of education and training with priority in those less developed regions
Be full partners, Continue the program Adopt a Society, or a Country
Effective workforce planning and policy
Improved information infrastructure
Continue taking into consideration social determinants of health.
EDUCATORS

AGENTS OF CHANGE

FACE THE SOCIAL DETERMINANTS OF HEALTH

INCREASE THE COLLABORATIVE EFFORTS

REINFORCING TEAM WORK
EQUALITY  EQUITY

THE DIFFERENCE MATTERS
Equality doesn’t mean Equity
### EARLY DETECTION RESOURCES ALOCATIONS

<table>
<thead>
<tr>
<th>Level of resources</th>
<th>Public Education and Awareness</th>
<th>Detection Methods</th>
<th>Evaluation Goal</th>
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<tbody>
<tr>
<td>Basic</td>
<td>Development of culturally sensitive, linguistically appropriate local education programs for target populations to teach value of early detection, breast cancer risk factors and breast health awareness (education + self-examination)</td>
<td>Clinical history and CBE</td>
<td>Breast health awareness regarding value of early detection in improving breast cancer outcome</td>
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<tr>
<td>Limited</td>
<td>Culturally and linguistically appropriate targeted outreach/education encouraging CBE for age groups at higher risk administered at district/provincial level using healthcare providers in the field</td>
<td>Diagnostic breast US +/- diagnostic mammography in women with positive CBE Mammographic screening of target group*</td>
<td>Downsizing of symptomatic disease</td>
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<tr>
<td>Enhanced</td>
<td>Regional awareness programs regarding breast health linked to general health and women’s health programs</td>
<td>Mammographic screening every 2 years in women ages 50-69* Consider mammographic screening every 12-18 months in women ages 40-49*</td>
<td>Downsizing and/or downstaging of asymptomatic disease in women in highest yield target groups</td>
</tr>
<tr>
<td>Maximal</td>
<td>National awareness campaigns regarding breast health using media</td>
<td>Consider annual mammographic screening in women ages 40 and older Other imaging technologies as appropriate for high-risk groups*</td>
<td>Downsizing and/or downstaging of asymptomatic disease in women in all risk groups</td>
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Health is about income inequality.

1. No education
2. No jobs
3. No money

Cut the line of poverty. Education = Job = Money
Thanks

¡Muchas Gracias......!!!