



## *Kids Cancer Research Trust Paediatric Oncology Nursing Research Fellow Report 2009*

The Paediatric Oncology Nursing Research Fellow position has been generously supported by the Kids Cancer Research Trust since March 2007. The nursing research fellow is responsible for initiating, developing, promoting, publishing and implementing research and evidence based practice within the haematology/oncology unit, working alongside bedside nurses & the multi-disciplinary team. I have been working in this role in a part time capacity (0.4 FTE) and have been involved in several exciting and challenging projects. Below are some descriptions of projects that have been completed or commenced for 2009.

### *Nursing Practice Council*

The nursing practice council was established in 2005 and is a forum for bedside clinicians to participate in research within a model that offers collegial support and facilitation from the clinical services coordinator, associate clinical service coordinator and the nursing research fellow. In 2009 there were several changes to the NPC membership due to staff leaving. Louise Jaensch commenced a collaborative project with multidisciplinary team members looking at the information parents and children require at the end of treatment. Louise has since moved out of the unit and handed over her work to date to the collaborative team. Kathryn Whelan and Kerri Fathers commenced a project together which involved reviewing the telephone triage folder. Due to staff placement, Kerri was asked to review the activity of the out patient clinic particularly in view of the relocation of this service. More detail is described below.

### *Louise Jaensch - Long term follow up project*

Louise has worked as a registered nurse in the oncology department for 6 years and for a significant period of time has been the designated nurse for childhood survivors of cancer. Through her interest in survivorship and based on patient needs, Louise has focused on the project of developing a resource folder for patients and families for when their treatment is finished. It has long been recognised that this can be a distressing time for families due to treatment that has kept their child 'well' finishing, their contact with the hospital and all their supports reducing and the family somehow having to navigate a new future of learning how to be a family again, focusing on their child living and growing into the future and hoping the cancer doesn't come back. The need for specific and individualised information for families was often asked for so members of the multidisciplinary team collaborated on what

information was needed. The outcome is a comprehensive booklet that was sourced from the UK and covers all areas that are considered significant to include. There is also a list of resources that are accessible to parents and will be included in the end of treatment pack.

### *Kathryn Whelan - Telephone advice project*

Kathryn is an experienced nurse who has only recently joined the oncology team. Kathryn undertook the project of reviewing the telephone triage folder that is used to document all parents' calls to the oncology unit regarding their child's condition at home. So far all the calls over the last two years have been reviewed and areas identified that need to be focused on to improve the quality of nursing advice that is given out to parents. This includes information regarding children who have a fever, children who have had a contact with chicken pox, parents who are ringing multiple times regarding the same issues and medication management. This project is ongoing.

### *Kerri Fathers - Patient flow in the out patient department*

Kerri joined the oncology unit following her graduate nurse program in 2008 and is currently involved with a multidisciplinary collaborative project that is reviewing how patients move through the haematology/oncology outpatient department. This project is in the early stages of investigating what the barriers are to patient flow and what strategies we can use to improve the patient and families experience.

### *Other projects*

I have been involved with writing the terms of reference for the clinical practice committee and the multidisciplinary team meeting. The terms of reference were due for review and are currently being discussed by the collaborative team.

I have been collaborating with the dental team, in particular the dental honours student to assist with an audit that was being undertaken within the unit. The dental audit required all children to be referred to a dentist at diagnosis and to implement an assessment tool for assessing mucositis. This project is still ongoing and collaboration continues.

I worked with the senior nursing team to evaluate the dynamic planner that was implemented one year ago. The dynamic planner is a tool that nurses use shift by shift to assist with delivering safe and efficient patient care. The tool aims to improve team communication and collaboration. The evaluation demonstrated that the majority of nurses like using the dynamic planner and believe it has promoted improved team work.

### *Clinical practice changes and standards*

I have also been involved in other projects that have arisen through clinical practice issues; these include the fast priming of intravenous lines for chemotherapy administration and the method for taking blood samples from central lines that conserves blood loss.

### *Discovery Interviews*

The discovery interview project was an exciting initiative that looked at the experience of parents and children in hospital, to learn from these experiences and to make positive changes to improve the service provided. The project involved asking parents and young people to volunteer to be interviewed by a research nurse and to describe their experience of being in hospital. The interview did not have any set questions, parents were able to talk about whatever they felt was an important issue to raise and if necessary the interviewer would ask for more information about an incident. Each interview was recorded with the parent's permission. The project was run collaboratively with the surgical unit. The idea was to support nurses at the bedside to be involved with the research process. There were 8 interviews conducted and all of these were oncology patients. The interviews were analysed by a team which included a doctor, nurse, allied health professional and research nurse. .

This project has now been closed and final findings and recommendations are in the process of being completed.

### *Presentations at conferences*

From September 2008 to June 2009, I helped prepare the annual scientific meeting held in Adelaide for the Australian New Zealand Children's Haematology Oncology Group (ANZCHOG) national conference. I chaired the local conference organising committee in collaboration with Dr Heather Tapp. The overall conference was a success because of the commitment, enthusiasm and participation of the entire multidisciplinary team in the planning and organising of key note and local speakers as well as social functions.

In 2009 I assisted one nurse and one play coordinator to present oral presentations at the ANZCHOG national conference. Support consists of helping with writing abstracts to submit for selection and then preparation for the content of their oral presentations.

### *Professional development opportunities*

I attended a 'Redesigning care- Lean thinking' workshop that looks at ways of ensuring patient care is delivered safely and efficiently. I also attended a workshop at the RAH relating to safety in administering chemotherapy and other practice changes that have been successfully implemented at the RAH. Both of these seminars will build on the patient safety and quality work that my role focuses on.

### *Summary*

In summary, the past 12 months have been successful when measured by the projects that have been commenced and completed as well as the team's participation in hosting the ASM. There is a significant amount of nursing research/ practice development being undertaken by nursing staff in the Department of Clinical Haematology/Oncology. The level of motivation to improve the standard of care delivered to the children and their families is inspiring and I look forward to the challenges that 2010 bring.

Yours Sincerely  
Susan Dyer