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HSANZ NG News

Bloody Nurses—become HSANZ NG

As you read this the annual meeting will be taking place with the launch of the nurses group on Sunday the 14th October at 11am. This is a very exciting time for Haematology nursing as we also are an 'agenda item', for the first time at the Annual General meeting of the HSANZ.

This year saw a an unprecedented 23 abstracts, all of which are of a very high standard and I, for one, am looking forward to some exciting presentations.

As some of you know since those heady days last December when over 50 specialist haematology nurses met for the inaugural meeting of the Haematology Nurses' Society (HNS) in North Ryde, Sydney,

The Haematology Nurses' Society has now become the HSANZ NG. Moira Stephens has been working with Andrew Roberts to iron out the detail, and this is almost completed. The HSANZ Council members have been very supportive of our interest in forming a group and details of the constitution are nearing completion.

The nurses group has held two National tele conference meetings to date including representatives from all states, territories and New Zealand. The plans for the next twelve months are to develop local groups, increase nurse membership of HSANZ and to develop the nurse's section on the HSANZ website. Members of the committee will be meeting with the HSANZ administrator to this end at the annual meeting.

So, to those at the conference, have a fabulous meeting and enjoy the weather provided, along with a great programme by Rosita and the local organizing committee, and, to those unable to attend this year—have a great October and plan for Perth next year!,

Here's to a busy conference with lots of activity and skill development!

Moira Stephens

October 2007

News from the Journals

A number of interesting articles have been published recently including;

Baumrucker SJ. Stolick M. Morris GM. Sheldon JE. Vandekieft G. **Cruel and unusual code blue?.** [Case Reports. Journal Article] American Journal of Hospice & Palliative Care. 24(3):236-41, 2007 Jun-Jul.

Veerappan R. Morrison M. Williams S. Variakojis D. **Splenic rupture in a patient with plasma cell myeloma following G-CSF/GM-CSF administration for stem cell transplantation and review of the literature.** [Review] [17 refs] [Case Reports. Journal Article. Review] Bone Marrow Transplantation. 40(4):361-4, 2007 Aug.

Mills J. Francis K. Bonner A. **Live my work:rural nurses and their multiple perceptions of self.** Journal of Advanced Nursing. 59 (6) :583-590 2007 Sep-

Inside this issue:

Special points of interest:

- *Practice Corner—What are you doing on your Unit?*
- *Ask the Expert—email in with your questions and your answer will appear in the next issue.*
- *How Do I—write an abstract? Make a presentation? Understand statistics? Let us know what you want to know.*
- *Tea Room Guru—What's your beef?*

Write in with all your comments, questions & articles

An introduction from the Paediatric Group

S.Molloy (CNS),
T. Iacono(RN),
L.McGraffin(RN)

At Sydney Children's Hospital, Randwick we consist of a sixteen bedded inpatient ward with four dedicated bone marrow transplant rooms and a separate outpatients facility. Our units cater for children ages up to sixteen years. It is a tertiary centre which provides care for the whole of the South Eastern Sydney and Illawarra Health Service area. As well providing care at the hospital, outreach clinics are organised for the rural areas of N.S.W. The two units combined provide holistic family centred care to haematology/oncology patients.

ALL, AML and lymphomas are our most common malignant haematological conditions that we treat. However we also see a mixture of non malignant haematological disorders such as Thalassemia Major, Aplastic Anaemia and Haemophilia,

Together with Westmead Children's Hospital we hope to provide an insight into what being a paediatric haematology nurse involves and what practices we are working on to improve our care.

St George's Hospital embraces effective learning

Cancer Services at St. George Hospital, Sydney is seeking better ways to respond to trends in Australian health care that directly impact on the delivery of patient care. Ensuring staff adapt to the ever changing evidence-based health care environment; embracing an emphasis on quality management practices; moving from paper based patient record and protocols to an on-line system are some of the influences that have required Cancer Services to review the way it approaches organisational learning. What's required are improved organisational learning methods that more effectively and efficiently engage staff in the learning activities.

The result has been to commence development of an on-line learning program within the overall learning and development strategy. Commencing with newly employed health care staff, Cancer Services is developing a series of stand-alone online learning as well as blended learning programs in order to support the learning and development of its clinical staff.

"Cancer Services at St. George Hospital, Sydney is seeking better ways to respond to trends in Australian health care that directly impact on the delivery of patient care"

While still early days we have seen improvements with intrathecal chemotherapy prescribing practices as well as adoption to the electronic medical record system used in the outpatients. The intention is to develop a multiprofessional suit of e-learning programs to support staffs clinical and career development in Cancer health care.

Chris Sargeant
Project Officer, Cancer Solutions
St. George Hospital
South Eastern Sydney Illawarra Area Health Service

Patient Held Records—Project's a go ..

Message from Haematology Ns Care Coordinator from that obscure island in NSW (Canberrra)

I have been researching the topic of Patient Held Records for my Masters. Whilst I agree
that we are all heading in the direction of Electronic Patient Records, until that utopia arrives,
I am working on collating an individualised tailor made record for pts with Lymphoma, Myeloma
and Leukaemia.

My aims are

1. To improve the communication between health proffessionals involved in the pts care.
eg. The GP, Drs in A + E, Community Nurses, Outpts, Inpts, palliative care nurses
so that everyone is informed of the treatment plan. (Many of our pts come from Sth coast or as far afield as Young).

2. To empower patients in becoming involved with their own care.

The design will be A5 size with x3 rings to enable files to be added or removed.

I have a copy of the A4 folder which is in use at the RAH in the BMTU and that is excellent.
My question is are there any paper based PHR's out there that are being used for Haematology pts.
in your Hospital? If so I would like to hear from you. I am contactable via the details below.
Thankyou
Deidre Mathis

Deidre Mathis

Malignant Haematology
Care Coordinator
Capital Region Cancer Service
PH: 02 6244 3447
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email: deidre.mathis@act.gov.au

News from the States and Territories

My name is Tita Hunter, I am representing Darwin, Northern Territory. My special thank you to Debbie Hayes and Allan Hayward of Adelaide South Australia when my name came into their minds when this organisation was being put together. I am very happy to be the contact/resource person for our territory.

I am currently working at the chemotherapy suite of Darwin Private hospital.

We are a very small unit, only 3 RN's (including myself), 1 medical oncologist and 1 haematologist. We are currently providing our nursing expertise to between 50-70 patients who are receiving their chemotherapy treatment in an outpatient basis.

We are very isolated from other states and territories, therefore we value any contacts from other oncology/haematology centres.

I am very interested to improve our nursing knowledge and skills with regards to currents trends in medical oncology , haematology and bone marrow/stem cell transplants.

Anyone who is interested to know more about how we function here at the top end please do not hesitate to contact me:

Tita Hunter

Tel no (08) 8920 6295 / 0405 717670

Hi my name is Jo West and I am currently the Clinical Nurse Educator for Oncology, Haematology and Bone Marrow Transplant Services at Royal Melbourne Hospital. The majority of my nursing career has been spent in the areas of Haematology/ BMT with a side diversion into the area of Intensive Care. I am very excited about the establishment of a haematology nursing specialist group and raising the profile of haematology nurses. Establishment of the Victorian local group will provide networking and educational opportunities – so please contact me with your interest and ideas. The strength of any group is reliant on it members (look at Collingwood Football Club)!

Please contact me on:

Joanne (Jo) West

Clinical Nurse Educator – Oncology/ Haematology/BMT

Ward 5 East

Royal Melbourne Hospital

Grattan Street, 3050

HSANZ NG SA

Terry Ventrice, CNC, Haematology Bone Marrow Transplant Unit & Debbie Hayes, CNC, Bone Marrow Transplant Coordinator, Royal Adelaide Hospital, are the contacts for interested nurses, working within the area of Haematology in SA, who would like to be involved in the South Australian HSANZ NG.

As veterans, we collectively have 35 years of Haematology/Bone Marrow Transplant experience and continue to have passion and enthusiasm for this challenging and evolving field of expertise.

We look forward to being involved in the establishment of the SA branch of HSANZ NG and are excited about becoming a part of a professional body that provides commitment and dedication to the ongoing educational needs of our nurses, from the junior to the more advanced clinicians, working in malignant and non malignant Haematology.

Our first meeting of the organising committee is scheduled for November 2007 and we welcome nurses interested in these areas.

Contact: **Terry Ventrice** Email: therese.ventrice@health.sa.gov.au Phone: (08) 8222 4582

BMT network NSW -
Acuity Tool and Outcomes Project

Bone Marrow Transplant Network NSW

August 2007 – July 2008

The BMT Network of NSW is continuing to support the Bone Marrow Transplant Nurses by conducting a project to look at Patient Acuity Levels in all units throughout NSW. Whilst there are a number of Patient Acuity Tools that have been developed for the general ward and intensive care areas, very little research has gone into a specific tool for use in Bone Marrow Transplant Units with only 1 such tool having been developed over ten years ago which is quite a significant time frame considering the progress BMT has made in that time. The BMT Network of NSW conducted a small pilot two years ago with some promising results achieved therefore the BMT Network is now conducting a longer term project.

What is a Patient Acuity Tool?

Patient Acuity Systems measure the patient's nursing care requirements based on bedside therapeutic nursing interventions, as well as the patient's psychosocial dependency levels. (Whitney and Killien 1987)

What is the purpose of the Tool?

A patient acuity tool can be used to predict staffing levels and skill mix, and reflect the real nursing care needs of the patients in each the unit. The project aims to demonstrate that BMT Units have patients with an acuity level greater than those patients' in general medical wards, often at an acuity level similar to high dependency units, particularly those units that do allografts. A comprehensive review of staffing levels in all the units will also being conducted as part of the project. In this way, we aim to provide evidence for BMT Units which will assist in staffing recruitment and retention through the identification of the need for highly skilled nursing staff in this clinical area.

What is the method of the project?

The acuity tool will be introduced at each BMT site where it is expected to remain as a working tool for a period of six months (December 2007 – May 2008 is the estimated timeframe). During this time, information will be gathered regarding the daily acuity status of patients in each clinical area and measured against the actual nursing staff levels. Following completion of the data collection period, a full analysis will provide comprehensive guidelines for the accurate provision of daily nursing staff required to meet the needs of all patients under any given scenario in each clinical unit.

What is involved?

Nursing staff complete a short questionnaire once daily on each patient which represents the previous 24hrs nursing care. It is a simple tool and should be completed in as little as five minutes. The information will then be collated to identify the ward acuity levels on a daily basis. Prior to the start of the project in December, site visits will be undertaken in order to provide education and assistance for nursing staff regarding the use of the tool. The project will also be following 20 transplant patients to day 100 and to one year post-transplant in order to determine if higher patient acuity levels equate to survival. This part of the project will be done in conjunction with the Australian Bone Marrow Transplant Recipient Registry.

Who will participate?

The BMT Network NSW is seeking support and participation from all BMT Units in NSW and ACT. This project has received funding from the Greater Metropolitan Clinical Taskforce and is one of the BMT Networks major priorities for 2007 – 2008. The success of the project relies heavily on the clinical input and participation from each BMT hospital.

For further information please contact Chloe Ahern, Research Nurse for the Acuity and Outcomes Tool Project on:

Email cahern@stvincents.com.au

Tea Room Guru

Dear TRG,

I was reading an article about the value of therapeutic touch – it sounds great – can I touch everybody and what's this business about VRE?

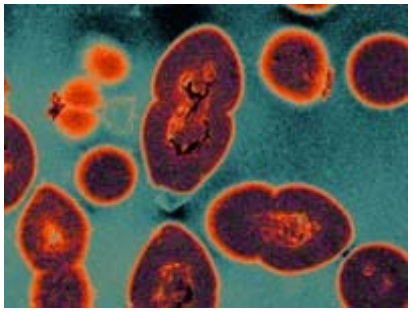
Yours is just the kind of touchy feely behaviour that causes transplants to be cancelled, units to be rebuilt, hospitals to be closed and governments to fall!

Enterococci are bacteria that are naturally present in the intestines of most humans and animals. Enterococci are normally harmless. Some strains of enterococci have become resistant to vancomycin and are no longer able to be treated with vancomycin. These resistant strains are called "vancomycin resistant enterococci" or VRE for short.
There are two types of VRE, based on the resistance genes (*vanA* and *vanB*). Both are found in two different species of enterococci (*Enterococcus faecium* and Enter *ococcus faecalis*). VanB strains are the commonest problem in hospitals in Australia and have never been found in food (NHMRC 2007) which means they must have been spread by other means – like touchy feely health care workers – who don't wash their hands or share equipment among patients! As you know, Vancomycin Resistant Enterroccocci are naturally resistant to heat and disinfectants and can survive 65 degrees for 10 mins or 71 C for 3mins and 80 C for 1 minute … ALSO they can survive 150pp chlorine for 5 minutes.

There are two principles associated with managing VRE;

Preventative measures and management measures. Preventative measures include;

- Hand washing or gel handrubing before and after each patient contact;
- Whilst the wearing of plastic aprons may have minimal impact by itself – it does cause the healthcare worker/visitor to stop to put the apron on which helps to encourage them to think and remember to wash or hand-rub hands.
- Cleaning of tables/toilets (especially) 2-3 times a day and immediately if soiled) – this helps a lot because VRE can live quite happily for quite a long time on fomites- these are in organic objects such tables, pens, computer keyboards, door handles, curtains and toilets. The person carrying the VRE on their hands deposits some onto the fomite where it sits happily waiting for some else to pick them up and carry them off – hand washing and cleaning objects breaks this cycle.
- Getting patients to use a personal bottle of hand rub before eating – this breaks the cycle because if the little critters are on their hands, they don't then inadvertently ingest them – washing hands reduces the risk of healthcare workers ingesting them too – nice eh!



Surveillance, ie screening swabs or stool samples is controversial because of the problem of knowing what to do if you have diagnosed all these people and don't have the resources to deal with them, also, because of the cost of the screening – how ever, if you have a handle on how many cases you have, you can monitor them and you can make a attempt to manage them and keep the lid on any increase in incidence.

Management measures may include;

- Isolating or cohorting people,
- Certainly isolating people who are incontinent, have diarrhoea or are otherwise unable to manage themselves with toileting etc
- Treatment as advised by your local ID department.

If a patient has VRE positive blood cultures but is not colonised with VRE in their gut themselves one has to wonder if some touchy feely health care worker has given them the gift !

So – I advise that you forget about therapeutic touch and all that modernist mumbo jumbo and just get back to making beds, cleaning bedpans and ensuring the bed wheels are in alignment .

If you have any of life's questions, personal problems or niggling concerns about a major decision and you can't trust your star sign – write to me:

Tea Room Guru, c/o The Editor, HSANZ NG News.

HSANZ – NG
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