



Editors' note

Welcome to the winter edition of Cancernet.

This edition highlights the recent successful biannual NZNO Cancer Nurses College Conference held in Christchurch in May 2017, with reports from cancer nurses sharing insights into presentations provided covering a wide range of topics and innovation in cancer nursing practice.

Gill Archer, a nurse educator at Waikato DHB shares collaborative and innovative working in the development of the push-pull method of blood draw, demonstrating the significant benefits to patients and clinical services.

The Cancer Nurse Training Programme at Southern DHB is explored, discussing the development of nurses from novice to advanced beginner-practice level.

Two pieces of exciting news to share;

- **The National Bowel Screening Programme has gone live, with first pre-invitation letters sent to eligible residents in Hutt Valley and Wairarapa DHB regions.**



[Click here to view it...](#)

- **The location for the International Society of Nurses Cancer Care (ISNCC) 2018 conference has been announced... wait for it Auckland, New Zealand, September 23-26, 2018!**

Don't forget to save the date, and be part of the longest running global cancer nursing conference.

Melissa Warren and Kirstin Unahi

CNC Conference 2017 *some great feedback...*

The Cancernet editors received a number of reports regarding the recent Cancer Nurses College Conference which appears to have been very well received. A number of these were from attendees who received CNC - NZNO or ROCHE funding to attend. We have taken excerpts from these for the following article as well as a full report from Judith Warren, CNC NZNO Chairperson.

The biannual Cancer Nurses College conference was held at the Tait Technology Centre in Christchurch 11-13 May. The CNC committee thank Wendy Jar and the conference organising committee, the generous sponsors and Conference Innovators for hosting this successful conference which had 128 attendees.

The difficulty nurses have to attend conferences nationally was evident with some DHB's only represented by one or two nurses.

The committee would also like to extend our gratitude to the Mid Central Radiation Oncology Trust for continuing to support cancer nurses with another generous grant to fund overseas speakers.

Also we again thank Roche for an



**Cancer Nursing NZ
Under Construct on**

11-13 May 2017 Christchurch

NZNO Cancer Nurses College Conference 2017

a memorandum of understanding for several years and we look forward to strengthening the relationship between both groups for the progression of cancer-related education and care.

Professor Sandy McCarthy who has recently been appointed Head of School of Nursing at Auckland University, also attended and many took the opportunity to greet her. New Zealand nurses are very fortunate to have Sandy in this role as she has a passion for cancer nursing and a wealth of knowledge.

The theme of the conference was "Cancer Nursing NZ Under Construction" and a fun quiz through the conference reflected the construction theme.

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annual grant for cancer nurses education, which a number of nurses accessed to assist with attendance costs.

Jane Campbell, president elect of the Cancer Nurses Society Australia, attended at the invitation of the CNC committee. The CNC and CNSA have had

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CNC CONFERENCE 2017 REPORT... CONTINUED

An aim of the conference was to provide nurses working with people living with cancer the opportunity to grow their 'toolbox' of knowledge and skills for practice. An afternoon of pre-conference masterclasses which were well attended, focused on central venous access devices, wound care and pharmacology.

Day one began with presentations on euthanasia, followed by complimentary therapies for cancer. Then there was an excellent talk on how telehealth has facilitated the administration of low to moderate risk chemotherapy and biological therapies by general nurses in rural Queensland with direct supervision of specialised nurses and doctors in larger centres. This has enabled patients to receive treatment closer to home, whilst retaining specialised management of their oncology treatment with larger treatment centres. This was followed by an update on the work of the college and the CNC BGM.

Concurrent sessions in the afternoon covered the importance of palliative care input during stem cell transplant patients care; Men's experiences of cancer: Living well and beyond cancer; Patient education to reduce emergency admissions from treatment side effects as well as treatment disruptions; holistic care in an IV clinic; and an insightful talk on the cancer journey for Pasifika cancer patients and the strides that has been made within health care provision in acknowledging cultural and traditional beliefs in health, well-being and understanding of the Malaga. This final talk highlighted the importance of the Fonofale Model of Health as a reference point in

understanding the role of family, culture and spirituality for Pasifika patients

Day two included a session via Skype on how patients within the Southampton hospital catchment area are receiving antineoplastic drugs within their homes or at mobile centres in the community, provided they are well enough after the first two cycles at the hospital.

This initiative was borne out of a UK government policy to drive change with some of the key drivers being to reduce patients' length of stay in hospital, reduce cost, avoid admission and value for tax payer.

Subsequent sessions included a presentation on the history, biology and treatment of cancer from tudor times to modern day medicine; Radiation therapy and managing side effects; Patient wellness through exercise, relaxation and rehabilitation; A very exciting session on wellness and meditation skills for health care profession; An insightful update in recent developments in the use of targeted immunotherapy, efficacy of use and associated cost to the health system; A session on ACORD (Australian and Asia Pacific Oncology Research Development program); and a session on the importance of the value of understanding health literacy.

A wonderful conference from which everyone will have gained knowledge and added to their toolbox. We'll see you all next time!

Judy Warren
CNC NZNO - Chairperson

CONFERENCE FEEDBACK FROM SOME OF OUR GRANT RECIPIENTS...

Sarah Denmark

CNC - NZNO grant recipient

The conference was very informative and varied and portrayed a collaboration of oncology multidisciplinary team members from across Australia and New Zealand.

One of the highlights for me was a session on practising holistic care in an intravenous setting. This presentation was from staff of an outpatient infusion clinic based in Christchurch (Nurse Maude), on why they believe their clinic is so highly rated in terms of patient satisfaction, in audits and reviews. They believe this is due to a holistic approach to patient care with the aim of making sure every patient is comfortable, feels valued and can have trust in their service.

They reported they achieve this by dedication to clinical expertise, with an emphasis on staff training, ongoing education and current peer review; a positive team environment/culture, with a focus on support for new staff; providing time to listen, with in-depth one-on-one assessment including planning for 'today' as well as the future and discussion that goes beyond the physical aspects of wellbeing, enabling development of a strong professional rapport over time; collaboration, including daily communication with hospital and primary care via email or phone to enable smooth transition between services; a welcoming environment, which is warm welcoming and light, with a beautiful garden, practical yet private working spaces which are inclusive of whanau and a receptionist who knows everyone's names and welcomes patients

on site; Ensuring that no day is wasted through a remit that the patient's time is incredibly valuable, with a focus on flexibility in appointment time and minimal waiting times; genuine care, including staff well-being which is seen as a priority, recognising that staff compassion can only be generated if self-compassion is present; a strong priority to listening, understanding and comprehending the patient as a whole.

As an RN in a new IV clinic in Counties Manukau Health we want to achieve excellent patient satisfaction and provide the best support for our patients on their journeys - observing, learning and absorbing skills will help us to achieve this and to fulfil our responsibility to patients, our organisation and ourselves as Registered Nurses.

Kathy Magolan

CNC - NZNO grant recipient

As I am a newbie to oncology (working in the new infusion room at Counties Manukau) I found the NZNO Cancer Conference 'Under Construction' very informative, and the sessions presented were very interesting and beneficial for myself. It was also very helpful to meet other health professionals in oncology and network.

One of the highlights for me was the session on Health Literacy. Through this session I learned that when you are stressed, the memory centre shuts down and you can't take in too much information. The flight/fight/freeze reaction is activated and when this happens, the door is shut for information to go in. When talking with

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Report from the chair



Welcome to this edition of Cancernet.

Firstly I must again congratulate the Christchurch organising committee for our wonderful conference. It was a great event and I am sure all of you who attended, went home invigorated and thinking of new opportunities for practice.

As announced at conference, CNC have been successful in our bid to host the International Conference on Cancer Nursing (ICCN) September 2018 in Auckland. CNC is a member of the International Society of Nurses in Cancer Care (ISNCC) and this is the society's annual conference. Felicity Drumm and I have recently attended the ICCN 2017 which was held in Anaheim where it was also announced. We were very proud to be there and what an inspiring conference it was! Several nurses attending have already booked their flights for NZ!

As this is such a wonderful opportunity for New Zealand nurses to attend a truly international conference, we will be actively campaigning your workplaces over the next few months to encourage managers to give conference leave and also to encourage you to consider presenting.

You may recall that CNC were successful in a remit that College and Sections banking systems need to be reviewed and policy formulated to reflect modern electronic banking practices and technologies at the NZNO AGM in 2015.

It seems to have taken a while but a lot of work has been required by NZNO to progress this. Recently Sharron and I attended a NZNO banking project day for colleges and sections and I am pleased to advise that potentially things are changing for the better. The changes will make the treasurer's role less time consuming and enable us to say goodbye to the dreaded cheque book and co-signing issues. The College and Sections Day

and the NZNO AGM and annual conference are next month. Joseph and Kirstin will represent CNC. The committee have not presented any remits this year.

Our next committee meeting is at the end of August. Sadly we will farewell Sharron who has been the committee's treasured treasurer. I sincerely thank Sharron for her contribution to CNC in all aspects.

At our AGM Sarah Ellery was elected to the committee and this will be her first meeting. Welcome Sarah!

I truly hope you are all well - spring is near!

Kind regards,

Judy Warren
Chairperson, NZNO CNC



CONFERENCE FEEDBACK CONTINUED..

your patients and whanau it is good to first find out what people know, believe and practise. Ask good questions, open questions, because everyone relates new knowledge to what they already know or have experienced. It is also good to build health literacy skills and knowledge by planning how much information you will give patients, and in what order, and always link the information back to what the person knows.

Ask questions to confirm the patients understanding. Building health literacy (knowledge and skills) takes time, ongoing discussions, repetition and review. In oncology, when someone is given the diagnosis of cancer it activates the flight/fight/freeze response and it makes it difficult for the patient and their whanau to take in all the new information, knowing this and having a learning strategy in place for patients throughout their care with us assists in building the patients knowledge and health literacy.

Recommendations for our service:

- **Education/Patient Information** - To create and establish an information resource area for our patients with good resources covering the different supports/services available, alternative supplementary therapies, as well as patient information about their stream of cancer.
- **Staff Resources** - To create and establish a resource folder for nursing staff with relevant information to help support and broaden their learning in oncology in order to be able to educate and support our patients.
- **Assessment Forms** - having readily available the various Assessment Forms for chemotherapy side effects, wound care, psycho-social assessment, etc. so as if required they can be easily accessed.

ICCN 2017 INTERNATIONAL CONFERENCE on CANCER NURSING

July 9-12, 2017 - Anaheim Resort, California

In July Felicity Drumm and I had the wonderful opportunity to attend the International Conference on Cancer Nursing. We attended to promote New Zealand as the next venue and also of course were able to attend the conference as well.

This was the first ISNCC annual conference I had attended and I wish I had started going years ago. It is a truly international conference and I was very impressed by the respect and friendship evident.

This year the conference was research focused as it usually alternates between clinical practice and research. It provides an opportunity for nurses to meet from all over the world in one place. The theme was "Merging Research and Practice Across the Globe". The conference this year attracted attendees from 30 countries. A huge 273 abstracts were submitted and

these were divided into 6 instructional sessions, 160 oral presentations, 16 rapid fire presentations and 82 poster presentations. Preconference workshops included: a one day course on palliative care provided by the End-of Life Nursing Education Consortium (ELNEC); a "how to peer-review for academic journal" workshop; and a workshop on interpretive description: an applied nursing approach to qualitative inquiry.

The keynote speaker was Nursing Professor Sally Thorne, from British Columbia, who gave an inspiring talk on qualitative research and what it can offer in a world where evidence drives directions. The pearls I took from this were "what can be learned from....", "to consider how to design a study so it is credible to other nurses", and that "qualitative adds to the wisdom."

With so many presentations, it was hard to choose which to attend so I focused more on psychosocial care, family and caregivers, supportive care, survivorship and symptom management. Other topics were grouped into advances in treatment development, cancer across the lifespan, comparative effectiveness research, cultural diversity and health disparities, dissemination and implementation science, ethics and decision making, health policy and

advocacy, health promotion and risk reduction, improving health systems innovations in practice, innovations in technology, measurement and instrument development, palliative and end of life care, quality and safety and research design and methods.

In the breaks Felicity and I stayed at our trade stand which was very popular. New Zealand Tourism was very supportive and provided us with what we needed for both the stand and our closing ceremony video. We gave out brochures, maps of NZ, save the date cards and silver fern pins. The pins were the first to run out and isn't it amazing how many people have no idea where NZ is! We also had a NZ tourism promotional video playing and a pull-up poster as you can see in the photos.

I took particular interest in the plenary session by Dr Youngmee Kim on the quality of life among cancer caregivers after periods of two, five and eight years. She is an associate Professor of Psychology at the University of Miami and since being home I have read more of her research and found it very profound, and particularly as we work towards national guidance for survivorship, it is very timely that we include the effect of cancer on the caregiver or spouse. Her research examines the degree to which a person's cancer journey from diagnosis to mid to long term survivorship and bereavement has an independent effect on the partner's quality of life.



The key messages I took from her talk were that predictors of caregiver's quality of life are younger age; which related to poorer psychological and spiritual adjustment and poorer mental health, and older age; which related to poorer physical health.

Caregiving stress related to poorer psychological and spiritual adjustment and poorer mental and physical health. Social support related to better psychological and spiritual adjustment and greater mental health and employment related to greater physical health.

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ICCN 2017 CONFERENCE REPORT... *continued*

As we sadly know, illness not only affects the patients but also their family. In our daily practice we see the differences in the coping ability of the patient and carers. Professor Kim suggests that identifying more refined psychosocial predictors may help protect survivors and caregivers from prematurely declining health. A survey will soon be conducted amongst health professionals to gauge current involvement and research. Evidence based, socio-culturally sensitive, interdisciplinary interventions are required to reduce the burden of cancer and improve the quality of life for those affected by cancer.

There were also six instructional sessions, each coincided with four other concurrent presentations but we did manage to get to the latter part of a



presentation on immunotherapy.

The earlier session covered the impact on services and management of side effects, which would have been really interesting as this is part of our current national work. We did however learn more about the UKONS rapid assessment triage tool which I understand some areas in NZ are already using or have an interest in adopting. This assessment uses a red, amber or green scoring system to identify and prioritise the presenting problems of those contacting advice lines for patients receiving anticancer therapy or who may be immuno-compromised from disease or treatment. It provides recommendations for best practice for the appropriate treatment and management.

Professor Annie Young from The University of Warwick, presented on Holistic Care Rehabilitation. The NHS has an ambitious plan for cancer patients from diagnosis being prepared for the life consequences of their cancer and its treatment and being equipped to manage their care and with control over their life as a whole.

She showed how 492 studies between 2011 and 2016 were classified and an evidence map was formed; showing that of those, 45 were considered holistic. This evidence map will assist in the development of the best evidence based programmes for patients. Since coming home I have looked at this further, and found some interesting pilot trials.

If the long term care of cancer patients is your field, you will also find the MacMillan Recovery Package of interest.

Dr Oxana Palesh from Stanford University provided discussion on the management of insomnia, fatigue and cognitive impairment. The key messages were the importance of physical activity which could be considered a medicine, as it is effective for reducing insomnia, fatigue, depression, inflammation, immunosuppression, improves QOL and may decrease toxicity of treatment, decrease recurrence and the incidence of secondary cancers.

Individualised prescriptions for cancer patients should be considered as part of the cancer rehabilitation programme.

Yoga is also effective for insomnia, fatigue and depression. Cognitive rehabilitation in a clinic and home-based cognitive training are showing promising effects for cancer related cognitive impairment.

Yoga and Tai Chi also have shown to benefit cognitive function. I noted that the majority of exercise studies have been done during or after cancer treatment and not in the years beyond treatment.

I also noted that sleep is an important aspect and that there is a relationship between sleep efficiency, and duration, and survival; and between insomnia and fatigue severity.

As CNC chair I attended the ISNCC Member Council Meeting and the President's dinner and social. Felicity and I were also invited to the Leadership Planning Focus Group meeting and dinner. We also met with ISNCC president Stella Bialous and committee members where we discussed CNC structure, achievements and current activities and

of course the Auckland conference.

There were so many other wonderful presentations and I have only highlighted a few. The closing ceremony ended with the announcement that Auckland is the next venue and a short NZ Tourism video played showcasing what NZ has to offer. We both got teary eyes!

I found the conference a wonderful opportunity to learn from and network with amazing nurses from around the world. Individually and collectively, we will lessen the impact of cancer for the patient and carers, and for our community. Being a member of ISNCC strengthens collaboration, sharing and networking, and to paraphrase ISNCC "to think globally and act locally".

Finally, I hope as you read this you are already thinking, "wow I could present in Auckland". Be there! Let us showcase New Zealand nursing practice and research to the world!

Judy Warren
Chairperson, NZNO CNC

International Society of Nurses
on Cancer Care

ICCN 2017
INTERNATIONAL
CONFERENCE
on CANCER NURSING

JULY 9-12, 2017
Anaheim, California, USA
Shangri-La Hotel at the Anaheim Resort

visit www.isncc.org for
more details

ICCN 2017 is the premier education and networking opportunity for international leaders in cancer nursing

The theme of ICCN 2017 is "Measuring Research and Practice Across the Globe" and the Conference Management Committee has developed an excellent educational program. Highlights of ICCN 2017 include:

- **KEYNOTE ADDRESS** "What Can Qualitative Research Offer in a World Where Evidence Drives Decisions?" – Sally Thorne, PhD, RN, FAAN, University of British Columbia School of Nursing. Presented in partnership with the Canadian Association of Nurses in Oncology
- **FIVE PLenary SESSIONS** presented in partnership with the Oncology Nursing Society, International Psycho-Oncology Society, Multinational Association of Supportive Care in Cancer, European Oncology Nursing Society and the Asian Oncology Nursing Society
- **ORAL AND POSTER ABSTRACT PRESENTATIONS** on topics with a focus on: Care, Care Delivery, Quality Issues, Clinical Trial, Symptom Management, Technology and much more!
- **"MEET YOUR MENTOR" SESSIONS** – great for 1st time attendees to build connections and learn about ISNCC and ICCN2017
- **NETWORKING OPPORTUNITIES** with international oncology nursing peers and thought leaders
- **THREE PRECONFERENCE WORKSHOPS** offered at no additional cost
- **SPECIAL HOTEL ROOM RATE** available to ICCN 2017 delegates who book by June 16, 2017
- **ABILITY TO EARN UP TO 22.55 CEUs**





The meaning of the Koru Shape: In New Zealand the unfurling of the native silver fern symbolizes a new beginning, growth and, through its balanced shape also harmony. Likewise, the path for personal growth and development includes the courage to open up, ask for help and try a fresh start.

The Cancer Nurse Training Programme 2017

The inaugural 52 week Cancer Nurse Training Programme started in July 2017, aiming to facilitate personal and professional growth in cancer nursing and ultimately kickstart a solid career pathway.

The programme possibly the first of its kind in New Zealand will be conducted in a supportive environment within the specialist Regional Cancer Centre in the Southern District Health Board. This year long programme provides a flexible range of supports and opportunities to experience and consolidate knowledge and gain clinical competence in cancer nursing practice in a centre of excellence. Each nurse will have three 4 month rotational placements to gain experience in acute inpatient, chemotherapy and radiotherapy cancer nursing. Invercargill offers an adjusted programme with a requirement to undertake two 4 week placements in Dunedin over the year.

The overarching aim of the Cancer Nurse Training Programme is to build sound cancer nursing skills through education to develop the nurse from the level of novice to an advanced beginner-practicing nurse. It is underpinned by the New Zealand Knowledge & Skills Framework for Cancer Nursing with the aim of assisting nurses in meeting professional, organisational, personal and clinical objectives as outlined in the framework.

The specific programme objectives are to:

- **Develop and consolidate practical skills, theoretical knowledge and professional behaviour**
- **Develop skills in decision making in the delivery of quality care - effectively assess, plan, implement, evaluate and document the quality of nursing care provided towards the complex needs of the patient with cancer**

A Programme Portfolio designed for each nurse details the learning activities, both self-directed and supported and the competency assessment. As well as completing the recognised Australasian training modules during the programme, promoting a post graduate study pathway will be a priority. A number of study day opportunities include: Introduction to Oncology Short Course, a Haematology Study Day in July, an Oncology Study Day October 2017, Palliative Care study day date to be confirmed, and Advanced Life Support Level 6 training to name a few.

Starting the programme in mid June 2017 is:

Alex White completed her Bachelor of Nursing at Otago Polytechnic and has recently completed the NETP based in the acute oncology/haematology ward at Dunedin Hospital. Alex's first rotation is to the Oncology Day Unit where her focus will be on chemotherapy administration and supportive treatments. There are a vast number of treatments available to cancer patients and this is also a technically interesting rotation with an advanced intravenous competency including cannulation and CVAD training.

Anneke Rombouts completed her Bachelor of Nursing at Otago Polytechnic and has also just completed the NETP at Summerset Aged Care Facility and joins the programme with her first rotation in the acute oncology/haematology ward. The focus of this rotation will be on acute care, oncological emergencies offering a breadth of clinical and learning opportunities.

Tara Cheung completed her Bachelor of Nursing at Otago Polytechnic a couple of years ago and has been working in aged care at Oxford Rest Home. Tara commences in radiotherapy where the focus is on care of the radiotherapy patient including understanding the treatment modality and symptom management. Additionally during this rotation Tara will be supporting health professionals in new and follow-up clinics which together with radiotherapy patient management offer a significant learning environment.

Claire Simpkin achieved her Bachelor of Nursing at the Southland Institute of Technology and completed the NETP at the Otago Corrections Facility before joining the inpatient Mental Health Unit. Claire commences with a 4 week rotation in the acute oncology/haematology ward at Dunedin Hospital to consolidate acute/clinical skills before taking up her position in Southland Oncology & Medical Day Stay Unit. Claire will complete a radiotherapy rotation in Dunedin during the course of the programme.

Outside of the formal Cancer Nurse Training Programme opportunities to join study days and learning forums will be extended to other nursing staff who may benefit from focused education.

At the completion of the programme our brand new oncology/haematology nurses will continue to rotate through the service building skill and further consolidating their knowledge. A key benefit of this will be the versatility of these nurses to work capably anywhere in the service.



New procedures for blood tests trialled AT WAIKATO DHB

It is well recognised that people who are admitted to hospital for lengthy periods of time, particularly those in acute care environments, run the risk of iatrogenic anaemia due to the amount of blood tests taken from them.¹ With that as a background consider a patient with a haematological cancer diagnosis, anaemic pre-chemotherapy who requires frequent blood tests whilst receiving chemotherapy treatment. Add to this a further consideration of a religious objection to transfusions and this results in a potentially life-threatening situation for the patient.

This was the situation faced by staff on the oncology and haematology ward for which I am educator. Our ward is one of the largest users of blood products within our hospital. Our haematology patients generally have blood drawn at least once a day to monitor their condition. Often they become anaemic and this is managed by transfusion of packed red cells, however with this patient a different approach was needed in order to preserve his blood counts as transfusion was not a possibility for him.

Up until now patients who have some form of central venous catheter (CVC) in place have had their blood samples taken with a discard method of draw. This involved taking a 5ml waste sample from the line before taking the sample for testing. This ensured that any contamination from either the saline or heparinised saline used to lock the line would be eliminated. With this patient however, who was having at least two sets of bloods taken from his picc each day, this meant wasting a minimum of 10mls of blood each day. This was blood he could not afford to lose.

The medical staff approached me to see if I had any ideas on ways in which blood could be conserved. Paediatric sample tubes would minimise the amount of blood used for testing, however this did not solve the problem of taking blood via a CVC line and the discard blood sample required.

An article written by Lynette Lennox in the June 2016 edition of the IVNNZ newsletter came to mind which discussed the push-pull method of blood draw. This described how "Blood is aspirated into a syringe and reinfused three times without disconnecting the syringe.

After the third aspiration/reinfusion cycle, the syringe is disconnected. A second syringe (or vacutainer system) is used to obtain the volume of blood necessary for laboratory analysis" (Adlard, 2008 as cited in Lennox, 2016²). This seemed to be a potential solution to the issues we were having as it did not involve any blood discard and therefore no wastage.

The method was discussed with the consultant, the charge nurse and our CNS for infusion therapy and medicine management (who just happened to be Lynette Lennox). It was agreed that this should be trialled and a plan conceived as to how it would be put into action. The first thing was to explain the method to the patient and gain his consent to the trial. Once the advantages of the push pull method was explained to him, he was happy to agree. Next a procedure was drawn up by Lynette and put onto the Lippincott Nursing Procedure resource. The final step was one-on-one staff education on how the procedure worked in practice with every RN working on the ward was undertaken to ensure accuracy of results.

After one month we reviewed the situation and found that there had been no undue complications related to the new procedure. At this stage we sought permission from the Clinical Director of haematology to extend the trial to all haematology patients on the ward. This was trialled for a further month without an increase in complication rates. As a result the procedure was rolled out to the medical and radiation oncology patients on the ward.

We are now three months into use of this procedure and the advantages are

obvious. Less blood wastage means less blood drawn from our already vulnerable patients. Less blood drawn should result in higher red blood cell counts in our patients, resulting in less need for transfusion. Less transfusion means less laboratory time in processing both group and screen samples and transfusion units at blood bank, less nurse time in administering those units, less risks to the patients associated with the transfusion, a preservation of a limited and valuable resource and an overall financial saving for the DHB.

Feedback from the nursing staff has been mainly positive, with the only complaint being that the procedure takes a little more time. This is particularly the case with lines which are slow to draw. However anecdotally this has also led to staff dealing with these lines at the stage where they are slow, rather than waiting until they block completely.

The potential benefit to many inpatients, in particular the Intensive Care Unit and High Dependency Unit is huge, as these are areas where anaemia is commonly caused by phlebotomy practices.³ However staff training would have to be robust to ensure there is no increase in complications related to poor practice.

**Gill Archer, Nurse Educator -
Oncology/Haematology, Waikato DHB**

References

1. Thomas, J., Jensen, L., Nahimiak, S. and Noel Gibney, R.T. Anaemia management and blood transfusion practices in the critically ill: A prospective cohort review. *Heart & Lung* 2010: May/June.
2. Lennox, L. The push-pull method - a reflection on central venous access device blood sampling. *IVNNZ Newsletter*: September 2016.
3. Chant, C., Wilson, G. and Friedrich, J.O. Anemia, transfusion, and phlebotomy practices in critically ill patients with prolonged ICU length of stay: a cohort study. *Critical Care* 2006: Vol. 10 No. 5.

Funding options to attend conferences or courses

Funding to attend conferences or courses is becoming increasingly hard to source.

Apart from your local DHB, here are some funding options that you may not have thought of. To apply for funding you need to be organised with many groups having funding rounds and deadlines throughout the year.

- For members, the NZNO offers several funding streams. These include NERF, Florence Nightingale, Thomas Tippet award, just to name a few. For further information including criteria and closing dates:

 Visit the Scholarships section on the NZNO website

- Roche provides individual "Roche Education Grants" to nurses working in the fields of Oncology and/or Haematology to support their attendance at appropriate medical education events paid for in 2017. The key goal for these grants is to support nurses in accessing continuing education opportunities in their field of expertise and to share the information gained with their colleagues.

 Visit the Grants & Awards section on the NZNO website

- The Genesis Oncology Trust has various award rounds throughout the year to support health professionals working within cancer care to attend courses or conferences. For further information on criteria and closing dates go to:

 Visit the Grant Application section on Genesis Oncology website

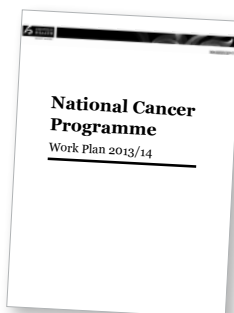
- The Blood Cancer NZ and the Cancer Society offer grants for health professionals to attend conferences or courses. They usually have funding rounds. For further information contact the Cancer Society or Leukaemia and Blood Cancer NZ.

If you are aware of other funding streams that are available and you want to publicise them, please contact us on

 cancernursesnz@gmail.com

National Cancer Programme update


The Ministry leads a national work programme which provides a strategic focus for cancer control and for system-wide improvements across the spectrum of cancer services.



 Keep up to date on the National Cancer Programme

Online cancer learning

 www.cancernursing.org

 www.cancerlearning.gov.au/build/edcan_learning_resources.php

 www.ons.org

 www.isncc.org

 www.eviq.org.au

 www.nccn.org

The Cancer Nurses College committee **INVITES ALL MEMBERS** to join us on the new 'Cancer Nurses College NZNO' Facebook Group.

Ask questions, share thoughts, ideas, research, innovative practice, or concerns.

 Click here to visit the page...

Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!



GUIDELINES FOR CONTRIBUTING TO CANCERNET...

Why contribute? Why publish?

- *To share knowledge*
- *To advance your field of practice*
- *To disseminate key findings or opinions*
- *To contribute to policy debates*

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed and can include;

- *Opinion*
- *Clinical practice*
- *Case studies*
- *Continuing practice development*
- *Literature review*
- *Advanced study (e.g. BSc or MSc) write-ups*

Submitting your work

- Articles should be submitted in Microsoft Word via email to cancernursesnz@gmail.com
- Acknowledgement of receipt of your submission will then
- Acknowledgement of receipt of your submission will be sent by email.

Word count

Opinion articles should be between 700-1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

Authors must obtain permission for the use of illustrative material or images and ensure that this material is labeled and captioned.

Referencing

A recognised referencing system to be used. If the reference list is long, the reference list is available on request from the author.

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Understanding Cancer

Discovering that you or someone you care about has cancer is a shock. Living with cancer brings uncertainty, but there are targeted treatment options available that may improve your cancer survival and help you live longer. A cancer diagnosis affects many lives and making informed decisions is vital to help guide you through this life event. The options that best describe you.

cancerinfo.co.nz

Blood Cancer

Breast Cancer

Ovarian Cancer

Bowel Cancer

Cervical Cancer

Skin Cancer

Brain Cancer

Lung Cancer

Stomach Cancer

Why direct your patients to cancerinfo.co.nz?

Your patients will gain accurate information on current treatments for their specific cancer and details of access programmes for unfunded medicines available in New Zealand from Roche. These unfunded treatments may be an option for them to discuss with their Healthcare care provider.

Visit cancerinfo.co.nz and see how your patients can benefit.

ID2397/TAPNSA8683/2016OCT

Important diary dates

21-25th August 2017, China
World Congress on Health and Medical Informatics

 [Find out more information](#)

6-9th September 2017, Canada
International Society of Advanced Care Planning and End of Life Care Conference

 [Find out more information](#)

9th September 2017, Queenstown
Melanoma Research Meeting

 [Find out more information](#)

18th-21st October 2017, Brisbane
9th World Congress of Melanoma

 [Find out more information](#)

29th October – 1st November 2017, Sydney
Haematology Association of Australasia 2017

 [Find out more information](#)

2nd -4th of November 2017, Christchurch
PONZ Psychological Oncology NZ Conference

 [Find out more information](#)

23rd November 2017, Wellington
Masterclass: Spirituality at End of Life Across Cultures & Communities

 [Find out more information](#)

The 2016-17 Cancer Nurses College COMMITTEE



L-R Back row: Felicity Drumm, Melissa Warren, Moira Gillespie, Sharron Ellis, Kirstin Unahi.

L-R Front row: Joseph Mundava, Judith Warren, Fiona Sayer.

Cancer Nurses College badges



are now available for purchase for \$8 each.

They can be purchased from CNC committee members or by emailing the committee on cancernursesnz@gmail.com and using internet banking.

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We welcome contributions to Cancernet. Interesting stories, notices and photos relevant to our nursing community are always appreciated. Email us at

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