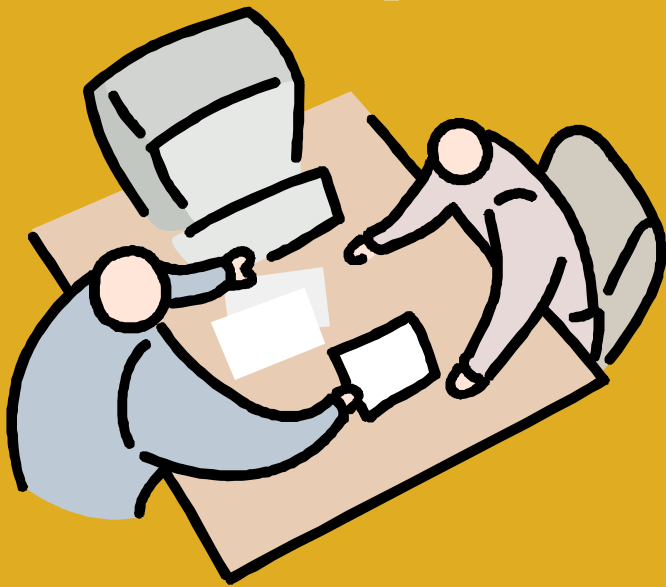




Empowerment and Team Work: a complex symptoms management care model



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Vancouver
AstraZeneca
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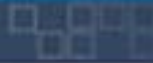
Regional Cancer Centre (Monteregie)

Réseau Cancer Montérégie





LE HOSPITALIER



- **1995-** Task force committee on Cancer Care
- **1998-** Quebec strategy for cancer Care (P.Q.L.C.)
- **2000-** The philosophy of Monterege Comprehensive Cancer Care Center (CICM)
- **2001-** 9 hospitals /12 nurse navigators



HOSPITALIER

■ 2002-

Regional committees:

- Head nurses
- Psychosocial workers (social workers, psychologists)
- Oncologists
- Surgeons
- Pharmacists
- Nutritionists
- Physiotherapists
- Volunteers

■ 2002-

Regional oncology training program

- Evidence based practice
- Interdisciplinary team work
- Health promotion : the patient as « Captain of the boat »

P.Q.L.C.'s objectives

- ↑ **prevention**
- ↑ **early detection**
- ↑ **quality of life**
- ↑ **quality of care and support**
- ↑ **patient satisfaction**
- ↑ **patient breathing space and adaptation**
- ↑ **professional satisfaction**
- ↑ **team stability**
- ↑ **everyone potential and resources**
- ↑ **flexibility**



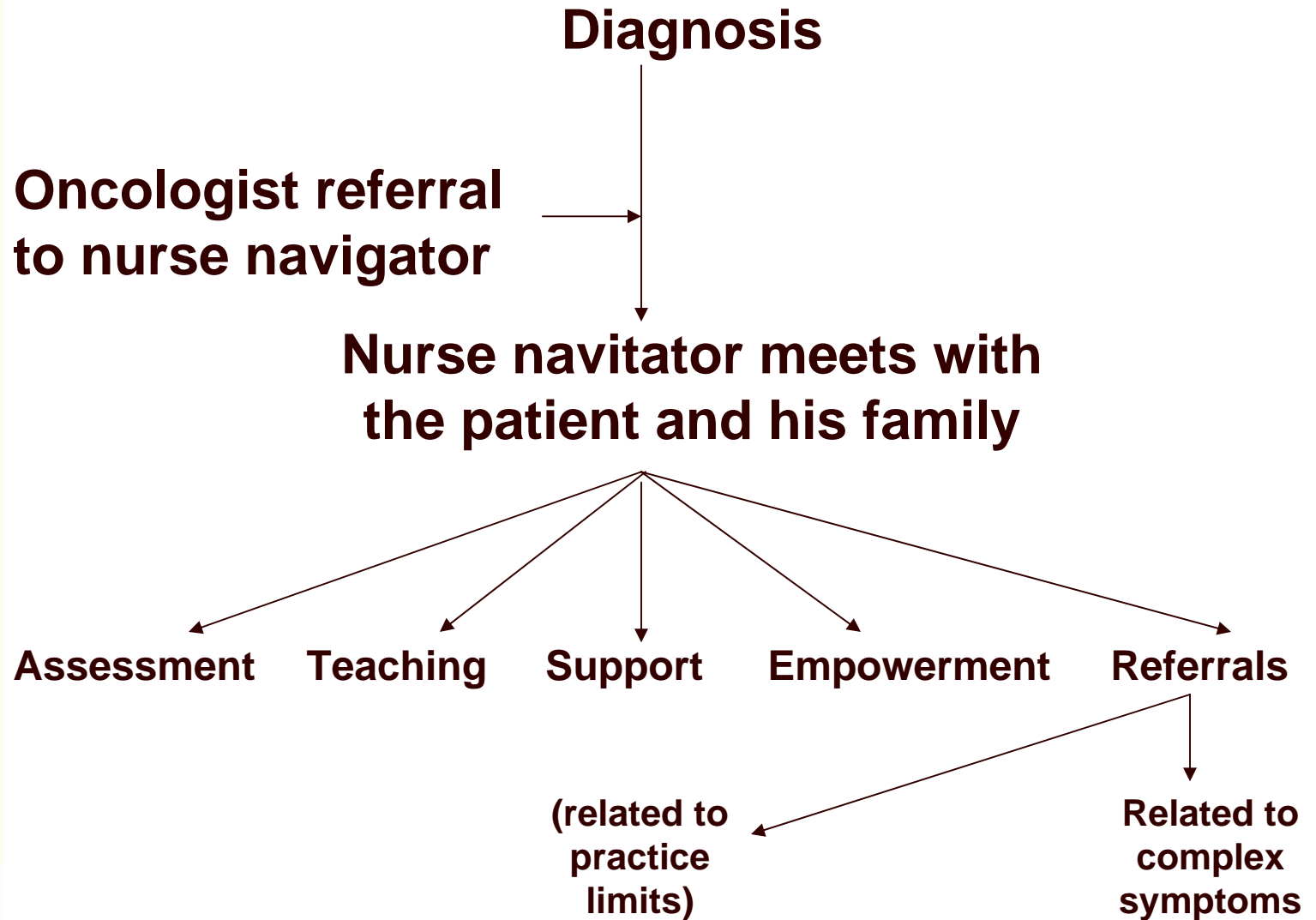


Flying 101 – Team Work 101



FLYING 101

Model of care: Complex symptom management



Model of care: Complex symptom management



- Nurse navigator presents the complex cases at the interdisciplinary weekly meeting
- Specific care plan is designed for every patient and family (team coherence and continuity) (unity of action)
- Every professional is responsible for his/her assessment, teaching, support, referrals, work analysis process: Symptoms → Hypothesis → Interventions
- The patient is « The captain of the boat » with his resources and strengths



Flying 102 - Team Work 102





Care plans and speciality referral criteria

- **Criteria are developed for referral to:**
 - Nurse navigator
 - Pain management nurse specialist
 - Oncologist
 - Pharmacist
 - Psychologist
 - Social worker
 - Pastoral worker
 - Physiotherapist
 - Nutritionist
 - Psychiatrist
 - Occupational therapist



Symptom assessment

- Patients are asked to complete their ESAS (self-management)
- Patients are invited to prepare their interview with the oncologist with the help of a check list
- The oncology clinic nurse discusses the symptoms with every patient (Q.O.L.)
- He/she makes the appropriate interventions
- He/she may consult a colleague
- Work analysis process:
 - Symptoms
 - Hypothesis
 - Interventions
- If the symptom is complex, a referral is made with a specific description of the request



- **Patient, family centered care**
- **Team-Building care strategies**
- **Family systems nursing approach**
- **Nurse navigator's major role**
- **Reflective practice**

Symptom	Hypothesis	Interventions



Flying 103 - Team Work 103



CICM
CLINIQUE D'HÉMATO-ONCOLOGIE
Hôpital Charles-Lemoyne

Report ESAS

Auto-évaluation des symptômes
Système pour l'évaluation des symptômes (ESAS) Symptom Assessment system scale

Mettre une barre ci-dessous à l'endroit qui correspond à ce que vous ressentez actuellement
 Please make mark that best describe how you are feeling

	0									10	
Pas de douleur/ no pain											Douleur maximale/ Worst possible pain
Pas de fatigue/ Not tired											fatigue extrême/ Worst possible tiredness
Pas de nausées/ Not nauseated											nausées maximales/ worst possible nausea
Pas de dépression/ Not depressed											Dépression extrême/ Worst possible depression
Pas d'anxiété/ Not anxious											Anxiété maximale/ Worst possible anxiety
Pas de somnolence/ Not drowsy											Somnolence extrême/ Worst possible drowsiness
Excellent appétit/ Excellent appetite											Pas du tout d'appétit/ Worst possible appetite
Bien-être parfait/ Perfect feeling of well-being											Mal-être le pire possible/ Worst feeling of well-being
Respiration normale/ Not short of breath											Essoufflement maximal/ Worst possible shortness
Autres problèmes/ Others problems											



Patients and families are supported to use their own resources and strengths

■ **Teaching sessions are offered:**

- Cancer and nutrition
- Cancer and sexuality
- Cancer and family
- Cancer and young children
- Cancer and spirituality
- Cancer and pain
- Cancer and fatigue
- Cancer and hope
- Cancer and emotion



Patients and families are supported to use their own resources and strengths

- **Complementary and alternative medicines are offered:**
 - Therapeutic group support
 - Art therapy
 - Mental imagery
 - Hypnosis
 - Metastatic group support
 - Nadeau technique

Model of care: Complex symptom management

Results

- **Planning for safe discharge**
 - Discharge from the unit
 - Clinic treatment
- **↑ patient satisfaction**
- **↑ doctor satisfaction**
- **↑ professional satisfaction**
 - Community nurses and psychosocial workers
- **↓ staff absenteeism (continuity of care)**
- **↑ patient autonomy and adaptation**
- **↑ administrator support**
- **Evidence based practice for all disciplines**



Flying 104 - Team Work 104





Conclusion

- **A well-defined philosophy**
- **Educational Support**
- **A new Captain: the Patient**
- **A better attitude: everyone is responsible for simple symptoms**
- **The overwhelming role of the nurse navigator**
- **A better continuity and cooperation**



Flying 105 – Team Work 105



Nurse navigators in Monteregie



Line
Roberge
RSRY

Lucie
Laporte
HCLM

Sonia
Joanette
HCLM

Rachel
Rémillard
CHAL

Mélanie
Fortier
CHG

Blandine
Danis
BMP

Sylvie
Cartier
CHPB

Louise
Leduc
CHRS

Louise
Raymond
HHR

2003

Recognition award from Ministry of health of Quebec



« Prix Mérites C.Q.L.C. »