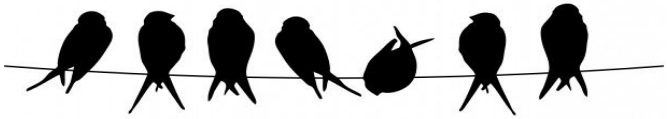


Can You Hear Me Now?

Nurse Educators

Jodi Hyman

&

Barb Hues

Learning objectives

At the end of this session participants will:

1. Gain increased appreciation of basic telephone triage skills

2. Understand and apply the legal and professional implications of providing telephone based care

3. Illustrate the use of algorithms to provide comprehensive nursing care over the phone

4. Improve telephone care for patients receiving immunotherapy

Presenter Disclosure

Speaker: Jodi Hyman

- **Relationships with commercial interests:**
  - **Grants/Research Support**: None
  - **Speakers Bureau/Honoraria**: Merck
  - **Consulting Fees**: None
  - **Other**: None

Speaker Barb Hues

- **Relationships with commercial interests:**
  - **Grants/Research Support: none**
  - **Speakers Bureau/Honoraria: none**.
  - **Consulting Fees:** none
  - **Other:** Employee of CancerCare Manitoba

Mitigating Potential Bias

- All slides created by presenters without influence
- No conflict of interest as this talk is not directly about pharmaceutical agents

Effective Telephone Skills

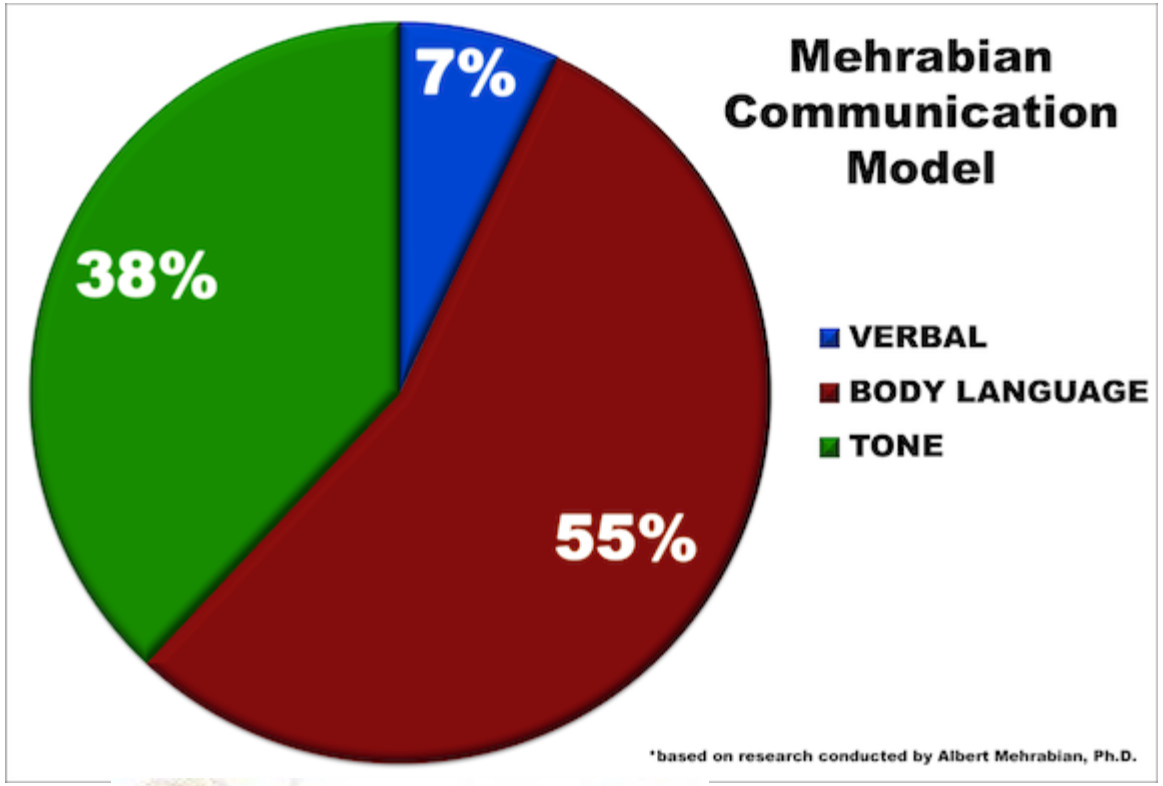
- Help the caller achieve their objectives
- Leave the caller happy with the interaction
- Form a positive image in the caller's mind
- Produce positive "word of mouth"

What care can we provide on the phone?

- Assess
- Apply clinical judgment
- Use decision-making skills
- Educate
- Evaluate outcomes
- Coordinate care

Do you think people can hear you smile?

Speed, Pitch & Tone



On the telephone we loose the 55% body language—that makes tone more important!!

Answering Angst

- Take a breath before you answer
- Speak clearly & pause after each phrase
- Smile to give your voice a pleasant tone
- Keep your greetings simple & end with your name
- Use the caller's name as appropriate; don't overdo

Filek, 2002

Legal Issues

- Liability: responsibility for duty to provide care
- Duty to respond once call is answered
- A nurse-patient relationship formed on phone
- Same level of care as face-to-face

- Document problem & history –in the patient's words
- Document advice given
- Document plan for follow-up
- Relies on caller's cooperation

Legal Pitfalls

- Potential for abandonment of care
- Failure to provide confidentiality
- Failure to communicate
- Failure to document
- Failure to act on professional judgment

  —this is where protocols & algorithms minimize risk
- Reference guideline used in documentation

Dawson et. al, 2011

Canadian Oncology Symptom Triage and Remote Support (COSTaRS)

Background

- Adults with cancer:
  - Often experience symptoms at home

- Nurses regularly manage:
  - Symptoms and treatment side effects

CoStars Systematic review

- 12 studies:
  - Approximately half of all emergency room visits could have been managed at home (Digel Vandyk et al. 2012, Supportive Care in Cancer, *20,* 8, 1589–1599) |

- Set of guidelines developed from 8 Canadian provinces: Manitoba; Ontario; Nova Scotia; Newfoundland & Labrador, British Columbia

COSTaRS Practice Guides

Aim

- To enhance the quality and standardization of symptom management by Oncology Nurses
- Clinical practice guides
  - Support patient centered care
  - Compliment nurses' critical thinking
  - Evidence based

COSTaRS: 15 Symptoms

- Anxiety
- Appetite loss
- Bleeding
- Breathlessness
- Constipation
- Depression
- Diarrhea
- Fatigue
- Mucositis / stomatitis
- Nausea / vomiting
- Pain
- Peripheral neuropathy
- Skin reaction
- Sleep problems

Nausea & Vomiting Practice Guide

Nausea: A subjective perception that emesis may occur. Feeling of queasiness.
Vomiting: A forceful expulsion of stomach contents through the mouth and may include retching (gastric and esophageal movement without vomiting – dry heaves.)[6,10]

Nam
Date
Sex

Date

Edmonton Symptom Assessment Scale: Ask client/family to rate severity on scale of 0 (none) to 10 (worst possible).

1. Assess severity of nausea/vomiting (Supporting evidence: 4 guideline

Tell me what number from 0 to 10 best describes your nausea
No nausea 0 1 2 3 4 5 6 7 8 9 10 Worst possible nausea [8(ESAS)]

Tell me what number from 0 to 10 best describes your vomiting?
No vomiting 0 1 2 3 4 5 6 7 8 9 10 Worst possible

Ask client/family about their symptom to assess severity

How worried are you about your nausea/vomiting?
Not worried 0 1 2 3 4 5 6 7 8 9 10 Extremely worried

Ask patient to indicate which of the following are present or absent

Patient rating for nausea (see ESAS above)[1,6,8]	1-3	☐	4-10	☐		
Patient rating for vomiting (see ESAS above)[1,6,8]	1-3	☐	4-6	☐	7-10	☐
Patient rating of worry about nausea/vomiting (see above)[6]	0-5	☐	6-10	☐		
How many times per day are you vomiting or retching?[1,6,7,10] ☐No vomiting	≤1	☐	2-5	☐	≥6	☐
Have you been able to eat within last 24 hours?[6,7,10]	Yes	☐	No	☐		
Have you been able to tolerate drinking fluids?[6,7,10]	Yes	☐			No	☐
Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, fainting, rapid heart rate, decreased amount of urine?[6,10]	No	☐	Yes, some	☐	Yes, significantly	☐
Do you have any blood in your vomit or does it look like coffee grounds?[6] ☐No vomiting	No	☐			Yes	☐
	No/Mild	☐	Moderate	☐	Severe	☐

Does your nausea/vomiting interfere with your daily activities at home and/or at work?[6] Describe.	No	☐	Yes, some	☐	Yes, significantly	☐
Do you have any other symptoms? ☐ Constipation ☐ Pain	No	☐	Yes, some	☐	Yes, often	☐
	1 **Mild** (Green)		2 **Moderate** (Yellow)		3 **Severe** (Red)	
2. Triage patient for symptom management based on highest severity (Supporting evidence: 2 guidelines)[6,7]	☐ Review self-care. ☐ Verify medication use, if appropriate.		☐ Review self-care. ☐ Verify medication use, if appropriate. ☐ Advise to call back if symptom worsens, new symptoms occur, or no improvement in 12-24 hours.		☐ Refer for medical attention immediately.	

If patient is experiencing other symptoms, did you also refer to the appropriate practice guides? If yes, please specify:

Additional Comments:

Space to make notes

Rate severity and triage to highest level (use nursing judgment)

Patient Name _____

3. Review medications patient is using for nausea/vomiting, including prescribed, over the counter, and/or herbal supplements (Supporting evidence: 8 guidelines)[1-5,9-11]

Current use	Examples of medications for nausea/vomiting	Notes (e.g. dose, suggest to use as prescribed)	Evidence
☐	$5HT_3$: ondansetron (Zofran®), granisetron (Kytril®), dolasetron (Anszemet®)[1-5,9,10]		Effective
☐	dexametha[illegible][1,2,3,5,9,10]		Likely effective
☐	fosaprepit[illegible]		Effective
☐	metoclopr[illegible] (Stemetil®		Expert opinion
☐	Triple dru[illegible] receptor a[illegible]		Effective
☐	Cannabis[illegible]		Effective
☐	Gabapentin[5]		Likely effective
☐	Other: lorazepam (Ativan®)[1-3,5,9,10], haloperidol (Haldol®)[2,5]		Expert opinion

*Metopimazine is not recommended for practice.[5]

Ask client/family what medications they have/use for the symptom. Encourage use as prescribed and based on patients' goals

Learn about the effectiveness of medications based on the current evidence

4. Review self-care strategies (Supporting evidence: 6 guideline[illegible]

Patient already uses	Strategy suggested/ education provided	Patient agreed to try	Self-care strategies
1.			What is your goal for managing your nausea and vomiting?
2. ☐	☐	☐	What helps when you have nausea/vomiting? Reinforce as appropriate. Specify:
			Are you trying to drink clear fluids (e.g. water, sports drinks, broth, gingerale, chamomile tea)?[9,10]
			Have you tried relaxation techniques that may include guided imagery, music therapy, progressive muscle relaxation, and/or hypnosis?[2,3,5,6,10]
			Are you taking anti-emetic medications before meals s[illegible]als?[5,6]
6. ☐	☐	☐	If vomiting, are you limiting food and drink until vomi[illegible] vomiting, sip clear fluids. When clear fluids stay down[illegible] toast, dry cereal, pretzels). If starchy food stay down, add protein rich foods (e.g. eggs, chicken).[6] thout rs, dry
			Are you trying to:

Engage client/family by asking what they would agree to try

Guide client/family in choosing self-care strategies

Document agreed upon plan to empower client/family

5. Summarize and document plan agreed upon with caller (check all that apply)

☐	No change, continue with self-care strategies and if appropriate, medication use
☐	Patient agrees to try self-care items #: How confident are you that you can try what you agreed to do (0=not confident, 10=very confident)?
☐	Patient agrees to use medication to be consistent with prescribed regimen. Specify:
☐	Referral (service & date):
☐	Patient agrees to seek medical attention; specify time frame:
☐	Advise to call back in 12-24 hours if no improvement, symptom worsens, or new symptoms occur

Name	Signature	Date

References: 1. Basch E, et al. (2011); 2. NCCN (2015); 3. Gralla RJ, et al. (2013); 4.Naeim A, et al. (2008); 5. ONS-PEP Chemotherapy-Induced Nausea and Vomiting (2015); 6. Cancer Care Ontario (2010); 7.NIH-NCI (2010); 8.Bruera E, et al. (1991); 9. Feyer PC, et al. (2011); 10. Cancer Care Nova Scotia (2004); 11. Hesketh et al. (2015). (See pages 36-39 for complete references).

For more information, see guidelines

If not confident, explore ways to support client/family

https://ktcanada.ohri.ca/costars/Research/docs/COSTaRS_Training_English_October2016.pdf

Unique Telephone Touch- Immunotherapy

- **Immunotherapy is very effective against many tumor and cancer types:** melanoma, non-small cell lung, kidney cancer, bladder, head and neck, Hodgkin lymphoma + + +

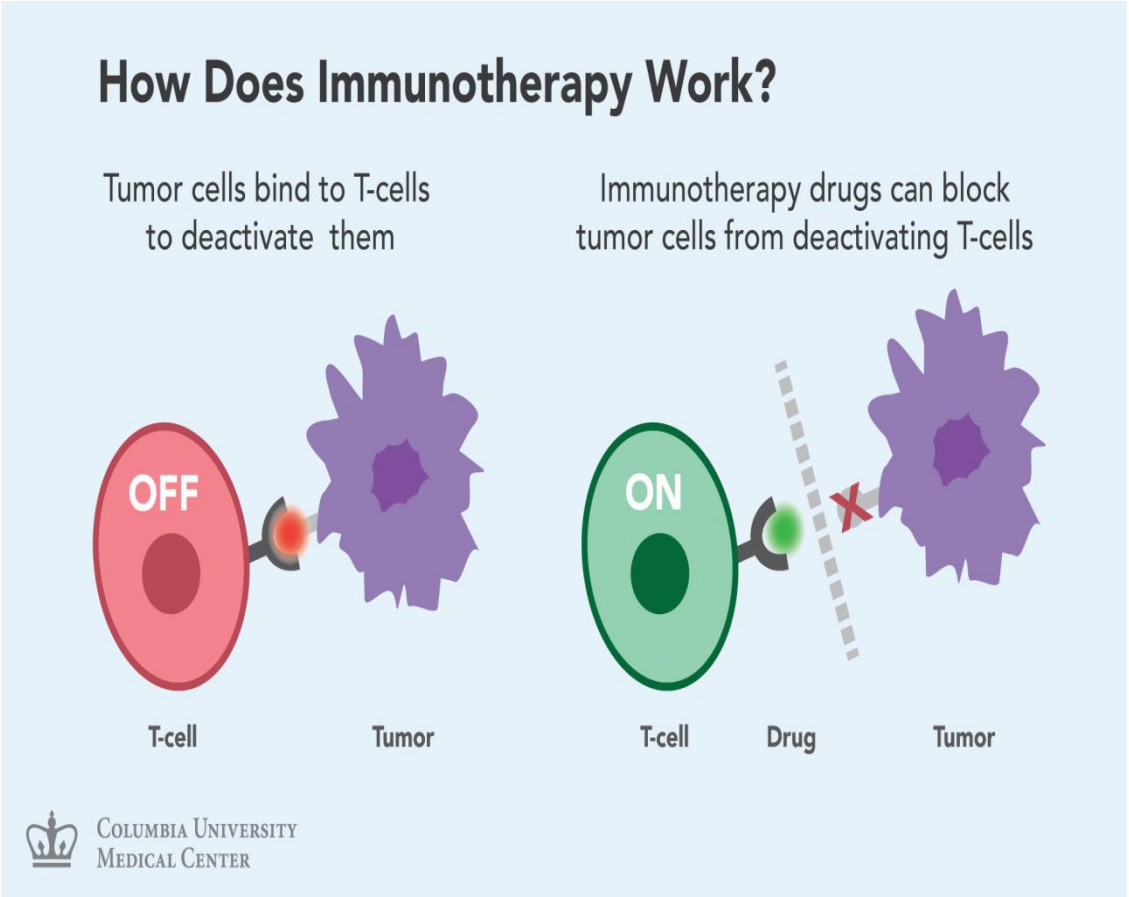
- Unique toxicity profile

- While toxicity is less common than with cytotoxic chemo, these patients can still get serious toxicity

- Rare and unique side effects that can be life threatening if not treated appropriately

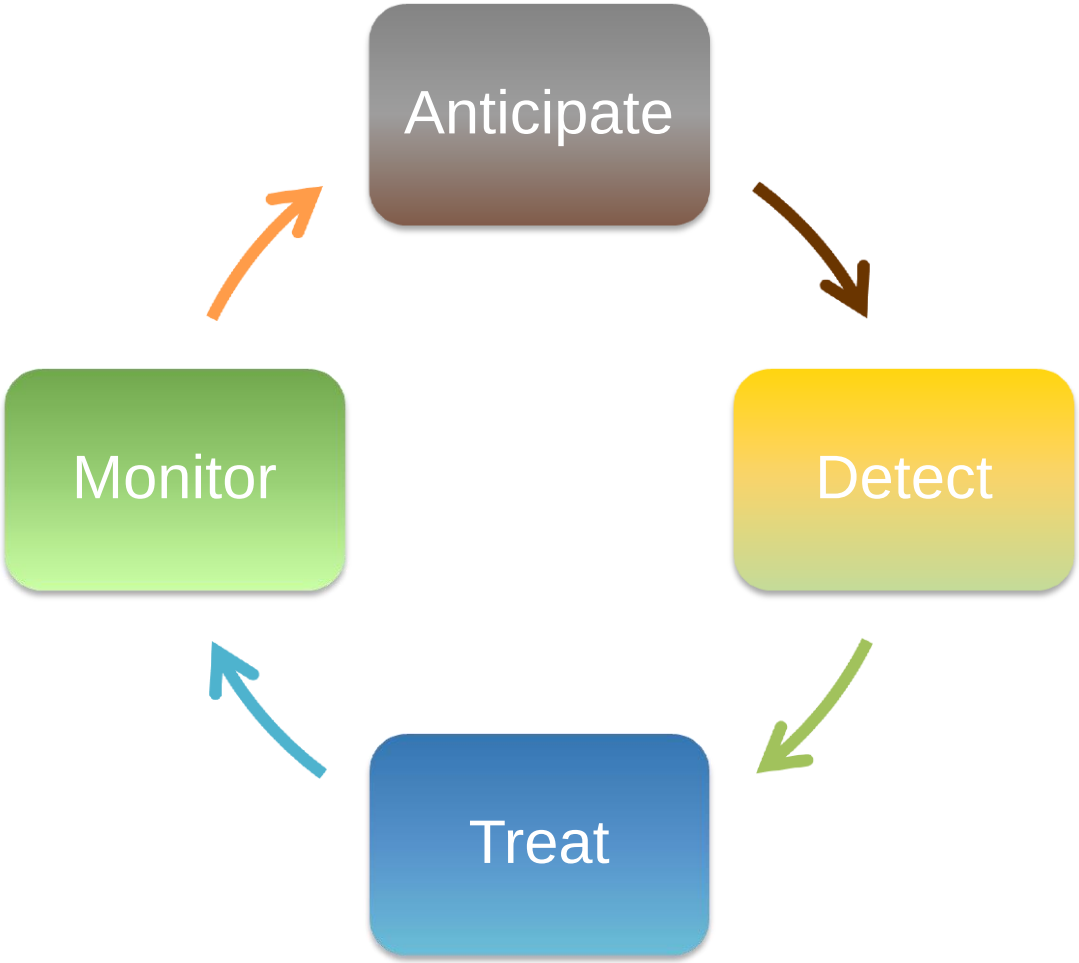
Immunotherapy Check Point Inhibitors

- Medications that work in different ways
- Common goal of allowing cancer cells to be visible and susceptible to our immune systems



Picture taken from Google-search immunotherapy

Telephone Care of Immune Related Adverse Events (irAE)



Anticipate

- Pembrolizumab, nivolumab, ipilumumab, durvalumab, atezolizumab, avelumab
- melanoma, renal, urothelial, NSCLC, bladder, Hodgkin's lymphoma +++
- Used single agent, combination with rapidly expanding indications

Detect: Total Body Detection!

Remember – anything that can have an "itis" may occur

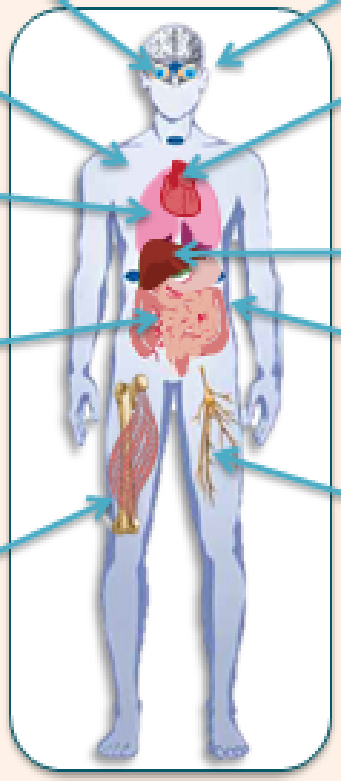
Skin
- Dermatitis, erythroderma
- Erythema multiforme
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Psoriasis
- Vitiligo
- Alopecia

Pulmonary
- Pneumonitis
- Pleuritis
- Interstitial lung disease

Gastrointestinal
- Colitis
- Ileitis
- Pancreatitis
- Gastritis
- GI perforation

Musculoskeletal
- Arthralgia, arthritis
- Myalgia, myositis

Eye
- Conjunctivitis
- Uveitis, iritis, retinitis
- Scleritis, episcleritis
- Blepharitis



Endocrine
- Hypo or hyperthyroidism
- Hypophysitis, hypopituitarism
- Adrenal insufficiency
- Type 1 diabetes

Cardiovascular
- Myocarditis
- Pericarditis
- Vasculitis

Hepatic
- Hepatitis

Renal
- Nephritis
- Lupus-like glomerulonephritis

Neurologic
- Neuropathy
- Myelopathy
- Guillain-Barre syndrome
- Myasthenia gravis-like syndrome
- Encephalitis, meningitis

CANO- Immuno-Oncology Essentials for Oncology Nurses: Part 2 Management of Immune Related AE's

Detect: Prepare Patients with Education

- At minimum:
  - Name of medication,
  - When to call,
  - Where to call

- Verbal, written, wallet cards, patient tools, medication reconciliation, websites (Canadian Cancer Society)

- Well studied phenomenon of needing to repeat information especially in high stress situations

- We can never assume…..

Detect: Know Your Stuff & Ask the Right Questions

- Use RRO / BCCA / CCO as a reference
- Open ended specific questions
- Quantify
  - how many times did you have diarrhea.
  - Describe the amount and consistency of diarrhea
- Bloodwork and patient must be reviewed by Oncologist / Hematologist / FPO or NP prior to each cycle

Detect: Determine Grade

The Common Terminology Criteria for Adverse Events (CTCAE) National Cancer Institute(NCI)

- reference that grades symptoms or side effects
- by grading at baseline—and as someone goes through treatment—it's possible to quantify those symptoms and capture improvement or deterioration

NCI CTCAE: National Cancer Institute Common Terminology Criteria for Adverse Events
http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf

Grading Example

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Diarrhea	Increase of less than four stools per day over baseline; mild increase in ostomy output compared with baseline	Increase of four to six stools per day over baseline; moderate increase in ostomy output	Increase of seven or more stools per day over baseline; incontinence; hospitalization indicated; severe increase in ostomy output compared with baseline; limiting self-care activities of daily living	Life-threatening consequences; urgent intervention indicated

NCI CTCAE: National Cancer Institute Common Terminology Criteria for Adverse Events
http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf

Treat – Immunosuppression (steroids)

The majority of irAEs are manageable and reversible with drug interruption ± corticosteroid

Grade (CTCAE v4)	Patient Care	Corticosteroids/ Immunosuppressants	I-O therapy
Mild (grade 1)	• Monitor closely		• **Continue** (except consider delay for pneumonitis)
Moderate (grade 2)	• Symptomatic management* • Monitor closely	• If persistent toxicity, oral steroids	• **Delay** the dose (except if skin or endocrine toxicity, can be maintained) • **Resume** when AEs resolve to grade ≤1 or baseline
Severe (grade 3–4)	• Involve specialist consultant** • Hospitalization • Symptomatic management* • Monitor closely	• High dose IV steroids • If not improving, immunosuppressive therapy (e.g., infliximab)	• **Discontinue** permanently (except for skin or some endocrine toxicities)

CANO- Immuno-Oncology Essentials for Oncology Nurses: Part 2 Management of Immune Related AE's

NCCN Guidelines Version 1.2018 https://www.nccn.org/professionals/physician_gls/pdf/immunotherapy.pdf

Monitor

- irAE relapse or development of further toxicities
- Side effects from steroids / infliximab
- Anxiety – especially if treatment interrupted
- Disease progression

Take Home Messages

- Telephone care is here to stay –we need to grow our skills into an art
- There are professional & legal obligations to providing care on the phone—it's not "just" answer the phone calls
- Evidence shows that the use & documentation of algorithms provides safer care
- The growing use of immunoncology means a whole new set of listening & assessment skills for telephone care

CANO ACIO Manitoba Chapter

Save the Date

31st Annual National Conference:

Canadian Association of Nurses in Oncology (CANO)

October 20 – 23, 2019

RBC Convention Center Winnipeg