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NEWSLETTER OF THE
SIOP PODC NURSING
WORKING GROUP

MAKING GLOBAL CONNECTIONS

SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE
INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

letter from the co-editors

The Making Global Connections newsletter is back, and we are happy to celebrate International Childhood Cancer Day. Acknowledging events such as International Childhood Cancer Day brings a sense of normalcy and a feeling of success to the chaos created by the pandemic. As pediatric oncology nurses, we continue to celebrate our patients and families and provide the best care possible.

This issue of the Making Global Connections newsletter showcases quality improvement projects from our nursing colleagues across the globe. We hope it inspires you. These nurses have demonstrated how small changes in our clinical settings can lead to important practice changes. What we do as nurses can positively impact our patients and families.

The PODC Nursing Group has supported each other through 2020 in so many different ways. 2021 has been designated the International Year of Health and Care Workers by the World Health Organization. Let's continue to connect and collaborate as we move forward on our journey and celebrate nursing.

Linda Abramovitz
Liz Sniderman
Elianeth Kiteni
(Co-editors)

letter from the siop podc nursing co-chairs

To our dear colleagues in SIOP PODC Nursing,

2020 was a year full of challenges, even as we celebrated and were celebrated during the International Year of the Nurse and the Midwife. As we look ahead to 2021, the road may continue to have many twists and turns, and in fact may continue to be an uphill climb at times. The support we provide each other as a global community of pediatric oncology nurses is more important now than ever.

This year, we will continue to hold our monthly educational meetings to promote nursing professional development. The calendar of these meetings is found later in the newsletter. We will also support each other on our new social media channels where you will hear of upcoming meetings, opportunities, and celebrations of each other's successes.

Facebook: SIOP PODC Nursing

Twitter: @SIOPpodcNursing

WhatsApp: (join via QR code)

Hoping tomorrow is better than today, and until then, keep *making global connections* virtually!

Liz Sniderman and Yuliana Hanaratri

SIOP PODC Nursing Co-chairs

QUALITY IMPROVEMENT: Nursing-led initiatives around the world

Nurses are essential for ensuring high-quality care is delivered to patients globally. Below, read stories of nursing-led quality improvement initiatives from our colleagues in Indonesia, Uganda, and USA.

Pin of Nurses Faces Helps the Children Smile and Improves Communication

Noor Siti Noviani Indah Sari
Rumah Sakit Kanker Dharmais |Jakarta, Indonesia

"It's okay Mikaila. There's no need to be afraid. See that the nurse is wearing an Elmo hat. Very good, isn't it? " said Mikaila's mother to her child while checking and giving a smile to a nurse who was present at that time.

"Mikaela" is a two-year-old child with leukemia who is hospitalized with many fears. Being treated in the hospital can be an unpleasant experience for both the child and the parent. In general, children will feel anxious because of separation from their parents or closest people, loss of self-control (to play and do activities like at home) and fear of pain (Bowden & Greenberg, 2010).

Communication during nursing activities is a basic need, and is central for nurses to provide nursing care. In every activity, nurses use communication. Good communication in nursing practice will support nurses in providing quality nursing care. Nurses should communicate with patients of all ages, both adults and children. However, communicating with children is not easy. It takes the right method and technique. The principles of pediatric nursing care include atraumatic care, and family centered care.

"Good communication in nursing practice will support nurses in providing quality nursing care."

Atraumatic care is nursing care that does not cause trauma to children and families. Atraumatic care is the principle to reduce physical and psychological stress experienced by children and their parents. Atraumatic care is not an obvious form of intervention, but it pays attention to what, who, where, why and how the procedure is performed on children. The goal is to prevent and reduce physical and psychological stress in children. Good media and communication can reduce physical and psychological stress to children that are hospitalized.

The COVID-19 pandemic affected the entire world, including Indonesia, causing nurses to need to wear masks and face shields all the time during nursing care. Children can not see their nurses's face and don't know if nurses are smiling or not. Sometimes, nurses have to wear gowns, medical mask and eye protection, which can make the children scared or afraid, feel uncomfortable, and can cause trauma. In this case, communication between patients and nurses will be not effective. Nurses need innovations that will help reduce the child's anxiety and make communication between nurses and children effective. This is why the nurses on our ward made pins with the nurses faces.

This pin helps children recognize the face and name of the nurse who is responsible for them or on duty. This pin is not large, but full of the nurses face. With a smiling face, the child knows that the nurse is smiling at them, so that the child will not be afraid. This is an identity pin, with a photos of each nurse or other health worker, which can be attached to the officer's shirt or gowns.

Nurses are their "hero". With this pin, now the children can recognize who "My Hero" is today.

Before using the pin, there were many questions and other complaints from the parents that their child doesn't want to go to the hospital because they afraid, and don't know the nurses or the doctors. The children became afraid and cried because they saw the appearance of the nurses, whom they did not know. About 95% of parents (of 30 parents interviewed) confirmed their children's fears. After using the pin, the parents said that their children were more familiar with their nurses and doctors. The children now have their own "Hero". Nurses are their "hero". With this pin, now the children can recognize who "My Hero" is today.

A hero for a child with cancer is someone who is able to provide not only treatment but also give overall attention by seeing a child is not a miniature adult, so the approach and treatment must be different from that of adults. Caring is needed from a nurse or other health worker. The act of caring with full attention from nurses and other healthcare workers is like a light in the dark. With this caring and good communication, the sense of humanity within us will shine again.

. . . . . .

MINIMIZING CHEMOTHERAPY EXPOSURE

Kemigisha Misk
Uganda Cancer Institute |Kampala, Uganda

Uganda Cancer Institute is a specialized Oncology Hospital found in Uganda, in east Africa. It is located in the Central region, and serves the entire country and neighboring countries like Tanzania, Kenya, Rwanda, South Sudan and Burundi. It has a pediatric unit with a bed capacity of 40 beds (on average), with 20 staff (14 nurses and 6 doctors). With the exception of two oncologists, the rest of the staff train in the oncology specialty on the job.

Like any other oncology unit, we administer chemotherapy drugs to twenty children on average every day. Our chemotherapy handling techniques were poor. At first, we used to assemble these drugs at the nurses station-working table. The whole area was littered with chemotherapy bottles. If the drug was not administered, it was left on the table or window near the station. The same area was used to receive patients, cannulation and patient waiting area.

One day, I decided to search the literature about chemotherapy administration. From the findings, I realized that all along we were ignorant about cytotoxic handling and we had been intoxicating ourselves with these drugs. Realizing a need for immediate action, a need for safe chemotherapy administration was raised in one of our weekly meetings. The staff welcomed the idea of starting with the basic requirement like a clean and neat environment, identification of chemotherapy administration working area. To the right is a picture showing staff and attendants conducting general cleaning of our working area. We have adopted the practice of conducting general cleaning of our ward once every month as staff and well-wishers. This has improved neatness in our working environment.

> *Our chemotherapy handling techniques were poor. At first, we used to assemble these drugs at the nurses station-working table. The whole area was littered with chemotherapy bottles. If the drug was not administered, it was left on the table or window near the station.*

We can make a positive change in our workplaces through performing simple procedures that are within our reach. Start little and keep improving.

I quickly requested for manila papers and markers, demarcated and labelled different areas for receiving admissions, nurses' station and chemotherapy administration area. We improvised some trolley to act as our chemotherapy administration table. Standard operating procedure for chemotherapy administration were developed and displayed on notice board. During one of our ward meetings, staff were oriented through the new developments and they all participated in implementing new changes. Other units emulated our simple organization; at least we have a well-organized chemotherapy administration area away from patients and health workers. We have SOPs to guide our chemotherapy administration process.

Although we have recorded some success in chemotherapy handling, we still have a challenge of waste management. Waste is not well segregated, chemotherapy used up bottles are put together with other wastes like food refuse, medical wastes like IV fluid tubes, used catheters and so on.
Dustbins are in place but patients, caretakers and some of our staff dispose of waste inappropriately yet these pose a big biohazard effects. We hope to continue putting in place some measures within our reach to improve on quality of chemotherapy administration. We can make a positive change in our workplaces through performing simple procedures that are within our reach. Start little and keep improving.

Infection Prevention in the Outpatient Department

Rose Nankinga
Uganda Cancer Institute |Kampala, Uganda

1 Background

I'm writing to share one of the strategies I've employed to reduce infection in clinic. I realised that we only use peripheral venous access and as a result, when we remove these IV accesses, patients litter the environment with soiled swabs and drop blood all over. This exposes us, the patients and their attendants to infections such as Hepatitis B as well as making our environment dirty.

2 Intervention

I discussed with my team about this risk and suggested that whoever gets a prick, or has a line removed remains in the phlebotomy room, applies pressure until bleeding stops and they dispose of the soiled cotton in the right bin.

3 Results

I'm so happy that this has worked for the last 2 years. Every one watches out for who is walking out with cotton and littering the clinic environment, hence limiting cross infection and maintaining a safe environment for us all.

4 Conclusion

This is something we can employ in our settings to affect infection prevention.

IMPLEMENTING CVAD KITS TO REDUCE CLABSIs

Rachael Kunkel
Arkansas Children's Hospital | Little Rock, USA

Located in Little Rock, Arkansas, Arkansas Children's Hospital (ACH) is the largest children's hospital in the state. Of the 336 beds, 26 are dedicated to pediatric hematology/oncology care. Due to the need for long-term intravenous (IV) assess when caring for children with cancer, central venous access devices (CVADs) are often used as they are able to provide a consistent line to obtain blood specimens, administer supportive medications, fluids and chemotherapy. Due to prolonged periods of immunosuppression, children with cancer are at a high risk of developing central line-associated bloodstream infections (CLABSIs), which can lead to catastrophic complications, including sepsis and death.

Recognizing the need for consistent, quality CVAD care, ACH implemented CVAD kits (custom standardized kits containing sterile items needed to appropriately provide safe care and to avoid interruptions in the sterile process) in June of 2018. Then in 2019, the hematology/oncology unit of ACH designated a CLABSI Hospital Acquired Conditions (HAC) nurse who would be given 12 hours per week to spend on research and providing CLABSI education to the staff. Highlighted education and supplies provided have included but are not limited to:

1

CLABSI Bootcamp Education

All nursing staff were educated and audited to make sure everyone was providing the same care for: port accesses, sterile line changes, sterile dressing changes, and all line entries. The importance of "scrubbing the hub" or cleaning a line entrance hub for 30 seconds (and allowing to dry for 30 seconds) with chlorohexidine (CHG) was also reviewed as well as the importance of safely obtaining all blood cultures from CVADs.

2

Line Audits

30 Line audits occur per month on the unit for port access, sterile line changes, dressing changes, and line entries. These audits are performed by trained staff who observe other nurses providing line care. The results are on display in the hall for staff and families to see using the Kamishibai-card [AR1] audit system (See photo on next page). Audits done correctly ("passed") are displayed in green. Deviations in practice are given "in-the-moment" teaching and a red card is placed in the display. This practice keeps families involved in monitoring central line care and keeps staff accountable.

3

CHG Bath Wipes

CHG bath wipes are provided for all patient's with CVADs for daily use.

4

Deep Cleaning Monthly

If a patient has been admitted for 30 days, and has not previously moved rooms, they will move to a new room for their old room to be deep cleaned by Environmental Services.

5

Educational Signage

Educational signs have been placed on the bathroom doors of each room highlighting CVAD care for patients and caregivers to review.

6

Weekly CLABSI Meetings

Weekly CLABSI meetings are held by "CLABSI leaders" within the hospital as a whole. Our CLABSI HAC nurse is involved, as well as representatives from Infection Prevention, Process Improvement, the Vascular Access Team, and the Quality Department

In 2018 (non-fiscal year), our unit had 7 CLABSIs with 3,925 line days (patient's admitted with CVADs), with a rate of 1.78%. In 2019, after rolling out new CVAD sterile kits as well as having a designated CLABSI HAC nurse providing ongoing education, our unit had 6 CLABSIs with 4,170 line days at a rate of 1.44%. During 2020, our unit had 0 CLABSIs, with 1302 line days at a rate of 0%.

The statistics provided show how continuing consistent education, providing accountability through auditing, and providing accessible resources can play a key role in decreasing CLABSIs. Likewise, ACH's administration places high importance on keeping our patients safe and their support is a huge key to the success of the hospital's reduction and our unit's reduction in CLABSIs.

A special thank you to Robyn Abernathy, MSN, RN, CNL, CPHON (CLABI HAC Nurse)

> ***Continuing consistent education, providing accountability through auditing, and providing accessible resources can play a key role in decreasing CLABSIs.***

K-Card CLABSI Audit: Closed CVC Entry

Identify staff who is caring for a patient with a central venous line (CVC) and complete the following audit together:

*Verify daily discussion of necessity, functionality and utilization:	Yes	No
• Nurse verbalizes daily discussion of need, function and use with team.		
• Medical record reflects daily discussion of line necessity.		
• Observe: CVC dressing is clean, dry and occlusive		
• Assessment documented in medical record		
*Verify CHG bath and linen change within past 24 hours		
• All supplies gathered before going to bedside		
• Surface of work area is clean		
• *Hand Hygiene		
• *Non-Sterile Gloves are worn		
• *Connection Site Scrubbed 30 seconds with CHG and allowed to dry		
• Aseptic technique maintained throughout entry		
• *Hand Hygiene		

*SPS bundle elements

Reliability Criteria: Card is GREEN if all items are compliant (yes or n/a)

Follow-Up:
Give in the moment praise for keeping the patient safe.

Reliability Criteria: Card is RED if one or more listed items are non-compliant (no)

Follow-Up:
Give in the moment coaching and ensure nurse addresses non-compliant item(s).

For QI purposes only

Date: _____ Unit: _____ Auditor: _____

Staff audited: _____

Patient label:

Enter results into CLABSI audit spreadsheet and send results to ForbusJJ@archildrens.org by the 10th of every month.

What is a Kamishibai card (K-card)?

K-cards facilitate communication between leaders and frontline staff. Kamishibai means "paper drama" in Japanese, and is an ancient art form that is now used as a management tool in manufacturing environments, such as Toyota.

In healthcare, K-cards have been adopted as a method to increase safety compliance and facilitate conversations during daily rounding or other interactions.

Shea, G., Smith, W., Koffarnus, K., Knobloch, M. J., & Safdar, N. (2019). Kamishibai cards to sustain evidence-based practices to reduce healthcare–associated infections. *American journal of infection control*, *47*(4), 358-365.

SIOP PODC NURSING 2021

EDUCATIONAL CALENDAR

Abstracts and Presentations for the Virtual/Hybrid World

Lauri Linder, USA

Updates in Chemotherapy Safety

Joint meeting with Onco-Pharmacy Task Force

Complimentary and Alternative Therapies: Nursing Implications

Mohammad Alqudimat, Canada

Joint meeting with Traditional & Complimentary Medicine Task Force

ARIA Guidelines: Nursing Care

ARIA Team

Communication among Patients, Families, and Caregivers

Joint meeting with PODC Patient, Family and Stakeholders Task Force

Burnout for Pediatric Oncology Nurses

Joint meeting with PODC Psychosocial Task Force

Supportive Care for Patients after Stem Cell Transplant

Joint meeting with PODC Supportive Care Working Group

Creative Approaches to Nutrition Support

Joint meeting with PODC Nutrition Working Group

OCTOBER 21-24, 2021

HONOLULU, HAWAII, USA

SIOP 2021

INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY
HONOLULU, HAWAII, USA I OCTOBER 21-24, 2021

ABOUT THE CONGRESS

Experience 4 outstanding days of cutting-edge science, engaging debates and networking with world-renowned experts at SIOP 2021!
Advance your paediatric oncology career, connect with like-minded people and contribute to a world where no child should die of cancer!

KEY DATES

Apr 19, 2021 – Abstract Submission Deadline
Apr 19, 2021 – 2022 Programme Proposal Deadline
July 27, 2021 – Early Registration Deadline

SUBMIT AN ABSTRACT

CLICK HERE!

Abstract submission is open until April 19th.
Do you have new research related to Paediatric Oncology? We would be happy to receive your abstract!
Let's move science forward and make a difference for children with cancer. Your research matters.

FOR HELP WITH ABSTRACT WRITING

If you would like assistance preparing your abstract, contact liz.sniderman@stjude.org and hanaratri@yahoo.com to be matched with a mentor.

GET INVOLVED!

The SIOP PODC Nursing committee collaborates regularly with other SIOP groups, and encourages our members to do the same. See below for opportunities for involvement and to have your voice heard.

1 Apply for the SIOP Nurse Steering Committee

SIOP is calling upon its members to contribute to the mission of the Society and the collaborative work in paediatric oncology nursing related to clinical care, education, research and advocacy around the world. We now invite and encourage you to nominate yourself or another nurse member for election to the SIOP Nursing Steering Committee. We are looking for 2 Nursing Steering Committee Members. Please submit your application by email to the SIOP Secretariat at info@siop-online.org Your application should include your CV, personal statement, and picture.
Applications for nominations are due by Wednesday, **10 March 2021 (12:00 noon CET)**

2 Join other PODC Working Groups

Nurses are welcome and encouraged to join other PODC Working Groups to learn, collaborate, and share the nursing perspective with multidisciplinary colleagues. Search for the other PODC groups on Cure4Kids and "request to join"!

3 COMPLETE THE BASELINE STANDARDS SURVEY! (By March 1)

CLICK HERE!

The SIOP PODC Nursing Baseline Standards Taskforce is conducting a very short survey regarding our advocacy efforts. We want to hear from you. If you have not completed the survey, please respond by March 1st deadline.

20 STORIES FOR 2020:

PEDIATRIC ONCOLOGY NURSES IN THE YEAR OF THE NURSE AND THE MIDWIFE

In celebration of September 8, 2020, the Day of the Pediatric Hematology/Oncology Nurse, and the International Year of the Nurse and the Midwife, the SIOP PODC Nursing Working Group created a series of videos recognizing the hard work and professionalism of pediatric oncology nurses around the world.

The nurses share what pediatric oncology nursing has taught them, their proudest moments, what they love best about being a pediatric oncology nurse, and what It means to them. Additionally, the nurses share stories of pediatric oncology nursing during COVID-19.

PRODUCERS:

LINDA ABRAMOVITZ | LIZ SNIDERMAN | YULIANA HANARATRI | ELIANETH KITENI

PRODUCER/EDITOR:

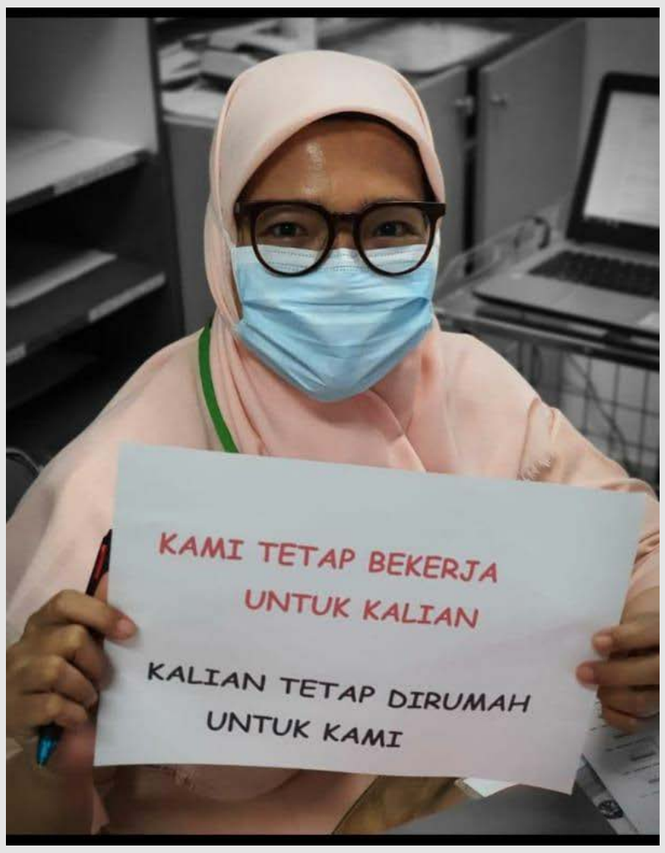
ILANA FINER

VIDEO SERIES AVAILABLE AT:
SIOP-ONLINE.ORG/NURSING-WORKING-GROUP/

TO ALL NURSES AROUND THE WORLD: THANK YOU!

WASH YOUR HANDS ...

KEEP YOUR DISTANCE ...



AND TAKE CARE OF YOURSELF!

Nurses and midwives are **central to progress in global health**.

2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

CONTACT US!

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