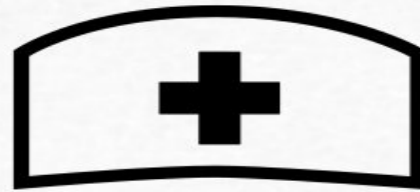


# Cancer Center Brag Book

Cancer Center Nurses





**NURSE**

**BECAUSE**

**SUPERHERO ISN'T AN  
OFFICIAL JOB TITLE**

# Transformational Leadership (TL)

*–Nursing's mission, vision, values and strategic plan align with the organization's priorities*

*–How nurses at every level advocate for resources to support unit and organizational goals*

# Daisy Award

- The DAISY Award for Extraordinary Nurses is given to honor, recognize and express appreciation for the extraordinary work that nurses do every day.
- Pauline Beggs, RN from the Gynecologic Oncology and Surgical Practice, was selected as a recipient of the Daisy Award for Extraordinary Nurses for in April 2016.



# Daisy Award 2016

UCSF Helen Diller Family  
Comprehensive  
Cancer Center



# Jeanne Yalon Award

- The Jeanne Yalon Award for Excellence in Oncology Nursing is presented annually to a professional nurse who is actively engaged in the practice of Oncology Nursing at UCSF Medical Center and/or UCSF Benioff Children's Hospital. The recipient's contribution to the care of Oncology patients is patient/family-centered and demonstrates such exemplary practice as to merit recognition from peers and other professional colleagues.
- Melissa Valdellon was the recipient of the Excellence in Oncology Nursing Award in May 2017

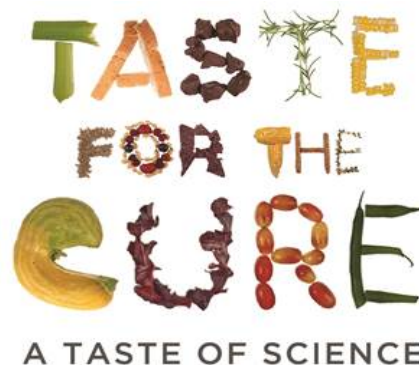


# Taste for a Cure

UCSF Helen Diller Family  
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Every year in the fall, the UCSF Carol Franc Buck Breast Care Center hosts an annual day of discovery exploring the impact of both food and science on breast health at the Jewish Community Center in San Francisco.

As an example, in 2015 the agenda included panel discussions moderated by Laura Esserman, MD, MBA on coping with a cancer diagnosis, clinical care and clinical trials, and advancing personalized medicine. Ron Balassanian, MD gave an educational science demonstration about breast cancer pathology diagnosis.



# Taste for the Cure

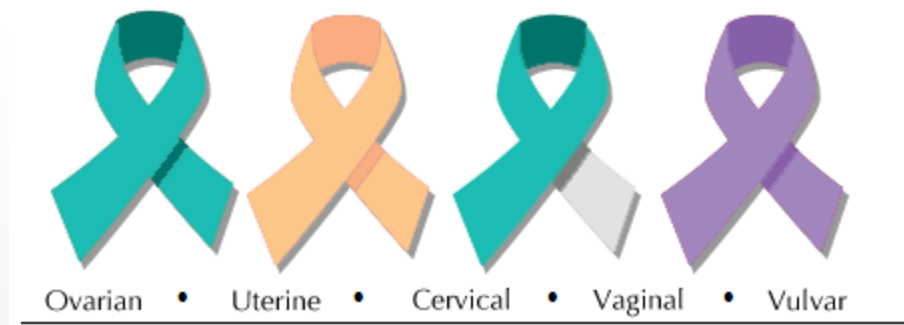
There are visual displays detailing the work of Breast Care Center researchers, healthy food tastings offered by local chefs, nutritional guidance, a cooking demonstration, and a variety of resources for the breast cancer community.





# UCSF Gynecologic Cancer Symposium

- September is National Gynecologic Cancer Awareness month.
- The symposium was started five years ago by our very own Pauline Beggs, RN and our faculty, Dr. Stefanie Ueda.
- The goal of this event is to celebrate and honor the lives of women who have been affected by gynecologic cancers.



# UCSF Gynecologic Cancer Symposium

UCSF Helen Diller Family  
Comprehensive  
Cancer Center

The event features panel presentations about the latest research and advances in treatment. Additional highlights include group discussion, inspiring stories, art projects and group activities. This event not only creates a safe place for patients to connect with each other, it brings the community together in the remembrance of women who lost the battle before us. It is also a covenant for our scientists, physicians, researchers and staff to recommit ourselves in helping to cure gynecologic cancers together.





# Structural Empowerment (SE)

*–Clinical nurses are involved in inter-professional decision-making.*

*–Nurses participate in professional development activities designed to improve knowledge, skills and practice.*

# Nurse Navigation Council

- Created in April 2016, the Nurse Navigation Council is comprised of navigators from the following departments:
  - Breast Medical Oncology/Surgical Oncology
  - Gastroenterological Medical Oncology
  - Genitourinary Medical Oncology
  - Melanoma
  - Urological Surgical Oncology
- The Council meets every other month

# Nurse Navigation Council

**Vision:** To provide access, compassion and information to patients and their loved ones

**Mission:** To continue improving excellence in oncology nurse navigation by providing: quality cancer care, triage, collaboration, education, access, disease management and development of best practice



# Nurse Navigation Council

- In 2012, UCSF began a pilot program to trial Nurse Navigation in the Cancer Center
- GI oncology and GU/Uro Surg oncology were selected for a year long trial
- Due to it's success, the program is now permanent

# Nurse Navigation Council

- Nurse Navigators help new patients by:
  - Providing direct contact information, thereby reducing anxiety
  - Offering education on the disease process, treatment options, side effects, etc.
  - Triaging and evaluating urgency
  - Anticipating what tests and records are needed ahead of time in order to create a smooth and fruitful appointment for both patient and physician
  - Extending support to patients and families struggling with diagnosis



# Nurse Navigation Council

UCSF Helen Diller Family  
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Cancer Center



Lani Bradish, Brian Schillinger, Geronima Cortese



Carrie D'Andrea, (not pictured) Ann Tittiger

# Tumor Board

- The tumor board plays a critical role in multidisciplinary cancer care at UCSF. At tumor board conferences, the cases of individual cancer patients are thoroughly reviewed by a team of physicians and other health professionals from different specialties and with unique perspectives.
- A diagnostic radiologist is generally in attendance to review all imaging and scans of the patient. A pathologist reviews pathologic samples, including cytology. The core team of cancer specialists including surgeons, medical oncologists, radiation oncologists, nurse practitioners, and nurses. Other specialists, including pulmonologists, gastroenterologists, and nuclear medicine physicians attend as required.

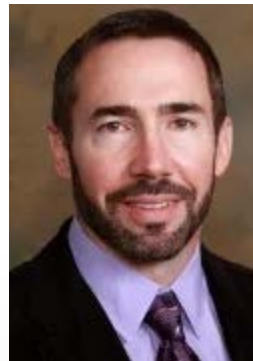
# Tumor Board

Nurses attend our multidisciplinary tumor boards in a whole range of capacity, they:

- organize and implement electronic documentation of recommendations during tumor board
- take notes on patients being referred to Medical Oncology by Surgery and consult with the various physicians regarding treatment plan
- facilitate the meeting making sure all needed disciplines are present
- serve as scribe for recommendations and report the tumor board recommendations to the patients as directed by the MD's
- observe
- participate in the multi-disciplinary discussions about the new and more complicated patients coming through the clinic
- speak directly with the providers about appropriate referrals and coordination of care at the time of intake
- oversee the research coordinators working on clinical trials—discuss any challenges, changes, or needs of those particular study patients
- make appropriate referrals and call patients with recommendations when appropriate

# Nurse Presentations, Examples

- “Strategies in the Treatment of Advanced Renal Cell Cancer” — Mary Ann Christoforou, NP
- Melanoma Immunotherapy: Nursing Perspective on Immune-Related Adverse Events: Patient education, Monitoring & Management—Michael Buljan, NP
- Lung Cancer educational series presentations to rotating audience—including MA's, front desk staff, practice assistants, and other staff. CE talk on 8/10 1.0 CEUs for all Cancer Center Nurses.—Helen Shih, NP



# Palliative Care

- End of Life Nursing Education Consortium (ELNEC)
  - Palliative Care and End-Of-Life Nursing Education Series
  - Quarterly at the Nursing Meeting
  - Information based on ELNEC curriculum and outlines
  - References/Handouts made available



Elizabeth Dito, RN

## 2017 Sessions:

- Palliative Care & End-of-Life Nursing Education Series
- Care Coordination



Sarah Holland, RN



# Exemplary Professional Practice (EP)

*–Nurses are involved with inter-professional collaborative practice to ensure care coordination and continuity of care.*

*–A culture of safety, quality monitoring and continuous improvement*

# Quality Improvement for Identification of Biopsy Lesions

Body Map form created by Ann Tittiger, RN, in Melanoma

- **S** Patient with biopsy proven melanoma referred from Outside physician for surgical excision
- **B** the pathology report is reviewed which indicates the characteristics of the melanoma Breslow depth, ulceration and mitotic rate these determine what surgical course will be recommended
- **A** after reviewing pathology and notes it is determined by the nurse navigator that the patient is needing a Wide Local Excision of the melanoma and a Sentinel Lymph node biopsy
- **R** the Body Map form is faxed to the referring physician to complete prior to surgical consultation and return to clinic via fax this is then uploaded into patient chart under "Scanned Clinical Documents" pathology BODY MAP to be referred to by the surgeon to assure accuracy of biopsy location

# Medication Refill Protocol

Developed Med Refill Grid for Adult Solid Tumor practices

- Analyzed content of verbal and telephone orders
- Feedback from MDs, NPs, and RNs

Feedback to Ambulatory Admin on development of new Medication Refill Protocol

Approval of med refill grid by Cancer Committee, Protocol Committee, Pharmacy and Therapeutics Committee

**Education:** APEX In-services, staff meeting and email education, 1:1 SuperUser training

## Outcome:

- Decreased RN telephone and verbal orders
- Facilitate a timely and efficient process to refill medications for patients with chronic conditions and for those who take medications of regular and frequent intervals to maintain optimum functioning. Promotion of safe, thoughtful and consistent medication refill process
- Decrease APEX burden for MDs and NPs
- RN compliance with protocol



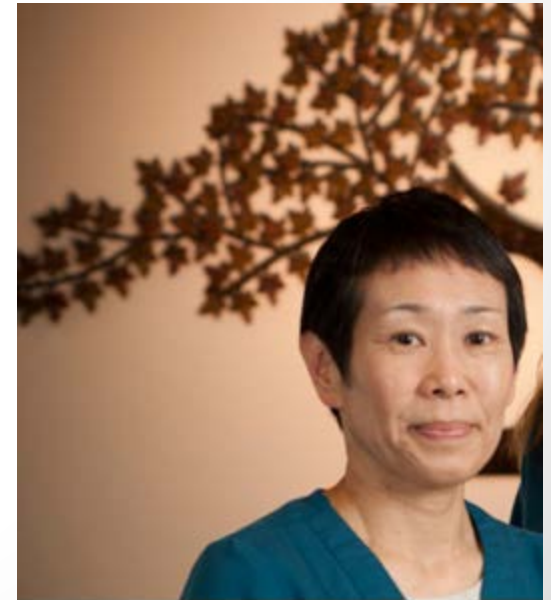
Suju Shrestha, RN





# Urology Procedure Antibiotic Protocol

- **Goal:** Comply with new American Urological Association (AUA) guidelines around peri-procedural antibiotic administration
- **Resources utilized by RN:** MD & NP input, consult with Adult Antimicrobial Stewardship Director, knowledge around patient compliance
- **Implementation:**
  - In-service education and email education
  - Created chart for ease of compliance
  - Adapted the following forms to standardize
    - Procedure instruction
    - Post Procedure Discharge Instruction
    - Anticoagulant Medication Management form
    - Pre-biopsy Questionnaire
    - Pre-Procedure Inventory
- **Follow-up:**
  - ○ Ongoing tracking of post procedure infections



Kayo Tsuruta, RN

# Pre-Operative Education Tool (POET)

- POET was a pilot created to improve patient satisfaction and discharge times (by noon) for gyn patients receiving laparoscopic surgery
- The pilot ran from end of February to end of April 2017
- Pilot also hoped to increase nursing presence in clinic and introduce the patients with the nursing staff.
- A survey was given to patients to see what parts of the POET they found helpful and what they would like to see done better. There was a total of 15 patients.



Jocelyn Parrott ,Pauline Beggs, Jennifer Brunger

# Chemo Teaches

- Our Cancer Center Nurses provide chemotherapy teaches in order to prepare patients who are about to received chemotherapy
- Patients are informed about their treatment, schedule, pre and post meds, side effects, how to manage precautions, who to contact and are given the opportunity to ask questions.
- Teach back technique is used to assess patient understanding
- Tours of the infusion center are offered

# New Knowledge, Innovations and Improvements (NK)

- Clinical nurses use evidence-based findings in their practice*
- Unit-based*

# Hereditary Cancer Clinic

- Offers patients and families with genetic mutations linked to hereditary cancers, such as mutations of the BRCA gene, personalized care and planning for their long-term health
- Kelly Williams, NP, for the clinic assists with recruitment for our various studies. Her commitment to care helped catch a heart problem in a patient in for a discussion of a gene mutation, which in turn actually resulted in improved outcomes for the patient (they said if he'd waited 6 months, he wouldn't have bounced back).
- She presented a poster on the Clinic at the BRCA Congress in Montreal in May 2016 along with genetic counselors Niki Lovick and Julie Mak.

# Lump and Bump Clinic

- Expedited process for patients who are concerned about new bumps or lumps
- Suzanne Eder, NP, facilitates process of expediting clinic consult visit, mammogram, FNA biopsy, etc.
- Works side by side with breast surgeons to coordinate care to get patients seen by breast surgeons ASAP if needed
- Heavy emphasis on quick action and reducing patient's fears and anxiety

# ATHENA

- “Athena’s mission is to save lives by transforming how we deliver care today, learn from our patients, create life-changing science, and improve prevention and treatment options tomorrow”
- Participating Programs: **UC San Francisco**, UC San Diego, UC Los Angeles, UC Irvine, UC Davis, & Sanford Health
- Athena:
  - Provides personalized prevention, screening, and treatment for all 150,000 women receiving breast care at the University of California medical centers (and affiliates)
  - Creates a framework that allows our providers to learn from all 150,000 of our patients rather than just the women they see directly
  - Transforms our understanding of breast health by bringing together hundreds of researchers & medical providers to study and discover new prevention & treatment strategies

# UCSF Center for Pelvic Physiology

- **Specialty clinic:** synthesizes multiple systems following national guidelines: Gynecologic, Gastrointestinal and Colorectal
- **Diagnoses:** e.g. fecal incontinence, chronic constipation, vaginal and rectal prolapse
- **Providers:** RN and surgeon; no other nurse at UCSF with the training, knowledge, & skills to perform her daily duties
- **Tests:** anorectal manometry to evaluate the status of the rectal muscle and biofeedback to train the muscle and treat symptoms
- **RN patient education:** physiology of defecation process, purpose of testing, symptom management, diet modification
- **Professional Development:** RN attends national conferences; consistently resourcing EBP; RN trains NPs, MDs and training MDs
- **Patient advocacy:** RN has an immense amount of passion! For nursing and her patient population





# Dignicaps

- Our nurses in breast oncology have created and implanted teaching material for use of the DigniCap. We are one of the few centers on the West Coast who are offering use of the machine Cold caps for breast cancer patients.
- Breast Cancer have been trained to do cap fittings for the Dignicaps; Dignitana scalp cooling system is in the infusion center.



# GI Oncology Survivorship

- GI Oncology created a survivorship program in Nov 2015 for patients who have finished curative treatment.
- Referrals come from GI Med Onc and PCP's. Colorectal surgery now refer all Stage 1 and 2 colorectal patients to survivorship where they are followed rather than being followed for surveillance by surgery.
- The clinic is multi-disciplinary (nutrition psycho-onc, pelvic floor rehab stomal therapy etc) and the focus of the visits is compliance with surveillance wellness and enrollment in survivorship research studies.
- To date, our Nurse Practitioner, Angela Laffan, follows approximately 280 patients



Angela Laffan, RN

Angela Laffan, NP  
 Laurel Bray-Hanin, MA  
 Erin Van Blarigan, ScD  
 Rebecca Brassfield  
 Alan Venook, MD

Background

- There are >15 million cancer survivors in the U.S. and that number is project to increase to ~26 million by 2040.
- 10% of cancer survivors are colorectal cancer (CRC) patients; however, this patient population is under-recognized.
- In 2015, the Commission on Cancer issued a mandate that every cancer survivor should receive a **survivorship care plan** at completion of the active phase of treatment, summarizing their treatment and providing a roadmap for the future.
- Historically, medical oncologists at HDFCCC have provided care for patients during surveillance periods set forth by the NCCN. However, increasing numbers of cancer survivors, due to population aging and improved treatments, threaten our ability to absorb new patients requiring high-level care at a tertiary care institution.
- Survivorship care should address the physical and

Project Goals

To improve the patient care experience by consolidating the following elements into a clinic for patients following completion of active cancer treatment:

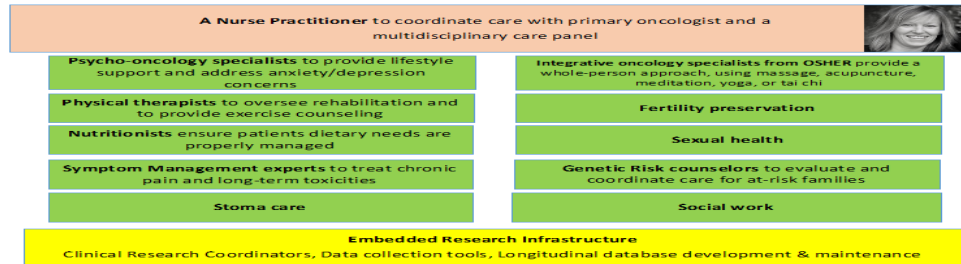
- 1) Surveillance for cancer recurrence according to NCCN Guidelines;
- 2) Personalized symptom management;
- 3) Multi-disciplinary support services.

To improve patient access to 11 expert gastrointestinal oncologists at HDFCCC for high-acuity new cancer diagnoses by decreasing referral times and and increasing new patient volume.

To develop an embedded research program to improve understanding of the long-term symptoms, quality of life and behaviors of patients during the survivorship phase (PI: Van

Project Plan and Intervention(s)

GI Oncology Survivorship: A Multi-disciplinary Care Approach



Project Impact

- Two successful half-day symposia in Fall 2015 educated clinical care providers from multiple disciplines on topics including: physical rehabilitation, bowel management, fertility preservation, sexual health, nutrition, anxiety/depression and fear of recurrence.
- Streamlined workflow and collaboration has been established between the Survivorship Clinic and dedicated consultants from a variety of disciplines.
- From November 2015-July 2016, 122 new patients and 81 follow-up patients were seen.
- A multi-disciplinary referral basis has been established (Figure 2).
- While the majority of survivors have a diagnosis of CRC, a variety of diagnoses have received care (Figure 3).
- All CRC patients have received Survivorship Care Plans at completion of treatment.
- A self-report symptom inventory was developed in Apex, providing trends over time.
- A survival research protocol for CRC survivors has been initiated.

Figure 2. Origin of internal referrals

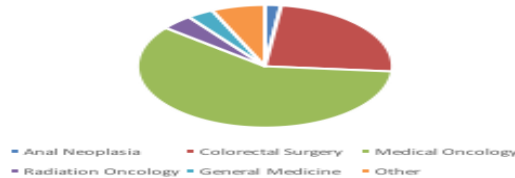
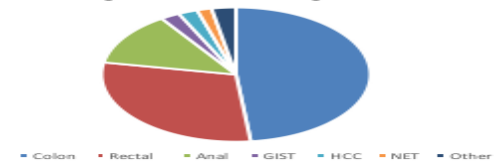


Figure 3. Patient diagnoses



Next Steps, Dissemination & Lessons Learned

Next Steps:

- To formally measure patient experiences during survivorship care and to compare to other models.
- To establish funding for the Gastrointestinal Oncology Survivorship Clinic to ensure sustainability.
- To develop Survivorship Care Plans for other less common gastrointestinal malignancies.

Dissemination:

- Expansion of this care model to other disease specialties within HDFCCC with large survivor populations will allow for sharing of multi-disciplinary resources and avoidance of redundancy.

Lessons Learned:

- Patients have embraced the transition to survivorship care, with minimal expression of concerns regarding lack of continuity with their oncologists.

# GI Genetics

Lana Taran, GI Oncology nurse, has organized genetic forms to be available on our shared drive for ease of ordering, billing, uploading, requisition, consent, etc.

- Foundation One
- UCSF 500
- Guardant 360
- Cancer Genetics (Response genetics)
- cKIT mutation

# Lymphedema

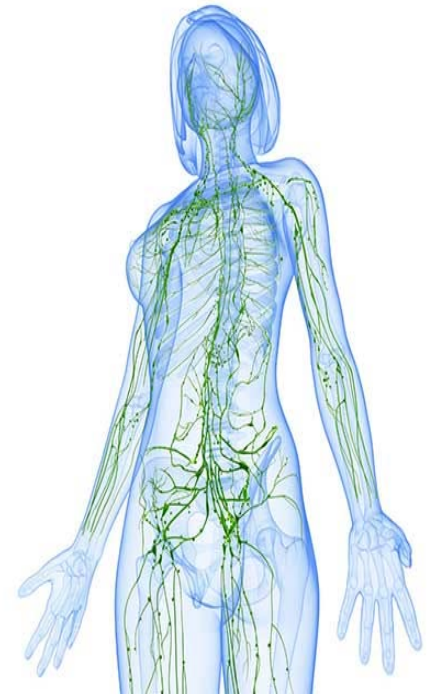
- High Risk Patient Monitoring
- Clinical Implementation of Impedimed Device/LDEX Machine
- Lymphedema Risk Reduction Resources for all High Risk Patients
  - Strength after Breast Cancer Classes
  - Lymphedema Risk Reduction Lectures
  - Physical Therapy
  - Compression Garment
- Lymphatic Massage and Exercise Video (in progress)



Julie Locke, RN

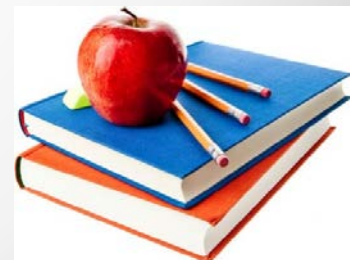
# Lymphedema, cont.

- Computerized Documentation Improvements
  - Documentation and Assessment of Pre-op Measurements
  - LDEX Measurement Placement in Epic to Facilitate Tracking
  - Built in Alerts when change is noted in LDEX measurement (greater than 10 units)
  - Automated PT Referral when High Risk Surgery is ordered
  - Physical Therapy Order Placement Improvement (Team Teaching to Expedite Treatment)
- Routine Multidisciplinary Lymphedema Meetings
- Post-op Exercise Pamphlets for all Patients
- Shadow St. Mary's Physical Therapist
- Continued Assessment, Implementation, and Re-evaluation of
- Improvement Measures



# Patient Education

- Patient education materials have been developed for several programs, including Mag Seed
- Magseed™ is a newly adopted standard of care at UCSF for localization of impalpable breast lesions. Magseed™ is a simpler, more effective alternative to traditional wire localization methods. Sarah Goldin, RN, is active in this program
- Patient education materials are continuously updated by nurses in the Cancer Center
- Nurses in the Cancer Center provide pre-operative teachings prior to surgery in a 1:1 setting



# Therapy Pets

- June 9, 2017 Marks our first day of an exciting collaboration of the breast care center and the SPCA. We'll be having daily visits from therapy dogs! We're hoping it will help reduce stress and anxiety in patients who are waiting to be seen.
- Our first furry therapist is Gunner





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and we all shine on...



UCSF Medical Center