

What Color is Your Nursing Hat?



1960s



1990s

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From the Editor

New Horizons in Healthcare: Diverse Roles for Nursing

Patricia C. Buchsel, RN, MSNc

Diverse and non-traditional roles for oncology nurses are rapidly emerging in the last part of the 20th and into the 21st century. The driving force behind this phenomena is a mandate for universal access of quality, cost-effective health care. Considerable debate ensues over the feasibility and methodology to implement a national health care system that balances the equation of universal access, cost-containment and quality (1).

Nurse Roles Now and into the 21st Century

Historically, health care has been shaped and governed by physicians and hospital administrators. More recently, nurses are making a substantial impact. For example, Dorothy Brooten (2), one of only a few nurses published as first authors in the *New England Journal of Medicine*, received national attention in medical circles and media on her seminal study on early discharge of low-birth weight (LBW)

infants. She demonstrated that selected LBW infants could receive safe and cost-effective home care if the care was provided by specialized nurses. Brooten's study has been implemented nationwide, has changed health care, and serves as a model for current and future research. (3).

Biotechnical Research Corporations

Innovative non-traditional roles for nurses are a direct result of powerful new influences in health care corporations working in collaboration with medical scientists and researchers. An ever decreasing amount of health care research dollars are available from non-profit organizations such as the National Institutes of Health. An ever increasing amount of research money, however, is coming forth from for-profit or publicly held corporations. The age of genetically engineered biologicals, created through sophisticated and expensive research efforts, in collaboration with clinical trials in a recognized cancer research setting is a prime example of this trend. Nurses who

work with these corporations can have a major positive influence on patient care and patient outcome.

Legislative

Although not a new voice in health care regulation, governmental and legislative bodies speak to new issues of cost-effectiveness methodology and with their related ethical issues. Classic examples have been Medicare and Diagnostic Related Groups. More recently, is the attempt by the Oregon state legislature to use cost effective analysis to rank diagnoses eligible for Medicaid coverage (4). Consequently, nurses who can educate and positively influence grassroots community efforts or lawmaking bodies aimed at state initiative ballot issues are needed. The Washington State Cancer Pain Initiative, although not a direct political organization is, and will be indirectly influencing state governmental concerning pain, death suicide, and abortion.

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President's Message



Bev Davis
University of Washington Medical Center

With this issue's Message, I'd like to challenge the members of PSONS to think about the possibility of doing a special project in our

communities. In particular, I'm thinking about a project designed to enhance the symptom management of cancer patients from disadvantaged or underserved populations.

These are sketchy, preliminary thoughts; ideas that have occurred to late at night, and in the shower and during Dr. Harold Freeman's moving presentation at ONS Congress in San Diego. There is evidence that poor cancer patients suffer greater pain than those who have financial resources. If this is true, it is likely that other measures of comfort and quality of life suffer as well.

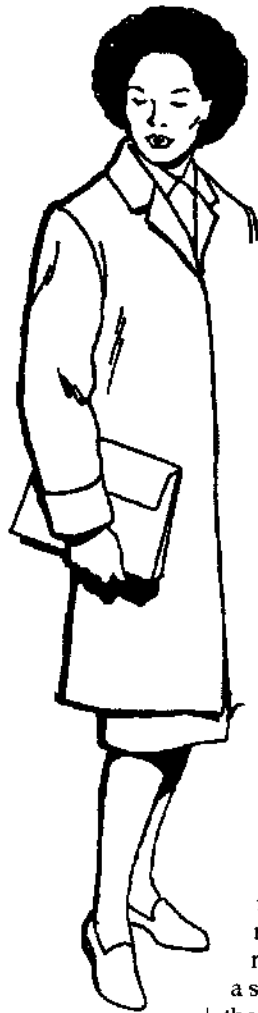
Special project funding of up to \$2500 is available to chapters whose project proposals are chosen by ONS. As an example, the Big Sky Chapter in Montana did a "Train the Trainer" project for cancer prevention and early detection among Native Americans. We have a great deal of talent and expertise in our Chapter, and

growing poverty and other barriers to health care in our communities. Perhaps nurses working with disadvantaged populations in the Northwest have identified a need for more information on symptom management—classes which could be developed and taught by PSONS members, or perhaps they have the information, but encounter other barriers.

Obviously there's a great deal of discussion, literature review, and exploration within the community before such a proposal could be developed and implemented. And we would need to be realistic about the size of such a project. But every small step makes a contribution toward big changes! So jot down your Special Project ideas. Those of you who are interested in developing, or organizing, or working on, or in any way contributing to a Special Project, call me or send me a note. I can think of no better way to demonstrate the true spirit of the members of this chapter.

The Role of the Nurse in Sales

Kim Bodnar, BSN, CRNI
General Manager, Critical Care America



While acquiring a baccalaureate in nursing, I often dreamed of the many roles I could assume along my nursing career path. I was motivated to pursue nursing as a career due to the diverse opportunities, breadth, and scope of practice in medical-surgical, intensive/critical care units, and home I.V. therapy. Never did I dream, during those educational years, that I would find myself in the sales role. Aren't sales people just out to make a buck and have their own needs met? Surely I would never put my degree on hold to pursue this pathway! Let me tell you about this path...

As the Director of Nursing for a national, for-profit home infusion company, I had the opportunity to assist and direct in the care of patients in their homes. I observed the number of patients thankful to be at home during their infusion therapy. However, many physicians and nurses were unaware of all the options for home care. Home infusion care is not taught in nursing or medical schools, and homecare technology is changing rapidly. Infusion therapy has made large advances over the last decade, i.e. advanced technology has created a need to continually educate healthcare professionals. I began to feel compelled that quality patient care hinged directly on healthcare professional understanding of what could be accomplished in the home, and how to plan and access that care. Patient care success at home is directly related to the quality of discharge planning. I found that in our company, making a transition into a consultative sales position may be the most effective way to educate the health care profession to the benefit of home care.

As a district manager, or sales representative, I was given the responsibility to educate healthcare professionals in what could be provided for patients at home. But I also saw my role as consulting on many level regarding infusion care. I had completed a specialty certification exam in infusion therapy, CRNI, and was able to use this knowledge in multiple settings. Nurses in doctors offices, hospital settings and ambulatory clinics are often faced with caring for intravenous catheters with little or no training. This is particularly true in smaller or more rural medical communities. There is an increasing use of Peripherally Inserted Central Catheters (PICC), Landmark mid-arm catheters, implanted ports such as the Port-a Cath, epidural and intrathecal catheters in the person with cancer. These catheters are utilized for a

variety of therapies and require specialized care. Frequently, I was able to provide education in this care and in therapies associated with these catheters.

Another role that I began to fulfill as a nurse in a sales capacity was to consult in appropriateness for home care. Many times I was asked to consult with a physician or nurse as to how a patient might receive care in the home setting. This sometimes required that in cooperation with the inpatient team, I assess the patient, the intended intravenous therapy, other patient care needs, and develop a plan of care for the home. This involved providing the healthcare professionals with documented research and case studies of similar plans of care. Often, this may have been the physician's first experience to order intensive home intravenous care. It was rewarding to impact patient care with a positive outcome.

To impact patient care positively requires communication with third party payors who take a very active role in directing patient care. It is imperative to educate third party payors about services provided in the home and how services differ among home care providers. It is important to keep the third party payor case manager informed of new therapies and treatment plans that are appropriate for home care. As a nurse with background in home infusion care and certified in the specialty of I.V. therapy, I have been able to provide an expertise to these care managers. Education on alternatives to hospitalization has benefited both patients and the insurance company.

In a corporate sales position, I come face to face with the business world. This is not always a comfortable place for the clinician. Somehow we have been raised with the idea that as nurses we are exempt from business economics. This is not true, however. No matter what health care setting we choose to practice nursing, there is always a business bottom line that must be taken into consideration. Certainly, in the hospital setting nurses are much farther removed from these economics. However, I remember needing to charge each product I delivered to that patient (we used the yellow sticker system and a patient card). I feel that a healthy business contributes to a healthy economy and that benefits us all!

Another issue raised by nurses surrounds the idea of working in a for-profit versus not-for-profit organization. How is working for a for-profit business different than non-profit? A non-profit organization need not post earnings and, therefore, will reinvest their "profit" into the organization and/or utilize donations to

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Washington State Cancer Pain Initiative

Judy Kornell, MN, RN, OCN
Director of Nursing Education
Nursing Coordinator

Introduction

Cancer pain relief is a major international, national, regional and local issue (1) and it is exciting and challenging to work in collaboration with dedicated health care professionals who share common goals aimed at cancer pain reduction. My unique and untraditional role is twofold. I am the Director of Nursing Education for the Washington State Cancer Pain Initiative (WSCPI) as well as the Nursing Coordinator. The first role is devoted to education and the second to act as a liaison to other professional organizations to enlist philosophical and financial support for WSCPI.

History of Modern Day Cancer Pain Control

Historically, education relative to pain management has been dramatically lacking in medical, pharmacological and nursing schools and it is only recently, that academic curriculums are changing to allow for greater understanding of cancer pain (2). In the meantime, organizations such as the World Health Organization, the National Coalition for Cancer Pain Relief, the American Pain Society, and the American Cancer Society have joined efforts nationally to make cancer pain relief a national priority (1,3,4). Oncology nurses are making significant statements influencing legislative process, the appropriation of research dollars, as well as clinical management of pain (1,3,4).

Appointment to this innovative position is a result of my intrigue and interest in not only cancer pain, but for pain in general. This passion manifested itself during my return to school for both a baccalaureate and masters degree in nursing. Every nursing position that I have held over the last fifteen years has been associated with controlling pain. While an undergraduate at the University of Washington I worked in the Pain Clinic. I also spent some years at the Fred Hutchinson Research Center as a research associate with the Pain and Toxicity Team. I was asked, in 1990, to be a key person in the upcoming WSCPI. Funding for this positions was not available at this time and I worked as a volunteer on the WSCPI during 1990. I attended small group ad hoc committee

meetings and established goals that followed in the footsteps of the Wisconsin Cancer Pain Initiative. In essence, I was at the "right place at the right time" because my role developed in parallel with other national professionals who were working toward similar goals.

Consequently, one of my strengths is the ability to network with key people in organizations dedicated to reduce or control cancer pain. Currently my position is funded and I hold the position of Nursing Education Director and Nursing Coordinator. I am also the Coordinator-Elect of the Oncology Nursing Society Special Interest Group for Pain Management which enables me to work with many pain management experts to share strategies, experiences, frustrations and rewards.

The Washington State Pain Initiative

The Washington State Cancer Pain Initiative is an organization of voluntary or funded interdisciplinary professionals dedicated to cancer pain relief. The group works with grassroots community organizations whose efforts are aimed at cancer pain relief. The Washington State Cancer Pain Initiative has its roots in the Wisconsin Cancer Pain Initiative, a demonstration project of the World Health Organization. Its success is manifested by Pain Initiatives in over 25 states and models in several other nations. Last year in Washington, Initiative 119, the Physician Assisted Suicide Initiative, was marginally defeated. Proponents of this initiative assumed that cancer pain cannot be relieved. However, cancer pain can be relieved and controlled if all persons concerned with cancer pain were aware and knowledgeable of therapeutic approaches to pain. If this were so, we would not need initiatives such as the Physician Assisted Suicide Act.

Although the WSCPI is not a ballot issue in Washington State, numerous legislative issues are associated with the WSCPI. Consequently, I need to be familiar with legislative process.

Responsibilities

Travel

A myriad of responsibilities are inherent in my educational position. I travel throughout the Washington area from the Pacific Coast to

Eastern Washington. I collaborate with my physician colleagues to give inservices and to participate in group discussions at the grassroots level. My work hours are untraditional and flexible due to the nature of travelling and working with groups in evening hours.



Education

One of the major thrusts of my role, as its name indicates, is to raise awareness of cancer pain in the community at large. By definition, this community includes the health care profession as well as grassroots organizations. One of my missions, along with others is to dispel the myths surrounding cancer pain. For example, the notion that all cancer patients have intolerable pain that cannot be relieved is a myth. The use of the goldstandard opioid, morphine, carries many misconceptions that include (1) significant respiratory depression, (2) addiction, (3) rapid tolerance and (4) euphoria. In reality, if given correctly, that is, if morphine is given in optimized dosages at regular intervals, pain relief can be realized for most patients without the commonly misunderstood adverse reactions (5).

My belief that cancer pain can be controlled and, like many of my colleagues, believe it can

be controlled now—in 1992. In addition, oncology nurses can play influential roles in this international effort to ease the pain of patients with cancer.

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Editor's Note

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Ambulatory/Home Care Through the Corporate World

The shift of oncology care from inpatient settings to ambulatory care settings is dramatic and is currently estimated to be 80-90% of cancer care. (5). In fact, recent reports, suggest that at the present time, adequate retrieval systems are not available to capture accurate data on the scope and magnitude of ambulatory oncology care.

Publicly-held, for-profit national and international health care corporations are increasingly providing alternative site health care (6). Experts predict that by the year 2010, the health care industry will be controlled by a number of national and international companies (7). Nurses employed by these companies need ethical business as well as keen clinical skills to engage in sales and marketing activities that best serve patient care. Nurses working in these areas are quite visible to the consumer and must be prepared to face questions related to quality of services, cost of services and the projected profit-margin. Astute nurses in this area, like nurses in the biological corporations, can shape quality and cost of care through combinations of their business and clinical skills.

PSONS Exemplars of Innovative Non-Traditional Nursing Roles

Dynamic and challenging nursing roles are a direct result of the reshaping of our current and forthcoming 21st century health care. Oncology nurses are actively engaged in pioneering roles in the Pacific Northwest. They have been and are parleying clinical expertise and business skills with advocacy for quality, ethical, patient care. These innovative roles for oncology nurses are among the growing number of diverse and pioneering roles for nurses who practice in new environments.

By way of illustrating the presence of the Puget Sound Chapter of the Oncology Nursing Society (PSONS) in these areas, three personal experiences of PSONS nurses working in diverse nursing roles are offered. Kim Bodnar has recently been promoted to General Manager of Critical Care America. This corporation offers health care in alternative care settings that include infusion suites and home health. Kim has combined her expertise in intensive care unit experience, high-tech home care, sales and marketing and business skills into her role. Judy Kornell, whose expertise in pain management as well as the legislative process, is Nursing Coordinator and Director of Nursing Education for the Washington State Cancer Pain Initiative. Kornell sketches her progress from clinical nurse researcher in pain management to her team responsibilities with the Washington State Initiative. Sandy Wolf is a Clinical Nurse Research Associate for NeoRx, a publicly-

held biotechnological research corporation in Seattle, explains the rewards of working in a non-traditional research associate role in the corporate world.

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Nurses in Non-Traditional Roles

Sandy Wolf, BSN, RN, OCN

I always knew that the traditional role of nursing was not for me. Nursing employment opportunities have exploded, save the past twenty years, not only in healthcare facilities, but in the business, industrial and educational arenas. With the high level of skill, training and dedication nurses can be a valuable asset in non-traditional roles in corporate, for-profit settings.

Experienced oncology nurses are needed in the pharmaceutical and biotechnology industries. In the past four years I have assumed the role of clinical research nurse and subsequently a clinical research coordinator in a large medical center in Seattle. Funding for my position was provided by a private bio-technology medical research corporation that worked in collaboration with the medical center to perform Phase I/II clinical trials.

I worked concurrently with physician/principal investigators, referring physicians, potential and involved patients and families, as well as scientists and physicians from the sponsoring company. This role allowed me to utilize a high level of independent judgement to plan, organize, implement and coordinate a wide variety of the clinical and administrative aspects of the research project.

The most challenging and therefore most rewarding component of this position was the interaction between myself and the potential study candidate and their families. Since Phase I trials are primarily focused on obtaining toxicity data and not efficacy, the informed consent process must be thorough. Depending on the complexity of the trial, the process may be lengthy and most often need to be done multiple times before the patient and their families fully understand and are ready to consent. The experienced oncology nurse interacts daily with the delicate issues of death and dying; recovery versus palliative therapy; and fear of the unknown. Oncology nurses are in a unique position to obtain informed consent.

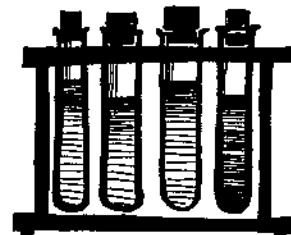
Cancer patients have a unique yet similar way of confronting their disease. Most of the study patients have already failed conventional therapy and are searching for some other choice of treatment. Even after being told the likelihood of benefit from a Phase I trial is minimal, most patients elect to proceed - not only in the hopes of being the "first one to respond," but often because they have a desire to help those future patients with

similar disease. The altruistic characteristic of many cancer patients allows me the most rewarding experiences.

In most cases, the day comes when the patient is told the experimental therapy did not show signs of slowing or reversing their disease process. In this situation, the clinical research nurse is more important than ever, to support the patient and their family, explain and encourage the need for continued follow-up and, to observe for potential long-term effects of the study medication/drug. Gaining the patient's continued support for follow up is crucial to the success or failure to obtain study data.

Patient enrollment to a study is critical to its success or failure. One of my major functions was to maintain patient accrual, and was accomplished by establishing and fostering good collaborative relationships with referring physicians and nurses. Establishing a visible role is critical to keep the referring community aware of the availability of protocols. Phone calls and/or letters updating physicians as to current protocols and their results are effective in communication. Attendance at professional meetings and symposia to present posters and/or lecture presentations relative to the clinical trials was another method of communication I employed.

Once the patient enters the study, it is vital that the research nurse keep the patient informed about the progress through the study protocol. In Phase I trials, patients may be the first human subjects to participate in the clinical trial. The oncology nurse is therefore in the unique position to observe any positive or untoward events relative to the study. Attention to detail, skilled clinical observations and documentation makes the nurse a vital member of the research team. The clinical nurse gathers the study data, acts as the liaison who transfers the study data to the sponsoring company. The clinical research nurse/coordinator is often the first to observe study trends and, in collaboration with the scientists and/or physicians at the company, to help analyze the data and can give input to the future direction of research.



Being the oncology research nurse in Phase I/II clinical trials offers the nurse the opportunity to experience the cutting-edge of technology, and to participate in an invigorating environment to learn and share this knowledge. An added benefit is participation in writing papers for publication and doing poster presentations for the scientific and medical community.

The education and experience of oncology nurses can expand the scope of traditional nursing roles to clinical research nurses, coordinators, data managers, or clinical trial managers in the clinical or corporate settings i.e. pharmaceutical or biotechnical firms. Advancement into management as a medical research associate (MRA) is also possible.

In the past four years my experience as a clinical research nurse (CRN) and clinical research coordinator (CRC) have been extremely rewarding and have fulfilled my desire to be in a not so traditional role of nursing. If you like being involved in new scientific discoveries, paying attention to detail, being a skilled observer with a high level of independence, a patient advocate and a vital member of a research team, clinical research may be for you!

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Part-time interviewer

need soon for study on cancer pain and medical treatment decisions. Social worker/R.N. with Oncology experience preferred

Contact Mark Sullivan MD, PhD

Department of Psychiatry

Mail-Stop R-P-10

University of WA Medical Center

Seattle, WA 98195

(206) 543-3924

"Changing Roles in Oncology"

Louise Granger, St. Joe's—Bellingham

Transitions, personal growth, and professional challenges. To interview Becky Dorcas is to hear a lot about these experiences. She began her career in nursing in 1968 with a BS from the U. of W.

In early working years, home health care was a favorite setting. While setting up after-hours education classes at Skagit Valley College, she met Ruth McCorkle, Betty Gallucci and others from the University of Washington graduate program. Oncology and Hospice seemed the right choice for getting to work with patient and families at home. Becky entered the Transitions Services pathway to obtain a masters degree rather than choose an oncology position immediately.

One's perspective is shaken up a bit to recall that there was only one clinical nurse specialist in the Seattle area in oncology in 1976. After graduation in 1979, Whatcom County got a taste of the clinical specialist in several different settings. With Visiting Nurse Home Health Care as a base, Becky contracted with both local hospitals, and the radiation therapy clinic, and forever changed their perspective of oncology care. The role of the radiation therapy nurse enveloped dietary, social services, resource management, and addressed multi-dimensional needs of patients and families in a small center. One of the hospitals created a permanent Oncology Nurse Specialist position. Hospice of Whatcom County was evolving from 1979 through 1980. In 1981 the first patient care was given. Becky's role involved program development, staff teaching, case consultation, and program licensure. In 1984, VN/HHC was Hospice Benefit certified. The evolution in home health nursing she helped create in VN/HHC is one where a high "tech" and highly skilled nurses image is evident.

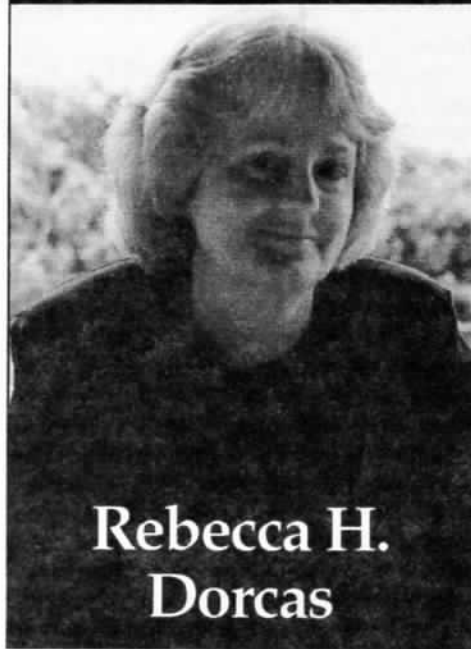
Entwined in Becky's professional career are American Cancer Society volunteer activities. She launched the I Can Cope classes in Bellingham; she was involved in the development and presentation of the BSE Instructor training program statewide; she served as Unit President; and as Unit chair of Professional Education generated many nursing education events including the annual Oncology Nursing Education conference at Semi-Ah-Moo, Blaine each March.

Perhaps the biggest challenge is before Becky now, as Hospice of Whatcom County changes from an integrated program with

VN/HHC in one county, to a two county operation (purchase of Community in Skagit County in 1989) in a smaller corporation with hospice dedicated staff. The directorship of both offices (schedules, staffing, budgets, financial contract developments, and FORMS) is the latest and greatest evolution in her career.

Her goals are to continue to be a force in creating changes in health care delivery; to promote access to health care delivery; for patients to gain access to nursing skills available in hospice programs despite insurance limitations; and to maintain financial stability and comprehensive services in a two county hospice while looking at ways to expand. Sound ambitious? Those who have served in her mentorship will attest that Becky has built up the personal and professional qualities to tackle mountains and continue to generously share her growth with those around her.

PSONS Profile



Rebecca H.
Dorcas



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Business Beat

Research Committee:

The Research Committee members are working at break-neck speed to produce a proposal for a small grants program to support research by PSONS members. Watch for details about this exciting plan to foster cancer nursing research here in the Pacific Northwest. The next meeting of the Research Committee will be on October 5, 1992 for 5:15 to 7:15 p.m. at the U. of WA. All PSONS members are welcome to attend.

Stacey Young-McCaughan will be carrying the banner for the Research Committee as she serves as Guest Editor for the research issue of the PSONS Quarterly. Thanks Stacey!

Symposium:

The Symposium Committee is hard at work developing the program for next year's Symposium. It will be our 15th Annual Meeting! We expect the program to be exciting and informative. If you are interested in presenting a roundtable please contact one of the organizers. Please call any member of the committee if you have suggestions!

Committee Members: Susan Alderson, Patricia Buchsel, Mary Ersek, David Gerardot, Cathleen Goetsch, Pat Jordan, Irene Karlsen, Mary Perotte, Jerome Schiro, Mary Underbrink, Kathi White, Renee Yanke, Ann Winkes Breen (320-2183) work

Dates: February 26 & 27, 1993

Place: SeaTac Marriott

Keynote Speaker: Deborah Mayer, RN

Title/Theme: Integration of Innovations

Cancer Pain Initiative (CPI):

The CPI continues to move forward in WA state and nationally with 27 states currently members. Barriers to cancer pain management are still present and the CPIs continue to advocate with the regulatory boards nationally.

Nominating Committee:

Pat Jordan tells us that nominations are now being accepted for President-elect and Treasurer. Nominations will be confirmed this Fall with elections in the Winter. Here is **your** opportunity to participate and make a difference!

Legislative Committee

As you know! We are in the midst of a presidential election year. There are lots of opportunities to get involved with the candidates and possible legislators. Next year in Washington State alone the election includes a Governor and 98 House and 27 Senate seats (Sept 15th is the Primary). This is the time to beginning talking to candidates about the important issues, personally and professionally. Incumbents need to be thanked for the work in the past and the new candidates need to be made aware of the upcoming issues and resources.

Work regarding Tobacco issues continues with PSONS membership on the ASSIST meeting. **Billie Eberle** is involved with the state coalition with special involvement in the Health Care focus group and **Janet Ramsey** is attending the King/Snohomish county coalitions.

Pat Jordan is representing PSONS on the WSNA Access Task Force. This group is interested in access to health care and the reform activities which are taking place in Washington State. They are taking a special look at the Governors Health Care Commission and how the commissions work matches the nursing agenda for health care reform.

The PSONS September 9th proposed educational program and meeting will be focusing on Health Care Reform. It will include an overview of the different proposed payment plans.(Private-market approach, Employer-based approach and the Government based approach), a review of the work of the Governor's Commission on Health Care Reform and the WSNA's response. We will also look at the Initiative 141 which is related to health care reform. Finally we will have available some of the different special interest groups response to health care reform. This will include cancer survivors groups and AARP.

The work and the activity on health care reform is at time is a moving target which is changing, so although this is the plan for the educational it may change as time goes on but the evening should be interesting and fun.

Mark you calendar September 9th PSONS Meeting

Location Virginia Mason
Voulney Richmond Auditorium
6:30 pm — Gathering,
7-8pm — Presentation,
Health Care Reform;
8-9pm — Business meeting

Parking in building — enter Seneca;
On Street enter through hospital - take Skybridge, room on 1st floor.

The timing of our meeting is nice because it come right before the PUBLIC HEARINGS- for the Governor's Commission on Health Care Reform. This is the Second round of the draft of the proposal before it goes to the Governor. The hearings begin at 7pm. Here's the list of dates and times of the hearings:

- ◆ Sept 10 - Seattle- U of W - Kane Hall
- ◆ Sept 14 - Wenatchee - Chelan County Public Utility District (P.U.D.)
- ◆ Sept 16 - Spokane - Hughes Auditorium - Gonzaga
- ◆ Sept 17 - Pasco - Columbia Basin College
- ◆ Sept 21 - Longview - Cowlitz County P.U.D.
- ◆ Sept 23 - Bellingham - City Council Chambers
- ◆ Sept 24 - Port Angeles - Port Angeles City Hall
- ◆ Sept 29 - Tacoma - Sheraton - Bicentennial Pavilion

The Washington State Nurses Association (WSNA) is sponsoring the annual Westside Legislative Evening on Sept. 29, 1992, 6-8 p.m. at the Seattle Airport Hilton. State Senators, Representatives and Candidates will be there. There will be a legislative update to inform nurses regarding issues and tips on talking to candidates, promptly at 6 p.m. For more information and reservations, call WSNA at (206) 622-3613 by Sept. 11.

Education Committee:

The "Final Education Meeting of the Season" June 17th was a wonderful treat. Our two scholarship recipients **Donna Berry** and **Mary Ersek**, along with many other members, shared their experiences of the national conference. Thanks to all those who attended and participated in the event.

Congratulations to **Liz White** and **Linda Cook** for receiving the scholarships to the First International Nursing Research on Cancer Pain held at the University of Washington in July.

The PSONS ONCC Review Course co-sponsored with Providence Medical Center will be held at Providence Medical Center in Seattle, Saturday, August 29th, from 8:30 to 5:00. We will offer on site registration if you have not pre-registered and would like to attend in preparation for the ONCC exam here in Seattle September 26th, or for the exam in May offered at the Oncology

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Are you on the lookout for a new job?

Do Head Hunters call you looking for possible prospective job applicants?

Now you can fill out the form on the back of the PSONS membership application and send it to the PSONS Secretarial Service. They will keep it on file and refer Head Hunters to You! Instead of racking your brains for names of prospective applicants—refer the Head Hunters to the PSONS Hotline—(206) 361-4736

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Can be contacted at work? Yes _____ No _____
Type of position desired _____
Desired geographic location _____
Years of experience _____
Managerial experience Yes _____ No _____
Highest Degree _____
Certifications _____
Additional Comments _____

Signature _____ Date _____

By signing this form I am allowing the PSONS office to release my name, telephone number and address to recruitment services or personnel officers.

Return this form to PSONS, 2611 N.E. 125th Seattle, WA 98125-4357

Sales

Continued from Page 3

run a business. A for-profit business passes its profit along to the shareholders as well as utilize profits to expand services. Both entities must run a healthy organization financially to stay in business. Both entities take care of under-insured patients and patients with no insurance coverage. Due to the competitive nature of home infusion therapy, all companies must assume some of the care for the "no-pay" patients or they may not be asked to care for a patients with good insurance coverage. In this case, the Theory of Entrepreneurial Methods benefited the patient and the third party payors in offering a range of services and care, for a range of prices.

I would like to close with a case study of how I was able to utilize my knowledge

and expertise as a nurse in the sales role. An oncology nurse working in a doctor's practice had recently experienced trouble with drawing blood from a Groshong right atrial catheter. She had tried several approaches to the problem and was able to infuse fluid, yet unable to withdraw blood for sampling. I had the opportunity to consult with her and make several suggestions. She also wanted to explore the option of low dose warfarin therapy for this patient. Subsequently, I completed a literature search on this subject, called and discussed the problem with the clinicians employed by Davol, the manufacturers of the catheter. I was then able to present the nurse with comprehensive data regarding the use of warfarin, in the oncology patient to prevent thrombus formation around a catheter. Through this initial contact, the nurse and I developed a friendship. Eventually, a patient was seen in the practice that required prolonged hospitalization for chemotherapy and wanted to receive chemotherapy at home. To date, the physician's office had not

offered this chemotherapy regime in the home. However, I reviewed the patient with the nurse and assessed all the issues that would be addressed prior to the patient receiving home care. I then wrote up a case study and a plan of care for this patient for the nurse and physician to review. This process allowed them to increase their knowledge and comfort level for the patient to receive care at home. The next cycle of therapy was given at home without incident. The physician, nurse, and patient were very satisfied to see this care provided in the home.

As nurses we have a large body of knowledge to offer the healthcare community. I remember back to those school days. I was told to seek new horizons: Go out and show the world that nurses were valuable to organizations and possess many skills. I am satisfied to see what I have accomplished as a nurse in a non-traditional role—I impact the quality of these peoples' lives!

PSONS MEMBERSHIP

Membership Application - 1992

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Career Area: Patient Care _____ Administration _____ Research _____ Education _____
Patient Population: Adult _____ Pediatrics _____
Specialty: Chemo _____ XRT _____ Surg _____ BMT _____ Immuno _____ Home Care _____ Other _____
Highest Degree: Diploma _____ Associate _____ Bachelor _____ Master _____ Doctorate _____

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ONS# _____ Exp. Date _____
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Welcome to PSONS!

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Sonia Trask
Redmond, WA,
Virginia Mason Clinic

Bonnie Blake Davis
Bothell, WA

Julie Nauman
Seattle, WA, Swedish Hospital

Joy Griffith
Marysville, WA
Providence Hospital—Everett

Business Beat

Continued from Page 8

Nursing Society's National Conference.

The Fall schedule begins with the first meeting sponsored by the Government Relations Committee on Wednesday September 9, at the Voulney Richmond Auditorium at Virginia Mason (see *Legislative* column). The second meeting will be held October 14, at the Betsy Burton Sullivan Care Home on the Seattle University Campus. Mary Ersek will speak on Hope — watch for your flyer in the mail. The third meeting November 11, will feature Dr. Congdon speaking on Bone Metastases at a north end location. Mark your calendars now and watch for the mailings.

An Educational Opportunity is coming up this fall with the 8th Annual

Cancer Conference: DILEMMAS IN BREAST CANCER, at Providence Medical Center in Seattle on October 22, 1992, 5-9 p.m. Call the Cancer Program at 320-2100 for a registration form. Deadline is October 8, 1992.

American Cancer Society Liaison:

Ryan and Bev Anderson send this from the ACS: We are looking for volunteers to present the "ACS Breast Cancer Awareness Program." One hour sessions to various AARP (American Association of Retired Persons) chapters in target Washington State counties (King, Pierce, Snohomish and Spokane) in Fall of '92 and Spring '93. Program materials and training will be provided by ACS. If you are interested in participating to promote breast health awareness, please contact Ryan Iwamoto at 223-6801 or Bev Anderson at 368-1621 for further details.

The Last Word

Susan Ford
Tacoma Community College

So, it is almost September which means back to school time! Word has it that Kathy Stetz can be seen traipsing around the town of Bothell at the University of Washington's campus on the eastside. And for anyone who may have the back-to-school bug, you can always ask Lisa McLaughlin in Tacoma what it is like being in the first RNB class at the U Dub's Tacoma branch campus. That should help recruitment of both faculty and students.

Kudos to the group of nurses who planned the first international nursing research symposium on Cancer Pain, held at the University of Washington in July. The able bodied committee was chaired by Diana Wilkie, and fellow committee members included Mel Haberman from the Hutch, Judy Kornell from the WSCPI, and Anna Williams from Swedish.

Dionetta Hudzinski from Yakima (the Palm Springs of Washington) reports that she and her community cohorts brought Dr. C. Stratton Hill to Yakima (from Texas) to lecture about pain control. They managed to coordinate sessions from Yakima to Sunnyside (see your state map for this town) and acute care hospitals to nursing homes. (Shades of Clinton's visit to our

state in July!) We actually believe that this group is offering a "campaign prep" for speakers in their community, and suggest that Dionetta consider offering "Rural Speaking Junkets" for people interested in seeing how many people and places they can speak to in a limited time period.

Dionetta and Margot Hill should get together, maybe her husband Tim could be one of their next speakers.

Got some extra money making a hole in your pocket? Think about travelling to Europe, to visit Betty Gallucci. She will be spending a sabbatical in Norway from the University of Washington this fall. We will miss the leadership role she has in our chapter.

At the last symposium you may remember David Gerardot spoke about 'Letting go...'. We need to congratulate David on taking his own advice and letting go of bachelorhood last June. He and his wife Sherry, were married in Olympia. Congrats to you two!



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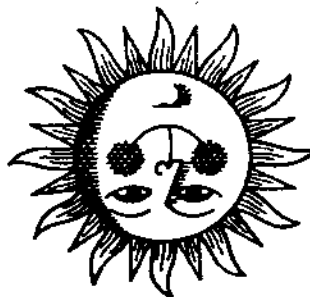
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