

REGIONAL ONCOLOGY NURSES

QUARTERLY

Volume 7 Number 3 Summer 1984

DRG'S AND CANCER NURSING

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DRG's (Diagnosis Related Groups) are the latest effort by the Federal Government to control Medicare expenditures for health care. The reimbursement system is based on a statistical average cost for delivering care to a selected list of 4 major diagnostic categories. The system was originally developed at Yale as a tool for quality assurance and utilization review in institutional settings. The expanded use of setting prospective payment rates developed later. The system is based on averages, and therefore does not address many of the individual needs encountered in health care (illness care) of individual people.

The DRG system is based on outcomes of illness treatment, not on the process of delivering care, as reimbursement has been based in the past. This presents a major shift in resource consumption. In the past, revenue was generated by resources being consumed, i.e., lab tests, procedures, hospital days used. Under DRG's, a set amount of reimbursement is given to the hospital regardless of the amount of procedures done. Therefore, the departments of the hospital who used to generate revenue may now be seen as a liability.

The key to survival under DRG's will be cost-effective and appropriate allocation of patient care resources. All involved in delivering patient care must work together as never before to ensure that each patient is receiving the most appropriate care in a timely fashion. An interdisciplinary approach to care will need to

become more the rule than the exception as all caregivers work cooperatively to provide cost-effective and quality care to the patient. The responsibility for cost-containment is now at the local hospital level.

The opportunities for nursing are many in this new mode of care delivery. Now, more than ever before, the role of the primary nurse as case-manager will be key in making sure that appropriate care is delivered in a timely fashion. The collaborative working relationship of the primary nurse and the primary physician will facilitate this process.

Acuity systems for staffing will be essential to appropriately match the quality and quantity of nursing care with patient care needs. This method of staffing and patient care assignments ensures the matching of resources and needs.

Work is being done around the U.S. to develop a variable charge system based on a level of nursing care delivered. Inherent in this process is an acknowledgment by nursing itself that the care they deliver is reimbursable to patients, as are the services delivered by physicians and other health care providers. Nursing care has been included as part of a patient's room and board, housekeeping and laundry charges. Studies are showing that the actual costs of nursing care and what the patient receives for his/her money is quite a good deal. Continued Pg. 3

RONs QUARTERLY MEETING
"International Cancer Nursing"
Debbie Clark: Australia
Patty Mulhern: Switzerland

September 6, 1984
7:00 p.m.
John Locke Auditorium
Swedish Hospital Medical Center

Nie wolno palic

POLISH

VITATO FUMARE

ITALIAN

NEVALE RUKYT

LITHUANIAN

TILLOS A DOHÁNYZÁS

HUNGARIAN

Rauchen Verboten

GERMAN

KADITI PREPOVEDANO

SLOVENIAN

Es Prohibido Fumar

SPANISH

Воспрещается КУРЫТЬ

RUSSIAN

DEFENSE de FUMER

FRENCH

ΑΠΑΓΟΡΕΥΕΤΑΙ ΤΟ ΚΑΠΝΙΣΜΑ

GREEK

Duhani Esht i Ndaluar

ALBANIAN

IN OTHER WORDS

NO SMOKING



Handwritten note: (There)

喫煙を禁ず (Japanese)

JAPANESE

烟食準不 (Chinese)

CHINESE

ধূম পাননিষেধ (Bengali)

BENGALI

Uhh Öhülf (Armenian)

ARMENIAN

منع التدخين (Arabic)

ARABIC

تدخين ممنوع (Turkish)

TURKISH

רשיון אש חרוש (Hebrew)

HEBREW

RÖKNING FÖRBJUDES (Swedish)

SWEDISH

RÖGNING FORBUDT (Norwegian/Danish)

NORWEGIAN DANISH

E Prohibido Fumar (Portuguese)

PORTUGUESE

For Your Use

PRESIDENT'S REPORT

It is my pleasure to report to you on the first annual RONS Board of Directors retreat which took place July 13, 14, 15 at the LaConner Country Inn. Despite glorious weather, good company and inviting antique stores, we did accomplish our agenda.

Short and long term goals were determined. (Table 1)

During the retreat a letter to solicit membership was drafted to ONS members in the Puget Sound area who are, were or should be RONS members. Our membership roster for chapter status will only be able to include those who belong to ONS and RONS. (ONS bylaws).

A letter was drafted to Pearl Moore, Executive Director of ONS to state our interest in hosting the 1992 ONS Congress in Seattle. We will be looking for someone to take on this task in the near future. We will also try to get several local members to serve on the ONS Congress Planning Committee to bring that expertise back home.

The Board has ordered 400 No-Smoking pins similar to those sold by the Denver chapter at the past two congresses. These should be ready to distribute to members on or before the next quarterly meeting. Profits from the pins will go toward travel scholarship(s) to the ONS Congress in Houston.

Finally, we will be increasing our efforts to publicize our quarterly meetings by mailing a post-card reminder. September's meeting, in addition to our educational program, will give us an opportunity to discuss the short and long term goals as listed above. Looking forward to seeing you on September 6, 1984, at 7 p.m.

Janet Schwarz-Appelbaum

DRGs, Continued from Pg. 1

Some of the other opportunities for nursing under DRG's are related to ethical issues. The existence of technology does not mandate its use for every patient without discussion and individualization by patient/family preference. Nurses can play a key facilitator and advocate role in such discussions. Nurses are often the best versed in suggesting alternative

TABLE 1 Goals for RONS

- ° To become a chartered chapter of ONS in Houston May 1985.
- ° To develop an informational brochure which includes our philosophy, purpose and a membership application.
- ° To investigate the process of applying to ONS to host the National Congress in 1992.
- ° To create a yearly budget.
- ° To establish a central mailing address for RONS.
- ° To increase the membership of RONS
- ° To embark on revenue generating ventures other than the annual symposium.
- ° To offer the 7th Annual Cancer Nursing Symposium.
- ° To foster collaborative nursing research on a regional or national level.
- ° To sponsor travel scholarship(s) for oncology nurses to the ONS Congress.
- ° To publish a quarterly newsletter.
- ° To expand membership involvement in committee activities.
- ° To establish a tape library for RONS members use.
- ° To establish a name that will accurately represent our planned ONS chapter status.

sites for care delivery and providing information on these options to the patient, family, and physicians.

Of particular importance to nursing's survival will be our involvement in formulating and implementing our own budgets. In the day of the "bottom line," we need to be the ones determining how and where our salary dollars should be spent. The tool needed to do much of this will be the computer. So, we must become computer literate.

The new DRG system poses many challenges for us to face and participate in. As usual, our future is up to us. One thing we can be sure of is that health care will not return to the systems of yesterday. What is developed must include nursing's input.

REVIEW

"The Effects of Anticancer Drug Timing on Therapeutic Index" William Hrushesky. Mediguide to Oncology 4, 2, 1-5, 1984.

Circa rhythms are those self-sustained biological cycles that are synchronized to seasonal-yearly variations (circannual rhythms), to circalunar variations (monthly), or to circadian variations (daily rhythms). They are the "clocks that time us," and involve plasmacorticosteroid rhythms, estrus rhythms, body temperature rhythms, potassium, sodium and renal clearance rhythms, hepatic enzyme rhythms, and many, many more. Closely following the growing international literature in chrono (time) biology are those engaged in chronopharmacology research. That is, considering the influences of circadian rhythms, is the same medication and dosage as beneficial, as therapeutic, as safe, or as toxic anytime we administer it during a 24 hour day?

More than a decade ago, Haus (1970) irradiated 2 groups of mice with 550 R. All (100%) of the group died that received radiation during the midpoint of their active period in the 24 hour day; yet 100% of the other group lived that received the same radiation dosage but at a different time of their day cycle, viz. during the last half of their sleep-rest period. Later, Cardoso, et al (1974) used a potentially lethal dosage of cytosene arabinoside on 2 groups of mice with 2 different administration time phases in the 24 hour day. They reported a difference in survival rate of 26% and 85% for the 2 groups. Such early studies have increased interest in the implications of toxicity and sensitivity rhythms in humans receiving medications and therapy, specifically oncologic chemotherapy.

Now in the Mediguide to Oncology, 1984, Dr. Wm. Hrushesky (Professor, University of Minnesota Medical School) has reported some of his current research with patients (N=?) receiving cis-platin. He reports both a difference in renal toxicity and in the amount of emesis when cis-platin is administered at different time phases:

Prior to the administration of 200 courses of therapy, 24 hour urine collections determined the peak urinary potassium (K) excretion time for each patient (3 PM) ($p < 0.02$). Cis-platin was then given to one group within 3 hours of the peak and to another group 12-14 hours after the peak of K. A post-therapy creatinine clearance showed no loss of renal function when cis-platin had been administered at 3-6 PM, however all those given cis-platin between 3 and 5 AM showed a decrease in renal function of 25%. In another population Dr. Hrushesky reported the timing effects of doxorubicin-cis-platin administration on nausea and vomiting. Patients (N=6) receiving chemotherapy at 6 AM (therefore 12-14 hours after peak potassium excretion) had more vomiting episodes ($p < 0.01$) which began earlier and lasted longer than those patients given the protocol in the evening. (None was given antiemetics during the study.)

Because the time of day chosen for cis-platin administration is most often set by nurses, either arbitrarily or determined by them on the bases of availability of pharmacy and/or staffing considerations, Dr. Hrushesky's research points to an important area for nursing awareness, observation, and clinical nursing research. Empirically, many nurses have found that evening administration of cis-platin does seem better for patients. According to the research reported here, optimal administration timing is between 3 and 6 PM. Have your patients had less toxicity and better outcome when administration was during this time span than those receiving cis-platin between 8 and 11 PM, or even later, or in the morning? What have you found?

A brief bibliography is given for those interested in this thought provoking area.

Doris Molbo, RN, MA
Associate Professor
American Cancer Society Clinical Professor
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University of Washington.

BIBLIOGRAPHY

Cardoso, S.S., L.E. Schering and F. Halberg. "Mortality of mice as influenced by the hour of the day of the drug Ara-C Administration." Pharmacologist, 12, 302-10. 1970.

Haus, E., F. Halberg, et al. "Chronopharmacology in Animals" in Aschoff, J. and F. Halberg, Chronobiological Aspects of Endocrinology. Stuttgart: Schattauer-Verlag. 1974.

Hrushesky, Wm. "The effect of anticancer drug timing on therapeutic index" Medi-guide to Oncology, 4, 2, 1-5, 1984.

Moore, Joan.

Moore-Ede, Martin, et al. The Clocks That Time Us. Cambridge: Harvard Univ. Press 1982.

Specific Journals in Health Science Library, University of Washington:

- Chronobiologica
- Chronopharmacology



RONs Quarterly Meeting Minutes
May 17, 1984

- I. The meeting was called to order by Janet Schwarz-Appelbaum. Dr. Spiers from the University of Washington spoke on the issue of cost containment in health care. Debbie Noble, RN, MN, spoke on the issue of DRGs and their impact on the care of the cancer patient.
- II. President's Report: Janet commented that RONS is currently in the application process for chapter status with the Oncology Nursing Society.
- III. Treasurer's Report: Ann Reiner reported the treasury balance to be \$7,411.64. The board decided to "donate-back" \$500.00 to the American Cancer Society for their support with the recent symposium. RONS' annual dues were due on the first of the year. Announcements will be sent to members.

IV. Vice-President's Report: Ann McElroy shared her thoughts and experiences from the last ONS Congress in Toronto.

V. RONs Activities:

- A. 1984 symposium: There was a general agreement that the symposium was a great success. Suggestions included:
 - 1. Edit the proceedings and include in the newsletter;
 - 2. Include the letter from Eunice Cole, ANA President, in the next newsletter;
 - 3. Start plans for the 1985 symposium.
- B. Program Committee: Johanna Surla requests for additional help with the Program Committee. It was suggested that topics and speaker be decided upon earlier to enhance publicity.
- C. Newsletter Committee: Ryan Iwamoto reported that the AES has been helpful with the publication of the newsletter. Deadline for submission of articles for the next newsletter is July 14, 1984.
- D. Hickman Committee: Rosemary Ford is awaiting acceptance of the article on Hickman Care that she submitted for publication in the Oncology Nursing Forum.
- E. Membership Committee: Ann Reiner, Sam Miller and Patty Mulhern will be working together to generate interest in RONS activities among new oncology nurses in the area.
- F. Nominating Committee: Seeking a chairperson. Ann Oakley suggested that ballots for election of officers be sent out by January 1985.

VI. Old Business

The issue was raised about the membership committee informing people that when RONS becomes a chapter of ONS, the annual dues will increased to \$48.00.

Submitted by: Teresa Coluccio



EDITORIAL

"Smoking is becoming socially unacceptable."

C. Everett Koop
U.S. Surgeon General
U.P.I. interview

It is estimated that smoking causes 340,000 deaths and \$13 billion in health-care expenses each year. In spite of the many efforts (RONs pin sale, ONS resolutions: #2 One Day Smoke-out During 1985 Annual ONS Congress and #5 Challenge to Action in Anti-smoking Efforts; American Lung Association, American Cancer Society, etc.), the Tobacco Institute/Lobby remains a strong voice. The above comment by the Surgeon General drew strong opposition calling for his removal from office. Within the past six months, Congress passed a decrease of the tax on cigarettes, evidence of the strength of the Tobacco Institute.

The time is now for us to "become actively involved at any and all policy-making levels" to participate in anti-smoking efforts. We can participate in research to further explore the effects of smoking and the benefits of stopping smoking. Finally, as health educators and role models, we can provide education, "take a leadership role in giving direction to the regulation of smoking policies," and practice health promotion activities. "Nurses continue to smoke in greater proportion than not only other health professionals, but also all women in general."

Our responsibility is clear. We cannot ignore the evidence any longer. We must act now.

Ryan Iwamoto, Editor



JUST ASK JUDY
by Judy Kornell

Community Health: John Russell is now working on the Hospice team at Community Home Health Care. He was formerly employed at University Hospital on the Oncology Unit. Liz White has joined the Veteran's Administration Home Health Group and the position she vacated at Snohomish

Hospice is still open as of this writing. Seattle-King County Visiting Nurse changes on the Transition Team...Anne Hughes took the position of Clinical Nurse Specialist at the South office, replacing Nina Todor who is now clinical director for Hospice of Kitsap County. Elaine Folangus and Deb Clark joined VNS in June as members of the extended services program (Transition/Hospice) in the East office in Bellevue. The downtown VNS is now located at 811 1st Avenue, adjacent to Pioneer Square and the waterfront.

Hospital: Ann Reiner has acquired a new office, title and job description at Virginia Mason Hospital...Clinical Nurse Specialist/Psychosocial Oncology. She will be providing care on a fee-for-service basis. Ann Oakley, formerly Oncology Clinical Nurse Specialist at Swedish Hospital Medical Center, is now coordinator on the Peter Canlis Cancer Care Unit at Virginia Mason Hospital. Margie Anderson, meanwhile, having completed graduate school at the University of Washington, has assumed Oakley's former position at Swedish.

Remember: The International Association for Pain (IASP) meets at the Westin Hotel for five days starting Sept. 1, 1985. Held every three years in a different country, we are fortunate to be hosting this symposium as the opportunity to hear the latest discoveries, theories and debates on pain is readily available. The information exchanged will not appear in scientific journals for sometime. English is the official language of the symposium. I attended the symposium three years ago in Edinburgh and found the poster sessions helpful for the collegial exchanges and learning that took place. Few nurses are members as yet and I believe this multidisciplinary group would benefit from our observations as clinicians and researchers.

Next issue: Hospice of Seattle and Group Health plus Valley General Medical Center, Overlake and Providence!

Ed's note: This is a new column by Judy Kornell. Hope you enjoy. Send comments, news and notes to:

Judy Kornell
4545 Somerset Drive S.E.
Bellevue, WA 98006

UPCOMING LECTURES, WORKSHOPS AND CLASSES

Oncology Nursing: Helping You Meet the Challenge

Aug. 29 - 31, 1984.
Cleveland Clinic Cancer Center
Cleveland, Ohio
\$150 call: (800) 762-8173.

Developing New Competence in the Business of Caring

Sept. 10 - 12, 1984
Univ. of S. California
Dept. of Nursing
Disneyland Hotel
Anaheim, California
\$295 call: (213) 224-7467.

Oncology Nursing Conference VI.
Cancer Nursing Today...Directions for Tomorrow

Sept. 12-14, 1984
M.D. Anderson Hospital
Dept. of Nursing
Houston, Texas
call: (713) 792-2222.

Survival in the Marketplace: A Mandate for the Clinical Nurse Specialist

Sept. 13-14, 1984
Clinical Nurse Specialists of Puget Sound
Doubletree Plaza
Seattle, Washington
\$135 call: (206) 241-7445.

Concurrent Seminars in Terminal Care

Sept. 30, 1984
Royal Victoria Hospital
McGill University
Queen Elizabeth Hotel
Montreal, Quebec
\$100 call: (514) 842-1231 ext. 264.

International Symposium on The Nursing Management of the Patient in Pain in Russia: Moscow, Leningrad, Kiev

Sponsored by: The George Washington University Medical Center, Dept. of Nursing.
Oct. 20 - Nov. 3, 1984
\$1395.00 call: (800) 221-2216.

Breast Health Program

Riverton Hospital
call: Carol Sun, RN, MN 244-0180 Ext. 219.

Japanese-American Symposium on Cancer Nursing in Tokyo-Kyoto

Sponsored by: Office of Continuing Professional Education and Professional Seminar Consultants, Inc.
Oct. 22 - Nov. 4, 1984
\$1989 call: (516) 536-7292.

American Cancer Society 4th Conference on Cancer Nursing Research

June 18-20, 1985
Hawaiian Regent Hotel
Honolulu, Hawaii
write: Mrs. Gwen Heliker
GTU, Inc.
P. O. Box 2198
Honolulu, HI 96805

Chinese Acupressure (Tui Na) Workshop

Kuo-Ching Yee
Aug. 25-26, 1984
Sept. 15-16, 1984
Oct. 6-7, 1984
Chinese Medicine and Acupuncture Research Center
\$175 call (206) 527-2431.

POSITION AVAILABLE:

Clinical Director
Hospice of Snohomish
call: 1-355-8855.

RONs NEWSLETTER

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Letters and articles are requested from all RONs members and other readers on topics or issues of interest.
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