



LINK



The Official Newsletter
of the Columbus
Chapter of the
Oncology Nursing
Society

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COLUMBUS CHAPTER ONCOLOGY NURSING SOCIETY

www.columbus.vc.ons.org/

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PRESIDENT'S MESSAGE

From Bertie Ford, RN, MS
614-581-2177

It is amazing to me that our holiday celebrations are upon us and 2015 is around the corner, especially since I have not done much shopping. I do have a little extra time as my family is celebrating the weekend after New Year's this year. I respect the extra effort in the giving of our time and our blessings. Many of us are involved in toy drives, food pantries and of course donating to our own Columbus Cancer Clinic and Faith Mission. It is a busy time for meeting end of year deadlines, and if you are at the James, moving into a brand new building. I enjoy the traditions of sending and receiving holiday cards, baking cookies, decorating and hosting events. The holidays can be stressful and if you have family members who have passed, celebrating without them can be tough. We have made it our life mission to make a difference in the lives of cancer patients, and the holidays can be a difficult time for them as well as for many of us.

Self Assurance is the 4th theme in my strength finder (don't worry, only one more) it is similar to self-confidence. People who are strong in this area are able to take risks, meet new challenges, able to stake claims and deliver. (Most of the time) They have confidence in their ability and judgment they have a unique and distinct perspective. (Don't we all) Those with this strength finder quality have final accountability for the living of their life. Those with high self-assurance withstand many pressures, keeping themselves on course. I would agree with the above but of course we don't have confidence when dealing with new issues or matters we have never before confronted. Therefore, we ask experts and those who have had the experience. This is what I have been doing the last couple of weeks since my Golden Retriever, Jackson has been diagnosed with inoperable thyroid cancer. :(

As we wrap up 2014, CCONS has had a wonderfully productive yet fun year. We had a wonderful spring conference, well attended programs at our monthly meetings, celebrated our 30th anniversary as a chapter, elected new members to the board, and welcomed new members to committees.

I am looking forward to 2015, working with our newly elected board members...Lisa Francisco as president-elect, Erin Ferlet who is one of our directors at large and Michelle Elkins, our first treasurer-elect in a few years. The program committee is busy planning for the 2015 chapter programs. They could use additional committee members to assist in the process. Thanks to Gail Rhoades, who has volunteered to complete the ce application for the programs. That is a load off of some minds. Look for some different venues for chapter meetings as well as board meetings that you all are more than welcome to attend.

Have a wonderful and safe Holiday Season and I'll See you January 8th!



CLINICAL PRACTICE CORNER



The Controversy: How Often Does a Port Need Flushed?

Lisa Francisco

Walden University, NURS 6052N Essential of Evidence Based Practice

August 9, 2014

Patients with cancer often receive intravenous (IV) chemotherapy treatment. These IV treatments require adequate venous access to safely deliver the chemotherapy and avoid extravasation complications. The majority of chemotherapy regimens require frequent infusions over a period of four to 12 months and sometimes longer. Over time, repeated chemotherapy infusions cause veins to become sclerotic and difficult to access (Sauerland, Engelking, Wickham, & Corbi, 2006). In the early 1980's, the development of totally implanted port (TIAP) offered the field of oncology safe and convenient venous access (Gonda & Li, 2011). Subcutaneous implanted ports are surgically placed in the operating room by a surgeon or an interventional radiologist (Gonda & Li, 2011; Arch, 2007). The TIAP is completely under the skin and requires no care for the patient at home. In addition to using the port for chemotherapy infusions, the TIAP can be also be used for blood transfusions, to obtain blood for laboratory tests and in some cases to deliver contrast dye for computed tomography (CT) scans (Arch, 2007). At the completion of the chemotherapy regimen, the TIAP may be removed, however, many oncologists prefer to leave the TIAP in place for an extended period of time in case the patient requires treatment again in the future (Girda, Phaeton, Goldberg, & Kuo, 2013). There is controversy regarding the maintenance of the TIAP when not being routinely used to prevent occlusion (Girda et al, 2013).

Significance of This Problem for Nursing Practice

The general maintenance adopted by the Oncology Nursing Society is to flush the TIAP every four to six weeks (Camp-Sorrell, 2004). The Infusion Nurses Society (INS) recommends following the various manufacturers' guidelines (2012). B.Braun (2014), Bard Access Systems (2014), and Navilyst Medical (2014) mention flushing the TIAP every four to six weeks. AngioDynamics (2014) suggested that ports be flushed according to the approval of the physician and MedComp (n.d.) does not offer any recommendations. Additionally, there were no references provided by any of the manufacturers. Little research exists to definitively support flushing the TIAP every four to six weeks to minimize occlusion. More research is needed to compare different intervals of flushing. Many inconsistencies exist in clinical practice and research regarding the most appropriate timing is needed. The significance surrounding the lack of evidence has some physicians extending the interval of flushing beyond the four to six weeks to three or four months (Girda et al, 2013). Patients may be informed of different flushing intervals from the physician and nurse causing confusion. During the time when the TIAP is not being used, the patient must schedule an appointment at the infusion center to have the TIAP flushed, which adds to the cost of health care and inconvenience to the patient. Most patients with cancer are followed at three month intervals for the first two years following the completion of therapy. In addition, each time the TIAP is accessed, there is potential of introducing infection (Eisenberg, 2011).

Five Questions

Does the time interval of four to six weeks versus three months between flushing a TIAP influence the occurrence of TIAP occlusions? What is the extent of TIAP complications associated with flushing at four to six week versus three month intervals? What is the cost difference associated with flushing a TIAP at four to six week versus three months? What is the patient satisfaction rating of flushing a TIAP at four to six weeks versus three month intervals? What is the nurse satisfaction rating between flushing a TIAP at four to six weeks versus three month? There would be a large volume of oncology patients with a TIAP in maintenance to feasibly conduct a prospective randomized trial examining TIAP flushing of four to six weeks versus three months to answer the question. In 2010, the American Cancer Society estimated 11.4 million cancer survivors (Marbach & Griffie, 2011). Many of these survivors had TIAP's placed for chemotherapy. The cost associated with flushing a TIAP could be found by interviewing billing managers of several community and academic oncology programs. It would be important to note the types of insurance plans being used. In order to effectively compare the four to six week versus three month flushing intervals, all nurses would require education on the same flushing protocol to minimize differences in the policy and procedures of different practices. The education could be done by the study coordinator at each facility. The paperwork necessary to conduct the study could be simple to include a questionnaire at each flushing to ascertain the patency of the TIAP. If an occlusion or complication occurred, then an intervention and outcome summary would be completed by the study coordinator. To answer the nurse and or patient satisfaction question, it would be necessary to define a reliable instrument to use. Consequentially, it would be predicted that patient satisfaction would be higher for those randomized to a three month flushing schedule. It is more difficult to predict the outcome of the nurses' satisfaction based on potential

complications incurred. There would also be considerable more time needed to administer the questionnaire and evaluate.

PICO Question

The preliminary PICO question chosen is does the time interval of four to six weeks versus three months between flushing a TIAP influence the occurrence of TIAP occlusions? The population is those oncology patients with a TIAP in remission without a history of sepsis or a history of TIAP occlusion and not expected to receive additional chemotherapy for one year. The intervention is defined as flushing the TIAP per study specified protocol. The comparison is the interval of flushing the TIAP at four to six weeks versus three months. The outcome will provide evidence of whether flushing the TIAP at four to six weeks versus three months increases the occurrence of TIAP occlusions.

Keywords for Literature Search

The 10 keywords and or phrases that would be beneficial in conducting a literature search include: flushing, implanted port, venous access, subcutaneous ports, complications, occlusion, port maintenance, standard of care, catheter-related infections and accessing ports. These keywords were chosen based on researching done for the preliminary work. Each key word and phrase generated related scientific articles. It is also important to use each keyword in different search engines such as Medline, Proquest, Cinahl and Thoreau.

A literature review was conducted in CINAHL plus Full Text and MEDLINE with Full Text using the search terms: flushing, implanted port, venous access, subcutaneous ports, complications, occlusion, port maintenance, standard of care, catheter-related infections and accessing ports. The limiters applied were full text and scholarly peer-reviewed. In addition, the identified scholarly articles references were explored for other related articles. It was difficult to find five studies pertaining to flushing intervals due to the lack of research. Five studies, one which is a systematic review, were located for this literature review and will be further explored.

Literature Review

Girda, Phaeton, Goldberg and Kuo (2013) conducted a retrospective chart review of gynecology oncology patients who completed chemotherapy and had no residual disease. All of the patients had a totally implanted access port (TIAP). The intent of the study questioned whether ports could be flushed at three month intervals and still maintains patency. The eligibility and ineligibility was carefully described as this is important to know about the population studied. In addition, "maintenance period" can be different at various institutions, so this was also defined to the reader. There was no study framework mentioned, but the statistical method was mentioned which was Fisher's exact test. According to Polit & Beck (2012), the Fisher's exact test is applicable when the study sample is small and this study contained a small sample size of 201 patients. The authors surmised by the results that flushing a TIAP can be done safely without increased complications every three months versus every month (Girda, Phaeton, Goldberg & Kuo, 2013). The limitations of the study were also mentioned and included the small sample size and limited geographic location (Girda et al., 2013). The first limitation not mentioned would be that only gynecologic cancer patients were studied and may not be applicable to other malignancies such a blood cancers. The second missing albeit important information to know is the method used to flush the TIAP's. Practices often differ on the amount of saline used and whether heparin is used.

The second article was also a retrospective study done again in the setting of gynecologic oncology patients. The authors described the maintenance period of the 349 patients included in the study and the flushing methods used (Ignatov, Ignatov, Taran, Smith, Costa, & Biscoff, 2010). At this institution, the flush was deemed to be 500 units of heparin/ml diluted in 20 ml (Ignatov et al., 2010). The patients were assigned into five groups based on TIAP flushing intervals (Ignatov et al., 2010). The different flushing intervals were cited as one to four weeks, five to eight weeks, nine to 12 weeks, and 13 weeks or more (Ignatov et al., 2010). A fifth group was created because a select number of patients initially had more frequent flushing but then went to 12 weeks or more between flushing (Ignatov et al., 2010). The outcome showed no difference in complications among the different intervals, thus allowing the researchers to recommend extending flushing TIAP intervals to every 16 weeks (Ignatov et al., 2010). The limitations noted were that this was a retrospective study performed in a single institution and with only gynecologic oncology patients.

Kuo et al. (2005) published a retrospective chart review of gynecologic oncology patients with TIAP's from two separate centers. The maintenance period was established at six months and included 73 patients. The flushing method was described as 10ml normal saline followed by 5ml of heparin (100units heparin/ml) (Kuo et al., 2005). This retrospective study found no differences among patients with five different flushing intervals ranging from 41 to 60 days, 61 to 80 days, 81 to 100 days, 101 to 120 days and greater than 120 days (Kuo et al., 2005). The limitations were the small sample size and that only gynecologic oncology patients were included.

A fourth study done by Kefali et al. (2009) investigated extending TIAP flushing from four week intervals to six week intervals in patients with a variety of solid tumor cancers. This retrospective study questioned whether changing the heparin concentration from 500 units in 3.5 ml of normal saline every four weeks to 1000 units in 3 ml of normal saline every six weeks would make a difference in TIAP complications (Kefali et al., 2009). The flushing technique was otherwise the same among the 89 patients enrolled (Kefali et al., 2009). There were no differences found. The

sample size was small and from a single institution. Of note, the authors mentioned that patients preferred the six intervals over four weeks (Kefali et al., 2009).

The last study applicable was a systematic review of all literature that exists of managing central venous access devices. This study was performed by a group of oncology nurses in Canada to address the evidence based protocols that exist to prevent catheter related complications and which patients should be offered central venous catheters (Green et al, 2008). The literature review was conducted by searching for relevant articles in MEDLINE, CINAHL, EMBASE and Cochrane Library (Green et al, 2008). The authors found six practice guidelines and 17 primary studies to include (Green et al, 2008). There was no existing literature found on flushing intervals of TIAP's. The authors collectively made a recommendation based on expert opinion which indicated that these devices be flushed with 10 ml of normal saline followed by 5 ml of heparin (100 units/ml) every four weeks if not in use (Green et al, 2008). The lack of existing literature points toward the need for a prospective randomized trial to adequately answer the question of the best interval for flushing a TIAP.

Translating Evidence into Practice

Does the time interval of four to six weeks versus three months between flushing a TIAP influence the occurrence of TIAP occlusions in patients who are not actively receiving treatment? This question is important to nursing practice for several reasons. It is imperative for nurse to base practice on sound evidence. The current practice of flushing the TIAP at four week intervals is based on manufacturers' guidelines (Girda et al., 2013). The manufacturers' guidelines were not formulated on evidence from a rigorous study. Secondly, it is inconvenient and costly to patients and the health care system. Kuo et al, (2005) reported a significant number of patients failed to come to the office for very four to six week TIAP flushes due to inconvenience and expense. The estimated monthly expense associated with flushing a TIAP is \$100 (Kuo et al., 2005). This does not include time away from work and transportation costs for patients (Kuo et al., 2005). Annual costs for every four week TIAP flushes equal \$1200 versus \$400 associated with every three month TIAP. TIAP's may also be painful as the TIAP requires a needle insertion each time.

Literature Review Summary

It is evident that there are no large randomized prospective studies investigating when a TIAP should be flushed; however, there have been several retrospective studies indicating the current practice of flushing every four weeks can be extended to as far as every four months without increasing TIAP complications. Kuo et al., (2005) assessed 79 patients from two institutions with a varying interval of TIAP flushing interval and found no significant difference in the occurrence rate of occlusions in the TIAPs. It is important to note that the patients in this retrospective only included patients with a gynecological malignancy. A second larger retrospective study including 349 patients with a gynecologic malignancy from a single institution, demonstrated no statistically significant difference in TIAP complications among different flushing intervals (Ignatov et al, 2010). This literature review also revealed that many flushing techniques with different concentrations of heparin are being used in clinical practices. Both of these studies discussed the relevance to updating current practice of every four to six week TIAP flushes to longer intervals, possibly up to every four months. Both studies also recommended a large prospective multi-center study to strengthen the evidence (Kou et al, 2005; Ignatov et al., 2010). There is enough evidence here to apply these findings to patients with gynecologic malignancies who have no evidence of disease and are not receiving any type of therapy to every three month TIAP flushes. These patients would benefit by the cost saving and the freedom of less frequent TIAP flushes. If a large prospective multi-center trial with a diverse cancer population of cancers deemed a longer interval between flushing were safe, how might that reduce costs associated with monthly TIAP flushing? Could the quality of life of cancer patients be improved through the reduction of clinic visits simply for a TIAP flush?

Disseminating the Evidence

Evidence is most easily disseminated in the current practice organization by discussing with nursing management and the physicians. If the physicians agree with the level of evidence, the policy for flushing TIAPs will be updated. The new policy can be reviewed at one of the monthly nursing meetings. To disseminate this information locally and regionally, there is a local chapter of the Oncology Nursing Society (ONS), Columbus Chapter of Oncology Nursing Society (CCONS). CCONS hosts monthly meetings where this type of information may be presented. Additionally the CCONS publishes the Link newsletter. The Link allows members to publish articles to educate and update peers. On a national level, the ONS publishes the Clinical Journal of Oncology Nursing (CJON) with the primary goal of educating the oncology nurse to improve patients' quality of care and outcomes and transform care through evidence (Oncology Nursing Society, n.d.). This paper could be submitted for publishing. Lastly, the Society of Gynecologic Nurse Oncologists (SGNO) publishes the Journal of Gynecologic Oncology Nursing (JOGON). This manuscript could also be submitted to the SGNO for publication.

Summary

The current practice of flushing TIAPs every four weeks is based solely on manufacturers' guidelines. There is new evidence based on retrospective studies performed in the gynecologic malignancy population, recommending extending TIAP flushing intervals to every three months, possibly every four months. These studies revealed no statistically significant occurrence of TIAP occlusions when the flushing interval was extended to beyond every four weeks. The extension of flushing intervals to every three months substantially decreases health care cost of TIAP maintenance flushes by 66 percent. Patients may be able to have maintenance TIAP flushes at the time of their

routine follow up visits thus eliminating the inconvenience of monthly visits merely for a TIAP flush. Research is now being conducted in the general oncology population. Chao, Rodriguez, Mandadi & Kloecker (2014) recruited 83 oncology patients to a prospective phase II study and found no statistically significant differences in port complications and failures. A large prospective randomized multi-center trial comparing every four week TIAP flushing and every 3 month TIAP flushing would be beneficial.

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YOUR LINK IS THE WINNER OF THE 2012 ONS NEWSLETTER AWARD





COMMUNITY CORNER

CCONS has the following opportunities for interested members:

Site Liaisons

Contact any of the board members and join us!

NEW CCONS COOKBOOK



Over 180 pages of CCONS' favorite recipes in celebration of our 30th Anniversary
\$10

Ask any board member

CONGRATULATIONS TO CCONS MEMBERS...

Ilene Comeras Lattimer BSN, RN, OCN, CCRC and **Lisa Masten BSN, RN, OCN** who both just earned their BSN from The Ohio State University.

Deborah Hanes, MSN, TN, CNS, ARND & Janine Overcash, PhD, GNP-BC for publishing in the December issue of Clinical Journal of Oncology Nursing. The first author of the article "Attitudes Among Healthcare Providers and Patients Diagnosed with Sickle Cell Disease" is Stefani O'Connor. Hanes & Overcash were joined by additional co-authors Amy Lindsey, Mary Weiss, and Lorie Petty.

Jan Sirilla, DNP, RN, OCN[®], NE-BC on publishing 'Moral Distress in Nurses Providing Direct Care on Inpatient Oncology Units' in the October issue of the *Clinical Journal of Oncology Nursing (CJON)*

On the publication of 'Accelerated Partial Breast Irradiation: Efficacy and Outcomes', also in the October *CJON*, is a tribute to **Joanne Lester, PhD, CNP, AOCN[®]** for her role as a participant in the *CJON* Writing Mentorship Program. Dr. Lester shared her expertise in writing and publication with first author Elfrida Bauer, BA, RN, OCN[®], CBCN[®] of the MD Anderson Cancer Center at Presbyterian in Albuquerque. Kudos to Joanne and Elfrida.



From our CCONS Board Retreat, **Woodhaven Farm Recipes** are included in this newsletter for all to enjoy.

CALENDAR OF EVENTS

Go to www.columbus.vc.ons.org/ for event details



SAVE THE DATES

December 25 Faith Mission Holiday Meal

January 8, 2015 Methods for Communicating with Colleagues, Mt Carmel St Ann's

February 12, 2015 Breast & Colon Cancer Genetics

February 28, 2015 President's/Founding Members Luncheon

March 26 & 27, 2015 CCONS Spring Conference

March 28, 2015 Outreach Ohio

Save the Date

Columbus Chapter of the
Oncology Nursing Society

**26th Annual
SPRING CONFERENCE
KALEIDOSCOPE OF ONCOLOGY CARE**

March 26 & 27, 2015



**Registration Information will be available on the Chapter VC
about January 9th, 2015.**

Welcoming New Committee Members

Please contact Ilene, Lisa, or Patricia if you would like to join the Committee.
ilene.lattimer@osumc.edu, patricia.simmers@osumc.edu, or
lisa.masten@osumc.edu

Meetings after CCONS Chapter meetings:
January and February 2015

Thank you for all you do!

Don't forget to add www.columbus.vc.ons.org/ to your 'Favorites' site on your PC, iPad, or smart phone! This is the home page for 'all-things' CCONS. Just about every chapter document, form, policy manual, guideline, staff contact information, you name it - is housed on this site. It's your one-stop-shop for chapter operations and management resources!

WOODHAVEN FARMS RECIPES

SOUTHWESTERN RUB

Ingredients: 2 tsp ground coriander, 2 tsp ground cumin, 6 T chili powder, 2 T onion powder, 1 T garlic powder, 1 T Mexican oregano, 2 tsp kosher salt, 1 tsp freshly ground black pepper

WOODHAVEN FARM HERBED CHEESE (Makes 1 ½ lbs)

Ingredients: 1 lb. room temperature cream cheese, ½ lb. room temperature, unsalted butter, 2 T minced garlic, 1 tsp each of the following dry spices: Oregano, Dill, Basil, Marjoram, Parsley flakes, and Thyme. Procedure: Cream together the cream cheese and butter and add the remaining ingredients and completely mix. Refrigerate.

OVEN ROASTED BROCCOLI WITH GARLIC (Serves 4)

Ingredients: 12 oz. broccoli florets, 2 T minced garlic, 3 T olive oil, Lemon juice of ½ lemon, salt & pepper. Procedure: Preheat oven to 400 degrees. Toss the broccoli with the garlic and olive oil and place on a sheet tray. Bake for about 15 minutes, stirring every 5 minutes. Drizzle lemon juice over the top, season and mix.

“SO GOOD” MAC AND CHEESE (Serves 6-8)

Ingredients: 1 ½ cup chopped white onion, 3 cloves garlic, minced, 4 T unsalted butter, ¼ cup all purpose flour, 5 cups milk, 1 lb. macaroni or other pasta of your choice, cooked until barely al dente, drained well, 2 cups grated sharp cheddar, 2 cups shredded Jarlsberg, ¼ cup panko bread crumbs, 4 ounces grated parmesan

Procedure: Preheat oven to 375 degrees. In a heavy sauté pan, cook the onion, garlic and butter over medium heat until the onion is softened. Stir in the flour and cook for another 3-4 minutes, stirring constantly. Add the milk gradually and bring to a boil, whisking all the while. Adjust seasoning. Combine the pasta with the cheeses. If the mixture is too dry, add some chicken or vegetable stock. Put in a buttered casserole dish OR individual gratin dishes. Combine the parmesan and the bread crumbs and spread over the top of the gratins. Bake for about 20-25 minutes or until golden brown and bubbly.

RANCH

½ cup mayonnaise, ¼ cup sour cream, 1/3 cup buttermilk, ½ cup mince onion, 1 T minced garlic, 2 T mince flat leaf parsley, Salt and pepper to taste

RED WINE BALSAMIC VINAIGRETTE

Ingredients: 1 tsp finely minced garlic, ½ c red wine vinegar, 4 tsp good quality balsamic vinegar, ½ tsp coleman's dry mustard, 4 t honey, ½ c extra virgin olive oil, salt and pepper to taste.

Procedure: in a medium-mixing bowl, combine the first 5 ingredients. In a steady stream, whisk the olive oil into the bowl. Adjust seasoning. Transfer to a squirt spray bottle.

FRESH BERRY NAPOLEONS (Serves 12)

Ingredients: 2 sheets puff pastry, 2 C homemade whipped cream (see below), 2 C vanilla pudding
1½ C fresh blueberries, 1½ C strawberries

FOR THE WHIPPED CREAM: 1 C cold heavy cream,
1 T. powdered sugar

Procedure: In a large mixer bowl, place all the ingredients and refrigerate for at least 15 minutes. (Chill the whisk beater alongside the bowl.) Beat the mixture until soft peaks form when the beater is raised or the cream mounds softly when dropped from a spoon. Do not overbeat. Unfold the pastry on a lightly floured surface. Cut along the folds and then cut 4 strips into thirds. You will have 12 pieces. On a prepared cookie sheet, bake at 375° for about 20 minutes or until golden brown. Let cool. Split each piece horizontally. Prepare pudding according to package directions. With a pastry bag, pipe the pudding into the first layer of the pastry. Top pudding with blueberries and then whipped cream. Repeat with second layer. Top with raspberries.



NATIONAL NEWS



VOTE FOR YOUR ONS LEADERS!

The Ballots will be sent by email starting on January 5, 2015, and the election will close on February 13, 2015.

ONS will also be offering Starbucks Gift Card drawings for voters. The gift cards will be drawn each week, so the sooner you vote the better your chances.

Visit www.ons.org/vote You can also visit to meet the candidates and cast your vote. To hear all of the candidate recordings and learn why each candidate loves being an oncology nurse, visit https://prezi.com/wabq_posezqu/wwwonsorgvote/.



Congratulations to our own CCONS President, Bertie Ford, who received a Career Contribution Award from ONS Edge October 2014.

ONS 40TH ANNUAL Congress

TAKE YOUR NURSING PRACTICE TO THE NEXT LEVEL

Registration is now open for the event which will be held in Orlando, Florida from April 23-April 26, 2015.

The cost for members is \$475 and up to 30 CNE's will available this year. To help defray costs, you can download a customizable, justification letter for your employer at www.congress.ons.org/

[40 Under 40: ONS Celebrates 40th Anniversary With 40 Congress Scholarships!](#)

ONS is pleased to announce the availability of up to 40 Congress scholarships for emerging chapter leaders under the age of 40. These scholarships, up to \$1,200, are made possible through the ONS Foundation and funded by the ONS-Lilly Oncology Advancing Patient Care Project. But don't delay—the **application deadline is January 21, 2015.**

LEGISLATIVE NEWS



2015 NURSES DAY AT THE STATEHOUSE: FEBRUARY 18, 2015

Jennifer L. Guy, BS, RN, OCN®



Because CCONS continues as a co-sponsor of Nurses Day at the Statehouse (NDASH), you can attend for a reduced registration fee! Just identify CCONS when you register at <http://ohiondash.com/>. On February 18th join nurses from across the state to see your Ohio Legislature at work in committee hearings, meet Ohio legislators and educate them on healthcare related issues, learn the history of the Ohio statehouse and tour the beautifully restored building, and learn how to effectively advocate for our patients and profession.

The day begins with an address by an Ohio legislator(s), followed by sponsoring organizations sharing their legislative priorities, both state and national. At lunch, meet legislators and get to know them as well as share your views on issues before the chambers. There is also an opportunity to meet with your state Representatives and Senators.

Tracy Ruegg graciously continues to serve as the CCONS representative on the planning committee and presents oncology issues to the attendees. Thank you, Tracy!



The capacity for this event is limited by the necessary venue and it fills up fast. At press time, registrations were still available. So register soon at: <http://ohiondash.com/>.

LEGISLATIVE UPDATES

from

Jen Guy-Chair, Amy Tootle, Sarah Eichner-Kincaid, Tammy Lamb, & Jill Beavers-Kirby

The 130th Ohio General Assembly (GA), reconvened on December 2nd. Please see the reports on the ONA Health Policy Council and Ohio Nursing Summit recent meetings for information on anticipated legislative action during this lame duck session. The 131st GA will be composed of 65 Republicans in the House with the Senate being 23 Republicans of 33 members convenes on January 5, 2015.

Both houses of the 113th U.S. Congress is in session from December 1st through the 12th. This is a lame duck session of the U.S. Congress. Go to:

http://connect.ons.org/columns/capitol-connection/ons-examines-the-post-midterm-elections-health-policy-landscape?utm_campaign=connect-enewsletter-member&utm_source=hs_email&utm_medium=email&utm_content=14861163&hsenc=p2ANqtz--fUBQSQyvM19oPRv_eqImp4PKce6EYQPmxM9GxVP2Wdymhm1uAZeE_fg9pNzsJ7aF9ZW9L4mXdOSzs_hMPInRGdKijZ7q&hsmi=14861163

for the ONS take on the recent election as it impacts health care related issues. The 114th U.S. Congress convenes on January 6, 2015.

NOTE: when Ohio's 131st GA and the 114th US Congress convene in January 2015, the slate is 'wiped clean' and all bills pending will need to be re-introduced and go through the entire legislative process

(editorial comment: perhaps a clean start for some bills). Operationally, for CCONS this means that things will evolve slowly over the first few months of 2015.

Report format: a) Ohio House bills are grouped together in order of bill number; b) Ditto for Ohio Senate bills; c) Ohio bills that have passed the legislature, signed into law and effective date reported previously have been removed unless there is an issue/concern with rule-making, such as by the Ohio Board of Nursing; d) New bills or process information included are underlined; e) The ONA Health Policy Council's position is noted when applicable; f) "NO CHANGE" signifies that nothing has happened since our last report. If you want more information about a specific bill, contact the responsible committee member noted in parentheses.

BILLS PASSED: 113th Ohio General Assembly

SB 99: requires parity payment for oral chemotherapy with intravenous chemotherapy. Effective date: 9/17/14 (Tammy Lamb)

HB 123: Requires Medicaid to reimburse for diagnostic and therapeutic services performed via phone, web, or satellite devices. Effective May 20, 2014. **There is a discrepancy in the legislation and ODH rules resulting in telehealth reimbursement only for physicians. ONA is working to resolve this.** (Sarah Eichner Kincaid)

HB 139: Allows APNs and PAs to admit patients to Hospitals. Effective date: 5/20/14. **Anticipate Cleveland Clinic will be first hospital system to operationalize.**

HB 165: Exempts licensed hyperbaric oxygen technologist from Ohio regulations that apply to respiratory technologists. Effective 9/4/14 (Jennifer Guy)

HB 264: Allows non-health professionals, after training, to manage insulin, diet, glucagon, etc. in public schools. Effective 9/11/14 (Tammy Lamb)

HB 314: Requires parental consent for a minor to be prescribed controlled substances. Effective 9/17/14 (Sarah Eichner Kincaid)

HB 366: Requires hospice care programs to establish policies to prevent diversion of controlled substances that contain opioids. Effective 9/17/14. (Jill Beavers-Kirby)

HB 341: Establishes requirements to be followed by prescribers in reviewing patient information in the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS). Effective on 9/16/14. (Jill Beavers-Kirby)

SB 230: Prohibits delivery of injectable, but non-self-administered 'cancer drugs' to patients, their designee, and a variety of other sites, i.e., nursing homes, home health agencies, etc. In essence, prohibits 'brown bagging'. Effective: 9/17/14 (Tammy Lamb)

FEDERAL BILL PASSED: 113th U.S. Congress

HR 4250/S. 2141: Sunscreen Innovation Act amends the Federal Food & Drug act to institute a procedure for the review and approval of non-prescription sunscreen ingredients for their efficacy. Passed by the Senate November 13th, Signed by the President November 26, 2014.

BILLS IN PROCESS

HB 92- Syringe Exchange: Passed the House 72-23. Sent to the Senate Hearings, in progress in the Medicaid, Health & Human Services Committee. 3rd hearing 3/26/14. NO CHANGE (Tammy Lamb)

HB 131: Restricting tanning bed use to those over age 18: Hearing held by House Committee on Health and Aging for substitute bill. Passed 3rd consideration out of House on June 4. Introduced into the Senate on June 9, awaiting committee assignment. No Change. (*Of note changes made to the original bill include: 1) Anyone 18 or older must sign a consent prior to using any sun lamp services; 2) Anyone who is at least 16 but less than 18 years old must have parent/legal guardian consent which is only valid for 90 days. These individuals are only allowed to use tanning lamps for equal to or less than 45 sessions within the 90 day period. 3) Anyone under 16 years old is not permitted to use the tanning services unless

parental/guardian consent is obtained prior to each session AND they must be present at the tanning facility for the duration of each session). NO CHANGE (Sarah Kincaid)

HB 281: Prohibits all tobacco use in public schools and at school sponsored functions. In House Education Committee, hearings pending. NO CHANGE (Sarah Kincaid)

****HB 412:** Revises scope of practice for physician assistants. It is equal to HB 301 with regards to the language depicting delegation by APNs and PAs, especially as it pertains to delegation to non-licensed personnel; ONA's approach is to offer HB 301 as an amendment to HB 412 in order to try to pass both issues by the Senate. Anticipated to be considered and enacted by the lame duck session commencing 11/12. At year's end the 'christmas tree' effect is prevalent, i.e., adding things to bills expected to be enacted that have little to do with the major issue. This is expected to be pervasive in this bill. For example, 412 now includes a provision that providers must tell anyone they order Lyme disease testing that the tests are not accurate. ONA will monitor and work against such 'ornaments'. NO CHANGE. (Sarah Kincaid)

HB 301: Allows APRNs with prescription authority to delegate administration of medications to unlicensed personnel. Introduced in October 2013, assigned to Health & Aging Committee. Amended in the House. Passed out of the House Health Committee and awaiting full House action. OSMA: neutral. Ohio Board of Nursing: Interested party. See HB 412, above. NO CHANGE. (Sarah Kincaid)

HB 320: Creates a state income tax deduction and immunity from civil liability for care provided at a free clinic or to patients on Medicaid & establishes a volunteer certificate for retired nurses. Substitute bill that better defines 'free clinics', 'indigent' etc. authorizes the Board of Nursing to issue a volunteer's certificate to retired RNs and LPNS. Passed the House, sent to Senate Finance Committee; hearings pending. NO CHANGE (Jennifer Guy)

***HB 332:** Regulates prescription of opioids to those less than 50 years of age with chronic non-cancer pain. Introduced November 2013, assigned to Health Committee, hearings pending. NO CHANGE. (Amy Tootle)

HB 394: A companion bill to SB 79 allowing pharmacists to administer vaccines to those ≥ 7 years of age as per CDC protocols. Passed the House, sent to the Senate Medicaid, Health & Human services Committee, hearings pending. NO CHANGE. (Jill Beavers-Kirby)

HB 472: Midterm Budget Review Bill (reviews and makes changes to the adopted biennial budget bill spanning 2014 & 2015) -calls for a \$0.775 tax on each cigarette from July 1, 2014 through June 30, 2015, then on and after July 1, 2015 the tax will be increased to \$0.925 tax on each cigarette. Remains in Ways and Means Committee without hearings (Sarah Kincaid)

HB 501: Makes Zohydro a schedule I medication. Assigned to House Health and Aging Committee, hearings pending. NO CHANGE (Jill Beavers-Kirby)

HB 519: Proposes language changes to OBN rules that are predominately for clarification such as renaming 'temporary dialysis technician certificate' to 'intern certificate, defining 'graduate degree' as 'master's or doctoral' degree. Remains in committee, no hearings to date. (Jennifer Guy)

HB 536: Requires children attending licensed day care facilities to be vaccinated against a variety of infectious diseases. Contains 'parental opt out' provisions. Concerns about the leniency of the 'opt out' provisions raised by ONA. Substitute bill introduced. Hearings pending. (Jennifer Guy)

HB 588: Proposes to make DNR orders written in any medical care delivery system applicable to all delivery systems/locations and other changes to current laws governing same. Sitting in Committee. (Jennifer Guy)

HB 640: Allows the Board of Pharmacy to assign substances (i.e., bath salts, etc.) without established medical use to Schedule I status to prevent help prevent abuse. Currently, when Schedule I status is assigned, the manufacturers change the molecular structure of the compound making it a different drug, thus requiring the Attorney General to go through the current more lengthy and cumbersome system to assign the new molecular compound to Schedule I status. Pharmacy Board assignments would only be in effect for one year while the current process takes place. The CCONS Legislative Liaisons reviewed this and sent comments to the ONA Health Policy Council . In the Health & Aging Committee, No hearings. (Jennifer Guy)

SB 79: Authorizes pharmacists to administer the gamut of vaccines to those ≥ 7 years of age as per CDC protocols. OSMA & Ohio Chapter American Academy of Pediatrics opposed. Hearings pending in Senate. 11/20/13 4th hearing in Senate Medicaid, Health and Human Services. NO CHANGE (Tammy Lamb)

SB 166: Aims to revamp Ohio legislative committees and several issues related to Ohio Medicaid. Assigned to House Finance Committee, awaiting hearings. NO CHANGE (Jennifer Guy)

SB 214: Governs education and scope of practice of surgical techs. Does not require licensing, but does require continuing education. Implies RN supervision, but changes are necessary in that purview to comply with other statutes, OBN rules, etc. Introduced, assigned to Senate Medicaid, Health & Human Services Committee; hearings in progress. NO CHANGE (Jennifer Guy)

SB 240: Allows pharmacists to prescribe & administer medications under a consult agreement. Assigned to House Medicaid, Health and Human services Committee, hearings pending. (Jill Beavers-Kirby)

SB 271: Requires, prior to selling at retail a controlled substance or a drug containing tramadol, a licensed terminal distributor to verify the identity of the prospective purchaser and record certain identification information. Assigned to house Commerce & Labor committee, no action to date. NO CHANGE (Jill Beavers-Kirby)

Several bills that have been introduced after the establishment of a legislative task force to study ways to decrease abuse of prescription narcotics. To deal with the opiate-related bills the House Health and Aging Committee formed the Opiate Addiction Treatment & Reform Subcommittee. Legislation requiring Ohio Department of Health to develop a one-page educational document describing the addictive nature of Schedule II or opium-containing drugs and requirements for distribution (HB 359), prohibiting prescription of drugs to treat opium dependence if patient is not also receiving behavioral counseling (HB 378) are all being considered by the subcommittee. NO CHANGE IN ANY of these bills. (Jennifer Guy)

Other bills recently introduced in the Ohio Legislature: a) HB 271: Immunity for health care workers administering to indigent & uninsured persons; NO CHANGE. b) HB 151 & 152: removes requirements to join unions in both the public and private sectors; NO CHANGES. Anticipate these will be re-introduced in the next Ohio legislature, without the support of the Governor. c) SB 165: prohibits submitting medical records to a third party electronic data base without patient consent; NO CHANGE. d) HB 298: allow nursing home residents to electronically monitor their room; NO CHANGE.

Nationally

H.R. 1801: Cancer Drug Coverage Parity Act of 2013: amends the ERISA, PHSA, and IRS Acts to require parity payment for oral oncolytics with intravenous chemotherapy. No hearings held to date; speculation is that it is unlikely this bill will pass. NO CHANGE

SB 1789: Cancer Drug Parity Act of 2013: Introduced and assigned to committee; hearings pending. NO CHANGE

HR 2480: Nurse & Healthcare Worker Protection Act of 2013 directs the Secretary of Labor to issue an OSHA standard for safe patient handling, mobility and injury prevention to reduce injuries to patients, nurses, and all other health care workers. Introduced and referred to committee in mid 2013; no committee report to date. NO CHANGE

HR 3833: Obviates the requirement for physician signature on orders for Durable Medical Equipment (DME) prescribed by an NP, PA, CNS; requirement for a face-to-face encounter with a health professional to assess necessity of the equipment is still required. Remains in House Ways and Means Committee. NO CHANGE

HR 3522: The Employee Health Care Protection Act allow non-ACA compliant group health care plans offered by issuers in 2013 to be continued to be sold now and into the future. Small business and their employees could purchase these plans even if they were not on these plans in 2013. Passed by House September 11th, sent to Senate, committee assignment pending. NO CHANGE.

HR 2477: Planning Actively for Cancer Treatment Act of 2013. Supported by the National Coalition for Cancer Survivorship (NCCS), this bill would provide coverage for care planning and coordination of care by Medicare. Remains in the Energy and Commerce and Ways and Means Committees in the House. NO CHANGE.

Shades of Things to Come:

The Supreme Court of the United States has agreed to hear challenges to the ACA regarding the legality of providing subsidies for insurance plans bought on the Federal exchanges based on statutory language that specifically refers only to the state-run exchanges. Arguments are anticipated in the Spring of 2015.

The American Cancer Society's Cancer Action Network will hold its Ohio Day at the Capitol on March 19, 2015. Their Ohio lobbying efforts will include: increasing the cigarette tax, funding tobacco prevention and cessation programs, and funding for the Breast and Cervical Cancer Screening Program (BCCP). Contact Andrea.Perlman@cancer.org or Lauren.Coatoam@cancer.org for additional information or to participate.

DID YOU KNOW???

That you can manage your ONS chapter communications and emails! You can resubscribe or unsubscribe on the Announcements page of your chapter's virtual community. You can learn about the new process and other tips on communicating with your chapter at <http://chapter.vc.ons.org/resources> Click on the resources page and then on Virtual Community Communications Guidelines.

NURSES CONTINUE TO BE THE MOST HONEST AND ETHICAL!

U.S. Views on Honesty and Ethical Standards in Professions

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low, or very low?

	% Very high or high	% Average	% Very low or low
Nurses	80	17	2
Medical doctors	65	29	7
Pharmacists	65	28	7
Police officers	48	31	20
Clergy	46	35	13
Bankers	23	49	26
Lawyers	21	45	34
Business executives	17	50	32
Advertising practitioners	10	44	42
Car salespeople	8	46	45
Members of Congress	7	30	61

Dec. 8-11, 2014

Rated in order of % Very high or high

GALLUP

CCONS Board and Committee Leaders

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LINK

SUBMISSION DEADLINES:

February 15

May 15

August 15

November 15

PUBLISH DATES:

March 1

June 1

September 1

December 1

FROM THE EDITOR

Season's Greetings to all CCONS members! I am not typically a New Year's resolution type of person but as I tread through these menopausal waters, I realize that I have become a bit too lax in budgeting my time. As I usher in 2015, I hope to improve my timeliness with our newsletter, answer calls/texts in a timelier manner, and get myself to more of our wonderful programs. So I resolve to improve my timeliness. That's all ☺ On another note, I would love to share an experience with you all as it warmed my heart. I went on a train ride to see Santa with my cousin's grandchildren last night in Lebanon. 2 brothers boarded the train in their house robes ? and when I saw them place the golden tickets into their pockets, it hit me-Polar Express! The conductor 'clicked' their tickets. At our stop, they got cookies and hot chocolate and the Christmas lights were glowing in the dusk. Then when they saw Santa, they got their 'Christmas bell'! On the ride back to the station, they sat in their robes with their ticket and Christmas bells tucked safely in their robe pockets, which did not have holes in them. BELIEVE

LINK is the official newsletter of the Columbus Chapter of the Oncology Nursing Society and is the winner of the 2012 ONS Newsletter Award for a large chapter. It is published quarterly. Submissions are encouraged and will be published, subject to editing. Please submit your information, ideas, and accomplishments to:

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