Canadian Partnership Against Cancer:
Cancer Workforce Symposium

Forging a New Role in the Cancer System: RN Performed Flexible Sigmoidoscopy Model

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Better cancer services every step of the way

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Presentation Outline

- Nurse-Performed Flexible Sigmoidoscopy (FS)
  - Evidence and Background Work
  - Model
  - Results to Date
  - Key Successes

- Next steps
Evidence for Nurse-Performed Flexible Sigmoidoscopy (FSIG)

- International models exist in UK and USA utilizing nurses over a decade now.
- In Canada, FSIG is traditionally a physician-performed procedure.
- With adequate training, studies show nurses as competent as gastroenterologists with no clinically significant difference in terms of polyp detection rates or complication rates.
- RCTs of patients undergoing nurse performed procedure report comparable patient satisfaction levels.
RN-Performed Flexible Sigmoidoscopy in a Pilot Project of Colorectal Cancer Screening

- May 3, 2006 - $45 Million HealthForceOntario (HFO) funding announced, MOHLTC
- HFO introduces a new nursing role that meets the healthcare systems’ needs
- Involves training nurses to screen for colorectal cancer
- Partnership between CCO and the MOHLTC
Training Program Design: A Collaborative Model for Care

- **Training Phase**
  - 1-week didactic course (Toronto, Michener)
  - Train the Trainer day for MDs
  - *Clinical Practicum* - under direct supervision of a physician trainer
    - 25 observation experiences
    - 25 partial procedures
    - 50 complete procedures
  - Independent Assessment (evaluation of skill set)

- **Operational Phase**
  - Operation of clinic with RNs performing FSIG
  - Collaborative model of care with physician in back-up role

* Takes place at the individual project sites with local physician trainers
Innovation at Work: Expanded Role for Ontario RNs

Professional knowledge, skill and judgment to:

- Instruct clients before and after procedure
- Consider the client’s needs and best interests to determine if procedure is appropriate (health assessment)
- Know the client meets the requirements for the procedure (eligibility screening)
- Understand indications, risk and contraindications
- Perform flexible-sigmoidoscopy safely and effectively with appropriate resources
- Manage and act on expected outcomes (biopsy, pathology and follow-up)
- Recognize when additional expertise needed

Courtesy of Hamilton Health Sciences Corporation
Stakeholder Engagement & Roles

Stakeholder Engagement

- Hospitals
- CNO/ONA CSGNA
- Primary Care
- Leadership Team
- Michener Institute
- CPSO/OMA
- MOHLTC, HSB, HFO
- CMPA/HIROC
Enablers of the Model:

- Stakeholder Engagement
- Funding for hospitals to provide service
- Patient Need & Satisfaction
- Evidence-based & endorsed test
- Dedicated Funding for Training RNs

KEY EVENTS

- 2005: CQCO Task Force Report
- 2006: Change Foundation Grant and curriculum development
- 2007: Six institutions enroll 13 RNs in program
- 2009: Three hospitals enroll 6 RNs in program
Challenges with the Model:

- Organizational leadership and “fit”
- PCP engagement and preferences for alternative screening modalities
- Competing resources/priorities in hospital endoscopy programs
- Patient/provider education and awareness of screening options and value
- Launching a new clinical service - informative marketing, building a referral base, implementing a screening pathway “who does what”

Dr. Mapeso,
Physician Lead, Thunder Bay
Results to date

- 1,444 patients screened, 3 hospitals running nurse-led clinics
- Procedure duration 14 minutes on average (6 cases per ½ day)
- 33% patients had polyps found, of these majority (93%) had a biopsy
- Major findings: 3 asymptomatic patients had a mass or suspected cancer
- Zero major complications (perforations or GI bleeds)

Source: RNFS Clinical Stats, October 1, 2007 - August 31, 2009
## Patient Satisfaction (PSQIII)

<table>
<thead>
<tr>
<th>Sub-Scale</th>
<th>Mean Score (as a % of maximum possible score)</th>
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<tbody>
<tr>
<td>General Satisfaction</td>
<td>84 %</td>
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<tr>
<td>Technical Quality</td>
<td>88 %</td>
</tr>
<tr>
<td>Interpersonal Aspects</td>
<td>94 %</td>
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<tr>
<td>Communication</td>
<td>92 %</td>
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<tr>
<td>Time Spent with Nurse</td>
<td>91 %</td>
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<tr>
<td>Pain Scale</td>
<td>20 %</td>
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</tbody>
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Interim Results: n=71, 3 pilot sites
Sustainability

- Training program & Credentialing established
- Patient flow algorithms have been designed and work
- Medical directives and regulatory issues solved
- Recruitment model in place

Future depends on government commitment and longer term funding to transition the pilot to a program, evaluation of costs vs. benefits, results from international RCTs using FSIG as a population-based screening method vs. other alternatives and provincial service co-ordination.
Next Steps: Evaluation

- **Clinical Outcomes**
  
  Procedural Information, polyp detection, biopsy rate, complications
  Community uptake and referral patterns, Patient Satisfaction

- **Costs**
  
  Cost per nurse trained, program financial report

- **Satisfaction & Team Acceptance**
  
  Nurse satisfaction; physician and nurse interviews, patient satisfaction, 360 feedback

- **Education & Training**
  
  Skill acquisition, time to competence, maintaining competency, tools to evaluate competency, perceptions of students and physicians on the overall educational program and implementation at each site
Summary

- Colorectal cancer presents a significant health burden
- A specialized training program for RN performed sigmoidoscopy has been created
- A unique service delivery model has been established within a pilot project to increase colorectal cancer screening through flexible sigmoidoscopy
- Training, assessment, licensing and remuneration processes and delivery settings are being evaluated to determine if nurse performed flexible sigmoidoscopy is an acceptable and feasible option to increase screening and reduce the burden of colorectal cancer in Ontario