

## PRESIDENT'S MESSAGE ROBIN EASLEY, RN, MSN, OCN



**Robin Easley,  
RN, MSN, OCN  
Hawaii  
ONS President**

Aloha to all of our members. It is that time of the year when some of our board members, including myself, will be ending our terms in January 2015. It has been a pleasure to serve as the president of our local chapter. I am excited to announce that due to changes in our educational grant system, that we now can maintain our board members through volunteerism from those who receive these monies. Please start to consider if you would also like to participate in a leadership role. We will have several positions open including President-Elect, Nominations chair, and other committee opportunities. Please contact me if you are interested. I will be sending out ballots for these positions in the next couple of months, so be sure to vote and send them back.

Our chapter leadership has strived to make changes in order to align our goals with the national ONS. We have updated our 2014 Strategic plan, which will carry our chapter through 2016. We have

given out multiple educational grants to our members in order for them to continue to learn and practice evidence based nursing. Their follow up articles proved quite interesting on their experiences.

Thank you so much to our conference committee for planning and making our annual conference a success this year. For those of you who were unable to attend, the speakers were fantastic, and overall, the conference was a success. We will continue to support our local nurses through educational opportunities on a yearly basis.

I would also like to thank our current board members for their dedication and leadership for our chapter these past two years. As a team, we can continue to make progress to keep our local chapter in good standing. I am looking forward to hearing about our most recent Leadership Weekend that was attended by Jacqui Mitchell, our President – Elect.

As far as community donations, during this year, our chapter has

supported Susan G. Komen Race for the Cure, as well as, Oncology on Canvas. Some of the artwork for Oncology on Canvas was on display at the conference. These events allow our patients, friends, and families to express artistically their thoughts and feelings about cancer. As oncology nurses, we know what a healing effect this can be.

I would also like to thank all of our membership for their continued support during the past couple of years and in the future. It takes us all to keep our local chapter functioning.

And lastly, we are coming up on that time where we need to support our local families during the holidays. Please visit our website and make a donation through our PayPal for our Christmas family donation. It's never too early.

Mahalo,  
Robin Easley  
RN, MSN, OCN  
Chapter President

## CANCER TREATMENT FOR ELDERLY ADULTS RAMI BRAGINSKY, RN, OCN



Recently I was able to attend the 39th annual ONS Congress in Anaheim, California. Amongst the variety of topics presented, there was one in particular that stimulated my professional interest. In my inpatient clinical practice, it is not unusual to offer chemotherapy as a treatment option for cancer patients that are in their seventies, eighties and even into their nineties. But what are the consequences of giving cytotoxic chemotherapy drugs to the elderly? And, what guidelines should we use to determine whether this is an appropriate therapy in treating their cancer? What prophylactic therapies, if any, are being recommended specific-

ally for our elderly cancer patients?

We are not all built the same and have strengths and weaknesses which include our resistance to disease. Human beings are born with predispositions to certain diseases that are rooted in part to our genetic profile but also to the lifestyle choices we make. It is apparent that we are living in an age of individualized cancer screening and treatment where, "one size does not fit all". Geriatric oncology is still relatively in its infancy, beginning only in 1980, so there are many controversial issues. The elderly have been found to be underrepresented in clinical trials for early vs. late-

stage cancer treatments. By the year 2030, a rise in cancer incidence in patient's 65 years of age and older is predicted to grow 67%. The new goal then is to merge geriatrics with oncology.

Researchers have found by polling elderly patients, that the key issues that are most important to them are:

- Quality of life while undergoing treatment
- Preserving baseline functional status
- Managing their current condition
- Preventing complications

One study showed that 74% of seriously ill elderly patients would rather die than take a treatment that causes functional impairment. And up to 88% feel the  
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## KIDNEY FOUNDATION: POLST JEANNETTE KOJANE, MPH

Roland has advanced kidney disease and after multiple conversations with his wife, Momi and his providers, he decided to forgo aggressive life-prolonging treatments and instead, focus on care to improve his quality-of-life. One night, Roland has problems breathing. Momi calls 9-1-1 and paramedics arrive. Knowing her husband's wishes, Momi wants to ensure that if her husband's heart or breathing stops in the ambulance, he can have the natural death he

desires. She grabs the completed and signed **lime green** POLST form and hands it to paramedics. Momi can now feel relieved that her husband's wishes will be followed, even if she's not around.

The POLST (**P**rovider **O**rders for **L**ife-**S**ustaining **T**reatment) is a portable and statewide-recognized medical order, signed by your physician or advanced practice registered nurse (APRN) translating your health-care wishes into actionable orders that all

healthcare providers and emergency personnel must follow across all care settings. It is for people with a chronic debilitating and life-limiting disease, or anyone approaching the end of life.

We encourage you to be prepared like Momi and Roland! Learn more about the POLST and download the form and other explanatory information through Kokua Mau, Hawaii Hospice and Palliative Care organization. We are a non-profit,

community benefit organization and 2013 Trailblazer Award recipient. We strive to provide information for individuals, families, and health professionals so they can understand the decisions they may need to make. By talking about these issues ahead of time, people can prevent crises, relieve stress, and ensure that their healthcare wishes are honored. Take action and start the conversations today.

# HAWAII (OAHU) CHAPTER NURSING SOCIETY CONFERENCE



# *Mana`Olana*

## *Nurse of Hope ~ 2015*



Mana`Olana 2015 nominees.  
Lisa Dahms, Barbara Conn, Cindy Kaneshiro, and Kristen Thompson



Lisa Dahms, RN, OCN  
Maui Memorial Medical Center



Barbara Conn, RN, OCN  
Kaiser Permanente  
Pediatric Oncology Clinic



Cindy Kaneshiro, RN, OCN, CBCN  
Tripler Army Medical Center  
Hematology-Oncology Clinic



Kristen Thompson was honored recently as the 2014 Mana'Olana Award recipient by the Hawaii (Oahu) Chapter Oncology Society. The Mana'Olana Award recognizes one of many outstanding nurses in Hawaii --one who demonstrates professionalism, community service and hope in working with people who have cancer.

I am so grateful to be the recipient of this year's Manaolana Award. I feel so deeply honored and humbled to join the names of some of the greatest nurses and mentors that I know. The trophy stands proudly on the counter of the Pediatric Ambulatory Unit where I work at Kapiolani Medical Center for Women and Children. My coworkers continue to honor me by telling the kids and their parents about "the big trophy", and their comments have been priceless.

Behind the scenes, prior to the day when the Manaolana winner is announced, there is a lot going on. I wanted to share with you what happens during the

nomination and judging process, so that you will know what to expect when a nomination comes your way!

There is a wonderful committee of nurses, all past Manaolana winners, who meet and help to keep this honor alive. Together, they coordinate the entire process and set a timeline to keep everyone on track. The first thing they do is to send out posters and nomination forms to each of the hospitals and oncology units across the islands. If you have never seen it, the poster usually has a picture of the current recipient along with a short explanation about the award. It also has several nomination forms which staff can

easily take to fill out in order to nominate a coworker. Next, the committee waits for the nominations to arrive. Once they receive a nomination, the nurse is notified by email and a short questionnaire is sent to be filled out. Once the nurse accepts the nomination, and fills out the questionnaire, they are all set.

In the meantime, the committee selects a panel of judges. A meeting is then arranged to allow the judges to meet each of the candidates and conduct a formal 1:1 interview. This past year, there were 5 judges who included a local newscaster, a local oncologist and several oncology nurses. The judging happens either in person,

or via Skype. I happened to be traveling this past year on the judging day, so I participated via Skype. The judges all consider the same criteria and use a number system, which provides a quality control. This helps to make the process fair, especially when it comes down to a point or two between all the very qualified nominees.

The winner is then announced at the yearly ONS Conference during lunch, where the Manaolana Ceremony is held. Nominees are allowed to bring two guests to come and support them. The reigning winner leads the presentation where each of the nominees are brought up on stage and  
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## CANCER TREATMENT FOR ELDERLY ADULTS CONT<sup>1</sup>

same way if the treatment causes cognitive decline.

Potential chemotherapy candidates must be screened using a Comprehensive Geriatric Assessment (CGA).

A CGA would include a variety of measurable factors. The first, is functional status. The tools for assessment include Activities of Daily Living (ADL's) and Performance Status.

Pain or comfort status is important, particularly in the elderly where persistent pain is prevalent and often undertreated due to barriers.

Comorbidity status is determined thorough a review of systems to evaluate the presence of conditions that have an impact on whether the patient can tolerate the harsh rigors of chemotherapy treatment.

Nutritional status is taken into account by obtaining a patient's BMI and inquiring about any recent weight loss.

Another important measurable factor is polypharmacy. Elderly patients on more than three medications should be reviewed for compliance, interactions, and duplications.

Finally, a review of a patient's support system and socioeconomic issues including living conditions, caregiver presence and competence, income, and transportation.

In conclusion, potentially curative and palliative therapies should not be withheld from patients based on their age alone. A CGA can assist in determining treatment that is most appropriate based on an individual's functional status, social circumstances, and life

expectancy. Older patients can benefit from aggressive chemotherapy but may require greater supportive care. It is important also that we comply with a patient's wishes if they decide to forgo treatments for comfort measures. The goal, whether it is prolongation of survival, remission, cure, or palliation of symptoms, must be clearly defined. This provides the patient and family with a view of the expectations of treatment and allows for both short and long term planning. It requires multidisciplinary collaboration between physicians, nurses, ancillary departments, patients, and their families to be able to effectively treat this specific population that has special needs.

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*it is important for the goal of treatment in this population to be clearly defined*

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## MANA'OLANA 2015 CONT

introduced. She also provides a speaker to share their story...this often does not leave a dry eye in the audience. Then, the moment of truth arrives, and the winner is announced! This lucky nurse is then presented with a huge trophy that is displayed at your workplace for the year, a koa bowl, a plaque and a \$1000 scholarship to attend a conference of your choice.

I would have never dreamed, that one day I

would be the recipient of this award. When they announced my name, I was truly shocked! Since that day, I have been able to reflect on what this award means to me. It is truly the greatest nursing honor that I have ever received. My heart is overflowing with gratitude. It amazes me to be so highly honored for simply doing the work that I love each and every day. It also encourages me to do more and be more.

I want to encourage each of you to nominate a nurse that you work with for the Manaolana Award in the coming year. We all hope for the best for those we care for, and there are nominees all around us. It only takes a few minutes, so please, don't hesitate to honor a coworker in this very special way!

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*highly honored for simply doing the work that I love each day*

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## iPAD WINNER ~ MARIA MARIANO , RN, BSN, MSN/ED

I was actually very surprised when my name was called for the iPad. That's a first for me - winning something out of a raffle.

I bought the 3 tickets without expecting anything... I just thought it's for a good cause. I am not very fortunate most of the time, but maybe it's baby and/or birthday luck! =)



2014 Conference Committee

## **New Legislation Expands APRNs Signing Authority on POLST**

Governor Abercrombie has signed Act 154 into law, authorizing APRNs (Advance Practice Registered Nurses) to sign a POLST (Provider Orders for Life-Sustaining Treatment) form. This expansion recognizes the important role APRNs play in providing care to patients in a variety of settings and will expand access and ensure more timely completion of POLST, a key tool to having seriously ill patient's wishes honored. Previously only physicians were allowed to sign a POLST.

**POLST** is a medical order that gives patients more control over their end-of-life care. It specifies the types of treatments that a patient wishes to receive towards the end of life. The POLST form documents those decisions in a clear manner and can be quickly understood by all providers, including first responders and emergency medical services (EMS) personnel. “Completing a POLST form encourages communication between healthcare providers and patients, enabling patients to make more informed decisions,” said Dr. Libby Char, POLST Task Force and Emergency Physician. “The changes in this bill allow our community members to have greater access to specifying their wishes and having them honored in the event they are unable to speak for themselves.

Kokua Mau, Hawaii's Hospice and Palliative Care Organization, spearheaded the effort to bring together a wide group of committed organizations and individuals to make these changes to POLST. New POLST forms can be downloaded off the Kokua Mau website as well as free handouts on Tube Feeding, Questions about CPR, Guides for Providers and Consumers and information on Advance Directives. Visit [www.kokuamau.org](http://www.kokuamau.org)

Kokua Mau thanks the health care community for their support and recognition of the importance of POLST in ensuring quality of life for those facing serious illness, including Healthcare Association of Hawaii, Queen's Medical Center, UH Center on Nursing, HMSA, Hospice Hawaii, and Hawaii Pacific Health.

If you would like to request a speaker for your group or a training for your staff on the importance of POLST and Advance Care Planning, please contact Jeannette Koiijane at [jkoiijane@kokuamau.org](mailto:jkoiijane@kokuamau.org).

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