

## Congress highlights

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### PLENARY SESSION 1

**Presidential address:** *Anne Mellon (CNSA President)*

Anne Mellon welcomed members and introduced the congress theme *Innovative quality care in a digital era*. She spoke about the unprecedented opportunity digital technologies present to the future of cancer care. As a cancer nurse in clinical practice, she understands the challenges faced by the healthcare system in integrating new technologies. However, she expressed her optimism that, by embracing this opportunity, cancer nurses could help shape the future of digital healthcare. The program was designed to prompt members to think about the role they can play in this revolution. She challenged members to commit to five key takeaways from the congress: lifelong learning; seeking out digital training and support; embracing change and innovation; addressing concerns proactively; and engaging with CNSA for support. The CNSA is implementing a digital transformation strategy that will enhance its ability to support members and embrace digital innovation. She concluded by thanking members for their dedication and passion for embracing innovative quality in a digital era.

**Setting the scene through lived experience and innovating in digital health:** *Makala Castelli (Consumer advocate)*

Makala Castelli spoke passionately about the consumers' role in shaping healthcare's future through digital health innovation. Her own lived experience of cancer led to her commitment to advocating for solutions to help people live well with and beyond cancer. She identified the five C's important to the consumer healthcare experience – communication, convenience, community, collaboration and coordination. She observed that consumer self-advocacy was driving innovation to address the gaps in the healthcare system as it struggles to keep pace with advances. She discussed how despite extensive research into the value of supportive care in survivorship the healthcare system was not adequately delivering care that meets patient needs. This prompted her to develop *Oncana* to help consumers navigate supportive care to help their recovery. The platform enables access to information about the latest evidence-based interventions and enables patients to personalise their supportive care. She also spoke about her excitement at the growing number

of informed health consumers committed to working with healthcare providers and digital innovators to co-create solutions that foster self-efficacy. She discussed examples of pioneers who were developing digital solutions to enable individuals to take the drivers seat in their care. She concluded by emphasising the role cancer nurses can play in advocating for better survivorship care and partnering with consumers to design solutions that ensure humanity and compassion are always at the centre.

**Setting the scene from a nursing perspective – preparing for the future:** *A/Prof Naomi Dobroff (Chief Nursing and Midwifery Information Officer, General Manager of the EMR and Informatics Program, Monash Health)*

A/Prof Naomi Dobroff started with a call to action for cancer nurses to equip themselves to be ready to participate in the digital healthcare revolution. She spoke about how technology has been integrated into almost all aspects of our lives. A key learning has been that successful integration often requires a shift in thinking to ensure workflows improve efficiency and reduce complexity. For example, the implementation of electronic medical records (EMR) requires a different approach to how care is documented and reported. However, clinical information systems offer benefits by utilising big data and analytics to improve care and outcomes. She emphasised the importance of cancer nurses being involved in the design of these systems to ensure workflows are representative of clinical practice and the technology assists rather than hinders them in their role. To embrace this role nurses need to embrace technology. She spoke about the recently launched *National Nursing and Midwifery Digital Capability Framework* that was designed to help nurses practice safely in a digital health environment. Encouraging all cancer nurses to become familiar with the framework and utilise it to understand the competencies they need to set them up for success in a digitally enabled workplace. She prompted the audience to think about how they can prepare by identifying training and education opportunities and reaching out to the nursing informatics lead for information and resources on digital systems in their workplace to uphold their professional requirements. She concluded that cancer nurses should play a leading role in the integration of digital health technologies to shape real-world improved outcomes.

**Application of AI:** *Prof Stacy Carter (Professor of Empirical Ethics in Health and Founding, Director of the Australian Centre for Health Engagement, Evidence and Values, School of Health and Society, University of Wollongong).*

Prof Stacy Carter provided insights into how the application of AI in healthcare should be guided by the end user. She spoke about the enormous potential AI offers to reduce the burden of clinical and administrative tasks in healthcare. Useage of AI in cancer nursing comes from a recent systematic review that examined 17 instances of its use in clinical tasks, but only two examples of its use in administrative tasks. She spoke about her project at the University of Wollongong examining consumer and public views on the use of AI in healthcare. Her team formed a citizen's jury to understand what safeguards the public would like, to ensure AI is implemented in healthcare safely and transparently. She emphasised the importance of this approach to maintain public trust in the transformation of their health services. This research informed the development of the recently launched *National Policy Roadmap for AI* in healthcare. This sets out the policy-relevant recommendations and governance of the implementation of this technology in clinical practice. She emphasised the role nurses can play in ensuring AI is implemented in a safe, effective and ethical manner. The potential benefits of AI in healthcare come with associated risks that need to be managed carefully. This is why healthcare professionals need to understand the governance frameworks around its implementation to ensure it meets best practice guidelines. She concluded by reflecting that 2024 saw the launch of several frameworks for health technology governance demonstrating this is a priority at all levels of government to ensure AI is safely and effectively implemented in clinical practice.

## PLENARY SESSION 2

**Nursing at the forefront – integrating genomics into cancer care:** *Prof Kim Alexander (Professor of Cancer Nursing, School of Nursing QUT and the Cancer Care Services at Metro North, Queensland Health).*

Prof Kim Alexander delivered an enlightening presentation on nursing at the forefront of the integration of genomics in cancer care. Genomics is revolutionising the delivery of cancer care, with the use of genetic markers to predict cancer risk and early detection, inform management and evaluate outcomes. Her research investigating genetic predisposition to quality-of-life outcomes led to an improved understanding of how genetics can influence symptoms and outcomes of treatment, and identify

individuals who are predisposed to poor outcomes. Genomics promises to help individuals make informed decisions about their cancer care. As the technology evolves genomics is likely to become the standard of care, from the use of liquid biopsies for asymptomatic screening and recurrence surveillance, to tumour mutation profiling to deliver personalised medicine. However, integration into clinical practice requires health systems and health professionals to keep pace with technological advancements. Therefore, there is an urgent need for genomics education to increase their confidence in applying genetics into practice. All cancer nurses need to be aware of the latest advancements in genetic technologies and the implications for their patients. The biggest barriers to the implementation of genomics in clinical practice are access (awareness) and enabled decision-making. Nurses have an important role to play in increasing access to testing and informing patients about the implications for care. She concluded that even though the gap may seem large between nurses' current level of understanding and knowledge, this should not be a barrier to them having conversations about genomics. Experts make themselves, so this will require nurses to commit to engaging with education and training, attending clinical meetings and conferences and being curious to learn more and contribute to research.

**Intuition, insights and information science in nursing:**  
*Kate Renzenbrink (Chief Clinical Informatics Officer, Royal Victorian Eye and Ear Hospital)*

Kate Renzenbrink delivered a compelling presentation on the importance of what gets counted and counts in data collection. Data can shape outcomes, so nurses can offer valuable insight into the design of information systems to ensure the voice of the patient is represented, as the end user of technologies that will shape their care. Nurses are custodians of patient data, involved in the collection, sharing and coordinating of data systems used to inform care. Healthcare is a complex adaptive system – if it is not documented it is not done – therefore nurses understand the importance of data to drive patient care. She emphasised that for some nurses the introduction of technology is increasing the complexity of care and “techno-stress” is a real contributor to burnout among the workforce. Documentation places a significant burden on nurses' time and takes them away from their role in patient care. The hope is that the integration of technology can automate aspects of documentation and data entry, improving efficiency in the system. However, she emphasised that for this efficiency to be realised nurses need to be involved in evaluating how technology is integrated into clinical

practice. Structural inequality is a problem of scale and there is a need to ensure these systems are created to collect data representative of all patients. She also spoke about the explosion in devices offering personalised data collection to offer person-centred healthcare. This technology can help support clinician and patient decision-making and navigate their care. However, caution is required to ensure that the use of technologies to track personal health information is approached in a manner that respects the human rights and privacy of the individual. The future of the implementation of these technologies in clinical practice requires nurses to be empowered to inform their design, implementation and safe use. She concluded that innovation is a people-centric process, and nurses need to be leaders in the field to disrupt, go digital, measure and visualise.

**Health care transformers – Using clinical quality registries to inform, build and transform clinical practice:** *Donna Cowan (Director, Program Implementation Cancer, Movember)*

Donna Cowan discussed how big data is transforming cancer care through clinical quality registries (CQRs). Movember is committed to improving outcomes for prostate cancer patients through improved data collection, reporting and analytics. By focusing on patient-reported outcome measures (PROMs) there is potential to deliver personalised care, that reduces mortality rates and enhances quality-of-life outcomes. Inequities in the diagnosis, treatment, management and outcomes of people with cancer led to a realisation that PROMs are needed to inform personalised care. CQRs systematically and longitudinally collect, report and analyse data to make healthcare more efficient, effective and appropriate by cost-effectively improving health outcomes. Donna emphasised how this data is used in a quality loop to drive improvements at the clinical level and leveraged to further advance research into clinical guidelines adherence and deliver evidence-based healthcare reform. Movember launched the *Prostate Outcomes Registry of Australia and New Zealand* specifically to collect data on the quality of care and outcomes important to men with prostate cancer. The hope is that this initiative will lead to improvements in outcomes in prostate cancer, identify inequities in care and outcomes, and support personalised care for improved survival outcomes.

### PLENARY SESSION 3

**Digital innovations advancing equity, quality, and compassion in cancer care – a patient perspective:** *Caitlin Delaney (Consumer Advocate and Founder of CareFully)*

Caitlin Delaney delivered a fearless presentation describing how her own experience with ovarian cancer shaped her vision for the future with digital innovation delivering improved equity, quality and compassionate cancer care. Her personal lived experience led her to found *CareFully*, a company demonstrating the way forward for compassionate patient-centred care in Australia. She spoke about how health technology enabled her to access high-quality cancer care. Innovations in genomic testing enabled her cancer care team to map the tumour's molecular profile providing a more accurate diagnosis. AI used to analyse clinical trial data enabled her clinician to accurately identify a personalised medicine approach to treating her tumour. In addition, telehealth enabled her to attend appointments with her cancer care team irrespective of where they were based. From this experience, she had several takeaway thoughts on the future of digital health technology in cancer care. The cancer care treatment landscape is becoming increasingly complex, and more support is needed to help patients understand their care options. She emphasised the need for a living evidence approach to harnessing data to keep pace with advancements to improve access to the latest treatments and to guide care. Informing patients about the latest scientific advancements empowers informed choices about their care and self-advocacy for outcomes important to them. Technology also has the potential to connect patients with the highest quality cancer and supportive care irrespective of where they live. However, she emphasised the importance of compassion being an underlying principle in the design and implementation of all new technology in healthcare. Patients experience significant distress and emotional burden during cancer, which can be exacerbated by limited access to information and supportive care, which in turn, can impact and cause significant collateral damage to relationships, work and quality of life. She said current supportive care models are not adequate and should embrace technology to deliver patient-centred compassionate care. Digital health technologies offer a way to achieve equity of access by ALL patients to the latest research, information and data needed to improve care outcomes. To achieve this goal, she said patients must be at the centre of the design process of digital health solutions. She called on cancer nurses to step up to the challenge of envisioning a digitally-enabled future in which they are involved in the design of clinical trials, research, tools and technologies, as advocates and experts in delivering compassionate patient-centred care.