Integrating Nursing into Oral Chemotherapy Education
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Background

- Shift of chemotherapy from intravenous to oral administration leaves patients vulnerable to errors
- 2013 American Society of Clinical Oncology/Oncology Nursing Society provide guidelines for oral chemotherapy education, including administration, safe handling and side effects
- Patients prescribed oral chemotherapy at BIDMC currently have inconsistent oncology nursing involvement
- A multi-disciplinary team of MDs, NP, RN, and pharmacist selected for the process improvement project to pilot in biologics clinic (caring for patients with renal cell cancer and melanoma)
- Survey of clinicians with response rate 100% (n=9) ranked patient education as top priority; lack of nursing involvement and time most common contributing factors to patients not receiving comprehensive education

Aim:
By February 1, 2016, 50% of patients initiating oral chemotherapy in biologics clinic will have documentation of comprehensive education, including administration, safe handling and side effects.

Methods

- Team meeting identified lack of RN involvement in education of patients
- Cause & Effect (below):
  - Team identified barriers to reaching goal of comprehensive education for new start oral chemotherapy and highlighted lack of multi-disciplinary approach
- Baseline:
  - July 2014-August 2015, 33 new prescriptions; zero patients received comprehensive education
  - First Plan-Do-Study-Act (PDSA):
    - November 10, 2015 to February 1, 2016, 10 new prescriptions; 60% patients seen by RN and all received comprehensive education
- • Reached aim of >50% of patients receiving comprehensive education by integrating nursing
- • Achieved special cause with single point post-intervention above pre-intervention upper control limit
- • Plan to implement second PDSA cycle adding RN follow-up phone call 1-2 weeks after new start to current intervention
- • Evaluate impact of RN education on patient satisfaction
- • Measure and record time for RN education to help assess feasibility of expanding process to all oncology clinics

Components of Education Documented for New Start Oral Chemotherapy (c chart, 2 sigma)

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Conclusions & Next Steps

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