NURSES CHANGING UNIT PRACTICE: IMPROVING THE SAFETY OF OUTPATIENT CHEMOTHERAPY ADMINISTRATION

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Oral Presentation

**Significance/ Background:** Professional guidelines for chemotherapy administration recommend dual nurse independent verification of the five rights (American Society of Clinical Oncology, 2011; Jacobson et al., 2011; Jacobson et al., 2009). Earlier attempts to emulate national guidelines within the unit failed, prompting staff nurses to develop and implement a process for sustained practice change in chemotherapy administration.

**Purpose:** To guide and sustain practice change that improves safety within an outpatient oncology infusion unit.


**Sample Description/ Population:** Registered nurses who administer chemotherapy.

**Setting:** An outpatient cancer treatment center in a Midwestern 460-bed, level 1 adult trauma, ANCC Magnet designated academic hospital.

**Method/ Design & Procedure:** A staff nurse committee led a process to promote safer administrative practices. A pre-implementation questionnaire about current practices was sent to unit staff nurses asking them to identify areas for improvement. Following the questionnaire results, a series of interventions were developed, including an updated treatment communication form, a “buddy” calculation sheet, posters, and a video aimed at informing nurses of the process change.

A trial was completed in one section of the unit where committee members tested the interventions and refined the new process. Committee members were then assigned to specific work areas to assist staff in utilizing the new “buddy system” and implementing independent dual checks. In addition, a tip sheet was placed on each workstation for reference, posters depicting the double check process were displayed in each section, and “Double-Check” gum was given to each nurse. Three months following the implementation, a post-implementation survey was administered to all nurses in the unit.

**Results/ Outcomes:** Descriptive qualitative and quantitative results from a pre and post staff survey suggested a successful practice change in performing bedside IV pump verification, use of two patient identifiers, and independent chemotherapy verification.

**Conclusion/ Implications:** The findings impacted current practice by developing a process allowing staff to adhere to national guidelines for chemotherapy administration. By utilizing change theories, bedside nurses were able to improve the unit’s culture by practicing safely. Collaborative teams can utilize this chemotherapy administration process to create and sustain nurse-initiated change in other chemotherapy infusion arenas.