American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Safety Standards

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In 2008, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) engaged in an interprofessional collaborative to develop chemotherapy administration safety standards. This editorial will chronicle the developmental journey from concept to the latest published standards in 2013 and highlight the importance of what can be achieved when we partner to improve patient safety.

Chemotherapy is a primary treatment modality for many cancers. The careful administration of these agents by knowledgeable oncology professionals can prevent tissue damage and life-threatening consequences for patients. The aim of the collaboration was to create standards that would be evidence based and measurable, improve patient safety, and be based on consensus among a multidisciplinary team of oncology professionals.

A steering group was formed of volunteers and staff from ASCO and ONS. The team completed a review of the literature, resulting in a summary of relevant recommendations and guidelines. The process of chemotherapy administration was outlined, identifying areas where patient safety could be at risk. This ground-work led to a 40-person workshop comprising organizational members of ASCO and ONS; pharmacists; social workers; administrators; quality specialist from the Joint Commission, National Quality Forum, and Institute for Safe Medical Practices; and patient advocates from the National Coalition for Cancer Survivorship. The workshop resulted in the initial draft standards, which were further consolidated and revised.

After public comment and revision, the draft standards were approved by the ASCO and ONS boards and published concurrently in both professional associations' publications in 2009. The final standards included eight key categories that: one, address the training and continuing education of clinical staff; two, address the information that is required before chemotherapy can be ordered, including an accurate diagnosis and staging, medical history and physical examination, and patient understanding of the overall treatment plan; three, ensure that the treatment plan is evidence based and informed consent is obtained; four, provide a clear outline of what should be included in a chemotherapy order; five, address the verification process and labeling needed as chemotherapy is prepared for administration; six, identify information to be included in patient and family education and set informed consent and education standards; seven, establish chemotherapy administration standards and safety measures; and eight, emphasize monitoring and assessment standards for patient follow-up after chemotherapy administration.

After the publication, evaluative feedback was received from both ASCO and ONS members, which led to identification of gaps in the standards. The chemotherapy administration safety standards were revised to address the gaps, which included oral agents, informed consent, team communication, communication with the patient and family, practice variations, and documentation.

Each revision of the standards has resulted in a more rigorous version based on sound evidence and practice, guided by the goal of patient safety. Revisions to the standards in 2011 included the expansion of the standards to all chemotherapy administration settings with the exception of the home. With the increasing use of oral chemotherapy agents, additional revisions were made in 2012, addressing labeling, coordination between care sites and providers, prescribing and obtaining oral agents, and the content included in patient and family education.

The journey to excellence in safe administration of chemotherapy has been an iterative one. It has resulted in ASCO and ONS learning how to collaborate and partner in new ways for the benefit of the patients we serve.

Publications are beginning to note translation of the standards into practice. As oncology nurses, physicians, pharmacists, and other providers involved in prescribing, administering, and monitoring chemotherapy and educating patients and one another, it is apparent that the development of these standards is but a vision of things to come. We all seek to practice and provide cancer care from the best evidence. When there is an opportunity for oncology professionals to come together for a common purpose, focused on patient- and family-centered care, quality and safety are the positive results of this collaborative partnership. The commitment and dedication by all involved in this endeavor have resulted in far-reaching positive safety returns for patients receiving chemotherapy. Oncology nurses have used the chemotherapy standards as a blueprint for developing nursing and patient education materials and guidelines and for standardizing administration and safe handling practices. We are looking forward to the next opportunity to partner in translating evidence into practice to improve the quality and safety of cancer patient care.

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References


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