

Increasing Compliance with Safe Handling Guidelines: One Cancer Center's Experience

By Karen Rosenberg

April 2010 was the second National Safe Handling Month, a campaign designed to further education about the risks associated with handling hazardous drugs and safety measures that can prevent exposure to these agents. The initiative was supported by an unrestricted educational grant provided by Carmel Pharma, Inc, the maker of the PhaSeal closed-system drug transfer device (CSTD), and included regional and national educational activities. *The Oncology Nurse* recently spoke with oncology nurse Shannon Hazen, RN, BSN, OCN, about efforts to increase awareness and compliance

with safety standards in her own institution and their experience with implementing a CSTD. Hazen is the regional oncology education coordinator at Presbyterian Cancer Center, Charlotte, North Carolina.

Are there gaps in compliance with safe handling guidelines issued by the Oncology Nursing Society (ONS), the National Institute for Occupational Safety and Health, and other groups?

There are lots of gaps in compliance. In certain facilities, they may not have a champion who is seeking to put these guidelines in place. We have a habit of

just doing what we have always done if there is not a champion in place to make sure we are following the guidelines to the letter and, if there are new updates, to make sure we have updated our practice as well. Across the country, there are still people who have had that "a-ha moment" during safe handling education when they realized there was so much they didn't know and that there is room for improvement in their practice.



Shannon Hazen,
RN, BSN, OCN

dence-based model. We were looking for a product that could demonstrate its efficacy through evidence. Our best practices team included representatives from the three facilities and had nursing and pharmacy representation. We also asked for input from corporate colleagues in our facility and elsewhere about their experiences with these systems. We chose the PhaSeal product because we were very impressed with the data the manufacturer presented to us from unbiased studies showing that it was truly a closed system (Wick C, et al. *Am J Health Syst Pharm.* 2003; 60: 2314-2320).

What led to the decision to implement a CSTD in your institution?

At Presbyterian Cancer Center, which is part of Novant Health, we have a primary cancer center in downtown Charlotte and two community hospitals with oncology services. As the service line grew in the community hospitals, we saw the need to get everyone on the same page and make sure that the education and practices were the same in all places. About 4 years ago, we began a superenforcement campaign and did a lot of education about the use of personal protective equipment and what the recommendations were for handling chemotherapy. We observed practice in different units and did spot checks to make sure they were complying with safe handling recommendations. The other educator and I who worked on this were dubbed "the chemo cops" because we called people on variations in practice that were not compliant with what our policy said was best practice. For about 1 year, we did a lot of intensive monitoring, educating, and tracking to create a safety culture change in our oncology areas. Our staff is also required to attend the ONS chemotherapy and biotherapy course. The next step was to implement a CSTD. When nurses are knowledgeable about safe handling, they begin to ask for evidence-based practice changes, like using a CSTD.

We have a best practices team in place that looks at chemotherapy issues. We had relationships with a number of vendors, and we got permission from our materials management department to compare different products to decide which would work best for us.

The goal of the best practice team was to make an evidence-based practice change to improve safety. Novant Presbyterian Hospitals have achieved Magnet designation, and decision making has moved toward the evi-

How did you go about implementing the device?

We had done upfront education about safe handling, and everyone understood that a CSTD was the next piece. Once we decided to implement the system, we did a lot of staff training. We got demo kits and went to the different nursing units and had them come up with questions for the company trainers, thinking of scenarios where they might have issues. We did this before trainers from the company came so we could maximize our time with them. We organized our training very specifically so that everyone got training from the official trainer from the manufacturer, including clinical coordinators and people who worked night and weekend shifts. We also established "superusers" to help train staff. We had a really good response from staff.

Before we implemented the system, we had wipe studies done in pharmacy and nursing areas, and they demonstrated some contamination. After implementation, pharmacy areas showed dramatic improvements.

The nursing staff has expressed appreciation that the administration was willing to support the product, and they say they feel much safer because they were trained properly in how to use it. We really did change the culture in areas that administer chemotherapy. ●

For more information on safe handling of hazardous drugs, please view the archived Safe Handling Awareness Day CE webinar at www.carmelpharmausa.com/CE. Free CE credit for this archived webinar is available for pharmacists, pharmacy technicians, nurses, and risk managers.

Before

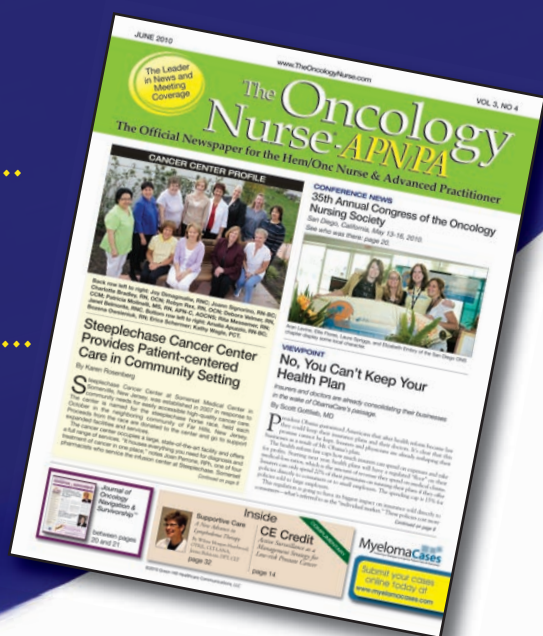
the research is published...

Before

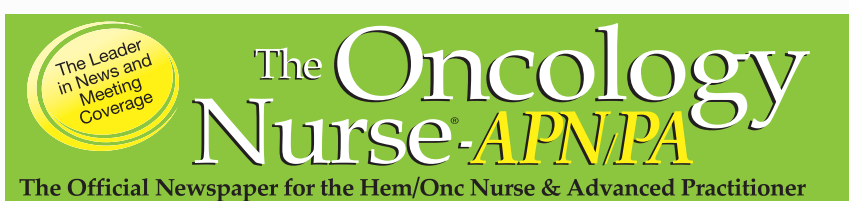
the guideline is issued...

Before

the drug is approved.....



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