Doing the Right Thing, at the Right Time, in the Right Way

THE ROSWELL PARK NURSING DEPARTMENT
2009 and 2010 Report
Dear Friends & Colleagues,

Once again, let me convey my congratulations to the entire Nursing Department for its extraordinary efforts in achieving Magnet designation in 2010 for Roswell Park Cancer Institute (RPCI)! Only 6% of all hospitals in the United States earn this American Nurses Credentialing Center (ANCC) designation that recognizes quality patient care, nursing excellence and innovations in professional nursing practice.

Our long and arduous journey – appropriately titled Destination Excellence – began with the submission of our 3,500-page document, detailing the work we do and how and why we do it. In July 2010, three ANCC appraisers conducted a three-day site visit to RPCI “to verify, clarify and amplify” the information contained in the written document. On September 16, 2010, the ANCC bestowed Magnet designation on RPCI – a proud moment for our Nursing Department and another milestone in the Institute’s impressive history of achievement.

This Nursing Report, which covers calendar years 2009 and 2010, is a record of the Nursing Department’s successes, challenges, outcomes and trends, with a strong emphasis on our Magnet journey. The Report is organized into sections – Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovation and Improvement – each representing a part of the Magnet model.

I am proud to be the Chief Nursing Officer at RPCI and, despite my long association with the Institute, I never cease to be amazed by the passion, work ethic, compassion and heroic commitment consistently displayed by our Nursing staff.

This Annual Report is dedicated to the RPCI nurses who served as guides, advocates, champions and leaders on the journey to Magnet status, and who keep our everyday professional journeys interesting and give meaning and purpose to our mission.

Maureen Kelly, RN, MS, OCN, NEA-BC

Chief Nursing Officer
Vice President, Patient Care Services

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ABOUT ROSWELL PARK CANCER INSTITUTE

Roswell Park Cancer Institute (RPCI), in Buffalo, NY, was founded in 1898 by surgeon Dr. Roswell Park, arguably the father of the modern-day comprehensive cancer center.

From its inception, RPCI’s mission – to understand, prevent and cure cancer – has remained consistent with the vision of its founder, and 100% of RPCI’s resources are devoted to the direct and indirect support of this mission. RPCI was among the first to be designated a “Comprehensive Cancer Center” by the National Cancer Institute in 1974, and it has held that distinction, without interruption, to the present.

The Institute is also a charter member of the National Comprehensive Cancer Network (NCCN), and many RPCI faculty serve on the NCCN panels that create the Clinical Practice Guidelines in Oncology.

RPCI has forged an exemplary reputation based on the combined strength of its basic and translational research, multidisciplinary oncology teams, educational programs and compassionate staff. A seamless interface of scientific inquiry and clinical application and an aggressive clinical trials program afford patients access to promising breakthroughs in cancer diagnostics, technologies and therapies. Committing the infrastructure, intellectual capital and necessary resources to convert its scientific discoveries into real-world products, RPCI has established several biotech spin-off companies, and formed strategic global partnerships.

Over the last decade, RPCI has undergone major growth, adding 1,000 new staff, showing a 198% increase in grant revenues and a 300% increase in clinical revenues, initiating one of the nation’s first centers dedicated to phase I clinical research studies, and setting itself apart as a leader in surgical robotics, vitamin D research, novel immunotherapies, and tumor microenvironment and behavior/prevention studies.

With an unconditional commitment to the application of evidence-based medicine and “best practices,” RPCI continually reviews and measures the effectiveness and efficiency of its cancer care delivery, with an eye toward quality improvement. Earlier this year, RPCI published Quality 2011, its first comprehensive report on the Institute’s patients, services, challenges, and clinical trends and outcomes.

RPCI is one of only two dedicated cancer centers on the Leapfrog Group’s Top Hospitals list for 2010, has been ranked among the nation’s top cancer hospitals by U.S. News & World Report’s Best Hospitals, and was cited as one of the nation’s best hospitals for complex or “extremely difficult” cases of cancer by AARP The Magazine (2009). It was ranked among the “best places to work in academia” by The Scientist magazine in 2010.

RPCI’s Department of Nursing provides excellent and comprehensive care to cancer patients and their families during all phases of their evaluation and treatment. Patients have highly complex clinical, psychosocial and educational needs and the nursing staff continuously strives to meet these needs through clinical care, patient/family education, and disciplinary, interdisciplinary and multidisciplinary research. Despite a national nursing shortage of crisis proportion, RPCI has sustained a “zero vacancy, waiting list only” Nursing Department over the last several years.

By the Numbers: Nursing Stats at a Glance

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulltime Members of Nursing Department</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Research Nurses</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Clinical Care Nurses (outside Nursing Department)</td>
<td>170</td>
<td>173</td>
</tr>
<tr>
<td>Percent with BS in Nursing</td>
<td>37%</td>
<td>41%</td>
</tr>
<tr>
<td>Percent with MS in Nursing</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Percent with Specialty Certification</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>New Staff Recruits</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>Average Length of Service (in years)</td>
<td>10.2</td>
<td>10.6</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>3.1</td>
<td>3.5</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>9</td>
<td>9.4</td>
</tr>
<tr>
<td>Hospital Clinical Assistants</td>
<td>8.4</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Support Assistants</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Presentations at National Meetings</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Publications in Peer-reviewed Journals</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Nurses on Boards of Nursing Organizations</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Percent of Females/Males</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Vacant Nursing Positions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurses in 25-Year-Club</td>
<td>67</td>
<td>68</td>
</tr>
</tbody>
</table>

Karen Bettino is somewhat of a trailblazer. In 1989, she became the first and only nurse on the Information Technology team. She quickly proved her worth. Karen was a leader in selecting and implementing an electronic medical record, and played a major role in the introduction of HIPAA and its provisions and standards to the staff and faculty of RPCI. This experience led to her current position as Administrative Director for Healthcare Information and Privacy.
TRANSFORMATIONAL LEADERSHIP

Transformational leadership is defined as a leadership approach that “transforms” followers by implementing strategies and approaches that generate positive change and enhance motivation, morale and performance. Nursing leadership at RPCI effectively challenges nurses to align themselves with the organizational and departmental mission, vision, values and strategic plans.

I. Strategic Planning

Nursing Mission
To understand, prevent and cure cancer, and provide expert, compassionate, ethical and holistic care to oncology patients and their families.

Nursing Vision
To assist the Institute in becoming a Top 10 Cancer Center predominantly by remaining a Magnet-designated organization.

Nursing Strategic Plan and Values
The goal of the Nursing Strategic Plan is to provide quality patient care and a positive experience for both patients and family members. The values espoused by the Nursing Department mirror those of the Institute’s Strategic Plan:

- **Innovation:** To embrace new technology, practices and knowledge in patient care delivery.
  Nursing Objectives:
  ✓ To incorporate new applications of electronic medical record (EMR) into daily practice.
  ✓ To ensure the successful incorporation of knowledge-based medication administration (KBMA) into daily nursing practice.
  ✓ To increase the number of nursing led research studies.

- **Integrity:** To promote honesty and respect for privacy in all aspects of patient care.
  Nursing Objective:
  ✓ To promote staff participation in the use of evidence-based practice and nursing research.

- **Commitment:** To acquire, maintain and increase knowledge regarding the comprehensive care of patients with cancer.
  Nursing Objectives:
  ✓ To promote and increase nursing certification in specialty areas.
  ✓ To increase the number of newly hired nurses with BSN degrees.
  ✓ To increase the percentage of RNs returning to school for BSN degrees.
  ✓ To increase the percentage of RNs seeking graduate degrees.

- **Compassion & Respect:** To embrace the differences in patients, coworkers and the community and improve understanding and communication.
  Nursing Objectives:
  ✓ To promote staff participation in community-related events.
  ✓ To promote cultural awareness in the provision of care.

- **Teamwork:** To collaborate, as a team, to provide quality patient care.
  Nursing Objective:
  ✓ To increase nursing representation on multidisciplinary committees, councils, and taskforces.

“On any given day at Roswell Park Cancer Institute, a grateful someone will thank an oncology nurse, using words such as angel, hero, warrior, lifesaver, mentor or friend.”

Maureen Kelly, RN, MS
Chief Nursing Officer

Staff Nurse

Fresh out of nursing school, Nathan was somewhat familiar with RPCI after completing a clinical rotation as a nursing student on 7 West. He found that oncology nursing interested him and he applied for a position on 5 West, a Hematology Unit. Now, two years later, Nathan has no regrets: “5 West is a nursing unit that is cohesive, caring and works hard to achieve the best outcomes for patients.”

Nathan Van derbeck, RN
II. Advocacy & Influence

The Nursing Management Team, also known as the Patient Care Leadership Team, led by Chief Nursing Officer Maureen Kelly, RN, MS, OCN, NEA-BC, supports professional nursing practice within the Department of Nursing and throughout the Institute as well. This leadership team discusses nursing practice issues and fosters shared decision making by the Vice President/CNO and the Directors of Patient Care Services. The team meets regularly every week and as needed when issues arise that need immediate attention.

- Changed Nursing hiring rates to be commensurate with medical-surgical experience.
- Formed a Discharge Planning Task Force to better serve the needs of newly-discharged patients.
- Initiated a Rapid Response Program for families to obtain immediate assistance for their loved ones. This was an enhancement to the initial Rapid Response Program utilized by staff.
- Assisted in the relocation of the Thoracic/Neuro-oncology Clinic.
- Achieved Nursing satisfaction scores that exceeded national benchmarks.
- Facilitated the relocation of the Blood and Marrow Transplant (BMT) Clinic to meet the need for additional inpatient beds on a protected unit.
- Opened 5 North with 6 inpatient beds for immunocompromised patients from the Leukemia, Lymphoma and BMT Services. Later, increased capacity to 14 inpatient beds.
- Opened an intermediate care unit (3-bed capacity).
- Recruited nurse manager for Thoracic/Neuro-oncology Clinic.
- Opened first dedicated education unit on 5 West in collaboration with University at Buffalo.
- Added Director of Patient Care Services to the Nursing Management Team.
- Opened additional beds on 6 East that can transition from Intensive Care Unit beds to medical-surgical beds.
- Participated in planning discussions for construction of new 14-bed Intensive Care Unit.
- Began planning discussions to relocate BMT Clinic, Urology Clinic and Leukemia Service to new areas.
- Partnered with Buffalo General Hospital's Department of Nursing to allow nurses to attend education and training classes at both facilities.
- Collaborated with Children’s Hospital of Buffalo’s Department of Nursing to provide pediatric BMT education to CHOB nurses.
- Collaborated with research and clinical faculty on the development of a smoking cessation program (“Just Breathe”) for RPCI patients.

Natalie Pollack, LPN

Natalie Pollack came to an open house for nurses at RPCI and was immediately attracted to the compassion of the Nursing staff. Even today, Natalie says she is still amazed at how the staff embraces each patient and his/her family and provides individualized care and support with a personal touch.

Rebecca Tingley, RN, MSN, CRNA

Rebecca Tingley, a Certified Registered Nurse Anesthetist, believes that nurses at RPCI are special people with a special calling. Each interaction with a patient, she says, creates an opportunity to deliver nursing care with expertise and empathy, and the challenge to make a difference in that life.
III. Visibility, Accessibility & Communication

The Nursing Management Team, also known as the Patient Care Leadership Team led by Chief Nursing Officer Maureen Kelly, RN, MS, OCN, NEA-BC, supports professional nursing practice within the Department of Nursing and throughout the Institute. This leadership team discusses nursing practice issues and fosters shared decision making by the Vice President/CNO and the Directors of Patient Care Services. The team meets regularly every week and as needed as issues arise.

Nursing Town Hall Meetings

Nursing Town Hall Meetings have been implemented to improve communication across the Nursing Department and to facilitate direct access to the Chief Nursing Officer, who presides at these meetings.

This forum has proven to be a place for nurses to express suggestions and concerns. In 2009 and 2010, the following issues were addressed and resolved in a timely manner:

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RESOLUTION</th>
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<tbody>
<tr>
<td>Nursing Challenges Related to Knowledge-Based Medication Administration</td>
<td>A Nurse Analyst was added to the information technology (IT) team to evaluate and address issues related to hardware, connectivity, etc.</td>
</tr>
<tr>
<td>Access to the Continuing Education Direct Program</td>
<td>The CE Direct Program, which offers nurses credit-bearing educational courses, was made available to all nurses.</td>
</tr>
<tr>
<td>Reimbursement for Professional Organization Memberships</td>
<td>In 2009, the Retention &amp; Recruitment Committee launched an initiative to reimburse nurses (up to $50) for membership or renewal of membership fees in any professional nursing organization.</td>
</tr>
<tr>
<td>HCA Staffing and Transport Assistance</td>
<td>Additional hospital clinical assistants were hired and, through the initiation of a pilot program, hospital transport personnel were assigned to select units to assist with the Safe Patient Handling Initiative.</td>
</tr>
</tbody>
</table>

In 2009 and 2010, the Nursing Staff Executive Council reviewed and voted on new and/or updated policies that impact everyday practice.

2009

- RPCI nurses are required to complete 10 Continuing Education Units (CEU) per year.
- Cell phone usage is restricted in patient care areas.
- Access to social networking sites on computers in direct care areas is prohibited.

2010

- A Night Shift Nursing Council Subcommittee is organized that affords off-shift nurses a stronger voice in their practice.
Oncology Nursing Society Leadership

The primary professional nursing organization for RPCI nurses is the Oncology Nursing Society (ONS). Approximately 73% of the membership of the local chapter of the ONS, Western New York Oncology Nursing Society (WNYONS), is comprised of RPCI nurses. Of the 13-member WNYONS Board of Directors, 12 (92%) are nurses from RPCI.

RPCI nurses who serve on the 2010 Board of Directors:

- **President**: Maureen Kelly, RN, MS, OCN, NEA-BC
- **President-elect**: Martha Kershaw, RN, MS, OCN
- **Secretary**: Kathleen Schwert, RN, BSN
- **Treasurer**: Eileen Kavanaugh, RN, OCN
- **Director at Large**: Mimi Haskins, RN, MS, CMSRN
- **Finance**: Linda Huebert, RN, BSN, OCN
- **Membership**: Christina Tobin, RN, MS, OCN
- **Nominating**: Lisa Privitere, RN, BSN, OCN
- **Program**: Kim Coleman, RN, BSN
- **Education**: George Schwab, RN, BSN
- **Website**: Martha Kershaw, RN, MS, OCN

Association of Nurse Executives Fellowship (AONE) Program

Acquiring nurse manager competencies is critical to nursing leadership succession planning and the creation and maintenance of healthful workplace environments. The Nurse Manager Fellowship, offered by the Association of Nurse Executives (AONE), is a yearlong professional development program designed to provide an in-depth environment of learning. The fellowship incorporates the Nurse Manager Domain Framework, and faculty members include national experts in nursing leadership and management. An individual capstone project completes the curriculum.

In 2010, Joanne McVey, RN, MS, FNP-C, was selected by RPCI nursing leadership to participate in the fellowship program. Ms. McVey’s project, “Conversion of an Outpatient Clinic to Inpatient Beds,” described the redeployment of an outpatient clinic to a 14-bed inpatient unit, and how this conversion increased revenue and improved patient satisfaction.

Night Shift Education Council

To address the specific educational needs of the night shift nursing staff, Night Shift Education Council was facilitated by staff development instructor Martha Kershaw, RN, MS, OCN. Topics and presenters included:

**Education Day Presentations, May 2010**

- Evidence Based Complimentary and Alternative Medicine (CAM) Therapies: Indications Contraindications and Opportunities, Georgia Decker, RN, MS, CS-ANP, AOCN, CN
- Potential Adverse Reactions and Drug Interactions with Herbal Remedies with Chemotherapy, Kathleen West, BS PharmD, RPh
- Reiki, Christina Tobin, RN, MS
- Inservices for Head & Neck, Thoracic and Neurosurgery Units, 2010
- Tracheotomy Care and Suctioning, Misha McKinney-Bost, RN, BSN, OCN, and Kathy Holler, RN

**Summer Nursing Interns**

RPCI offers an eight-week summer nurse intern program for students entering or completing their senior year in a nursing program.

**The goals of the program are to:**

- Provide nursing students with an opportunity to strengthen and reinforce their knowledge and skills under direct supervision of registered nurse preceptors.
- Ease the transition to realities of the work world
- Encourage recruitment into oncology nursing through the concept of work-learn practice experiences.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Number of Applicants</th>
<th>Number of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>2011</td>
<td>57</td>
<td>12</td>
</tr>
</tbody>
</table>

Nancy Bertran, RN, BSN

Nurse Manager, Amherst Satellite Clinic

Nancy Bertran is proud of the expert care that she provides, and feels privileged to be a part of her patients’ lives. Nancy has held a number of positions at RPCI, including staff nurse in ICU and Nurse Manager of the Dermatology, Melanoma & Sarcoma; and Thoracic Clinics. She is currently the Nurse Manager of the Amherst Satellite Clinic, where she has helped build a cohesive interdisciplinary framework for the delivery of quality outpatient care.
II. Teaching and Role Development

Pediatric School Outreach

Pediatric School Outreach, a program supported by RPCI’s Pediatric and Psychosocial Departments, is available to the families of pediatric patients. The program helps those individuals who make up a child’s support network at school understand the unique challenges a child faces when diagnosed with or fighting cancer. The pediatric school outreach program includes a team consisting of a pediatric nurse, Pat Mack RN, and either a pediatric psychologist or pediatric social worker. In 2010, a video was developed that included the nursing staff. Its purpose was to provide a basic overview of the RPCI pediatric patient experience, and showcase activities that are offered through organizations such as the Lion’s Den.

In 2009, 5 programs were presented to schools in Western New York and in 2010, the number of presentations rose to 22.

Partnerships with Regional Nursing Schools

RPCI has had a long and collaborative history with nursing schools in Western New York including: Erie Community College North, Erie Community College City, Trocaire College, Jamestown Community College, Niagara University, Niagara Community College, D’Youville College, Daemen College and the University at Buffalo.

III. Partners in Research, Education & Community Outreach

Office of Cancer Health Disparities

Linda Smith, RN, FNP, is a member of the Cancer Health Disparities Outreach team, which is responsible for recruiting women to and navigating them through RPCI’s High-Risk Breast Clinic. She is also working with the Health Disparities team looking at attitude and mechanisms to increase awareness of and involvement in cancer prevention and early detection research.

In 2009, Ms. Smith participated in Health Fairs at Villa Maria College, the Salvation Army, NYSEG and Schofield Residence, to name a few. The topics of her presentations included skin, wellness and general cancer concepts. In 2010, she presented to the UAW, Oracle Charter School and the NFTA/Metro Bus employees.

Photodynamic Therapy

Photodynamic Therapy (PDT), a laser light and drug treatment pioneered by RPCI chemist Thomas J. Dougherty, PhD, is currently used worldwide as a treatment for select cancers. RPCI is an international leader in advancing this therapy, and nurses and physicians from across the globe travel to RPCI’s PDT Center for research and education collaborations. Michelle Cooper, RN, BSN, CCRC, OCN, has been the PDT Research Nurse for PDT for over 20 years. In 2010, RPCI announced the formation of Photolitec, LLC, a new life-sciences spin-off company that will develop the photosensitizing compounds used in PDT.

Community Events

In both 2009 and 2010, RPCI nurses played active volunteer roles in the following events:

- The Ride for Roswell, an annual cycling event held every June, is RPCI’s largest fundraiser. RPCI nurses cycled, administered first aid and distributed educational information.
- Cancer Survivor’s Day is an annual celebration-of-life event in June that draws over 3,000 patients, their families and volunteers. Nurses volunteered as on-site emergency and first aid personnel.
- Tree of Hope is an annual holiday event held in December for the patients and staff of RPCI. Nurses volunteered as on-site emergency and first aid personnel.
Roswellness Radio Show
WBEN-930 AM hosts Roswellness, a 30-minute radio show every Sunday at 6:30 am. Roswellness features interviews with various RPCI healthcare experts who discuss the latest in cancer awareness, patient care, new treatments, side effects, prevention, survivorship and other timely issues. Several RPCI nurses have appeared on this show:

- "In Pursuit of Nursing Excellence"
  - Chief Nursing Officer Maureen Kelly, RN, MS, OCN, NEA-BC, and Nurse Administrator Lisa Boris, RN, BSN, discussed what Magnet designation means for hospitals and their patients

- "Comprehensive Nursing Care"
  - Maureen Kelly, RN, MS, OCN, NEA-BC, Chief Nursing Officer, and Kimberly Sweeney, RN, MBA, Senior Director of Therapeutic Services and Patient Access, discussed what it means to be an oncology nurse at a comprehensive cancer center.

- "Second Opinions"
  - Kimberly Sweeney, RN, MBA, Senior Director of Therapeutic Services and Patient Access, and Dr. Paul Bogner, Department of Pathology, discussed when and how to get a second opinion at a comprehensive cancer center.

- "Nursing at RPCI"
  - Chief Nursing Officer Maureen Kelly, RN, MS, OCN, NEA-BC, and Nurse Administrators Lisa Boris, RN, BSN, and Mary Ann Long, RN, MS, OCN, discussed the various roles of RPCI nurses and the journey to Magnet status.

IV. Nursing Recognition
RPCI nurses are recognized for their contributions to patient satisfaction, interdisciplinary patient care, committee or taskforce work, quality improvement and community service.

Trade Publications
- Chief Nursing Officer Maureen Kelly, RN, MS, OCN, NEA-BC, was featured in CNS Connect, a national trade publication for oncology nurses.
- Lynn Baaske, RN, Upper Gastrointestinal Clinic, and Richard Funnell, RN, Nursing Supervisor, were featured in the New York Network magazine.

RPCI Nurse of Distinction Award:
- Kathleen Field, RN, BSN, CCRC, Nurse Manager, Urology Clinic, received the Nursing Department’s Nurse of Distinction Award in 2009.
- Joanne McCoy, RN, MS, FNP-C, Nurse Administrator, 5W, received the Department of Nursing’s Nurse of Distinction Award in 2010.

2009 Award Recipients
- Outstanding Inpatient Staff Nurse
  - Bonnie Mombrea, RN, 5 East and
  - Diane Kessler, RN, 6 East

- Outstanding Ambulatory Nurse Award
  - Breast Clinic Staff

- Outstanding LPN
  - Natalie Pollack, LPN
  - Hematology Clinic

- Award for Community Service
  - Barbara Dodds, RN, BSN, OCN
  - Nurse Manager, Gynecology Clinic

- Award for Achievement in Education Criteria
  - Nancy Shipkey, RN, MSN, CCRP
  - Clinical Research Services

Sandra Genco Award
The Annual Sandra Genco Award for Nursing Excellence is presented on an annual basis to an RPCI nurse who provides direct care to patients and who demonstrates compassion and respect for the patient’s individual needs and goals.

2009 Award Recipient:
- Colleen Roof, RN
  - Gynecology Clinic

The Genco Award was not given in 2010. In 2011, the Award was presented to four individuals:

- Maureen Kelly, RN, MS
- Mary Ann Long, RN, MS
- Margarita Coyne, RN, MS
- Lisa Boris, RN, MS

- for their leadership in achieving Magnet designation.

Nursing Biannual Report, 2009 & 2010
The Dynamic Nursing Care Model (shown below) is a schematic depiction of the framework for professional nursing practice at RPCI. This model demonstrates a process which is both fluid and dynamic because of the ever-changing needs of the oncology patient and family. This model combines the RPCI mission, vision and values with nursing practice, evidence-based practice, workforce group relationships to foster a dynamic environment for the professional growth and development of the nurse with the ultimate outcome of quality patient care. Quality indicators, nursing evaluation and research are used to measure outcomes for the patient, family, community, nursing and RPCI.

Chemotherapy Administration Algorithm

Chemotherapy orders are complicated and can present a potential for error. A multidisciplinary team, made up of individuals from Nursing, Clinical Research Services, Pharmacy, Information Technology and Ambulatory Care, was formed in direct response to the staff nurses’ request for a safer chemotherapy administration process. In 2009, a “road map” or algorithm was created to guide the oncology nurse step-by-step through the chemotherapy process for the outpatient clinics. In 2010, this algorithm was expanded to include information for the inpatient units.

Chemotherapy Administration Process Improvement Algorithm

RAPID RESPONSE STEPS TO SUCCESS

1. Receive patient chemotherapy order and verify order per RPCI policy
   a. Go to the EMAR
   b. Right-click on the actual chemotherapy order (order will have an order set icon or you can hover the cursor over the order set to get the order set name).
   c. Click on view order details.
   d. Click print in the lower-right hand corner of the screen.
   e. Follow chemotherapy administration roadmap if available.
2. Go back to orders tab. Check for additional orders (e.g. Pre-medications, Neuro checks, EKG).
3. Verify labs are ordered for the duration of the chemotherapy cycle.
4. Inpatient pre-hydration: The nurse admitting patient or administering the chemotherapy will start the pre-hydration if ordered. Please contact pharmacy at this time to allow pharmacy adequate preparation time.

YES?

1. When the patient comes to the floor, page MD to notify them the patient has arrived to the unit (especially if off-shift admission).
2. As soon as the orders are on the floor, scan a copy down to pharmacy and give them a courtesy call to make sure they received them.
3. Go back to orders tab. Check for additional orders (e.g. Pre-medications, Neuro checks, EKG).
4. Verify labs are ordered for the duration of the chemotherapy cycle.
5. Call pharmacy to notify them when you start the pre-hydration (if ordered).

NO QUESTIONS?

Proceed to chemotherapy administration

NO?

1. Contact Prescriber/Notify Charge
2. Notify Research Coordinator/Nurse if patient on protocol.
3. Call Chemo/Infusion Nurse
   On call nurse available during hours of center operation by:
   a. On-call Pager
5. Call Nursing Supervisor if on call nursing is unavailable or when necessary.

NO QUESTIONS?

Successful Chemotherapy Administration
II. Patient/Family-Centered Care Delivery

The patient and family is the primary focus in the planning, delivery and evaluation of quality care that is grounded in mutually beneficial partnerships among healthcare providers, patients and families. For example, during daily interdisciplinary patient care rounds and multidisciplinary ambulatory care clinics, treatment plans are discussed with the entire team and then presented to the patient and family for their input.

<table>
<thead>
<tr>
<th>Model of Care Operationalized</th>
<th>Location</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Family-Centered Care – primary focus in planning, delivery and evaluation of healthcare</td>
<td>All Clinical Areas</td>
<td>Interdisciplinary Clinics, BMT Caregiver Meetings</td>
</tr>
<tr>
<td>Total Nursing Care – the professional nurse provides and coordinates care of patients</td>
<td>All Inpatient Units, Radiology, Radiation, OR, Endoscopy</td>
<td>Daily multidisciplinary rounds, Nursing Policy 408.9 - Patient Bill of Rights</td>
</tr>
<tr>
<td>Primary Nursing Care – patient care for each clinic is managed by one nurse</td>
<td>Ambulatory Care Clinics</td>
<td>Patient and Family Support Groups, Prostate Pre-Treatment Seminar</td>
</tr>
<tr>
<td>Case Management – enhances access to care, improves the continuity of care</td>
<td>Inpatient Units</td>
<td>Communication with Hematologic Agencies, Nursing Practice Policy 308 – Role of the Registered Nurse in Discharge Planning</td>
</tr>
<tr>
<td>Palliative Care – attends to physical and emotional comfort of patient and family rather than affecting a cure</td>
<td>Inpatient Units</td>
<td>BMT End-of-Life Taskforce, Institute Policy 456.1 End of Life Bereavement Support</td>
</tr>
<tr>
<td>Healthcare Disparities – addressing, through education, prevention and awareness, the needs of individuals from diverse cultural backgrounds and those at high risk for cancer</td>
<td>Community</td>
<td>Faith-Based Health Initiative, Institute Policy 1008.1 – Cancer Committee</td>
</tr>
</tbody>
</table>

III. Staffing

The Department of Nursing at Roswell Park Cancer Institute has boasted a 0% vacancy rate for the time frame 2007-2010 while a national nursing shortage continues. There is a waiting list for nurses who want to work at RPCI and this has allowed us to be more selective in hiring practices.

Shirley Crawford, RN

Shirley Crawford began her nursing career as an LPN and then continued on with her education to become a registered nurse in 2006. She began working at RPCI as an agency nurse who covered 6W, an inpatient unit, and 2W, an ambulatory care area. Shirley later applied for a registered nurse position in the Department of Radiation. The variety of duties and the opportunity to learn and apply new skills and approaches appealed to her. Shirley credits her patients with motivating and teaching her what is important in life.
V. Accountability, Competence & Autonomy Case Management

In 2009, RPCI’s Case Management Department initiated the “Post Discharge Home Care Satisfaction and Service Outcome” project that involved telephone surveys of patients as well as random chart reviews. The project has been instrumental in guiding nursing practice and initiating changes where necessary to accommodate the needs of RPCI patients.

VI. Code of Ethics

RPCI follow the Code of Ethics for Nurses that was developed by the American Nurses Association:

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The Nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health care professionals and the public in promoting community, national and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

VII. Diversity & Workplace Advocacy

The Nursing Assessment and Multidisciplinary Teamwork

For nurses at RPCI, meeting the needs of patients and their families begins at the point of contact. Occurring in the Ambulatory Care Clinics and on the inpatient units, the nurse introduces him/herself and then completes a thorough assessment of the patient. In addition to medical questions, the assessment includes a range of psychosocial questions on stress and coping, social support systems, and cultural and religious background. The nursing assessment is an important way to personalize a patient’s care, and often leads to a referral to any member of a multidisciplinary team that includes Social Work and Psychology, Pastoral Care, Physical Therapy, Occupational and Speech Therapy, Case Management, Pharmacy, Pain Team, Palliative Care Team, Patient Advocacy, Patient Navigators, Financial Counseling, Patient Resource Center and Volunteer Services.

In April 2010, the Language Assistance Program was adopted by the Social Work Department and the program was more fully developed. During the Nursing Assessment, EMR orders can be initiated for either a face-to-face interpreter for the visually impaired, hearing impaired or speech-impaired patient. In addition, the Language Line can be accessed to assist with language assistance for our patients. The Language line offers over 170 languages and is available 24 hours per day and 7 days per week.

VIII. Culture of Safety

Medication Safety Taskforce

The Medication Safety Taskforce was formed to specifically review, monitor and analyze any issue related to the safe use of medications. This taskforce:

- Wrote and approved the 2009 Institute policy that requires that the infusion bag for all cancer chemotherapy products have the administration set attached and the tubing primed in a biologic safety cabinet in the Pharmacy (per National Institute of Occupational Safety and Health (NIOSH) guidelines).
- Oversaw the Institute response to the Joint Commission Patient Safety Goal (3 East) to reduce the likelihood of patient harm associated with the use of anticoagulants.

A commitment to understanding and addressing disparities in healthcare and professional opportunities underscores RPC’s annual Eva M. Noles Recognition Program, which honors the legacy of Eva M. Noles, RN, Director of Nursing at RPCI (1971-1974) and Buffalo’s first African-American registered nurse.

In 2010, former U.S. Secretary of Health & Human Services Dr. Louis Sullivan presented the keynote address at the annual event. At that time, Toya LaMar, Clinical Support Assistant in RPCI’s Ambulatory Services Department, was named recipient of the Eva M. Noles Scholarship.
IX. Quality of Care Monitoring & Improvement

Quality of Care Research Council

Established in 2006, the Quality of Care Research Council consists of RPCI direct care nurses, doctoral prepared nursing faculty, advanced practice nurses and nursing administrators. The purpose of this committee is to develop a research program that uses and creates the latest evidence based data to enhance patient care, to create and maintain an environment that encourages and embraces inquiry and change by utilizing an interdisciplinary team approach and increasing an awareness of clinical research being conducted at RPCI.

In 2009, the Quality of Care Research Council began a culture of collaboration between RPCI investigators and patient care providers to develop and implement clinical research studies. In addition, this council now collaborates with colleagues in the research community to promote, develop and implement clinical research studies that are pertinent to the RPCI mission and values.

Nursing Quality Indicators

The Department of Nursing measures and monitors certain indicators to ensure that quality care is delivered to patients. Two of those indicators are ventilator-associated pneumonia and pressure sore incidence. The following graphs compare RPCI’s results with national benchmarks.

Ventilator-Associated Pneumonia

In the Intensive Care Unit, ventilator-associated pneumonias at RPCI for 2007-2010 were below those for the national comparison group. This speaks to the nurses’ involvement in ensuring that patients’ airways are maintained and protected.

Pressure Ulcer Incidence

RPCI has consistently ranked below the national comparison for pressure ulcer incidence for 2008, 2009 and 2010. This speaks to the nurses’ attention to turning and positioning of patients, to careful and frequent skin assessment and to implementing necessary strategies to prevent skin breakdown.

Line-Related Bloodstream Infections

In 2007, the number of line-related blood stream infections at RPCI exceeded internal targets. However since 2008, that number has consistently fallen below the internal target.
Kimberly Hinckley, RN, BSN, CIC

INNOVATION & IMPROVEMENT

NEW KNOWLEDGE, INNOVATION & IMPROVEMENT

I. Research

Publications

2009


2010


Infection Control Practitioner

A registered nurse for over 23 years, Kim joined RPCI in 2007 as the Infection Control Coordinator and quickly found her niche and purpose. She is particularly proud of her role in RPCI’s influenza immunization program, which resulted in greater than 85% of all RPCI employees being immunized. (Normally the rate for immunizations at RPCI is 40%.) “Being an Infection Control Coordinator is an exciting and dynamic role,” she says. “It’s an opportunity to improve infection control practices and be proactive in infection prevention.”
Kathy Rogala-Scherer, RN
Director of Case Management

Kathy Rogala-Scherer’s past has been touched by cancer. She has been an oncology nurse at RPCI for 30 years and was a parent of a child with cancer. Today, her daughter is a thriving, cancer-free 19-year-old, and Kathy is focused on completing her BSN, with plans to go all the way to a doctoral degree. Kathy is the current President of Buffalo Case Management Coalition of Western New York.

2009

10th National Conference on Cancer Nursing Research
February 12-14, 2009
Orlando, Florida

RESULTS OF A MULTIDISCIPLINARY PILOT OF PATIENT COMPLIANCE ISSUES SURROUNDING ORAL CHEMOTHERAPY
Carrie Stilman, RN, MSN, FNP-C; Darryl Somayaji, RN, MSN, CCRC

Nursing Management’s Retention & Recruitment Conference
March 27-29, 2009
Chicago, Illinois

THE NURSING SHORTAGE: A COMPREHENSIVE CANCER CENTER’S STRATEGY TO ATTRACT AND RETAIN (ONCOLOGY NURSES)
Mary Ann Long, RN, MS, OCN; Elizabeth Owens, RN, MSN, OCN

RECruITING AND REtAINING THE BEST NURSES: ONE ONCOLOGY INSTITUTE’S STORY
Mary Ann Long RN, MS, OCN; Maureen Kelly, RN, MS, OCN, NEA-BC; Margarita Coyne, RN, BSN

2009 Oncology Nursing Society (ONS) Annual Congress
April 30-May 3, 2009
San Antonio, Texas

STRATEGIES USED TO INCREASE ONS MEMBERSHIP AND ONCOLOGY CERTIFICATION IN ONE INSTITUTE
Mary Ann Long, RN, MS, OCN; Lisa Boris, RN, BSN; Maureen Kelly RN, MS, OCN, NEA-BC; Margarita Coyne, RN, BSN

UTILIZING THE ONS OCN CURRICULUM FOR REGISTERED NURSE ORIENTATION IN A COMPREHENSIVE CANCER CENTER
Martha Kershaw RN, BSN, OCN; Erin Mougeois RN, BSN; Mimi Haskins RN, MS, CMSRN; Elizabeth Owens RN, MS, OCN

CREATING AN ORIENTATION PROGRAM FOR A PHASE I CLINICAL TRIALS UNIT AT A COMPREHENSIVE CANCER CENTER
Elizabeth Owens, RN, MS, OCN; Laurie Musial RN, BSN, CCRC; Carol Sherer, RN, BSN

END OF LIFE TASKFORCE FOR THE BONE MARROW TRANSPLANT (BMT) PROGRAM
Lisa Privitere, RN, BSN, OCN; Rose Kumpf, RN, BSN, OCN; Lisa Hernandez, RN, BSN, CHTC, CCRC; Joyce Yasko, RN, PhD; Susan Spinuzza, RN

GUIDELINES FOR OBTAINING BUSULFAN LEVELS
Lisa Privitere, RN, BSN, OCN; Rose Kumpf, RN, BSN, OCN; Kathy West, PharmD

DEVELOPMENT OF AN ORIENTATION PROGRAM IN A BMT UNIT INTEGRATING A LARGE GROUP OF ONS WHILE RETAINING EXISTING STAFF
Rose Kumpf, RN, BSN, OCN; Lisa Privitere, RN, BSN, OCN; Cindy Latimore, RN; OCN Bonnie Mombrea, RN; OCN

ONCOLOGY NURSES TRANSFORMING CARE: RAPID RESPONSE STEPS TO SUCCESS BY USING A CHEMOTHERAPY ADMINISTRATION PROCESS IMPROVEMENT ALGORITHM
Darryl Somayaji, RN MS, CCRC; Mary Ann Long, RN, MS, OCN; Katie Newell, RN, BSN; Maeghan Valint, RN, BSN; Regina Barth, RN; Jeanette Jackson-Rose, RN, BSN

TRANSITIONAL PALLIATIVE CARE: UNDERSTANDING THE DIVERSE NEEDS OF DIFFERENT CULTURES AND FAITH PRACTICES
Frank Brown RN, MS, OCN; Wanda Tyson RN, BSN

USING EVIDENCE BASED PRACTICE TO STANDARDIZE THE EDUCATION OF NURSING STAFF AND PATIENT POPULATION ON THE SUBJECT OF PERIPHERALLY INSERTED CENTRAL CATHETERS
Lisa Boris, RN, BSN; Karen Dubel, RN, BSN; Kimberly Venohr, RN, BSN

MAINTAINING FACT ACCREDITATION: ONE PROGRAM’S EXPERIENCE OF AVOIDING MADNESS THROUGH METHOD
Karen Dubel, RN, BSN; Lisa Privitere, RN, BSN, OCN

WHO SAYS YOU CAN’T HAVE PRIMARY CARE NURSING IN AN OUTPATIENT SETTING?
Lisa Boris, RN, BSN; Lynne Baase, RN; Kimberly Pecchia, RN

A COMMUNITY COLLABORATION TO BRING ARTISTS TO THE BEDSIDE IN AN ONCOLOGY SETTING
Margarita Coyne, RN, BSN; April Meyer, RN, BSN, CCRN; Ziya Bilen, MD; Deborah Migas; Loralee Sessanna, RN, DNS, CNS, AHN-BC

REDUCING THE RISK OF HEPARIN-INDUCED THROMBOCYTOPENIA: ONCOLOGY NURSES CATALYSTS FOR CHANGE AT THE BEDSIDE
Darryl Somayaji, RN, MS, CCRC; Margarita Coyne, RN, BSN; Rose Kumpf, RN, BSN, OCN; Lisa Privitere, RN, BSN, OCN; Joanne McVoy RN, MS, FNP-C; Joanne Abbottoty, RN, BSN; Barbara Benz, RN, MS

2010

2010 Oncology Nursing Society (ONS) Annual Congress
May 12-15, 2010
San Diego, California

IT’S A MARVELOUS NIGHT FOR A JOURNAL CLUB: 3AM DISCUSSIONS INITIATE CHANGE FOR GYNECOLOGY (GYN) PATIENTS
Darryl Somayaji, RN, MS, CCRC, PhD; Joanne Abbottoty, RN, BSN; FIRST NAME? Manshoo, RN; Deborah Sendik, RN; Melissa Hiscock, RN, BSN, CWOCN; Lucia Scarpino, RN, MS, CWOCN

WHAT’S ON THE MENU TONIGHT: Delivering Oncology Education to Nurses Working in Non-Traditional Settings
Martha Kershaw, RN, MS, OCN

Julie Ross, RN, MSN, NPC
Women’s Health, Breast Clinic

As a Nurse Practitioner for the Breast Medicine Service, Julie Ross says that the best of her job is helping women get through their chemotherapy treatments. She provides support both physically and emotionally to her patients and their families. Nursing is part of the Ross family legacy as Julie’s mother, Marilyn Ross, is a staff nurse in the Chemotherapy/Infusion Clinic.
Elaine Caldwell, RN

Elaine Caldwell is a registered nurse that works in the Operating Room. She meticulously organizes the Surgical Information System by entering the locations for hundreds of items, thus ensuring urgent and direct access to the complete room inventory. Currently Elaine is working with the staff in the Central Sterile Processing area to reorganize and develop standard operating procedures. A wizard at organizing and streamlining, she works hard to develop processes that are more efficient and effective.

INNOVATION & IMPROVEMENT

New Knowledge, Innovation & Improvement

The Leukemia & Lymphoma Society
May 2010
Olson, New York

Clinical Trials: Improving Treatments for Cancer
Darryl Somayaji, RN, MSN, CCRC

The Leukemia & Lymphoma Society
June 17, 2010
Fredonia, New York

Clinical Trials: Improving Treatments for Cancer
Darryl Somayaji, RN, MSN, CCRC

Nursing Management Congress
September 22-26, 2010
Grapevine, Texas

Building an IMCU (Intermediate Care Unit) From the Ground Up
Christina Tobin RN, MS; Margarita Coyne, RN, BSN; April Meyer, RN, BSN, CCRN; Martha Kershaw, RN, MS, OCN; Ian Cohen, MD

The Leukemia & Lymphoma Society
October 6, 2010
Elmira, New York

Clinical Trials: Improving Treatments for Cancer
Darryl Somayaji, RN, MSN, CCRC

APHON 34th Annual Conference
October 13-16, 2010
Minneapolis, Minnesota

Creating a Comfort Level for Nurses When Starting a Pediatric Transplant Floor
Anita McCabe, RN

Implementing a Skin Care Assessment Tool for the Pediatric Oncology Patient
Lorene Barulich, RN

The International Hospital Diabetes Conference
October 7-8, 2010
San Diego, California

Analysis of ICU Patients to Determine a High Risk Category for Hypertension
Samantha West, RN, BSN, OCN; Shiloh Belz, RN, BSN; Judy DeMonte, MS: Ziya Bilen, MD; Margarita Coyne, RN, BSN; April Meyer, RN, BSN, CCRN; Ian Cohen, MD

KBMA: Doing It Right! A Nurse’s View
Joanne Abbotto, RN, BSN; Dawn Rizzo, RN

Efficiency and effective processes that are more streamlined, she works hard to develop processes that are more efficient and effective.
II. Sharing Knowledge

Journal Clubs

Journal Clubs are one of the ways that we use to introduce and involve our nursing staff in research. These clubs promote, through professional development, a process to review and synthesize the literature for a better understanding of the research process, knowledge acquisition and application of evidence-based and best practice in both nursing and health care in general. From 2009 through 2010, four journal clubs were established and all remain active today:

- **Head and Neck Clinic** led by Darryl Somayaji, RN, MSN, CCRC, Clinical Nurse Specialist
- **Breast Clinic** led by Robin Lally, PhD, RN, BA, AOCN, CNS, Adjunct faculty Nursing Education
- **The Clinical Research Center (7 North)**, led by Diane Bader RN, BSN, CCRC, OCN, Clinical Research Administrator, and Carol Sherer, RN, BS, CCRC, Clinical Research Educator,
- **Gynecological Surgical Unit (6 West)**, led by Darryl Somayaji, RN, MSN, CCRC, Clinical Nurse Specialist

Nursing Organization Board Members 2009-2010

- **Nadia Eloudi, RN, MS, FNP-C**
  Corresponding Secretary & Educational Committee Chair for Western New York Nurse Practitioner Association (2009 & 2010),
- **Mimi Haskins, RN, MSN, CMSRN**
  Director at Large for Western New York Oncology Society 2010; Research Project Coordinator for the Medical-Surgical Nursing Certification Board’s national study on the Perceived Value of Certification; President of the Staff Development Educators (2008-2011)
- **Darryl Somayaji, RN, MS, CCRC**
  New York State Cancer Consortium-Steering Committee (2009 & 2010); New York State Cancer Consortium-AdHoc Committee to revise the New York State Cancer Control Plan (2010); New York State Cancer Consortium-Communications Committee (2009 & 2010)
- **Kimberly Hinckley, RN, BSN, CIC**
  Association for Practitioners in Infection Control & Epidemiology (APIC) Greater Buffalo Chapter-President-elect (2010); International Association of Healthcare Central Service Material Management (IAHCSNM) - Representing APIC National (2010-present)
- **Linda Huebert, RN, BSN, OCN**
  Western New York Oncology Society- Finance Chair (2009 & 2010)
- **Kathy Rogala-Scherer, RN,CCM**
  Western New York Case Managers Association also known as Buffalo Case Managers Coalition, President (2009 & 2010)
- **Mary Ann Long, RN, MS, OCN**
  Chairman Membership Committee Western New York Oncology Nursing Society (2009)
- **Judith Myszka, RN, BSN, CNOR**
  Association of Operating Room Nurses Western New York Chapter, President (2009); Association of Operating Room Nurses Western New York Chapter, Vice President (2010)
- **Barbara Dodds, RN, BSN, OCN**
  Western New York Oncology Nursing Society Director at Large (2009 & 2010)

For Matt Piechnik, the best part of being a Clinical Nursing Supervisor on the night shift is the camaraderie. The entire staff “feeds off each other’s ideas, he said. And as a supervisor is a firm believer in candor and diplomacy: “How you deliver a message is almost as important as the message itself.” Matt subscribes to the philosophy that a positive attitude coupled with teamwork and problem-solving skills, allow him to accomplish much more with less effort.
III. Evidence-Based Practice

**Heparin-Induced Thrombocytopenia (HIT)**

Heparin-induced thrombocytopenia is the development of thrombocytopenia (low platelet count) related to the administration of the anticoagulant (blood thinner) heparin, either in its 'unfractionated' or 'low molecular weight' form. HIT predisposes an individual to the development of a thrombosis, the formation of abnormal blood clots inside a blood vessel. Patients who are receiving heparin may develop new or worsening thrombosis. The treatment of HIT requires both protection from thrombosis and choice of an agent that will not reduce the platelet count further.

Both peripheral and central venous catheters are frequently used to infuse a variety of medications and solutions and to obtain blood samples for the oncology patient. Maintenance of intravenous catheters, both peripheral and central lines, is vital to ensure the delivery of safe and effective treatment and therapy as well as to maintain comfort for the patient.

The Nursing staff at RPCI acted autonomously and collaboratively to investigate and evaluate the use of intravenous flushes in combination with neutral intravenous connectors on both peripheral and central venous lines to decrease the occurrence of HIT and to promote patient safety. In conjunction with the actions of the nursing group came the FDA recall of certain lots of heparin (1000 units (10 ml and 30 ml vials). The recall included an alert about adverse drug reactions in patients receiving contaminated heparin that had been manufactured in China.

A multidisciplinary group of nurses and pharmacists, formed in XXXX, worked together to establish guidelines to remove heparin as a routine flush to maintain intravenous access patency as a means of reducing the risk of HIT. This group also identified procedures for using saline flushes alone as a means to maintain intravenous access patency. The overall outcome of this group was the reduction in the use of heparin throughout the patient care areas.

IV. Innovation

**Knowledge-Based Medication Administration (KBMA)**

The Electronic Medical Record (EMR) was instituted at RPCI on May 20, 2006. During the early planning phases of this project, methods were discussed and developed for the implementation of a knowledge-based medication administration (KBMA) system. This system involves the use of bar codes and scanning to ensure that the five rights of medication administration (right patient, right medication, right dose, right route and right time) are followed for each patient every time to ensure patient safety and to further enhance the safe use of medications at the point of care. This application provides views of the patient’s medication profile, drug administrations and alerts to proactively notify the nurse of a possible medication administration error.

KBMA was initiated on 6 West in 2009. The nursing staff on this unit has worked diligently to identify both barriers and best practices for how to transition from a paper to electronic system. The staff has been involved in the trial of new equipment such as COWS, Calves and different scanners.

V. Projects in Progress

Below is a list of projects that the Nursing Department is working on:

A. Beads of Courage Program- 6N
B. Collaboration with BGH- Standardization of Chemotherapy Administration
C. International Nursing Program with Saudi Arabia
D. Patient Acuity System
E. Transforming Care at the Bedside- IMCU
F. Serenity Tea Cart for Nurses
G. New Oncology Nursing Quality Indicators-extravasations
H. Smoking Cessation
I. Nursing Research