Operationalizing Protocols Through Treatment Plan Guidelines

Pam Herena, MSN, RN, OCN; Chris Krygsman, BSN, RN; Patrah Mack, MSN, RN, OCN;

Meghan Licata, PhD, RN, ONP; Brenda Williams, BSN, RN; Ashley Baker Lee

BACKGROUND

In 2017, City of Hope (COH) implemented EPIC as their electronic medical record (EMR). Beacon is EPIC's oncology module that COH uses to build therapeutic treatment plans. These treatment plans are utilized for both standard of care and investigational product (IP) for patients on treatment trials. Due to the complexity of treatment trials, individuals responsible for building these plans from the protocol, pharmacy and lab manuals, needed to have clinical and research related knowledge. COH created a new role, Protocol Content Administrators (PCA), to support the treatment plan builds for research. COH hired personnel with clinical background to work with our disease teams to build and validate the treatment plans. A COH goal was to have the Briskin Center for Cancer Research (BCCR) nurses, our outpatient research treatment facility, participate in this process. The BCCR nurses provide direct care to research patients and utilize the treatment plans; however, they are often not able to attend the validation meetings. In order to ensure treatment nurses were represented during Beacon validation meetings, leadership assigned a lead BCCR infusion nurse to review treatment plans for clarity after the validation meetings, but prior to the actual build.

CHALLENGES

During the validation process the BCCR Lead identified some challenges:
- Differences between treatment plan structures and consistent plans;
- Knowledge caps of standard oncology nursing processes and policies;
- Inconsistencies between different PCAs work product;
- Terminology copied from the protocol was ambiguous and required clarification;
- Patient delays for treatment plan clarifications;
- Limited understanding between PCAs and treatment nurses of work processes and requirements; and
- Repetitive communication between numerous staff resulting in frustration for both teams.

SOLUTIONS

In collaboration with the other BCCR nurses and the clinical research team, the lead BCCR treatment nurses, developed treatment plan guidelines for the PCAs. The guidelines:
- Adhered to nursing policy and scope of practice;
- Contained standard language for procedures and instructions to meet nursing needs and protocol requirements

For example, under "research labs" the guidelines required the use of minutes for all collections windows (instead of hours or percentages) and inclusion of restrictions, such as "peripheral draw only".

Scheduled regular meetings with lead treating nurses and PCAs to review guidelines and issues with treatment plans and processes weekly.

GOALS

1. Creating a final product for standard, quality and safe patient care.
2. Consistent and understandable treatment plans.
3. Reduction in staff time and resources
4. A rapid activation time line

OUTCOMES

We continue with collaboration meetings; however, we have run into additional challenges. At this time we are still working on implementing the guidelines created by the treatment nurses and still support this work.