

## Education: Key to Ensuring High-Quality Cancer Care Before, During, and After a Nursing Strike

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In June 2006, the United Steelworkers Union, representing approximately 1,500 RNs at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick, NJ, voted to reject the hospital's contract offer. The union and the hospital did, however, agree on a contract extension to allow for further negotiations. Subsequently, two contract offers were proposed by the hospital, but neither was accepted by the union. On August 15 of the same year, the union voted to strike and presented hospital administration with a 10-day notice. On August 24, 2006, the nursing strike at RWJUH began.

In the midst of contract negotiations, hospital administrators and nursing leadership began preparing for a potential strike, during which the hospital would be staffed with replacement workers. This article outlines the preparations for work stoppage and describes the oncology orientation and education components developed to ensure high-quality cancer care.

### Hiring Replacement Staff

Like most hospitals, RWJUH used a contracted nursing agency to provide personnel during the work stoppage. The benefit of the

arrangement was that the management personnel from the outside agency are experts in providing replacement nurses during strikes. However, the outside agency did not perform all of the preparatory work. Quite the contrary: The oncology nursing staff provided by the agency was chosen based on a needs assessment that the RWJUH oncology nursing leadership team conducted in preparation for the strike. Prior to work stoppage, the leadership team, made up of nursing directors (managers of the units), the oncology educator, and the oncology clinical nurse specialist (CNS), met regularly to discuss concerns in the oncology service. The strike preparations were facilitated because an established team was in place.

The leadership team's first task was to critically examine the oncology service line and to determine specific skill sets for each of the five oncology units in the hospital. The five units were comprised of a 31-bed inpatient medical oncology unit, a 20-bed hematology/oncology unit, an 11-bed bone marrow transplantation (BMT) unit, a 31-bed surgical oncology unit that houses an 8-bed intermediate care unit, and an 8-chair same-day chemotherapy infusion unit. Of the 93

inpatient oncology beds, 46 are designated as telemetry capable.

Planning meetings were held daily during contract negotiations, often lasting several hours. Two primary tasks of the leadership team were to formulate oncology education requirements for replacement workers and to determine the frequency rate of skills needed to care for patients with cancer. The information would enable the team members to decide which skills to include in the "must have" criteria for nurse competencies for the replacement nurses. The undertaking was not as easy as it may have sounded. For example, if a skill was performed infrequently on a unit (e.g., arterial line monitoring) but was listed in the scope of service, provisions had to be made to ensure that the skill would be provided elsewhere in the hospital. This led to some challenges as the leadership team worked with other nursing leaders at the institution to determine the logistics of where nononcology-specific services and infrequently performed skills would be provided.

Although everyone functioned as a team, different members took responsibilities for specific areas of preparation. For example, the nursing directors were responsible for compiling the skill sets needed for each of their units, whereas the oncology educator and CNS evaluated all essential competencies. The group functioned by consensus, with all members reviewing work produced by each individual member.

While hospital administrators continued negotiations with the union, immediate

### Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are

welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at [klemmpa@udel.edu](mailto:klemmpa@udel.edu) or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at [payne031@mc.duke.edu](mailto:payne031@mc.duke.edu)

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concerns faced the RWJUH oncology nursing staff and patients. Among them were ensuring that necessary education was available for RWJUH nurses, ensuring safe patient care during strike preparations, and providing reassurance to patients and their families during this stressful time. Staff members needed to have a “normal” work environment. “Hoping for the best and preparing for the worst” became the motto.

For the nurses providing direct care to patients with cancer, the sense of calm provided by nursing leadership was critical to fostering safe patient care. In a highly charged environment (i.e., during contentious negotiations), staff members could become distracted from their patient care responsibilities by the competing worries of an impending strike and the impact that it would have on them. It was crucial that the leadership group provided reassurance and information to the staff, while monitoring their performance to ensure safe patient care.

Meeting the educational needs of RWJUH oncology nurses was critical to patient safety during strike preparations. The educational needs included providing nurses with a chemotherapy practicum as part of their chemotherapy certification and preparing for two outside surveys that were scheduled for July and August 2006. The outcome of the American College of Surgeons Commission on Cancer (ACOS-CoC) and the Foundation for the Accreditation of Cellular Therapy (FACT) surveys would determine the accreditation of RWJUH’s National Cancer Institute–designated comprehensive cancer center and BMT programs. The nursing leadership team’s top priority was that current staff be educated on the tenets of the two organizations, undergo a review of applicable policies and procedures, and be prepared to meet with surveyors to discuss the RWJUH oncology program.

## Regulatory Guidelines Governing Practice

In addition to the preparatory work that was done in anticipation of the strike, the leadership team reviewed regulatory guidelines published by the Department of Health and Human Services of New Jersey, the Joint Commission, FACT, ACOS-CoC, and the Nuclear Regulatory Commission to ensure compliance regarding oncology nursing skills and educational needs for replacement workers. Although RWJUH followed the requirements for its own staff, the facility had to ensure that educational modules for replacement workers met these rigorous standards as well.

## Educational Requirements of Replacement Staff

At the same time the leadership team was working with RWJUH nurses and preparing for the external surveys, an educational needs

assessment for the replacement oncology nurse orientation was conducted. Educational requirements for RWJUH oncology nurses are based on Oncology Nursing Society (ONS) standards (Polovich, White, & Kelleher, 2005), regulatory guidelines, and evidence-based practice. The leadership team used the same guidelines when determining the orientation and educational needs of the replacement workers. Orientation of the replacement nurses was divided into two sections: a four-hour general orientation (see Figure 1) that covered information required by hospital policy or regulatory agencies, and a two-hour service-specific orientation. Attendance at the six-hour orientation was mandatory for every replacement nurse. Because of the highly specialized nature of BMT and chemotherapy administration, additional one-hour educational sessions were provided to nurses who would work on the BMT unit or administer chemotherapy. This brought the educational requirements for the nurses to as much as eight hours. The general orientation covered RWJUH background and services, RWJUH policies and procedures, skills overview, and documentation requirements.

The two-hour oncology-specific orientation included the following.

- An overview of the RWJUH cancer program
  - Safety equipment for chemotherapy administration used at RWJUH
  - Service-specific treatment modalities (e.g., brachytherapy)
  - Review of frequently used equipment (e.g., chest tubes, implanted ports, personal protective equipment for chemotherapy preparation and administration)
  - RWJUH chemotherapy spill-management protocol
  - Management of side effects of radiation, chemotherapy, and biotherapy
- Chemotherapy-specific education included the following.
- Mandatory chemotherapy skills verification, including a written quiz and hands-on didactic experience
  - Learning modules covering chemotherapy-related policies (e.g., extravasation management, intravesicular and intraperitoneal chemotherapy, chemotherapy verification and administration)

BMT-specific education was developed for replacement nurses who would work on the BMT unit. It included a review of the types of BMT, conditioning regimens used prior to transplantation, principles of protective isolation, laboratory testing schedules for patients undergoing immunosuppressive therapy, and management of complications (e.g., mucositis, graft-versus-host disease, graft rejection).

## Methods of Evaluation

Oncology-specific education for replacement nurses was provided via a variety of

## Background

- Introduction to Robert Wood Johnson University Hospital (RWJUH)
- Services offered at RWJUH
- HazCom (the National Institute for Occupational Safety and Health’s hazard communication system) and RWJUH safety codes
- RWJUH stroke program
- Credentialing of licensed independent practitioners
- The Joint Commission’s National Patient Safety Goals and how RWJUH meets them
- The Emergency Medical Treatment and Active Labor Act and how RWJUH ensures compliance with the federal law
- The Healthcare Insurance Portability and Accountability Act
- Room-service dining for patients

## Processes and Policies

- Transfusion reactions
- The clinical care technician role and responsibilities
- Pneumatic tube system
- Cultural diversity
- Time-out procedure
- Critical values procedure at RWJUH
- Electrical and fire safety
- Child abuse and neglect
- Prevention and management of pressure ulcers
- Pain management and RWJUH pain rating scales
- Processes and policies for medication administration
- Narcotic administration
- Moderate sedation
- Restraints
- Elder abuse and neglect
- Domestic and intimate-partner violence

## Skills Overview

- IV equipment
  - Infusion pump
  - Patient-controlled analgesia pump
  - Syringe pump
  - Epidural pump
  - IV catheters
- Emergency cart and defibrillator review
- Skin care: prevention of pressure ulcers
- Radiation safety
- Fit testing for respirator masks

## Documentation Requirements

- Issuing of computer access codes
- Patient care record documentation requirements
- Computerized medication administration documentation
- Review of all RWJUH documentation guidelines
- Computerized order entry
- Patient education and plan of care documentation

**Figure 1. Orientation for Replacement Workers**

teaching strategies. Each nurse received a bound booklet containing presentation slides, reference sheets, and applicable policies. The information was reviewed by either the oncology CNS or oncology educator during the appropriate educational modules. In addition, attendance at a mandatory 30-minute oncology skills laboratory was required. During the laboratory, replacement staff had to demonstrate the correct use of equipment as proof of skill competence. Skills included chest-tube and water-seal management, port accessing and de-accessing using protected port access needles, and IV pump management. Nurses also had to pass the RWJUH brachytherapy quiz, a requirement of the Nuclear Regulatory Commission.

Nurses who stated that they were chemotherapy-competent before the educational sessions were assessed for competency by the leadership team. Competency was defined as recent experience (in the previous six months) in administration of chemotherapy, as well as knowledge of chemotherapy delivery, dosage calculation, order verification, and management of side effects. Because completion of the ONS chemotherapy and biotherapy course is not required by any regulatory agency, RWJUH did not require that of replacement workers. However, RWJUH did require certification by the agency coordinating the replacement staff that nurses who claimed chemotherapy competency had completed a chemotherapy course.

Once the cadre of replacement nurses who were deemed competent was confirmed, additional educational sessions were conducted. The sessions included a review of applicable chemotherapy policies, use of unfamiliar technology, chemotherapy documentation, and the specifics required for a proper chemotherapy progress note consistent with RWJUH policy.

Following the educational sessions, replacement nurses completed a calculation quiz. The quiz included questions on calculating absolute neutrophil count (ANC), body surface area (BSA), area under the curve, and dosing. A threshold of 80% was set for nurses to be considered competent in their calculation skills. If a nurse achieved less than 80%, one-on-one remediation was conducted with the nurse and a member of the leadership team; then the quiz was readministered. If a nurse was unable to pass the quiz a second time, he or she was not allowed to administer chemotherapy at RWJUH. As has always been the practice at RWJUH, the nurses could provide care to patients receiving chemotherapy, provided the chemotherapy was administered and discontinued by chemotherapy-competent nurses.

After successful completion of the quiz, each nurse was required to write a progress note following the RWJUH chemotherapy documentation guidelines. A skills laboratory was provided to demonstrate the use of personal protective equipment and the

closed-system chemotherapy-delivery system. Return demonstration by the nurses was required.

Chemotherapy was determined to be one of the highest-risk activities for the replacement nurses. Thus, the leadership team developed a master list of nurses who were deemed competent and allowed to administer chemotherapy. The list was distributed to all members of the team and to the staffing personnel in the nursing office, which enabled appropriate unit coverage during each shift. Only members of the leadership team could function as charge nurses on the units; having such information was crucial to ensuring high-quality patient care.

During the strike, a chemotherapy-certified member of the leadership team observed replacement nurses as they administered chemotherapy for the first time. Nurses were required to demonstrate proficiency in all areas of the chemotherapy process, including successfully administering chemotherapy via IV push and IV piggyback methods. Once that was accomplished, a leadership team member completed a chemotherapy skills verification checklist (see Figure 2).

## Challenges

The process of verifying competency of replacement workers proved difficult. The leadership team discovered regional variations in skills and calculation methods among oncology nurses. For example, several nurses did not know how to calculate ANC or BSA because, at their home institutions, the calculations were done by physicians and verified by pharmacy personnel. Although that alone did not make them incompetent, additional education and verification of competence were required. Several nurses claimed to be competent but were unable to demonstrate either the skills or knowledge required by RWJUH. The education, testing, and observation process used for verification had to be ongoing because new nurses arrived for their assignments and nurses previously determined to be competent to administer chemotherapy left RWJUH during the strike.

## Oversight

The charge nurse on each unit communicated daily with the leadership team regarding nurses who had completed the educational practicum successfully. The designated oncology nursing team leader updated a master file containing all of the skill appraisal checklists and practicum evaluation forms at the change of every shift. This task was rotated among all members of the leadership team. The information in the file and the process used for verification of skills proved invaluable as the team worked to ensure that an appropriate mix of personnel with the right skills was available on each oncology unit. Without the master file, ensuring high-quality cancer care would have been much more challenging. The information in

the file also helped facilitate communication among the leadership team members regarding educational and monitoring needs of replacement staff.

Surveyors from the New Jersey Department of Health and Senior Services visited RWJUH daily to ensure patient safety. Chemotherapy administration was a priority area for the surveyors. The oncology nursing leadership team was required to review the process instituted for verifying replacement nurses' skills with the surveyors on a daily basis, as well as frequently appraise the quizzes and practicum evaluation forms.

## Lessons Learned

During the strike, successful care of patients with cancer was dependent on the accomplishments of the replacement workers. Similarly, their success was dependent on RWJUH. All five oncology units had a leadership team member present 24 hours a day, seven days a week, so that replacement workers had an RWJUH resource person to draw on at all times. Patients, their families, and visitors saw familiar faces, and the smooth operation and high standards of patient care on the units were maintained.

After approximately one month, on September 17, 2006, the RWJUH RNs ratified a new contract and the strike ended. Nurses returned to work on September 21, 2006. Because most RWJUH nursing staff members did not work at the facility during the strike, RWJUH's senior nursing management decided that striking nurses would be required to attend an educational session during the four-day period between contract ratification and return to work. The session included general information provided through the nursing education department and, for the approximately 100 oncology nurses, an oncology-specific education review segment.

Information provided during the oncology-specific review sessions included the use of a prechemotherapy checklist implemented during the strike and revised guidelines for chemotherapy administration. For chemotherapy-certified nurses, a skills-verification quiz and practicum experience were mandatory. Additionally, nurses were required to be evaluated by a leadership team member during their first administration of chemotherapy after the strike. The quiz and verification checklist were placed in each nurse's personnel file.

Although the leadership team was grateful for the presence of the replacement nurses during the strike and thankful for the excellent care they provided to patients, team members were happy when the strike came to an end and the RWJUH nurses returned. RWJUH nursing management and hospital leadership welcomed staff members back, making sure they knew how much they were valued and assuring them that patients had been well cared for in their absence. The work

Criteria	Yes	No	Comments
1. Calculates absolute neutrophil count and body surface area correctly			
2. Calculates drug dosages based on body surface area and area under the curve			
3. Calculates 5% difference to ensure that correct dosage is ordered			
4. States Robert Wood Johnson University Hospital (RWJUH) policy regarding who can sign chemotherapy orders. Drugs are administered based on established protocol and regimen.			
5. States RWJUH patient identifiers			
6. States chemotherapy two-RN verification procedure			
7. Uses closed system correctly to connect chemotherapy to main IV line			
8. Verbalizes what constitutes appropriate personal protective equipment			
9. Demonstrates IV push chemotherapy administration following RWJUH policy			Done during first chemotherapy administration Signature: _____
10. Demonstrates IV piggyback chemotherapy administration following RWJUH policy <ul style="list-style-type: none"> <li>• Connecting using closed system</li> <li>• Checking blood return from line</li> <li>• Reverse priming</li> <li>• Disposal of equipment</li> </ul>			Done during first chemotherapy administration Signature: _____
11. Demonstrates pump labeling and lockout activation			
12. Demonstrates use of Huber needle (accessing and deaccessing)			
13. States process to follow if unable to obtain a blood return from an accessed port			
14. Demonstrates proper documentation of chemotherapy administration			
15. States RWJUH oral chemotherapy policy			
16. States procedure to follow for suspected <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Flare reaction</li> <li>• Extravasation</li> </ul>			

**Figure 2. Chemotherapy Skills Verification Checklist**

of rebuilding the relationships among staff members and the nursing leadership continued for several months. Trust, teamwork, and camaraderie were foci of leadership attention. The presence of leadership team members, their willingness to listen to the concerns of staff, and their acknowledgement of the impact the strike had on all concerned were paramount to the successful reintegration of RWJUH personnel.

RWJUH has a thriving oncology service, and patient satisfaction scores on oncology units are among the highest in the hospital. Staff members and leaders work together continually to improve patient care, ensure safety, and meet the mission of the hospital. The leadership team has grown closer, works together more effectively, and has a better perspective on the processes involved in providing high-quality cancer care.

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