Revisions to the 2009 American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards: Expanding the Scope to Include Inpatient Settings

Joseph O. Jacobson, MD, Martha Polovich, PhD, RN, AOCN®, Terry R. Gilmore, RN, Lisa Schulmeister, MN, APRN-BC, OCN®, FAAN, Peg Esper, MSN, RN, ANP-BC, AOCN®, Kristine B. LeFebvre, MSN, RN, AOCN®, and Michael N. Neuss, MD

In November 2009, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) jointly published a set of 31 voluntary chemotherapy safety standards for adult patients with cancer, as the end result of a highly structured, multistakeholder process. The standards were explicitly created to address patient safety in the administration of parenteral and oral chemotherapeutic agents in outpatient oncology settings. In January 2011, a workgroup consisting of ASCO and ONS members was convened to review feedback received since publication of the standards, to address interim changes in practice, and to modify the standards as needed. The most significant change to the standards is to extend their scope to the inpatient setting. This change reflects the conviction that the same standards for chemotherapy administration safety should apply in all settings. The proposed set of standards has been approved by the Board of Directors for both ASCO and ONS and has been posted for public comment. Comments were used as the basis for final editing of the revised standards. The workgroup recognizes that the safety of oral chemotherapy usage, nononcology medication reconciliation, and home chemotherapy administration are not adequately addressed in the original or revised standards. A separate process, cosponsored by ASCO and ONS, will address the development of safety standards for these areas.

Introduction

In 2008, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) initiated a collaborative project to develop standards for safe chemotherapy administration. The project targeted adult patients receiving parenteral and oral chemotherapy in outpatient settings, with a principal focus on patient safety. The end result was the publication of the ASCO/ONS Chemotherapy Safety Standards in 2009.1,2 Subsequently, both organizations received feedback from their membership and other stakeholders asking for clarification of several standards. In addition, the ASCO-based Quality Oncology Practice Initiative (QOPI) Certification Program, which, as part of its assessment, evaluates outpatient oncology practices regarding their ability to meet 17 safety standards derived from the ASCO/ONS standards, received similar queries.

In January 2011, ASCO and ONS convened a workgroup to review the ASCO/ONS Chemotherapy Safety Standards and the feedback that both organizations had received since publication. Questions had been raised about the interpretation of several standards and the exclusion of the inpatient setting in the initial standards. This article reviews the process that led to the development of the initial chemotherapy safety standards, the process undertaken to review and revise them, and the rationale for the changes that were made.

Standards Development Process

In 2008, volunteer leaders and staff from ASCO and ONS formed a steering group (SG) to develop safety standards for outpatient chemotherapy administration. The SG identified experts from a diverse, multidisciplinary group of stakeholders and invited them to attend a workshop to draft the standards. SG members compiled a synopsis of relevant literature and guidelines, a reference list, and full-text key articles, which were sent to workshop participants in advance of the December 2008 workshop.

Forty stakeholders, including medical oncologists, oncology nurses, oncology pharmacists, social workers, practice administrators, and patient advocates, as well as representatives from American Cancer Society, Association of Community Cancer Centers, National Quality Forum, National Coalition for Cancer Survivorship, The Joint Commission, and Institute for Safe Medication Practices met for a single day and, using a structured