

Key to Quality: Staff Training

September 18, 2012



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Overview – Norton Cancer Institute

- Louisville, KY (Chicago - 4 hours North; St. Louis - 4 hours West, Cincinnati - 2 hours East, Nashville - 3 hours South)
- 38 Oncologists; 28 are Investigators
- Research Team:
 - 6 Research Nurses
 - 4 Non-RN Coordinators
 - 1 Quality Auditor
 - 1 Program Coordinator
- 8 Hospital-based, outpatient clinics; 5 clinics conduct research



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Symptoms of a Problem

- Continual turnover of Research Nurses
- Clinic staff comments about turnover, distrust, and research staff stress
- Research nurses frustrated by limitation and lack of training to support the patients and clinic nurses
- Research = more work “dumped on the clinic”
- Lack of Clinic-Research teamwork
- Research new hires “thrown into research”
- Process inconsistency from site to site

Cause of Problem

1. CRN's were exempted from ALL hospital and clinic nurse training and competency check-offs
2. CRN training was inconsistent and based on research interpretation of research staff with seniority (not necessarily experience)
3. Conflicting expectations: Perform research administrative duties AND be patient-oriented 100% of the time
4. Non-RN staff: Unaddressed behavioral issues and job description limitations

Evaluation of Solutions

- Personal experience with training programs
- Internet searches for competency requirements
- Personal discussions with industry educators: i.e. Liz Wool, RN, BSN, CCRA[®], CMT; Karen Woodin, PhD, and others at ACRP conference or personal networks.
- Norton Cancer Institute Nurse Educator: *what is required for a newly hired bedside oncology nurse?*
- Discussion with CNO:
 - Are CRN's bedside nurses or nurse leaders?
 - Administrative or Clinical?
- ONS Clinical Trial Nurse Competencies (our guide)
- Material review (i.e. CRC's Guide to Coordinating Trials)

Training and Orientation

- Division of responsibilities (see NCCCP presentation February 21, 2012):
 - Research Nurses: clinical (primary), administration (secondary).
 - Coordinator: administrative (primary) and support Research Nurse PRN
- Orientation and Training:
 - Hospital: 3-Day Nursing Orientation
 - Clinic Training w/ clinic nurse preceptor:
 - 30 Day review period
 - Chemo certification, etc.
 - Research training w/ research nurse preceptor
 - 30-60 Day review period
 - SOPs and Operations Manual
 - Shadowing and hands on
 - Supervised application of training
 - 60- 90 Day review period
 - Trainee begins applying tools and training under supervision
- ACRP and ONS (nurses) membership required
- Continuing Education – Minimum of 12 hours Research CEU's annually
- Resource Availability – ONS Clinical Trial Nurse Manual, Webinars, ONS and JOP articles on research, etc.



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Nursing Competency Check List

SELF-ASSESSMENT PRE-ORIENTATION				FUNCTIONS	SKILLS/ Date & Initial each line	PRECEPTOR/TRAINER EVALUATION OF ORIENTEE'S PERFORMANCE LEVEL			SELF-ASSESSMENT POST-ORIENTATION			
				Knowledge and Demonstration of nursing process and NHC nursing theory								
1	2	3	4	Swanson Theory of Caring	C=	S=	I=	1	2	3	4	
1	2	3	4	Principles of growth and development specific to population	C=	S=	I=	1	2	3	4	
1	2	3	4	Plan of care-formulates, implements, evaluates, revises	C=	S=	I=	1	2	3	4	
1	2	3	4	Side effect management	C=	S=	I=	1	2	3	4	
1	2	3	4	Functional and nutritional status	C=	S=	I=	1	2	3	4	
1	2	3	4	Patient & family education	C=	S=	I=	1	2	3	4	
1	2	3	4	Patients on clinical trial	C=	S=	I=	1	2	3	4	
1	2	3	4	Referrals	C=	S=	I=	1	2	3	4	
				Knowledge and Demonstration of telephone nursing								
1	2	3	4	Symptom-based calls	C=	S=	I=	1	2	3	4	
1	2	3	4	Medication refills, test results, etc.	C=	S=	I=	1	2	3	4	
1	2	3	4	Guidelines	C=	S=	I=	1	2	3	4	
1	2	3	4	Collaboration with multidisciplinary team	C=	S=	I=	1	2	3	4	
1	2	3	4	Referrals	C=	S=	I=	1	2	3	4	
1	2	3	4	Documentation	C=	S=	I=	1	2	3	4	
				Knowledge and Demonstration of procedures								
1	2	3	4	Blood and blood products	C=	S=	I=	1	2	3	4	
1	2	3	4	Therapeutic phlebotomy	C=	S=	I=	1	2	3	4	
1	2	3	4	Assist with bone marrows	C=	S=	I=	1	2	3	4	
1	2	3	4	IV access and complication management	C=	S=	I=	1	2	3	4	
1	2	3	4	Laboratory specimens	C=	S=	I=	1	2	3	4	
1	2	3	4	Critical labs	C=	S=	I=	1	2	3	4	
1	2	3	4	Injections	C=	S=	I=	1	2	3	4	
1	2	3	4	PICC insertion (specialty training required)	C=	S=	I=	1	2	3	4	

Research Competency Check List

Research Specific Competencies	Observation (initial/date)	Competency (initial/date)	Trainer (initial/date)
III. Protocol Training and Delegation of Authority Logs			
Process for review/training on current protocols Being added to delegation log and REVEAL			
Consortium training: GOG Website and training videos NSABP SCRI RTOG Other:			
IV. Screening and Enrolling a New Patient and Informed Consent			
Identify methods for screening potential patients (Logician, clinic personnel, physician referral, inpatients, etc)			
Locate the appropriate version of the ICF, HIPAA, and any other consent forms.			
Check for documentation that physician has introduced the study and risks to the patient.			
Complete consent with a patient.			
<ol style="list-style-type: none"> 1. Verification of proper version 2. Page by page review 3. Demonstration of active listening; soliciting of feedback from patient to ensure comprehension 4. Proper signatures and dates 5. Appropriate # of copies and routing of ICF; management of original 			
Documentation of informed consent in Logician			
Source document identification and completion: medical history, concomitant medication logs, adverse event logs, deviation logs			
Conversion to pink chart			
Creation of pop up box in logician			
Logician documentation (research)			
REVEAL entry and required timeline			

Operations Manual – Table of Content

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Operations Manual - Instructions

Per Dr. Al Martin Director of CPA Labs (Dr. Martin is over all the Norton Pathologists). When a study requires a tumor block to be sent to a cooperative group for review, Norton's Pathology will release the blocks; even when the protocol specifies that the blocks will not be returned (i.e. NSABP B-47).

Here is the process that Dr. Martin has outlined:

1. He (or another pathologist) will dictate an amendment to the pathology report stating that the block was pulled at the patient's request which is documented in the Informed Consent located in the patient's EMR.
2. For patients that may be at another facility (i.e. UofL or Baptist East), before a request can be made from pathology we need a copy of the signed Informed Consent or tumor block release form. This should be scanned into the patient's eRecord or filed in their chart.

Note that not all studies return the tumor block returning blocks and there are regulations that our lab must follow for retaining tumor blocks. For GOG studies, blocks are preferred but cannot be returned. NSABP studies vary protocol to protocol. The option is to send slides.

Note!!! Anytime a Sponsor/Central Lab results conflicts with a CPA lab result, Dr. Al Martin needs to be notified.

Requesting Tumor Blocks/Slides: Jewish Hospital

Contact the downtown Jewish Hospital Pathology department at (502) 587-4331 option 0. Fax Pathology request to (502) 587-4161. Make sure the request includes: Physician name, contact information, study, and medical records release.

Requesting Tumor Blocks/Slide: Baptist East Hospital

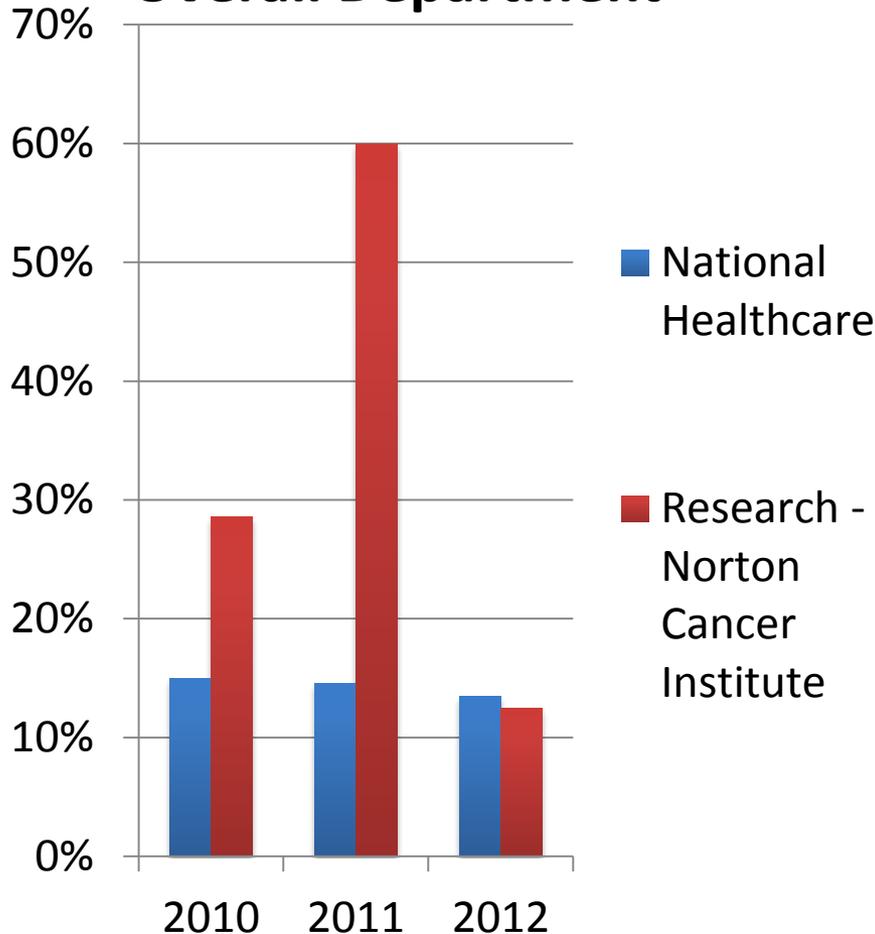
Contact Baptist East Pathology department at (502) 897-8100. Fax Pathology request to (502) 897-8215. Make sure the request includes: Physician name, contact information, study, and medical

Current Focus for Retention

- Staff selection:
 - Research Nurses: seeking leadership skills, independent worker
 - Coordinators: seeking individuals looking for a career path
- Empower research staff: this is THEIR program
- Team effort to further develop operations manual and fine-tune processes
- Openly discuss frustrations and evaluate solutions
- Stay focused on the mission and vision
- Share lessons learned
- Discuss and resolve process discrepancies
- Teamwork – across sites
- Daily Communication (i.e. email, text msg, phone call)
- Management - open door policy
- Laugh...A LOT.

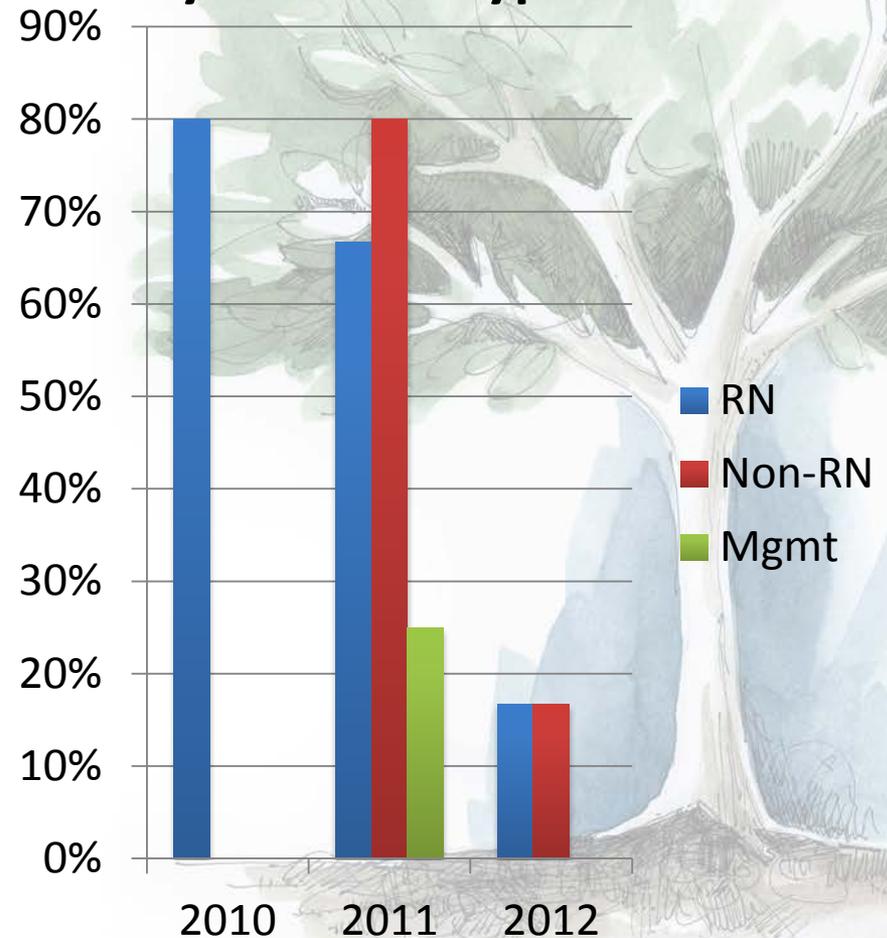
Employee Turnover Rate 2010-2012

Overall Department

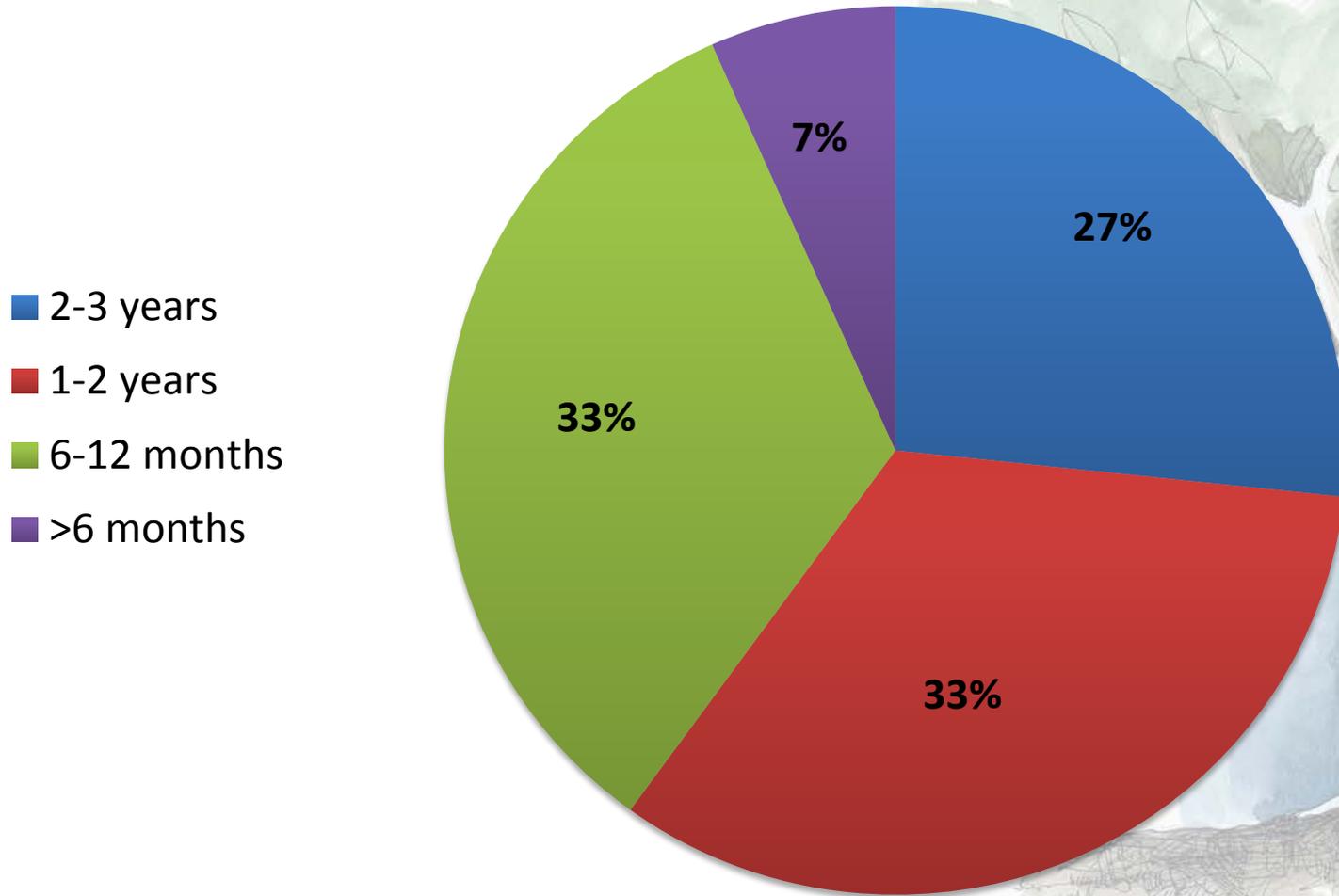


*87% of research team resigned prior to 1 year anniversary

By Position Type



Year-to-Date Breakdown of Length of Employment of Research Staff (%)

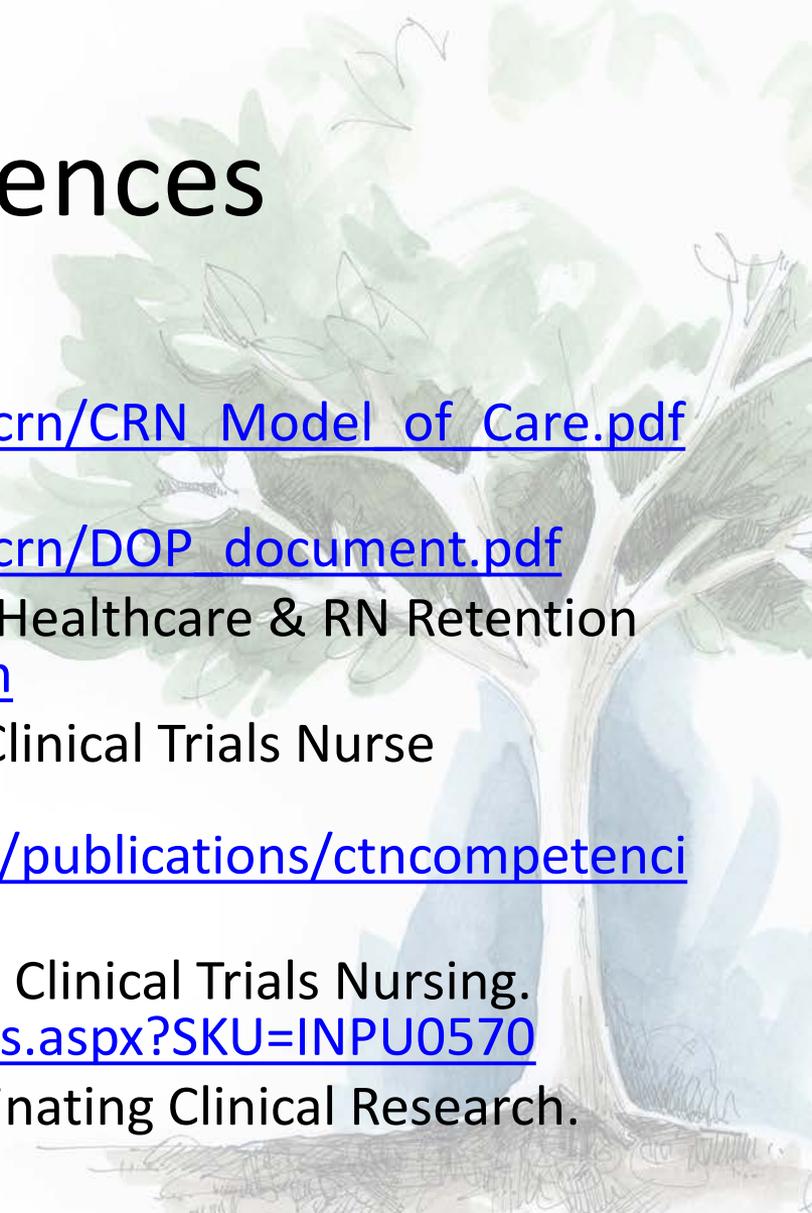


Areas of Improvement

- Staffing/site/patient ratio. *i.e. 1 CRN and 1 CRC have 10 MD's to support.*
- Involving bedside nurses to perform research procedures
- Determining saturation point; patient visits increase exponentially with each accrual
- Isolation from other research staff
- Director responsibilities to include more management time.
- Face-to-Face time as a team
- One-on-one time w/ Director
- Career ladder for Research Staff or new research staff
- *Will this solution decrease burnout?*



Select References



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<http://www.ons.org/media/ons/docs/publications/ctncompetencies.pdf>
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6. Woodin, K. The CRC's Guide to Coordinating Clinical Research. Thomason Centerwatch.