

Extravasations- Developing a Novel Ambulatory Area Oncology Nursing Quality Outcome Indicator for National Benchmarking

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1st Collaborative Project:

The goal of the project is to highlight the value of the oncology nurse administering chemotherapy. Per The National Institute of Health, a tolerable frequency of chemotherapy extravasations should be less than 1% of drug administrations. Even though there is low incidence of extravasations, it presents considerable morbidity to the patient. This group project will provide a national benchmark for this indicator. Performance will be monitored going forward with each cancer center receiving meaningful comparison reports analyzed through the use of the following tools: histograms, scatter diagrams and statistical software. This data will offer opportunities for performance improvement to further reduce the incidence of extravasations and improve patient care.

One of the challenges of the C3NSI group was to determine a common definition for chemotherapy extravasations and a quantitative structured data collection instrument. Collaborating via group conference calls, it was decided to focus the project on vesicant extravasations with a defined list of vesicants. The severity level of the extravasation, the route the vesicant is administered, and patient follow-up data is collected on a quarterly basis from each cancer center. One cancer center manages the database and is also the analytic resource for the project. This enhances consistency and allows for the identification of best practices amongst the cancer centers.

Conclusions and Implications for Practice:

C3NSI is a group of similar cancer centers which was organized to afford a source of meaningful comparison data and sharing of best practices. A quality outcome of its first project is to develop a national benchmark for chemotherapy extravasation frequency and patient follow-up.

Purpose:

In a pioneering effort a group of oncology nurses and quality specialists from 10 NCI- designated comprehensive cancer centers in the U.S. organized to develop novel nursing quality measures in specialty areas.

National Cancer Institute-designated comprehensive cancer centers:

- City of Hope Cancer Center
- Dana-Farber/Brigham & Women's Cancer Center
- Fox Chase Cancer Center
- H Lee Moffitt Cancer Center
- James Cancer Hospital
- MD Anderson Cancer Center
- Memorial Sloan-Kettering Cancer Center
- Roswell Park Cancer Institute
- Seattle Cancer Care Alliance
- Siteman Cancer Center @ Barnes-Jewish Hospital

Background/Significance:

Dwindling dollars and higher costs are reshaping health care today. A heightened focus on outcomes exists. Nurses make essential contributions to patient, workforce, organizational and consumer outcomes. Measuring quality outcomes is essential to establish baselines, track progress and improve practice. While hospital indicators exist, there is a need to develop meaningful indicators and methods of data comparison among comprehensive cancer centers in ambulatory areas.

