

Systemic Cancer Treatment Administration: Initial and Continuing Competence Standards for Registered Nurses Frequently Asked Questions for Administrators

What prompted the review and changes to the Oncology Nursing Program's Position Statements for Nursing Practice in Cancer Care?

Regional Cancer Programs (RCPs) have expressed concerns regarding their ability to meet the standards outlined in the Position Statements for Nursing Practice in Cancer Care - particularly <u>Position Statements</u> #5 & #6 - which relate to Registered Nurse (RN) competency training for the administration of systemic cancer treatment¹.

Furthermore, the Oncology Nursing Program Committee (ONPC), comprised of Regional Oncology Nursing Leads, felt it was important to review the Position Statements to ensure the standards aligned with the Canadian Association of Nurses in Oncology's (CANO) Chemotherapy Administration Standards² and promoted the safest practice for RNs and patients receiving systemic cancer treatment.

What was in scope for this review?

Two of the Oncology Nursing Program Position Statements for Nursing Practice in Cancer Care (Position Statements #5 & #6) were reviewed and updated. Additionally, a companion document - the Systemic Cancer Treatment Administration: Initial and Continuing Competence Standards for Registered Nurses (Statements) - was developed specifically describing the standards required to meet the Position Statements as stated.

The Standards take into consideration:

- which type of nurse should administer systemic cancer treatment based on their scope of practice:
- care/activities directly related to the delivery of systemic cancer treatment defined as chemotherapy, targeted therapies, and immunotherapy;
- requirements for the attainment and maintenance of competency for RNs who administer systemic cancer treatment, regardless of setting;
- the responsibilities of the RN in the role who administers on a regular basis or less regular basis;
- the responsibilities of the hiring organization; and
- the responsibilities of the regional cancer program.

¹ Throughout this document, the term systemic cancer treatment refers to parenteral systemic cancer treatment.

² CANO/ACIO (2017). Standards and Competencies for Cancer Chemotherapy Nursing Practice. Available from: https://cdn.ymaws.com/www.cano-acio.ca/resource/resmgr/Resources/EN_CANO_Chemotherapy_Standar.pdf

What was out of scope for this review?

The *Standards* do not address:

- other activities in systemic treatment suites such as administration of blood transfusions, hydration/electrolyte infusions, procedures; or
- funding associated with the recognized courses.

Who participated in developing these Standards and updating the Position Statements?

The Systemic Cancer Therapy Nurse Competency Training Working Group supported the development of the *Standards*. The working group was comprised of 3 RNs, 8 nurse educators, 9 nurse managers, 5 clinical leaders, and 3 program directors with representation from all 14 RCPs. Some of the ONPC Regional Leads were part of this composition.

The ONPC provided expert review of the *Standards* as well as participated in the update of the Position Statements.

Both the *Standards* and Position Statements were shared with Regional Cancer Program Directors, Regional Cancer Program Vice Presidents, and Ontario Health Clinical Council for review and approval.

How were the Standards informed?

A jurisdictional scan was completed of national and international standards/position statements and their alignment with CANO's Chemotherapy Administration Standards.² A review of current practices within RCPs was also completed. The findings were assessed by the working group and informed the decisions and *Standards*.

Why do the Standards only focus on RNs?

In alignment with CANO's standards,² the College of Nurses of Ontario's Practice Guideline for *RN and RPN Practice: The Client, the Nurse and the Environment (2011)*³ and Ontario Health (Cancer Care Ontario)'s *Oncology Nursing Practice Continuum*,⁴ the RN is the appropriate nurse role to administer systemic treatment.

The working group and the ONPC agree that the RN role meets the level of complexity as determined by the:^{2,5}

- Preparation and administration requirements for systemic treatment
- Risk of immediate grade 3 or 4 toxicities
- Medical condition of the patient

⁵ CANO/ACIO. (2009). National Chemotherapy Administration Nursing Practice Strategy Phase I Final Report, p.24.Vancouver, British Columbia, Canada.



³ College of Nurses of Ontario. (2011). RN and RPN Practice: The Client, the Nurse and the Environment Practice Guideline. http://www.cno.org/globalassets/docs/prac/41062.pdf

⁴ Ontario Health (Cancer Care Ontario) (2021). Oncology Nursing Practice Cancer Continuum. Available from: https://www.cancercareontario.ca/sites/ccocancercare/files/assets/NursingPracticeContinuum.pdf

 Use of investigational agents or new agents just approved for which little long-term toxicity data are available

How will these changes impact the initial competency and maintenance of competence course offerings?

For ONS/ONCC courses:

- The ONS/ONCC Chemotherapy Immunotherapy Certificate Course is always open for enrollment at any point in time and will continue this way.
- The ONS/ONCC Chemotherapy Immunotherapy Certificate Renewal Course is currently required Q 2years and will continue to be Q 2years.

For the de Souza Institute courses:

- The de Souza Institute Provincial Standardized Chemotherapy and Biotherapy (PSCB) course offering has been increased to 6 times/year (3 offerings with workshop and 3 without workshop/assignments only). To align with and support the implementation of the *Standards*, the de Souza Institute may make changes to how often this course is delivered.
- The de Souza Institute Chemotherapy Competency Maintenance Course (CCMC) is offered every month.
- Currently, the de Souza Institute requires the CCMC to be completed every 18 months.
 Upon the launch and implementation of the *Standards*, the CCMC must be completed every 24 months.

In the future, will Ontario Health (Cancer Care Ontario) expand their list of approved theoretical courses to include other courses developed by professional educational institutions?

The working group recommended, and the ONPC agreed, that criteria should be developed to assist with assessing other courses that may be developed by professional educational institutions in the future. The ONPC will develop these criteria as part of their future work.

What activities will nurse managers/educators/leaders need to complete to support implementation of these *Standards*?

- Review the updated Position Statements for Nursing Practice in Cancer Care (specifically, <u>Position Statements #5 & #6</u>), and the companion <u>Standards</u> document with all RNs who administer systemic cancer treatment in their settings
- Review and update any policies and procedures to align with the new Standards for the Position Statements
- Support affiliated hospitals to identify challenges in meeting these Standards and to offer support or continued support, as required
- Embed and align the Ontario Systemic Cancer Treatment Skills Competency Checklist and Skills Competency Self-Assessment Checklist into the training for initial attainment of competency and for ongoing maintenance of competence, respectively



- Identify RNs who administer systemic cancer treatment 'regularly' versus 'less regularly' in their settings to provide clarity for annual maintenance of competence expectations
- Determine where each RN is at in the maintenance of competence cycle
- Expand monitoring and reporting expectations to all settings where systemic cancer treatment is administered, including inpatient units

What are some examples of how the RCCs may support affiliated sites within their RCP to meet these standards?

Many RCCs are already supporting their affiliated sites with initial attainment of competency and ongoing maintenance of competence in a variety of ways.

Strategies include:

- preceptorship
- e-learning
- in-class learning

Topics include:

- orientation materials
- training on computerized physician order entry systems (CPOE)
- safe handling
- spills
- management of extravasation or infusion reactions
- new drugs/regimens

Will Ontario Health (Cancer Care Ontario) be providing a standardized supplemental training program and exam for those RNs that are waiting to complete the approved courses?

Appendix 1 of the *Standards* document provides an outline of the topics that are to be included in the supplemental training if a recognized standardized education course is not yet in progress. Ontario Health (Cancer Care Ontario)'s mandate does not include developing curriculum and testing measures. Many organizations already provide supplemental training to oncology nurses as part of their orientation to the systemic treatment administration role, thus Ontario Health (Cancer Care Ontario) encourages sites to connect with other sites within their RCP for assistance, if required.

Additionally, you may contact the de Souza Institute in this instance when access to the Provincial Standardized Chemotherapy and Biotherapy course is required.

Is a nurse able to administer systemic cancer treatment if they are waiting to <u>enroll</u> in one of the standardized courses for initial attainment of competency?

If a nurse has not begun one of the standardized courses, the hiring organization will need to provide supplemental training with an exam and supervised clinical practice until a recognized course can be completed. The nurse will be able to begin supervised clinical training and may only administer or utilize skills where they have demonstrated competency based on the Ontario Systemic Cancer Treatment



Skills Competency Checklist. Until such time that the nurse completes one of the standardized courses, they will continue to have a supervised clinical practice.

Is a nurse able to administer systemic cancer treatment if they are in the <u>process</u> of completing one of the standardized courses for initial attainment of competency?

If a nurse is in the process of completing one of the standardized courses, they will be able to begin supervised clinical training and may only administer or utilize skills where they have demonstrated the competency based on the Ontario Systemic Cancer Treatment Skills Competency Checklist. Until such time that the nurse completes the standardized course in progress, they will continue to have a supervised clinical practice.

Is there a recommended length of time for the supervised clinical practice component for initial attainment of competency?

The length of the supervised clinical practice component will be determined collaboratively with the RN, manager, and educator based on the RNs professional development needs, as stated in section 1.2 of the *Standards*.

How will managers/educators/leaders determine where a RN is at in their maintenance of competence cycle?

- Managers will need to confirm with RNs when they are due for their next completion of the
 maintenance course. RNs will receive three reminder emails from de Souza Institute prior to
 the start date of the last possible CCMC course available within their renewal cycle. Nurses
 whose CCMC renewal lapses will need to repeat PSCB.
 - Generally, if the maintenance course is in progress at the time the new Position Statements and Standards are launched, the nurse should continue to complete the course. The nurse should then time their next maintenance course completion 2 years from that date.
 - Nurses who will be participating in a renewal course taking place in July, August, or September 2021, will take their courses as scheduled as per the current 18-month policy. All renewals thereafter will be on a 24-month cycle.
 - For nurses whose CCMC renewal course is scheduled after October 1st, 2021, the start date for their courses will be extended by six months. Renewals thereafter will be on a 24-month cycle.
 - For example, nurses who are to start the course on October 18,
 2021 will have a new renewal course start date of April 2022.
 - Due date extensions and additional details will be published on www.desouzainstitute.com
- Managers/educators/leaders may prefer to coordinate RNs' completion of the annual selfassessment and professional development components of maintenance (section 2.1 of the Standards) at the same time each year, or within the same month that the RN completes their maintenance course.



- Managers/educators/leaders should arrange for a collaborative meeting with RNs who
 administer systemic cancer treatment less regularly. This meeting should align with the RN's
 annual completion of the self-assessment tools and professional development action plan to
 ensure maintenance of competence. A collaborative meeting may also be scheduled at any
 other time, as required.
- RNs should understand the organization's expectations related to the annual self-reflection
 and professional development components, and the managing and monitoring of the action
 plan, as outlined in 2.1 of the Standards.

How do organizations determine which RNs are those who administer less frequently?

RNs who administer less frequently or who have not administered for an extended period of time may include those who are casual and are scheduled sporadically; those who have had a decrease in the frequency of their administrations over the past year; or those who have been on a leave of absence. This definition is meant to encourage unit leaders/educators/managers to proactively consider that all RNs have different comfort and confidence levels, knowledge and skill, and competence can vary from RN to RN even when under similar circumstances. Recommending precise lengths of time does not ensure competence, thus a collaborative meeting should occur to review a RNs self-reflection to ensure competence, safety, and to address learning opportunities.

When will the revised Position Statements and Standards be implemented?

The revised Position Statements and *Standards* will be launched October 1, 2021. Organizations are being informed now of this change to allow enough time to prepare for the changes and to inform the staff impacted by these changes.

How will the updated Position Statements and *Standards* impact reporting metrics to Ontario Health (Cancer Care Ontario)?

Regional Cancer Programs will report on the total number of RNs who attained certification of competency and have maintained this competence. Organizations will not have to report on the number of RNs who administer regularly versus less regularly, nor completion of the self-assessment tools.

The greatest impact that the Position Statements and *Standards* will have is that monitoring and reporting expectations have expanded to include RNs in all settings where systemic cancer treatment is administered in the RCPs, including inpatient units.

Regions will be required to formally report on this metric to Ontario Health (Cancer Care Ontario) in fiscal year 2022/23.

Why is reporting being expanded to include inpatient nurses?

Ontario Health (Cancer Care Ontario)'s position on attainment of certification and maintenance of competence has always applied to all RNs who administer systemic treatment 'regardless of setting.' Historically, the reporting metric was intended for all RNs who administer systemic treatment. It was first implemented in outpatient settings and now we are expanding to include inpatient settings.



Will the new reporting system be implemented at the same time the Standards are implemented?

The date of implementation of the *Standards* is Q3 2021/22 (October 1, 2021). The new reporting template will be implemented fiscal year 2022/23, once regions have had an opportunity to implement these *Standards*.

Who should I contact if I have more questions?

For any questions relating to the Position Statements or *Standards*, please contact your Regional Oncology Nursing Lead or the Ontario Health (Cancer Care Ontario) Oncology Nursing Program at OHCCO Nursing@ontariohealth.ca.

For any questions relating to the de Souza Institute's course delivery, please contact the de Souza Institute at support@desouzainstitute.com or 416-581-7887, or visit their website at www.desouzainstitute.com.

