

# The Creation of a Chemo Council

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Given the ever-changing and growing complexity of chemotherapy regimens, oncology nurses are called upon to be active participants and patient advocates in administering, monitoring, and safely handling chemotherapy. They are required to possess knowledge and demonstrate clinical expertise in all aspects of caring for patients receiving chemotherapy. Forming a chemo council exceeds the basic requirements in nursing chemotherapy competency. In addition, nurses are empowered to influence clinical practice and policy development, provide peer support and education to novice oncology nurses, and collaborate with other disciplines (e.g., pharmacy, patient and family education councils) to ensure safe and best practices for patients. This article will describe one institution's experience in creating a chemo council.

## Shared Governance

Shared governance is a major component of the philosophy of Ocean Medical Center in Brick, NJ, because it is a Magnet® accredited community hospital. The inpatient oncology unit has various shared governance project teams that collaborate to implement best practices for patients with cancer and their families. Porter-O'Grady (2005, p. vii) suggested that "nurses need to create a forum for discussion and establish mechanisms that will facilitate the profession's response to whatever demands emerge." Through a shared governance model, oncology nurses have a conduit in which to articulate their concerns, voice areas for change and improvement, and play a role in the solution. The concept of shared governance has remained an elusive concept but implies "the allocation of control, power, or authority (governance) among mutually (shared) interested and vested parties" (Stichler, 2005, p. 9). The

vested parties in nursing are those who practice nursing by providing direct patient care or work in management or administrative settings where clinical nursing care is provided. Both share a common goal of quality nursing care for patients (Stichler). In today's high-tech oncology environment, quality and safety are paramount to achieving positive patient outcomes, and at the center of success is the oncology staff nurse.

## Development

The concept to build a chemo council developed when nursing staff voiced concerns during a staff meeting over delays in chemotherapy delivery and unfamiliarity with certain dose-intensive therapy regimens. The oncology clinical nurse specialist (CNS) suggested that a council be formed to openly discuss and seek solutions. The nursing staff readily agreed.

Following the staff meeting, the CNS posted an invitation on the unit announcing the first meeting date. The meeting was to be held at two times to accommodate day- and night-shift staff interested in becoming part of the council. Understanding that the role of the pharmacy is critical to the chemotherapy process, the CNS took the opportunity to invite the pharmacy manager to attend.

Several staff nurses, the pharmacy manager, and the CNS participated in the first meeting. The CNS served as the facilitator and recorded meeting minutes. The meeting started with brainstorming to set goals and identify barriers. Nursing staff spoke freely about the challenges

they face in the clinical area regarding chemotherapy. As the CNS listened to their concerns, she recorded ideas on a flip chart. The CNS then asked the pharmacy manager's view on chemotherapy practice and added the comments to the flip chart. The activity allowed both disciplines to listen to each other and visualize the barriers, areas for improvement, and positive aspects not requiring change at the time. After the dialogue, the team set forth prioritizing and setting goals.

The next step entailed discussion of the roles and responsibilities of being a member of the council (see Figure 1). Questions included: Who will arrange meetings? Can staff conference call in? How often should we meet? Which topic should be worked on first? How will other staff be informed of our progress? Under a shared governance model, staff is encouraged to be part of the decision-making process as well as play an integral part in the implementation of the team's work.

## Initiatives

The council decided that any oncology staff nurse could join the team as well as other allied healthcare disciplines involved with influencing best practices of chemotherapy (e.g., dietary, pharmacy). Based on the brainstorming feedback, the top priorities identified by the council after the first meeting were (a) developing a chemotherapy nursing flowchart; (b) obtaining, streamlining, and enhancing access to current patient and family education regarding chemotherapy and the diagnosis of cancer; and (c) strengthening the

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