



Oncology Nursing Society

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David P. Winchester, MD
Medical Director, Cancer Programs

Frederick L. Greene, MD, FACS
Project Chair, Cancer Program Standards 2011

The American College of Surgeons
Commission on Cancer
633 N St. Clair, Chicago, IL 60611-3211

Dear Dr. Winchester and Dr. Greene:

On behalf of the Oncology Nursing Society (ONS) – the largest professional oncology group in the United States, comprised of more than 35,000 nurses and other healthcare professionals dedicated to ensuring and advancing access to quality care for individuals affected by cancer – we are writing to provide comments on the draft 2011 Cancer Program Standards. ONS values our relationship with the American College of Surgeons (ACoS) Commission on Cancer (CoC) and the contributions made by the CoC in the delivery of quality cancer care.

ONS member and CoC Executive Committee Member, Diane Otte, RN, MS, OCN®, worked closely with a small group of ONS members over the past year to provide suggested revisions to the COC Standards Steering Committee. Once the draft standards became available for review, ONS provided its members with a link to the Wiki site and encouraged them to provide the CoC with their comments during the open comment period.

In reviewing the subsequent draft standards available on the ACoS Wiki site, ONS is pleased to see that many of our suggested changes were incorporated into the new standards. We are concerned that verbiage in a few of the proposed standards will have negative implications to the delivery of quality cancer care if additional changes are not made prior to the standards being finalized. The following represent suggested changes highly recommended by ONS. In addition, specific wording changes for select standards are attached at the end of this letter.

1. As the nation continues to focus on quality and safety in health care, high standards for health care staff can better help to achieve this goal. ONS respectfully requests that the CoC consider strengthening the current standards rather than eliminate important requirements such as certification. In the Nursing Competency section of standard 4.4, the following statement should be added: “Attainment and maintenance of oncology nursing certification is a standard and objective measure of knowledge and a tangible indicator that the nurse has subspecialty competencies. Oncology nursing certification for all nurses providing oncology care is strongly encouraged. Examples of certification include OCN®, AOCN®, CPON®, CPHON®, AOCNS®, AOCNP®, and CBCN®.”
2. When referring to nursing certification throughout all standards, utilize the correct credential as designated by the Oncology Nursing Certification Corporation (ONCC). Inconsistent use of the credentials, as well as use of unofficial designations, was found within the standards. The correct way to reference the credentials are as follows:
 - a. Oncology certified nurse (OCN®)

- b. Advanced oncology certified clinical nurse specialist (AOCNS®)
 - c. Advanced oncology certified nurse practitioner (AOCNP®)
 - d. Advanced oncology certified nurse (AOCN®)
 - e. Certified pediatric oncology nurse (CPON®)
 - f. Certified pediatric hematology oncology nurse (CPHON®)
 - g. Certified Breast Care Nurse(CBCN®)
3. Reinstate Standard 4.5. Oncology nursing leadership is relevant wherever oncology services are provided throughout the organization, not just in the medical oncology unit. Focusing leadership development efforts on those nurses early in their careers, as well as mid-range nurse managers, is important. Certification is the objective, measurable way to ensure a professional nurse has the knowledge to practice competently within the specialty of oncology nursing. Certification in oncology nursing demonstrates that a nurse has both specialized knowledge and experience in cancer care. A recent survey by the Oncology Nursing Certification Corporation in conjunction with the American Board of Nursing Specialties revealed that the vast majority of oncology nurses and oncology nurse managers believe that certification validates specialized knowledge and indicates a level of clinical competence (Brown et al. [In press] *Clinical Journal of Oncology Nursing [CJON]*, 14(6)).

A prospective, descriptive study conducted in two inpatient oncology units, two outpatient oncology units, and two infusion centers in the United States compared certified nurses with noncertified nurses for symptom management of nausea, vomiting, and pain; patient satisfaction; and nurse satisfaction to determine the effect of certification in oncology nursing on those nursing sensitive outcomes (Coleman et al., [2009] *CJON*, 13, 165-172). The results showed that certified nurses scored higher than noncertified nurses on pain management knowledge and attitudes surveys. Chart audits also indicated that certified nurses followed National Comprehensive Cancer Network (NCCN) guidelines for CINV more than noncertified nurses. Overall, job satisfaction of oncology nurses and patient satisfaction for patients with cancer was high.

ONS suggests CoC consider reinstating this standard, including the following language.

“The oncology nurse manager and/or leader should be one or more of the following:

- A nurse with experience caring for oncology patients who has demonstrated leadership abilities
 - An oncology certified nurse (OCN®)
 - An oncology certified clinical nurse specialist (AOCNS®)
 - An oncology certified nurse practitioner (AOCNP®)
 - An advanced oncology certified nurse (AOCN®)
 - A certified pediatric oncology nurse (CPON®) or certified pediatric hematology oncology nurse (CPHON®) in pediatric facilities or in a pediatric component within a larger facility”
4. Policies and Procedures for Safe Administration of Systemic Therapy: Recommend changing the last paragraph under the definitions section to read, “The policies and procedures should address chemotherapy given by all routes of administration, including the oral route and all agents self-administered by patients. They should describe the education process for patients and important family members regarding the preparation, administration and disposal of self-administered agents, as well as the importance of compliance with the treatment plan.”
5. Standard 4.2: It is unclear what a policy and procedure should address related to co-morbid conditions. Medical oncology services should NOT be systemic therapy. A designated inpatient unit should be able to provide care for patients receiving systemic therapy, but also experiencing complications of disease and/or therapy (i.e., systemic, radiation). Those patients may need to be referred as well.
6. Survivorship: There are approximately 12 million cancer survivors alive today in the United States. ONS supports the addition of two new survivorship standards; however, we suggest that institutions be

permitted to phase in components of the standard. Developing survivorship care plans takes time and staff resources, and many electronic systems are not yet available with this functionality. We are concerned that this requirement may result in programs deeming this standard (as written) unrealistic to meet and ultimately drop their accreditation. Although it would still require substantial resources, it may be more feasible for organizations to focus on the top five cancer sites seen at their institution.

7. Genetics: ONS also supports the addition of the new cancer risk assessment and genetic counseling standard. Attached are suggested revisions to the standard for CoC consideration.
8. Palliative Care: ONS supports the additional of the new palliative care team standard. See attached document for suggested revisions.
9. Patient Navigation: ONS supports the addition of this new standard and suggests including a distinction between the professional and lay navigator roles. ONS, the Association of Oncology Social Work (AOSW), and National Association of Social Workers (NASW) recently developed a joint position statement on the role of the oncology nurse and oncology social worker in patient navigation. The position statement is available on the ONS website at <http://www.ons.org/Publications/Positions/Navigation>.

Over the past month, ONS has received inquiries from its members sharing similar concerns to those presented above. We encouraged our members to submit their comments directly to the CoC per instructions on the Wiki site and hope all comments will be considered before the 2011 Cancer Program Standards are finalized.

ONS values our collaborative relationship, including the opportunity to seek ONS member input on such an important initiative. We look forward to continued dialogue and would be happy to discuss any thoughts or concerns you might have in our suggestions. We would also greatly appreciate being notified if any of our suggested changes will or will not be incorporated into the final set of standards. We can be reached at carl@carltonbrown.org or prieger@ons.org or by phone at 412-859-6214.

Kind Regards,



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President



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