

ORN Town Hall

April 9, 2020

12:00 – 1:00 p.m.

Minutes

Meeting Logistics (Liz Ness)

- Please stay muted, if you have a question you can 1) type into the chat bubble or 2) “raise your hand” in WebEx.

Introduction (Cheryl Royce)

- Inaugural Virtual ORN Town Hall
- Nurses are valued!
- Privilege to serve as the Director ORN
- April 1st began in role of Deputy Clinical Director
- Corinne Keen is now the Acting Director, ORN

Remarks

Caryn Steakley

- Last day before retirement, May 29th
- Assisting in the transition with Cheryl and mentoring her in new position
- Hopes to see everyone and wish you all well when we can return to the office

Corrine Keen

- Serving in the acting role until a permanent selection is made
- Cheryl will still be available to mentor and assist in the transition
- Will continue to be team lead for GMB and Thoracic GI
- Asks for ORNs help in contributing ideas, voicing concerns
- Looking forward to getting to know all the staff

Allison Wise

- Office of Clinical Research Support Services, Office of the Clinical Director
- Data management contract group (data managers, monitoring, IT support, internal QC system)
 - Support CIBMTR
- If you have any issues with data management staff supporting your teams, please go through the contract chain of command and ultimately contact Allison if needed
- COR III; currently working on procuring RAVE and site payments for moonshot protocols
- FDAAA point of contact; will be Lisa King’s supervisor upon Caryn’s departure

Stacie Jeter

- Director, Protocol Support Office
- Working to continue to support ongoing studies and working with Liz/IRBO on deviation requests to keep our cancer patients getting treated on the outside
- Doing what we can behind the scenes to get things moving and approved as quickly as possible

- Working through concerns and COVID-19 targeted research inquiries
- PSO consists of Stacie, three teams leads, and 20+ protocol coordinators

Liz Ness

- Office of Education and Compliance, Office of the Clinical Director
- Four staff members
 - Deb Grady – quality management coordinator
 - Tracy Kirby – nurse educator
 - Ying Huang – quality management specialist
- Trying to maintain online orientation and continuing education through this time
- Navigating challenges from the regulatory perspective
- Always available to help with this new landscape, can guide through new processes
- Tracy is continuing remote brown bag lunches
- An application is being submitted to become a provider unit for contact hours for certification

History of ORN (Cheryl Royce)

- October 2012 Cheryl accepted detail and moved into the Office of Clinical Director from her role in NOB
- Built the ORN from the ground up with help of senior research nurses
- The intention was that the office would be a community of support
- Over the years team leads and a float nurse position were created
- Collaborated with Liz and team for nursing education
- Streamlined onboarding process
- Advocated for balanced research teams (NP/PA, PCCs)
- Renovated a lot of space
- Moved nurses to teams where they could grow and expand
- Pursuing a PCC initiative for best practices, community, education and training
- What are the next steps?
 - Corrine will continue to move the group forward
 - Daily huddles
 - Newsletter will continue
 - Still hiring and filling positions
 - Director position will be advertised and posted in the next few months

Deputy Clinical Director Role (Cheryl Royce)

- In Deputy Clinical Director position, the focus has been on communication, please feed Cheryl anything that needs to be disseminated widely
 - Started a CCR Deputy Director meeting every Wednesday addressing big picture items across CCR
 - eHuddle every Tues/Thurs for branch chiefs and clinical directors to know ground level information, sharing best practices across groups
 - Each day at 4pm – Daily Wrap email detailing day-to-day clinical operations

- Flow of information is very fast, but everyone should have a chance to hear the news and spread information among teams, you will see CCR Central link on Daily Wrap
- Each week we have a meeting with Bill Dahut, Caryn Steakley, Mel Bronez and Aubrey Wachter
- As Deputy Clinical Director Cheryl will be creating a business plan/strategic plan for next 12 months
 - Interviewing chiefs, clinical directors, staff clinicians to assess needs and gaps
- Always open to discuss issues, solutions

Other Relevant Topics (Cheryl Royce)

- Telemedicine is being piloted by GMB and coordinated by the CC; includes concierge telemedicine, [slides from the MEC are on the wiki](#)
- 2 PHS members have been deployed to Washington State; their work is covered
- Engage NP/PAs as a community; their own venue for development and communication
- Trying to move most meetings to Microsoft Teams, this is what will be used for telemedicine
- Monitoring hospital functioning through Dr. Gilman's virtual huddle
- Office of the Clinical Director front office administrative assistant is Jasmine Abdi
- HHS is requesting healthcare volunteers, OMS looking for volunteers to cover phones, clinical staffing in ICU for the surge plan
 - Volunteering outside of the NIH needs to be an approved outside activity through NCI Ethics – go through your team lead for more information
 - Internal volunteers need to go through your Team Lead

Questions

- Do you think the Clinical Center will send nurses to the community? No.
- Will the Clinical Center take COVID patients not on a study to help the community? Not that I am aware of currently.
- What are the guidelines for telemedicine and what clearance is required? This is still under development. See MEC slides linked above. Be careful about sponsored trials, more information will be in the Daily Wrap today. We still have a regulatory requirement to uphold.
 - Please remember if your team is planning on enrolling a new patient on a clinical trial, Dr. Dahut needs to be made aware. Gently remind your investigator to speak to Dr. Dahut about individual cases. Dr. Gilman will have to approve all inpatients.
 - Liz developing quick guidelines on using telehealth when consenting patients; particularly the signatures (must be signed via tablet or written signature – not PIV certificates).
- Are there restrictions to who can volunteer? No.
- When will we have an idea about how much longer we need to be teleworking? As per Dr. Gilman's Town Hall yesterday and the trends they are looking at, it will be a while. We have many communications regularly and will keep you informed.
- Is there a plan to keep nurses that are volunteering from coming into our offices? If you are answering phones, no. If you are in ICU, should not go into those spaces.

- Can telemedicine be offered to new patients? We must remember that if we are enrolling new patients, we need approval from Dr. Dahut first.
 - We will have to build telemedicine visits into the protocols after this is over. We're conducting a telemedicine pilot right now – being implemented through MS Teams. Being used at Cancer Centers of America and it's working well now.
 - Exploring guidelines from other institutions for documentation, etc. Stay tuned! High priority.
 - Consultations: fine for surgical groups, conducting evaluation of cases before needing to come for surgery.
 - If consenting to a protocol, need to have a medical record number first.
- Are new patients coming in for screenings? Very few.
- How many research nurses are working in house? Keeping track on daily basis, 5 or less per day and most are for a few hours at a time.
- Will the ORN be open to more telework post-pandemic? Yes, being considered.
- In the future can we have these sorts of meetings virtually so people offsite can participate? Yes. Our communication style is evolving.
- Concerns about ICU bed availability? Not right now.
- Moved patient visits – should they be moved further? If these are safety visits these may result in a major deviation. Is there a way to get this visit accomplished by an outside oncologist or via telemedicine? Think about it all from a regulatory perspective.
 - Clinical Center Social Work is exploring home health option for local patients.
- Can we donate blood on work time? Yes.
- Can PCCs be considered for telework in the future? Must check with contract supervisor.
- In a planned deviation request teams have incorporated telehealth visits as part of their plan. Review the MEC slides for the proper vehicle that is appropriate and secure.
 - Planned deviation must be submitted when a physical exam is being conducted by an outside physician.
- Can we consider maxi flex schedule with PI approval? No, but other avenues may be considered.
- Will pathology accept path samples and store them so that we can put the order in? How do we get them to pathology with their limited staff as well? Needs to be confirmed.
- If telemedicine is successful, this may help our accrual in the future? Need to think about it considering safety for first in human studies, will be exploring more about its use post-pandemic.

Closing Remarks (Cheryl Royce)

- ORN leadership has been the highlight of my career.

“Thank you for all you do.”