Introduction
In a leading oncology Post Anesthesia Care Unit (PACU), nurses are responsible for instilling mitomycin-c into the bladder via a urinary diversion device post-surgery. After evaluation of our current process, it was determined that there was a variation in the delivery of chemo therapy and knowledge deficit of this high risk low frequency procedure. Therefore, a multidisciplinary task force was created to identify barriers to best practice, standardize the delivery of intravesicular chemotherapy and provide education and resource material for the PACU nursing team.

Objective
The goal of this project was to improve nursing competency on instillation of mitomycin-c and remove barriers to delivering safe and effective treatment to patient receiving chemotherapy.

Statement of Successful Practice:
A knowledge based assessment was given to nursing team to evaluate aptitude in the administration of mitomycin. Assessment indicated 44% did not understand how to properly instill mitomycin- C an indwelling catheter. 59% of the nursing staff indicated they were uncertain in providing post instillation patient education. Post education survey results showed that 100% understood how to properly instill mitomycin-c and 89% of the nursing staff strongly agreed that they knew how to provide post instillation patient education. The remaining 11% were unsure but were able to identify proper post education resources and assistance.

Implications for Advancing the Practice of Perianesthesia Nursing
The development of education in PACU for instilling mitomycin-c can have a direct impact on nurses’ comprehension of safe delivery of intravesicular chemotherapy and post instillation patient education.

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