Transforming Cancer Survivorship Care Through Quality Improvement Initiatives

Guadalupe R. Palos, RN, LMSW, DrPH, Fran Zandstra, RN, BSN, OCN®, MBA, Katherine Gilmore, MPH, CCRP, Ludivine Russell, MS, Jacklyn Flores, BS, and Maria Alma Rodriguez, MD

Oncology nurses must become better prepared to conduct quality improvement projects that will optimize quality of care and patient safety for long-term cancer survivors. The growing interest in survivorship care has led to the availability of multiple versions of cancer survivorship care plans (SCPs). Despite the availability of SCPs, research is lacking evidence-based processes to evaluate whether providers comply with planning and issuing SCPs. In the current article, the authors describe exploratory efforts to monitor the providers’ compliance rate in issuing SCPs in diverse disease-specific clinics.

Guadalupe R. Palos, RN, LMSW, DrPH, is a clinical protocol administrator in the Division of Medical Affairs, Fran Zandstra, RN, BSN, OCN®, MBA, is an executive director, Katherine Gilmore, MPH, CCRP, is a project consultant, Ludivine Russell, MS, is an informatics analyst, Jacklyn Flores, BS, is a program coordinator, and Maria Alma Rodriguez, MD, is the vice president in the Division of Medical Affairs, all in the Office of Cancer Survivorship at the University of Texas MD Anderson Cancer Center in Houston. The authors take full responsibility for the content of the article. The study was supported, in part, by a grant (No. CA016672) from the National Institutes of Health. No financial relationships relevant to the content of this article have been disclosed by the editorial staff. Palos can be reached at gpalos@mdanderson.org, with copy to editor at CJONEditor@ons.org.

Key words: quality improvement; survivorship care plans; compliance rates

Digital Object Identifier: 10.1188/14.CJON.468-470

Providing high-quality, safe care to long-term cancer survivors is a growing concern to all healthcare professionals. Recent trends have emphasized the critical need to teach healthcare providers and patients about the design, implementation, and evaluation of such services. Florence Nightingale introduced nurses to quality improvement when she uncovered the link between high mortality and poor hygiene practices (Meyer & Bishop, 2006). Her findings continue to serve as a fundamental tenet embedded in today’s healthcare systems. A critical component of adoption of new professional practice in survivorship care is to increase awareness and consensus of the need for quality improvement metrics related to the care of long-term cancer survivors. A growing paradigm shift has occurred to include survivorship care as part of the cancer care continuum (Taplin et al., 2012).

The 2005 Institute of Medicine (IOM) report, From Cancer Patient to Cancer Survivor: Lost in Transition, acknowledged that evidence-based practice is necessary to inform clinicians and patients on best care of long-term cancer survivors (Hewitt, Greenfield, & Stovall, 2005).

The standards recently issued by the American College of Surgeons Commission on Cancer (ACOC, 2012) require that, by 2015, all patients completing curative treatment receive a survivorship care plan (SCP). The COC’s (2012) survivorship standards also stated that a performance and compliance plan will be required and evaluated in every U.S. accredited cancer program. The four-step process calls for plans to monitor, evaluate, present, and document the actual program plan. A surveyor will conduct an on-site visit and discuss methods with members of the cancer committee. Then, a program will receive a rating of compliance or noncompliance. However, several challenges will have to be addressed before these standards are integrated into routine clinical practice. One relates to the lack of evidence demonstrating that SCPs can be successfully used by clinicians to adapt and standardize survivorship care.

The growing interest in survivorship care has led to the availability of multiple versions of SCPs. Despite the availability, providers face several challenges in planning and issuing them, including variation in compliance rates, lack of knowledge about survivor issues, and lack of consensus on how to measure the impact of SCPs on survivor outcomes (Dulko et al., 2013; Palmer et al., 2014; Stricker & O’Brien, 2014). The authors used the template from the American Society of Clinical Oncology (JASCO), 2014 Quality Oncology Practice Initiative and American Board of Internal Medicine (ABIM) Self-Directed Practice Improvement Module. The current article describes exploratory efforts to use elements from the module to monitor the providers’ compliance rate (CR) in issuing SCPs in diverse disease-specific clinics. In this pilot effort, the authors sought to collect baseline CRs per clinic and compare them with a goal rate of 100%. The authors purposely established a high compliance goal rate to show the importance of the role of SCPs in survivors’ transitions back to primary care providers.

Methods
Survivorship Care Plans Structure and Implementation Process

The authors’ institution identified SCPs as an appropriate way to disseminate and implement evidence-based practice in
survivorship clinical practice and care. The conceptual structure of the SCP (see Figure 1) established a broad perspective for managing long-term survivorship care and summarized relevant tools needed to address the complex issues of survivorship. The need for the SCPs was established by recommendations from the IOM (Hewitt et al., 2005). One recommendation proposed that each cancer survivor should receive a treatment summary and SCP for coordinating his or her care, and another advocated for a change in clinical practice for all healthcare providers. The care plan described in the current article was intended to address these recommendations.

A rigorous literature review of peer-reviewed research and endorsed care plans appropriate for the delivery of survivorship care was conducted by a multidisciplinary team of expert clinicians, researchers, administrators, and librarians. The review found limited endorsements by statements from federal, national, or professional organizations. Given the limited availability of a gold standard SCP for diverse cancer sites, the team endorsed their own standard framework to create care plans. The format, performance measures, and desired outcomes were critiqued and peer-reviewed by an expert team. A plan to provide feedback to clinicians and monitor the implementation of SCPs was also reviewed and approved by the expert team.

The structure served as the standard foundation for the development of all SCPs regardless of disease site. Each care plan had two main parts: a treatment summary as well as clinical strategies, interventions, procedures, and recommendations related to surveillance, risk reduction and early detection, monitoring for late effects, and psychosocial functioning. Contents of the care plan were tailored to meet the recommendations for specific sites.

All SCPs were designed to provide a visual and written guide to support providers’ delivery of high-quality care. These tools were designed to be easily retrieved, stored, and displayed through institutional clinical information systems and printed sources. Care plans for each specific site were accessible in print or electronic format. Survivors and their primary care providers were also able to access the algorithms through a portal link provided on the survivorship program website. Orientation and training sessions for clinicians working in the survivorship clinics were conducted when clinics were launched and during periods of staff turnover. Sessions covered how to integrate SCPs into clinical practice, collecting data for SCPs, tailoring SCPs to specific needs, and documenting outcomes of counseling and referrals.
Audit of Providers’ Compliance Rate

An evaluative activity approved by the Quality Improvement Assessment Board at the University of Texas MD Anderson Cancer Center was conducted to assess clinicians’ CR with the care plans. In the current article, the authors report the results of a clinical audit to evaluate clinicians’ compliance with issuing SCPs. From December 1, 2011 to May 31, 2012, the authors conducted an exploratory audit to determine the CRs for issuing SCPs in seven clinics. The four steps were (a) evaluate SCPs issued within a specific six-month period, (b) abstract selected measures from the electronic care plan issued to each survivor, (c) identify numerators and denominators unique to each clinic, and (d) calculate the number of records to audit based on the number of full-time providers in each clinic.

Data for each item to be measured were collected by staff. The authors followed the template from the ABIM Self-Directed Practice Improvement Module and ASCO’s Quality Oncology Practice Initiative. Ten elements from ASCO’s template were used in this analysis, which included (a) source of data, (b) name and location, (c) time frame for data collection, (d) method used to collect data, (e) target condition (i.e., cancers of the breast, colorectal, endocrine, genitourinary, and gynecologic, as well as melanoma), (f) measure used (i.e., number of SCPs issued), (g) number of patients reviewed (i.e., survivors seen in each clinic), (h) CR (i.e., percent of compliance in issuing a SCP), (i) self-report of the measure’s reliability, and (j) self-report of whether the results reflected current practice.

The care plans issued to survivors in seven disease-specific clinics were the primary data sources. Other sources for data abstraction included mined data from institutional databases and scheduling systems.

Statistical Analysis

Simple descriptive statistics (i.e., frequency and percentage) were used to summarize the responses and rates of adherence resulting from the monitoring activities.

Results

During the study, 3,274 electronic medical records were reviewed, and 40 providers issued 2,761 electronic SCPs within 30 days of the arrived appointment (see Table 1). To calculate CR, the authors divided the number of care plans issued by number of electronic medical records reviewed. The findings indicated CRs among the seven clinics ranged from 65%–95%, with an average of 84%. The future goal was to improve the CR to at least 90%.

Discussion

The uniform approach described in this article offered meaningful guidance to physicians and other clinicians who used the survivorship algorithms. The conclusions indicated that the ASCO and ABIM process proved to be a systematic and standard method for monitoring CRs among providers in diverse clinics. All data were extracted from electronic sources, which increased reliability, reproducibility, and consistency across target conditions and clinics. Clinics with low compliance (less than 75%) will be further assessed to identify barriers and solutions contributing to SCP use in routine clinical care. Further examination is warranted to determine characteristics of clinics presenting high and low CRs and their effect on survivors’ outcomes.

The IOM (2003) have also called for a transformation in education to better prepare nurses and other healthcare professionals to provide safe, high-quality care by increasing knowledge, skills, and competency in providing patient-centered, evidence-based practice, informatics, and quality improvement. However, many nurses lack the knowledge, skills, and competencies needed to understand the nuances of quality improvement and how this concept differs from evidence-based practice or research. In response to gaps in nursing academic curricula and continuing education programs, the Robert Wood Johnson Foundation funded the Quality and Safety Education for Nurses Initiative (QSEN) (Cronenwett et al., 2007; QSEN, 2014). Because oncology nurses comprise a large segment of healthcare providers, it remains clear that they must become better prepared and skilled in conducting quality improvement projects that will optimize quality of care and patient safety.

Based on the results from this quality improvement effort, the authors demonstrated that SCPs can be used as decision tools to help guide and deliver optimal survivorship care. A growing need exists to provide academic curricula and practice-based learning, which can help healthcare professionals better understand the nuances of providing comprehensive survivorship care. A critical component of the adoption of new professional practice in survivorship care is to increase awareness and consensus of the need for quality improvement metrics related to the care of long-term cancer survivors. In the current article, the authors also provided an innovative approach for monitoring efforts for delivery of survivorship care.

(Professional Issues continues on page 472.)