

Testing the Impact of a Cancer Survivorship Patient Engagement Toolkit on Selected Health Outcomes

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OBJECTIVES: To evaluate an interactive electronic Cancer Survivorship Patient Engagement Toolkit (CaS-PET) using a single-group pre-/post-test design.

SAMPLE & SETTING: 30 cancer survivors with a mean age of 56.5 years (SD = 13.6) were recruited from the University of Maryland Medical Center in Baltimore.

METHODS & VARIABLES: CaS-PET was designed to deliver survivorship care plans (SCPs) with multifactorial support and comprised of SCPs, biweekly follow-up using patient portal e-messages, and online resources. Outcomes included health-related quality of life, symptom burden, impact of cancer, fear of recurrence, physical activities, dietary behavior, patient-provider communication, adherence to treatment, and e-health literacy.

RESULTS: At three months, there was a significant improvement in quality of life, physical symptom burden, and total symptom burden.

IMPLICATIONS FOR NURSING: Findings suggest an excellent potential for using CaS-PET for survivors who are in transition from treatment to survivorship.

Meeting the care needs of cancer survivors is a population health issue because unmet needs result in poor health outcomes and increased healthcare use (Rajotte, Heron, Syrjala, & Baker, 2017). Cancer survivors who complete active treatments with curative intent and transition to long-term survivorship develop a new set of care needs as they adapt to a new normal while still managing difficult symptoms associated with treatment, such as fatigue and pain (Gosain & Miller, 2013; Mayer, Nasso, & Earp, 2017; National Cancer Institute [NCI], 2018a). Most survivors are not well prepared to manage these issues at home (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018). Addressing these care needs, the Institute of Medicine recommended that every patient with cancer receive a survivorship care plan (SCP), which is a comprehensive document that includes a treatment summary and a follow-up care plan (Institute of Medicine & National Research Council, 2006). The American College of Surgeons Commission on Cancer (2016) requires its accredited programs to provide SCPs to at least 50% of eligible patients.

Prior findings consistently showed that patients and providers perceive SCPs as important health information for cancer care (Birken et al., 2018; LaGrandeur, Armin, Howe, & Ali-Akbarian, 2018; Mayer, Birken, Check, & Chen, 2015). Many descriptive studies have shown positive relationships between SCPs and health outcomes (Jacobsen et al., 2018; Mayer et al., 2015). However, overall adoption rates for SCPs have been low, and there is a lack of randomized controlled trials that show the effectiveness of SCPs (Brennan, Gormally, Butow, Boyle, &

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