A Seat at the Table: Redesigning Cancer Care

Brenda Nevidjon, MSN, RN, FAAN

The Institute of Medicine’s (IOM’s, 2011) report, The Future of Nursing: Leading Change, Advancing Health, included the key message, “Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States” (p. 221). That is a call for nurses to lead at every level—to have a seat at the table when critical decisions are being made. Those decisions extend from clinical care to national policy, and all require the voice of nurses. The annual Gallup (2013) Honesty/Ethics in Professions survey again listed nursing as the most ethical profession. With that trust and the IOM report, among other things, nursing is well positioned to be at the table. The Board decided that sponsorship was advantageous. I have served as the ONS representative for almost four years. At this table are government, industry, academic, consumer, and other representatives who identify and examine high-priority cancer policy issues. When I joined the table, Betty Ferrell, PhD, MA, FAAN, FPCN, was in her second term as an at-large member of NCPF. I observed how she ensured that the patient and family perspectives were included in conversations among very prestigious oncologists, industry leaders, and government staff. When joining a table, it is important to take time to observe the dynamics and how the deliberations progress to know how best to assert a viewpoint that will be heard.

Since 2006, the NCPF has produced a diverse body of work through consensus studies and workshops. The reports of those initiatives contributed to improvements in knowledge and public policy and are valuable resources for oncology nurses. The most recent consensus report, Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis (IOM, 2013), like the IOM report on nursing’s future, is a must-read for ONS members. These and other valuable reports on the NCPF website (www.iom.edu/Activities/Disease/NCPF.aspx) have a wealth of ideas that can be applied to redesigning cancer care.

The NCPF workshops have open registration to attend at no cost; future meetings are posted on its website. For oncology nurses living in the greater Washington, DC, area, these workshops are an excellent continuing education opportunity. Speakers are experts in their specialties and dialogue among speakers and audience is robust.

The workshops and the subsequent reports are not dependent on ONS having a seat at the NCPF table. As I have noted, ONS members can access these resources easily. However, by ONS having a seat at the table, we are equal partners with our physician and other health profession colleagues in deliberating the critical issues in cancer care. Our presence at this and other tables may be unseen by members, but these relationships are strategic and essential for ONS to lead the redesign of cancer care.
References


