Survivorship Treatment Summary and Care Plan: 
Tools to Address Patient Safety Issues?

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Improvements in successful cancer therapies and increasing rates of early 
detection have resulted in more people surviving cancer than ever before. Al-
most 12 million cancer survivors reside in the United States (Ries et al., 2007). 
A report by the Institute of Medicine (IOM) concluded that a growing number 
of patients with cancer are surviving the disease only to face an array of new needs 
(Hewitt, Greenfield, & Stovall, 2005). Too often, such needs are not met.

When I was discharged after being in the hospital for five weeks having 
an allogeneic stem cell transplant, I did not want to leave the protection 
of the unit. I had 24-hour nursing care delivered by experts in their field, and I felt safe; now they want me to go home and figure out what 
should be done on my own.

This quotation from a cancer survivor is not an uncommon sentiment when 
treatment is complete; such feelings were the impetus behind the IOM report From 
Cancer Patient to Cancer Survivor: Lost in Transition. The report proposed 
recommendations for improving the care and quality of life for such individuals, 
including a survivorship treatment summary and care plan. The report indicated 
a lack of evidence to support the recommendations, but “some elements of care 
simply make sense” (Hewitt et al., 2005, p. 154).

It makes more than sense—a survivorship treatment summary and care plan 
address patient safety issues. The proposed treatment summary and care plan 
involve communication, chemotherapeutic medication reconciliation, review 
of prior treatment, and a discharge summary with handoff instructions. Each of 
those issues is addressed by the policies of the Joint Commission.

Given that noncommunication or miscommunication is to blame in many 
common errors, the central person with whom healthcare providers should com-
muicate—the patient—must be the first priority. Many times, historical information 
on a patient is incomplete. Collecting such information and consistently 
reviewing it prior to making treatment decisions allow clinicians to carefully 
consider potential contraindications and medical concerns (Mansur, 2006).

Although this could have been ripped from the pages of the IOM report regarding 
the need for a care plan and summary, it was taken verbatim from an on-
line article titled “Enhanced Medication Safety” on the Joint Commission Web site 
(Mansur, 2006). The article described how medication errors are more likely at 
times of transition and that constructing a document that contains accurate medi-
cation information along with systematic communication with the next provider 
and the patient are crucial to maintaining patient safety standards.

The Joint Commission has national patient safety goals for communication 
among caregivers (Joint Commission, 2009). In December 2008, a goal was de-
veloped regarding handoff communications between providers. In essence, the 
goal recommended the development of organizational standards involving how 
information is communicated at times of transition, uniformly implemented 
throughout an institution.

The IOM, American Society of Clinical Oncology, and National Comprehensive 
Cancer Network all endorse that patients completing treatment receive a compre-
hensive care summary and follow-up plan. They also recommended that such 
a care plan should summarize critical information such as details of the cancer 
diagnosis and treatment, recommendations regarding preventive practices 
and health maintenance, information about legal protections, and availability of 
psychosocial services (see Figure 1). The IOM report stressed the need for more 
communication and coordination among providers who treat the diverse health problems described within the 
report’s pages. The IOM noted that many patients may already have received some of the information during the course of 
their usual cancer care but that repeating and summarizing such information at the 
time of transition are important as well. The recommendation should take place 
at the completion of a survivor’s cancer therapy but, in reality, is a continuation of the 
informed consent process.

Informed consent is an ongoing process and not the simple act of signing a 
formal document (American College of Radiology, 2007). The rationale behind 
the informed consent process is to provide patients enough knowledge of the 
risks and benefits of cancer therapies to make informed decisions about what is 
in their own best interest. Although this