Introduction:
Evidence-Based Oncology Nursing Practice: Improving Patient Outcomes in the Next Millennium

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We stand on the threshold of the next great revolution in medical practice. The restructuring of healthcare delivery has resulted in a shift from the traditional provider-controlled, fee-for-service model to a new paradigm organized around integrated healthcare networks that provide consolidated services across the continuum of care. Although oncology nurses are positioned to be at the forefront of this revolution, we must acquire new skills and develop innovative ways of thinking. The question for the future of oncology nursing is not whether our profession will continue to survive but rather how it will evolve and adapt to lead changes in the healthcare environment.

Evidence-based practice is an approach to clinical decision making that can be used by all oncology nurses to improve patient care and outcomes, thereby ensuring our roles as colleagues and leaders on the healthcare teams of the future. Evidence-based oncology nursing is predicated on the notion that clinical practices and protocols should be defined by using authoritative evidence derived from well-designed clinical trials. Although these data may support traditional experience-based treatment plans, it is also possible that controlled clinical results are counter-intuitive, thereby requiring the medical team to revise its approach to patient care.

This supplement provides a series of three articles that illustrate how nurses can use an evidence-based practice model to guide therapeutic decisions. An analysis of outcomes related to dose-intensive chemotherapy regimens in patients with breast cancer is used to show how evidence-based methodologies can be used to evaluate and improve outcomes. (The same principles also can be applied to many other facets of oncology nursing practice.) An action plan is provided to illustrate how staff nurses working in any oncology setting can implement evidence-based techniques to improve patient care and facilitate the interaction of the interdisciplinary team.

Article 1: Chemotherapy Dose and Dose Intensity: Analyzing Data to Guide Therapeutic Decisions

The vast number of clinical articles, abstracts, lectures, and news releases on chemotherapeutic modalities can make ongoing literature analysis a daunting task. However, by adopting a focused, evidence-based approach, nurses can develop a systematic methodology for determining when (and how) to integrate published results into current clinical practice.

In this article, Theresa W. Gillespie, RN, PhD, OCN®, undertakes a systematic evaluation of the literature to investigate the role of dose escalation and dose intensity in the area of cytotoxic chemotherapy, using breast cancer as a model. This analysis provides an excellent example of how evidence can be used to guide the development of general principles to help define consistent treatment goals and processes. The data are provocative and may confirm or challenge the way healthcare professionals evaluate and treat patients.

Article 2: Analyzing Current Practice Patterns: Lessons From Amgen’s Project Chemoinsight®

A commitment to using current clinical literature to guide treatment goals and develop policies and procedures constitutes the first step toward crafting a rational, evidence-based nursing model. The next step in this process involves analyzing data to determine whether state-of-the-art treatment recommendations have been effectively incorporated into day-to-day oncology practice. This self-analysis requires periodic review of patient-specific data to examine the status of key quality indicators—the results can be compared with published norms to either confirm current practices or highlight areas requiring continuous quality improvement.

One such analysis is being coordinated through Amgen’s Project Chemoinsight®. This program uses anonymous, retrospective chart reviews to gather data from oncology practices throughout the United States. The compiled information is entered into a database, and analyses are conducted to determine patterns in chemotherapy administration and patient outcomes. Although retrospective, observational studies cannot demonstrate cause and effect, but they are extremely valuable nonetheless because they can highlight trends in clinical practices that cannot be detected by smaller prospective studies. The resulting data and analyses provide comparisons that allow clinicians to determine how their practice patterns conform to or differ from literature-based guidelines.

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