Quality Cancer Care

The Oncology Nursing Society’s (ONS’s) mission is to promote excellence in oncology nursing and quality cancer care. But what does quality cancer care really mean? For me, it means that the care I want my family to receive is delivered to all—the best care, nothing less. And yet that doesn’t happen, at least not with everyone facing this diagnosis. Some still experience poorly controlled pain. Or have too many computed tomography scans. Or get referred to hospice just days before dying, if at all.

The first report addressing this topic, Ensuring Quality Cancer Care, was published by the Institute of Medicine (1999). The report defined quality cancer care as avoiding the over, under, misuse, or wrong care while providing patients “with appropriate services in a technologically competent manner, with good communication, shared decision making, and cultural sensitivity” (p. 79). The report contained recommendations (see Figure 1) for ensuring quality cancer care. Since that report 14 years ago, others followed, focusing on different components of quality cancer care. So how are we doing?

We have seen progress in cancer care that includes declining death rates, a growing population of survivors, and enhanced quality of life for many of them. And yet we are far from delivering quality cancer care to everyone who needs it. We need evidence on what quality care is. And we need systems and processes to help us know about and consistently apply the evidence. We also need the skills and tools to use available resources to help us do that. We need to be able to practice to the full extent of our education and training so all of our patients can benefit from our expertise to be able to deliver this care (Institute of Medicine, 2011). As our healthcare system changes to meet the mandates of the Affordable Care Act, we need to drive the long overdue changes in how we deliver cancer care to make it better. The time is right as a number of changes are aligning so that we can do just that.

One of the ONS pillars in its strategic plan is about quality. ONS “supports the development, dissemination, and evaluation of patient-centered interventions and their contribution to high-quality cancer care” (ONS, 2012, p. 3). To further those aims, we decided that each column in this issue of the Clinical Journal of Oncology Nursing (CJON) would address some aspect of quality care. In addition, we will be launching a new column on Quality with Anne H. Gross, PhD, RN, NEA-BC, as associate editor in the June 2013 issue of CJON. We want to
keep this topic visible and help you think about quality cancer care in your own setting. We want to hear about the quality initiatives you have initiated or are part of to make cancer care better. And, as Mahatma Gandhi said, “You must be the change you wish to see in the world” (Quotations Page, 2013).

References


The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the editorial staff. Deborah K. Mayer, PhD, RN, AOCN®, FAAN, can be reached at CJONEditor@ons.org.

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