Improving Cancer-Related Fatigue Outcomes: Walking Patients Through Treatment and Beyond

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Participation in the ONS Foundation–supported Breast Cancer Care Quality Measures Set pilot study defined areas of need for compliance with proposed standards. Key outcomes were the revision of nursing assessment and documentation tools. Subsequent to those efforts, a walking track was made available for patients within the clinical cancer center. The track serves as an exercise resource for patients and family members to use while waiting for and after appointments. The planning involved multiple disciplines, and criteria established by the multidisciplinary team defined what group of patients should be advised of or encouraged to use the walking track without provider consultation. The scheduled nurse-patient education appointment prior to start of chemotherapy provides the venue for the discussion. The goal is to assist patients in staying active during and after treatment.

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Major changes occurred in 2008 at Froedtert Hospital regarding the organizational approach to cancer care. The opening of a new clinical cancer center lent itself to redefining models of practice. The breast cancer center became fully operational as a multidisciplinary clinic, with surgeons, plastic surgeons, medical oncologists, radiation oncologists, breast radiologists, breast pathologists, and breast imaging working together and sharing clinic space.

At the same time, electronic health records (EHRs) were implemented. The EHR selected did not have an ambulatory nursing assessment tool available. In response, nurses developed a template for consultation and follow-up visits. The templates were based on general professional nursing standards. Neither the consultation visit nor the follow-up visit template included fatigue, sleep-wake disturbances, or distress assessments. All nursing assessment documentation was formatted narratively, and filed as individual progress notes. Finding specific information in a progress note was very difficult. Timely access to the patient’s nursing assessment documentation and plan of care became a major challenge.

Because rapid growth occurred in patient volume, gaps were identified in documenting practice standards. The nursing staff was aware of the documentation issues related to fatigue and was committed to revisions using evidence-based knowledge. The literature supports symptom clusters of pain, distress, sleep disturbances, and fatigue, and, as such, none of these symptom reports should be considered isolated. That concept is the basis of the National Comprehensive Cancer Network ([NCCN], 2014) guideline for cancer-related fatigue. Findings from the literature indicate that patients with cancer should be encouraged to maintain physical activity during and following cancer treatment and to participate in exercise programs; in addition, patients with comorbidities or deconditioning should be referred to physical therapy (Stricker, Drake, Hoyer, & Mock, 2004). However, in the authors’ practice, a consistent process was not in place for assessing fatigue and making activity recommendations. Therefore, staff welcomed the opportunity to become involved in the ONS Foundation–supported Breast Cancer Care (BCC) Quality Measures Set pilot study. Participation was viewed as a way to bring grounded data for improved collaboration at a professional level with the providers.
Adapting a Self-Pace Walking Program

A multidisciplinary team of nurses, a medical oncologist, a physical therapist, and a hospital wayfinding specialist met to explore ways to adapt the intervention to the environment of the oncology clinic. A commitment was made to develop a process that would encourage the increased use of exercise as an intervention to manage cancer-related fatigue. Congruent with the theory of self-efficacy (Haas, 2000), the group wanted to design an intervention that focused on education, encouragement, and engaged walking behaviors during treatment appointments.

The oncology clinic had a natural path on the clinic-level floor that was square (with rounded corners). Before clinical areas could be adapted, certain questions needed to be addressed: “Could we ensure that adequate safety measures were in place to help patients who needed assistance while they were walking?” “Would we be able to find patients who were walking if they were being called to be roomed for an appointment?” “Could nurses encourage patients to walk without a provider’s order?”

After a multidisciplinary discussion, the consensus was yes to each of the questions. The remaining question became how to define the patients for whom nurses could initiate a walking program without provider collaboration. The following criteria were agreed on: receiving adjuvant therapy for breast cancer, hemoglobin and hematocrit within normal limits, afebrile, no known metastatic disease, no cognitive impairments, speaks English, and has a Karnofsky Performance Scale score of 90–100. Patients who did not meet the criteria were agreed upon: receiving adjuvant therapy for breast cancer, hemoglobin and hematocrit within normal limits, afebrile, no known metastatic disease, no cognitive impairments, speaks English, and has a Karnofsky Performance Scale score of 90–100. Patients who did not meet the criteria would be reviewed by their healthcare provider before being encouraged to use the walking track. Patients with poor functional status would be referred to the rehabilitation team to assist in personalizing an activity program.

Implementing “On the Move”

Prior to its opening, “On the Move” was chosen as the walking program’s name based on staff suggestions. Small environmental adjustments were made, including the installation of signage and additional benches along the path to allow patients to stop and rest if they became fatigued. A pamphlet was designed for nurses to review with the appropriate patients. Internal publicity was completed, and a ribbon-cutting ceremony was held. The walking track opened with great enthusiasm in November 2011. Eligible patients from all oncology clinics may use the walking track. Patient pagers also are available at all clinic reception.
improve the evidence base of fatigue management. Are patients who become active during treatment staying active? Do patients who use the walking track report decreased fatigue? Do patients who cannot use the walking track, incentive programs, and periodic reviews to identify barriers and concerns. Potential nursing research questions have evolved as a result of this intervention. Do patients who use the walking track report decreased fatigue? Do patients who become active during treatment stay active after treatment? Would organizing groups of walkers increase regular activity during and after treatment? Further work is needed to enhance the evidence base of fatigue management interventions.

Conclusion

Participation in the BCC Measures pilot study verified a known clinical need and allowed response to an identified practice gap. Standard measure sets were used as the foundation to direct changes in nursing practice. These changes affected multiple cancer clinics and are now woven into the fabric of all oncology nursing assessments. The EHRs now provide an oncology nursing documentation flow sheet that includes fatigue and sleep disturbances. The Distress Thermometer tool has become a standard part of nursing assessment (NCCN, 2013). Documentation of assessment criteria is now visible to all departments in the clinical cancer center; however, advising patients of available resources remains a challenge. Participation in the development and review of standards resulted in the professional growth of staff, program enhancements, and most importantly, perceived improvement in clinical outcomes and satisfaction.

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References

