

Incorporating Breast Cancer Care Data Into Clinical Assessment

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Participation in the ONS Foundation–supported Breast Cancer Care Quality Measures Set pilot study was an opportunity for staff at a National Cancer Institute–designated comprehensive cancer center to improve their process for introducing a change in practice. The institution’s treatment area revised a documentation tool, and the medical practice area embarked on an education project based on evidence-based practice from the Oncology Nursing Society’s Putting Evidence Into Practice initiative. After implementation, an increase in the number of patients being assessed for the quality measures of fatigue and sleep-wake disturbances was noted. In addition, the number of patients being educated on neutropenia using evidence-based information increased.

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Key words: quality measures; fatigue; sleep-wake disturbances

Digital Object Identifier: 10.1188/14.CJON.S2.25-26

Fox Chase Cancer Center (FCCC) is a National Cancer Institute–designated comprehensive cancer center with an ambulatory care department that provides services to 85,000 patients per year. The physician practice area is comprised of 100 examination rooms in three main buildings. Infusion services at FCCC in three separate areas, the largest of which is the infusion room where an average of 100 patients per day are treated. The second is the clinical research unit, where patients on phase I clinical trials are treated, and the third is the direct referral unit, where patients with urgent problems are seen and treated.

In 2010, FCCC took part in the ONS Foundation–supported Breast Cancer Care (BCC) Quality Measures Set pilot study, a retrospective review of the documentation of the quality measures of nausea and vomiting, distress, sleep-wake disturbances, and fatigue (Fessele, Yendro, & Mallory, 2014). The study was conducted in the infusion room and the physician practice area. Chart reviews were conducted and a review of the office visit and infusion room documentation was included. The initial data collection was from August to December 2010, with a follow-up collection that included data from the August to December 2012 time frame.

Infusion Room Documentation Tool

The nursing documentation tool used in the infusion room is a multipurpose form designed to address all documentation requirements. It has space for vital signs, height and weight, and a full nursing assessment organized by systems. The tool serves as a checklist for nurses; they check off symptoms that patients have been experiencing on a scale of 0 (no evidence of the symptom) to 4 (highest level of distress). A space at the bottom of the tool allows for a narrative note, if needed. In addition, the tool contains a medication documentation section to detail when medication is given to the patient and what the patient’s reaction to the medication is.

The office visit notes from the nursing staff and the provider are in narrative form. The authors’ review encompassed progress notes and nursing notes, after reading electronic records and medical charts, for documentation of assessment and intervention for fatigue, chemotherapy-induced nausea and vomiting, sleep-wake disturbance, and distress.

When the staff at FCCC accepted a role in the BCC pilot, participation was seen as a way to self-assess documentation practices with the belief that quality measures were already sufficiently included. Staff consistently found comprehensive

Implications for Practice

- ▶ Review documentation to identify opportunities for improvement in patient care and assessment.
- ▶ Attend a continuing education session, such as an Oncology Nursing Society–sponsored regional program, to obtain information regarding practice changes.
- ▶ Use the Putting Evidence Into Practice initiative as an education tool for increasing staff compliance with symptom-assessment methods.

documentation regarding fatigue, assessment for chemotherapy-induced nausea and vomiting, and education on neutropenia; however, a lack of information about assessment and interventions for sleep-wake disturbance and distress was noted. During the pilot testing, staff from FCCC attended ONS's Oncology Quality Collaborative conference that was designed to educate attendees on using BCC Measures data to make practice changes. The conference provided a forum for exchanging ideas and experiences as well as learning methods for intervention implementation.

Revisions

The gaps in practice and knowledge identified were related to sleep-wake disturbances and distress. The ambulatory care nurses working with patients during the office visit embarked on an education project to hopefully affect a practice change. Each month, one staff member volunteered to present a symptom and intervention based on ONS's Putting Evidence Into Practice initiative. Sleep-wake disturbances, depression, and anxiety were the first three topics presented.

Staff also noted that a revision was needed for the infusion room documentation tool, and questions were added on sleep-wake disturbance and distress. This change required a minimal amount of new education; therefore, monthly staff meetings were used as the forum in which to present the changes to staff.

The compliance with the new documentation improved for sleep-wake disturbances (15% to 80%) and fatigue (87% to 100%) during the second collection of the same BCC Measures (records reviewed in January 2013 for the August to December 2012 time frame). The nausea and vomiting and fatigue assessments remained consistent with the first review (August to December 2010).

Transformational Leadership

Luzinski (2011) described the components of transformational leadership in a Magnet-designated organization. Luzinski (2011) stated that the healthcare organization and nursing leaders create an environment that supports participation. Feedback is encouraged, valued, and incorporated from the staff at all levels of the organization.

Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff (Lillington et al., 2013). Considering these points, the BCC pilot study was completed by leadership rather than staff. It would have been valuable to add steps to the process, such as creating a structure for the staff to participate in the review, and then make the practice recommendations based on those findings to have a greater impact on practice.

Conclusion

Participation in the BCC Measures data collection pilot was very instrumental in creating opportunities for performance improvement. Participation helped to reinforce the need for a systematic review of practice via a chart audit that provides baseline information on current practice. In addition, current practice evaluation points were seen as opportunities for improvement. The use of current literature on evidence-based practice is a tool for education and intervention. The literature on transformational leadership provides best practice methods for successful management of change. Finally, collaboration with colleagues from around the country can be reassuring and inspiring for continuing a project.

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