

Blending Nursing Roles in Oncology and Imaging: An Innovative Strategy

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As cancer treatment becomes more diverse and complex, patients require more knowledge to make appropriate decisions and to feel comfortable with their choices. This has led to nurses who specialize in a particular type of cancer or therapy. Nurse specialists understand the complexity and multiple problems that patients may experience and have in-depth knowledge and advanced competencies to deliver and direct care to clients (Fulton, 2005).

One type of specialty role that emerged in the 1990s is breast care coordinator (BCC). Breast cancer is a common disease affecting many women and their families. Several types of breast cancer exist (e.g., ductal carcinoma in situ, inflammatory, invasive ductal, lobular adenocarcinomas), and each type may have different courses of treatment. Women often consult with several specialists and receive multiple choices regarding treatment. They must understand the information to make life-changing decisions; however, learning new and complex information while under significant emotional stress is difficult. Many large healthcare facilities offer the services of a BCC to help women diagnosed with breast cancer and their families during such a stressful time. Ridgeview Medical Center (RMC) in Waconia, MN, sought to create the role as a service to patients, but because of the

small size of the facility and a low number of patients with breast cancer, it faced a financial challenge in doing so.

Background

RMC is a 129-bed regional hospital located about 25 miles from the major metropolitan area of Minneapolis, MN. It is affiliated with 23 clinics and serves five counties. Although RMC does not have a cancer center per se, it has received recognition from the American College of Surgeons Commission on Cancer as a Community Hospital Cancer Program. The cancer care team includes three medical oncologists and a radiation oncologist working together with primary physicians; surgeons; oncology, homecare, and hospice nurses; nutritionists; and other professional staff to provide the highest-quality inpatient and outpatient services. In 1999, RMC treated 58 women with newly diagnosed breast cancer, the number-one cancer diagnosed at the facility. One of RMC's strategic goals was to maximize high-quality oncology services so that patients could receive care closer to home. A hospitalwide initiative was undertaken in 2000 to examine current practices in an effort to compare them against national best-practice models and to evaluate how well RMC was meeting patients' expectations.

A multidisciplinary team consisting of a radiologist, the director of imaging, a nurse manager, the vice president of patient care services, the chief operating officer, the director of quality improvement (QI), and the chair of the cancer committee was formed. Member selection was based on key individuals who were knowledgeable about breast diagnostics, treatment of breast cancer, and development of a new service line. One key issue for the team to consider was hiring a BCC. All team members had to agree that a BCC could positively affect breast cancer care at RMC if the new role was created. The team agreed to meet for about six months, with the overall aim of improving breast cancer care. The QI team began the process by gathering information from several sources: patients' perspectives regarding the care they received at RMC and feedback on ways to improve it, a review of the literature of the BCC role, and evaluation of community standards.

Patients' Perspectives

Focus groups run by the nurse manager defined patient expectations along with the public's perception of breast cancer care at RMC. Three areas of feedback were elicited. The first involved wait time for additional diagnostic studies (e.g., magnification views, ultrasound) following an abnormal mammogram. The radiologist routinely read screening mammograms after patients had left the facility. After reviewing the imaging scheduling data, the QI team found that two to three patients per day had an abnormal

Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, interviews with nurse leaders, and accounts of the application of leadership principles or theories to practice. Descriptions of activities, projects, or action

plans that are ongoing or completed are welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, DNSc, RN, OCN®, at klemmpa@udel.edu.

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Digital Object Identifier: 10.1188/07.ONF.27-31