Survivorship Treatment Summary and Care Plan: Tools to Address Patient Safety Issues?

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Improvements in successful cancer therapies and increasing rates of early detection have resulted in more people surviving cancer than ever before. Almost 12 million cancer survivors reside in the United States (Ries et al., 2007). A report by the Institute of Medicine (IOM) concluded that a growing number of patients with cancer are surviving the disease only to face an array of new needs (Hewitt, Greenfield, & Stovall, 2005). Too often, such needs are not met.

> When I was discharged after being in the hospital for five weeks having an allogeneic stem cell transplant, I did not want to leave the protection of the unit. I had 24-hour nursing care delivered by experts in their field, and I felt safe; now they want me to go home and figure out what should be done on my own.

This quotation from a cancer survivor is not an uncommon sentiment when treatment is complete; such feelings were the impetus behind the IOM report *From Cancer Patient to Cancer Survivor: Lost in Transition*. The report proposed recommendations for improving the care and quality of life for such individuals, including a survivorship treatment summary and care plan. The report indicated a lack of evidence to support the recommendations, but "some elements of care simply make sense" (Hewitt et al., 2005, p. 154).

It makes more than sense—a survivorship treatment summary and care plan address patient safety issues. The proposed treatment summary and care plan involve communication, chemotherapeutic medication reconciliation, review of prior treatment, and a discharge summary with handoff instructions. Each of those issues is addressed by the policies of the Joint Commission.

Given that noncommunication or miscommunication is to blame in many common errors, the central person with whom healthcare providers should communicate—the patient—must be the first priority. Many times, historical information on a patient is incomplete. Collecting such information and consistently reviewing it prior to making treatment decisions allow clinicians to carefully consider potential contraindications and medical concerns (Mansur, 2006).

Although this could have been ripped from the pages of the IOM report regarding the need for a care plan and summary, it was taken verbatim from an online article titled "Enhanced Medication Safety" on the Joint Commission Web site (Mansur, 2006). The article described how medication errors are more likely at times of transition and that constructing a document that contains accurate medication information along with systematic communication with the next provider and the patient are crucial to maintaining patient safety standards.

The Joint Commission has national patient safety goals for communication among caregivers (Joint Commission, 2009). In December 2008, a goal was developed regarding handoff communications between providers. In essence, the goal recommended the development of organizational standards involving how information is communicated at times of transition, uniformly implemented throughout an institution.

The IOM, American Society of Clinical Oncology, and National Comprehensive Cancer Network all endorse that patients completing treatment receive a comprehensive care summary and follow-up plan. They also recommended that such a care plan should summarize critical information such as details of the cancer diagnosis and treatment, recommendations regarding preventive practices and health maintenance, information about legal protections, and availability of psychosocial services (see Figure 1). The IOM report stressed the need for more communication and coordination among providers who treat the diverse health problems described within the report's pages. The IOM noted that many patients may already have received some of the information during the course of their usual cancer care but that repeating and summarizing such information at the time of transition are important as well. The recommendation should take place at the completion of a survivor's cancer therapy but, in reality, is a continuation of the informed consent process.

Informed consent is an ongoing process and not the simple act of signing a formal document (American College of Radiology, 2007). The rationale behind the informed consent process is to provide patients enough knowledge of the risks and benefits of cancer therapies to make informed decisions about what is in their own best interest. Although this

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