

A Multidisciplinary Model for Cancer Care Management

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Christiana Care Health System (CCHS), which traces its roots to 1888, is one of the largest not-for-profit healthcare providers in its region, serving people in Delaware, Maryland, Pennsylvania, and New Jersey. CCHS operates two hospitals in northern Delaware, provides long-term and transitional care services, and facilitates an extensive range of outpatient and home-health services. The 60,000-square-foot building that houses the Helen F. Graham Cancer Center opened in the spring of 2001 and is located on the campus of Christiana Hospital. More than 60,000 patient visits were recorded during its first year of operation. The services that are essential to providing comprehensive cancer care are offered under one roof and include radiology, radiation oncology, laboratory services, pharmacy, multidisciplinary care centers, private physician offices, conference rooms, a library, an outdoor garden, and a boutique.

The purpose of this article is to describe the implementation of a care management approach that reflected CCHS's philosophy of providing patients with cancer with the best possible multidisciplinary care along the entire illness trajectory.

Process

Prior to 2001, patients with cancer were treated in a variety of settings, including

physician offices, hospital departments, and outpatient clinics scattered throughout CCHS. As a result of a fragmented approach to cancer care, patients often had to wait as long as three weeks to undergo diagnostic procedures and visit appropriate specialists. A lack of coordination among departments in the system resulted in multiple patient admissions problems that might have been prevented (e.g., dehydration, pain management, infection). Inefficiencies in discharge planning led to untoward consequences for CCHS and for patients. For patients, they included missed appointments, inadequate pharmacy services, and a lack of coordinated follow-up after discharge from the hospital. For CCHS, the inefficiencies meant decreased patient satisfaction with services and financial losses.

As part of an ongoing evaluation process, a multidisciplinary panel developed a survey to evaluate patients' satisfaction with CCHS. Results of the survey indicated that patients wanted a healthcare team that communicated clearly with them about their disease management. The sentiment was particularly prevalent in patients with cancer who often required long-term courses of treatment and follow-up visits to a variety of specialists. Based on the feedback, administrators established a Cancer Care Management

Department in 2000. The new department's mandate was to implement a fluent approach to care that coordinated patient needs and medical requirements and helped patients navigate through the healthcare system from start to finish and across the healthcare continuum. The staff members of the newly formed department used recommendations set forth by the Delaware Advisory Council on Cancer Incidence and Mortality (Delaware Department of Public Health, 2002) to guide their steps toward implementation. The council's recommendations included the following.

- Provide care that is patient focused, coordinated, and efficient.
- Arrange timely referrals to specialists and support services.
- Decrease waiting times to see specialists and to obtain test results.
- Increase the number of patients enrolled in clinical trials.
- Streamline the insurance reimbursement process.
- Market programs and services to physicians and community agencies.

Different types of cancer require individualized treatment regimens and follow-up. To provide patients with the best treatment available, the Helen F. Graham Cancer Center houses 14 multidisciplinary centers (MDCs) under one roof. Each MDC focuses care on a site-specific cancer and has designated hours each week (see Figure 1). A patient diagnosed with cancer is referred

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 or Associate Editor Paula T. Rieger, RN, MSN, CS, AOCN®, FAAN, at ptrieger@pdq.net.

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