



Improving Practice One Patient, One Nurse, One Day at a Time: Design and Evaluation of a Quality Education Workshop for Oncology Nurses

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High-quality nursing care is not delivered consistently to the millions of Americans treated for invasive cancer in the United States. As part of its quality initiative, the Oncology Nursing Society (ONS) developed and tested nursing-sensitive quality measures for breast cancer care. Findings from the pilot testing suggested significant knowledge and practice gaps that could be addressed through member education.

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Digital Object Identifier: 10.1188/13.CJON.584-587

Cancer Fund administered through the ONS Foundation, ONS quality project teams have begun to develop and test oncology nursing-sensitive quality measures. The purpose of this article is to share findings from the first ONS quality measures pilot project and describe the process involved in developing a quality education program using the findings.

Quality Measures

The first ONS quality measures project team, led by Susan Beck, APRN, PhD, AOCN[®], FAAN, developed the groundwork for the Breast Cancer Care Measures set (ONS, 2012). The measures identify common symptoms experienced by patients newly diagnosed with breast cancer receiving adjuvant chemotherapy for which evidence exists to manage symptoms (e.g., distress, fatigue, sleep-wake disturbances, nausea and vomiting, neutropenia). This quality initiative was first introduced during the 35th Annual ONS Congress in a presentation describing the roadmap and partnerships needed to develop and track sustainable quality measures (Sein, Beck, & Otte, 2010). The ONS Putting Evidence Into Practice (PEP) resources provided the foundation for the measures. ONS partnered with The Joint Commission to develop and test the measures in 37 clinical practice settings representing different geographic regions, as well as rural, urban, and suburban settings throughout the United States. Findings from the first look at the quality of care being delivered by oncology nurses was extremely informative (see Table 1). The table shows the proportion of eligible patients across the

Quality care has been defined as “getting the right care to the right patient at the right time—every time” (Agency for Healthcare Research and Quality, 2009, p. 1), as well as care that is consistently “safe, effective, patient-centered, timely, efficient, and equitable” (Institute of Medicine, 2001, p. 35). Despite the ability in the United States to provide some of the most advanced medical expertise in the world, many people do not receive the standard of care (McGlynn et al., 2003). An urgent need exists to improve the quality of care nationally because of the documented variations in care delivery attributed to geography, race and ethnicity, gender, and socioeconomic status. Many factors contribute to the inconsistency in quality of care, including inadequate knowl-

edge of clinicians, disputes over current practice guidelines, conflicts with prior training, implementation challenges, and inadequate resources (e.g., poor nurse staffing, reduced reimbursement, equipment and drug shortages) (Brown, Wickline, Ecoff, & Glaser, 2009).

The national spotlight on healthcare quality has intensified. Little is known about the quality of care provided specifically by oncology nurses. The challenge is to identify gaps and change practice to improve patient outcomes. The Oncology Nursing Society ([ONS], 2009) recently launched a quality initiative to promote the development and testing of evidence-based, valid, and reliable quality measures to begin to examine the quality of care delivered by oncology nurses. Funded by the National Philanthropic Trust’s Breast