

# Transforming Cancer Survivorship Care Through Quality Improvement Initiatives

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Oncology nurses must become better prepared to conduct quality improvement projects that will optimize quality of care and patient safety for long-term cancer survivors. The growing interest in survivorship care has led to the availability of multiple versions of cancer survivorship care plans (SCPs). Despite the availability of SCPs, research is lacking evidence-based processes to evaluate whether providers comply with planning and issuing SCPs. In the current article, the authors describe exploratory efforts to monitor the providers' compliance rate in issuing SCPs in diverse disease-specific clinics.

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Providing high-quality, safe care to long-term cancer survivors is a growing concern to all healthcare professionals. Recent trends have emphasized the critical need to teach healthcare providers and patients about the design, implementation, and evaluation of such services. Florence Nightingale introduced nurses to quality improvement when she uncovered the link between high mortality and poor hygiene practices (Meyer & Bishop, 2006). Her findings continue to serve as a fundamental tenet embedded in today's healthcare systems. A critical component of adoption of new professional practice in survivorship care is to increase awareness and consensus of the need for quality improvement metrics related to the care of long-term cancer survivors. A growing paradigm shift has occurred to include survivorship care as part of the cancer care continuum (Taplin et al., 2012). The

2005 Institute of Medicine (IOM) report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, acknowledged that evidence-based practice is necessary to inform clinicians and patients on best care of long-term cancer survivors (Hewitt, Greenfield, & Stovall, 2005).

The standards recently issued by the American College of Surgeons Commission on Cancer ([COC], 2012) require that, by 2015, all patients completing curative treatment receive a survivorship care plan (SCP). The COC's (2012) survivorship standards also stated that a performance and compliance plan will be required and evaluated in every U.S. accredited cancer program. The four-step process calls for plans to monitor, evaluate, present, and document the actual program plan. A surveyor will conduct an on-site visit and discuss methods with members of the cancer committee. Then,

a program will receive a rating of compliance or noncompliance. However, several challenges will have to be addressed before these standards are integrated into routine clinical practice. One relates to the lack of evidence demonstrating that SCPs can be successfully used by clinicians to adapt and standardize survivorship care.

The growing interest in survivorship care has led to the availability of multiple versions of SCPs. Despite the availability, providers face several challenges in planning and issuing them, including variation in compliance rates, lack of knowledge about survivor issues, and lack of consensus on how to measure the impact of SCPs on survivor outcomes (Dulko et al., 2013; Palmer et al., 2014; Stricker & O'Brien, 2014). The authors used the template from the American Society of Clinical Oncology ([ASCO], 2014) Quality Oncology Practice Initiative and American Board of Internal Medicine (ABIM) Self-Directed Practice Improvement Module. The current article describes exploratory efforts to use elements from the module to monitor the providers' compliance rate (CR) in issuing SCPs in diverse disease-specific clinics. In this pilot effort, the authors sought to collect baseline CRs per clinic and compare them with a goal rate of 100%. The authors purposely established a high compliance goal rate to show the importance of the role of SCPs in survivors' transitions back to primary care providers.

## Methods

### Survivorship Care Plans Structure and Implementation Process

The authors' institution identified SCPs as an appropriate way to disseminate and implement evidence-based practice in