



Walter Reed
National Military
Medical Center



Murtha Cancer Center “The DoD Cancer Center of Excellence”

“Accelerating Progress against Cancer through Collaboration”

Development of a Nurse Led GYN Oncology Survivorship Program: A Feasibility Study

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Sarah Bernstein RN, MS, AOCN



Statement of concerns

- A recent study was conducted with TRICARE beneficiaries with breast, prostate or colorectal cancer survivors to determine how frequently they received follow-care and high cost imaging (HCI) tests.
- Of the three cancer groups studied (breast, colorectal and lung) one in three did not receive all minimum recommended surveillance care during the three year follow-up period, despite having frequent encounters with health care providers (Fox, Jeffrey, Williams, & Gross, 2013).
- Gaps exist in care management during the survivorship period and side effects, psychosocial needs, and follow-up care are often neglected areas of patient education (Cooper, Loeb, & Smith, 2010)



Objectives

- Examine the feasibility of a nurse-led survivorship program in GYN cancer survivors at WRNMMC.
- Assess quality of life and changes in QOL over time.
- Identify preliminary effects of the Survivorship program on psychosocial distress.
- Assess participants' experience and satisfaction with the Survivorship program.



This is a pilot program to demonstrate that a stand alone nurse run survivorship clinic is feasible and acceptable to patients.



Cancer Survivorship: the “phase of care that follows primary treatment”

Institute of Medicine’s report (2006)

- This is the phase of care where patients often experience a loss of the strong “connection” to their care team
 - Loss of a concrete plan for follow-up
 - Who do I call?



Components of Survivorship Care

1. **Prevention**: of new cancers, and of late effects
2. **Surveillance**: for cancer spread, recurrence, or second cancers; assessment of medical and psychological late effects
3. **Intervention**: for consequences of cancer and its treatment
 - IE: Sexual dysfunction, pain, fatigue, psychological distress of the survivor or their caregivers
 - Concerns related to employment, insurance & disability
4. **Coordination**: between specialists and primary care providers to ensure that all survivor's health needs are met.



Is a written plan, initiated by the oncology nurse, should address the cancer type, treatment summary, follow-up appointments, recommendations dates for follow-up appointments and tests, potential side effects and late effects; and how they should be treated, as well as recommendations for ongoing adjuvant therapy, a schedule for surveillance for cancer recurrence and screening for other cancers, and referrals to specialists for management of identified needs (Landier, 2009).



What is the Nurse Led Model?

- Oncology nurses have been instrumental in developing and integrating cancer survivorship care into current healthcare settings (Ferrell & Winn, 2006).
- Patients who transition from an Oncologist's care to primary care through an oncology nurse-managed center have an enhanced long- and short-term outcomes, including symptom management, monitoring for reoccurrences, and meeting long-term healthcare needs. (Cooper, 2010).
- The nurse-managed model of oncology care has shown a decrease in waiting times, with improved outcomes while decreasing the number of unmet needs that patients find most distressing.



What is a Nurse Led Model?

- The continuity of cancer care is significantly enhanced when primary care NP's and Oncology NP's are involved in patient care across settings. (Cooper, Loeb & Smith, 2010).
- Advanced practice nurses can provide long-term cancer surveillance while also promoting health maintenance in the cancer survivorship population.





The research questions for this study are:

1. What is the feasibility of a GYN/Oncology Survivorship Program in a military treatment facility?
2. What are the main quality of life concerns of women during their participation in the Survivorship program?
3. Does participation in the Survivorship Program affect psychological distress?
4. What is the patients' experience and level of satisfaction with the Survivorship program?



Hypothesis

- the Survivorship Program will collect significant data that will be highly effective in the care of at risk GYN Oncology patients.
- the program monitoring method will increase compliance with follow-up care and screening recommendations as outlined in the Survivorship Care Plan.
- participation in the program will reduce psychological distress in part by providing ongoing support, education, symptom management and coordination of care.
 - thus promoting increased confidence and sense of control during the vulnerable period of transition from active treatment.
- The identification of quality of life concerns can be used to identify unmet needs and potential resources for program improvement .
- the program will be acceptable to patients.



- Design: The proposed study is a descriptive, proof of concept, study of a Survivorship Program conducted within WRNMMC.
- A single group pilot study, including both quantitative and qualitative approaches, will be utilized to meet the study aims and answer the research questions.
- This pilot study will be conducted with military beneficiaries who have completed primary treatment and have not experienced a recurrence during the initial treatment period.
- Participants will complete three self-administered questionnaires to assess quality of life and psychological distress at baseline, 3, 6, 9 and 12 months. They will complete the Client Satisfaction Questionnaire at the end of the program and participate in an exit interview.
- Approximately 30 women will be enrolled and followed over a 12 month period.



Data Collection Tools

- The Personal Data Form (PDF) is a self-report instrument documenting demographics, military status, and current symptoms.
- The Clinical Data Form (CDF) documents cancer diagnoses, treatments, symptoms, complications during therapy, disease status, comorbidities, medications, and specialty clinics attended.
- The Brief Symptom Inventory (BSI-18) A baseline measure of psychological distress (Derogatis, 2000) consists of three subscales for anxiety, depression, and somatization, and a Global Severity Index (GSI).
- Quality of Life- Cancer Survivors (QOL-CS) Questionnaire: physical well being, psychological well being, social well being and spiritual well being.
- Hospital Anxiety and Depression Scale (HADS): Measure of psychological distress. (2 Subscales to measures anxiety & depression)



Client Satisfaction Questionnaire-8 (CSQ):

- Satisfaction with the program will be assessed at the end of the study or time of last visit.
- The CSQ is an 8 item scale that assesses satisfaction with services and includes a few open-ended questions. (Larsen, Attkisson, Hargreaves, & Nguyen, 1979).



Patient completes Adjuvant treatment

↓

She enrolls into the GYN Oncology Nurse-led survivorship program

↓

Completes the baseline instruments (using a tablet)

↓

The information is reviewed with the patient by the APN

↓

Physical & GYN exam completed by a GYN Nurse Practitioner

↓

The APN will review the collected data, then with the patient develop the survivorship care plan, and develop a plan for action with appropriate referrals.

↓

Information is then entered into the database with reminders set to notify nurse of pending issues/appts/etc.



Military Significance

- The inclusion of primary care providers and delineation of care responsibilities in the SCP may also facilitate coordination of care and management of co-morbidities and late effects of treatment.
- Military patients and their families are by definition mobile. Improvement in their follow-up care, especially with their frequent duty station changes could be applied across other disease continuums.





Military Significance

- This descriptive feasibility pilot study can be the basis for further research including a Phase II study; the development of a comprehensive follow-up system that will improve oncology survivorship care across military treatment facilities.
- The findings from this study will support the implementation of an integrated computer system for tracking of survivors with reminders for both staff and patients.
- If this study supports the feasibility of implementing a nurse-led survivorship program in the GYN Oncology survivorship setting, the model may be expanded to other cancer types within the military and then potentially DOD wide.



In Conclusion

- We are assessing the feasibility of a nurse-led GYN cancer survivorship clinic including benefits and barriers
- The goal is to improve coordination of care among providers, decrease psychological distress, increase patient satisfaction and QOL.
- This data will be used to support current survivorship care & provide data for future research, including the development of a comprehensive follow-up system that will improve oncology survivorship care across military treatment facilities.



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Questions

