

Improving Patient Care Through Nursing Informatics

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Purpose

- Assemble a multidisciplinary team including: oncology administration, oncology nurse leaders, oncology nursing informaticists, tumor registry, and a physician champion at Lehigh Valley Health Network (LVHN).
- Develop, implement, and evaluation SCPs.

Significance & Background

- The American Cancer Society projects the number of survivors will increase from 14.5 million in 2014 to 19 million in 2024.
- Cancer survivors require long-term care and monitoring to detect and treat recurrence or new cancers and manage long-term treatment side effects.
- The American College of Surgeon's Commission on Cancer (CoC) requires all of its accredited facilities to implement Survivorship Care Plans (SCPs) by 2015.

Planning

- The oncology nursing informatics team developed a general template for the SCPs.
- Care plan template was incorporated into the Electronic Medical Record (EMR).
- The template was expanded to include disease site specific information and tailored to the oncology discipline.

Interventions

- Identified strategies to incorporate the EMR to cue providers to generate a treatment summary visit for eligible patients.
- The oncology nursing informatics team formulated a tool for retrieval of data.

Evaluation

- In 2014, LVHN provided 15.8% of eligible patients with a SCP.
- In 2015, LVHN provided 30.6% of eligible patient with a SCP, meeting the CoC goal.
 - Combined tumor registry data of Stage 0-3 cancers = 905
 - Number of patients who received a treatment summary = 277

Discussion

- Increasing demand to provide data through integration of EMR.
- Nursing informaticists are directly involved in process improvement projects to improve quality of care.
- Nursing informaticists specializing in oncology are integral members of the team combining innovative solutions powered by technology and a passion to provide quality patient care.

Survivorship Care Plan

Year	2014	2015
Patients Who Received SCP	209	277
Patients Eligible for SCP	1323	905
Percentage Received	15.8%	30.6%

Met CoC Standard



Elements of Survivorship Care Plans

- Introduction
- Diagnosis Date & Description
- Active Problems
- Surgeries & Biopsies
- Medical Oncology Treatment Summary
- Radiation Oncology Treatment Summary
- Potential Late Effects of Treatments
- General wellness
- Summary Assessment
- Medication/Allergy List
- Care Team Listing
- Care Plan Intent
- Cumulative Dose (if applicable)
- Recommended Follow-up Care

Survivorship Care Plan Sample

Lehigh Valley Health Network Radiation Breast Survivorship Plan & Summary
Name: Test, 18
Date of Birth: 1/01/1956
MR: xTest0018

3/16/2016
Introduction: Your oncology team has created this Survivorship Plan and Treatment Summary for you. It contains information on how to contact your team, a summary of your diagnosis and treatment, a list of any appointments you have scheduled, recommendations for your follow up care as well as information about maintaining a healthy lifestyle. Over time, the plan for your care and recommendations may change. We will provide you with a new plan as needed. This plan contains confidential medical information.

Dx Date: Description: Malignant neoplasm of upper-outer quadrant of breast, female

Active Problems: Description: Thrombocytopenia, unspecified. Other specified noninfective gastroenteritis and colitis.

Surgeries & Biopsies: Report Date: Surgery Summary List: Mastectomy - Partial. Malignant neoplasm of upper-outer quadrant of breast, female. 1/20/2015. Other Surgery: Comment:

Medical Oncology Treatment Summary: Not applicable. See Medical Oncology Treatment care plan.

Radiation Oncology Treatment Summary: Start Date: End Date: # of Treatments: 18.

Summary Assessment: Date: 9/23 AM. 3/16/2016. Time: Approval: ***ECOG PERFORMANCE*** Symptomatic; ambulatory; restricted in strenuous activity. Type of Case: Newly diagnosed. Disease Status: Complete response. Treatment Status: Completed planned treatment. Menopausal Status: Postmenopausal - no menses for at least 12 months.

Medication/Allergy List: See attached.

Care Team: Department: LVPG Radiation - Cedar Crest. Phone Number: 610-402-0000. Physicians: Dr. Charles Miller, MD. Primary Care Physician: Dr. Jane Doe, MD.

Potential Late Effects of Treatments: See Radiation Discharge Education.

Long Term Side Effects Following Radiation Therapy for Breast Cancer: Common: Mild fibrosis (increased firmness) of the treated tissues (breast, chest wall, or reconstructed breast). Mild shrinkage of the treated breast or reconstructed breast. Telangiectasias (tiny purplish blood vessels on the skin). Permanent mild tanning of skin in the treated area (more common in patients with darker complexions). Uncommon (occurring in 1-5% of people treated): Lymphedema (swelling) in the arm in women who have had treatment of the regional lymph nodes (added risk from radiation, over and above risk from axillary surgery). Lymphedema (swelling) in the breast. Inflammation of the lung (may be asymptomatic or have symptoms similar to pneumonia). Fibrosis (scarring) of the lung (rarely if ever affects breathing). Rare (occurring in less than 1% of people treated): Fractures in the treated area (typically a rib fracture). Damage to the heart. Complications from radiation requiring revision or removal of a reconstructed breast. Injury to the brachial plexus (nerves that go to the arm) leading to numbness, tingling, or weakness in the arm. Ulceration of soft tissues. Cancers caused by radiation therapy (risk is 1 in 1,000 patients over 5 to 30 years).

Make certain to document symptoms to discuss at your next visit. Call your care team if symptoms change suddenly. Call 911 in case of an emergency.

Care Plan Intent: Curative (adjuvant).

of Care Plan Cycles Planned: 6.

Cumulative Adriamycin dose: Not applicable. See radiation therapy care plan.

Survivorship Care Plan: Recommended Follow-up Care: Test: Doctor's Visit: Every 3-6 months for the first 3 years after the first treatment. Every 6-12 months for years 4 and 5. Every year thereafter as directed. Recommendation: Post-treatment mammography: 1 year after the mammogram that led to diagnosis, but at least 6 months after radiation therapy. Obtain a mammogram every 6-12 months thereafter. If applicable. Breast-self examination: Every month. This is not a substitute for a mammogram. Provider to Contact: Coordinated between applicable physicians: surgeon, radiation oncologist, and/or medical oncologist. Four surgeon. Self.

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