

# Improving Patient Care Through Nursing Informatics

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# 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: XTE80018

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 future of 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.

**Diagnosis:**  
Malignant neoplasm of upper-outer quadrant of breast, female

**Active Problems:**  
None with specific, unspecified  
Other specified noninfective gastroenteritis and colitis

**Surgeries & Biopsies:**

| Report Date | Surgery Summary List                                                                          | Other Surgery | Comment |
|-------------|-----------------------------------------------------------------------------------------------|---------------|---------|
|             | Mastectomy - Partial, Malignant neoplasm of upper-outer quadrant of breast, female, 1/23/2015 |               |         |

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

**Radiation Oncology Treatment Summary:**  
Start Date: End Date: # of Treatments: 16

**Site:** Breast  
**Dose:** 52Gy/16

**Summary Assessment:**  
Date: 3/16/2016  
Time: 9:23 AM  
Approval: Symptomatic; ambulatory; restricted in strenuous activity  
\*\*\*ECOG PERFORMANCE\*\*\*  
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  
• Telangiectasia (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  
• Dilatation 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: | Recommendation                                                                                                                                                        | Provider to Contact                                                                                  |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Doctor's Visit              | Every 3-6 months for the first 3 years after the first treatment.<br>Every 6-12 months for years 4 and 5.<br>Every year thereafter as directed.                       | Coordinated between applicable physicians: surgeon, radiation oncologist, and/or medical oncologist. |
| Post-treatment mammography  | 1 year after the mammogram that led to diagnosis, but at least 6 months after radiation therapy.<br>Obtain a mammogram every 6-12 months thereafter.<br>If applicable | Your surgeon                                                                                         |
| Breast-self examination     | Every month. This is not a substitute for a mammogram.                                                                                                                | Self                                                                                                 |

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