Providing Structure to Survivorship Care Delivery: A Process Improvement Project
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What We Learned
Development and implementation of a quality structure is essential to fostering engagement from the medical community in the delivery of a sustainable survivorship program.

BACKGROUND
Delivery of survivorship care plan (SCP) using a multidisciplinary approach optimizes attention to the components of survivorship care (Hewitt et al, 2006). Institutions continue to be challenged by implementation barriers (Dulko et al, 2013; Mayer, 2014; Eshelman-Kent et al, 2011). A large CCCP in the Southeast consisting of 3 hospitals, 34 outpatient infusion centers, and 6 radiation oncology centers treated 10,000+ analytic cancer cases in 2017. The size of this program as defined by analytic volume and geographic footprint of 44 counties creates significant challenges to survivorship care delivery process. A gap analysis highlighted components of the survivorship program recommended for process improvement.

PURPOSE
To establish a centralized committee structure providing a forum for managing system-wide survivorship care plan delivery activities and fostering consistency with the cancer program’s strategic goals.

METHODS
- Created a formalized hierarchical structure consisting of Centralized Survivorship Committee and survivorship site working groups.
- Each survivorship site working group included members from the quality team, support services, clinical staff, and providers.
- Working groups provided a mechanism to assess current processes, develop PI for delivery, & assess effectiveness of implementation.
- After one year, the structure was modified creating a quarterly Centralized Survivorship Committee to review current delivery process and dashboard.
- Each team reviewed the required elements, literature on models of delivery, patient education, support services, completed work flows, educated staff and providers.
- Generation of Treatment Summaries done by Oncology Analytics within cancer registry.
- Survivorship Care Plans developed by Survivorship Coordinator (RN) for nine (9) cancer diagnoses reflecting 70% of analytic volume.
- Outcome measures included percent of eligible patients receiving SCP, patient satisfaction, patient perception of ability to self-manage disease, and staff resource management.

RESULTS
Pilot study sample of 34 eligible patients with breast cancer who received survivorship care plans,
- 89% felt understanding improved, 66% found SCP helpful
- 59% said it prepared them for transition
- 77% were satisfied with service
- Significant 7% improvement was noted in the patient’s perception of disease self-management (p=0.018).
- A brief survivorship visit yielded similar positive outcomes as an extended 45 min visit.
- Initial time study data revealed 3.7hrs/per patient for preparation. Process modifications resulted in 65% time reduction per patient (1.25hrs).
- PI facilitated achievement of CoC & NAPBC Standards.

CONCLUSION
Overall accomplishments achieved across the system included development of TS/SCP for nine cancer diagnoses, creation of patient education, establishment of algorithms for delivery in medical oncology, radiation oncology, and surgical oncology practices, and a sustainable centralized multidisciplinary leadership committee to monitor quality dashboard, provide ongoing process reviews, and maintain accountability to patient-centered care.

REFERENCES

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