STUDY SUMMARY: Facilitating RN involvement in cancer survivorship care

In this qualitative descriptive study, semi-structured telephone interviews were conducted with 18 registered nurses (RNs) working in primary care settings. A demographically diverse group of participants were selected through purposeful sampling from the College of Nurses of Ontario (CNO) registrant list and were asked to identify factors they believed influenced their involvement in cancer survivorship care (CSC). The mean age of study participants was 47 years, with 13 of the nurses having more than 5 years of experience in primary care nursing. Nine of the 14 Ontario Local Health Integration Networks (LHIN) were represented. The data were analyzed using constant comparative analysis and NVivo 10. The analysis revealed that 3 categories of factor influence primary care RN (PCRN) engagement with CSC: 1) provider-level factors (CSC knowledge, experience and confidence; understanding of CS community resources; understanding of healthcare system, system navigation and patient’s cancer journey); 2) practice-level factors (time; interprofessional team function; clinical information systems; level of CSC structure within primary care practice settings; and role autonomy); and 3) system-level factors (communication and exchange of patient information across healthcare settings; clinical information systems; “gold standard” evidence-based CSC tools, assessments and best practice guidelines; and CSC funding models within primary care practice settings).

COMMENTARY: As the number of cancer survivors increases, there is a greater need to care for the complexities of cancer survivorship. In some regions, the provision of CSC has been shifted from tertiary cancer centres to primary care settings, where practitioners care for a spectrum of healthcare needs. PCRs provide care to a variety of patients with a wide range of diagnoses, including cancer, however little is known about their perceptions of CSC. This Ontario study by Yuille et al presented at the 2014 CANO/ACIO meeting identifies PCRN perceptions about factors that impact their involvement in CSC. The analysis provides important insights into changes at various levels that could improve the CSC provided in primary care. The PCRs identified multiple factors that affect their ability to optimally meet the needs of cancer survivors, who live with a number of long-term challenges related to their disease and/or treatment.

A major finding was the importance of clinical information systems in overcoming some of the barriers identified by the authors. Appropriate clinical information systems can provide PCRs with easy access to care protocols and evidence-based guidelines, such as those published by the Canadian Partnership Against Cancer (Cancer Journey Action Group) and Canadian Association of Psychosocial Oncology. Such systems can seamlessly introduce CSC education into the everyday practice of primary care nurses (though protected release time for education remains a challenge). CSC tools, resources and guidelines can form the basis of care algorithms embedded within the electronic documentation systems used by PCRs, thereby keeping them up-to-date with current best evidence. These systems can highlight specific assessments the PCRN should discuss with patients, recognizing that nearly 50% of cancer survivors do not initiate discussion of specific survivorship concerns with their primary healthcare providers. Clinical information systems can also be linked to a database of cancer survivorship
landmarks

resources available in the local community, enabling the PCRN to refer patients for additional support.

The authors also found that clinical information systems facilitated the exchange of patient information across healthcare settings, allowing the PCRN to better understand the patient’s cancer care trajectory prior to entering the primary health system for CSC. Access to this information reduces the likelihood for redundant assessments and/or interventions.

These findings are useful in guiding efforts to facilitate and/or expand the roles of PCRNs in CSC and contribute to promoting the care of cancer survivors within the existing primary healthcare system.

References


IN BRIEF

Already known:
• The number of cancer survivors in Canada is rising.
• Cancer survivors have a number of complex needs beyond the active treatment phase of cancer.
• Cancer survivorship care is increasingly being provided outside of tertiary settings, in primary health settings.

What this study showed:
• Provider-level, practice-level and systems-level factors influence primary care nurses’ ability to provide cancer survivorship care (CSC).
• Provider-level factors include knowledge and confidence in providing CSC, understanding of CSC community resources, understanding the cancer patient’s journey, and navigating the overall health-care system.
• Practice-level factors include time, interprofessional team function, clinical information systems, CSC structure within the practice setting, and role autonomy.
• Systems-level factors include communication of patient information across care settings, clinical information systems, accessibility to evidence-based guidelines, and CSC funding within primary care.

Next steps:
• Focus on the potential of clinical information systems to facilitate education and provision of cancer survivorship care.