The Power of Nursing Interventions in Holistic Oncology Treatment

Going Beyond Patient-Centered Care to What Matters Most
Feasibility Study with a GI Cancer Population an Ambulatory Infusion Suite

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Patient & Family Centered Care

- How do we deliver on this promise?
- Primary Nursing (Relationship-based Care)
- The patient experience is new, foreign, and often overwhelming.
- We know patients are anxious and vulnerable.
- We are expert clinicians.
- Are we connecting with the patient priorities?

Setting

- Yawkey 7 Infusion: MM & GI Cancers
  - 22 RNs, 5-35yrs experience, average 20yrs
  - 33 Chairs/Beds
  - Open 7a-8p, M-F
  - 90-100 treatment patients per day
  - Multi-drug regimens, clinical trials
Problem Statement

- Only 20% of the time we are addressing what is most important to the patient on a given infusion visit.
  - The magnitude of a cancer diagnosis and dependency a patient and family has on the health care team can create a dynamic where the patient feels overwhelmingly vulnerable.
  - The team, focused on delivering the safest expert care, can miss the issues and concerns that are most important to the patient.

Process Map

Assume we know!
Baseline Data

Nursing Assessment of What is Most Important to Patients
Yawkey 7 Nurses - GI Infusion
(p-chart 3-sigma)

AIM Statement

• The Yawkey 7 nursing staff will address the most important need of the patient at each infusion appointment 60% of the time by June 18th, 2014.

PDSA Plan

<table>
<thead>
<tr>
<th>Date of PDSA cycle</th>
<th>Description of intervention</th>
<th>Results</th>
<th>Action steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2, 3, 4</td>
<td>Staff meeting with Nurse Director, 1 on 1 training with Staff co-leader.</td>
<td>Chart documentation went from 20% to 40%</td>
<td>Individual feedback via email, ad hoc conversations with both leaders to explore barriers.</td>
</tr>
<tr>
<td></td>
<td>• RN will sit with their GI patient in the middle of the infusion and ask “What is most important to you today?” (In their own words)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prizes offered, Sponsor email, additional staff meeting, staff leader solicitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/26</td>
<td>Poster, Magnet Survey, Cleveland clinic video sent with email encouragement.</td>
<td>Chart documentation compliance increased to 56%</td>
<td></td>
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</tbody>
</table>
Materials Developed

Change Data

Change Data

Nursing Assessment of What is Most Important to Patients
Yawkey 7 Nurses- GI Infusion

How is the team doing? Who is trying?
Yawkey 7 Nurses (Average 9-12/a4) /Patients
Conclusions

- Yawkey 7 infusion nurses were successful in specifically assessing, addressing, and documenting what was most important to 56% of their patients with GI cancer on a single visit.

Lessons Learned

- Consistently asking patients “What Matters Most?” was feasible in a busy infusion clinic.
- The intervention was acceptable to staff as 100% of nurses engaged on more than 3 occasions.
- The intervention does not take more time in most cases.
- Behavior change takes time and support.
  - This new communication approach was awkward and uncomfortable at times.
- The intervention elicited patient concerns that otherwise would not have been voiced!
- Anecdotal evidence that RN satisfaction may improve with confirmation of patient care impact. (Will repeat Survey)

Next Steps/Plan for Sustainability

<table>
<thead>
<tr>
<th>Things to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hard Coding &amp; Expansion</strong></td>
</tr>
<tr>
<td>- Elicit more stories of the patient vulnerability to engage nurses’ hearts.</td>
</tr>
<tr>
<td>- Team training with additional staff &amp; patients to discuss vulnerability as a human experience.</td>
</tr>
<tr>
<td>- Compile resource guide with social services to support interventions as pt topics arise.</td>
</tr>
<tr>
<td>- Develop cognitive behavioral training to help staff overcome barriers to challenging conversations.</td>
</tr>
<tr>
<td><strong>System based changes</strong></td>
</tr>
<tr>
<td>- Continue to display run chart &amp; quotes.</td>
</tr>
<tr>
<td>- Present findings at Nursing Quality, Nursing Council.</td>
</tr>
<tr>
<td>- Engage nurse leaders and staff from other units.</td>
</tr>
<tr>
<td><strong>Measurement &amp; Reporting</strong></td>
</tr>
<tr>
<td>- Create weekly chart audit with continual feedback to nurses.</td>
</tr>
<tr>
<td><strong>People</strong></td>
</tr>
<tr>
<td>- Engage Y7 staff, patients, and nursing leadership.</td>
</tr>
</tbody>
</table>
Thank You Team Members

Project Leaders: Katie Murphy, BSN, RN, OCN; Belen Fraile MD, MHA
Y7 Team Members:
Shannon Boyle, BSN, RN, OCN
Maura Ferguson, BSN, RN, OCN
Mary Maloney, RN
Elena Tansy, BSN, RN, OCN
Mellanee Taylor, MA
PN, Patient
Entire Y7 Nursing Staff
Coach: Carole Dalby, RN, MBA, OCN, CCRP
Project Sponsor: Anne Gross, PhD, RN, NEA-BC, FAAN
Hands in Harmony: Implementation of a Nurse Delivered Hand Massage Program in an Outpatient Chemotherapy Infusion Suite

Caitlin Braithwaite BAN, RN, OCN
Deborah Ringdahl DNP, RN, CNM
Geri Quinn MSN, RN, OCN

Purpose

• The purpose of this project was to incorporate positive and therapeutic touch in the form of a nurse delivered hand massage at an academic NCI designated chemotherapy suite in order to strengthen the nurse patient relationship and improve patient comfort, relaxation, experience, satisfaction, and reduce stress and anxiety.

Setting

• NCI designated outpatient chemotherapy infusion suite
• 32 chairs and 8 beds for infusions
• Average of 92 infusions daily
• At the time of implementation no integrative therapies were considered standard of care
• Paclitaxel and docetaxel require nurses to sit at the chairside for the first 15 minutes of the 1st and 2nd infusion
Background

- Research to support intentional touch in the form of a hand massage (HM) as a nursing intervention
  - Utilized in a variety of settings:
    - Ambulatory surgery: 5 minutes of HM resulted in a decrease in anxiety, blood pressure, heart rate, epinephrine, and norepinephrine, and cortisol (Brand, Monroe, & Gavin, 2013; Kim, Cho, Woo, & Kim, 2000)
    - Inpatient: Patient improvement in perception of pain. Nurses experienced an increase in pride and perceived level of care (Thompson, Wilson, James, Symbal, and Izumi, 2013)
    - Hospice: Individuals on hospice that received a hand massage twice weekly for three weeks had increased comfort compared to those that didn’t (Kolcaba, Dowd, Steiner, & Mitzel, 2004)
  - Overall HM has been shown to improve patient anxiety, stress, comfort, pain, and experience
  - Found to be safe, effective, and efficient with positive patient and nurse outcomes
  - Contraindications include deep vein thrombosis, intravenous access, open wounds, rashes, lymphedema, or any pain or sensitivity in the arm or hand.

Project Design

- Two patient group design
  - Group A: Usual/baseline care
    - Data collected July 2015-September 2015
  - Group B: Evidence based practice post implementation group: Received hand massage
    - Data collected September-December 2015
  - Staff nurses taught hand massage
    - 1 hour class for CEU credit during work time
    - One on one classes
  - Utilized Iowa Model [Iowa Model Revised, in review]
Ethical Considerations

- HSRD approval
- Nursing Research & EBP Committee approval
- No patient identifiers used
- Massage is within a nurse’s scope of practice (Iowa Board of Nursing, 1998)
- No adverse events occurred during implementation

Patient Results

- 69 patients in group A 43 patients in group B
- Statistically significant improvement in patient comfort from group A to group B
- All patients either strongly agreed or agreed the hand massage was beneficial to them and it has a positive impact on their experience

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Mean</th>
<th>Std Dev</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel relaxed</td>
<td>3.4</td>
<td>0.7</td>
<td>3.6</td>
<td>0.6</td>
<td>0.099</td>
</tr>
<tr>
<td>I feel comfortable</td>
<td>3.4</td>
<td>0.7</td>
<td>3.7</td>
<td>0.6</td>
<td>0.025</td>
</tr>
<tr>
<td>I have had a positive experience at the cancer center today</td>
<td>3.6</td>
<td>0.6</td>
<td>3.7</td>
<td>0.6</td>
<td>0.289</td>
</tr>
<tr>
<td>I feel stressed</td>
<td>2.0</td>
<td>0.9</td>
<td>1.7</td>
<td>0.7</td>
<td>0.185</td>
</tr>
<tr>
<td>The hand massage had a positive impact on my experience</td>
<td>3.8</td>
<td>0.4</td>
<td>3.8</td>
<td>0.6</td>
<td></td>
</tr>
<tr>
<td>I felt the hand massage was beneficial to me</td>
<td>2.2</td>
<td>2.3</td>
<td>2.3</td>
<td>2.0</td>
<td>0.861</td>
</tr>
</tbody>
</table>

Patient Themes
- Ease with talking to the nurse
- Helped them relax and feel more at ease
- Took their mind off of their chemotherapy

Patient Quotes:
- “I was apprehensive about the entire experience and [the hand massage] helped” - Male patient in early 70’s
- “[The hand massage] took my mind off chemo” - Male patient late 40’s
- “Promotes comfort and wellbeing. Massage is true to the essence of nursing. The hand massage made me feel like someone cared about me” - Female patient late 50’s
Nurse Results

- 21 nurses filled out the pre intervention survey and 18 filled out the post program implementation survey
- 15 nurses administered a hand massage

<table>
<thead>
<tr>
<th>Results of Nurse Surveys</th>
<th>Mean ± Std Dev</th>
<th>Mean ± Std Dev</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 A hand massage program would be beneficial to patients.</td>
<td>2.9 ± 0.9</td>
<td>3.7 ± 0.5</td>
<td>0.002</td>
</tr>
<tr>
<td>Q2 The hand massage program would have a positive impact on patient anxiety.</td>
<td>2.9 ± 0.9</td>
<td>3.6 ± 0.5</td>
<td>0.002</td>
</tr>
<tr>
<td>Q3 I feel well prepared to administer an effective hand massage.</td>
<td>2.2 ± 0.7</td>
<td>3.5 ± 0.7</td>
<td>0.001</td>
</tr>
<tr>
<td>Q4 I feel well prepared to administer a safe hand massage.</td>
<td>2.2 ± 0.7</td>
<td>3.6 ± 0.7</td>
<td>0.001</td>
</tr>
<tr>
<td>Q5 A hand massage program would be improve my nursing practice.</td>
<td>2.6 ± 0.9</td>
<td>3.2 ± 0.6</td>
<td>0.031</td>
</tr>
</tbody>
</table>

Nurse Quotes

- “Providing a hand massage was the most relaxing part of my day”
- “Giving a hand massage allowed me to connect with my patient in a deeper way”
- “Such an easy way for me to help my patients relax without medication!”
- “It was so much easier than I thought it would be!”

Summary

- Hand massage should be integrated into patient care as part of a nurse’s essential job functions.
- It is efficient, safe, and effective for patient’s across all healthcare settings.
- Providing a hand massage is part of the core value of patient centered nursing care.
- It is an effective non-verbal way for the nurse to communicate compassion, empathy, and concern while reconnecting to mindfulness and presence.
- Nurses that provide hand massage experience greater job satisfaction, connection to their patients, and feel an increased pride in their nursing work.
Thank You!

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References


Erasing Patient Anxiety and Increasing Nurse-Patient Communication through Whiteboard Utilization in an Ambulatory Infusion Room

Authors:
Sheila Hunt, RN, CEN
Andrea Vranich, BSN, RN
Julie Pederson, BSW, RN, OCN
Joni Watson, MBA, MSN, RN, OCN
National Patient Safety Goals

Improve the effectiveness of communication amongst caregivers

News Release August 4, 2010

- Joint Commission Publishes New Guide for Advancing Patient-Centered Care
- Proposed accreditation requirements for 2011 to help hospitals better address
  - Effective Communication
  - Cultural Competence
  - Patient-Centered Care
- Target Date – January 2012

*Practice & Education Council / Center Team
Patient Comments

• “I like knowing where we are on the timeline.”
• “The nurse and her whiteboard helped me understand my medications!”
• “A checklist seems to make the time go by faster!”
• “I like knowing the plan.”

Here’s the Plan for the Day
Win/Win!

**Patient Benefits**
- Decrease anxiety
- Explains what to expect
- Improves perception of length of stay
- Reinforce chemo education
- Medication side effects review
- Facilitates Speaking Up

**Nurse Benefits**
- Mechanism to engage patient
- Prompt to explain actions
- Orderly to do list
- Helpful for handoff report
- Way to show empathy
- Decrease patient frustration
- Increase patient satisfaction

The strongest predictor of overall HCAHPS/CGCAHPS scores is how patients rate provider communication skills.

Whiteboard Tips
- Place it in clear view of the patient
- Keep the pen near the board
- Record name of nurse, date, and chair number
- Keep the information concise
- Med: name/order/estimated time/purpose
- Encourage patients to write down their questions
Common Patient Response

“Nurse, where is that whiteboard that explains what we are doing today?

I’ve got this!

Sources:
The Joint Commission News Release, August 4, 2010
Communication: The Key to Unlocking Patient Care Improvement, Michael Peters, MBA, CSSBB, CMC R.T(R)(T) mpeter@uscancerspecialists.com
HCAHPS and Communication: The Strongest Predictor Source: Bevis & Fulton, Press Ganey Whitepaper
Busy Nurse Spinning Plates, Felix Bennett
Sheila.hunt@bswhealth.org
Spirituality Workshop for Those Touched by Cancer

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Suzanne Barone, MA, RMT
Carla Guess, BSN, RN, CBPN-IC, CBCN
Jessica Peckham, MSN, RN NP-C, OCN

Background

• Support group members asked the Oncology Nurse Navigators for classes on spirituality.
• Dearth of information in the Cancer Community
• Creation of a new project focused on the unique needs of cancer patients.

Purpose

• Studies show that 40% of oncology patients report a significant level of spiritual distress.
• Cancer patients with poor spiritual wellbeing are more likely to report hopelessness and desire hastened death.

(Puchalski, 2012)
Process Improvement

- Nurse Navigators thought this would be a good project to address standard 3.1 for Commission on Cancer (CoC) accreditation.

Goal

- Cancer is a traumatic life event that causes significant distress leading to a potential disruption in spiritual wellbeing.
- We wanted to help patients cope with the usual upsets in life so they may heal and focus on the challenges of oncology treatment.

Creating the Program

- Nurses addressing the spiritual needs of patients in a nonreligious environment.
FACIT SP-12

• FACIT SP-12 Survey
  Validated tool used for assessing spirituality in those with a chronic illness such as cancer.

Results

• Overall spiritual wellbeing
• FACIT SP-12 scores increased from 77% to 85%
• p value of 0.02

Intervention

• Presentation of first workshop and data.
• Approval by the New Knowledge and Innovation Committee as a Process Improvement Project.
• Approval by the Cancer Committee.
The Workshop

- 4 week 90 minute workshop
- Average 15 participants per week
- Topics
  - Spirituality and Love
  - Forgiveness: Self and Others
  - Meditation and Prayer
  - Self Awareness and Self Care

Comments by Participants

- “This was the best thing I could have done for myself.”
- “It was helpful to go through the workshop with others in a similar situation.”
- “Presenters were great and I loved the examples they shared.”

Comments by Participants (cont.)

- “I liked the interactive nature of the workshop. It allowed us to get to know each other.”
- “The class provided tools for me to further my spirituality.”
- “My needs are many and this opened up my mind to see how they can be met.”
Discussion

- Success was not replicated
- Marketing
- Offer classes to nursing staff

References