

Nursing Impacts Patient and Caregiver Outcomes in Cancer Care

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Objectives

- Describe a program of research in cancer care that has impacted patient and caregiver outcomes.
- Describe the critical nursing interventions that were essential in effecting the outcomes.
- Identify clinical and policy changes related to the program of research.
- Identify and prioritize areas for future collaborative research.

A Program of Research

Grounded in Clinical Practice

as an

Oncology Clinical Nurse Specialist

Theoretical Framework

Crisis Theory

Caplan

Crisis Resolved

6 to 8 Weeks

Project Omega

Existential Plight - First 100 days

Weisman and Worden,
1976-77

Program of Research

Cancer Diagnosis as a Time of Crisis

Critical Points on Illness Trajectory

Cancer Equated with Death

Chronic Illness Trajectory

Initial or pretrajectory

Crisis Phase

Acute Phase

Stable Phase

Chronic Phase

Unstable Phase

Downward Phase

Dying Phase

Strauss, 1986

Series of Intervention Studies

Study 1

Evaluation of Cancer Management

NU-01001, 1983-1986

Purpose

To test the effects of home nursing care on patients newly diagnosed with progressive lung cancer

$n = 166$

Design

Longitudinal Randomized Clinical Trial

3 Groups:

Office care only

Office care only plus standard home care

Office care only plus oncology home care

Patients followed 8 months after diagnosis

The two nursing groups reported less symptom distress, better function, and worse health perceptions than the office care only groups. We concluded that the home nursing care assisted patients with minimizing distress from symptoms and maintaining independence longer in comparison to no home nursing care. The nurses also helped patients to acknowledge the reality of their disease.

McCorkle, R., Benoliel, J. Q., Donaldson, G., Georgiadou, F., Moinpour, C., & Goodell, B. (1989). A randomized clinical trial of home nursing care of lung cancer patients. *Cancer*, *64*, 199-206.

Study 2

The Effects of Home Nursing Care for Patients
During Terminal Illness on the Bereaved's
Psychological Distress

NR 01626, 1986-1988

Purpose

To determine whether specialized oncology home care services provided to terminally ill patients with lung cancer positively influenced bereavement psychological distress among survivors

Design

Longitudinal, Randomized Clinical Trial

$n = 100$ Spouses

Followed 25 months after the patient's death

Results

Psychological distress was significantly lowered among spouses of patients who received OCH intervention compared with the other two groups. There were no differences in the groups at 25 months post death.

Program of Research

- Cancer not only affects the patient, but the family
- Cancer as a Chronic Illness has both gender and age effects

Changes in Cancer Care Delivery

- Establishment of Hospice Care
- Earlier Acute Care Discharges
- Increase in Ambulatory Treatment
- Shift of Cancer to Chronic Illness
- Longer Survival
- More Family Involvement and Responsibility
- FDA Mandate of Benefit to Quality of Life with Improved Survival

Study 3

Home Care Needs of Cancer Patients and
their Caregivers

NR01914, 1987-1991

Cancer RFA

Purpose

To evaluate the effects of home care services on patients with cancer discharged from the hospital with complex nursing care requirements and a family member caregiver

Design

Longitudinal, correlational two group design

$n = 233$ patients with eight different solid tumors

$n = 103$ caregivers

Patients and Caregivers were followed for six months after hospitalization.

Findings

Patients receiving home care demonstrated significant improvements on mental health and social dependency. In addition, caregiver variables were highly correlated with patient variables. Caregivers reported increased caregiver responsibilities and impact on their schedule and own health even when patients improved.

McCorkle, R., Jepson, C., Yost, L., Lusk, E., Malone, D., Braitman, L., Buhler-Wilkerson, K., & Daly, J. (1994). The impact of post-hospital home care on patients with cancer. *Research in Nursing & Health*, 17(4), 243-51

Program of Research

Hospitalization: A Time of Crisis

Critical Point on Illness Trajectory: Initiation of
Treatment

Cultural Response to Cancer

Study 4

Nursing's Impact on Quality of Life
Outcomes in Elders

NR 03229, 1992-1997

Standardized Nursing Intervention Protocol (SNIP)

4 weeks

3 home visits

5 telephone calls

Purpose

- To examine the effects of SNIP on quality of life and outcomes for post-surgery older cancer patients at three and six-months post intervention.
- To examine the effects of SNIP on family caregivers' perceived burden.

Design

Longitudinal, Randomized clinical trial.

Two group design

$n = 374$ patients

$n = 217$ caregivers family caregivers

SNIP

Monitoring and Managing Symptoms

Providing Direct Care

Executing Complex Care Procedures

Teaching Patients and Family Caregivers

Coordinating Care

Counseling Patients and Families

Promoting Use of Resources

Collaborating with their Providers

By November, 1996

- 93 (25%) patients were confirmed dead
- 41 (44%) intervention group
- 52 (56%) control group

McCorkle, R., Strumpf, N. E., Nuamah, I. F., Adler, D. S., Cooley, M. E., Jespon, C., Lusk, E. J., & Torosian, M. (2000). A specialized home care intervention improves survival among older post-surgical cancer patients. *JAGS*, 48, 1707-1713.

Results

Patients in the treatment group lived an average of 7 months longer than patients in the control. Women reported greater symptom distress and more depression than male patients. Caregivers with poor health reported less support and more burden.

Study 5

Nursing's Impact on Quality of Life
Outcomes Post-Prostatectomy

ACS, #TPRB-98-118-0, 1998-2001

Purpose

- To examine the effects of SNIP on quality of life for men post-prostatectomy one, three and six-months post surgery.
- To examine the effect of SNIP on family caregivers' perceived burden.

Design

Longitudinal, Randomized Clinical Trial

Two group design

$n = 120$ patients

$n = 107$ family caregivers

Patients followed for 12 months

Intervention: Three Key Aspects

- Symptom management during surgical recovery
- Restoration of urinary continence
- Promotion of marital communication and psychosexual function

Results

APNs were able to help both patients and their spouses communicate better with each other. Men reported more sexual distress than spouses. Spouses reported more depression and marital distress than men.

Pickett, M., Cooley, M. E., Patterson, J., & McCorkle, R. (1996). Needs of newly diagnosed prostate cancer patients and their spouses: Recommendations for postsurgical care at home. *Home Care Consultant*, 3(2). 1A-12A.

Study 6

Nursing's Impact on Quality of Life and
Cost Outcomes in Women with Ovarian
Cancer

n = 145 women

NR-007778, 2003-2008

Results

- Significantly less uncertainty than the attention control intervention 6 months after surgery.
- For the sub-group who received the APN plus PCLN intervention compared with the total attention control group, the sub-group had significantly less uncertainty, less symptom distress, and better SF-12 mental and physical QOL over time.

Results

- No differences in hospitalizations and oncology outpatient visits.
- A significant difference in the number of primary care visits. Women in the attention control group went to their primary care providers more often.
- A trend in the number of emergency room visits, the APN group visited the emergency room more often.

McCorkle, R, Jeon S, Ercolano E, Schwartz P. (2011). Healthcare utilization in women after abdominal surgery for ovarian cancer, *Nursing Research*;60(1):47-57.





Patients at High Risk for Problems

- Patients over 70 years of age
- Patients scheduled for additional cancer treatments especially combination therapy
- Patients hospitalized longer than seven days
- Patients with three or more co-morbidities
- Patients with late-stage cancer
- Patients who live with an ill caregiver, and
- Patients who are scheduled for aggressive chemotherapy prior to their incision healing

Series of Intervention Oncology APN Studies

- Decreased level and number of patient's symptoms
- Improved mental health outcomes for patients and family caregivers
- Improved functional abilities
- Decreased caregiver burden
- Improved patient-family communication
- Decreased fragmentation of care
- Coordinated services and resource use

APN Documented Interventions

| Intervention Category | n | % |
|-------------------------------------|----|-------|
| Instructing post-op self management | 82 | (55%) |
| Advising symptom management | 77 | (52%) |
| Clarifying the illness | 86 | (58%) |
| Discussing psychological responses | 40 | (27%) |
| Coordinating follow-up care | 84 | (57%) |

Acute Episode of Illness

- Hospitalization – day versus over night
- Priority is stabilization and discharge
- Goal is recovery
- Is more treatment needed or recommended?

Discharge Coordination

- Disease/Illness Status
- Level of Care Needed
- Level of Psychological Distress
- Presence of Co-Morbidities
- Symptom Burden
- Presence of a Caregiver

Assessment of Caregiver

- Availability
- Willingness
- Skills
- Health

Use of Resources

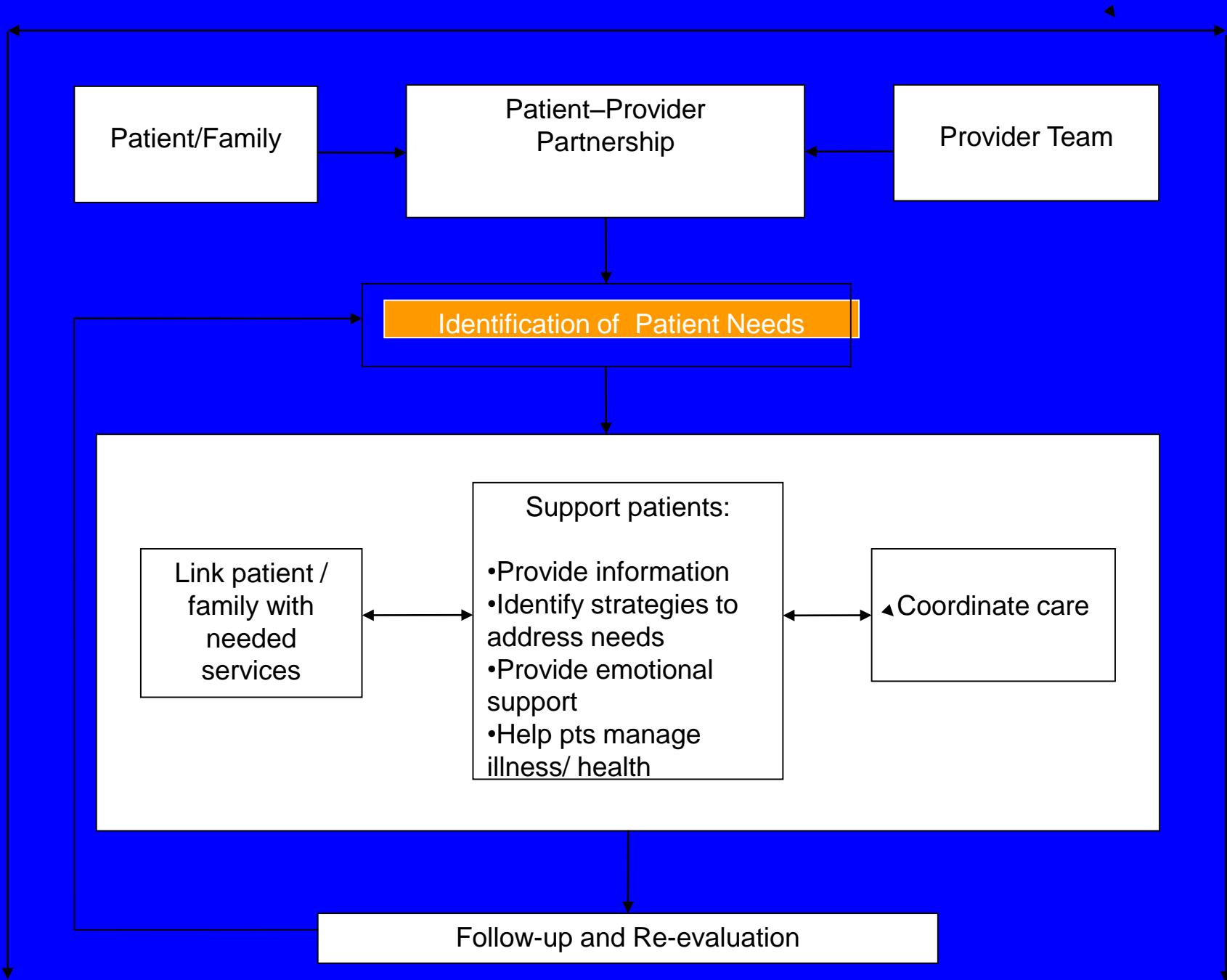
- Referral for Short-term follow-up
- Symptom Management toolkit
- Access to Experts

CANCER CARE FOR THE WHOLE PATIENT

MEETING PSYCHOSOCIAL HEALTH NEEDS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



Patient/Family

Patient-Provider Partnership

Provider Team

Identification of Patient Needs

Support patients:

Link patient / family with needed services

- Provide information
- Identify strategies to address needs
- Provide emotional support
- Help pts manage illness/ health

Coordinate care

Follow-up and Re-evaluation