Collaboration and Communication in Pediatric Oncology: A Case for the Clinical Nurse Leader

M. Danielle Gunter PhD, RN, CPN
gunter@uiwtx.edu
Objectives

Attendees will be better prepared to:

- Discuss the psychosocial and educational barriers faced by families of children undergoing treatment for oncological diseases.
- Discuss the clinical and nursing environments of pediatric oncology treatment centers.
- Discuss the foundation for the clinical nurse leader role and the rationale for use in this setting.
Study Overview

- Descriptive single embedded case study of a south Texas children’s cancer unit with multiple informants

- Determination of variables that will assist in developing a program of support for this population
Study Background: Pediatric Oncology Families

- Chronically ill children
- Living longer and better
- Changes in home-life normalities and financial stability
- Volume of information provided requires education
- Readiness to learn must be reassessed throughout the treatment

Flury, Caflisch, Ullmann-Bremi, & Spichiger (2011); Gannoni & Shute (2010); Kästel, Ensär & Björk (2011)
Study Background: Pediatric Oncology Clinical Environment

- Usually hospital-based in major medical centers
- Inter-professional teams are common
- Hierarchy can be disruptive to full team collaboration
- Supportive care is often lacking

Friese (2005); Hill-Smith, Taverner, Greensmith & Parsons (2012); Lowe, Bravery & Gibson (2008)
Study Background: Pediatric Oncology Nursing Environment

- Lack of experience at the bedside
- Lack of funding for unit-based nursing leaders with higher education
  - Current focus on reimbursement led to funding cuts in supportive positions
  - Many units without nursing educators or clinical nurse specialists (CNS) compared to historical norms

Gregorowski et al. (2012); Sprayberry (2014); Tomlinson (2004)
The Clinical Nurse Leader (CNL) Role

- Introduced in 2003 by the American Association of Colleges of Nursing (AACN)
- Master’s prepared generalist
- Accountability for patient care outcomes
- Integrates use of evidence-based practice to “design, implement, and evaluate patient-care processes and models of care delivery” (AACN, p.4)

AACN (2013); Poulin-Tabor et al. (2008); Stachowiak & Bugel (2013); Wilson et al. (2013)
Why the CNL Works for Pediatric Oncology: AKA….it’s worth the investment!

- Team collaboration crucial for patient safety and satisfaction
- An anchor/point of contact for families in need of assistance in understanding and navigating their treatment plan
- Hospital reimbursement is quality and patient outcomes focused
- Mentorship and role-modeling for inexperienced nursing staff
Financial Benefits.....
Cost Effectiveness of the Position

- Average salary costs between 72K-85K (USD)

- Outcomes improvement related costs/revenues
  - 20-25K (USD) per patient for all healthcare acquired infections
  - Ranges from $750 for one CAUTI to $29K for one SSI

- Innovation to fund the FTE position

Glassdoor, 2017; Scott, (2009)
Conclusion

- CNLs can address needs in pediatric oncology by serving as:
  - Integrator of evidence-based practice processes
  - Mentor and role model for less experienced nurses
  - Communication coordinator and educator for patients and families
  - Lateral integrator for improvement in health care team collaboration


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Questions?

Thank you for the opportunity to share with you today!