

# Head and Neck Cancer Survivorship Care Plans: A Process Improvement in an Outpatient Setting

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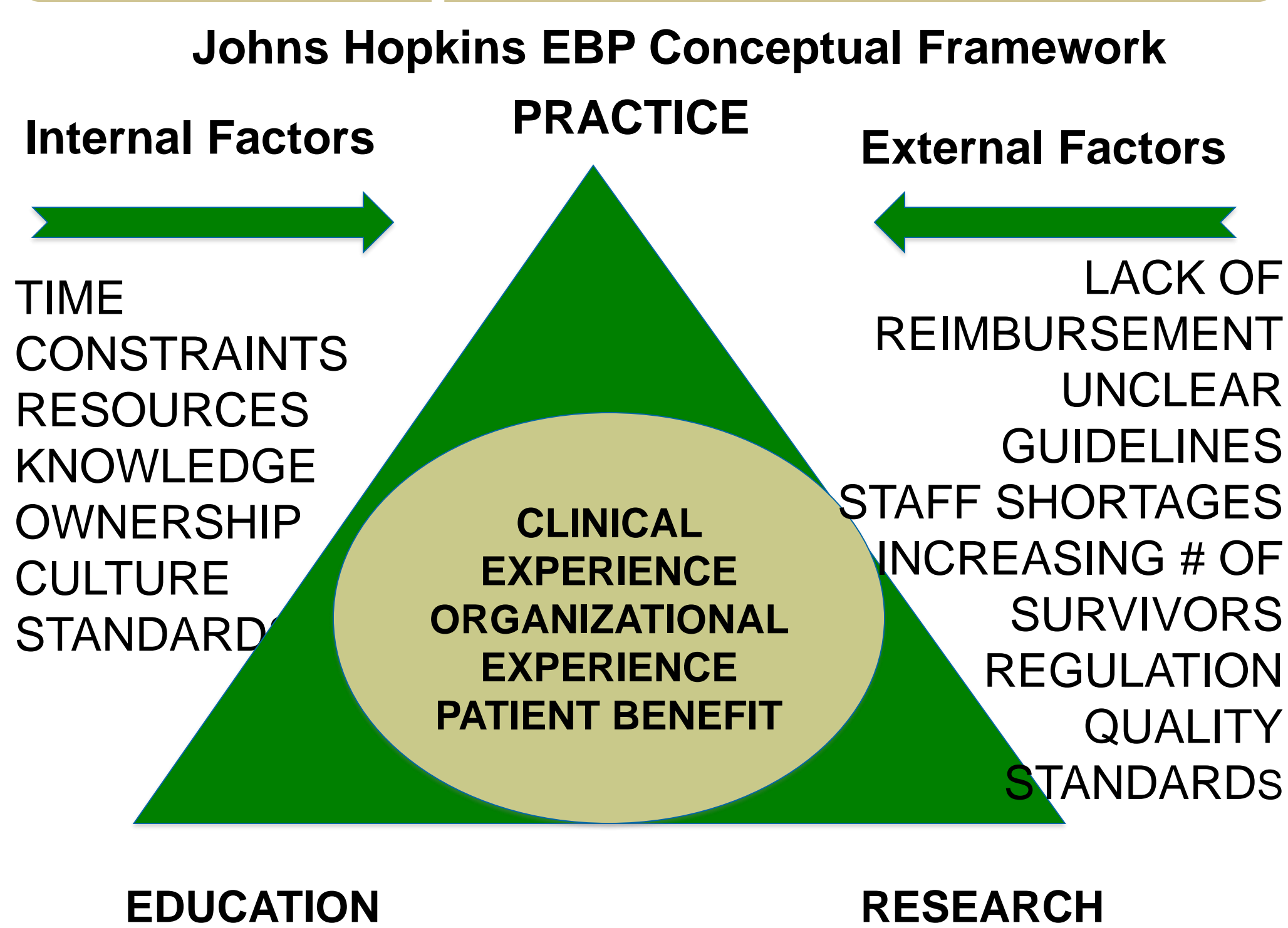
## Purpose

- To investigate Head and Neck Cancer (HNC) healthcare providers' perceptions of Survivorship Care Plans (SCPs), and the gaps/barriers that hinder their integration, in the outpatient setting.
- To assess the optimal method for development and implementation of SCPs in the HNC survivor population at an academic cancer center.

## Background

- 436,000 estimated Head and Neck Cancer survivors in US, (American Cancer Society, 2018)
- 80-90% early stage disease expected to go into remission
- 65% of HNC patients expected to survive at least 5 years.
- HNC survivors have complex and unique long term needs: physical, psychological, social, financial, spiritual.
- American College of Surgeons Commission on Cancer Standard 3.3 require at least 75% of survivors received SCPs in 2018

## Conceptual Framework



## Methods

- Design:** One time, anonymous survey
  - May 31<sup>st</sup> to June 6<sup>th</sup> 2018, with a 71% response rate
- Measure:** 16 Multiple choice questions, using Likert scale
  - Converted to binomial categories
- Data Analysis:** Qualtrics Survey Software
  - Descriptive statistics
- Sample:** HNC multidisciplinary specialists
  - Medical, Radiation and Surgical Oncologists, HN ARNP, Oncology RN, HN Nurse Navigator

## Results

### Provider's Background and Current Practice

#### Use of Survivorship Care Plans (SCPs)

- 47% used SCPs "SOMETIMES"
- 0% used SCPs "ALWAYS"
- 60% had never provided SCPs
- 33% had discussed future care in the last month

#### Implementation of SCPs

- Over 70% encountered barriers to implementation
- 40% reported SCPs implementation difficult
- 73% reported insufficient time with patients
  - 43% reported spending 15 minutes with established patients in clinic

### Provider's Perspectives of Survivorship Care Plans

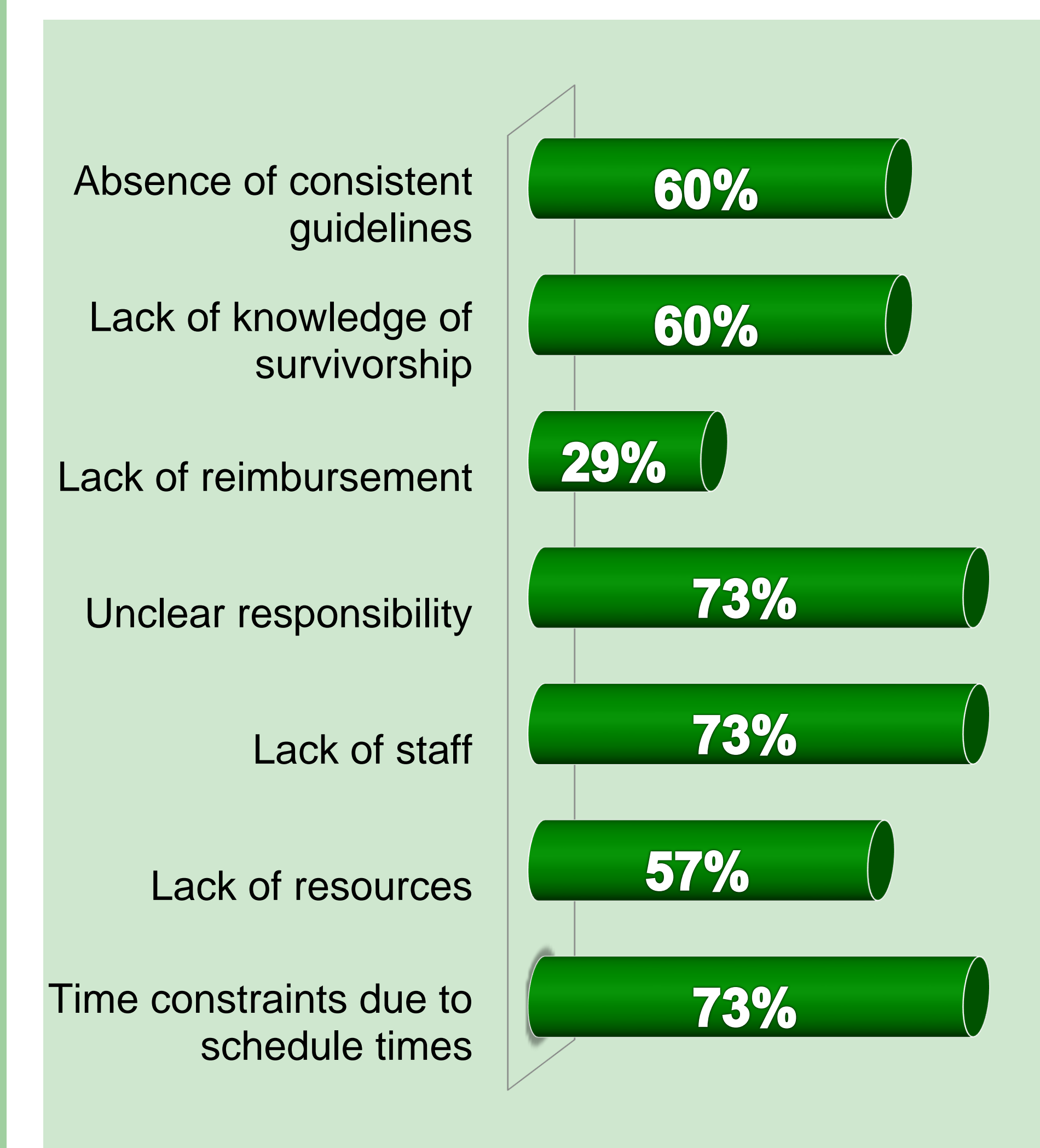
Which of the following survivorship services, do you think is most beneficial to be offered for the Head and Neck Cancer patients?	Important	Not Important
Survivorship care plans	14 (93%)	1 (7%)
Head and Neck survivorship clinic	14 (93%)	1 (7%)
Head/Neck Lymphedema clinic	15 (100%)	0 (0%)
* Denotes highest response rate		
In your opinion, why are Survivorship Care Plans used in Cancer Programs?	Agree	Disagree
To improve quality of care for survivors	15 (100%)	0 (0%)
To improve communication with other providers	15 (100%)	0 (0%)
To comply with National Comprehensive Cancer Network guidelines	14 (93%)	1 (7%)
To comply with American Society for Clinical Oncology practice guidelines	14 (93%)	1 (7%)
It is the right thing to do	14 (93%)	1 (7%)
* Denotes highest response rate		
Do you believe Survivorship Care Plans are difficult to implement?	Difficult	Not Difficult
	6 (40%)	9 (60%)
Do you perceive barriers to the implementation of Head and Neck Cancer Survivorship Care Plans in the outpatient setting?	Barriers	No Barriers
	11 (73%)	4 (27%)
What barriers do you encounter in using Survivorship Care Plans?	Encountered	Not Encountered
Time constraints due to schedule times	11 (73%)	4 (27%)
Lack of staff	11 (73%)	4 (27%)
Unclear responsibility	11 (73%)	4 (27%)
* Denotes highest response rate		

\* Denotes highest response rate

### Provider's Perspectives on Implementation

When is the optimal time to deliver a Survivorship Care Plan to the Head and Neck cancer patient?	Agree	Disagree
On completion of treatment	9 (69%)	4 (31%)
Within 30 days of completing treatment	8 (67%)	4 (31%)
Following post treatment imaging (12 weeks)	9 (69%)	3 (25%)
* Denotes highest response rate		
Who is, or should be, responsible for the development of Survivorship Care Plans?	Agree	Disagree
ARNP/PA	10 (91%)	1 (9%)
Nurse Navigator	9 (90%)	1 (10%)
Shared Responsibility	15 (100%)	0 (0%)
* Denotes highest response rate		
Who is, or should be, responsible for delivery of Survivorship Care Plans?	Agree	Disagree
ARNP/PA	9 (82%)	2 (18%)
Nurse Navigator	9 (82%)	2 (18%)
Shared Responsibility	15 (100%)	0 (0%)
* Denotes highest response rate		
Is there a need for a dedicated Head and Neck cancer survivorship program?	Yes	No
	15 (100%)	0 (0%)

### Current Barriers to SCPs Use



## Discussion

- Participants' responses correspond with:** the need to develop a HNC Survivor protocol and integrate national Survivorship Care guidelines : 60% did not provide SCPs
- Barriers to implementation identified by >70%:** Knowledge deficit related to survivorship, unclear responsibilities, lack of resources and staff, ambiguous guidelines.
- Perspectives on how to Implement SCPs use in Head & Neck Cancer:**
  - Shared Responsibility, Multidisciplinary team development of SCPs
  - Survivorship Care Plan delivery by HNC ARNP
  - Development of Head Neck Cancer Survivorship Program
  - SCP Delivery should be provided early post treatment
- HNC Providers consider SCPs beneficial for the HNC patients successful transition from active treatment to survivorship**

## Implications for Practice

- Development of HNC SCP protocol
- Shared Responsibility between providers should be considered
- The American College of Surgeons Commission on Cancer program standards is available for guidance in development of SCP

## Limitations

- The Project Director worked at the survey site. This may have resulted in non-disclosure of some participants' role.
  - 40% of respondents did not disclose their position
- Time constraints (1 week) for participation
- Survey may not have been comprehensive enough to elicit other barriers/challenges

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