



Managing Chemotherapy Side Effects: Achieving Reliable and Equitable Outcomes

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Receiving information about treatment-related side effects is a high priority for patients receiving chemotherapy. Infusion nurses typically assume responsibility for teaching patients how to manage treatment-related side effects, but providing reliable and equitable information across visits and across different infusion centers can present a problem. Implementing a standardized, patient-centered, departure encounter checklist can help ensure that nurses consistently provide patients with targeted, timely, and regimen-specific information about treatment-related side effects.

At a Glance

- A structured discharge and departure process can help nurses in delivering high-quality patient-centered care.
- Providing nurses with a checklist with cues reinforces a standardized encounter with each patient.
- Developing interventions that the nursing staff “own” allows for easier adoption.

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The informational needs of patients with cancer are extensive, reflect a combination of personal and situational needs (Mills & Sullivan, 1999), and may vary during the course of their diseases (Hawkins et al., 2008). Consequently, informational support is needed from the time of diagnosis while making treatment decisions, undergoing treatment, and adjusting to survivorship (Skalla, Bakitas, Furstenberg, Ahles, & Henderson, 2004). Inadequate informational support has been associated with adverse outcomes, such as persistent anxiety and depression (Booth, Beaver, Kitchener, O’Neill, & Farrell, 2005), whereas adequate informational support has been associated with lower depression and anxiety (Booth et al., 2005), greater quality of life (Templeton & Coates, 2004), and

greater satisfaction with care (Butow, Brindle, McConnell, Boakes, & Tattersall, 1998; Iconomou et al., 2006; Templeton & Coates, 2004). Although it is important to acknowledge and address the extensive and changing informational needs of patients with cancer, of equal importance is recognizing that quantitative and qualitative studies make it clear that receiving information about treatment-related side effects is a high priority among patients receiving chemotherapy (Hawkins et al., 2008; McCaughan & Thompson, 2000; Skalla, Bakitas, Furstenberg, Ahles, & Henderson, 2004).

The staff at the authors’ National Cancer Institute-designated comprehensive cancer center regularly monitor patient education about treatment-related side effects using the PressGaney® indica-

tor: “Nurses explained managing chemo side effects.” Staff also benchmark their percentage scores against the pooled mean percentage scores from all other Consortium of Comprehensive Cancer Centers for Quality Improvement (C4QI) members. An analysis of data trends over time suggested that an opportunity existed for quality improvement at the authors’ institution related to the PressGaney indicator. Specifically, trend lines showed variability within infusion centers, with wide swings from month to month—sometimes meeting the C4QI benchmark and sometimes falling short of the benchmark by a wide margin. This within-unit variability raised questions about the reliability of nursing interventions directed at teaching patients how to manage treatment-related side effects. Additional analyses of trend lines, comparing the two units, suggested that instruction about managing treatment-related side effects differed considerably across infusion centers within the same healthcare system. Based on a comparative analysis of data from two infusion centers, it became clear that, on average, during a five-month period, Infusion Center B scored 10.38 percentage points (range = 4.6–18.6) higher than Infusion Center A. This variation across infusion centers made it clear that equitable outcomes were not being achieved across the infusion centers. Leadership felt confident that nursing capabilities were comparable across infusion centers but speculated that variation in the departure process may account for the variability observed in the outcomes. Based on these observations, nurse leaders from the infusion centers determined that a need existed to create