Building a Comprehensive Oncology Rehabilitation Program

✓_✓_

(b)

0

0

5 5 8 4 . d' 0/6 COME.

orrance Memorial Medical Center's (TMMC) Rehabilitation Department has a long history of providing physical, speech, and occupational rehabilitation services to the community. In 1999 one of the physical therapists, Sheryl Au, MPT, ATC, CSCA, CLT-LANA, became especially interested in lymphedema and its impact on the quality of life of breast cancer survivors. Au's observations about patients' struggles to control the condition led her to obtain certification in manual lymph drainage and combined decongestive therapy from the Dr. Vodder School International (www.vodderschool.com). With these credentials in hand, Au spearheaded the development of a lymphedema therapy program within TMMC's rehabilitation department.

The lymphedema treatment program provides assessment, best-practice interventions, and patient education on self-help strategies. The majority of patients who receive lymphedema therapy have iatrogenic lymphedema as a result of breast cancer treatment, although patients with lymphedema caused by treatment for other types of cancer, as well as patients with idiopathic lymphedema, are also commonly seen at the program.

Recognizing the need to provide psychosocial support, Au and a marriage and family therapist from the local Cancer Support Community began a monthly lymphedema support group in 2001. The group is free of charge and open to anyone who wants to learn more about lymphedema or meet with others dealing with similar problems. The support group serves as an important source of first-person information and emotional support for those with lymphedema and their loved ones. Because lymphedema can develop years after cancer treatment has ended and carries a lifelong risk of recurrence and complications, proactive education of at-risk patients and outreach to community physicians who care for these patients is essential.

Program Development

In 2008, after a series of discussions between the cancer center's advanced clinical nurse educator, the director of the rehabilitation department, Azmina Haji, PT, and several rehabilitation therapists, the decision was made to expand TMMC's oncology rehabilitation services beyond the lymphedema therapy program. The first step was a review of published literature on rehabilitation after cancer treatment, which revealed that cancer survivors commonly experience a wide variety of sequelae related to their malignancy and its treatment. These lingering side effects can have a profound negative impact on function and quality of life. The literature showed that cancer patients are at risk for long-term side effects

...more patients are surviving longer, resulting in an increasing population of individuals with cancer-specific rehabilitation needs.

due to multiple factors, including:

- Patients are usually middle-aged or older which predisposes them to pre-existing health issues
- Numerous healthy body tissues are adversely affected by cancer treatment
- Cancer treatment typically involves a multi-modality approach (chemotherapy, biotherapy, surgery, and radiotherapy) that spans months to years.

The literature also showed that more patients are surviving longer, resulting in an increasing population of individuals with cancer-specific rehabilitation needs.

To meet this identified community need, TMMC rehabilitation and oncology nursing specialists developed a list of cancer sequelae that reflected unmet rehabilitation needs of oncology patients in the community and that were compatible with the rehabilitation department's mission and resources. Next, the rehabilitation specialists modified and expanded existing therapies to specifically address these identified needs of cancer survivors.

The Oncology Rehabilitation Program was formally launched in 2008 and staff includes speech pathologists Jennifer Karmelich, MA, CCC-SLP, and Lisa Kline, MS, CCC-SLP; certified lymph-





edema therapists Sheryl Au, MPT, ATC, CSCS, CLT-LANA, Mayuri Mody, OTR/L, CHT, CEAS, Tami Ramsey, MPT, OCS, CSCS, and Vicki Thornton, PTA, CLT-LANA; Domenic Bruzzese, OTD; Yolande Mavity, PT, MPT; Dirk Overturf, PT; James Vargas, MPT; and Wanda Weimer, MA, OT, CHT. In addition to lymphedema management, components of the Oncology Rehabilitation Program include:

- Exercise for overall fitness
- Strategies to help cope with ability change
- Urinary continence
- Swallowing retraining
- Adjustment tips to laryngectomy
- Cognitive strategies for "chemobrain"
- Fall prevention.

The program is a true collaborative effort between the rehabilitation department and the oncology program. For example, Miriam Sleven, RN, MS, OCN, an advanced practice nurse educator and the survivorship coordinator for the oncology program, helped the rehabilitation department conduct a patient satisfaction study related to the Oncology Rehabilitation Program. (For more on this study, see "Outcomes & Patient Satisfaction," right.) In addition, cancer program staff assists in the development of new education materials to market the Oncology Rehabilitation Program to patients and other providers.

Promoting the New Program

TMMC used a two-pronged approach to promote its new Oncology Rehabilitation Program, reaching out to both patients and providers in the community. To satisfy insurance billing requirements, physician referral is required for a patient to be evaluated by therapists at TMMC's Rehabilitation Department. Raising healthcare provider awareness of cancer late effects and the availability of effective interventions is an ongoing challenge for the program. TMMC is using a number of strategies to raise awareness of the Oncology Rehabilitation Program, including:

- Discussing the program and services offered at TMMC's Oncology Committee
- Writing articles for physician newsletters to educate and remind community healthcare providers about the program and services offered
- Reaching out to key community oncology physicians to encourage identification and referral of patients with functional late effects. These one-on-one meetings are spearheaded by TMMC's rehabilitation therapists.

To simplify the referral process, TMMC created an Oncology Rehabilitation Services referral form (Figure 1, right). The form includes check boxes for physician documentation of the patient's specific symptom or functional problem and the type of rehabilitation training that would most benefit the patient. The back of the referral form describes the service components of the Oncology Rehabilitation Program and the types of functional limitations the program can address.

Raising patient awareness of risk for late effects of cancer treatment is of equal importance. Accordingly, TMMC uses educational flyers, articles in healthcare publications, the hospital's website, and community lectures to educate the public about the Oncology Rehabilitation Program and the interventions available to improve function at work, activity tolerance, and quality of life.

TMMC is also a member of the South Bay Survivorship Consortium, a group of local oncology and primary care professionals whose goal is to improve the quality of life of cancer survivors. Consortium activities include free community events that address cancer recovery issues such as exercise, nutrition, wellness, and fatigue. In addition to bringing in national speakers who are experts in their particular field, the consortium has also used local speakers, including TMMC's chaplain and dietitian.

Outcomes & Patient Satisfaction

In 2013 TMMC's Oncology Committee conducted a process improvement study to capture data on the Oncology Rehabilitation Program, specifically, patient satisfaction and outcomes. A threepart survey was developed to assess pre-therapy expectations, post-therapy outcomes, and compliance with self-care at home post-therapy (see Figures 2-4, pages 28-30). TMMC invited all patients who received physical, occupational, or speech therapy to address an oncology-related disability to participate. Fifty patients completed surveys and were included in the data analysis.

Data revealed that satisfaction with the rehabilitation therapists was very high and that therapy successfully addressed the identified problem(s). Specifically, 90 percent of respondents said that "their expectations of therapy, as stated at the start of therapy, were completely met." Further, most patients continued with the recommended home management program. Eighty-three percent of survey respondents reported that they "were using the home management program."

On the downside, data revealed customer dissatisfaction with patient registration and appointment scheduling. To correct these issues, TMMC developed and implemented an action plan that includes:

- · Front desk staff reorganization
- · Customer relations training
- Clear performance expectations
- An algorithm for processing new patient paperwork (Figure 5, page 31)
- A process for triaging referrals by the rehabilitation therapists
- Increased manager oversight.

(continued on page 29)

Figure 1. Torrance Memorial Medical Center Oncology Rehabilitation Services Referral

| Name | Phone # |
|--|------------------------|
| Diagnosis | |
| | |
| | |
| | |
| Date of Onset | |
| | |
| | |
| | |
| | |
| OT/PT for lymphedema evaluation and management | |
| Occupational therapy, evaluate and treat for any of the follow | ing: |
| Impaired ability to do self-care, home, or community skills | (ADLs) |
| Impaired activity tolerance | |
| Cognitive changes affecting ADLs | |
| Impaired upper extremity function (gross motor, fine motor | ; sensation) |
| Physical therapy, evaluate and treat for any of the following: | |
| Generalized weakness and/or deconditioned | |
| Cancer-related fatigue | |
| Impaired range of motion and/or joint function | |
| Impaired balance | |
| Impaired mobility | |
| □ Speech therapy, evaluate and treat for any of the following: | |
| Swallowing difficulties | |
| Impaired speech and/or voice | |
| Impaired oral motor skills | |
| Frequency and duration | times a week for weeks |
| Physician's Name | Fax # |
| Physician's Signature | Date/Time |
| Torrance Memorial Medical Center | |
| 3330 Lomita Boulevard Torrance, CA 90505 | |
| 310-517-4735 Fax to: 310-784-4978 | |

Figure 2. Torrance Memorial Medical Center Pre-Treatment Evaluation

| Patient Name Date of Evaluation | | | | |
|------------------------------------|---|--|--|---|
| | | | | Please complete the following questions to help us evaluate the effectiveness of the Oncology Rehabilitation Program. Thank you. |
| 1. | 1. I heard about the Oncology Rehabilitation Program/Lymphedema Program from: | | | |
| | □ Flyer mailed to my home | □ Flyer I picked up | | |
| | Recommended by my physician | Torrance Memorial website | | |
| | □ Discussion with my nurse navigator or Cancer Resource Ce | nter nurse | | |
| | Other | | | |
| 2. | My reason for coming to the Oncology Rehabilitation Program | : | | |
| | □ Manage my cancer-related fatigue | Manage my lymphedema | | |
| | Improve my balance | Improve my strength | | |
| | Speech therapy | Help with my swallowing | | |
| | Treat my cancer-related wound | Bladder retraining | | |
| | □ Start or resume the right exercise program for me | □ Return to my previous level of functioning | | |
| | Improve my ability to complete Activities of Daily Living such as bathing, dressing and making meals | ☐ Manage nerve problems in my hands or feet | | |
| | Other | | | |
| То | be completed by the therapist. | | | |
| Rea | ason for referral: | | | |
| | □ Manage my cancer-related fatigue | Manage my lymphedema | | |
| | Improve my balance | □ Improve my strength | | |
| | Speech therapy | □ Help with my swallowing | | |
| | Treat my cancer-related wound | □ Bladder retraining | | |
| | □ Start or resume the right exercise program for me | □ Return to my previous level of functioning | | |
| | □ Improve my ability to complete Activities of Daily Living such as bathing, dressing and making meals | □ Manage nerve problems in my hands or feet | | |
| | Other | | | |
| Sou | urce of Referral: | | | |
| | Oncology Rehabilitation Program Referral Form | | | |
| | Physician's prescription | | | |
| | Other | | | |

Upon completion send to the Cancer Resource Center.

Figure 3. Torrance Memorial Medical Center Post-Treatment Evaluation

(To be completed on the last day of therapy)

| Patient Name | MR# | |
|---|---|--|
| Date of Evaluation | Evaluated by | |
| My expectations of therapy, as stated at the start of therapy, have been met? (Please check one) Completely Partially Not at all | 2. I received a home management program as part of my therapy? Yes No | |
| 3. I am able to follow the home management self-care instructions? Yes No | 4. Overall value of the Oncology Rehabilitation Program (Please check one) Excellent Good Fair Not useful | |
| Suggestions on how we can improve this program | | |
| | | |
| Upon completion send to the Cancer Resource Center. | | |

(continued from page 26)

Monitoring of customer satisfaction with the new registration process is ongoing and to-date shows improvement.

Future Directions

TMMC's commitment to relieve disability and improve the quality of life of cancer survivors includes program development of exercise, diet, relaxation techniques, and numerous other rehabilitation interventions.

Further, new and improved cancer treatment modalities are allowing cancer survivors to live longer. These successes have opened up opportunities for innovative programs to facilitate recovery after cancer treatment, as well as interventions early in the disease trajectory to prevent or reduce late effects. The Torrance Memorial rehabilitation department's speech therapists have begun partnering with radiation oncology to provide prerehabilitation treatment planning for patients undergoing radiation therapy for head and neck malignancy, as well as ongoing swallowing therapy during treatment.

Paula J. Bauer, RN, MSN, OCN, is advanced clinical nurse educator, Cancer Resource Center, Torrance Memorial Medical Center, Torrance, Calif. Figure 4. Torrance Memorial Medical Center Post-Treatment Call

| | ient Name |
|----|---|
| 1. | Introductiona. Identify self and reason for call (evaluate the effectiveness of the oncology rehabilitation program)b. Answers are anonymous and confidential unless specific follow-up is requested, permission is verbally granted: |
| | c. Verify completion of program Yes No |
| 2. | Are you still using the home management program you received? Yes No Tell me why you are/are not using this program |
| 3. | Overall, were you satisfied with the care you received in the rehabilitation department? |
| | a. What was most helpful? |
| | b. What was least helpful? |
| | a. Is there anything we can do to improve our program? |
| 4. | Were you able to get your initial assessment appointment in a timely manner? |
| 5. | Did the program meet your expectations? Yes No |
| 6. | Would you recommend this program to someone else? |
| 7. | Other comments and suggestions |
| | |

Figure 5. Torrance Memorial Medical Center Oncology Rehabilitation Program Patient Intake Form



OUR PROGRAM AT-A-GLANCE

Torrance Memorial Medical Center is a 401-bed community hospital that serves the South Bay area of Los Angeles. The TMMC service area encompasses the southwestern portion of Los Angeles County and includes several beach

cities that stretch along the Pacific coast. The TMMC Hunt Cancer Institute has been accredited by the American College of Surgeons as a Comprehensive Community Cancer Center since 1980, and is one of only three facilities in California to receive the Commission on Cancer's Outstanding Achievement Award in 2012. TMMC's oncology program is a robust service line, with more than 1,800 patients diagnosed and treated each year. Hunt Cancer Institute's multidisciplinary team prides itself on providing comprehensive care to adult patients with cancer and their loved ones across the continuum of care, including post-treatment recovery and survivorship. Assessment of community needs and identification of program development opportunities to meet those needs are ongoing and an integral part of program operations.



in in