A Best Practice Model in a Hospital System-Development, Practice and Implementation Using an Oncology Framework

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Clinical Coordinator

Northside Hospital Outpatient Rehabilitation Services

Objectives

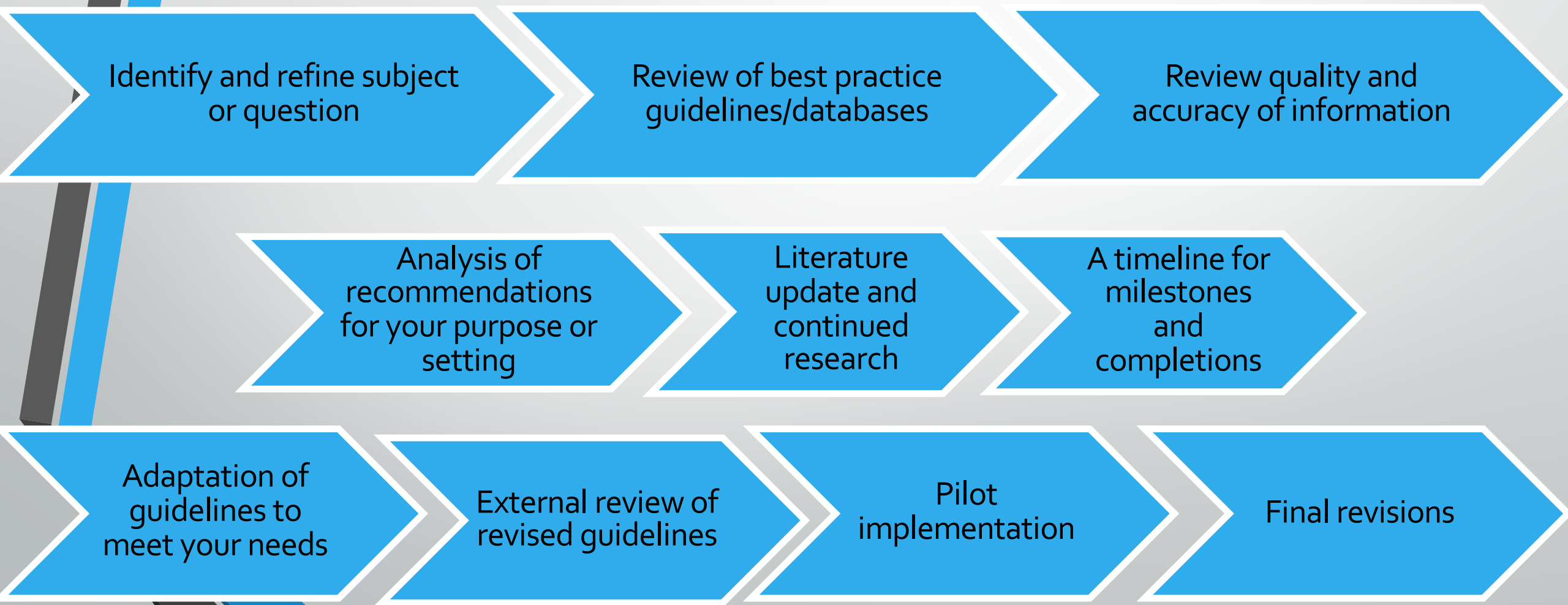
Participant will learn:

- The rationale behind setting objectives and goals for a best practice model
- The 4 components of a best practice integration model
- How this model integrated research, current medical pathophysiology and treatment, and rehabilitation practice into these 4 components
- The importance of staff development and patient education for best practice
- The significance of community involvement in your area of practice

Objectives

- The importance of physician and multidisciplinary participation in defining and cultivating a best practice model
- The significance of outcome measures and what to consider for best practice and program needs
- An example of an electronic outcomes data tool based on program needs to assist with data collection
- How this practice model can be applied to other areas of practice

Literature Review of Clinical Guidelines Development-Common Concepts



Northside Hospital-Atlanta, Forsyth, Cherokee

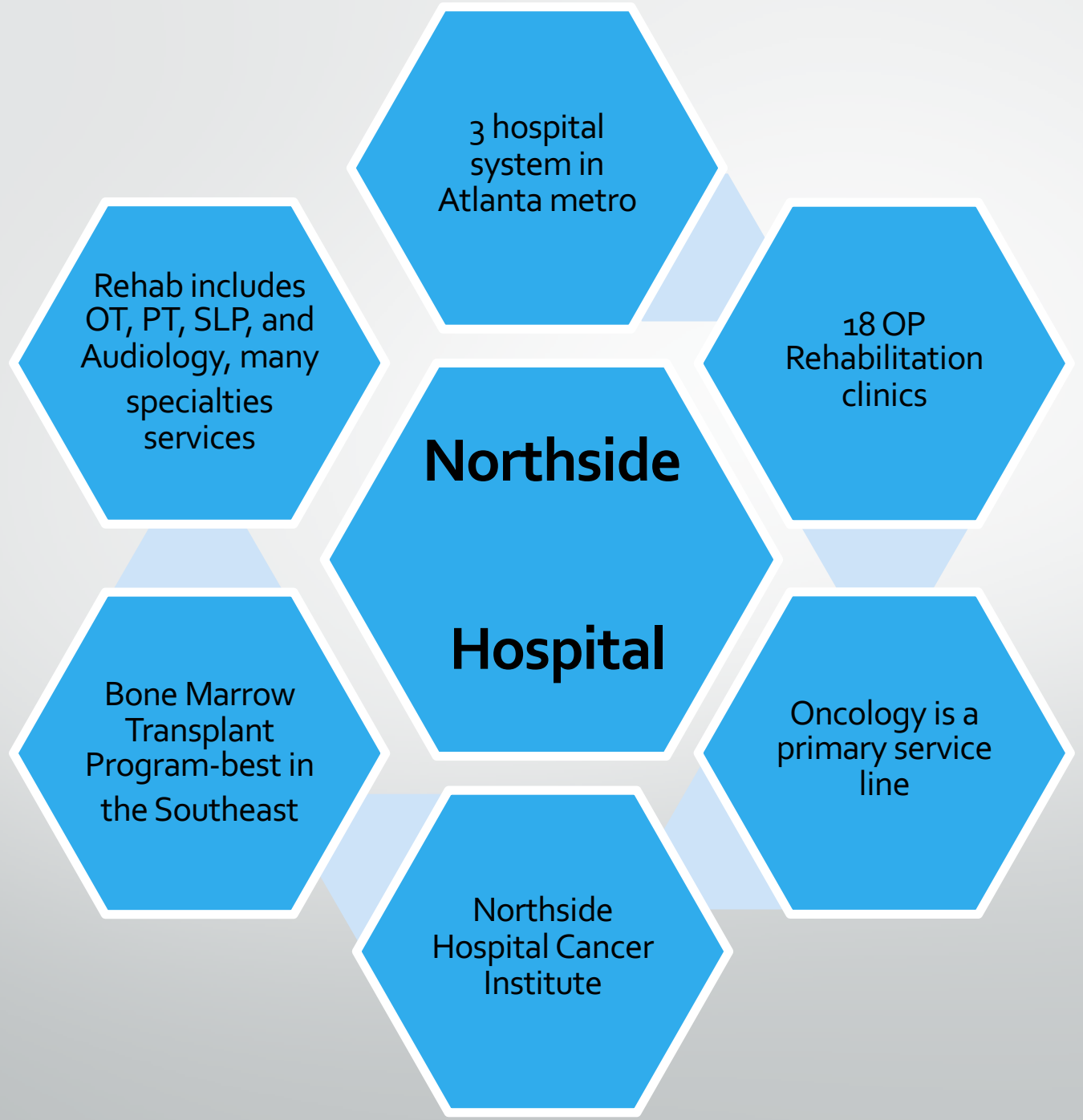
NORTHSIDE HOSPITAL

CANCER INSTITUTE

For questions, information, and referrals, call the Northside Hospital Cancer Institute

404-531-4444

BUILT TO BEAT CANCER


3 hospital system in Atlanta metro
Rehab includes OT, PT, SLP, and Audiology, many specialties services
18 OP Rehabilitation clinics
Northside Hospital
Bone Marrow Transplant Program-best in the Southeast
Oncology is a primary service line
Northside Hospital Cancer Institute

Oncology Rehabilitation and Specialized Services

Specialized services offered by licensed oncology trained clinicians

Physical Therapy

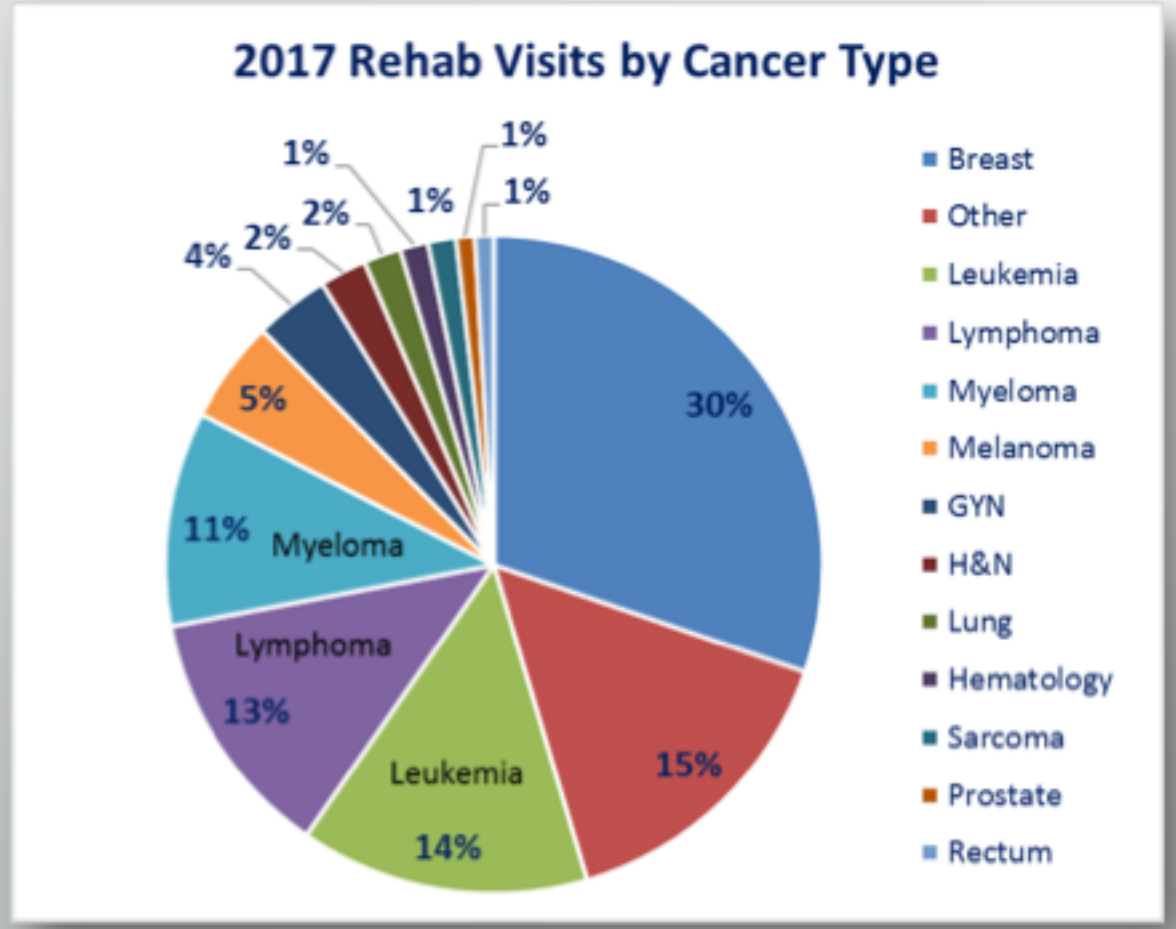
Occupational Therapy

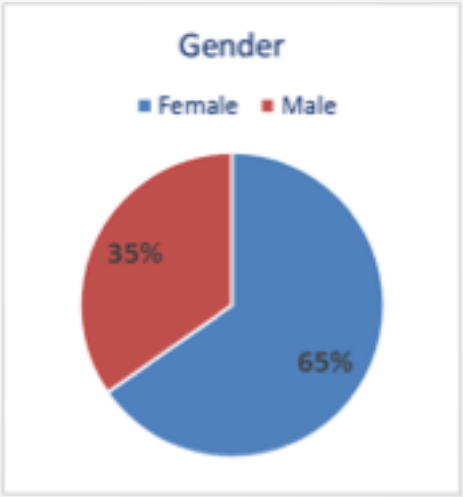
Speech-Language Pathology

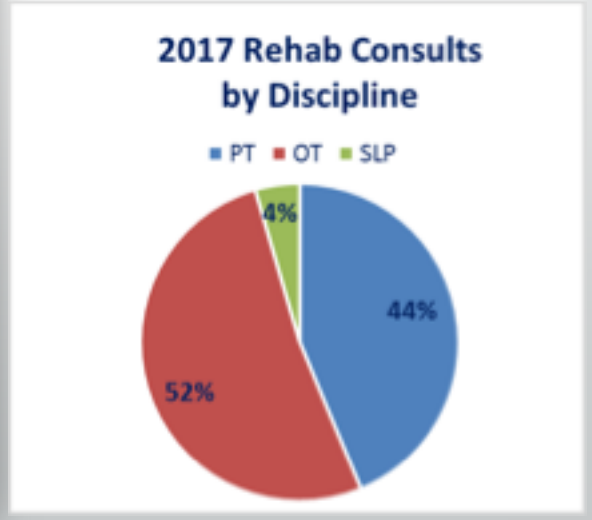
Audiology

2017 Rehab Case Description (N=219)

Mean Age: 57.4 yrs







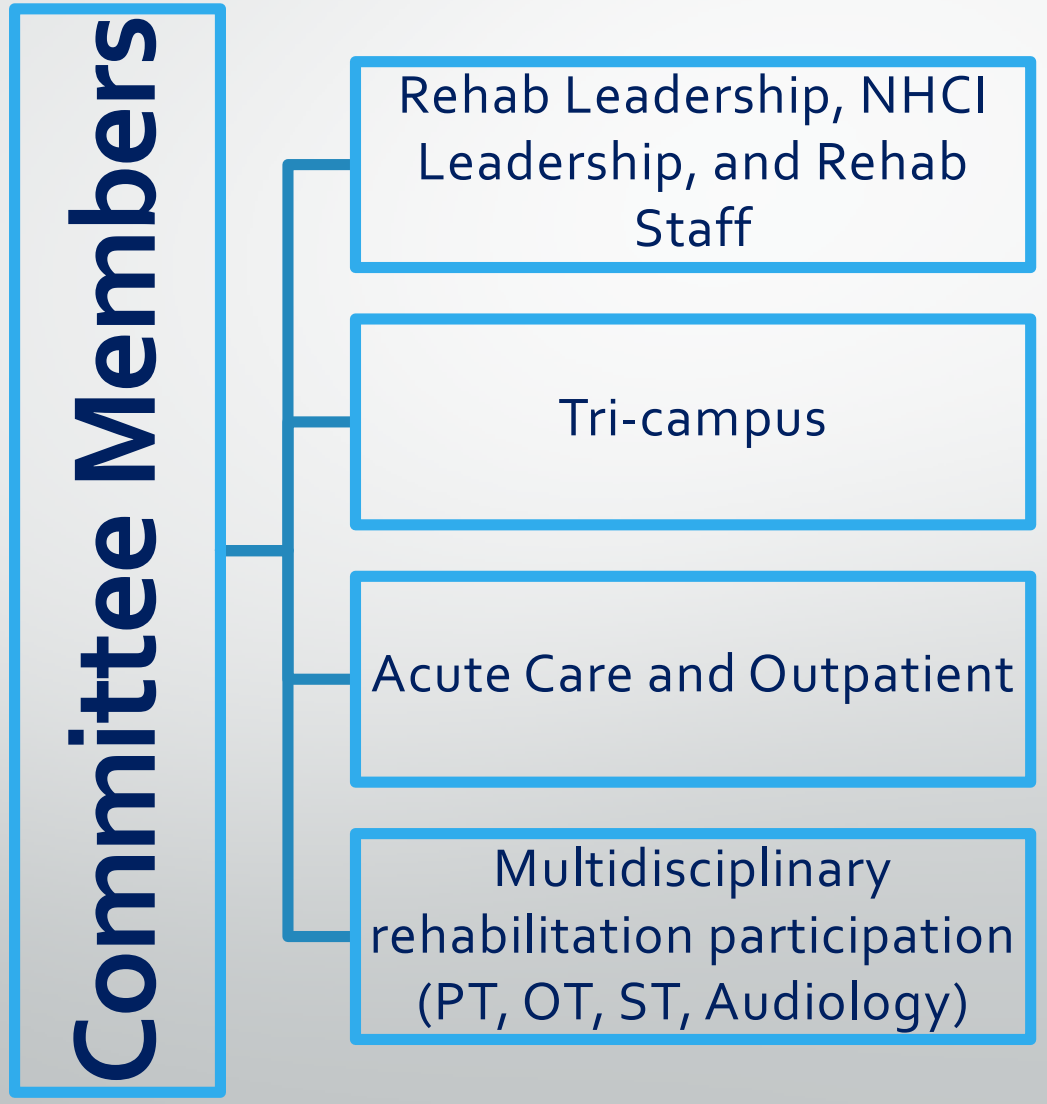
STAR Oncology Rehab

- Begun by Julie Silver, MD
- Established Oncology Rehab Partners
- STAR=Survivorship Training and Rehab
- Star Oncology Certification Program
- Multiple clinicians in both IP and OP became STAR oncology certified through a series of online education and testing
- Program also involved data collection from hospital participants
- Program was dissolved in 2016

The Vision to Continue Best Practice in Oncology Rehabilitation

- Ongoing research for best practice oncology rehabilitation
- Continue with up to date education for clinicians
- Validate excellence in our field in clinically competency and care for our patients
- Continue to collaborate with our Northside Hospital Cancer Institute
- Continue with metrics to validate best practice care

Advancing the Practice through a Rehab Steering Committee



Oncology Rehabilitation Steering Committee Team Members

- Cheri Romero, OT, Outpatient Clinical Coordinator
- Aisha Ghafoor Harris, PT, Inpatient Clinical Coordinator
- Aneesha Virani, PhD, CCC-SLP, Clinical Coordinator, Speech and Audiology
- Joanna Collins, OT/L
- Christi The, PT, DPT
- Brandy Wilkins, PT, DPT, CCCE
- Luba Underwood, OTR/L
- Adam Drumm, PT, DPT, OCS, ATC
- Dawn Hayes, PT, PhD. , GCS, QI for Northside Hospital Cancer Institute
- Sarah Fagan, Management Engineer, Productivity Management

Northside Oncology Rehabilitation Steering Committee Purpose/Objectives

- Research and promote best practice for all rehabilitation disciplines and specialty groups.
- Offer educational opportunities to enhance knowledge and best practice for our clinicians.
- Collaboration with Oncology Service Line leadership team for compiling and data analysis.
- Promote Survivorship Team initiatives.
- Build strong relationships with key stakeholders, in particular MD's.
- Support the Marketing Workgroup which includes monitoring marketing materials and patient education handouts for professional image and messaging.
- Foster community awareness of oncology rehabilitation and Northside Hospital services.

Aligning oncology specialty groups for shared common initiatives and messaging.

Rehab Oncology Steering Committee

- ✓ Clinical Pathways developed for:
  - ➢ GYN/GU
  - ➢ Breast Care
  - ➢ Head & Neck
  - ➢ BMT

- ✓ Oncology Rehabilitation course provided to Northside and Sovereign Rehab clinicians in May 2018

- ✓ Developed Oncology Database to track outcomes focused on pain, fatigue, mobility, activities of daily living, communication, and swallowing.

- ✓ American Congress of Rehabilitation Medicine Annual Conference - September 2018
- ✓ Georgia Occupational Therapy Association Annual Conference - October 2018
- ✓ Georgia Speech & Hearing Association Annual Conference - February 2019

Clinical Guidelines

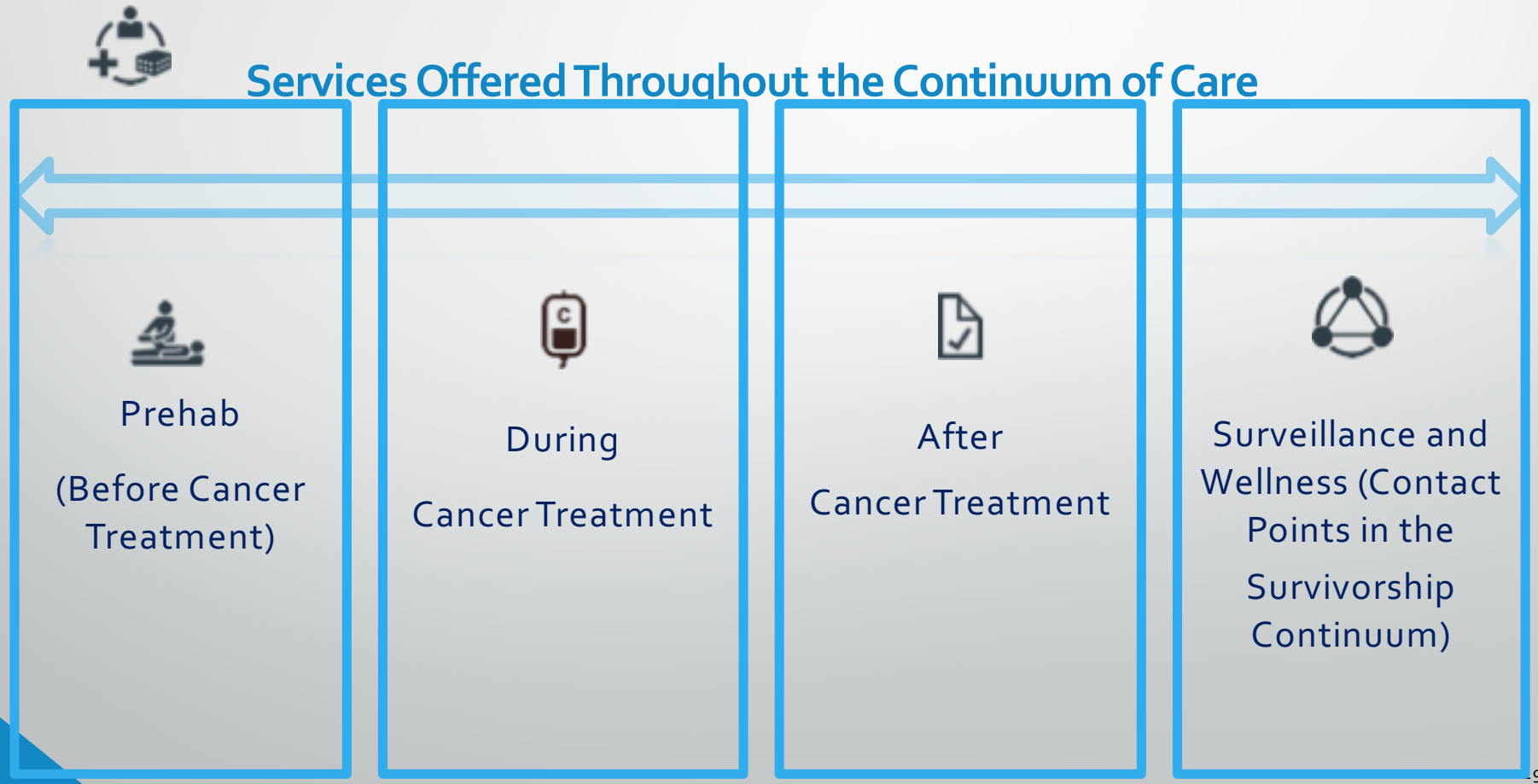
Development Steps for Progression of Best Practice Guidelines

Literature and Information Search

- Hospital Library Search for recent articles
- National Associations - AOTA, APTA, ASHA
- Physicians
- Outside databases – National Comprehensive Care Network (NCCN)
- Conferences – American Congress of Rehabilitation Medicine (ACRM)
- Contact other best practice hospitals

Oncology Rehabilitation at a Glance

Oncology Rehabilitation - Care is integrative, multidisciplinary and supports our patients qualify of life and independence.



A Prospective Surveillance Model for Rehabilitation for Women With Breast Cancer

Nicole L. Stout, MPT, CLT-LANA[1]; Jill M. Binkley, PT, MClSc, FAAOMPT, CLT[2]; Kathryn H. Schmitz, PhD, MPH, FACSM[3]; Kimberly Andrews[4]; Sandra C. Hayes, PhD[5]; Kristin L. Campbell, PT, MSc, PhD[6]; Margaret L. McNeely, PT, PhD[7]; Peter W. Soballe, MD[8]; Ann M. Berger, PhD, RN, AOCNS, FAAN[9]; Andrea L. Cheville, MD[10]; Carol Fabian, MD[11]; Lynn H. Gerber, MD[12]; Susan R. Harris, PT, PhD[6]; Karin Johansson, RPT, Dr Med Sci[13]; Andrea L. Pusic, MD, MHS, FRCSC[14]; Robert G. Prosnitz, MD, MPH[3]; and Robert A. Smith, PhD[4]

BACKGROUND: The current model of care for individuals with breast cancer focuses on treatment of the disease, followed by ongoing surveillance to detect recurrence. This approach lacks attention to patients' physical and functional well-being. Breast cancer treatment sequelae can lead to physical impairments and functional limitations. Common impairments include pain, fatigue, upper-extremity dysfunction, lymphedema, weakness, joint arthralgia, neuropathy, weight gain, cardiovascular effects, and osteoporosis. Evidence supports prospective surveillance for early identification and treatment as a means to prevent or mitigate many of these concerns. This article proposes a prospective surveillance model for physical rehabilitation and exercise that can be integrated with disease treatment to create a more comprehensive approach to survivorship health care. The goals of the model are to promote surveillance for common physical impairments and functional limitations associated with breast cancer treatment; to provide education to facilitate early identification of impairments; to introduce rehabilitation and exercise intervention when physical impairments are identified; and to promote and support physical activity and exercise behaviors through the trajectory of disease treatment and survivorship. **METHODS:** The model is the result of a multidisciplinary meeting of research and clinical experts in breast cancer survivorship and representatives of relevant professional and advocacy organizations. **RESULTS/CONCLUSIONS:** The proposed model identifies time points during breast cancer care for assessment of and education about physical impairments. Ultimately, implementation of the model may influence incidence and severity of breast cancer treatment-related physical impairments. As such, the model seeks to optimize function during and after treatment and positively influence a growing survivorship community. ***Cancer*** **2012;118:(8 Suppl)2191-200.** © *2012 American Cancer Society.*

KEYWORDS: breast cancer, surveillance model, rehabilitation, survivorship care.

Goals for Prospective Model of Surveillance

Cancer 2012;118:2191-200

- To promote surveillance for common physical impairments and functional limitations
- To provide education to reduce risk of prevent adverse events and facilitate early identification of physical impairments and functional limitations
- To introduce rehabilitation and exercise interventions when physical impairments are identified
- To promote and support physical activity, exercise, and weight management behaviors through the trajectory of disease treatment and survivorship

Clinical Surveillance for Oncology

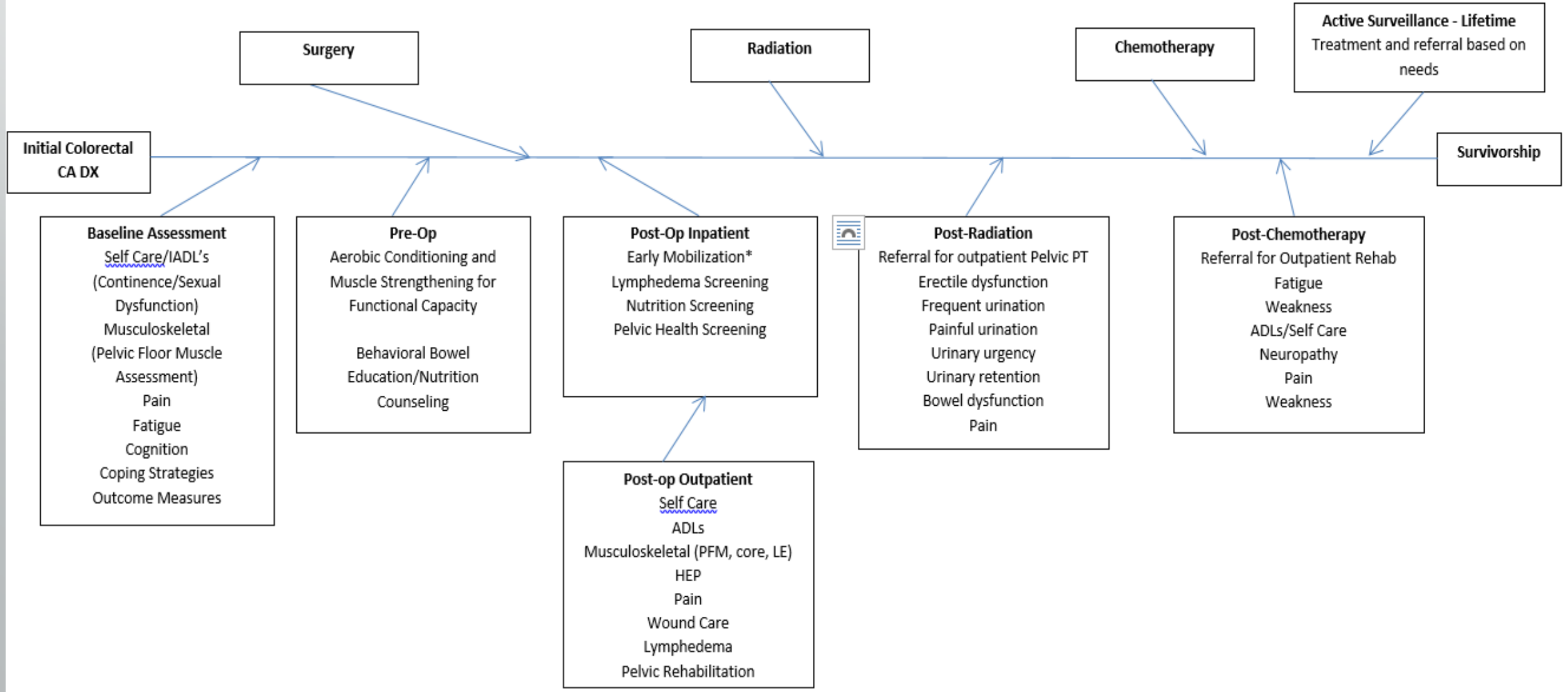
Breast Cancer	Due Date	R-Y-G Progress/Complete
Develop Medical Treatment Guidelines		
• Utilize NCCN website to determine typical treatment pathways throughout survivorship		
o Investigate typical pathways utilized by NSH MD's		
• Utilize NCCN website for chemo agents		
o Investigate typical agents utilized by NSH MD's		
o Research typical toxicities for these agents		
• Investigate typical surgical procedures utilized by NSH MD's		
o Research typical toxicities for these surgical procedures		
• Create in-depth Medical Tx Guidelines for Diagnosis		
o This will be used for each Point of Care Treatment Guideline (see handout Breast CA In-depth)		
Develop Rehabilitation Guidelines		
• Research Typical Rehab Points of Care throughout survivorship		
o Assess if other points of care are needed based on NSH Medical Treatment Guidelines		
• Create Dx specific High Level Medical and Rehab tx Guidelines (see Breast CA Guideline High Level). Can be utilized for marketing – MD's and NHCI website		
o Determine High Level Rehab interventions for each point of care		
o Decrease Medical Guidelines to High Level		
• Determine in- depth Rehab Guideline for each point of care. Each point of care will have its own Rehab Guideline. This document will be utilized by clinicians to ensure adherence to Rehab program.		
o Complete Point of Care Work Sheet for Baseline Assessment		

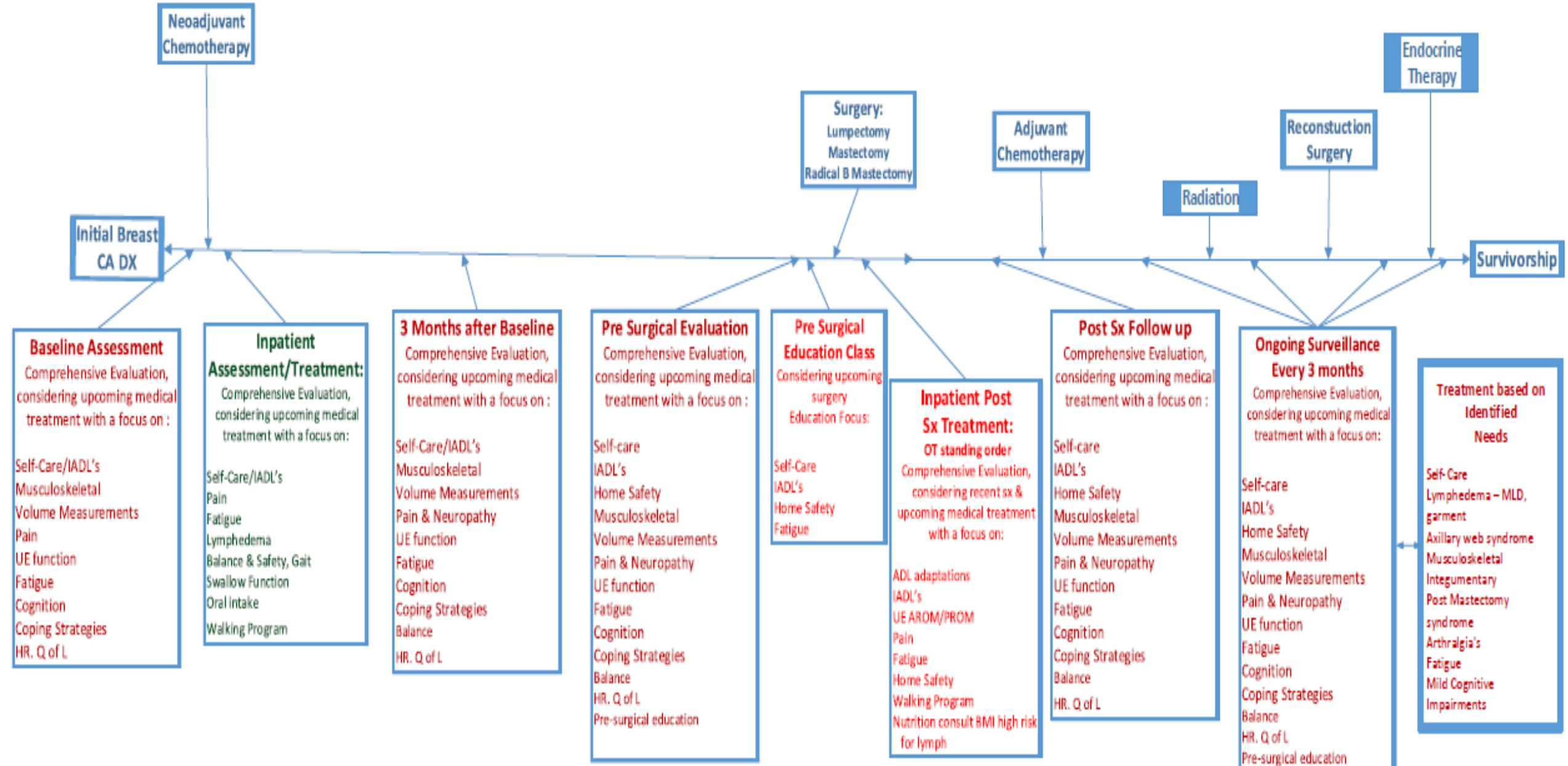
Common Oncology Impairments			
Physical Impairments	Functional Activities	Cognitive, Visual Impairments	Psychosocial Issues
Malignant pain	ADL/IADL	Memory	Mood disorders
Nonmalignant pain	Return to work	Problem solving	Caregiver needs
Deconditioning	Avocational	Executive function	Role competence
Reduced physical strength	Home management	Visual perception	Body image
Arthralgia Syndrome	Fatigue	Attention	
Reduced range of motion of joints			
Decreased cardiovascular capacity			
Postural Instability/ Balance			
Fall History			
Gait problems			
Dysphagia			
Dysarthria			
Decreased Hearing			
Trismus			
Lymphedema			
Post-mastectomy pain syndrome			
Chemotherapy induced peripheral neuropathy			
Radiation fibrosis syndrome			
Osteopenia/osteoporosis			
Heart disease (future)			

Point of Care Treatment Guidelines Worksheet

Area to be assessed	Recommended Objective tool	Education/ Treatment/Hand out to provide	Special Considerations	Anticipated Functional Decline	Evidence/Rationale	Alternative Options
Consider medical treatments and toxicities up to this point of the patient's care. Review the impairment list and carefully consider typical impairments for patients with this dx at this stage of treatment	Objective/Standardized tests Equipment Review literature, other programs and utilize your clinical judgement.	Consider typical impairments and upcoming medical treatments	Provide clinical reasoning for therapists who may not be familiar with this particular dx or this stage of treatment	What are the areas that may be impacted with this or upcoming stages of treatment (see Medical Treatment Guideline) Consider all rehab needs	Lit search, Antidotal evidence, clinical experience	Next best recommendation if best practice is currently unattainable. (Equipment not available, staff not trained on technique)
Pain	Pain Scale - numbers or face	Positioning, Breathing, Meditation	Post Op pain, encourage pain meds and positioning. Do not let pain limit general moving	Pain should decrease over next week.	Clinical Experience	N/A

Medical/Rehabilitation Treatment Guideline
Colorectal Cancer

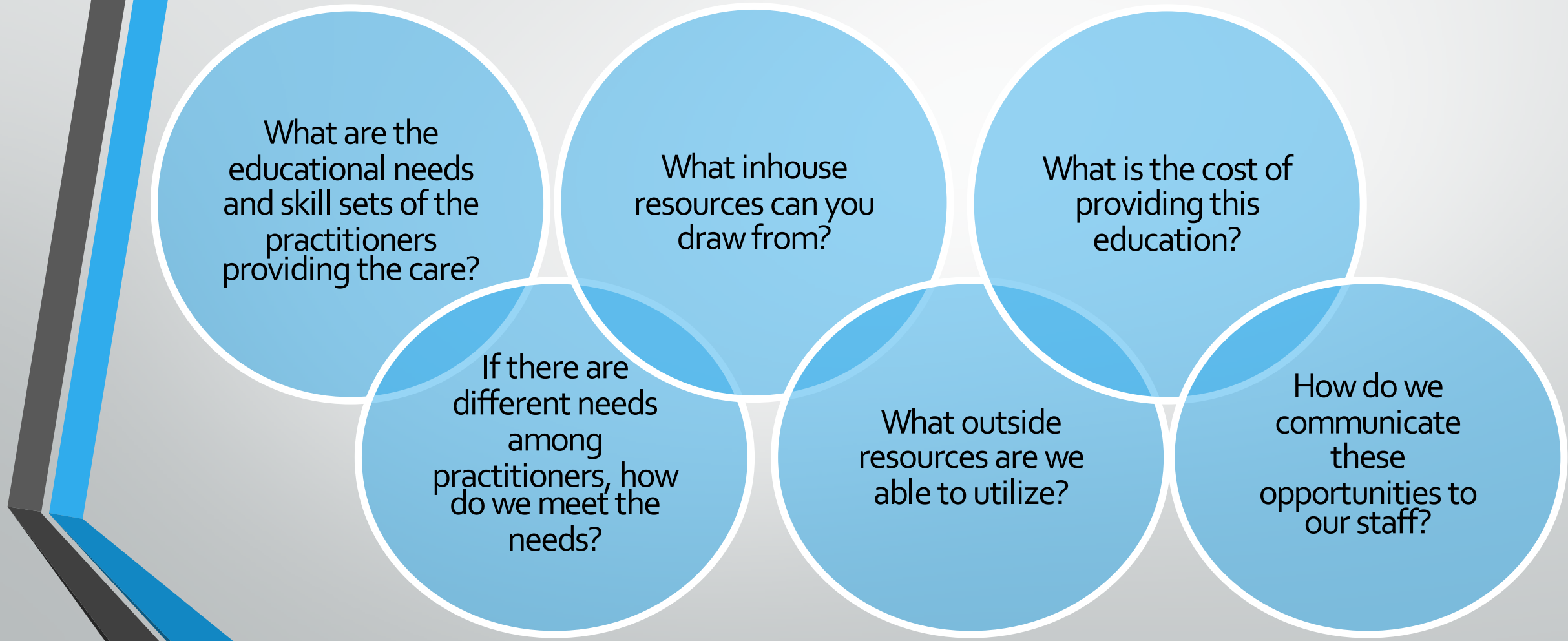




Rehabilitation Treatment Guideline

Breast Cancer

Clinician Education



Oncology Education Courses

Rehab Edge – Cancer Rehabilitation

Tacoma, Washington 9-16-17 to 9-17-17

Toms River ,New Jersey 12-2-17 to 12-3-17

Cost $495

APTA Online Courses

Blood and Marrow Transplant	2 hours	59.90
Pelvic Floor Therapy for the Oncology Patient	2 hours	59.90
Foundations for Oncology for PT	2.5 hours	74.88
Aerobic conditioning in Acute Care	1.5 hours	44.93
Peripheral Edema Management	3 hours	89.85

Clinician Survey

What do we want to find out?

What is the best way to gather this info? Survey monkey works well

What does the data tell us?

What will we do with the results?

Education Survey Questions

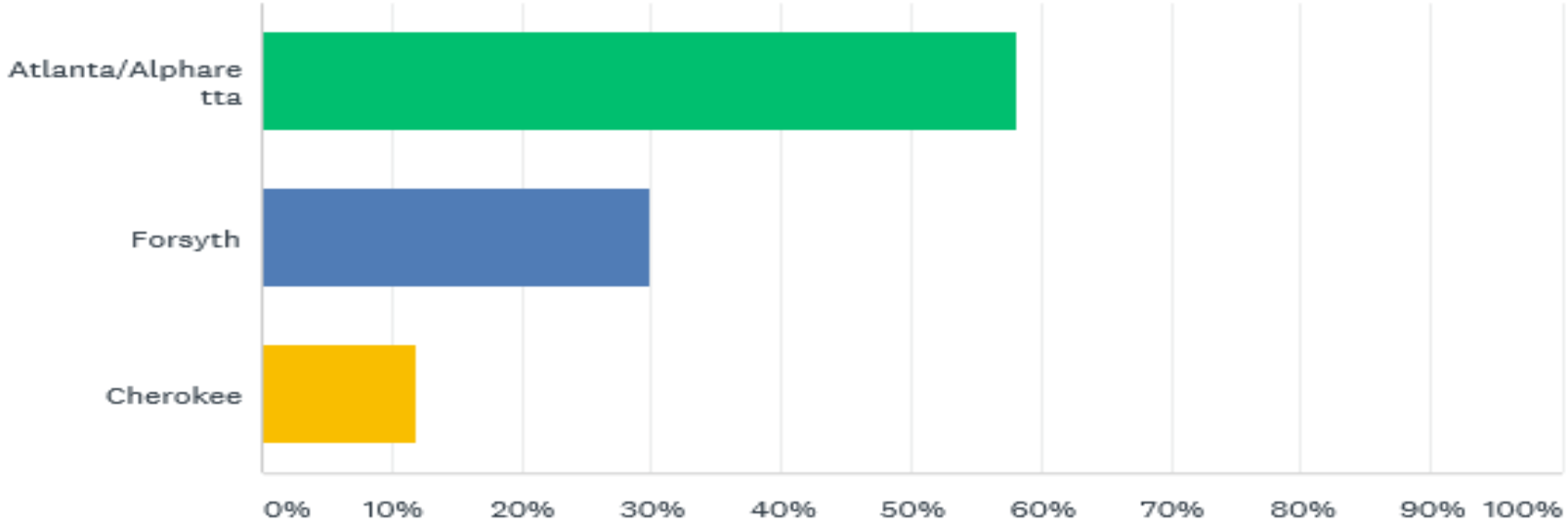
1. At what campus do you primarily work?
2. Do you work in inpatient acute care, outpatient, or both?
3. What is your discipline?
4. How many years of experience do you have primarily treating the oncology population?
5. Where do you think your knowledge level is for oncology evaluation and treatment?
6. Which cancer patient population(s) do you have experience managing? Choose all that apply.
7. What education format do you feel is most beneficial to you?
8. What areas of oncology content do you feel you need more education on (ie. disease process, treatment, outcomes, etc.)? Please be specific.

Q1

Customize Export

At what campus do you primarily work?

Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Atlanta/Alpharetta	58.21%	39
Forsyth	29.85%	20
Cherokee	11.94%	8
TOTAL		67

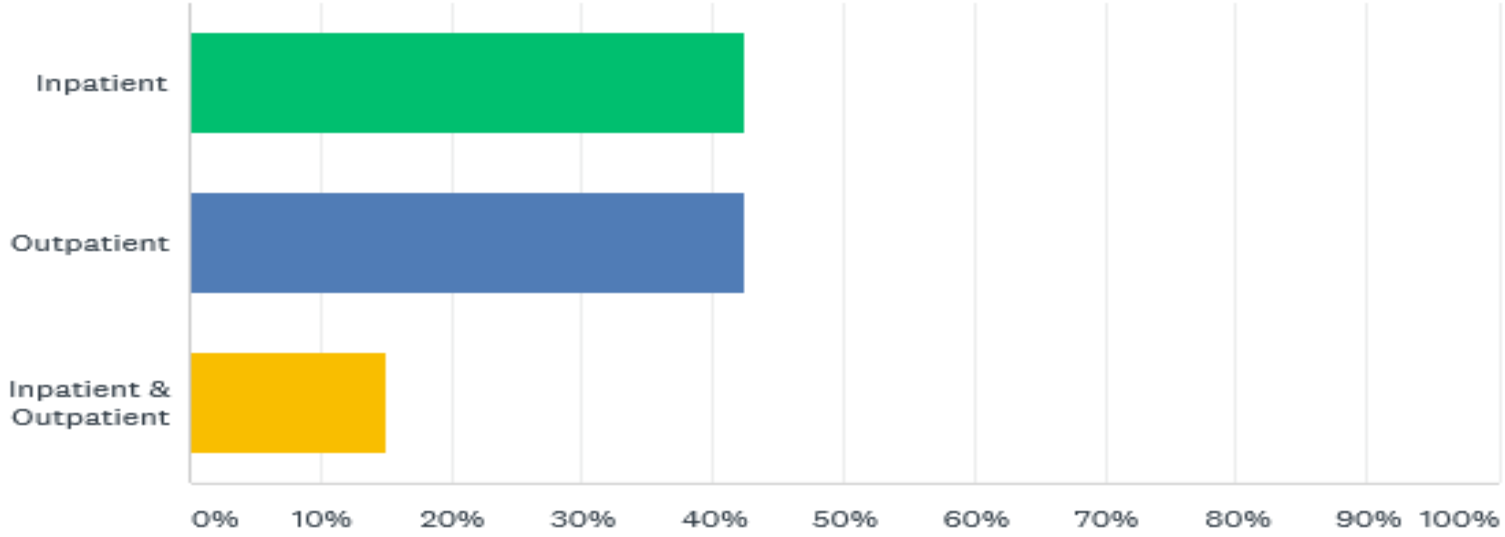
Total # of respondents

Q2

Customize Export

Do you work in inpatient, outpatient or both?

Answered: 66 Skipped: 1



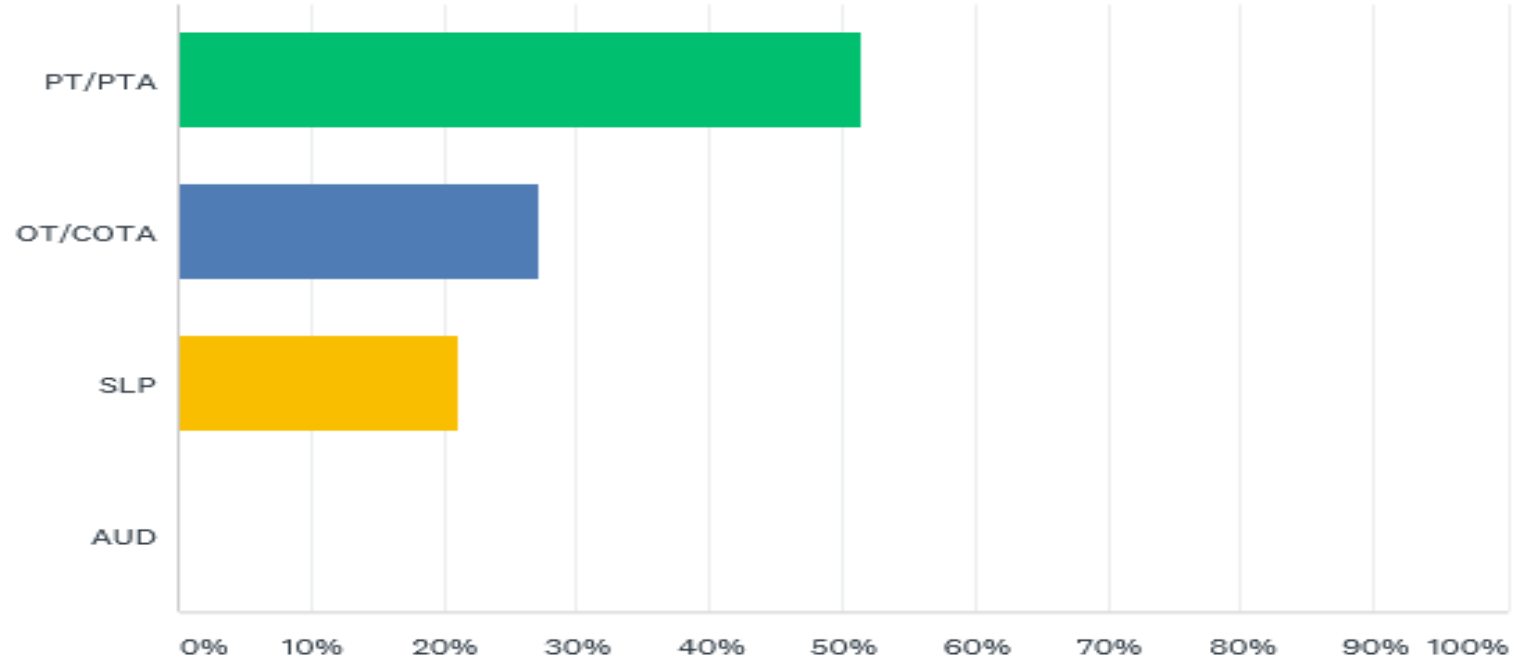
ANSWER CHOICES	RESPONSES	
Inpatient	42.42%	28
Outpatient	42.42%	28
Inpatient & Outpatient	15.15%	10
TOTAL		66

Q3

Customize Export

What is your discipline?

Answered: 66 Skipped: 1



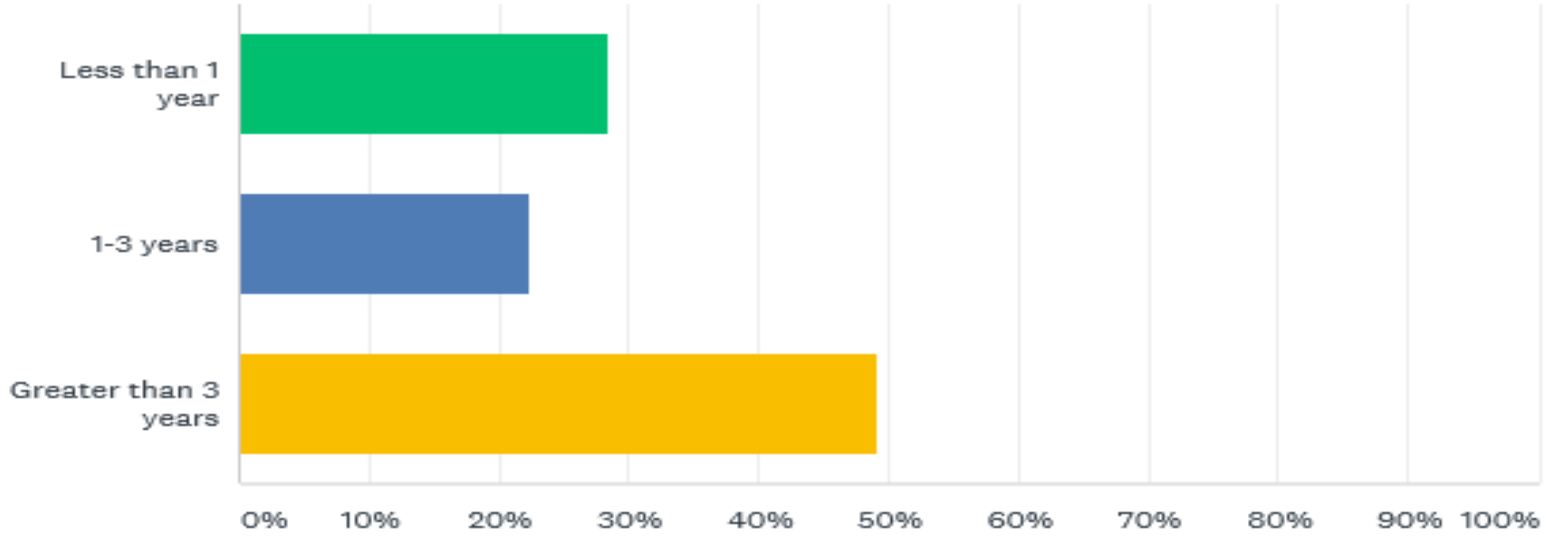
ANSWER CHOICES	RESPONSES	
PT/PTA	51.52%	34
OT/COTA	27.27%	18
SLP	21.21%	14
AUD	0.00%	0
TOTAL		66

Q4

Customize Export

How many years of experience do you have primarily treating the oncology population?

Answered: 67 Skipped: 0



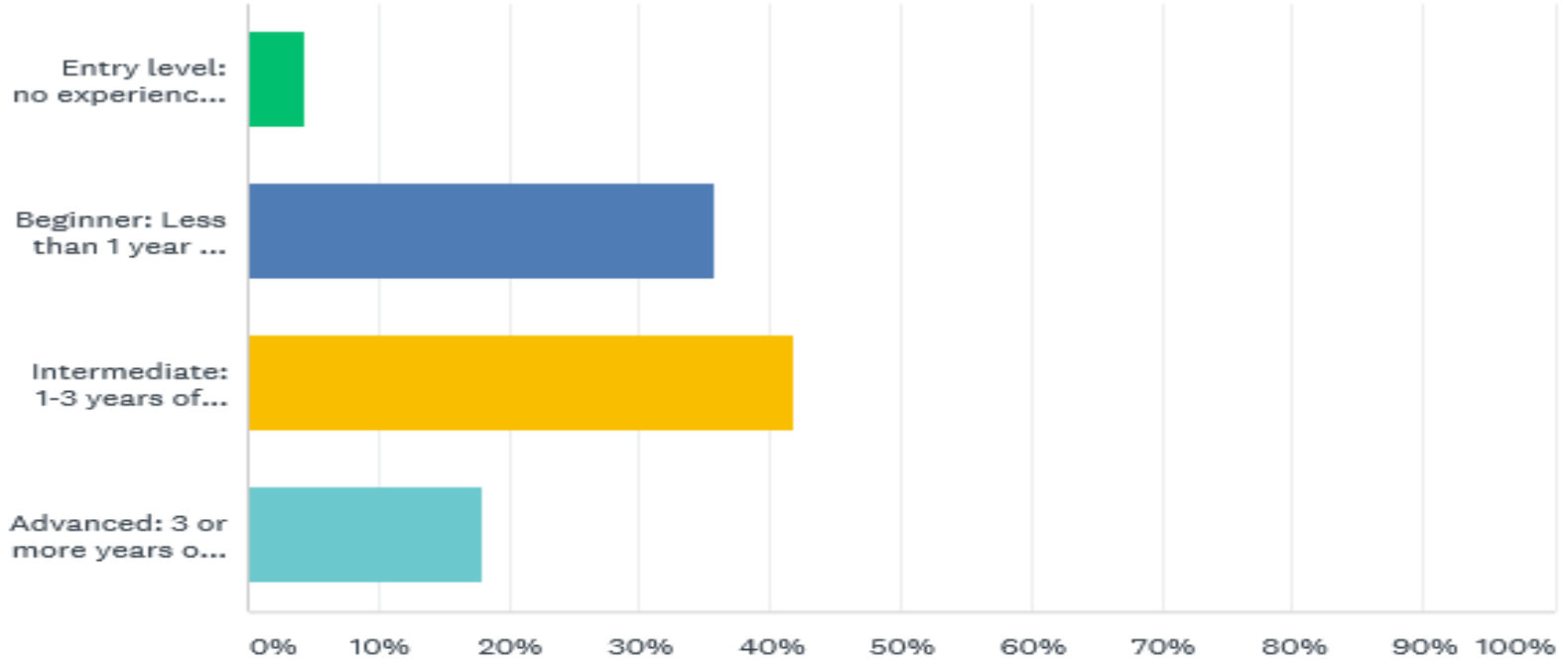
ANSWER CHOICES	RESPONSES	
Less than 1 year	28.36%	19
1-3 years	22.39%	15
Greater than 3 years	49.25%	33
TOTAL		67

Q5

Customize Export

Where do you think your knowledge level is for oncology evaluation and/or treatment?

Answered: 67 Skipped: 0



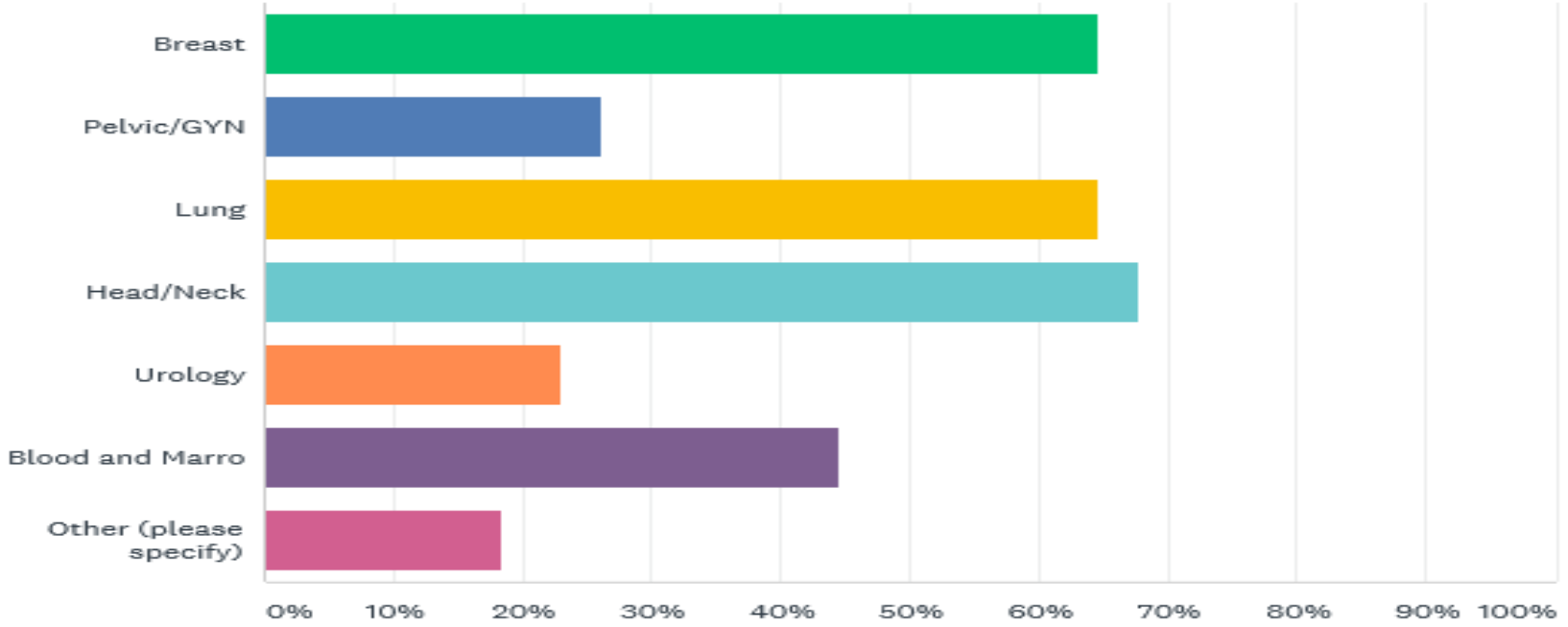
ANSWER CHOICES	RESPONSES	
Entry level: no experience with the oncology patient population	4.48%	3
Beginner: Less than 1 year of oncology-specific patient care experience AND 0-10 hours of oncology-specific CEUs	35.82%	24
Intermediate: 1-3 years of oncology-specific patient care experience AND 20-30 hours of oncology-specific CEUs	41.79%	28
Advanced: 3 or more years of oncology-specific patient care experience AND 30 or more hours of oncology-specific CEUs OR certified specialist in oncology	17.91%	12
TOTAL		67

Q6

Customize Export

Which cancer patient population(s) do you have experience managing? Choose all that apply.

Answered: 65 Skipped: 2



Other: neuroendocrine (1), sarcoma (2), brain (4), colon (1), melanoma (2), general oncology (1), NA (2)

ANSWER CHOICES		RESPONSES	
Breast		64.62%	42
Pelvic/GYN		26.15%	17
Lung		64.62%	42
Head/Neck		67.69%	44
Urology		23.08%	15
Blood and Marro		44.62%	29
Other (please specify)	Responses	18.46%	12
Total Respondents: 65			

Q7

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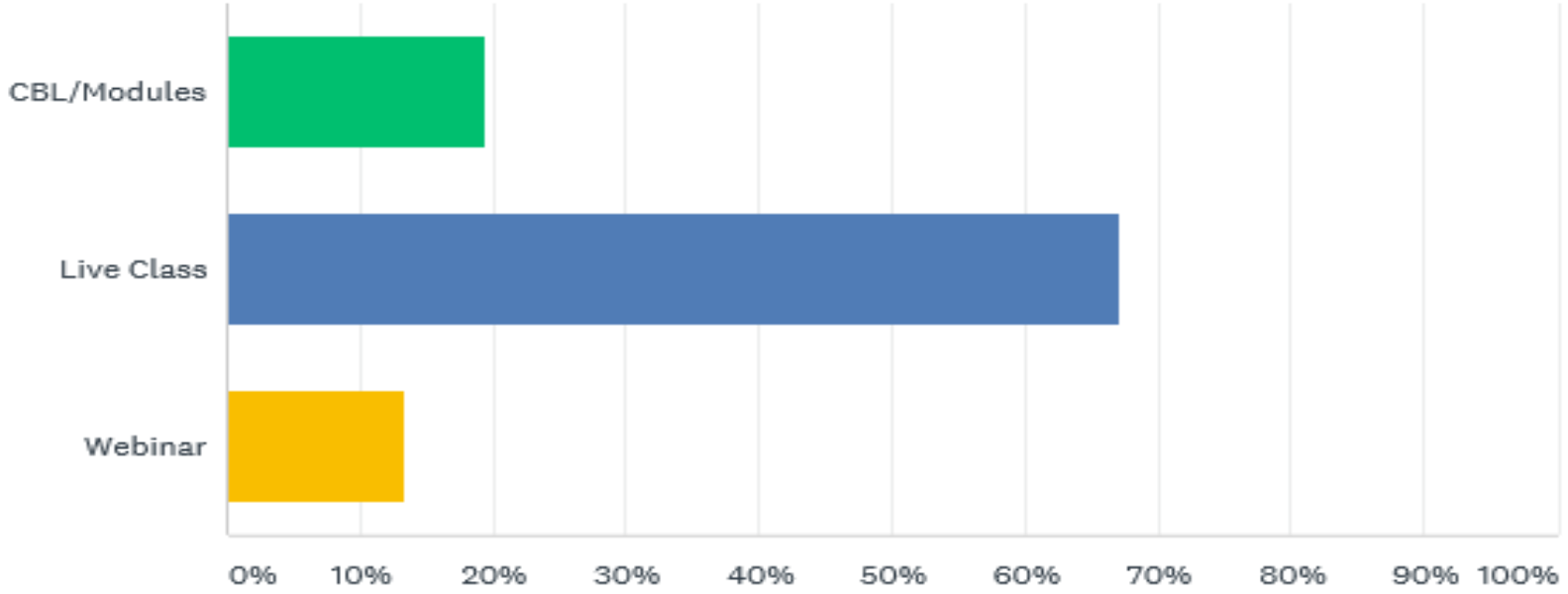
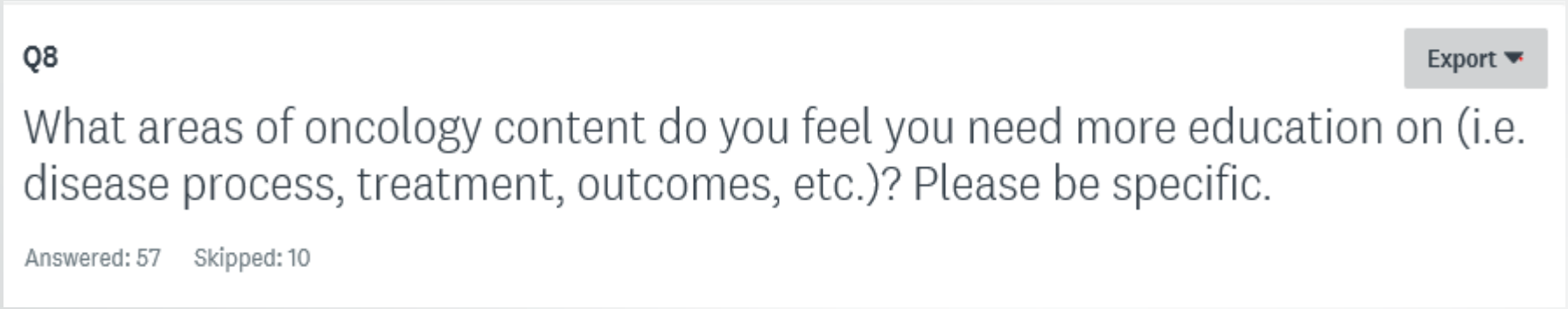
What education format do you feel is most beneficial to you?

Answered: 67 Skipped: 0



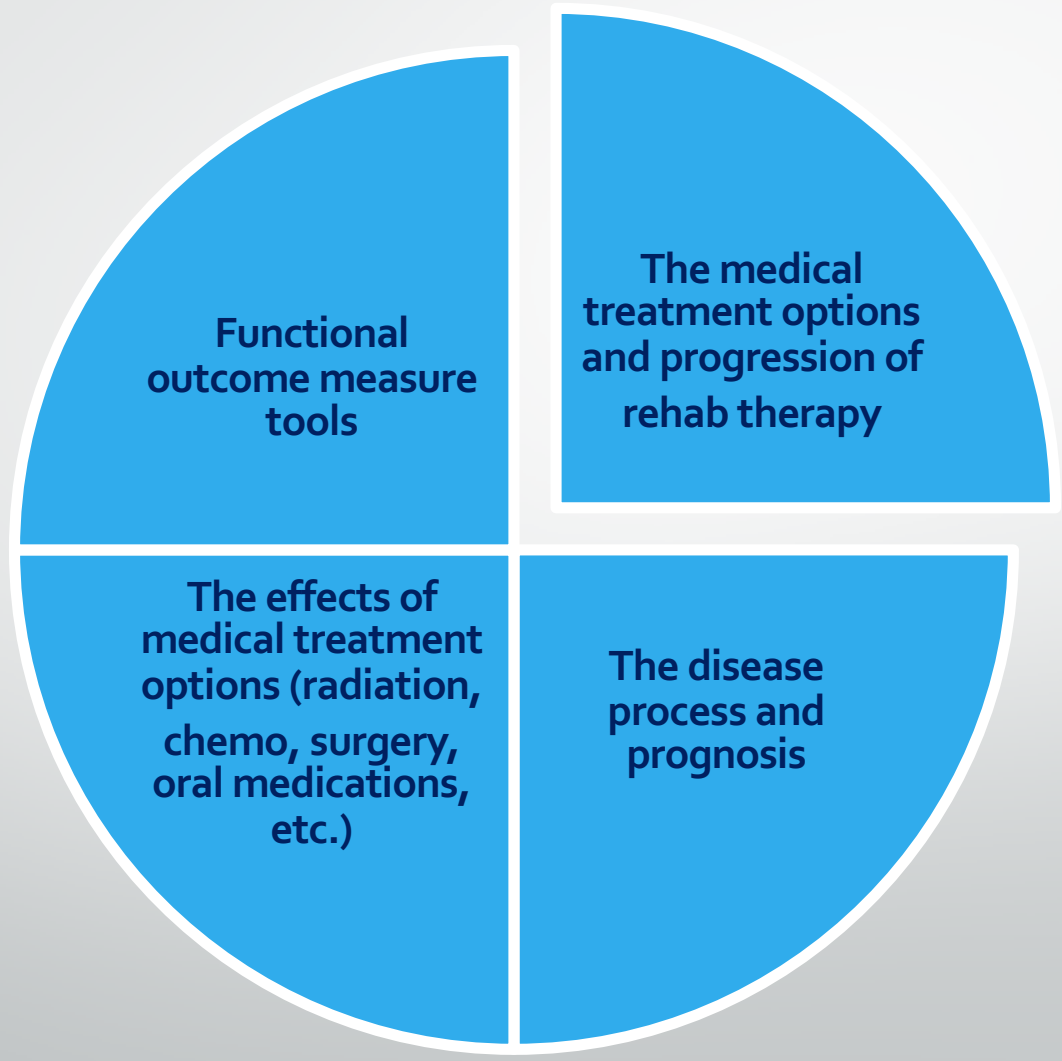
ANSWER CHOICES	RESPONSES	
CBL/Modules	19.40%	13
Live Class	67.16%	45
Webinar	13.43%	9
TOTAL		67



Word-for-word

- always with new treatments and their outcomes
- medication side effects and interactions
- treatment- both how these patients are treated by oncologists/radiologists/surgeons and treatment intervention for rehab clinicians.
- For OP area, how can we best treat our post op mastectomies. Also, best care for side effects such as pain, fatigue, and neuropathy.
- Treating patients actively undergoing radiation/chemotherapy for pelvic cancers

Summary of Education Needs



Multi-tiered Program

New clinician or little exposure to oncology: Meet the needs with in-house education on oncology by collaborating with the nursing residency program and departmental mentoring.

Intermediate or advance clinicians: sponsor an outside course that will target our specific need for advance education and in specific areas.

Specialty education: continuing education support to specialty clinicians treating lymphedema, pelvic health, and head and neck patients.

Nursing Oncology Residency Classes

- Epidemiology of Cancer
- Biology of Cancer
- NCCN Guidelines
- Diagnostic and Interventional Radiology
- Chemotherapy and biotherapy
- Breast Cancer
- Colon Cancer
- Bone Marrow Transplant
- Late complications of Cancer
- Emotional Support: Patient Centered Care
- Life as a Survivor

Patient Education

- How are we currently educating our patients?
- Are they getting all of the information needed to meet their individual needs?
- Does new education need to be developed?
- Do they know how to access the next level of care for their needs?
- Are they getting the specific information they need for their diagnosis?
- Are home exercise programs comprehensive and up to date?
- Are we making them aware of other educational opportunities?

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Lymphedema Therapy
What to Expect?

Your physician has referred you for lymphedema therapy evaluation and possible treatment by faxing orders to our department. Our front office staff will contact you within 1-2 business days to schedule an evaluation and to collect demographic and insurance information. The front office will also verify insurance and perform pre-certification if required.

Initial Evaluation Appointment:
After checking in with our front office staff to verify the information you shared with us, you will be greeted by the lymphedema therapist. We will escort you to a private treatment area to change into a gown. The day of the **evaluation usually does not include treatment** as it is dedicated to assessment and education of treatments individualized to you, which may include the following:

- Review of medical history related to your diagnosis
- Assessment of current level of functioning
- Goals you hope to achieve through therapy
- Specific needs and considerations you may have
- Treatment discussion that is individualized to your needs, which may include:
  a. Manual drainage technique
  b. Compression bandaging if needed to affected area(s)
  c. Skin and nail care
  d. Exercises/stretching
  e. Expected garment needs
  f. Caregiver education and instruction
  g. Home program

Treatment Appointments:
Additional treatment sessions will address your unique needs to gain independence in the management of your lymphatic condition. Treatment sessions usually last 60 – 90 minutes and may include any of the items listed above (a-g). Once you have achieved your goals, we will coordinate an appointment with a certified garment fitter to provide the appropriate compression garment(s).

Follow-up:
A follow-up visit will be scheduled approximately 1-2 weeks after the compression garments have been worn and have become a daily routine. Re-evaluating the affected area(s) for swelling control and assisting with any difficulties are done prior to discharge from lymphedema therapy.

Discharge:
Once you are discharged, a summary is sent to your physician stating your current level of functioning, goals achieved, and overall success of the program.

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Frequently Asked Questions
Lymphedema

1. **What is lymphedema**? Abnormal swelling of lymphatic fluid between the tissue cells (interstitial space), most commonly in the arm(s) and/or leg(s); sometimes in other parts of the body. It can develop when lymphatic vessels are damaged, impaired or missing, or when lymph nodes have been removed.

2. **What is the difference between edema and lymphedema**? Edema is a temporary buildup of fluid in the tissues. Lymphedema is the inability to move fluid through the lymphatic system due to the buildup of protein rich fluid in the tissue space.

3. **What are the signs and symptoms of lymphedema**? Signs and symptoms can be: A) full sensation in the limb(s) or heaviness in the limb; B) skin feeling tight, decreased flexibility in the hand, wrist or ankle; C) difficulty fitting into clothing in one specific area (ex: ring or wristband tightness); D) aching/pins and needles or shooting pains in affected area; E) leaking of lymph fluid from the skin.

4. **What is the best way to prevent lymphedema**? Early diagnosis and treatment improves the prognosis and the condition.

5. **What increases the risks in developing lymphedema after predisposition**? A) obesity or Body Mass Index (BMI) over 29; B) infections from insect bites, scratches, etc.; C) long airplane travel (changes in pressure); D) recurrent trauma to remaining lymphatic vessels; E) heavy breast prosthesis or poor fitting bras; F) lifting or pushing heavy objects; G) taking blood pressure on affected arm; H) repetitive motions that overstrain the limb.

6. **What can trigger swelling**? A) overheating/overexertion; B) infection or allergic responses; C) injuries to the blood vessel walls; D) constrictive clothing; E) decrease in muscle activity; F) extreme temperature changes.

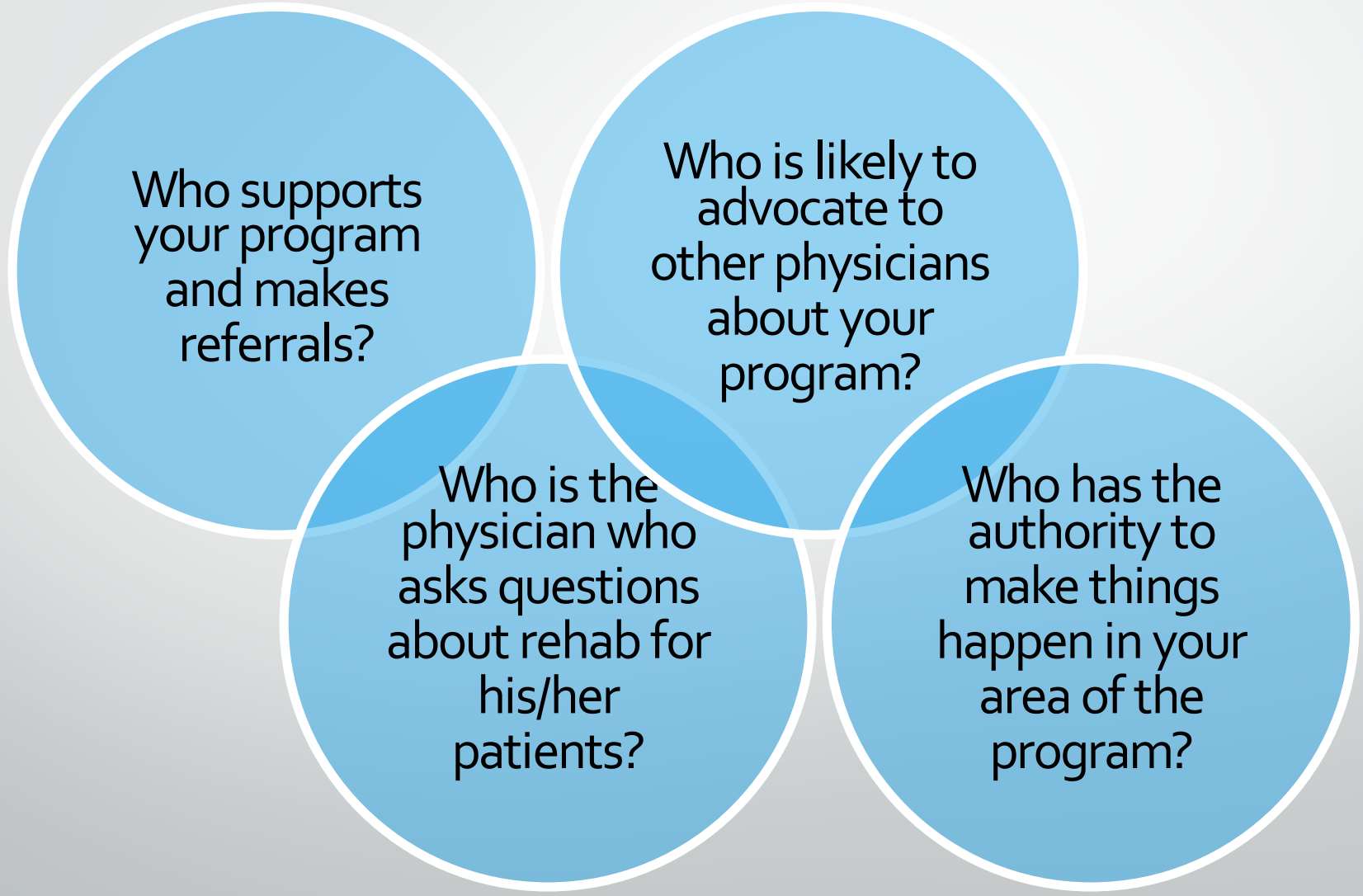
7. **What is the best way to manage the condition**? Developing good communication with your physician and lymphedema therapist and performing an individualized care program designed by your therapist; have yearly follow-up visits with your physician and lymphedema therapist to monitor changes and adjust compression garments. Getting involved with a local lymphedema organization to be educated in updated research and/or creating a support network is also recommended.

8. **Why choose custom compression garments instead of ready to purchase garments?** Custom garments are made to account for irregularities in the shape or size of the limb or area, can be altered for ease in donning / doffing, and fit exactly to allow for comfort and optimal compression. Ready to purchase garments are usually a circular knit fabric that may not contain complicated swelling issues; the pre-set sizes do not support irregularly shaped areas but are a cost effective option for minimal swelling issues.

Physician Education

- Patient care relationships
- Rounds
- Continuing education
- Committee meetings
- In-services

Consider a Physician Advocate



Survivorship/Community Support

Consider:

- Existing hospital departments and resources: Northside Hospital Cancer Institute
- Hospital sponsored community events
- Community based organizations and external supports

Examples of Community Support

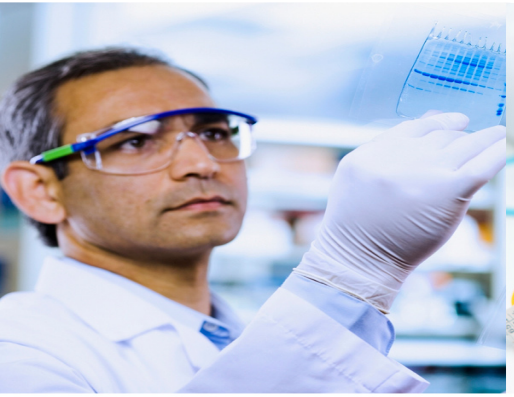
- Patient Education Presentations - Exercise and Fatigue, Coping with Cognitive Changes
- Walks and Runs - Sarcoma, American Cancer Society, and Susan G. Komen
- Articles promoting best practice development
- Support groups

Cancer: Exercise and Fatigue

Rebecca Ramsey, PT MS

Physical Therapist

Northside Hospital, Atlanta



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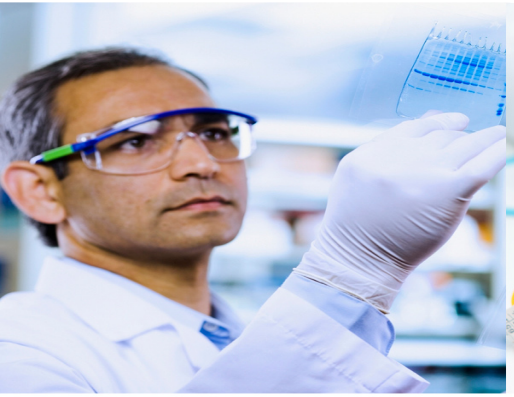
Coping with Cognitive Changes Following Cancer Treatment

Northside Hospital Rehabilitation Services

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NORTHSIDE
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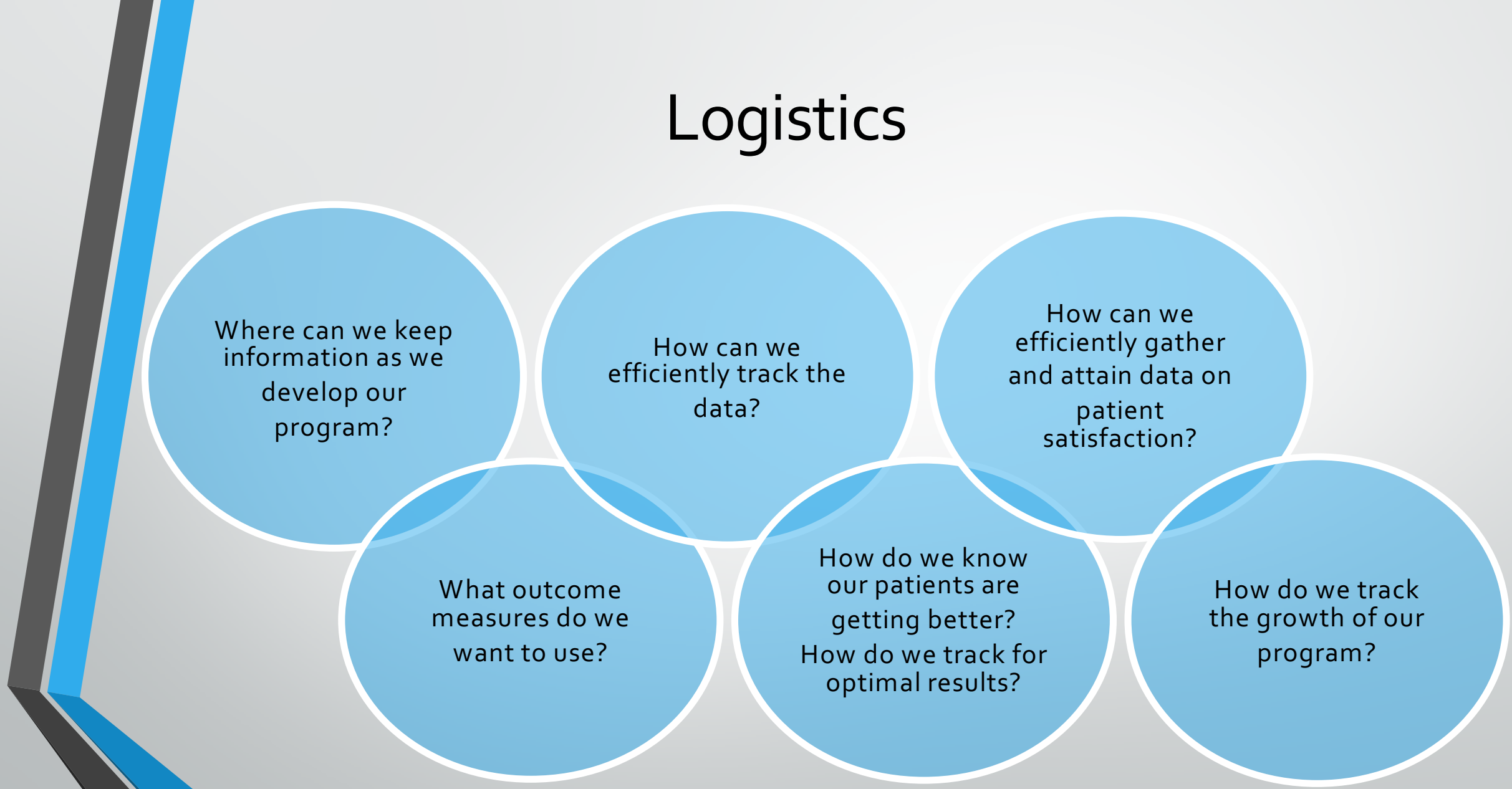
BUILT TO BEAT CANCER
TEAM BALMES!
We're Here For You
Team Rehab Is Team Balmes
BALMES STRONG!
Team
Balmes

Logistics


Where can we keep information as we develop our program?
How can we efficiently track the data?
How can we efficiently gather and attain data on patient satisfaction?
What outcome measures do we want to use?
How do we know our patients are getting better?
How do we track for optimal results?
How do we track the growth of our program?

Keeping It All On Track

Establish an shared folder to store all information

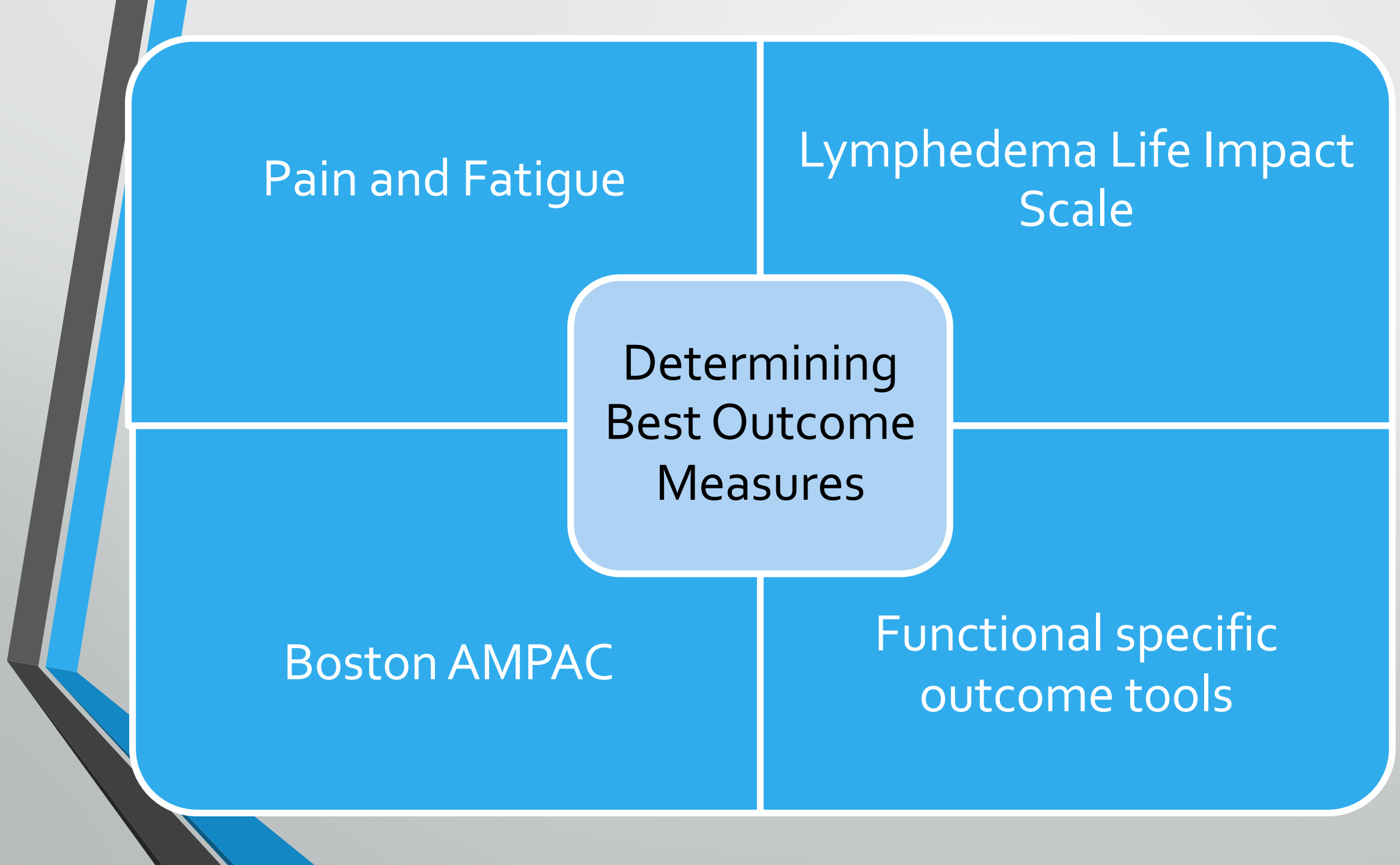
- Meeting minutes
- Goals and objectives with dates of completion-continue to update with next steps
- Research articles-maintain data for reference and justification of best practice. Add to this as new information becomes available.
- Keep work in progress to outline best practice and keep all informed
- Track physician contacts and follow up
- Track physician referrals
- Data reports
- Presentations given to physicians, departments and community
- Track community events you attend
- Articles

Oncology Rehab Committee Workgroup-July 10, 2018

BUILT TO BEAT CANCER

Robin, Jessica, Adam, Cheri, Christi, Aneesha, Aisha, Joanna, Brandy, April, Jennifer St. Joseph, Dawn Hayes, Luba Underwood, Donna Meyer, Jill Jacobs

Topic	Notes/Action Items
Save documents to: **P: REHABILITATION>Oncology Rehab> Specific folders**	
CLINICAL GUIDELINES **TEAM Meeting updates and goals** **GYN/GU- Update** **Goals: Complete formatting of guidelines by July 2018** **Identify possibilities for physician advocate** **Breast Care-Update** **Goals: Increase referrals for post mastectomy patients by Sept. 1.** **Identify possibilities for physician advocate** **Completion of education handouts by….** **Head/Neck-Update** **Goals: Identify possibilities for physician advocate** **Physician Relations:** • Any updates to share? • Email from oncology navigator Julie Schreiber RE: Dr. Garcha in the Tower. Requesting NS rehab referral forms. Currently is sending patients to Turning Point. We will get the that group! Way to go Julie Schreiber	**Best Practice/Clinical Guidelines**: J **GYN/GU**-Jen B, Janice, Mira, **Christi** **Breast Care**-Rita Loew, Ali Leseten, Gillian, Samantha, **Joanna** **Head/Neck**-Rebecca, Beth, Morgan, **Aneesha,** Tiffany
EDUCATION: Lead: Aisha • Aisha to report on potential intermediate course. • Education committee to meet separately last 30 min. to review Nursing Residency powerpoints. • Jennifer St. Joseph will provide some oncology article reviews	**Education**-Aisha, April, Luba
SURVIVORSHIP/COMMUNITY SUPPORT: Lead: Christi • Aisha to update on speaking to Sarcoma Exchange	**Survivorship Support**-Christi, Julia
LOGISTICS: 1. Question-annual database information. Goal is for completion by end of July 2. Caresource/AMPAC- no new information at this time. 3. Adam to share presentation to NHCI Cancer Committee.	**Logistics**-Cheri, Brandy, Jessica, Dawn, Adam


Pain and Fatigue
Lymphedema Life Impact Scale
Determining Best Outcome Measures
Boston AMPAC
Functional specific outcome tools

Pain and Fatigue

- Pain and fatigue are the most reported functional impairments in the oncology population
- Documentation of pain is required and becoming increasingly important with the opioid epidemic becoming more focused
- It is an easy to obtain 1-10 scale or can be done by FACES
- It has some subjectivity per the patient's perception

NH2994

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ADDRESSOGRAPH

Therapist Name: _____

VISIT INFORMATION

Date: _____ ☐ Evaluation ☐ Re-Evaluation ☐ Discharge

PAIN SCALES

Please answer each question by circling the one number that best represents your pain level.
On this scale, 0 represents no pain and 10 represents unbearable pain.

☺ ☹

How severe is your pain on average? 0 1 2 3 4 5 6 7 8 9 10

If you are having pain, please provide the location(s) and describe below.

_____

_____

_____

_____

FATIGUE SCALES

Please answer each question by circling the one number that best represents your fatigue level.
On this scale, 0 represents no fatigue and 10 represents unbearable fatigue.

☺ ☹

How severe is your fatigue on average? 0 1 2 3 4 5 6 7 8 9 10

If you are feeling fatigued, what is most bothersome? _____

_____

Patient Signature: _____ Date/Time _____

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REHABILITATION PAIN AND FATIGUE TOOL

Original - Chart

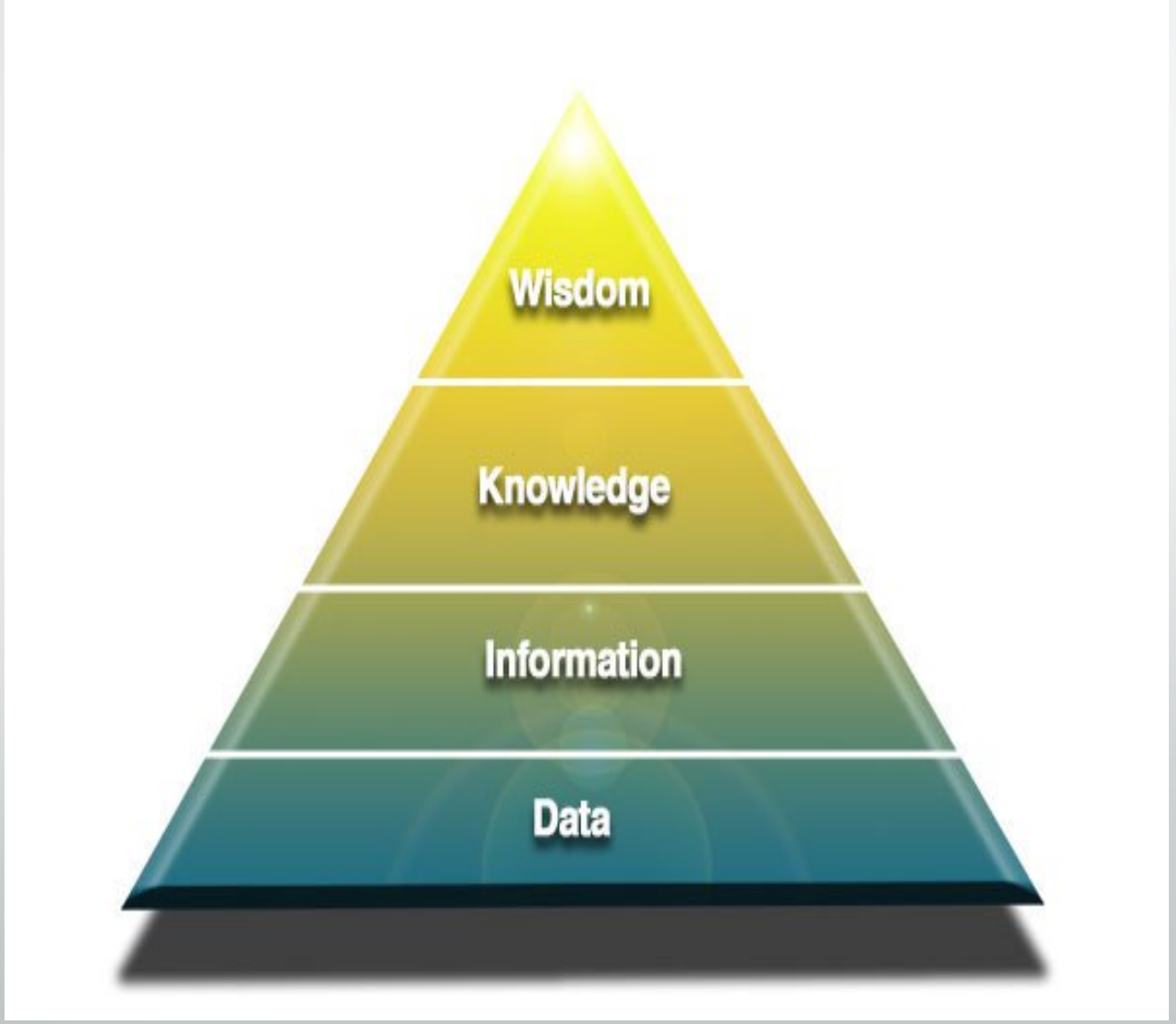
Boston-AMPAC

- This is an observed functional outcome tool
- Designed for many different populations
- Has measures for acute care and post acute care
- Has specific OT and PT measures
- Has basic mobility, daily activity, and applied cognitive sections
- Has clear corresponding G code scoring
- More objective outcome measure than patient reported tools

LLIF (Lymphedema Life Impact Scale), DASH, Quick DASH, UEFI (Upper Extremity Functional Index)

- All are completed by report of the patient
- Used in conjunction with objective measurements for G codes
- Great for assisting with functional goals
- Is used as a measure of improvement of function but may not necessary be a good objective measurement.
- These tests can focus on a specific impairment area such as lymphedema or UE injury due to a variety of oncology issues

Development of an Electronic Outcomes Database



Oncology Data Form

Initial Evaluation Date: _____
Primary Cancer Dx: _____
Therapy initiated (before / during / after / none) cancer tx.

Discipline (Circle one):
PT OT ST AUD

Rehab Specialty**: _____

Patient label

Discharge Date: _____
Rehab completed? Yes / No Eval only? Yes / No
If rehab not completed, why? _____
Completed # of visits: PT: _____ OT: _____ ST: _____ AUD: _____
# of missed visits: PT: _____ OT: _____ ST: _____ AUD: _____

Gender (Circle): M / F

Pain - average		Fatigue - average	
Initial	D/C	Initial	D/C

Instructions: Under your discipline, write the test used to calculate the % impairment. Under the appropriate category, write the percent impairment for initial evaluation or discharge date of service

PT – Boston AMPAC		PT – Primary Functional Outcome Measure _____		PT – Secondary Functional Outcome Measure _____	
Initial	D/C	Initial	D/C	Initial	D/C
Reason for treatment:					

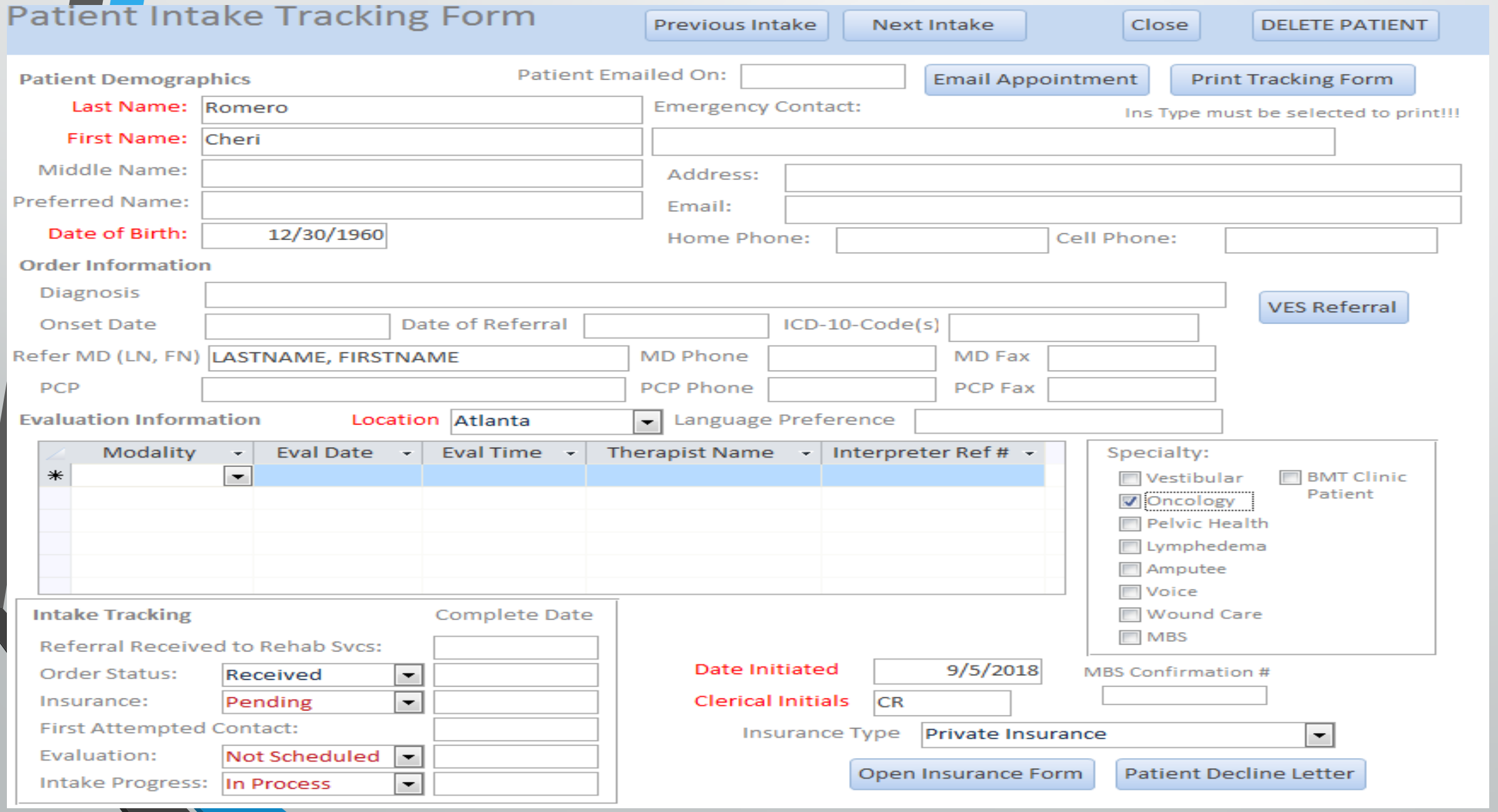
OT – Boston AMPAC		OT – Primary Functional Outcome Measure _____		OT – Secondary Functional Outcome Measure _____	
Initial	D/C	Initial	D/C	Initial	D/C
Reason for treatment:					

ST - NOMS ___ Voice ___ Swallow ___ Motor Speech ___Lang. Comp. ___Lang. Exp. ___Attention ___ Memory ___ Problem Solving		Other FOM Used (i.e MoCA, Functional Oral Intake Scale) _____	
Initial	D/C	Initial	D/C
Reason for treatment:			

Entered into Database: _____ _____
Initials Date

This is not part of the medical record. At D/C, place hard copy in designated folder at your site. Form is saved here: P/Rehab/Oncology Tracking/Oncology Data Form
**Rehab Specialty choices: Amputee, Aquatic, Audiology, BMT, General Oncology, Head/Neck, Lymphedema, MBS, Pelvic Health, Voice, Wound Care

Patient Intake Database



Rehabilitation Oncology Database

Last Name: Romero
First Name: Cheri
Site MRN:
DOB: 12/30/1960
Gender: Female
Age: 58
Insurance: Private Insurance

Practice Site: Atlanta
Primary Cancer DX: Breast CA
Date Referral Received: 8/31/2018
Referral Source: Med Onc MD Referral
Referring MD: Oncology, Benjamin

Oncology Specialty Services:

Amputee	☐	Lymphedema	☑
Aquatic	☐	MBS	☐
Audiology	☐	Pelvic Health	☐
BMT	☐	Voice	☐
Gen Onc	☐	Wound Care	☐
Head/Neck	☐		

Cancer TX Phase: Active Cancer Treatment
Discipline: Occupational Therapy
Status of Rehab Episode: In Progress
Not Completed - Specify:
Date of Initial Consult: 9/10/2018
Date of Rehab D/C:

Pain Score		Fatigue Score		LLIS Lymphedema	
Initial	5	Initial	8	Initial	
D/C	3	D/C	5	D/C	
Change	-2	Change	-3	Change	

AUDIOLOGY

Reason for Visit:
Rehab Service and Status:

Total Visits: Missed Visits: Total Weeks:

PHYSICAL THERAPY

	Initial	D/C	Change
Boston AM-PAC			

Physical Therapy Functional Outcome Measures

FOM Type	PT FOM	If Other Specify	Initial	D/C	Change
*			0	0	

Reason for Visit:
Rehab Service and Status:

Total Visits: Missed Visits: Total Weeks:

SPEECH THERAPY

Speech Therapy Functional Outcome Measures

FOM Type	ST FOM	If Other Specify	Initial	D/C	Change
*			0	0	

Speech Therapy NOMS

NOMS	Initial	D/C	Change
*	0	0	

Reason for Visit:
Rehab Service and Status:

Total Visits: Missed Visits: Total Weeks:

OCCUPATIONAL THERAPY

	Initial	D/C	Change
Boston AM-PAC			

Occupational Therapy Functional Outcome Measures

FOM Type	OT FOM	If Other Specify	Initial	D/C	Change
Primary	UEFI		0	0	0
Secondary	Quick DASH		0	0	0
*			0	0	

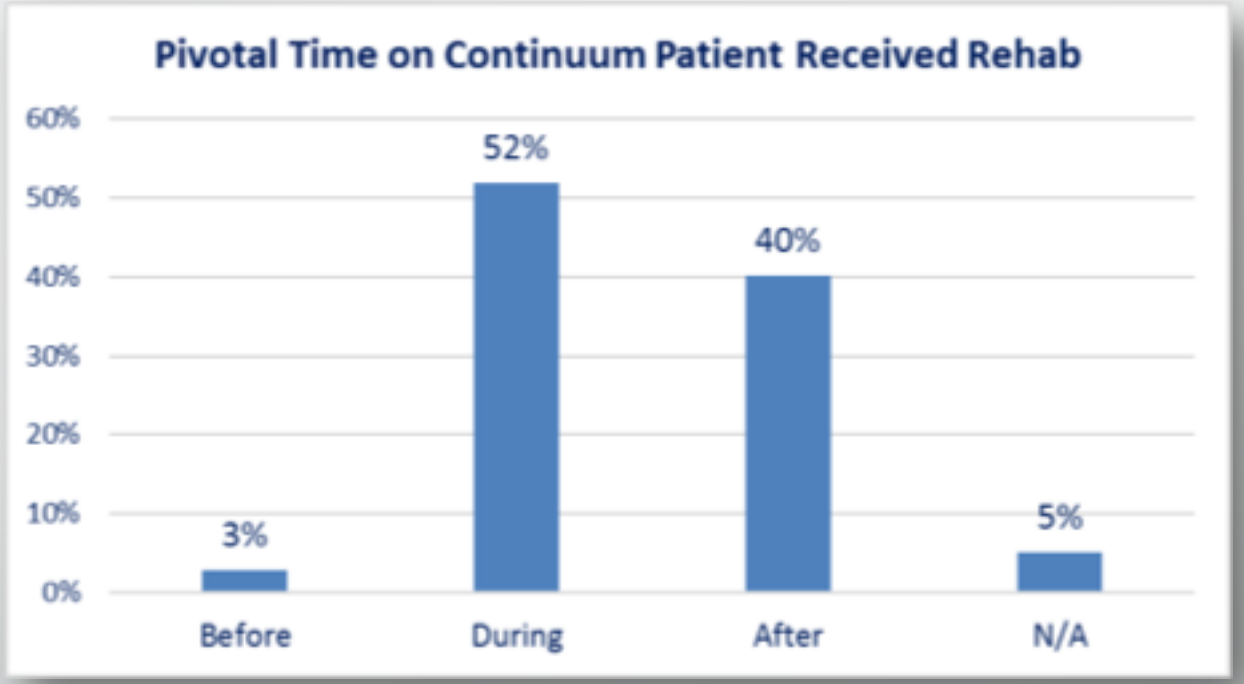
Reason for Visit: UE Lymphedema, ROM
Rehab Service and Status:

Total Visits: Missed Visits: Total Weeks:

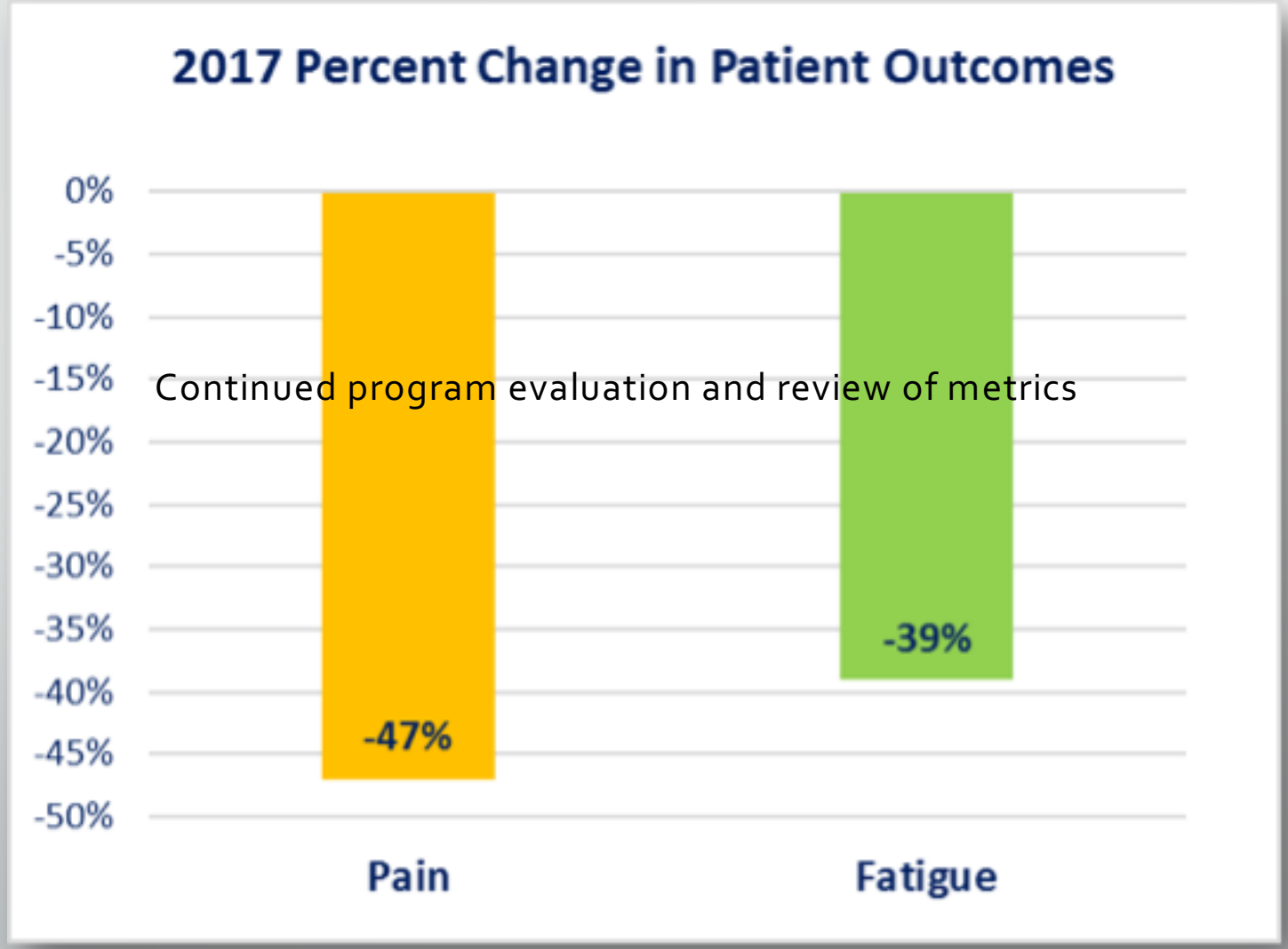
2017 Rehab Case Description (N=219)

7.8
Average Number of Rehab Sessions per Patient

63%
Completed Rehab

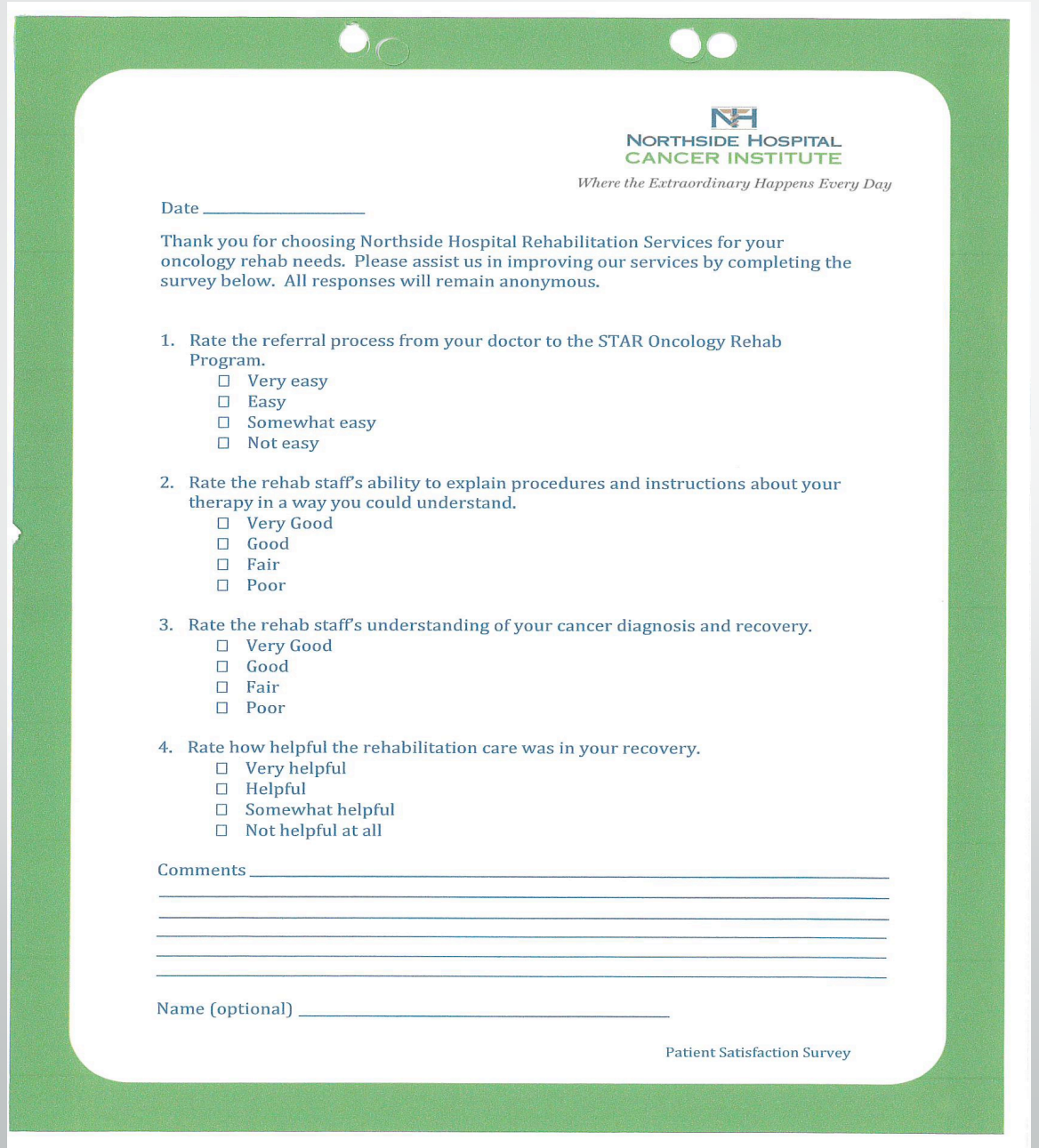


2017 Rehab Patient Outcomes



Continued program evaluation and review of metrics

Oncology Patient Satisfaction Survey



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Where the Extraordinary Happens Every Day

Date _____

Thank you for choosing Northside Hospital Rehabilitation Services for your oncology rehab needs. Please assist us in improving our services by completing the survey below. All responses will remain anonymous.

1. Rate the referral process from your doctor to the STAR Oncology Rehab Program.
   - ☐ Very easy
   - ☐ Easy
   - ☐ Somewhat easy
   - ☐ Not easy

2. Rate the rehab staff's ability to explain procedures and instructions about your therapy in a way you could understand.
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

3. Rate the rehab staff's understanding of your cancer diagnosis and recovery.
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

4. Rate how helpful the rehabilitation care was in your recovery.
   - ☐ Very helpful
   - ☐ Helpful
   - ☐ Somewhat helpful
   - ☐ Not helpful at all

Comments _____

Name (optional) _____

Patient Satisfaction Survey

Next Steps for Northside Oncology Rehabilitation

- Research and develop treatment guidelines for other oncology specialties
- Education of new clinicians to Northside and advancing education and competency to a highly skilled oncology rehabilitation clinician
- Continued education and collaboration with physicians
- Departmental support to two oncology community events annually
- Continued program evaluation and review of metrics
- **Most important: monitor patient satisfaction and outcomes**

Celebrate Your Successes!!

Application of this practice model: Best Practice for Pain Management in Rehabilitation

Mission:

- To research, define, and promote best practice pain interventions in order to reduce opioid and other medication dependencies.
- To research which interventions are most effective for different patient populations
- To define the role of each discipline in pain management
- To educate clinicians in best practice for pain management


OPIOIDS KILL MORE THAN PAIN

CLINICAL GUIDELINES

Initial Questions:

- What are the key focus areas? Acute, ortho, spine and pain, oncology, general OP, ICU
- Who will work on which subgroups? Who has the expertise?
- Which independent interventions can the patient learn and use?
- Do the interventions change with different populations?
- Are there non-traditional methods to reduce pain to educate patients on- such as meditation or similar?

Initial Research

- AOTA-A Biopsychosocial Approach for Addressing Chronic Pain in Everyday Occupational Therapy Practice
- APTA-Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health
- APTA Special Issue: Non-pharmacological Management of Pain
- Emory Presentation: Application of Pain Science Research; connecting literature to everyday use-on p-drive
- Use the hospital resource to find articles. Use small group template to help guide through questions.

EDUCATION
(Staff, Physicians, Patients)

- How comprehensive is our clinicians understanding of pain and pain management?
- How should we educate patients and families on non-pharmacological pain management strategies?
- What responsibilities do the patient and families have?
- Do we have some written education or does this need to be developed?
- How do we educate or involve the physicians or other health care providers?

COMMUNITY INVOLVEMENT

- What community groups can benefit from this information?
- What publications might be interested in this organization?
- What groups might we partner with within the organization?
- What groups might we partner with outside of the organization?

LOGISTICS/ DOCUMENTATION

- How should we document pain? Is it different for different populations?
- How do we document interventions for pain and education for patients on pain relief?
- What pain scale should be used?
- How do we tie our pain levels to function?
- What do we document if pain is not adequately managed?
- How should we track our success in outcomes for pain reduction? What outcome measures are best for this?
- How do we know we are meeting our patient's needs?


THANK YOU

Our Occupational Therapy Team at Northside Hospital

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