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## Background

The increasing use of oral anticancer medication offers state-of-the-art cancer treatment combined with the convenience and autonomy of self-care in the home. Many institutions lack a formal oral anticancer medication program, including a process to assess and monitor adherence. Without a formal program, nurses and their colleagues often look to their specialty associations for the literature, training, and collaboration with colleagues to support their adherence work. The Oncology Nursing Society (ONS) provides online resources including evidence-based guidelines, care strategies, and toolkits to support safe, high-quality care. To better reflect current best practice, the ONS Oral Adherence Toolkit, released in 2016, required an update.

# **Aims and Objectives**

Deploy tools on a national, professional oncology nursing website to assist nurses and other oncology clinicians in monitoring and counseling adult patients taking oral anticancer medications.

- Assess clinician satisfaction with the tools available in the current ONS Oral Adherence **Toolkit**
- Revise the oral adherence toolkit based on the state-of-the-science and identified needs of nurses in practice.
- Deploy the updated oral anticancer medication toolkit on the ONS website.

#### Rationale

- Project guided by the Chronic Care Model (CCM), used widely in quality improvement. The CCM promotes informed, activated patients working with a prepared, proactive healthcare team.
- Implementation followed Lewin's Change Management Model, consisting of three stages, essential elements in hardwiring change

| Pre-Implementation (Unfreeze)   | Implementation (Change)   | Post-l                                   |
|---|---|--|
| <ul> <li>Develop survey questions</li> <li>Assemble volunteers</li> <li>Survey #1 distributed</li> <li>Conduct focus groups</li> <li>Analyze findings from survey<br/>and focus groups</li> <li>Literature review to apply survey<br/>and focus group findings</li> </ul> | <ul> <li>Revision of toolkit</li> <li>Expert review of tools<br/>(PDSA process)</li> <li>Finalize toolkit</li> <li>Survey #2 distributed</li> <li>Copyedit toolkit</li> <li>Design/layout of toolkit</li> <li>New toolkt posted on website</li> </ul> | <ul> <li>Mornew</li> <li>Coll</li> </ul> |

# Interprofessional Analysis and Revision of an Oral Antineoplastic

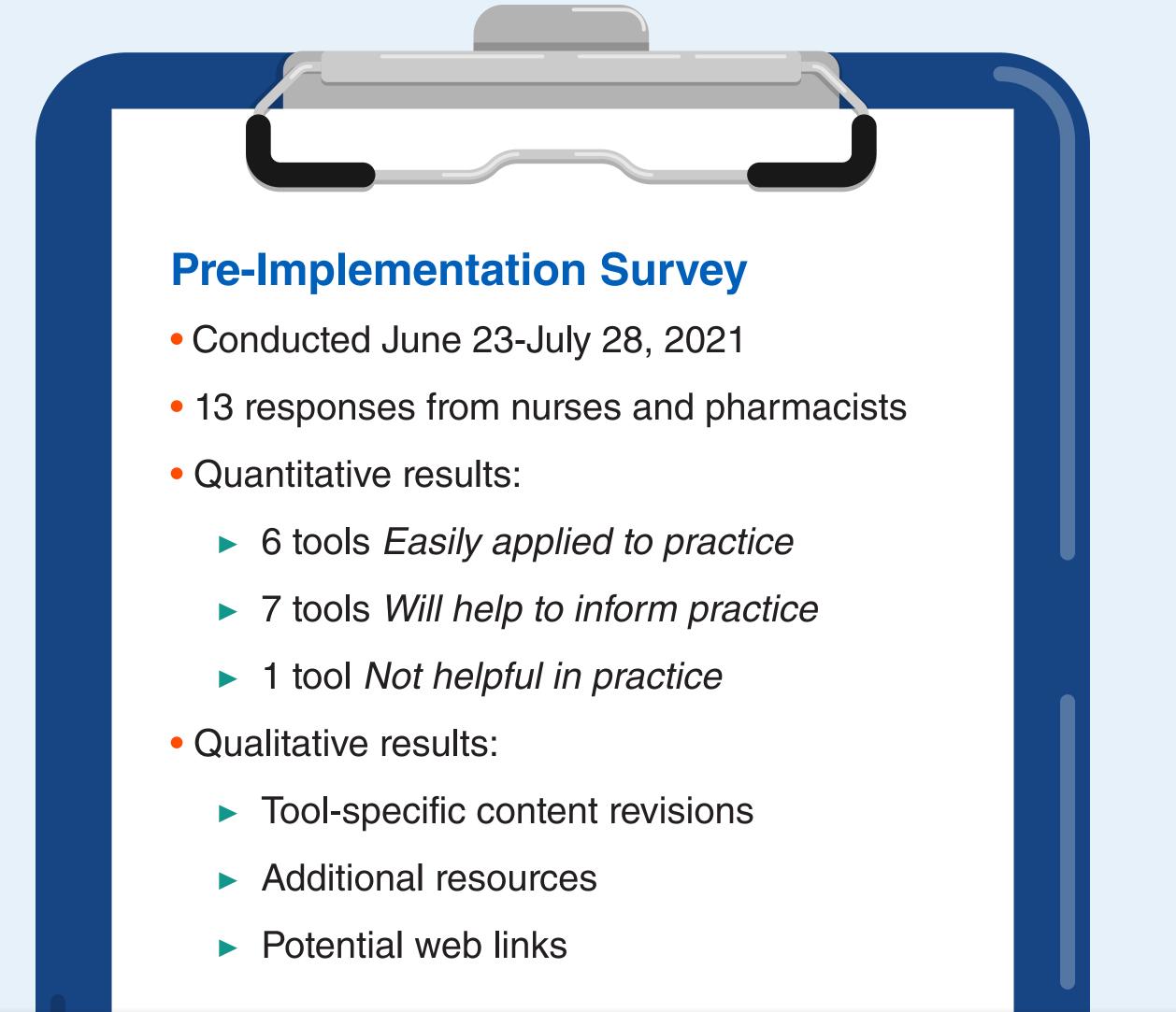
#### mplementation (Refreeze)

onitor downloads and activity of w toolkit on website

ollect and analyze data

#### Methods

Nurses and pharmacists from across the U.S. participated in a pre-implementation survey, followed by two focus groups in the summer of 2021. These professionals provided detailed recommendations on changes that were needed to the toolkit.



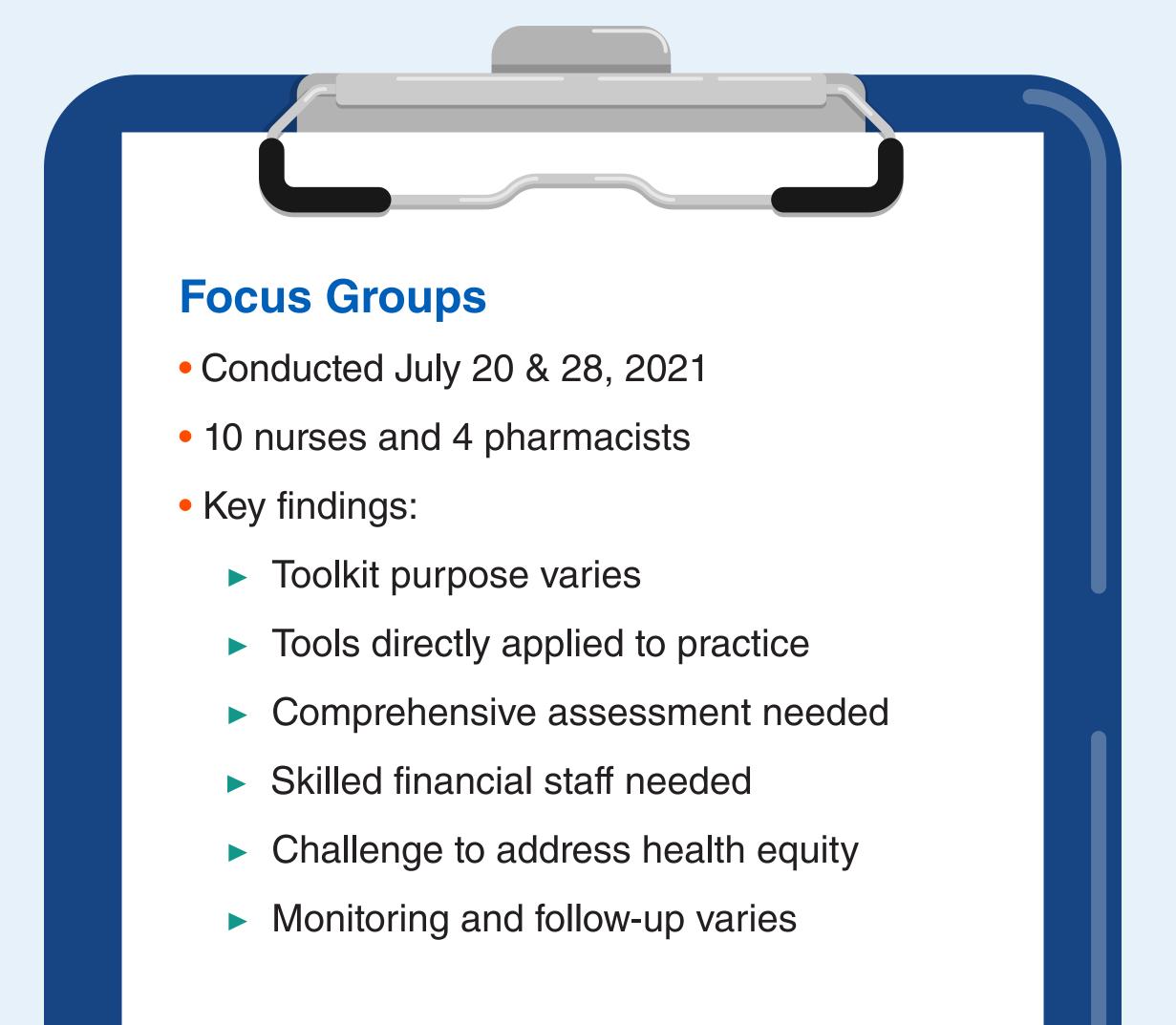
## Intervention

Utilizing baseline survey results, expert feedback, and evidence-based literature, it was determined that of the 14 tools in the Oral Adherence Toolkit, one tool should be removed and 13 revised. Two new tools were added, resulting in 15 distinct tools in the newly named Oral Anticancer Medication Toolkit. A post-implementation survey of nurses and pharmacists collected data on whether the new tools would be applicable to practice. The revised toolkit was deployed on the website of the specialty nursing organization.

Toolkit revision took place in the second phase of the project. Each tool was revised through literature review, reference and resource evaluation and updating. The extent of revision of each tool fell within a range of 4 levels.

- Level 1: Literature review, references or resources evaluated and updated 1 tool
- Level 2: Level 1 plus addition of content and reorganization 7 tools
- Level 3: Level 2 plus significant new content and reorganization 2 tools
- Level 4: Full redesign with new content or a new tool 5 tools

Plan-do-study-act (PDSA) cycles were used to support the revision or development of the tools. Three content experts reviewed and provided feedback. Revisions were made until consensus obtained and each tool was considered in its final draft.



#### Results

Post-survey assessment by expert reviewers indicated that 14 of the 15 tools in the revised toolkit improved in relation to the applicability to practice. The new toolkit was deployed on the organizational website in February of 2022. In the first 2 months, the toolkit was downloaded nearly 1500 times.

Post-implementation survey was conducted November 10-December 6, 2021, asking the same questions as the pre-implementation survey. 19 responses were received from nurses and pharmacists.

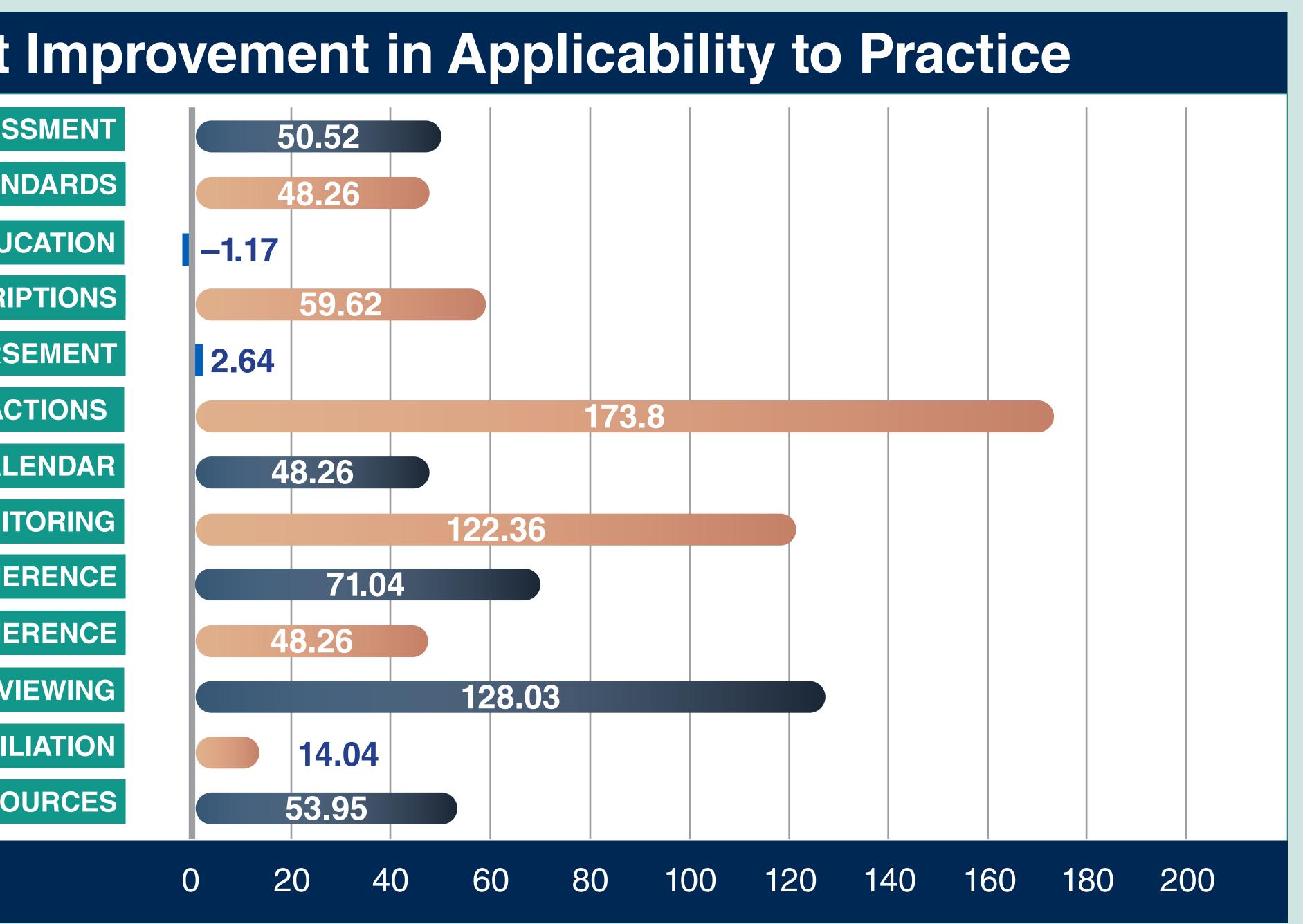
| Percent                    |
|----------------------------|
| PATIENT ASSES              |
| ORDERING STAN              |
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| PHARMACY DESCRI            |
| REIMBURS                   |
| DRUG INTERAC               |
| TREATMENT CAL              |
| FOLLOW-UP & MONIT          |
| FACTORS IN ADHE            |
| TOOLS FOR ADHE             |
| <b>MOTIVATIONAL INTERV</b> |
| MEDICATION RECONCIL        |
| RESO                       |
|                            |

#### Conclusion

- medications.
- resources to support practice.

#### Acknowledgements

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Nurses and their colleagues require resources available to support the care of individuals taking oral anticancer

The revised toolkit provides evidence-based, relevant, tailored

Interprofessional collaboration is essential in creating resources for oral anticancer medication administration.



