

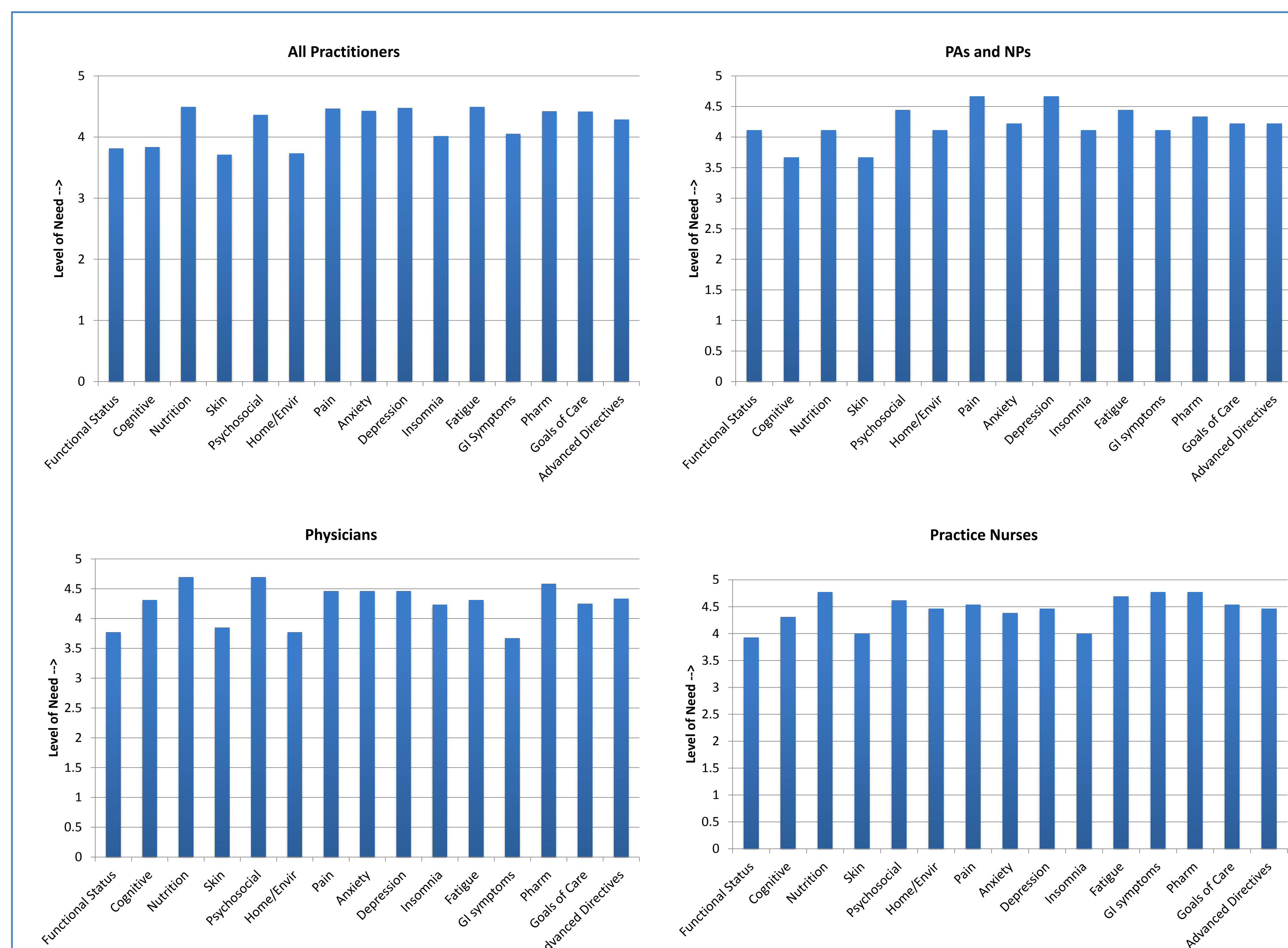
Martins-Welch D.¹, D'Olimpio J.², Liberman T.¹, Carney M.¹

¹Division of Geriatrics and Palliative Medicine, ²Division of Hematology and Oncology

Background: Cancer patients experience significant symptom and psychosocial burden¹. Integration of supportive oncology programs within cancer centers has developed since the findings of Temel and Jackson. Addressing a growing need to manage patients comprehensively, the Northwell Health Divisions of Geriatric and Palliative Medicine and Hematology and Oncology partnered to initiate a community-based supportive oncology program. A needs assessment was completed of the providers, staff, and important stakeholders.

Objective: To assess the oncology staff's needs in serving their patients to affect the design of a community-based Supportive Oncology program.

Methods: A sixteen-question survey was created and distributed to the staff at the cancer center. Questions focused on providers' need for support in fifteen areas. The target audience included physicians, fellows, mid-level providers, registered nurses, social workers, dietitians, and care navigators. A student intern administered and collected surveys over a six-week period.



Physician and Mid-Level Provider Comments:

- "Not enough time to spend solving multiple problems."
- "Need more resources."
- "Not enough time to address all the problems and to coordinate services during a 15 min appointment. It is impossible"
- "Stage 4 patients should be assessed early on."
- "Having consultation readily available without prolonged delay."
- "Added attention to patient care to address needs that may have been missed or need to be re-emphasized."
- "Increase interdisciplinary involvement of disease specialist with Palliative Care."

Nurse Comments:

- "Lack of time to properly assess patients."
- "Sometimes feels rushed and not giving time and attention to each patient especially new patients- they come in with a lot of anxiety, they need to feel more welcomed in this environment."
- "Patients are going home with issues that still need to be resolved. I think Palliative team creation is a wonderful, and much needed, team."

Results: A total of 61 surveys were collected. Of these, 30 were completed by registered nurses, 13 by physicians, 9 by mid-level practitioners, and 3 by social workers. Physicians expressed the highest level of need (>4.5/5) related to nutritional status, psychosocial factors and pharmaceutical review. Mid-level providers expressed highest level of need related to pain and depression. Nurses expressed highest level of need related to psychosocial factors, pain, depression, fatigue and pharmaceutical review. The average level of need across all areas and all respondents was 4.2 on a 5 point scale. The biggest challenge identified was lack of time to perform comprehensive assessments of patients.

Conclusion: A high level of need for a supportive oncology program was identified. Per our assessment, providing comprehensive care with an emphasis on symptom control, nutritional and psychosocial support, and pharmaceutical review would benefit both providers and patients. Time constraints were identified as an issue by all practitioners and staff. The survey results supported the need for an added level of multi-disciplinary support for oncologists to care for cancer patients in the community.

Reference:

1. N Engl J Med. 2010 Aug 19;363(8):733-42