

■ Article

# Paths to Partnership: Veterans Health Administration's Journey in Pilot Testing Breast Cancer Care Quality Measures

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Prioritizing personalized, proactive, patient-driven health care is among the Veterans Health Administration's (VHA's) transformational initiatives. As one of the largest integrated health-care systems, the VHA sets standards for performance measures and outcomes achieved in quality of care. Evidence-based practice (EBP) is a hallmark in oncology nursing care. EBP can be linked to positive outcomes and improving quality that can be influenced directly by nursing interventions. VHA oncology nurses had the opportunity to partner with the Oncology Nursing Society (ONS), ONS Foundation, and the Joint Commission in the multiyear development of a comprehensive approach to quality cancer care. Building on a platform of existing measures and refining measurement sets culminated in testing evidence-based, nursing-sensitive quality measures for reliability through the ONS Foundation–supported Breast Cancer Care (BCC) Quality Measures Set. The BCC Measures afforded the VHA to have its many sites collectively assess documentation of the symptoms of patients with breast cancer, the use of colony-stimulating factors, and education about neutropenia precautions provided. Parallel paths of the groups, seeking evidence-based measures, led to the perfect partnership in the VHA's journey in pilot testing the BCC Measures in veterans with breast cancer. This generated further quality assessments and continuous improvement projects for spread and sustainability throughout the VHA.

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**T**he mission of the Veterans Health Administration's (VHA's) Office of Nursing Services Oncology Field Advisory Committee (ONC-FAC) is to ensure alignment of patient-centered care of the oncology population with the national nursing strategic plan, and to identify and develop recommendations for best practice, practice guidelines, patient care standards, and policy guidance; staff and patient/caregiver training and educational priorities; support tools for documentation; references; research agenda for clinical inquiries; and publications and appropriate mechanisms for dissemination of best practices and potential oversight functions needed in the specialty field of oncology nursing. To accomplish this mission, VHA nurses have looked to the Oncology Nursing Society (ONS) for practice guidelines, education, and research. Many VHA nurses share their exper-

tise and serve as volunteers for ONS in numerous roles in local chapters and at the national level, including serving as previous chairs of Special Interest Groups for chemotherapy and neutropenia. In addition, ONC-FAC members participate annually in the U.S. Department of Veterans Affairs (USDVA) oncology nursing care focus group during the ONS Congress.

Leadership is about building relationships, and ONS provides a forum to join together experts of all oncology practice backgrounds, which is also the case with the ONS Foundation–supported Breast Cancer Care (BCC) Quality Measures Set pilot study (Fessele, Yendro, & Mallory, 2014). The VHA's unique role afforded diversity with the population of women veterans and geographic diversity, with women from rural to urban and large to small settings. VHA nurses and members of ONC-FAC had the privilege of being invited to share quality and performance

measure expertise and collaborate with oncology nurses across the country through multiple Veterans Affairs (VA) sites, as opposed to single-site participation on priority initiatives. The VHA's significant involvement with ONS projects and the BCC pilot study include the following.

- Member of the ONS core data set project team, May 2007–2008
- Member of the ONS quality indicator's project team, October 2008
- Member of the ONS Quality Summit, December 2008
- Coauthored abstract and international award-winning poster entitled Development of Nursing-Sensitive Quality Measures for Breast Cancer Using ONS Putting Evidence Into Practice (PEP) Resources, March 2010, International Society of Nurses in Cancer Care (Hoffman Hogg et al., 2009)
- Participated in BCC pilot study, 2010 with ongoing dissemination of results

## Background of the Breast Cancer Care Pilot Project

The BCC pilot study is one of the highlights of the evolution of the ONS and VHA partnership that has lasted many years. This was based on mutual interests and commitment to the development of a process to test measures because no standardization in performance measurement existed for oncology nursing-sensitive quality indicators. ONS commenced the quality indicator's project team, which included ONC-FAC members, and invited the VHA to present on the VA Nursing Outcomes National Database. The VHA then hosted a mini-grant workshop to integrate VHA's Office of Nursing Services and Office of Quality Performance with ONS's researchers to envision how the system at the author's institution could assist in the development of a mechanism to test candidate measures. ONS launched the BCC pilot study, and the VHA was committed to continuing this work and accepted the invitation to participate as one collective site, drawing from multiple VA sites, among the 38 other single sites. The VHA identified all breast cancer cases through the VA Central Cancer Registry. A total of 64 VHA sites were invited to participate. About 40,000 new cases of cancer are diagnosed each year within VHA, and 500,000 veterans receiving care in VHA were cancer survivors (Moye, Schuster, Latini, & Naik, 2010; Zullig et al., 2012). Women veterans account for 10% of the current general veteran population (USDVA, 2014b). Breast cancer care is a priority in the VHA, and women's access to screening, diagnosis, and treatment has been measured in performance outcomes nationally (USDVA, 2014c). VHA Cancer Care collaboratives included multidisciplinary and multispecialty teams with a special focus on breast cancer. VHA members were excited to join their oncology nursing colleagues in this endeavor because they believed the VHA would add diversity to the pilot data by being a unique practice type (i.e., government) as well as being able to provide data that encompassed numerous hospital outpatient departments; multiple and diverse regions throughout the United States along with locality type (rural, urban, suburban); teaching hospital inclusion; and a uniquely diverse population of patients with breast cancer (varied age, race, and potential environmental exposures).

## Methods

Prior to commencing the BCC pilot study within the VHA, the ONC-FAC worked with the VHA Program Offices to secure a Data Use Agreement (DUA), permitting the VHA to partner with ONS and the Joint Commission on the project. Although final approval took longer than anticipated, the ONC-FAC overcame requisite processes to be able to access cases for abstraction and submission from the VHA databases. The project team soon learned this was just the first hurdle. As cases were identified and those medical centers with breast cancer cases within the time frame of the study parameters were invited to participate, the team believed abstraction would be relatively simple because of the VHA's fully integrated electronic health record (EHR). Despite the ease of navigating the EHR, it was revealed that not all nurses in oncology were using the same note title or templates for the documentation of assessment for items related to BCC Measures. Location and identification of documentation is critical and requires systematic review for consistency. What started out as a small work group, consisting of ONC-FAC members abstracting cases, expanded rapidly as the team reached out to the ranks of oncology nursing colleagues to enlist their support to manually extract data from the EHR based on their practices of locating documentation. VHA oncology peers answered the call and completed as many abstracts as possible within the time frame. The team learned that some measures, such as BCC-08 (granulocyte-colony-stimulating factors prescribed), were better suited to automatic capture of data because of the location of information within the EHR.

## Results

The VHA's preliminary findings demonstrated high compliance with BCC-08, the percentage of cycles where patients with breast cancer who are prescribed a chemotherapy regimen that confers a 20% or greater risk of febrile neutropenia also receive a prescription for colony-stimulating factors to begin within 24–72 hours after chemotherapy administration. Data revealed that the VHA had twice the rate of compliance with documentation for this measure, compared to other sites participating in the pilot study, as evidenced by the aggregate data shared with all sites. This may relate to the robust EHR and easily identifiable location within the EHR. The team was also not surprised to see a high rate for assessment for BCC-06, chemotherapy-induced nausea and vomiting prior to the second round of chemotherapy treatment. This was also related to oncology nursing assessment practices and ease of identification of documentation in the EHR. One surprising result was the lower assessment rate or ease of identification of documentation of BCC-04, which assessed patients with breast cancer who are prescribed an exercise program prior to initiation of treatment. It was more difficult to locate documentation in the same location in the EHR. When oncology nurses were interviewed, numerous options for potential note titles or possible locations within the EHR were identified. Nurses were able to share their education of patients on fatigue, but assessments of and prescriptions for exercise were not able to be located in one area of the EHR as easily as the higher performing measures. All measures are important, and it was interesting to learn about the sites individually and collectively and to compare them with rates for the pilot.

## Implications for Nursing

Following receipt of the VHA results, the ONC-FAC incorporated the analysis outcomes against all current parallel projects. This was done to ensure immediate dissemination and translation to groups across the system working on similar projects. This was important to groups that were building new toolkits and nursing modules where this information and improvement of electronic capture of measure assessments could be further developed and incorporate the lessons learned. One example of this is the VHA's nursing module development process within a chemotherapy ordering management system (COMS). Tools that were designed address fundamental challenges in care delivery that transcend the dispensing of medication, such as chemotherapy, and include symptom management assessments as part of the module. By participating in the BCC pilot study within a period of time commensurate with the COMS project, lessons learned were able to be incorporated. Four basic functions of the COMS include (a) automation to allow the tool to process information according to well-defined algorithms to reduce human error and maintain data integrity, (b) communication to enable information exchange as a natural part of each role's work flow, (c) data aggregation to pull together relevant information to reduce task time and produce improved pattern recognition, and (d) decision support to use coded logic and rule sets to reduce user memory overload and improve adherence to the standards.

A second major area for nursing was the opportunity for the ONC-FAC to submit the measure for chemotherapy-induced nausea and vomiting to another cancer type in a large VHA study on lung cancer. This was part of the original goal to spread knowledge for cancer symptoms that are mitigated by nursing assessment as well as actions for intervention. This creates sustainability when toolkits are developed for ease of assessment and documentation. Nurses play a vital role in educating patients on identification and amelioration of symptoms to further enhance adherence to treatment regimens.

Also drawn from the experience in the BCC pilot study was to readdress systematic assessment and interventions for fatigue in patients with breast cancer and the importance of an exercise program. For more than a decade, the VHA has enjoyed a well-established program entitled MOVE! (USDVA, 2014a). MOVE! stresses the importance of avoiding inactivity and promotes that some activity is better than none. The ONC-FAC is developing an EBP project to explore aspects of the exercise portion of MOVE! for areas that nurses may be able incorporate into programs for patients with breast cancer to reduce fatigue. Once completed, the VHA anticipates development of a toolkit with templates for oncology nurses to use in their everyday practice.

## Conclusions

The VHA results yielded that oncology nurses have an opportunity to improve assessment and documentation of pretreatment, ongoing assessments, and interventions for the common symptoms in the female veteran breast cancer population undergoing chemotherapy through enhancements to the EHR with regard to how and where information is documented.

Partnering with ONS, ONS Foundation, and the Joint Commission on this pilot study fostered the ONC-FAC in advancing

## Implications for Practice

- ▶ Increase use and documentation of evidence-based, oncology nursing-sensitive quality indicators to standardize care and performance measurement in female veterans with breast cancer.
- ▶ Develop toolkits and nursing modules on symptom assessments that are dependent on nurse-driven interventions consistent with the amelioration of symptoms.
- ▶ Translate findings from the pilot study to incorporate into parallel projects for patients with breast cancer and other types of cancer for consistent dissemination within the electronic health record.

additional partnering on collaborative efforts with other VHA Program Offices, such as Patient Care Services, the National Oncology Program Office, and the Office of Quality and Performance, as well as external partners, including the Vanderbilt University Center for Better Health and the National Cancer Institute's Quality Cancer Care Committee. The importance of this project and VHA's ONC-FAC participation was also disseminated through poster presentations at the Association of VA Hematology/Oncology conferences and during the 117th Annual Meeting of the Association of Military Surgeons of the United States (2014), an 8,000-member organization established more than 100 years ago to advance the knowledge of health care within the federal agencies and to increase the effectiveness of its members.

VHA's opportunity to participate in the nationwide BCC pilot study tested its organizational flexibility. Through the established Clinical Practice Program's ONC-FAC, the author's team was able to garner a nationwide DUA to conduct the project using multiple sites with geographically diverse locations and populations of patients with breast cancer, but serving as one collective site, to verify the documentation of nursing-sensitive quality measures through the fully integrated EHR. This partnership paralleled the VHA's development of the survivorship toolkit and influenced the development of VHA's Nursing Modules for Symptom Management to be housed within an electronic COMS. In addition, it led to the opportunity to further test the assessment of a chemotherapy-induced nausea and vomiting measure in a large, VHA external, peer-reviewed nationwide lung cancer study. This journey and the self-discovery of any challenges and barriers served to solidify the continued commitment of VHA oncology nursing to EBP resources by the entire system in all cancers to further identify opportunities to "hardwire" optimal oncology nursing practice and the documentation of assessments and interventions for quality improvement.

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