Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

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To cite this article: Susan Frymark (1990) Cancer Rehabilitation in the Outpatient Setting, Oncology Issues, 5:1, 12-17, DOI: 10.1080/10463356.1990.11904990

To link to this article: https://doi.org/10.1080/10463356.1990.11904990

Published online: 19 Oct 2017.

CANCER REHABILITATION IN THE OUTPATIENT SETTING

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The impact of cancer and its treatment sequealae can pose a host of physical, functional, social, spiritual, and emotional patient needs. A cancer rehabilitation team, composed of a broad spectrum of medical professionals, is well prepared to help patients and families address those needs. Economic constraints, however, have limited cancer patients' access to rehabilitation and support services, either because patients are not hospitalized until later in the process of their disease, or they are hospitalized for briefer periods of time. This makes it difficult for rehabilitation staff to establish the therapeutic rapport that was possible in the past.

As a result, Good Samaritan Medical Center has been making its rehabilitation services available on an outpatient basis. However, there are a variety of factors and issues that can make it difficult to maintain a comprehensive approach in helping individuals and their families. Critical factors and issues to address include patient population/scope of services, environment, patient/family factors, written and verbal communications, staffing and administration, costs and revenue, and promotion of services.

Patient/Family Factors

Individuals with all types and stages of cancer have demonstrated the need for rehabilitation services. To date, less than 20 percent of the patients seen by the rehabilitation service have localized disease, 32 percent have regional disease, and 38 percent have distant disease (10 percent of cases are unknown). Prognosis, therefore, has not been the indicator for outpatient rehabilitation services, but rather the needs of patients and their family members. The categories of needs identified by Good Samaritan's rehabilitation program have been similar to those identified by

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Lehmann[1] and Ganz[2] in their studies (see Figure 1 below). Outpatient needs are similar and, yet, some are more dominate.

FIGURE 1

FREQUENCY OF INPATIENT NEEDS OF CANCER PATIENTS SEEN BY A CANCER REHABILITATION SERVICE*

Emotional/Social	92%
Functional	72%
Symptom Control	64%
Nutritional	48%
Bowel/Bladder	45%
Skin Care	22%
Other	6%

*Based on a retrospective review of 272 patients' charts representing 50 percent of admissions.

It has been our experience that as outpatients' medical and physical needs become more manageable or stable, individuals have the energy and freedom to address emotional, family, and social needs. This corresponds with Maslow's hierarchy of needs: basic survival issues must be addressed first; then issues of self esteem and belonging can be addressed.

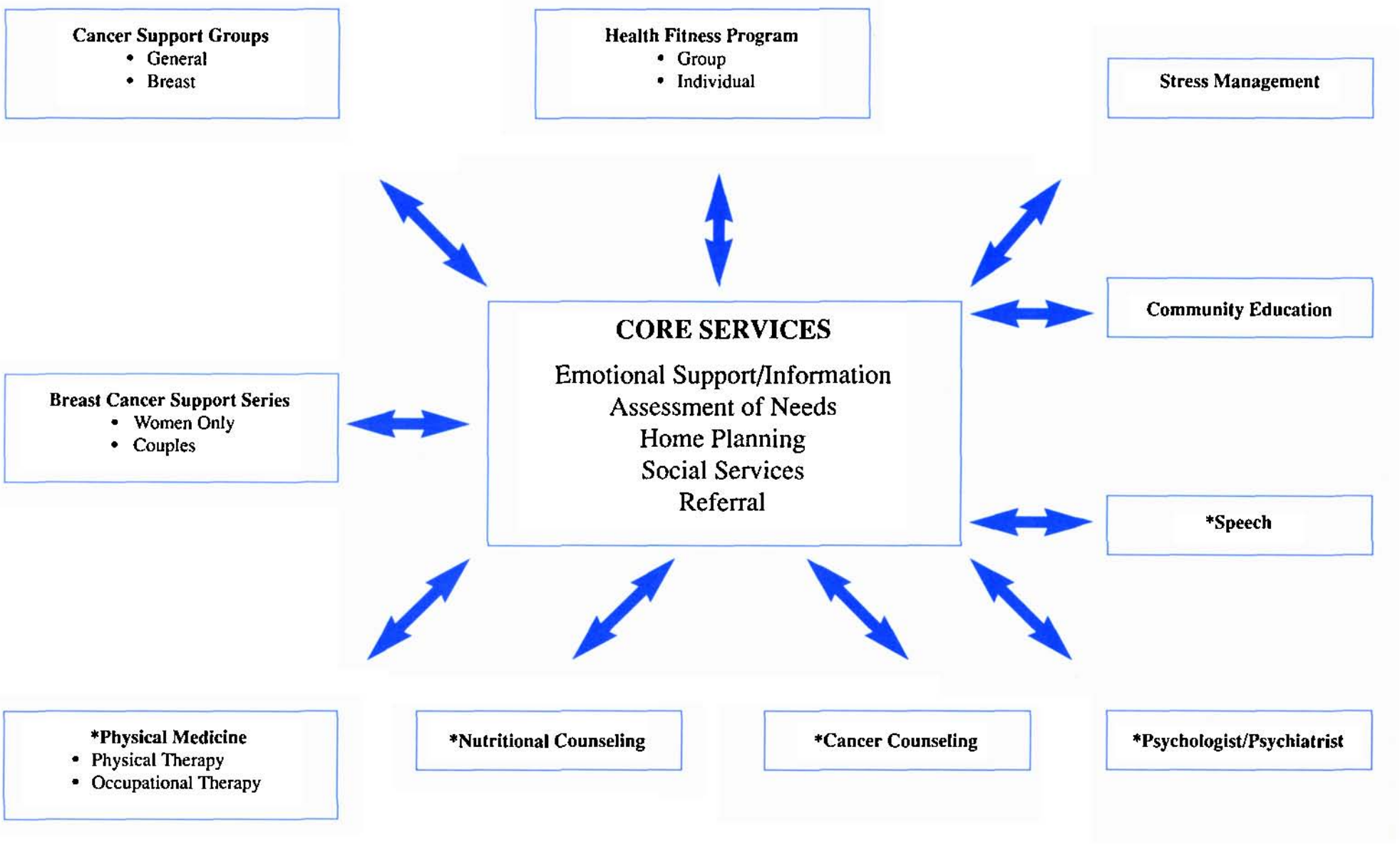
Oncology services are faced with the problem of providing a well-organized system of resources for the partially dependent, chronically ill.[3] Feedback from cancer patients indicates that limited endurance, general malaise, other symptoms, the architectural complexity of existing hospital facilities, and an aversion to the acute care hospital, discourage them from seeking needed services. These factors were considered in the design of Good Samaritan Hospital's Cancer Center, which includes covered parking, private areas for patients to rest between services, an environment that is not institutional in appearance, a centralized reception area for all services, and areas for small and large group discussions.

The format of rehabilitation and support services should also provide individuals with choices that correspond to their physical and emotional comfort, yet challenge them to develop their own independence to the highest degree possible. To this end, both individual and group rehabilitation services are provided in the areas of cancer support, education, and exercise classes. For example, a modified health fitness program is provided for individuals in a group setting.[4] In addition, individual exercise classes and evaluations are scheduled.

The coordination and timing of services is also important. For a population that is coping with limited endurance and possible symptoms, late morning and early afternoon scheduling of appointments has been helpful. This allows patients enough

FIGURE 2

CANCER REHABILITATION AND OUTPATIENT SUPPORT SERVICES



* Revenue-producing services

→ Referral may be initiated from either service.

time prior to appointments to meet self-care and travel needs, yet the services are scheduled early enough to avoid late-day fatigue. Scheduling services relatively close together in time allows patients to participate in more services. Attempts are made to coordinate individual services before or after group activities. For instance, the general cancer support group follows individual exercise classes. In addition, early evening appointments are available for working patients who are experiencing fewer health limitations.

Because of the array of needs and differing family and social circumstances, an overall assessment of each patient is critical. A patient care coordinator, as part of the core services of cancer rehabilitation, helps ensure that each individual's needs are being met, and helps prevent the fragmentation or duplication of services[5] (see Figure 2). On the basis of the patient care assessment, a plan of care, utilizing appropriate clinical and community services, can be developed. These services are especially important to outpatients who do not have ready access to medical expertise in a home setting or in a physician's office due to cost, reimbursement limitations, time constraints, and so forth.

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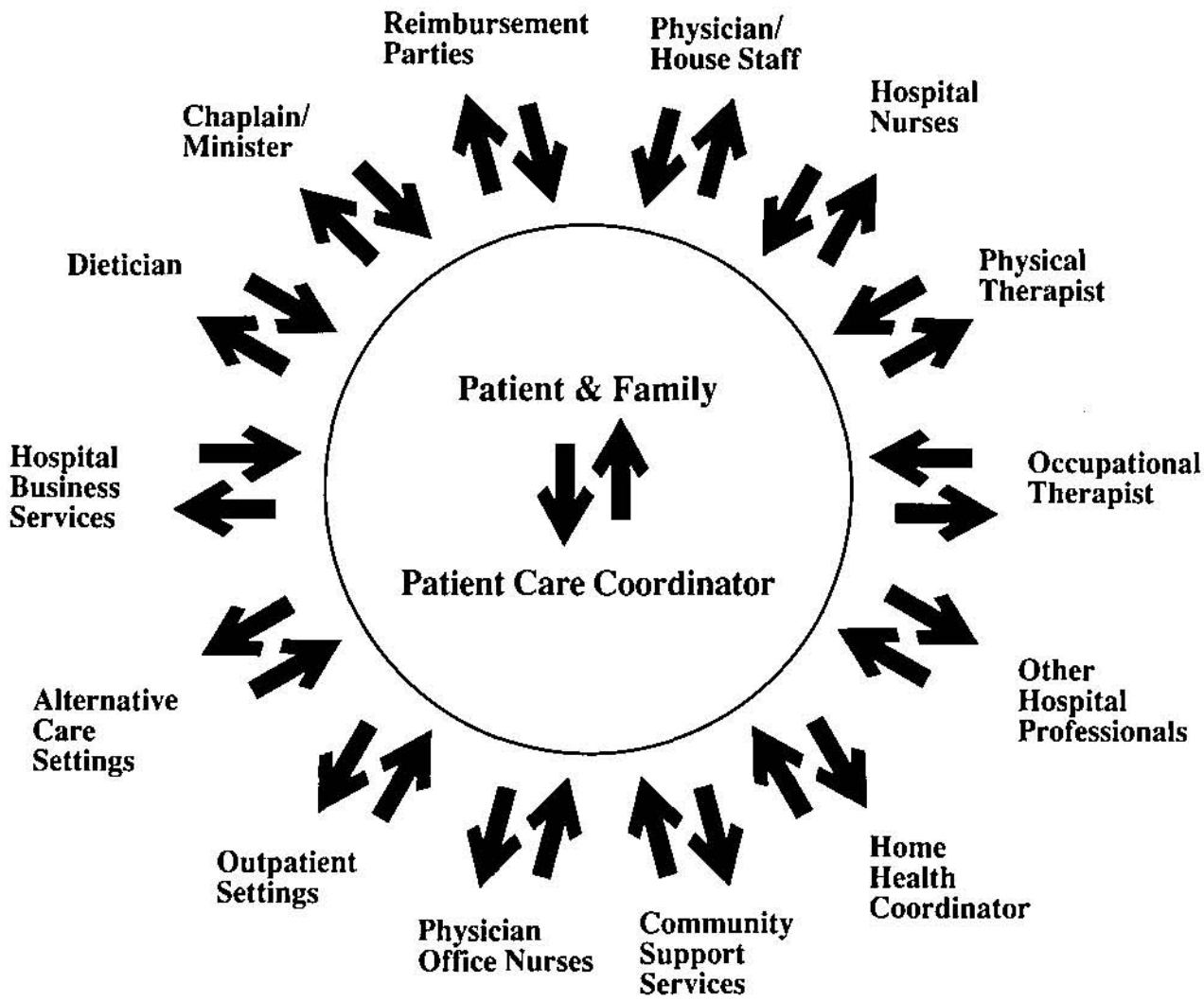
FIGURE 3

A COORDINATOR MODEL OF CANCER REHABILITATION SERVICE



Communications

Communications between staff, services, and other agencies is more difficult in the outpatient setting, because care is not centralized around a patient's location. As a result, the role of the coordinator is even more critical (see Figure 3). If an outpatient is referred to a specific service by an outside referral source, the assigned staff member will alert the outpatient coordinator. The coordinator, in turn, meets with each new patient to discuss available services and the coordinator's role and availability as a resource to the patient and family. Every two weeks, the coordinator leads an outpatient team conference. At that time, outpatients' care plans are reviewed and appropriate recommendations are made. Both staff and office records are updated as to which patients are being seen and by whom. This system is continually modified as experience indicates is necessary. With a variety of staff and services available, it is critical that such formal communication systems be established.

Written communication takes several forms. Several aspects of an outpatient medical record, based on the standards of the Joint Commission on Accreditation of HealthCare Organizations (JCAHO), are helpful for a cancer rehabilitation outpatient care team,[6] including identification data, medical history information, consent forms, assessment forms, progress notes from team members, and treatment summaries.

Whether a patient/family is receiving formal fee-for-service care or is simply participating in a support group, it has proven helpful to create a medical record. The information gained about outpatients is likely to be invaluable in the future. It is also important to have identification and emergency information available for a population group that is likely to experience periodic disease symptoms.

In addition to inpatient medical records and information from other outpatient treatment areas, such as radiation therapy, the physician's office is an important source of information. In a community hospital outpatient program, the private physician's office has the most current medical information about individual patients. Similarly, the cancer rehabilitation outpatient support services can provide physicians with information on patients' use of support services, progress reports from therapists and other staff members, social service information specific to the individual/family, and the involvement/availability of community agencies.

Although the treatment setting is an important factor to facilitate rehabilitation, the atmosphere created by staff is probably more important

Physicians are sent periodic progress reports, as well as information about the support services being utilized by their patients. Because individuals can refer themselves to outpatient support services, this is information that the private physician may be unaware of. This cooperative relationship enhances continuity of care.

Staffing and Administration

Although the treatment setting is an important factor to facilitate rehabilitation, the atmosphere created by staff is probably more important. At Good Samaritan Hospital, there is an established philosophy of care (see box below). These accepted values set the tone for maximizing patients' independence. A higher level of independence provides patients with a greater sense of personal power; a need that has been well documented in the literature.[7]

Staffing and management of rehabilitation services requires both clinical and administrative skills. Although flexibility is an important trait of staff, it is not easy to serve both inpatients and outpatients. Inpatients may be limited in the time of day they are free for, or have the endurance to participate in, rehabilitation services. Therapists and other staff must coordinate the daily schedule and, yet, be ready to modify that plan at any time.

It can be difficult and stressful for the same therapist to work with both inpatients and outpatients. However, having the same therapist treat outpatients they previously worked with as inpatients provides excellent continuity of care. The rapport that is established between staff and patients/families makes future care and intervention much easier. One solution may be to provide primary therapists in each setting with the opportunity to work in an alternate setting as work load allows. The flexibility of moving from one setting to another is also helpful for staff morale. For instance, inpatient staff who are working in intense inpatient situations have the opportunity to work with outpatients who are successfully adjusting to their illnesses.

To appropriately arrange and integrate services and staff requires a centrally managed team of health care professionals (see Figure 4 on next page). The various therapists involved in rehabilitation services maintain a liaison relationship to their professional departments. This provides

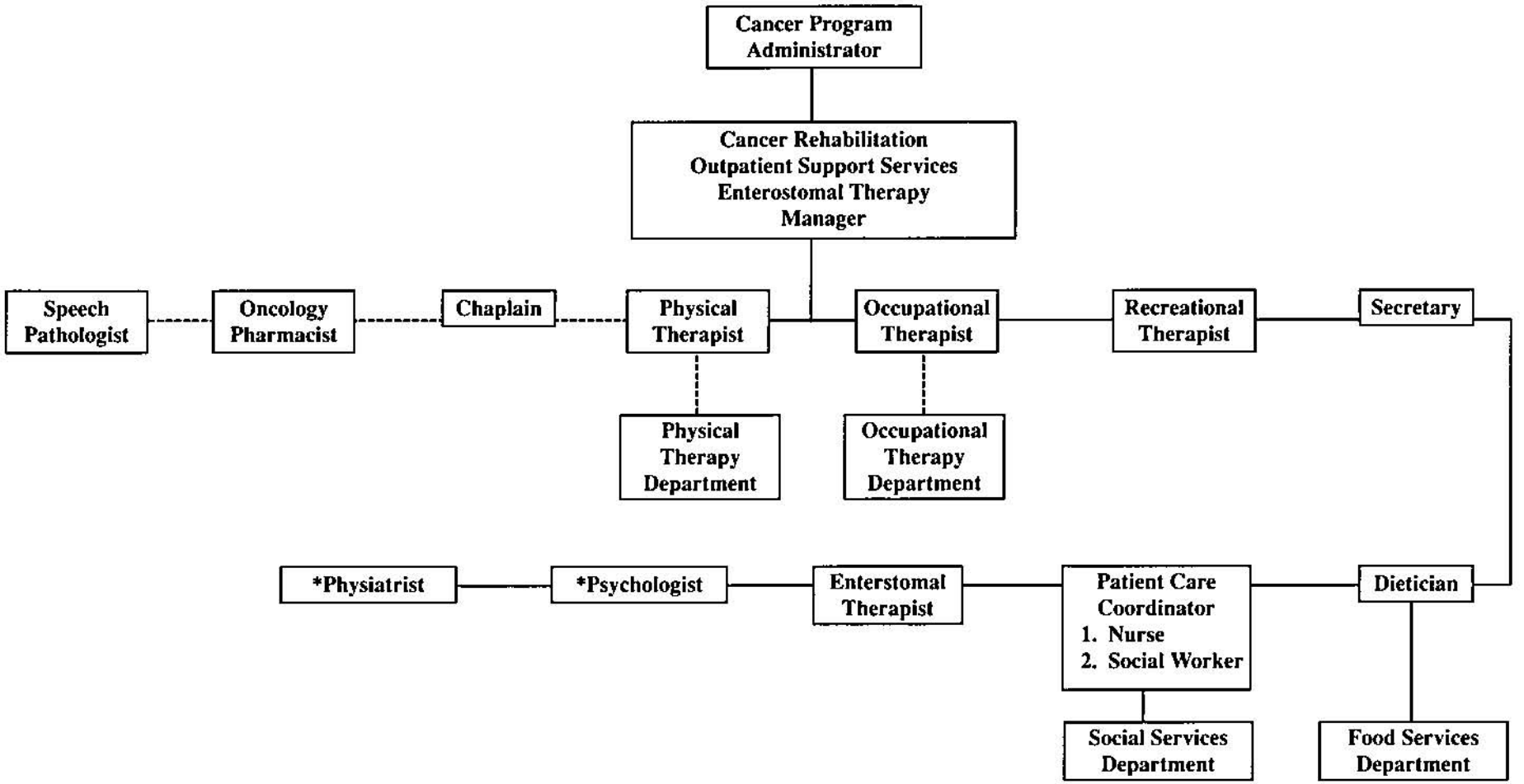
Philosophy of Good Samaritan Cancer Care

Cancer Care at Good Samaritan is provided with a team approach to provide both patient and family care that addresses medical, physical, emotional, social and spiritual needs. Our role is to assist patients and family members at the level they would like. Important aspects of that care include:

- ✓ Easy access to cancer information and resources.
- ✓ Care that is provided in a manner that is sensitive to emotional needs.
- ✓ Respect for privacy and confidentiality.
- ✓ Access to services that conserve physical and emotional energy.
- ✓ Continuity of care between settings—hospital, clinics, home care—as well as between staff members.
- ✓ Willingness on the part of staff to advocate for patient and family within Good Samaritan and the community.
- ✓ Respect for the individual's need to be in control of decision making in their care to the degree they desire.

FIGURE 4

ORGANIZATIONAL CHART



* Private Practice—Contractual Agreement

---------- Liaison Relationship

———— Formal Management Relationship

access to peer professional support and resources, as well as continuing education in staff members' basic fields. Central management generates more cohesive teamwork and, therefore, greater continuity of care. The manager of such a team needs a broad scope of knowledge of various health care professionals, as well as good organizational and managerial skills to administrate a complexity of services and a variety of medical disciplines.

Costs and Revenue

The cost of a comprehensive inpatient and outpatient rehabilitation program may sound expensive, but if it is centrally organized, the costs are reasonable in view of the value and number of services offered to the community. The costs of all staff are included in the operational budget, as well as the revenue they generate for both inpatient and outpatient care (see Figure 5 below).

The revenue generated from inpatient rehabilitation therapy and the interdisciplinary conference comprise the majority of the revenue base. As outpatient services increase, the percentage of contributing revenue from that setting also increases. The costs not recovered in the Good Samaritan model are equivalent to three FTEs.

An important factor to consider, however, is that the hospital does not need to provide other social workers or clinical nurse specialists as hospitals with oncology services do. Essentially the same number of staff are providing a more organized and comprehensive system of care to cancer patients and their families. These services are also critical for efficient discharge planning for a complex group of patients whose prolonged hospitalization increases the institution's costs.

Comprehensive outpatient services not only assist in retaining individuals in the hospital's system of care, but attract many cancer patients who want to receive treatment and support services in the same facility

Promoting the Program

Comprehensive outpatient services not only assist in retaining individuals in the hospital's system of care, but attract many cancer patients who want to receive treatment and support services in the same facility from the community at large and from competing institutions. An added value of outpatient rehabilitation services is the increased visibility and improved community perception of the overall cancer program. Maintaining that visibility for outpatient rehabilitation and support services is critical. Referring resources—physicians, patients and family members, other health care professionals, and community services and agencies—must be targeted for promotional purposes. Each source needs to be reminded, on a regular basis, of available services. A variety of mechanisms can be utilized, some of which are aimed at particular groups, such as brochures for offices and agencies, monthly calendars of events and services, follow-up letters and phone calls, periodic community education series to publicize ongoing services, and feature stories in newspapers and professional newsletters.

One of the most effective promotional tools, however, is customer experience with the services. Patients frequently refer friends and family members. Physicians and other professionals appreciate feedback and, in the process, are reminded of available services. And, finally, ongoing networking with other programs and community services increases awareness of what services an outpatient cancer rehabilitation program can provide. But, the best promotional tools are quality of care and a positive impact on patients' quality of life. ■

FIGURE 5

REVENUE PRODUCING SERVICES

Inpatient	Outpatient
Physical Therapy	Physical Therapy
Occupational Therapy	Occupational Therapy
Psychological Counseling	Nutritional Counseling
Speech Therapy	Speech Therapy
Interdisciplinary Patient Care Conference	Counseling

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7 Lubkin, ibid, 112.