

# “Oncology nurses who attended a geriatric oncology training implemented a component of a geriatric assessment into their practice.”

## ABSTRACT

**Putting into Practice Nurse-Led Geriatric Assessment Initiatives throughout the United States “Funded by the National Institute of Health #R25CA183723-01A1”.**

Carolina Uranga, Peggy Burhenn, Denice Economou, Vani Katheria, Canlan Sun, Heeyoung Kim, Elsa Roberts, Dale Mitani, Christopher Okamoto, William Dale, Matt Loscalzo, Center for Cancer & Aging, City of Hope National Medical Center, Duarte, United States

### Grant Background:

- In 2016, Geriatric Oncology: Educating Nurses to Improve Quality Care conference was launched.
- The R25 grant was developed to train oncology nurses in geriatric skills and assist oncology nurses from across the United States, to integrate geriatric assessment (GA) tools into their oncology practice .

### Objective:

- The geriatric oncology training included domains of a geriatric assessment (GA).
- The aim of this abstract was to evaluate goals that included GA-focused initiatives by reporting on the progress, barriers, and outcomes of implementation.

### Methods:

- Goals developed by oncology nurses in year 1 (2016) and year 2 (2017) were analyzed.
- Goal analysis was focused on GA domains, such as: functional status, polypharmacy, nutrition, or chemo-toxicity.
- Team goal progress was evaluated at 6, 12, and 18 months for implementation outcomes.
- Perceived barriers at each time point were summarized.



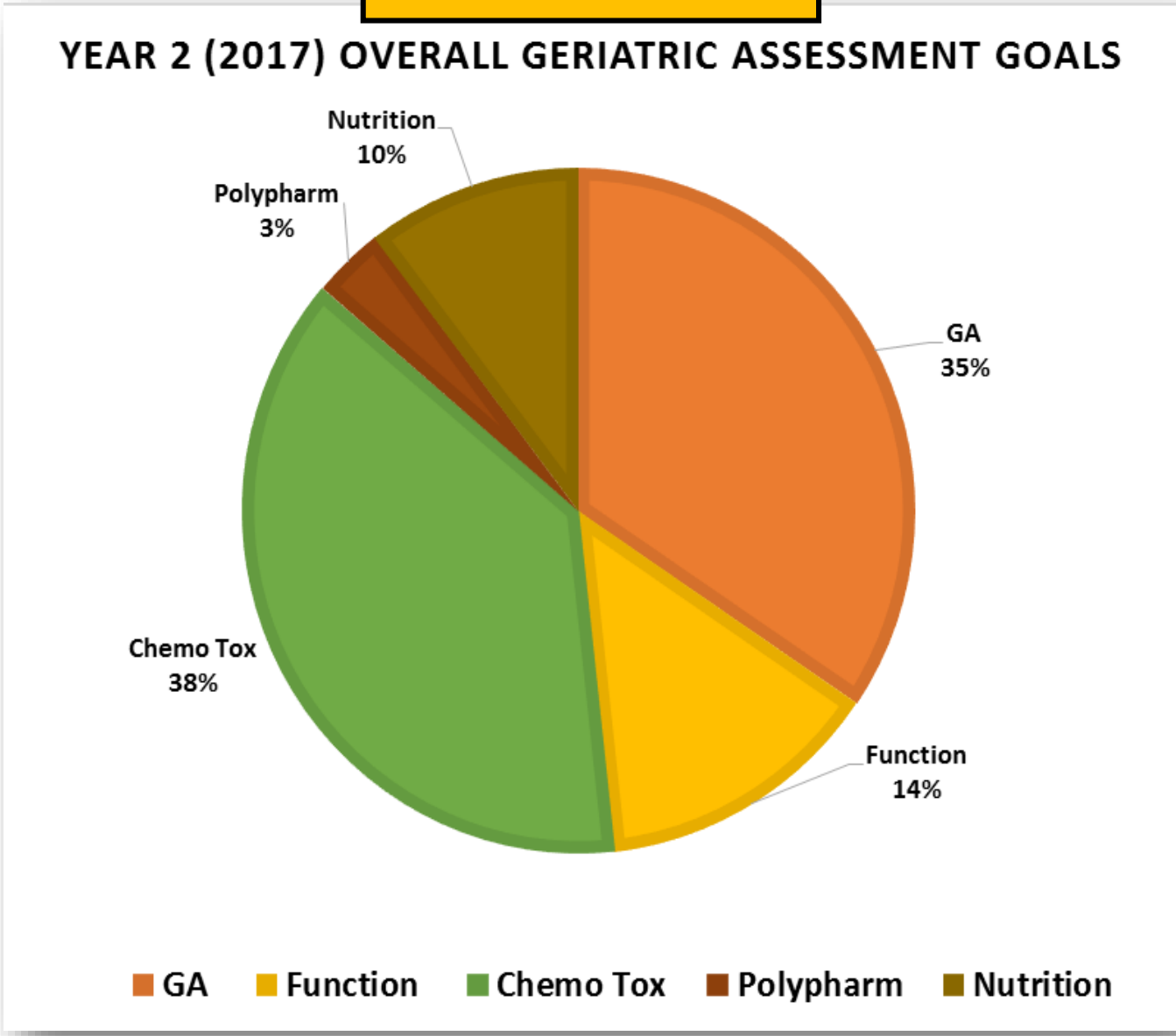
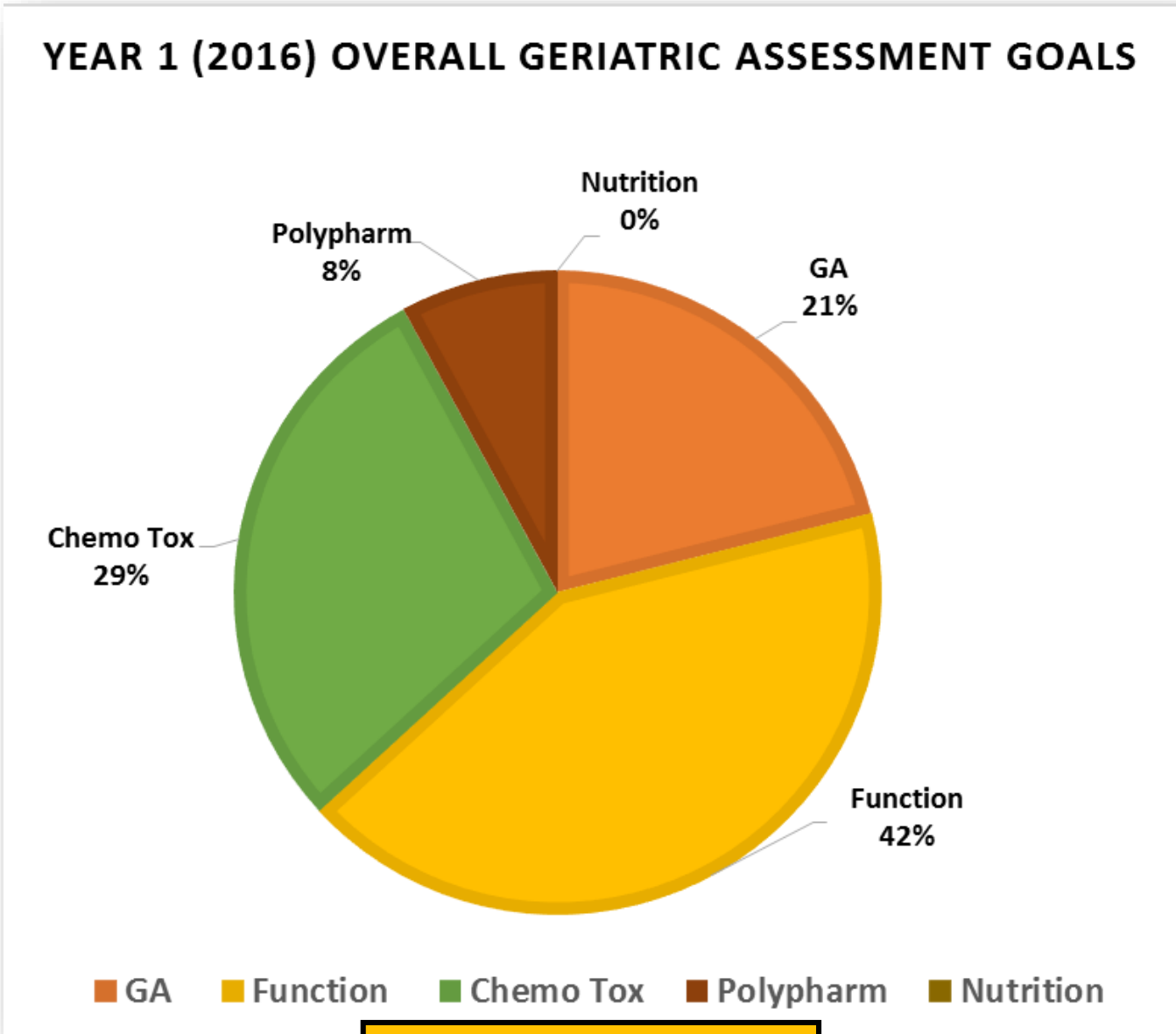
Image courtesy: Vani Katheria

**Remembering Dr. Hurria...**

**“It is my mission (or dream, as I like to call it) that older adults with cancer receive personalized tailored care, utilizing evidence-based medicine with a multidisciplinary approach.”**

## RESULTS

- **Oncology nurses who completed the R25 Geriatric Oncology training implemented geriatric assessment initiatives into their practice. (Year 2016 & 2017 data)**
- **Barriers to implementation included: Time constraints, Staffing Shortages and Technology Limitations. (Year 2016 & 2017 data)**



**Overall 33% of goals were GA focused**

### IMPLICATIONS FOR PRACTICE

- After attending a conference, development of goals may facilitate practice change at participant’s home setting.
- Geriatric specialists should create partnerships with oncology nurses to assist with implementation of geriatric integration into oncology practice.
- Allow nurses to practice to their full licensure as they implement geriatric assessment focused initiatives in their home institutions.

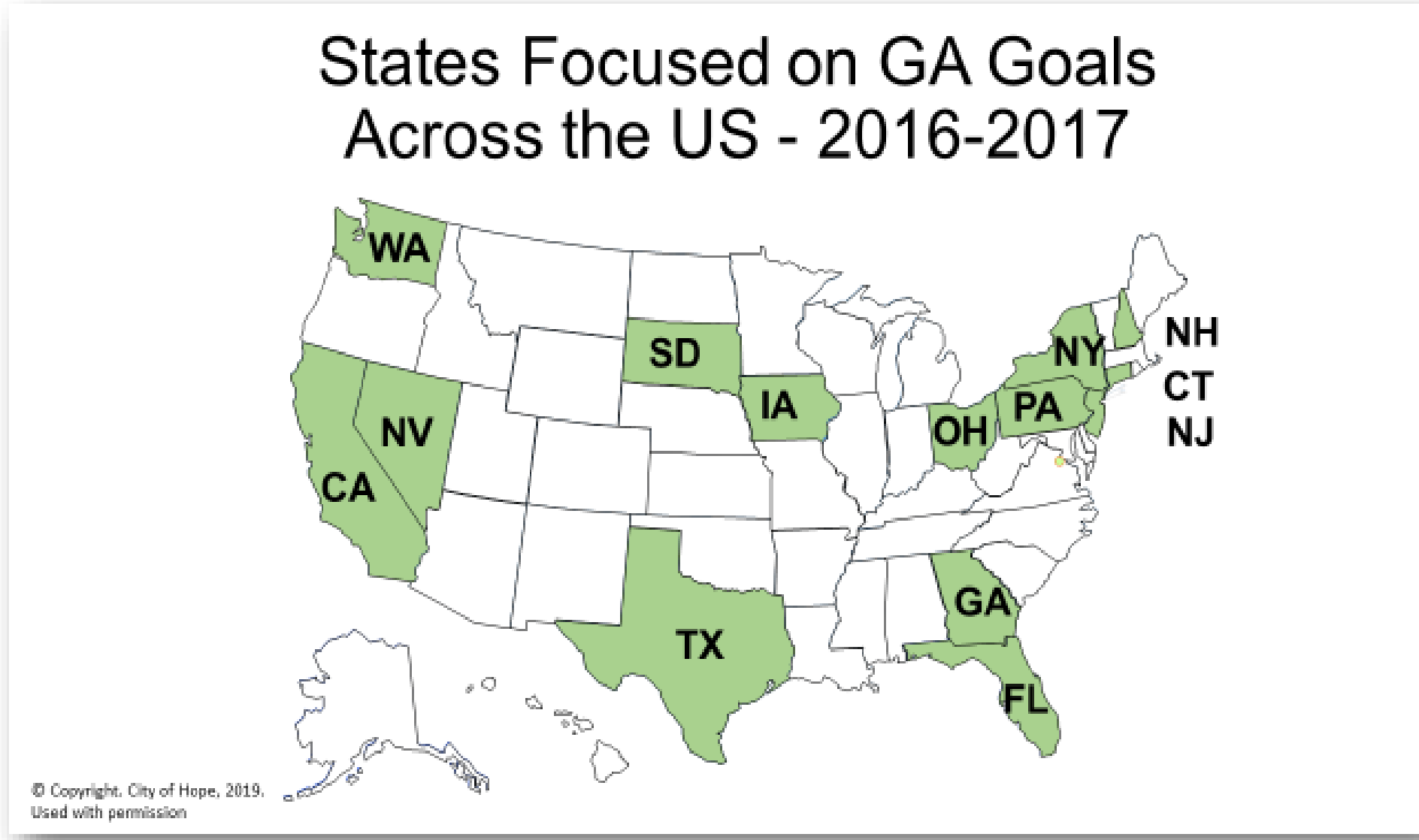
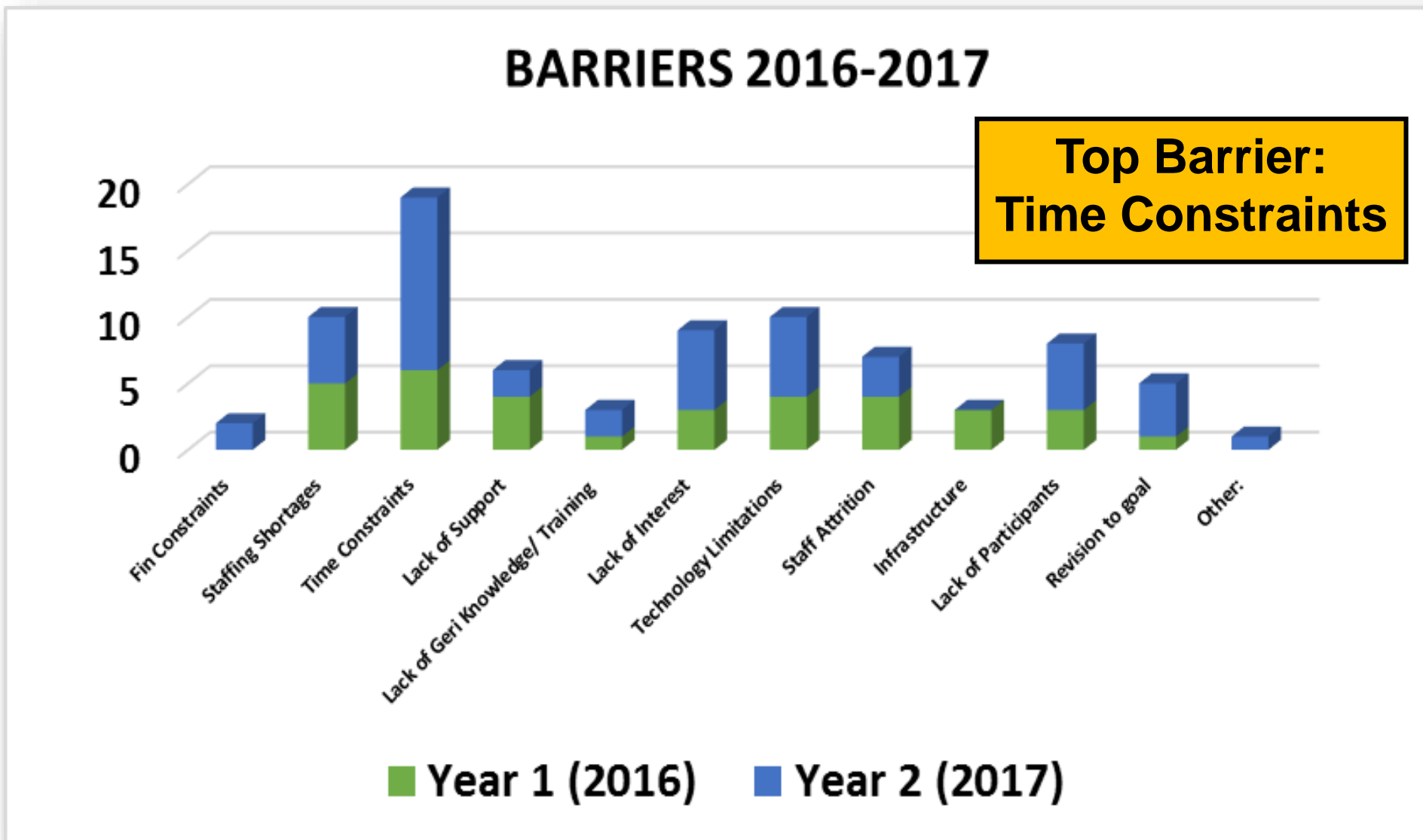
### DISCUSSION

- Nurses that attended a geriatric oncology curriculum set goals to implement a component of the geriatric assessment into their practice.
- Monthly conference calls held with teams to discuss goals, barriers and outcomes with faculty, along with follow up at 6, 12, and 18 month time points helped participants implement geriatric initiatives in their practice setting.

### References:

Burhenn, P.S., McCarthy, A.L., Begue, A., Nightingale, G., Karis Cheng, K., Kenis, C. (2016). Geriatric assessment in daily oncology practice for nurses and allied health care professionals: Opinion paper of the nursing and allied health interest group of the international society of geriatric oncology. *Journal of Geriatric Oncology*, 7(5) pgs. 315-324

Overcash, J. (2018). Comprehensive geriatric assessment. Interprofessional team recommendations for older adult women with breast cancer. *Clinical Journal of Oncology Nursing*. 22 (3) pgs. 304-315



GA Goal Focused Teams Cancer Center Types	Year 1 (2016)	Year 2 (2017)
NCI Designated Cancer Center	8 (36.4%)	7 (33.3%)
Community/General Hospital	7 (31.8%)	7 (33.3%)
Ambulatory/Physician's Office	3 (13.6%)	3 (14.3%)
Academic/Teaching	2 (9.1%)	3 (14.3%)
Veteran's Admin	2 (9.1%)	1 (4.7%)
Total	22 (66.6%)	21 (60%)
Total teams = 33		Total teams = 35

**TEAM HIGHLIGHTS**

**James Cancer Hospital – Hem., Columbus, Ohio (2016)**  
**Goal:** Will trial completing a Timed-Up and Go on patients age ≥75 and refer those with a score of ≥13 to physical therapy (PT).  
**Outcomes:** Completed at 6 Mo.

**Morristown Medical Ctr, Morristown, New Jersey (2016)**  
**Goal:** Develop a polypharmacy review program for patients age > 70 with more than 5 medications for appropriateness, duplication, and drug interactions.  
**Outcome:** Completed at 12 Mo. Hired new oncology PharmD and presented “Review of Medication Appropriateness in Geriatric Oncologic Inpatients”.

**Kaiser Permanente, Kennesaw, Georgia (2017)**  
**Goal:** Identify & assist MD considering chemotherapy as treatment option for pts age >70 to utilize chemo tox tool.  
**Outcome:** Completed at 18 Mo. with 39 toxicity assessments reviewed. Facilitated dissemination of chemo tox tool to other oncologists.

**Sanford Health, Sioux Falls, South Dakota (2017)**  
**Goal:** Nutritional assessment to all patients age > 65 provide resources, and referrals to nutritional services as indicated.  
**Outcome:** Completed at 6 Mo. Submitted grant to fund additional registered dietician at 12 Mo. Institution adopted nutritional assessment for all age groups at 18 Mo.