An APN Homecare Intervention: Implementing Evidence Based Coping Mechanisms To Breast Cancer Patients

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Introduction
This is a Doctor of Nursing Practice (DNP) project intended to demonstrate how an Advanced Practice Nurse (APN) home visit to women with newly diagnosed breast cancer can reduce anxiety by teaching evidence based coping techniques prior to chemotherapy.

Goal
The goal of this DNP project is to implement a home visit intervention to improve coping of breast cancer patients through identification of gaps in ability to cope and teach coping skills prior to initiation of chemotherapy.

Who?
Women diagnosed with a Stage 2 or 3 breast cancer about to embark on chemotherapy.

What?
A scripted home visit to provide psychosocial assessment and support through available resources, assessment, and teaching three ways of evidence based ways of coping: journaling, aromatherapy, and diversion.

Why?
Approximately one in four women who were newly diagnosed with breast cancer reported symptoms consistent with posttraumatic stress disorder shortly after diagnosis (Yin-Raviv, 2013).

How?
An APN to do a home visit to assess, teach, and develop a plan to assist in coping.

Objective
To create an effective coping intervention through:
• Availability: providing the patient with a point person through cell/ email/text access
• Home visit: assessing and navigating ways of coping in an effort to assist patient in adaptation to this change in the persons health state
• Inter-collaboration: maintain a fluid dialogue among different health care professionals and specialties

Review of the Literature
5 key findings in the literature:
• Anxiety leads to symptom clusters (So, Winnie, Mash et al, 2009).
• Problem solving techniques are effective in decreasing distress (Lee, Chou, Chang et al, 2010).
• Home visits have shown to improve psychosocial distress (McCorkle, Strumpf, Nuamah, et al., 2000).
• Patients can adapt through nursing intervention (Roy, 2009).
• ACS release of statistical data, women with are living longer: with treatment for aggressive forms of breast cancer that were once considered life-threatening (ACS Facts and Figures, 2012).

Theory
Transactional Model of Stress and Coping
(Lazarus and Folkman, 1986)
• Primary Appraisal: Patient Thermometer
• Secondary Appraisal: Home Visit
• Problem Based Coping: Home Visit
• Emotional Based Coping: Home Visit
• Assess Efectiveness of Intervention: Cancer Coping Questionnaire

Intervention Description
• Setting: home
• Sample: women who have an initial diagnosis of Stage 2/3 breast cancer requiring chemotherapy
• Intended size: 15-25 women
• Intervention: an APN providing a scripted home visit
• Evaluation: Cancer Coping Questionnaire (CCQ)

Pre-CCQ/Post CCQ
Results of CCQ will show a measurable improvement in Cancer Coping Score as a result of the home visit intervention

Tools
• NCCN Patient Distress Thermometer
  • Initial measure of distress at time of consultation
  • A score greater than 4, patient will receive intervention
• Cancer Coping Questionnaire
  • Improvement in CCQ score
  • Prior to first cycle of chemotherapy and repeated after 4th cycle (Moorey Frampton and Greer, 2003).

Outcomes
• Improved Coping: the ability to maintain their current lifestyle with minimal disruption to their routine
• Less Distress: a reduction in anxiety and psychological distress
• Additional Measurable Indicators: decreased chemotherapy related physical symptoms, successful adaptation, as well as avoiding unintended and unscheduled non-emergent clinic and ER visits

This project also addresses health policy implications, cost benefit analysis, economic implications, and direction for future APN research and practice.

Implication for Practice
A home based intervention can assist in adaptation and reducing symptoms. The strength of evidence is high to support a proactive intervention to reduce anxiety and distress, improve QOL, and reduce chemotherapy related symptoms.

The findings suggest that there is the potential to provide proactive home care visits eligible for insurance reimbursement.

References
Distress Thermometer Scoring Tool Figure (DS-A) from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Distress Management V.2.2013