




11-22-2023

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Recommended Citation

Browning, Mackenzie Danielle and Hessock, Melissa Marie, "Improving Oncofertility Discussions and Referrals: Implementation of a Formal Fertility Preservation Program" (2023). *Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP)*.
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Improving Oncofertility Discussions and Referrals: Implementation of a Formal Fertility Preservation Program

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BACKGROUND

- Impaired fertility is a risk of life-saving cancer treatment in AYAs
- Despite this known risk and clinical practice guidelines that stress their importance, treatment-associated fertility risk education and preservation referrals are often neglected in this population.

LOCAL PROBLEM

- The site of this evidence-based practice improvement project (EBPI) is an outpatient hematology-oncology clinic serving adults with varying cancer diagnoses.
- The site did not have a standardized approach to ensure treatment-associated fertility risk education and fertility preservation referrals were provided to AYAs with newly diagnosed cancer.
- The purpose of this project was to implement a formal fertility preservation program with the aim of increasing fertility preservation **discussions** between young adults and their care providers at the first oncology visit **by 50% in 3 months** and increasing fertility preservation **referrals by 50% in 3 months**.

METHODS

- The EBPI process model guided the planning and implementation of the project.
- Literature search and critical appraisal demonstrated good and consistent evidence supporting use of formal fertility programs.
- Clinical workflow for implementation of the fertility preservation program was developed using PDSA cycles.
- Pre- and post-implementation data was collected to measure outcomes related to the project aims and compliance with the intervention.
- The

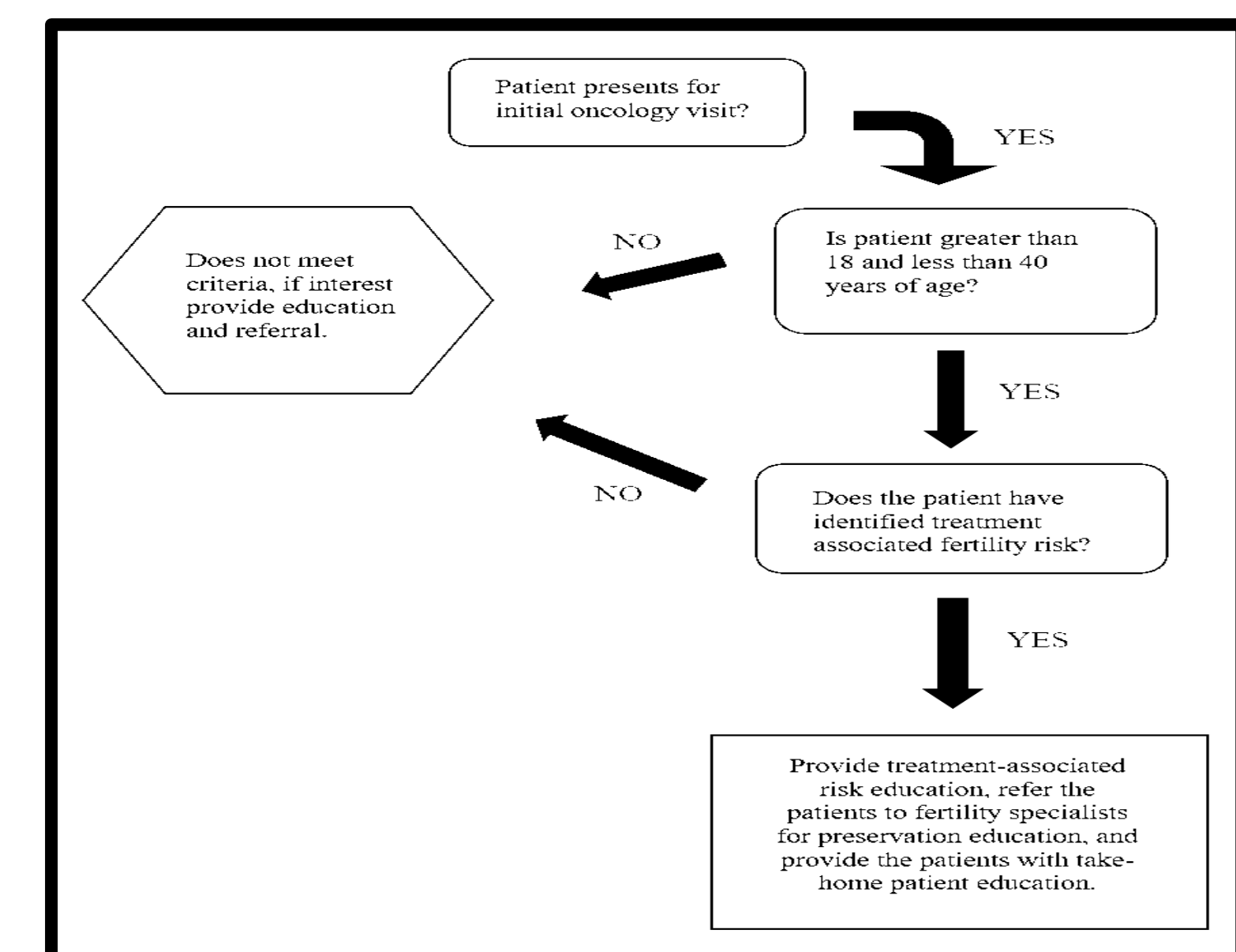
Major Takeaways: Lack of adherence with the practice change resulted in no change in fertility preservation discussions and referrals. However, essential lessons were learned about the need for close monitoring of data to identify process issues and interdisciplinary collaboration to support future implementation.



Link to Executive Summary for more information

INTERVENTIONS

- All Adolescents and young adults (AYAs) (18- 39 years old) presenting for initial cancer visits were provided treatment-associated fertility risk education and a fertility preservation referral with a specialist using an EMR or paper flowsheet for documentation.
- Patients and providers were given access to information sheets with resources and further education.



RESULTS

- Compliance with flowsheet use = 0%,
- No change in fertility discussion rate.
- No change in fertility referral rate.
- Lack of EMR access may have resulted in incomplete data if the documentation occurred outside the flowsheet and/or the flowsheet was scanned into a different section of the chart

CONCLUSIONS

- While this project didn't create the intended change in care delivery, it helped the clinic identify areas to focus on during future EBPI practice changes.
- AYAs diagnosed with cancer want treatment-associated fertility risk education and referrals to fertility specialists to understand their fertility preservation options before beginning treatment
- Using additional PDSA cycles, intentional attention to buy-in, and frequent process data monitoring and feedback would support more successful implementation in the future.

ACKNOWLEDGEMENTS/FUNDING DISCLOSURE:

I want to express thanks to the clinic site staff for their willingness to participate and assist in the development and implementation of this EPBI project.