

# Breaking Silos in Cancer Care: The Power of Team-Based Collaboration

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# Background

- Oncology patients receive care from multiple departments and variations in clinic workflow can lead to the silo effect.
- Silos lead to gaps in vital knowledge for patient care.
- The interprofessional team plays an integral part by contributing their own unique skills and expertise (Bennardi et al., 2022; Brevil et al., 2025; & Karukivi et al., 2023).
- Effective communication is essential to adequately meet the needs and preferences of the patients and their families (Engel et al., 2023).
- Houston Methodist Clear Lake (HMCL) Neal Cancer Center identified a need to bridge the gap and eliminate silos.

### Purpose

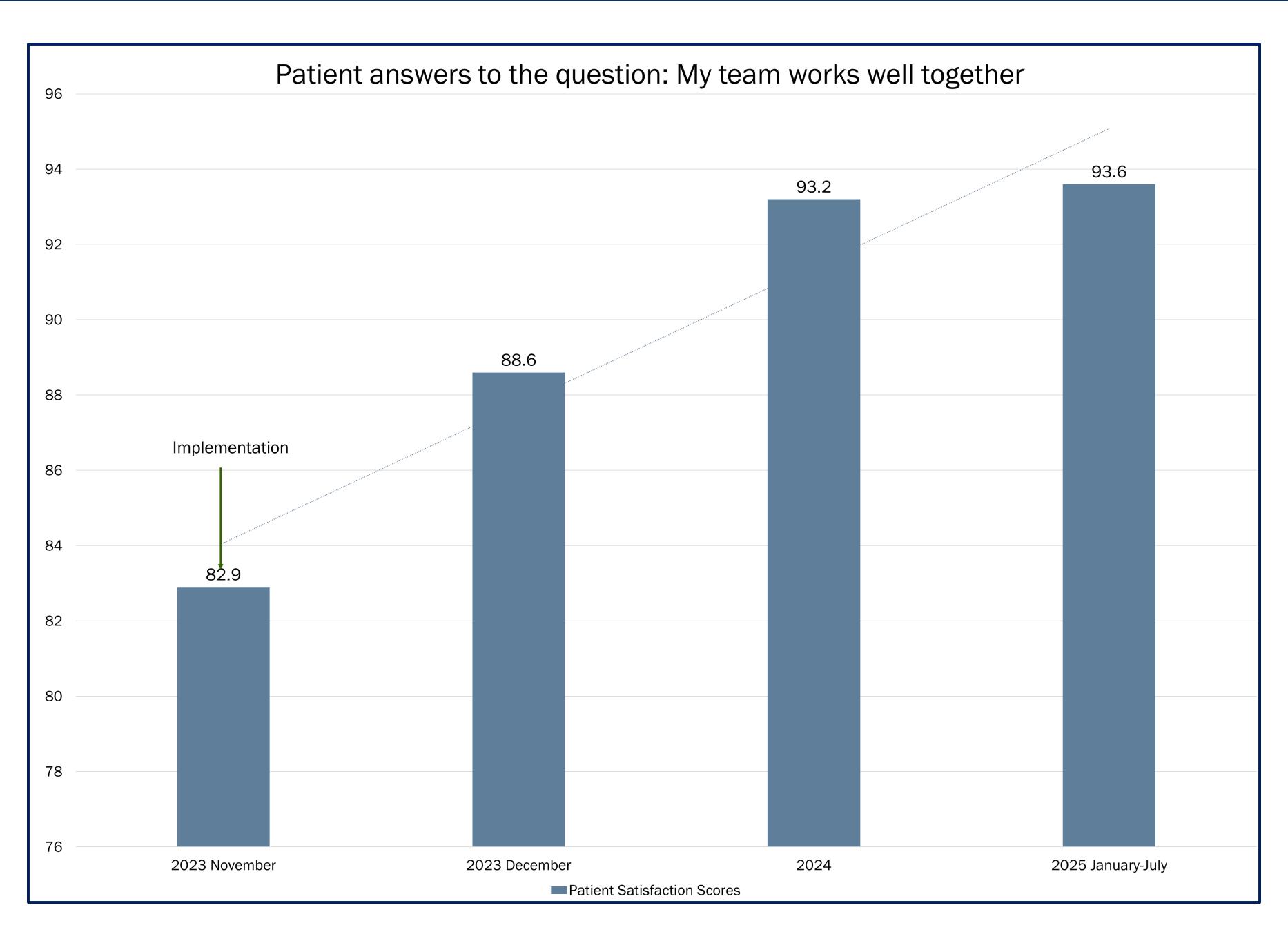
- To address the communication gaps, our initiative focused on establishing regular interprofessional team meetings to address patients needing concurrent chemoradiation, patients with complex psychosocial issues, challenged economic status, or potential delays in the treatment plan.
- The meetings aimed to facilitate the exchange of critical patient information, discuss social determinants of health, identify barriers to care and healing, and develop actionable solutions to assist the patient in their cancer journey.
- Help to identify roles and responsibilities for certain tasks for each patient to prevent repetition.

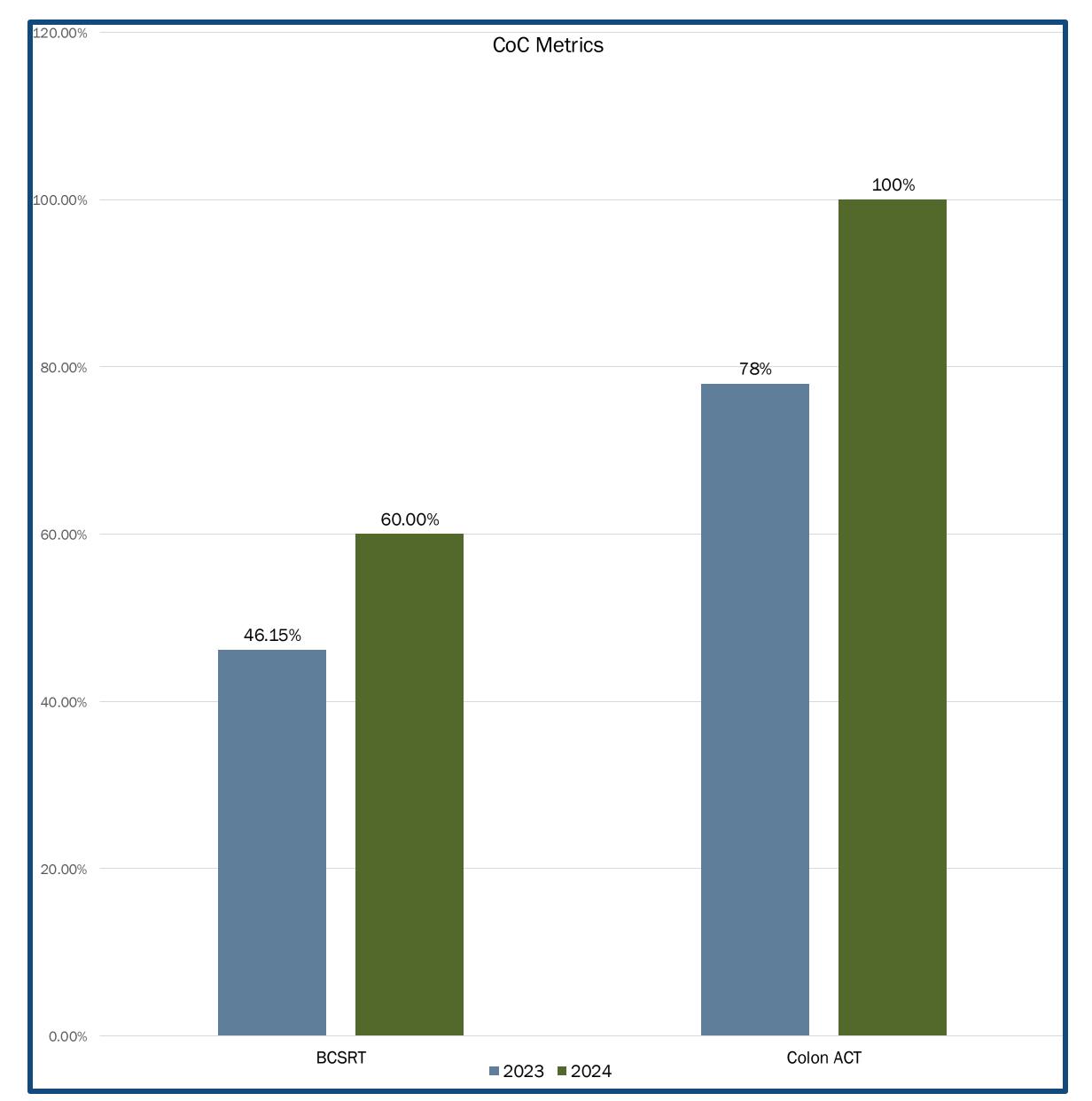
Increase patient satisfaction with survey question "My team works well together."

### Methods

- A structured, multidisciplinary monthly meeting was implemented on a virtual platform involving key representatives engaged in oncology care, including:
  - 1. Medical Oncology Nurses
  - 2. Radiation Oncology Nurse
  - 3. Surgical Oncology Nurse
  - 4. Infusion Therapy Nurses
  - 5. Palliative Care Nurses & Social Worker
  - 6. Pharmacist
  - 7. Oncology Nurse Navigators
  - 8. Financial Navigator
  - 9. Oncology Dietician
- The team identifies patients of concern, reviews their plan of care, shares observations and challenges, then collaborates to identify opportunities for improvement in the patient's cancer journey.
- This was an opportunity for the team to communicate minute details about the physical, psychosocial, emotional, and spiritual aspects of care learned from the patient and family that may significantly impact the healing process.

### Result





# Results/Implications

- Patient satisfaction scores for the Centers for Medicare & Medicaid Services Patient Satisfaction Survey question: My Team Works Well Together were measured pre- and post-implementation of the interprofessional team in the cancer center. Prior to implementation, the score was 82.9 in November 2023. The score rose to 88.6 in December 2023 post-implementation and increased to 93.2 in 2024 and has sustained at 93.6 January through July 2025.
- The interprofessional collaboration helped the team improve compliance with the American College of Surgeons Commission on Cancer (CoC) quality metrics of breast cancer patients starting radiation in ≤ 60 days after breast-sparing surgery (BCSRT: 36.36% in 2023, 45.45% in 2024) and stage III colon cancer patients < 80 who were surgically managed start adjuvant chemo (ACT) in 120 days (Colon ACT: 77.78 % in 2023, 100% in 2024).
- Increased referrals to palliative care and financial navigator.
- Communication has improved among the teams, and we are better able to address the physical, psychosocial, emotional, and spiritual needs of our patients as well as the quality metrics that ensure we are delivering unparalleled care and service to our cancer patients and their families.

# **Implications and Conclusions**

- Regular interprofessional team meetings are essential in bridging communication gaps among oncology care teams.
- By fostering collaboration and comprehensive patient care, we enhance the quality of care delivered to our oncology patients, decrease key barriers, and improve overall patient experiences (Schultz et al., 2021).
- The virtual platform allows implementation across multiple campuses.
- Communication among the teams have improved the coordination of care for HMCL cancer patients.

## Acknowledgments

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# References

