

Evaluation of a Patient Navigation Program

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This study examined the value and effectiveness of a patient navigation program in terms of timeliness of access to cancer care, resolution of barriers, and satisfaction in 55 patients over a six-month period. Although not statistically significant, the time interval between diagnostic biopsy to first consultation with a cancer specialist after program implementation was reduced from an average of 14.6 days to 12.8 days. The time interval between diagnostic biopsy to initiation of cancer treatment also was reduced from 30 days to 26.2 days (not statistically significant). In addition, 71% of patient barriers were resolved by the time treatment was initiated. Overall, patients were highly satisfied with their navigated care experience. Consistent evaluation and monitoring of quality-of-care indicators are critical to further develop the program and to direct resource allocation. Oncology nurses participating in patient navigation programs should be encouraged to evaluate their importance and impact in this developing concept. Nurses should seek roles that allow them to optimize the effective use of their specialized knowledge and skills to the benefit of patients along the cancer care continuum.

The six aims of the Institute of Medicine ([IOM], 2001) action plan call for improvements to provide safe, effective, patient-centered, timely, efficient, and equitable care. Embedded in those aims is the responsibility of healthcare providers to ensure continuity of care and provide patients easy access to information and treatment by anticipating and customizing care according to patient needs and values. The unprecedented rate of advancement in cancer research and development has contributed to the complexity of cancer care. Various seminal reports highlighted the deficiencies of a fragmented healthcare system that failed to provide access to timely, equitable, and standard cancer care to everyone in the United States (Freeman & Reuben, 2001; Haynes & Smedley, 1999; Hewitt & Simone, 1999; Smedley, Stith, & Nelson, 2003).

Patient navigation was introduced as an intervention to reduce patient barriers and achieve optimal healthcare outcomes. Following the reported success of the patient navigation program first initiated by Freeman, the President's Cancer Panel recommended that patient navigation should become an integral part of breast health centers and other areas of cancer care (Freeman & Reuben, 2001). Subsequently, the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 was enacted to provide funds to create patient navigation programs in various centers throughout the United States. The current study

At a Glance

- ◆ Patient navigation may improve timely access to cancer care, help resolve barriers to care, and increase patients' satisfaction with their care experience.
- ◆ Patient navigation programs may help patients achieve optimal healthcare outcomes, but more systematic evaluation and research are needed.
- ◆ Nurses should be active participants in the development and evaluation of patient navigation programs, with the aim of improving cancer care for all patients.

examined the value and effectiveness of a patient navigation program newly initiated at the breast center of a tertiary care facility in terms of timeliness of access to cancer care, resolution of barriers to care, and patient satisfaction.

Literature Review

Because patient navigation has the potential to improve cancer outcomes and transform complex, fragmented health care to

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