

An Oncology Nurse Navigator Program Designed to Eliminate Gaps in Early Cancer Care

Kathryn Horner, MS, Evette J. Ludman, PhD, Ruth McCorkle, PhD, RN, FAAN, Ellen Canfield, BSN, RN, Lynn Flaherty, RN, BSN, ONC, Jennifer Min, RN, BSN, Janice Miyoshi, BS, Beth Lapham, BA, Erin J. Aiello Bowles, MPH, and Edward H. Wagner, MD, MPH



© iStockphoto.com/Sean Locke

Although the burden of a cancer diagnosis for patients is profound, healthcare systems often fail to address patients' and families' psychosocial, information, and care coordination needs. The authors of this article designed an oncology nurse navigator program to proactively address these care gaps and tested the program's effectiveness in providing high-quality cancer care through a randomized, controlled trial. The program's model was informed by research synthesizing the perspectives of patients, families, clinicians, and experts throughout the country. The authors systematically incorporated feedback from participating clinical departments to improve the effectiveness of the program. This article details the intervention to help inform other systems interested in implementing an oncology nurse navigator program.

Kathryn Horner, MS, was, at the time of this writing, a project manager at Group Health Cooperative—Group Health Research Institute in Seattle, WA, and is now the administrative director for ambulatory care at San Francisco General Hospital in California; Evette J. Ludman, PhD, is a senior research associate at Group Health Cooperative—Group Health Research Institute; Ruth McCorkle, PhD, RN, FAAN, is the Florence Wald Professor in the School of Nursing at Yale University in New Haven, CT; and Ellen Canfield, BSN, RN, is an RN in breast cancer screening, Lynn Flaherty, RN, BSN, ONC, is an RN in the oncology department, Jennifer Min, RN, BSN, was, at the time of this writing, an RN in the department of surgery, Janice Miyoshi, BS, is a research specialist, Beth Lapham, BA, is a project manager, Erin J. Aiello Bowles, MPH, is a research associate III, and Edward H. Wagner, MD, MPH, is the director (emeritus) of the MacColl Center and Group Health Research Institute senior investigator, all at Group Health Cooperative—Group Health Research Institute. The authors take full responsibility for the content of the article. The study was supported by a grant from the National Cancer Institute (#1P20CA137219-01). The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Horner can be reached at hornerk@medsfgh.ucsf.edu, with copy to editor at CJONEditor@ons.org. (First submission March 2012. Revision submitted June 2012. Accepted for publication July 7, 2012.)

Digital Object Identifier:10.1188/13.CJON.43-48

Medical treatment for patients with cancer has become increasingly complex. The process of diagnosis, staging, and treatment planning often requires assessment and recommendations across clinical specialties, as well as knowledge of evolving treatment protocols and best practices. The experience of patients and their families is equally complex and often confusing as they are asked to comprehend and make decisions about their care and become their own advocates and care coordinators. They must simultaneously handle the emotional distress of the cancer diagnosis. In response to the needs of patients and families, guideline authorities such as the Institute of Medicine and the National Comprehensive Cancer Network (NCCN) have promoted the need to provide cancer care that is of high quality from the patient's perspective (Adler & Page, 2008).

In a previous study, Aiello Bowles et al. (2008) identified the barriers and facilitators of high-quality cancer care from

focus groups with patients, family members of patients with cancer, and clinicians; site visits with cancer care providers and organizations in three communities in the United States; and interviews with experts in cancer care and policy. The findings from all of the sources indicated that the barriers to high-quality cancer care include delays in and lack of coordination of care, patient information gaps and passivity, and inadequate attention to psychosocial issues.

The fragmentation and uncertain accountability of early cancer care in the period before the initiation of treatment contributes to these issues. A solution was proposed by multiple sources: Patients and their families need an advocate or navigator to guide them through the maze of early cancer care (Wagner et al., 2010).

The role of navigation for patients with cancer has been variously defined and implemented (Freund et al., 2008; Robinson-White, Conroy, Slavish, & Rosenzweig, 2010). Although