

Oncology Nurse Navigation

Development and implementation of a program at a comprehensive cancer center

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BACKGROUND: Oncology nurse navigation programs enhance coordination of care and patient satisfaction.

OBJECTIVES: The objective was to evaluate the effect of oncology nurse navigation on access to care, patient and provider satisfaction, and clinical trial enrollment of patients with hematologic or gynecologic malignancies.

METHODS: A descriptive cohort study with a historic control was undertaken. Data were collected from electronic health records and patient and provider surveys in two disease-specific groups.

FINDINGS: A significant decrease in the mean days from first provider visit to first therapy was observed in the hematology population. In both groups, time from contact to first visit and from first visit to initiation of treatment decreased. Mean satisfaction survey scores for both groups were high regarding relationships with the navigator and care received. Providers were highly satisfied with the program, and the navigation program did not increase clinical trials enrollment.

KEYWORDS

nurse navigator; patient satisfaction; clinical trials; hematology; gynecology

DIGITAL OBJECT IDENTIFIER

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PROGNoses OF PATIENTS WITH CANCER HAVE IMPROVED over the years because of advances in oncologic therapies. However, patients with cancer still face a long and arduous treatment journey, one that is often poorly coordinated and challenging to navigate (Thygesen, Pedersen, Kragstrup, Wagner, & Mogensen, 2011). Patients recently diagnosed with cancer face significant barriers to accessing timely and quality cancer services, as well as challenges in navigating the healthcare system (Hunnibell et al., 2012; Lobb, Allen, Emmons, & Ayanian, 2010; Wulff, Thygesen, Søndergaard, & Vedsted, 2008). Given the interprofessional nature of cancer care and the realities of the healthcare system, patients are frequently left on their own to coordinate care with numerous treatment providers, balance conflicting information, and make treatment decisions, all the while coping with their disease and treatment side effects (Horner et al., 2013).

The Institute of Medicine (2001) report *Crossing the Quality Chasm: A New Health System for the 21st Century* outlines the six aims for healthcare improvements: providing safe, effective, patient-centered, timely, efficient, and equitable care. Embedded in these aims is the responsibility of healthcare systems to provide prompt patient access to coordinated care. The primary goal of care coordination is improved health through timely support of patients and families regarding diagnosis and therapy options, better access to care, and improved patient satisfaction (Lee et al., 2011). One approach to enhancing coordination of oncology care is the implementation of nurse navigation programs. In this model of care, an oncology nurse navigator coordinates the overall care of patients throughout discrete phases of cancer care by (a) removing barriers to care to address the critical disconnect between time of diagnosis and start of therapy (Freeman & Rodriguez, 2011) and (b) providing timely access to care by supporting them and their families through the many decisions associated with early cancer care (Wagner et al., 2010; Wells et al., 2008). Timely delivery of cancer care services can positively affect patient outcomes. Delays often lead to deferrals in diagnosis, late-stage disease, and poor prognosis (Aiello Bowles et al., 2008). Treatment delays, lack of coordination of care, gaps in patient education, and unaddressed psychosocial issues (Aiello Bowles et al., 2008), as well as financial and transportation