ONCOLOGY NURSE NAVIGATION
CASE STUDIES

Edited by
Penny Daugherty, RN, MS, OCN®
Kathleen A. Gamblin, RN, BSN, OCN®
Margaret Rummel, RN, MHA, OCN®, NE-BC
ONS Publications Department
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Contributors

Editors

Penny Daugherty, RN, MS, OCN®
Gynecologic Oncology Nurse Navigator
Northside Hospital Cancer Institute
Atlanta, Georgia
Case 8. Developing a Relationship With a Newly Diagnosed Patient

Kathleen A. Gamblin, RN, BSN, OCN®
Oncology Patient Navigation Coordinator
Northside Hospital Cancer Institute
Atlanta, Georgia
Case 1. Establishing a Navigation Program in a Statewide Multifacility System; Case 11. Lung Cancer

Margaret Rummel, RN, MHA, OCN®, NE-BC
Oncology Nurse Navigator
Abramson Cancer Center
Penn Medicine
Philadelphia, Pennsylvania
Case 16. Navigating a Patient With Multiple Disparities

Authors

Robin Atkinson, RN, BSN, OCN®
Gynecology Oncology Nurse Navigator
Novant Health—Derrick L. Davis Cancer Center
Winston-Salem, North Carolina
Case 9. Cancer at a Young Age

Emily Mason Beard, RN, BSN, OCN®, CBCN®
Women’s Oncology Program Coordinator
Northside Hospital Cancer Institute
Atlanta, Georgia
Case 22. Oncology Nurse Navigator Integration Into the Multidisciplinary Care Continuum

Debbie Bickes, RN, MN, OCN®
Program Coordinator
Northside Hospital Cancer Institute
Atlanta, Georgia
Case 2. Integrating Lay Navigators Within an Existing Nurse Navigator Program

Tami Borneman, MSN, CNS, FPCN
Senior Research Specialist
City of Hope
Duarte, California
Case 18. Transitioning to Palliative Care
Frank dela Rama, RN, MS, AOCNS®, AGN-BC
Clinical Nurse Specialist, Oncology/Genomics and Prostate Cancer Nurse Navigator
Palo Alto Medical Foundation
Palo Alto, California
Case 13. Advanced Prostate Cancer

Betty Ferrell, PhD, RN, FAAN, FPCN
Director of Nursing Research and Education
City of Hope
Duarte, California
Case 18. Transitioning to Palliative Care

Barbara Francks, RN, BSN, OCN®, CBCN®
Clinical Nurse Navigator
Sentara Williamsburg Regional Medical Center
Williamsburg, Virginia
Case 7. Navigating a Young Patient

Sharon Gentry, RN, MSN, AOCN®, CBCN®
Breast Nurse Navigator
Novant Health Derrick L. Davis Cancer Center
Winston-Salem, North Carolina
Case 5. Breast Cancer in the Older Adult Patient

Alice S. Kerber, MN, APRN, ACNS-BC, AOCN®, AGN-BC
Oncology and Genetics Nurse Specialist
Georgia Center for Oncology Research and Education (CORE)
Atlanta, Georgia
Case 4. Ethics: Supporting the Family Journey

Venteria L. Knight, RN, MPH
Patient Navigator, Oncology
Piedmont Healthcare
Stockbridge, Georgia
Case 17. Overcoming the Financial and Emotional Barriers of Patients

Lori McMullen, RN, MSN, OCN®
Clinical and Program Manager—Cancer Services
Matthews Center for Cancer Care, University Medical Center of Princeton at Plainsboro
Plainsboro, New Jersey
Case 12. Genitourinary Cancer

Nicole Messier, RN, BSN, OCN®
GI/GU Nurse Navigator and Clinical Program Coordinator
University of Vermont Medical Center
Burlington, Vermont
Case 10. Rectal Cancer

Eleanor Miller, MSN, RN, OCN®, CBCN®
Manager—Oncology Nurse Navigation
Abramson Cancer Center
Penn Medicine
Philadelphia, Pennsylvania
Case 20. The Unexpected Caregiver

Elissa A. Peters, RN, MS, OCN®, CBCN®
Breast Cancer Nurse Navigator
Penrose Cancer Center
Colorado Springs, Colorado
Case 19. The Post-Treatment Phase

Paula Sanborn, RN, BSN, CPHON®
Sarcoma Nurse Navigator
Nationwide Children’s Hospital
Columbus, Ohio
Case 14. Osteosarcoma and Mucositis in Adolescents and Young Adults; Case 15. Rhabdomyosarcoma in the Pediatric Patient

Amy Sebastian-Deutsch, DNP, APRN, CNS, AOCNS®
Director of Oncology Services
Houston Methodist Sugar Land Hospital
Sugar Land, Texas
Case 21. Navigator Collaboration

Jean B. Sellers, RN, MSN
Administrative Clinical Director—University of North Carolina Cancer Network
University of North Carolina Lineberger Comprehensive Cancer Center
Chapel Hill, North Carolina
Case 3. Increasing the Cancer Workforce With Lay Patient Navigation
Lillie D. Shockney, RN, BS, MAS  
University Distinguished Service Professor of Breast Cancer, Johns Hopkins University School of Medicine, Departments of Surgery and Oncology  
Administrative Director, Johns Hopkins University Breast Center  
Director, Cancer Survivorship Programs at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins  
Professor, Johns Hopkins University School of Medicine, Departments of Surgery, Oncology, and Gynecology and Obstetrics  
Adjunct Professor, Johns Hopkins University School of Nursing  
Baltimore, Maryland  
Case 6. Metastatic Breast Cancer

Anne Zobec, MS, AOCNP®, BC  
Oncology Nurse Practitioner  
Rocky Mountain Cancer Centers  
Colorado Springs, Colorado  
Case 19. The Post-Treatment Phase

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The contributors provided the following disclosure and vested interest information:

Margaret Rummel, RN, MHA, OCN®, NE-BC: Academy of Oncology Nurse Navigators, Millennium Pharmaceuticals, consultant or advisory role
Sharon Gentry, RN, MSN, AOCN®, CBCN®: Academy of Oncology Nurse Navigators, leadership position and honoraria; Genentech, consultant or advisory role; Pfizer, honoraria
Alice S. Kerber, MN, APRN, ACNS-BC, AOCN®, AGN-BC: Pfizer, honoraria
Lori McMullen, RN, MSN, OCN®: Haymarket Publishing, honoraria and other remuneration
Nicole Messier, RN, BSN, OCN®: Academy of Oncology Nurse Navigators, Teva Pharmaceuticals, honoraria
Jean B. Sellers, RN, MSN: North Carolina Oncology Navigator Association, leadership position; Haymarket Media, Lilly Oncology, consultant or advisory role; Pfizer, honoraria
Lillie D. Shockney, RN, BS, MAS: Pfizer Oncology, consultant or advisory role
Anne Zobec, MS, AOCNP®, BC: Amgen, Boehringer Ingelheim, honoraria, Exelixis, Genentech
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Preface

This book is meant to serve as a companion to the Oncology Nursing Society (ONS) publication *Oncology Nurse Navigation: Delivering Patient-Centered Care Across the Continuum* (2014), which explored the building of programs and individual disease-specific sites. We have refined this approach in the pages that follow, focusing on individual navigators using skilled guidance in patient-centric scenarios.

All books tell a story. This one has many to share. Through varying case studies, navigators from across the country have generously contributed their individual experiences with patients (and caregivers) in guiding them through their cancer diagnoses and treatments.

It is our hope that these studies will not only provide education and resources for our readers, but also showcase the diverse roles and challenges navigators face in facilitating access to treatment, alleviating numerous care barriers, and providing support, resources, and education throughout the disease trajectory.

This is a “snippet” of what navigators do, and we are well aware that significant advances are being made in our field. Navigators must be at the top of their game and able to think “outside the box” as we traverse the cancer experience with our patients and their loved ones sharing the journey.

This book chronicles the development of several successful navigation programs, including the following:

- One large urban hospital system, which burgeoned from an oncology nurse navigator model on the main campus into a multisite enduring initiative, incorporating lay navigators and nurse navigators providing multifaceted care for patients in 12 statewide locations
- A metropolitan lay navigation program, which enhanced care immeasurably to its residents
- An amazing statewide program, spearheaded by one nurse navigator, which provided outreach to its barrier islands
We hope that the stories of these individual programs will provide inspiration to those wanting to initiate their own navigation programs.

Our overarching goal is to provide a comprehensive anthology from all around the United States, touching on as many disease sites as possible. As we brainstormed about the case studies to be featured, we were fortunate to include the perspective of a pediatric nurse navigator—a unique role that many of us will never experience. Alas, as one of our field reviewers pointed out, we missed a case study specifically touching on the special needs of the older adult population. As with all education, there always exists opportunity for growth.

In designing this book, we were ever mindful that ONS is evaluating “role delineation and standards of practice.” Our hope is that certification within the field of oncology nurse navigation will be developed. To this end, each author has included evidence-based questions at the conclusion of each case study.

Navigation plays a crucial role in patient care. It is recognized as a basic component of oncology care and is mandated by the American College of Surgeon’s Commission on Cancer (CoC). All CoC organizations are expected to be able to speak to the art and science of navigation. We are in an exponentially evolving field, and our hope is that this book will help fill some of the existing knowledge gaps.

The editors would like to recognize the many authors who worked long and hard in writing these case studies, which will benefit a wide range of readers.

We thank our families, friends, and colleagues. Without your support and guidance, this book would not have come to fruition.

We thank ONS for believing in us and the ONS Publications Department for guiding us on this adventure.

We also thank our patients for allowing us to be a part of their journeys. It has been our privilege to be a part of this with them. We have learned so much from every patient!

It is our hope that you, the reader, will benefit from the many years of navigation experience that the authors have shared and apply the information learned from their navigation roles.

Penny Daugherty, RN, MS, OCN®
Kathleen A. Gamblin, RN, BSN, OCN®
Margaret Rummel, RN, MHA, OCN®, NE-BC
Foreword


In 1990, I introduced the patient navigation concept and model at Harlem Hospital Center in New York, New York, as an attempt in diminishing the extremely high breast cancer death rate in a population of poor black women. Studies over two time periods showed that the combined interventions of breast cancer screening and patient navigation dramatically improved the five-year breast cancer survival rate of this population (from 39% to 70%). From this origin, patient navigation has become widely adopted in the nation as a strategy to improve cancer outcomes, particularly among the medically underserved.

Significant markers of this national progress include the signing of the Patient Navigator and Chronic Disease Prevention Act by President George W. Bush in 2005 and the American College of Surgeon’s Commission on Cancer (CoC) mandate in 2015, which stated that patient navigation is a standard of care required for cancer center approval. Currently, more than 1,500 cancer centers in the United States are approved by CoC. Yet, to gain an understanding of the progress we have made in patient navigation, it may be helpful to reflect on what conditions led to the patient navigation concept and model.

In my early experiences as a cancer surgeon at Harlem Hospital Center in the 1970s, more than half of my patients had advanced breast cancer at the time of initial treatment. Some women presented with ulcerated masses. I found ways to provide free breast
cancer screenings. These screenings helped, but many women with abnormal findings had very long delays before treatment. So I focused on navigating patients (eliminating barriers to timely diagnosis) from the point of abnormal finding to diagnostic resolution. Later, these services were expanded to patient navigation across the healthcare continuum, which encompasses outreach, screening, detection, diagnosis, and treatment and post-treatment quality-of-life support.

I wish to underscore the following conclusions:

• We must seek to provide high-quality treatment (and navigation, as needed) to all patients with a cancer diagnosis. Particularly in poor and underserved communities, it is important to begin patient navigation before a cancer diagnosis—for example, at the point of abnormal finding. This is because the dominant cause of higher cancer mortality is late-stage disease at the time of initial treatment.

• Accomplishing this requires a team approach, which includes both professional and lay navigators. The navigator depends on the navigation phase. Oncology nurse navigators are best prepared to navigate patients with a cancer diagnosis.

• Lay navigators can best assist by eliminating financial, communication, and medical system barriers faced by patients both in the community and in the course of diagnosis and treatment.

Oncology Nurse Navigation Case Studies illustrates how oncology nurse navigators are expanding the scope of oncology nursing within and across cancer specialties. This publication also presents case studies showing effective collaboration between oncology nurse navigators and lay navigation programs, illustrating how oncology nurse navigators have become leaders in the evolving field of patient navigation.

Harold P. Freeman, MD
Founder and President
Harold P. Freeman Patient Navigation Institute