GI NAVIGATORS
Helping Patients In Rough Waters

YOUR NAVIGATORS

• Beth Yeadon, BSN, RN, OCN
  • GI Oncology Nurse Navigator at Community North Hospital
  • Outpatient Medical Oncology (chemotherapy/infusion/triage nurse) for 14 years.

• Eva Burgan, BSN, RN, OCN
  • Oncology Nurse Navigator at Hendricks Regional Health
  • Radiation Oncology Nurse prior to navigation role for 18 years
  • Nephrology Nurse for 4 years

WHO SAYS NURSING IS STRESSFUL?

I'M 39 AND I FEEL GREAT!!
OBJECTIVES

- Discuss evolution of the navigator role on the health care team
- Define the role of the oncology nurse navigator
- Identify benefits to patient experience and increased quality of care in collaborative relations between nurse navigator and other members of healthcare team (endoscopy nurses)

HISTORY OF NAVIGATION

In the 1990s, Dr. Harold Freeman implemented a patient navigation program in New York using non-nurse navigators to decrease barriers for underserved populations with suspected breast cancer.  
(Dohan & Schrag, 2005, 2011)

WORDS OF WISDOM

"No person with cancer should have to spend more time fighting their way through the cancer care system than fighting their disease."

- Dr. Harold Freeman
THE PERFECT STORM

Before the intervention, 606 patients (94% African American) were diagnosed with breast cancer at Harlem Hospital Center.

All patients were of low economic status, and half had no medical insurance on the initial visit.

(Dohan & Schrag)

PRE-INTERVENTION STATS

The results were as follows:

• Only 6% of these patients had Stage 1 disease
• 49% presented with Stage 3 or 4 disease
• The 5 year survival rate was 39%

(Freeman, Cancer, 1989)

WHAT WERE THE BARRIERS?

In the Harlem study, commonly experienced BARRIERS to timely care were:

• -financial, i.e. no health insurance
• -communication and information
• -access to the medical system
• -fear, distrust, and emotional barriers
SO, WHAT DID THEY DO?

The intervention consisted of 2 elements:

1) free, low cost exams/mammograms
2) patient navigation

This original program focused on the critical window of opportunity by eliminating BARRIERS to timely care between a suspicious finding and resolution by diagnosis and subsequent treatment.

LET'S COMPARE ~325 PATIENTS~

Pre-Intervention  |  Post-Intervention
--- | ---
6% - early Stage (0-1) | 41% early Stage (0-1)
49% - late Stage (3-4) | 21% - later Stage (3-4)
39% 5 year survival rate | 70% 5 year survival rate

(Freeman, Cancer 1989)

A CALL FOR NAVIGATION

“The healthcare system is intricate and often hard to navigate. Therefore, patients may fail to receive high-quality, well-coordinated care, with consequences ranging from low patient satisfaction to under-treatment”

(Fashonyin-Aye, Martinez & DF, 2012)
In 2013, Institute of Medicine (IOM) published “Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis” which concluded that cancer care in the US lacks in consistent quality and is neither patient-centric nor well-coordinated.

They provided a conceptual framework which identified 6 components of high-quality care; these components fit in with the metrics that navigation has shown to affect with their patient-centered care approach.

1. Engaged patients
2. Adequately trained staff that provides consistent, knowledgeable care and coordination with all entire health care team
3. Evidenced-based cancer care
4. Learning health care information technology system for cancer
5. Translation of evidence into clinical practice
6. Accessible, affordable cancer care

In 2012, The American College of Surgeons Commission on Cancer (CoC) released Standard 3.1 which required a patient navigation process in place by 2015.
UNCHARTED WATERS

Prior to establishing the navigation process, institutions conduct a community needs assessment to identify the needs of the populations served, opportunities to address cancer health disparities, and decrease gaps in resources.

This assessment reoccurs at least once during the three-year survey cycle.

(AC: standard 3.1)

WE'RE GONNA NEED A BIGGER BOAT!
IMPORTANT CONSIDERATIONS

➤ Developed based on needs of institution
➤ Administrative Backing
➤ Physician Champions
➤ Staffing considerations
➤ Inpatient vs Outpatient
➤ Throughout the continuum vs phase specific
➤ Patient Diagnosis & Acuity
AMA DEFINITION OF NURSE NAVIGATOR

The American Medical Association (AMA) says:

“The primary role of a patient navigator should be to foster patient autonomy and provide patients with information that enhances their ability to make appropriate health care choices and/or receive medical care with an enhanced sense of confidence about risks, benefits, and responsibilities”

ONCOLOGY NURSING SOCIETY

Oncology nurse navigator: An oncology nurse navigator (ONN) is a professional registered nurse with oncology-specific clinical knowledge who offers individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers.

Using the nursing process, an ONN provides education and resources to facilitate informed decision making and timely access to quality health and psychosocial care throughout all phases of the cancer continuum.

AONN+ DEFINITION OF NURSE NAVIGATOR

The Academy of Oncology Nurse and Patient Navigators

“The process whereby a patient is given individualized support across the continuum of care, beginning with community outreach to raise awareness and perform cancer screening through the diagnosis and treatment process, and on to short and long term survivorship or end of life”.

TYPES OF NAVIGATORS

Navigation programs are NOT "one size fits all"

Oncologic Navigators:
- Disease specific (i.e. Colorectal Oncology Navigator)
- General Oncology Navigator (All cancers)
- Based on phase of continuum of care (i.e. Palliative Care Navigator)

Non-Oncologic Navigators:
- Emergency room
- Primary care navigators
- Orthopedics
- Pulmonary
- Obstetrics (Birth Navigators)
NAVIGATION THROUGH THE CONTINUUM OF CARE

Patient Navigation Is Part of the Cancer Care Continuum

Welcome Aboard

Where we establish contact with patient in the GI Oncology Navigation Process

- At screenings/procedures in Endoscopy after concerning finding
- Emergency Room
- Inpatients
- Surgeon’s office
- Medical and Radiation Oncology consults for staging or treatment plan discussions

GI Oncology Navigator

There are 6 major sites in the GI arena:

1. Esophageal
2. Stomach (gastric)
3. Pancreas
4. Liver (hepatobiliary)
5. Colon
6. Rectum/Anal

The GI Navigator needs to be knowledgeable about all of these sites; each site has its own set of individual diagnostic staging, side effects and potential complications.
ONCOLOGY NURSE NAVIGATOR

CORE COMPETENCIES

• The ONN demonstrates critical thinking and uses the nursing process to assess and meet the needs of the patients by providing care coordination throughout the cancer continuum.

• The ONN works between the domains of the patient and family unit and health care system to improve health, treatment, end of life outcomes.

• This is accomplished through competent practice in the following functional areas.
  
  • PROFESSIONAL ROLE
  • EDUCATION
  • COORDINATION OF CARE
  • COMMUNICATION

CASE STUDY

• This 40 y/o male presented with a 9 month history of pain with bowel movements then progressed to rectal bleeding. FOBT positive. Referred for colonoscopy; this was not performed 4 months later.

• No navigator is involved as of this time.

• Colonoscopy findings revealed a malignant appearing stricture in rectum. Biopsies obtained.

• EUS was performed the following day which confirmed an adenocarcinoma of the rectal mass staged as uT3uN0.

• Navigator was called to meet pt while in recovery from EUS; pt was alone.

• Referrals made to surgeon, medi/rad oncology

• Based on EUS and CTs Chest/Abd/Pelvis, pt told he is [clinical] stage II. Surgeon outlined overview of treatment plan which would be chemoradiation for 6 weeks, followed by surgery 8-10 weeks later with temporary ostomy.

• Navigation through chemo/radiation for 6 weeks to surgery. Chemotherapy continued for an additional 6 months.

CASE STUDY. CONT

Barriers/Considerations for Navigator

• Education

• Financial

• Psychosocial/Emotional

• Physical Assessment/Evaluation

• Facilitation of transitions in treatment
CASE STUDY, CONT.

Care Coordination

➢ Referral for Sperm Banking within 7 days so initiation of treatment plan is not delayed
➢ Referral to Social Worker
➢ Referral to Medication Assistance Coordinator and Pharmacy for oral chemotherapy.
➢ Referral to patient who has gone through treatment
➢ Referral to outside supportive services (Cancer Support Community for counseling, support groups, and complementary therapies)
➢ Referral back to specialist based on development of side effects or symptoms

CASE STUDY, CONT.

Across The Navigation Continuum

• Pt currently in follow up/surveillance stage.
• Referral to appropriate resources when indicated
• Care coordination/education
NAVIGATION THROUGH THE CONTINUUM OF CARE

Patient Navigation Is Part of the Cancer Care Continuum

• Discuss fears and concerns
• Educate patient and family about diagnostics, disease process, side effects
• Perform barrier assessment
• Obtain medical history and do baseline assessment
• Expedite appropriate referrals
• Establish rapport with patient and family

NAVIGATION CONSULTATION

YOU TAKE A "BLUE PILL" EVERY DAY?

THAT NARROWS IT DOWN
DELIVERING BAD NEWS

Most of us are not comfortable supporting patients and families when news of cancer diagnosis (or recurrence) is given. Reaching out to oncology nurse navigator is beneficial. Here’s why:

➢ allows navigator to establish connection early and begin building rapport, identifying barriers
➢ provides patient a contact when he leaves your department as patient WILL have questions
➢ able to provide a presence and emotional support same day if needed
➢ able to answer questions about what are the next steps
➢ navigator can follow results, streamline work up and avoid delays to treatment
➢ navigator can provide hope by sharing information about cancer team and other patients
➢ patient has a “go to” person for contact, instead of trying to figure who they need to call

WHAT DOES THIS HAVE TO DO WITH YOU?

Endoscopy Nurses

We Need You!!!

DELIVERING PATIENT CENTRIC QUALITY CARE IN PROCEDURAL AREAS

Endoscopy nurses are charged to be skillful in delivering safe and effective care to patients in very busy departments with high volume and strict schedules.

The implied time constraints may offer challenges in those circumstances in which the nurse has identified needs in her patient, he/she cannot adequately address given the defined role and responsibility as an endoscopy nurse. This is potentially the case when caring for patients who are given the devastating news of a cancer diagnosis (suspected or confirmed).

In these scenarios, there may be “red flags” to the nurse which may warrant further investigation and assessment he/she is unable to provide.

If your institution has a Navigation Program, REFER! Then EDUCATE & EMPOWER patients and caregivers!

If your institution does not have Navigation then EDUCATE yourself and staff on internal, local and national resources for your patients then CONNECT with them. Do you have a passion for oncology patients? Be a Champion in your department!
RED FLAGS

➢ Comments which suggest patient cannot afford medications, prescriptions, food or gas
➢ Missed appointments due to lack of transportation or not having a driver day of procedure
➢ Lack of understanding about procedure i.e. biopsy
➢ Non-verbal cues from patient or family members
➢ Asking NO questions after a discussion of findings or outline of plan to follow
➢ Cancer patients who continue to ask questions about their cancer or treatment after multiple educational sessions
➢ Cancer patients who have not met a navigator
➢ Concern about adherence to follow up care in high risk patients

COLORECTAL CANCER PREVENTION AND SCREENING

The Society of Gastroenterology Nurses and Associates (SGNA) position statement says:

- SGNA is committed to eradicating colorectal cancer by increasing colorectal cancer screening rates for all people.
- Patients continue to seek out nurses for information about health concerns and navigating the healthcare system.
- The 5-year survival rate of a colorectal cancer patient diagnosed in the early stages is about 90%.
- SGNA supports legislative efforts at the federal level that focus on removing barriers to colorectal screening and effective, affordable treatment options.
- Additionally, SGNA supports more colorectal cancer screening and awareness activities in collaboration with governmental agencies, healthcare organizations, physicians, and supporting partners.
COLORECTAL CANCER STATISTICS

- The American Cancer Society reports Colorectal Cancer as the second most frequent cancer diagnosis; however, when combining all GI cancers, incidence rises to 18% making it the #1 cancer site.
- It is one of the most preventable and treatable in the early stages.
- The American Cancer Society believes that preventing colorectal cancer (and not just finding it early) should be a major reason for getting tested. Having polyps found and removed keeps some people from getting colorectal cancer.
- Only 39 percent of colorectal cancers are caught at an early stage when the five year survival rate is 90 percent.
- When it is spread to distant organs, the 5 year survival rate drops to only 12 percent.

WE HAVE WORK TO DO!!!

- More than 1 in 3 adults age 50 and older are not getting tested as recommended.
- Many minority populations have low screening rates, especially Asian Americans, Hispanics, and American Indian/Alaska Native populations.
- ACS also shows an increase in the younger population.

WHAT YOU CAN DO

Many patients experience a variety of barriers to cancer screening, including:

- Lack of awareness of the need for screening
- Lack of recommendation from a physician
- Language barriers
- Logistical challenges to attending screening sessions
- Cultural beliefs regarding cancer
- Negative views of cancer and cancer screening
- Lack of motivation for screening

IT'S ABOUT BUILDING PARTNERSHIPS

- Learn about Community Outreach initiatives in your facility.
- Volunteer.
- Start a tradition in March for Colorectal Awareness.
- Invite Navigation/Oncology.
- Provide a perspective only you as direct care provider can offer by educating, dispelling myths.
- Be educated on the options for screening.
- Be a voice in your institution.
- Commit to make a difference.
REFERENCES

- Oncology Nursing Society (2013). Oncology Nurse Navigator Core Competencies