



## **Standardized Metrics Source Document**

*The following paper is the working source document from the Standardized Metrics Task Force of the Academy of Oncology Nurse Navigators. For the published articles related to this topic, please visit [www.jons-online.com](http://www.jons-online.com).*

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## *AONN+ Navigation Metrics*

### OBJECTIVE

To develop standard metrics in the area of patient experience, clinical outcomes, and return on investment using the AONN+ DOMAINS for certification Coordination of Care/Care Transitions, Research, Quality, Performance Improvement, Operations Management, Organizational Development, Health Economics, Community Outreach, Prevention, Professional Roles and Responsibilities, Psychosocial Support, Assessment, Patient Empowerment, Patient Advocacy, and Survivorship and End of Life. These domains contain a comprehensive list of all areas in which navigators practice to provide quality patient care and financial stability for their organizations.

### INTRODUCTION

In 2010, Lillie D. Shockney, RN, BS, MAS, rolled back the curtain to explore the evolution of navigation over the past 4 decades, beginning in the 1970s and 1980s, when nurses performed utilization reviews to evaluate and monitor medical needs in the inpatient setting.<sup>1</sup> In the 1990s, case management was introduced to increase efficiency. Nurses helped to coordinate, monitor, and evaluate care; supported patient adherence to treatment; and helped patients gain access to resources. Related to the findings of hearings conducted by the American Cancer Society, the first patient navigation model was developed by Dr. Harold Freeman in 1990 to address health disparities of the poor and eliminate barriers to care.<sup>2</sup> Since the inception of patient navigation, its role has transformed and expanded to reach across the care continuum, identifying and reducing barriers to care and facilitating screening and diagnosis.<sup>3</sup>

We have made significant strides over the past 10 to 15 years in both the development of navigation programs as well as proving the efficacy of these programs for our patients as well as the institutions that care for them. Navigation has been widely accepted by national organizations such as the Oncology Nursing Society, the Association of Oncology Social Work, the American Cancer Society, and the Commission on Cancer.

The Oncology Nursing Society, the Association of Oncology Social Work, and the National Association of Social Workers define Navigation as: “Individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience.”<sup>4</sup> The Oncology Nursing Society published core competencies for navigators in 2013. The American Cancer Society created its own navigation program (2008) and the Commission on Cancer added patient navigation as a standard in 2015.

In May 2009, the Academy of Oncology Nurse Navigators (AONN) was founded to provide a network for professionals interested in patient navigation and survivorship. The focus was to help facilitate and offer a platform to manage the complexities of cancer care beginning at

prevention and screening through the care continuum into survivorship/end of life. On December 1, 2013, AONN rebranded its name to Academy of Oncology Nurse & Patient Navigators (AONN+) to acknowledge and encompass its commitment to all involved in navigation and survivorship care services. Lillie Shockney, Program Director, states, "AONN+ is the largest national specialty organization dedicated to improving patient care and quality of life by defining, enhancing, and promoting the role of oncology nurse navigators and patient navigators. With the rebranding, the organization now incorporates and supports all the dedicated, valued members."<sup>5</sup>

## STATEMENT OF NEED

There have been several articles and research projects that discuss various measures that can be used to capture the impact of navigation; most of these discuss time-to-care metrics, patient satisfaction, and measures that assist with care for the underserved, but few discuss the broad range of measures that validate the role of navigation in all areas of oncology patient care. It is well-known that each navigation program is developed to meet the needs of the patients and the institution where the program is being created, and that indicators to measure the success of that program need to be tailored to the navigation program goal.

Therefore, what type of reporting is best suited to communicate patient navigator efficacy? The answer is clear: data and metrics. The challenge is that while navigation programs have existed for decades, standardized national metrics to measure programmatic success have yet to be created and standardized. After a comprehensive literature search on the topic of navigation metrics, we identified 3 main categories of metrics:

1. Business performance/return on investment (ROI)
2. Clinical outcomes
3. Patient experience.

To be able to support continuation or perhaps even expansion of patient navigation services, cancer programs will need to collect quality metrics in all 3 of these categories.

Hence, there is a void in the literature regarding the key areas that measure the success of navigation programs: patient experience, clinical outcomes, and business performance or return-on-investment metrics that will prove the sustainability of navigation programs.

***Crane-Okada R. Evaluation and outcome measure in patient navigation. Semin Oncol Nurs. 2013; 29(2):128-140.***

## GOAL

To develop standard metrics in the area of patient experience, clinical outcomes, and return on investment using the AONN+ DOMAINS for certification. These domains contain a comprehensive list of all areas in which navigators practice to provide quality patient care and financial stability for their organizations.

In the future, AONN+ will be expanding certification to encompass specific organ-site certification. This will drive the need for further development of organ-specific metrics.

### **Navigation General Certification Domains**

- Coordination of Care/Care Transitions
- Research/Quality/Performance Improvement
- Operations Management/Organizational Development/Healthcare Economics
- Community Outreach & Prevention
- Professional Roles and Responsibilities
- Psychosocial Support Services/Assessment
- Patient Advocacy/Patient Empowerment
- Survivorship/End of Life

The goal is to have a set of standard metrics that can be used by all organizations as a baseline to prove the efficacy and sustainability of their programs. That does not mean it will be an all-inclusive list, because there are no cookie-cutter navigation programs, and each program will have additional metrics they need to capture regarding their own program. These standard metrics will provide starting-point and baseline metrics for all navigation programs and literature to support them.

## CONCLUSION

The 35 developed metrics are baseline metrics that all navigation programs should be evaluating and monitoring no matter their structure. The task force recognizes that navigation programs are developing at different rates within diverse structural organizations and settings that will determine which standardized metrics will be essential to measure outcomes for their specific navigation program. As disease-specific certification evolves, additional evidence-based disease-specific metrics will need to be developed to dovetail into the standardized navigation metrics.

### **Addendum:**

Each metric was evaluated on the following criteria: patient experience (PE), clinical outcomes (CO), and return on investment (ROI).

**Patient Experience (PE):** The “patient experience” is increasingly emerging as a more

enhanced method for measuring navigation success. The 2013 Consumer Assessment of Healthcare Providers and Systems cancer survey identified that patients' expectations were exceeded when they felt their healthcare provider actively listened and incorporated their personal psychosocial goals into the treatment plan. The results of this survey also confirm the importance of ensuring that navigators and support staff know how to provide the appropriate level of education, asking patients about their experience(s), and encouraging patients to actively participate in their treatment discussions increased the level of understanding and satisfaction of the patient and their family.

**Clinical Outcome (CO):** Clinical outcome metrics are much more familiar to healthcare providers, as clinicians have always measured success through patient clinical outcomes. These metrics include distress screening, pathway compliance, and timeliness of care.

**Return on Investment (ROI):** Business performance metrics, unlike patient experience or clinical outcomes, are much less familiar for navigation programs. Yet, this category is becoming increasingly important as cancer program administrators question the return on investment for navigation services.

Each metric was assigned the categories it supports for PE, CO, and ROI.

Each metric was evaluated to determine if it crosses over into 1 or more AONN+ domains. For example: Patient satisfaction crosses over into all AONN+ domains.

Each metric was assigned a rating that designated the value and the strength of the metric using a Likert scale of 1-10 (1 = Low, 10 = High). The ranking was assigned using evidence-based literature, national standards, and clinical expertise of the Standardized Navigation Metrics Project Team.

***Strusowski T, Stapp J. Patient navigation metrics, measuring the impact of your patient navigation services. Oncol Issues. 2016;Jan-Feb:56-63.***

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# ***Domain: Coordination of Care/ Care Transitions***

## Domain: Coordination of Care/Care Transitions

<b>Metric #1:</b>  Treatment Compliance	<b>Definition:</b>  Percentage of navigated patients who adhere to institutional treatment pathways per quarter
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI, CO

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **5**

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*Source documentation, including key points that support metric selection.*

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**Ko N, Darnell JS, Calhoun E, et al. Can patient navigation improve receipt of recommended breast cancer care? Evidence from the national patient navigation research program. *J Clin Oncol.* 2014;32(25):2758-2764.**

- This is the first national study to demonstrate that patient navigation may have a positive effect on the initiation of antiestrogen therapy in vulnerable populations
- Study based on data collected between 2006 and 2011 as part of the National Cancer Institute– and American Cancer Society–sponsored Patient Navigation Research Program
- Benchmark: American Society of Clinical Oncology, National Comprehensive Cancer Network guidelines

**Korber S, Padula C, Gray J, Powell M. A breast navigator program: barriers, enhancers, and nursing interventions. *Oncol Nurs Forum.* 2011;38(1):44-50.**

- Study outcomes: Participants identified that the nurse navigator's interventions with symptom management, access to financial and community resources, and collaborative teamwork were influential in the completion of their treatment and continuity of care

**Fiscella K, Ransom S, Jean-Pierre P, et al. Patient-reported outcome measures suitable to assessment of patient navigation. *Cancer.* 2011;117(15):3603-3617. doi:10.1002/cncr.26260.**

- Treatment adherence: Surveys sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention (eg, National Health Interview survey and Behavioral Risk Factor Surveillance System), the Agency for Healthcare Research and Quality (eg, Medical

*Expenditure Panel Survey), use questions that have been cognitively tested among relevant populations. Typically, surveys are available in English and Spanish*

**Domain: Coordination of Care/Care Transitions**

<b>Metric #2:</b>  Barriers to Care	<b>Definition:</b>  Number and list of specific barriers to care identified by navigator per month
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- Financial, insurance, transportation, communication, language, knowledge deficits, work/disability, need help at psychological (fear, anxiety, distress)
- Practical (children, etc)
- Physical (pain, anorexia, mobility)
- Complex care coordination
- Other home, cultural, spiritual

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):** ROI, CO

**Other Domains with Same Metric:** None

**Rating of Metric 1-10 (1 = Low, 10 = High):** 5

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*Source documentation, including key points that support metric selection.*

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**Commission on Cancer:** [www.facs.org/quality%20programs/cancer/coc](http://www.facs.org/quality%20programs/cancer/coc)

**Pieters HC, Heilemann MV, Grant M, Maly RC. Older women's reflections on accessing care across their breast cancer trajectory: navigating beyond the triple barriers. Oncol Nurs Forum. 2011;38(2):175-184. doi:10.1188/11.ONF.175-184.**

- *Study outcome: All participants verbalized that they had one or more of the triple barriers of knowledge deficit, comorbidities, and multiple appointments. Women who had access to the services of an oncology nurse navigator benefited from the coordinated care, information/education, and emotional support*
- *Benchmark source: Interviews*

**Advisory Board Company, Oncology Roundtable, 2015. Cancer Patient Navigation: Meeting the Value Mandate.**

- *The goal of the program was to transition from a reactive model in which the goal was to overcome logistical barriers (eg, transportation, lodging, and scheduling) to a proactive model in*

which the goal was to empower patients to take ownership of their health and engage in their care

**Freeman H, Rodriguez R. History and principles of patient navigation. *Cancer*. 2011;117(15):3539-3542. doi:10.1002/cncr.26262.**

- The core function of patient navigation is the elimination of barriers to timely care across all segments of the healthcare continuum

**Koh C, Nelson J, Cook P. Evaluation of a patient navigation program. *Clin J Oncol Nurs*. 2011;15(1):41-48.**

- Study outcomes: Noted reduction in the time interval from biopsy to initiation of treatment, resolution of barriers prior to treatment, and high patient satisfaction results with nurse navigation services
- Benchmark source: Timeliness - data compared with historic controls; barriers - patient navigation log National Cancer Institute Patient Navigation Research Program; patient satisfaction - hospital care questionnaire
- Navigation was introduced to ensure patients receive optimal care and reduce barriers

**Fiscella K, Whitley E, Hendren S, et al. Patient navigation for breast and colorectal cancer treatment: a randomized trial. *Cancer Epidemiol Biomarkers Prev*. 2012;21(10):1673-1681. doi:10.1158/1055-9965.EPI-12-0506.**

- In a randomized controlled trial of patient navigation to reduce barriers to cancer treatment, we observed no overall effect on patients' time to completion of treatment. Within 3 months of treatment initiation, we also found no overall effect on psychological distress or satisfaction with care. However, subgroup analysis showed benefits for selected patients. In particular, those with educational, language, and insurance barriers reported greater satisfaction when navigated. These findings, if replicated, suggest that patient navigation may improve the experience of care among patients with the greatest needs, which conforms to the original intent of patient navigation

**Rousseau S, Humiston S, Yosha A, et al. Patient navigation moderates emotion and information demands of cancer treatment: a qualitative analysis. *Support Care Cancer*. 2014;22:3143-3151. doi:10.1007/s00520-014-2295-z.**

- Themes included feeling emotionally and cognitively overwhelmed, and a desire for a strong patient–navigator partnership. Both participants who were navigated and those who were not felt that navigation did or could help address their emotional, information, and communication needs. The benefits of logistical support were cited less often
- Navigation contributed to activation through emotional comfort, assisting patients in processing information or communicating their informational needs to their doctors, as well as assisting patients in overcoming logistical barriers

**Gotlib Conn L, Mobilio M, Rotstein O, Blacker S. Cancer patient experience with navigation service in an urban hospital setting: a qualitative study. *Eur J Cancer Care (Engl)*. 2016;25:132-140.**

- Two major thematic categories emerged from the data, each with a number of subthemes linking specific navigation techniques to positive patient experiences
  - Major theme: Navigation as choreography of care

- Subtheme: Demystifies the system
  - Ensures patient comprehension
  - Manages expectations
  - Delivers person-centered care
  - Navigation Techniques:
    - Communication
    - Explanation
    - Spends time
    - Comprehensive information provided
    - Tailored information provided
    - Accessibility
    - Reassures time lines
    - Individualizes care
    - Empathy
    - Advocacy
- Major theme: Navigation as therapeutic intervention that complements medical care
- Subtheme: Provides individualized support  
*Offers extended support*  
*Takes a holistic approach*  
*Addresses emotional and psychological needs*
  - Navigation Techniques*Adaptable to patient*  
*Inclusive support to family*  
*Therapeutic connection*  
*Compassion*  
*Caring*
  - Major theme: Barriers to care
  - Subtheme: Understanding the role

**Crane-Okada R. Evaluation and outcome measure in patient navigation. *Semin Oncol Nurs.* 2013;29(2):128-140.**

- Identify measures that are sensitive, reliable, and valid to measure desired outcome
- Much evaluation has been around: barriers to care, timeliness of diagnosis and treatment initiation, stage at diagnosis, and patient satisfaction

**Gentry S. Navigation principles across the continuum. *Journal of Oncology Navigation & Survivorship.* 2012;3(4):30-34.**

- Core principles of navigation:
  - Patient-centered
  - Integrate fragmented systems
  - Eliminate barriers to timely access to care
  - Clearly defined with a scope of the navigator versus other healthcare providers
  - Cost-effective
  - Have the skills and training for the population of patients being navigated
  - Defined points where navigation begins and ends
  - Coordination

**Freund KM, Battaglia TA, Calhoun E, et al. The National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. *Cancer*. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- *Patient navigation represents a novel approach to addressing the barriers to completion of cancer care, in groups of patients vulnerable to inadequate care by virtue of their economic, cultural, educational, racial, and/or ethnic status*
- *The Patient Navigation Research Program defines patient navigation as support and guidance offered to vulnerable persons with abnormal cancer screening or a cancer diagnosis, with the goal of overcoming barriers to timely, quality care. Primary outcomes of the Patient Navigation Research Program are (1) time to diagnostic resolution, (2) time to initiation of cancer treatment, (3) patient satisfaction with care, and (4) cost-effectiveness, for breast, cervical, colon/rectum, and/or prostate cancer*

**Domain: Coordination of Care/Care Transitions**

<p><b>Metric #3:</b>  Interventions</p>	<p><b>Definition:</b>  <b>Number of specific referrals/interventions offered to navigated patients per month</b>  <b>Intervention definition: The act of intervening, interfering, or interceding with the intent of modifying the outcome</b></p>
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- Social work
- Registered dietitian
- Support group
- Spiritual care
- Community program
- Palliative care
- Home care
- Hospice
- Symptom management
- Coordination of care\*
- Physician specialist
- Financial counselor
- Copay assistance
- Fertility specialist
- Other

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO**

**Other Domains with Same Metric:** Survivorship

**Rating of Metric 1-10 (1 = Low, 10 = High): 10**

\* Care coordination is any activity that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time.

US Department of Health & Human Services. Agency for Healthcare Research and Quality. Care Coordination Measures Atlas Update. [www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/chapter2.html](http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/chapter2.html). Accessed February 1, 2017.



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*Source documentation, including key points that support metric selection.*

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**Campbell C, Craig J, Eggert J, Bailey-Dorton C. Implementing and measuring the impact of patient navigation at a comprehensive community cancer center. *Oncol Nurs Forum*. 2010;37(1):61-68.**

- *Benchmark source: Patient/staff satisfaction hospital survey questionnaire*
- *Measured the variable of patient navigation on 5 areas/barriers significant to cancer care (access, resources, education, financial assistance, and satisfaction) using Likert scale surveys*
- *Conclusion that patient navigation is effective in improving patient satisfaction and decreasing barriers to care as reported by patient and staff surveys. Patient navigators can play a significant role in assisting patients with coordinating services across the continuum of care*

**Korber S, Padula C, Gray J, Powell M. A breast navigator program: barriers, enhancers, and nursing interventions. *Oncol Nurs Forum*. 2011;38(1):44-50.**

- *Benchmark source: Self-report focus group*
- *Study outcomes: Participants identified the nurse navigator's interventions with symptom management, access to financial and community resources, and collaborative teamwork were influential in the completion of their treatment and continuity of care*

**Pieters HC, Heilemann MV, Grant M, Maly RC. Older women's reflections on accessing care across their breast cancer trajectory: navigating beyond the triple barriers. *Oncol Nurs Forum*. 2011;38(2):175-184. doi:10.1188/11.ONF.175-184.**

- *Study outcome: All participants verbalized that they had one or more of the triple barriers of knowledge deficit, comorbidities, and multiple appointments. Women who had access to the services of an oncology nurse navigator benefited from the coordinated care, information/education, and emotional support*
- *Benchmark source: Interviews*

**Advisory Board Company, Oncology Roundtable, 2015. *Cancer Patient Navigation: Meeting the Value Mandate*.**

- *The Advisory Board provides a toolkit to design or redesign a navigation program utilizing the following steps: defining the program, clarifying the navigator role, securing support, integrating navigators with the care team, tracking performance, and optimizing the role*
- *The goal of the program was to transition from a reactive model in which the goal was to overcome logistical barriers (eg, transportation, lodging, and scheduling) to a proactive model in which the goal was to empower patients to take ownership of their health and engage in their care*

McDonald KM, Sundaram V, Bravata DM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 7: Care Coordination). Rockville (MD): Agency for Healthcare Research and Quality (US); 2007 Jun. (Technical Reviews, No. 9.7.) 3, Definitions of Care Coordination and Related Terms. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44012/>. Accessed February 1, 2017.

Clinical Intelligence. Cancer Care Coordination With Nurse Navigators. <https://www.sg2.com/wp-content/uploads/2014/05/Cancer-Care-Coordination-with-Nurse-Navigators.pdf>. Accessed February 1, 2017.

## Domain: Coordination of Care/Care Transitions

<b>Metric #4:</b>  Clinical Trial Education	<b>Definition:</b>  Number of patients educated on clinical trials by the navigator per month
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: Patient Empowerment

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**Source:**

**AONN+ and ONS Core Competencies**

**Commission on Cancer:** [www.facs.org/quality%20programs/cancer/coc](http://www.facs.org/quality%20programs/cancer/coc)

**St. Germain D, Dimond E, Olesen K, et al. The NCCCP Patient Navigation Project: using patient navigators to enhance clinical trial education and promote accrual. *Oncol Issues*. 2014;May-June:44-53.**

- *Benchmark source: Clinical trial accrual*
- *Educating patient navigators and engaging them with research staff result in navigators who are better prepared to discuss clinical trials with patients. In turn, this education led to increased navigator awareness of treatment options and helped navigators decrease patient anxiety during treatment discussions with their providers*

**Ghebre R, Jones L, Wenzel J, et al. State of science of patient navigation as a strategy for enhancing minority clinical trial accrual. *Cancer*. 2014;120(Suppl 7):1122-1130.**

- *Benchmark source: Accrual*
- *The project was a catalyst to developing a strong partnership between nurse navigators and the clinical research team. For the first time, all the nurse navigators became more informed about how research processes are carried out in the clinical setting and they became advocates for research. The 3 programs described in this article have demonstrated that—despite some challenges—educating patient navigators and engaging them with research staff result in navigators who are better prepared to discuss clinical trials with patients. In turn, this education*

*led to increased navigator awareness of treatment options and helped navigators decrease patient anxiety during treatment discussions with their providers, realizing one of the project's aims: to empower patients to discuss relevant clinical trials with their physicians. These metrics help measure the impact of the navigators' efforts, potentially justifying their use in this area and supporting the navigation program's return on investment*

**Domain: Coordination of Care/Care Transitions**

<b>Metric #5:</b>  Clinical Trial Referrals	<b>Definition:</b>  Number of navigated patients per month referred to clinical trial department
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: Coordination of Care

Rating of Metric 1-10 (1 = Low, 10 = High):

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*Source documentation, including key points that support metric selection.*

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**Holmes D, Majo J, Lyonga D, et al. Increasing minority patient participation in cancer clinical trials using oncology nurse navigation. Am J Surg. 2012;203(4):415-422. doi: 10.1016/j.amjsurg.2011.02.005.**

- *Oncology nurse navigation is an effective outreach strategy for increasing clinical trial participation among black patients with cancer encountered in a community setting. The oncology nurse navigator is able to inform patients about and enroll eligible patients in clinical trials. Oncology nurse navigation is able to provide personalized patient support and ensure that patients move efficiently through the complex healthcare system while ensuring that patient concerns are anticipated, addressed, and resolved. The oncology nurse navigates the minority patient through the entire clinical trial screening, treatment, and follow-up process, thereby increasing the odds that a patient will participate in cancer research*

**Paskett E, Harrop JP, Wells K. Patient navigation: update on the state of the science. CA Cancer J Clin. 2011;61:237-249.**

- *Comparable to the 2008 review by Wells et al, 9 recent studies in cancer patient navigation have focused on improving care across the breadth of the cancer care continuum. In the present review, articles were centered on cancer screening rates,59-61,73,77,81,82,85,9, 68,69,84,92,93 cancer treatment outcomes,58,65,66,74,86,94,98,99 and clinical trial enrollment*

## Domain: Coordination of Care/Care Transitions

<b>Metric #6:</b>  Patient Education	<b>Definition:</b>  Number of patient education encounters by navigator per month
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- Disease-site specific
- Treatment and side effects
- Clinical trials
- Symptoms management
- Survivorship
- Palliative care/end of life

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):** PE, CO, ROI

**Other Domains with Same Metric:** None

**Rating of Metric 1-10 (1 = Low, 10 = High):** 10

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*Source documentation, including key points that support metric selection.*

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**Campbell C, Craig J, Eggert J, Bailey-Dorton C. Implementing and measuring the impact of patient navigation at a comprehensive community cancer center. *Oncol Nurs Forum.* 2010;37(1):61-68.**

- Measured the variable of patient navigation on 5 areas/barriers significant to cancer care (access, resources, education, financial assistance, and satisfaction) using Likert scale surveys

**Wagner E, Ludman E, Aiello Bowles E, et al. Nurse navigators in early cancer care: a randomized controlled trial. *J Clin Oncol.* 2014;30(1):12-19. doi:10.1200/JCO.2013.51.7539.**

- Results of the Patient Assessment of Chronic Illness (PACIC): Patients with the nurse navigator intervention felt more informed, involved in their care, and better prepared for their cancer journey
- Benchmark source: Quality of life (Functional Assessment of Cancer Therapy-General and PACIC scores); patient satisfaction (Picker Institute patient experience survey)

**Korber S, Padula C, Gray J, Powell M. A breast navigator program: barriers, enhancers, and nursing interventions. *Oncol Nurs Forum.* 2011;38(1):44-50.**

- *Study outcomes: Participants identified the nurse navigator’s interventions with symptom management, access to financial and community resources, and collaborative teamwork were influential in the completion of their treatment and continuity of care*
- *Key roles of a nurse navigator in providing education and information to patients are valued by the participants of the study*

**Chelf JH, Deshler AM, Thiemann KM, et al. Learning and support preferences of adult patients with cancer at a comprehensive cancer center. *Oncol Nurs Forum.* 2002;29(5):863-867. doi:10.1188/02.ONF.863-867.**

- *Patients preferred interactive, interpersonal communication with physicians or nurses. In addition, the prevailing method of education delivery for patients with cancer was providing print materials that support and enhance knowledge shared in the patient–healthcare team communication*
- *This study confirms the importance of the learning and support preferences of patients with cancer. To implement a successful education program for their patients, nurses must be aware of patients’ preferences for learning new information. Time must be set aside for one-on-one communication with patients, and print materials must be easily accessible to healthcare providers to support the patient education process*

**Hook A, Ware L, Siler B, Packard A. Breast cancer navigation and patient satisfaction: exploring a community-based patient navigation model in a rural setting. *Oncol Nurs Forum.* 2012;39(4):379-385. doi:10.1188/12.ONF.379-385.**

- *The results of this study suggest that participants were highly satisfied with this nurse navigation model. Ongoing support and education offered through nurse navigation services improved patients’ perception of their cancer experience*

**Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.**

*Benefits to navigation:*

- *Improved adherence*
- *Increased psychosocial support*
- *Increased enrollment in clinical trials*
- *Increased patient-reported quality of life (QOL)*

**Domain: Coordination of Care/Care Transitions**

<p><b>Metric #7:</b></p> <p>Multidisciplinary Communication</p>	<p><b>Definition:</b></p> <p>Referrals to revenue-generating services/downstream revenue—number of patients who are referred to revenue-generating services (ie, radiology, rehabilitation, palliative care, tumor site-specific pre/rehab programs)</p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):

Other Domains with Same Metric: Patient Empowerment

Rating of Metric 1-10 (1 = Low, 10 = High):

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*Source documentation, including key points that support metric selection.*

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**Rahm A, Sukhanova A, Ellis J, Mouchawar J. Increasing utilization of cancer genetic counseling services using a patient navigator model. J Genet Couns. 2007;16(2):171-177.**

- Patient navigator assistance shortens time from referral to appointment for hereditary breast and ovarian cancer genetic counseling and may increase utilization of such services. Utilization of referrals for navigator-assisted members was 44%, compared with 31% in the usual care arm (P = .16). The patient navigator significantly decreased time to appointment, with more than 80% of navigator-assisted members seen for genetic counseling less than 3 months from referral date, compared with 32% in usual care (P = .002)

**Kedia SK, Ward KD, Digney SA, et al. 'One-stop shop': lung cancer patients' and caregivers' perceptions of multidisciplinary care in a community healthcare setting. Transl Lung Cancer Res. 2015;4(4):456-464.**

- Multidisciplinary care with nurse navigator coordination was perceived as more patient-centered, effective, safe, and efficient than standard serial care. It was also believed to improve the timeliness of care and equitable access to high-quality care. Physician-to-physician communication and patient education were suggested areas for improvement in the multidisciplinary model



- *Benchmark source: Institute of Medicine's 6 aims of healthcare quality improvement (patient-centeredness, safety, efficacy, efficiency, timeliness, equity). Clear, timely communication between physicians and patients/caregivers, consistency of physicians' messages, adequate consultation time, timely physician-to-physician communication, timely care, and ease of access to care*

**Source: Institute of Medicine; Core Competency; Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Cancer Care survey; measure by patient satisfaction survey**

**Hess LM, Pohl G. Perspectives of quality care in cancer treatment: a review of literature. Am Health Drug Benefits. 2013;6(6):321-329.**

- *Provider-identified barriers to providing quality care:*  
*Lack of clarity for who is accountable for care*  
*Lack of coordination of care*  
*Provider workload*  
*Timeliness of care*  
*Patient education/informational needs*  
*Patient access to care*  
*Reimbursement policies*  
*Lack of psychosocial support for patients*
- *Providers' recommendations for improvement in quality:*  
*Accountability for metrics*  
*Multidisciplinary approach*  
*Collegial relationships*  
*Equitable access to rural/low-income populations*  
*Patient psychosocial support programs*
- *Review suggested initiatives to improve patient-provider communication and information-sharing and provide multidisciplinary care at time of diagnosis*
- *Patient perspective of quality cancer care (see model Figure 2 in article)*  
*Information*  
*Communication*  
*Coordination of care*  
*Timeliness of care*  
*Clarity in who has responsibility for care*  
*Personalized care*  
*Psychosocial support system*

**Hall LW, Moore SM, Barnsteiner JH. Quality and nursing: moving from a concept to a core competency. Urol Nurs. 2008;28(6):417-425.**

- *Healthcare system extremely complex*  
*2001 Institute of Medicine defined aims to improve functions of the healthcare system with the following outcomes: safe, effective, patient-centered, timely, efficient, and equitable*
- *See Figure 1 on time line of quality focus areas within healthcare (p. 418)*
- *Quality defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (Institute of Medicine, 2001, p. 44)*
- *Table 1 models used to improve quality of care (p. 422)*

- *Six competencies that guide professional development (Institute of Medicine and Quality and Safety Education for Nurses)*
  - Patient-centered care*
  - Teamwork and collaboration*
  - Evidence-based practice*
  - Quality improvement*
  - Safety*
  - Informatics*
- *Each has requisites of knowledge, skills, and attitudes*

***Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.***

- *Oncology nurse: Underutilized to bridge communication*
- *Oncology certified nurses have more contact with patient/families than other disciplines*  
*Effective in providing information, decreasing caregiver burden, and increasing coping*

## Domain: Coordination of Care/Care Transitions

<p><b>Metric #8:</b></p> <p>Diagnosis to Initial Treatment</p>	<p><b>Definition:</b></p> <p><b>Number of business days from diagnosis (date pathology resulted) to initial treatment modality (date of first treatment)</b></p> <p><b>Treatment modalities include chemotherapy, surgery, radiation therapy, endocrine therapy, and biotherapy</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): 10

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### *Source documentation, including key points that support metric selection.*

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- Diagnosis date will be documented in cancer registry, electronic medical record or hard-copy chart, as well as first course of treatment date

**May M, Woldhuis C, Taylor WA, McCahill LE. Gastrointestinal nurse navigation: implementation of a novel role. Clin J Oncol Nurs. 2014;18(2):193-199.**

- Outcomes consistent with reported time to treatment for gastrointestinal cancer, which demonstrates expeditious care
- Study outcomes: Metric 1: 89% of patients contacted within 2 days by nurse navigator; Metric 2: 57% of patients staging completed in 5 days and 94% compliant with National Comprehensive Cancer Network guidelines; Metric 3: 91% of patients seen in multidisciplinary care clinic within 10 days; Metric 4: 75% of patients began cancer therapy within 22 days of referral
- Benchmark source: Institute of Medicine 2002 report focusing on metrics assessing the timeliness, patient-centeredness, and effectiveness of initial cancer care. National Comprehensive Cancer Network guidelines for pretreatment staging studies

**Koh C, Nelson J, Cook PF. Evaluation of a patient navigation program. Clin J Oncol Nurs. 2011;15(1):41-48.**

- *Study outcomes: Noted reduction in the time interval from biopsy to initiation of treatment, resolution of barriers prior to treatment, and high patient satisfaction results with nurse navigation services*
- *Benchmark source: Timeliness - data compared with historic controls; barriers - patient navigation log National Cancer Institute Patient Navigation Research Program; patient satisfaction - hospital care questionnaire*
- *This study showed that navigation can improve timeliness to access cancer care, resolution to barriers, and positive impact patient satisfaction*

**Hunnibell LS, Rose MG, Connery DM, et al. Using nurse navigation to improve the timeliness of lung cancer care at a veterans hospital. *Clin J Oncol Nurs.* 2012;16(1):29-36.**

- *The current study supports the existing literature by demonstrating that the implementation of a cancer care coordinator or navigator program can improve the overall timeliness of lung cancer care*
- *Benchmark source: Timeliness, survey for feedback*
- *Where to find the metric: Using electronic records for case identification, tracking, and abstracting data*

**Seek A, Hogle W. Modeling a better way: navigating the healthcare system for patients with lung cancer. *Clin J Oncol Nurs.* 2007;11(1):81-85. doi:org/10.1188/07.CJON. 81-85.**

- *By decreasing time from diagnosis to initiation of treatment, patient satisfaction will continue to be high, survival time increased, and cure rates improved. A multidisciplinary lung cancer clinic with an identified nurse navigator who coordinates and delivers patient care can tremendously improve any thoracic oncology program*

**Basu M, Linebarger J, Gabram SG, et al. The effect of nurse navigation on timeliness of breast cancer care at an academic comprehensive cancer center. *Cancer.* 2013;119(14):2524-2531.**

- *Multiple time intervals have been identified from cancer diagnosis to treatment, and measurement of these time intervals are included as 7 of the 32 quality indicators that the National Consortium of Breast Centers created in its National Quality Measures for Breast Centers program. The National Initiative on Cancer Care Quality set a clinical target of less than 5 days for this specific interval*

**McAllister KA, Schmitt, ML. Impact of a nurse navigator on genomic testing and timely treatment decision making in patients with breast cancer. *Clin J Oncol Nurs.* 2015;19(5):510-512.**

- *Ordering turnaround time was defined as the average number of days from surgery to the date the test is ordered*
- *Reporting turnaround time was defined as the average number of days from surgery to the date the test result was reported*
- *These outcomes show the impact a registered nurse navigator can have in expediting testing to ensure timely initiation of treatment and demonstrate the importance of this role within the team*

**Desimini EM, Kennedy JA, Helsley MF, et al. Making the case for nurse navigators: benefits, outcomes and return on investment. *Oncol Issues.* 2011;26(5):26-33.**

- *Research identified many positive outcomes to nurse navigation. After implementing entire continuum navigation, the article provided the following:*

- “Timely” access to healthcare and resources
- Empowered shared decision-making education, impacting patient choices and decisions
- Improved patient and provider satisfaction
- Decreased patient anxiety
- Reduced treatment delays

**Crane-Okada R. Evaluation and outcome measures in patient navigation. *Semin Oncol Nurs.* 2013;29(2):128-140.**

- Identify measures that are sensitive, reliable, and valid to measure desired outcome
- Much evaluation has been around barriers to care, timeliness of diagnosis and treatment initiation, stage at diagnosis, and patient satisfaction

**Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.**

- Navigators improve productivity, timeliness in care, and effectiveness in medical services

**Wilcox B, Bruce SD. Patient navigation: a “win-win” for all involved. *Oncol Nurs Forum.* 2010;37(1): 21-25.**

- “Patient navigation has become an important component of cancer care. Patient navigator programs are improving timely access to care, access to diagnosis and treatment, assisting patients and families in managing and coordinating cancer care, decreasing complications from treatment by managing symptoms promptly, and increasing patient quality of life.” (p. 24)

**Freund KM, Battaglia TA, Calhoun E, et al. National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. *Cancer.* 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- Patient navigation represents a novel approach to addressing the barriers to completion of cancer care in groups of patients vulnerable to inadequate care by virtue of their economic, cultural, educational, racial, and/or ethnic status
- The Patient Navigation Research Program defines patient navigation as support and guidance offered to vulnerable persons with abnormal cancer screening or a cancer diagnosis, with the goal of overcoming barriers to timely, quality care. Primary outcomes of the Patient Navigation Research Program are (1) time to diagnostic resolution, (2) time to initiation of cancer treatment, (3) patient satisfaction with care, and (4) cost-effectiveness, for breast, cervical, colon/rectum, and/or prostate cancer

**Domain: Coordination of Care/Care Transitions**

<p><b>Metric #9:</b></p> <p>Diagnosis to First Oncology Consult</p>	<p><b>Definition:</b></p> <p><b>Number of business days from diagnosis (date pathology received) to initial oncology consult (date of first appointment)</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High):

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*Source documentation, including key points that support metric selection.*

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**Christensen D, Bellomo C. Using a nurse navigation pathway in the timely care of oncology patients. *Journal of Oncology Navigation & Survivorship*. 2014;5(3):13-18.**

- *The interventions of an oncology nurse navigator in identifying and addressing barriers, providing education and resources, and giving emotional support can assist in alleviating patients' fear and anxiety, as well as helping to empower them to make informed decisions regarding their care. Statistical outcomes have demonstrated that at Intermountain Cancer Center, early oncology nurse navigator interventions led to reductions in time from referral to medical oncology and the initiation of treatment. In addition, patients who were educated on the basics of oncology treatments, staging studies, molecular profiling, and patient-specific resources were better prepared for their initial medical oncology consult and were able to focus on treatment plans, resulting in less time needed to thoroughly complete the initial consult*
- *Benchmark source: Pre- and postprogram change*

**Basu M, Linebarger J, Gabram SG, et al. The effect of nurse navigation on timeliness of breast cancer care at an academic comprehensive cancer center. *Cancer*. 2013;119(14):2524-2531.**

- *Multiple time intervals have been identified from cancer diagnosis to treatment, and measurement of these time intervals are included as 7 of the 32 quality indicators that the National Consortium of Breast Centers created in its National Quality Measures for Breast Centers program. The National Initiative on Cancer Care Quality set a clinical target of less than 5 days for this specific interval*

**Desimini EM, Kennedy JA, Helsley MF, et al. Making the case for nurse navigators: benefits, outcomes and return on investment. *Oncol Issues*. 2011;26(5):26-33.**

- Research identified many positive outcomes to nurse navigation. After implementing entire continuum navigation, the program noted the following positive outcomes:
  - “Timely” access to healthcare and resources
  - Empowered, shared decision-making education, impacting patient choices and decisions
  - Improved patient and provider satisfaction
  - Decreased patient anxiety
  - Reduced treatment delays

**National Cancer Institute Patient Navigation Research Program Methods, Protocol and Measures; American Cancer Society 2008**

- Studies suggest patient navigation may improve cancer outcomes
- Defined as “support and guidance offered to persons with abnormal cancer screening or new cancer diagnosis in accessing the cancer care system; overcoming barriers, and facilitating timely, quality care provided in a culturally sensitive manner”
- Four primary outcomes:
  - Time to completion of diagnosis
  - Time to initiation of primary therapy
  - Patient satisfaction and quality of life (Impact of Events Scale and Attitudinal Self-Efficacy Scale)
  - Cost-effectiveness
- Benefits measured by improvements in timeliness of care and completion of treatment

**Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.**

- Navigators improve productivity, timeliness in care, effectiveness in medical services

**Wilcox B, Bruce SD. Patient navigation: a “win-win” for all involved. *Oncol Nurs Forum*. 2010;37(1): 21-25.**

- “Patient navigation has become an important component of cancer care. Patient navigator programs are improving timely access to care, access to diagnosis and treatment, assisting patients and families in managing and coordinating cancer care, decreasing complications from treatment by managing symptoms promptly, and increasing patient quality of life.” (p. 24)

**Freund KM, Battaglia TA, Calhoun E, et al. National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. *Cancer*. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- Patient navigation represents a novel approach to addressing the barriers to completion of cancer care in groups of patients vulnerable to inadequate care by virtue of their economic, cultural, educational, racial, and/or ethnic status
- The Patient Navigation Research Program defines patient navigation as support and guidance offered to vulnerable persons with abnormal cancer screening or a cancer diagnosis, with the goal of overcoming barriers to timely, quality care. Primary outcomes of the Patient Navigation Research Program are (1) time to diagnostic resolution, (2) time to initiation of cancer treatment, (3) patient satisfaction with care, and (4) cost-effectiveness, for breast, cervical, colon/rectum, and/or prostate cancer

***Domain: Research, Quality,  
Performance Improvement***



**Domain: Research, Quality, Performance Improvement**

<b>Metric #10:</b>  Patient Experience/Patient Satisfaction with Care	<b>Definition:</b>  Patient experience or patient satisfaction survey results per month (utilize institutional specific navigation tool with internal benchmark)
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE

Other Domains with Same Metric: All domains

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation including key points that support metric selection.*

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**Source: Institute of Medicine; Consumer Assessment of Health Plans Study Cancer Survey**

**Freund KM, Battaglia TA, Calhoun E, et al. National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. Cancer. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- Patient navigation represents a novel approach to addressing the barriers to completion of cancer care in groups of patients vulnerable to inadequate care by virtue of their economic, cultural, educational, racial, and/or ethnic status
- The Patient Navigation Research Program defines patient navigation as support and guidance offered to vulnerable persons with abnormal cancer screening or a cancer diagnosis, with the goal of overcoming barriers to timely, quality care. Primary outcomes of the Patient Navigation Research Program are (1) time to diagnostic resolution, (2) time to initiation of cancer treatment, (3) patient satisfaction with care, and (4) cost-effectiveness, for breast, cervical, colon/rectum, and/or prostate cancer
- Four primary objectives: time to completion of diagnosis; time to initiation of primary therapy; patient satisfaction; QOL (Impact of Events Scale and Attitudinal Self-Efficacy scale); and cost-effectiveness

**Crane-Okada R. Evaluation and outcome measure in patient navigation. Semin Oncol Nurs. 2013;29(2):128-140.**

- Much of the outcomes and evaluation of navigation has focused on barriers to care (transportation, financial, and information), timeliness of diagnosis and treatment initiation, and

stage of diagnosis and patient satisfaction. These may not capture the breadth and depth of outcome potential with oncology nurses as navigators

- Community needs assessment: understanding the population and community a navigator is serving is critical to help establish selection of evaluation and outcome measures
- Recommendations and nursing implications: Multiple patient navigation metrics identified through various studies that were based on research theory and quantitative studies, but additional research is needed to replicate current findings of improved outcomes in time to diagnosis and care, adherence and satisfaction, and to add value by oncology nurses

**Campbell C, Craig J, Eggert J, Bailey-Dorton C. Implementing and measuring the impact of patient navigation at a comprehensive community cancer center. *Oncol Nurs Forum*. 2010;37(1):60-68.**

- Qualitative surveys
- Program evaluation with patient and staff surveys, 10-item survey on a Likert scale
- Literature review and 11 research studies reviewed looking at clinical efficacy and cost
- Patient navigation is effective in increasing patient satisfaction and decreasing barriers to care
- Patient navigators facilitate coordination of care across the care continuum

**Source:** Consumer Assessment of Healthcare Providers and Systems for Cancer Care 2012.

**Koh C, Nelson J, Cook PF. Evaluation of a patient navigation program. *Clin J Oncol Nurs*. 2011;15(1):41-48.**

- Evaluate oncology patient navigation program timeliness in care, reduction of patient barriers, and patient satisfaction over a 6-month period
- Patient satisfaction mean score: 4.52 on a 0-5 Likert scale. Measuring overall satisfaction with breast services
- 71% of patient barriers resolved compared with study done by Ferrante et al. 2008
- This study showed that navigation can improve timeliness to access cancer care, resolve barriers, and make positive impact on patient satisfaction

**Wagner EH, Ludman EJ, Aiello Bowles EJ, et al. Nurse navigators in early cancer care: a randomized, controlled trial. *J Clin Oncol*. 2014;32(1):12-18.**

- We found that nurse navigator support of patients with recently diagnosed breast, lung, or colorectal cancer improved patient experience and reduced problems related to psychosocial support, care coordination, and obtaining information. In comparison with control patients, nurse navigator patients reported feeling better supported emotionally, more involved in their care, better able to plan ahead, and better informed. These differences in patient experience were evident at 4 months, the end of the intervention period for nurse navigator patients, and again at 12 months. The persistence of the positive effects for 8 months after the last nurse navigator contact suggests that nurse navigator involvement did more than just buttress patients at a stressful time. It appeared to help patients develop the confidence and skills to more effectively manage their illness and its treatment

**Domain: Research, Quality, Performance Improvement**

<b>Metric #11:</b>  Patient Experience/Patient Satisfaction with Care	<b>Definition:</b>  <b>Monitor one major goal of current navigation program annually as defined by cancer committee</b>  <b>Example: Population served</b>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO, ROI

Other Domains with Same Metric: All domains

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**Source: Commission on Cancer**

**Standard 3.1 Patient Navigation Process**

- Guided by a community needs assessment completed every 3 years, "...established to address health care disparities and barriers to cancer care. Resources to address identified barriers may be provided either on-site or by referral"

**Standard 4.7 Studies of Quality – develop studies that measure the quality of care and outcomes for cancer patients**

**Resources for Studies of Quality: ~~source:~~ Commission on Cancer Community Needs Assessment; US Census Bureau; Cancer Registry Data; Cancer Committee minutes; Centers for Disease Control and Prevention; Cancer Control P.L.A.N.E.T.; and navigation report card**

**Paskett ED, Harrop JP, Wells JK. Patient navigation: an update on the state of the science. CA Cancer J Clin. 2011;61:237-249.**

- Given the great heterogeneity in patient navigation programs, the applicability of process-oriented research may not be universal
- However, in addition to the voice of the patient, future research should seek to incorporate the perspective of cancer care providers so as to increase the likelihood that patient navigation programs are designed and implemented in a sustainable manner

**Shockney L, Haylock P, Cantril C. Development of a breast navigation program. *Semin Oncol Nurs.* 2013;29(2):97-104.**

- *The navigation process and its evolution is an example of building a successful, exemplary program. Analysis of patient flow can improve care efficiency and reduce delays in care. Specific interdisciplinary roles can be better defined. Reports of objective data of navigation economics demonstrate institutional and system value*
- *Navigated women, especially those requiring biopsy, reached their diagnostic resolution significantly faster than nonnavigated women. Results support previous findings of patient navigators' positive influence on healthcare*

**Gotlib Conn L, Hammond Mobilio M, Rotstein OD, Blacker S. Cancer patient experience with navigation service in an urban hospital setting: a qualitative study. *Eur J Cancer Care.* 2016;25:132-140.**

- *To understand cancer patients' perception of and experiences with patient navigation*
- *To explore how navigation may enhance the patient experience*
- *Two major thematic categories emerged from the data, each with a number of subthemes linking specific navigation techniques to positive patient experiences*

**Domain: Research, Quality, Performance Improvement**

<p><b>Metric #12:</b></p> <p>Patient Transitions from Point of Entry</p>	<p><b>Definition:</b></p> <p>Percentage of navigated analytic cases per month transitioned from institutional point of entry to initial treatment modality</p> <p><b>Care Transitions Definition: The movement patients make between healthcare practitioners and settings as their condition and care needs change during the course of chronic or acute illness (Coleman, n.d., para. 1)</b></p> <p><b>Define modality: chemotherapy, surgery, radiation therapy, endocrine therapy, and biotherapy</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: Care Coordination

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation, including key points that support metric selection.*

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*Sources: Institute of Medicine; Core Competencies; Data from Tumor Registry; Billing; Navigator electronic medical record.*

*Health Research and Educational Trust in partnership with American Hospital Association, 2013. National Transitions of Care Coalition, 2010.*

*Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.*

- *Several strategies dovetail with the navigation process and could be considered metrics for quality or performance improvement*

- Utilizing evidence-based practices to improve quality and patient safety
- Effective measurement and management of care transition
- Fully implemented clinical integration strategy across the entire continuum of care to ensure seamless transitions and clear handoff
- Fully implemented use of multidisciplinary teams, case managers, health coaches, and nurse care coordinators for chronic disease cases and follow-up care after transitions
- Measurement of all care transition data elements. Data are used to implement and evaluate interventions that improve transitions in care

**Wilcox B, Bruce SD. Patient navigation: a “win-win” for all involved. *Oncol Nurs Forum.* 2010;37(1): 21-25.**

- “Patient navigation has become an important component of cancer care. Patient navigator programs are improving timely access to care, access to diagnosis and treatment, assisting patients and families in managing and coordinating cancer care, decreasing complications from treatment by managing symptoms promptly, and increasing patient quality of life.” (p. 24)
- Supports transitions in care

**Kantsiper M, McDonald EL, Geller G, et al. Transitioning to breast cancer survivorship: perspectives of patients, cancer specialists, and primary care providers. *J Gen Intern Med.* 2009;24(Suppl 2):S459-S466.**

- Explore needs and priorities of breast cancer survivors
- Issues with fragmented and uncoordinated care and at times absent
- “A well-executed hand off with information sharing and guidance from oncology specialist to [primary care physicians] PCPs would facilitate a smooth transition”
- Primary care physicians expressed concern over responsibility of cancer surveillance and follow-up due to lack of experience and knowledge with cancer care
- Further clinical research studies are needed to look at roles of providers in providing cancer care

**Coleman EA, Smith JD, Frank JC, et al. Preparing patients and caregivers to participate in care delivered across settings: the Care Transitions Intervention. *J Am Geriatr Soc.* 2004;52(11):1817-1825.**

- Interventions to encourage caregivers and patients to take an active role in care

Interventions:

- Promote cross-site communication, take active role in care, and verbalize preferences and continuity of care with transitions coach
- Four pillars to care transitions
  - Self-management of medication
  - Patient-centered record
  - Primary care physician and specialist follow-up
  - Understanding of when to report signs and symptoms of conditions, “red flags”
  - Facilitate transition care to implement quality healthcare

**Ventura T, Brown D, Archibald T, et al. Improving care transitions and reducing hospital readmissions: establishing the evidence for community-based implementation strategies through the care transitions theme. *The Remington Report.* 24-30.**

- Centers for Medicare & Medicaid Services has an initiative to improve quality care across care settings by improving transitions between settings

- *One of the interventions is designed to improve communication between care settings, which facilitates timely transfer of medical information from acute care setting to outpatient healthcare providers. Also, ensuring the patient has outpatient follow-up appointments arranged and coordinated*
- *Another intervention is utilizing the multidisciplinary team to ensure patient is receiving multifaceted interventions addressing all domains of care (physical, spiritual, psychosocial)*

**Freeman HP, Rodriguez RL. History and principles of patient navigation. Cancer. 2011;117(15 Suppl):3539-3542. doi:10.1002/cncr.26262.**

- *Emergent design from 1 community-based program to a national model population-based community assessment*
- *Developed and vetted over 20 years. Been widely adopted and applied to hundreds of different healthcare settings*

**Shockney LD. Evolution of patient navigation. Clin J Oncol Nurs. 2010;14(4):405-407.**

- *Before implementation, cancer centers should perform analyses of the care delivery process as seen through the eyes of their patients. In addition, critical appraisal of the system will provide a wealth of information regarding the true barriers to the delivery of cost-effective and high-quality care*
- *Using a system analysis, the institution found that it could adjust how medical oncology consultation appointments were made, enabling the practice to reduce the amount of time before the start of chemotherapy by 2 weeks*

**Domain: Research, Quality, Performance Improvement**

<p><b>Metric #13:</b> Diagnostic Workup to Diagnosis</p>	<p><b>Definition:</b></p> <p><b>Number of business days from date of abnormal finding to pathology report for navigated patients</b></p> <p><b>Abnormal Finding Definition: Number of business days from abnormal finding diagnostic workup (date of workup) to diagnosis (date pathology resulted)</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): CO

Other Domains with Same Metric: Care Coordination

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**Data from Navigator electronic medical record; Tumor registry**

**Basu M, Linebarger J, Gabram SG, et al. The effect of nurse navigation on timeliness of breast cancer care at an academic comprehensive cancer center. *Cancer*. 2013;119(14):2524-2531.**

- Multiple time intervals have been identified from cancer diagnosis to treatment, and measurement of these time intervals are included as 7 of the 32 quality indicators that the National Consortium of Breast Centers created in its National Quality Measures for Breast Centers program

**Health Research and Educational Trust in partnership with American Hospital Association. 2013.**

**National Transitions of Care Coalition. 2010.**

**Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.**



- Several strategies dovetail with the navigation process and could be considered metrics for quality or performance improvement
- Utilizing evidence-based practices to improve quality and patient safety
- Effective measurement and management of care transitions
- Fully implemented clinical integration strategy across the entire continuum of care to ensure seamless transitions and clear handoffs
- Fully implemented use of multidisciplinary teams, case managers, health coaches, and nurse care coordinators for chronic disease cases and follow-up care after transitions
- Measurement of all care transition data elements. Data are used to implement and evaluate interventions that improve transitions

**Wilcox B, Bruce SD. Patient navigation: a “win-win” for all involved. *Oncol Nurs Forum*. 2010;37(1):21-25.**

- “Patient navigation has become an important component of cancer care. Patient navigator programs are improving timely access to care, access to diagnosis and treatment, assisting patients and families in managing and coordinating cancer care, decreasing complications from treatment by managing symptoms promptly, and increasing patient quality of life.” (p. 24)
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- Explore needs and priorities of breast cancer survivors
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**Ventura T, Brown D, Archibald T, et al. Improving care transitions and reducing hospital readmissions: establishing the evidence for community-based implementation strategies through the care transitions theme. *The Remington Report*. 2010;24-30.**

- *The Centers for Medicare & Medicaid Services has an initiative to improve quality care across care settings by improving transitions between settings*
- *One of the interventions is designed to improve communication between care settings, which facilitates timely transfer of medical information from acute care setting to outpatient healthcare providers. Also, ensuring the patient has outpatient follow-up appointments arranged and coordinated*
- *Another intervention is utilizing the multidisciplinary team to ensure patient is receiving multifaceted interventions addressing all domains of care (physical, spiritual, psychosocial)*

**Freeman HP, Rodriguez RL. History and principles of patient navigation. *Cancer*. 2011;117(15 Suppl):3539-3542. doi:10.1002/cncr.26262.**

- *Emergent design from one community-based program to a national model population-based community assessment*
- *Developed and vetted over 20 years. Been widely adopted and applied to hundreds of different healthcare settings*

**Shockney LD. Evolution of patient navigation. *Clin J Oncol Nurs*. 2010;14(4):405-407.**

- *Before implementation, cancer centers should perform analyses of the care delivery process as seen through the eyes of their patients. In addition, critical appraisal of the system will provide a wealth of information regarding the true barriers to the delivery of cost-effective and high-quality care*
- *Using a system analysis, the institution found that it could adjust how medical oncology consultation appointments were made, enabling the practice to reduce the amount of time before the start of chemotherapy by 2 weeks*

***Domain: Operations  
Management, Organizational  
Development, Health  
Economics***

**Domain: Operations Management, Organizational Development,  
Health Economics**

<b>Metric #14:</b>  30-, 60-, 90-Day Readmission Rate	<b>Definition:</b>  Number of navigated patients readmitted to the hospital at 30, 60, 90 days. Report quarterly
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **8**

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*Source documentation, including key points that support metric selection.*

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*Balaban RB, Galbraith AA, Burns ME, et al. A patient navigator intervention to reduce hospital readmissions among high-risk safety-net patients: a randomized controlled trial. J Gen Intern Med. 2015;30(7):907-915.*

*Elkin EB, Shapiro E, Snow JG, et al. The economic impact of a patient navigator program to increase screening colonoscopy. Cancer. 2012;118(23):5982-5988.*

*Data from hospital electronic medical record*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<p><b>Metric #15:</b></p> <p>Navigation Operational Budget</p>	<p><b>Definition:</b></p> <p><b>Monthly operating expenses by line item</b></p> <p><b>Definition: Operational budget is a combination of known expenses, expected future costs, and forecasted income over the course of a year</b></p> <p><a href="http://smallbusiness.chron.com/operating-budget-61475.html">http://smallbusiness.chron.com/operating-budget-61475.html</a></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

Source and Bullet Points to Support the Source for the Metric:

**Riley S, Riley C. The role of patient navigation in improving the value of oncology care. J Clin Pathways. 2016;2(1):41-47.**

- The author states that there are 5 categories of core and optional cost measures: program costs, human capital costs, direct medical costs, direct nonmedical costs, and indirect costs. The researchers recommended adoption of these metrics to promote understanding of the economic impact of patient navigation and comparability across diverse patient navigation programs

**Advisory Board Company. Maximizing the value of patient navigation: lessons for optimizing program performance. (Publication No. 1759). 2011; [www.advisory.com/Research/Oncology-Roundtable/Studies/2011/Maximizing-the-Value-of-Patient-Navigation](http://www.advisory.com/Research/Oncology-Roundtable/Studies/2011/Maximizing-the-Value-of-Patient-Navigation)**

- The return of 1 year's revenue more than justifies the navigator program, especially when coupled with the impact on physician and patient satisfaction
- These dollars are credited to the navigator program that would have otherwise been lost

**Markossian TW, Calhoun EA. Are breast cancer navigation programs cost-effective? Evidence from the Chicago Cancer Navigation Project. Health Policy. 2011;99(1):52-29. doi: 10.1016/j.healthpol.2010.07.08.**

- Suggest that the Chicago Cancer Navigation Project model for breast cancer patient navigation is within the boundaries of cost-effectiveness

- *Results from the sensitivity analyses suggest that patient navigation for breast cancer has potential for being more cost-effective*

**Whitley E, Valverde P, Wells K, et al. Establishing common cost measures to evaluate the economic value of patient navigation programs. *Cancer*. 2011;117(15 Suppl):3618-3625. doi:10.1002/cncr.26268.**

- *Adoption of these common cost metrics is recommended to promote understanding of the economic impact of patient navigation and comparability across diverse patient navigation programs*

**Riley S, Riley C. The role of patient navigation in improving the value of oncology care. *J Clin Pathways*. 2016;2(1):41-47.**

- *The author states that there are 5 categories of core and optional cost measures: program costs, human capital costs, direct medical costs, direct nonmedical costs, and indirect costs. The researchers recommended adoption of these metrics to promote understanding of the economic impact of patient navigation and comparability across diverse patient navigation programs*

**Whitley E, Valverde P, Wells K, et al. Establishing common cost measures to evaluate the economic value of patient navigation programs. *Cancer*. 2011;117(15 Suppl):3618-3625. doi:10.1002/cncr.26268.**

- *To facilitate economic evaluation of PN programs, the collection of cost data should be discussed at the program planning stage so that data-collection tools can be identified or developed and the core cost items standardized across sites. In our experience, collection of cost data retrospectively is difficult, at best. Moreover, the accuracy and reliability of such data might be questionable*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<p align="center"><b>Metric #16:</b></p> <p align="center">Navigation Caseload</p>	<p align="center"><b>Definition:</b></p> <p align="center"><b>Number of new cases, open cases, and closed cases navigated per month</b></p> <p align="center"><b>Definitions:</b></p> <p align="center"><b><i>New cases:</i> New patient case referred to the navigation program per month</b></p> <p align="center"><b><i>Open cases:</i> Patient case that remains open/month</b></p> <p align="center"><b><i>Closed cases:</i> Number of patient cases closed per month. Formal closing of a patient case from the navigation program</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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*Acuity is not well-defined at this time; no evidence-based tools available for navigation acuity.*

*Willis A, Pratt-Chapman M, Reed E, Hatcher E. Best practices in patient navigation and cancer survivorship: moving toward quality patient-centered care. Journal of Oncology Navigation & Survivorship. 2014;5(2):8-14.*

- *Program leaders and administrators need to understand caseload per full-time equivalent, as well as potential ways to measure success to plan and implement these programs*
- *The findings can assist healthcare professionals who are creating or improving programs for which little guidance is available*

**Carroll J, Winters P, Purnell J, et al. Do navigators' estimates of navigation intensity predict navigation time for cancer care? J Cancer Educ. 2011;26(4):761-766.**

- *Navigators' estimate of intensity independently predicts navigation time for cancer patients. Findings have implications for assigning navigator caseloads*
- *At an individual (patient) level, it is important for navigators and navigator programs to be able to estimate intensity to adjust case mix to best identify patients with the most challenging, time-consuming psychosocial barriers*



**Domain: Operations Management, Organizational Development,  
Health Economics**

<b>Metric #17:</b>  Referrals to Revenue-Generating Services	<b>Definition:</b>  Number of referrals to revenue-generating services per month by navigator
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- Imaging
- Physical therapist, occupational therapist, speech therapist
- Genetics
- Registered dietitian

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI**

**Other Domains with Same Metric:** Survivorship/End of Life

**Rating of Metric 1-10 (1 = Low, 10 = High): 10**

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*Source documentation, including key points that support metric selection.*

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**Data from electronic medical record, billing department**

**Christensen D, Wahler K. Utilizing metrics to advance navigation services. *Journal of Oncology Navigation & Survivorship*. 2014;5(4).**

- *Metrics, aligned with the following objectives:*
  - 1) *Identify current services being provided by 1 nurse navigator*
  - 2) *Identify additional services that could be provided with additional personnel*
  - 3) *Define current usage and additional hours needed to offer essential navigation services*
  - 4) *Demonstrate revenue-generating potential and cost-reduction strategies through the expansion of navigation services. A navigation flow chart, defining how navigation would be carried out utilizing additional personnel, was also developed and presented with the data to the director of the oncology program. The presentation was refined, and the nurse navigator and medical oncologist presented the data to the hospital administrator*

**Balderson D, Safavi K. How patient navigation can cut costs and save lives. *Harvard Business Review*. 2013. Retrieved at <https://hbr.org/2013/03/how-patient-navigation-brings>**

- *Patient navigators generally can assist patients with the logistics of their care, from managing appointments, completing medical forms, and exploring funding options to making arrangements for transportation to appointments and securing childcare services during times of treatment*

**Willis A, Pratt-Chapman M, Reed E, Hatcher E. Best practices in patient navigation and cancer survivorship: moving toward quality patient-centered care. *Journal of Oncology Navigation & Survivorship*. 2014;5(2):8-14.**

- *Care coordination*
- *Communication between patient and providers*

**McAllister KA, Schmitt ML. Impact of a nurse navigator on genomic testing and timely treatment decision making in patients with breast cancer. *Clin J Oncol Nurs*. 2015;19(5):510-512.**

- *These outcomes show the impact a registered nurse navigator can have in expediting genetic testing to ensure timely initiation of treatment and demonstrate the importance of this role within the team*

**Rahm A, Sukhanova A, Ellis J, Mouchawar J. Increasing utilization of cancer genetic counseling services using a patient navigator model. *J Genetic Counsel*. 2007;16(2):171-177.**

- *Patient navigator assistance shortens time from referral to appointment for hereditary breast and ovarian cancer genetic counseling and may increase utilization of such services*
- *This patient navigator model also shows promise for a larger study to determine if this model of care provision can produce a statistically significant increase in utilization of genetic counseling services*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<b>Metric #19:</b>  No-Show Rate	<b>Definition:</b>  Number of navigated patients who do not complete a scheduled appointment per month
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **6**

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*Source documentation, including key points that support metric selection.*

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**Data from Navigation electronic medical record/database**

***The Center for Health Affairs Leading Advocate for Northeast Ohio Hospitals. December 2012. Issue Brief, The Emerging Field of Patient Navigation: A Golden Opportunity to Improve Healthcare***

*The author cited a study in Northeast Ohio in which the implementation of a navigation program reduced the number of no-shows, cancellations, and patients who left without being seen. The reduction was 20%*

***Luckett R, Pena N, Vitonis A, et al. Effect of a patient navigator program on no-show rates at an academic referral colposcopy clinic. J Women's Health. 2015;24(7):608-615.***

- *Patient navigation programs at referral centers reduce no-show rates, thus improving patient follow-up, which may reduce disparities in cervical cancer screening and treatment*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<p align="center"><b>Metric #20:</b></p> <p align="center">Patient Retention Through Navigation</p>	<p align="center"><b>Definition:</b></p> <p align="center"><b>Number of analytic cases per month or quarter that remained in your institution due to navigation Part 1 of metric Reason for outmigration (ie, insurance, logistics, etc) Part 2 of metric</b></p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation, including key points that support metric selection.*

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**Data from Tumor Registry (class of case), Navigator database**

**Source: Advisory Board**

**Kemeny H. Navigating the way to a better patient experience. Advisory Board: Oncology Rounds. 2014. [www.advisory.com/research/oncology-roundtable/oncology-rounds/2014/01/navigating-the-way-to-better-patient-experience](http://www.advisory.com/research/oncology-roundtable/oncology-rounds/2014/01/navigating-the-way-to-better-patient-experience)**

- *Group health developed a pilot program, which was a joint effort between their primary care physicians and the oncology service line. They first identified challenges faced by newly diagnosed cancer patients. Researchers then conducted a randomized trial to determine if navigation improved the patient experience. Patients were divided into 2 cohorts. One cohort received enhanced usual care. The other cohort paired patients with oncology nurse navigators who provided additional assistance. Nurse navigators initiated weekly phone calls and at least 1 in-person meeting, resulting in an average of 18 nurse interactions per patient. To determine interventional impact, patient-reported outcomes were collected at baseline, 4 months, and 12 months*

**Carroll JK, Humiston SG, Meldrum SC, et al. Patients' experiences with navigation for cancer care. Patient education and counseling. Patient Educ Couns. 2010;80(2):241-247. doi.org/10.1016/j.pec.2009.10.024. Epub 2009 Dec 16.**

- *Navigated patients received emotional support and assistance with information needs, problem-solving, and logistical aspects of cancer care coordination*
- *Valued navigation for both emotional support and as a personalized, comprehensive, accessible means of facilitating care throughout the cancer treatment period*

**Wagner EH, Ludman EJ, Aiello Bowles EJ, et al. Nurse navigators in early cancer care: a randomized, controlled trial. J Clin Oncol. 2014;32(1):12-18.**

- *Compared with enhanced usual care, nurse navigator support for patients with cancer early in their course improves patient experience and reduces problems in care*
- *NN support of patients with recently diagnosed breast, lung, or colorectal cancers improved patient experience and reduced problems related to psychosocial support, care coordination, and obtaining information in comparison with control patients.*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<p><b>Metric #21:</b></p> <p>Emergency Department Utilization</p>	<p><b>Definition:</b></p> <p>Number of navigated patient visits to the emergency department per month</p> <ul style="list-style-type: none"> <li>• Nausea/vomiting/dehydration</li> <li>• Constipation</li> <li>• Symptom management</li> <li>• Sepsis</li> <li>• Other</li> </ul>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **8**

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*Source documentation, including key points that support metric selection.*

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*Data from electronic medical record, billing*

*Freund KM, Battaglia TA, Calhoun E, et al. The National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. Cancer. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.*

- *Cost-effectiveness: value-based care*

**Centers for Medicare & Medicaid Services: Oncology Care Model**

<https://innovation.cms.gov/initiatives/oncology-care>

- *Performance measures:*
  - Practice requirements*
  - Communication and coordination*
  - Number of emergency department visits*
  - Number of hospital admissions*
  - Number admitted to hospice*
  - Number of patients who have <30 days of life have >1 emergency department visit*

**Centers for Medicare & Medicaid Services has an initiative to improve quality care across care settings by improving transitions between settings.**

- *One of the interventions is designed to improve communication between care settings, which facilitates timely transfer of medical information from acute care setting to outpatient healthcare providers*
- *Ensuring the patient has outpatient follow-up appointments arranged and coordinated*

**Centers for Medicare & Medicaid Services: Oncology Care Model**

<https://innovation.cms.gov/initiatives/oncology-care>

- *Communication and coordination*
  - Number of emergency department visits*
  - Number of hospital admissions*
  - Number admitted to hospice*
  - Number of patients who have <30 days of life have >1 emergency department visit*
  - Number of face-to-face visits*
  - Patient satisfaction*

**Domain: Operations Management, Organizational Development,  
Health Economics**

<b>Metric #22:</b>	<b>Definition:</b>
Emergency Admissions per Number of Chemotherapy Patients	<b>Number of navigated patient visits per 1000 chemotherapy patients that had an emergency department visit per month</b>

Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **7**

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*Source documentation, including key points that support metric selection.*

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**Quality in Health Care Advisory Board. National average is 929 per 1000 patients.**

**Darud M. Navigation and survivorship: rationalizing program costs. Oncol Nurse Advisor. January-February 2015:25-30.**

- 2013 Institute of Medicine report, alternate care models such as accountable care organizations, oncology-centered medical homes, and bundled payments, which reimburse for medical care based on quality measures rather than fee for service are recommended. These models can be considered supportive of roles of navigators and survivorship nurses as they shift the payment system from fees for medical procedures to fees for overall patient outcomes and quality care

**Centers for Medicare & Medicaid Services: Oncology Care Model**

**<https://innovation.cms.gov/initiatives/oncology-care>**

- Performance measures
- Practice requirements
- Communication and coordination
  - Number of emergency department visits
  - Number of hospital admissions
  - Number admitted to hospice
  - Number of patients who have <30 days of life with >1 emergency department visit



**Ventura T, Brown D, Archibald T, et al. Improving care transitions and reducing hospital readmissions: establishing the evidence for community-based implementation strategies through the care transitions theme. The Remington Report. 2010:24-30.**

**Centers for Medicare & Medicaid Services has an initiative to improve quality care across care settings by improving transitions between settings.**

- *One of the interventions is designed to improve communication between care settings, which facilitates timely transfer of medical information from acute care setting to outpatient healthcare providers*
- *Ensuring the patient has outpatient follow-up appointments arranged and coordinated*

**Centers for Medicare & Medicaid Services: Oncology Care Model**

**<https://innovation.cms.gov/initiatives/oncology-care>**

- *Communication and coordination*
  - Number of emergency department visits*
  - Number of hospital admissions*
  - Number admitted to hospice*
  - Number of patients who have <30 days of life with >1 emergency department visit*
  - Number of face-to-face visits*
  - Patient satisfaction*

# ***Domain: Community Outreach, Prevention***

**Domain: Community Outreach, Prevention**

<p><b>Metric #23:</b></p> <p>Cancer Screening Follow-Up to Diagnostic Workup</p>	<p><b>Definition:</b></p> <p>Number of navigated patients per quarter with abnormal screening referred for follow-up diagnostic workup</p> <p>Cancer Screening Definition: Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure. By the time symptoms appear, the cancer may have grown and spread. This can make cancer harder to treat or cure.</p> <p>Screening tests include the following:</p> <ul style="list-style-type: none"><li>• <b>Physical exam and history:</b> An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual; a history of the patient’s health habits and past illnesses and treatments can also be taken</li><li>• <b>Laboratory results:</b> Medical procedures that test samples of tissue, blood, urine, or substances in the body</li><li>• <b>Imaging procedures:</b> Procedures that take pictures of areas inside the body</li><li>• <b>Genetic testing:</b> Tests that look for certain gene mutations (changes) that are linked to some type of cancers</li></ul> <p><a href="http://www.cancer.gov/about-cancer/screening/hp-screening-overview-pdq">www.cancer.gov/about-cancer/screening/hp-screening-overview-pdq</a></p>
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**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO, ROI**

**Other Domains with Same Metric:** None

**Rating of Metric 1-10 (1 = Low, 10 = High): 8**

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**Source documentation, including key points that support metric selection.**

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**Source: patient questionnaires/intake forms**

**(Navigators must be aware of patients' preferences for learning new information for successful learning and education.)**

**Engelstad LP, Stewart S, Otero-Sabogal R, et al. The effectiveness of a community outreach intervention to improve follow-up among underserved women at highest risk for cervical cancer. *Prev Med.* 2005;41(3-4):741-748.**

- Study was designed to evaluate the effectiveness of an outreach and counseling intervention at improving the rate of follow-up of abnormal Pap smears
- Produced a significant increase in the rate of follow-up visits within 6 months
- Women in the intervention group were much more likely to obtain timely follow-up

**Hunnibell LS, Rose MG, Connery DM, et al. Using nurse navigation to improve the timeliness of lung cancer care at a veterans hospital. *Clin J Oncol Nurs.* 2012;16(1):29-36.**

- Impact on reducing the time from suspicion of cancer to initiation of definitive treatment
- Authors concentrated their efforts on the diagnostic process in patients with lung cancer; the principles and methods used in the current study are readily applicable to most patients with cancer at all stages of their disease and treatment

**Willis A, Pratt-Chapman M, Reed E, Hatcher E. Best practices in patient navigation and cancer survivorship: moving toward quality patient-centered care. *Journal of Oncology Navigation & Survivorship.* 2014;5(2):8-14.**

Reviewed:

- Time to screening
- Time to diagnosis
- Time to treatment

**Donelan K, Mailhot JR, Dutwin D, et al. Patient perspectives of clinical care and patient navigation in follow-up of abnormal mammography. *J Gen Intern Med.* 2011;26(2):116-122. doi:10.1007/s11606-010-1436-4.**

- Perceptions of timeliness, equity, and patient-centeredness of care

**Hoffman HJ, LaVerda NL, Young HA, et al. Patient navigation significantly reduces delays in breast cancer diagnosis in the District of Columbia. *Cancer Epidemiol Biomarkers Prev.* 2012;21(10):1655-1663. doi:org/10.1158/1055-9965.EPI-12-0479.**

- Navigated women, especially those requiring biopsy, reached their diagnostic resolution significantly faster than nonnavigated women

**Raich P, Whitley E, Thorland W, et al. Patient navigation improves cancer diagnostic resolution: an individually randomized clinical trial in an underserved population. *Cancer Epidemiol Biomarkers Prev.* 2012;21(10):1629-1638. doi:10.1158/1055-9965.**

- PN positively impacts time to resolution of abnormal screening tests for breast, colorectal, and prostate cancers in a medically underserved population

**Koh C, Nelson J, Cook PF. Evaluation of a patient navigation program. Clin J Oncol Nurs. 2011;15(1):41-48.**

- The study showed that navigation can improve timeliness to access cancer care, resolution to barriers, and positive impact on patient satisfaction

**Hunnibell LS, Rose MG, Connery DM, et al. Using nurse navigation to improve the timeliness of lung cancer care at a veterans hospital. Clin J Oncol Nurs. 2012;16(1):29-36.**

- Major positive impact on reducing the time from suspicion of cancer to initiation of definitive treatment

**Freund KM, Battaglia TA, Calhoun E, et al. The National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. Cancer. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- Four primary outcomes:
  - Time to completion of diagnosis
  - Time to initiation of primary therapy
  - Patient satisfaction and quality of life (Impact of Events Scale and Attitudinal Self-Efficacy Scale)
  - Cost-effectiveness

**Freund KM, Battaglia TA, Calhoun E, et al. Impact of patient navigation on timely cancer care: the Patient Navigation Research Project. J Natl Cancer Inst. 2014;106(6):dju115. doi:10.1093/jnci/dju115.**

- Patient navigation demonstrated a moderate benefit in improving timely cancer care. These results support adoption of patient navigation in settings that serve populations at risk of being lost to follow-up

**Battaglia T, Burhansstipanov L, Murrell SS, et al; Prevention and Early Detection Workgroup; National Patient Navigation Leadership Summit. Assessing the impact of patient navigation prevention and early detection metrics. Cancer. 2011;117(15 Suppl):3553-3564.**

- Common outcome metrics
  - Completion of screening test (yes/no)
  - Timely completion of screening (yes/no)
    - Must define timely
  - Time to complete screening (# days A-D)
  - Adherent to single recommended screening (yes/no)
  - Adherent to longitudinal screening (yes/no)
    - Must define longitudinal screening

**Domain: Community Outreach, Prevention**

<b>Metric #24:</b>  Cancer Screening	<b>Definition:</b>  Number of participants at cancer screening event and/or percentage increase of cancer screening (See above definition for <i>cancer screening</i> )
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation, including key points that support metric selection.*

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**Electronic medical record; Tumor Registry**

**Castle PE, Rausa A, Walls T, et al. Comparative community outreach to increase cervical cancer screening in the Mississippi Delta. Prev Med. 2011;52(6):452-455. doi: 10.1016/j.ypmed.2011.03.018. Epub 2011 Apr 8.**

- We found that offering self-collection will increase participation in cervical cancer screening among underscreened populations living in the Mississippi Delta
- Based on these preliminary results, we suggest that self-collection with HPV DNA testing might complement current Pap testing programs to reach underscreened populations of women, such as those living in the Mississippi Delta

**Paskett ED, Harrop JP, Wells KJ. Patient navigation: an update on the state of the science CA Cancer J Clin. 2011;61(4):237-249. Published online 2011 Jun doi:10.3322/caac.20111.**

- Statistically significant difference ( $P < .05$ ) found between patients receiving intervention and reporting receiving annual rescreening mammograms (55%) and those not receiving the intervention and reporting having had annual rescreening mammograms
- Breast cancer screening rates significantly increased at 6 months ( $P < .001$ ); 31.9% increase in mammography, 23% for clinical breast exam, 36.2% for breast self-exam

**Holmes DR, Major J, Lyonga DE, et al. Increasing minority patient participation in cancer clinical trials using oncology nurse navigation. *Am J Surg.* 2012;203(4):415-422. doi: 10.1016/j.amjsurg.2011.02.005.**

- *Oncology nurse navigation is an effective outreach strategy for increasing clinical trial participation among black cancer patients encountered in a community setting*

**DeGross A, Coa K, Morrissey KG, et al. Key considerations in designing a patient navigation program for colorectal screening. *Health Promot Pract.* 2014;15(4):483-495.**

- *Patient navigation represents a viable intervention to improve the colorectal cancer screening rates that remain relatively low in the United States*
- *Practitioners and researchers alike can use our results to develop strong navigation interventions*

**Johnson F. Systematic review of oncology nurse practitioner navigation metrics. *Clin J Oncol Nurs.* 2015;19(3):308-313.**

- *Research is emerging that shows benefit in using an oncology nurse practitioner navigator for ensuring timely care*

## Domain: Community Outreach, Prevention

<p><b>Metric #25:</b></p> <p>Completion of Diagnostic Workup</p>	<p><b>Definition:</b></p> <p>Number of navigated individuals with abnormal screening that completed diagnostic workup per month/quarter (See above definition for <i>cancer screening</i>)</p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): CO, ROI

Other Domains with Same Metric: Care Coordination

Rating of Metric 1-10 (1 = Low, 10 = High): **7**

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*Source documentation, including key points that support metric selection.*

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**Commission on Cancer; electronic medical record; Tumor Registry; Navigation Database**

**Lin CJ, Schwaderer KA, Morgenlander KH, et al. Factors associated with patient navigators' time spent on reducing barriers to cancer treatment. J Natl Med Assoc. 2008;100(11):1290-1297.**

- Significantly more time helping uninsured than insured patients and helping patients at the inner-city site. The most time was spent on financial problems (169 minutes), transportation problems (74 minutes), end-of-life issues (65 minutes), arrangement for dependent care (60 minutes), scheduling of appointments (34 minutes), and assistance with activities of daily living (24 minutes)
- Financial barriers were the most often reported and the most time-consuming
- Patient navigators assisting cancer patients, especially the poor and underserved, will require significant time to address patients' financial and other barriers to care. This information will be helpful in the allocation of staff time and caseloads for future program.

**Willis A, Pratt-Chapman M, Reed E, Hatcher E. Best practices in patient navigation and cancer survivorship: moving toward quality patient-centered care. Journal of Oncology Navigation & Survivorship. 2014;5(2):8-14.**

- Reviewed:
  - Time to screening
  - Time to diagnosis
  - Time to treatment



**Seek A, Hogle W. Modeling a better way: navigating the healthcare system for patients with lung cancer. Clin J Oncol Nurs. 2007;11(1):81-85. doi:org/10.1188/07.CJON.81-85.**

- Decreasing time from diagnosis to initiation of treatment
- Nurse navigators must be highly organized and skilled at coordinating the multiple procedures necessary to ensure that patients are guided appropriately through the multiple steps, from initial workup to treatment completion

**Johnson F. Systematic review of oncology nurse practitioner navigation metrics. Clin J Oncol Nurs. 2015;19(3):308-313.**

- Research is emerging that shows benefit in using an oncology nurse practitioner navigator for ensuring timely care

**Zibrik K, Laskin J, Ho C. Implementation of a lung cancer nurse navigator enhances patient care and delivery of systemic therapy at the British Columbia Cancer Agency, Vancouver. J Oncol Pract. 2016;12(13):344-349.**

- Nurse navigators in the care team assisted in reducing wait times from referral to treatment and facilitated timely molecular testing
- Our objectives—to improve patient care and to use the time between referral and consultation efficiently—were met

**Kedia SK, Ward KD, Digney SA, et al. 'One-stop shop': lung cancer patients' and caregivers' perceptions of multidisciplinary care in a community healthcare setting. Transl Lung Cancer Res. 2015;4(4):456-464.**

- It was also believed to improve the timeliness of care and equitable access to high-quality care

**Christensen D, Bellomo C. Using a nurse navigation pathway in the timely care of oncology patients. Journal of Oncology Navigation & Survivorship. 2014;5(3):13-18.**

- Oncology nurse navigator interventions led to reductions in time from referral to medical oncology and the initiation of treatment

**Desimini EM, Kennedy JA, Helsley MF, et al. Making the case for nurse navigators: benefits, outcomes, and return on investment. Oncol Issues. 2011;26(5):26-33.**

- "Timely" access to healthcare and resources

**Seek A, Hogle W. Modeling a better way: navigating the healthcare system for patients with lung cancer. Clin J Oncol Nurs. 2007;11(1):81-85. doi:org/10.1188/07.CJON.81-85.**

- Decreasing time from diagnosis to initiation of treatment, patient satisfaction will continue to be high, survival time increased, and cure rates improved
- Nurse navigators must be highly organized and skilled at coordinating the multiple procedures necessary to ensure that patients are guided appropriately through the multiple steps, from initial workup to treatment completion

**Basu M, Linebarger J, Gabram SG, et al. The effect of nurse navigation on timeliness of breast cancer care at an academic comprehensive cancer center. Cancer. 2013;119(14):2524-2531.**

- Findings from this study support other studies that demonstrate that patient navigation effectively improves timely follow-up in elderly patients by addressing barriers related to

choosing, understanding, and using health coverage, providers, and services; making decisions about treatment; and managing conditions and care received by multiple providers.

- Timeliness and completion of recommended cancer therapy have been associated with improvements in survival, especially in the elderly

**McAllister KA, Schmitt ML. Impact of a nurse navigator on genomic testing and timely treatment decision making in patients with breast cancer. Clin J Oncol Nurs. 2015;19(5):510-512.**

- These outcomes show the impact a registered nurse navigator can have in expediting testing to ensure timely initiation of treatment and demonstrate the importance of this role within the team

**Freund KM, Battaglia TA, Calhoun E, et al. The National Cancer Institute Patient Navigation Research Program: methods, protocol, and measures. Cancer. 2008;113(12):3391-3399. doi:10.1002/cncr.23960.**

- Four primary outcomes:
  - Time to completion of diagnosis
  - Time to initiation of primary therapy
  - Patient satisfaction and quality of life (Impact of Events Scale and Attitudinal Self-Efficacy Scale)
  - Cost-effectiveness

**Shockney LD. Evolution of patient navigation. Clin J Oncol Nurs. 2010;14(4):405-407.**

- "Oncology nurses are well suited to help patients with cancer navigate the healthcare system from diagnosis and treatment through survivorship and palliative care." (p. 405)

**Freund KM, Battaglia TA, Calhoun E, et al. Impact of patient navigation on timely cancer care: the Patient Navigation Research Project. J Natl Cancer Inst. 2014;106(6):dju115. doi:10.1093/jnci/dju115.**

- Patient navigation demonstrated a moderate benefit in improving timely cancer care. These results support adoption of patient navigation in settings that serve populations at risk of being lost to follow-up

**Battaglia T, Burhansstipanov L, Murrell SS, et al; Prevention and Early Detection Workgroup; National Patient Navigation Leadership Summit. Assessing the impact of patient navigation prevention and early detection metrics. Cancer. 2011;117(15 Suppl):3553-3564.**

- Common outcome metrics
  - Completion of screening test (yes/no)
  - Timely completion of screening (yes/no)
    - Must define timely
  - Time to complete screening (# days A-D)
  - Adherent to single recommended screening (yes/no)
  - Adherent to longitudinal screening (yes/no)
    - Must define longitudinal screening

**Domain: Community Outreach, Prevention**

<p><b>Metric #26:</b></p> <p>Disparate Population at Screening Event</p>	<p><b>Definition:</b></p> <p>Number of individuals per quarter at community screening events by Office of Management and Budget Standards</p> <p><b>Disparate Population Definition:</b> The National Institute on Minority Health and Health Disparities definition are differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific populations in the United States (racial and ethnic minorities, low socioeconomic status, and rural populations). <a href="http://www.pire.org/focusarea_healthdisparities.aspx">www.pire.org/focusarea_healthdisparities.aspx</a></p>
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**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):** PE, CO

**Other Domains with Same Metric:** None

**Rating of Metric 1-10 (1 = Low, 10 = High):** 9

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*Source documentation, including key points that support metric selection.*

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**Sources:** Commission on Cancer; National Institute on Minority Health and Health Disparities

**Reference:** AONN+ Core Competencies

**Supportive Documentation:** Navigation Database; Tumor Registry

**Ell K, Vourlekis B, Lee PJ, Xie B. Patient navigation and case management following an abnormal mammogram: a randomized clinical trial. Prev Med. 2007;44(1):26-33. Epub 2006 Sep 8.**

- *Patient navigation and counseling driven by a structured clinical algorithm are highly effective strategies to improve diagnostic resolution follow-up among low-income, ethnic minority women with abnormal mammograms*
- *The intervention algorithm and available training materials can be adapted for diverse care systems serving high-risk women to decrease loss to follow-up*

**Fouad M, Wynn T, Martin M, Partridge E. Patient navigation pilot project: results from the Community Health Advisors in Action Program (CHAAP). *Ethn Dis.* 2010 Spring;20(2):155-161.**

- *Barriers to diagnostic follow-up or treatment were identified by patient navigators, who assisted in overcoming these barriers by referring patients to appropriate treatment facilities, guiding them through the healthcare system, and providing the necessary logistical, social, or emotional support*
- *Patients kept 93% of their appointments. Thus, for medically underserved patients with breast cancer or a suspicious mammogram, intervention by a network of community volunteers serving as patient navigators improves adherence to follow-up diagnostic procedures and treatment*
- *Patient navigators can help close the gap between development and delivery of cancer treatments to those who are medically underserved*

**Braun KL, Thomas WL Jr, Domingo JL, et al. Reducing cancer screening disparities in Medicare beneficiaries through cancer patient navigation. *J Amer Geriatr Soc.* 2015;63(2):365-370. doi:org/10.1111/jgs.13192.**

- *Findings suggest that navigation services can increase cancer screening in Medicare beneficiaries in groups with significant disparities*
- *For this rural cohort, cancer screening navigation resulted in significant increases in cancer screening*

**Fiscella K, Whitley E, Hendren S, et al. Patient navigation for breast and colorectal cancer treatment: a randomized trial. *Cancer Epidemiol Biomarkers Prev.* 2012;21(10):1673-1681. doi:10.1158/1055-9965.**

- *Subgroup analysis showed benefits for selected patients; in particular, those with educational, language, and insurance barriers*

**Holmes DR, Major J, Lyonga DE, Alleyne RS, Clayton SM. Increasing minority patient participation in cancer clinical trials using oncology nurse navigation. *Am J Surg.* 2012;203(4):415-422. doi: 10.1016/j.amjsurg.2011.02.005.**

- *Oncology nurse navigation is an effective outreach strategy for increasing clinical trial participation among black cancer patients encountered in a community setting*

**Raich P, Whitley E, Thorland W, et al. Patient navigation improves cancer diagnostic resolution: an individually randomized clinical trial in an underserved population. *Cancer Epidemiol Biomarkers Prev.* 2012;21(10):1629-1638. doi:10.1158/1055-9965.**

- *Patient navigation positively impacts time to resolution of abnormal screening tests for breast, colorectal, and prostate cancers in a medically underserved population*

**Lockett R, Pena N, Vitonis A, et al. Effect of a patient navigator program on no-show rates at an academic referral colposcopy clinic. *J Women's Health.* 2015;24(7):608-615.**

- *Patient navigation programs at referral centers reduce no-show rates, thus improving patient follow-up, which may reduce disparities in cervical cancer screening and treatment*

**Wilson FA, Villarreal R, Stimpson JP, Pagán JA. Cost-effectiveness analysis of a colonoscopy screening navigator program designed for Hispanic men. J Cancer Educ. 2015;30(2):260-267. doi: 10.1007/s13187-014-0718-7.**

- *A colorectal cancer screening intervention that relies on PNs trained to address the unique needs of the targeted population (language barriers, transportation and scheduling assistance, colon cancer, and screening knowledge) can substantially increase the likelihood of screening and improve quality of life in a cost-effective manner*

**Pieters HC, Heilemann MV, Grant M, Maly RC. Older women's reflections on accessing care across their breast cancer trajectory: navigating beyond the triple barriers. Oncol Nurs Forum. 2011;38(2): 175-184. doi:10.1188/11.ONF.175-184.**

- *Demonstrates the value of the nurse navigator for older breast cancer survivors. A reminder that healthcare professionals recognize patients as a whole person and not just the disease process itself in regard to the planning of their cancer care*
- *Analysis of the sample of older women, their unique challenges and needs, and the impact that an oncology nurse navigator can have on their cancer experience*

**Holmes DR, Major J, Lyonga DE, et al. Increasing minority patient participation in cancer clinical trials using oncology nurse navigation. Am J Surg. 2012;203(4):415-422. doi: 10.1016/j.amjsurg.2011.02.005.**

- *ONN is an effective outreach strategy for increasing clinical trial participation among black cancer patients encountered in a community setting*
- *The oncology nurse navigates the minority patient through the entire clinical trial screening, treatment, and follow-up process, thereby increasing the odds that a patient will participate in cancer research*

**Next steps for community outreach: outreach efforts in nontraditional settings**

# ***Domain: Professional Roles and Responsibilities***

## Domain: Professional Roles and Responsibilities

<b>Metric #27:</b>  Navigation Knowledge at Time of Orientation	<b>Definition:</b>  Percentage of new hires that have completed institutionally developed navigator core competencies
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): CO

Other Domains with Same Metric: Quality

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**References:** *Oncology Nursing Society; AONN+; NCONN; Mandi Pratt-Chapman's work; Catholic Health work; and Willis' work.*

**Braun KL, Kagawa-Singer M, Holden AE, et al. Cancer patient navigator tasks across the cancer care continuum. J Health Care Poor Underserved. 2012;23(1):398-413.**

- Although navigators perform similar tasks across the 5 programs, their specific approaches reflect differences in community culture, context, program setting, and funding. Task lists can inform the development of programs, job descriptions, training, and evaluation. They also may be useful in the move to certify navigators and establish mechanisms for reimbursement for navigation services

**Brown CG, Cantril C, McMullen L, et al. Oncology nurse navigator role delineation study: an Oncology Nursing Society report. Clin J Oncol Nurs. 2012;16(6):581-585.**

- Define skills, tasks, and knowledge specific to the nurse navigator role
- Oncology Nursing Society role delineation survey navigators, top task, top knowledge, and top skills identified

**McMullen L, Banman T, DeGroot JM, et al. Oncology Nurse Navigator Competency Project: providing novice navigators with a GPS for role development. Clin J Oncol Nurs. 2016;20(1):33-38.**

- To promote standardization of the role of the oncology nurse navigator as well as the structure and boundaries of how oncology nurse navigators function by developing core competencies

- *In conjunction with the development of the core competencies, the project team created a professional practice framework as a schematic that visually articulates the systems, functions, and delivery of oncology nurse navigator practice*

**Willis A, Reed E, Pratt-Chapman M, et al. Development of a framework for patient navigation: delineating roles across navigator types. *Journal of Oncology Navigation & Survivorship*. 2013;4(6):20-26.**

- *The goal of the framework is to begin to clarify similarities and differences across patient navigator types, with a focus on better defining the unique role of patient navigators in the continuum of care. A consensus-based finalized framework was developed that includes 12 functional area domains and indicates areas of commonality and distinction among community health workers, patient navigators, and clinically licensed navigators*

**Pratt-Chapman M, Willis A, Masselink L. Core competencies for oncology patient navigators. *Journal of Oncology Navigation & Survivorship*. 2015;6(2):16-21.**

- *The goal of this study was to augment previous research to develop and validate competencies for oncology patient navigation. Sixty-five competency statements were retained after 525 eligible responses were received from the national survey. The quantitative data supported the inclusion of all 65 competencies*
- *Clarifying the role of the oncology patient navigator and how it is distinguished from clinical roles can support interdisciplinary patient-centered teams. Clarifying their role can protect them as well as institutions from legal risks and patient safety concerns by ensuring they understand role boundaries and refer to appropriate clinical team members*

**Ustjanauskas A, Bredice M, Nuhaily S, et al. Training in patient navigation: a review of the research literature. *Health Promotion Pract*. 2016;17(3):373-381. doi:10.1177/1524839915616362.**

- *The current study begins to address these gaps in understanding, as it is the first study to comprehensively review descriptions of patient navigator training in the peer-reviewed research literature*
- *Studies describing training were further coded for 6 key domains of navigator training: duration, location, format, content, occupation of trainer, and learning strategy employed*

**Fillion L, Cook S, Veillette A, et al. Professional navigation framework: elaboration and validation in a Canadian context. *Oncol Nurs Forum*. 2012;39(1):58-69. doi.org/10.1188/12.ONF.E58-E69.**

- *To elaborate, refine and validate the professional navigation framework—results support a **bidimensional framework**:  
Concepts with operational definitions derived from empirical data  
Described from management and patient angle and not just clinical*



## Domain: Professional Roles and Responsibilities

<p><b>Metric #28:</b></p> <p>Oncology Navigator Annual Core Competencies Review</p>	<p><b>Definition:</b></p> <p>Percentage of staff that has completed institutionally developed navigator core competencies annually to validate core knowledge of oncology navigation</p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): CO

Other Domains with Same Metric: Quality

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**References:** Oncology Nursing Society; AONN+; NCONN; Mandi Pratt-Chapman's work; Catholic Health work; and Willis' work

### **Oncology Navigator Annual Core Competencies**

- Review percentage of staff that has completed institutionally developed navigator core competencies annually to validate core knowledge of oncology navigation

**Brown C, Cantril C, McMullen L, et al. Oncology nurse navigator role delineation study: an oncology nursing society report. Clin J Oncol Nurs. 2012;16(6):581-585.**

- Define skills, tasks, and knowledge specific to the nurse navigator role
- Oncology Nursing Society role delineation survey navigators, top task, top knowledge, and top skills identified

**McMullen L, Banman T, DeGroot JM, et al. Oncology Nurse Navigator Competency Project: providing novice navigators with a GPS for role development. Clin J Oncol Nurs. 2016;20(1):33-38.**

- To promote standardization of the role of the oncology nurse navigator as well as the structure and boundaries of how oncology nurse navigators function by developing core competencies
- In conjunction with the development of the core competencies, the project team created a professional practice framework as a schematic that visually articulates the systems, functions, and delivery of oncology nurse navigator practice

**Willis A, Reed E, Pratt-Chapman M, et al. Development of a framework for patient navigation: delineating roles across navigator types. *Journal of Oncology Navigation & Survivorship*. 2013;4(6): 20-26.**

- *The goal of the framework is to begin to clarify similarities and differences across patient navigation types, with a focus on better defining the unique role of patient navigators in the continuum of care. A consensus-based finalized framework was developed that includes 12 functional area domains and indicates areas of commonality and distinction among community health workers, patient navigators, and clinically licensed navigators*

**Pratt-Chapman M, Willis A, Masselink L. Core competencies for oncology patient navigators. *Journal of Oncology Navigation & Survivorship*. 2015;6(2):16-21.**

- *The goal of this study was to augment previous research to develop and validate competencies for oncology patient navigation. Sixty-five competency statements were retained after 525 eligible responses were received from the national survey. The quantitative data supported the inclusion of all 65 competencies*
- *Clarifying the role of the oncology patient navigator and how it is distinguished from clinical roles can support interdisciplinary patient-centered teams. Clarifying their role can protect them as well as institutions from legal risks and patient safety concerns by ensuring they understand role boundaries and refer to appropriate clinical team members*

**Ustjanauskas A, Bredice M, Nuhaily S, et al. Training in patient navigation: a review of the research literature. *Health Promotion Pract*. 2016;17(3):373-381. doi:10.1177/1524839915616362.**

- *The current study begins to address these gaps in understanding, as it is the first study to comprehensively review descriptions of patient navigation training in the peer-reviewed research literature*
- *Studies describing training were further coded for 6 key domains of navigator training: duration, location, format, content, occupation of trainer, and learning strategy employed*

**Franz SL, Simpson KD. Oncology nurse navigators a snapshot of their educational background, compensation, and day-to-day roles and responsibilities. *Oncology Issues The Journal of the Association of Community Cancer Centers*. 2013:36-42.**

- *2009 NCONN published competencies defining oncology nurse navigation:  
Professional, legal, and ethical nursing practice  
Health promotion and health education  
Management and leadership  
Negotiating the healthcare delivery system and advocacy  
Personal effectiveness and professional development*

# ***Domain: Psychosocial Support, Assessment***

**Domain: Psychosocial Support, Assessment**

<p><b>Metric #29:</b> Psychosocial Distress Screening</p>	<p><b>Definition:</b></p> <p>Number of navigated patients per month that received psychosocial distress screening at a pivotal medical visit with a validated tool Pivotal medical visit definition: Period of high distress for the patient when psychosocial assessment should be completed Define various validated tools as examples: Functional Assessment of Cancer Therapy, National Comprehensive Cancer Network Psychosocial Distress Screening Thermometer</p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: Coordination of Care

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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**Commission on Cancer**

**Swanson J, Koch L. The role of the oncology nurse navigator in distress management of adult inpatients with cancer: a retrospective study. *Oncol Nurs Forum.* 2010;37(1):69-76.**

- Patients younger than 65 years old and who have barriers to care have higher distress levels
- Having an oncology nurse navigator on staff provides comfort and eases distress, versus not having one
- The retrospective chart review of the National Comprehensive Cancer Network Distress Thermometer was designed to evaluate the oncology nurse navigator role as an intervention in decreasing the distress levels of adult inpatients with cancer by providing resources and education for the continuity of care upon discharge
- Study outcome: Overall, no significant difference in distress levels between the patients who had visits by the oncology nurse navigator and patients who did not receive oncology nurse

navigator visits. Decrease in the distress scores (initial and prior to discharge) for patients seen by the ONN with a significant decrease for rural patients and patients 65 or younger

**Lazenby M, Ercolano E, Grant M, et al. Supporting Commission on Cancer-mandated psychosocial distress screening with implementation strategies. *J Oncol Pract.* 2015;11(3):413-420.**

- Barriers in distress screenings at accredited cancer institutions
- Findings revealed 3 themes among the institutions, which included creating buy-in, developing a specific plan on how to execute the program, and pilot testing before rolling out

**Watson L, Groff S, Tamagawa R, et al. Screening for distress in lung and breast cancer outpatients: a randomized controlled trial. *J Natl Compr Cancer Netw.* 2016; 14 (2):**

- Assessing the validity of the Distress Thermometer (DT) to reduce future distress levels
- A primary objective was to determine the efficiency of using a DT in outpatients with breast and lung cancer. This was assessed by comparing the follow-up scores on the DT among the 3 screening groups in relation to the diagnosis
- Secondary objectives were to assess the anxiety and depression reported in relation to the impact of receiving referrals for psychosocial care. This was assessed by a one-way analysis conducted in a 3-month follow-up period comparing anxiety and depression scores among the 3 groups
- There were no differences between the 3 groups with both types of cancer, but there was a difference when breast and lung were separated due to stage of diagnosis, duration of treatment, and life expectancy

**Zebrack B, Kayser K, Sundstrom L, et al. Psychosocial distress screening implementation in cancer care: an analysis of adherence, responsiveness, and acceptability. *J Clin Oncol.* 2015;33(10):1165-1170.**

- Successful distress screening protocols implemented at consult visits
- Findings suggest that in both institutions the protocols in place for distress screenings fared better for females than males due to female patients being more amenable to receive psychosocial care than male patients
- Overall they showed to have improved clinic operations, follow-up care, and patient care

**Swanson J, Koch L. The role of oncology nurse navigator in distress management of adult in-patients with cancer: a retrospective study. *Oncol Nurs Forum.* 2010;37:69-75.**

- Patients experience high distress levels that can interfere with treatment compliance. This research shows that patients benefit from having an oncology nurse navigator to answer their questions and provide them with education about their diseases
- Cancer patients living in rural areas or who are 65 years of age or younger have higher distress levels regarding their cancer and would benefit from interventions of the oncology nurse navigator to develop plans to address barriers, coordinate care, education, symptom management, and emotional support

**Willis A, Pratt-Chapman M, Reed E, Hatcher E. Best practices in patient navigation and cancer survivorship: moving toward quality patient-centered care. *Journal of Oncology Navigation & Survivorship.* 2014;5(2):8-14.**

- Program leaders and administrators need to understand caseload per full-time equivalent as well as potential ways to measure success to plan and implement these programs

- *The results also indicate the need to identify financially sustainable models for patient navigation and clinical survivorship programs and consensus on core measures*

**Harding M. Effect of nurse navigation on patient care satisfaction and distress associated with breast biopsy. *Clin J Oncol Nurs.* 2015;19:E15-E20. doi:10.1188/15.CJON.E15-E20.**

- *Navigated women had lower scores on every distress measure and were less likely to seek information from an outside source*
- *The factors influencing distress varied depending on whether they were the recipient of navigation services*

## Domain: Psychosocial Support, Assessment

<p><b>Metric #30:</b></p> <p>Social Support Referrals</p>	<p><b>Definition:</b></p> <p>Number of navigated patients referred to support network per month</p> <ul style="list-style-type: none"><li>• Social worker</li><li>• Psychologist</li><li>• Chaplain</li><li>• Palliative care</li><li>• Financial counselor</li></ul>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO, ROI

Other Domains with Same Metric: Coordination of Care

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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### *Source documentation, including key points that support metric selection.*

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**Korber S, Padula C, Gray J, Powell M. A breast navigator program: barriers, enhancers, and nursing interventions. *Oncol Nurs Forum*. 2011;38(1):44-50.**

- Referrals to financial assistance programs based on assessed need
- Lower financial burden, higher quality of life

**Pieters HC, Heilemann MV, Grant M, Maly RC. Older women's reflections on accessing care across their breast cancer trajectory: navigating beyond the triple barriers. *Oncol Nurs Forum*. 2011;38(2):175-184. doi:10.1188/11.ONF.175-184.**

- Referrals from oncology nurse navigator on education, counseling proved beneficial and improved patient care

**Balderson D, Safavi K. How Patient Navigation Can Cut Costs and Save Lives. *Harvard Business Review*. 2013. <https://hbr.org/2013/03/how-patient-navigation-brings>**

- Patient navigators generally can assist patients with the logistics of their care, from managing appointments, completing medical forms, and exploring funding options to making

*arrangements for transportation to appointments and securing childcare services during times of treatment*

**Carroll JK, Humiston SG, Meldrum SC, et al. Patients' experiences with navigation for cancer care. *Patient Educ Couns.* 2010;80:241-247. doi:org/10.1016/j.pec.2009.10.024.**

- *Navigated patients received emotional support and assistance with information needs, problem-solving, and logistical aspects of cancer care coordination*
- *Valued navigation for both emotional support and as a personalized, comprehensive, accessible means of facilitating care throughout the cancer treatment period*

**Rousseau S, Humiston S, Yosha A, et al. Patient navigation moderates emotion and information demands of cancer treatment: a qualitative analysis. *Support Care Cancer.* 2014;22:3143-3151. doi: 10.1007/s00520-014-2295-z.**

- *Navigation contributed to activation through emotional comfort, assisting patients in processing information or communicating their informational needs to their doctors, as well as assisting patients in overcoming logistical barriers*

**Gilbert JE, Green E, Lankshear S, et al. Nurses as patient navigators in cancer diagnosis: review, consultation and model design. *Eur J Cancer Care.* 2011;20(2):228-236.**

- *Identifying those individuals who require more support—whether physical or psychosocial—during the diagnostic phase is of critical importance*
- *Benefits of a nurse in this role include patient assessment, support, and preparation; supportive care; management of complexity; and integration with other clinicians*

**Quality of life is an important measure but not for a basic metric. Some validated tools include City of Hope Quality of Life-Cancer, Functional Assessment of Cancer Therapy.**



***Domain: Patient  
Empowerment, Patient  
Advocacy***

## Domain: Patient Empowerment, Patient Advocacy

<b>Metric #31:</b>  Patient Goals	<b>Definition:</b>  Percentage of analytic cases per month that patient goals identified and discussed with the navigator
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO, ROI

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **8**

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*Source documentation, including key points that support metric selection.*

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### **Patient questionnaires/intake forms**

*(Navigators should develop patient advocacy activities by systematically analyzing the individual information needs of patients and their care and self-determination preferences during the whole illness trajectory.)*

**Doll R, Barroetavena M, Ellwood A, et al. The cancer care navigator: toward a conceptual framework for a new role in oncology. *Oncol Exchange*. 2007;6(4):28-33.**

- *Used literature to build a navigation framework around social support, decision-making, active coping, and self-sufficiency*
- *To ensure precision in developing navigation to serve as a foundation to conceptualize, apply, and test navigational approaches*
- *Decision-making process is a function that a navigator can fulfill in facilitating and assisting in making decisions. There is a growing philosophy in healthcare that while responsibility is shared between patient, family, and multiple healthcare providers, the patient exercises ultimate authority and must make critical decisions with respect to care*

**Fillion L, Cook S, Veillette A, et al. Professional navigation framework: elaboration and validation in a Canadian context. *Oncol Nurs Forum*. 2012;39(1):58-69. doi:org/10.1188/12.ONF.E58-E69.**

- *To elaborate, refine, and validate the professional navigation framework*
- *Results support a bidimensional framework:*
  - Health system-oriented – refers to continuity of care**
  - Concepts: Informational, management, and relational continuity*

*Functions of the role and outcomes are listed for each concept*

**Patient-centered – corresponds to empowerment**

*Concepts: Active coping, cancer self-management, supportive care*

*Functions of the role and outcomes are listed for each concept*

**Carroll JK, Humiston SG, Meldrum SC, et al. Patients' experiences with navigation for cancer care. Patient Educ Couns. 2010;80:241-247. doi:org/10.1016/j.pec.2009.10.024.**

- *Valued aspects of navigation included emotional support, assistance with information needs and problem-solving, and logistical coordination of cancer care. Unmet cancer care needs expressed by patients randomized to usual care consisted of lack of assistance or support with childcare, household responsibilities, coordination of care, and emotional support*
- *Cancer patients value navigation. Instrumental benefits were the most important expectations for navigation from navigated and nonnavigated patients. Navigated patients received emotional support and assistance with information needs, problem-solving, and logistical aspects of cancer care coordination*

**Rousseau S, Humiston S, Yosha A, et al. Patient navigation moderates emotion and information demands of cancer treatment: a qualitative analysis. Support Care Cancer. 2014;22:3143-3151. doi: 10.1007/s00520-014-2295-z.**

- *Assessment of the elements of navigation that promoted patients' involvement in treatment among patients with breast and colorectal cancer who participated in a navigation study*
- *Themes included feeling emotionally and cognitively overwhelmed and desire for a strong patient–navigator partnership. Both participants who were navigated and those who were not felt that navigation did or could help address their emotional, informational, and communication needs. The benefits of logistical support were cited less often*

**Patlak M, Balogh E, Nass S. Patient-centered cancer treatment planning: improving the quality of oncology care [Workshop Summary]. Washington, DC: The National Academies Press; 2011.**

- *2001 IOM consensus report Crossing the Quality Chasm: A New Health System for the 21st Century “defines patient centered care as providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”*

**“Patient-centered care is having the health system organized around the patient rather than the patient having to organize his or her life around the system”**

*Elements of patient-centered care:*

- *Education and empowerment*
- *Communication involving the patient and family/caregiver regarding treatments and allows patients to be a part of the decision-making process*
- *Coordination and integration of care*
- *Psychosocial support*
- *Patient empowerment*

***In an Institute of Medicine report in 2008 titled “Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs,” it was reported that patients are not taking an active role in their care evidenced by patient not asking questions about their cancer and the treatments. Evidence shows that***

***patients who take an active role in their care and have effective patient–clinician communication is associated with positive health outcomes.***

*National Cancer Institute - 6 functions of patient-centered communication:*

- 1) Fostering healing relationships*
- 2) Exchanging information*
- 3) Responding to emotions*
- 4) Managing uncertainty*
- 5) Making decisions*
- 6) Enabling patient self-empowerment*

*Other components are that the clinician should be sensitive to patient’s vulnerability, education level, cultural and spiritual values, and preferences to treatment*

## Domain: Patient Empowerment, Patient Advocacy

<b>Metric #32:</b>  Caregiver Support	<b>Definition:</b>  Number of caregiver needs/preferences discussed with navigator per month
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): CO

Other Domains with Same Metric: Care Coordination

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation, including key points that support metric selection.*

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**City of Hope; National Comprehensive Cancer Network Distress Thermometer  
Robinson's Caregiver Strain Index [http://npcrc.org/files/news/caregiver\\_strain\\_index.pdf](http://npcrc.org/files/news/caregiver_strain_index.pdf)  
(Caregiver burden as reported by the caregiver, ie, physical, social, financial, employment)**

**Brown CG, Cantril C, McMullen L, et al. Oncology nurse navigator role delineation study: an Oncology Nursing Society report. Clin J Oncol Nurs. 2012;16(6):581-585.**

- *Top-rated tasks:  
Provide emotional and educational support for patients  
Advocate on behalf of the patient  
Provide education or referrals for coping with the diagnosis*

**Christensen D, Bellomo C. Using a nurse navigation pathway in the timely care of oncology patients. Journal of Oncology Navigation & Survivorship. 2014;5(3):13-18.**

- *The interventions of an oncology nurse navigator in identifying and addressing barriers, providing education and resources, and giving emotional support can assist in alleviating patients' fear and anxiety, as well as helping to empower them to make informed decisions regarding their care*

**Doll R, Barroetavena M, Ellwood A, et al. The cancer care navigator: toward a conceptual framework for a new role in oncology. Oncol Exchange. 2007;6(4):28-33.**

- *Used literature to build a navigation framework around social support, decision-making, active coping, and self-sufficiency*

*To ensure precision in developing navigation, 4 concepts were proposed to serve as a foundation to conceptualize, apply, and test navigational approaches:*

- **Decision-making** process is a function that a navigator can fulfill in facilitating and assisting in making decisions. There is a growing philosophy in healthcare that while responsibility is shared between patient, family, and multiple healthcare providers, the patient exercises ultimate authority and must make critical decisions with respect to care
- **Social support** defined in an interpersonal light as an exchange between providers and recipients. Three main types of supportive social interaction have been described: emotional, informational, and instrumental. Emotional support involves verbal and nonverbal communication of caring and concern. Informational support involves providing information used to guide or advise, is believed to enhance perceptions of control by reducing confusion and giving patients strategies to cope with their difficulties. Instrumental support involves providing material goods (eg, transportation, money or physical assistance)
- **Active coping** is problem-focused and solution-oriented and is demonstrably more adaptive when problems are acute, controllable, and have solutions available
- **Self-sufficiency** is one of the strongest predictors of health behavior change and is defined as an Individual's level of confidence in his/her ability to perform a particular behavior

**Gotlib Conn L, Mobilio M, Rotstein O, Blacker S. Cancer patient experience with navigation service in an urban hospital setting: a qualitative study. Eur J Cancer Care. 2016;25:132-140.**

- Two major thematic categories emerged from the data, each with a number of subthemes linking specific navigation techniques to positive patient experiences
- Major theme:  
Navigation as choreography of care
- Subtheme:  
Demystifies the system  
Ensures patient comprehension  
Manages expectations  
Delivers person-centered care

*Navigation Techniques:*

Communication  
Explanation  
Spends time  
Comprehensive information provided  
Tailored information provided  
Accessibility  
Reassures timeliness  
Individualizes care  
Empathy  
Advocacy

- Major theme: Navigation as therapeutic intervention, which complements medical care
- Subtheme:  
Provides individualized support  
Offers extended support  
Takes a holistic approach  
Addresses emotional and psychological needs

*Navigation Techniques:*

*Adaptable to patient*  
*Inclusive support to family*  
*Therapeutic connection*  
*Compassion*  
*Caring*

- *Major theme: Barriers to care*
- *Subtheme: Understanding the role*

**Domain: Patient Empowerment, Patient Advocacy**

<b>Metric #33:</b>  Identify Learning Style Preference	<b>Definition:</b>  Number of navigated patients per month who preferred learning style was discussed during the intake process
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**Learning styles:**

Visual (spatial): You prefer using pictures, images, and spatial understanding

Aural (auditory-musical): You prefer using sound and music

Verbal (linguistic): You prefer using words, both in speech and writing

Physical (kinesthetic): You prefer using your body, hands, and sense of touch

Logical (mathematical): You prefer using logic, reasoning, and systems

Social (interpersonal): You prefer to learn in groups or with other people

Solitary (intrapersonal): You prefer to work alone and use self-study

**Source:** [www.learning-styles-online.com/overview/](http://www.learning-styles-online.com/overview/)

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):** PE, CO

**Other Domains with Same Metric:** Care coordination

**Rating of Metric 1-10 (1 = Low, 10 = High):** 8

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*Source documentation, including key points that support metric selection.*

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**Patient questionnaires/intake forms**

*(Navigators must be aware of patients' preferences for learning new information for successful learning and education.)*

**Brown CG, Cantril C, McMullen L, et al. Oncology nurse navigator role delineation study: an Oncology Nursing Society report. Clin J Oncol Nurs. 2012;16(6):581-585.**

- *Top-rated tasks:*
  - Provide emotional and educational support for patients*
  - Empower patients to self-advocate*
  - Provide education or referrals for coping with the diagnosis*



**Desimini EM, Kennedy JA, Helsley MF, et al. Making the case for nurse navigators: benefits, outcomes and return on investment. *Oncol Issues*. 2011;26(5):26-33.**

- *Research identified many positive outcomes to nurse navigation. After implementing entire continuum navigation, the program saw similar results and trends, including:*
  - *“Timely” access to healthcare and resources*
  - *Empowered shared decision-making education, impacting patient choices and decisions*
  - *Improved patient and provider satisfaction*
  - *Decreased patient anxiety*
  - *Reduced treatment delays*

**Russell S. An overview of adult-learning process. *Urologic Nurs*. 2006;26(5):349-351, 370-371.**

- *Effective instruction: need to understand how adults learn*
- *Adult learning styles must be assessed prior to initiating education*
- *Malcom Knowles—first theorized adult learning*
- *The reasons adults learn: to change their skills, behavior, knowledge, or attitudes*
- *Motivation is the key for adult learning*
- *Nurses must demonstrate a connection with the learner*
- *Characteristics of an adult learner: autonomous, self-directed, accumulated a foundation of experiences and knowledge, goal-oriented, relevancy-oriented, practical, need to be shown respect*

# ***Domain: Survivorship and End of Life***

**Domain: Survivorship and End of Life**

<b>Metric #34:</b>  Survivorship Care Plan	<b>Definition:</b>  Number of navigated patients (patients with curative intent) per month who received a survivorship care plan and treatment summary
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: None

Rating of Metric 1-10 (1 = Low, 10 = High): **10**

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*Source documentation, including key points that support metric selection.*

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*Commission on Cancer; Institute of Medicine 2007; National Cancer Institute*

**McCollum KH, Wood FG, Auriemma K. Evaluation of a breast and colon cancer survivorship program. Clin J Oncol. 2014;18(2):231-236.**

- Evaluate and assess the effectiveness of a breast and colon survivorship program on physical well-being, psychological well-being, social well-being, spiritual well-being

**Ko N, Darnell JS, Calhoun E, et al. Can patient navigation improve receipt of recommended breast cancer care? Evidence from the national patient navigation research program. J Clin Oncol. 2014;32(25):2758-2764.**

- This is the first national study to demonstrate that patient navigation may have a positive effect on the initiation of antiestrogen therapy in vulnerable populations. Our lack of a consistent finding in favor of navigation for all 3 quality treatment metrics suggests that the benefits of navigation may depend on the type of barriers addressed (eg, financial, transportation) and personal interaction (education and/or understanding regarding illness, treatment, and so on)

*Domain: Survivorship and End of Life*

<p><b>Metric #35:</b></p> <p>Transition from Treatment to Survivorship</p>	<p><b>Definition:</b></p> <p>Percentage of navigated analytic cases per month transitioned from completed cancer treatment to survivorship.</p> <p>The survivorship care plan (SCP) is given and discussed with the patient upon completion of active, curative treatment and recorded in the patient’s medical record. The timing of delivery of the SCP is within 1 year of the diagnosis of cancer and no later than 6 months after completion of adjuvant therapy (other than long-term hormonal therapy). The 1 year from diagnosis requirement to have an SCP delivered is extended to 18 months for patients receiving long-term hormonal therapy. Providing the SCP by mail, electronically, or through a patient portal without discussion with the patient does not meet the standard.</p> <p>Define care transitions: “...the movement patients make between healthcare practitioners and settings as their condition and care needs change during the course of chronic or acute illness.” (Coleman, n.d., para 1)</p>
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO

Other Domains with Same Metric: Care Coordination, Survivorship

Rating of Metric 1-10 (1 = Low, 10 = High): **8**

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*Source documentation, including key points that support metric selection.*

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**Commission on Cancer; National Cancer Institute; National Comprehensive Cancer Network; Guidelines on Survivorship; National Accreditation Program for Breast Centers; American Society of Clinical Oncology; Association of Community Cancer Centers Cancer Care Patient Navigation; Oncology Roundtable: Delivering Sustainable Survivorship Care, Advisory Board 2010**

**Pratt-Chapman M. Cancer survivorship: the role of the nurse navigator. *Journal of Oncology Navigation & Survivorship*. 2015;6(6):14-18.**

- Nurse navigators play a critical role in the delivery of quality survivorship care in the posttreatment setting
- Must have a strong understanding of the specific risks related to various treatment modalities and must be able to triage survivors to specialty care based on those risks
- Navigators connect patients to critical resources and facilitate patient-centered communication and care coordination among providers
- A survivorship care plan helps to improve the continuity of care for patients, identify psychosocial distress, manage bothersome symptoms, avoid preventable conditions, and avert potentially fatal late effects, prevention of new and recurrent cancers, and other late effects

**Campbell C, Craig J, Eggert J, Bailey-Dorton C. Implementing and measuring the impact of patient navigation at a comprehensive community cancer center. *Oncol Nurs Forum*. 2010;37(1):61-68.**

- Conclusion that patient navigation is effective in improving patient satisfaction and decreasing barriers to care as reported by patient and staff surveys. Patient navigators can play a significant role in assisting patients with coordinating services across the continuum of care

**Wagner EH, Ludman EJ, Aiello Bowles EJ, et al. Nurse navigators in early cancer care: a randomized, controlled trial. *J Clin Oncol*. 2014;32(1):12-18.**

- To determine whether a nurse navigator intervention improves quality of life and patient experience with care for people recently given a diagnosis of breast, colorectal, or lung cancer. Nurse navigator patients reported significantly higher scores on the PACIC and reported significantly fewer problems with care, especially psychosocial care, care coordination, and information. ,
- **Christensen D, Bellomo C. Using a nurse navigation pathway in the timely care of oncology patients. *Journal of Oncology Navigation & Survivorship*. 2014;5(3):13-18.**
- The interventions of an oncology nurse navigator in identifying and addressing barriers, providing education and resources, and giving emotional support can assist in alleviating patients' fear and anxiety, as well as helping to empower them to make informed decisions regarding their care. Statistical outcomes have demonstrated that at Intermountain Southwest Cancer Center, early oncology nurse navigator interventions led to reductions in time from referral to medical oncology and the initiation of treatment

**Rowland JH, Bellizzi KM. Cancer survivorship issues: life after treatment and implications for an aging population. *J Clin Oncol*. 2014;32(24):2662-2668.**

- Purpose: This article review looked at the long-term and late-occurring effects of cancer and its treatment in older survivors, reviewed information on current patterns of posttreatment care and the evolving guidelines for this care, and discussed opportunities for future research

- *Results: There is potential for treatment summaries and survivorship care plans to positively affect outcomes on many levels: from survivors' knowledge, function, and health to clinicians' knowledge and behaviors to system-level efficiencies and cost reduction*

***Kantsiper M, McDonald EL, Geller G, et al. Transitioning to breast cancer survivorship: perspectives of patients, cancer specialists, and primary care providers. J Gen Intern Med. 2009;24(Suppl 2):S459-S466.***

- *Patients correlate transitioning into survivorship with anxiety*
- *Expressed feelings of abandonment*
- *Oncology specialist reported that they want to remain connected to their survivors because they are invested in their care-emotional connection*

**Domain: Survivorship and End of Life**

<b>Metric #36:</b>  Referrals to Support Services at the Survivorship Visit	<b>Definition:</b>  Number of navigated patients per month referred to appropriate support service at the survivorship visit
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- Social worker
- Registered dietitian
- Physical therapist, occupational therapist, speech therapist
- Genetics

**Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI):** PE, CO, ROI

**Other Domains with Same Metric:** Care Coordination

**Rating of Metric 1-10 (1 = Low, 10 = High):** 10

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*Source documentation, including key points that support metric selection.*

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**McCollum KH, Wood FG, Auriemma K. Evaluation of a breast and colon cancer survivorship program. Clin J Oncol. 2014;18(2):231-236.**

- Evaluate and assess the effectiveness of a breast and colon survivorship program on physical well-being, psychological well-being, social well-being, spiritual well-being

**O'Brien M, Stricker C, Foster J, et al. Navigating the seasons of survivorship in community oncology. Clin J Oncol Nurs. 2013(18 Suppl):9-14.**

- Evaluate the effectiveness of an advanced practice nurse as the facilitator for a community survivorship clinic: improving patient outcomes by providing focused and cost-effective follow-up care, including assessment and education to prevent, educate, and reduce the intensity of late effects
- Study Outcomes:
  - 1) Average number of monthly visits grew throughout 2012, from a low of 16 in February to a high of 25.8 in December
  - 2) Patient satisfaction increased with the survivorship visits to 92% of respondents

- 3) *Patients, regardless of stage, were concerned about physical and functional well-being and fatigue*
- 4) *Patients with stage I, II, and III disease are concerned more about body image, whereas stage IV patients are concerned about healthcare directives*
- 5) *Success of program has allowed it to be active at 5 of the clinics*

**Pratt-Chapman M, Simon M, Patterson A, Risendal B. Survivorship navigation outcome measures. *Cancer*. 2011;117(15 Suppl):3575-3584.**

**DeGuzman PB, Sheffield C, Hauser LR, et al. Identifying barriers to navigation needs of cancer survivors in rural areas. *Journal of Oncology Navigation & Survivorship*. 2015;6(5):34**

- *Highlight the essential functions of the survivorship navigator and to define core outcomes and measures for navigation in the survivorship period*
- *Baseline identification of a health system perspective on the barriers to navigation needs of cancer survivors in rural settings*
- *Results: Three major themes emerged from the analysis, including:*
  - 1) *Ineffective transition back to primary care*
  - 2) *Concern regarding the financial burden for patients*
  - 3) *Inadequate coordination of support services throughout the cancer continuum*
- *Barriers to provision of survivorship care for patients in rural communities have not been studied sufficiently*

**Korber S, Padula C, Gray J, Powell M. A breast navigator program: barriers, enhancers, and nursing interventions. *Oncol Nurs Forum*. 2011;38(1):44-50.**

- *Utilized focus group and telephone interview methods to identify barriers and enhancers to breast cancer treatment from the patient's perspective and the effectiveness of the interventions provided by the nurse navigator*
- *Study outcomes: Participants identified the nurse navigator's interventions with symptom management, access to financial and community resources, and collaborative teamwork were influential in the completion of their treatment and continuity of care*

**Lee T, Ko I, Lee I, et al. Effects of nurse navigators on health outcomes of cancer patients. *Cancer Nurs*. 2011;34(5):376-384. doi:10.1097/Ncc.ob013e3182025007.**

- *Positive impact of a nurse navigator involved in the coordination of care on health outcomes of patients with cancer*

**Pieters HC, Heilemann MV, Grant M, Maly RC. Older women's reflections on accessing care across their breast cancer trajectory: navigating beyond the triple barriers. *Oncol Nurs Forum*. 2011;38(2):175-184. doi:10.1188/11.ONF.175-184.**

- *Demonstrates the value of the nurse navigator for older breast cancer survivors. A reminder that healthcare professionals recognize patients as a whole person and not just the disease process itself in regard to the planning of their cancer care. Analysis of the sample of older women, their unique challenges and needs, and the impact that an oncology nurse navigator can have on their cancer experience*

**Christensen D, Bellomo C. Using a nurse navigation pathway in the timely care of oncology patients. *Journal of Oncology Navigation & Survivorship*. 2014;5(3):13-18.**



- *The interventions of an oncology nurse navigator in identifying and addressing barriers, providing education and resources, and giving emotional support can assist in alleviating patients' fear and anxiety, as well as helping to empower them to make informed decisions regarding their care. Statistical outcomes have demonstrated that at Intermountain Southwest Cancer Center, early oncology nurse navigator interventions led to reductions in time from referral to medical oncology and the initiation of treatment*

**Domain: Survivorship and End of Life**

<b>Metric #37:</b>  Palliative Care Referral	<b>Definition:</b>  Number of navigated patients per month referred for palliative care services
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Patient Experience (PE), Clinical Outcome (CO), Return on Investment (ROI): PE, CO, ROI

Other Domains with Same Metric: Coordination of Care

Rating of Metric 1-10 (1 = Low, 10 = High): **9**

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*Source documentation, including key points that support metric selection.*

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**National Palliative Care Registry Data; National Comprehensive Cancer Network Guidelines for Palliative Care; National Hospice & Palliative Care Organization**

**Boyd D, Merkh K, Rutledge DN, Randall V. Nurses' perceptions and experiences with end-of-life communication and care. *Oncol Nurs Forum.* 2011;38(3):E229-E239.**

- *Descriptive correlational survey study*
- *To characterize oncology nurses' attitudes toward care at the end of life and their experiences in caring for terminally ill patients, hospice discussions with patients and families, and the use of palliative care practices*
- *Missed opportunities may reflect nurses' attitudes. However, lack of patient and family member acceptance was the most important barrier to discussion of hospice*
- *Strategies to enable nurses to have a stronger voice during this critical time for their patients are needed and, when developed, supported in practice to ensure they are used*

**Hauser J, Sileo M, Araneta N, et al. Navigation and palliative care. *Cancer.* 2011;117(15 Suppl):3585-3591.**

- *Barriers encountered that cause late admission to hospice argue for continued attention to the integration of palliative care and hospice into routine cancer care. The hospital and clinic are potential settings to help broach this transition among patients and families. As an intervention that spans inpatient and outpatient settings, navigation might help to integrate palliative care with routine care*
- *Role for navigator is to screen around symptom outcomes—pain, dyspnea, and depression—and refer to physician if screening reached a certain threshold*

- *Excellent communication is central to the overall practice of navigation and to palliative care.*
- *Advance care planning is integral for navigation and palliative care*  
*Applying and adapting the Care Transitions Measure to these transitions is an example of an outcome in palliative care that cancer care navigation might impact*
- *Measuring bereavement through the Impact of Events scale, you could test the impact/outcome of navigation on bereavement among family members after death*
- *Access: Measure outcomes of number of hospice referrals and timing of hospice referrals among underrepresented groups. Appropriate outcomes overall for tracking the use of hospice among patients and families in a navigation program*
- *Navigators may require specific training in palliative care to help patients and families at these later stages of illness*

**Fischer SM, Sauaia A, Kutner JS. Patient navigation: a culturally competent strategy to address disparities in palliative care. *J Palliat Med.* 2007;10(5):1023-1028.**

- *To determine the current challenges of integrating palliative care into other forms of care. It considers the impact and outcomes that navigation might be expected to improve for patients receiving palliative care or enrolled in hospice. These outcomes include symptom relief; communication efficacy; transitions of care; and access to palliative care, hospice, and bereavement care for families*

**Fischer SM, Cervantes L, Fink RM, Kutner JS. Apoyo con Cariño: a pilot randomized controlled trial of a patient navigator intervention to improve palliative care outcomes for Latinos with serious illness. *J Pain Symptom Manage.* 2015;49(4):657-665.**

- *To further study the disparities in healthcare at the end of life and the need for a patient navigator in palliative care*
- *Disparities in end-of-life care include limited knowledge and misconceptions of advance care planning, higher rates of institutional deaths, lower rates of hospice utilization, and untreated or undertreated pain*
- *Patient navigation can address some of the cultural barriers to palliative care*
- *Identified 3 main areas of focus—advance care planning, pain management, and hospice*
- *To determine the feasibility of a patient navigator intervention to improve palliative care outcomes for Latino adults with serious illness*
- *Overall advance care planning was higher in the intervention group (47% vs 25%) and 79% of intervention group had a discussion about pain management documented in the electronic medical record versus 54% of control patients*
- *Hospice enrollment between the 2 groups was similar; length of stay in the intervention group was 36.4 + 51.6 days versus 19.7 + 33.6 days for control patients*

**Fox K. The role of the acute care nurse practitioner in the implementation of the Commission on Cancer's standards on palliative care. *Clin J Oncol Nurs.* 2014;(18 Suppl):39-44.**

- 1) *Need to develop a more tailored job description of acute care nurse practitioners*
- 2) *Quality metrics need to be developed to quantitatively demonstrate benefits of position.*
- 3) *Certification in palliative care for the role of nurse practitioner*
- 4) *Develop role of palliative care consultant for all patients newly diagnosed with cancer*
- 5) *Provide telephonic monitoring of more complex patients and triage. Improve symptom management through earlier and more thorough detection by using palliative care assessment skills*

- 6) Enhance the patient experience through palliative care coordinated across settings
- 7) Enrich professional practice for acute care nurse practitioners leading to improved retention and job satisfaction
- 8) Palliative consultations and services need to be reimbursable by insurers

**Fillion L, Cook S, Veillette A, et al. Professional navigation framework: elaboration and validation in a Canadian context. *Oncol Nurs Forum*. 2012;39(1):58-69. doi:org/10.1188/12.ONF.E58-E69.**

- Results support a bidimensional framework:
  - Health system-oriented – refers to continuity of care**  
Concepts: Informational, management, and relational continuity  
Functions of the role and outcomes are listed for each concept
  - Patient-centered – corresponds to empowerment**  
Concepts: Active coping, cancer self-management, supportive care  
Functions of the role and outcomes are listed for each concept

**Fiscella K, Ransom S, Jean-Pierre P, et al. Patient-reported outcome measures suitable to assessment of patient navigation. *Cancer*. 2011;117(15 Suppl):3603-3617. doi:10:1002/cncr.26 260.**

- Although the working group gave priority to proximal measures that are likely to be more directly affected by navigation (eg, adherence, unmet needs/barriers, satisfaction/experience with care), there appears to be a dearth of well-validated scales across the cancer continuum. The Patient Satisfaction with Cancer-Related Care and the Consumer Assessment of Healthcare Providers and Systems Patient Experience with Cancer Survey show promise for assessing experience with cancer-related care. Further work is needed to validate existing adherence measures and patient activation measures in relevant populations

**Next steps for survivorship/end of life:**

- Patient satisfaction with education on late and long-term effects
- Delivery of survivorship care plan to community primary care professionals/providers