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.
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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. 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. 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.

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.” 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.”

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.

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.*
**Navigation Metric Team Members:**

*Project Team Leader:* Tricia Strusowski, RN, MS
Manager, Oncology Solutions LLC

*Co-Project Team Leaders:* Elaine Sein, RN, BSN, CBCN
Navigation Consultant

Danelle Johnston, MSN, RN, ONN-CG, OCN, CBCN
Director of Navigation
Sarah Cannon/Austin Texas Market

Sharon Gentry, RN, MSN, CBCN, AOCN, ONN-CG
Breast Nurse Navigator
Novant Health Derrick L. Davis Cancer Center

Elizabeth Brown, MSN, MHA, RN, OCN, NE-BC
Senior Director of Navigation
Sarah Cannon

Nicole Messier, BSN, RN, OCN, ONN-CG
Site-Specific Nurse Navigator
University of Vermont Medical Center

Barbara McHale, RN, BS, OCN, CBCN, ONN-CG
Nurse Navigator
St. Mary’s Cancer Treatment Center

Cheryl Bellomo, MSN, RN, OCN, ONN-CG
Nurse Navigator
Intermountain Southwest Cancer Center
Cedar City Hospital

Linda Bily, MA, CSA
Director, Patient Advocacy and Community Outreach – Cancer
Stony Brook University Hospital

Vanessa Rodriguez, MSW, OPN-CG
Breast Patient Navigator
Memorial Hospital West

Elaine Sein, RN, BSN, OCN, CBCN

<table>
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<th>Professional/Roles &amp; Responsibilities</th>
<th>Operations</th>
<th>Management/Organizational Development/Health Economics</th>
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<tr>
<td>Patient Advocacy/Patient Empowerment</td>
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<td>Community Outreach/Prevention</td>
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Consultant Improvement

Danelle Johnston, MSN, RN, ONN-CG, OCN, CBCN
Director, Navigation
Sarah Cannon/Austin Texas Market
Domain: Coordination of Care/
Care Transitions
**Domain: Coordination of Care/Care Transitions**

<table>
<thead>
<tr>
<th>Metric #1:</th>
<th>Definition:</th>
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<tbody>
<tr>
<td>Treatment Compliance</td>
<td>Percentage of navigated patients who adhere to institutional treatment pathways per quarter</td>
</tr>
</tbody>
</table>

**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.**


- 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


- 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


- 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

<table>
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<th>Metric #2:</th>
<th>Definition:</th>
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<tbody>
<tr>
<td>Barriers to Care</td>
<td>Number and list of specific barriers to care identified by navigator per month</td>
</tr>
</tbody>
</table>

- 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.**


- 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


- 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

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

  • 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

  • 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

  • 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

  • Two major thematic categories emerged from the data, each with a number of subthemes linking specific navigation techniques to positive patient experiences
    o 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**

- 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

- 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

- 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

<table>
<thead>
<tr>
<th>Metric #3:</th>
<th>Interventions</th>
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</thead>
<tbody>
<tr>
<td><strong>Definition:</strong></td>
<td>Number of specific referrals/interventions offered to navigated patients per month</td>
</tr>
<tr>
<td></td>
<td>Intervention definition: The act of intervening, interfering, or interceding with the intent of modifying the outcome</td>
</tr>
</tbody>
</table>

- 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.

Source documentation, including key points that support metric selection.


- 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


- 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


- 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


- 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

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

<table>
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<tr>
<th><strong>Metric #4:</strong></th>
<th><strong>Definition:</strong></th>
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<tbody>
<tr>
<td>Clinical Trial Education</td>
<td>Number of patients educated on clinical trials by the navigator per month</td>
</tr>
</tbody>
</table>

**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.*

**Source:**
- AONN+ and ONS Core Competencies

- 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

- 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

<table>
<thead>
<tr>
<th>Metric #5:</th>
<th>Definition:</th>
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<tbody>
<tr>
<td>Clinical Trial Referrals</td>
<td>Number of navigated patients per month referred to clinical trial department</td>
</tr>
</tbody>
</table>

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):

Source documentation, including key points that support metric selection.


• 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


• 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, cancer treatment outcomes, and clinical trial enrollment
Domain: Coordination of Care/Care Transitions

<table>
<thead>
<tr>
<th>Metric #6:</th>
<th>Definition:</th>
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</thead>
<tbody>
<tr>
<td>Patient Education</td>
<td>Number of patient education encounters by navigator per month</td>
</tr>
</tbody>
</table>

- 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

Source documentation, including key points that support metric selection.

  - 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

  - 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)

• 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


• 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


• 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


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

<table>
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<tr>
<th>Metric #7:</th>
<th>Definition:</th>
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<tbody>
<tr>
<td>Multidisciplinary Communication</td>
<td>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)</td>
</tr>
</tbody>
</table>

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):

Source documentation, including key points that support metric selection.


- 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)


- 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

• 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

• 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

• 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

<table>
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<th>Metric #8:</th>
<th>Definition:</th>
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<tbody>
<tr>
<td>Diagnosis to Initial Treatment</td>
<td>Number of business days from diagnosis (date pathology resulted) to initial treatment modality (date of first treatment)</td>
</tr>
<tr>
<td></td>
<td>Treatment modalities include chemotherapy, surgery, radiation therapy, endocrine therapy, and biotherapy</td>
</tr>
</tbody>
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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.*

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


- 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

• 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

• 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

• 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

• 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

• 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

• 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

  • 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

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

  • “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)

  • 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

<table>
<thead>
<tr>
<th><strong>Metric #9:</strong></th>
<th><strong>Definition:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis to First Oncology Consult</td>
<td>Number of business days from diagnosis (date pathology received) to initial oncology consult (date of first appointment)</td>
</tr>
</tbody>
</table>

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.**


- 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


- 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

- 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


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


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

<table>
<thead>
<tr>
<th>Metric #10:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience/Patient</td>
<td>Patient experience or patient satisfaction survey results per month (utilize</td>
</tr>
<tr>
<td>Satisfaction with Care</td>
<td>institutional specific navigation tool with internal benchmark)</td>
</tr>
</tbody>
</table>

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

---

Source documentation including key points that support metric selection.

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


- 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


- 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


- 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.


- 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


- 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**

<table>
<thead>
<tr>
<th><strong>Metric #11:</strong></th>
<th><strong>Definition:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience/Patient Satisfaction with Care</td>
<td>Monitor one major goal of current navigation program annually as defined by cancer committee</td>
</tr>
</tbody>
</table>

**Example:** Population served

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

Source documentation, including key points that support metric selection.

**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](#)


- 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

- 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.


- 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

<table>
<thead>
<tr>
<th>Metric #12:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Transitions from Point of Entry</td>
<td>Percentage of navigated analytic cases per month transitioned from institutional point of entry to initial treatment modality</td>
</tr>
</tbody>
</table>

**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)

**Define modality:** chemotherapy, surgery, radiation therapy, endocrine therapy, and biotherapy

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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.**

**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.**


- 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

• “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

• 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

• 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

• 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)


- 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


- 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

<table>
<thead>
<tr>
<th>Metric #13:</th>
<th>Definition:</th>
</tr>
</thead>
</table>
| Diagnostic Workup to Diagnosis | Number of business days from date of abnormal finding to pathology report for navigated patients  
Abnormal Finding Definition: Number of business days from abnormal finding diagnostic workup (date of workup) to diagnosis (date pathology resulted) |

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

Source documentation, including key points that support metric selection.

Data from Navigator electronic medical record; Tumor registry


• 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

National Transitions of Care Coalition. 2010.*


• 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
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• Supports transitions in care

• 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 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

• 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

• The Centers for Medicare & Medicaid Services has an initiative to improve quality care across care settings by improving transitions between settings
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healthcare providers. Also, ensuring the patient has outpatient follow-up appointments arranged and coordinated

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• 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

<table>
<thead>
<tr>
<th>Metric #14:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-, 60-, 90-Day Readmission Rate</td>
<td>Number of navigated patients readmitted to the hospital at 30, 60, 90 days. Report quarterly</td>
</tr>
</tbody>
</table>

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

Source documentation, including key points that support metric selection.


Data from hospital electronic medical record
**Domain: Operations Management, Organizational Development, Health Economics**

**Metric #15:** Navigation Operational Budget

**Definition:**
Monthly operating expenses by line item

Definition: Operational budget is a combination of known expenses, expected future costs, and forecasted income over the course of a year


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:


- 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


- 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


- 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


• 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


• 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


• 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**

<table>
<thead>
<tr>
<th>Metric #16:</th>
<th>Navigation Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong></td>
<td>Number of new cases, open cases, and closed cases navigated per month</td>
</tr>
<tr>
<td><strong>Definitions:</strong></td>
<td>New cases: New patient case referred to the navigation program per month</td>
</tr>
<tr>
<td></td>
<td>Open cases: Patient case that remains open/month</td>
</tr>
<tr>
<td></td>
<td>Closed cases: Number of patient cases closed per month. Formal closing of a patient case from the navigation program</td>
</tr>
</tbody>
</table>

**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.*

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


- 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

---

- 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

<table>
<thead>
<tr>
<th>Metric #17:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to Revenue-Generating Services</td>
<td>Number of referrals to revenue-generating services per month by navigator</td>
</tr>
</tbody>
</table>

- 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

Source documentation, including key points that support metric selection.

Data from electronic medical record, billing department


- 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

• 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

  • Care coordination
  • Communication between patient and providers

  • 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

  • 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

Metric #19: No-Show Rate

Definition: Number of navigated patients who do not complete a scheduled appointment per month

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

Source documentation, including key points that support metric selection.

Data from Navigation electronic medical record/database


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%


- 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**

<table>
<thead>
<tr>
<th>Metric #20:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Retention Through Navigation</td>
<td>Number of analytic cases per month or quarter that remained in your institution due to navigation</td>
</tr>
<tr>
<td>Part 1 of metric</td>
<td>Reason for outmigration</td>
</tr>
<tr>
<td>Part 2 of metric</td>
<td>(ie, insurance, logistics, etc)</td>
</tr>
</tbody>
</table>

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.**

Data from Tumor Registry (class of case), Navigator database
Source: Advisory Board


- 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.

- 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


- 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

<table>
<thead>
<tr>
<th>Metric #21:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Utilization</td>
<td>Number of navigated patient visits to the emergency department per month</td>
</tr>
<tr>
<td></td>
<td>- Nausea/vomiting/dehydration</td>
</tr>
<tr>
<td></td>
<td>- Constipation</td>
</tr>
<tr>
<td></td>
<td>- Symptom management</td>
</tr>
<tr>
<td></td>
<td>- Sepsis</td>
</tr>
<tr>
<td></td>
<td>- Other</td>
</tr>
</tbody>
</table>

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

Source documentation, including key points that support metric selection.

Data from electronic medical record, billing


- 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**

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

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.

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


- 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

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

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Centers for Medicare & Medicaid Services: Oncology Care Model
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- 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

<table>
<thead>
<tr>
<th>Metric #23:</th>
<th>Cancer Screening Follow-Up to Diagnostic Workup</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition:</strong></td>
<td>Number of navigated patients per quarter with abnormal screening referred for follow-up diagnostic workup</td>
</tr>
<tr>
<td></td>
<td>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. Screening tests include the following:</td>
</tr>
<tr>
<td></td>
<td>• Physical exam and history: 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</td>
</tr>
<tr>
<td></td>
<td>• Imaging procedures: Procedures that take pictures of areas inside the body</td>
</tr>
<tr>
<td></td>
<td>• Genetic testing: Tests that look for certain gene mutations (changes) that are linked to some type of cancers</td>
</tr>
</tbody>
</table>

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
Source documentation, including key points that support metric selection.

Source: patient questionnaires/intake forms
(Navigators must be aware of patients‘ preferences for learning new information for successful learning and education.)

  • 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

  • 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

Reviewed:
  • Time to screening
  • Time to diagnosis
  • Time to treatment

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

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

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


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


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


• 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


• 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


• 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

<table>
<thead>
<tr>
<th>Metric #24: Cancer Screening</th>
<th>Definition: Number of participants at cancer screening event and/or percentage increase of cancer screening (See above definition for cancer screening)</th>
</tr>
</thead>
</table>

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

Source documentation, including key points that support metric selection.

Electronic medical record; Tumor Registry

  • 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

  • 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

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


- 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


- Research is emerging that shows benefit in using an oncology nurse practitioner navigator for ensuring timely care
**Domain: Community Outreach, Prevention**

| Metric #25: Completion of Diagnostic Workup | Definition: Number of navigated individuals with abnormal screening that completed diagnostic workup per month/quarter (See above definition for cancer screening) |

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.*

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


- 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.


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

- 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


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


- 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


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


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


- “Timely” access to healthcare and resources


- 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


- 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


• 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


• 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


• “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)


• 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


• 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**

<table>
<thead>
<tr>
<th>Metric #26:</th>
<th>Definiton:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disparate Population at Screening Event</td>
<td>Number of individuals per quarter at community screening events by Office of Management and Budget Standards Disparate Population Definition: 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></td>
</tr>
</tbody>
</table>

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

Source documentation, including key points that support metric selection.

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

Reference: AONN+ Core Competencies

Supportive Documentation: Navigation Database; Tumor Registry

• 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

• 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

• 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

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

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

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

• 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

- 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.


- 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.


- 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

Metric #27: Navigation Knowledge at Time of Orientation

Definition: Percentage of new hires that have completed institutionally developed navigator core competencies

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

Source documentation, including key points that support metric selection.

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


- 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


- 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


- 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

• 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

• 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

• 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

• 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

<table>
<thead>
<tr>
<th>Metric #28:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology Navigator Annual Core Competencies Review</td>
<td>Percentage of staff that has completed institutionally developed navigator core competencies annually to validate core knowledge of oncology navigation</td>
</tr>
</tbody>
</table>

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

Source documentation, including key points that support metric selection.

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


- 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


- 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
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- Studies describing training were further coded for 6 key domains of navigator training: duration, location, format, content, occupation of trainer, and learning strategy employed.

Francz 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**

<table>
<thead>
<tr>
<th>Metric #29:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Distress Screening</td>
<td>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</td>
</tr>
</tbody>
</table>

**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.**

**Commission on Cancer**


- 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

- 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

- 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

- 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

- 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

- 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


• 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**

<table>
<thead>
<tr>
<th>Metric #30:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support Referrals</td>
<td>Number of navigated patients referred to support network per month</td>
</tr>
</tbody>
</table>

- Social worker
- Psychologist
- Chaplain
- Palliative care
- Financial counselor

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.**

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

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

  - 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

- 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

- 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

- 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

<table>
<thead>
<tr>
<th>Metric #31:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Goals</td>
<td>Percentage of analytic cases per month that patient goals identified and discussed with the navigator</td>
</tr>
</tbody>
</table>

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.**

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.)

- 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

- 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.**


- 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


- 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].**


- 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

<table>
<thead>
<tr>
<th>Metric #32:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Support</td>
<td>Number of caregiver needs/preferences discussed with navigator per month</td>
</tr>
</tbody>
</table>

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

Source documentation, including key points that support metric selection.

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)


- 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


- 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


- 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.


• 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

**Metric #33:**
Identify Learning Style Preference

**Definition:**
Number of navigated patients per month who preferred learning style was discussed during the intake process

**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/

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.

Patient questionnaires/intake forms
(Navigators must be aware of patients’ preferences for learning new information for successful learning and education.)


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

- 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


- 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

<table>
<thead>
<tr>
<th>Metric #34:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivorship Care Plan</td>
<td>Number of navigated patients (patients with curative intent) per month who received a survivorship care plan and treatment summary</td>
</tr>
</tbody>
</table>

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.**

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


- 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


- 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

## Metric #35: Transition from Treatment to Survivorship

### Definition:

Percentage of navigated analytic cases per month transitioned from completed cancer treatment to survivorship. 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.

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)

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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.*

- 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


- 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


- 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.


- 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


- 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


• 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**

<table>
<thead>
<tr>
<th>Metric #36:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to Support Services at the Survivorship Visit</td>
<td>Number of navigated patients per month referred to appropriate support service at the survivorship visit</td>
</tr>
</tbody>
</table>

- 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.**


- 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


- 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.


- 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.


- 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.


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


- 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.

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**

<table>
<thead>
<tr>
<th>Metric #37:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care Referral</td>
<td>Number of navigated patients per month referred for palliative care services</td>
</tr>
</tbody>
</table>

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.**

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


- 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


- 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


- 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


- 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


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


- 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


- 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