THE NURSE NAVIGATOR: A CRUCIAL MEMBER OF THE HEAD AND NECK CANCER TEAM

Barbara P Carter RN, MSN, CORLN
Head and Neck Nurse Navigator
Georgia Regents University Cancer Center
Augusta, Georgia
Lana Jackson, MD
Associate Professor
Department of Otolaryngology
UMC Medical Center
Jackson, Mississippi

Disclosures

None

Objectives

• Define the role of the Nurse Navigator in the ORL practice
• Identify examples of how the Nurse Navigator can enhance the experience and improve access to care of the ORL patient
• Identify the advantages to the Otolaryngologist, especially in the cancer setting, of having a Nurse Navigator as a team member

Discussion and Questions

THE NURSE NAVIGATOR DEFINED

The nurse navigator facilitates access to care and access to various community and supportive resources while navigating patients through the complexities of the health care system.

• Initial access to the health care system
• Identify disparities
• Connect patient to services such as social work

THE NURSE NAVIGATOR DEFINED

As defined by Georgia Regents University Cancer Center...
“The nurse navigator is an experienced oncology nurse who provides guidance and education to patients throughout the continuum of care helping them to understand their diagnosis and treatment options.”

GRU Position Classification/Description Form, 2012
THE NURSE NAVIGATOR DEFINED

- The nurse navigator orchestrates members of the healthcare team to coordinate care for oncology patients from a multi-disciplinary approach while maintaining patient family centered care.
- Is aware of the disparities of care and works to resolve them.

Dumitriu (2007)

GRU Solid Tumor Navigators

Breast
Head and Neck
Gastrointestinal
Genitourinary
Thoracic
Neuro Oncology/Palliative Care

EVOLUTION OF PATIENT NAVIGATION

Local Perspective (GRU):
- Prompted by community needs
- Championed by a physician
- Supported by Senior Leadership
- Piloted by the Breast Cancer Multi-Disciplinary Program (Jan 2008)
- Now extends to 7 solid tumor & malignant hematology

Patient Navigation in ORL Nursing

- Some areas (internationally) using Clinical Nurse Specialists
- Offset costs by benefits of improved quality and coordinator of care

Hewitt & Ross, 2012

PATIENT NAVIGATION IN ORL NURSING

Cancer care is progressing
How?
Perception: Death → Survival
Treatment: Radical → Conservative
Approach: Fragmented → Multidisciplinary
Focus: Disease → Patient/Quality of life

PATIENT NAVIGATION IN ORL NURSING

Why? ↑ in survival rate; ↓ in death rate
Awareness
Early detection
Advances in technology
- Screening / diagnostics
- Treatment
- Minimally invasive procedures

Koh, Nelson & Cook (2011)
PATIENT NAVIGATION IN ORL NURSING

And why is this important to the ORL patient?

In the midst of all the change, some things remain the same:
- Cancer (Head and Neck) care is extremely complex
- Patients require care, education, & support at diagnosis, through treatment and recovery, into survivorship

THE ROLE OF THE NURSE NAVIGATOR

- Education
- Support
- Access to care (health system)
- Triage Manager
- Wellness Promotion
- Cancer Prevention
- Public Advocate

The Role of the Nurse Navigator

- Access to Care
  - Timely response to new consults
  - Communication
  - Liaison
  - Point of contact for referral sources
  - Follow-up of diagnostics, etc
- Eliminates obstacles to diagnosis and treatment

Darnell (2011)

PATIENT NAVIGATION IN ORL NURSING

Our Response to the needs of patients:
- Multidisciplinary approach
- Patient Family Centered Care
- Nurse Navigator

Goals
- Better care
- Improved patient outcomes / satisfaction

THE ROLE OF THE NURSE NAVIGATOR

- Strong communication and assessment skills
- Work autonomously
- Strong relationship with the team
- Educator
- Provides Support
- Access to care (health system)
- Triage Manager

Educator

- Patients feel comfortable speaking to a nurse about concerns
- Pain- one of the major areas of need
  - Treatment expectations- e.g. XRT,
  - Chemo, nutrition needs
INFORMATION AVENUE

• Keeps the physician up to date on patient progress and issues
• Two-way discussions on patient care

BUILDING RELATIONSHIPS

• Working closely with one physician leads to a trust
• Navigator understands and anticipates needs
• Openly discusses clinical issues and resolves

CASE STUDY #1

• 64 y/o male first seen by the Otolaryngology tumor board September 2009 with a 2 month hx of a right neck mass
• Post neck dissection determined to be T3N2aM0 SCCA
• S/P chemo/XRT, completed treatments in December 2009
• First met patient at his visit in August of 2012, shortly after my arrival in the position as Head and Neck Nurse Navigator

Case Study #1

• Comments by the patient regarding his experience with and without a Navigator:
  • “My experience with having access to a nurse navigator has been extremely positive.”
  • “Before having a Navigator I found myself not sure whom I should contact to answer cancer related questions without waiting for my next appointment with my doctor. There was no clear way or dedicated person that knew my medical issues prior to the nurse navigator program”

Case Study #1

• “Calls answered promptly and calls made the same day”
• “I feel I can contact my doctor and get the response I need without having to wait for an appointment”
• “The insecurity caused by having cancer and related questions requires a close contact with someone that knows your personal situation.”

Case Study #2

• 72 y/o first seen by the Otolaryngology Tumor Board July 2012 with 2-3 month hx of neck mass
• Found to have T3N1Mx SCCA of the neck after an incisional biopsy in June 2012
• I met the patient in September 2012 after his neck dissection and having been set up for Chemo/XRT
Case Study #2

• Comments from the patient and wife concerning their experience having a navigator:
  • “Became our first contact person to help us with emergency needs”
  • “Our nurse had direct contact with our doctor. She could discuss our needs without us having to explain to others that did not know our case”
  • “She was always updated on any changes and helped us weather those changes”
  • “She not only helped out the patient but certainly assisted family members as well”

MULTIDISCIPLINARY APPROACH

• Academic atmosphere leads to a team environment
  • Residents
  • Students
  • Ancillary Staff
• Many times Residents are burdened with patient issues that can be resolved by nursing
  • Residents many times the 1st line of communication

MULTIDISCIPLINARY APPROACH

• Concurrent model used frequently in head and neck teams
• Also used in GI, Melanoma, Sarcoma and Neuro-Oncology
• Sequential method used for less complex cases
  
  Bunnell, Weingart, Swanson, Mamon& Shulman (2010)
MULTIDISCIPLINARY TUMOR BOARD

- Point of contact for referral sources
- First contact to potential patients
- Coordinate obtaining all necessary clinical information
- Assure patients aware of how the MDC works (expectations)

Community Outreach

- Educating the community on disease prevention and detection
- Oral Head and Neck Awareness Week
- Speaker at the 2012 CAT (Cancer Awareness Tennis Tournament)

THE FUTURE OF NURSE NAVIGATION AT GRU

- Better defined roles & responsibilities
- Community Outreach Navigator
- Research opportunities
  - efficacy, models, benchmarks, cost-effectiveness

Improving Roles and Responsibilities

- New roles require constant re-evaluation
- Look at what works best for your specialty and patients
- Know your physician(s)
- Learn how best to maximize the position resulting in increasing patient, physician and team satisfaction.

Navigators in head and neck oncology: The physician’s perspective

Lana L. Jackson, M.D.
Associate Professor
Department of Otolaryngology
University of Mississippi Medical Center

The Head and Neck Cancer Patient

- Diagnosis leads to fear and uncertainty
- Treatment disrupts daily routine
- Face difficulties with eating, breathing, speaking, changes in appearance
- Asked to assimilate information about their condition and treatment options
The Head and Neck Cancer Patient

- Have very specific needs
- Cannot hide the effects of treatment
- May have limited support
- May have limited resources

The Challenge For the Patient

- Patients are given a devastating diagnosis with more information than they can possibly absorb or understand in a 45 min encounter
- Patients overwhelmed by the prospect of coordinating care, asking the right questions, finding resources and informing their families

The Challenge For the Physician

- One physician and hundreds of patients
- Patients need individual attention
- Care often includes multiple physicians and services
- The need to be available for questions, complications, new issues while still performing duties of daily practice
- Patient concerns distributed from various sources

Patient Navigation

- NCI definition (within cancer care)
  - “the assistance offered to healthcare consumers (patients, survivors, families, and caregivers) to help then access and then chart a course through the healthcare system and overcome any barriers to quality care”

Navigator’s Responsibility

- To ensure that every patient receives comprehensive, timely, and quality healthcare services

Cancer Nurse Navigator

- Four C’s
  - Connector
  - Coordinator
  - Counselor
  - Compass

Desimini et al. Oncology Issues Sep/Oct 2011
Connector

- Initial contact with patients
- Physician to physician
- Physician to patient
- Patient to resources
- Less information gets lost in the shuffle

Connector

- First contact with the system is our navigator
  - immediately have a person who is working on patient’s behalf
- Referring physicians have a point of contact
  - able to facilitate conversations and information between physicians and offices

Connector

- The navigator can filter patient concerns
  - trigger a phone call from the physician when needed
  - provide follow-up that is timely or bring patients in when concerns arise
- Recognize when patients are having new issues and need to be plugged in to additional resources

Coordinator

- Ensures all information is obtained prior to first visit
- Schedules additional appointments
- Schedules additional studies
- Allows for expedited treatment and timely feedback

Coordinator

- Prepares the patient information packet for initial visit
  - notes (office visits, operative reports)
  - tests (labs, biopsy results)
  - imaging (CT, MRI, PET)
- Arranges additional studies to be performed if needed
- Additional services
  - dental, nutrition, psychology, GI surgery
  - all in the context of treatment planning

Counselor

- Helps to explain medical information
- Guidance when new issues arise
- Clarifies confusing information
Counselor

- Questions always arise after initial appointment
  - provide patients with answers
  - connect with needed provider
  - recognize the need for additional visit
- Sometimes the patient just needs reassurance

Compass

- Guides patient from initial consultation to treatment and beyond
- Patients have one reference point if they “get lost”

Compass

- The navigator is the constant in the equation of multiple providers
  - multiple treatment paths
  - the navigator is plugged in to them all

Before Barb (BB)

- New referrals through surgery scheduler
- Consults placed by attending/resident
- Patients discharged from the hospital with follow up appointment

After Barb (AB)

- Navigator is contact point for referring physicians and communicates with patient
- Consults placed by navigator/resident with follow up by navigator
- Patients d/c from hospital with appointments and phone call in 24 hours

BB

- Patient phone calls filtered through central number with various nurses taking phone calls and relaying information
- Delays in getting test results back to patient
- Delays in prescription refills
- Gaps in obtaining information and closing the loop

AB

- Patient calls filtered through navigator with timely feedback
- Timely feedback with test results and imaging
- Quicker response on medication refills
- Perpetual feedback and execution
- Increasing patient satisfaction
Key to Success

• Communication
  – teach what you do
  – constant contact (email, text, phone)
  – give them the information they need to help you
    • manage schedule
    • overbooks

• Autonomy
  – allow the navigator to do what she does best
  • authority
  • ownership
  • patient care

Conclusions

• Benefits
  – ease of access
    • streamline process for patient referrals
  – shared role in following patients through treatment
    • decrease in information gaps, treatment delays
  – decreased patient anxiety
  – increased patient satisfaction
  – improved physician efficiency
  – better overall care

Questions?

REFERENCES


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