Systematic Review of Oncology Nurse Practitioner Navigation Metrics

Frances Johnson, MSN, AOCN®, ANP-BC



Background: Nurse practitioners should become more active in patient navigation and its subcomponent, care coordination, because research has shown that these roles are influential in improving patient care at all levels of an organization. Well-defined process and outcome measures, as well as educational initiatives, are critical to these programs because they serve as the structure for program evaluation.

Objectives: This article aims to assess and define metrics that nurse practitioners in the oncology setting can use to evaluate navigation programs, which is essential for the evolution of research pertaining to the navigation field.

Methods: The current article is a systematic review that describes oncology nurse practitioner navigation metrics using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) format for the systematic literature review process. These metrics are then compared to current standards of care.

Findings: Seven studies met the criteria for this review. Research is emerging that shows benefit in using an oncology nurse practitioner navigator for ensuring timely care and patient and staff satisfaction. These metrics are in line with expert consensus recommendations. The need for more research identifying sound research tools that have been rigorously tested has been identified.

Frances Johnson, MSN, AOCN®, ANP-BC, is a nurse practitioner at Michael E. DeBakey Veterans Affairs Medical Center in Houston, TX. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Johnson can be reached at roseypumpkin@mail.com, with copy to editor at CJONEditor@ons.org. (Submitted July 2014. Revision submitted September 2014. Accepted for publication September 16, 2014.)

Key words: navigation; metrics; nurse practitioner; oncology; program evaluation

Digital Object Identifier: 10.1188/15.CJON.308-313

he American Nurses Association (ANA) has petitioned for the nurse practitioner (NP) to become more involved in patient navigation because research has shown favorable outcomes (Naylor et al., 2004; Robles et al., 2011). The ANA (2012) has recognized the care coordination role, a component of patient navigation, as highly influential in improving patient care at every level of an organization. Well-defined process and outcome measures are critical to navigation programs because they serve as the structure for program evaluation. NPs that serve as patient navigators for patients with cancer are ethically responsible for ensuring quality patient care by virtue of their education and training. Defining the metrics that NPs use in caring for patients with cancer is the initial step toward achieving standardized outcome measures. Standardized outcome measures facilitate multi-institutional research, which expedites the ongoing evolution of cancer care research. In the current study, an NP is defined as a nurse with a state license and certification to practice as an advanced nurse.

Navigation process is a series of actions taken to achieve a particular end. NP navigators are defined as NPs that use the navigation process to care for patients at any point along the cancer care continuum. Oncology nurse navigation is defined as "individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care" (C-Change, 2009, p. 1). The purpose of this systematic review is to review the metrics used to assess oncology NP navigation programs.

Methods

Eligibility Criteria, Study Selection, and Information Sources

Eligibility criteria for the literature synthesis included that the article be quantitative research published in a peer-reviewed journal and written from 2004–2014. Eligible articles also must include an NP as a study participant, and the study sample must include patients with cancer. Using these criteria ensures current,