

Multidisciplinary Cancer Care Model

A positive association between oncology nurse navigation and improved outcomes for patients with cancer

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BACKGROUND: Patients with cancer often experience prominent deficiencies in cancer care in the immediate period following initial cancer diagnosis.

OBJECTIVES: This article aims to determine whether the inclusion of a gastrointestinal (GI) oncology nurse navigator (ONN) on the multidisciplinary cancer care team is associated with improved quality of care for patients.

METHODS: This retrospective study compared randomly selected patients with GI cancer with and without an ONN. Two endpoints, the time from diagnosis to treatment and the average number of missed appointments, were evaluated through a review of healthcare records using the Epic electronic health records system.

FINDINGS: Patients with an ONN had a shorter time lapse between diagnosis and treatment commencement ($p < 0.001$). In this group, the average time spent between initial diagnosis and the start of treatment was 15.15 days, compared to 42.93 days for patients who were not part of the multidisciplinary cancer care model.

KEYWORDS

navigation; nurse navigator; care coordination; gastrointestinal oncology

DIGITAL OBJECT IDENTIFIER

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QUANTITATIVE EVIDENCE CONCERNING THE QUALITY of cancer care that patients receive has been in demand. Several publications (Ayanian et al., 2005; Wagner et al., 2014) have called attention to deficiencies in the cancer care experiences of patients. A study by Ayanian et al. (2005) involved a survey of patients with colorectal cancer and their results indicated that 28%–47% of patients reported difficulties in receiving information, accessing psychosocial support, and receiving care coordination throughout the course of their treatment. In addition, a randomized, controlled trial by Wagner et al. (2014) identified the following three major challenges faced by patients with cancer and their caregivers: (a) delays in and a lack of coordination of care; (b) a lack of information relevant to the patients' diagnoses; and (c) inadequate attention to patients' emotional and social problems. This trial reported that these challenges particularly arise in the immediate period following the cancer diagnosis.

Background

As a result of the challenges faced by patients after their initial diagnosis, many cancer care organizations have incorporated the role of the oncology nurse navigator (ONN) as a pivotal part of their multidisciplinary cancer care models. ONNs assist in the coordination of care, provide disease-specific education to patients and family caregivers, and ensure patient adherence to treatment (Blaseg, Daugherty, and Gamblin, 2014). A study by Blaseg et al. (2014) demonstrated that oncology nurse navigation has the potential to improve outcomes for patients with cancer throughout the continuum of care by decreasing the time from diagnosis to treatment. Functioning as part of the multidisciplinary cancer care team, ONNs ensure timely access to and delivery of patient-centered care. In addition, ONNs frequently serve as the primary contact person for patients seeking assistance with understanding the healthcare system, as well as play a role in preventive cancer screening and care coordination (Doerfler-Evans, 2016).

When dealing with the complexities of cancer care, which often requires multiple subspecialties to work in a coordinated fashion, the addition of an ONN as a coordinator of care has been proven to enhance the overall quality of care for patients faced with a cancer diagnosis (Wagner et al., 2014).