Nurse Navigation for the Gastrointestinal Patient

Kelly D. Post RN, BSN, OCN
Gastrointestinal Nurse Navigator
Advocate Christ Medical Center, Cancer Institute
April 5, 2014

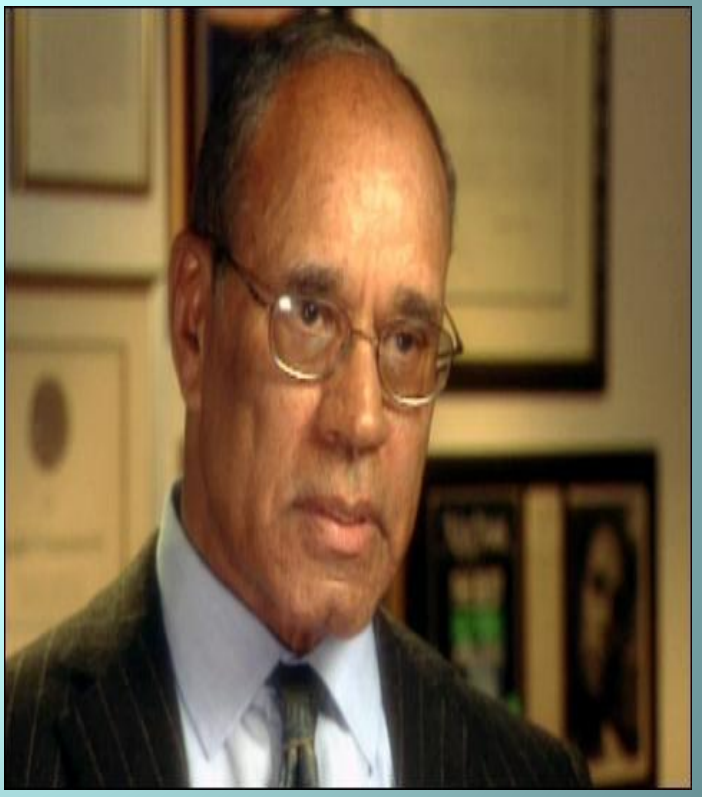
Advocate Christ Medical Center

Objectives

- Explain responsibilities of Gastrointestinal (GI) Nurse Navigator
- Review GI nurse's role for education, prevention, screening, and risk reduction
- Understand the increased need for research, data collection, and outcome measurement
- Discuss the GI patient experience with an abnormal finding

History of Navigation

- Pioneered by Harold P. Freeman in Harlem, N.Y. in the 1990's
- Goal was to eliminate barriers to access, treatment, and supportive care
- First navigators were volunteers and laypersons in the community



Lin, C., Schwaderer, K., Morgenlander, K., Ricci, E., Hoffman, L., et al, 2008

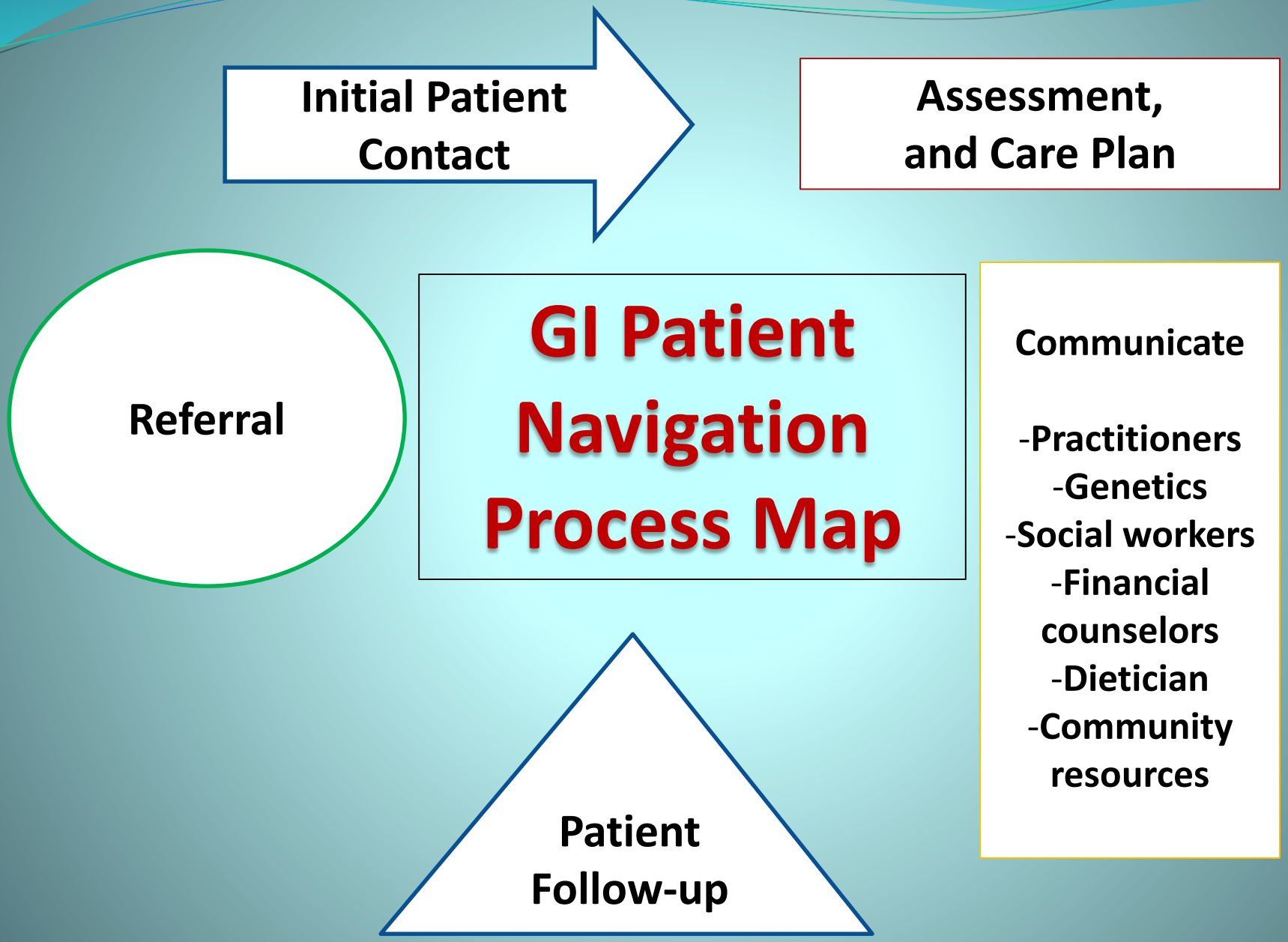
"No person with cancer should be forced to spend more time fighting their way through the healthcare system than fighting their disease."

Dr. Harold Freeman

President's Cancer Panel Report, 2001

What is Nurse Navigation

- Supports patients in need of assistance with one-on-one contact
- Provides seamless care throughout the patient experience (i.e. abnormal findings, treatment initiation, survivorship, and hospice). Decreases barriers
- Strives to ensure that all patients with suspicious findings receive a resolution
- Utilizes a patient-nurse relationship to move patients through the health care system
- Works within the organization/institution and utilizes external services to address barriers to accessing health care


Initial Patient Contact
Assessment, and Care Plan
Referral
GI Patient Navigation Process Map
Communicate
-Practitioners
-Genetics
-Social workers
-Financial counselors
-Dietician
-Community resources
Patient Follow-up

Standards and Practice

- **American College of Surgeons: Commission on Cancer**
  - Standard 3.1 Patient Navigation Process (Phase in by 2015):
    - "The cancer committee assesses the community to identify barriers to care, provides navigation services either on-site or by referral or in partnership with local or national organizations, and assesses and reports on the process annually. The assessment is documented."

www.facs.orgAccessed December 1, 2013

Standards and Practice

- **Oncology Nursing Society**
  - Established a compilation of core competencies
  - Released in November 2013

- **Association of Community Cancer Centers**
  - Patient Navigation Services: Section 10
    - "Diagnosis and treatment of cancer, and living with the disease may be confusing, intimidating, and overwhelming for an individual, family member, or caregiver. Cancer programs have a responsibility to assist our patients, …to navigate the continuum of care through a navigation program…"

www.ons.org Accessed December 1, 2013
www.accc.org Accessed December 1, 2013

Standards and Practice

- **Crossing the Quality Chasm: A New Health System for the 21st Century**
  - Prepared by the Institute of Medicine (IOM) Committee on the Quality of Health Care in America
  - Released in March 2001

- Six aims of the IOM action plan call for improvements to provide care that is….
  - Safe
  - Timely
  - Effective
  - Efficient
  - Equitable
  - Patient–centered

www.IOM.edu/Accessed 3/20/14

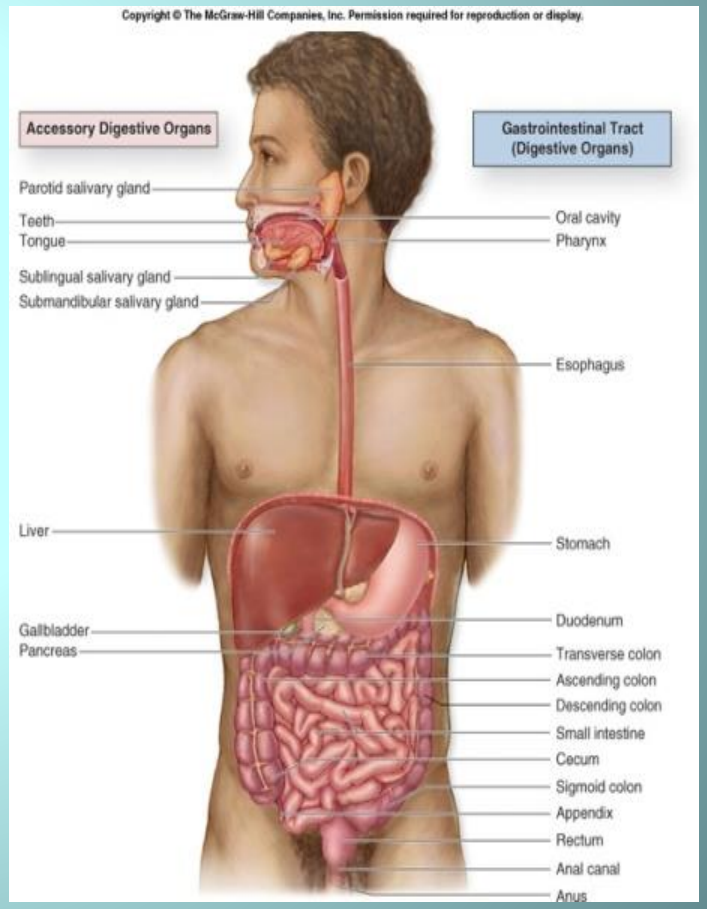
Standards and Practice

- **Engaging patients and developing a coordinated workforce**
  - "In a high-quality cancer care delivery system, cancer care teams should support all patients in making informed medical decisions by providing patients and their families with understandable information at key decision points on such matters as cancer prognosis, treatment benefits and harms, including palliative care, psychosocial support, and hospice."

IOM: Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis, 9/10/13

GI Nursing/Navigation Partnership

- Multidisciplinary team
- Tumor sites include:
  - Esophageal, gastric, liver, gallbladder, biliary, pancreas, and colorectal
- Only established screening and prevention programs exist are for colorectal
- Community education, screening, prevention, and risk reduction programs



Just the Facts

Ambulatory care

- Number of visits (to physician offices, hospital outpatient and emergency departments) with a primary diagnosis of cancer: 29.2 million annually

Inpatient care

- Number of discharges with cancer as first-listed diagnosis: 1.2 million annually
- Average length of stay: 6.3 days

www.cancer.gov/trendsataglance accessed 3/20/14

Prevalence

2012 U.S. Diagnosed Cancer Cases

	Men (847,170)	Women (790,740)
Colorectal	9%	9%
Pancreas	3%	3%

2012 U.S. Cancer Deaths

	Men (301,920)	Women (275,370)
Colorectal	9%	9%
Pancreas	6%	6%
Liver & Biliary	5%	5%

www.cancerfacts.com/americancancersociety2012

Colorectal Cancer

- 142,000 cases/year
- Second leading cause of cancer death for both men and women
  - 5% lifetime risk
  - 49,380 deaths (estimate in 2011)
- Illinois #36 in colon cancer screenings

American Cancer Society Colorectal Cancer Facts & Figures 2011-2013
American Cancer Society Facts/Figures 2014

Trends – The Good News

- Colorectal Cancer:
  - Both men and women
  - Decrease incidence of 30% over the past 10 years
  - When a cancer is found, earlier stage
  - Increased use of screening, such as endoscopy
- Stomach Cancer
  - Both men and women
  - Decreasing incidence

Trends – Bad News

- According to the CDC, it is estimated that at a rate of greater than 1% per year increase is:
  - Pancreatic cancer
  - Liver & Hepatobiliary cancers

- 23 million Americans (age 50-75 years) are not up to date with recommended screening guidelines

www.cancer.gov/trendsataglance
www.cdc.gov

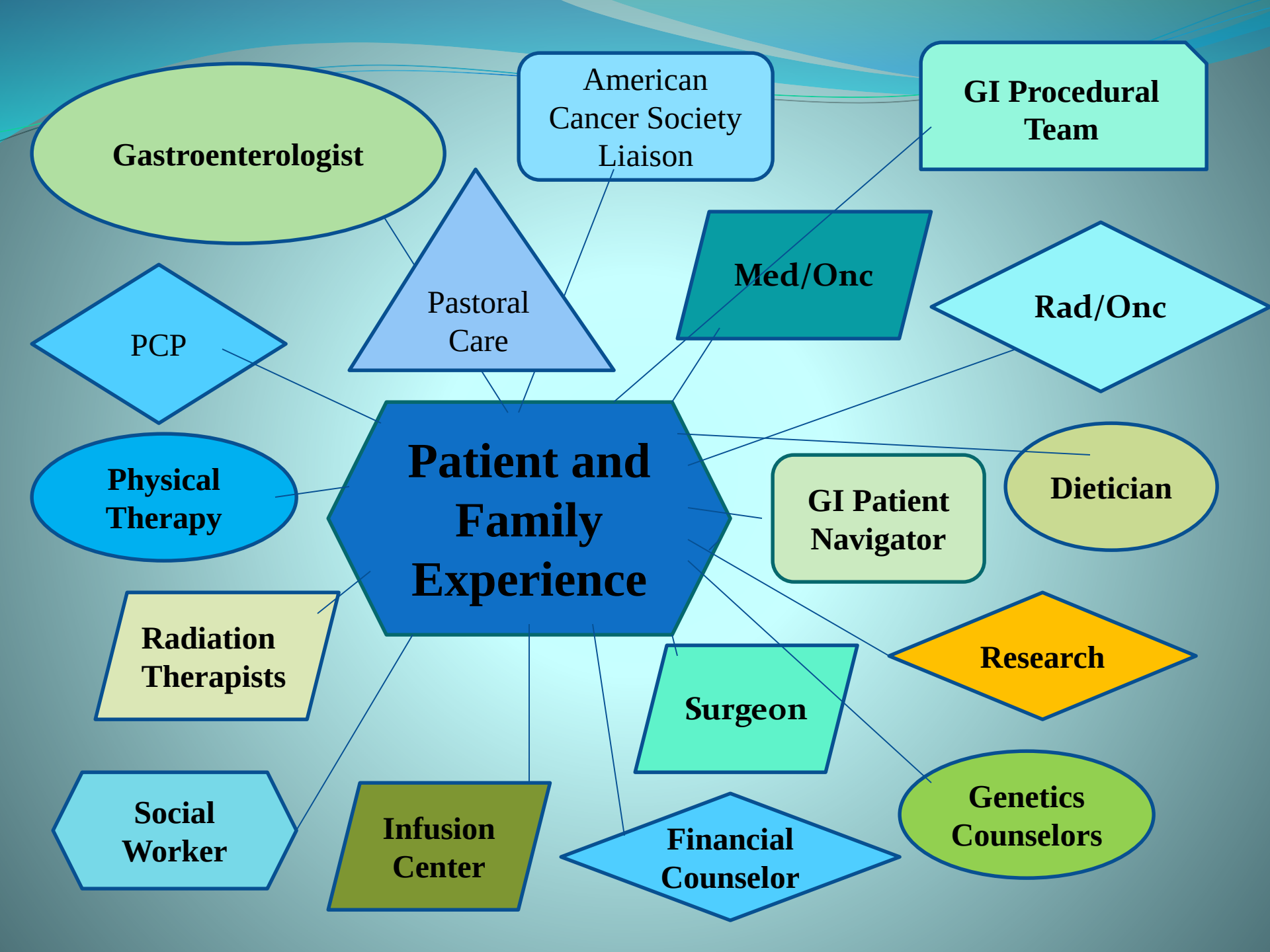
What Can We Do?

- Know the facts
- Understand the disease
- Dispel the myths
- Participate in community outreach
- Develop hospital based programs
- Advocate for patients
- GET THE WORD OUT!!!

Research, Research, Research

- 2009 Oncology Issues identified that most patient navigation programs were using unstructured approaches with limited input from customers
- Research is needed to:
  - Identify best practices
    - Community assessment
    - Metrics
  - Develop supporting structure
  - Set intended goals
    - Decrease ED visits, etc…

Shalbowski, L., O'Leary, K., & Demko, L. (2009)


Patient and Family Experience
Gastroenterologist
American Cancer Society Liaison
GI Procedural Team
Pastoral Care
Med/Onc
Rad/Onc
PCP
Physical Therapy
GI Patient Navigator
Dietician
Radiation Therapists
Research
Surgeon
Social Worker
Infusion Center
Financial Counselor
Genetics Counselors

Patient Experience

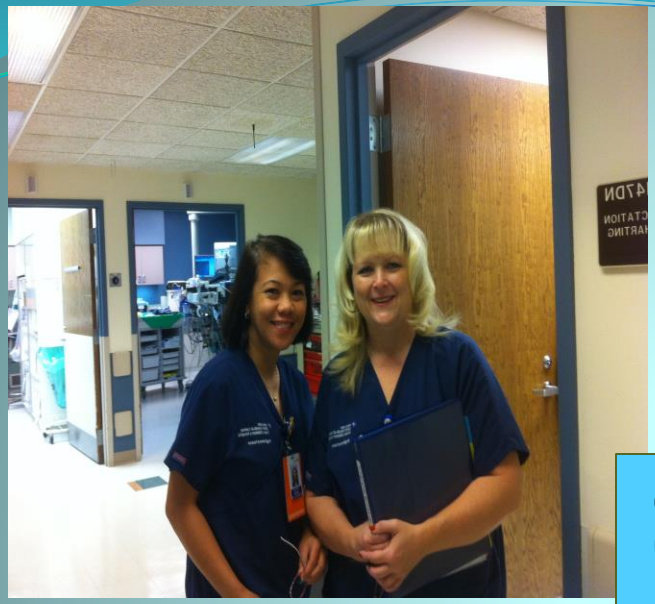
- 37 y/o Vietnamese female presents with abnormal rectal bleeding for “six weeks”:
  - Walk-in through the ED
  - No primary care physician
- Initial work-up:
  - CEA 7, CT of C/A/P negative w/ exception of rectal mass
- Colonoscopy & EUS biopsy findings:
  - Moderately differentiated adenocarcinoma
  - Staging: T3, N1 lesion

Patient Experience cont.

- Week 1 post diagnosis:
  - Seen by surgery, medical-oncology, radiation-oncology, sim planning and genetics
- Week 2 after diagnosis:
  - Port placed, neoadjuvant treatment started
- Post initial chemotherapy:
  - Completed 28 treatments of radiation with 5FU infusion prior to surgery
  - Rests for four weeks after neoadjuvant, returns to the hospital for surgical removal of tumor in which she receives a colostomy
  - Pathology: 14/23 positive lymph nodes
- Post surgery:
  - Four weeks after surgery begins eight cycles of FOLFOX (approx. four months duration)
  - Rests 3-4 weeks, and returns for surgery to reverse colostomy

Patient Experience cont.

- Barriers to care:
  - Language
    - Repeated referrals for translations
  - Support
    - Family in Vietnam
    - Multiple letters from care team to consulate
  - Financial
    - Husband unemployed
    - Patient unable to work
    - Almost lost apartment: able to raise $4,000 to give to landlord through local agencies



Community Outreach

"Blue Tuesday"

COLLABORATIVE RELATIONSHIPS

Risk Assessment

Positive Patient Experience

Rice Foundation

Team Work

IMMABASI HEALTH WELLNESS MINISTRY FOR THE LOVE OF GOD!

Conclusions

- GI nurse navigators act as a liaison to the patient during all transitions of care they may experience
  - Addressing barriers to access to care
- GI nurses/navigators hold a key role in:
  - Promoting awareness, education, prevention, and risk reduction to the community, patients, and their families
- Research is needed to develop best evidence-based practice goals and program structure
- Remember every patient experience is different and complex

SCREENING SAVES LIVES!!

References

American Cancer Society/Cancer facts 2012. www.cancer.org/cancer facts2012

American Cancer Society /Facts and Figures 2011-2013. www.cancer.org/facts andfigures2011-2013

American Cancer Society/Facts and Figures 2014. www.cancer.org/factsandfigures2014

American College of Surgeons, Commision on Cancer. www.facs.org

Association of Community Cancer Centers. www..accc.org

Centers for Disease Control. www.cdc.gov

Institute of Medicine (2001). Crossing the Quality Chasm. A New Health System for the 21st Century. www.IOM.edu

Institute of Medicine (2013). Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis. www.IOM.edu

Lin, C., Schwadere, K, Morgenlander, K., Ricci, E., Hoffman, L., Martz, E., Cosgrove, R., & Heron, D., (2008). Factors associated with patient navigators time spent on reducing barriers to cancer treatment. *Journal of the National Medical Association*, 100(11).

National Cancer Institute. Trends at a glance. www.cancer.gov/trendsataglance

Oncology Nursing Society. www.ons.org

Shalbowski, L, O'Leary, K., and Demko, L. (2009). Designed for success. *Oncology Issues.* January/February

Questions/Comments

- Any questions or comments
- Please contact me at:
  - Email: kelly.post@advocatehealth.com