

Implementing and Measuring the Impact of Patient Navigation at a Comprehensive Community Cancer Center

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The prevalence and incidence of cancer in the United States continue to increase. An estimated 1,479,350 new cases of cancer were diagnosed in 2009, and more than 500,000 Americans die from cancer annually (American Cancer Society [ACS], 2009). Pap smears, mammography, prostate-specific antigen testing, and colorectal screening are among the measures that have contributed to an increase in early detection and a dramatic decrease in cancer mortality overall (Freeman & Chu, 2005). Early detection and treatment also have decreased the burden of some types of cancers (ACS; Freeman & Chu). Although significant progress has been made in cancer cures and survival rates, a cancer diagnosis still elicits fear and other stressful emotional responses in patients and their families.

With the evolution of science and the pressure for evidence-based care, patient treatment plans for cancer have become very complex, making navigation of the healthcare system challenging and time consuming for patients and their families (Seek & Hogle, 2007). Patients with a cancer diagnosis often experience a disruption of daily functions, disorganization in their social processes, and emotional distress (Mills & Sullivan, 1999) when treatment decisions are needed in a short period of time. Multiple treatment options from multiple providers are available to patients and families, and some treatments are associated with severe side effects and carry increased risk (Lenhart, 2005). A lack of information and resources as well as deficits in healthcare literacy may affect adherence to treatment and negatively affect clinical outcomes (Adler & Page, 2008). In this context, the coordination of care and services, emotional support, and education become significant components of patient-centered care.

Patient navigation is an emerging trend to address the complexity of care in oncology. The Patient Navigation Research Program initiated by the National Cancer Institute defines patient navigation as the “support and guidance offered to vulnerable persons with abnormal

Purpose/Objectives: To determine whether patient navigation in a comprehensive community cancer center affects patient and staff perceptions of patient preparation for treatment, access to care, and overall satisfaction.

Design: Program evaluation with patient and staff surveys.

Setting: Comprehensive community cancer center accredited by the American College of Surgeons in the southeastern United States with 1,037 analytic cases of cancer in 2007; population of the main county served is about 177,963.

Sample: 48 patients (28 navigator and 20 non-navigator) and 26 employees, including physicians, nurses, and other support staff.

Methods: A 10-item survey with Likert scale format was sent to a stratified sample of 100 newly diagnosed patients with cancer. A five-item survey with the same format was sent to 40 staff working with the patients.

Main Research Variable: Patient navigation.

Findings: Patients who received navigation services responded more positively to survey statements. Statistical significance ($p \leq 0.05$) was identified in 7 of 10 statements when patient groups were compared. Provider responses indicated agreement with all five statements included in the survey.

Conclusions: Patients with cancer and oncology staff reported that patient navigation is effective in increasing patient satisfaction and decreasing barriers to care.

Implications for Nursing: Patient navigation is an emerging trend in cancer care. Patient navigators can play a significant role in assisting patients with coordinating services across the continuum of care. Continued research is essential in refining the role and eminence of patient navigators.

cancer screening or a cancer diagnosis, with the goal of overcoming barriers to timely, quality care” (Wells et al., 2008, p. 2007). Results of the Patient Navigator Research Program (Freund et al., 2008) published in October 2008 indicate that at least four primary measurable outcomes of patient navigation exist: time to diagnosis, time to initiation of cancer treatment, patient satisfaction with care, and cost-effectiveness.