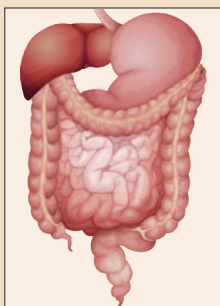■ Article

Gastrointestinal Nurse Navigation:
Implementation of a Novel Role

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Gastrointestinal (GI) cancer is the second most frequent cancer diagnosis in the United States, and the care for patients with GI cancer is multifaceted, with each clinical encounter impacting patients' overall experience. Patients and families often navigate this complicated journey on their own with limited resources and knowledge; therefore, innovative, patient-centered, and quality-focused programs must be developed. The purpose of this article is to discuss the development of GI nurse navigators (NNs) and the important role they have in providing coordinated evidence-based cancer care and in the benchmarking of quality metrics to allow more transparency and improve GI cancer care. This article provides a foundation for developing a GI NN role within the context of a newly developed multidisciplinary GI cancer program, and identifies the importance of tracking specific quality metrics. This innovative model is useful for healthcare organizations and nursing practice because it identifies the importance of a nurse in the navigator role, as well as highlights the numerous functions the NN can provide to the GI multidisciplinary team and patients.

The healthcare system is intricate and often hard to navigate. Therefore, patients may fail to receive high-quality, well-coordinated care, with consequences ranging from low patient satisfaction to undertreatment (Fashoyin-Aje, Martinez, & Dy, 2012). In 2014, the estimated number of new gastrointestinal (GI) cancers was 289,610 (17% of all cancers), representing the second most frequent cancer diagnoses in the United States when combined as a group (American Cancer Society, 2014). In addition, an estimated 147,260 deaths (25% of all cancer-related deaths) are attributed to GI cancers (American Cancer Society, 2014).

Research has focused on factors to decrease obstacles related to efficient patient-centered care, such as wait time leading up to treatment, as well as other system barriers inhibiting receipt of coordinated, comprehensive cancer care (Freund et al., 2008; Gilbert et al., 2010). One proposed remedy has been

the implementation of a patient navigator (Freund et al., 2008). Patient navigators can range from advanced practice nurses to community health workers or peer advisors (Dohan & Schrag, 2005; Fashoyin-Aje et al., 2012; Freund et al., 2008; Pedersen & Hack, 2010; Wilcox & Bruce 2010). Literature suggests that because of the complexity of cancer, nursing knowledge is critical to becoming a navigator (Gilbert et al., 2010; Wilcox & Bruce, 2010).

In an effort to optimize care for patients newly diagnosed with GI cancer, the Richard J. Lacks Cancer Center, a midwestern community cancer center, implemented a GI multidisciplinary care (MDC) program with a novel integration of a GI nurse navigator (NN). An outcomes database was used to collect and analyze quality indicators that were previously highlighted in a 2002 report by the Institute of Medicine (IOM), primarily focusing on metrics assessing the timeliness, patient-centeredness, and effectiveness of initial cancer care.