

Oncology Nurse Navigator Effect on Emergency Department Visits and Hospital Admissions of Adults With Cancer Post-Outpatient Chemotherapy

Sunny Lee Stirling, PhD, MBA, RN, OCN®, CMSRN®, RN-BC, PHN,
Caroline Etland, PhD, RN, CNS, ACHPN®, Cynthia D. Connelly, PhD, RN, FAAN, Patricia Calero, MA,
and Laurie Ecoff, PhD, RN, NEA-BC, CNL

OBJECTIVES: To examine the effect of oncology nurse navigators (ONNs) on the number of emergency department (ED) visits and hospital admissions (HAs) of adults with cancer post-outpatient chemotherapy.

SAMPLE & SETTING: 1,370 patients with cancer between January 1, 2018, and December 31, 2019, in a comprehensive community cancer center in southern California.

METHODS & VARIABLES: A descriptive cross-sectional study was conducted using retrospective electronic health records. Primary analysis included bivariate and multiple linear regression to identify correlates of ED visits and HAs in terms of ONN involvement.

RESULTS: About 35% of patients had an ED visit or HA. Anemia, dehydration, and pain were common diagnoses. No significant differences were found in ED visits and HAs by ONN group. Medicare and chemotherapy administration location contributed to the likelihood of ED visits; nausea, pain, and pneumonia contributed to the likelihood of HAs.

IMPLICATIONS FOR NURSING: ED visits and HAs are not appropriate clinical outcomes to measure ONNs' efficacy. Further research is needed to understand the long-term fiscal and operational outcomes of ONNs.

KEYWORDS oncology nurse navigator; emergency department visits; hospital admissions

ONF, 49(6), 595–612.

DOI 10.1188/22.ONF.595-612

Cancer is the second leading cause of death in the United States, with nearly 1.9 million new cancer cases diagnosed in 2022 (American Cancer Society [ACS], 2022). National direct costs for cancer-related health care were estimated to be \$190.2 billion in 2015 and \$208.9 billion in 2020 (adjusted for inflation), representing an increase of 10% because of the aging and growth of the U.S. population (National Cancer Institute, 2021). By 2030, it is projected that this cost will grow to \$246 billion, an increase of 34% (ACS Cancer Action Network, 2020). The healthcare utilization of people with cancer is greater than that of the U.S. general population. People with cancer use more emergency department (ED) resources and have higher hospital admission rates than the general population (Yang et al., 2018). Inpatient hospitalizations, surgical procedures, and oral prescription drugs drive most of the direct costs for cancer-related health care, with nearly 43% paid by government programs (i.e., Medicare and Medicaid) (ACS Cancer Action Network, 2020).

In 2016, with the shift toward minimizing preventable hospitalizations and ED visits because of chemotherapy-related side effects, the Centers for Medicare and Medicaid Services (CMS, 2022a) introduced the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure (OP-35) to encourage institutions to improve the quality of outpatient cancer care, increase transparency, and provide information to the public. An ED visit or a hospitalization within 30 days of any outpatient chemotherapy treatment with any of the 10 potentially preventable diagnoses (anemia, dehydration, diarrhea,