

An Oncology Nurse Navigator Program Designed to Eliminate Gaps in Early Cancer Care

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Although the burden of a cancer diagnosis for patients is profound, healthcare systems often fail to address patients' and families' psychosocial, information, and care coordination needs. The authors of this article designed an oncology nurse navigator program to proactively address these care gaps and tested the program's effectiveness in providing high-quality cancer care through a randomized, controlled trial. The program's model was informed by research synthesizing the perspectives of patients, families, clinicians, and experts throughout the country. The authors systematically incorporated feedback from participating clinical departments to improve the effectiveness of the program. This article details the intervention to help inform other systems interested in implementing an oncology nurse navigator program.

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Medical treatment for patients with cancer has become increasingly complex. The process of diagnosis, staging, and treatment planning often requires assessment and recommendations across clinical specialties, as well as knowledge of evolving treatment protocols and best practices. The experience of patients and their families is equally complex and often confusing as they are asked to comprehend and make decisions about their care and become their own advocates and care coordinators. They must simultaneously handle the emotional distress of the cancer diagnosis. In response to the needs of patients and families, guideline authorities such as the Institute of Medicine and the National Comprehensive Cancer Network (NCCN) have promoted the need to provide cancer care that is of high quality from the patient's perspective (Adler & Page, 2008).

In a previous study, Aiello Bowles et al. (2008) identified the barriers and facilitators of high-quality cancer care from

focus groups with patients, family members of patients with cancer, and clinicians; site visits with cancer care providers and organizations in three communities in the United States; and interviews with experts in cancer care and policy. The findings from all of the sources indicated that the barriers to high-quality cancer care include delays in and lack of coordination of care, patient information gaps and passivity, and inadequate attention to psychosocial issues.

The fragmentation and uncertain accountability of early cancer care in the period before the initiation of treatment contributes to these issues. A solution was proposed by multiple sources: Patients and their families need an advocate or navigator to guide them through the maze of early cancer care (Wagner et al., 2010).

The role of navigation for patients with cancer has been variously defined and implemented (Freund et al., 2008; Robinson-White, Conroy, Slavish, & Rosenzweig, 2010). Although