Navigating Diagnostic Care for People at Suspicion of Cancer:

The Role of Patient Navigator in Practice and Quality Improvement

Jessica Holmes, Christine Noseworthy & Jennifer Pereira

Presentation Outline

• Brief overview of cancer system
• Diagnostic Assessment Programs (DAPs)
• Patient Navigation
• Quality Improvement within the DAPs
• Future Plans
The Cancer Care System

“No person with cancer should have to spend more time fighting their way through the cancer care system than fighting their disease.”
-Dr. Harold Freeman

Diagnostic Assessment Programs (DAPs)

Manage and coordinate diagnostic care for people at suspicion of cancer under Cancer Care Ontario (CCO).

3 DAPs in the South East Region:
- Lung
- Colorectal
- Esophagogastric

Goal is to provide care that is evidence-based, streamlined and person-centered
The Patient Navigator

- Single point of contact
- Collaborates with members of the multidisciplinary team
- In DAP focus is on diagnosis, but often playing role throughout the entire cancer continuum

Patient Navigator: Core Areas of Practice

Facilitating coordination of services and continuity of care
Providing information and education
Providing emotional and supportive care

Cook et al. (2013)
In The Literature

Studies on navigation show:

- **Improved physical and psychological patient outcomes**¹
  - In an RTC (Wagner et al., 2013), navigated cancer patients reported:
    - Significantly higher scores on the PACIC
    - Significantly fewer problems with care (especially psychosocial care, care coordination and information) measured by Picker
  - **Facilitated access to timely diagnostics and treatment**²
  - **Reduced anxiety associated with illness**³
  - **Some evidence of cost savings**
    - In the RTC, lung cancer costs were approx. $7,000 less among nurse navigator patients (Wagner et al., 2013)

¹ACS, 2006; Ferrante et al., 2007; Hede, 2006; Psooy et al., 2004
²Psooy et al.
³Fillion et al., 2006; Freeman, 2004

---

Quality Improvement

- **Quality improvement** - the framework we use in healthcare to systematically improve the ways care is delivered to patients (AHRQ, 2013)
- Connected our QI work to CCO’s Diagnostic Phase Strategic Plan 2014-2018
- Used **Plan-Do-Study-Act (PDSA)** cycles to develop, test and implement changes for improvement
Esophagogastric Diagnostic Assessment Program (EDAP)

Jennifer Pereira RN, BScN, MN

Developing the EDAP

CCO Strategic Priority 2:
Develop models of navigation for patients during the diagnostic phase

Total number of patients who have received navigation = **114**
Median wait time to first navigator contact = **1.5 days**
Referrals to PSO = **45**

“For patients with esophageal and stomach cancer, they see numerous medical experts who are each focused on their specialty in delivering patient care. The Patient Navigator is able to see the big picture and tie all of these care needs together to ensure that each specialty is meeting their timelines in collaboration with one another.”

- Dr. Wiley Chung
Colorectal Diagnostic Assessment Program (CDAP)

Jessica Holmes RN, BScN, MN, CON(C)
Expanding the CDAP

CCO Strategic Priority 3:
Improve patient transitions along the pathway from suspicion to diagnosis, leading to treatment

Equitable access to patient centered care and timely diagnosis across the region

Expanded program now includes virtual navigation for non-KHSC patients in Lennox & Addington which includes:
- Patient telephone support
- Expedited imaging @ KHSC
- Partnership with regional MDs

“Knowing all I had to do was pick up a phone and call one person with my questions was a huge relief and allowed me to concentrate more on my health and getting through this period.”
-Previous Regional CDAP Patient

![CDAP Regional Navigation Patient Wait Time for a Staging CT Scan 2017/18](chart.png)

- Implementation of Colorectal Diagnostic Assessment Program Referral Process
Lung Diagnostic Assessment Program (LDAP)
Christine Noseworthy RN, BNSc, CNCC(C)

Timeline of PDSA Cycles
- Baseline data collected
- Initial pilot of joint triage
- Routine use of standardized pathways
- Small nodule clinic launch
- Team Meeting Fine Tuning Booking Dashboard

Strategic Priority 4: Drive Continuous Quality Improvement During the Diagnostic Phase

Baseline data collected → Initial pilot of joint triage → Routine use of standardized pathways → Small nodule clinic launch → Team Meeting Fine Tuning Booking Dashboard
**LDAP Outcome Measures**

**Wait time from LDAP referral to diagnosis:**

- **Target** = \( \leq 28 \) days
- **Pre QI** = 36 days
- **Post QI** = 29 days

**Future Plans**
References


Special thanks to:
Monica Mullin MD, Audrey Tran MD FRCP, Christopher Stone MD, Christine Noseworthy RN BNSc, Christopher Parker MD MSc FRCP, Genevieve Digby MD FRCP MSc(HQ)

1Department of Medicine, 2Division of Pulmonary; 3Department of Oncology; 4Cancer Center of Southeastern Ontario; Kingston Health Sciences Center; Queen’s University, Kingston, Ontario, Canada