



Navigating Diagnostic Care for People at Suspicion of Cancer:

The Role of Patient Navigator in Practice and Quality Improvement

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Cancer Centre of
Southeastern Ontario
A Cancer Care Ontario Partner

Kingston Health
Sciences Centre
Centre des sciences de
la santé de Kingston

Presentation Outline

- Brief overview of cancer system
- Diagnostic Assessment Programs (DAPs)
- Patient Navigation
- Quality Improvement within the DAPs
- Future Plans



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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

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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



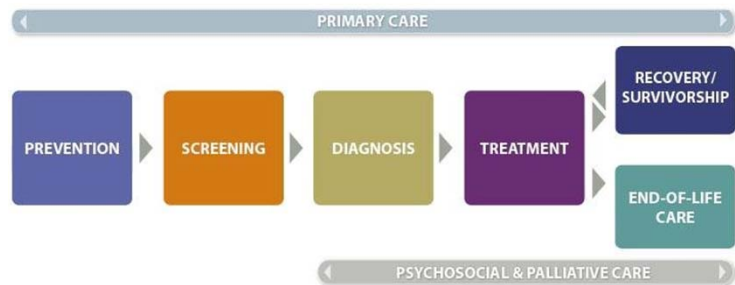
The Patient Navigator

- 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



The cancer journey

Better cancer services every step of the way



Patient Navigator: Core Areas of Practice



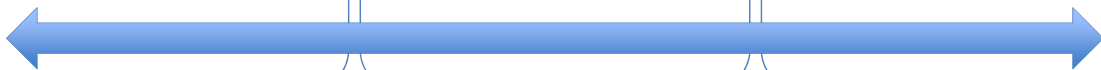
Facilitating coordination
of services and
continuity of care



Providing information
and education



Providing emotional
and supportive care



Cook et al. (2013)

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In The Literature

Studies on navigation show:

- **Improved physical and psychological patient outcomes¹**
 - 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 treatment²**
- **Reduced anxiety associated with illness³**
- **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.

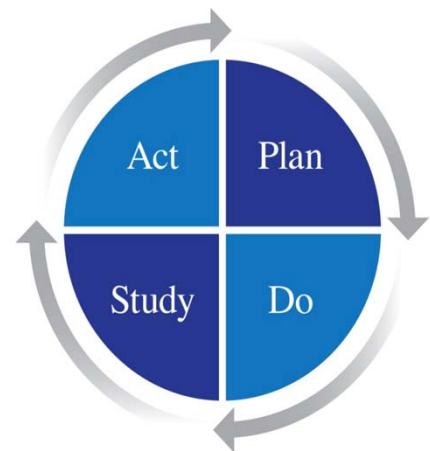
³Fillion et al., 2006; Freeman, 2004



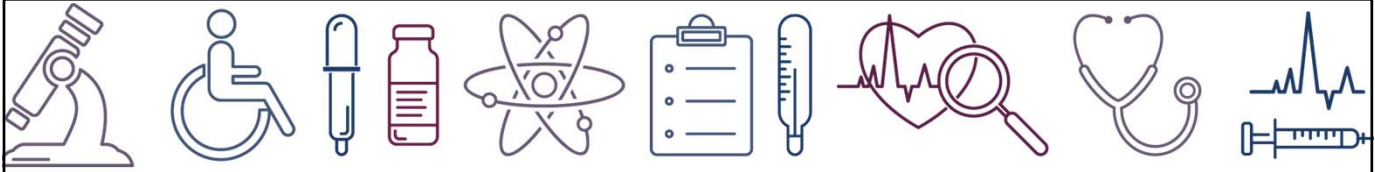
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Quality Improvement

- **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

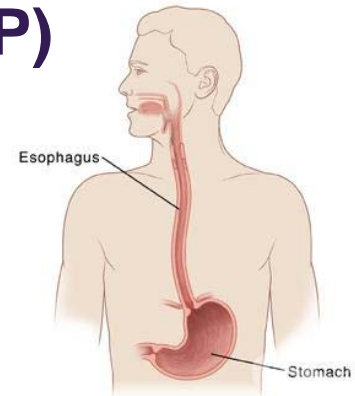


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Esophagogastric Diagnostic Assessment Program (EDAP)

Jennifer Pereira RN, BScN, MN



Developing the EDAP

CCO Strategic Priority 2:

Develop models of navigation for patients during the diagnostic phase

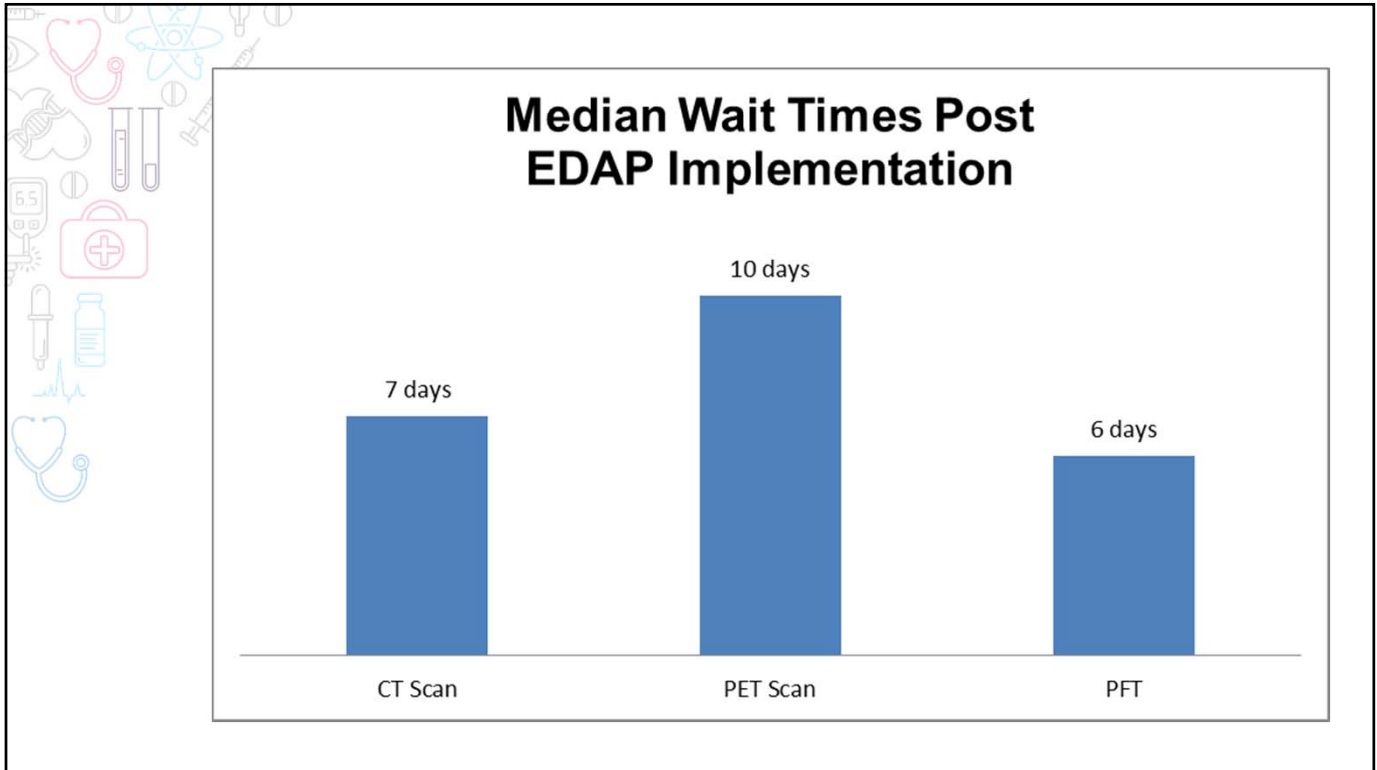
Total number of patients who have received navigation = **114**

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)

Anatomy of Colon

- Large intestine (Colon)
- Small intestine
- Stomach
- Transverse colon
- Ascending colon
- Descending colon
- Rectum
- Sigmoid colon
- Anus

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

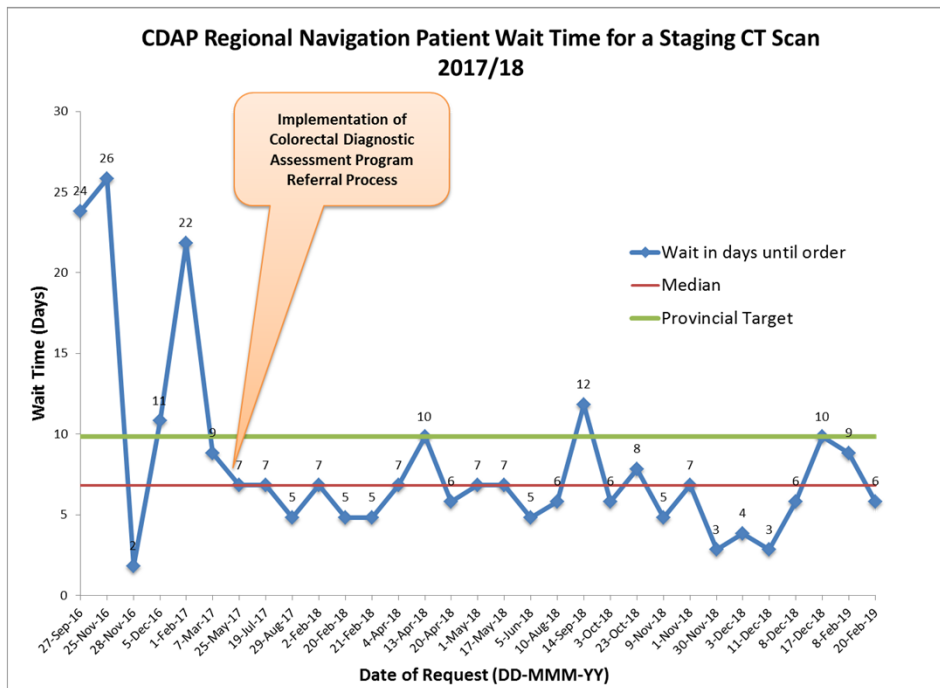
Expanded program now includes virtual navigation for non-KHSC patients in Lennox & Addington which includes:

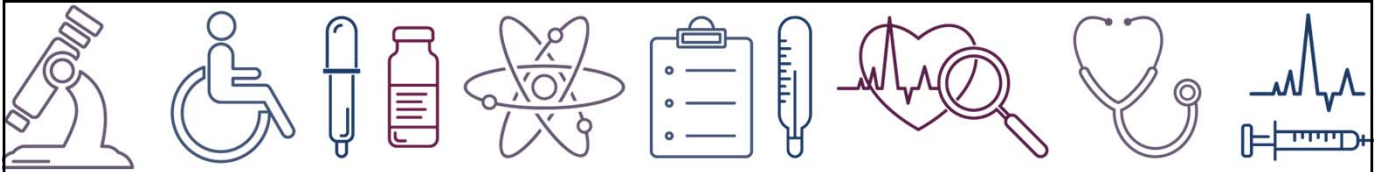
- Patient telephone support
- Expedited imaging @ KHSC
- Partnership with regional MDs

“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

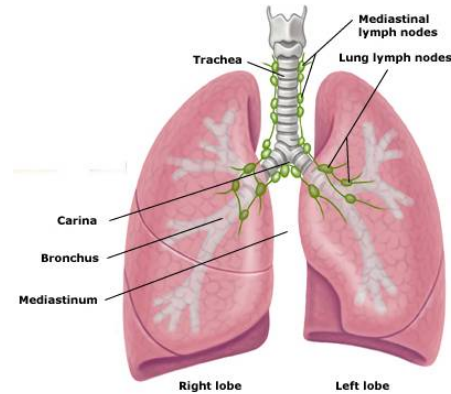
CDAP Regional Navigation Patient Wait Time for a Staging CT Scan 2017/18





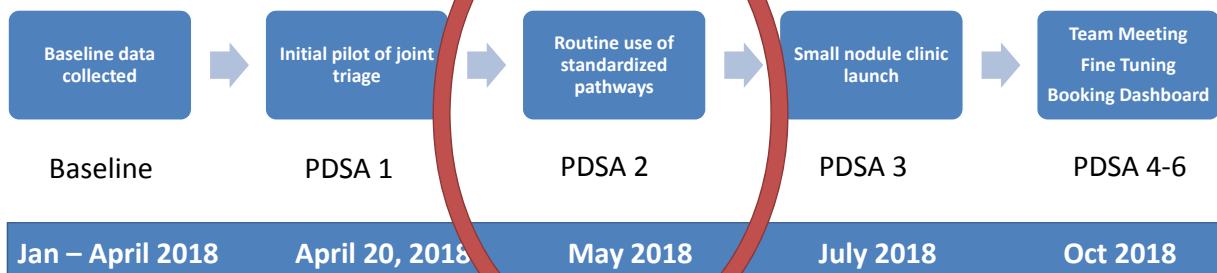
Lung Diagnostic Assessment Program (LDAP)

Christine Noseworthy RN, BNSc, CNCC(C)



Improving the LDAP

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



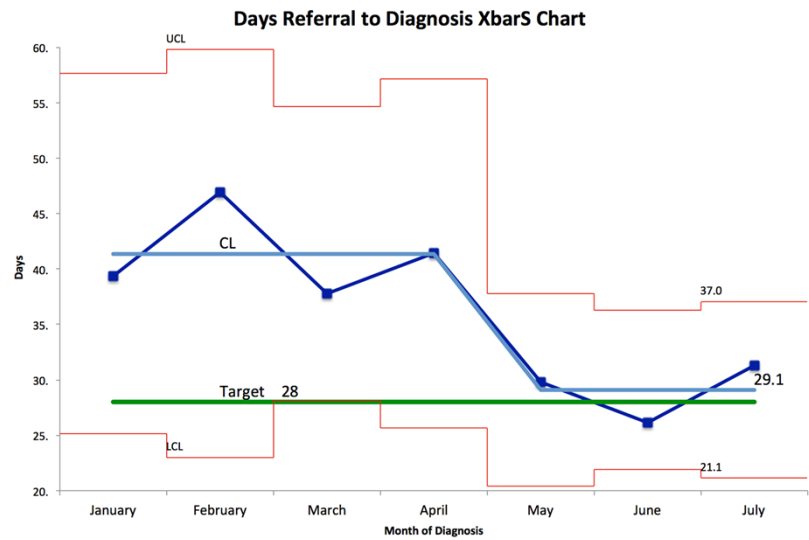
LDAP Outcome Measures

Wait time from LDAP referral to diagnosis:

Target =
≤ 28 days

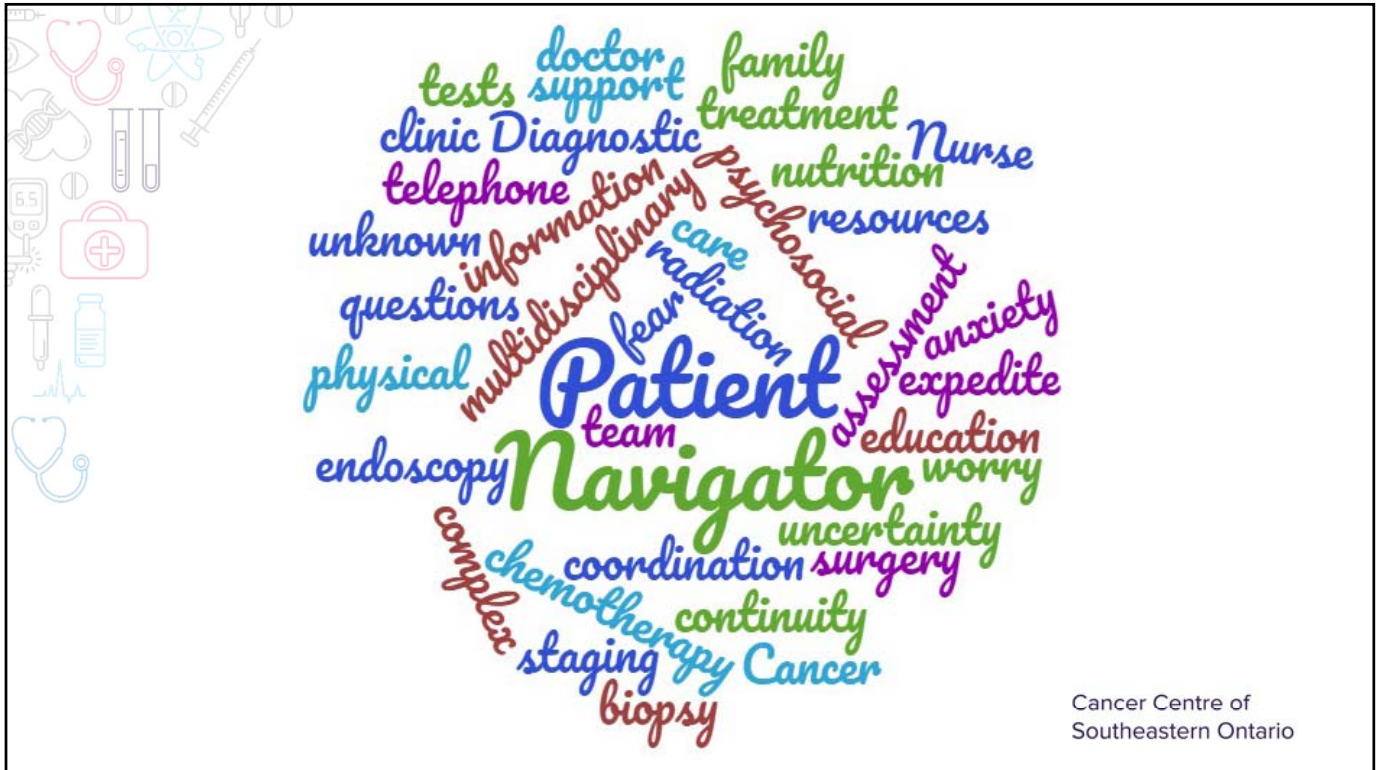
Pre QI =
36 days

Post QI =
29 days



Future Plans





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References

- American Cancer Society. (2006). Patient navigator approach boosts cancer screening in low-income women. Retrieved from <http://caonline.amcancersoc.org/cgi/content/full/56/4/190>
- Navigating the Diagnostic Phase of Cancer: Ontario's Strategic Directions 2014-2018. Cancer Care Ontario (2014). Toronto, On.
- Cook, S., Fillion, L., Fitch, M., Veillette, A., Matheson, T., Aubin, M., . . . Rainville, F. (2013). Core areas of practice and associated competencies for nurses working as professional cancer navigators. *Canadian Oncology Nursing Journal*, 23(1), 44-52. doi:10.5737/1181912x2314452
- Ferrante, J.M., Chen, P.H., & Kim, S. (2007). The effect of patient navigation on time to diagnosis, anxiety, and satisfaction in urban minority women with abnormal mammograms: A randomized controlled trial. *Journal of Urban Health*, 85, 114-124. doi: 10.1007/s11524-007-9228-9
- Hede, K. (2006). Agencies look to patient navigators to reduce cancer care disparities. *Journal of the National Cancer Institute*, 98, 157-159. doi: 10.1093/jnci/djj059
- Freeman, H.P. (2004). A model patient navigation program. *Oncology Issues*, 19, 44-46.
- Psooy, B.J., Schreur, D., Borgaonkar, J., & Caines, J.S. (2004). Patient navigation: Improving timeliness in the diagnosis of breast abnormalities. *Canadian Association of Radiologists Journal*, 55, 145-150.
- Fillion, L., Cook, S., Veillette, A.M., de Serres, M., Aubin, M., Rainville, F., & Doll, R. (2012). Professional navigation framework: Elaboration and validation in a Canadian context. *Oncology Nursing Forum*, 39(1), E58-E69. doi:10.1188/12.ONF.E58-E69
- Wagner, E., Ludman, E., Aiello Bowles, E., Penfold, R., Rutter, C., Chubak, J., & McCorkle, R. (2014). Nurse navigators in early cancer care: A randomized, controlled trial. *Journal of Clinical Oncology*, 1(32), 1st ser., 12-8.
- Module 4. Approaches to Quality Improvement. Content last reviewed May 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod4.html>

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