The Role of the Nurse Navigator in Establishing Quality Communication and Collaboration between Oncology Services, Primary Care, and Patients

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Objectives

• Discuss barriers to quality communication in the oncology setting

• Describe the 3 techniques for patient-centered communication

• Analyze the navigator’s role in delivering *bad news* to patients

• Develop an action plan for enhancing communication and collaboration between oncology and primary care providers.
“The Doctor-Nurse Game”

The manner in which doctors and nurses interact has been termed “the Doctor-Nurse Game”. Has anything changed since 1888?

- Stein. *Archives of General Psychiatry*, 1967
- Pilliterri & Ackerman. *Nursing Outlook*, 1993
A qualitative study shows that residents don’t necessarily view nurses as colleagues and collaborators. Weinberg, Miner & Rivlin (2009). *American Journal of Nursing*.
'I tell them tests that I need, but I don’t give them much information. They’re not making decisions about treatment or anything.'

'Some might tell you way too much, and it’s like there is no processing of it first . . . and others know exactly what to say and only call you when they really need you.'

'They get a little testy when it’s near the end of the shift and you need something . . .'
Patient-Centered Communication in Cancer Care

Patient-Centered Communication Domains

• Exchanging Information
• Fostering Healing Relationships
• Managing Uncertainty
• Recognizing and Responding to Emotions
• Making Decisions
• Enabling Self-Management & Patient Navigation
• Cross-Cutting
Exchanging Information

• Explore knowledge, beliefs, and informational needs & preferences
• Sharing information
• Providing informational resources & helping patients and family members evaluate and use resources
• Facilitate assimilation, understanding, and recall of information
Fostering Healing Relationships

• Discuss roles & responsibilities
• Honesty, openness, disclosure
• Trust in clinician’s technical competence, skills & knowledge
• Expression of caring and commitment
• Build rapport and connection
Managing Uncertainty

• Constructing and defining uncertainty
• Assessing & understanding uncertainty (cognitive)
• Using emotion-focused management strategies (affective)
• Using problem-focused management strategies (behavior)
Recognizing and Responding to Emotions

• Expression of emotions
• Explore & identify emotions
• Assessing depression, anxiety or psychological distress
• Validation of emotions
• Expression of empathy, sympathy & reassurance
• Provide tangible help in dealing with emotions
Making Decisions

- Communication about decisional needs, support, and process
- Preparation for the decision and deliberation
- Making and implementing a Choices & Action Plan
- Assessing decision quality and reflecting on choice
Enabling Self-Management & Patient Navigation

• Learning and assessing
• Sharing and advising
• Prioritizing and planning
• Preparing, implementing, assisting
• Arranging and follow-up
Cross-Cutting

• Communication about time and setting for communication
• Communication about roles of cancer care team
• Partnership building communication behaviors
Delivery of Bad News

• Receiving a cancer diagnosis is terrifying and life-changing.
• Deliver of bad news is stressful for providers.
• Until the 1960s many healthcare providers reluctantly disclosed the cancer diagnosis to patients.
• Today:
  • Patient-centered communication is a national priority (Epstein & Street, 2011)
  • Healthcare providers expect patients to be informed and active participants in their care
  • Tissue biopsies are processed quickly, necessitating expeditious planning for the disclosure of results
  • Many factors may strain the process for effective delivery of bad news (e.g., health care reimbursement, fast pace of everyday lives of patients and providers, readily available electronic communications)
  • Extensive literature: how to convey the diagnosis; clinician training, and yet.........
Background (continued)

• We lack consensus on how to do this most effectively & we still don’t do it well

• Ineffective disclosure (whether means or manner of disclosure), has potential negative cost to the patient/provider relationship, and to the patient’s experience.

• Effective disclosure may help patients become better informed, more motivated in their care, less distressed, better able to ask questions, better prepared for decision-making, better able to navigate their care, and more clear about the uncertainty of their diagnosis (Epstein & Street, 2007).

• Literature on the role of oncology nurses (nurse navigators) in the process of delivery of bad news (e.g., new diagnosis, disease progression) limited.

The Nurse’s Role

• Preparation of patient for receipt of bad news
• Support during disclosure by the physician
• Support after disclosure by the physician
• Part of optimal care (Griffiths et al., 2015)

• Nurse navigator’s role (?)

Patient Preferences (Fujimori & Uchitomi, 2009)

- Review of 24 studies from 1980-2008 (19 in Western, 5 in Asian countries)
- Patient preferences associated with
  - Setting
  - Manner in which bad news communicated
  - What and how much information and emotional support provided
  - Demographics
- Patient preference versus actual experience varies
  - Presence of another at time of disclosure
  - In-person disclosure versus telephone
  - Personal versus impersonal setting
  - Duration of conversation (greater than 10 minutes more satisfying! -- Figg et al., 2010)
  - Treatment options included in conversation


Oncologist Perspectives (2 themes) (Bousquet et al., 2015)

• Patient-oncologist encounter during the breaking of bad news
  • Evaluation of patient’s attitudes, wishes, and needs so as to tailor approach
  • Disclosing bad news: a balancing act
  • Dealing with emotions (both the patient’s and the oncologist’s)

• External factors shaping the patient-oncologist encounter
  • Family relationships
  • Systemic and institutional factors (time, privacy, interruptions, internal team communications, training)
  • Cultural factors and variation

The good, the bad, and the ugly

• “I was at work—she just said ‘you have breast cancer.’”

• “I had no relationship with the doctor who phoned me. He was very matter of fact at a moment in my life when I was rendered speechless.”

• “(The radiologist) told me to expect cancer….I appreciated the candor of the radiologist.”

• “My doctor left me a message at home on a Friday, indicating she needed me to come in to discuss test results. I didn’t get the message in time to call her before the weekend. I assumed the results were bad since she wanted me to come in, so I worried all weekend.”

• “I was just told that I had breast cancer….I was alone, the doctor left the office and handed me the lab report….In shock, I sat there trying to decipher the lab results by myself. He sent nurses in to change my dressing. They made other appointments for me and I left. I sat in my car for several minutes crying….Getting the news that you have breast cancer is devastating. However, I believe in my case it could have been handled differently and better. I was so rocked by that initial treatment that I chose to have my care elsewhere.”

• “My doctor wanted me to know right away so that I could start taking care of it as quickly as possible. Granted, a phone call was probably not the best way to communicate, but for the time saved in getting after the cancer, it was the best way for me. My doctor had already gotten the referrals started, surgeon lined up, and MRI referral in process by the time he called me so that he had all the info. ready for my questions.”
How do you disclose the bad news??

• “The biopsy shows it is cancer.”
• “I’ve got good news and bad news.”
• “You have the good kind of cancer.”
• “It’s just a little bit of cancer.”
• “The tumor is malignant. It will get cut out and you’ll be fine.”
• “Look at it this way. It could be worse.”
• “What part didn’t you hear?”
Where do you disclose the bad news?

- In person
- By phone
- Email
- Electronic medical record
- Skype/video conference

And who else is listening?
Is there a plan?

- Who
- What
- When
- Where
- How

Telephone survey of 15 nurses and imaging supervisors in breast care:
- Results given in person or by phone; **pre-planned or not**
- None had a policy or procedure on the process
Breast Care and Nurse Navigator SIG Survey (n=66*)

<table>
<thead>
<tr>
<th>Biopsy Results Disclosure: Person and Method</th>
<th>Benign FNA N (%)</th>
<th>Benign core N (%)</th>
<th>Suspicious or malignant FNA N (%)</th>
<th>Suspicious or malignant core N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred to referring provider</td>
<td>24 (36.4)</td>
<td>24 (36.4)</td>
<td>25 (37.9)</td>
<td>28 (42.4)</td>
</tr>
<tr>
<td>Phone by breast imaging center</td>
<td>24 (36.4)</td>
<td>26 (39.4)</td>
<td>19 (28.8)</td>
<td>19 (28.8)</td>
</tr>
<tr>
<td>In person by breast imaging center</td>
<td>11 (16.7)</td>
<td>9 (13.6)</td>
<td>12 (18.2)</td>
<td>10 (15.2)</td>
</tr>
<tr>
<td>Other*</td>
<td>7 (10.6)</td>
<td>7 (10.6)</td>
<td>10 (15.2)</td>
<td>9 (13.6)</td>
</tr>
</tbody>
</table>

**“Most of our physicians inform their patients, but on occasion the breast nurse or radiologist is requested to give out the information. This is becoming a more common practice.”**

**“We try to have patients with positive pathology return for results in person. (It) does not always happen...so we may call them but always have them come in to receive written information and education and support with (a) breast nurse navigator.”**

- N=37 (56.1%) reported a Nurse Navigator was concurrently informed at the time of diagnosis disclosure.
- Findings suggest a diversity of practice, and phone disclosure greater than reported in the literature.

- Representing 31 states in the U.S. and Canada
- 63.6% (n=42) from community hospitals
- 60.0% (n=40) biopsy results available within 48 hours
Consensus Guidelines for Delivery of Bad News in Cancer Care

• Ensure privacy and adequate, uninterrupted time
• Assess understanding
• Provide information simply and honestly
• Encourage patients to express feelings
• Give a broad time frame
• Arrange review (a time in the immediate future to review the situation with the patient)
• Discuss treatment options
• Offer assistance to tell others
• Provide information about support services
• Document information given

SPIKES Framework for Delivery of Bad News in Cancer

• **S**-Setting (of quiet and privacy, with significant others of patient’s choice present)
• **P**-Perception (how much does patient already know and what are their perceptions)
• **I**-Invitation or information (ask patient how much and what kind of information would be helpful)
• **K**-Knowledge (share the bad news such as “I have some serious news to tell you”; small segments of honest and direct information; patient allowed to respond)
• **E**-Empathy (acknowledge emotions and reactions of patient; e.g., “This is obviously distressing news”)
• **S**-Summarize or strategize (and plan)

Oncology Nurse Navigator & Scope of Practice

- Is the delivery of bad news within the scope of practice of an Oncology Nurse Navigator (RN)?
  - By education
  - By training
  - By certification
  - By law (nursing practice act)
  - Texas Nurse Practice Act (https://www.bon.texas.gov/index.asp)
    - “Professional nursing’ means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.”
## ONS Nurse Navigator Role Delineation Study

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Knowledge Areas</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide emotional and educational support for patients.</td>
<td>Confidentiality and informed consent</td>
<td>Communication</td>
</tr>
<tr>
<td>Practice according to professional and legal standards.</td>
<td>Advocacy</td>
<td>Problem solving</td>
</tr>
<tr>
<td>Advocate on behalf of the patient.</td>
<td>Symptom management</td>
<td>Critical thinking</td>
</tr>
<tr>
<td>Demonstrate ethical principles in practice.</td>
<td>Ethical principles</td>
<td>Multitasking</td>
</tr>
<tr>
<td>Orient patients to the cancer care system.</td>
<td>Quality of life</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Receive and respond to new patient referrals.</td>
<td>Goal of treatment</td>
<td>Time management</td>
</tr>
<tr>
<td>Pursue continuing education opportunities related to oncology and navigation.</td>
<td>Therapeutic options</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Collaborate with physicians and other healthcare providers.</td>
<td>Evidence-based practice guidelines</td>
<td></td>
</tr>
<tr>
<td>Empower patients to self-advocate.</td>
<td>Professional scope of practice</td>
<td></td>
</tr>
<tr>
<td>Assist patients to make informed decisions.</td>
<td>Legal and professional guidelines</td>
<td></td>
</tr>
<tr>
<td>Provide education or referrals for coping with the diagnosis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify patients with a new diagnosis of cancer.</td>
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ONS Nurse Navigator Professional Practice Framework

• Coordination of Care (Category 3)
  • Assesses patient needs upon initial encounter and periodically...
  • Facilitates timely scheduling of appointments, diagnostic testing, and procedures to expedite the plan of care and to promote continuity of care
  • Participates in coordination of the plan of care with the multidisciplinary team, promoting timely follow-up on treatment and supportive care recommendations
  • Facilitates individualized care....
  • Demonstrates knowledge of clinical guidelines

• Communication (Category 4)
  • Builds therapeutic and trusting relationships with patients....through effective communication and listening skills
  • Acts as a liaison between patient....and providers to optimize patient outcomes.
  • Advocates to promote optimal care and outcomes

Model Linking Patient Navigation to Patient/Family Reported Outcomes

Communication with Primary Care Providers

1. Referral received by Southwest Cancer Center
2. Patient contacted within 1 business day
3. Patient scheduled with nurse navigator (NN) within 2 business days
4. NN meets with patient to assess barriers to care and provide oncology education
5. Letter sent to PCP with date and time of patient appointment with oncologist
6. Oncologist consults with patient and family
7. Oncologist follows patient with appropriate surveillance
8. Patient scheduled for advanced care planning discussion
9. NN provides chemotherapy education
10. Patient scheduled for chemotherapy education
11. Barriers to care?
   - YES
   - No further action needed
   - NO
12. Active treatment?
   - YES
   - Patient scheduled for advanced care planning discussion
   - NO
13. Navigation Touchpoints
   - Day of 1st cycle
   - Mid-cycle
   - End of treatment
   - 3 months, 6 months, yearly (phone or at onc visit)
14. Copy of treatment summary and care plan faxed to PCP by NN
15. Preferred communication between oncologists, specialists, and PCP continues throughout continuum of oncology care
16. Patient continues to see appropriate medical providers
17. Primary or Specialty Care Services
18. Primary or Specialty Care Provider
Information Exchange

• Patient’s want their primary care provider to receive information about their cancer treatments

• Studies indicate that as few as 16% of oncology patients perceive a pattern of shared-care between their primary care provider and oncologist

• Nurse navigators can enhance communication between oncology and primary care

Aubin et al. (2010)
Where to Start

• Identify current patterns of information exchange
• Identify key communication touchpoints
• Develop a process for getting information to primary care
  • Mode of transfer (fax, email, mail)
  • Content (how much, how often)
  • Format
  • Who is responsible?
Navigation Communication Touchpoints

Primary or Specialty Care Provider

- Patient diagnosed with cancer or malignant appearing process and referred to oncology

Preferred communication between oncologists, specialists, and PCP continues throughout continuum of oncology care

Primary or Specialty Care Services

- Letter sent to PCP with date and time of patient appointment with oncologist

- Oncologist consults with patient and family

- Oncologist follows patient with appropriate surveillance

- Patient scheduled for advanced care planning discussion

- NN prepares and reviews treatment summary and provides survivorship and surveillance education

- Copy of treatment summary and care plan faxed to PCP by NN

- 3 months, 6 months, yearly (phone or at onc visit)

- Active treatment?

  - NO

  - Oncologist consults with patient and family

  - Oncologist follows patient with appropriate surveillance

  - Patient scheduled for advanced care planning discussion

  - NN prepares and reviews treatment summary and provides survivorship and surveillance education

  - Copy of treatment summary and care plan faxed to PCP by NN

  - 3 months, 6 months, yearly (phone or at onc visit)
Patient Contact Communication

Our Nurse Navigator met with your patient _____________ on Mar 21, 2016 to assist them in a seamless experience through their oncology care. Navigators at Intermountain Southwest Cancer Center assist patients in a variety of ways and identify any barriers to care. Resources and assistance are provided for patients and families.

_______________ is scheduled to see _____________ M.D., on _____________

Thank you for referring your patient to Intermountain Southwest Cancer Center. If you have any questions or concerns please contact our navigators.
Navigation Communication Touchpoints

- **Primary or Specialty Care Provider**
  - Patient diagnosed with cancer or malignant appearing process and referred to oncology
  - Letter sent to PCP with date and time of patient appointment with oncologist
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- **Primary or Specialty Care Services**
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- **Preferred communication**
  - between oncologists, specialists, and PCP continues throughout continuum of oncology care

- **Navigation**
  - Patient continues to see appropriate medical providers
Treatment Summary and Careplan

• EMR
  • EPIC, Aria

• Journey Forward
  • Breast, colon, lung, lymphoma, generic

• ASCO
  • Breast, colon, lung, lymphoma, prostate, generic

• OncoLife
Develop Your Action Plan

Based on your organization:

Determine 2 communication touch points

Identify method for sending communication

Formulate communication
References


Weinberg DB, Miner DC, Rivlin L. (2009).’It Depends’: Medical residents’ perspectives on working with nurses.” AJN.109(7):34-43
References


Hudson, S. V., Miller, S. M., Hemler, J., Ferrante, J. M., Lyle, J.,