



Carolinus HealthCare System

The Importance of Navigating Quality and Metrics: A Case Study

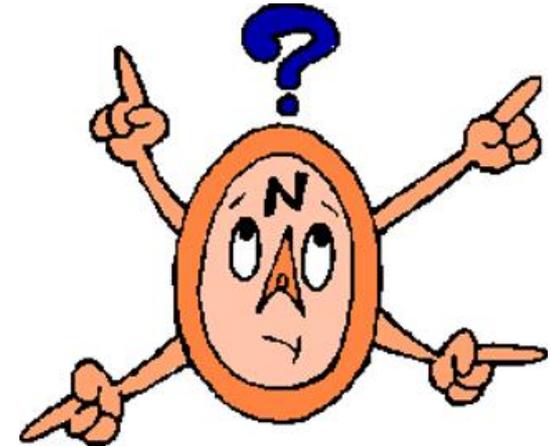
Kris Blackley, RN, MSN, BBA, OCN

November, 2017

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Objectives

- Share keys to developing a Navigation Program
- Discuss importance of standardization
- Explain why metrics are needed
- Review lessons learned



Levine Cancer Institute

A Carolinas Healthcare Facility

- ❖ Academic, multi-site, community based, cancer center
- ❖ 8 facilities within the CoC Network
- ❖ 12,000 new cancer patients annually
- ❖ 28 navigators across CoC Network



Where to begin??



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CoC Navigation Standard

- S3.1 “ A patient navigation process, driven by a community need assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on site or by referral to community–based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.”

Where to Begin?

- Community Needs Assessment
 - Provides a road map
 - Brings stakeholders together
 - Address the areas of biggest need
 - Provides leverage with administration





← Me

Hospital Administration

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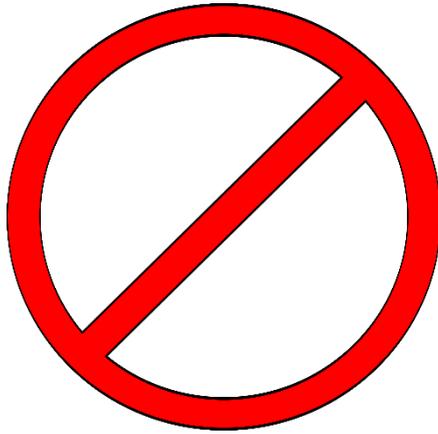


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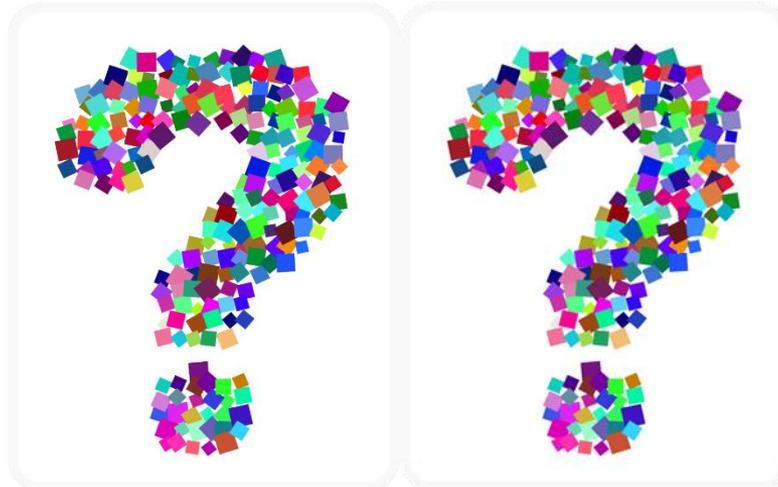
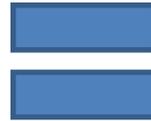
No Standardization

- No standardized processes—different rolls and tasks in every clinic and at every facility
- No standard documentation—Navigators not documenting in EMR, some excel spreadsheets with different fields
- No way to track patients or collect information—No tools available





Standardization



Implications

- Quality of care is not consistent
 - LCI mission
- Navigation role is not clear to patients or providers
- Metrics are not being collected
- Valuable research cannot be done for Evidence Based Practice
- Cannot demonstrate value



Strength in Numbers



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Navigation Informatics Systems

- Develop IS systems to:
 - Support standardized navigation practice and data collection across multiple facilities
 - Help navigators manage large patient cohorts more effectively
 - Capture metrics for management of rapidly growing multicenter navigation program
 - Improved Communication

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IS Tool within EMR

LCI Oncology Navigator Plan

Navigator Reason for Contact <input type="radio"/> Initial assessment <input type="radio"/> Follow-up visit <input type="radio"/> Patient Education - Individual <input type="radio"/> Patient Education - Group <input type="radio"/> Phone call / email / text <input type="radio"/> Final assessment	Referral Source <input type="text"/> Current Cancer Related Treatment <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Surgery <input type="checkbox"/> Survivorship Program <input type="checkbox"/> Transplant (Blood and Marrow) <input type="checkbox"/> Other	Navigator Time Spent <input type="radio"/> <= 15 minutes <input type="radio"/> 30 Minutes <input type="radio"/> 45 Minutes <input type="radio"/> 60 minutes <input type="radio"/> 90 minutes +	End of Navigator Support Date <input type="text"/> <input type="button" value="calendar"/> End of Navigator Support Reason <input type="radio"/> Transition to survivorship <input type="radio"/> Transition to outside facility/physician <input type="radio"/> Patient expired
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Primary Disease Site

Select the primary disease you are navigating only; not metastatic site. If more than one primary and you are navigating both, use OTHER and separate each Primary by a comma.

<input type="radio"/> Brain	<input type="radio"/> Renal	<input type="radio"/> Non-Hodgkins Lymphoma
<input type="radio"/> Head/Neck	<input type="radio"/> Bladder	<input type="radio"/> Myeloma
<input type="radio"/> Thyroid	<input type="radio"/> Adrenal	<input type="radio"/> Amyloidosis
<input type="radio"/> Breast	<input type="radio"/> Prostate	<input type="radio"/> Myelodysplastic syndrome
<input type="radio"/> Lung	<input type="radio"/> Penile	<input type="radio"/> Leukemia
<input type="radio"/> Thyroida/thyroid	<input type="radio"/> Testicular	<input type="radio"/> Plasmacytoma
<input type="radio"/> Esophageal	<input type="radio"/> Ovarian	<input type="radio"/> Other Cancer
<input type="radio"/> Liver	<input type="radio"/> Fallopian tube	<input type="radio"/> Other Nervous System
<input type="radio"/> Appendiceal	<input type="radio"/> Cervical	<input type="radio"/> Other Non-Cancer
<input type="radio"/> Pancreatic	<input type="radio"/> Uterine	<input type="radio"/> Sickle cell disease
<input type="radio"/> Gallbladder	<input type="radio"/> Vaginal	<input type="radio"/> Suspected Cancer
<input type="radio"/> Peritoneal	<input type="radio"/> Vulvar	<input type="radio"/> Unknown
<input type="radio"/> Stomach	<input type="radio"/> Gestational trophoblastic disease	<input type="radio"/> Pediatric Oncology
<input type="radio"/> Small Intestine	<input type="radio"/> Sarcoma	<input type="radio"/> Pediatric Hematology
<input type="radio"/> Colon	<input type="radio"/> Melanoma	<input type="radio"/> Pediatric Sickle cell disease
<input type="radio"/> Rectal	<input type="radio"/> Skin (non-Melanoma)	<input type="radio"/> Other
<input type="radio"/> Anal	<input type="radio"/> Carcinoid	
<input type="radio"/> Kidney	<input type="radio"/> Hodgkins Lymphoma	

Patient Navigation Acuity (Oncology) Level 2 ▾

Level 1: - Initial guidance / education / coordination as needed
- Typically no follow-up needed

Level 2: - Initial guidance/education/coordination
- Basic needs identified
- Ongoing guidance/education throughout treatment as needed

Level 3: - Coordination of multimodality treatment
- Moderate intensity needs identified
- Ongoing guidance/education throughout treatment

Level 4: - Coordination of multimodality treatment
- High intensity needs identified
- Difficulty coping with diagnosis or treatment
- Ongoing guidance/education/support/provided throughout treatment

Navigator Additional Information

Segoe UI

IS Tool for Patient Management

TEST CM Calendar Recent Name

Full screen Print 1 minutes ago

100%

Filters:

- Inpatient
- Outpatient
- Emergency
- LCI
- Infusion
- Observation
- Surgery
- Imaging
- Other
- Radiation
- Cancelled
- Collaborating Care Manager
- Assigned Care Manager

< > today
October 2017
month week day list

Sun	Mon	Tue	Wed	Thu	Fri	Sat
HDTT, XHQHDT VOEDLO [Loc: CMC-P2ES 2 East ACC/IRM:2119]						
MDLAVL, ZDQIBV QHDLTVAV [Loc: SHV MCP Cardiology]		12a EDPRCA, MDS U		8:30a BRHXDVT, ULV 7:30a RNWDARIS, H		
ACLXDAOBD, OVJUBV [Loc: Charlotte Radiol		IDLTRRCA, FDPBQBD DAA [Loc: CMCP Surgery]				
LDMCC, HVTVA [Loc:						
	12:01a HDLXCA, PHC	12a GNTTVL, FLBRQI	8:20a LCUVLRCA, DA	8:45a CTGNMHTBA, I	8a HVDOVA, QDRRD	8:30a CTGNMHTBA, I
6a HDTPLVXDA, UVP	12a UCEAV, PDXLD 1	8:30a LCUVLRCA, DA	9a MBTBAMV, DAOI	8:30a XBTTVL, XDLS		
6:10a PHCXFRCA, PE	8:30a MDLAVL, ZDQI	8:45a CDIR, FDPRS F	9a TDLIBA, XVTBRD	8:40a ICRR, TBTD G		
7:45a LCUBARCA, ZD	8:30a RQCPP, XDLS	8:45a LDMCC, HVTV	9:15a EHBPV ZL, LCI	9a HDLXCA, PHCXDF		
8:30a IVTTVL, ZCDAA	8:45a HVDOVA, QDR	9a DLLCECCO, RSTY	9:30a MCCOVACE, XI	9a XCQICYGBDI, DTE		
9a PCXDR ZL, QTDLI	9a UCLTVS, OVUCLD	9:15a IVTTVL, ZCDAA	9:30a XCNPRVTCR, T	9a XDLRH, DAOVLDI		
9a MLDYVR, ZDABCA	9a MDLAVL, ZDQIBV	9:30a EDRHBAMPCA	9:40a PLNTT, CTD R	9a EHB00VA, DYS P		
9a RPCAV, ZNTBV XI	9:15a RBMVPPB, FHS	9:40a FBLRTBA, ZCH	9:45a QHVA, ONDA [9a MDTULDBPH, LVVA		
9:15a HDGTVL, ZVLC	9:30a OVYBAY, IDLV	9:45a EDRHBAMPCA	10a LBAMRPDGG, ZV	9:15a EHBPV ZL, LCI		
9:30a RPCAV, ZNTBV	9:45a RBMVPPB, FHS	10a FBLRTBA, ZCHA	10:15a MCXVW, IDLO	9:15a GLBLVLRCA, LN		
9:30a DLLCECCO, RS	9:45a XCLDTVR, TNV	10a OVBMLV, ZVDA	10:30a GDNQB XOLO	9:15a LCRRXDAA, Q		
9:30a QLDEGCLO, PH	9:50a LVSACTOR, ZD	10a TCAM, RHVLLS T	10:30a ONGGS, RNR	9:20a RPNLQIVA, TDI		
9:45a IDLTRRCA, FDI	10a VYDAR, ZVDAVP	10:15a RPNLQIVA, TI	10:30a OHVA, ONDA	9:45a CPCQID, UDLU		
9:45a MLDYVR, ZDAB	10a IVTTVL, PVLLB D	10:30a MCXVW, IDLC	10:45a PLNTT, CTD R	10a QDLT, MVCLMV		
10a TDERGA, IDPHVI	10:15a XCLDTVR, TN	10:30a BRIVR, FVDL	10:50a QCAACL, AM	10a EBITBDXR, GLVI		
10a EDRHBAMPCA, T	10:15a HDTPLVXDA	10:30a EBITBDXR, F	11a GBRHVL, IDPHVI	10:15a GLBLVLRCA, LI		
10:15a UDLEBQI, XDI	11:30a MLDAOD, ROV	10:40a IDLTRRCA, FI	11a XCNPRVTCR, TG	10:15a TSAA, TDAAB		
11a XQDLYVL, TCNV	11:30a QDAPBA, BR	10:40a UVLWDQI, TD	11a USLDX, QDPHVL	10:15a VYDAR, OBDP		
11a LVSACTOR, ADA	11:30a ELBMHP, ZDX	11a IHDLADR, BLBAC	11:20a QDLLNPHVLR	10:20a XCLMDA, UDL		
11:20a ACLCECCO, MI	11:45a RFVLCR, VXB	11a QDAPS, UMLADC	11:30a UNGG, RNRD	10:30a HNPQHBAMR		
11:30a BRHXDVT, UL	12p ICRR, TBTD G [L	11a RPLVTXDA, TDI	11:45a HCS, TBAOD	10:30a QCGDLC, LV		
12p ROHNTVL, HDAR	12p IVAP, RNRDA [L	11:15a ONLUBA, PHV	11:45a PHCXFRCA, F	10:40a RQCPP, DAAV		
12p ELBMHP, ZDXVR	1:15p RQCPP, ODEA	11:15a UDIVL, OVULL	11:45a ODAPS, UVLA	10:45a LVBTIS, ZCD		
12:20p HDTT, XHQH	1:30p XCLRV, YBQIB	11:30a IHDLADR, BLE	11:45a XDPHBR, ODA	11a TSAA, TDAAB [L		
12:45p TBAVUDOI, Q	1:30p IVAP, RNRDAL	11:30a QDAPS, UVLA	12p HDGTVL, ZVLC	11a ACLXDAOBD, OV		
1p RVAMNFPD, RNR	1:45p ODYBR, ZNOBI	11:30a TDAV, EBTTB	12p ONYV, XDLBTS	11:15a HNUUDLO, TC		
1p FVPPS, VXDX Z [L	2p RQCPP, ODEA DA	12p RNWDARIS, HVT	12p ROHNTVL, HDAR	12p UDFVR, QHLBRF		
1p IVTTVL, ZCDAA M	2:35p TCEVLS, RNRE	12p TBAVUDOI, QDP	12:30p IVAP, RNRDA	12p XDAVS, YBLMBA		
1:45p COCAACL, XDI		12:20p ULDAACOI, FI	12:30p ODAPS, UVLA	1p ZCHARCA, MTCL		
2p DYDIBDA, LBPD Z		1:30p EDPRCA, MDS	12:30p ONYV, XDLBT	1p PHCXFRCA, PBGC		
2p ZCSVR, PVLVRD1		1:30p FDBAPVL, XDL	12:40p LDMCC, HVTV	1:15p ULVEVL, XDLS		
2:10p ZCSVR, PVLVR		2:45p HNPQHBAMR,	12:45p OBJCA, VPPD	1:20p KNBA, OCAAI		
2:15p RPLVTXDA, T		3p EYPW, QHDLBPS	1p LVQPCIL, RNRDA	1:30p DXULCRV, UDL		
2:30p HDUBAD, UDL		3:30p ICRR, TBTD G	1:15p FBVLQV, LVUD	2p NFGHNLQH, UCUI		

Research and Outcomes

Reduced 30 day readmissions for navigated patients vs. Non navigated patients—Presented at ASPO

- Approximately 1 in 7 hospitalized patients is readmitted within 30 days of hospital discharge (rates vary due to several factors)
- The cost of readmissions to the healthcare system nationally are substantial – roughly \$30 billion/year for Medicare alone
- Non-Navigated patients were 52% more likely to have a 30 day all cause readmission than Navigated patient

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Tsai et al. N Engl J Med. 2013;369:1134-1142

Fed Regist. 2012;77(170):53258-750.

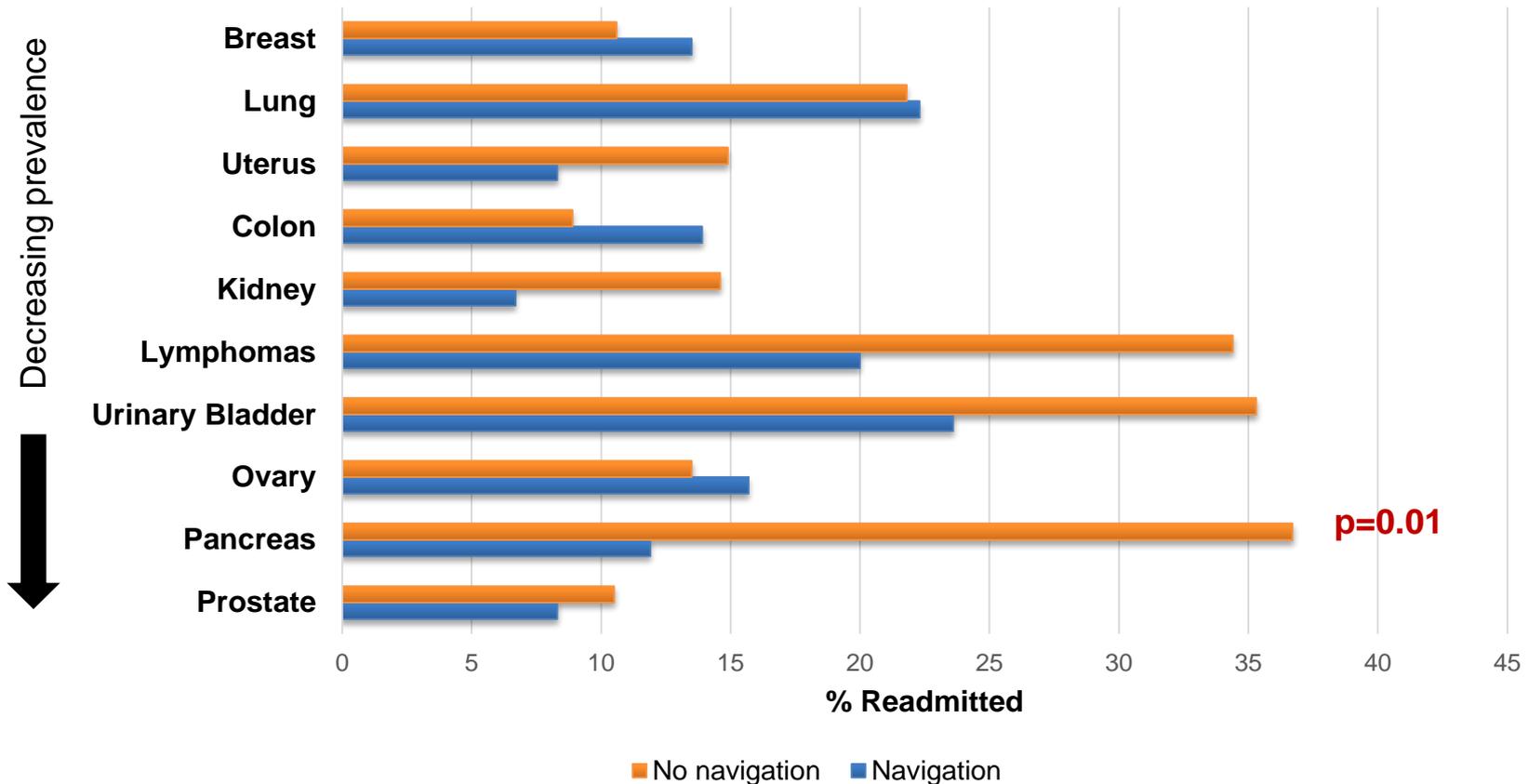
N Engl J Med. 2009;360(14):1418-28

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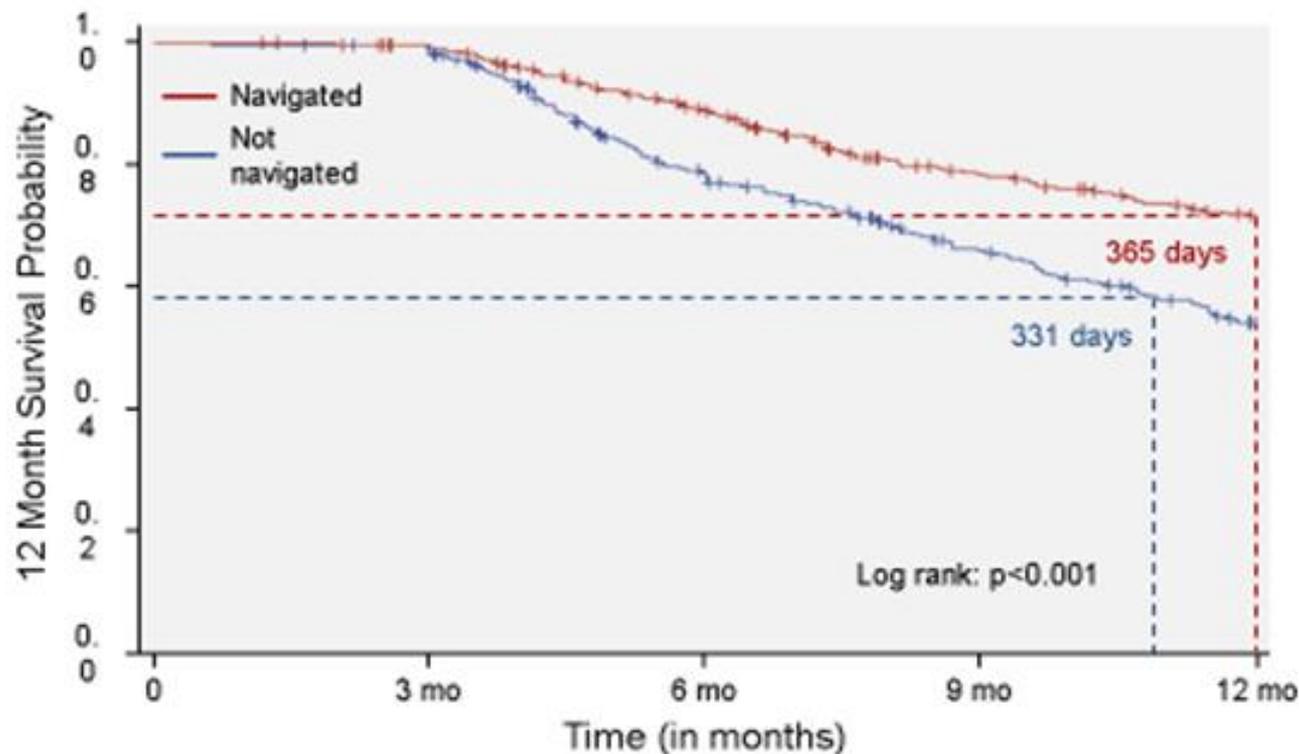
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Cancer site and UNPLANNED readmission rates among navigated and not navigated cancer patients



Research and Outcomes

Survival benefit Navigated vs. non navigated patients— presented at ASCO



- Improved overall survival at 12 months
 - 74% NN vs 58% not navigated ($p<0.01$)

- Survival benefit observed overall and across all subgroups measured
- Strongest benefit among:
 - Black
 - Medicaid-insured
 - Pancreatic and lung cancer

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Research and Outcomes

- 24 month data submitting for publication
- Navigated patients more likely to receive Social Work, Nutrition, and Palliative Care
- Navigated patients more likely to receive $\geq 85\%$ Relative Dose Intensity (RDI)

Conclusion

Standardization and metrics are the keys to improving quality and demonstrating the value of our role. We must work together to share best practices, to gain data and expand our volume of evidence based practice.



Tools for Standardization

- AONN Standardized
https://www.aonnonline.org/images/articles/standardized_metrics/Metrics-Source-Document.pdf
- ONS Standard Navigation Competencies
<https://www.ons.org/sites/default/files/2017ONNcompetencies.pdf>
- AONN Nurse Navigator Certification
<https://www.aonnonline.org/certification/nurse-navigator-certification>
- Commission on Cancer
<https://www.facs.org/quality-programs/cancer/coc/standards>

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