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RWJBarnabas Health System and Rutgers Cancer Institute of New Jersey Navigators



Problem/Opportunity Statement

The healthcare landscape is evolving from independent hospitals to large healthcare systems, the challenge of standardizing programs such as navigation becomes paramount to ensuring best practices and service consistency. Oncology navigation has made advances to define metrics and quality measures; however, challenges still exist when navigation programs span across diverse health care systems without the advantage of a systemwide health care record or the ability to track key performance indicators (KPI).

Aggregating data was time-consuming and difficult to validate. Obtaining critical accreditation data, such as patient barriers to care, was limited.

Baseline Data/Current State

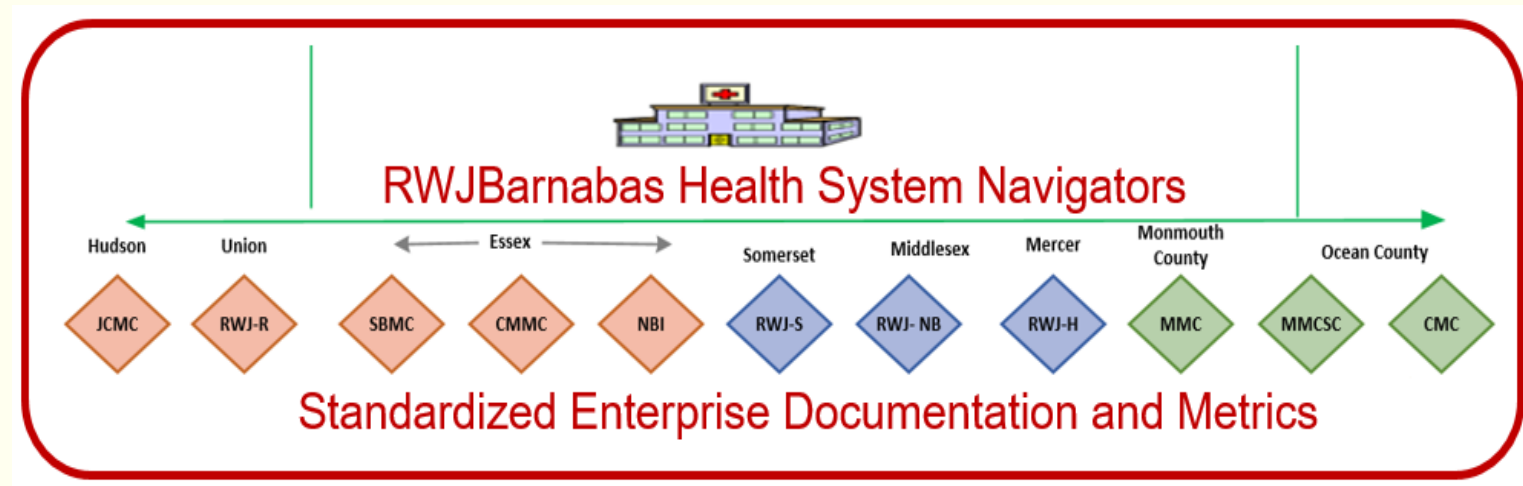
The team of 35 navigators serves diverse populations anchored by an NCI-Designated Cancer Center and includes local community hospitals. Equally diverse is the method of data collection ranging from 2 facilities using ink and paper, 7 relying on excel spreadsheets, and one urban site using a siloed navigation specific electronic health record. Metrics set the tone to evaluate a program's effectiveness, measure clinical outcomes, and assess patient obstacles to treatment.



Plan

Goals

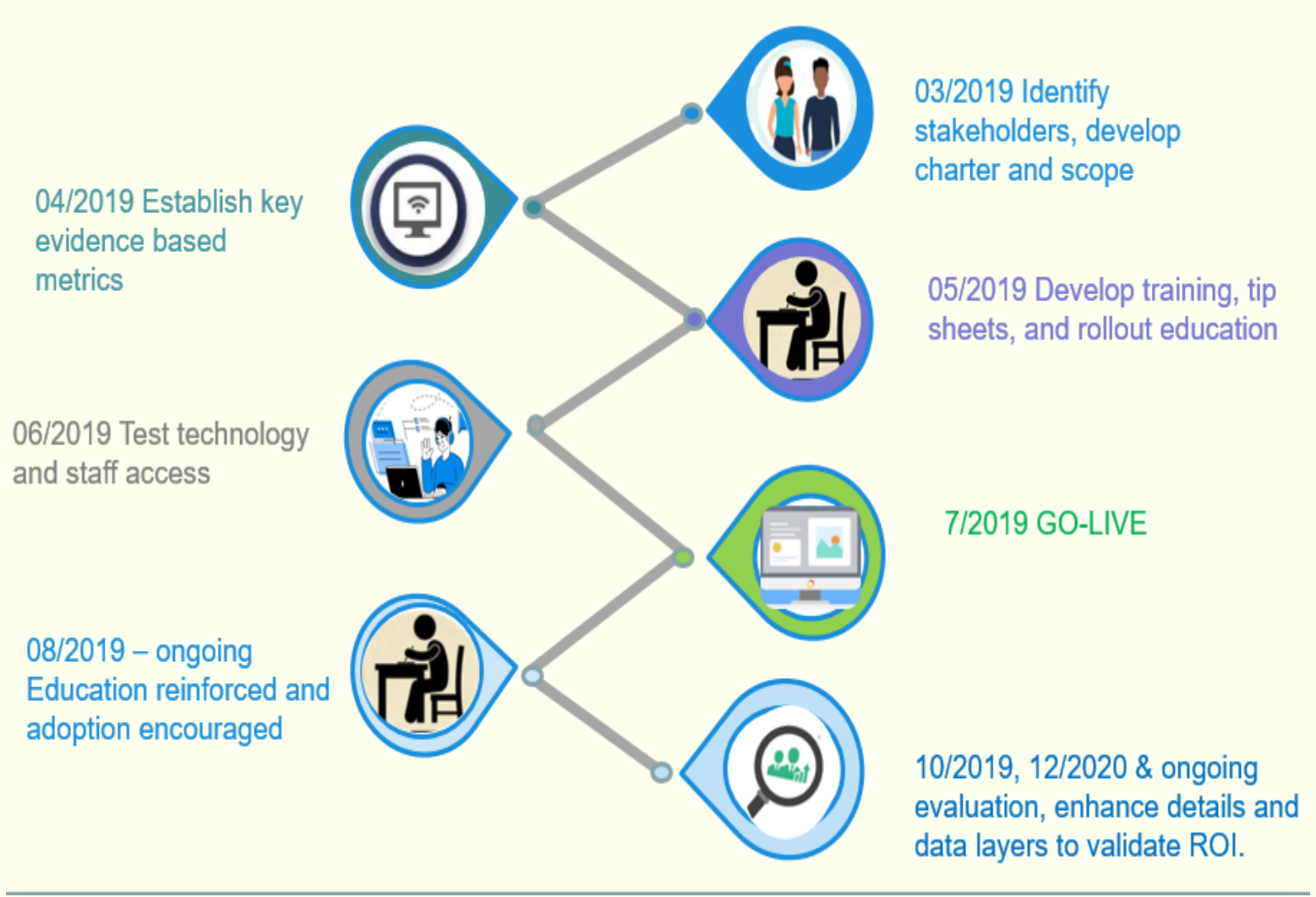
The plan is the implementation of standardized navigation metrics with an enterprise-wide electronic health record. The EHR will capture navigation-specific data to benchmark against the industry and internal standards across a multiple-site healthcare system.



Scope

Target :
✓ All navigators across the RWJBarnabas Health System and Rutgers Cancer Institute of New Jersey will transition to one enterprise health record.

Timeline



Barriers

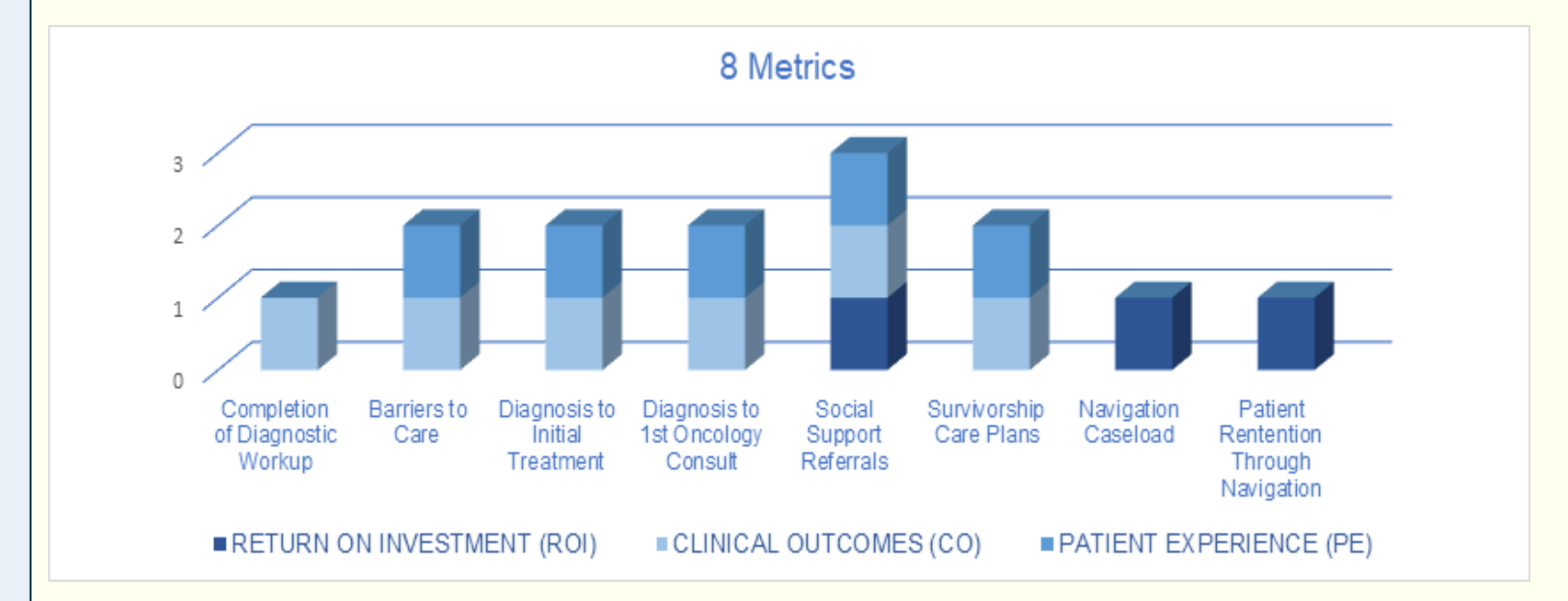
- Barriers:
- ❖ Varied metric collection and data sources
 - ❖ Technology firewalls between institutions and logistics
 - ❖ Training facility to accommodate in-person learning
 - ❖ No backfill of staff caseload while training.
 - ❖ Staff pushback to add charting detail and use of electronic format .

Do

Pilot/Intervention

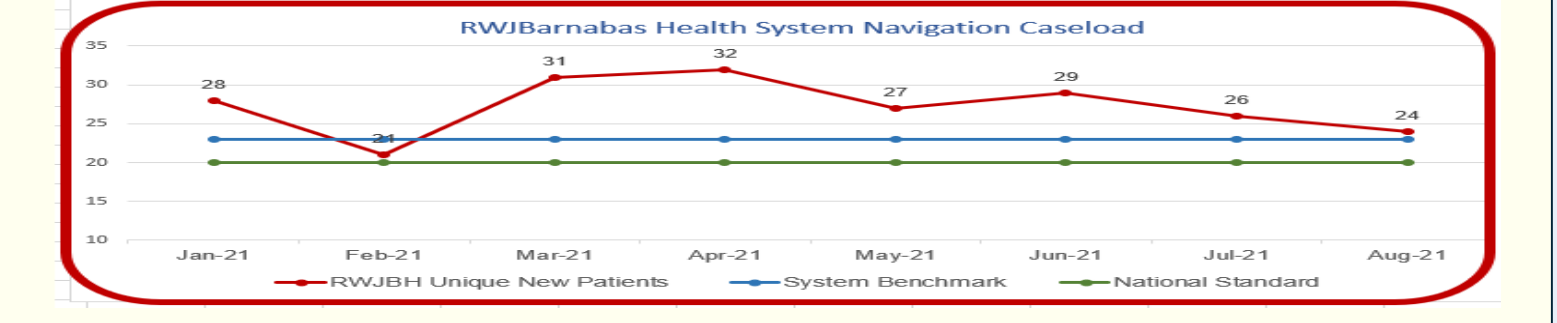
We convened a working group of facility leaders, nurse navigators as subject matter experts (SMEs), informatics, and vendor experts. Regular meetings were established and task accountability to gain overall buy-in.

The stakeholders conducted an in-depth review of industry-standard metrics establishing a consensus of tracking eight key measures. The high-level assessment identified the need to improve efficiency and productivity, quality of care, patient safety, meet accreditation standards, identify barriers and interventions.



Study Outcomes

- ❖ implementation was tracked in audit logs to validate adoption
- ❖ Ongoing validations and template adjustments.



- ❖ Reports justify the navigator's productivity
 - ✓ volume counting new patients (avg. 25 per month)
 - ✓ Encounters (avg. 4 per patient)
 - ✓ Comparison of patient time vs. tasks
- ❖ Standardized barriers provide insight into common obstacles.
- ❖ Standard measures in the electronic program highlight 93 % of patients experience one barrier to care.
- ❖ Top barriers
 - ✓ Financial and transportation
 - ✓ Programs established to alleviate the obstacles.
- ❖ Standardized tracking showed volume metrics shifts related to COVID as outreach encounters increase of 50% from complex transitions.

Act Next Steps

The EHR's ability to provide report-rich data highlights the program's success, challenges and patient barriers. Furthermore, it opened the door to care coordination across a diverse health system as patients are transferred between facilities for specialty services. The EHR provides the ability to aggregate and integrate data to improve care coordination and reporting.