Community Medical Center | RWJBarnabas HEALTH

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Navigating Care Transitions to Improve Efficiency from an Inpatient Cancer Diagnosis to the Outpatient Treatment Setting

Team: Jane Krong BSN RN OCN, Theresa Hayden BSN RN OCN, John Lagayada BSN RN OCN, Antoinette Kellgren MSN RN CEN, Jonathan Gapilango MSN RN OCN CCRP NE-BC, Jeanne Silva MSN RN-BC, CMSRN, CN-BN. Avni Patel, BSN, Dr. Horace Tang, MD, Marley Nicolas, MSN RN RWJBarnabas Health System and Rutgers Cancer Institute of New Jersey

Plan

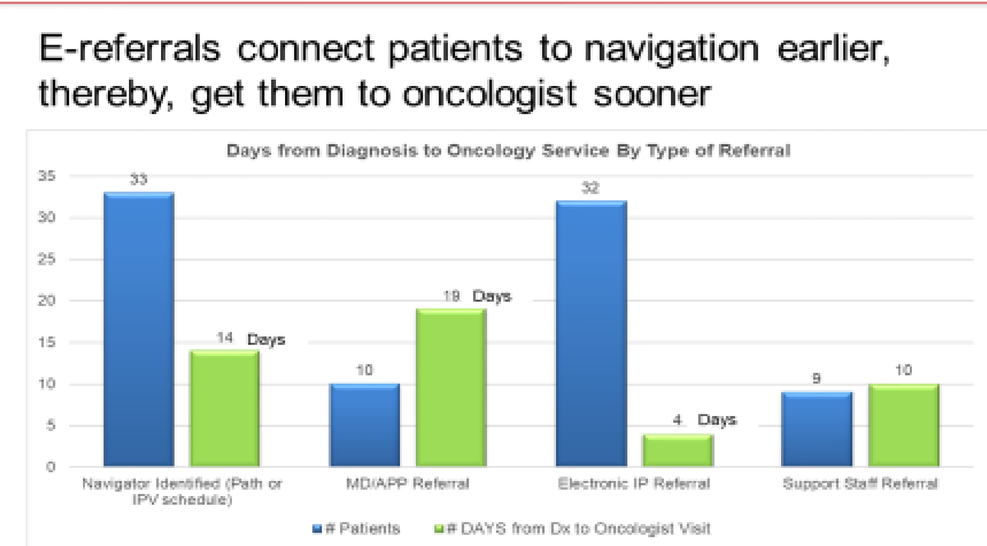
Problem/Opportunity Statement

Integrated care is an approach for improving care transitions, but identifying patients to benefit from the assistance of an oncology nurse navigator (ONN) is inconsistent or non-existent for patients transitioning from an acute inpatient setting to an outpatient treatment area. People with complex medical conditions, such as a cancer diagnosis, are vulnerable during care transitions and experience delays.

Baseline data shows the current identification process fails to connect the ONN to the patient while in the hospital. On average, the ONNs first patient connection is ~ 39 days after the diagnosis.

Without the aid of navigation, the patient waits an average of 12 days for the first connection to an outpatient oncologist. The delays cause outmigration to the competitor's services with earlier appointments.

Baseline Data/Current State



Vision Statement

In newly diagnosed oncology patients admitted at Community Medical Center, will implementing an inpatient electronic referral process increase the number of patients identified for navigation, provide an early assessment of unmet needs and reduce the transition time to the outpatient care setting.

Goals

- Implement EHR referral process to connect patients to Navigator < 11 days from diagnosis
- Reduce time from referral to 1st patient contact to < 72 hours
- ONN reduce transition time to 1st oncology visit <30 days from diagnosis
- Increase e-referral process by inpatient staff
- Determine success of e-referral process

Scope

Target Population:

- ✓ Newly diagnosed adult cancer patients admitted to CMC who require continuing cancer care post discharge.
- ✓ A comparison of various types of patient referrals for transition of care.

Timeline

Quarter 1 2021

Presentation to CoC; go live date set

Scheduling Inservice via multiple outlets (email, zoom, in-person)

Creation of tracking tools /PPT presentation

Quarter 2 2021

Reviewed Data ongoing identified needs in collection

Data analysis, feedback assessment. Continued staff education

Creation of Netlearning online module with roll-out date set

Quarter 3 2021

Cancer committee data reviewed for weaknesses/strengths of program

Net learning go-live to nursing floors 2,3,4 Case Management/Social Work with target completion: 60 days

Key Process points created for physicians/staff guidance and posted to floors

Presentation of key process summary at Multidisciplinary Tumor Boards

Presentation to nursing leadership

Barriers

Barriers:

- ❖ No formal referral process in place
- ❖ Technology template creation and logistics
- ❖ Outreach to inpatient nursing and Care Managers (during pandemic)
- ❖ Time Management: staff and team
- ❖ Minimal feedback
- ❖ No precedent of education in place
- ❖ Throughput to ambulatory services
- ❖ Unfamiliarity with role/specialty

Do

Pilot/Intervention

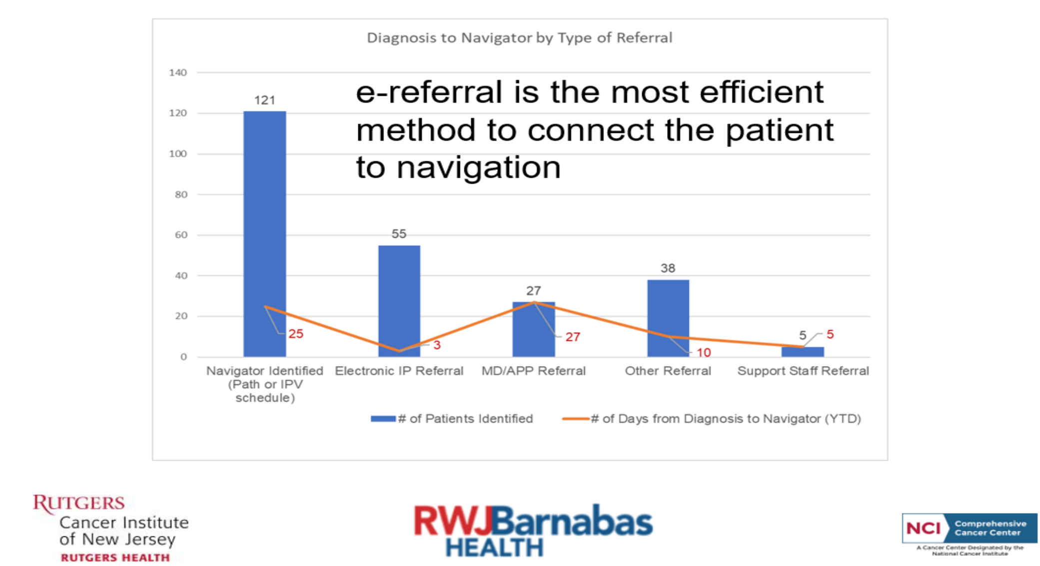
The quasi-experimental study used innovation to identify newly diagnosed cancer patients using various referral processes to determine the most effective method. The team of three outpatient ONN led the study, which includes nurse leaders and various in-patient staff.

Using the current EHR, an e-referral process was developed and implemented for nurses, providers, and ancillary staff, comparing with our standard process i.e. navigator identified, physician referral or staff support referral. Inpatient units received an in-service on the new process.

An online module was developed to measure staff understanding and competency. To evaluate the implementation, we merged quantitative measures on the timing and type of referral, time to navigation, and oncology setting

Study

Outcomes



The study measured 246 referrals during six months, with 55 received as e-referrals. The e-referrals reduced the time from diagnoses to ONN to 3 days (92% reduction), with the navigator connecting to the patient in less than 24 hours of the notice.

When the e-referral was compared to alternate identification methods, such as pathology reports, provider schedules (25 days), direct MD/APP referrals (27 days), and support staff referral (5 days), e-referral proved the best method to connect new cancer patients to ONN. The results include a reduction in the time to an outpatient oncology appointment (4 days) and increased inter-professional collaboration and communication

Act

Next Steps

- Continue to evaluate the process for newly identified barriers
- Provide ongoing education and awareness as needed
- Continue to monitor effect of online learning module and presentation
- Evaluate the results and lessons learned