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 connection to an outpatient oncologist. The waits an average of 12 days for the first 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

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.

Baseline data shows the current cancer care post-discharge. 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.

Tentative data shows the current oncology system is not efficient. The ONN 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.

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