Mission

To promote excellence in oncology patient care by fostering collaborative relationships and professional development among oncology nurse navigators and all healthcare disciplines locally, regionally, and nationally

Vision

To be the national leader in establishing standards that define the oncology nurse navigator role by advocating for the oncology nurse navigator within the community and professional arenas

Quarterly Newsletter

National Coalition of Oncology Nurse Navigators

October 2011

DEDICATED TO THE SUPPORT OF THE ONCOLOGY NURSE NAVIGATOR

IN THIS ISSUE

Looking at Oncology Nurse Navigator (ONN) Core Competencies by Sharon Francz

Navigators have emerged from the field of oncology nursing to respond to the need for patient navigation within the health care system for persons with any type of cancer. Increasing numbers of cancer care programs striving for improvements in efficiency and adherence to quality care view ONNs as a critical element of improved patient outcomes.

Oncology Nurse Navigators are the clinical professionals with the knowledge and skills necessary to support the cancer patient, their family and other support persons throughout the entire cancer experience, from point of entry (which is variable) through treatment and survivorship.

The ONN is responsible for coordination of care across the continuum. By accompanying the patient through every aspect of their cancer journey, the ONN is best positioned to advocate for and provide guidance to patients and their families. The ONN is able to ensure access to the information necessary for the patient to make the best possible decisions about treatment, providing the counsel and advice to improve the patient's quality of life—and ultimately improving patient satisfaction. Furthermore, the ONN helps decrease healthcare costs through appropriate utilization of healthcare resources.

Apart from the roles of a licensed nurse, the ONN needs to develop competencies to integrate the roles of health care promoter, educator, counselor, care coordinator, case manager, researcher as well as that of a patient advocate. Hence, education programs for preparing oncology nurse navigators must ensure that the professional nurse is equipped with the essential competencies that enable them to fulfill these roles competently and ethically.

The scope of core-competencies required of an ONN comprises five (5) competence areas:

Competence Area 1: Professional, Legal and Ethical Nursing Practice;

Competence Area 2: Health Promotion and Health Education;

Competence Area 3: Management and Leadership;

Competence Area 4: Advocacy;

Competence Area 5: Personal Effectiveness and Professional Development.

What percent of your day do you spend on each of these competency areas?

Go to www.nconn.org to answer this question and take our 4-question survey.

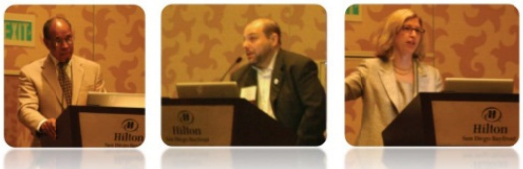
NCONN NEWS: 3rd Annual Conference

NCONN's 3rd Annual Changing the Face of the Cancer Care Conference was a huge success with more than 300 Oncology Nurse Navigators, Patient Navigators, Social Workers and other health care professionals joined together in San Diego, California.

This year's conference focused on survivorship issues, identifying and addressing obstacles and barriers to care for the young adult cancer patient.

Look for a full conference wrap-up on www.nconn.org and in upcoming issues of OncNurse.

19.2 nursing CEU's and 16.0 social worker CEU's were offered during the two and half day conference.



NEWSLETTER ARTICLES

Please help others by sharing your knowledge and ideas

Send your ideas to:
newsletter@nconn.org

NCONN Survivorship Task Force

by Sharon Francz

In August 2010, NCONN initiated a task force to address survivorship and treatment summary plans. Over the last twelve months, this task force has investigated and researched what treatment summary plans (TSP) and programs are currently in place. Some of the goals and objectives established by this committee include:

- How ONNs can fill the gap from transition from active treatment to survivorship
- Identify resources available to patients in transition from active treatment to survivorship
- Identify barriers to creating a survivorship program
- Educate ONNs on importance of survivorship program, care plan at their facility
- Design a risk stratification tools identifying when patients should enter survivorship program
- Create and provide ONNs and patients with an educational handout/brochure on creating and keeping up with their own survivorship treatment summary plan.

The task force is creating an educational brochure that can be used to inform Oncology Nurse Navigators (ONNs) on how to initiate and use the treatment summary plan in practice. In addition, this brochure will include the elements that should be contained in the TSP, how to implement and use the TSP, how to distinguish between follow-up and survivorship appointments, social implications and coping tools, resources and support services, surveillance algorithms and methods to increase compliance. This committee will remain in place and report updates, ideas and information regarding Survivorship Program implementation and existing successful survivorship programs, featuring NCONN member programs quarterly.

Among 11 million cancer survivors in the USA, 4.7 million received their diagnosis 10 or more years ago

FAST FACTS

70%

NCONN's membership are RN's

26%

NCONN's members make more than $90K per year

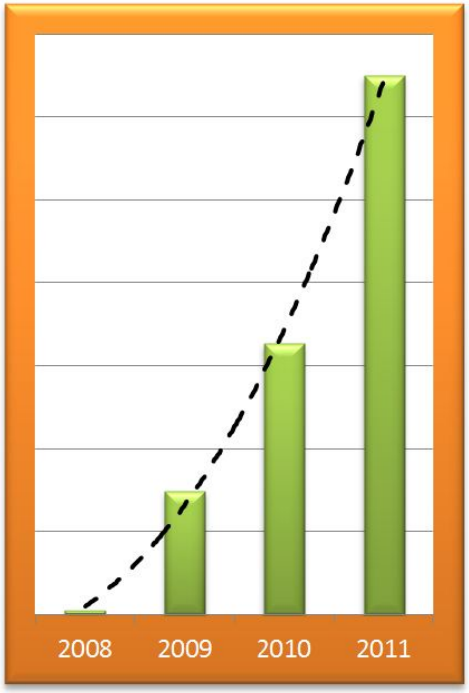
27%

NCONN's members are in California, Maryland, and Texas

99%

NCONN members are members of ONS

NCONN Membership Growth Curve



NCONN Stumps for Young Adult Cancer Patients

70,000 young adults (15-39) are diagnosed with cancer annually; one every 8 minutes.

NCONN is happy to be associated with the **I'm Too Young for This! Cancer Foundation**. Matthew Zachary, the founder of the organization, is a young adult brain cancer survivor who found that during his treatment he felt isolated and didn't realize other young adults got cancer too.

He started his organization in the hopes of connecting other young adults with cancer AND connect he has! He and his team have a weekly web based radio show called the Stupid Cancer Show airing every Monday evening.

They have created groups across the country for young adult cancer survivors in the hopes of helping them "start living". Their newest outreach endeavor is the creation of the Stupid Cancer Forums where young adult patients and young adult caregivers (think 20-40 y/o caring for a sick parent or child) have a place to talk, vent and offer support. The forums offer threads for many different topics including general discussion, newly diagnosed, disease specific, relationships, caregivers and the newly formed thread for their 2012 OMG! Cancer Summit in Las Vegas March 30th- April 1st at the Palms Casino Resort. Check out the forums at www.stupidcancer.com.

Cancer 101: A resource your patients need…

CANCER101: The Basics for the Newly Diagnosed

CANCER101's mission is to help patients and caregivers get organized and informed to fight their cancer.

CANCER101 Planners are provided to cancer centers in all 50 states to give to their patients and caregivers in need. The planner is free to patients and includes essential organizational tools and important resources designed to empower patients and caregivers to take control over their diagnosis from the moment they learn they have cancer through the next ten years of follow-up care. The planner encourages patients to partner with their medical team: questions are asked and answered, notes and appointments are written down in one place, and patients and caregivers feel in control. And just as importantly, the planner gives patients and their loved ones hope.

Monica Knoll,
Executive Director / Founder / Survivor
February 1964 –June 2011

We lost a fearless warrior and a guiding force in the cancer community on the morning of June 20, 2011. Monica Knoll, the founder of CANCER101, passed away peacefully in Connecticut, surrounded by her family.

Monica was diagnosed with breast cancer in 2000 and ovarian cancer in 2006. While being treated for breast cancer, Monica created the CANCER101 Planner designed to empower cancer patients and their caregivers from the moment of diagnosis. The CANCER101 Planner is now used by thousands of patients in over 300 cancer centers across the country.

Through her tireless work and leadership, Monica will have a lasting impact on the medical community and grateful patients everywhere.

Patient Navigation: The Wave of the Future in Cancer Care

by Karen Masino, MS, CNP, ACNP-BC, AOCNP, RN, RD, LDN

In the 20 years, since Dr. Harold Freeman (1) established the first patient navigation model in Harlem in 1990 to provide access to care for an underserved population, patient navigation has emerged as an important facet of patient focused care, from screening to survivorship and beyond. Over the years, the benefits of patient navigation have been recognized by many prominent organizations as essential in helping patients move through a fragmented and complex health care system.

The American College of Surgeons Commission on Cancer has released its working draft entitled: *Cancer Program Standards 2012: Ensuring Patient-Centered Care* (2) for programs being reviewed for accreditation.

Within this document are several new standards which are relevant to patient navigation. In chapter 3 of this document there are proposed standards for **patient navigation, distress screening** and a **survivorship care plan.**

Draft Standard 3.1 – patient navigation The Cancer committee conducts an assessment of barriers to care for patients with cancer. A patient navigation process is established to address barriers to care for patients with cancer and healthcare disparities either onsite or by referral. The cancer committee evaluates and reports on the process annually.

This standard is focused on identifying barriers to care and implementing a process that addresses those needs within the community served by the institution. This standard does not specify a process or the type of navigator that a program must have. Rather the institution needs to assess the needs of the cancer population it serves on an annual basis and establish a patient navigation process that meets those needs to provide quality medical and psychosocial care through all phases of the cancer trajectory. Annual reporting to the institution cancer committee also needs to provide a description of the navigation process and document how this has served the needs of the various cancer populations as well as plans for improvement.

Although the nurse navigator is a key person in providing navigation services, involvement of other team members is essential to provide quality services. The nurse navigator, however can be the leader in coordinating all the services that are needed by the patient as well as to facilitate communication among the oncology care team. Improving communication between team members can mean higher quality seamless care for the patient as well as a quality cancer program. Adding this standard is recognition of the importance of navigation. Although it is not specified that the navigator needs to be a nurse; the nurse is able to not only provide the coordination of appointments, etc., but can also provide clinical education and translate medical information into language the patient can understand.

Draft Standard 3.2 – psychosocial distress screening

The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care as the standard for patients with cancer.

The intent of distress screening is to identify psychosocial issues contributing to distress in cancer patients and to refer those patients to appropriate resources or referrals to address those concerns. The standard requires that at a minimum, patients should be screened for distress at "pivotal medical visits" as defined by the cancer program of the institution. Examples of pivotal medical visits are given such as at the time of diagnosis, and periods of transition. The standard does not specify what tool is used to screen for distress. However, *The National Comprehensive Cancer Network (*NCCN*)* (3) has a distress management guideline that also includes a listing of "periods of increased vulnerability" for distress and a validated screening tool that can be used after obtaining permission from the NCCN.

Nurse navigators frequently interact with patients at "pivotal times" because they are involved with patients at the time of diagnosis, while they are undergoing staging and on into the treatment and survivorship phases. Depending upon the points at which the nurse navigator interacts with the patient, (s)he is a key team member in identifying sources of distress in cancer patients and linking the patient to helpful resources as well as communicating distress issues to other health care team members. Nurse navigators can also take the lead in developing a distress screening and management program in their facilities because of their close interaction and awareness of increased periods of distress for patients.

Draft Standard 3.3 – Survivorship care plan

The Cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment. The process is monitored, evaluated and presented at least annually to the cancer committee and documented in the minutes.

The purpose of the standard on survivorship care plans is to assure that patients receive a comprehensive summary of their treatment including an evidenced-based follow-up plan of care. The standard indicates that the survivorship plan is to be prepared by the principal provider(s) who coordinated the oncology treatment for the patient. At this time the "principal coordinator" language remains unclear as to the interpretation, but the input of several health care team members will be needed to complete the plan. Required information in the survivorship care plan is based on the Institute of Medicine and National Research Council 2005 report "*From Cancer Patient to Cancer Survivor: Lost in Transition"* (4).

Some nurse navigators may already be involved in preparing survivorship plans. Nurse navigators even if not the designated responsible professional to prepare the survivorship plan can be instrumental in providing survivorship resources to the patient, as well as provide important information that should be incorporated into the survivorship plan. There are templates available for developing survivorship plans for patients (5, 6, 7)

These standards will be phased in over a 3 year period with full implementation scheduled for 2015. Nurse navigators need to be in the forefront of developing programs within their institutions to meet these standards and to assure that patient-centered care is the outcome goal of the cancer program in their community.

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Freeman HP. A model patient navigation program. *Oncol Issues*. Sept/Oct,2004;19(5):44- 46

A working draft of Cancer Program Standards 2012: Ensuring Patient-Centered Care
http://www.facs.org/cancer/coc/cps2012draft.pdf

NCCN Clinical Practice Guidelines in Oncology version 1.2011
http://www.nccn.org/professionals/physician_gls/f_guidelines.asp

Institute of Medicine. Cancer Care for the Whole Patient: *Meeting Psychosocial Health Needs.* Washington D.C.: National Academies Press; 2007.

Livestrong care plan.
http://www.livestrongcareplan.org/

Journey forward http://journeyforward.org/

American Society of Clinical Oncology
http://www.cancer.net/patient/Survivorship/Survivorship%3A+Next+Steps+to+Take

Special thanks to our 2011 3rd Annual Conference sponsors:

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ONN List-serv:

Hot topics

by ONNlistserv@nconn.org

What is a list-serv?

When e-mail is addressed to a LISTSERV mailing list, it is automatically broadcast to everyone on the list. The result is similar to a newsgroup or forum, except that the messages are transmitted as e-mail and are therefore available only to individuals on the list. To join list-serv, contact lmercier@nconn.org

Top 10 List-serv topics Jan - Sept 2011:

10	**Compassion Fatigue**
9	**Navigator Metrics**
8	**Physician Reference Cards**
7	**Facebook and Cell phone policy usage with patients**
6	**New to Navigation**
5	**Nurse Navigation Software**
4	**Tumor Board/Tumor Conference Recommendations**
3	**Navigation Tracking Forms**
2	**Communication Tool**
1	**Navigators & Documentation**

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NCONN is a registered non-profit 501(c)(3) organization

Fall 2011 Survey

To take the survey, go to *www.nconn.org*

Questions:

1. Which of these Competency areas ranks number one in developing standards of practice for the Oncology Nurse Navigator?
2. Do you have a Twitter account?
3. The facility I work in has a Survivorship Program - yes or no?
4. I wish NCONN would _____

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Annual dues: $50

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NCONN on Twitter @ NCONNorg
Sharon Francz on Twitter @ NurseNavigator
Becky Trupp on Twitter @ rstoncologyRN

Sharon Francz, Executive Director, President & Co-Founder of NCONN
Becky Trupp, Vice President and Co-Founder of NCONN
Lou Ann Mercier, Administrative Assistant, lmercier@nconn.org

Contact us:
(800)581-0175 P.O. Box 1688, Rockville, MD 20849-1688
newsletter@nconn.org info@nconn.org executives@nconn.org