NK5b

Provide one example, with supporting evidence, of how a clinical nurse(s) implemented an evidenced-based practice that is new or a revision to existing practice in an ambulatory care setting within the organization.

Example b: Oncology Nurse Navigator Involvement in a Revised Practice for Newly Diagnosed Breast Cancer Referrals

Previous Nursing Practice

On February 29, 2024, Julia Russell, BSN, RN, MEDSURG-BC, Clinical Nurse, Oncology Nurse Navigator – Women's Health, Hospital Outpatient Department (HOPD) Hematology and Med Oncology Clinic, was assisting Adrienne Jackson, BS, RT(R)(M)(BD), BHCN, Clinical Nurse, Breast Health Clinical Navigator, Ambulatory Imaging Services, to address a patient concern regarding the need for an external referral to address a new breast cancer diagnosis. Russell identified that the current practice for breast cancer patient referrals led to delays in the initiation of care and medical oncology evaluation, along with a loss of financial assistance options for established WakeMed patients. This increased anxiety for patients who are facing a life-changing diagnosis.

Prior to the evidence-based practice change, newly diagnosed breast cancer patients followed a circuitous process to receive care.

Previous practice involved the following steps:

- Jackson obtained the patient's pathology report for breast cancer and notified the patient of their results.
- If the results were positive, Jackson contacted the patient's primary care provider to request a general surgery referral.
- A general surgery physician completed the patient's initial visit.
- A general surgery physician then referred the patient to the HOPD Hematology and Medical Oncology Clinic to determine the need for neoadjuvant chemotherapy.
- The HOPD Hematology and Medical Oncology Clinic notified a general surgery physician to schedule a follow-up appointment at the initiation of the patient's chemotherapy treatment plan.

This practice, shared by multiple departments, could take up to 38 days before the patient would have their initial visit with the general surgeon. There was a gap in communication between the patient receiving the diagnosis and accessing care specialists throughout the treatment plan.

Clinical Nurse Russell Implements Evidence-based Practice

On March 4, 2024, Russell, Jackson, Brenda Wilcox, MSN, RN, AOCNS, AGCNS-BC, Manager Oncology Clinical Operations, HOPD Hematology and Med Oncology Clinic, and Jennifer Howe, BSN, RN, Clinical Nurse, Breast Services, used the Iowa Model for Evidence-Based Practice to identify the need for navigational support for newly

diagnosed breast cancer patients at the point of entry. This newly offered navigational support would be available to patients throughout the cancer care continuum. They determined through their literature review that providing navigation support for both breast services and medical oncology would improve surgical and treatment timelines, improve patient satisfaction, and better support the local indigent population. Russell, as an RN Patient Navigator, supported a revised practice change in which a patient navigator collaborates with patients, physicians, and support personnel to explain treatment options, facilitate the referral processes, coordinate diagnostic procedures, and provide education on next steps in the plan of care. (Evidence NK5b-1, Russell Patient Navigator, RN Job Description) Russell's literature review revealed the opportunity to expand the navigator role to cross service boundaries such as surgery, imaging, and chemotherapy to improve patients' timely and comprehensive access to care. Her practice would therefore more closely align with the navigator role in breast cancer care as described in the literature.

Russell met with Wilcox to discuss the literature, which defined the role of the patient navigator in complex care practices such as breast cancer care. Russell presented the current process and proposed changes and requested assistance in initiating a discussion with the surgical and medical oncology teams to establish Russell's involvement throughout the care process. Russell focused her proposed practice change on using an evidence-based team approach in which the nurse navigator serves as the facilitator for the patient's comprehensive experience through oncology services. Per the literature, using a nurse navigator such as Russell could reduce patient delays and improve the patient experience from point of entry to WakeMed oncology services to survivorship. (Evidence NK5b-2, Russell-Wilcox Meeting Minutes)

Revised Practice in Breast Cancer Referrals in Hematology and Med Oncology Clinic

In April 2024, Russell was invited to participate in a Surgical Services Breast Incoming Referral team meeting that focused on current gaps in practice, barriers to care, and breast cancer referral practice. The team discussed the new nursing practice change, using Russell's role as the primary point of contact between all services, and buy-in was gained from the attendees, including Lori Lilley, MD, FACS, Surgeon, General Surgery, and Kiley Gooden, PA-C, Physician Assistant, Breast Services. (Evidence NK5b-3, Breast Incoming Referral Meeting Minutes April 10, 2024)

Using the Oncology Nursing Society (ONS) role description for nurse navigators in March 2024, Russell proposed an evidence-based revision to the existing nurse practice. This would consist of new breast cancer patient referrals being first sent to Russell, who would facilitate care transitions throughout diagnosis and treatment. Russell would then collaborate with Howe to schedule the patient's first appointment with the surgeon. Russell would then review the pathology report to begin the scheduling process and meeting treatment needs. Wilcox, in support of the practice change, submitted a referral process change proposal to Docking; Russell; Chad Seastrunk, Executive Director Oncology, HOPD Hematology and Med Oncology Clinic; Maria Ullrich, Practice Administrator, HOPD Hematology and Med Oncology Clinic; and

Matt Franklin, Practice Manager, HOPD Hematology and Med Oncology Clinic, for final approval. Wilcox recognized Russell for recommending this evidence-based practice change. (Evidence NK5b-4, Breast Cancer Care Collaboration Wilcox email March 2024)

Revised Nursing Practice Change:

- Following a Positive patient pathology report for breast cancer, Jackson will contact the patient and Russell
- Russell coordinates with the patient to schedule an initial Hematology/Oncology visit
  a) Pathology report is then evaluated by the Provider and Russell
  b) Russell communicates and coordinates with the general surgery team to assess availability and schedules patient surgery
  c) If neoadjuvant chemotherapy is needed Russell coordinates:
     i. Neoadjuvant chemo process initiated
     ii. Notification of Surgery team of follow-up date at the initiation of chemotherapy treatment plan to allow for scheduling
     iii. If needed, radiation referral is sent by Russell
- Russell communicates with the interprofessional team to ensure patient messaging is consistent and delays are minimized.

Based on the literature review, ONS standards of care, and the benefits to care provided by nurse navigator roles, Russell, Wilcox, Howe, Jackson, Lilley, Gooden, and Pallavi Kopparthy, MD, Medical Oncologist, HOPD Hematology and Med Oncology Clinic, agreed that the most important component of the practice revision would be for Russell to serve as the navigator to guide newly diagnosed cancer patients through their initial appointment to the initiation of primary treatment. As the navigator, Russell would provide communication between providers and patients, and across care settings, during the patient's transitions of care.

As of February 2024, newly diagnosed breast cancer patients are able to begin care sooner. The revised referral practice, adding Russell as the coordinator and communicator of care for newly diagnosed breast cancer patients, resulted in a 40% reduction in wait times to treatment. The evidence-based practice changes streamlined the 14-day initial patient/physician visit to two days, an overall improvement of 85%, enhanced communication between departments, and reduced patient wait times.

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