

POSTER ABSTRACT

Building Nurse Navigation in colorectal cancer care

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: Patients and relatives may often experience significant psychological problems in cancer trajectories. An aggravating factor is existing gaps in the healthcare system regarding diagnosis and treatment. In Denmark navigation focuses primarily on getting the patient through the system within the specific department and do not necessarily consider their psychological health and their experience of gaps in the healthcare system. Both Canada and

Denmark offers a healthcare system free of user charge, so despite their overall differences in distribution of responsibility and degree of freedom for delivering

health care, Canadian nurse navigation might be a better support for Danes, as it has a focus on psychological health and offers to navigate the healthcare system across hospital and primary care regardless of place of treatment.

Despite widely implemented, this approach has never been tested in a randomized controlled trial. The primary aim of the present study was to test and adjust the Canadian nurse navigation system to a Danish setting.

Methods: Key documents were back and forth translated, nurse navigators were educated and the service was practiced in colon cancer trajectories. Audits were done regularly, and supervision of nurse navigators was added from the start and continued as needed.

A qualitative study was performed with focus group sessions among nurse navigators and nurses in addition to interviews with selected GPs and patients. Transcriptions and participant validated notes were analysed and interpreted using a Riceour inspired approach. Nurse navigation was adjusted and continued.

Results: After two months of feasibility test, corrections were made and nurse navigation was thereafter feasible in the following form:

Working area: Creating continuity by following the patient throughout the disease trajectory, emotional support, and empowerment. Adjusting scheduled appointments with support from secretaries.

Collaborators: Primarily the patient, but also the near relatives and healthcare professionals at hospitals and in primary care.

Primary resources: The Danish Cancer Society and existing resources in the healthcare system.

Formal contact to patients and relatives: Phone, SMS or face-to-face contact on the convenience of the patient and the relative.

Minimum contacts: Four proactive main contacts: 1) Short after a biopsy are taken caused by suspicion of cancer, 2) before treatment, 3) after primary treatment and before a visit to the general practitioner, and 4) after an eventually offer of further treatment. Thereafter, patients were not ended, but received minimal proactive contact.

Discussions: Patients and relatives gained benefit of the model, which is also found in former research. A few very sick patients did not remember much of the support from the healthcare staff, but found it natural and were pleased that their relatives (who were supported by the nurse navigator) had the strength to support them. Other research found that psychologically strong relatives indeed might support the patients and in this way nurse navigation was a success. The nurse navigator role was accepted by the healthcare staffs.

Lessons learned: Nurses needs extra education to practice nurse navigation. Manager support and key persons' commitment is crucial.

Limitations: The nurse navigation is adjusted to a Danish setting.

Suggestions for further research: A randomized controlled trial is running to test the primary hypothesis: Nurse navigation will prove superior to the mandatory navigation primarily with regard to patients' self-evaluated self-efficacy, but also experienced continuity of care, fulfilled needs, health-related quality of life, and use of healthcare.

Keywords: nurse navigation; psychological health; colorectal cancer; feasibility study; qualitative research; randomized controlled trial
