

Effective use of nurse navigator role in palliative care

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Background

As the need for inpatient palliative care has increased, hospital-based programs have endeavored to find ways to address it.

Novant Health Forsyth Medical Center (NHFC), a 921 bed community-based acute care hospital in Winston Salem, NC identified the need for palliative care in 2002.

In the fifteen years since the evolution of its palliative care service which includes arms of admitting, consulting, attending and an inpatient unit, multiple models of care delivery have been trialed.

Ultimately, a team was formed to include four physicians, four advance practice clinicians (APCs), one counselor, one chaplain and one nurse navigator.

Patient navigation was pioneered in 1990 by Dr. Harold P. Freeman, a surgical oncologist (Schuler, 2016). The role was predominantly embedded in oncology, and has broadened to other clinical specialties.

As the NHFC model was formulated, it was based on the premise that "successful models (of the navigator role) are developed to meet the specific needs of individual...programs and patient populations" (Valentino, 2013).

Purpose

The Novant Health Palliative Care team speculated that the incorporation of a palliative nurse navigator into the team would aid in accommodating rising inpatient care needs. The navigator was presupposed to function independently and as an intermediary between patients, families, providers, nurses, interdisciplinary team members and ancillary services.

The primary purpose of the palliative navigator role has developed into one comprised of education as well as patient, family and caregiver advocacy throughout an illness trajectory.

The role encompasses functions including:

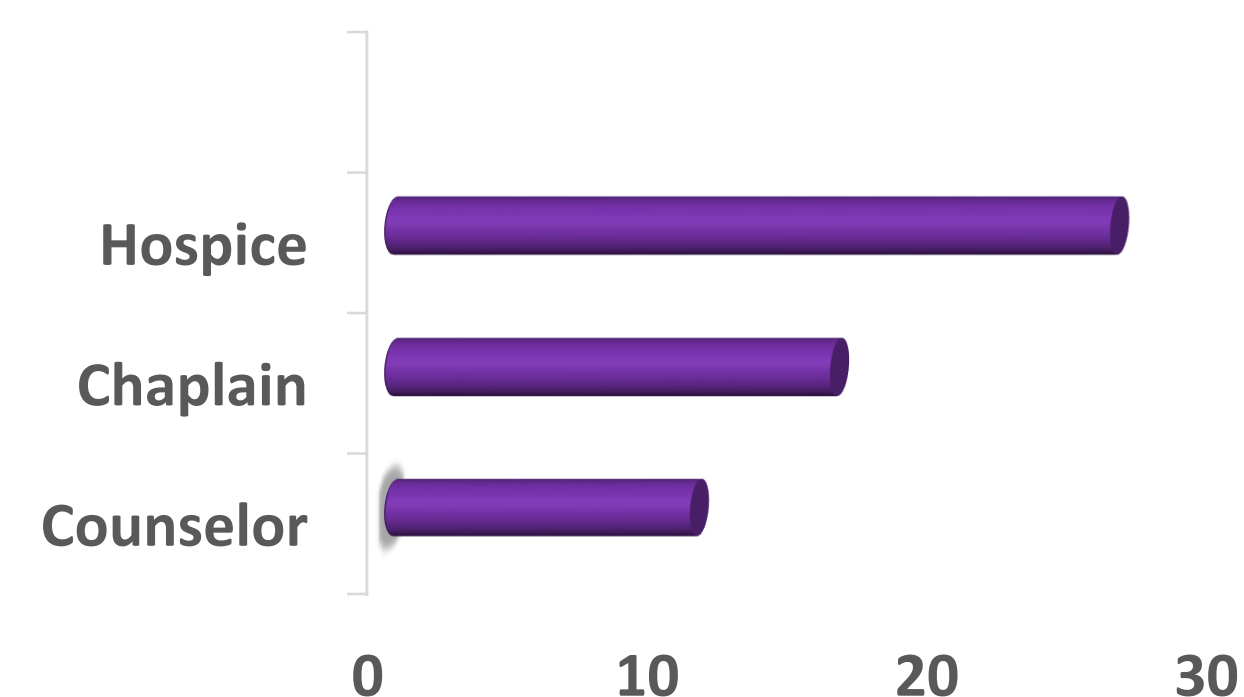
- Directing daily interdisciplinary team (IDT) and attending additional IDT meetings throughout the hospital
- Providing palliative education to patients, families and medical staff
- Triaging need-based consults
- Independently conducting family meetings and facilitating goals of care conversations
- Providing follow-up for patients with non-urgent clinical needs
- Avoiding hospital admissions, on occasion, by being first contact in the emergency department
- Assisting with advance directive and MOST form completion

Methods

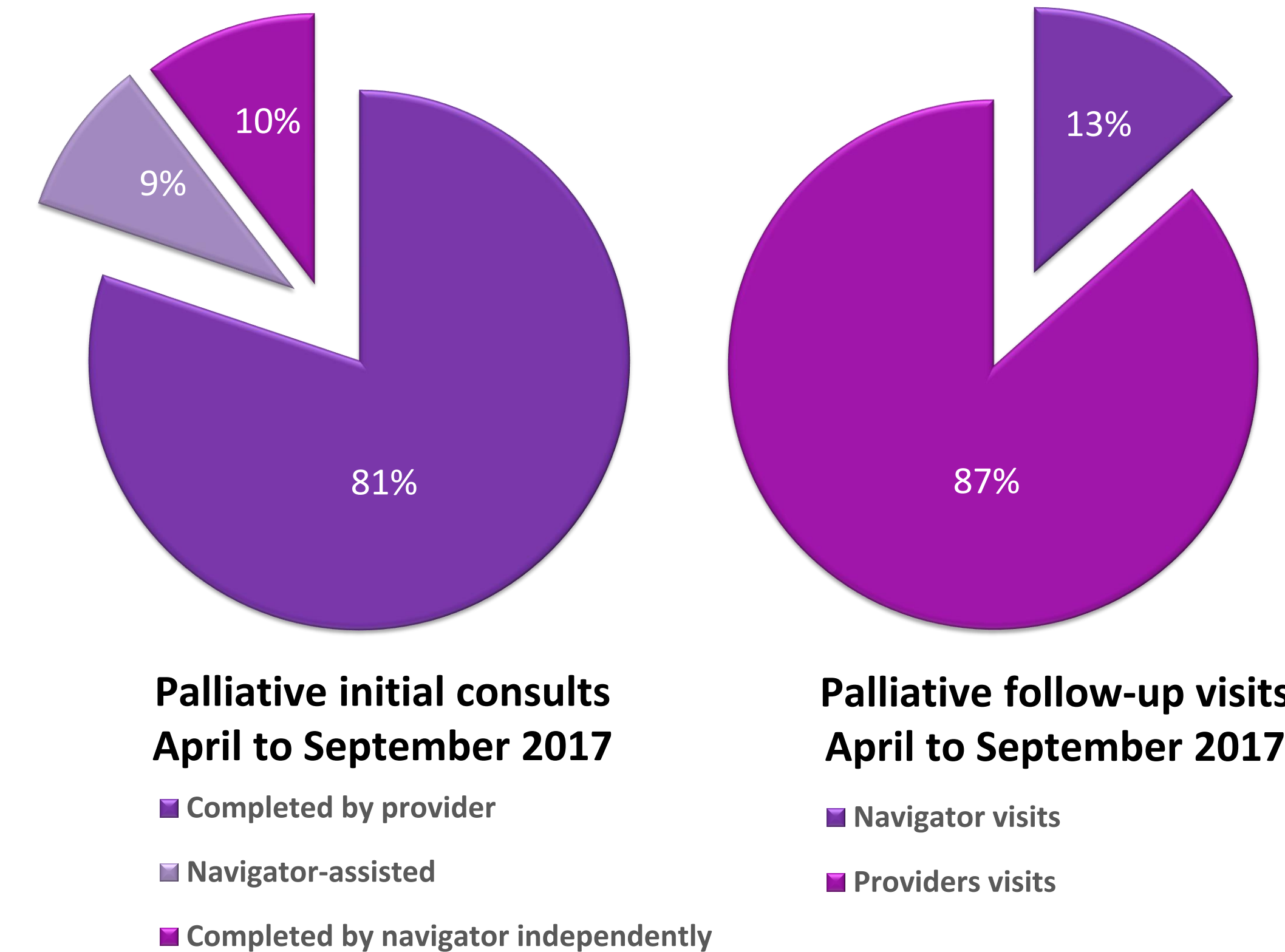
Data collection was by retrospective review of compiled statistics consisting of consults, follow-up visits and navigator-facilitated interdisciplinary referrals. The collation of this data as exhibited herein portrays a representation of the impact of the palliative navigator role on an active inpatient care team.

Results

Navigator-initiated interdisciplinary referrals
April to September 2017



Graph represents number of referrals initiated by navigator and accepted by patient/family



Conclusion

Our data supports the presupposition that incorporation of a palliative nurse navigator into a palliative care team does aid in accommodating inpatient care needs.

The increase in navigator-initiated interdisciplinary referrals suggests that a larger number of patients and families are receiving additional layers of high quality palliative support.

The data further infers that the nurse navigator role is a successful model exhibiting both independent and provider-supported practice. Accordingly, it is suggested that the role be more standardly incorporated and ultimately broadened.

References

Schuler, E. (2016, August) Patient navigators and healthcare advocates: Who they are and what they do (blog post). Retrieved from <http://patientnavigator.com/blog/2013/10/18/patient-navigators-who-we-are-and-what-we-do>

Valentino, R. (2013) Patient navigator: A role that goes beyond clinical care. *Oncology Nurse Advisor*, March/April, p. 24. Retrieved from www.OncologyNurseAdvisor.com

