

# Developing a New Specialty Multi-disciplinary Clinic while Orienting as a Novice Nurse Navigator

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# Developing a New Specialty Multi-disciplinary Clinic while Orienting as a Novice Nurse Navigator

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## BACKGROUND

As our Cancer Program evolves with multidisciplinary care, leadership approved adding two specialty multidisciplinary clinics (MDCs), Hepatobiliary (GI) and Skin and Soft Tissue (SST) to existing Breast, Thoracic, and Prostate MDCs. Physicians were invested in developing these MDCs. Our model of MDC coordination by nurse navigators required hiring two navigators facing the challenges of learning the role as well as developing the clinics.

## OBJECTIVES:

- Identify “must haves” needed to develop an MDC.
- Demonstrate high patient satisfaction.
- Improve novice Navigators’ competency through structured orientation.



## METHODS

Guided by NCCCP MDC Assessment Tool and Oncology Roundtable “Maximizing the Value of Patient Navigation”, navigator interviews were identified by physicians completing an LVHN MDC application form. “Must haves” in place included physician team, support staff & clinic space. Metrics chosen were patient satisfaction (homegrown tool) and volumes. Patient satisfaction should match existing MDCs. Navigators completed an 8 week orientation with a competency checklist and preceptor that included: shadowing Navigators, attending specialty MDCs, and meeting with Cancer Support staff to understand their roles. Shadowing physicians and observing surgeries was crucial in establishing collegial relations. Navigators self-educated and researched their specialty through NCCN guidelines, LVHN’s standard. Navigators attended MDC team meetings to plan the startup of their MDC.

**MDC Application Form** Date: \_\_\_\_\_

Name of Physician Champion \_\_\_\_\_  
 Type of MDC \_\_\_\_\_  
 Where will the clinic take place? \_\_\_\_\_

Who is the navigator? \_\_\_\_\_

Physicians/ Medical Oncology \_\_\_\_\_  
 Back-up Surgical Oncology \_\_\_\_\_  
 Radiation Oncology \_\_\_\_\_

Do all physicians meet criteria for MDC privileges?  yes  no

Support team members: Psych Counseling \_\_\_\_\_  
 Financial Counseling \_\_\_\_\_ Genetic Counseling \_\_\_\_\_  
 Rehab \_\_\_\_\_ Dietitian \_\_\_\_\_  
 Palliative Care \_\_\_\_\_ Clinical Trials \_\_\_\_\_  
 Other \_\_\_\_\_

Proposed schedule (weekly, bi-weekly, monthly, AM, PM) \_\_\_\_\_

Assessment Area	Suboptimal Conference (Darker Board)	Suboptimal Conference (Lighter Board)	Elements of the Multi-Disciplinary Care continuum	Suboptimal Conference (Lighter Board)	Suboptimal Conference (Darker Board)
Case Finding	Case finding process is not coordinated with individual physicians without a team from a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC)	Case finding process is coordinated with individual physicians without a team from a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC)	For the delivery of a patient's care, a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) is held at least once a week.	For the delivery of a patient's care, a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) is held at least once a week.	For the delivery of a patient's care, a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) or a multidisciplinary conference (MDC) is held at least once a week.
Physician Engagement	Physicians are not engaged in the MDC process. Physicians are not engaged in the MDC process. Physicians are not engaged in the MDC process.	Physicians are engaged in the MDC process. Physicians are engaged in the MDC process. Physicians are engaged in the MDC process.	The physician team is engaged in the MDC process. The physician team is engaged in the MDC process. The physician team is engaged in the MDC process.	The physician team is engaged in the MDC process. The physician team is engaged in the MDC process. The physician team is engaged in the MDC process.	The physician team is engaged in the MDC process. The physician team is engaged in the MDC process. The physician team is engaged in the MDC process.
Treatment Team Integration	There is no integration of the MDC process. There is no integration of the MDC process. There is no integration of the MDC process.	There is integration of the MDC process. There is integration of the MDC process. There is integration of the MDC process.	There is integration of the MDC process. There is integration of the MDC process. There is integration of the MDC process.	There is integration of the MDC process. There is integration of the MDC process. There is integration of the MDC process.	There is integration of the MDC process. There is integration of the MDC process. There is integration of the MDC process.
Integration of Care Coordination	There is no integration of care coordination. There is no integration of care coordination. There is no integration of care coordination.	There is integration of care coordination. There is integration of care coordination. There is integration of care coordination.	There is integration of care coordination. There is integration of care coordination. There is integration of care coordination.	There is integration of care coordination. There is integration of care coordination. There is integration of care coordination.	There is integration of care coordination. There is integration of care coordination. There is integration of care coordination.
Financial	There is no financial integration. There is no financial integration. There is no financial integration.	There is financial integration. There is financial integration. There is financial integration.	There is financial integration. There is financial integration. There is financial integration.	There is financial integration. There is financial integration. There is financial integration.	There is financial integration. There is financial integration. There is financial integration.
Quality Improvement	There is no quality improvement. There is no quality improvement. There is no quality improvement.	There is quality improvement. There is quality improvement. There is quality improvement.	There is quality improvement. There is quality improvement. There is quality improvement.	There is quality improvement. There is quality improvement. There is quality improvement.	There is quality improvement. There is quality improvement. There is quality improvement.
Medical Research	There is no medical research. There is no medical research. There is no medical research.	There is medical research. There is medical research. There is medical research.	There is medical research. There is medical research. There is medical research.	There is medical research. There is medical research. There is medical research.	There is medical research. There is medical research. There is medical research.

LEHIGH VALLEY HEALTH NETWORK CLINICAL SERVICES

**UNIT-SPECIFIC COMPETENCY ASSESSMENT FORM**

Position Title: Oncology RN Navigator

Competency Behavioral Expectation	Date Validated	Competency Behavioral Expectation	Date Validated
Prepares and presents cases for preference or tumor board		Attends department specific observation experiences relative to department interaction (I&I)	
Effectively assesses symptoms over the phone and facilitates appointment to office as needed		<ul style="list-style-type: none"> <li>Breast Health</li> <li>Pediatric</li> <li>Infection</li> <li>Med Onc</li> <li>Surg Onc</li> <li>Gen Onc</li> <li>Cancer Support</li> <li>Dietitian</li> <li>Cancer Risk</li> <li>Palliative</li> <li>Patient Ed</li> <li>Financial Counseling</li> </ul>	
Sends OCL's as needed to communicate patient need		<ul style="list-style-type: none"> <li>Bilingual</li> <li>Thoracic</li> <li>Breast</li> <li>GI</li> <li>Skin &amp; Soft Tissue</li> <li>Head &amp; Neck</li> </ul>	
Present case study at navigator team meeting		Shadowing navigator colleagues	
Review of Organizational and Unit Specific policies and procedures & flow documents Casebook spreadsheet		<ul style="list-style-type: none"> <li>Bilingual</li> <li>Thoracic</li> <li>Breast</li> <li>GI</li> <li>Skin &amp; Soft Tissue</li> <li>Head &amp; Neck</li> </ul>	
Reviews oncology business algorithms		Attends key office visits with patient to assess coordination of care and understanding	
Observes MDC: <ul style="list-style-type: none"> <li>Thoracic</li> <li>Breast</li> <li>GI</li> <li>Skin &amp; Soft Tissue</li> <li>Head &amp; Neck</li> <li>GU</li> </ul> SCHEDULE PLACE		Demonstrates competency in documentation MOSAIC	

Upper GI Multidisciplinary Clinical Consultation Team Satisfaction Survey

1. Date of Service: [ ]/[ ]/[ ] 3. Date of Birth: [ ]/[ ]/[ ]

2. Your Sex?  Male  Female 4. If someone other than the patient is completing survey, please check here:  Yes  No

**Instructions:** Please rate the following services you received. Fill in the number that best represents your thoughts. Also comment on any good or bad experience you might have had. When you have completed the survey, please mail it in the postage paid envelope provided. Thank you.

On the Phone:	Very Poor	Poor	Fair	Good	Very Good
1. Ease of getting through to nurse navigator	<input type="checkbox"/>				
2. Ease of getting an appointment for the time/date you wanted	<input type="checkbox"/>				
3. Promptness with which your calls were answered	<input type="checkbox"/>				
4. Courtesy of nurse navigator	<input type="checkbox"/>				
5. How clearly the consultation process was explained	<input type="checkbox"/>				
6. How clearly the nurse navigator answered your questions	<input type="checkbox"/>				

Comments (describe good or bad experience) \_\_\_\_\_

**During your consultation:**

	Very Poor	Poor	Fair	Good	Very Good
1. Length of wait in the reception area	<input type="checkbox"/>				
2. Courtesy of receptionist	<input type="checkbox"/>				
3. Comfort and pleasantness of waiting area	<input type="checkbox"/>				
4. Waiting time to see the doctor(s)	<input type="checkbox"/>				
5. Respect doctor showed for your questions	<input type="checkbox"/>				
6. Concern shown for your privacy	<input type="checkbox"/>				
7. How clearly the doctor explained your condition	<input type="checkbox"/>				
8. Length of time doctor spent with you	<input type="checkbox"/>				
9. Doctor's concern for your comfort during your examination	<input type="checkbox"/>				
10. Clarity of follow up instructions	<input type="checkbox"/>				
11. Usefulness of written recommendations	<input type="checkbox"/>				
12. Value of meeting with social worker	<input type="checkbox"/>				

Comments (describe good or bad experience) \_\_\_\_\_

Thank you for your help.

**Final Ratings**

	Very Poor	Poor	Fair	Good	Very Good
1. Convenience of parking	<input type="checkbox"/>				
2. How well your consultation was handled and recommendations explained	<input type="checkbox"/>				
3. Likelihood of recommending the service to others	<input type="checkbox"/>				

Your recommendations to improve this service \_\_\_\_\_

Comments (describe good or bad experience) \_\_\_\_\_

Please provide us with some follow up information: \_\_\_\_\_

Do you plan to follow through with any of the second opinion recommendations?  Yes  No

If yes, please explain: \_\_\_\_\_

Where do you intend to obtain any recommended treatments? \_\_\_\_\_

Do you wish to be contacted by a Supervisor to discuss problems or concerns regarding your recent visit? If yes, please provide us with the following information: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Thank you for your help.

## RESULTS

- An 8 week orientation competency checklist was completed.
- Overall patient satisfaction score for SST = 4.7/5, for GI = 4.9/5. Existing goal is 4.7/5.
- Anticipated MDC volumes for SST= 50/yr.; GI= 144/yr., actual to date for SST 8 months = 42, GI 11 months = 57.

Navigators completed an 8 week orientation with this competency checklist and preceptor.

**MDC Results Table**

Start Up MDC	BENCHMARK Satisfaction Scores	Patient Satisfaction Scores	Anticipated Volumes / MDC at Start-up	Actual Volumes to Date / MDC
GI MDC	4.7/5	4.9/5	144/YR	57 (11 months)
Skin & Soft Tissue MDC	4.7/5	4.83/5	50/YR	42 (8 months)

## CONCLUSIONS

The Navigator as coordinator of the MDC has proven successful and yielded high patient satisfaction. Administrative and physician support for both the MDC and the investment in a structured, comprehensive navigator orientation was critical to the success of a new MDC. As the Navigator assumes the role of coordinator, development of collegial relationships among all team members is also critical. MDCs are a mark of quality and can differentiate your program from the competition.

Both forms are completed by the Physician Team and reviewed by the Cancer Center Leadership prior to implementation of the MDC. These provide our baseline “must-haves” and benchmark for volumes

This homegrown tool is sent to all patients that attend the MDC. The results are benchmarked against a successful established MDC.

