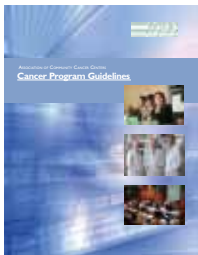


Association of Community Cancer Centers Cancer Program Guidelines

Chapter 4: Clinical Management and Supportive Care Services



SECTION 10

Patient Navigation Services

Guideline I

A patient navigation program is available for patients, their families, and caregivers to help “overcome health care system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience.” *

Rationale

The diagnosis and treatment of cancer and living with the disease may be confusing, intimidating, and overwhelming for an individual, family member, or caregiver. Cancer programs have a responsibility to assist our patients, their families, and caregivers to navigate the continuum of care through a navigation program developed by the cancer program or via a partnership with a community agency that utilizes patient navigators. Since each cancer program understands its unique patient

population and its community, individual programs or health systems can best create a navigator system that suits its needs.

Characteristics

- A. Patient navigation may include but is not limited to oncology social worker(s) and nurse(s) who may:
 1. Act as a coordinator to ensure the patient, their family members, and caregivers move through the complexities of the system in a timely fashion
 2. Provide psychosocial services to patients, families, and caregivers or refer to oncology social worker for psychosocial care
 3. Link patients, families, and caregivers with appropriate community resources (i.e., financial, transportation, translation services, and hospice)
 4. Provide education to the patient, families, and caregivers throughout the continuum of care
 5. Link patients, families, and caregivers with appropriate post-treatment follow-up care.
- B. Trained volunteers and non-clinical paid staff may provide some of the navigator activities and functions under defined conditions and with professional oversight.
 1. Cancer programs may choose to select, train, and oversee their own volunteers or non-clinical paid staff.
 2. Cancer programs may choose to partner with an organization that employs patient navigators or uses volunteers.
 - a) The cancer program will help determine who will oversee these navigators.
 - b) The cancer program will develop a contract between the navigator(s) and the program that clearly outlines the role the navigator(s) will have with patients and families.
 - c) The cancer program will develop an orientation and training program that the navigators must attend.
 - d) The cancer program will provide an ongoing in-service education program for the navigators.
 3. The program should provide adequate space for confidential interviews and counseling.
 4. Navigators should receive training in ethnic, cultural, and religious diversity as well as ethics.
 5. Mechanisms exist, when necessary, to review the plans and coordinate among team members.
 6. Navigators should facilitate communication between patient and providers.
 7. Navigators should educate the oncology staff about the navigator program and how it will be integrated into the oncology program.

*From a definition created by C-Change, May 20, 2005. Permission granted. “Patient navigation in cancer care refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience.”