

The Role of the Nurse Navigator in the Breast Assessment Program at Hotel Dieu Hospital

Sherry Melinyshyn, RN, BNSc, CON(C)
Andra Wintonic, RN, BScN

Sherry Melinyshyn is a Nurse Navigator in the Breast Assessment Program at Hotel Dieu Hospital, Kingston, Ontario. Sherry received her Bachelor of Nursing Science in 1988 from Queen's University and also maintains her CNA certification in oncology nursing. She has worked as a nurse at the Cancer Centre of Southeastern Ontario at KGH and as a Study Coordinator at the National Cancer Institute of Canada, Clinical Trials Group.

Andra Wintonic was the first Nurse Navigator in the Breast Assessment Program at Hotel Dieu Hospital, Kingston, Ontario, and played a critical role in the design and development of the program. She received her diploma in nursing from St. Lawrence College in 1975 and her Bachelor of Science in Nursing from the University of Western Ontario in 1984. Andra has worked in a variety of positions, but primarily as a Case Manager at the Community Care Access Centres in Kingston and Brantford.

Abstract

One in nine Canadian women will develop breast cancer during their lifetime. Breast cancer is the most frequently diagnosed cancer in Canadian women. The Breast Assessment Program at Hotel Dieu Hospital was established to provide a single point of entry for those needing an advanced breast assessment and to reduce the wait times for patients dealing with a breast abnormality. The supportive, collaborative nature of multidisciplinary teams is essential to the care and management of patients dealing with a health concern, such as a breast abnormality. The Nurse Navigator is part of the multidisciplinary team, providing expert care to patients in this program. The Nurse Navigator is responsible and accountable for providing evidence-based care to patients with a newly diagnosed breast cancer, ensuring continuity of care. The authors of this article will examine the literature related to the role of the Nurse Navigator within a multidisciplinary setting, as well as review the purpose and goals of the Breast Assessment Program.

Introduction

Finding a breast lump or learning of an abnormal mammogram result can cause an enormous amount of anxiety, as patients often equate breast abnormalities with breast cancer. According to Barrere (1992), women are often extremely distressed when they first discover a breast abnormality. Women may experience anxiety from the time they first learn about the abnormality, throughout the course of investigations, and even after a favorable outcome is revealed (Fitch, DeGrasse, Mayer, & Reynolds, 2000). Approximately 10% of all screening mammograms will be reported as abnormal, resulting in the need for additional procedures (National Institutes of Health, 1997). Therefore, the provision of a timely, coordinated assessment and diagnosis of a

breast abnormality will result in a prompt resolution of the clinical problem in a supportive care environment (The Ontario Breast Assessment Collaborative Group, 2001).

Diagnosing a Breast Abnormality

Diagnosing a breast abnormality may involve any or all of the following: a diagnostic mammogram, a breast ultrasound, a fine needle aspiration, a core biopsy, and less often, an open biopsy. A decision-making tool, based on the Clinical Practice Guidelines for the Care and Treatment of Breast Cancer (The Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer, 1998) regarding the management of a palpable breast lump (Figure 1) or regarding an abnormal

screening mammogram (Figure 2), demonstrates the complexity of the diagnostic pathway of a breast abnormality.

The Ontario Breast Assessment Collaborative Group (2003) states: “Successful breast assessment links a wide range of health care professionals” (p. 5). Ideally, the management of clinical breast abnormalities such as lumps, thickening, indrawn nipples and skin changes, or breast abnormalities detected by imaging, should be provided in a multidisciplinary setting that ensures consistent, comprehensive care (The Ontario Breast Assessment Collaborative Group, 2001). The multidisciplinary team should be comprised of, for example, Family Physicians, Radiologists, Medical Imaging

Technologists, Surgeons, Pathologists, Nurse Navigators and Social Workers. This coordinated approach allows for swift resolution of the clinical concern, and provides the needed support for women and men throughout the assessment process (The Ontario Breast Assessment Collaborative Group, 2001), and treatment period. Given the complexity of the diagnostic process, coupled with the involvement of numerous health care professionals, there is the potential for errors to occur or for issues to be overlooked, causing delays in the time to diagnosis and surgical intervention. Furthermore, the tests can be traumatic for some patients, increasing anxiety levels in those who are already stressed regarding the possibility of a breast cancer diagnosis.



Nurse Navigators Sherry Melinyshyn and Andra Wintonic

Figure 1. Guideline for the Management of a Palpable Breast Lump

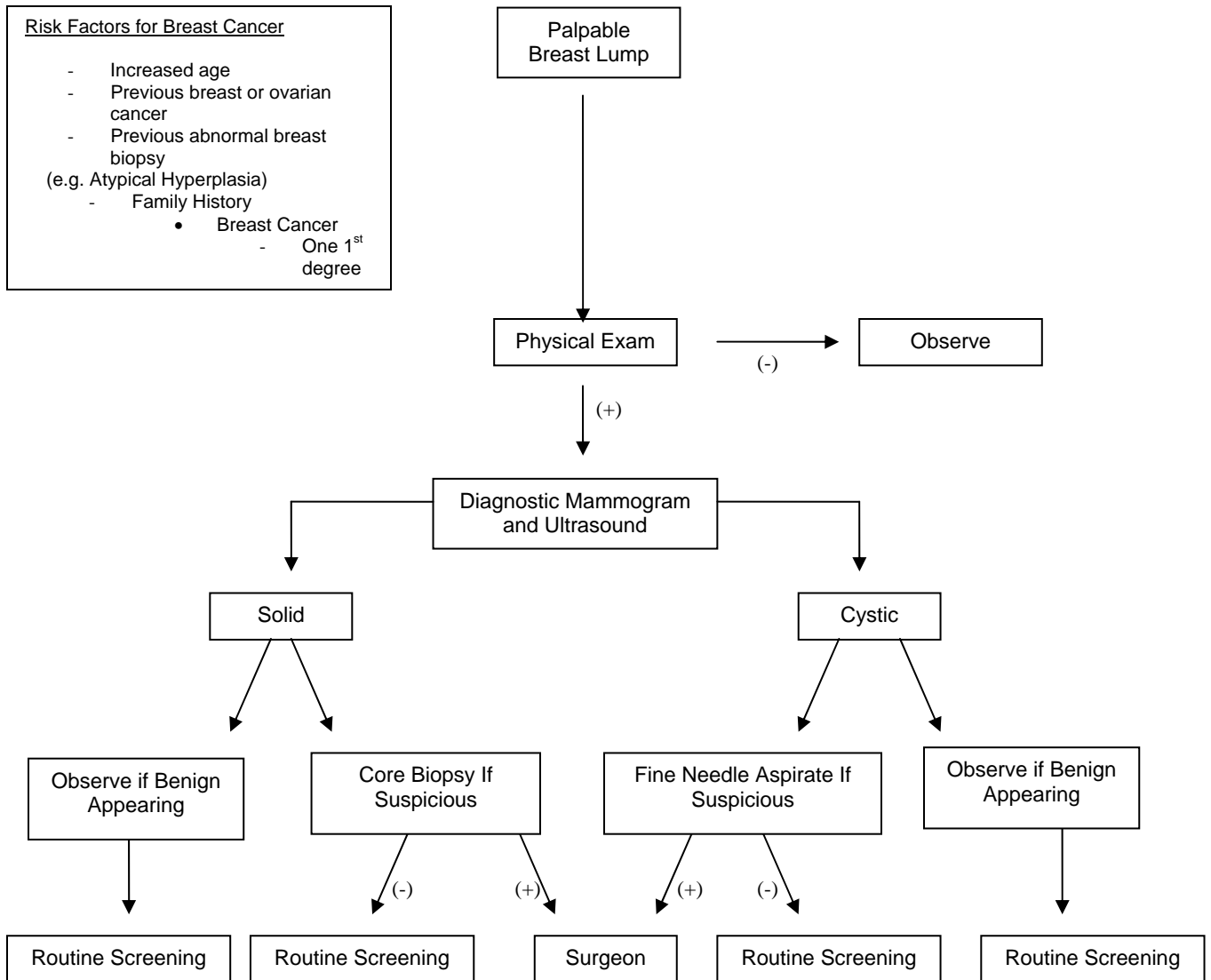
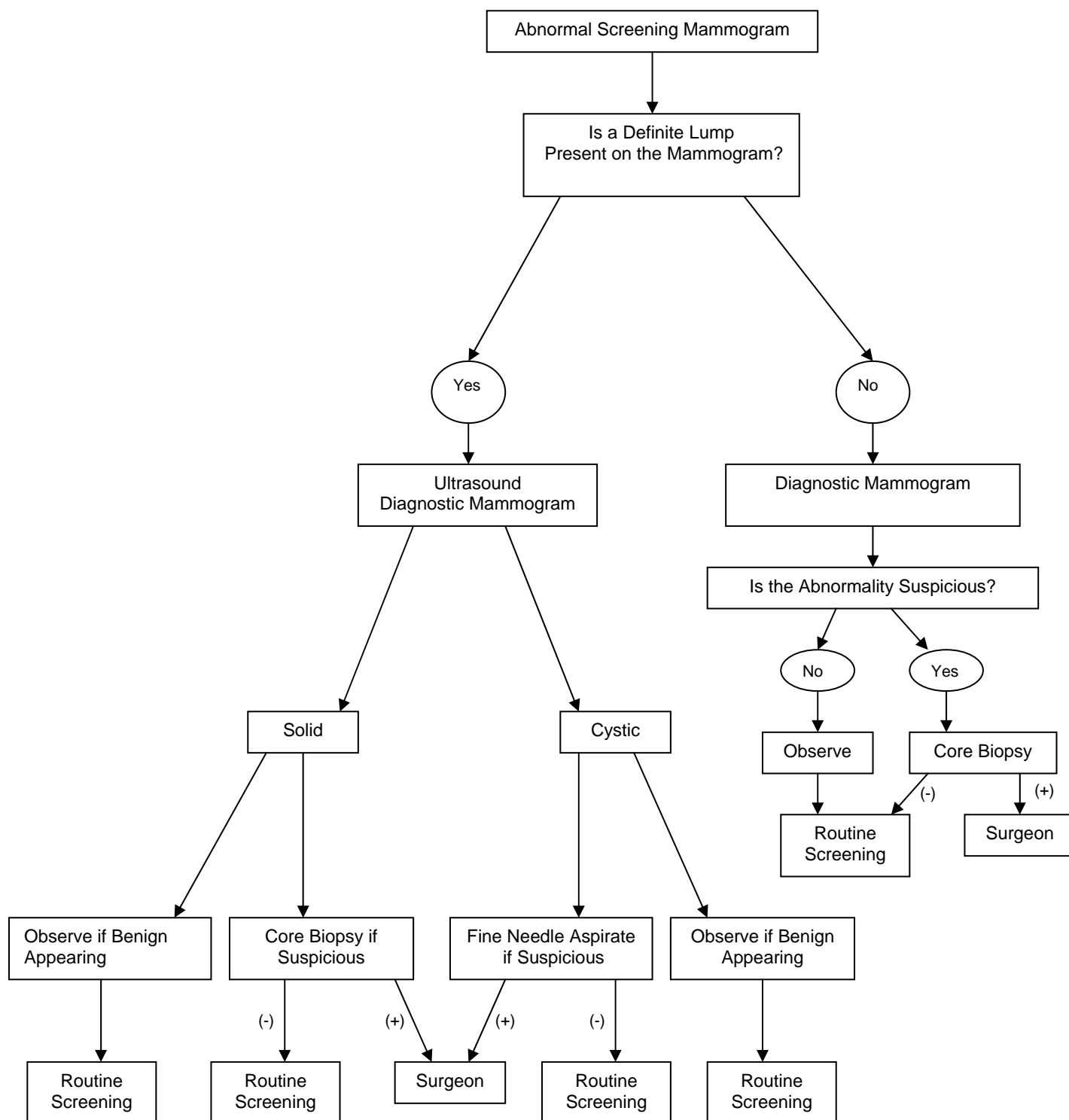


Figure 2. Guideline for the Management of an Abnormal Screening Mammogram Without a Palpable Lump



The Role of the Nurse Navigator

The concept of a Nurse Navigator was introduced in the early 1990's to overcome the perceived barriers to delivery of high quality care (Psooy, Schreuer, Borgaonkar, & Caines, 2004). The Nurse Navigator serves as a patient liaison to help navigate the complex healthcare system (The Ontario Breast Assessment Collaborative Group, 2001). The Nurse Navigator uses advanced practice expertise to identify and implement quality improvement initiatives, and works with all members of the health care team to enhance the care and services provided to patients. Psooy and colleagues (2004) reported on a retrospective study of 536 women during January through June in the years 1999 and 2000. Patient navigation was in effect in 1999 as part of the Nova Scotia Breast Screening Program, however it expanded in 2000 to include all patients. This allowed the investigators to align patients to one of four groups based on the year of their biopsy (1999 or 2000), and whether their initial referral was through the screening program or by physician referral. The study explores the timeliness of patients' investigations by assessing the interval between diagnostic imaging and biopsy. Navigation, biopsy result, patient age and group assignment were analyzed in relation to timeliness of biopsy. Statistical analyses were conducted using the Wilcoxon and log-rank tests, as well as comparisons using waiting-time curves. The results suggest that the differences in timeliness based on patient navigation was significant ($p < 0.001$), which was further supported by covariate analyses that revealed its influence on timeliness ($p < 0.001$). As the authors note, the findings from this study provide a direction and strategy to improve the quality of life for women and men by providing more timely reassurance for those with benign

conditions, and earlier treatment for those with malignancy.

The Breast Assessment Program at Hotel Dieu Hospital

The Breast Assessment Program at Hotel Dieu Hospital (BAP-HDH) was established in 1999 as a single entry point to improve timeliness to diagnosis of a breast abnormality, while providing supportive care to women and men. The services include screening and diagnostic mammography, ultrasonography, image-guided core biopsy, radiology consultation, surgical consultation and intervention, and nursing services such as consultation, health teaching, supportive care and navigation. When required, social work, nutrition and pastoral care services are also available.

The BAP-HDH was established in 1999 as a single entry point to improve timeliness to diagnosis.

The BAP-HDH receives referrals from family physicians, surgeons, cancer specialists, nurse practitioners who have detected clinical abnormalities, and radiologists who have detected an abnormality on a screening mammogram. The program is designed to facilitate progressive investigations that are completed in an organized, timely fashion, and are planned collaboratively with each family physician. All breast abnormalities are tracked and monitored to ensure the diagnostic process is completed as quickly as possible, and that no detail is overlooked.

Supportive Care

Supportive care is "the provision of necessary services, as defined by those living with or affected by cancer, to meet their physical, informational, psychological, social and spiritual needs during the pre-

diagnostic, diagnostic, treatment and follow-up phases, encompassing issues of survivorship, palliation and bereavement” (Ontario Cancer Treatment and Research Foundation, 1994, p.15). Supportive care also includes the provision of health teaching and health information, clarification of information as necessary, and participation in clinical discussions to ensure an informed decision regarding care is made. The Nurse Navigator is guided by the Supportive Care Framework (Ontario Cancer Treatment and Research Foundation, 1994) to address the supportive care needs of each patient and their family.

The Nurse Navigator is guided by the Supportive Care Framework.

Applying Supportive Care Principles at the BAP-HDH

The process of undergoing investigations for a breast abnormality can cause significant anxiety in patients (Psooy, Schreuer, Bargaonkar, & Caines, 2004). The Nurse Navigator at HDH receives referrals from members of the multidisciplinary team to provide health teaching regarding breast investigations for those individuals who have high levels of anxiety about a particular diagnostic procedure. Often the act of listening compassionately to the patient’s fears, and providing reassurance and understanding, results in a visible reduction in anxiety. According to DeGrasse, Hugo and Plotnikoff (1997), the predominant supportive care needs of women during the time prior to diagnosis are receiving compassion from health professionals, and obtaining a diagnosis as quickly as possible. However, women and men who receive a cancer diagnosis may be challenged by multiple stressors of a physical, emotional, spiritual, and psychological nature, which can have a

tremendous impact on their health and families (Fitch, DeGrasse, Mayer, & Reynolds, 2000). The BAP-HDH Nurse Navigator provides timely, supportive care and education as needed for patients and their families, in an effort to minimize the impact of these stressors.

The process of undergoing investigations for a breast abnormality can cause significant anxiety in patients.

In the BAP-HDH, the Nurse Navigator is an integral part of the patient’s initial surgical consultation. During this visit, the Nurse Navigator primarily focuses on assessment of the patient’s needs. Education is a key element of this visit, as it is vital that patients have the required information to make informed decisions regarding the management of their breast abnormality. The Nurse Navigator also collaborates with the multidisciplinary team prior to the clinic visit to ensure that appropriate radiological investigations have been completed before decisions are made regarding management. The initial visit may involve discussions of the surgical management of a biopsy-proven breast cancer, the management of an abnormal mammogram or the management of a palpable breast abnormality. The Nurse Navigator is directly responsible for conducting a thorough health history, including an assessment of the patient’s understanding of the need for medical treatment – a practice supported in the literature (The Ontario Breast Assessment Collaborative Group, 2001). Clinic times are scheduled so that each patient has an opportunity to ask questions, such as those that might arise from discussions with their surgeon, as well as time to review educational materials, and arrange follow-up appointments. This helps to reduce anxieties, as well as, provides an opportunity for patients to reflect on the management of

their breast abnormality and their understanding of the care plan that has been established.

The amount of information given to the patients is carefully balanced at the BAP-HDH. As noted by Denton, "it is possible that too much information will confuse the patient, especially if given at the first meeting where bad news and shock is sometimes experienced, however it is still important to give some information about the proposed treatment" (1996, p. 71). Each patient with a breast cancer diagnosis receives a take-home package containing information specific to the management of their breast cancer and tailored to their individual learning needs. The educational package includes information on pre-operative preparations, post-operative incision care, drain care, arm exercises, community support services, reference material on meeting spiritual/psychosocial needs, and credible Internet resources on breast cancer. For women undergoing a mastectomy, information on breast reconstruction and breast prosthesis is discussed and included in the package. The Nurse Navigator reviews all the information with the patient and family during the visit. As supported in the literature, the goal at BAP-HDH is to provide each patient with an individualized care plan that outlines the next steps in the process, and the associated timelines for each step (Fitch, DeGrasse, Mayer, & Reynolds, 2000). According to a needs assessment survey reported by DeGrasse, Hugo and Plotnikoff (1997), women with a diagnosis of breast cancer, rank 'knowledge of how and where to get information' as their highest informational need. If the supportive care needs remain unmet, the patient may continue to experience emotional distress, which can escalate and affect compliance with their

care plan (Cancer Quality Council of Ontario, 2003).

The goal at BAP-HDH is to provide each patient with an individualized care plan that outlines the next steps in the process.

The provision of supportive care continues throughout the postoperative phase and into the next phase of referral to the cancer centre. During the first postoperative visit, the pathology report is reviewed with the patient and family, and they are given a copy of their report along with a guide to help interpret the report. At this time, patients are also given information about their initial consult to the cancer centre, in part, to help reduce the anxieties associated with this visit.

It is important for the Nurse Navigator to coordinate supportive care interventions identified by both the patient and the multidisciplinary team (The Ontario Breast Assessment Collaborative Group, 2001). When necessary, the Nurse Navigator will initiate referrals to the social worker affiliated with the Breast Assessment Program. As supported in the literature, the Nurse Navigator identifies those patients at greatest risk of psychosocial distress by their individual assessment, and makes the referral for additional supportive care (DeGrasse, & Hugo, 1996). Guided by directives from the Ontario Breast Assessment Collaborative Group (2001), the Social Worker is responsible for providing therapeutic counseling and crisis intervention, as well as information on resources and adjustment strategies for patients and family members. Patients with a diagnosis of breast cancer are also encouraged to seek support from programs

within the community, such as Breast Cancer Action Kingston.

Telephone nursing practice is a significant component of the Nurse Navigator role. All patients are provided with a telephone number and are encouraged to call with any questions and/or to review the surgical approach to their care. Telephone contact has been “shown to both supplement and complement supportive care interventions, including counseling and education” (DeGrasse & Hugo, 1996, p. 188). According to Cooley, Lin and Hunter (1994), the benefits of telephone assessment and management include continuity of care and prevention of problems, without the limitations inherent in a scheduled visit. Through telephone contact, the Nurse Navigator is able to link with family physicians, visiting nurses and other community agencies, to review results of diagnostic procedures and assessments, and to discuss patient needs during the pre-diagnostic, diagnostic, operative and post-operative phases. Documentation of telephone conversations is completed according to the Telephone Nursing Practice Guidelines developed by the College of Nurses of Ontario (College of Nurses of Ontario, 2005).

The Nurse Navigator assumes responsibility as chairperson for the multidisciplinary team meetings.

Identified as a core member of multidisciplinary rounds by the American College of Surgeons’ Cancer Program Standards (2004), the Nurse Navigator assumes responsibility as chairperson for the multidisciplinary team meetings. The purpose of the meetings is to provide a forum to discuss relevant patient care issues, review films and pathology reports, address the supportive care needs of the patient and family, as well as formulate patient-specific

clinical pathways. The Nurse Navigator ensures that the decisions from these discussions are documented and executed in a timely fashion.

Women and men with a breast cancer diagnosis may be confronted with a wide range of emotions including shock, disbelief, fear and anger (Fitch, DeGrasse, Mayer, & Reynolds, 2000). When patients struggle with making decisions about their treatment, the BAP-HDH Nurse Navigator plays a pivotal, supportive role. Palsson and Norberg (1995) identified that the most important tasks for nurses include listening, comforting, answering questions, explaining misunderstandings, and identifying patient’s personal resources and previous coping strategies. The Nurse Navigator provides appropriate supportive care to women and men facing the diagnosis of breast cancer, as well as their families, and helps manage the wide range of emotions often described as a “roller coaster ride” (Fitch, DeGrasse, Mayer, & Reynolds, 2000, p. 2).

When patients struggle with making decisions about their treatment, the BAP-HDH Nurse Navigator plays a pivotal, supportive role.

The Nurse Navigator understands how to most effectively provide supportive care to patients. Their involvement with research and education is imperative to facilitate their evidence-based practice (DeGrasse & Hugo, 1996). As with all patients, best practice is essential. Ongoing research is necessary to determine the type and form of information required at each phase along the continuum of care

Conclusion

In summary, the Nurse Navigator in BAP-HDH provides evidence-based care to

patients undergoing investigation of breast abnormalities, those with newly diagnosed breast cancer, or those facing recurrent disease. Overall, the Nurse Navigator makes a significant contribution by providing supportive care to women and men undergoing diagnosis and treatment for a breast abnormality (DeGrasse & Hugo, 1996). Nurse Navigators are indeed advocates, as they assist patients and families in obtaining information to meet their needs, clarify the information provided, and participate in the decision-making regarding care (DeGrasse & Hugo, 1996). Through the combined efforts of researchers, the dedication of the multidisciplinary team, and the support of our community partners, the BAP-HDH strives to provide the best possible evidence-based care to those facing a diagnosis of breast cancer.

References

- American College of Surgeons. (2004). *Cancer Program Standards, Revised Edition*. Retrieved April 4, 2006, from: <http://www.facs.org/cancer/coc/programstandards.html>
- Barrere, C.C. (1992). Breast biopsy support program: Collaboration between the oncology clinical nurse specialist and the ambulatory surgery nurse. *Oncology Nursing Forum*, 19(9), 1375-1379.
- Cancer Quality Council of Ontario. (2003). *The Quality of Cancer Services in Ontario*. Toronto, Canada: Author.
- College of Nurses of Ontario. (2005). *Telepractice*. Practice guideline. Toronto: Author.
- Cooley, M.E., Muscari Lin, E., & Hunter, S.W. (1994). The Ambulatory Oncology Nurses Role. *Seminars in Oncology Nursing*, 10(4), 245-253.
- DeGrasse, C.E., & Hugo, K. (1996). Supportive care needs of women undergoing breast diagnostics and their families: A focus for nursing interventions. *Canadian Oncology Nursing Journal*, 6(4), 185-190.
- DeGrasse, C.E., Hugo, K., & Plotnikoff, R.C. (1997). Supporting women during breast diagnostics. *Canadian Nurse*, 93(9), 24-30.
- Denton, S. (1996). *Breast Cancer Nursing*. London: Chapman and Hall.
- Fitch, M., DeGrasse, C., Mayer, C., & Reynolds, M. (2000). *Supportive Care During Breast Assessment*. Unpublished report.
- National Institutes of Health. (1997). *NIH consensus statement: Breast cancer screening for women ages 40-49*, 15(1), 1-35.
- Ontario Cancer Treatment and Research Foundation. (1994). *Providing Supportive Care to Individuals Living with Cancer*. Toronto, Canada: Author.
- Palsson, M.E., & Norberg, A. (1995). Breast cancer patients' experiences of nursing care with the focus on emotional support: The implementation of a nursing intervention. *Journal of Advanced Nursing*, 21, 277-285.
- Psooy, B.J., Schreuer, D., Borgaonkar, J., & Caines, J.S. (2004). Patient Navigation: Improving timeliness in the diagnosis of breast abnormalities. *Canadian Association of Radiologists*, 55(3), 145-150.
- The Ontario Breast Assessment Collaborative Group. (2001). *Multidisciplinary roles and expectations for Breast Assessment in Ontario*. Toronto, Canada: Author.
- The Ontario Breast Assessment Collaborative Group. (2003). *Breast Assessment - A step by step handbook*. Toronto, Canada: Author.
- The Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer. (1998). Clinical practice guidelines for the care and treatment of breast cancer. *Canadian Medical Association Journal*, 158(3), s3-s14

