Identification of Key Stakeholders to Support the Metrics Measurement Process

Key Individuals or Departments to Assist with Collecting Navigation Metrics

The process of collecting data pertinent to your navigation program is a multidisciplinary effort. Therefore, it is important to bring together the key stakeholders who may already capture metrics data, or who can be asked to capture data based on their potential connection to the navigation metric. Who are the stakeholders for most navigation programs? Participants from the 2018 AONN+ Metric Pilot Study identified the following possible stakeholders:

- Physician Champion(s)
- CEOs/COOs/Administrators
- Cancer Center Medical Director/Oncology Service Line Administrators
- IT Directors/EHR Providers
- Social Workers
- Health Psychologists
- Tumor Registry Representatives
- Patient Billing Staff
- Case Managers
- Oncology Navigators
- Clinical Trial Representative (may have information on topics such as patient barriers, etc.)
- Inpatient Oncology Unit Representatives
- Performance Improvement/Quality Improvement Department Representatives
- Patients/Family Caregivers

Ideally, the navigation leader will bring together these individuals to create a single voice and a singular direction for the healthcare organization's cancer program, building a common understanding of which metrics need to be collected based on the patient and program needs, cancer program goals/mission, and program model. If navigation leaders can successfully host a single meeting with stakeholder representatives, the conversation must cover the importance of the standardized metrics initiative and how the effort will benefit the patients and program stakeholders. In other words, navigators must have a clear understanding of how to describe the financial, operational, or patient benefits related to the metrics in order to win support.

When meeting with stakeholders, ask questions such as, *"What are the cancer center's goals?"* and *"What are common barriers in our community?"*

While an initial meeting is important, many of these connections will require ongoing engagement by the navigator or navigation program manager. This investment in time will support buy-in for data collection over the long term. A best practice from navigators who have engaged in this type of activity would be to share successes/outcomes/lessons learned with regard to metrics performance with the stakeholders on a regular basis.

Core Individuals or Departments to Assist with Collection of Navigation Metrics

Tumor Registrar

The Tumor Registrar is a valuable source of information regarding state and local cancer incidence, the number of patients being treated within the healthcare organization, and the treatments that are underway. The Tumor Registrar manages cancer patient databases, recording information that may be used to help identify cancer earlier, improve treatments, and increase survival rates.

The Tumor Registrar is responsible for compiling and reporting data from all the medical facilities that treat a patient. Other duties include following up with registry patients to track progress. Having access to all of this information will give navigators insights into the denominators that will influence their measurement efforts. In working with the Tumor Registrar, navigators will have access to databases that contain key statistics and quality measures. Gaining access to these data is a critical step in the measurement of many of the key navigation program outcomes.

It is important to note that the reports the Tumor Registrar provides will be aggregate data and may include patients who did not receive navigation support. These reports will be a reflection of the entire patient population, not just the navigated population. This is especially critical for cancer programs where only patients with high acuity get navigation support. Ensuring that all stakeholders understand how acuity factors into navigation practices may help with support for data collection.

Performance Improvement Department

If the healthcare organization has a formal Quality Improvement or Performance Improvement (PI) Department or team, oncology navigators may be able to seek guidance on how to leverage data this team collects.

Trained PI personnel will also be familiar with performance improvement methodologies that can help accelerate changes in data collection processes that are important to navigators. While PI departments are typically focused on clinical and operational issues and issues that have reimbursable consequences, navigators will benefit from regular input from the PI team.

One advantage of connecting with the PI team is they may be able to offer assistance in developing the best methodology to collect data for a given metric. PI team members may also be able to provide guidance on using PI templates such as the Plan, Do, Study, Act template.

When connecting with the PI team, navigators should ask for:

- Types of data/performance metrics they current track
- Sample reports
- Different Performance Improvement/Quality Indicator (PI/QI) models they utilize

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⚙ Best Practice

As a best practice, consider establishing ongoing communication with the Tumor Registrar to gather relevant data. If the Tumor Registrar is not collecting data that are deemed crucial to navigation, explore the possibility of adding data points to the Tumor Registrar's standard reports.

Once the decisions are made regarding the implementation of specific navigation metrics, the next effort should focus on developing guidelines that will direct the rollout of the metrics measurement efforts. Additionally, navigation leaders must develop policies and procedures to ensure consistency in the implementation, as well as process maps to ensure that all parties understand how the new metrics are related to current processes.

Performance Improvement personnel can help navigation leaders develop Six Sigma methodologies to ensure that metrics are being assessed and captured in the same way and to determine if the implementation of the processes used to collect the data can be done more efficiently. Often used in manufacturing, Six Sigma methodologies are tools and techniques that help improve the quality of the output for a process by identifying and removing the causes of defects and minimizing process variability. Six Sigma methodologies are often used now in healthcare.

⬡ Information Technology Department

A key question that must be addressed with the IT stakeholders is whether it is possible to automate data collection by including navigation interventions in the healthcare organization's EHR platform. If crucial data points are being captured in various places across the organization in narrative form, determine if it would be possible to add discrete reportable fields into the EHR so that data can be captured through features such as drop-down options in the EHR instead. This would allow navigators to quickly and easily capture and query the metrics and make large-scale, long-term data mining possible.

Patient Billing/Registration

Patient Billing and Registration may have information on re-admissions and ER admissions.

Patient Rounds

Another means of collecting patient-related metrics is to participate in patient rounds. Rounding enables the navigator to participate in multidisciplinary team treatment planning for patients. Rounding also allows navigators to increase collaboration with physicians, social workers, and other patient care team members. This activity might enable the navigator to identify and address barriers to care and observe programmatic barriers that influence metrics performance. Rounding may also provide insights into continuum-of-care issues or aid in the understanding of clinical pathways that are in place for certain types of cancers, which may highlight opportunities for navigators to better understand care processes and find opportunities to influence how metrics measurements can be gathered or implemented.

Recommendations from Navigation Leaders

As navigators strive to implement navigation metrics, it is obvious that this work will require investments in time and the creation of new processes and tools, as well as intensive involvement with internal stakeholders.

Advice from navigation leaders who are further along on this journey[1]:

- **Establish a web of influence** across the organization, touching both clinical and administrative areas, and including the C-suite leaders: Chief Executive Officer (CEO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Quality Officer (CQO), Performance Improvement Officer (PIO), and Chief Operating Officer (COO).
- **Maintain regular communications** with leaders—Grabbing and holding the attention of C-suite leaders will be difficult for the navigation leader without identified metrics. A successful tactic would be to generate short graphic reports that can be easily transmitted to and consumed by the C-suite leaders on a monthly or quarterly basis. Equally important is the work to adopt language that resonates with executive leaders.
- **Increase visibility for the program** among key clinical leaders (CEO, CMO, CNO, CQO, PIO, and COO), typically through rounds, special programmatic initiatives, and communication tools.
- **Anticipate questions that executives may pose** about the program and be prepared to provide objective responses.