Resources And Needs For A Successful Nurse Navigator Model Situation Analysis.

Breast Cancer Nurse Navigation Future Program In Palestine

Implemented by Palestinian Medical Relief Society and funded by UNFPA

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Introduction

The Palestinian Ministry of Health (MOH) in partnership with healthcare providers applied a series of different strategies to improve breast cancer prevention and treatment services.

- Free of charge services mammography screening test, chemotherapy ,purchase the Radiology therapy from Augusta Victoria Hospital.

- Raise the awareness about breast cancer prevention have been done by PRMS, Augusta Victoria Hospital, Health work committee and other NGOs.

Spectacle Of Breast Cancer In Palestine Context

- Breast cancer is the third cancer type to cause death with 11.6% and the leading cancer responsible about death among females (MOH, 2019).
- Women with breast cancer accessed to their treatment in late stages of the disease.
- Woman faced many barriers , Sociocultural barriers, Geographical barriers.
- Lack of majority of complementary support services such as physiotherapy, psychological support and nutrition.

PRMS And UNFPA Initiative introducing a Nurse Navigator Model for breast cancer patients

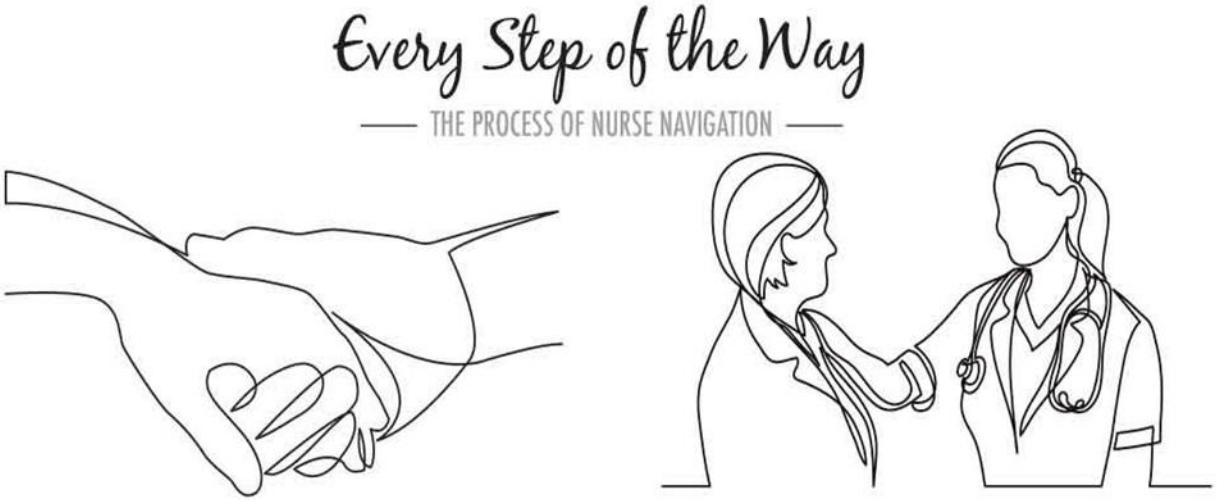
- Goal of the study : To explore the possibility of introducing a Breast Cancer Nurse Navigator approach to Breast Cancer care in Palestine.
- Objectives defining the existing breast cancer services and resources,
- Deeply understanding the access barriers confronting the patients.
- Bring the experiences of women survivors and expert views into a proposed model .

Methodology

- Qualitative approach utilized different qualitative tools KII , FGDs ,IDI in Gaza
- Seventeen(KII) : to understand the patient flow throughout the entire journey of screening, diagnosis, treatment and recovery.
- Focus group discussion (FGD: to address the kinds of service support needed, what are and how to handle all kind of barriers they are their families encountered.

Nurse Navigator Model : To Close The Gap

- Brought by Harold Freeman since 1989 to improve women's accessibility to the screening tests and to fill the gaps between the health system and community.
- Cancer care is complex and requires a multidisciplinary health team.


Every Step of the Way
THE PROCESS OF NURSE NAVIGATION

Importance Of Nurse Navigator Model: include (Health Team ,Patient ,Family And Community)

- To overcome the barriers associated with cancer care services.
- Improving communication skills within the complex system .
- Work side by side with patients in the entire journey of cancer care,
- Improve the quality healthcare outcomes in all phases
- Raise patient and family health education and awareness
- Model enforces patients' health rights.

Nurse Navigator Model key elements

- Navigation models have been designed based on barriers and available resources in health system.
- The Nurse Navigator Model is best described as a barrier-focused intervention aiming at assisting patients to overcome care barriers.
- An educator to provide patients and families with sufficient information regarding the disease
- A coordinator by linking the patient with all existing services.
- Nurse specialized navigator (oncology nurse).
- A Counselor –and Supporter.

Conclusion :The evidences show a positive impact of the Nurse Navigator Model in enhancing effective integration of the patient throughout the entire treatment journey.

Types of Nurse Navigation Models
based on the available resources and the nature/volume of barriers.

- Shared Model: low number of cases where team can adopt and adapt to a Shared Model and provide the required support the team members could do the navigation and provide the required support.
- Facilitating Model could be applied in case of limited resources with high incidence of cancer, nurse that provides psychosocial and logistic support
- Active Model' which requires high qualified nurses in cancer care is designed for the institutions which provide different treatment models, manage different types of cancer with high number of patients
- Patient navigator or social work navigator ,community navigation
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Tips on which question the institution ask to determine its Nurse navigator model



Lack of systemic psychosocial support devastating psychosocial impacts

- Nuclear family members took full responsibility in supporting them socially and financially.

"*What would have we done if they were not there with us!*"

"I found myself in a crossroads, I am still young, there are a lot of things I need to do, I decided to be strong in the front of my kids

Main Findings: Survivors Interviews In Diagnosis Phase (A Journey Of Torture)

Inappropriate manner doctors used to tell them the results.

“It was like an arrow, very fast, very shocking and very painful entering directly to your heart without mercy.

the doctor said I am sorry you have cancer, just like stabbing me with a spear”.

“they told that directly you have cancer”.

The community attitudes

- Pity, looks full of sorrow and pathos.

A woman from Nablus said "They looked at me in way as if I will die the other day".

"*They look to my breast more than my face, one of them said to me take your daughter to the doctor to examine her, my daughter at that time was 12 years old".*

"people interrogate you when they hear that you have a cancer, one teacher told me what your husband said when you removed your breast!"

Insufficient guidance and information and poor consultation service

Victims of during the diagnosis and detecting lumps -

One of her friends was diagnosed with breast cancer, the doctor referred her to chemotherapy after course of chemotherapy in Augusta Victoria told her it was not cancer".

woman said "I went to a doctor, no name was mentioned, because I detect a small lump in my breast, after examination, they told me it was normal, I got pregnant a year later, the lump was still there, then I went to another doctor, he made the biopsy and told me this is not normal it was a tumor, I lost one year!"

Insufficient guidance and information and poor consultation service

- I went to X hospital because I got pain in my breast, the nurse there sent me to the clinic, following the examination by the doctor, and the nurse told me to do a biopsy. I did not know where I have to go and what is this kind of tests, no one advised me, I was alone and I broke down in the hospital. One woman in the waiting area saw me and told me that she goes with me for the biopsy. Later, she spread the news in my son's wedding.

Private sector exploitations

Women in Ramallah as lucky group in term of services

I went to do biopsy then they took me to a place, it was as annex to the clinic, I got scared and asked him -the staff- were are going? He said we prepared separate room to do that, don't be scared"

Challenges in treatment process

- Women did not get full information about the chemotherapy, the process, the duration and the side effects

- *When I returned back form the first session, I got hard pain at night, my family started looking for advices to help me, we did not find ways to connect with the doctor in the hospital, then my father knew a pharmacist and called him at mid-night, I wonder why the doctor did not tell me that I will get pain after the session and need a pain killer".*

- *Another woman said "I got cold after chemotherapy sessions, I had cold trembles, I did not know that this is one of the side effects, at least I needed someone to tell me to bring warm clothes or a blanket"*

Lack of Psychosocial support

Women said "No one ask us any questions, we just come to the reception to confirm coming according to the appointment then we go to session".

We needed to hear nice words or feel warm, no one did that!"

Insufficient information about the diagnosis services.

"No source of right information, it was costly, doctors have bad communication besides a myriad of stressful moments and social problems".

A woman said "I am affected by cancer, I knew nothing about that disease, my husband and I went through Google and tried to find specialized center",

Financial barrier

The cost of diagnosis tests were expensive, NIS 3000 for biopsy and all other tests cost NIS 800. As a consequence, families felt in debt due to the cost of tests and other fees.

Long administrative procedures

- lack of understanding of the administration issues such as the referral extension time or prolongation requirements .

"Prior to one of my sessions, I was asked to the prolongation of the referral to be able to receive the treatment. I did not know before that I have to do that and where to do it, I went to do it and was waiting there with my husband, I waited for long time and felt so sick, I felt down on the floor, my husband start screaming, then the doctor agreed to renew my referral"

Geographic barriers

- *One of the participants from Ramallah said "I finished the chemo-session around 4:00 or 5:00 pm, I was so tired, it was my first time to Beit-Jall city, besides being sick, I was worried about finding transportation back to Ramallah, I had to change the transportations twice to reach to my village"*

Inappropriate facilities (room) for chemotherapy

- The room was next to the Refrigerator of dead bodies.
- *the chemotherapy took place in old Balcony that only fit for 5 persons, the chemotherapy place was closed to the refrigerator of dead people, as they reported the floor became crowded when the relatives came to pick up the dead person.*
- it was small and uncomfortable. In X, the room mixed both men and women, they were separated only by thin curtains

Unavailability of rehabilitation

- Women reported being confused about the type of food they could eat and said "*People around us gave different advices about food but we did not know whether this information was right or not".*

- *People told me not to eat meat, then on my own, I looked for a nutritionist and she assisted me in managing my lifestyle*

- *All the time of chemotherapy I did not take off scarf during the day or night, I lost my hair, I cared that no one must know that I lost my hair, it was difficult for me in front of kids and husband".*

Radiology Treatment Challenges
A Journey To The Hell".

- Radiology therapy was the hardest experiences women reported about.
- Transportation was the main barrier that challenged women.

Women have to come very early or fight with others to book a seat in the bus (20 seats only) otherwise they have to bring plastic chairs, remain standing the whole trip or find their own private transport

- Checkpoints challenges

Young man who help them crossing the checkpoints, he asks for *undue money (about NIS 6 to 10 at each entry).* \

Exposed to verbal violence (they are badly rebuked) and delays by this man

- Treatment challenges inside the hospital . *time arrival. As a consequence, the crowded arrivals run and fight to reach the reception and get the earliest possible appointment*

Findings Resulted From The Healthcare Providers (West Bank)

- Lack of coordination between healthcare providers (Everyone works alone). *I did not know if the cases goes to further diagnosis or not, and if she goes, at which center and what they did".*
- No official coordination between the mobile clinic and the MOH in order to follow up cases. *Women return back to me saying we do not know what to do"*
- Lack of social worker position in the mobile clinic.
- Lack of comprehensive services .

Nurse Navigator Future Program In Palestine-hybrid Model .
Community- based outreach navigation model

- Investment in the existing model – Mobile clinic for breast cancer screening tests:. Community- based outreach navigation model.
- The main roles of this navigator are; providing education session about diagnosis options, coordination with other navigators in other diagnosis services to follow the dropout cases
- Support cases to make appointments.
- Coordinate with other NGOs or MOH to provide more psychosocial support services.

Diagnosis Navigator Model
Initial Diagnosis is Considered As A Huge Stressful Phase

- Diagnosis navigator aim : to reduce the barriers in diagnosis .

The Diagnosis Navigator Roles

- Assist women in dealing with the psychosocial burden during the initial diagnosis phase.
- Improving the accessing in timely treatment, and reduce women stress.
- The nurse navigator in this phase has better to have information about the diagnosis options,
- A knowledge of diagnosis centers and cancer support services in BOTH governmental or private facilities

Navigator Coordinator Model

- Tackle all administration barriers such as referral, transportation issues, health insurance aspects
- linking the whole set of these services together.
- The navigator will be a nurse, a social worker, or an administrative.
- Navigator is better to be personnel with good knowledge about breast cancer care services .
- High experienced in health system procedures.
- The Navigator must be well known and well connected to decision making authority.
- This model is a powerful linkage between all healthcare providers

FUTURE MODEL IN PALESTINE



Community Naviagtion	Daignosis navigtor	Navigtor Cooridnator
•Send the list of abnormal findings to MOH daignois navigtor. •Provide infromation in dagnosis options; holding sessions , phone conversations and leafltes dissemination. •Coordiante with dagnosis navigtor	• Preapre the pateints through provding information, stress and fear mitigation and managment. •Scheduling appaoitemnts •Coordiante for the services in priavte centers. •Referal and coordination for complemntary and support services. •Identify personal barriers like finnacail and insuarnce.	• Follow the two navaigtor models . •Reduce all barraiers regrding administrative issues. •Tighten all services together for a smooth navigation and timely care.

Nurse Navigator Skills

- Good communication skills
- A good personality
- Empathy
- long experience, or received good training
- Well integrated with other healthcare services.
- Diligent person that could follow patient's needs.
- Navigators better to have different skills; strong communication, flexibility and ability to work with the team.

How To Implement The Models – Piloting Stage

- Selection of the nurse(s) or the staff who will be working under the selected model(s).
- Prepare a comprehensive training program that addresses the main relevant nurse navigator themes such as communications skills, breast cancer model care in Palestine, team work and team building skills, etc.
- Defining the roles/job descriptions of the navigators is crucial. They should have a full illustration about responsibilities including their networking roles and coordination with all health workers and agencies.
- Development of the methodology or communication protocol/flow of information including the reporting structure, channels, and frequency to keep ongoing coordination and feedback between the navigator models.

Thanks for listening

Questions

