

NCCCP Navigation Matrix

As all navigation programs are built uniquely, we encourage you to rate your program as you feel appropriate. The purpose of this form is not to gauge one program against another, but to assist you in building a stronger navigation program. This form can be used to assess an individual tumor site or the entire program

Definitions:

Key Stakeholders: Those people that you feel are essential to making a program work. Include Administration, Navigators, Staff, Physicians (both employed and private practice). Specialty areas include medical, surgical and radiation oncology, rehab, palliative care and hospice.

Community Partnerships: Those entities that exists within and outside of your program that you need the support of or are a referral source for patient use and contribute to the support of the patient along the continuum of their care.

Acuity System: Ability to determine appropriate level of care/intervention based on patient need and disease process.

Risk Factors: Variable associations with increase risk of complications with disease and treatment of cancer.

Metrics/Reporting Measures: Measuring activities and performance

Percentage of Patients Navigated: Cancer Patients inclusive of Analytic cases, new diagnosed primaries, reoccurrences, advanced diseases, metastatic of defined cancer site(s) within your program setting

Continuum of navigation: Navigation functional areas includes: Outreach/Screening, Abnormal finding to Diagnosis, Treatment, Outpatient &/or Inpatient, Survivorship and end of life care. Navigation can occur along any of or all of these. One single person may do all of these, or you may have one person designated to cover one area of the continuum. They may be disease specific navigators, or cover all diseases within that category. The sign of a level five site is that navigation is continuous across the cancer care continuum.

Disparity: Is any under-represented group that your program is able to focus on. Providing outreach and effort in this population is a hallmark of Navigation according to its original conception and should be continued as part of a navigation program.

Tools for Reporting Navigator Statistics: Documents to help evaluate and measure a navigation program.

MDC Involvement: Multidisciplinary team approach to care including physicians (med onc, rad onc, and surgeon) and other healthcare providers to create plan of care for patient; patient may not always be present to be considered an MDC.

	Level 1	Level 2	Level 3	Level 4	Level 5
*Key Stakeholders:	Administrative support	At least one physician champion referring to Navigation Program	Two physicians involved and referring to Navigation Program; one is not an oncologist.	Most Specialty physicians support the Navigation Program.	The Navigation Program receives referrals from employed and non-employed MDs PCPs, or community partners.

Items with an asterisk (*) are further explained under the definition section at the beginning of the Matrix
 Navigation Matrix Version 1.0 approved by the NCCCP Executive Subcommittee on 7/14/2011

NCCCCP Navigation Matrix

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*Community Partnerships	Navigator works with departments outside of cancer but within own facility	Plus, works with at least one national group such as NCI, ACS, LLS, Wellness Community, Susan G Komen for the Cure, or LIVEstrong	Plus supports state cancer control goals & objectives.	Plus connects with other local community partners such as churches, community centers, other community organizations	Includes a formal connection to National/State/Local organizations as an active committee or board member
Acuity system/Patient *Risk Factor	No Risk Factor or Acuity system available	Some patients assessed but no formal tool is used. Acuity based on dependence of pt vs. actual patient risk factors.	Use of a formal tool which may be disease specific.	Utilizing formal assessment tool has a well defined referral process for identified issues.	Provides periodic re-evaluation as a proactive approach to intervene or prevent issues and ensure quality of care during specific treatment points.
*Quality Improvement Measures	None in place.	Brainstorming and discussion regarding metrics and reporting within the multi-disciplinary team or cancer committee.	One Quality Improvement (QI) initiative in place measured and reported to all stakeholders on hardcopy file annually.	QI initiatives developed in collaboration with Patient Feedback and/or Patient Satisfaction Surveys reported to Administration.	Multiple QI initiatives in place monitored to demonstrate program improvement and financial contribution and cost savings services of Navigation (ie compliance to POC).
Marketing of the Navigation program	Occurs by word of mouth	Includes level 1 as well as some basic written	Plus, Navigator participation at health fairs, cancer screening	Plus, effort made to promote	Plus, multiple sources of media used to support navigation

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		material i.e. Pamphlet	events as a means of marketing cancer program	navigation in some media form	(video, print, audio, web, etc)
Percentage of patients offered navigation	0-20% of defined tumor site	21-40%	41-60%	61-80%	>80%
*Continuum of Navigation	One functional area within the cancer navigation continuum	Two functional areas navigated within the continuum	Three functional areas navigated within the continuum	Four functional areas navigated within the continuum	Navigation across all functional levels of the continuum.
Support Services available and used by the Navigation Team	No Resources available	Hospital resources (SW and/or case manager) are available to assist with cases	Outpatient Social Services available within Cancer Program	Level three plus a minimum of two additional out patient oncology specific services available	All services available or can be accessed within the community or organization Dietitian, Social Work, psychologist, Clinical Trials, Speech Therapy Physical/Occupational/ Pastoral Care, Oncology Rehab, Financial Counselor's, Palliative Care, Volunteer Dept., genetic counselor, survivorship.
*Tools for reporting navigator statistics	No reports or tools. Paper record (Pt Chart) narrative of services provided	Basic Home grown access file/word, excel Basic info tracked, i.e.	High level home grown access database created. by hospital IT dept. Collects stats and support services	Formal hospital system EMR database utilized to collect support	Reporting of all support services provided to the patient via EMR specific for Navigation including

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	for patient and their family	number of pts, disease site, supportive services provided	provided for pt/family.	services and stats. Not a database specific for Navigation.	outcome information. Document all support services.
Financial assessment	No Financial assessment performed	Financial assessment and assistance only available in the in-patient setting.	Plus, financial assessment and assistance available for out-patients within Cancer Program	Plus, proactive Financial assessment completed for all oncology patients	Plus, data collection completed on types of services provided and number of patients assisted on a regular basis.
*Focus on Disparities	None defined	Underserved population Defined	At least one culturally sensitive activity devoted to reaching underserved population provided annually	Patient service mechanism defined to integrate underserved patients into the program	Cultural sensitivity assessment completed on cancer center staff with cultural objectives created on at least an annual basis
Navigator Responsibilities	Navigator is unaligned with any physician and responsible only for support of the Patient	Plus, Navigator coordinates care between multiple disciplines with in the cancer program	Plus, Navigator participation in Support Groups, Family/Patient center programs,	Plus, Navigator maintains an Active role in disease specific MDC/Tumor Conferences	Plus, Navigator is an integral part of Quality Improvement, audits, and strategic planning
Patient Identification process	No formal patient identification. Path reports, daily schedule, radiology reports used to identify patients.	N/A	Patients self refer or are referred by Oncology Provider	N/A	Primary Care Provider and/or specialist (GI, Pulmonary, Interventional Radiology) refers at the time of abnormal finding

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Navigator Training	No formal training in place	Core Competencies of Navigation defined	Local/in-house training curriculum developed specific to navigator core competency and development of Navigator role	Local/in-house training program completed by all navigators - - Or are certified in Oncology in their respective disciplines	Navigators formally trained by nationally recognized training program and certified.			
Engagement with Clinical Trials	Navigator shares basic understanding of clinical trials in cancer	Navigator has greater depth understanding of Clinical trials, has completed specific training (NCI, ONS, etc)	Navigator shares information regarding the availability of clinical trials in their community cancer center with patients	Navigator engages with research team in providing general referrals	Navigator engages with research team, assists with specific trial referrals for underserved populations			
*Multi-disciplinary Care/Conference Involvement	Basic Commission On Cancer requirements met. Including discussion of NCCN guidelines or other National Oncology Standards	Navigator attends tumor conference but doesn't participate, documents physician discussion of plan of care in narrative note but not formal part of patient record	Navigator assists with Case finding for MDC presentations. No treatment plan documented, Dictation completed by MD re; plan of care.	Navigator provides formal review of discussion of MDC with patient after case presentation.	Patient informed of presentation at MDC with full formal report on treatment planned discussion shared with patient referring MD and primary care, formal audits completed.			
	Date	Initial Assessment	Short term goal (date)	Reassessment (date)	Mid term goal	Reassessment (date)	Long term goal	Reassessment (date)

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					(date)		(date)	
Key Stakeholders								
Community Partnerships								
Acuity system								
Quality Improvement								
Marketing								
Percentage of patients offered								
Navigation Continuum								
Support Services								
Tools for reporting								
Finance								
Disparities								
Navigator Responsibilities								
Patient Identification								
Navigator Training								
Clinical Trials								
MDC Involvement								

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