Cancer Patient Navigation—
Data Survey Snapshot

What Data Do You Collect? What Data Is Most Important?
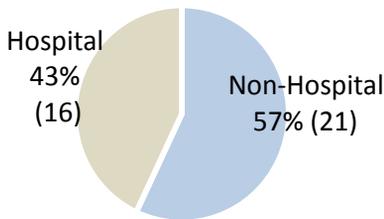
October 2014

Survey Purpose

A *Cancer Patient Navigation-Data Survey* was implemented in the spring 2014. The purpose of the survey was to gather data metrics (or specific information) related to the types of information cancer patient navigators:

1) Routinely collected through their work
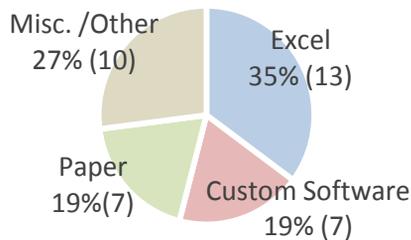2) Believed were most important to collect

The survey was administered online and was developed in partnership with the Kentucky Cancer Consortium and numerous organizations of the Kentucky Cancer Patient Navigators' Network (CPNN). Results of the survey are presented in this snapshot. In addition, a copy of the survey and full data report are available at http://www.kycancerc.org/.

Characteristics of Navigators Surveyed   Noted by Percentage (Number/# of Individuals)

Work Setting

Hospital 43% (16)

Non-Hospital 57% (21)

Method of Record Keeping

Misc. /Other 27% (10)

Excel 35% (13)

Paper 19%(7)

Custom Software 19% (7)

Cancer Continuum of Care Focus Area

Survivorship 37% (15)

Treatment 63% (26)

Early Detection/ Diagnosis 49% (20)

Screening 54% (22)
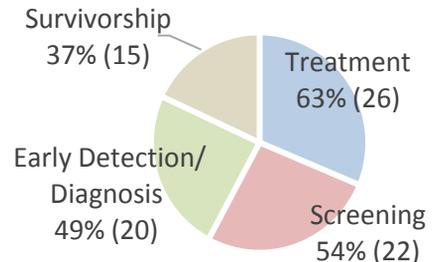
Regardless of the cancer continuum of care focus area, cancer patient navigators most frequently collected the following information:

Data Metric/Information	Percentage (Number/# of Individuals)
• Patient linked with appropriate community resources	59% (24)
• Insurance status of patient	54% (22- for each response)
• Number of patients navigated per navigator	
• Type of encounter (in person, phone, letter)	
• Number of patient referrals	49% (20)

Results and Conclusions

Details of the information gathered from the survey are listed on the next page. In brief, we examined the data collection practices of patient navigators, focusing on four cancer continuum areas: Screening, Early Detection/Diagnosis, Treatment and Survivorship. With the information gleaned from this survey, we can communicate state-wide the data deemed most important by cancer patient navigators. In addition, this information illustrates baseline data which has been collected by patient navigators in Kentucky as their cancer programs prepare for Commission on Cancer accreditation.

Details of Information Gathered

SCREENING DATA COLLECTED

Most Common	#	%
Date patient was enrolled into navigation	17	41%
Date screening test was completed	16	39%
Date patient was referred for screening		
Date patient's screening was scheduled	15	37%
Most Important		
Increase the percent of patients who complete a screening	15	37%
Increase the number of patients seen at your institution/organization	9	22%
Initial contact until screening test completion	8	22%

EARLY DETECTION/DIAGNOSIS DATA COLLECTED

Most Common	#	%
Date diagnostic test completed		
Stage at diagnosis	14	34%
Date diagnostic test scheduled	13	32%
Date patient informed of diagnostic test result		
Number of patients lost to follow-up	11	27%
Most Important		
Initial contact until date of cancer diagnosis	11	27%
Abnormal screening test reported until diagnostic test scheduled		
Initial contact until diagnostic test or biopsy completed		
Data on connecting underserved patients to navigation services	10	24%
Initial contact until diagnostic test or biopsy scheduled	9	22%

TREATMENT DATA COLLECTED

Most Common	#	%
Recommended surgery performed		
Recommended chemo received and/or completed	13	32%
Recommended radiation therapy received/completed	11	27%
Standard of care delivered, NCCN guideline adherence		
PCP or medical home/treatment team notified and/or oncology reports shared	10	24%
Most Important		
Initial contact until date treatment initiated	14	34%
Increase in the number of patients seen at your institution/organization	13	34%
Consult with oncology provider until first treatment date	10	24%

SURVIVORSHIP DATA COLLECTED

Most Common	#	%
Provide information on support groups	8	20%
Patient receipt and understanding of survivorship care plan	7	17%
Adherence to clinical follow-up recommendations once treatment is completed		
Provide direct emotional support to patient (log time spent doing so, or how often)		
Date of last follow-up	5	12%
Most Important		
Patient reported barriers to care until barriers adequately addressed		
Increase in the number of patients seen at your institution/organization	6	15%
Cancer diagnosis until survivorship care plan discussed with patient		
Cancer treatment completion until survivorship care plan discussed with patient		
Increase in healthy preventive behaviors at follow-up (i.e., smoking, exercising, diet)	5	12%