



How can Navigation Services Help Your Patient?

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Disclosures

- **Faculty / Speaker's name: Dr. Andrea Agostinho and Kate Woods**
- **Relationships with commercial interests:**
 - **Grants/Research Support:** none
 - **Speakers Bureau/Honoraria:** none
 - **Consulting Fees:** none
 - **Other:** none

Mitigating Potential Bias

- Not Applicable

Patient A

- 71yo female
- 2 weeks of frequency and suprapubic discomfort, no dysuria
- Went to WIC, Rx for Ciprofloxacin for presumed UTI
- Describes menstrual-like cramps radiating to back
- Has BM daily, Bristol 3-4
- No N&V or vaginal bleeding
- No 'B symptoms'
- PMHx - tubal ligation in 1980s

Patient B

Patient A

- Indistinct mass to LLQ, <5cm and tender to palpation
- Repeat urinalysis + culture were negative
- Abdominal Xray normal, radiology recommended CT
- CT abdomen/pelvis ordered

Patient B

Patient A

- CT abdo/pelvis is scheduled for 6 weeks later

Patient B

Patient A

- 71yo female
- 2 weeks of frequency and suprapubic discomfort, no dysuria
- Went to WIC, Rx for Ciprofloxacin for presumed UTI
- Describes menstrual-like cramps radiating to back
- Has BM daily, Bristol 3-4
- No N&V or vaginal bleeding
- No 'B symptoms'
- PMHx - tubal ligation in 1980s

Patient B

- 75yo female
- Fatigue, pain to multiple joints
- Blood per vagina, 1 pad/day for 2-3 days
- 3 D&Cs in the past for same, normal endometrial bx in 2015
- Occasional diarrhea
- Intermittent night sweats for past 2 years, no weight loss
- PMHx colon polyps on colonoscopy 3-4 years ago, thickening of intestine

Patient A

- Indistinct mass to LLQ, <5cm and tender to palpation
- Repeat urinalysis + culture were negative
- Abdominal Xray normal, radiology recommended CT
- CT abdomen/pelvis ordered

Patient B

- Normal PE and bloodwork
- Urinalysis revealed UTI, treated with Septra
- Referral to gynecology sent
- CT abdomen/pelvis ordered

- Referral to navigation services

Patient A

- CT abdo/pelvis is scheduled for 6 weeks later

Patient B

- CT abdo/pelvis is scheduled for 3 weeks later
- Gynecology referral seen in timely manner
- Suggestions for further staging work-up

Patient A

- Difficulty moving up the CT scan appointment
- Informal discussion with Nurse Navigator

Patient B

- CT demonstrated thickened wall of mid-ascending colon
- Request for colonoscopy sent to central intake

Winnipeg Cancer Hub / Navigation Services

The Team –

- 4 Nurse Navigators
- 1 Psychosocial Oncology clinician
- Dr. Unruh
- Rotation of Family Physicians in Oncology

Hours of Operation:

Monday to Friday – 0800h-1800h

Saturday and Sunday – 0800h -1600h

Closed Stat Holidays

Nurse Navigator:

- Work with the patient and family and their interdisciplinary team to
 - Assess needs
 - Provide supportive care
 - Answer questions
 - Address barriers to care
 - Facilitate access to resources and services.
 - Work very closely with the PCP
 - Assist in the coordination of diagnostic testing and referral to an oncologist
 - We do not take over the care of the patient and do not order tests but work with the PCP to facilitate the work up
 - Are a consistent resource for the patient

Psychosocial Oncology Clinician or PSO:

- Provide counselling and practical assistance to patients and families.
- Play a valuable role in the team as we know that facing a potential diagnosis of cancer is a time of high stress and anxiety for patients and families.

When to refer to Winnipeg Cancer Hub

- High clinical suspicion of cancer requiring further diagnostic imaging or biopsy with specialist
- Whenever a referral is sent into CancerCare Manitoba, a referral onto the Winnipeg Cancer Hub should also be initiated

Seamless Transition into CCMB

- Prepare our patients for the first visit with the Oncologist
- Pharmacare
- Resource for general questions re: Chemo/RT, PICCS, PORTS
- Our support early on helps to reduce patient anxiety
- Educate to enable patient led decisions about their health care goals

Rapid Diagnosis Clinic

Dr. Unruh every Thursday AM

3 Primary Reasons to Refer

- Elderly patients who present with widespread metastatic disease, not candidate for chemotherapy appropriate for palliative care
- Lymphoma work up – any patient with a high clinical suspicion of lymphoma who require biopsy
- Procedures: Paracentesis/Thoracentesis

Take Home Message

- Whenever you have a patient with high clinical suspicion of cancer refer onto Winnipeg Cancer Hub
- Patients requiring -palliative care, lymph node biopsy for suspicion of lymphoma, requires paracentesis/thoracentesis can be referred onto the Rapid Diagnostic Clinic

Navigation Services

Telephone:

1-855-837-5400

<http://www.cancercare.mb.ca/navigation>

