



Oncology nurse navigators (ONNs) rely on assessment tools to identify patient priorities so that care may be expedited along the cancer continuum. Few nonproprietary assessment tools exist for ONNs who work in rural and other resource-poor settings to reliably identify and track patient needs and barriers for seamless and timely oncology care.

AT A GLANCE

- Patients in rural areas face a higher risk of dying from cancer than their urban counterparts.
- This disparity is attributed to persistent, yet modifiable, differences in social determinants of health and access barriers to oncology services.
- To mitigate disparities, ONNs who practice in rural or other resource-poor areas need standardized assessment tools to reliably and efficiently identify patient needs and barriers to care before developing shared care plans. This article introduces the ONN Patient Assessment®, a nonproprietary patient needs and barriers assessment tool.

KEYWORDS

rural settings; resource-poor settings; oncology nurse navigator; barriers to care

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Patient Assessment

Using the Oncology Nurse Navigator Patient Assessment® for rural and other resource-poor settings

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Between rural and non-rural areas, an 8%–15% difference in cancer survival rates has been observed, according to a systematic review by Afshar et al. (2019). Cancer rates are highest among rural populations in resource-poor settings with poverty rates between 10% and 20% (Zahnd et al., 2018). Resource-poor settings are defined as environments in which healthcare professionals possess the knowledge and skills, but not the resources, to provide quality care, often necessitating referral to care services in other locales (Iserson, 2020). Rural–urban cancer disparities are attributed to underlying differences in social determinants of health and access barriers to oncology services at multiple points along the cancer continuum (Loehrer et al., 2020). Specifically, rural residents face greater challenges with transportation, insurance, education, and financial resources, as well as additional social determinants of health linked to higher stress and poorer health outcomes (Gray et al., 2019). Identification and mitigation of barriers has been suggested as a promising approach to addressing the rural–urban disparity in cancer survival (Levit et al., 2020). Oncology nurse navigators (ONNs) are centrally positioned to identify, address, and monitor barriers to cancer care to coordinate timely treatment and survivorship support.

Identifying Needs and Barriers

The effectiveness of ONNs depends on the quality of the patient assessment to

reliably identify and track patient needs and barriers to systematically address disparities in cancer care (Tian et al., 2019). ONNs who work in resource-poor areas often do not have standardized assessment tools at their disposal because navigation-specific platforms tend to be expensive, proprietary software developed by third-party vendors for hospitals (Phillips et al., 2020).

Assessment tools available in the public domain are either not specific to the ONN role (Phillips et al., 2020) or involve software applications that could increase vulnerability to data breaches (Pandey, 2019). However, not using a standardized assessment tool presents a missed opportunity to harness the full potential of ONNs (Cantril et al., 2019).

The ability to obtain and communicate patient needs and barriers relies on the ONN's skill level and experience to ask the right assessment questions (Lubejko et al., 2019). It is known that in comparison to novice RNs, experienced RNs are well equipped to ask focused questions, problem solve, and anticipate future patient needs (Benner, 2019). The adoption of a comprehensive assessment tool with clear item definitions standardizes ONN data, facilitates interprofessional communication, aggregates patient-level information into program-level metrics, and demonstrates the contributions of ONNs (Phillips et al., 2020).

ONNs find workarounds through a “patchwork of untailed platforms” (Phillips et al., 2020, p. 515) by using