

# NURSE NAVIGATOR: EFFICIENTAMENTO DEL PERCORSO CHIRURGICO

Nathalie M.P. Choulet

Day surgery

Prericovero

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# Definizione del Nurse Navigator

Guida

Modello di assistenza- percorso tailored

PNRR: assistenza territoriale integrata

Quadro normativo



# Cosa fa il Nurse Navigator?

Accoglienza

Formazione ed informazione, educazione sanitaria

Coordinamento Pianificazione e follow up dell'assistenza

Comunicazione con il team professionale – pivot nurse



Da quando ?



The New England Journal of Medicine

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## Excess Mortality in Harlem

Authors: Colin McCord, M.D., and Harold P. Freeman, M.D. [Author Info & Affiliations](#)

Published January 18, 1990 | N Engl J Med 1990;322:173-177 | DOI: 10.1056/NEJM199001183220306

VOL. 322 NO. 3



### Abstract

In recent decades mortality rates have declined for both white and nonwhite Americans, but national averages obscure the extremely high mortality rates in many inner-city communities. Using data from the 1980 census and from death certificates in 1979, 1980, and 1981, we examined mortality rates in New York City's Central Harlem health district, where 96 percent of the inhabitants are black and 41 percent live below the poverty line.

For Harlem, the age-adjusted rate of mortality from all causes was the highest in New York City, more than double that of U.S. whites and 50 percent higher than that of U.S. blacks. Almost all the excess mortality was among those less than 65 years old. With rates for the white population as the basis for comparison, the standardized (adjusted for age) mortality ratios (SMRs) for deaths under the age of 65 in Harlem were 2.91 for male residents and 2.70 for female residents. The highest ratios were for women 25 to 34 years old (SMR, 6.13) and men 35 to 44 years old (SMR, 5.98). The chief causes of this excess mortality were cardiovascular disease (23.5 percent of the excess deaths; SMR, 2.23), cirrhosis (17.9 percent; SMR, 10.5), homicide (14.9 percent; SMR, 14.2), and neoplasms (12.6 percent; SMR, 1.77). Survival analysis showed that black men in Harlem were less likely to reach the age of 65 than men in Bangladesh. Of the 353 health areas in New York, 54 (with a total population of 650,000) had mortality rates for persons under 65 years old that were at least twice the

• ABSTRACT

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## Harold P. Freeman

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From Wikipedia, the free encyclopedia

**Harold P. Freeman** (born March 2, 1933) is an American physician. He is an authority on race, poverty and cancer.<sup>[1]</sup> In his work in [Harlem](#), Freeman identified the impact of poverty and cultural barriers on rates of cancer incidence and cancer-related death, in economically disadvantaged and under-served communities.<sup>[1]</sup> He also pioneered [patient navigation](#) (or nurse navigation) in the field of breast cancer. In navigation programs, trained personnel work with patients to identify and overcome barriers to their obtaining timely treatment as they move through the medical system.<sup>[1][2]</sup>

### Harold P. Freeman

**Alma mater** [Catholic University of America](#)  
[Howard University College of Medicine](#)  
[Dunbar High School](#)

**Employer** [Ralph Lauren Center for Cancer Care and Prevention](#)  
[Columbia University College of Physicians and Surgeons](#)  
[Harlem Hospital Center](#)  
[National Cancer Institute](#)  
[North General Hospital](#)

**Awards** [Fellow of the American College of Surgeons](#)





# Competenze del Nurse Navigator?

Relazionali

Empatia

Cliniche

Organizzative

Problem solving



Canadian Oncology  
Nursing Journal

Revue canadienne de soins  
infirmiers en oncologie

► Can Oncol Nurs J. 2018 Oct 1;28(4):322-323.


### The role of the surgical nurse navigator: A case scenario

[Lorraine DeGrace](#)<sup>1</sup>

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Observational Study > Orthop Nurs. 2021 Sep-Oct;40(5):281-289.  
doi: 10.1097/NOR.0000000000000787.

## The Impact of Nurse Navigator-Led Preoperative Education on Hospital Outcomes Following Posterolateral Lumbar Fusion Surgery

Justin Turcotte<sup>1 2 3 4 5</sup>, Nandakumar Menon<sup>1 2 3 4 5</sup>, Kristina Andersen<sup>1 2 3 4 5</sup>,  
Deborah Stone<sup>1 2 3 4 5</sup>, Chad Patton<sup>1 2 3 4 5</sup>

Affiliations + expand

PMID: 34583373 DOI: 10.1097/NOR.0000000000000787

### Abstract

Beyond the spine-specific pathology, patient factors such as associated medical and psychosocial conditions, understanding of the treatment process, and the degree of patient activation-defined as the ability of the individual to utilize the available information and actively engage in making their healthcare decisions-can influence outcomes after posterolateral lumbar fusion (PLF) surgery. A retrospective observational cohort study of 177 patients undergoing PLF at a single institution was conducted. Patient demographics, medical and psychosocial risk factors, and outcomes were compared between patients who attended a nurse navigator-led group preoperative education course and those who did not. Patients attending the course were younger, more likely to undergo one-level fusion, less likely to undergo 5- or more-level fusion, and had less comorbidity burden as measured by the hierarchical condition categories score. No differences in psychosocial risk factors were observed between groups. Course attendees had a significantly shorter length of stay (2.12 vs. 2.60 days,  $p = .042$ ) and decreased average hospital cost (U.S. \$10,149 vs. U.S. \$14,792,  $p < .001$ ) than those who did not attend; no differences in other outcomes were observed. After controlling for

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## Abstract

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### Navigator nurse implementation within a fast track program of liver resections: How to improve the healthcare service and perioperative results

Francesca Fermi, Francesca Ratti ✉, Perthshanush Stepanyan, Diletta Corallino, Sara Ingallinella, Raffaella Reineke, Luigi Beretta, Luca Aldrighetti

First published: 12 December 2023 | <https://doi.org/10.1002/wjs.12026>

Francesca Fermi and Francesca Ratti share the first authorship.

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### Abstract

#### Background

The introduction into the clinical practice of the navigator nurse (NaNu) to address the task of counseling and short term follow-up help the effective implementation of the fast track protocol. The aim of the present study was to investigate the impact of the standardization of the NaNu's role in patients undergoing liver surgery.

#### Methods

Patients undergoing elective liver surgery for all diagnosis and approach, from 2015, received counseling and postoperative follow-up by NaNu and constituted the study group ( $n = 890$ ). This group was compared with the control group ( $n = 712$ ) including



Volume 48, Issue 1  
January 2024  
Pages 193-202

Figures References Related Information

### Recommended

[Enhanced recovery programmes and colorectal surgery: does the laparoscope confer additional advantages?](#)

S. Khan, M. Gatt, J. MacFie

Colorectal Disease

[Robot-assisted surgery: improved tool for major liver resections?](#)

Gerard J. Abood, Allan Tsung

Journal of Hepato-Biliary-Pancreatic Sciences

[Surgical outcomes of 118 complex laparoscopic liver resections: a single-center experience](#)

Yasushi Hasegawa, Hiroyuki Nitta, Takeshi Takahara, Hirokatsu Katagiri, Shoji Kanno, Akira Umemura, Yuji Akiyama, Takeshi Iwawa, Koki Otsuka, Akira Sasaki



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## Methods

Patients undergoing elective liver surgery for all diagnosis and approach, from 2015, received counseling and postoperative follow-up by NaNu and constituted the study group ( $n = 890$ ). This group was compared with the control group ( $n = 712$ ) including patients treated in the era before the implementation of the NaNu role (2011–2014). Outcome was evaluated in terms of discrepancy between functional recovery and discharge, number of ER accesses, number of readmissions.

## Results

Preoperative characteristics of patients and disease, as well as type of resection and postoperative ~~outcomes were similar between the two groups~~. The proportion of laparoscopic cases was higher in the study group (51.2% vs. 32% in the control). Time for discharge, interval between functional recovery and discharge, number of ER accesses and number of readmissions were reduced in the study group. Benign diagnosis, absence of complications, laparoscopic approach and presence of NaNu were independent predictors of shorter length of stay. The positive effect of NaNu's activation was recorded in patients with complications and undergoing open surgery.

## Conclusion

The implementation of NaNu's role has allowed to us optimize the level of healthcare service offered to patients. The wider benefit was offered in the setting of complex patients.

### [Surgical outcomes of 118 complex laparoscopic liver resections: a single-center experience](#)

Yasushi Hasegawa, Hiroyuki Nitta, Takeshi Takahara, Hirokatsu Katagiri, Shoji Kanno, Akira Umemura, Yuji Akiyama, Takeshi Iwaya, Koki Otsuka, Akira Sasaki

**Journal of Hepato-Biliary-Pancreatic Sciences**

### [Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery \(ERAS®\) Society Recommendations: 2018](#)

U. O. Gustafsson, M. J. Scott, M. Hubner, J. Nygren, N. Demartines, N. Francis, T. A. Rockall, T. M. Young-Fadok, A. G. Hill, M. Soop, H. D. de Boer, R. D. Urman, G. J. Chang, A. Fichera, H. Kessler, F. Grass, E. E. Whang, W. J. Fawcett, F. Carli, D. N. Lobo, K. E. Rollins, A. Balfour,



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### Improving Perioperative Communication Through the Use of a Nurse Navigator: An Integrative Review

[Elizabeth Irene Christman](#) [Follow](#)

**Date**  
6-2020

**Department**  
School of Nursing

**Degree**  
Doctor of Nursing Practice (DNP)

**Chair**  
Vickie Moore

**Keywords**  
Perioperative Nurse Navigator, Surgical Liaison, Patient Communication, Family Communication, Patient Satisfaction

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Nursing

**Recommended Citation**  
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Journal of PeriAnesthesia Nursing



Volume 39, Issue 4, August 2024, Page e41



## Effectiveness of Perioperative Nurse Navigators on the Incidence of Inpatient Preoperative Readiness

Primary Investigators: Stacey Irby BSN RN CCRN, Kimberly Ports BSN RN, Marife Estigoy MSN BS-BM RN CPAN

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<https://doi.org/10.1016/j.jopan.2024.06.104>

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### Introduction

Interdisciplinary communication failures in the surgical setting has detrimental effects on patient outcomes and operating room (OR) efficiency. This quality improvement (QI) project was implemented to improve OR efficiency, reduce inpatient delays or cancellations, and improve care coordination.

### Identification of the problem

Perioperative nurses assess needs of inpatient surgical patients when the OR schedule is posted the day before surgery. It was found that many inpatient cases either delayed or cancelled going to the OR due to

program. NN attended meetings and followed up communications via email. NN did clinical rounds, chart reviews, assessed patients at the bedside, and received inpatient nursing feedback to correct deficiencies before patient arrived for surgery. The NN met and collaborated with perioperative leadership to gather input and recommendations and created a standardized pre-operative guide to educate and provide visual aids to the interdisciplinary team.

### Outcomes

Implementing the NN program resulted in a reduction of cancellation and delays of surgeries from 46% to 3%. This also resulted in the standardization of the pre-operative process for inpatients areas and staff education.

### Discussion

Although many acute and critical care staff are aware of the pre-operative requirements (like NPO orders, type, and screen for blood transfusion, etc.), there are gaps with certain specialty requirements. This program assisted to educate staff on these specialty procedures and allowed open communication between staff and patients.

### Conclusion and Implication

The perioperative NN program addressed the pre-operative needs of surgical inpatients and significantly decreased OR delays and cancellations from 46% to 3% while promoting standardized education, interdisciplinary collaboration, improved coordination of care, and communication. Perioperative areas can translate similar nurse-led programs to address knowledge disparities in clinical areas.





Quale paziente?



# Scenario italiano?



Sintesi presentata da  
**Francesco Maria Chelli**  
Presidente f.f. dell'Istat

MERCOLEDÌ 15 MAGGIO 2024  
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La situazione del Paese



# Nurse Navigator sul territorio



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### Nurse navigator oncologico: la figura professionale per affrontare al meglio il percorso di cura

PUBBLICATO IL 05 GENNAIO 2024

**Nurse navigator**, un termine inglese che sta ad individuare la figura infermieristica che guida il paziente in un percorso personalizzato e dedicato di cura. Un ruolo nuovo e di recente introduzione in Italia, ancora poco conosciuto, e principalmente presente nei **percorsi oncologici**.

Una figura professionale altamente specializzata con un incarico cruciale per le persone con diagnosi di tumore. Per delinearne gli aspetti professionali e assistenziali ne parliamo con i *nurse navigator* del nascente [Cancer Center](#) dell'IRCCS Ospedale San Raffaele.

### Chi è il *nurse navigator*

Il *nurse navigator* è un **infermiere con competenze cliniche specifiche** nel proprio ambito di lavoro (*Disease Unit*, Unità Operativa, équipe) che garantisce un'**assistenza personalizzata al paziente oncologico** (e non oncologico in alcuni casi) attraverso un continuum assistenziale, che si sviluppa dal primo accesso ambulatoriale fino al momento della dimissione e il successivo follow up.

Gli **obiettivi** del *nurse navigator* sono principalmente 2:

- agevolare il percorso di cura diagnostico-terapeutico;
- affrontare le eventuali criticità che si possono presentare legate alla patologia.

### Il ruolo nel progetto di cura

Il *nurse navigator* si occupa di **preparare e facilitare il percorso di cura**, accompagnando il paziente **fin dal primo momento**.

Provvede a **contattare e incontrare il paziente durante una delle prime fasi del percorso diagnostico-terapeutico**, in accordo con l'équipe medica, diventandone il punto di riferimento primario durante tutto il percorso di cura.

<https://www.hsr.it/news/2024/gennaio/nurse-navigator-chi-e-maincont...>





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## Nurse navigator oncologico: la figura professionale per affrontare al meglio il percorso di cura

PUBBLICATO IL 05 GENNAIO 2024

Questa fase può iniziare **dai 2 ai 6 mesi prima dell'intervento** stesso, in base alla tipologia di malattia riscontrata.

Nella fase preparatoria vengono **indagati i principali macro aspetti assistenziali di cui il paziente può avere bisogno**, un percorso di pre-abilitazione fatto di:

- assistenza nutrizionale;
- assistenza psicologica;
- educazione al movimento;
- diritti del malato.

### Il ricovero

Durante il ricovero il ruolo del *nurse navigator* cambia; in questa fase, infatti, il professionista diventa un **supervisore delle cure del paziente** e si pone come un **collante tra il paziente, la sua famiglia e il team di cura**, fornendo le informazioni di cui ha bisogno o la connessione con servizi e risorse di cui non è a conoscenza.

Spesso è proprio il *nurse navigator* che **valuta e gestisce la dimissione protetta del paziente**.

### Il percorso post dimissione

Nel percorso post dimissioni il *nurse navigator* riprende ruolo attivo nel supporto al paziente, provvedendo a **suggerire le strategie per migliorare la sua qualità di vita**.

In questa fase il ruolo dell'infermiere è quello di **verificare se emergono problematiche cliniche o urgenti**, attivando eventualmente consulenze post dimissione, accompagnando nel follow up.

Il grande valore del *nurse navigator* risiede nel rappresentare un vero e proprio punto di riferimento, un navigatore che orienta, guida e all'occorrenza ricalcola il percorso delle cure.

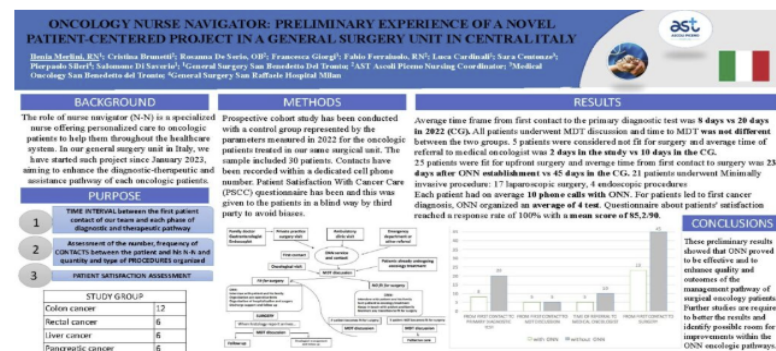
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## Il modello del Nurse Navigator portato dal professor Di Saverio diventa internazionale. Presentato a Cleveland lo studio sull'esperienza sambenedettese

La coordinatrice del progetto nonché autrice dello studio scientifico è volata fino agli Stati Uniti a Cleveland, in Ohio, per presentare la pubblicazione



Publicato il 22 Aprile 2024

SAN BENEDETTO DEL TRONTO. Le pratiche messe in campo presso il reparto di Chirurgia dell'Ospedale Madonna del Soccorso stanno diventando un modello a livello internazionale. Un esempio eclatante è rappresentato dalla figura del nurse navigator, introdotta al Madonna del Soccorso e la cui esperienza ha attraversato l'oceano fino agli Stati Uniti grazie agli ottimi risultati ottenuti ed ha attirato l'attenzione della comunità scientifica mondiale.



Risultati:  
Per il paziente  
Per la Struttura



Grazie!