

# 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



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SPECIAL ARTICLE

## 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

THE COMMUNITY

METHODS

RESULTS

DISCUSSION

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# Harold P. Freeman

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**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?

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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 1 2 3 4 5, Nandakumar Menon 1 2 3 4 5, Kristina Andersen 1 2 3 4 5,  
Deborah Stone 1 2 3 4 5, Chad Patton 1 2 3 4 5

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

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 differences in risk factors, patients enrolled in a preoperative education course demonstrated a

statistically significant reduction in hospital cost ( $\beta = -4,143$ ,  $p < .001$ ). Preoperative education prior to PLF surgery may reduce hospital cost, possibly through increased patient activation. Given the relatively high prevalence of psychosocial risk factors in this and similar patient populations, optimizing patient activation and engagement is important to achieve high value care. Based on our findings, nurse navigator-led preoperative education appears to be valuable in this patient population and should be included in enhanced recovery protocols.

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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 Iwava, 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**

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## 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

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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

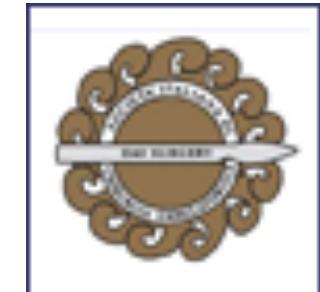
Implementing the NN program resulted in a reduction of cancellation and delays of surgeries from 46% to 3%. This also resulted in the standardization of the pre-operative process for inpatients areas and staff education.

### 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

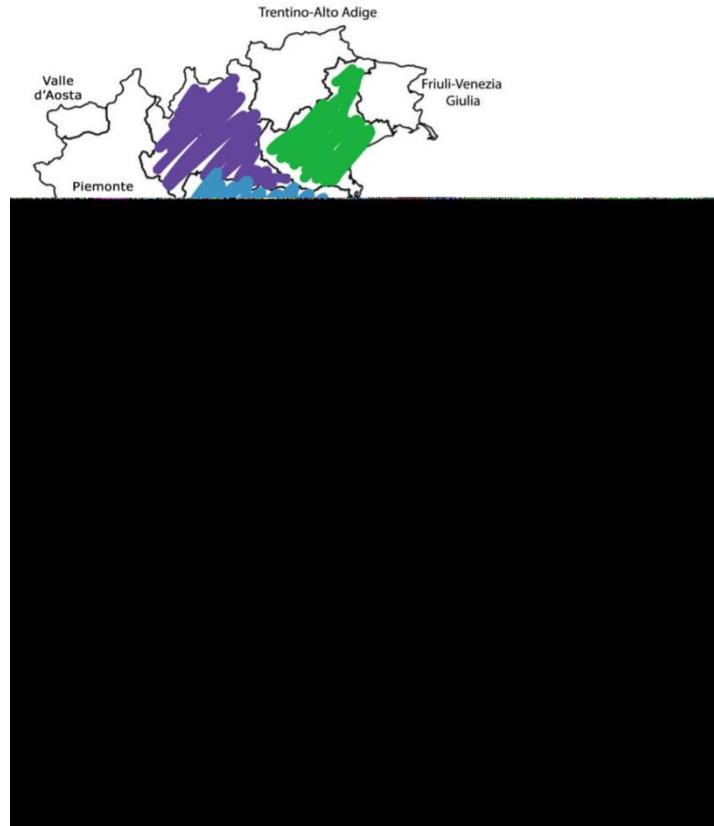
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# Nurse Navigator sul territorio



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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

**ONCOLOGY NURSE NAVIGATOR: PRELIMINARY EXPERIENCE OF A NOVEL PATIENT-CENTERED PROJECT IN A GENERAL SURGERY UNIT IN CENTRAL ITALY**

Barbara Marzocchi<sup>1,2\*</sup>, Cristina Giannì<sup>1,2</sup>, Daniela De Santis<sup>1,2</sup>, Giorgia Franchi<sup>1,2</sup>, Fabio Ferrando, RN<sup>1</sup>, Luca Cardinale<sup>1</sup>, Sara Contatore<sup>1</sup>, Marilena Sforza<sup>1</sup>, Silvia Di Stefano<sup>1</sup>, Vincenzo Di Gregorio<sup>1</sup>, Giorgio Saverio Di Saverio<sup>1</sup>, AST Ascoli Piceno Nursing Care director<sup>1</sup>, Medical Oncology San Benedetto del Tronto<sup>2</sup>, General Surgery San Raffaele Hospital Milan<sup>1</sup>

**BACKGROUND**  
The role of nurse navigator (NN) is a specialized nurse offering personalized care and therapeutic support to help patients through the health care system. In our general surgery unit in Italy, we have started such project since January 2023, aiming to enhance the diagnostic-therapeutic and assistance pathway of cancer oncologic patients.

**PURPOSE**  
1. To evaluate the time from the first patient contact of our team and each phase of diagnostic and therapeutic pathway.  
2. Assessment of the number, frequency of CUS and the type of procedures organized quarterly and type of PROCEDURES organized.  
3. PATIENT SATISFACTION ASSESSMENT

**METHODS**  
Prospective cohort study has been conducted with a control group represented by the patients managed in 2023 by the oncologists in our general surgery unit. The sample included 30 patients. Contacts have been evaluated by the nurse navigator and cell phone. Patient Satisfaction With Cancer Care (PSCC) questionnaire has been used and this was given to the patients in a blind way by third party to avoid biases.

**RESULTS**  
Average time frame from first contact to the primary diagnostic test was 8 days vs 20 days in 2022 (CG). All patients underwent MDT discussion and time to MDT was not different between the two groups. 3 patients underwent MDT and ER for surgery and average time of surgery was 100 minutes in both groups in the study and 105 in the CG. 25 patients were fit for upfront surgery and average time from first contact to surgery was 23 days after CNN establishment vs 45 days in the CG. 21 patients underwent Minimally invasive procedures: 17 laparoscopic surgery, 4 endoscopic procedures. Each patient had an average 10 procedures. CNN organization led to first cancer diagnosis, CNN organized an average of 4 test. Questionnaire about patients' satisfaction reached a response rate of 100% with a mean score of 85,2/90.

**CONCLUSIONS**  
These preliminary results showed that CNN seemed to be effective and to enhance quality and outcome of the care and management pathway of surgical oncology patients. Future studies are required to better the results and identify possible room for improvements within the CNN oncologic pathway.



Pubblicato 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!