ACS NNRT & LION Sustainability Learning Collaborative

Communication, Planning and Implementation

Morgan Nestingen, PhD, RN, AGCNS-BC, NEA-BC, OCN, ONN-CG
Sylvia Brown, MS, RN, OCN, CNL, ONN-CG

Background: Prior to 2023, MD Anderson had limited navigation services operating in isolated patient care areas, but no institutional Patient Navigation program. Existing navigation-related roles included nurse navigators, coordinators and APP navigators.

Planning: Planning occurred over two years and included Faculty, Administrative and Nursing leaders across key operational areas, internal navigation experts and an outside consulting firm. A strategic leadership team was established to lead an institute-wide phased implementation and deliver on defined outcomes. A seven-month demonstration model served as a proof of concept and demonstrated significant gains in patient satisfaction, supported by a sustainable business model based on patient retention and contribution margin.

Leaders examined community needs, institutional data, evidence-based navigation practice, collaborator perspectives and detailed patient journey mapping. This work informed navigation touchpoints, role delineation and handoffs. Four specialized navigation roles were established: Pre-Intake Navigation, Intake Nurse Navigation, Treatment Nurse Navigation and Inpatient Navigation. Operational leadership of frontline navigation staff was intentionally decentralized across Access, Ambulatory, Inpatient and Patient Experience teams, while Intake and Treatment Nurse Navigators were aligned to disease-site teams. Initial workflows, documentation standards, a performance dashboard and six key program outcomes were developed prior to implementation.

Communication: A comprehensive communication strategy was designed to address questions and concerns from Faculty, APPs and clinical teams, particularly in areas where responsibilities or workflows would change. Roles and responsibilities were defined in advance of implementation. Navigation leaders met with center leaders to collaboratively plan local implementation, presented at Faculty and APP meetings, conducted Fireside Chat Q&A sessions and hosted launch retreats before each cohort rollout. During each two-week onsite launch period, daily debriefs were held to identify opportunities and rapidly address concerns. Faculty and clinical teams were encouraged to provide real-time feedback, including specific patient examples, to support workflow refinement and ongoing navigator education.

Implementation: Pre-Intake and Inpatient Navigation were implemented using a centralized approach, with staff recruited, hired and trained over several months. Intake and Treatment Nurse Navigation were implemented in phased cohorts of two to three centers at a time. Each cohort followed a structured implementation plan that included leadership engagement, workflow validation, navigator onboarding, education and post-launch support.

Key implementation elements included standardized navigator training, competency validation, center-specific education and workflows, performance dashboard monitoring, structured escalation pathways, ongoing change management and continuous improvement cycles informed by frontline feedback and outcome data. Daily launch huddles, weekly leadership reviews and routine outcome reporting supported adoption and sustainability during the implementation period.