



# Re-Imagining a Traditional Oncology Nursing Navigation Model to An Expanded Multi-Modal/Skilled Team Structure



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## Background

The gap identified was a structural approach to systematically address the SDOH barriers and clinical care needs of medically underserved patients at VCU Massey.

### Target Population:

- Patients uninsured/underinsured; covered by Medicaid and/or fall below 200% of the FPL
- Screened and referred d/t SDOH
- Patients with GI, GU, Lung, and Breast cancers

### Target Clinical Audience:

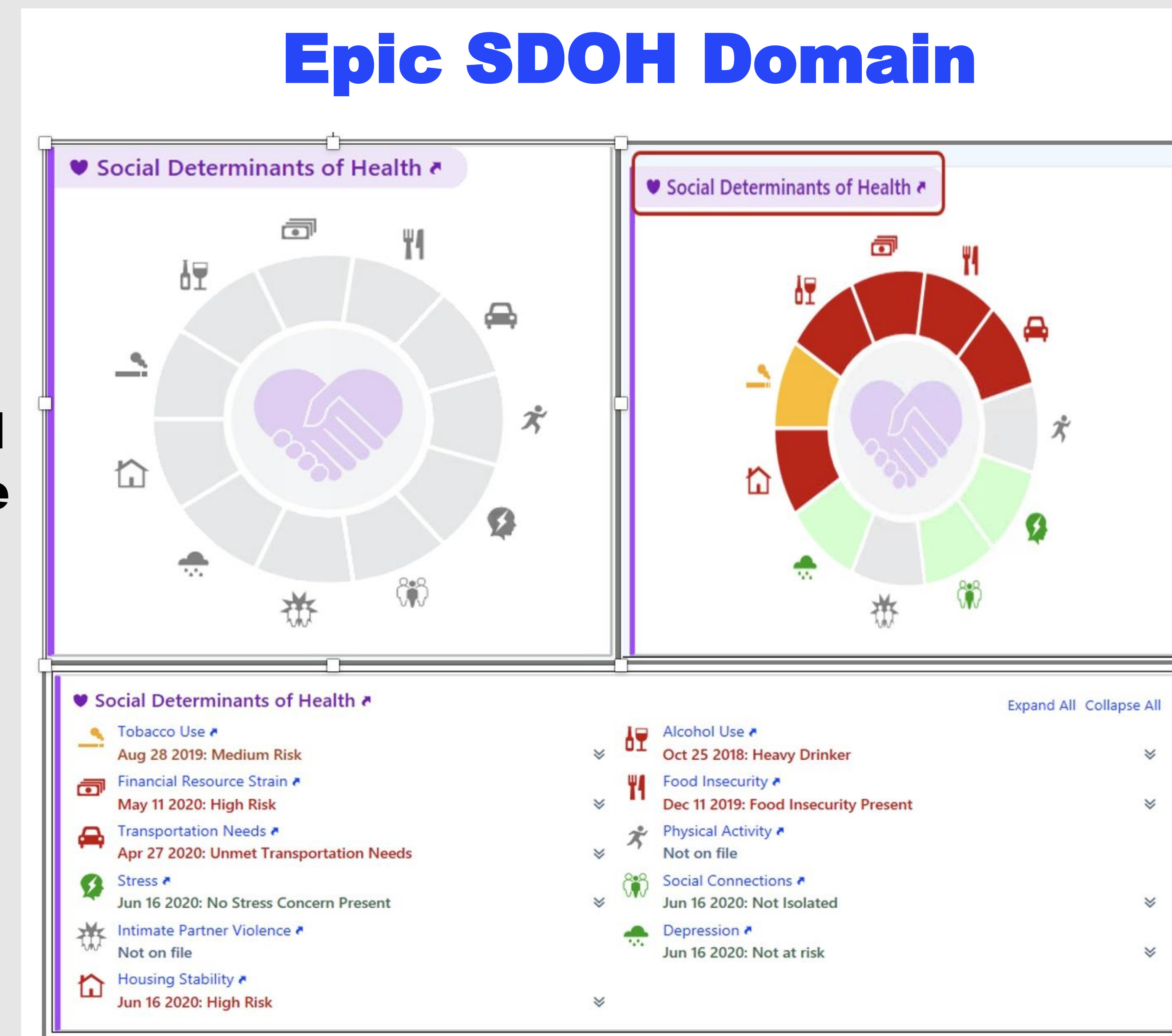
- Clinical care team
- Social Worker
- Hospital “without walls” feedback loop

## Project Design/Methods

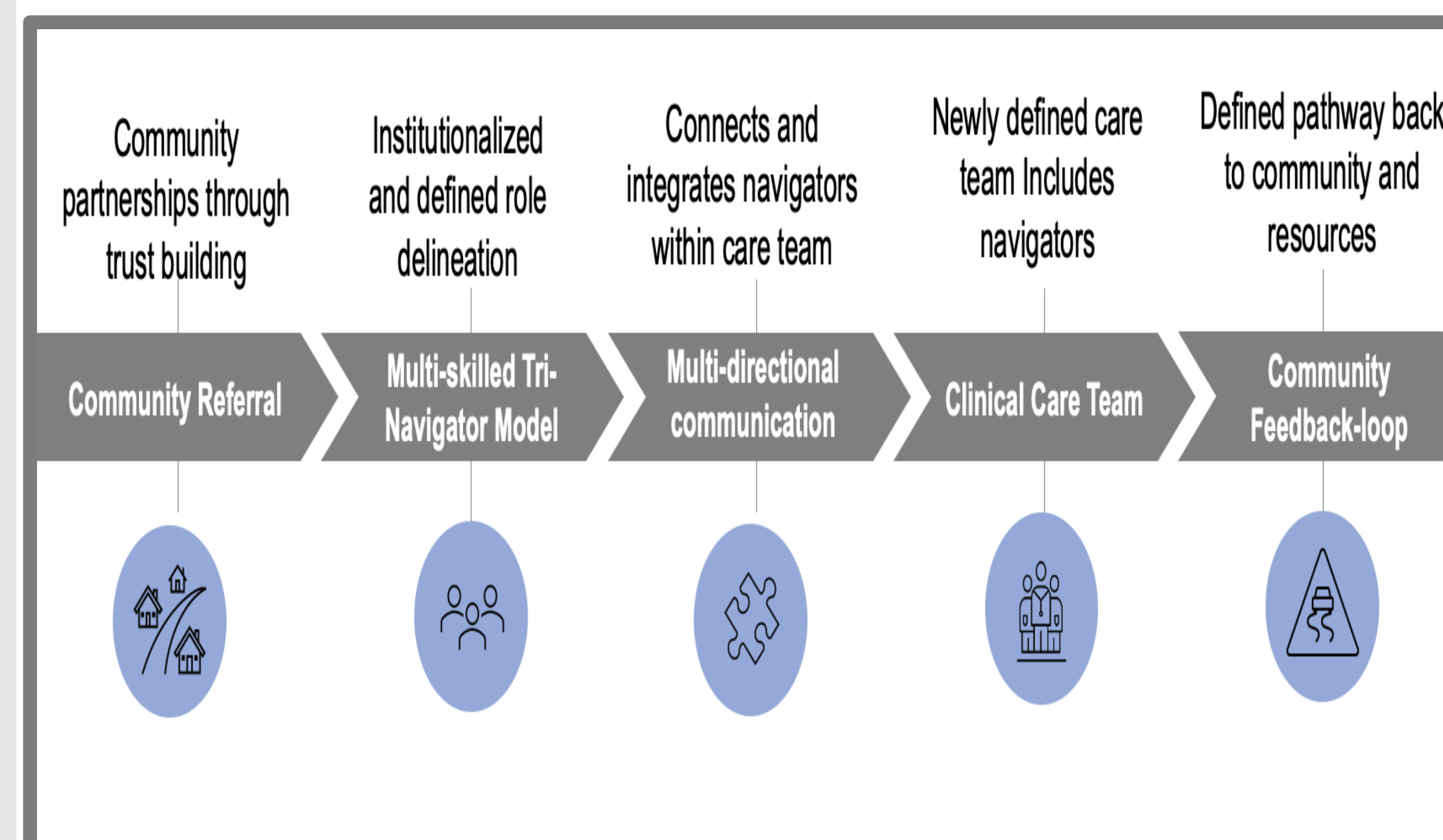
A Multi-modal/skilled Tri-navigation model to identify, address, and sustain SDOH services:

- Increase capacity
  - ✓ Expand Nurse navigation model with adding two SDOH navigators (FTE's)
- Co-locate Nurse and SDOH navigator for fluid communication/coordination
- Role delineation of SDOH navigation practice and procedures

## Structured Approach



## Multi-Modal/Skilled Approach



## Innovation

- Tri-navigator model expanding behind the hospital walls
- Workforce development (multi-modal/skilled SDOH, and RN navigator team)
- Dedicated FTE to address SDOH barriers
- Instituted an empowerment system
  - ✓ SDOH Navigator equipped with readily available resources

## Implications for Sustainable Practice

- Health equity for underserved communities
- Commitment to SDOH FTE funding and its alignment with CMS competencies and PONT standards.
- Role delineation of Navigation and leader structure

### Challenges:

- Recognition that workforce development for non-nurse navigation in SDOH and health equity space viability.

## Next Steps:

**SDOH navigation to normalize clinical trials as “Research for tomorrow’s care Today”.**

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