

# Nurse Navigator Tracking Tool

## UNC CANCER NETWORK NURSE NAVIGATION TRACKING TOOL



Name/ MR# \_\_\_\_\_  
 Referral Source: \_\_\_\_\_  
 DOB \_\_\_\_\_ Date of Service \_\_\_\_\_  
 Cancer Diagnosis \_\_\_\_\_ Navigator \_\_\_\_\_

### PART I: ASSESSMENT

Location of visit:  NN office  MD office  Hospital  Clinic  Nursing Home  
 Community  Telephone  Email  Home  
 Other \_\_\_\_\_

Reason for Call/Visit:  Initial Assessment (NEW)  Intervention (REPEAT)  
 Other \_\_\_\_\_ HIGH RISK:  URGENT  24 hrs f/u  72 hrs f/u

#### HIGH RISK IDENTIFIERS

<input type="checkbox"/> familiar history of cancer (breast, colon, etc)	<input type="checkbox"/> >70 yrs old	<input type="checkbox"/> low health literacy
<input type="checkbox"/> >4 medications	<input type="checkbox"/> > 2 co-morbidities	<input type="checkbox"/> multiple ED visits
<input type="checkbox"/> lack of social support (living alone)	<input type="checkbox"/> language barrier	<input type="checkbox"/> uninsured
<input type="checkbox"/> history of tobacco products	<input type="checkbox"/> Lung, GI, Breast	<input type="checkbox"/> recent d/c from hospital

### PART II: BARRIERS TO CARE/INTERVENTIONS

B I	B I
<input type="checkbox"/> Coordination of Care	<input type="checkbox"/> Practical Needs/Family Problems/Treatment decisions
<input type="checkbox"/> Appts/Medical Records/Provider	<input type="checkbox"/> Survivorship/Surveillance
<input type="checkbox"/> Communication: Providers/Pts	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education: Disease, Symptom Mgmt., Medication Changes	<input type="checkbox"/> Treatment Non-Compliance (missed apt/ missed medication)
<input type="checkbox"/> Emotional Support/Family Counseling	<input type="checkbox"/> Other _____
<input type="checkbox"/> Financial/Disability/Co-Pay Assistance/Rx Refills	

### PART III: ACCESS TO SUPPORT SERVICES/REFERRALS

- |  |  |
|--|--|
| <input type="checkbox"/> Advanced Directive                  | <input type="checkbox"/> Lymphedema                          |
| <input type="checkbox"/> Cancer Prevention/Screening         | <input type="checkbox"/> Nurse Navigator _____               |
| <input type="checkbox"/> Cancer Rehab/Wellness               | <input type="checkbox"/> Ostomy                              |
| <input type="checkbox"/> Clergy/ Spiritual Support           | <input type="checkbox"/> PT/OT/Speech                        |
| <input type="checkbox"/> Clinical Trials                     | <input type="checkbox"/> Primary Care Provider               |
| <input type="checkbox"/> Community Care Clinic               | <input type="checkbox"/> Psycho-Social Support               |
| <input type="checkbox"/> Dietician                           | <input type="checkbox"/> Return from 2 <sup>nd</sup> opinion |
| <input type="checkbox"/> Diagnostic Test; Labs; Transfusions | <input type="checkbox"/> Second Opinion                      |
| <input type="checkbox"/> Fertility/Sexuality                 | <input type="checkbox"/> Smoking Cessation                   |
| <input type="checkbox"/> Financial Counselors                | <input type="checkbox"/> Social Services/Public Health       |
| <input type="checkbox"/> Genetic Counselor                   | <input type="checkbox"/> Social Worker                       |
| <input type="checkbox"/> Home Care                           | <input type="checkbox"/> Specialist                          |
| <input type="checkbox"/> Hospice/Palliative Care             | <input type="checkbox"/> Survivorship/Support Program        |
| <input type="checkbox"/> Integrative Medicine                | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Lodging                             | <input type="checkbox"/> Other _____                         |

#### DATE FOR FOLLOW UP \_\_\_\_\_

PCP  Surgeon  Medical Oncologist  Radiation Oncologist  Nurse Navigator

Version 4: 2015

Source: UNC Health Care, Chapel Hill, NC; Oncology Roundtable interviews and analysis.