

Job Description

Cancer Services

TITLE: Oncology Nurse Navigator

JOB OVERVIEW: Acts as primary point of contact for cancer patients after initial diagnosis and until patient has sufficient knowledge and resources to self direct care. Has responsibility for monitoring, coordinating care and educating cancer patients and families as they move through the _____ system. Cancer care providers make referrals to the Oncology Clinical Nurse Coordinator using established referral criteria. The Oncology Clinical Nurse Coordinator will contact cancer patients either in person or by telephone to establish a plan of care. It is the goal of the Oncology Clinical Nurse Coordinator to assess the care and services required by cancer patients and make appropriate referrals and empower them through knowledge and emotional support to independently navigate _____ Cancer Services.

ROLE: See job description for **Clinical Partner** for generic job duties.

AREA OF ASSIGNMENT: Throughout _____ Cancer Services

HOURS OF Work: 8 am to 5pm, Monday through Friday, or as necessary to carry out the responsibilities of this position.

RESPONSIBLE TO: Administrative Director, Cancer Services

PREREQUISITES:

- Current Washington State Nursing License
- BSN preferred
- Certification in Case Management preferred
- OCN certification or completion within the first year of hire
- Broad knowledge of community health concepts, services and resources
- Competent in basic computer skills required
- Ability to communicate fluently in English both verbally and in writing.
- Ability to write legibly, spell correctly, and use acceptable grammar

QUALIFICATIONS:

- Three years of recent oncology nursing experience preferred.
- Demonstrates a high level understanding of oncology illnesses and treatment modalities.
- **Skill in coordinating care needs.**
- Sensitivity to coordinate care for patients from a variety of ethnic, cultural and social economic backgrounds and with varied medical and developmental needs.
- Demonstrates an ability to assess patient needs make appropriate referrals face- to- face or via the telephone as indicated for ancillary support services and programs (e.g., Cancer Lifeline, American Cancer Society, spiritual, social services, behavioral health, community resources, etc).
- Ability to communicate and work effectively with the physical and emotional developments of all age groups.
- Experience in program development.
- Knowledge of community resources and how to access them effectively and efficiently.
- Able to organize and facilitate (if necessary) multidisciplinary care conferences.
- Demonstrates ability to work in a team situation.
- Interpersonal skills necessary to interact effectively with members of the interdisciplinary team, including physicians, as well as external customers, to achieve desired clinical service and financial outcomes.
- Leadership skills including group facilitation and conflict management.
- Ability to set priorities and meet deadlines.
- Ability to function in a setting with numerous interruptions (multi-tasking skills are critical).
- Ability to work independently without close supervision.
- Neat and well groomed appearance.
- Capable of comprehending, executing, acting, and directing independently under the established guidelines of the position.

PERFORMANCE RESPONSIBILITIES

A. Generic Job Functions: *See Generic Job Description for Clinical Partner*

B. Unique Job Functions:

- Builds awareness of Oncology Nurse Navigator position with Cancer care providers
- Respond to criteria based referrals ASAP and not longer than 24 hours.
- Gather pertinent information about the patient's medical, psychosocial, functional and financial status.
- Communicate with the multidisciplinary team (physicians, nurses, therapists, social workers, chaplain, etc.) as needed to complete assessment.
- Facilitate multidisciplinary conferences when indicated by complexity of patient's clinical condition/medical management or other barriers to care plan
- Provide necessary education and information on available options, the informed decision making process, and realistic goal setting in order to empower the patient/caregiver to actively participate in their plan of care.

- Establish and coordinate a supportive care plan with goals and interventions based upon treatment and individual patient/caregiver needs, preferences, beliefs, and values.
- Identify barriers to the plan of care and intervene as appropriate.
- Keep patient/caregiver involved in plan and moving toward self-directed care.
- Review, evaluate and revise the care plan for appropriateness on an ongoing and timely basis.
- Assists Cancer patient/caregiver with accessing all of the resources for Cancer patients that are provided by _____, Cancer Lifeline and American Cancer Society.
- Identify benefits and coordinate resources based upon patient's needs, insurance coverage and community programs.
- Assists in organizing appointments and works with Cancer care providers and insurance providers to provide a support network and a treatment timeline for the Cancer patient.
- Be an advocate for the patient and _____ Cancer Program
- Participate in oncology community events