

PATIENT NAVIGATION PROGRAM PRE-ASSESSMENT TOOL

This pre-assessment tool can help you assess your organization and consider all aspects of a patient navigation program. This tool can also help you assess your readiness for implementation or identify areas that need to be addressed before rolling out a patient navigation program.

GOALS AND CHALLENGES

1. **Goals** for my navigator program:

2. **Barriers/Challenges** to my navigator program:

OPERATIONS

1. Tumor types to be covered by navigator program:

2. Will each tumor type have its own navigation program or will one navigator cover more than one tumor type?

3. Do you have team(s) to set up program(s) by disease state(s)?

4. Timeline for implementation:

5. How many patients per year will participate in the navigator program?

6. What is your anticipated patient to navigator ratio?

7. How will you identify patients eligible for the program?

- Pathology reports Inpatients MD referrals
 Surgical reports Other _____

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8. What are the biggest challenges facing the patient that need to be addressed by the navigator?

9. Where will the navigator(s) be housed?

10. What other space is allocated for the program:

- Patient library/education space Counseling rooms
 Other offices Other _____

11. How will program be funded?

- Grants Patient pays Insurance
 Other _____

12. Will patients be charged for any part of the service?

13. Which salaries will be supported solely by program budget (navigator, administrative assistant, etc.)?

14. Which salaries will be partially supported by program budget (social work, PT/OT, etc.)?

15. What else will budget be used for (patient education materials, journals, etc.)?

16. Do you have an electronic charting system?

17. How will you communicate between practitioners?

ROLE OF NAVIGATOR

18. Who do you see as the navigator in your program?

- RN Social Worker Lay person/survivor
 Other _____

19. When would you like the navigator to become involved with the patient?

- Prior to entering the health care system At time of screening
 At time of suspicious finding At time of diagnosis
 Other (please specify) _____

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20. What are the primary functions you would like the navigator to fulfill? Please rank them with 1 being the most important.

- | | | |
|---|--|---|
| <input type="checkbox"/> Community education | <input type="checkbox"/> Patient education | <input type="checkbox"/> Care coordinator |
| <input type="checkbox"/> Psychosocial counselor | <input type="checkbox"/> Financial counselor | <input type="checkbox"/> Other (please specify) |

21. What other activities would you like the navigator to be involved in? Please rank them with 1 being the most important.

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> QI/PI activities | <input type="checkbox"/> Community educational programs | <input type="checkbox"/> Screenings |
| <input type="checkbox"/> Staff educational programs | <input type="checkbox"/> Survivorship program | |
| <input type="checkbox"/> Help set up program(s) by disease state(s) | <input type="checkbox"/> Other (specify) | |

RESOURCES

22. What resources do you currently have in place?

- | | | |
|---|---|---|
| <input type="checkbox"/> Case managers | <input type="checkbox"/> Social workers | <input type="checkbox"/> Registered dietitians |
| <input type="checkbox"/> Financial counselors | <input type="checkbox"/> Genetic counselors | <input type="checkbox"/> Health psychologists |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> PT/OT | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Home care services | <input type="checkbox"/> Hospice services | <input type="checkbox"/> Palliative care services |
| <input type="checkbox"/> Patient advisory committee | <input type="checkbox"/> Support groups | |

(specify) _____
 Other (specify)

23. Do you currently have relationship with community patient support agencies such as the American Cancer Society (ACS) or local support groups other than hospital-based groups?

OTHER CONSIDERATIONS

24. Do you have an MD champion for patient navigation program?

25. Do MDs support the program? If not, will MDs need convincing of need of program?

26. Administration level support/commitment or lack of support/commitment?

27. What percentage of your population has?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Private health insurance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> No insurance |

28. What percentage of your population is?

- | | | |
|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian |
|------------------------------------|-----------------------------------|--------------------------------|

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African American Native American Other (please specify) _____