

WEBINAR NOTES – The Patient-Health Navigator
How the role of the patient/health navigator can help our health care system during the current pandemic?

Health Leadership & Learning Network, Faculty of Health, York University
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Please find a summary of comments from both Rosemary Kohr and the participants on the webinar. We would like to thank everyone on the webinar for their thoughtful input and hope that we have captured it accurately.

Highlights and Key Points

- The Patient/Health navigator is evolving, expanding, and deepening quickly at this time – an expansion and/or shift from the regular scope of the role is in play based on needs that arise directly from communities/patients/families
- There is clarity around the impact of the determinants of health at this time, as key activities of daily living are restricted and what is required for good health comes into focus. Client/patients/families ask for help to find workaround solutions and support
- At this time, there are consistent areas that can inform, expand, deepen “best practice” as well as support the demand for the role as a key resource now and for the future of health care:

Reflections on the new normal for practice of Patient/Health Navigation *(note – this list is not exhaustive and intended to expand and contract based on what you feel is needed for your clients/catchment/system; it is also a mixed list of priorities, skills, and functions as well as scope of the role:*

- **Communication that is accurate, consistent, connected to trusted sources – some thoughts:**
 - Locate and provide places where people can check the most accurate information
 - Health literacy with our clients may marginalize them – provide additional communication direct connection to them to clarify and help them understand

- **Use of technology – tailored to the needs of the person/community – some examples:**
 - Address fear of technology/mistrust of technology
 - No technology – address if they don't have a computer or access to the internet – enlist resources/supports that can assist you with this – e.g. internal IT department or other internal/external resources that can assist
 - Accommodate on a case by case and be flexible within the confines of your practice requirements
 - Access free technology available – e.g. companies offering free conference calls
 - E.g some providers may offer free startup use for a month
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- **Daily living needs/impacted ADL's – some examples**
 - Understanding discounts currently offered by provincial phone, hydro and other utility providers
 - Locating support for picking up groceries and other activities of daily living
 - And similar as may apply in your catchment
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- **Increasing the support aspect of the role**
 - For coping, encouragement, reassurance, safety and check-in
 - Consistent trusted health provider
 - To maintain health and well-being – when the urgency settles down, helping people feel in control of their well-being, care decisions, care plans, and daily life
 - Other support functions as required and you are can provide/or locate someone who can
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- **Proactively connecting to clients/patients – anticipating needs – advocating as is necessary**
 - More vulnerable, isolated people, etc
 - Seeking access for people to services, activities, education/learning, support, and any other requirements
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- **Clients/students connecting to you directly – they are invited to reach out directly**
 - People may not know the service/support of a navigator exists – lets now assume people know and reach out proactively with information about the support/service
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- **Additional communication channels added in during this time – and for the future – some examples**
 - Consistent communication (as are appropriate – email, social media, private internal message boards, other communication channels that are available)
 - Consult with your technology support team or your community of practitioners to also see what could be use
 - Using the website – new landing pages

<ul style="list-style-type: none"> ● The Navigator role expanding and deepening in an organic way for those where navigation is part of but not their “full-time” role <ul style="list-style-type: none"> ○ Deepening and/or greater shift to the navigator role within health professions re: health professionals (e.g. Occupational Therapy) ○ For the future – represents a shift that could be more permanent in nature
<ul style="list-style-type: none"> ● Other “team” members are also becoming navigators to support the needs – some thoughts <ul style="list-style-type: none"> ○ Recruiting them into the navigator role – what resources do you need to help you do this <p>Expands the capacity of the navigator team</p>
<ul style="list-style-type: none"> ● Community resources – seeking them out – like: <ul style="list-style-type: none"> ○ Can’t assume that all support systems are active – check on them first – perhaps negotiate something needed for your clients/patients ○ food banks ○ Spiritual support; local cultural or social support networks/groups ○ Other non-profits and similar offering additional resources available ○ Other local town/municipal resources that could be available ○ And more? Depends on the community and their needs
<ul style="list-style-type: none"> ● Connect with primary care and geriatrics re: how to support them with at risk patients/families – some thoughts: <ul style="list-style-type: none"> ○ What additional supports you can provide ○ With these areas, determine how to locate or identify people who may be in need/could benefit from the navigator
<ul style="list-style-type: none"> ● Clarity on how to identify people at risk and who would benefit from navigation (e.g. Primary care providers do not always know who is managing well – and people would not normally reach out to their providers for non-health related issues) <ul style="list-style-type: none"> ○ Development of Identification factors – regional/local/community; communication to patient groups to increase awareness of the services ○ Connect with the “system” to assess data available that can support locating people ○ Communication with care providers <p>And more..</p>
<ul style="list-style-type: none"> ● Rural and remote communities – can represent more vulnerability – some thoughts: <ul style="list-style-type: none"> ○ Consider access issues that could be increased due to Covid 19 (e.g. internet access, availability of technology, no face to face and more) ○ Is there a community or family who are available/can assist? ○ Is there an extended community for support ○ Remote check ins by phone or other method

- **Preparing for the future/the future is now**
 - Embedding the role across the provincial system (e.g. in the OHT's(Ontario))
 - Current activity and increased demand for the navigator is pointing to the need for expansion of number of full time navigator roles/teams across the provinces; embed the role in a more permanent way within the system
 - Ensure the role intersects across the health sectors
- Additional resources:
 - Resources: RNAO website—connect for updates re: COVID-19
 - It really is a “one-stop” info site of reputable sources.
 - <https://rnao.ca/news/information-2019-novel-coronavirus-covid-19>
 - More resources:
 - Health Canada—also has a chat “COVID-19 Virtual Assistant”
 - And a Self-Assessment re: symptoms
 - <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Thank you to all that participated in this webinar and added commentary and insight!

We welcome you to continue to share resources with each other, and we can tweet them out and list them on our facebook page

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