

# 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 navigation program:
2. **Barriers/Challenges** to navigation program:

## OPERATIONS

1. Tumor types to be covered by navigation 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 navigation 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 \_\_\_\_\_
8. What are the biggest challenges facing the patient that need to be addressed by the navigation program?
9. Where will the navigator(s) be housed?
10. What other space is allocated for the navigation 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 healthcare system                                       At time of screening  
 At time of suspicious finding                                       At time of diagnosis  
 Other (please specify) \_\_\_\_\_
20. What are the primary functions you would like the navigator to fulfill? Please rank them with 1 being the most important.  
 \_\_\_\_\_ Community education      \_\_\_\_\_ Patient education      \_\_\_\_\_ Care coordinator      \_\_\_\_\_ Financial counselor  
 \_\_\_\_\_ Psychosocial counselor      \_\_\_\_\_ 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.  
 \_\_\_\_\_ QI/PI activities                      \_\_\_\_\_ Community                      \_\_\_\_\_ Educational programs                      \_\_\_\_\_ Screenings  
 \_\_\_\_\_ Staff educational programs      \_\_\_\_\_ Survivorship program      \_\_\_\_\_ Help set up program(s) by disease state(s)  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

## RESOURCES

22. What resources do you currently have in place?  
 Case managers                       Social workers                       Registered dietitians                       Financial assistants  
 Genetic counselors                       Chaplain                       Health psychologists                       PT/OT  
 Speech therapy                       Home care services                       Hospice services                       Palliative care services  
 PT/OT Patient advisory committee  
 Support groups (specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_
23. Do you currently have relationships with community patient support agencies such as 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 the need for a program?
26. Administration level support/commitment or lack of support/commitment?
27. What percentage of your population has?  
 Private health insurance \_\_\_\_\_  
 Medicare \_\_\_\_\_  
 Medicaid \_\_\_\_\_  
 No insurance \_\_\_\_\_
28. What percentage of your population is?  
 African American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Caucasian \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Native American \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_