

MAY 1 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 1 Abstracts

Title: The role of the Indigenous patient navigator amidst a global pandemic

Authors: **Aric Rankin NP-PHC, MN, PhD student**; Andrea Baumann BScN., MScN., PhD, FAAN; Bernice Downey RN, BScN, MA, PhD; Ruta Valaitis BScN, BA, MHSc, PhD; Amy Montour BScN, MSc, MD, CCFP; Pat Mandy RN, MPA, CHE.; and Danielle Bourque Bearskin RN, MScN

Abstract:

Introduction: Canada's healthcare system is complicated and requires diligent knowledge of its complexities to navigate access to services and programs. For First Nations, Inuit, and Metis people in Canada who access mainstream, biomedical healthcare services these complexities are compounded given a history of assimilative policies and practices that have created collective and individual intergenerational trauma. These colonial policies and practices directly contribute to health inequity and negatively impact social determinants of health. The role of the Indigenous Patient Navigator is known as a role to bridge the gap of health inequity faced by First Nations, Inuit, and Metis peoples.

Design: This multi-site qualitative study is grounded by the methodological principles of Interpretive Description and with the guidance of a Two-Eyed Seeing approach.

Results: Thirty-six participants from Ontario, Canada participated in semi-structured one-to-one virtual or telephone interviews. These participants included professional and lay IPNs as well as Indigenous community members who access IPN services. Additionally, 10 IPN organizational documents were reviewed. Eight unique IPN roles and corresponding activities were identified as well as how the role of the IPN adapted and responded during the global COVID-19 pandemic.

Conclusion: This study explores the unique role of the Indigenous Patient Navigator across healthcare settings within the province of Ontario. Findings highlight the vast roles and activities the IPN enacts to address barriers and support enablers First Nations, Inuit, and Metis peoples experience when accessing mainstream, biomedical healthcare services. Moreover, this study reveals how the IPN roles and activities were impacted by the global COVID-19 pandemic.

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Concurrent Session 1 Abstracts

Title: You had me at hello! - The importance of intake at the Family Navigation Project

Authors **Michelle Di Febo BA (Hons), CCLS:** and Susana Rivas

Abstract:

Introduction: The Family Navigation Project (FNP) supports youth struggling with mental health and/or substance use concerns, and their families to connect to the best-matched treatment resources. In this presentation we will review FNP's intake and needs assessment process and explore why these steps are key to a successful episode of navigation.

Design: Since its inception in 2013, the FNP has worked with over 5500 youth and their families, and currently serves 60-70 new clients per month. Family Navigators engage with young people and their families to help them find their way through the complex MHA system. Initial discussions with the youth and family are client-centered and allow personal experiences and needs to be shared. This information allows the FNP team to generate highly individualized resource options to meet a range of complex needs.

Results: A client's initial contact with a program is critical in laying the groundwork for a successful navigation experience. The FNP intake process does not include standardized questions or tools, instead staff are intentional in offering an opportunity for clients to lead the conversation. Clients are invited to share their story in their own words and at their own pace. This initial conversation with Intake staff and the subsequent Needs Assessment with the Family Navigator are crucial to establishing trust and a sense of feeling heard. Building this rapport allows clients to feel safe to be vulnerable and share their personal needs. Together with their Family Navigator they use this information to develop meaningful navigation goals and a comprehensive plan.

Using client feedback and evaluation survey data, this presentation will explore how youth and families experience their initial contacts with FNP staff and how these experiences increase trust, engagement and satisfaction in the navigation journey.

Conclusion: Formal and informal ways to engage clients during initial conversations will be discussed including challenges associated. How FNP has developed its intake and needs assessment processes to creatively engage clients at first contact will be shared.

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Concurrent Session 1 Abstracts

Title: Examining patients' understandings of navigation services within Alberta's healthcare system

Authors: **Sarah Rabi BSc**; Maria Santana, PhD, MPharm, BPharm; and Karen Tang, MD, MSc, FRCPC

Abstract:

Introduction: Patient navigation (PN) was first envisioned to assist marginalized cancer patients access appropriate and timely health resources. While this may still hold true for a subgroup of PN programs, expansion of PN over the past 30 years has resulted in a diverse set of programs that serve different populations and work towards different outcomes. Noting this, our study sought to better understand what PN has become through utilizing patient perspectives. Specifically, our objectives were to (i) explore patient's current experiences with PN programs, and (ii) identify the features of PN programs that are of particular value to patients.

Design: An interpretive descriptive study was conducted using adult patients with longitudinal experience in Albertan PN programs. Participant recruitment took place via key informant sampling with navigators across the province. One-on-one semi-structured interviews were conducted to explore patient experiences with PN and the impact these programs had. Inductive thematic analysis and interpretive exercises were subsequently performed to construct a coherent message from the data findings. Continued collaboration with patient partners was maintained throughout the study to ensure responsiveness to patient priorities.

Results: This study included 23 participants with experience using nurse navigators, transition navigators, and/or community health navigators. Irrespective of navigation type, participants stories were tethered by the promotion of seamless and personalized care, both of which provided a means of humanizing the healthcare system. This was accomplished through a set of participant-identified navigator characteristics, including approachability, accessibility, commonality with patients, and comprehensive systems knowledge. While the experiences and facilitators attributed to PN were common across participants, how these were achieved varied by program.

Conclusion: As a patient-centered intervention, understanding patient's experiences and valuations of PN is critical to distilling the essence of the intervention. This research directly addresses ongoing knowledge gaps surrounding contemporary understandings of PN, particularly from patient's perspectives.

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Concurrent Session 1 Abstracts

Title: Enhancing youth engagement – Peer support alongside navigation

Authors: **Thalia Phi**

Abstract:

Introduction: The voice of lived experience has always been foundational to the work accomplished at the Family Navigation Project (FNP). In recent years, there has also been a renewed commitment to authentically engaging youth in mental health and addictions (MHA) navigation. In 2022, FNP created the Youth Advocate with Lived Experience (YAL) role as a way to combine both of these efforts.

Design: The YAL role serves as a way to enhance the navigation experience for youth. YAL Peer Support is offered alongside navigation for youth clients aged 16-29. This support opens up an opportunity for youth clients to connect with another youth as opposed to just an adult navigator. As the YAL is a peer, they provide space for youths to speak about their experiences with someone who understands the journey. The YAL can provide emotional support as well as education surrounding resources/options.

Results: Since the launch of the YAL role in December 2022, 33 youth have connected for peer support. Some lessons learned include:

- Several youths would have been discharged from navigation prematurely (lack of communication) had it not been for their connection with YAL support
- Without YAL support, some youth (whose caregivers were the primary contact in navigation) would have not been engaged in navigation at all
- YAL support can assist youth with getting connected to resources and services that may not come up in conversations with their navigator

Conclusion: There are significant benefits in incorporating peer support alongside navigation to foster youth engagement. Although the role has been a success so far, there are still limitations to its effectiveness (modes of communication, availability of service, age constraints). Overall, commitment to youth engagement and amplifying lived experience are both crucial investments for improving not only FNP's program but also the broader MHA care system.

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Concurrent Session 2 Abstracts

Title: Experiences of young adults working with a patient navigator during transition to adult care

Authors: **Daniella San Martin-Feeney MSc**; Sophie Samborn, BSW, RSW; Brooke Allemang, PhD, RSW; Megan Patton, HBASc; Zoya Punjwani, MPH; Ken Pfister, MSc; Laurel Ryan, MFA; Gregory Guilcher, MD; Lorraine Hamiwka, MD; Scott Klarenbach, MD; Eddy Lang, MD; Kerry McBrien, MD; Alberto Nettel-Aguirre, P.Stat.; DaniÃle Pacaud, MD; Jorge Pinzon, MD; Shannon Scott, RN, PhD; Lonnie Zwaigenbaum, MD, MSc; Curtis Perrott, MBA, BScOT; John Andersen, MD; Gail Andrew, MDCM; Andrew Mackie, MD, SM; Susan Samuel, MD, MSc; and Gina Dimitropoulos, PhD, MSW

Abstract:

Introduction: Adolescents and young adults (AYA) living with chronic health conditions undergo the transition from pediatric to adult health care, which can pose many challenges. Difficulties during transition can lead to poor health outcomes. Patient navigator (PN) services are a promising intervention to facilitate a successful and positive transition, however little is known about how AYA experience PN services during transition to adult care.

Design: To address this gap, we conducted a qualitative study embedded within the Transition Navigator Trial (TNT). The TNT is a pragmatic randomized controlled trial wherein AYA aged 16-21 were recruited from 3 hospitals in Alberta and assigned to work with a PN or usual care. A sample of participants who worked with a PN were interviewed before beginning the PN intervention and again post-intervention. Interviews were recorded and transcribed. An inductive thematic analysis approach was used for analysis.

Results: 17 participants or caregivers completed interviews both at baseline and post-intervention. Main themes from the baseline interviews were 1) uncertainty and hesitation with leaving a place of safety and support and 2) navigator assistance with post-secondary education. Main themes from the post-intervention interview were 1) emotional support, 2) informational and task-focused support, and 3) navigator guidance to become more independent.

Themes from baseline and post-trial interviews exhibit similarities related to health care system navigation, accessing community support, post-secondary support, and financial support. Themes unique to post-trial interviews were related to emotional support, self-management and navigator guidance to help participants become more independent.

Conclusion: This study the experiences of AYA and their caregivers working with PN throughout their transition period, and identified the effective elements of the PN role in supporting AYA during their transition to adult care. These findings will help guide and inform the future implementation of PNs in transition care.

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Concurrent Session 2 Abstracts

Title: The NavMAP standards for youth MHA navigation programs in Canada – Part 2

Authors: **Simran Arora MSW, RSW**; Roula Markoulakis PhD, Sugy Kodeeswaran BSc, MHSc, Michelle Di Febo BA, CCLS, Liisa Kuuter MSc, MFT, RP, James Fleming BSc, Sander L. Hitzig PhD, Fahad Riaz, and Anthony Levitt MD

Abstract:

Navigation programs in healthcare are emerging across Canada to help patients access and transition through the healthcare system. These programs also address barriers and improve continuity of care for youth with mental health and/or addictions (MHA) concerns and their families. Currently, MHA navigation program models vary and no source has synthesized evidence regarding navigation approaches and practices. This project aimed to review and consolidate evidence into a comprehensive set of standards to guide youth MHA navigation programs.

This study used the Realist Review and Synthesis methodology to develop standards and understand what works, why, how, for whom, and under what circumstances. The project was conducted over several phases. Ten themes were generated during the first three phases (i.e., defining scope, searching for evidence, appraising studies and extracting data) which were reported at the Canadian Healthcare Navigation Conference in April 2023. The last three phases involved synthesizing evidence and developing conclusions, external consultations and disseminating findings, and knowledge translation activities.

A data extraction template was developed based on the ten themes. Academic articles were reviewed and 21 studies were included. An environmental scan of existing youth MHA navigation programs was also conducted and 42 programs were interviewed. The research team analyzed and synthesized the extracted information and generated the NavMAP standards. The team then conducted a consultation and invited individuals interested in youth MHA navigation services to offer feedback on the standards. A draft of the standards was also made available online for the public to provide feedback. The research team revised the NavMAP standards based on the feedback. Highlights from the finalized standards will be shared at this conference.

The NavMAP standards offers insight into youth MHA navigation programs across Canada and promotes evidence-based decision-making, thereby supporting equitable and accessible access to the MHA system for youth and their families.

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Concurrent Session 2 Abstracts

Title: Navigating mental health barriers of transitional youth with co-occurring conditions

Authors: **Zoe Pagonis MSc**; Roula Markoulakis; and Anthony Levitt

Abstract:

Introduction: Canadian youth with IDD's are 3-5x more likely to develop MHA concerns, yet less than 20% receive adequate care that includes knowledge of both complex conditions. Moreover, managing both intellectual and developmental disabilities (IDD's) and mental health and/or addiction (MHA) concerns while navigating the MHA care system can be difficult. Family Navigation has emerged as a potential solution to improve access to MHA care for this group. This study aims to understand the barriers transitional-aged youth with IDD's and MHA concerns face when navigating MHA care, and consider if family navigation can help improve their quality of life.

Design: A mixed-methods, pragmatic, randomized control trial was conducted where 163 caregivers of youth (ages 13 to 26) with MHA concerns completed surveys and interviews over a 12 month period. Caregivers were randomly chosen to either receive family navigation services or self-navigate through the system. They answered questions related to caregiver strain, family functioning, quality of life, treatment outcomes, and barriers to accessing care. This study is a secondary mixed methods analysis (quantitative ANOVAs and qualitative thematic analysis) focusing on 63 caregivers of youth with IDD's and MHA concerns.

Results: Families of youth with IDD's and MHA concerns who received family navigation services are anticipated to have better quality of life. Moreover, improved access to care in comparison with those who self-navigated is anticipated, as well as better satisfaction with their overall MHA care. Results are expected to be available at the time of the conference.

Conclusion: This study sheds light on the complex challenges faced by families of youth navigating the MHA care system while having both IDD's and MHA concerns, during critical transition periods. Through investigating the potential benefits of family navigation, healthcare services for vulnerable populations can be improved; enhancing the quality of life and MHA outcomes of Canadian youth and their families.

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Concurrent Session 2 Abstracts

Title: Improving navigation for transition to adult care for youth with medical complexity

Authors: **Kimberly Colapinto RN (EC)**; Eryn Vandepoele RN, BSc, BScN, MHSc; Sara Santos BKin; and Susan Miranda RN

Abstract:

Introduction: Youth with Medical Complexity (YMC) include those who are medically fragile, have chronic intensive care needs and are managed by multiple healthcare practitioners. Transition to adult care can be challenging for YMC and their families as they are introduced to new physicians, community resources and funding models. The lack of navigational support for YMC has been identified as a barrier to effective transition that requires innovative solutions.

Design: Building upon learnings from the implementation of Complex Care for Kids Ontario (CCKO), a province-wide pediatric care coordination model, SickKids in Toronto has developed a Transition to Adult Care navigation team. This team consists of a nurse practitioner, a nurse navigator, and a social worker who, in partnership with the family, provide intensive transition and navigation support to the youth and their caregiver from age 17.5 to 19.5 years old. The intervention focuses on individualized care planning, integration with an adult primary care provider and adult subspecialists, and facilitating resource and funding supports. The objective of our presentation is to detail the development and operationalization of the customized transition navigation intervention for YMC and their families transitioning to adult care, including its implementation and evaluation to date as part of a quality improvement pilot and randomized clinical trial.

Results: Preliminary findings from the pilot will be presented including changes to outcome measures, operational and workflow enhancements, and streamlining clinical pathways. Baseline trial data will also be presented.

Conclusion: To our knowledge we are one of the first pediatric hospitals in Canada to implement and evaluate a hospital-wide transition program that extends beyond age 18. Our presentation will enhance the field's current understandings of how to navigate transition for this vulnerable population and address some key learnings to date.

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Concurrent Session 3 Abstracts

Title: Stakeholders perspectives on mental health care navigation program for older adults

Authors: **Marina Motsenok PhD**; Naomi Ziegler, MSW; Emma Elliot, MSW; Mary Clarke, MSc; Amanda Knoepfli, MSW; and Sander L. Hitzig, PhD

Abstract:

Introduction: Navigating the health system can be especially challenging for older adults with mental health (MH) issues. In addition to the inherent complexity within the system that can prevent their access to appropriate support, they may also experience discrimination when interacting with the healthcare system, thereby leading to poorer health outcomes. To address the MH needs of older adults, an acute care hospital partnered with a community agency and developed a novel MH patient navigation program (PNP) to support older adults with MH across the continuum of care. To better understand the implementation and impact of the MH PNP, this study is using an implementation science informed approach to identify the organizational and systematic factors related to PNP delivery.

Design: A qualitative descriptive approach informed by the Consolidated Framework for Implementation Research is being used to collect semi-structured interview and focus group data with healthcare professionals (HCPs; n=18) who are, or interact with, MH navigators.

Results: To-date, data were collected on nine HCPs. Participants identified several challenges in implementing MH navigation, including 1) hiring navigators with expertise in both MH and with older adults; 2) medical teams'™ unfamiliarity with MH navigators and the support they offer to patients; 3) stigmatization and lack of awareness of the needs of older adults with MH issues within hospital settings; and 4) fragmentation in the healthcare system. However, participants'™ noted that the partnership between hospital and community agency creates opportunities for better integration of care and for mutually beneficial knowledge exchange, which can facilitate MH navigation support.

Conclusion: At this early stage of the MH PNP, a number of implementation barriers have been flagged, which will help to inform ways to refine the MH PNP. MH in older adults is a complex issue and the MH PNP holds possibilities for optimizing their care.

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Concurrent Session 3 Abstracts

Title: Perceptions of primary care access for unattached older adults in New Brunswick

Authors: **Kate Tucker BPhil**; Rose McCloskey, RN PhD; and Pamela Durepos, RN PhD.

Abstract:

Introduction: Primary care includes routine care for urgent though minor health concerns, chronic disease prevention, health promotion, and a series of other first-point-of-contact services. Older adults utilize primary care services more than any other demographic, and the population of older adults is significantly increasing in New Brunswick (NB). However, we currently lack an understanding of the experiences of people who require primary care services and are without an “attached” care provider. In the proposed presentation, I will highlight the experiences of unattached older adults in NB and their perceptions of navigating the health system without a primary care provider (PCP).

Design: This study was composed of 14 hour-long virtual semi-structured interviews with community-dwelling older adults. Participants were selected to include a breadth of socio-economic status, time without a PCP, and geographic location. Experiences, health perceptions, and approaches for future navigation without a PCP were discussed. Interpretive description was the primary methodology.

Results and analysis: Results from the study indicated the importance of a sense of belonging in care navigation for older adults and the profound impact of a meaningful and consistent relationship with a PCP. Other prominent themes included age-specific decision-making criteria based on the lived experience of participants or those in their social network, critical considerations for various privileges such as socioeconomic status, health literacy, and digital literacy in system navigation, and innovative approaches to health services access/navigation by unattached older adults in NB.

Conclusions: Negative outcomes associated with unattached older adults have been reported elsewhere in Canada, however, minimal research explores older adults’ experiences in health system navigation. This study highlights barriers and facilitators for older adults navigating health services without a PCP and provides significant applications for older adult engagement and participation in future system navigation research and service design.

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Concurrent Session 3 Abstracts

Title: Care navigation modifications needed for neurodivergent adults

Authors: **Irina Voronin BHSc, MHI.**

Abstract:

Background: In 2022, TakingITGlobal's #RisingYouth Microgrant Program helped fund a virtual moderated panel that highlighted three key challenges around navigating assessment and ongoing care for neurodevelopmental (ND) disorders.

- (1) Patients understanding how to navigate their care requires access to assessment, evidence-based patient education resources, tools, and services
- (2) ND affirmative supports and services are limited, creating a complex problem that service providers do not necessarily know how to conceptualize or solve.
- (3) Despite current challenges in accessing services, building long-term skills applicable to the workplace and one's personal life can empower ND adults to continue to navigate complex health care systems.

Design: The Neurodiversity (ND) Collaborative is a grassroots group that works together to support dialogue in the community, provincially, and at the national level. People with Lived Experience (PWLE) and ND Affirmative Service Providers collaborate with one another to provide services and source resources specific to adults navigating neurodiversity across Canada.

Results: We have helped People with Lived Experience (PWLE) decrease the amount of time and energy they spend navigating the system, allowing them to redirect their energy towards receiving the care they need. By actively offering peer support and reflecting on our own lived experience, our group has developed a strong understanding around barriers to accessing care. Throughout the pandemic, we proactively identified systemic challenges, connected with key stakeholders, and identified interim solutions demonstrating that access to services doesn't have to be onerous.

Conclusion: Patients, families, supporters, educators, healthcare providers, and other key stakeholders continue to come forward, asking for an opportunity to advocate for access to neurodivergent care. In 2024, we will facilitate a pan-Canadian approach to gathering ND service provider data, helping streamline healthcare services in the year to come. Our collective goal is to engage people with lived experience in further developing programs and services, as well as tools and resources informed by the people the information impacts most; adults navigating neurodiversity.

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Concurrent Session 3 Abstracts

Title: Navigating dementia NB: A patient navigation program for dementia care

Authors: **Shelley Doucet PhD**; Lillian MacNeill, PhD; Pamela Jarrett, MD; Sherry Gionet, RN; Karla Faig, PT; Karine Lagare, RN; Carol Marsh; and Alison Luke PhD

Abstract:

Introduction: Dementia care is often fragmented and difficult to navigate. Navigating Dementia NB/ Naviguer la demence NB was a research project that piloted a patient navigation (PN) program in New Brunswick (NB), Canada, for people with dementia (PWD), their caregivers/ care partners, and the care team. This PN program aimed to guide and support patients and their families through health and social care systems, matching client needs to appropriate services and resources.

Design: Six patient navigators were embedded in preexisting primary care clinics/health centres across NB. The program was piloted for 12 months (July 2022-July 2023). Data for this mixed-methods evaluation was collected from patient navigator charts, satisfaction surveys, and semi-structured interviews with participants.

Results: Across sites, 150 participants took part in the study. The most common reasons for contacting the navigators included: getting connected with social services; receiving informational resources; and accessing community resources and home health care services. Satisfaction surveys (N=56) indicated that 84% of respondents were generally satisfied with the program. Additionally, 75% reported improved knowledge of health and/or social services and resources and 74% reported having greater access to health and/or social services and resources. Interview data (N=36) showed that patient navigators provided respondents with valuable emotional support, while helping them access appropriate services and informational resources. Some respondents reported not being eligible to receive services or facing financial barriers to accessing resources, even with the navigators' help.

Conclusion: These results suggest that PN, embedded in existing primary care clinics/ health centers, is beneficial for PWD and their caregivers/ care partners. However, systemic barriers should be addressed to increase the utility of navigation programs. These findings support our aim to promote positive experiences with health and social care systems for this population and promote person-centred, integrated care.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 1 Abstracts

Title: Evaluating the implementation of Nav-CARE – A palliative compassionate community innovation

Authors: **Kelly Ashford PhD**; Gloria Puurveen, PhD; and Barb Pesut, PhD RN

Abstract:

Introduction: Nav-CARE (Navigation: Connecting, Advocating, Resourcing, Engaging) is an innovative, evidence-based volunteer navigation program. It provides early assistance to people living with declining health with the aim of improving their quality of life. While Nav-CARE is available in over 50 communities across Canada, complimenting many other community support programs, there remains a need for a nuanced understanding of the key factors that influence program implementation including feasibility, acceptability, and sustainability, to ensure their success. Supported by a contribution from Health Canada, the implementation of Nav-CARE was evaluated in 10 diverse contexts providing an opportunity to further assess these factors, and thus inform future implementation of this program and other compassionate community innovations.

Design: Ten Centres of Excellence (COEs) comprising a hub site and two satellite sites implemented Nav-CARE. Data were collected through interviews conducted with 15 volunteer coordinators responsible for implementation and field notes collected during hub huddles, a forum in which COE leads share and discuss best practice, resources, and provide peer mentorship.

Results: Thematic analysis revealed organization capacity, strong leadership and support, ongoing volunteer mentorship and support, networking, raising awareness with partners, and skillful messaging as indicators of effective implementation. Further, with regard to sustainability, program integration, strategic vision, a robust participant pool, succession planning, and funding were seen as key determinants for success.

Conclusion: Results indicated that through strong leadership, COEs were able to develop robust and sustainable programs by addressing barriers endemic to realizing a compassionate community approach, specifically, the beliefs and values pertaining to hospice palliative care. Further, nurturing relationships with partners and key health and social care providers fostered a collaborate approach which was central to the recruitment of clients, and program sustainability. These insights provide a valuable learning resource for organizations implementing the program and other compassionate community innovations both nationally and internationally.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 1 Abstracts

Title: Insights from 8- year system navigation evaluation for neuromuscular conditions in Canada

Authors: **Homira Osman PhD**; Stacey Lintern, CHE, MBA; Marie-Helene Bolduc, MBA

Abstract:

Introduction: Healthcare transcends the traditional boundaries of clinics, it encompasses home life, the utilization of social and community services, and the social determinants of health influencing patient well-being and family dynamics. For individuals facing neuromuscular conditions (NMD), the significance of system navigation has become increasingly apparent. NMDs, characterized by multi-organ system involvement and mobility challenges, necessitate support of a variety of services, multiple healthcare professionals, equipment and assistive devices support, access to innovative disease-modifying therapies, unpaid caregiving from family and continuous coping and adjusting to needs. NMDs significantly impact the economic, psychosocial, and physical well-being of individuals and their family members.

Comparable to a GPS, navigation services play a pivotal role in assisting individuals and their families throughout the entire healthcare continuum, from pre-diagnosis to daily life in homes, schools, workplaces, and communities. Muscular Dystrophy Canada's System Navigation Program(SNP), launched in 2015, has witnessed significant expansion, with Service Specialists now available nationwide, serving over 27000 registered clients, including those with NMDs, their families, healthcare providers and partners.

Design: The program's success prompted a thorough evaluation utilizing the Theory of Change framework, incorporating interviews and surveys. This assessment focused on gauging program impact, satisfaction, identification of unmet needs, and strategic opportunities for sustaining and evolving the program. Results indicated MDC's SNP effectively bridges gaps in the healthcare system and community services, providing comprehensive support such as equipment, financial aid, education, research, advocacy, and peer-support. The person-centered model ensures that clients receive tailored supports, lending to improved quality of life, independence, and active participation based on their preferences.

Conclusion: The outcomes underscore the crucial role of an inclusive SNP within a nationwide patient organization, demonstrating its potential to reduce healthcare utilization, costs and fragmented care while enhancing overall health outcomes and overall quality-of-life.

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Concurrent Session 1 Abstracts

Title: The CHARM Study- Coordinating transitions from hospital for older adults with fractures: Qualitative results comparing patient experiences with Patient Navigators and those without.

Authors: **Natasha Hanson PhD**; Tracy Freeze; Leanne Skerry; Kathleen O'Keefe; Ravneet Somal; Chi Nguyen, Karla Faig; Pauline Waggott; Susan Benjamin, Leisa Ouellet; Tushar Pishu, James Wagg; Richard Louis; Shelley Doucet; Alison Luke; and Pamela Jarrett

Abstract:

Background/Purpose: Fall-related injuries such as fractures are on the rise among older adults in New Brunswick. These injuries can lead to hospitalization and adverse health effects. Moreover, transitions from acute care can be complicated and overwhelming for patients and their families. Researching patient navigators as a means of enhancing inpatient care, while also ensuring successful transitions in care for patients, may have positive impacts and help older adults successfully age in place. The overall goal of this project was to investigate the impact of patient navigators working alongside the healthcare team, as compared to the usual standard of care for adults aged 65 and older admitted with a fracture to an Orthopedic Unit at one hospital in New Brunswick.

Methods: A concurrent embedded mixed methods design, in which the quantitative randomized control trial has an embedded qualitative component, was used. The results for the interpretive description qualitative component are presented.

Results: Semi-structured interviews were conducted and thematically analysed for 30 participants who received the standard of care (SOC) and 30 patients with the patient navigator (PN) intervention. Comparison between the thematic analyses of SOC and PN groups found there was considerable consistency in the themes between groups, however the PN group had unique themes, detailing the positive impact of the PN, particularly in relation to the provision of information and support.

Discussion: This study provides a better understanding of the positive impacts a patient navigator can have on older adult inpatient care and on transitions in care. In particular, Patient Navigators were shown to be very helpful for those participants with higher care needs and would be beneficial for those without family supports.

Conclusion: The findings will be used to inform the development of practical recommendations for policymakers and clinicians on how to enhance inpatient acute care and successful transitions for older adults.

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Concurrent Session 1 Abstracts

Title: Systems Navigation Access & Partnership (SNAP): Improving Canada's healthcare landscape

Authors: **Ayesha Khan HBSc, MPH**; and Iwo Effiong, MBBS, MPH, PMP

Abstract:

Introduction: Community Health Centres (CHCs) play a vital role in addressing healthcare disparities by employing systems navigation strategies. Despite their efforts, gaps persist due to insufficient policy and funding support, hindering the sharing and scalability of effective practices. The Systems Navigation Access & Partnership (SNAP) project was initiated to bridge these gaps and improve access to health and social services for equity-deserving populations.

Design: The SNAP project funds a series of micro-projects in CHCs nationwide, supporting practice improvements in client-systems navigation, and the collection and dissemination of best practices. Thirty-two initiatives across seven provinces aim to adopt, scale up, and evaluate systems navigation efforts. Strategies include program implementation, policy development, resource creation, and program quality evaluation.

Results: Within the first three months, the SNAP project has made substantial progress, creating over 30 jobs, fostering 80+ partnerships, and facilitating 1000+ referrals, reaching 3400+ individuals across Canada thus far. These initiatives aim to reduce wait times, strengthen community engagement, streamline navigation processes, and reduce health disparities. CHCs continue to deliver strengthened systems navigation services to their clients and data will be collected as the project continues.

Conclusion: As the SNAP project progresses, CHCs are actively enhancing systems navigation services and exploring sustainability strategies. The project's diverse scope allows for scalability and broader impact, with expected outcomes including improved care quality, empowered communities, enhanced collaboration, and reduced health disparities. By addressing barriers to healthcare access, the SNAP project contributes to advancing equity and improving overall community health outcomes across Canada.

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Concurrent Session 2 Abstracts

Title: Proposing a national autistic patient navigator and advocacy program (NAPNAP)

Authors: **Paula Holmes-Rodman PhD**

Abstract:

Introduction: This presentation is an exploration of the role of oncology navigators who are attuned to the needs of autistic cancer patients and sets forth the guiding principles for a National Autistic Patient Navigator and Advocacy Program (NAPNAP). Autistic cancer patients face specific barriers to diagnosis, entry into the cancer care system as well as suboptimal outcomes based primarily on diverse and often misunderstood communication, sensory and processing issues.

Design: This presentation explores how an autism-specific patient navigation program can address some of these barriers in two ways: training modules for oncology HCPs, which interface with a fillable patient self-advocacy guide.

NAPNAP explores the experience of autism in ten areas, each of which is part of both the HCP learning module and the patient self advocacy guide. These ten areas are: Patient, Place, Personnel, Products and platforms, Pace, Processing, Physical and sensory supports, Preparation, planning and predictability, Proxies and support people, and Patience. By encouraging both HCPs and patients to explore these areas under the guidance of multiple questions in each section, better patient-provider communication is facilitated, and unique barriers to diagnosis and optimal cancer care for each patient can be highlighted.

Results: NAPNAP emerges from the lived experiences of those with cancer and autism and combines models of non-oncology autism navigators with those from oncology navigator programs for other structurally underserved patient populations. Population-specific navigation programs such as NAPNAP are organically linked to whole person and patient-centered care as well as contribute to key conversations about equity and diversity in cancer care.

Conclusion: NAPNAP's combination of a self advocacy guide paired with learning modules for HCPs designed for the unique needs of autistic cancer patients addresses All. Can Canada's key strategic goals to promote seamless care through innovative navigation initiatives as well as to support appropriate information, using equitable approaches that meet diverse patients' needs.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 2 Abstracts

Title: Navigating excellence: Insights from N4 and Saint Paul University's newcomer navigation program

Authors: **Sahar Zohni MD, MHA; and Andrew Tomayer, MSc, CHIM**

Abstract:

Introduction: Canadian newcomers face many difficulties when moving to a new country that result in decreased health after arrival. This is in part due to difficulties in navigating our health system. The National Newcomer Navigation Network (N4) provides professionals working with newcomers informative and collaborative platforms to improve newcomer access and experiences with healthcare in Canada. To improve cross-sectoral capacity of professionals to support newcomers in navigating our health system, N4 partnered with Saint Paul University (SPU) to co-design and deliver the program Certificate in Ethics and Contemporary Social Issues: Immigration and Integration. Three cohorts completed the program, and included healthcare professionals, settlement workers and social service providers.

Design: This 12-month online program consisted of eight courses relevant to newcomer navigation and understanding the newcomer experience, including: Social Justice, Interpersonal Communications, Ethics, Multiculturalism and Immigration, Helping Relationships and Ethical Considerations, Ethics and Public Service, Local Responses to Conflict, Gender Relations, and Ethics and Disability. It also had two internship projects within the participant's current organization. N4 and SPU assessed the impact of the program through questionnaires to the students at three times while taking the program, focus groups occurring once post-program with candidates and professors, and questionnaires from candidates at two time intervals after program completion and from their respective on-site mentors within their internship projects.

Results: 77 participants completed at least one micro-certificate/full certificate. Across the three cohorts, a review of post-program survey data presents a positive picture: 95% of survey respondents stated there was a positive impact to their knowledge, capacity, and practice in newcomer navigation and 100% stated a positive long-term impact on their newcomer clients.

Conclusion: Overall, findings indicate that candidates experienced helpful learnings that have strengthened their respective professional roles as well as the effectiveness of their organizations, in turn improving newcomer navigation across Canada.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 2 Abstracts

Title: Team and PACC Mapping as tools to improve health care navigation supports

Authors: **Sarah Fletcher PhD**; Aleah Ross PhD Cand.; Erza Mjeikiqi

Abstract:

Introduction: Health system navigation is complex, for both patients and providers. The Innovation Support Unit (ISU) has created a suite of Primary Care Mapping tools that support patient centred planning, facilitating equity focused discussions and the generation of new ideas to better support health system navigation. This presentation will broadly outline each method and highlight how the tools can be used to move patient-centred health system navigation planning forward at both the team and community level.

Design: PACC and Team mapping are tools that can be used as part of patient-oriented and community-engaged quality improvement work. They are short, 2-hour facilitated workshops that feed into larger community and team engagement cycles focused on collaborative service planning, and often result in a focus on navigation roles and resources.

Team Mapping helps primary care teams explore and define how their team could be structured. These sessions help groups describe how roles work together, with the patient as a central team member. PACC Mapping helps communities collectively explore how they could address local primary care needs and other specific service gaps in a patient-centred manner. The outputs from mapping sessions can be used to inform local community action and improvements to service delivery.

Results: Team and PACC Mapping** support the generation of new ideas and solutions to challenges related service coordination, and navigation in teams and communities. The presentation will highlight specific examples generated by these mapping tools of the development of navigation focused roles in teams, and navigation supports at the community level.

Conclusion: These mapping tools are open source, with templates and facilitation guides for each method freely available. Through a train the trainer model, and with an active community of practice, the ISU has spread the use of these tools in primary care. There is value in considering the use of these tools more broadly, in the context of health system navigation.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 2 Abstracts

Title: Advancing community health and wellness by utilizing international medical graduates in Canada

Authors: **Drew Danielle Bowman BHSc, MA**

Abstract:

Introduction: International Medical Graduates (IMGs) can significantly impact community health and wellness in various roles. At the Alberta International Medical Graduates Association (AIMGA), through our HealthHub for Newcomers and multiple programs, IMGs showcase different ways to support diverse and marginalized communities. Since the pandemic, they have contributed their expertise and knowledge in workshops and seminars, combating misinformation and sharing insights on health and wellness. Additionally, they engaged in community outreach efforts, collaborating with local organizations to enhance healthcare and vaccine access and promote cultural competency. This presentation, in particular, will focus on AIMGA's Patient Navigator Program (Cohort 3) as a prime example of harnessing our IMGs' expertise to benefit the community.

Design: The Patient Navigator Program aims to integrate highly skilled IMGs into non-physician roles such as patient navigation and health promotion. With funding from the Government of Alberta, AIMGA has conducted three cohorts over the past two years, totalling 54 participants. The program equips IMGs for careers in healthcare or further studies conducive to employment in this sector. It comprises components like workplace readiness, CISOC interpretation training, community-based research, fostering community conversations and a Patient Navigation course by York University.

Results: Cohort 3 (Sept-Dec. 2023) achieved notable success. All 18 participants passed their CISOC interpretation exam (now certified interpreters), with an overall success rate of 77.8% (11 employed; 7 in continued education). All participants contributed over 870 hours of community support, assisting with vaccine booths, finding patients, family doctors, etc.

Conclusion: AIMGA's Patient Navigator Program positively impacts both IMGs and the community. By leveraging the Program, the HealthHub, and collaborating with immigrant-serving organizations, AIMGA effectively addresses the resettlement and healthcare needs of newcomers to Canada.

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Concurrent Session 3 Abstracts

Title: Optimizing Social Prescribing in Ontario: the ARC-211 model

Authors: **Kiran Saluja PhD**; Sherry Teeter; Pam Hillier; and Simone Dahrouge

Abstract:

Introduction: Several risk factors related to unhealthy lifestyle, uncontrolled co-morbidities, and undesirable social determinants of health are linked with an increased risk of cardiovascular disease and diseases of the brain and are modifiable. Social prescribing (SP) is an approach commonly embedded in primary care, to refer patients to community-based resources that can address patient's unmet health and social needs, in combination with navigation support to access these resources. Our previous work Access to Resources in the Community, a holistic patient-centered SP program demonstrated the benefits of SP in achieving higher and more equitable patient access to needed resources.

Design: In our recent research-nonprofit partnership with community connections, an innovative hub of Ontario 211 in Collingwood, we are co-creating a robust comprehensive AC-CC211 SP model tailored to address the non-clinical health and social needs of patients with/ at risk of developing brain and heart conditions. We will pilot a randomized controlled trial comparing the ARC-211 SP to usual care in eastern Ontario.

Result: The session will include a presentation and discussions on the ARC-211 model elements, optimizing stakeholder engagement, navigator training and role, and program evaluation.

Conclusion: The program will help generate evidence on feasibility, effectiveness, impact on health inequities and cost-effectiveness of adapting and scaling up SP programs in Canada and contribute to growing knowledge on SP globally.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 3 Abstracts

Title: Indigenous health navigator: Culturally supported care in the Emergency Department

Authors: **Audra Stonefish BEd**

Abstract:

Introduction: Emergency departments have had disproportionately high levels of negative interactions experienced by Indigenous people in Canada, some that have even led to death. Systemic racism and culturally insensitive treatment is prevalent in Ontario. As a part of LHSC's Reconciliation Plan an Indigenous Health Team was formed. This innovative team includes Navigator roles that provide a variety of services to the Indigenous Community.

Design: This role was designed with input from members of the team and leadership. All services and programming are ever evolving based off of the needs of the community and patient feedback, which is always encouraged. With the intent to provide supports that complements the medical treatment a patient receives, there are a variety of services and supports that are available to patients while at LHSC. Some of those services may include: Access to traditional medicines, providing a safe and private space to smudge, assistance with prompt conflict resolution, etc.

Results: What we are seeing is an increased involvement in care plans by patients who self-identify as indigenous. Patients have also felt included in their own care plans, and more confident to address conflicts they may have in the moment. We are seeing an overall improvement in the patient experience that allows plenty of opportunity for feedback to be provided by the patient, which appears to be appreciated.

Conclusion: There has been a clear messaging that this role is needed and overdue within LHSC. Some of the more positive comments include the opinion of feeling supported and genuinely cared for from a cultural level. Negative comments included the feedback that there is a definite need to have this role available to community members 24/7 including weekends and holidays.

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Concurrent Session 3 Abstracts

Title: Palliative care navigation to refugees in the Greater Toronto and Hamilton Area (GTHA)

Authors: **Humaira Saeed MD**, CCFP; Priya Gupta, MD CCFP (PC); Dipti Purbhoo RN, MHSc; Dorothy Ley Hospice; Heidi Bonner B.Mus (Hons), BMT; Vilma Oliveros BA; Lisa Gregg MSocSc; Dorothy Ley Hospice; Christiana Owoo MSW, RSW; and Sonia Pekic B.H.A., D.Ch., CDE

Abstract:

Introduction: The Framework on Palliative Care, published by Health Canada in 2018, stipulates palliative care as an essential service for all Canadians. Unfortunately, palliative care is significantly restricted for marginalized populations, including refugees. The situation is further complicated as refugee claimants are only eligible for the Interim Federal Health Plan (IFHP), which provides basic medical and social coverage until they can obtain provincial healthcare coverage. While the IFHP provides some coverage for homecare palliative support, it is restrictive and often not accessible due to significant administrative burdens for community service providers. Recent research highlighted that refugee claimants in the Greater Toronto and Hamilton Area (GTHA) had a possible over-reliance on acute care services to meet palliative care needs due to a lack of homecare support and dedicated healthcare navigation in the community.

Design: We aim to design a systems navigation program in the GTHA to help refugee claimants with palliative care needs access homecare and community palliative care supports and reduce acute care visits.

Results: A multi-year collaborative was formed between GPS Health Navigators, Dorothy Ley Hospice, Hope House Community Hospice, and COMPASS Community Health Centre to design, evaluate, and expand this palliative care navigation service for refugee claimants in the GTHA. Our presentation will highlight some of the early challenges and successes in the first year of service operations and collaboration.

Conclusion: This collaborative aims to address a significant gap in palliative care access for refugee claimants through the creation of a unique, community-based navigation service. Equitable access through compassionate and dedicated healthcare navigation is essential in ensuring that quality palliative care is available to all.

MAY 2 2024 - CANADIAN HEALTHCARE NAVIGATION CONFERENCE

Concurrent Session 3 Abstracts

Title: Equity, Diversity and Inclusion during recruitment: Insights from a GTA-based navigation program

Authors: **Deewa Anwarzi BA**, Msc; Jennifer Tran; Thalia Phi; Sugy Kodeeswaran MHSc; and Anthony Levitt MD

Abstract:

Introduction: Navigation services aim to mitigate disparities in healthcare, yet there are no standardized guidelines to direct equity, diversity, and inclusion (EDI) efforts. This presentation seeks to mobilize this conversation through a case scenario on a recent recruitment approach championed by the Family Navigation Project (FNP), a free GTA-based youth mental health and addictions (MHA) navigation service. With the explicit goal of improving MHA access for equity deserving youth, FNP deemed it crucial to consider EDI in their recruitment of lived experience partners for their Youth Advisory Council (YAC).

Design: To articulate the types of EDI-related concerns that shaped the YAC recruitment process, this presentation will be split into three parts. The first part will focus on the nature of FNP's navigation service and the role of the YAC at FNP. The second part will focus on recruitment planning and execution, including who was involved in developing the recruitment plan and the amount of time dedicated to recruitment. The third part will focus on lessons learned. This segment will include a description of the ways in which the recruitment approach improved how FNP connected with youth across the GTA, as well as how it fell short, and how FNP plans to improve it in the future.

Results & Conclusion: Altogether, this case scenario serves as a point of dialogue for professionals in the field, especially for those who collaborate with lived experience partners as well as those who serve youth. Where relevant, professionals are encouraged to reflect on their own practices and consider whether any aspects of their program can be improved by adopting an EDI lens into their practice.