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:

   1._________________________________________________________________________________________________
   2._________________________________________________________________________________________________
   3._________________________________________________________________________________________________
   4._________________________________________________________________________________________________

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

   1._________________________________________________________________________________________________
   2._________________________________________________________________________________________________
   3._________________________________________________________________________________________________
   4._________________________________________________________________________________________________

OPERATIONS

1. Tumor types to be covered by navigator program:

   1._________________________________________________________________________________________________
   2._________________________________________________________________________________________________
   3._________________________________________________________________________________________________
   4._________________________________________________________________________________________________

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:

   1._________________________________________________________________________________________________
   2._________________________________________________________________________________________________
   3._________________________________________________________________________________________________
   4._________________________________________________________________________________________________

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
   Surgical reports
   Inpatients
   Other
   MD referrals
   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.

<table>
<thead>
<tr>
<th>Community education</th>
<th>Patient education</th>
<th>Care coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial counselor</td>
<td>Financial counselor</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>QI/PI activities</th>
<th>Community educational programs</th>
<th>Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff educational programs</td>
<td>Survivorship program</td>
<td></td>
</tr>
<tr>
<td>Help set up program(s) by disease state(s)</td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

## RESOURCES

22. What resources do you currently have in place?

<table>
<thead>
<tr>
<th>Case managers</th>
<th>Social workers</th>
<th>Registered dietitians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial counselors</td>
<td>Genetic counselors</td>
<td>Health psychologists</td>
</tr>
<tr>
<td>Chaplain</td>
<td>PT/OT</td>
<td>Speech therapy</td>
</tr>
<tr>
<td>Home care services</td>
<td>Hospice services</td>
<td>Palliative care services</td>
</tr>
<tr>
<td>Patient advisory committee</td>
<td>Support groups</td>
<td></td>
</tr>
</tbody>
</table>

(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?

<table>
<thead>
<tr>
<th>Private health insurance</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>No insurance</td>
</tr>
</tbody>
</table>

28. What percentage of your population is?

<table>
<thead>
<tr>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Asian</th>
</tr>
</thead>
</table>
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- African American
- Native American
- Other (please specify) ____________________________

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