

PATIENT NAVIGATORS ANNUAL REPORT

DCI Number/Fiscal Year: HC-P142 (2022-2023)

NOTE: This document is a representation of the reporting requirements for DCI HC-P142. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

The recipient shall submit to the Minister a completed **Patient Navigators Annual Report**. This will include aggregate data gathered from Indigenous patient navigators who are assisting patients in accessing the quality health and social services in a culturally safe manner. Data collected will remain anonymous and be used to inform program design and delivery. Please consult your First Nations and Inuit Health Branch representative (national or regional office) for more information.

The report shall include the following information:

a) Name of Recipient (e.g., Nation, Organization, etc.):

b) Please complete the table below, identifying the aggregated numbers for navigator support:

	Total number of requests received	Total number of requests completed	Total number of unique clients
Distinction Group			
First Nations (Status)			
First Nations (Non-Status)			
Inuit			
Metis			
Unknown			
Total for all Distinction Groups			
Age Group			
0-18			
19-30			
31-55			
55+			
Total for all Age Groups			
Gender Group			
Female			

	Total number of requests received	Total number of requests completed	Total number of unique clients
Male			
Non-Binary			
Other			
Unknown			
Total for all Gender Groups			

c) For each type of service identified in the table below, please indicate the total number of times each type of service was included in a request. If a request included multiple activities within a single service type, only count that service type once.

Service Types (examples of activities are provided in parentheses for each service type)	Total number of requests received for service type <i>Example: if one request involved multiple activities related to travel and transportation, this request should only be counted once towards the total number of requests received under the service type "Travel and Transportation"</i>	Total number of requests completed for service type (out of the number of requests received)
Access to culture and providing a culturally safe experience (e.g. finding space for patient/family to smudge/access traditional medicines, connecting with spiritual supports/Elder while in care, ensuring patient is treated with dignity/respect while in care)		
Overall Navigation and Support (e.g. navigating the hospital to find specialists, pharmacy, food etc., providing emotional support and helping patient understand when receiving medical information/diagnosis etc.)		
Service coordination and continuity of care (e.g. coordinating appointments and transportation, liaising with all health care providers for patient, hospital to community linkages etc.)		
Discharge planning, home visits, community follow up (e.g. assisting		

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with e-health follow up appointments, making sure patient is getting medications etc.)		
Resources and community support (e.g. getting patient access to resources, referrals and linkages to community resources, etc.)		
Language and Translation (e.g. enhancing communication between patients/families and staff/physicians, arranging for translation services etc.)		
Travel and Transportation (e.g. coordinating transport to and from appointments etc.)		
Referrals (e.g. referring and connect to other services inside or outside of hospital)		
Advocacy (e.g. advocacy for patients to ensure access to the most appropriate health care options, ensuring patient voice is heard etc.)		
Getting medications (e.g. going to pharmacy to pick up prescriptions)		
Other		
Total for all Service Types		

ADDITIONAL DETAILS

d) Please provide any additional information (OPTIONAL)

