PATIENT NAVIGATORS ANNUAL REPORT

DCI Number/Fiscal Year:
HC-P142 (2023-2024)

Purpose:
This report should be completed by funding recipients, and 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.

Reporting Period:
The report should be used for reporting information for previous fiscal year and should be submitted annually, within 90 days of the end of the Fiscal Year.

Due Date:
July 29, 2024

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to organization that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region in the drop-down menu from which the recipient is reporting.
Contact	
Given Name Family Name Title/Position Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number	The name and contact information of the responsible official to verify the content and information contained in this report. A valid postal code is in the upper case in the format ‘A#A#A#’. A valid telephone number includes the 3 digit area code in the format ‘###-###-####’. A valid email address may be in upper or lower case in the format ‘a@a.a’.

Field	Definition
Extension Email Address	
Reporting Period	Indicate the reporting period from and to dates from the drop-down calendar. Dates are in the format of 'Year-Month-Day'.
Navigator Support Information	
Total number of: - Requests Received - Requests Completed - Unique Clients	Indicate the total number of requests received and completed, as well as the number of unique clients.
Distinction Group	Indicate the total number of requests received/completed and the number of unique clients by distinction group: - First Nations (Status) - First Nations (Non-Status) - Inuit - Métis - Unknown
Age Group	Indicate the total number of requests received/completed and the number of unique clients by age group: - 0-18 - 19-30 - 31-55 - 55+
Gender Group	Indicate the total number of requests received/completed and the number of unique clients by gender group: - Female - Male - Non-Binary - Other - Unknown **Note:** Gender refers to the current gender, which may be different from sex assigned at birth and may be different from what is indicated on legal documents
Service Type Information	
Total number of: - Requests Received - Requests Completed	Indicate the total number of requests received for service type. **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".

Field	Definition
	Indicate the total number of requests completed for service type (out of the number of requests received).
Service Types	• Access to culture and providing a culturally safe experience **Example:** 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 **Example:** 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 **Example:** coordinating appointments and transportation, liaising with all health care providers for patient, hospital to community linkages etc. • Discharge planning, home visits, community follow up **Example:** assisting with e-health follow up appointments, making sure patient is getting medications etc. • Resources and community support **Example:** getting patient access to resources, referrals and linkages to community resources, etc. • Language and Translation **Example:** enhancing communication between patients/families and staff/physicians, arranging for translation services etc. • Travel and Transportation **Example:** coordinating transport to and from appointments etc. • Referrals **Example:** referring and connect to other services inside or outside of hospital • Advocacy **Example:** advocacy for patients to ensure access to the most appropriate health care options, ensuring patient voice is heard etc. • Getting medications **Example:** going to pharmacy to pick up prescriptions • Other
Additional Information	Provide any additional information if applicable.

Field	Definition
Supporting Documents (if applicable)	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Enter the name of the supporting document.
Submission Method	From the drop-down list, select the method by which additional documents will be submitted. The options include: - Attachment - Email - Facsimile - Mail - By Hand/Courier If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.
Declaration	
Given Name Family Name Title/Position Date (YYYYMMDD)	The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.