

## Patient Navigation: Not to be provocative, but . . . What do you mean? And why?

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## Navigator: AKA

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- Harbour-pilot
  - Wilderness-guide
  - Spiritual-guide
  - Tour-guide
  - Conductor
  - GPS
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## I don't mean to be difficult but . . .

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- Apart from perhaps having someone walk new patients through a new program when we are starting up something new and trying to iron out the bugs . . .
  - it seems to me that navigation is, for the most part, only necessary when the system isn't working.
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## But, maybe the system isn't working

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- But does that mean we need to hire navigators (it's a mine field out there!)?
  - Or, do we need to clear out the mines and put in proper channel markers (I'm mixing my metaphors, I know).
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## I don't think this is black and white

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- It's a little more complex and interesting than that; there are times when a harbour-pilot is required, there are times when a wilderness guide is a really good idea, but let's be judicious here:
    - Is it one-size fits all?
    - Is it "automatic" for certain disease-sites or patient populations?
    - Is it something we do only after a proper "assessment of need"?
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## To me it is about good care . . .

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- It is about every clinician on every encounter with every patient . . . asking, checking, and double-checking.
  - It is about giving information, information, and information (with numbers and websites noted on every piece of paper possible).
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- It is about being available just as CAA is whenever I have a dead battery . . . but it's my job to call and ask.
  - But it's their job to be 24/7 and make sure I have their number umpteen different places!
  - Ask me about the luggage carousel!
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## When the channel markers are in place

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- I won't need a harbour pilot.
  - But still, in certain circumstances:
    - I will need a harbour pilot.
    - I would be a fool to go without a guide.
    - I'd be silly to plan a trip without having a travel agent make all the arrangements including, possibly suggesting I go on a "tour bus" and not venture somewhere on my own.
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## But again, and finally . . .

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- I think we need to look at our sign-posts, the channel-markers, and the lighting:
    - And make sure we have the right "travel agent" at the end of the 1-800-number for when the need arises.
    - And we need to identify when someone from within the system, or a team (nurse, social worker, etc) is pro-active and "available".
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## We had a patient navigator!

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- He saw 60 clients (patients and family members) in that year:
    - 2/3 of whom were cancer patients
    - 1/2 of whom were men
    - who were seen on average 4.5 times (range 1-20)
  - So, in one year, 270 appointments (1/day).
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## But there's more --

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- The navigator's clients were no different than "all First Nations clients" (of the cancer centre).
  - First Nations clients were, on average:
    - 8 years younger than "other patients" . . .
    - more anxious (symptoms of . . .)
    - more depressed (symptoms of . . .)
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## And what we learned was:

- Being all things to all people is not do-able and certainly not sustainable.
- It is as important to be clear on what business we are not in, as it is to know what business we are in.
- If we don't fix the system, we will never have enough "navigators".
- **The starting point must be assessing need.**

## What do I mean?

- Well, look at this . . .

## HADS screening data (N = 5,606)

