

CONFERENCE ABSTRACT

Key informants' perspectives on Implementing Patient Navigator Programs within Hospital Settings

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Introduction

Older adults with complex care needs and their family caregivers require varied healthcare services, as well as a high degree of coordinated care. Patient navigation Programs (PNP) can serve as an approach to improve the integration of care by addressing the challenging nature of navigating health, community, and social services. Currently, there are pilot patient navigation programs (PNPs) being implemented for senior and/or medically complex patients whereby a health professional from a community agency or provincial government is connected to a patient identified with complex needs, for up to 90 days post-hospital discharge

Aims Objectives Theory or Methods

The objective of this study is to gain insight from key informants to identify organization and system level facilitators and barriers that influence the implementation of PNPs. This study employs a qualitative descriptive study design informed by the Consolidated Framework for Implementation Research. Data was collected through field observation and in-depth interviews with hospital staff (any profession) and community agency staff (any profession) who have interacted with a patient navigator. Data collection explored perceptions of the need for PNPs, the ideal navigator role, and factors that may affect their implementation. Transcripts are being coded and analyzed using inductive thematic analysis.

Highlights or Results or Key Findings

Thirty-eight key informants participated in interviews (17 from the community setting, 21 from an acute care hospital), including 24 front-line clinicians, 13 program directors, healthcare leaders and managers, and 1 physician. Preliminary results suggest that the implementation of PNPs are dependent on: (1) a clear consensus on the need for Patient Navigators as part of the healthcare system and what the role entails; (2) a collaborative process to engage stakeholders, such as clinicians, and to identify champions to promote patient navigation (3) the need for certainty regarding responsibility for implementation (4) the need for integration with current practice and

existing workflow processes. Patient navigation models of care are believed to increase patient and caregiver satisfaction and decrease barriers to care for seniors.

Conclusions

To our knowledge, this is the first Canadian study to explore the implementation of PNPs for seniors with complex needs using health care providers working across care settings. This study provides initial insight into the organizational and system-level facilitators and barriers associated with the development and implementation of PNPs.

Implications for applicability/transferability sustainability and limitations

Future implementation strategies to adopt PNPs should incorporate evidence on the value of the program and consider collaborative communication and workflow processes. Our sample is limited. Future research with diverse knowledge user groups is required to gain a more in-depth understanding of the factors that influence implementing PNPs.