

## Seattle Children's Patient Navigator Program

*Quarterly report to Pacific Hospital Preservation and Development Authority*

*Date: April 13, 2010*

*Reporting Period: January 1, 2010 through March 31, 2010*

### I. Successes:

#### **Success story:**

A young non-English speaking child has received care at Seattle Children's since 2001 and is currently followed by multiple clinics. This patient was diagnosed with global developmental delay, failure to thrive, short stature and severe visual loss. Their sight problems were a result of severe cataracts in both eyes and they were referred by their primary care provider for patient navigator services in October, 2008. By the time we received this referral, the patient's sight had deteriorated to the point that they needed to hold objects very close in order to be able to see them and school personnel were very worried about their poor vision. Ophthalmology recommended surgery to remove the cataracts and even though it was unclear whether the surgery would be successful, if nothing was done, the patient had no possibility of recovering their vision.

This patient has several siblings and his father is the family's sole provider and decision-maker. The father's expectation in regard to his child's medical care was that his child's medical condition would be diagnosed, treated and cured. Through the years, this patient received procedures the family had never heard of such as a video fluoroscopic swallowing study, bilateral myringotomy, etc. These terms have no translation into their language and are difficult to explain even for a competent medical interpreter. The patient's medical condition was so complex it took several years to diagnose all the medical problems. The father did not have a clear understanding of the different diagnoses and therefore did not understand why his child needed care so frequently especially when there seemed to be no noticeable improvement.

Like many of his culture, the patient's father did not trust the US health care system. He also suspected his child was not getting adequate medical care because of the family's socioeconomic status. The family's past medical experiences also contributed to their mistrust in our health care system. The patient's father had a close family member who had eye surgery in their country of origin and as a result, had lost their sight. The father was so fearful about his child having eye surgery that he refused to consider or even discuss it.

When the patient navigator started serving this family, he first assessed the family's concrete needs such as transportation, housing, financial assistance, etc. and partnered with Seattle Children's social workers to fulfill those needs. He provided emotional support by listening to the father's concerns and frustrations and explained the roles of the different clinics and medical providers. He assured the father that everyone involved in the medical care of his child had the child's best interest in mind. He assisted the father in scheduling all clinic visits around his work schedule to facilitate compliance of the treatment plan and assured adequate interpretation was provided.

In time, the patient navigator gained the father's trust. The navigator taught the father the importance of being patient and listening to the information provided by medical providers. He also taught him that raising his voice and using hand gestures are perceived as signs of aggression in this country while in his home country they are acceptable forms of communication. As a result of the patient navigator's support and assistance, the father gained a good understanding of his child's medical needs and for the first time acknowledged his appreciation of the care his child had received thus far. The father began to communicate effectively with providers and to seriously consider eye surgery for his child. He requested a second opinion which the navigator arranged with an ophthalmologist at another hospital.

After receiving the same recommendation from the other hospital, the father consented to eye surgery for his child. The surgery was performed in early March 2010 and was very successful. The patient's cataracts were removed from the right eye and a lens was inserted. The patient regained most of their vision in the right eye and with the help of glasses can see very well. The patient's father is so pleased with the results he has requested the surgery be performed on the left eye as soon as possible.

As a result of the support and teaching provided by the patient navigator, this father is now able to schedule his child's clinic appointments and knows how to communicate effectively with medical providers using an interpreter. He now regularly attends clinic appointments without the assistance of the patient navigator. Due to the complexity of their medical condition, this patient will very likely need medical care long term. The skills this father continues to learn from his patient navigator will assist him in partnering effectively with medical providers to ensure the best medical care possible for his child.

#### **Additional successes:**

Recruitment for a new Spanish speaking patient navigator began in January 2010 and ended in early March. Both the Center director and the navigator supervisor were involved in the interview process. Our new Spanish-speaking patient navigator joined our program on March 8th. She was an internal candidate who transferred from our Admissions and Insurance Processing department. She is originally from Columbia, a certified medical interpreter and brings with her a wealth of information related to medical insurance processing. Her first three weeks of employment consisted of intense training provided by a variety of Seattle Children's personnel. Training was provided in the following areas:

- the history of patient navigation
- the role of patient navigators at Seattle Children's
- professionalism and boundaries
- clinical research
- financial services
- the Ronald McDonald House

- Child Protective Services
- patient navigator program evaluation and tools
- working with Interpreter Services
- de-escalation techniques
- working with Palliative Care
- working with Social Work
- working with Care Coordination
- clinical information systems (electronic records)
- the work of the Family Resource Center
- working with Guest Services
- grief and bereavement
- self-care
- the work of the Medical Legal Partnership
- child development and pediatric conditions
- patient safety training

Additional training in medical ethics, human subject research protection and a 40-hour medical interpreter training are scheduled for later this year. As a result of the need to expedite the training of our new navigator, we created a required training checklist, schedule and manual. These tools will facilitate coordination and implementation of future navigator training and help streamline the process.

We continue to provide on-the-job training by having our new patient navigator shadow our experienced Spanish-speaking navigator and the navigator supervisor as they work with families throughout the hospital. With close supervision and guidance from the navigator supervisor and support from the other two patient navigators, our new navigator has started to serve families and currently has a total of 7 families on her case load. She has demonstrated good grasp of patient navigation concepts, interest and ability to serve both families and medical providers, solid advocacy skills, and the ability to exercise good judgment when prioritizing efforts amongst multiple competing demands. Our new patient navigator shows great promise given the

amount of training she has completed and navigation services she has successfully provided during her first 3 weeks of employment. We are very excited to have her as part of our patient navigator program.

## II. Program lessons, challenges:

### A. When turnover occurs:

We reviewed the cases of the former navigator, to assure families' needs were being met through patient navigator services, social work services and/or nursing services. We also carefully applied our graduation criteria to all cases, to assure we graduated cases of families who could navigate independently, closed cases for whom navigation services were no longer appropriate and continued to provide a high level of service to families most in need. The criteria for graduation and case closure are attached.

As a result, 8 cases were transferred to the remaining Spanish-speaking navigator, 8 were taken over by the bilingual supervisor, 5 were graduated, 2 were closed, and in close collaboration with social work, one is being followed closely by a social worker until it can be re-assigned to the new Spanish-speaking navigator.

During this transition, we were forced to place new non-urgent referrals for Spanish-speaking families on our waitlist. As noted in our Services Report attached, even though 26 cases were closed due to graduation or case closure, we were only able to enroll 7 new families.

### B. When a patient no longer needs a navigator:

This process has taught us several valuable lessons. First, while meeting our graduation criteria is good indicator of a family's readiness to navigate independently, we also need to identify families for which navigator services are no longer appropriate. Hence, we developed the closure categories (attached). Closing cases for which navigator services are no longer appropriate allows our navigators to be more efficient and effective. This has also allowed us to maintain more accurate records as to why termination of services is appropriate.

A patient navigator is “assigned for life” which means that even though a family may be ready to graduate from our program, we emphasize to both families and medical teams that we are always available to provide assistance if either the family or medical provider identifies a need. This means that families are able to contact their navigator after graduating from our program if they need additional support or services. Likewise, medical providers can submit a new referral for a patient if they identify a new need or barrier in providing care for a family who has graduated from our program. Our goal is to be available to families and providers during and after families have gone through our program.

### **C. Standardization:**

The transition of navigator staff out and into our program has also taught us the importance of standardizing services and case documentation. We have developed standard ways to document patient appointments, contact information, and basic services needed in order to facilitate case coverage. We also developed a standard process for documenting first contact attempts, evaluating families’ graduation readiness and notifying medical teams of a family’s graduation or case closure.

## **III. Additional notes regarding attached reports:**

### **Patient Diagnoses and Complexity Report**

Attached is a report of patient diagnoses and complexity from October 2009 through December 2009. This represents cases on the patient navigator caseload during the second reporting quarter to the PHPDA. It takes approximately one month of meticulous review of each case by the patient navigators and the nurse care coordinator to produce this report. As such, it isn’t until a reporting quarter ends that we can begin the review of diagnoses and complexity, thus necessitating a quarter’s lag time.

### **Services Provided Report**

You will notice a decrease in the number of new families enrolled compared to the second quarterly report (October 2009 through December 2009.) This was due to being understaffed by one Spanish-speaking navigator. You will also notice that the number of total services provided remained comparable, demonstrating that we were able to maintain the same level of quality service for families enrolled in the program.