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ÉRIÉ ST.CLAIR/SUD-OUEST

Planification des services
de santé en français



PROMOTING A SYSTEM NAVIGATION FOR FRANCOPHONES IN THE REGIONS OF ERIE ST. CLAIR AND SOUTH WEST

REPORT TO ERIE ST CLAIR & SOUTH WEST LHINS



Produced by
FRENCH LANGUAGE HEALTH PLANNING ENTITY ERIE ST. CLAIR/SOUTH WEST
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Context

The French Language Health Planning Entity Erie St. Clair/South West (Entity 1) is a non-profit organization. Appointed under the *Local Health System Integration Act, 2006*, its mandate is to make recommendations to the Erie St. Clair and South West Local Health Integration Networks (LHINs) regarding:

1. Methods of engaging the Francophone community in these regions;
2. The health needs and priorities of the Francophone community in these regions, including the needs and priorities of different groups within that community;
3. The health services available to the Francophone community in these regions;
4. The identification and designation of health service providers in relation to the delivery of French language health services in these regions;
5. Strategies to improve the accessibility and integration of French language health services within the local health network; and
6. The planning and integration of health services in these regions.

Entity 1 has undertaken an environmental scan of current models of health system navigation in Ontario in light of the health system transformation. This study is recommending strategies to build navigation services for Francophones in the Southwestern Ontario region (in each of the two regions) and will be a resource for the newly formed Ontario Health Teams (OHTs). This report will be shared with both Erie St. Clair and South West LHINs during the 2020 February LHIN-Entity Liaison Committee meeting.

Goals

1. An environmental scan regarding current navigation and transition models
2. Identified resources and design strategies needed to implement a navigation model
3. Recommendations in terms of a multi-year implementation strategy to the two LHINs for a French language navigation system model

Approach

Entity 1 is seeking to gain a better understanding of the opportunities offered by system navigation models in implementation across the province and make recommendations to improve the delivery of French-language health services in its catchment area in terms of right care in French, at the right time, by the right team, and in the right place.

To achieve the goals, Entity 1:

- reviewed existing navigation models in Ontario;
- reviewed leading and best practices in navigation models, as well as promising navigation models in Ontario;
- reviewed OZI reports to identify providers that have navigation services; and
- identified resources and designed strategies needed to implement a navigation model.

The aforementioned activities provide input to making recommendations in terms of a multi-year implementation strategy for a navigation model for Francophones in the Erie St. Clair and South West regions.

Introduction

In order to better support Francophones in the South West region to access and navigate the health care system, and to support OHTs in providing 24/7 navigation and care coordination services to their local population, Entity 1 collaborated with Erie St-Clair and South West LHINs to provide an overview of existing navigation models, as well as capacity of navigation resources in the two regions, and reviewed best and leading practices for navigation services, including promising navigation models across Ontario.

In 2014 to 2015, 1 in 18 Canadian patients experienced harm in hospital (Canadian Institute for Health Information, 2016), however less is known about patient safety in primary care (Kingston-Riechers et al., 2010). It has been demonstrated that, for patients from culturally and linguistically diverse backgrounds, language barriers contribute to poorer quality of care and patient safety (Bauer et al., 2010; Jacobs et al., 2007). A recent review of international studies related to language access in health care, based on Accreditation Canada's dimensions of care, highlighted the importance of addressing language barriers if quality and safety of care are to be achieved (Bowen, 2015).

English and French are both recognized as official languages in the Canadian Constitution (Office of the Commissioner of Official Languages, 2017). However, the use of English is predominant in delivering care in the Erie St. Clair and South West LHINs. The official minority language (OML) speakers in these regions are Francophones and they represent 1.4% of the population (Health Analytics Branch, LHIN and sub-region Census profile Census, Final, 2016)

Effects of linguistic barriers on francophone patients

The impact of linguistic minority status on Francophones' state of health is very poorly documented. Few studies indicate that language and cultural barriers make it more difficult to access health services, impede the establishment of an accurate diagnosis, and jeopardize compliance of the person in treatment (Société Santé en français, 2013). These have implications for both the health system and patients/caregivers such as increased in hospital use, increased costs related to treatment, inappropriate treatment, impaired health and more treatments. Language barriers are a source of poor efficiency and accountability in the health system.

A recent review of international evidence related to language access in health care based on Accreditation Canada's dimensions of care highlighted the importance of addressing language barriers if quality and safety of care is to be achieved. Findings from this study demonstrated that language barriers contribute to poorer quality of care and patient safety. study (*Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada*). The same study indicated that Francophones living outside Quebec

face similar barriers and report issues with patient assessment, misdiagnosis and/or delayed treatment, and limited patient understanding of their health condition or prescribed treatment.

Navigation Services in the health care system

There are many navigation models developed for disease-specific patient populations or for those with complex needs. One model that is well known across Ontario is the Health Links model, which includes a navigation component to support patients with multiple chronic conditions (Boult and Wieland, 2010; Boyd et al., 2007; Foret Giddens, Tanner, Frey, Reider and Boult, 2009; Maeng, Davis, Tomcavage, Graf and Procopio, 2013; Williams, Smith, Chapman and Oliver, 2011; Wolff et al., 2009).

Other navigation models in Ontario are disease-specific or population-specific, such as chronic disease management, palliative care, immunodeficiency diseases, young adults with schizophrenia or persons with stroke and their families (Burton, Murphy and Riley, 2010; Pfeffer and Schnack, 1995; McCann and Clark, 2005; Ontario Stroke Network Provincial Integrated Work Group Patient Navigation, July 2014).

The Guided Care Model is a nurse-led, interdisciplinary model of primary care designed to improve the quality of life and resource use for medically complex older patients (Boult and Wieland, 2010; Boyd et al., 2007; Foret Giddens et al., 2009; Wolff et al., 2009). The care delivered by these navigators in the Guided Care Model includes: home assessment of the client and caregiver, encouraging self-management, coordinating providers of care, smoothing patient transitions by communication with hospitals and emergency departments, and educating and supporting caregivers (Foret Giddens et al., 2009).

Navigators also address social issues including housing concerns, food insecurity, legal issues, employment issues, financial difficulties, racism, and lack of social support (Boyd et al., 2007; Clark et al., 2009; Kramer, Nosbusch, and Rice, 2012; Retkin et al., 2013; Linkins et al., 2011; Hendren et al., 2011; McCloskey, 2009).

Benefits of Navigation Services

Below are research and evidence-based benefits resulting from the literature review undertaken by Entity 1:

1. Effective navigation, which includes care coordination, is a key element of delivering coordinated, person-centered care and support (NHS, Health Education England, 2016).
2. Research is demonstrating that patient navigation, including care coordination, has beneficial outcomes across the care continuum (Crane-Okada, 2013).
3. Although there are only a few published studies that describe patient navigators, the concept of patient navigation is presumed to be a promising strategy to reduce racial and ethnic disparities in health outcomes (Dohan and Schrag, 2005).
4. Patient navigators work with patients and families to empower them to overcome barriers in

the health care system and enjoy better health and health care (Division of Health Care Policy and Research, University of Colorado Health Sciences Centre).

5. The roles of a patient navigator vary across programs and usually include some degree of case management, patient education, social work and advocacy (Fischer et al., 2007).
6. Evidence suggests navigation services can enhance patients and caregivers experience, reduce unnecessary hospital readmissions and promote independence (McIlvennan - 2015).
7. There is evidence that coordinated and integrated care provided by a navigator is beneficial to patients and their families. They assist in writing and following up a comprehensive care plan. (Manderson et al., 2012).
8. There is emerging evidence that care navigators, in a variety of settings, can provide effective practical, social support and be a link between community and health-social services (Manderson H et al; 2012).
9. Through the use of care navigators, health-related quality of life measures improved by 17%, people needed to use fewer health services and overall, the services were cost effective (Windle et al., 2010).

These benefits aligned with the Quadruple Aim set for the implementation of OHTs. Navigation services contribute to patient experience, provider experience, better health outcomes and lower costs of health care.

Need of navigation system in the South West Regions

Both LHINs have recognized the need for “system navigator” to assist patients with linguistic barriers or complex needs across the health care system. Patients and caregivers have found the health care system to be complex and at times, it presents a confusing array of services making it difficult for patients and/or their families to access the right service at the right time. This frequently results in multiple visits to find the correct service, and a delay in diagnosis and treatment.

Studies have shown that minority Francophones are at greater risk of poor health and have poorer access to health care. Provision of language access services, including service by bilingual providers, trained interpretation services, signage, and translated health information, is increasingly being recognized by health systems as essential both for providing appropriate care for vulnerable populations and for managing organizational risk. (Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones)

To address this gap, the ESC LHIN engaged in developing a strategic framework for health system navigation. This concluded in an agreement on system navigation role as designated system navigation resources to improve access to health care/service information across all population groups and to provide culturally appropriate assistance for navigating the health care system. Improved Outcomes in French Language Health Care Erie St. Clair is one of the LHIN strategic direction according to its Integrated Health Service Plan. Access to and accessibility of health services in French remains limited in the Erie St. Clair region despite the identification of 30+ HSPs for the delivery of services in French. There continues to be a lack of awareness of the need to provide linguistically and culturally appropriate services, and their benefits for patients and providers.

Capacity of Navigation Services in the two regions

Many health service providers deliver services in French through interpretation services however these services are not well known by the Francophone population. One of the recommendations from the second report from the Premier's Council on *Improving Healthcare and Ending Hallway Medicine (2019)* speaks about "managing access pressures within Francophone communities by building a navigation system that connects Francophone patients to services in French throughout the continuum of care".

System navigation, through the use of a designated professional navigator or a team providing navigation services, has emerged as a potential intervention to address health and social disparities resulting from fragmentation and inequitable access to services (Natale-Pereira, Enard, Nevarez and Jones, 2011).

There are a broad range of approaches that characterize navigation programs in the two regions, which are provided by both identified and non-identified health service providers. Entity 1 reviewed the 227 OZi French Language Services reports completed by health service providers in both Erie St. Clair and South West LHINs (82 from Erie St. Clair LHIN and 145 from South West LHIN) and selected health service providers that reported navigation/care coordination as a functional centre or navigator /coordinator position in their human resources plan. We focused and reported on the staff with advanced proficiency in French.

This review showed that twelve (12) health service providers (six (6) in each LHIN, have capacity in French (at advanced level) to provide navigation/care coordination services through navigators, care coordinators, health promotion workers, community development workers, social service workers and volunteers. A new role that has emerged lately is that of the social prescriber; where services have

a facilitator or navigator who helps bridge gaps between primary care professionals and social opportunities. As such, there is no clear definition of navigation services as they are being provided by a spectrum of staff, including those providing care coordination.



What is a patient navigator?

- A patient navigator helps to facilitate the patient's journey;
- This journey can take many different pathways;
- They give specific and poignant information and provide the best options;
- They provide help and direction and consider more appropriate services;
- They can provide treatment planning;
- They can offer referrals;
- They support patients and their families;
- They can STOP frequent attendees and the never ending circle that some patients find themselves on.

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Table 1: Navigation Services Capacity of Health Service Providers

Health Service Providers	Status	Number of Francophone Visits	Number of Francophone Patients Served	Number of Staff Providing Navigation or Care Coordination
<u>Erie St. Clair</u>				
Charity House (Windsor)	Identified	85	4	1
Bulimia Anorexia Nervosa Association	Identified	2	1	1
Family Service Windsor Essex	Identified	15	5	1
Hotel Dieu Grace Healthcare	Identified	332	211	2
Home and Community	Identified	0	378	9
Victorian Order of Nurses for Canada-Ontario Branch	Identified	0	649	1
Total		434	1248	15
<u>South West Region</u>				
CMHA Middlesex	Identified	481	18	5
London InterCommunity Health Centre	Identified	2372	135	6
Addiction Services of Thames Valley	Identified	67	25	1
LHIN Home and Community	Identified	0	217	10
Alzheimer Society of Elgin-St Thomas	Non-Identified	0	0	1
Over 55 (London)	Non-Identified	10	3	1
Total		2930	398	24

Table 1 reports the capacity of these twelve (12) providers to offer navigation services, as well as the number of francophone visits and patients served.

Entity 1 recognizes that data gathered from the OZi reports are limited to identify the full capacity of health service providers in providing navigation services in French as many health service providers did not complete the French Language Services Report's Human Resource Capacity Section in 2018-19.

Navigation Services : Leading practices in the two regions

1. Patient Navigator for the Indigenous population in Erie St. Clair

The overall goal of this position is to assist Indigenous patients in moving easily through the healthcare system in a culturally safe and relevant manner by:

- providing resource support and advocacy for Indigenous patients, caregivers, and their families to improve patient pathways and transition points within the hospital and hospital to community care and may include culturally and spiritually relevant care (where requested).
- Assisting in bridging the service gaps between Indigenous communities and health care providers.
- facilitating linkages to services that may include (but are not limited to) mental health and addictions, chronic disease management, primary care and acute care.
- assisting with the coordination and integrate provision of care between health care providers (hospital, CCAC, health and social service organizations) and Indigenous service providers or community-based health services.
- enabling case input and guidance on case management practices, promotion of culturally appropriate health care services, and quality improvement processes all relative and specific to Indigenous patients.

2. Clinical care coordinator– Windsor Family Health Team

The Clinical Care Coordinator is responsible for providing a “hands-on” and an “in-home” support approach for patients. The Clinical Care Coordinator provides patients with timely communication and linkage to primary care in order that these patients are able to live well with their chronic disease.

As an integral part of an interdisciplinary team, the Clinical Care Coordinator develops coordinated care plans to assist patients to live well with chronic disease, as part of the Health Links approach. The Clinical Care Coordinator provides an in-home nursing visit within 24 – 72 hours from hospital discharge for selected patients. The Clinical Care Coordinator conducts a comprehensive nursing assessment, using a patient and family centered approach and works with the patient and their supports to develop a coordinated service plan including medication reconciliation.

3. Test of change at the Hub in South West region

One of the tests of change undertaken in the South West region was the pilot of a Regional Francophone Community Health and Social Services (RFCHSS) Hub launched of the summer of 2018. This Hub is located at the Carrefour communautaire francophone de London (CCFL) which was originally named at the time Centre communautaire regional de London (CCRL). It was aimed to become a central point of access for Francophones of all genders, ages, and origins to the broader spectrum of French language health, mental health and addictions, social and well-being services.

The following partners have worked in collaboration to on the pilot phase of the RFCHSS Hub:

1. Carrefour communautaire francophone de London (CCFL)
2. Canadian Mental Health Association (CMHA) Middlesex
3. South West Local Health Integration Network (LHIN)
4. Entité de planification des services de santé en français Érié St. Clair/Sud-Ouest
5. Réseau - Femmes du sud-ouest de l'Ontario (RFSOO)
6. Vanier Children's Services
7. London Intercommunity Health Centre (LIHC)
8. Addiction Services of Thames Valley (ADSTV)

This test of change started in June 2018 and ended in March 2019. All partners offered in-kind support during the pilot phase, such as CCFL provision of an office/multipurpose room and equipment for the RFCHSS Hub to operate. Staff provided by the Partners enabled the RFCHSS Hub to offer a continuum of services such as:

- Information on services they offer, referral and direct offering of services, system navigation and assistance
- Self-management of chronic diseases
- Assistance and programs for elderly and their caregivers
- Public health, health, mental health and addictions, social and well-being services.

During this period of time, 173 Francophones were served (*2018-19 Hub Data*), of which 98% were adults over the age of 19 years and 2% were children and youth Francophones. It is important to note that 71% of Francophones served were in the age group of 20 to 60 years; 29% were 60 and over. This test of change demonstrated the importance of navigation services to all ages in the Francophone community.

The multi-agency hub model aimed at delivering improved access to information, increase awareness, understanding and knowledge of existing French Language Services and programs for Francophone children, youth, adults, and the elderly. Another benefit of this test of change was improved public experience of French Language Services providers, increased confidence in capacity of French Language Services providers to respond to the needs of Francophones, enhanced promotion of physical and mental health, as well as increased capacity of agencies to mutually support and do joint problem solving in response to emerging needs of the community.

The test of change ended in March 2019, however the eight partners committed to continue with an ongoing, regular presence and participation at the RFCHSS Hub to maintain services and offer information, referral to programs and services as they relate to health, mental health and addictions, social and well-being services, in French. After the test of change, the eight partners continued to provide in-kind services and were able to serve 78 clients from April 1, 2019 to October 22, 2019. The LHIN has since introduced annualized funding for a coordinator through an agreement with the LIHC.

4. French Mental Health and Addictions System Navigation Program

Another specific navigation program funded in the South West region is the French Mental Health and Addictions System Navigation Program provided by the Addiction Services of Thames Valley. This program is intended to support French-speaking individuals and families who are concerned about issues related to mental health and/or addictions. By gaining the support of and working with a variety of local organizations and health care professionals, this program aims to develop a support network for delivering services and building links to provide patients with continuing care.

The French Mental Health and Addictions System Navigation Program provides the Francophone community with, not only a support across the health system, but also access to services. This program helps Francophones access mental health and addiction professionals, including specialists through an in-person visit or virtually through the Ontario Telemedicine Network (Addictions Services of Thames Valley).

The services provided not only support to navigate the mental health and addictions services but include comprehensive mental health and addiction screening, assessment and treatment planning, development of an individualized plan of care, case management services and linkages to appropriate healthcare and other support services. This model is specific to services in Mental Health and Addictions.

Most of these leading practices have been funded to the following outcomes (among others):

- reduced Emergency (ED) visits;
- reduced hospital admissions;
- smooth transitions back to the patient's home;
- reduced 30-day ED visits; and
- improved patient care

Navigation Services : leading practices in the province

The merits of these disease- and/or population-specific programs are debated in research and practice. System navigation is often viewed as a “band-aid solution” that diverts attention away from the need for system-level changes to improve care coordination and integration across health care systems in both the United States and Canada (Robinson-White, 2010; Thorne, 2010; Change Foundation, 2013; Parker, 2010).

Table 2 (on the next page) provides an overview of the different navigation services for Francophones that have been funded across the province.

Host Agency	Wellfort Community Health Services – Bramalea Community Health Centre	TAIBU Community Health Centre	Black Creek Community Health Centre	Toronto North Support Services	Canadian Mental Health Association (CMHA) Waterloo Wellington	CHIGAMIK Community Health Centre	Alzheimer Society Waterloo Wellington
Type of Navigator	Health Promoter for both English- and French-speaking seniors	Health Promoter – French Language Services	Francophone Languages Health Services Navigator	Community Outreach Worker	French / Multicultural Mental Health Coordinator	French Language System Navigator	First Link Care Navigator
Types of Services Provided	<ul style="list-style-type: none"> ▪ Home visiting ▪ Medication management ▪ Counseling and therapy related to mental health ▪ Healthy aging, abuse and other related health matters ▪ Some plans to engage seniors include: <ul style="list-style-type: none"> •monthly brunches •media program 	<ul style="list-style-type: none"> ▪ Use diverse health promotion strategies including health education, creating supportive environments, community development, policy building and re-orienting health services to support people and communities to increase control over and improve their health ▪ Develop community-based health promotion and wellness programs in French in 	<ul style="list-style-type: none"> ▪ Assist Francophones in determining their needs and improving access to primary health care providers, chronic disease management, mental health and addiction services, health promotion programs and social services; ▪ Create effective links between health and social services resources; ▪ Help patients proactively engage with the community, family and system to improve their access to primary care; ▪ Work with primary care providers to improve the quality of 	<ul style="list-style-type: none"> ▪ Help educate and normalize the need for mental health support services among Francophones 16 years or over in North York and Markham ▪ Assist families to cope with relatives affected by mental illness ▪ Provide an alternative route for accessing mental health services, as well as health promotion programming to combat stigma ▪ Specific programs: <ol style="list-style-type: none"> 1. Mental Health First Aid Certification Program: This 12-hour program, offered over two days at 6 hours per day, aims to provide the skills and knowledge to help people better manage potential or developing mental health 	<p>Offer access to various mental health support services in French:</p> <ul style="list-style-type: none"> ▪ Psychiatric services provided through the Ontario Telemedicine Network (OTN); ▪ Counseling / psychosocial services; ▪ Mental health promotion workshops; ▪ Follow-ups and communication with relevant services; ▪ Navigation 	<ul style="list-style-type: none"> ▪ Consult with individuals and their families to support their health needs, accounting for cultural and linguistic preferences ▪ Consider cultural and linguistic needs in the development of an individualized care plan; ▪ Establish linkages to appropriate healthcare and other support services; ▪ Address needs in nutrition, finance, education, living conditions, coping skills, mental health care, addictions, social services 	<ul style="list-style-type: none"> ▪ Integrate supports and services around the person with dementia and the care partner; ▪ Support self-management goals where appropriate; ▪ Strengthen the linkages between providers and across sectors along the continuum of care; ▪ Form effective and collaborative interdisciplinary and cross-sector relationships to support client outcomes; ▪ Facilitate and advocate for linkages, ▪ Communication, information exchange and

		<p>conjunction with other staff and key stakeholders in Scarborough that are responsive to needs</p> <ul style="list-style-type: none"> Facilitate French Self-Management Programs (Chronic Disease, Chronic Pain and Diabetes Self-Management Programs) Facilitate workshops, seminar, information sessions or groups; by providing consultation, referrals and information, and by advocating on behalf of or for groups in the Francophone community. 	<p>life of patients;</p> <ul style="list-style-type: none"> Focus on client-centered care; Meet with patients at the community health centre, at home, or in any other location where the client feels comfortable; Accompany patients to appointments. 	<p>problems in themselves, a family member, a friend or a colleague</p> <p>2. Information Sessions: Provide culturally appropriate information sessions for decreasing stigma and isolation, improving health and educating about mental health and addictions</p> <p>3. Health Promotion Activities: Engage community members through appropriate activities which alleviate mental health issues, e.g. parenting skills, social recreational activities, food preparation, psychoeducational sessions on mental health topics</p>	<p>within the mental health system.</p> <ul style="list-style-type: none"> Connect with professionals who speak French by using the services of the Ontario Telemedicine Network when French-speaking services are not available locally; Collaborate with various local health organizations and professionals to establish a support network to meet the needs of each client. 	<p>and recreation, health and social services, employment, etc.</p> <ul style="list-style-type: none"> Provide ongoing care and support; Establish connections with French speaking professionals and collaborate with local health care organizations and professionals to build a support network; Help Francophones access the services offered by community and health professionals within the LHIN territory and provincially through the Ontario Telemedicine Network when French-speaking services are not available locally; Make home visits and, occasionally, accompany patients to appointments. 	<p>coordination between patients and service providers;</p> <ul style="list-style-type: none"> Establish appropriate intervention plans to meet bio/psycho/social needs using a person/family-centered approach; Demonstrate enhanced care planning skills to ensure effective and efficient care planning; Demonstrate enhanced navigation and care coordination skills according to best practice leading to client self-management skills, improved client experience and positive outcomes; Improve client and health experience for people with dementia and their families.
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Strategies to Support System Navigation for Francophones in the regions of Entity 1

1. Definition of Navigation Services

There is no commonly accepted definition of system or patient navigation. In an attempt to define navigation services, Entity 1 undertook a literature review and a few definitions are provided below:

- The assistance offered to patients and caregivers in navigating through the complex health and social care systems to overcome barriers in accessing quality care and treatment (Macredie et al., 2014).
- Navigation is the process by which patients, caregivers and families are guided through and around barriers in the health care system. A navigator's primary role is to remove the obstacles patients face in accessing or receiving treatment ([Agency for Health Research and Quality](#));
- A person-centred approach that uses signposting and information to help patients and their caregivers move through the health and social care system as smoothly as possible to ensure that unmet needs are met (Cantilupe Surgery)
- System navigation refers to an individual or a team engaging in specific activities that include the following concepts: facilitating access to health-related programs and social services for patients/families and caregivers; promoting and facilitating continuity of care; identifying and removing barriers to care; effective and efficient use of the health care system for both patients/families, caregivers and practitioners (Carter and al., 2018).

However, research concurs that navigation services address both health and social issues. Barriers to care which navigators can help address can be systemic or individual in nature. Systemic barriers are those caused by the structure of the system, for example fragmented services, whereas individual barriers are specific to each person and may include transportation, lack of social support, mental health concerns, etc. (Giacomazzo et al., 2018).

As the Terms of Reference refer to recommendations in terms of a multi-year implementation strategy to the South West LHIN for a French language navigation system model, Entity 1 is proposing a draft definition for the navigation model for health system issues across the South West region:

Navigation services assist and guide Francophone patients, caregivers and families across the health care system to reduce fragmentation of care and barriers in accessing the health care services in their continuum of care.

Strategy 1: Define Navigation Services to Ensure a Common Understanding of its Role and Functions in the two regions, while focusing on Francophones needs in each region

Engage with providers, partners, Francophone patients, families and caregivers to understand their need for navigation and their definition of navigation services

2. Understand Full Capacity of Navigation Services

In order to gauge the capacity of navigation resources in South West region, Entity 1 is recommending a more localized approach through the OHTs. Most OHTs are developing Central Intake for their local population and this capacity planning will assist the OHTs in developing services for Francophones in the two regions.

Strategy 2: Survey Among OHT members to Gauge Capacity of Navigation Services and Roles Attached in the two regions

Undertake a comprehensive survey on navigation resources available to the Francophone community across OHTs' health service providers and other agencies in the two regions.

3. Define Components of Navigation Services

Navigation is focused on person-centered care by connecting people with services that are tailored to their needs. On a system-level approach, it means connecting, linking and supporting patients in the overall health system rather than to focus on the clinical components and specific service policies (Pope, 2003).

System navigation services include communication, access to care, navigating the system and services, health insurance, inappropriate care delivery, patients without permanent providers and the need for better transitions across the health care system (Carter, 2018). Other common features that shape such a model include, but are not limited to, accompaniment, advocacy, health education, case management, and facilitating self- management (Report on Lessons Learned from French-Language Health System Navigators, 2019).

In order to ensure transparency and standardization of health system navigators, Entity 1 is proposing two strategies: definition of components of system navigation and development of a competency framework for system navigators.

Strategy 3: Define components of system navigation in the two regions

In collaboration with health system partners, including patients, families and caregivers, define the key components of system navigation across OHTs in the two regions.

4. Develop a Competency Framework for System Navigators

Ontario's health care community has begun to fully absorb the consequences of an unintegrated health care system. Individuals seeking care can get lost as they move among different health care providers who are not connected to one another. At times, this can have a serious effect on clinical outcomes and can frequently duplicate efforts, waste time and increase costs (Boling, 2009; Boyd et al., 2007; Golden et al., 2010; Lin et al., 2006; Naylor, 2004; Simpson, 2002).

In the Change Foundation's PANORAMA project, the panel reviewed the question of system navigators and how they can support patients across the health system. It is important to remember that the need for patient navigators stemmed from a system of care that was not well organized. A potential policy fix that is currently being developed is the introduction of health system navigators, sometimes called patient navigators or transition coaches, which are people who would help "navigate" the moving around (Wilkinshaw, 2011). More recently in Ontario, the role of social prescribing is being coined as navigators assisting with health and social needs of patients.

In the challenges associated with system navigation, the Change Foundation indicates that this role requires training and states that there is lack of clarity in roles when navigator is integrated into an established team. Therefore, in order to mitigate the risks of implementing system navigators in the South West region, a competency framework needs to be developed for this position (NHS: Care Navigation: A Competency Framework, 2016).

Strategy 4: Develop a Competency Framework for System Navigators

In collaboration with health system partners, including patients, families and caregivers, develop a competency framework to set out and define the key knowledge, skills and behaviours required for the navigators.

5. Establish an Oversight Committee for this Project in each region

As part of its mandate, Entity 1 believes that communication and engagement with stakeholders, health service providers, agencies, patients, families and caregivers, is essential to understand capacity and needs. As such, to support health system navigation for Francophones, it is recommended to set up a working group to oversee the planning and implementation of this project.

The establishment of the oversight committee(s) will enable better communication and engagement in an inclusive, open and transparent way, ensure meaningful stakeholders' engagement by communicating and engaging early, and in a timely and consistent manner, build trust early and consistently throughout the engagement process, and pursue the most effective activities given limited time, staffing and funding resources.

Strategy 5: Set up Working Groups on Navigation Services for Francophones

By leveraging existing Memorandum of Understanding (MOU) among providers for the Regional Francophone Community Health and Social Services (RFCHSS) Hub and partners at Centre Communautaire Francophone Windsor-Essex- Kent (CFFWEK), establish working groups in each region with a clear mandate and deliverables to plan and provide recommendations on a System Navigation Model for Francophones

Recommendation:

Even if the objective of this report was to provide strategies in moving forward with a System Navigation for Francophones, Entity 1 is making the following recommendation be implemented in 2020-21 by leveraging the work undertaken for various specific population or disease-specific.

The recommendation is based on the different models of system navigation discussed as part of the literature review. In order to support the increasingly complex and diverse francophone community in the two regions, it is recommended to fund two Regional Navigators at the Centre Communautaire Francophone Windsor-Essex- Kent (CFFWEK) in Erie St. Clair LHIN and at the Regional Francophone Community Health and Social Services (RFCHSS) Hub in South West LHIN. The proposed new positions will leverage the other sector-based navigators provided by the existing partners and will enable a support across the continuum of care. The Regional Navigators will be complementary to the services being provided by the existing partners and health service providers. They will help achieve the goals of Ontario Health Teams of improving navigation service for Francophones.

This recommendation is aligned with the priorities of the Ontario Health Teams to ‘offer Francophone patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey’ (OHT Guidance Document for Health Care Providers and Organizations)

Conclusion:

The need for patient navigation is in response to the growing complexity of health care service delivery, the aging population, increased poly-morbidity and social inequalities in population health. Patient navigation programs are far from stagnant and dynamic changes to health care service delivery have contributed to the emergence of patient navigation in many facets of the health care system (Carter, 2018). In order to support the growing and diverse Francophone population in the two regions, a system navigation model is recommended to support Francophones at the Ontario Health Teams level.

Bibliography

Canadian Institute for Health Information. Measuring Patient Harm in Canadian Hospitals: Technical Report. Ottawa, ON, Canada: Canadian Institute for Health Information; 2016.

Kingston-Riechers, J, Ospina, M, Jonsson, E, Childs, P, McLeod, L, Maxted, J. Patient Safety in Primary Care. Edmonton, AB, Canada: Canadian Patient Safety Institute and BC Patient Safety & Quality Council; 2010.

Bauer, AM, Alegria, M. Impact of patient language proficiency and interpreter service use on the quality of psychiatric care: a systematic review. *Psychiatr Serv.* 2010; 61:765–73.

Jacobs, EA, Chen, AH, Mutha, S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Serv Res.* 2007; 42:727–54.

Bowen, S. The Impact of Language Barriers on Patient Safety and Quality of Care. Ottawa, ON, Canada: Société Santé en français; 2015.

Natale-Pereira, A., Enard, K. R., Nevarez, L., Jones, L. A. (2011) The role of patient navigators in eliminating health disparities. *Cancer* 117(Suppl. 15): 3543–3552.

Robinson-White S, Conroy B, Slavish KH, Rosenzweig M. Patient navigation in breast cancer: a systematic review. *Cancer Nurs.* 2010;33(2):127–140. doi: 10.1097/NCC.0b013e3181c40401.

Thorne S, Truant T. Will designated patient navigators fix the problem? *Oncology nursing in transition.* *Can Oncol Nurs J.* 2010;20(3):116–128.

Parker VA, Clark JA, Leyson J, Calhoun E, Carroll JK, Freund KM, Battaglia TA. Patient navigation: development of a protocol for describing what navigators do. *Health Serv Res.* 2010;45(2):514–531. doi: 10.1111/j.1475-6773.2009.01079.x

Giacomazzo, A & Challacombe, L. (2018). Health Navigation in HIV Services: A review of the evidence. *Prevention in Focus*

Agency for Healthcare Research and Quality [website], U.S. Department of Health and Human Services (<https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html>)

The Change Foundation Panorama Panel, (2013)., Health System Navigators: Band-Aid or Cure?

Wellfort Community Health Centre, Community Outreach Program- Website

Chigamik Community Health Centre, CSC CHIGAMIK CHC Launches French Health Care System Navigation Initiative -- Website

Black Creek Community Health Centre, Francophone Languages Health Services Navigator-- Website

Alzheimer Society, First Link program- - Website