

## Appendix 1: Survey to describe patient navigation programs in Alberta

*To be administered via a telephone interview*

### 1. Contact details

- a. Name: \_\_\_\_\_
- b. Position/Title: \_\_\_\_\_
- c. Affiliation: \_\_\_\_\_
- d. Email: \_\_\_\_\_

You have been identified to be a key contact for the patient navigation program:

Program: \_\_\_\_\_

For this program, please respond to the following questions:

### 2. Please describe the program:

### 3. Who is eligible for the program?

4. Is a referral required?  Yes  No

If yes, by whom? \_\_\_\_\_

5. Can a patient self-refer?  Yes  No

**6. Which cities or regions does the program serve? (and Zones)**

**7. The program serves sites which are:**

- Rural  
 Urban

**8. The program is:**

- Structured  
 Unstructured

**9. The population comprises of:**

- Inpatients  
 Outpatients

**10. Is there any longitudinal follow-up provided by the program?**  Yes  No

If Yes,

- a. How frequent are these follow-up encounters or contacts? \_\_\_\_\_  
b. Who provides the follow-up? \_\_\_\_\_  
c. When is the follow-up considered complete? \_\_\_\_\_  
d. What is the maximum duration of follow-up? \_\_\_\_\_  
e.

**11. The program is:**

- Provider facing  
 Patient facing

**12. How is this program administered?**

- Through program personnel communicating directly with individual patients or caregivers

Provision of resources without communication between program personnel and patients. (For example, patient portals or other electronic or web-based resources)

Changes made at the clinic or organizational level  
(For example, presence of a multi-disciplinary team at a single clinic)

Other. Please describe:

**13. What are the identified gaps in patient navigation?**

*Thank-you for your time in completing this survey.*