Appendix 2: Description of patient navigation programs and services within Alberta Health Services and the Primary Care Networks

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
Alberta Health Services				
Aboriginal Hospital Liaison	The Aboriginal liaison provides spiritual and cultural support, help patients feel comfortable with the hospital environment by explaining what to expect while admitted to hospital, and helps builds relationships and trust between patients and health care providers. The program also helps patients access community supports at the time of hospital discharge.	Indigenous patients and families	Province-wide covering all zones	✓
Access Addictions and Mental Health- Edmonton	There are numerous public, private, and not-for-profit addiction and mental health services across the Edmonton Zone, all with individual referral processes. This program is a centralized intake process; a mental health clinician helps to identify appropriate services for client needs, directly schedules an appointment for the identified service, and provides education and directs clients to other resources as needed.	No limitations	Edmonton Zone	✓
Access Mental Health- Calgary	This is a phone-based service acting as a centralized point for information, consultation, and referral for resources in addictions and mental health. A staff member reviews client information and referrals to determine the main mental health concerns, then refers the client to the appropriate services and/or provides them with the appropriate information as needed.	No limitations	Calgary Zone	✓
Adolescent and Young Adults Program	A patient navigator calls each patient who has a new cancer diagnosis to explore any patient concerns, connect patients to available resources, and provide patients with a package of information. The patient navigation also refers to a psychologist and/or social worker as needed.	Young adults (17-29 years old) with a cancer diagnosis	Edmonton Zone	
Alberta Healthy Living Program Assistance	A zone-specific centralized set of programs is offered to provide health education, resources and classes for self-management of chronic diseases, supervised exercise programs. An administrator can speak to patients by phone to determine their needs and direct them to the appropriate programs and services	Adults (≥18 years old) with any chronic medical condition, or at risk of developing a chronic condition	Province-wide covering all zones	✓
Alberta Thoracic Oncology Program	Nurse practitioners manage referrals, determine the appropriate health care provider and/or specialist that the patient should see in the multi-disciplinary clinic, and complete initial patient evaluations and assessments. This program is designed to coordinate care across numerous disciplines (radiology, respirology, thoracic surgery) to expedite the diagnosis and treatment of lung cancer. There are separate North (Edmonton) and South (Calgary) programs.	Patients with suspected lung cancer	Edmonton Zone, Calgary Zone	
Anticoagulation Management Services	This pharmacist-led service coordinates all aspects of care concerning anticoagulation. This includes coordinating lab tests, directly managing dosing of anticoagulation medications, communication with family physicians, and providing medication-related information and support to patients as needed.	Patients requiring anticoagulation	North Zone (Athabasca, Boyle, Westlock)	

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
Autism Spectrum Diagnostic Clinic – Pediatric Navigation Services	The program works with families to connect them to services, community resources and organizations (e.g. Autism Edmonton).	Families of children ≤ 18 years old with neurodevelopmental and/or motor needs that report poor adjustment (rating of 3 or lower on the family adjustment scale)	Province-wide covering all zones	
Bonnyville Child and Adolescent Mental Health Program	This is a multidisciplinary program formed through a collaboration among AHS, Covenant Health, the local school board, and the Town of Bonnyville. The patient navigator collects data from schools and conducts assessments, acting as the go-between between the schools and the families. The navigator connects the families with any resources that may be needed.	Youth 6-17 years of age with diagnosed or suspected attention deficit hyperactivity disorder, anxiety, and/or depression	Bonnyville and surrounding area (North Zone)	
Breast Health Program	This is a comprehensive diagnostic and surgical clinic for assessment and treatment of breast-related health concerns, through multidisciplinary management and collaboration amongst medical and surgical specialists. There is a dedicated primary nurse navigator who provides educational resources and one-on-one support to patients with breast cancer.	Patients with any breast-related health concerns excluding breastfeeding	Calgary Zone	
Calgary Corrections Transitions Team	This team provides assistance with addictions and mental health (e.g. by initiating mental health referrals), and connects and coordinates with community services in the community (e.g. to find employment and/or housing, accessing AISH, obtaining proof of identification, etc.)	Adults with addictions and/or mental health concerns referred from the health units of correctional services centers	Calgary Zone	
CancerControl Alberta Drug Access Coordinator	This program aims to provide access to medications that are not covered by the Alberta Cancer Drug Benefit Program. The program coordinator navigates through government programs (e.g. through social assistance), works with insurance companies and Alberta Blue Cross, and connects with drug companies to advocate for patient access to necessary cancer-related medications.	Patients with cancer	Central, Calgary, and South Zones	
Cardiac Navigation - North	There are 4 patient navigators in this program (2 provider facing and 2 patient facing): -2 navigators manage consults and work with other navigators, clerks or managers to bring patients into hospital from other sites and services to get appropriate investigations and treatment -1 navigator helps facilitate and coordinate electrophysiology appointments and interventions. -1 navigator helps to facilitate and coordinate cardiac surgeries. They ensure that patients are ready for surgery, help determine priority of surgery, and facilitate patient-physician interactions	Patients requiring cardiac surgery and/or requiring electrophysiology interventions	Edmonton and North Zones	
Cardiac Navigation – South	There are 2 different nurse navigation roles. In the first role, a nurse navigator assists patients by managing the patient's symptoms and condition. A different navigator works with the referring physician's office to ensure that all	Patients requiring cardiac surgery	Central, Calgary, and South Zones	

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
	patient information and testing that is required pre- cardiac surgery has been completed and that the information transmitted to the cardiac surgery team.			
Child and Adolescent Addiction and Mental Health Psychiatric Program (CAAMHPP) Outreach Service	Mental health clinicians, nurses and social workers bridge patients and their families post-hospital discharge, until their care is taken over by the community care provider team.	Children ages 5-18 with mental health issues discharged from the emergency department or hospital inpatient unit	Calgary Zone	
Child and Adolescent Addiction and Mental Health Psychiatric Program (CAAMHPP) Network Liaison	There are over 60 programs that serve children and youth in CAAMHPP. The Network Liaison's role is to advocate for patients by navigating referrals from one CAAMHPP program to another and ensuring that patients get the services they need.	Current clients of CAAMHPP who require additional services	Calgary Zone	
Child and Adolescent Addiction and Mental Health Psychiatric Program (CAAMHPP) School Liaison	The program liaises with school staff as children are transitioned back into the school.	Current clients of CAAMHPP transitioning back to school	Calgary Zone	
Child and Adolescent Addiction and Mental Health Program Psychology	Pilot project, providing support for patients and their family.	Children and adolescents 10-20 years of age involved in a minimum of two systems (health, education, social services, or justice), with at least one complex mental health concern	Calgary Zone	
Child Development Services	This is a group of clinics and programs (including autism spectrum disorder clinic, cumulative risk diagnostic clinic, consultative diagnostic clinic, and child abuse services) that work closely with patients and community resources, and provides educational support for patients and their families.	Children 0-18 years of age with cognitive, physical, and/or neuromotor developmental issues	Calgary Zone	
Children's Rehabilitation Services Coordinated Intake Program	The program is designed to help families find the appropriate service for their children by coordinating five different programs (speech therapy, occupational therapy, physiotherapy, audiology, and feeding) throughout the central zone. The program social worker identifies the appropriate service that meets the child's needs, initiates the referral to the service, and connects children and their families to these services and resources.	Children 0-17 years of age with a suspected or diagnosed developmental delay	Central Zone (Red Deer and surrounding area)	✓ (children age >4 require referral)
Clinical Breast Health Program	A total of six nurse navigators provide support to patients from point of breast cancer diagnosis through to surgery and treatment. Navigators offer clinical, emotional and psychosocial support through face-to-face or telephone meetings with patients. The program also coordinates all diagnostic tests	Patients with confirmed (biopsy proven) breast cancer	Central Zone	

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
	required, assists with appointment scheduling and transportation, and provides patient information and education.			
Cochrane Community Health Centre Program Navigation	This is an informal role, where a staff member speaks with patients to assess their needs. Based on these identified needs, the staff member will recommend – and if needed, provide a referral to – appropriate outpatient programs offered at the Cochrane Community Health Centre.	No limitations	Calgary Zone (Cochrane and surrounding area)	✓
Community Care Access	This is a single point of entry for home living, day programs, CHOICE (Comprehensive Home Option of Integrated Care for the Elderly), CAIL (Community Aids for Independent Living), supportive or facility living, and those requiring palliative care services. Patients are directed to the appropriate program and referrals to supportive living are made as needed.	Patients requiring community care, home care services, or supportive/facility living	Edmonton Zone	✓
Comprehensive Breast Cancer Program	This program's aim is the early detection and treatment of breast cancer. The program assists individuals through diagnostic testing ("going from test to test") and expedites consultation with surgeons as needed.	Patients presenting with a breast mass	Edmonton and North Zones	
Division Team Transition Away from Legal System	A navigator connects patients to services that can address mental issues to decrease criminal behavior and presentations to the hospital.	Youth >12 years old and adults with indicators of mental health issues, charge with criminal offences and referred to the program by the crown prosecutor	Province-wide covering all zones	
Family Support Specialist	The family support specialist provides information to patients and their families, helps connect families with hospital and community resources, and helps out-of-town families find accommodations while their children are admitted to hospital.	Patients receiving care at Alberta Children's Hospital	Calgary Zone	✓
Foothills Children's Wellness Network and Children's Rehabilitation Navigator	Resources and contacts relevant for early childhood development are provided via a telephone-based navigator and through web-based (website and social media) and paper-based (postcard) methods. The Foothills Children's Wellness Network consists of local agencies, a governmental portfolio, AHS, child and family services, family community support services, and the Palix foundation, and aims to ensure that childcare providers have access to community resources.	Parents and any other childcare provider (grandparents, daycares, dayhomes, preschool services) for children 6 years and under Pediatricians and any other professionals providing care for children	Calgary Zone (Okotoks, Black Diamond, Turner Valley, High River, Nanton, Claresholm, Vulcan, and surrounding rural areas)	✓
Health Link	Health Link provides a variety of services (both online and via telephone) including symptom-based triage (or health advice), access to a mental health helpline, tobacco cessation counselling, dementia advice, and general health information. It can also assist patients in finding an available family doctor as well as refer to addictions programs as needed.	No limitations	Province-wide covering all zones	✓
Home Care Case Management	A case manager helps all patients entering home care to navigate through health care needs. This case manager works with the patient to identify programs to meet the patient's health needs, sets up required treatments, assist with transportation needs to appointments, works with the patient to	Any patient requesting or requiring home care	Central Zone (Wainwright, Provost, Vermilion,	✓

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
	achieve their personal health goals, coordinates care with allied health, and completes applications as needed for alternate living options.		and surrounding communities)	
Integrated Support and Facility Living	This program provides case management for seniors requiring supports at home.	Seniors requiring support at home, or those not able to manage at home	Calgary Zone (Didsbury, Strathmore, High River, Okotoks, Nanton)	
Medical Assistance in Dying (MAID)	The program follows government legislation to assist patients with MAID and to ensure that patient wishes are respected. The MAID team reaches out to the patient and family to understand their wishes and expectations, to offer the patient and family direction in the MAID process, to ensure that the family is aware of the different end of life options, and to provide patients with relevant resources.	Patients meeting Bill C14 criteria: Adults (≥18 years old) with mental competence, who have a grievous and irremediable medical condition requesting and providing informed consent to receive MAID	Province-wide covering all zones	✓
NDD Integrated Brain Health Initiative	Clinical programs and services are coordinated for patients and their families by a care coordinator.	Children 0-17 years old with complex needs relating to brain-related illness or injuries (such as epilepsy, developmental disabilities, and mental health concerns)	Calgary Zone	
Neonatal Intensive Care (NICU) Hematology Oncology Transition Nurse	Six month pilot program where the patient's primary nurse helped to navigate inpatient treatment protocols, interventions, and multi-disciplinary care, as well as organizing diagnostic tests and referrals. Nurses also helped patients and their families to connect with outpatient resources upon discharge. This pilot program has ended.	Patients of the Neonatal Intensive Care Units with Hematological/Oncological conditions	Central, Calgary, and South Zones	
Northern Alberta Renal Program	A patient navigator coordinates chronic kidney disease care, across 22 satellite dialysis units, home dialysis, and follow-up care.	Patients with kidney disease	North, Edmonton, and Central Zones, Northern BC, Northwest Territories, Saskatchewan	
Not Criminally Responsible (NCR) Rehabilitation Team – Transition to Community	Adults deemed not criminally responsible of a crime are referred for rehabilitation services, treatment and transition back to the community. This team advocates for the patient, identifying and helping the patient access services that may help with their rehabilitation. The team also helps the transition back into the community, connecting patients with community resources. This team also directly offers specific services and programs (e.g. addictions services).	Adults (≥18 years old) deemed not criminally responsible for a crime	Central, Calgary, and South Zones	
Partners for Better Health	A case manager provides support for patients, acts as a resource, and helps the patient to access relevant health and social services.	Patients with 2 or more chronic conditions, or patients from a "vulnerable population"	Calgary Zone	

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
Rapid Response Complex Needs – Pediatric Navigation Services	A multi-disciplinary team works with patients to coordinate care and services for patients to meet their rehabilitation needs.	Children ≤ 18 years old with neurodevelopmental and/or motor needs who are followed by the Glenrose Rehabilitation Hospital	Province-wide covering all zones	
Recreation and Aquatic Volunteer Service Specialized Rehabilitation Navigator	A patient navigation receives referrals and provides first point of contact with patients who have been referred for intensive, multi-disciplinary, specialized rehabilitation programs. The navigator takes the patient's rehabilitation history, and facilitates his/her admission to the program. Once in the program, the navigator helps coordinate care provided by the multi-disciplinary team, and also connects the patient to community resources once discharged from the program.	Adults ≥18 requiring multi-disciplinary treatment or specialized equipment for specialized physical rehabilitation	Edmonton Zone	
Rural Community Cancer Patient Navigator	Patient navigators provide local support, including connecting patients to local community resources and services (such as social work, dieticians, rehabilitation and support groups).	Patients with cancer	Rural communities: Province-wide covering all zones	
Surveillance and Surgery Clinic – Pediatric Navigation Services	A patient navigator coordinates and helps patients and their families navigate appointments and diagnostic tests required pre and post surgery. Support is also offered pre and post surgery.	Children ≤ 18 years old with neurodevelopmental and/or motor needs being followed by a physical medicine clinic, who require surgery Example of eligible patients include those with cerebral palsy or scoliosis who require surgery	Province-wide covering all zones	
Traditional Wellness Counsellors	Traditional wellness counsellors provide cultural and spiritual supports to Indigenous patients and Alberta Health Services staff.	Indigenous patients or Indigenous Alberta Health Services staff	Province-wide covering all zones	✓
Transition Services	Transition coordinators (nurses) in both acute care and the outpatient setting provides navigation services to find continuing care beds for patients who require supportive or facility living.	Adults (≥18 years old) with unmet care needs at home or supportive living facility	Edmonton Zone	
Well on your Way: Youth in Transition	This program helps to transition pediatric patients to adult care through two modalities. The first is a website, designed for youth 12 years and older, with information and resources regarding this transition. There is also a transition coordinator to provide resources and information as needed.	Children 12-18 years old transitioning from pediatric care at the Alberta Children's Hospital to adult care	Calgary Zone	✓
Primary Care Networks				
Camrose PCN	There is a nurse navigator at the local University of Alberta satellite location in Camrose to assist students by directing them to appropriate services for any health-related concerns. When there is a need voiced by patients of Camrose PCN, PCN staff help patients determine and direct patients to the appropriate resources	No limitations	Camrose and surrounding area	✓

Appendix 2, as supplied by the authors. Appendix to: Tang KL, Kelly J, Sharma N, et al. Patient navigation programs in Alberta, Canada: an environmental scan. *CMAJ Open* 2021. doi: 10.9778/cmajo.20210004.

Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
Edmonton PCN-Chronic Disease Management	There is an information line that patients can call with questions and for any information. Team members will also assist with referrals (made by family physicians) to the diabetes education centers and/or the adult bariatric clinic.	Patients with diabetes and/or obesity	Edmonton	✓
Grande Cache PCN	When the family physician makes a referral to a specialist physician, the patient navigator coordinates this appointment by providing appointment information to the patient, and by ensuring all diagnostic testing and pre-requisites for this appointment have been completed.	No limitations	Grande Cache and surrounding area	
Kalyna PCN	Different multi-disciplinary programs are offered to patients, including foot care, diabetes wellness clinic, geriatric assessment clinics, and nutrition programs.	Current patients of Kalyna PCN	Vegreville, Vermilon, Viking, Killam, Sedgewick, Tofield	✓
Lakeland PCN Social Worker Outreach	Social workers provide psychosocial support, provide counselling support, conduct home visits, and connect patients with community resources (e.g. housing, transportation).	No limitations	Lac La Biche, St. Paul, Glendon, Two Hills, Elk Point, Smokey Lake, Saddle Lake and surrounding First Nations reserves	
Northwest PCN-Medical Social Worker	A social worker works with patients and the local population to ensure that they have access to funding and services. This individual directs individuals to appropriate programs, helps with completing forms as needed, advocates for patients, sets up appointments, and arranges travel to appointments at larger centres. A second part of this role is to assist specifically with the neurodevelopmental clinic (team of physicians from Edmonton) and the local fetal alcohol spectrum disorder organizations to ensure that patients with FASD have a care team established.	No limitations	High Level, Fort Vermillion, Paddle Prairie Settlement, Fox Creek	✓
Northwest PCN – Perinatal Services	A nurse identifies any woman who may be pregnant (many of whom do not seek medical care or attention), sets them up with a physician, assists with getting blood work and ultrasounds completed and will do direct booking for individuals in Fox Creek.	Women who are currently pregnant	High Level, Fort Vermillion, Paddle Prairie Settlement, Fox Creek	✓
Red Deer PCN-Nursing Program	Nurses educate and help patients navigate through the available resources in the community, including health management and social resources (employment, income support, social benefits, job opportunities, housing options). Assistance is provided to access these resources, such as by teaching patients how to complete applications and forms.	Adults ≥18 years old	Red Deer and surrounding area	✓
Rocky Mountain PCN Nurse Navigator	A nurse navigator provides assistance to the family physicians at this clinic to help expedite patient care and to help patients navigate through the health care system. For example, when a referral to a physician specialist is made, the nurse navigator coordinates this appointment, ensures that the patient has	No limitations	Rocky Mountain House and surrounding area	

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Name	Description	Patient Eligibility	Area(s) Served	Self-Referral Possible
	completed all required diagnostic testing prior to the appointment, and provides patient education on what to expect at the appointment.			
Sherwood Park PCN Mental Health Program	Patients describing mental health concerns are seen by a program staff member to connect them with relevant local social programs, resources, and services.	Patients >10 years old describing mental health concerns	Sherwood Park/ Strathcona County	
Specialist Linkages Program	A navigator coordinates new consultation appointments with a physician specialist, as requested by the patient's family physician, with the patient and the specialist.	Individual requiring specialist consultation	Sherwood Park/ Strathcona County	
Wainwright PCN	Different multi-disciplinary programs are offered to patients, including geriatric assessment, prenatal assessment, and chronic disease management. There is additionally a referral coordinator for when patients are referred to physician specialists.	No limitations	Municipal District of Wainwright	
Wetaskiwin PCN-Mental Health	Two types of services are provided: 1) A psychologist and social worker provide patients with the available resources or navigate them to the necessary supports; 2) Mental health responders (total 2-5) in the Wetaskiwin emergency department ensure there is support available to connect mental health patients with the PCN or to other resources in the community	Patients with mental health concerns	Wetaskiwin and surrounding area	
Wetaskiwin PCN-Prenatal and Women's Health	Program staff assist patients in getting imaging appointments and in determining whether specialist care is needed (in Edmonton) for the pregnancy and any pregnancy-related complications.	Patients with chronic diseases	Wetaskiwin and surrounding area	
Wetaskiwin PCN-Targeted Care	The program primarily focuses on diabetes management and offers a centralized dietician and foot care specialist to work with patients. The RN and program staff will provide counseling for the patients if needed and assist patients in finding the appropriate resources. The RNs located in specific clinics will also take field calls from patients regarding questions about their care and assist in determining if they need an additional appointment to address their questions.	Women who are currently pregnant	Wetaskiwin and surrounding area	

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