# **PNDP Data Elements – Tracking Log**

OMB # 0915-XXXX

### **Navigated Patient Tracking Log Form Example**

Subject ID:	Date of Activity:
Patient Navigator:	Time of Activity:

## **<u>1. Characteristics of Communication</u>**

Туре	Person(s) Involved:	Reason for communication:
(Check only one)	(Check all that apply)	(Check all that apply)
Telephone call	Patient	Reminder call
Home meeting	Social network (family, friends, etc.)	Patient Education
Face-to-face meeting at clinic	Healthcare provider	Schedule health care appt.
Accompaniment to healthcare visit	Healthcare staff	Schedule other appointment
Accompaniment to social service site	Community resource staff	Arrange for medical records
Accompaniment to community org	Other:	Arrange for transportation
Written (email/letter)		Other arrangements
Other:		

#### 2. Patient Navigator Activities (Check All That Apply):

Coordinate health care services/ referrals	Assist patient overcome barriers
(screening and/or treatment)	Coordinate health care coverage
Facilitate involvement of community organizations	Assist in seeking preventative care
Notify and coordinate clinical trials	

#### **Barriers Addressed (Check All That Apply):**

Transportation	Language/Interpreter	Financial problems
Housing	Literacy	Employment issues
Childcare issues	Communication concerns with medical personnel	Perceptions about tests/treatment
Location of healthcare provider	System problems with scheduling care	Attitudes toward providers
Out of town/country	Medical/mental health comorbidity	No barriers identified
Patient disability	Insurance/high copay	Other
Fear		

#### 4. Referrals Facilitated Today (Navigation Targets) (Check All That Apply):

Screening	Social services
Treatment	Community organization (Type)
Pharmacy assistance program	Clinical trial
Health care coverage programs	Other

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

#### 5. Program status (Check Only One):

Navigation in progress Patient refused navigation	<b>OR Navigation complete:</b> Screening complete; negative finding
Patient cannot be reached/Lost to navigation	Followup test complete; negative finding Completed treatment Achieved other target
Visits Reported Since Last Patient Contact:	
Screening Date:	Hospital Stay (# Days):
Specialist Visit Dates:	Clinical Trial Attempt:
Primary Care Visit :	Social Service Visit:
Emergency Room Visit:	Community Organization Meetings:

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