

# PNDP Data Elements – Tracking Log

OMB # 0915-XXXX

## Navigated Patient Tracking Log Form Example

Subject ID: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Patient Navigator: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

### 1. Characteristics of Communication

<b>Type (Check only one)</b> <input type="checkbox"/> Telephone call <input type="checkbox"/> Home meeting <input type="checkbox"/> Face-to-face meeting at clinic <input type="checkbox"/> Accompaniment to healthcare visit <input type="checkbox"/> Accompaniment to social service site <input type="checkbox"/> Accompaniment to community org <input type="checkbox"/> Written (email/letter) <input type="checkbox"/> Other: _____	<b>Person(s) Involved: (Check all that apply)</b> <input type="checkbox"/> Patient <input type="checkbox"/> Social network (family, friends, etc.) <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Healthcare staff <input type="checkbox"/> Community resource staff <input type="checkbox"/> Other: _____	<b>Reason for communication: (Check all that apply)</b> <input type="checkbox"/> Reminder call <input type="checkbox"/> Patient Education <input type="checkbox"/> Schedule health care appt. <input type="checkbox"/> Schedule other appointment <input type="checkbox"/> Arrange for medical records <input type="checkbox"/> Arrange for transportation <input type="checkbox"/> Other arrangements
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### 2. Patient Navigator Activities (Check All That Apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Coordinate health care services/ referrals<br>(screening and/or treatment) | <input type="checkbox"/> Assist patient overcome barriers    |
| <input type="checkbox"/> Facilitate involvement of community organizations                          | <input type="checkbox"/> Coordinate health care coverage     |
| <input type="checkbox"/> Notify and coordinate clinical trials                                      | <input type="checkbox"/> Assist in seeking preventative care |

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Screening                     | <input type="checkbox"/> Social services                    |
| <input type="checkbox"/> Treatment                     | <input type="checkbox"/> Community organization (Type_____) |
| <input type="checkbox"/> Pharmacy assistance program   | <input type="checkbox"/> Clinical trial                     |
| <input type="checkbox"/> Health care coverage programs | <input type="checkbox"/> Other_____                         |

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

- Navigation in progress
- Patient refused navigation
- Patient cannot be reached/Lost to navigation

### OR Navigation complete:

- Screening complete; negative finding
- 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: \_\_\_\_\_