



System Navigator: Role Description Step 3 Resource

The goal of the System Navigator role is to ensure each Health Link patient/client is receiving the best care possible to meet their goals.

Coordinated Care Plans (CCPs) are individualized, coordinate plans that focus on a patient's/client's specific needs and involve all members of their care teams. **Each patient's or client's care team is different.** A care team could include the hospital, doctors, nurse practitioners, specialists, a long-term care facility, community agencies, or other programs and resources in the community.

Because each patient's/client's care team is unique, the most appropriate and capable person to play the role of System Navigator is often different and might change as the patient/client's care plan is carried out - or as their goals and needs evolve.

The System Navigator co-ordinates the implementation of the CCP and provides information and emotional support to the patient/client along the entire care journey.

Key Responsibilities:

1. Be the safe place for the patients, family and caregivers to express their concerns, improvements and/or opinions.
2. Conduct regular, pre-arranged check-ins (frequency depending on needs) with the patient/client and family (if patient wishes) to ensure that all services or supports are in place for them to implement their coordinated care plan. At these check-in's, the system navigator will:
 - Re-confirm goals with the patient/client
 - Review progress on CCP with patient and note any changes in services or medication
 - Identify any gaps in resources or supports that are not currently in place
 - Update CCP if change in status/CCP
3. Following each patient check-in, provide update to care team members if there is a change in status/CCP.
4. Seek out supports or resources to address any gaps identified at check-ins.
5. When appropriate (due to significant changes to status/CCP), coordinate and facilitate a care conference to re-assess patient needs and re-asses most appropriate and capable System Navigator to carry forward.
6. At the time of "transition" of the System Navigator role to another provider (, take the time to inform, update and outline the progress achieved to date as per the CCP, the remaining goals to be achieved and the next steps - to the patient and family, and also the care team.

Communication is the key to success...the role of the Navigator is not to just to make sure the plan is in place, but also to follow-up with other care team members to make sure there is follow-through!