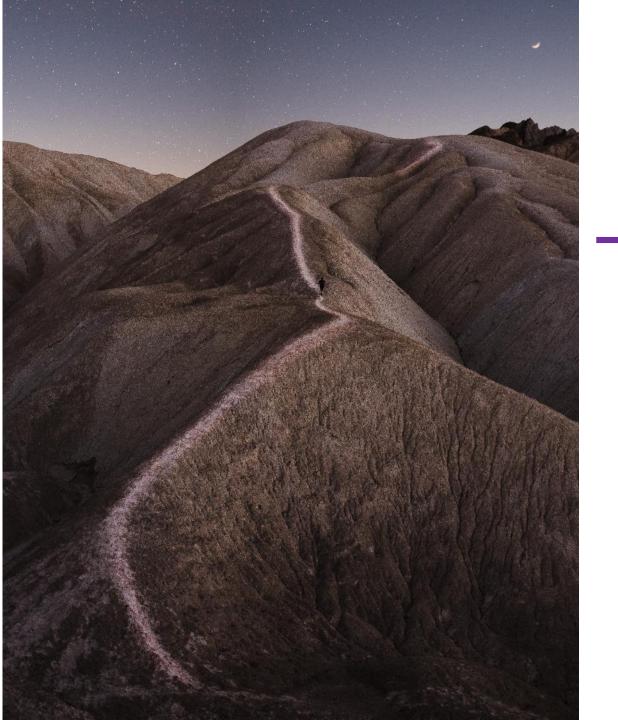




The goal of Nav-CARE is to improve the quality of life of adults living at home with illness by providing specially trained volunteers to create connections to community and to provide caring, consistent emotional support.



The Story of Nav-CARE

Dr. Barbara Pesut, University of British Columbia, Okanagan campus

Dr. Wendy Duggleby, University of Alberta



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Réseau canadien des soins aux personnes fragilisées









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- Alberta Hospice Palliative Care Association
- BC Cancer Agency
- Alberta Health Services
- Covenant Health
- Nova Scotia Hospice Palliative Care Association
- Nova Scotia Health Region
- Canadian Hospice Palliative Care Association

- Pallium Canada
- Greater Trail Hospice Society
- Castlegar Hospice Society
- Nelson and District Hospice Society
- North Okanagan Hospice Society
- Bulkley Valley Hospice Society
- Cranbrook Kimberly Hospice Society
- Desert Valley Hospice Society
- Central Okanagan Hospice Society
- Olds and District Hospice Society
- Camrose and Killam Hospice Society



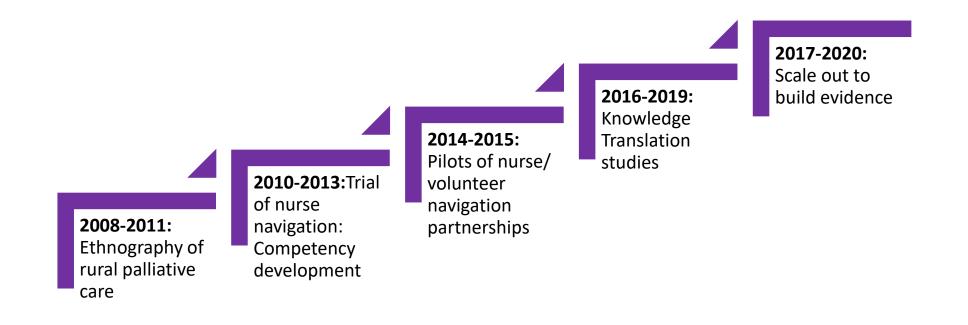
Acknowledgments: Thank you to our Knowledge Partners

- Colchester East Hants Hospice Society, Truro NS
- Shuswap Hospice Society, Salmon Arm BC
- Abbotsford Hospice Society
- Chilliwack Hospice Society
- Mission Hospice Society
- Comox Valley Hospice Society
- Victoria Hospice
- Kerby Centre, Calgary AB
- Vulcan & Region FCSS
- Dr. Tom Ward, Victoria BC
- Prairie Hospice Society, Saskatoon SK

- McNally House Hospice, Grimsby ON
- Hospice Niagara, St. Catharines ON
- Stedman Hospice, Brantford ON
- Dr. Aaron McKim, Portugal Cove NFL
- Kalein Centre, Nelson BC

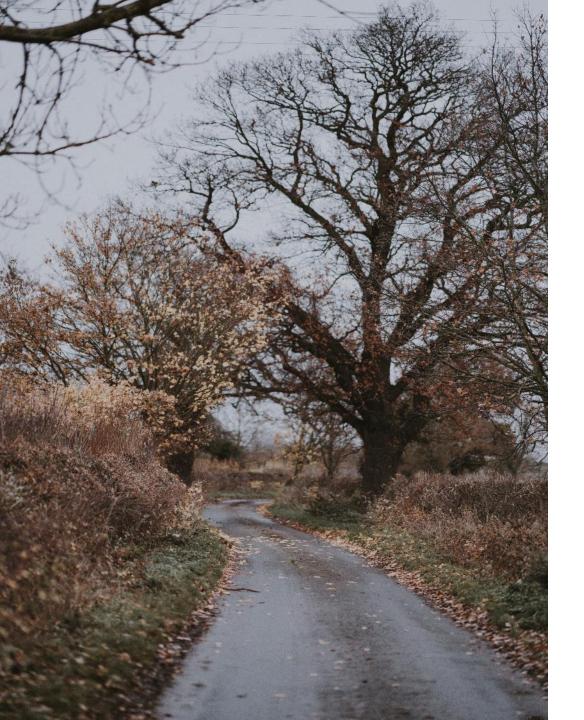


Building the Evidence: The twelve year journey



2017-2020: Scale Out





How Does Nav-CARE Work?

Compassionate-Communities Initiative

Living in a community that cares for each other makes us happier, keeps us connected and helps us find meaning in life.

- BC Centre for Palliative Care



The Nav-CARE Program

Volunteers visit clients in home to provide navigation support

Training

- Evidence-based education
- Ongoing mentorship by a Nurse Navigator

Community-based

- Adapted to community
 - context
 - Community-based
 - champions
- Community Resource Guide

Evaluation

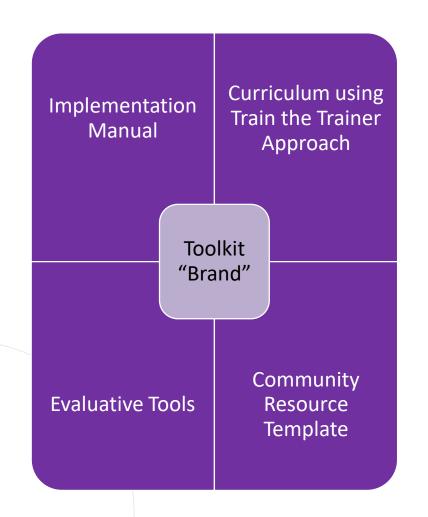
- Clients
- Volunteers
- Stakeholders

Resources Available to Implement Nav-CARE

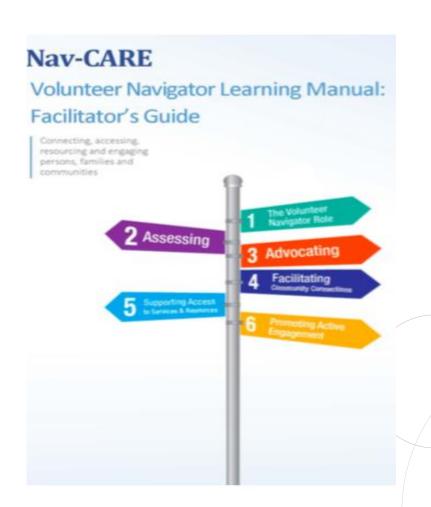


Volunteer Navigation Learning Manual





TRAIN-THE-TRAINER CURRICULUM



- Volunteer Navigator Training Manual
- Workshop Facilitator's Manual
- Power-points
- Case Studies
- Stories
- Role Plays
- Learning Activities
- Video

Volunteer Competencies

- 1. Provide client/family assessment (e.g., understand quality of life priorities).
- 2. Advocate for client/family (e.g., assist client and family to make wishes known).
- 3. Facilitate community connections (e.g., assist client/family to connect with networks).
- 4. Facilitate access to services and resources (e.g., computer assistance).
- 5. Promote active engagement (e.g., build capacity toward desired level of engagement).

The Volunteer
Navigator Role

Advocating

Assessing

4 Facilitating Community Connections

6 Promoting Active



Who Does Nav-CARE Serve?



Seniors Living at Home with Illness

- Lack of early supportive care.
- Lack of knowledge of resources.
- Loneliness and isolation.
- Multiple complex decisions.
- Heavy symptom burden.

Did you know? One in five seniors report that they experience emotional distress and have difficulty coping day-to-day.

Loneliness and social isolation are significant predictors of healthcare utilization*

^{*}Canadian Institute for Health analysis based on Commonwealth Fund 2016 survey of seniors in 11 countries.



Quality of Life Issues: Candidates for Nav-CARE

- Loneliness or social isolation.
- Recent loss.
- Mobility or sensory challenges.
- Multiple concurrent life changes.

- Increasing disengagement.
- Coping with multiple decisions.
- Difficulty finding/accessing information or resources.
- A perceived need.



Day-to-Day Challenges: A Role for Nav-CARE Volunteers

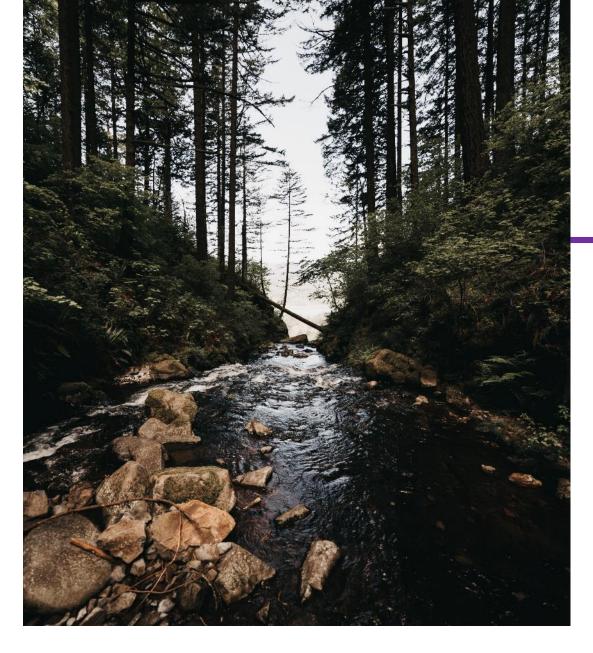
- Changes in eyesight and hearing.
- Financial concerns.
- Energy levels.
- Family and pet concerns.
- Grocery shopping and meal planning.
- Maintaining friendships.
- Relocation and housing.

- Home and vehicle maintenance.
- Uncertainty around illness.
- Outlook on life and death.
- Weather barriers.
- Managing technology.
- Reviewing life.
- Caregiver respite.

All of these concerns directly impact health and healthcare, but do not fall within the responsibility of healthcare practitioners.



Who Implements Nav-CARE?



HospiceAn Upstream Role for Volunteers Within Hospice

Bereavement Volunteers

Hospice Volunteers

Nav-CARE Volunteers

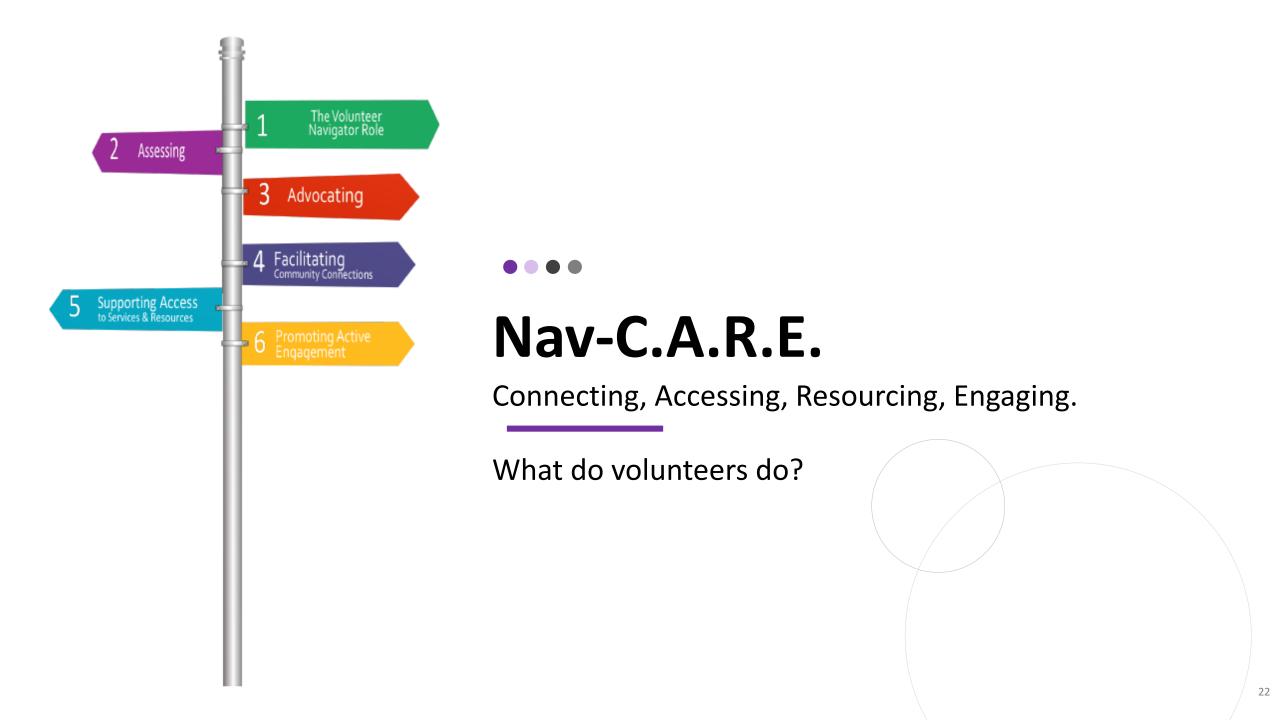


Community-Based Organizations

Extending Reach and Capacity









Connecting to Others

- Building rapport through social conversations.
- Identifying and building social connections by being a companion or planning for companionship.
- Being the safe space discussions around illness, coping, and overall life impact.
- Providing the means through which to communicate with others (e.g., those with sensory challenges)



Accessing Available Services and Resources

- Strategies to work with healthcare providers (e.g., identifying priority problems, planning conversations, attending visits as a 'second ear')
- Mobility and transport options.
- Companion for errands and outings.
- Technology assistance.



Resourcing According to Need

- Home services (e.g., gardening help)
- Available living options in the community (e.g., rentals that accept pets).
- Life changes (e.g., downsizing possessions).
- Comfort adaptations (e.g., replacing old shoes).
- Senior resources (e.g., ombudsman, office of senior's advocate, senior's centre, adult day program).
- Policy changes/services that affect seniors (e.g., information about changes to MSP premiums for lowincome earners)



Engaging with Life

- Renewing old hobbies (e.g., coloring leading to art classes, games).
- Seniors activity planning.
- Advance care planning (e.g., funeral home visits, writing out things that they want healthcare providers to know).
- Facilitation of plan for client's volunteer work (e.g., helping refugees moving into the community).
- Strategies for preparing for stressful events (e.g., renewing driver's license).





Evaluation



Nav-CARE Evaluation Data

Adult and Family

- Qualitative interviews
- Quality of life
- Engagement questionnaire

Volunteers

- Self-efficacy and satisfaction questionnaires
- Qualitative interviews
- Monthly 'coaching' teleconferences
- Quality of life

Organizational Stakeholders

- Qualitative interviews & questionnaires
- Monthly implementation teleconferences

Nav-CARE Costing



Snapshot of Findings

Volunteers

- Highly satisfied with role.
- Resourceful in navigation support.
- Good perceived selfefficacy in the navigation role.

Clients

- Service important to their care.
- Tangible benefits that transformed experience of living with serious illness.

Stakeholders

- Nav-CARE meeting an important need.
- Well-designed.
- Key supports required for sustainability.



Adult Client and Family Reasons for Participating

- Talking to someone about their illness who had some knowledge of the disease trajectory but who
 was not affected by the illness.
- Learning about potential resources in their community.
- Overcoming loneliness and social isolation.





Benefits: Client Perspectives

Companionship: Client Perspectives

My two boys are in the city and especially in the winter, they can't come down because they have their own jobs and families to look after. So it was nice to have someone in the community to talk to and connect with (Client).

There are a lot of people out there who are ill and no one knows it, and they suffer in silence, which also causes depression (Client).

She [the Volunteer] sang karaoke and we went and listened to karaoke and I met her spouse and children...we really made a friend connection (Client).

Trusted and Caring Listener Client Perspectives

I've learned to live with what I have and I don't talk about it all the time. But to be able to talk to someone who understands you, really understands what you're going through, has been a relief to me (Client).

It just gave [me] some peace of mind in this situation that I am in to think that **she could hear me**. When I needed to talk we would just go for a walk (Client).

You need someone who understands and is supportive. You can't rely on doctors because most of them have never been sick in their life. They don't understand the amount of pain that you go through (Client).



Safety and Stability



I need something that's reliable in my life. The navigator is usually a minute early. Because when you're in this condition, you really need stability and security knowing that this is one thing you can hang on to as things go sideways...It really has been profound. I've told her this, but I haven't been weeping when I told her. I'm getting all weepy as I think about this (Client).

It was just knowing that I could pick up the phone and call her, I guess. That was the most important thing. (Client)

Family-Centered but NOT Family. Client Perspectives



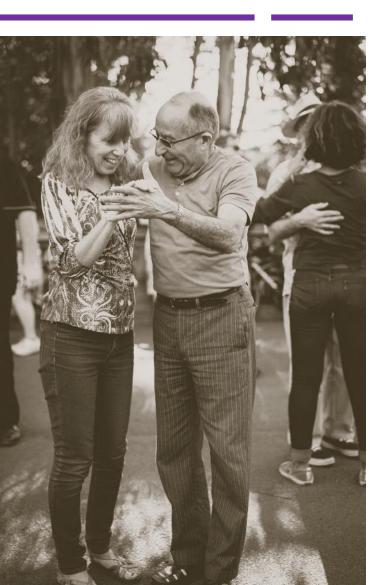


Transition Support

Everything comes at you so fast and there are so many decisions to make and you're all sixes and sevens and when your volunteers come out we can sit and talk about this and that, and it helps us understand a little more. And oh, what a difference that makes (Client).

We took a couple visits outside which was good because the physical activity was good for me. We went to Hospice House the one time, which I figured I needed help with...she introduced me to people there and we had a tour of the place. It just made me a lot more comfortable...becoming a bit more familiar with it (Client).

Engagement



I was surprised by how much it does help the minute she comes in. And later on I said to someone, 'You know, I did this and I didn't realize that I could still do it' (Client).

Before he came into my life I was just sleeping all the time and not doing anything. I would cancel my doctors appointments, just not go. And he made me see that the doctors appointments were important. And to be honest with the doctors and not to be afraid to ask for help (Client).

Nav-CARE is focused on living — living the best you can with whatever you've got each day of the year. That has been a real bonus for me from this research. It has led to other connections. (Client)

I'm a late-stage palliative. So, that was a bit of reality upside the head but it was good, it was really helpful, so that I could move on. She was helpful as I began to look at getting my Power-of-Attorney and my Representation Agreement and all that in place. (Client).

One really important thing was having a will drawn up. I didn't have anything in place at all and my volunteer helped me get into a pro bono program where they helped me out financially...and showed me an awful lot that I wasn't aware of that is required in a legal will nowadays. It really helped a lot (Client).

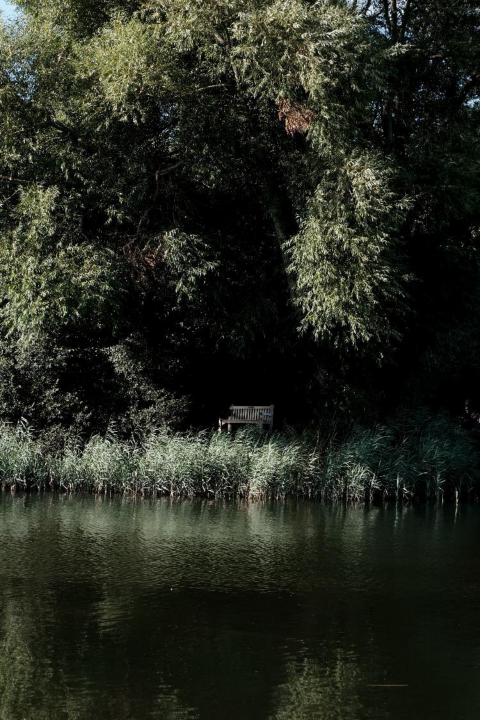
Planning



We Asked Clients: 'How important is this service to you?'

• Clients rated the Nav-CARE service an **8-10**, out of a possible **10**.





Family Perspectives

- Benefit of emotional and physical respite
- Social support
- Help into bereavement
- Sign-posting
- Access to resources





Barriers and Facilitators

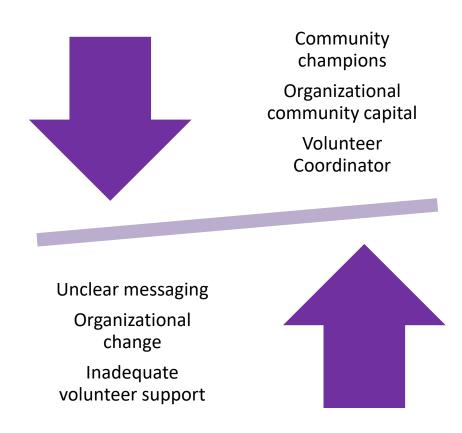
to Implementing Nav-CARE





Implementation Lessons

• The number one barrier to implementing Nav-CARE is **client recruitment**.





Nav-CARE: Making Connections, Making a Difference

As a health practitioner, you're often the first to recognize how living with serious illness can affect the quality of life of your elderly patients. Many seniors need added support to help them cope with feelings of isolation and emotional distress so they can live happier, more fulfilling lives.*

Nav-CARE is a new, free program designed to complement existing home and community care and bring your patients the extra support they need. Our specially trained volunteers, work with those living with serious illness to access resources and services in the community while providing companionship and emotional support. Like a helpful neighbour or friend, Nav-CARE volunteers visit people in their home on a regular basis with a focus on enhancing their quality of life.

**Canadian Institute for Heelth enalysis based on Commonwealth Fund 2016 survey of seniors in 11 countries. Nav-CARE's approach to connection and support for adults living with serious illness is evidence-based and built on research led by Dr. Barb Pesut, Canada Research Chair in Health, Ethics and Diversity at UBC and Dr. Wendy Duggleby, Research Chair in Aging and Quality of Life, at the University of Alberta. After a successful 2-year pilot, the program is now expanding across Canada.



Public Education Toolkit

Brochures for Healthcare Providers

Brochures for the Public

Posters for the Public

Nav-CARE prescription and note pads

Power-point presentation

Talking points for healthcare providers

Talking points for the public



The Nav-CARE Coordinator is Key to Success

Who is a desirable Nav-CARE Coordinator?

• Someone who is informed, supportive of Nav-CARE, community outreach-oriented, a good volunteer mentor, and skilled at matching volunteers with clients.

What did we find?

Rapid and persistent turnover in coordinators → messaging and momentum lost.

What do coordinators need to do their job well?

- Intra-organizational support that adapts to a fluctuating workload.
- Connection to other coordinators across the country.
- Community champion support.



Volunteer Factors that Ensure Success

- Suitable background and expertise:
 - Familiar with illness and healthcare experiences.
 - Comfortable working one on one in the home.
 - Clear boundaries.
 - Problem solver.
- Preparation:
 - Adequacy of preparation depended upon the volunteer background.
 - More focus on role and boundaries needed.
- Attrition of volunteers if clients were not recruited in a timely manner.
- Ongoing education for the role is important.
- Network of support, respite, and self-care required because of their client relational commitments.



For communities interested in implementing or sustaining Nav-CARE

Some Key Factors to Consider





Community Implementation Steps

Community Preparation

- Identify champions to discuss community readiness.
- Presentation to community.
- Tool kit and MOA.

Volunteer Development

- Identify coordinator and volunteers.
- Provide education using train-the-trainer approach.
- Begin to raise profile of Nav-CARE in the community

Implementation

- Recruit clients and provide services.
- Continue community awareness
- Evaluation at 3 time points



Community Readiness



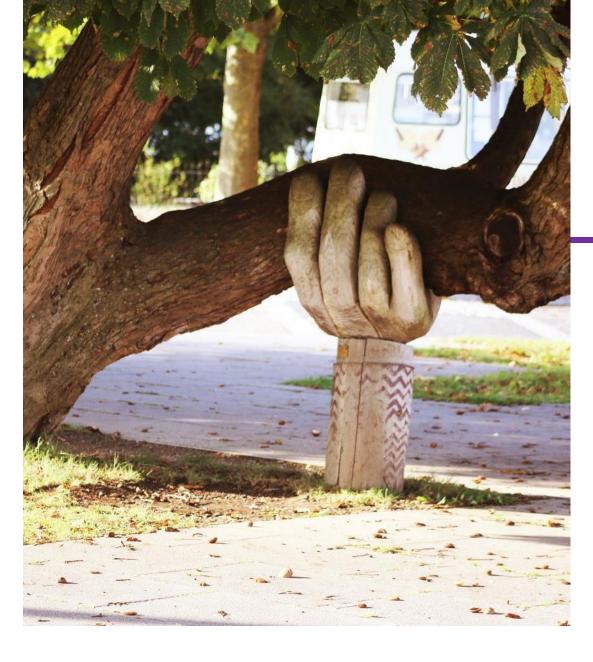
Nav-CARE: Establishing Readiness

- Does Nav-CARE fit with the strategic direction of your organization?
- Can you gather a key group of stakeholders who can support the program in your community?
- Do you have a coorindator who can:
 - (1) promote the program in the community
 - (2) mentor and support volunteers
 - (3) connect with key healthcare people
 - (4) work with UBC in collecting evaluation data
- Are there ways in which you might like to adapt Nav-CARE to make it more suitable to your organization?

Reasons for Developing a Nav-CARE Service

- Creating strong community outreach and connections.
- Reaching clients earlier to improve quality of life.
- Revitalizing a home visiting program.
- Expanding existing services.
- Creating a stronger surveillance system.





Essential Characteristics for Success

- Well-developed mechanisms to support volunteers.
- Experienced volunteers willing to dedicate 2-3 hours per week.
- Integration with local health and community resources.
- Strong champions who are familiar with the goals of Nav-CARE.
- Adaptations to Nav-CARE that suit the community context.



THANK YOU



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www.nav-care.ca