

**Appendix A:
Focus Group and Interview Guides**

Final Moderator's Guide Navigated Patients

Introduction & Warm-up

15 Minutes

Introduce self, thank participants for coming and tell them the purpose of this afternoon's/ evening's discussion.

You have all been invited here because you have all been touched by cancer. Corporate Research Associates has been hired by Cancer Care NS to conduct a series of discussion groups with people who are at different stages of cancer treatment. We will also be talking to the family members of patients as well as health professionals.

The purpose behind these discussions, like the one we will have today/tonight, is to learn more about the experiences of cancer patients. We have invited you here to learn more about the issues and concerns of cancer patients as it relates to your experiences with the cancer care system. We recognize that people with cancer may have some similar experiences as well as different experiences. We are interested in hearing from everyone, so if your experience differs from someone else in the group or you have a different opinion or view, that is okay and I would really appreciate it if you would share your experience or view with the group. There are no right or wrong answers.

I will be audio-taping our discussion here this evening. The taping is strictly for my purposes. I can't take notes and give the group my full attention, so I will tape our discussion so I can refer to it when I write my report. I will be just listening to the comments made in general and will not be recording who said what. I realize that some people may be uncomfortable saying something on tape. If at any time you would like to say something that you feel uncomfortable saying on tape then you can shut the tape recorder off and turn it on when you are ready, I don't mind.

So to get things started, I would just like to go around the table and have everyone say their name, what type of cancer they have and how long ago they were diagnosed with cancer. Then I would like for you to tell me who lives with you in your house.

Journey Map

70 Minutes

Break into pairs and, if possible, have participants with the same type of cancer work together on building their journey maps.

As I mentioned we would like to learn more about your experiences as cancer patients. To do this, I am going to break the group up into pairs and get each team to create a journey map. A journey map is a way of looking at a specific period of time and the experiences and events that have taken place in that time. For the purposes of our discussion here, the journey maps will cover your experiences and events that have occurred during your journey with cancer.

The journey map will cover the time from when you were diagnosed and it will cover any treatment you may have had or are having and following treatment. This map will bring you right up to this evening. I understand that people may be at different stages of the journey. That is okay.

What I would like you to do is write down the key events, activities and issues during your cancer journey that stand out in your mind. You and your partner will write down your own key events, activities or issues separately for your journey. In some cases you might have similar experiences and in other cases you may have different ones. It doesn't matter. We are looking for a wide variety of experiences. You can talk with your partner and work together as a team to complete your map, but there should not be any cross-team talk at this time.

I will give each pair a sheet of flip chart paper to make your map. I would like for you to choose a marker that is different from your partner's so we can tell your key experiences apart. Does anyone have any questions before we begin?

Give participants 11 minutes to complete their maps.

I would now like for you to draw a line under what you have just written and I would like for you to do is, again working with your partner, write down your key supports during your journey. A key support can be anything you drew or are drawing strength from, so it can be a person, it can be a place, a group, an activity, an object, it can be anything you felt was a support. You can list as many or as few as are relevant to you.

Give participants 6 minutes to complete the key supports component of this exercise.

Looking at your list of supports, I would like you to put a mark beside what you would consider to be your one or two primary supports during your journey. Again, you and your partner may identify different ones. I'll give you another two minutes.

After the time is up, have participants post their maps up on the walls around the room and have each participant tell the group about their map.

Tell the group that as we are discussing each other's map, if something someone says triggers an event or support that they forgot they are free to go up and update their map.

Exercise 1: Journey Map Discussion

As each participant presents their journey map probe such areas as:

- What were some of the key issues you faced during your cancer journey?
 - At what stage did they occur? Diagnosis? Treatment? Post-treatment?
- Did anyone help you address these issues? If yes, how did they help?

Diagnosis:

- Did you receive any information about your diagnosis?
 - *If yes*, what kind of information did you receive and from who? What did you think of this information? Was it useful? Was it adequate?
 - *If no*, were you told where you could follow up to find information? Where were you told you could find information?
 - *For both*: Did you want any information? How did you want to receive information?
- Who, if anyone, helped prepare you for your cancer journey?
- What, if anything, was done to prepare you for your cancer journey?
- How helpful, if at all, was this in preparing you for your cancer journey? Could you explain?
- What, if anything, had you heard about the patient navigator?
- *If had heard*, where did you hear about the patient navigator?
- What contact, if any, did you have with the patient navigator?
- How long was the time from diagnosis till you have contact with the patient navigator?
- How was this contact initiated? Were you referred and, if yes, by whom?
- Once you were in contact with the patient navigator, what did you see as the role of the patient navigator?

- What written information, if any, were you given on the patient navigation role? What did you think of the information?
- Tell me about your contact with the patient navigator. *Probe:* Was your contact generally by phone or in-person? How often have you been in contact with the patient navigator? How long do you generally speak with the patient navigator?
- In what ways, if any, did the patient navigator assist you in your cancer journey?
 - What about in terms of providing information?
 - Helping coordinate care or dealing with various issues? *Probe* on financial, transportation, accommodations?
- Were there any issues that the patient navigator was unable to resolve?
- *If yes*, can you tell me about them? What did the patient navigator do?
- Did the assistance of the patient navigator better prepare you for your cancer journey? Why or why not?

Treatment:

- Thinking about the treatment phase, were you given any treatment options?
- Did you want to be involved in choosing the type of treatment you were going to have?
- How did you decide on your treatment or care options?
- Did you feel you were adequately informed about your treatment options? Why or why not?
- Who or what, if anyone or anything, helped you better understand your treatment options?
 - What role, if any, did the patient navigator play?
- Did you feel you were adequately prepared for treatment? Why or why not?
- Who or what, if anyone or anything, helped prepare you for what to expect for treatment and your visit to the cancer care clinic?
 - What role, if any, did the patient navigator play?

Post Treatment/Follow-up:

- Thinking of post-treatment or follow up, what assistance, if any, did you need?
 - What issues, if any, were there during this part of your cancer journey that needed to be addressed?
 - What about in terms of accessing community supports such as support groups? Finding home support care? Re-entry into the workforce?
- From who or where did you receive assistance?
- Did this assistance meet your needs? Why or why not?
- What contact, if any, did you have with the patient navigator at this point? Tell me about it.

Exercise 2: Key Supports Discussion

*After each pair has presented their journey map, go back and review key supports.
Probes include:*

- What or who was your primary support and why?
- Were there any changes in your key supports during your journey? If yes, how and why?
- Did you draw more or less from certain supports during different times? Could you explain how and why?
- Were there any gaps in your key supports, people, places, things that would have made your journey easier? If yes, could you describe what would have improved the journey and how it would have improved it.
- How important, if at all, was your family physician to you as a source of support? Why do you feel this way?
- How important, if at all, was the patient navigator to you as a source of support? Why do you feel this way?

- How do you think your cancer journey might have been different if you had not had access to the patient navigator?

Improving the Journey

30 Minutes

Assign each participant a new partner.

Thinking about your journey and your own personal experiences, I would like for you to work with your partner to identify three areas (or more if you are able) where there were gaps or areas that need improvement.

Give participants 6 minutes to write down their gaps.

Now I would like for you to work with your partner to come up with potential solutions to the areas or issues you just identified that require improvement. I know you may not have a ready solution to some of these issues, but just try and think of a starting point or a place where we could begin to overcome this obstacle. Think of what could have made a difference for you.

Give participants 7 minutes to come up with some suggestions. When time is up, go around the table and discuss their suggestions.

- What areas need improvement?
- What role could the patient navigator play in this area?

- What gaps, if any, are there in the services provided by the patient navigator?
- How could these be solved?
- How could the patient navigation program be improved?

Wrap-up and Closing

5 Minutes

On behalf of Cancer Care Nova Scotia, I would like to thank you for your participation and sharing your experiences with the group tonight. Your thoughts and opinions are valued and we have learned a lot through our discussion. Your input will help to improve cancer care delivery in Nova Scotia.

Final Moderator's Guide Family Members Navigated Patients

Introduction & Warm-up

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Introduce self, thank participants for coming and tell them the purpose of this afternoon's/ evening's discussion.

You have all been invited here because someone close to you has been touched by cancer. Corporate Research Associates has been hired by Cancer Care NS to conduct a series of discussion groups. We will be talking with people like you, who as family members, have been touched by cancer. We will also be speaking with people who are at different stages of cancer treatment and health professionals.

The purpose behind these discussions, like the one we will have today/tonight, is to learn more about the experiences of cancer patients and their family members. We have invited you here to learn more about the issues and concerns of cancer patients and their family members as it relates to your experiences with the cancer care system. We recognize that family members of people with cancer may have some similar experiences as well as different experiences. We are interested in hearing from everyone, so if your experience differs from someone else in the group or you have a different opinion or view, that is okay and I would really appreciate it if you would share your experience or view with the group. There are no right or wrong answers.

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So to get things started, I would just like to go around the table and have everyone say their name, their relationship to the person who has cancer and what type of cancer they have and when they were diagnosed with cancer. Then I would like for you to tell me who lives with you in your house.

Journey Map

70 Minutes

Break into pairs and, if possible, have participants whose family member has the same type of cancer work together on building their journey maps.

As I mentioned we would like to learn more about your experiences as family members of people who have been diagnosed with cancer. To do this, I am going to break the group up into pairs and get each team to create a journey map. A journey map is a way of looking at a specific period of time and the experiences and events that have taken place in that time. For the purposes of our discussion here, the journey maps will cover your experiences and events that have occurred during your journey with your loved one/family member who has been diagnosed with cancer.

The journey map will cover the time from when your family member was diagnosed and it will cover any treatment they may have had or are having and following treatment. This map will bring you right up to this evening. I understand that your family members may be at different stages of the journey. That is okay.

What I would like you to do is write down the key events, activities and issues during this cancer journey that stand out in your mind. You and your partner will write down your own key events, activities or issues separately for your journey. In some cases you might have similar experiences and in other cases

you may have different ones. It doesn't matter. We are looking for a wide variety of experiences. You can talk with your partner and work together as a team to complete your map, but there should not be any cross-team talk at this time.

I will give each pair a sheet of flip chart paper to make your map. I would like for you to choose a marker that is different from your partner's so we can tell your key experiences apart. Does anyone have any questions before we begin?

Give participants 11 minutes to complete their maps.

I would now like for you to draw a line under what you have just written and I would like for you to do is, again working with your partner, write down your key supports during this journey. A key support can be anything you drew or are drawing strength from, so it can be a person, it can be a place, a group, an activity, an object, it can be anything you felt was a support. You can list as many or as few as are relevant to you.

Give participants 6 minutes to complete the key supports component of this exercise.

Looking at your list of supports, I would like you to put a mark beside what you would consider to be your one or two primary supports during the journey. Again, you and your partner may identify different ones. I'll give you another two minutes.

After the time is up, have participants post their maps up on the walls around the room and have each participant tell the group about their map.

Tell the group that as we are discussing each other's map, if something someone says triggers an event or support that they forgot they are free to go up and update their map.

Exercise 1: Journey Map Discussion

As each participant presents their journey map probe such areas as:

- What were some of the key issues you faced with your family member during the cancer journey?
 - At what stage did they occur? Diagnosis? Treatment? Post-treatment?
- Did anyone help you address these issues? If yes, how did they help?

Diagnosis:

- Did you receive any information about the diagnosis?
 - *If yes*, what kind of information did you receive and from who? What did you think of this information? Was it useful? Was it adequate?
 - *If no*, were you or your family member told where you could follow up to find information? Where were you told you could find information?
 - *For both*: Did you want any information? How did you want to receive information?
- Who, if anyone, helped prepare your family member or you for the cancer journey?
- What, if anything, was done to prepare your family member or you for the cancer journey?
- How helpful, if at all, was this in preparing your family member and you for the cancer journey? Could you explain?
- What, if anything, had you heard about the patient navigator?
- *If had heard*, where did you hear about the patient navigator?

- What contact, if any, did you or your family member have with the patient navigator?
- How long was the time from diagnosis till your family member or you have contact with the patient navigator?
- How was this contact initiated? Were you referred and, if yes, by whom?
- Once you or your family member were in contact with the patient navigator, what did you see as the role of the patient navigator?
 - What written information, if any, were you given on the patient navigation role? What did you think of the information?
- Tell me about your family member's or your contact with the patient navigator. *Probe:* Was their/your contact generally by phone or in-person? How often have they/you been in contact with the patient navigator? How long do they/you generally speak with the patient navigator?
- In what ways, if any, did the patient navigator assist your family member or you in the cancer journey?
 - What about in terms of providing information?
 - Helping coordinate care or dealing with various issues? Probe on financial, transportation, accommodations?
- Were there any issues that the patient navigator was unable to resolve?
- *If yes*, can you tell me about them? What did the patient navigator do?
- Did the assistance of the patient navigator better prepare your family member or you for the cancer journey? Why or why not?

Treatment:

- Thinking about the treatment phase, was your family member given any treatment options?
- Did they want to be involved in choosing the type of treatment they were going to have?
- How did they decide on their treatment or care options?
- Did you feel they were adequately informed about the treatment options? Why or why not?
- Who or what, if anyone or anything, helped your family member or you better understand the treatment options?
 - What role, if any, did the patient navigator play?
- Did you feel your family member and you were adequately prepared for treatment? Why or why not?
- Who or what, if anyone or anything, helped prepare your family member or you for what to expect for treatment and the visit to the cancer care clinic?
 - What role, if any, did the patient navigator play?

Post Treatment/Follow-up:

- Thinking of post-treatment or follow up, what assistance, if any, did your family member need?
 - What issues, if any, were there during this part of the cancer journey that needed to be addressed?
 - What about in terms of accessing community supports such as support groups? Finding home support care? Re-entry into the workforce?
- From who or where did your family member or you receive assistance?
- Did this assistance meet your needs? Why or why not?
- What contact, if any, did your family member or you have with the patient navigator at this point? Tell me about it.

Exercise 2: Key Supports Discussion

*After each pair has presented their journey map, go back and review key supports.
Probes include:*

- What or who was your primary support and why?
- Were there any changes in your key supports during the journey? If yes, how and why?
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- Were there any gaps in your key supports, people, places, things that would have made the journey easier? If yes, could you describe what would have improved the journey and how it would have improved it.
- How important, if at all, was the family physician to your family member or you as a source of support? Why do you feel this way?
- How important, if at all, was the patient navigator to your family member or you as a source of support? Why do you feel this way?

- How do you think the cancer journey might have been different if you or your family member did not have access to the patient navigator?

Improving the Journey

30 Minutes

Assign each participant a new partner.

Thinking about the journey and your own personal experiences, I would like for you to work with your partner to identify three areas (or more if you are able) where there were gaps or areas that need improvement.

Give participants 6 minutes to write down their gaps.

Now I would like for you to work with your partner to come up with potential solutions to the areas or issues you just identified that require improvement. I know you may not have a ready solution to some of these issues, but just try and think of a starting point or a place where we could begin to overcome this obstacle. Think of what could have made a difference for you.

Give participants 7 minutes to come up with some suggestions. When time is up, go around the table and discuss their suggestions.

- What areas need improvement?
- What role could the patient navigator play in this area?

- What gaps, if any, are there in the services provided by the patient navigator?
- How could these be solved?
- How could the patient navigation program be improved?

Wrap-up and Closing

5 Minutes

On behalf of Cancer Care Nova Scotia, I would like to thank you for your participation and sharing your experiences with the group tonight. Your thoughts and opinions are valued and we have learned a lot through our discussion. Your input will help to improve cancer care delivery in Nova Scotia.

Final Moderator's Guide Non-Navigated Patients

Introduction & Warm-up

15 Minutes

Introduce self, thank participants for coming and tell them the purpose of this afternoon's/ evening's discussion.

You have all been invited here because you have all been touched by cancer. Corporate Research Associates has been hired by Cancer Care NS to conduct a series of discussion groups with people who are at different stages of cancer treatment. We will also be talking to the family members of patients as well as health professionals.

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So to get things started, I would just like to go around the table and have everyone say their name, what type of cancer they have and how long ago they were diagnosed with cancer. Then I would like for you to tell me who lives with you in your house.

Journey Map

70 Minutes

Break into pairs and, if possible, have participants with the same type of cancer work together on building their journey maps.

As I mentioned we would like to learn more about your experiences as cancer patients. To do this, I am going to break the group up into pairs and get each team to create a journey map. A journey map is a way of looking at a specific period of time and the experiences and events that have taken place in that time. For the purposes of our discussion here, the journey maps will cover your experiences and events that have occurred during your journey with cancer.

The journey map will cover the time from when you were diagnosed and it will cover any treatment you may have had or are having and following treatment. This map will bring you right up to this evening. I understand that people may be at different stages of the journey. That is okay.

What I would like you to do is write down the key events, activities and issues during your cancer journey that stand out in your mind. You and your partner will write down your own key events, activities or issues separately for your journey. In some cases you might have similar experiences and in other cases you may have different ones. It doesn't matter. We are looking for a wide variety of experiences. You can talk with your partner and work together as a team to complete your map, but there should not be any cross-team talk at this time.

I will give each pair a sheet of flip chart paper to make your map. I would like for you to choose a marker that is different from your partner's so we can tell your key experiences apart. Does anyone have any questions before we begin?

Give participants 11 minutes to complete their maps.

I would now like for you to draw a line under what you have just written and I would like for you to do is, again working with your partner, write down your key supports during your journey. A key support can be anything you drew or are drawing strength from, so it can be a person, it can be a place, a group, an activity, an object, it can be anything you felt was a support. You can list as many or as few as are relevant to you.

Give participants 6 minutes to complete the key supports component of this exercise.

Looking at your list of supports, I would like you to put a mark beside what you would consider to be your one or two primary supports during your journey. Again, you and your partner may identify different ones. I'll give you another two minutes.

After the time is up, have participants post their maps up on the walls around the room and have each participant tell the group about their map.

Tell the group that as we are discussing each other's map, if something someone says triggers an event or support that they forgot they are free to go up and update their map.

Exercise 1: Journey Map Discussion

As each participant presents their journey map probe such areas as:

- What were some of the key issues you faced during your cancer journey?
 - At what stage did they occur? Diagnosis? Treatment? Post-treatment?
- Did anyone help you address these issues? If yes, how did they help?

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- Did you receive any information about your diagnosis?
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- What, if anything, was done to prepare you for your cancer journey?
- How helpful, if at all, was this in preparing you for your cancer journey? Could you explain?
- What would have helped to better prepare you for your cancer journey?

Treatment:

- Thinking about the treatment phase, were you given any treatment options?
- Did you want to be involved in choosing the type of treatment you were going to have?
- How did you decide on your treatment or care options?
- Did you feel you were adequately informed about your treatment options? Why or why not?
- Who or what, if anyone or anything, helped you better understand your treatment options?
- Did you feel you were adequately prepared for treatment? Why or why not?
- Who or what, if anyone or anything, helped prepare you for what to expect for treatment and your visit to the cancer care clinic?

Post Treatment/Follow-up:

- Thinking of post-treatment or follow up, what assistance, if any, did you need?
 - What issues, if any, were there during this part of your cancer journey that needed to be addressed?
 - What about in terms of accessing community supports such as support groups? Finding home support care? Re-entry into the workforce?
- Did you know where to go to receive assistance?
- From who or where did you receive assistance?
- Did this assistance meet your needs? Why or why not?

Exercise 2: Key Supports Discussion

*After each pair has presented their journey map, go back and review key supports.
Probes include:*

- What or who was your primary support and why?
- Were there any changes in your key supports during your journey? If yes, how and why?
- Did you draw more or less from certain supports during different times? Could you explain how and why?
- Were there any gaps in your key supports, people, places, things that would have made your journey easier? If yes, could you describe what would have improved the journey and how it would have improved it.
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Improving the Journey

30 Minutes

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- What areas need improvement?
- How could these be solved?

Wrap-up and Closing

5 Minutes

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Journey Map

70 Minutes

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Exercise 1: Journey Map Discussion

As each participant presents their journey map probe such areas as:

- What were some of the key issues you faced with your family member during the cancer journey?
 - At what stage did they occur? Diagnosis? Treatment? Post-treatment?
- Did anyone help you address these issues? If yes, how did they help?

Diagnosis:

- Did you receive any information about the diagnosis?
 - *If yes*, what kind of information did you receive and from who? What did you think of this information? Was it useful? Was it adequate?
 - *If no*, were you or your family member told where you could follow up to find information? Where were you told you could find information?
 - *For both*: Did you want any information? How did you want to receive information?
- Who, if anyone, helped prepare your family member or you for the cancer journey?
- What, if anything, was done to prepare your family member or you for the cancer journey?

- How helpful, if at all, was this in preparing your family member and you for the cancer journey? Could you explain?

Treatment:

- Thinking about the treatment phase, was your family member given any treatment options?
- Did they want to be involved in choosing the type of treatment they were going to have?
- How did they decide on their treatment or care options?
- Did you feel they were adequately informed about the treatment options? Why or why not?
- Who or what, if anyone or anything, helped your family member or you better understand the treatment options?
- Did you feel your family member and you were adequately prepared for treatment? Why or why not?
- Who or what, if anyone or anything, helped prepare your family member or you for what to expect for treatment and the visit to the cancer care clinic?

Post Treatment/Follow-up:

- Thinking of post-treatment or follow up, what assistance, if any, did your family member need?
 - What issues, if any, were there during this part of the cancer journey that needed to be addressed?
 - What about in terms of accessing community supports such as support groups? Finding home support care? Re-entry into the workforce?
- Did you know where to go to receive assistance?
- From who or where did your family member or you receive assistance?
- Did this assistance meet your needs? Why or why not?

Exercise 2: Key Supports Discussion

After each pair has presented their journey map, go back and review key supports.

Probes include:

- What or who was your primary support and why?
- Were there any changes in your key supports during the journey? If yes, how and why?
- Did you draw more or less from certain supports during different times? Could you explain how and why?
- Were there any gaps in your key supports, people, places, things that would have made the journey easier? If yes, could you describe what would have improved the journey and how it would have improved it.
- How important, if at all, was the family physician to your family member or you as a source of support? Why do you feel this way?

Improving the Journey

30 Minutes

Assign each participant a new partner.

Thinking about the journey and your own personal experiences, I would like for you to work with your partner to identify three areas (or more if you are able) where there were gaps or areas that need improvement.

Give participants 6 minutes to write down their gaps.

Now I would like for you to work with your partner to come up with potential solutions to the areas or issues you just identified that require improvement. I know you may not have a ready solution to some of these issues, but just try and think of a starting point or a place where we could begin to overcome this obstacle. Think of what could have made a difference for you.

Give participants 7 minutes to come up with some suggestions. When time is up, go around the table and discuss their suggestions.

- What areas need improvement?
- How could these be solved?

Wrap-up and Closing

5 Minutes

On behalf of Cancer Care Nova Scotia, I would like to thank you for your participation and sharing your experiences with the group tonight. Your thoughts and opinions are valued and we have learned a lot through our discussion. Your input will help to improve cancer care delivery in Nova Scotia.

**Final Moderator's Guide
Cancer Care Nova Scotia
Community Partners**

Introduction & Warm-up

15 Minutes

Introduce self, thank participants for coming and tell them the purpose of this afternoon's/evening's discussion.

You have been invited to this discussion because of your role in cancer care. Corporate Research Associates has been hired by Cancer Care NS to conduct a series of discussion groups. In addition to cancer support and volunteer groups, we are speaking with cancer patients, family members, and health professionals.

The purpose behind the discussion today/tonight is to learn more about perceptions of the cancer system, and in particular, the patient navigation program. We are interested in hearing how patient navigation has impacted on your organization as well as on cancer patients and the system overall. Each of you may have similar or different experiences and opinions, and we are interested in hearing from everyone, so if your experience differs from someone else in the group or you have a different opinion, that is okay and I would really appreciate it if you would share your experience or view with the group. There are no right or wrong answers.

I will be audio-taping our discussion here this evening. The taping is strictly for my purposes. I can't take notes and give the group my full attention, so I will tape our discussion so I can refer to it when I write my report. I will be just listening to the comments made in general and will not be recording who said what. I realize that some people may be uncomfortable saying something on tape. If at any time you would like to say something that you feel uncomfortable saying on tape then you can shut the tape recorder off and turn it on when you are ready, I don't mind.

So to get things started, I would just like to go around the table and have everyone say their name, what organization you are with, how long you have been involved in cancer care, and the services you provide to those affected by cancer.

Cancer Care

20 Minutes

I'd like to start by finding out your views on cancer care in general. For this, I am going to break you up into teams. I'm going to give each team a large piece of paper. On this paper, I would like you and your team member to write down based on your experiences what you see as the greatest issues or challenges patients face in navigating the cancer care system. I will give you six minutes to complete this exercise. Any questions?

Moderator to allow 6 minutes for the exercise.

Looking at your list of challenges, I would like you to put a mark beside what you would consider to be the greatest challenge. If you and your team mates do not agree on the same challenge, that is okay, just use a different symbol or color marker to note the difference.

Have each team present their lists.

- At what stage of treatment do these occur?
- What do you see as the greatest issues or challenges patients face in navigating the cancer care system?

Communication about Patient Navigation

20 Minutes

I would like to know about your experiences in learning about the patient navigation program.

- How did you first hear about the patient navigation program?
 - Who told you? Did you receive any written information on the patient navigation program?
- What other communication have you had on the patient navigation program?
- How adequate was the information you received in providing you with an understanding of the patient navigator role? Why was it adequate/inadequate?
- In what ways, if any, could you have been better informed? What else would you have liked to have known?
- [Provincial only] Is it clear to you which districts have patient navigators? Do you know how to reach them?

Perception of Patient Navigation

60 minutes

I would like to again break you up into teams. As before, I am going to give each team a large piece of paper and this time I would like you to do three things. First, I would like you to write across the top of the paper what your understanding or expectations are of the patient navigator role. Then I would like you to draw a line underneath and split the rest of the paper in two. On one side, I would like you to write down what you see as the key benefits, if any, of the patient navigation program that have been achieved so far[in the district] and then on the other side, what you see as the shortcomings or limitations, if any, of the patient navigation program. I will give you 9 minutes to complete this exercise.

Moderator to allow 9 minutes for the exercise and then have each team present their lists.

As each team presents....

- What is your understanding or expectations of the patient navigator's role?
- Have these expectations been met? Why or why not?
- What benefits, if any, has the patient navigation program had for the care of cancer patients in the district(s)? Could you explain?
 - *Probe on organization of cancer services in the district(s), community capacity, collaboration or communication with family physicians, health professionals, referrals to and use of supportive care.*
 - What is it about the patient navigator program that has led to these benefits?
- Considering the challenges and issues that you identified earlier as the ones patients face, what role, if any, has the patient navigator program had in addressing these?
- In what ways could the patient navigation program address/better address these challenges?
- What do you see as the limitations or shortcomings, if any, of the program?
 - What can be done, if anything, to overcome these limitations/shortcomings?

- What are some of the key challenges the patient navigation program has faced or continues to face in your district?
- Have these challenges been overcome? If yes, how so? If no, what can be done to overcome these issues?

- Have you received referrals from the patient navigator(s)? If yes, approximately how many?
- Have you noticed a change in referrals to your organization since the implementation of the patient navigation program? If yes, from which sources?
- How well do you feel the referral process is working?
- What improvements, if any, could be made?

- Have you referred any patients to a patient navigator? If yes, how many? What are some of the most common reasons for referrals?

- What other involvement or contact have you had with the patient navigator, if any? *Probe on presentations, provision of information, collaboration on projects.*
- How useful has this been to you? What has been useful/not useful?
- What other involvement or services would be useful to you?

- What input or involvement, if any, did you have in the implementation of the program?
- Were you satisfied with the input or involvement you had? If no, what would you have liked?

- What is your understanding of the role of CCNS in the patient navigation program?
- What do you see as the benefits, if any, of their involvement? The disadvantages, if any?
- What do you think CCNS's role should be in the future?

I would like you to complete an individual exercise. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, I would like you to indicate how important it is to continue with the patient navigation program. Then, I would like you to jot down a few notes on why you feel that way. I'll give you three minutes.

- What score did you give?
- Why do you give it that score?

- How, if at all, should the role of the patient navigator change from what it is now?
- What other additional comments/suggestions do you have for improving the patient navigation program?

Wrap-up and Closing

5 Minutes

On behalf of Cancer Care Nova Scotia, I would like to thank you for your participation and sharing your experiences with the group today/tonight. Your thoughts and opinions are valued and we have learned a lot through our discussion. Your input will help to improve cancer care delivery in Nova Scotia.

Final Interview Guide Cancer Care Nova Scotia Physicians/Community Health Professionals

Note: Questions marked by * ask physicians only.

Participant Profile

Before we begin, I would like to find out a little information about you.

- Confirm position and region

Position/title _____
Region _____
- How long have you been working with cancer patients / family members?
_____ months/years
- * Approximately how many cancer patients did you see in the past year?
_____ patients
- * What is the average waiting time for an appointment in your practice?
_____ days/weeks/months
- What is your involvement with cancer patients / family members?

Program Communication

The next few questions have to do with the patient navigation program.

- What is your understanding or expectations of the patient navigator's role?
 - Who told you?
 - Did you receive any written information on the patient navigation program?
- How adequate was the information you received in providing you with an understanding of the patient navigator role? Why was it adequate/inadequate?
- In what ways, if any, could you have been better informed?

Patient Navigation Services

- What are your expectations of the patient navigator's role?
- Have these expectations been met? Why or why not?
- Approximately how many referrals have you made to the patient navigator?
- Do you generally refer all or some of your patients (clients) to the patient navigator?
- *If some*, what are the things you consider when deciding whether or not to make a referral to a patient navigator?
- Based on your experiences, how well do you think the referral process is working?
- In what ways, if any, could the referral process be improved?

- What other types of contact, if any, have you had with the patient navigator?
- Have you received any written information from the patient navigator or participated in any information sessions? What was the information on? (Consider: information on cancer care services, resources, or educational materials and opportunities)
- How useful, if at all, was this information? In what ways has it been useful/not useful?
- What other information, if any, would you like from the patient navigator? Why?
- What other services, if any, would you like the patient navigator to provide? Why?

- As a health care provider what effect, if any, has the patient navigation program had on your care of cancer care patients? Could you explain?
 - *Consider: patients' preparedness for their treatment, patients' ability to participate in treatment decisions, compliance with treatment, quality of care provide to patients, information receive on patients after discharge from the cancer center, collaboration or communication with the provincial cancer care centers, collaboration or communication with other health professionals in the district, referrals to supportive care, continuity of care.*
- How, if at all, has the availability of a patient navigator changed your level of involvement with the patient? If has changed, how so? Do you have more or less involvement and at what stages? Is this helpful or is it not helpful?
- How, if at all, has the patient navigation benefited your patients in your opinion?
- What effect, if any, has the patient navigation program had on the organization of cancer services in the district? Could you explain? *Consider capacity.*
- How about utilization of cancer services in the district? Could you explain?

- What do you see as the key strengths of the patient navigation program?
- What about the key weaknesses?
- How important, if at all, do you think it is to continue to have a patient navigator in the district cancer program? Why so you feel that way?
- How, if at all, should the role of the patient navigator change from what it is now?
- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- On behalf of Cancer Care Nova Scotia I would like to thank-you for taking the time out of your busy schedule to take part in our study. Your comments and suggestions have been very helpful.

Final Interview Guide Cancer Care Nova Scotia Cancer Program Staff

Participant Profile

- Confirm position

Position/title _____

Program Communication

- How did you first hear about the patient navigation program?
 - Who told you?
 - Did you receive any written information on the patient navigation program?
- How adequate was the information you received in providing you with an understanding of the patient navigator role? Why was it adequate/inadequate?
- In what ways, if any, could you have been better informed?
- Is it clear to you which districts have patient navigators? Do you know how to reach them?

Patient Navigation Services

- What is your understanding or expectations of the patient navigator's role?
- Have these expectations been met? Why or why not?
- What were some of the challenges, if any, with the patient navigation program from the perspective of the cancer center?
- How, if at all, were these addressed?
- To the best of your knowledge, have any of your patients received assistance from a patient navigator prior to seeing you? If yes, approximately how many?
- Have you referred any patients to a patient navigator? If yes, how many? What are some of the most common reasons for referrals? If no, why not?
- What types of contact, if any, have you had with the patient navigators? At what stages? *Consider pretreatment, treatment, and following treatment?*
- Is there ever any follow-up contact with the patient navigator? If yes: For what sorts of issues?
- What effect, if any, has the patient navigation program had on the care of patients at the cancer centre? Could you explain?
 - *Consider collaboration or communication with family physicians, coordination of patients' visits to the center, level of preparedness of patients coming to the cancer care center, patients ability to participate in treatment decisions, compliance with treatment, collaboration or communication with health professionals or volunteers in the district, referrals to supportive care, continuity of care.*

- What effect, if any, could the navigation program have on the care of patients? *Consider need categories like physical, informational, emotional, psychological, social, spiritual, practical (assistance with finances transportation, lodgings).*
- What do you see as the key strengths of the patient navigation program?
- What about the key weaknesses?
- How important, if at all, do you think it is to continue to have patient navigators? Why do you feel that way?
- How, if at all, should the role of the patient navigator change from what it is now?
- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- On behalf of Cancer Care Nova Scotia I would like to thank-you for taking the time out of your busy schedule to take part in our study. Your comments and suggestions have been very helpful.

Final Interview Guide Cancer Care Nova Scotia Oncologists

Participant Profile

- Confirm position

Position/title _____

Program Communication

- How did you first hear about the patient navigation program?
 - Who told you?
 - Did you receive any written information on the patient navigation program?
- How adequate was the information you received in providing you with an understanding of the patient navigator role? Why was it adequate/inadequate?
- In what ways, if any, could you have been better informed?
- Is it clear to you which districts have patient navigators? Do you know how to reach them?

Patient Navigation Services

- What is your understanding of the patient navigator's role?
- Have your expectations been met? Why or why not?
- Based on your understanding, what outcomes in patient care can be achieved with patient navigation?
- From your perspective, what were some of the challenges, if any, with the patient navigation program?
- How, if at all, were these addressed?
- To the best of your knowledge, have any of your patients received assistance from a patient navigator? If yes, approximately how many?
- Have you referred any patients to a patient navigator? If yes, how many? What are some of the most common reasons for referrals?
- At what stage should the navigator be in contact with the patient? *Consider time of diagnosis, treatment, and following treatment.*
- What would you expect the navigator to do for a patient at time of diagnosis? While waiting for treatment to begin? Following treatment?
- Is there ever follow-up contact with the patient navigator? If yes: For what sort of issues?
- What effect, if any, has the patient navigation program had on your care of cancer patients? Could you explain?

- *Consider collaboration or communication with family physicians, level of preparedness of patients coming to the cancer care center, patients' ability to participate in treatment decisions, compliance with treatment, collaboration or communication with health professionals or volunteers in the district, referrals to supportive care, continuity of care.*
- What do you see as the key strengths of the patient navigation program?
- What about the key weaknesses?
- How important, if at all, do you think it is to continue to have patient navigator? Why do you feel that way?
- How, if at all, should the role of the patient navigator change from what it is now?
- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- On behalf of Cancer Care Nova Scotia I would like to thank-you for taking the time out of your busy schedule to take part in our study. Your comments and suggestions have been very helpful.

Final Interview Guide Cancer Care Nova Scotia Patient Navigators

Navigation Activities

- District _____
- Could you describe your responsibilities and activities as a patient navigator?
- What do you do to assist patients and families in understanding their cancer and preparing them for the cancer journey at the time of diagnosis? During treatment? Post-treatment? Follow up? Palliative care stage?
 - What materials do you use?
 -
- What are some of the most common issues faced by patients?
- Which issues are you able to address/not address?
- Has this changed over the course of the patient navigation program? If so, in what ways?
- What is the nature of your work with family physicians in the district? Community specialists? Outreach oncologist?
- And what is the nature of your work with the cancer care centers?
 - Who at the cancer centers are you most frequently in touch with? (Specify for QE11, Sydney, and IWK. Why those?)
- Which health professionals in this district do you interact with on a regular basis? Why those?

Which community partners do you use in navigating patients? For what reasons? *Consider organizations involved with cancer but not employed by the DHA.*

Communication and Education

- What actions were taken to inform health professionals about the patient navigator program? What about patients and families? Cancer organizations? *Consider presentations to community groups, meetings held, materials distributed, media advertising.*
- In your opinion, how effective were these communications?
- Do you feel that each of these groups understood your role? Has this changed over the course of the implementation?
- What were some of the challenges in informing people about patient navigation?
- Looking back, what, if anything, was missing in the communications? Anything you would have changed?
- How have people reacted to the use of the word navigator?
- In your opinion, how effective has the branding or visual identities (e.g., the maze) of patient navigation been?
 - Do they attract attention? Do people associate them with patient navigation?
- Are you kept informed of current cancer guidelines and standards? By whom?
- What are your most useful resources about cancer standards and guidelines?

- What actions have been taken to inform health professionals, patients, and community partners about supportive and rehabilitative care, palliative care, volunteer and community supports?
 - Do you have a community resource list? If so, how often is it updated? How is it shared with others?
- What are some of the challenges in informing people about available supports and care?
- What progress, if any, has been made over the course of the program in addressing these issues?
- What challenges remain?
- What would be the patient navigator's role in addressing these challenges?

- What actions have been taken to address cultural, language and literacy issues?
- What are some of the challenges in doing so?
- What progress, if any, has been made over the course of the program?
- What challenges remain?
- What would be the patient navigator's role in addressing the challenges?

Coordination/Organization

- What activities, if any, have been undertaken in the district to support the work of the patient navigator?
 - What procedures, if any, are in place to discuss and address issues pertaining to the patient navigation program?
 - Is there an advisory group for the patient navigation program? If yes, how often do they meet? Who is represented on this group? Is there any representation missing? What is their mandate?
- How does the patient navigator fit within the health care team?
 - Is there any overlap or confusion of roles?
 - Do other team members understand the patient navigator role?
- Has an intake or referral process been developed and implemented in your district? What is the process?
- Has the referral process been modified to fit your district? If yes, how so?
- What are the strengths of the referral process?
- What are the weaknesses?

- What barriers, if any, have there been in the district to patients receiving access to patient navigation services?
 - What improvements, if any, have been made in this area?
 - What barriers remain?
 - What can be done to overcome any remaining barriers?
 - What would be the patient navigator's role in addressing these barriers?

- Has a triage system been developed and implemented?
- What have been the barriers in implementing a triage system?
- What are the strengths of the triage system?
- What are the weaknesses?

- How often to clients contact you on the 1 800 number?

- What cancer services are available in your district?
- Describe how you fit as part of the cancer care team in your district.
- What processes are you involved in the district to improve cancer care?
 - Do you participate in clinical decision making discussions, rounds, or development of the district cancer program? If yes, how do you participate (probe for regular part of the group, invited, as needed)?
 - What is your role at the discussions, rounds, district cancer meetings etc.?
 - Is this an appropriate role? If not why not? What should your role be?
- What processes and procedures, if any, are in place to link patient navigators with community-based health professionals?
- What are the activities performed by you to link community-based health professionals and the provincial health centers? How often do these occur? At what point in the patient's cancer journey are you involved? At what point (s) would you like to be involved? Why then?

Continuity of Care

- What are some of the challenges faced by patients and families after treatment?
- What, if anything, has patient navigation done to address these challenges?
- What improvements, if any, have been made over the course of the patient navigation program?
- Where are the gaps in continuity of care?
 - What would be the patient navigator role in addressing these gaps?

Implementation Context

- Tell me about the orientation process. What were the most useful components to you? What were the least useful? *Consider who conducted the orientations, length, topics covered.*
- What were the main limitations in terms of the orientation?
- What, if anything, needs to be done differently next time?

- What continuing education opportunities, if any, are available to you as a patient navigator?
- What, if anything, is missing in terms of continuing education opportunities?
- How can these gaps be addressed?

- Who was involved in the implementation of the patient navigation program in your district? *Consider district staff, cancer care community organizations, community physicians.*
- What role did they play?
- What challenges, if any, were faced with implementation of the patient navigator program?
- How, if at all, have these challenges been addressed?
- What challenges, if any, were encountered in gaining acceptance of the patient navigation program?
- How were these challenges addressed, if at all?
- What challenges remain unresolved?
- What should play a role in addressing these challenges? What would their roles be?

- Describe the support provided by CCNS in implementing patient navigation in your district. What were the most important components? What were the least important?
- Looking back, how could the support provided by CCNS have been better?
- Does CCNS have a long term role in patient navigation? Why/why not?
- What is that role?
- What events or changes, if any, have taken place in the districts that may have had an effect on the patient navigation program? *Consider new programs, change of leadership, loss of programs.*
- How were these dealt with, if at all?

General Evaluation

- Do your current activities match with the intended functions of the patient navigator role?
 - In what ways are they the same/different?
 - Have the modifications been successful? Why/why not?
- What effect, if any, has the patient navigation program had on the cancer care program in your district? Could you explain?
 - *Consider collaboration or communication with family physicians, level of preparedness of patients coming to the cancer care center, patients ability to participate in treatment decisions, compliance with treatment, collaboration or communication with health professionals or volunteers in the district, referrals to supportive care, community capacity, continuity of care.*
- What benefits, if any, has the patient navigation program brought to your district? *Consider planned and unplanned.*
- What challenges, if any, has it created? *Consider planned and unplanned.*
- What effects, if any, have the patient navigator activities had on the collaboration between district physicians and the cancer care centers? *Consider positive and negative, planned and unplanned.*
- What challenges, if any, have been created? How can these be addressed?
- Has the patient navigation program contributed to the identification of barriers and issues within the cancer care system? If yes, please describe.
 - What actions have been taken to address these barriers and issues?
 - Can they be addressed by the patient navigation program?
- What are some of the issues faced by you due to the nature of your work? *Consider stress, fatigue, overtime, travel, after hours work.*
 - How have they affected your ability to perform the required functions of the position?
 - How have these issues been addressed?
 - What are some of the supports needed?
- What in your education or health care experience has been the most helpful to you in performing your job as navigator?
- What skill set do you believe is important for a navigator to have or acquire? What is most important?

- What is the single most frustrating aspect of patient navigation to you personally? How can this be managed? How do you cope with this?
- What is the single most positive aspect of navigation for you personally?
- What aspect of the job is most valuable to you. Why?
- What aspect of the job is the least valuable to you. Why?

- Overall, to what extent do you feel the objectives of the program have been met to date?
 - What objectives have been met?
 - What objectives have not been met?
 - What needs to happen to meet the objectives?

- How important, if at all, do you think it is to continue to have a patient navigator in your district? Why do you feel that way?
- How, if at all, should the role of the patient navigator change from what it is now?
- What other changes, if any, are necessary in your district to ensure the objectives of the patient navigator program are met?
- What type of role, if any, should CCNS play in continuing with a patient navigator program in your district?

- Based on the experiences to date, what are some of the things you would recommend to other districts in implementing a patient navigation program?

- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- Thank you for your time.

Final Interview Guide Cancer Care Nova Scotia Senior Leadership Team

Participant Profile

- Confirm position

Position/title _____

- What has been your role in the implementation of the patient navigation program in your district?

Communication

- What actions, if any, were taken to inform health professionals about the patient navigator position? What about patients and families? Cancer organizations? *Consider presentations to community groups, meetings held, materials distributed, media advertising.*
- *What actions, if any, were taken to keep the senior leadership team informed about patient navigation?*
- In your opinion, how effective were these communications?
- What were some of the challenges in informing people about the patient navigator?
- Do you feel that each of these groups understood the role? Has this changed over the course of the implementation?
- Looking back, what, if anything, was missing in the communications? Anything you would have changed?
- How has senior leadership been informed about the progress of patient navigation?
- Has the board been kept informed? If not, why not? Who is responsible for keeping the board informed?

Implementation

- Who is the patient navigator accountable to in your district?
- Who should the navigator report to after the pilot study? Why?
- What activities, if any, have been undertaken in the district to support the work of the patient navigator?
 - What procedures, if any, are in place to discuss and address issues pertaining to the patient navigation program?
 - Is there an advisory group for the patient navigation program? If yes, how often do they meet? Who is represented on this group? Is there any representation missing? What is their mandate?
- How does the patient navigator fit within the health care team in this district?
 - Is there any overlap or confusion of roles?
 - Do other team members understand the patient navigator role?
- What processes and procedures are in place to link patient navigators with community-based health professionals?

- Who was involved in the implementation of the patient navigation program in your district? *Consider district staff, cancer care community organizations, community physicians.*
- What role did they play?
- Looking back, was there anyone or any group that should have been included that was missed?
- What challenges, if any, has your district faced with implementation of the patient navigator position?
- How, if at all, have these challenges been addressed?
- What challenges, if any, were encountered in gaining acceptance of the patient navigation program?
- How were these challenges addressed, if at all?
- What challenges remain unresolved?
- How have people reacted to the use of the word navigator?
- In your opinion, how effective has the branding or visual identities (e.g., the maze) of patient navigation been? Probe: Do they attract attention? Do people associate them with patient navigation?

- Describe the support provided by CCNS in implementing patient navigation in your district. What were the most important components? What were the least important?
- Looking back, how could the support provided by CCNS have been better?

- What events or changes, if any, have taken place in your district that may have had an effect on the patient navigation program? Could you elaborate?
- How were these dealt with, if at all?
- What are some of the unique characteristics of your district that have affected how the patient navigation program was implemented?
 - How has the program been modified to fit your district?
- What are the cancer services available in your district? Have there been any changes due to the patient navigation program?

Evaluation

- In your opinion, how successful has the patient navigation been in your district? What has been successful/not successful?
- What effect, if any, has the patient navigation program had on the care of cancer care patients in your district? Could you explain? *Consider enhanced capacity to care for cancer patients, improved district cancer care program, identification of barriers or issues regarding cancer care.*
- What benefits, if any, has the patient navigation program brought to your district? *Consider planned and unplanned.*
- What challenges, if any, has it created? *Consider planned and unplanned.*
- In terms of the funding, are the funds allocated in your district sufficient to implement the program as intended? Why/why not?

- What do you see as the key strengths of the patient navigation program?
- What about the key weaknesses?
- How important, if at all, do you think it is to continue to have a patient navigator in your district? Why do you feel that way?
- How, if at all, should the role of the patient navigator change from what it is now?

- What other changes, if any, are necessary in your district to ensure the objectives of the patient navigator program are met?
- What role, if any, should CCNS play in continuing with a patient navigator program in your district?
- What role, if any, is there for CCNS in patient navigation provincially?
- Based on the experiences of your district, what are some of the things you would recommend to other districts in implementing a patient navigation program?
- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- On behalf of Cancer Care Nova Scotia I would like to thank-you for taking the time out of your busy schedule to take part in our study. Your comments and suggestions have been very helpful.

Final Interview Guide Cancer Care Nova Scotia CCNS Project Management Team

Participant Profile

Before we begin, I would like to find out a little information about you.

- Confirm position

Position/title

- What has been your role in the patient navigation program?

Implementation

- How long did it take to implement Patient Navigation in all three districts?
- What were the major challenges in implementing Patient Navigation
- What would you do differently when implementing Patient Navigation in other districts?

- Has an intake procedure been developed and implemented in each of the early adopter districts? What are the intake or referral processes?
- How are they the same/different across districts?
- What are the strengths of the referral process?
- What are the weaknesses?

- What are the targets for wait times to see a patient navigator? Are the targets currently being met?
 - If no, what are the barriers? What can be done to help achieve targets?

- Has a triage system been developed and implemented?
- How are they the same/different across districts?
- What have been the barriers in implementing a triage system?
- What are the strengths of the triage system?
- What are the weaknesses?

- Has a 1-800 number been implemented?
- What have been the barriers in implementing the 1-800 number?
- How often is the 1-800 number used?

Communication and Education

- What actions were taken to inform health professionals about the patient navigator program? What about patients and families? Community groups and organizations?
- In your opinion, how effective were these communications?
- What were some of the challenges in informing people about patient navigation?
- Looking back, was there anything missing in the communications? Anything you would have changed?

- What actions have been taken to inform health professionals, patients, and community partners about supportive and rehabilitative care and palliative care?
- What were some of the challenges in doing so?
- And what actions have been taken to inform health professionals, patients, and community partners about volunteer and community supports?
- What were some of the challenges in doing so?
- What is working?
- What needs improvement?
- Where are the gaps? What would be the patient navigator program's role in addressing these gaps?

- What actions have been taken to address cultural, language and literacy issues?
- What were some of the challenges in doing so?
- What is working?
- What needs improvement?
- Where are the gaps?
 - What would be the patient navigator program's role in addressing these gaps?

Continuity of Care

- What activities, if any, are performed by patient navigators to link community-based health professionals with the provincial health centers? How often do these occur?
- What are some of the challenges in this area?
- What is working?
- What needs improvement? Where are the gaps?
 - What would be the patient navigator's role in addressing these gaps?

Implementation Context

- What steps were taken in recruiting the patient navigators? *Consider where advertised, number of respondents, qualifications of respondents.*
- What were the main challenges in recruiting patient navigators?
- What, if anything, needs to be done differently next time?

- Describe the orientation process for the patient navigators. What are the key components? *Consider who conducted the orientations, length, topics covered.*
- What were the main challenges or limitations in terms of the orientation?
- What needs to be done differently next time?

- What continuing education opportunities, if any, are available to patient navigators?
- What, if anything, is missing in terms of continuing education opportunities?
- How can these gaps be addressed?

- What activities occurred within CCNS to support the patient navigation program?
- Which ones were most important to the program?
- Which were least important?
- What are some of the gaps or limitations? How can they be resolved?
- What changes, if any, are required?

- What resources were invested by CCNS?
- What are the costs to CCNS for implementation?

- Who was involved in the implementation of the patient navigation program? *Consider district staff, cancer care community organizations, community physicians.*
- What role did they play?
- What challenges, if any, were faced with implementation of the patient navigator program?
- How, if at all, have these challenges been addressed?
- What challenges, if any, were encountered in gaining acceptance of the patient navigation program?
- How were these challenges addressed, if at all?
- What challenges remain unresolved?

- What events or changes, if any, have taken place in the districts that may have had an effect on the patient navigation program?
- How were these dealt with, if at all?

Budget and Administration

- What are the costs to sustain the program provincially?
- What is the actual budget for the program?

General Evaluation

- Do the current activities of the patient navigators match with the intended functions?
 - In what ways are they the same/different?
 - Do the modifications vary by district?
 - Have the modifications been successful? Why/why not?
- Has the patient navigation program contributed to the identification of barriers and issues within the cancer care system? If yes, please describe.
 - What actions have been taken to address these barriers and issues?
 - What role, if any, can the patient navigation program play in addressing them?
- What are some of the issues faced by the navigators due to the nature of their work?
 - How have they affected the success of the program?
 - How have these issues been addressed?
 - What are some of the supports needed?
- What effect, if any, has the patient navigation program had on the cancer care program in the districts? Could you explain?
- What benefits, if any, has the patient navigation program brought to the districts? *Consider planned and unplanned.*
- What challenges, if any, has it created? *Consider planned and unplanned.*
- How, if at all, should the role of the patient navigator change from what it is now?
- What other changes, if any, are necessary to ensure the objectives of the patient navigator program are met?

- Overall, to what extent do you feel the objectives of the program have been met to date?
 - What objectives have been met?
 - What objectives have not been met?
 - What needs to happen to meet the objectives?

 - Overall what outcomes for patients, if any, have been achieved in your opinion?
 - What outcomes, if any, have been achieved for health professionals in your opinion?

- Based on the experiences to date, what are some of the things you would recommend to other districts in implementing a patient navigation program?

- What other additional comments/suggestions do you have for improving the patient navigation program?

Closing

- Thank you for your time.

Appendix B: Focus Group Screeners

Study title: **Patient Navigation Evaluation Study**

Principle Investigator: **Sandra Cook**
Project Manager, Patient Navigation
540 Bethune Building
1278 Tower Road
Halifax, Nova Scotia
B3H 2Y9
902-473-3675

Associate Investigator: **Corporate Research Associates Inc.,**
Suite 700, 2695 Dutch Village Road
Halifax, Nova Scotia
B3L 4V2

Study Sponsor: *Cancer Care Nova Scotia*

Consent Form Patient Navigation Early Adopter Health Authorities

Introduction

You have been invited to take part in a discussion (focus) group that will assist Cancer Care Nova Scotia to improve cancer care delivery. Taking part in this discussion (focus) group is voluntary. The quality of your health care or access to the cancer patient navigator will not be affected by whether you participate or not. Participating in this discussion group might not benefit you, but information may be gained that will benefit future cancer patients. You may withdraw from the group at any point during the meeting. How the discussion group will be conducted is described below. This description tells you about what will happen over the 2 hour meeting. You should discuss any questions you have about this meeting with the people conducting the session.

Purpose of the Study

The purpose behind the discussion is to learn more about the experiences of cancer patients and their caregivers with the cancer system and how, with the support and assistance of a patient navigator, the cancer experience may be improved. The findings in this district will be compared to findings where patient navigation is not in place.

Who can participate

You have been asked to participate in this study because either you or someone close to you has been diagnosed with cancer and have been in contact with the patient navigator in your district. Your participation involves a discussion with others who have also been diagnosed with cancer and like you have been in contact with the patient navigator in your health district.

Procedures of the Study

Your participation involves a discussion with others who have also been diagnosed with cancer. You will be asked to discuss your cancer care experience in a group setting. You may feel or become upset throughout the discussions. Counseling can be made available if you should need it. The discussions will be led by a professional moderator. The discussion should last no longer than two hours. If you find some of the topics and questions upsetting or distressing, you do not have to answer or participate in that part of the discussion. You may withdraw from the group at any time. Our discussion will be audio-taped and this is strictly for note taking purposes. If at any time you would like to say something that you feel uncomfortable saying on tape then you can shut the tape recorder off and turn it on when you are ready.

Possible Harms and Discomforts

We know that a cancer diagnosis has an emotional impact on everyone and talking about that experience may bring back those feelings of fear and anxiety. You do not have to take part in any part of the discussions you find too distressing. The people conducting the group are trained moderators and have extensive experience conducting discussion groups with cancer patients. Everyone in the discussion group is a cancer patient and

there will be a lot of support and understanding from the group. Counseling will be made available for you if you need it.

Possible Benefits

The patient navigation program was identified by patients and health care workers as a way to support patients and their families with their cancer experience. Your opinions and experiences will help Cancer Care Nova Scotia determine if patient navigation has made a difference and if it has how they can improve the patient navigation program to meet future cancer patient needs.

Compensation

No costs will be charged to you for being in this group. You will be paid \$50.00 for your participation in the discussion group. This is given to cover any out of pocket expenses you may have incurred like gas, babysitting, parking etc.

Confidentiality

All measures will be taken to protect your identity. The moderators do not have any health information about you except that you have cancer and have been in touch with the cancer patient navigator. You will decide what information you would like to share with the group. You will not be identified as a study participant in any reports or publications of this study. The audio-tapes and notes will be stored in a secure area such as a locked file cabinet and only the staff involved in this study will have access to them. They will be destroyed after the data has been studied. This study has been approved by an ethics committee who may audit the study to insure proper procedures.

Withdrawal from the Study

If you chose to participate in the group discussions and change your mind during the discussions, you are free to withdraw from the discussion group at any time. A decision to leave will not interfere with your future access to the patient navigator.

Questions or Problems

If you have any question about this study, you should contact Sandra Cook toll free at Cancer Care Nova Scotia 1 866 599 2267.

You will be provided with a copy of this consent form.

Patient Navigation Evaluation Project

Patient Navigation Evaluation Project

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in the discussion group.

Signature of Participant

Date

Signature of Person
Conducting Consent Discussion

Date

Signature of Moderator

Date

I wish to receive a copy of the final report _____ check here.

I have received my \$50.00 Initial _____ Date _____



Study title: **Patient Navigation Evaluation Study**

Principle Investigator: **Sandra Cook**
Project Manager, Patient Navigation
540 Bethune Building
1278 Tower Road
Halifax, Nova Scotia
B3H 2Y9
902-473-3675

Associate Investigator: **Corporate Research Associates Inc.,**
Suite 700, 2695 Dutch Village Road
Halifax, Nova Scotia
B3L 4V2

Study Sponsor: *Cancer Care Nova Scotia*

Consent Form Patient Navigation Early Adopter Health Authorities

Introduction

You have been invited to take part in a discussion (focus) group that will assist Cancer Care Nova Scotia to improve cancer care delivery. Taking part in this discussion (focus) group is voluntary. The quality of your health care or access to the cancer patient navigator will not be affected by whether you participate or not. Participating in this discussion group might not benefit you, but information may be gained that will benefit future cancer patients. You may withdraw from the group at any point during the meeting. How the discussion group will be conducted is described below. This description tells you about what will happen over the 2 hour meeting. You should discuss any questions you have about this meeting with the people conducting the session.

Purpose of the Study

The purpose behind the discussion is to learn more about the experiences of cancer patients and their caregivers with the cancer system and how, with the support and assistance of a patient navigator, the cancer experience may be improved. The findings in this district will be compared to findings where patient navigation is not in place.

Who can participate

You have been asked to participate in this study because either you or someone close to you has been diagnosed with cancer and have been in contact with the patient navigator in your district. Your participation involves a discussion with others who also have had a family member diagnosed with cancer and like you have been in contact with the patient navigator in your health district.

Procedures of the Study

Your participation involves a discussion with others who also have had a family member diagnosed with cancer. You will be asked to discuss your cancer care experience in a group setting. You may feel or become upset throughout the discussions. Counseling can be made available if you should need it. The discussions will be led by a professional moderator. The discussion should last no longer than two hours. If you find some of the topics and questions upsetting or distressing, you do not have to answer or participate in that part of the discussion. You may withdraw from the group at any time. Our discussion will be audio-taped and this is strictly for note taking purposes. If at any time you would like to say something that you feel uncomfortable saying on tape then you can shut the tape recorder off and turn it on when you are ready.

Possible Harms and Discomforts

We know that a cancer diagnosis has an emotional impact on everyone and talking about that experience may bring back those feelings of fear and anxiety. You do not have to take part in any part of the discussions you find too distressing. The people conducting the group are trained moderators and have extensive experience conducting discussion groups with cancer patients. Everyone in the discussion group is a family member of a

cancer patient and there will be a lot of support and understanding from the group. Counseling will be made available for you if you need it.

Possible Benefits

The patient navigation program was identified by patients and health care workers as a way to support patients and their families with their cancer experience. Your opinions and experiences will help Cancer Care Nova Scotia determine if patient navigation has made a difference and if it has how they can improve the patient navigation program to meet future cancer patient needs.

Compensation

No costs will be charged to you for being in this group. You will be paid \$50.00 for your participation in the discussion group. This is given to cover any out of pocket expenses you may have incurred like gas, babysitting, parking etc.

Confidentiality

All measures will be taken to protect your identity. The moderators do not have any health information about you except that you have a family member diagnosed with cancer and have been in touch with the cancer patient navigator. You will decide what information you would like to share with the group. You will not be identified as a study participant in any reports or publications of this study. The audio-tapes and notes will be stored in a secure area such as a locked file cabinet and only the staff involved in this study will have access to them. They will be destroyed after the data has been studied. This study has been approved by an ethics committee who may audit the study to insure proper procedures.

Withdrawal from the Study

If you chose to participate in the group discussions and change your mind during the discussions, you are free to withdraw from the discussion group at any time. A decision to leave will not interfere with your future access to the patient navigator.

Questions or Problems

If you have any question about this study, you should contact Sandra Cook toll free at Cancer Care Nova Scotia 1 866 599 2267.

You will be provided with a copy of this consent form.

Patient Navigation Evaluation Project

Patient Navigation Evaluation Project

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in the discussion group.

Signature of Participant

Date

Signature of Person
Conducting Consent Discussion

Date

Signature of Moderator

Date

I wish to receive a copy of the final report _____ check here.

I have received my \$50.00 Initial _____ Date _____



Study title: **Patient Navigation Evaluation Study**

Principle Investigator: **Sandra Cook**
Project Manager, Patient Navigation
540 Bethune Building
1278 Tower Road
Halifax, Nova Scotia
B3H 2Y9
902-473-3675

Associate Investigator: **Corporate Research Associates Inc.,**
Suite 700, 2695 Dutch Village Road
Halifax, Nova Scotia
B3L 4V2

Study Sponsor: *Cancer Care Nova Scotia*

Consent Form Patient Navigation South Shore Health Authority

Introduction

You have been invited to take part in a discussion (focus) group that will assist Cancer Care Nova Scotia and South Shore Health to improve cancer care delivery. Taking part in this discussion (focus) group is voluntary. The quality of your health care or access to the cancer patient navigator will not be affected by whether you participate or not. Participating in this discussion group might not benefit you, but information may be gained that will benefit future cancer patients. You may withdraw from the group at any point during the meeting. How the discussion group will be conducted is described below. This description tells you about what will happen over the 2 hour meeting. You should discuss any questions you have about this meeting with the people conducting the session.

Purpose of the Study

The purpose behind the discussion is to learn more about the experiences of cancer patients and their caregivers with the cancer system and how the cancer experience in your district may be improved. The findings in this district will be compared to findings where patient navigation is in place.

Who can participate

You have been asked to participate in this study because either you or someone close to you has been diagnosed with cancer and you are willing to share your experiences with us in a group setting. Your participation involves a discussion with others who have also been diagnosed with cancer or who has had a family member diagnosed with cancer.

Procedures of the Study

Your participation involves a discussion with others who have also been diagnosed with cancer or who has had a family member diagnosed with cancer. You will be asked to discuss your cancer care experience in a group setting. You may feel or become upset throughout the discussions. Counselling can be made available if you should need it. A professional moderator will lead the discussions. The discussion should last no longer than two hours. If you find some of the topics and questions upsetting or distressing, you do not have to answer or participate in that part of the discussion. You may withdraw from the group at any time. The discussions will be audio-taped and this is strictly for note taking purposes. If at any time you would like to say something that you feel uncomfortable saying on tape then you can shut the tape recorder off and turn it on when you are ready.

Possible Harms and Discomforts

We know that a cancer diagnosis has an emotional impact on everyone and talking about that experience may bring back those feelings of fear and anxiety. You do not have to take part in any part of the discussions you find too distressing. The people conducting the group are trained moderators and have extensive experience conducting discussion groups with cancer patients. Everyone in the discussion group is a cancer patient or a family member and there will be a lot of support and understanding from the group. Counselling will be made available for you if you need it.

Possible Benefits

Your opinions and experiences will help Cancer Care Nova Scotia determine how they might help future cancer patient deal with the impact of a cancer diagnosis.

Compensation

No costs will be charged to you for being in this group. You will be paid \$50.00 for your participation in the discussion group. This is given to cover any out of pocket expenses you may have incurred like gas, babysitting, parking etc.

Confidentiality

All measures will be taken to protect your identity. The moderators do not have any health information about you except that you have cancer. You will decide what information you would like to share with the group. You will not be identified as a study participant in any reports or publications of this study. The audio-tapes and notes will be stored in a secure area such as a locked file cabinet and only the staff involved in this study will have access to them. They will be destroyed after the data has been studied. An ethics committee who may audit the study to insure proper procedures has approved this study.

Withdrawal from the Study

If you chose to participate in the group discussions and change your mind during the discussions, you are free to withdraw from the discussion group at any time. A decision to leave will not interfere with your future access to cancer services.

Questions or Problems

If you have any question about this study, you should contact Sandra Cook toll free at Cancer Care Nova Scotia 1 866 599 2267.

You will be provided with a copy of this consent form.

Patient Navigation Evaluation Project

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in the discussion group.

Signature of Participant

Date

Signature of Person
Conducting Consent Discussion

Date

Signature of Moderator

Date

I wish to receive a copy of the final report _____ check here.

I have received my \$50.00 Initial _____ Date _____

Appendix C: Consent Forms

April 2003**FINAL Screener****Navigated Patients**

Name: _____

Tel. (H): _____ Tel. (W): _____

Intro

Hello, my name is _____ and I am calling from Corporate Research Associates. Your health district is participating in a new patient navigation program and we are conducting a study on patient navigation on behalf of Cancer Care Nova Scotia. A letter was sent to you from Dr Andrew Padmos, Commissioner Cancer Care Nova Scotia regarding this research study. As part of that study, we are interested in speaking with people who have been diagnosed with cancer and who have received the services of the patient navigator either directly or indirectly. Your navigators name is _____

We would like to include a variety of people in the study: both male and female, people with different types of cancers, members of culturally diverse groups and people of different ages. May I ask you a few quick questions please? Thank you.

If no, thank and terminate. If person is not available, ask for name and call back time.

By Observation:

Male1 **Obtain 50/50 split**
 Female2

1. Have you received services from the patient navigator, [Insert name of local patient navigator]?

Yes.....1
 No.....2 **Thank and terminate**

2. In which of the following age ranges do you fall? Are you...?

18-301
 31-402
 41-503 **recruit mix, at least 1 below 40 in each group**
 51-644
 65 -745
 75+6

3. Do you currently work outside of the home?

Yes1 **recruit mix**
 No.....2

If employed ask for occupation _____.

4. What type of cancer do you have? **Do not Read**

- Cervical Cancer1
- Breast Cancer.....2
- Prostate Cancer.....3 **recruit mix**
- Colorectal Cancer4
- Lung Cancer.....5
- Other (Specify _____)..6

5. When were you diagnosed with cancer?

- Less than 1 year ago.....1
- 1 – 2 years ago.....2
- More than 2 years ago.....3

6. We want to be certain to include Aboriginals, African Nova Scotians or recent immigrants in our groups. Are you a member of one of these groups?

- Yes.....1
- No.....2

If yes, which group? _____

Invitation

We would like to invite you to participate in a focus group discussion we are conducting on ____ at _____. As you may know, a focus group is a research tool, which uses an informal meeting to gather information on a particular subject matter, in this case, cancer care. The discussion will be approximately 2 hours and refreshments will be served. You will also receive an honorarium of **\$50** as a thank you for your time and to cover any expenses for you to attend such as travel or babysitting. Your participation is voluntary and if you decide to not take part it will not affect your treatment or the services you receive. Would you be interested in participating? **If “no”, thank and terminate.**

7. How comfortable would you say you are in expressing your thoughts and opinions freely in an informal setting with others? Would you say you are...?

- Very comfortable1 **continue**
- Fairly comfortable.....2 **continue**
- Comfortable.....3 **continue**
- Not very comfortable5 **thank and terminate**
- Not at all comfortable6 **thank and terminate**

As the success of the groups is dependant on everyone showing, we ask that you call____ at ____ in the event you are unable to attend. This will give someone else the opportunity to participate in your absence. Please do not send someone in your place. If you have any questions about the study please call Sandra Cook toll free at 1 866 599 2267.

Attention Recruiters

- Accept only those who have made a firm commitment
- Ensure proper spelling of participant’s name
- Recruit 8 participants for each group
- Verify proper spelling of name and address
- Ask for home and work number

April 2003**FINAL Screener****Family Members of Navigated Patients**

Name: _____

Tel. (H): _____ Tel. (W): _____

Intro

Hello, my name is _____ and I am calling from Corporate Research Associates. [or thank you for calling]. Your health district is participating in a new patient navigation program and we are conducting a study on patient navigation on behalf of Cancer Care Nova Scotia. As part of that study, we are interested in speaking with family members of people who have been diagnosed with cancer and who have received the services of the patient navigator.

We would like to include a variety of people in the study: both male and female, family members of people with different types of cancers, members of culturally diverse groups and people of different ages. May I ask you a few quick questions please? Thank you.

If no, thank and terminate. If person is not available, ask for name and call back time.

By Observation:

Male1 **obtain 50/50 split**
 Female2

1. Has your family member received the services of the patient navigator, [insert name of patient navigator]?

Yes1 **continue**
 No2 **thank and end**
 Don't know3 **thank and end**

2. In which of the following age groups does your family member who has cancer fall? Are they...?

18-301
 31-402
 41-503 **recruit mix, at least 1 below 40 in each group**
 51-644
 65 -745
 75+6

3. Do you currently work outside of the home?

Yes1 **recruit mix**
 No2

If employed ask for occupation _____.

4. We want to be certain to include Aborigines, African Nova Scotians or recent immigrants in our groups. Are you a member of one of these groups?

Yes.....1
 No.....2

If yes, which group? _____

recruit one visible minority member per group (e.g., black, aboriginal)

5. What is the relationship of the person who has cancer to you?
- Spouse/Partner1
 Mother/Father2
 Son/Daughter3
 Brother/Sister4
 Aunt/Uncle5 **no more than 2 per group from 5, 6 or 7**
 Grandparent6
 Other (please specify).....7
6. What type of cancer does your family member have? **Do Not Read**
- Cervical Cancer1
 Breast Cancer2
 Prostate Cancer3 **recruit mix**
 Colorectal Cancer4
 Lung Cancer.....5
 Other (Specify _____)..6
7. When were he/she diagnosed with cancer?
- Less than 1 year ago.....1
 1 – 2 years ago.....2
 More than 2 years ago.....3

Invitation

We would like to invite you to participate in a focus group discussion we are conducting on ____ at _____. As you may know, a focus group is a research tool, which uses an informal meeting to gather information on a particular subject matter, in this case, cancer care. The discussion will be approximately 2 hours and refreshments will be served. You will also receive an honorarium of **\$50** as a thank you for your time and to cover any expenses such as travel or babysitting for you to attend. Your participation is voluntary and if you decide to not take part it will not affect your or your family' members treatment or the services you receive. Would you be interested in participating? **If “no”, thank and terminate.**

8. How comfortable would you say you are in expressing your thoughts and opinions freely in an informal setting with others? Would you say you are...?
- Very comfortable1 **continue**
 Fairly comfortable.....2 **continue**
 Comfortable.....3 **continue**
 Not very comfortable4 **thank and terminate**
 Not at all comfortable5 **thank and terminate**

As the success of the groups is dependant on everyone showing, we ask that you call ____ at ____ in the event you are unable to attend. This will give someone else the opportunity to participate in your absence. Please do not send someone in your place. If you have any questions about the study please call Sandra Cook at 902 473 3675.

Attention Recruiters

- Accept only those who have made a firm commitment
- Ensure proper spelling of participant's name
- Recruit 8 participants for each group
- Verify proper spelling of name and address
- Ask for home and work number

September 2003**Final Screener****Non-Navigated Patients**

Name: _____

Tel. (H): _____ Tel. (W): _____

Intro

My name is _____ and I'm calling from Corporate Research Associates. We're conducting a study on behalf of Cancer Care Nova Scotia. As part of that study, Cancer Care Nova Scotia is looking for assistance in improving cancer patient care in your health district. We are interested in speaking with people who have been diagnosed with cancer.

We would like to include a variety of people in the study: both male and female, people with different types of cancers, members of culturally diverse groups and people of different ages. May I ask you a few quick questions please? Thank you.

If no, thank and terminate. If person is not available, ask for name and call back time.

By Observation:Male1 **obtain 50/50 split**

Female2

1. In which of the following age ranges do you fall? Are you...?

18-301

31-402

41-503 **recruit mix, at least 1 below 40 in each group**

51-644

65 -745

75+6

2. Do you currently work outside of the home?

Yes1 **recruit mix**

No2

If employed ask for occupation _____.

3. What type of cancer do you have? **Do not Read**

Cervical Cancer1

Breast Cancer2

Prostate Cancer3 **recruit mix**

Colorectal Cancer4

Lung Cancer5

Other (Specify _____) ..6

4. When were you diagnosed with cancer?

- Less than 1 year ago.....1
 1 – 2 years ago.....2
 More than 2 years ago.....3

5. We want to be certain to include Aboriginals, African Nova Scotians or recent immigrants in our groups. Are you a member of one of these groups?

- Yes.....1
 No.....2

If yes, which group? _____

Invitation

We would like to invite you to participate in a focus group discussion we are conducting on ____ at _____. As you may know, a focus group is a research tool, which uses an informal meeting to gather information on a particular subject matter, in this case, cancer care. The discussion will be approximately 2 hours and refreshments will be served. You will also receive an honorarium of \$50 as a thank you for your time and to cover any expenses such as travel or babysitting for you to attend. Your participation is voluntary and if you decide to not take part it will not affect your treatment or the services you receive. Would you be interested in participating? **If “no”, thank and terminate.**

6. How comfortable would you say you are in expressing your thoughts and opinions freely in an informal setting with others? Would you say you are...?

- Very comfortable1 **continue**
 Fairly comfortable.....2 **continue**
 Comfortable.....3 **continue**
 Not very comfortable5 **thank and terminate**
 Not at all comfortable6 **thank and terminate**

As the success of the groups is dependant on everyone showing, we ask that you call____ at ____ in the event you are unable to attend. This will give someone else the opportunity to participate in your absence. Please do not send someone in your place. If you have any questions about the study please call Sandra Cook toll free at 1 866 599 2267.

Attention Recruiters

- Accept only those who have made a firm commitment
- Ensure proper spelling of participant’s name
- Recruit 8 participants for each group
- Verify proper spelling of name and address
- Ask for home and work number

September 2003**FINAL Screener****Family Members of Non-Navigated Patients**

Name: _____

Tel. (H): _____ Tel. (W): _____

Intro

My name is _____ and I'm calling from Corporate Research Associates. We're conducting a study on behalf of Cancer Care Nova Scotia. As part of that study, Cancer Care Nova Scotia is looking for assistance in improving cancer patient care in Nova Scotia. We are interested in speaking with family members of people who have been diagnosed with cancer.

We would like to include a variety of people in the study: both male and female, people with different types of cancers, members of culturally diverse groups and people of different ages. May I ask you a few quick questions please? Thank you.

If no, thank and terminate. If person is not available, ask for name and call back time.

By Observation:

Male1 **obtain 50/50 split**
 Female2

1. In which of the following age groups does your family member who has cancer fall? Are they...?

18-301
 31-402
 41-503 **recruit mix, at least 1 below 40 in each group**
 51-644
 65 -745
 75+6

2. Do you currently work outside of the home?

Yes1 **recruit mix**
 No2

If employed ask for occupation _____.

3. What is the relationship of the person who has cancer to you?

Spouse/Partner1
 Mother/Father2
 Son/Daughter3
 Brother/Sister4
 Aunt/Uncle5 **no more than 2 per group from 5, 6 or 7**
 Grandparent6
 Other (please specify)7

4. What type of cancer does your family member have? **Do Not Read**

- Cervical Cancer1
 Breast Cancer2
 Prostate Cancer.....3 **recruit mix**
 Colorectal Cancer4
 Lung Cancer.....5
 Other (Specify _____)..6

5. When was he/she diagnosed with cancer?

- Less than 1 year ago.....1
 1 – 2 years ago.....2
 More than 2 years ago.....3

6. We want to be certain to include Aboriginals, African Nova Scotians or recent immigrants in our groups. Are you a member of one of these groups?

- Yes.....1
 No.....2

If yes, which group? _____

Invitation

We would like to invite you to participate in a focus group discussion we are conducting on _____ at _____. As you may know, a focus group is a research tool, which uses an informal meeting to gather information on a particular subject matter, in this case, cancer care. The discussion will be approximately 2 hours and refreshments will be served. You will also receive an honorarium of \$50 as a thank you for your time and to cover any expenses such as travel or babysitting for you to attend. Your participation is voluntary and if you decide to not take part it will not affect your or your family' members treatment or the services you receive. Would you be interested in participating? **If “no”, thank and terminate.**

7. How comfortable would you say you are in expressing your thoughts and opinions freely in an informal setting with others? Would you say you are...?

- Very comfortable1 **continue**
 Fairly comfortable.....2 **continue**
 Comfortable.....3 **continue**
 Not very comfortable5 **thank and terminate**
 Not at all comfortable6 **thank and terminate**

As the success of the groups is dependant on everyone showing, we ask that you call _____ at _____ in the event you are unable to attend. This will give someone else the opportunity to participate in your absence. Please do not send someone in your place. If you have any questions about the study please call Sandra Cook at 902 473 3675.

Attention Recruiters

- Accept only those who have made a firm commitment
- Ensure proper spelling of participant's name
- Recruit 8 participants for each group
- Verify proper spelling of name and address
- Ask for home and work number

**Appendix D:
Patient Survey Questionnaire**

CCNS Patient Navigation Patient Survey**RECORD FOLLOWING INFORMATION:**

- Respondent Name _____
- Telephone # _____
- Community _____
- Postal Code _____
- District _____
- SAMPLE ID _____
- Interview Date: _____

DISTRICT HEALTH REGIONS:

DHA2= **Southwest** (Clare, Digby Area, Shelburne Co, Yarmouth Co.)

DHA6= **Pictou County** (Central & East Pictou, Pictou West)

DHA7= **Guysborough Antigonish and Strait** (Antigonish Town & Co, Guysborough Co, Strait Richmond)

Hello, may I please speak with _____? In June, a letter was sent to you from your cancer patient navigator [Insert name of navigator from district] and Cancer Care Nova Scotia about a study on the patient navigation program, which is a new program in your district. My name is _____. I'm calling from Corporate Research Associates and we've been hired to conduct a survey with patients to find out how well the program is working and how it can be improved. Your feedback is important. Your individual responses will be kept confidential and in no way will affect the health services you receive. It also won't affect the patient navigator's job. For any questions you don't feel able to answer, simply tell me and I will skip to the next question. No one other than Corporate Research Associates will ever see your completed questionnaires.

The survey will take about 10 minutes. Is now a good time to conduct the survey?

[Continue even if don't recall contact with patient navigator, there are general questions as well]

If NO: When would be a good time to call back to conduct the survey? RECORD DAY AND TIME, AND THANK RESPONDENT

DHA2 – Darolyn Walker

DHA6 – Joanne Cumming

DHA7 – Charlene Porter

RECORD GENDER BY OBSERVATION:

- 1 Male
- 2 Female

Before we talk about the patient navigation program, I'd like to ask you about your overall experience with cancer.

1. What have been your greatest issues or concerns during your experience with cancer? PROBE: Any others?

DO NOT READ—CHECK ALL THAT APPLY—CODE FIRST MENTION SEPARATE FROM SUBSEQUENT MENTIONS

- 01 Emotional impact/Stress/Fear
- 02 Lack of information on diagnosis
- 03 Lack of information on what to expect during treatment
- 04 Lack of coordination among those involved in my care
- 05 Financial concerns
- 06 Distance/Travel to cancer centers
- 07 Finding accommodations during treatment
- 08 Waiting times
- 09 Physical symptoms/complications
- 96 None
- 99 Other (**SPECIFY:** _____)
- 98 Don't know/Not sure

- 1b. **[ASK FOR EACH NOT MENTIONED IN Q.1]** And which of the following were an issue or concern for you during your experience with cancer?

READ AND ROTATE

- a The emotional impact, stress, or fear**
- b Lack of information on diagnosis**
- c Lack of information on what to expect during treatment**
- d Lack of coordination among those involved in my care**
- e Financial concerns**
- f Distance or travel to cancer centers**
- g Finding accommodations during treatment**
- h Waiting times**
- i Physical symptoms or complications**

- 1 Yes
- 2 No
- 8 Don't know/Not sure

2. During your experience with cancer, who has been your main source of support? **PROBE:** Anyone else?
DO NOT READ—CHECK ALL THAT APPLY—CODE FIRST MENTION SEPARATE FROM SUBSEQUENT MENTIONS

- 01 Spouse/Partner
- 02 Other family members
- 03 Friends
- 04 Others who have/had cancer
- 05 Support groups
- 06 Family doctor
- 07 Surgeon
- 08 Cancer doctor/Oncologist
- 09 Patient Navigator
- 10 Staff at cancer treatment center/hospital
- 11 Clergy/Church
- 12 No one
- 99 Other (**SPECIFY:** _____)
- 98 Don't know/Not sure

3. And who has helped prepare you the most, that is, helped you understand your diagnosis and what to expect with the treatment or recovery? **PROBE:** Anyone else?
DO NOT READ—CHECK ALL THAT APPLY—CODE FIRST MENTION SEPARATE FROM SUBSEQUENT MENTIONS

- 01 Spouse/Partner
- 02 Other family members
- 03 Friends
- 04 Others who have/had cancer
- 05 Support groups
- 06 Family doctor
- 07 Surgeon
- 08 Cancer doctor/Oncologist
- 09 Patient Navigator
- 10 Staff at cancer treatment center/hospital
- 11 Clergy/Church
- 12 No one
- 99 Other (**SPECIFY:** _____)
- 98 Don't know/not sure

4. Thinking about your overall cancer experience to date, please indicate the extent to which you have been satisfied or dissatisfied with each of the following aspects of care. Would you say you have been very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied with:

READ AND ROTATE

- a. **The assistance of health professionals, including doctors, nurses, patient navigators, in helping you understand your diagnosis and what to expect**
- b. **The coordination of your care among various health professionals**
- c. **Having a health professional to turn to if you had any questions or concerns**
- d. **Availability of supports you required such as home care and transportation**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not very satisfied
- 4 Not at all satisfied

VOLUNTEERED

- 8 Don't know/No answer
- 6 Not applicable

And now I'd like to find out about your contact with the patient navigator...

INTRO PN Do you recall any contact with the patient navigator, [INSERT NAME OF NAVIGATOR], at any time during your cancer experience?

- 1 Yes
- 2 No
- 3 Don't know/not sure

SKIP TO Q.17

SKIP TO Q.17

5. How did you find out about the patient navigator?

DO NOT READ—CODE ALL THAT APPLY

- 1 Referred/Informed by family doctor
- 2 Referred/Informed by surgeon
- 3 Referred/Informed by hospital/cancer center staff
- 4 Patient navigator contacted me while I was in the hospital
- 5 Patient navigator contacted me at home
- 6 Family or friend told me about the navigator
- 7 Saw a poster/pamphlet
- 8 Saw ad/article in newspaper
- 99 Other (**SPECIFY:** _____)
- 98 Don't know/Not sure

6. When were you first in contact with the patient navigator? Was it:

- 1 Before treatment
- 2 During treatment
- 3 After treatment

VOLUNTEERED

- 98 Don't know/Not sure

7. In general, how often do you or did you have contact with the patient navigator, [INSERT NAME OF NAVIGATOR]? Would you say rarely, occasionally, or regularly?

- 1 Rarely
- 2 Occasionally
- 3 Regularly
- VOLUNTEERED**
- 98 Don't know/Not sure

8. There are different ways in which a patient navigator can help patients. Which of the following types of help have you received from a patient navigator?

READ AND ROTATE

- a. **Emotional support**
- b. **Help in understanding your diagnosis**
- c. **Information on what to expect for treatment and side effects**
- d. **Help preparing you for your visit to the cancer treatment center**
- e. **Help booking or coordinating appointments**
- f. **Help finding funding for drugs or supplies**
- g. **Help finding accommodations during treatment**
- h. **Help arranging transportation**
- i. **Help accessing support groups**
- j. **Help arranging follow-up care in your community after treatment**

- 1 Yes
- 2 No
- 3 Don't know/Not sure

9. And, in what other ways, if any has the patient navigator helped you? **PROBE:** Anything else?

RECORD VERBATIM

10. What issues or concerns, if any, have you had that the navigator was unable to help you with? Probe: Any others?

DO NOT READ—CODE ALL THAT APPLY

- 01 Emotional issues/Stress/Fear
- 02 Understanding diagnosis
- 03 Information on what to expect for treatment and side effects
- 04 Preparation for visit to the cancer treatment center
- 05 Booking or coordinating appointments
- 06 Finding funding for drugs or supplies
- 07 Finding accommodations during treatment
- 08 Arranging transportation
- 09 Accessing support groups
- 10 Arranging follow-up care in your community after treatment
- 96 None
- 99 Other (**SPECIFY:** _____)
- 98 Don't know/not sure

11. There are different aspects of the care that a patient navigator can provide. I will read a list and I would like to know how important you consider each aspect. Would you say it is very important, somewhat important, not very important, or not at all important that the navigator ...?

READ AND ROTATE

- a. **Is understanding and caring**
- b. **Is sensitive to your personal beliefs**
- c. **Spends enough time with you**
- d. **Tries to identify and address any needs that you have**
- e. **Shares information with you in a way that you are able to understand**
- f. **Is available when you need her**
- g. **Helps you feel less anxious**
- h. **Tries to meet or talk with you at times that are convenient for you**
- i. **Helps you deal with financial issues**
- j. **Helps you with arrangements such as transportation, accommodations, and appointments**

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not at all important

VOLUNTEERED

- 5 Don't know/No answer

12. And thinking of your own experiences with the navigator, I would like to know how satisfied or dissatisfied you have been with these same aspects of care. Have you been very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied that the patient navigator has

READ AND ROTATE

- a. **Been understanding and caring**
- b. **Been sensitive to your personal beliefs**
- c. **Spent enough time with you**
- d. **Tried to identify and address any needs that you had**
- e. **Shared information with you in a way that you were able to understand**
- f. **Been available when you needed her**
- g. **Helped you feel less anxious**
- h. **Tried to meet or talk with you at times that were convenient for you**
- i. **Helped you deal with financial issues**
- j. **Helped you with arrangements such as transportation, accommodations, and appointments**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not very satisfied
- 4 Not at all satisfied

VOLUNTEERED

- 8 Don't know/No answer
- 9 Not applicable

13. Would you say you never, sometimes, or often have had trouble getting in contact with the patient navigator?

- 1 Never
- 2 Sometimes
- 3 Often
- VOLUNTEERED**
- 4 Did not try to reach patient navigator
- 5 Always had trouble trying to reach patient navigator
- 8 Don't know/No answer

14. **[ASK IF "SOMETIMES," "OFTEN," OR "ALWAYS HAD TROUBLE TRYING TO REACH PATIENT NAVIGATOR" IN Q.13]** What type of trouble have you had?
DO NOT READ—CODE ALL THAT APPLY

- 1 She didn't return my call
- 2 Couldn't find her office at the hospital
- 3 There was no one at her office when I went there
- 9 Other (**SPECIFY:** _____)
- 8 Don't know/No answer

15. How would you rate the overall level of assistance provided to you by the navigator? Would you say it has been excellent, good, only fair, or poor?

- 1 Excellent
- 2 Good
- 3 Only fair
- 4 Poor
- VOLUNTEERED**
- 8 Don't know/No answer

16. **[ASK IF "ONLY FAIR" OR "POOR" IN Q.15]** In what ways could the assistance provided to you by the navigator have been better? **PROBE:** Anything else?

I would now like to ask you about your cancer.

17. When were you first diagnosed with cancer?

- _____ **Record month and year**
- 98 Don't know/can't recall

18. What type of cancer have you been diagnosed with?

DO NOT READ—ASK FOR CLARIFICATION AS NECESSARY—CODE ALL THAT APPLY

- 1 Cervical cancer
- 2 Breast cancer
- 3 Prostate cancer
- 4 Colorectal cancer
- 5 Lung cancer
- 6 Other (**SPECIFY:** _____)
- 97 Refused

19. Which of the following best describes your current situation. Are you still waiting for treatment, currently receiving treatment or have you completed treatment?

- 1 Still waiting for treatment **SKIP TO Q.23**
- 2 Currently receiving treatment (Includes being in between treatments)
- 3 Completed treatment
- VOLUNTEERED**
- 4 There is no treatment available for my cancer **SKIP TO Q.23**
- 5 Other (**SPECIFY:** _____)
- 8 Don't know/No answer

20. **[ASK IF "CURRENTLY RECEIVING TREATMENT" OR "COMPLETED TREATMENT" IN Q.19]** What type of treatment (**IF "CURRENTLY RECEIVING TREATMENT IN Q.19**) are you receiving? (**IF "COMPLETED TREATMENT" IN Q.19**) did you receive? **PROBE:** Anything else?

READ IF NECESSARY—CODE ALL THAT APPLY

- 1 Surgery
- 2 Chemotherapy
- 3 Radiation
- 4 Hormone Therapy
- 5 Tomoxifen
- VOLUNTEERED**
- 9 Other (**SPECIFY:** _____)
- 8 Don't know/Can't recall

21. **[ASK IF "CURRENTLY RECEIVING TREATMENT" OR "COMPLETED TREATMENT" IN Q.19]** And in which of the following locations did you receive all or a part of your treatment? Did you receive treatment at:

READ—CODE ALL THAT APPLY

- 1 The Cancer Centre in Halifax (Queen Elizabeth II)
- 2 The Cancer Centre in Sydney
- 3 Your local hospital
- 4 Another hospital or clinic (If yes, which one? _____)

22. **[ASK IF "THE CANCER CENTRE IN HALIAX" OR "THE CANCER CENTRE IN SYDNEY" IN Q.21]** How many trips did you make to these centers from your community?

_____ **Record # of times**

To finish up I would like a little information about yourself to help us analyze the survey . . .

23. Into which of the following age categories do you fall? Are you:

READ—CODE ONE ONLY

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 65 or older
- VOLUNTEERED**
- 7 Refused

24. What is the highest level of education you have completed?

DO NOT READ—CODE ONE ONLY

- 01 Elementary school (Grades 1-8)
- 02 Some high school
- 03 Graduated high school/vocational
- 04 Some community/technical college
- 05 Graduated community/technical college
- 06 Some university
- 07 Graduated university
- 08 Post-graduate training/degree

VOLUNTEERED

- 97 Refused

25. Which one of the following broad income categories best describes your total household income before taxes in 2002. Would it be:

READ—CODE ONE ONLY

- 1 Up to \$16,000
- 2 Between \$16,000 and \$24,999
- 3 Between \$25,000 and \$49,999
- 4 Between \$50,000 and \$74,999
- 5 \$75,000 or more

VOLUNTEERED

- 7 Refused
- 8 Don't know/No answer

26. Do you or any other member of your household work in the health care sector?

- 1 Yes
- 2 No

VOLUNTEERED

- 8 Don't know/No answer

27. Do you have any final comments or suggestion for the patient navigation program? **PROBE:** Anything else?

This concludes the interview. On behalf of Cancer Care Nova Scotia and your patient navigator, thank you for feedback and time.

INTERVIEWER CERTIFICATION

**Appendix F:
Patient Navigation Database
Tables**

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE SUBTYPE:

Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
New Diagnosis	54	72	47	44	70	56	44	76	73	70	69	41	41	64	66	33
Recurrent diagnosis	11	12	14	6	19	13	6	13	15	9	28	14	7	15	3	4
Nurse	7	0	3	23	3	4	13	0	0	0	0	3	6	13	19	28
Other pt related	4	1	6	3	0	6	4	0	1	1	0	10	6	0	3	4
Support Group	3	0	5	4	0	3	5	0	0	0	0	7	6	2	0	6
Palliative	3	6	2	2	1	2	4	2	6	7	0	0	4	0	0	4
Prediagnostic	3	3	4	1	1	2	5	2	0	9	0	3	6	0	0	2
Other Comm Group	3	1	4	3	0	2	5	0	1	1	1	3	6	0	0	6
Other HCP	3	0	4	4	0	3	4	0	0	0	0	6	4	0	0	6
Physician	2	0	4	2	0	3	3	0	0	0	0	5	6	2	6	1
Contact Declined	2	3	1	2	3	2	0	5	2	0	3	2	0	2	3	0
School	1	0	1	3	0	0	2	0	0	0	0	0	1	2	0	5
Spouse	1	0	2	1	0	1	1	0	0	0	0	2	2	0	0	2
Child	1	0	2	0	0	1	1	0	0	1	0	3	3	0	0	0
Other	1	1	1	0	0	1	1	1	0	1	0	2	2	0	0	0
Friend	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0
Business	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Unable to Contact	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SAMPLE SIZE (#)	808	239	358	208	210	232	356	83	81	70	80	119	157	47	32	126

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE SUBTYPE:

PATIENTS ONLY: Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
New Diagnosis	73	74	68	78	74	75	72	77	77	72	70	67	68	79	91	76
Recurrent diagnosis	15	13	20	11	20	17	10	13	16	9	28	23	12	18	4	9
Palliative	4	6	2	4	1	3	7	2	6	7	0	0	6	0	0	9
Prediagnostic	4	3	5	3	1	2	8	2	0	9	0	5	10	0	0	6
Contact Declined	3	3	2	3	4	2	0	5	1	0	3	3	0	3	4	0
Other pt related	1	0	1	0	0	0	2	0	0	1	0	0	3	0	0	0
Other	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0
Child	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Unable to Contact	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

TABLE SUBTYPE:

NON-PATIENTS ONLY: Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Nurse	29	0	11	52	55	15	33	0	0	0	0	7	14	67	67	49
Support Group	12	0	15	10	9	14	12	0	0	0	0	17	14	11	0	11
Other pt related	12	13	16	7	0	24	8	0	25	0	0	26	10	0	11	7
Other Comm Group	11	25	13	8	9	8	12	0	25	50	100	9	14	0	0	10
Other HCP	10	0	13	9	0	12	11	0	0	0	0	15	11	0	0	11
Physician	9	0	14	4	9	14	7	0	0	0	0	13	14	11	22	1
School	4	0	2	8	9	0	6	0	0	0	0	0	3	11	0	8
Spouse	4	0	5	2	0	3	4	0	0	0	0	4	5	0	0	3
Child	3	13	5	0	0	5	3	0	0	50	0	7	5	0	0	0
Other	2	13	4	0	9	2	2	100	0	0	0	2	5	0	0	0
Friend	1	13	2	0	0	2	1	0	25	0	0	0	3	0	0	0
Contact Declined	1	25	0	0	0	2	0	0	25	0	0	0	0	0	0	0
Business	0	0	1	0	0	0	1	0	0	0	0	0	2	0	0	0
SAMPLE SIZE (#)	210	8	111	90	11	59	138	1	4	2	1	46	63	9	9	72

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE AGE:

Age of patient at time of first referral

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
0-19	1	0	1	0	1	1	1	0	0	2	1	1	1	0	0	0
20-49	14	13	18	10	15	15	13	15	12	11	18	17	17	8	17	7
50-69	51	53	46	55	51	51	50	46	62	52	51	39	48	59	52	54
70 plus	34	34	35	35	34	34	36	39	26	36	29	43	34	32	30	39
SAMPLE SIZE (#)	577	221	240	114	192	171	214	79	76	66	76	72	92	37	23	54

TABLE GENDER:

Sex of Patient

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Male	37	38	38	36	34	39	39	33	36	46	32	44	38	42	30	33
Female	63	62	62	64	66	61	61	67	64	54	68	56	62	58	70	67
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE TYPE_CD:

DIAGNOSIS.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Breast	28	21	32	33	32	27	26	28	18	18	37	29	32	32	48	28
Digestive System	22	24	18	26	21	24	22	24	25	25	20	25	11	13	17	37
Other	17	18	17	12	13	14	22	12	21	21	11	10	28	16	9	11
Respiratory System	12	14	12	7	11	13	11	11	16	15	14	11	11	5	13	6
Male Genital Organ	6	6	6	6	6	9	5	5	9	6	1	11	7	18	0	0
Blood & Lymph Tissue	6	6	4	7	4	6	7	6	5	9	3	7	4	3	4	11
Urinary Tract	4	3	4	3	5	2	4	6	3	1	5	1	6	3	4	4
Female Genital Organ	2	2	1	3	3	2	1	1	1	3	1	1	0	8	4	0
Brain	2	2	2	1	3	2	0	2	1	1	3	4	0	3	0	0
Unknown	2	1	2	2	3	0	1	4	0	0	4	0	1	0	0	4
Liver/ Gallbladder	1	1	1	0	1	1	0	0	1	1	1	1	0	0	0	0
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

TABLE DECEASED:

Has the patient died?

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	24	28	23	16	31	27	14	35	31	15	33	22	16	18	26	11
No	76	72	77	84	69	73	86	65	69	85	67	78	84	82	74	89
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE DIAG2REF:

Days between diagnosis and referral to patient navigator.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	8	7	11	4	5	10	8	2	8	11	8	13	12	9	6	0
5-19 days	29	28	36	20	31	30	27	23	31	30	48	31	31	23	24	17
20-49 days	31	34	24	39	36	26	31	40	27	35	20	27	24	55	24	37
50-99 days	14	16	9	16	14	16	12	19	19	9	10	7	12	9	29	14
100-199 days	7	7	6	9	9	7	6	8	6	7	13	4	2	5	18	9
200 days or more	11	9	13	11	5	11	16	9	10	9	3	18	19	0	0	23
SAMPLE SIZE (#)	353	151	127	74	115	114	124	53	52	46	40	45	42	22	17	35
MEAN	78.2	65.9	92.5	78.5	54.1	75.4	103.1	72.0	61.0	64.4	41.3	100.4	132.8	34.2	53.1	118.8
MEDIAN	28.0	31.0	21.0	37.5	33.0	27.5	28.0	43.0	29.5	22.0	14.0	22.0	26.5	27.5	44.0	45.0

TABLE DIAG2REF:

Days between diagnosis and referral to patient navigator [IF LESS THAN 365 DAYS].

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	8	7	12	4	5	10	9	2	8	12	8	15	14	9	6	0
5-19 days	31	29	40	21	32	31	30	24	31	33	48	35	37	23	24	19
20-49 days	33	35	26	41	36	28	35	41	27	37	20	30	29	55	24	41
50-99 days	15	17	10	17	14	17	14	20	20	9	10	8	14	9	29	16
100-199 days	8	7	7	10	9	7	6	8	6	7	13	5	3	5	18	9
200 days or more	5	6	4	7	4	6	6	6	8	2	3	8	3	0	0	16
SAMPLE SIZE (#)	332	145	115	71	113	108	111	51	51	43	40	40	35	22	17	32
MEAN	49.3	50.4	41.7	58.5	48.5	51.3	48.1	60.3	53.7	34.9	41.3	47.4	35.7	34.2	53.1	78.0
MEDIAN	25.0	28.0	18.0	36.0	32.0	24.5	23.0	43.0	28.0	21.0	14.0	19.5	19.0	27.5	44.0	43.5

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE DIAG2REF:

Was referral within thirty days of first diagnosis date?

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Within 30 days	51	49	58	42	48	53	52	34	50	65	63	60	52	55	41	34
Longer than 30 days	49	51	42	58	52	47	48	66	50	35	38	40	48	45	59	66
SAMPLE SIZE (#)	353	151	127	74	115	114	124	53	52	46	40	45	42	22	17	35

TABLE REF2DOD:

Days between referral to patient navigator and date of death.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	4	5	4	0	3	2	7	7	0	10	0	6	7	0	0	0
5-19 days	8	10	7	5	7	2	20	7	4	30	8	0	14	0	0	17
20-49 days	23	23	21	32	13	35	27	14	38	10	12	19	43	14	67	17
50-99 days	18	16	18	26	11	20	30	7	17	40	15	19	21	14	33	33
100-199 days	26	19	39	11	26	33	17	14	29	10	46	50	14	0	0	33
200 days or more	20	27	11	26	39	9	0	50	13	0	19	6	0	71	0	0
SAMPLE SIZE (#)	137	62	56	19	61	46	30	28	24	10	26	16	14	7	6	6
MEAN	124.2	131.5	111.4	137.9	178.6	96.4	56.1	191.2	98.1	44.3	143.2	110.0	54.1	259.7	53.5	80.3
MEDIAN	88.0	87.0	95.0	90.0	154.0	73.5	45.0	197.5	78.5	47.0	131.5	108.0	40.0	308.0	44.5	76.0

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE RDG2REF:

Days between date of recurrence and referral to patient navigator.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	4	4	6	0	8	5	0	0	9	0	14	0	0	0	0	0
5-19 days	22	24	25	10	32	10	23	50	18	0	29	0	36	0	0	20
20-49 days	19	16	16	40	16	15	27	25	0	33	7	29	18	33	50	40
50-99 days	10	16	9	0	12	20	0	13	27	0	14	14	0	0	0	0
100-199 days	18	12	19	30	24	15	14	13	9	17	21	29	9	67	0	20
200 days or more	25	28	25	20	8	35	36	0	36	50	14	29	36	0	50	20
SAMPLE SIZE (#)	67	25	32	10	25	20	22	8	11	6	14	7	11	3	2	5
MEAN	138.0	121.3	151.8	135.6	83.5	154.0	185.3	48.9	134.8	193.0	99.1	165.1	210.2	103.0	220.5	121.2
MEDIAN	59.0	59.0	70.5	70.0	33.0	89.5	76.5	20.0	75.0	240.0	61.5	104.0	49.0	106.0	220.5	36.0

TABLE RDG2REF:

Days between date of recurrence and referral to patient navigator [IF LESS THAN 365 DAYS].

	OVERALL %	DHA			Time of Referral			DHA 2		DHA 6			DHA 7	
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JAN03-JUN03
Less than 5 days	8	0	20	0	17	0	0	0	0	50	0	0	0	0
5-19 days	33	40	40	0	50	0	33	67	0	50	0	50	0	0
20-49 days	25	20	20	50	17	0	67	33	0	0	0	50	0	100
50-99 days	17	20	20	0	0	67	0	0	50	0	100	0	0	0
100-199 days	17	20	0	50	17	33	0	0	50	0	0	0	100	0
SAMPLE SIZE (#)	12	5	5	2	6	3	3	3	2	2	1	2	1	1
MEAN	45.6	47.4	20.8	103.0	39.2	79.7	24.3	16.3	94.0	3.0	51.0	23.5	180.0	26.0
MEDIAN	26.0	26.0	12.0	103.0	11.5	55.0	26.0	12.0	94.0	3.0	51.0	23.5	180.0	26.0

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE RDG2REF:

Was referral within thirty days of recurrence diagnosis date?

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Within 30 days	36	40	31	40	48	20	36	63	27	33	43	0	36	33	50	40
Longer than 30 days	64	60	69	60	52	80	64	38	73	67	57	100	64	67	50	60
SAMPLE SIZE (#)	67	25	32	10	25	20	22	8	11	6	14	7	11	3	2	5
MEAN	138.0	121.3	151.8	135.6	83.5	154.0	185.3	48.9	134.8	193.0	99.1	165.1	210.2	103.0	220.5	121.2
MEDIAN	59.0	59.0	70.5	70.0	33.0	89.5	76.5	20.0	75.0	240.0	61.5	104.0	49.0	106.0	220.5	36.0

TABLE REF_TOT:

Number of Referrals for Patients.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	83	89	84	71	78	83	87	87	87	93	78	88	85	61	57	83
2.00	13	10	13	18	16	13	10	11	12	7	18	10	12	24	30	9
3.00	3	1	2	7	3	3	3	2	1	0	1	3	3	8	9	6
4.00	1	0	0	3	2	0	0	0	0	0	1	0	0	8	0	2
5.00	0	0	0	1	1	1	0	0	0	0	1	0	0	0	4	0
SAMPLE SIZE (#)	593	229	246	116	199	173	218	82	77	68	79	73	94	38	23	54
MEAN	1.2	1.1	1.2	1.5	1.3	1.2	1.2	1.2	1.1	1.1	1.3	1.2	1.2	1.6	1.7	1.3
MEDIAN	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE REF_TOT:

Number of Referrals for Non-Patients.

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	95	100	92	98	91	88	98	100	100	100	100	85	97	89	100	99
2.00	5	0	7	2	9	10	2	0	0	0	0	13	3	11	0	1
3.00	0	0	1	0	0	2	0	0	0	0	0	2	0	0	0	0
SAMPLE SIZE (#)	213	7	112	93	11	60	141	1	4	2	1	47	63	9	9	75
MEAN	1.1	1.0	1.1	1.0	1.1	1.1	1.0	1.0	1.0	1.0	1.0	1.2	1.0	1.1	1.0	1.0
MEDIAN	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

TABLE COUNTY:

County - Patients Only

	OVERALL %	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Shelburne County	12	31	0	0	13	11	11	34	26	34	0	0	0	0	0	0
Yarmouth County	16	43	0	0	15	24	11	39	57	35	0	0	0	0	0	0
Digby County	10	26	0	0	11	7	10	27	15	31	0	0	0	0	0	0
Kings County	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
Halifax County	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Colchester County	1	0	2	0	1	2	1	0	0	0	1	4	2	0	0	0
Cumberland County	1	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0
Pictou County	39	0	91	2	39	40	39	0	0	0	94	93	89	3	0	2
Guysborough County	6	0	1	26	7	5	5	0	0	0	0	1	2	37	35	15
Antigonish County	10	0	2	46	7	6	14	0	0	0	1	1	2	34	39	55
Inverness County	4	0	2	15	5	2	4	0	0	0	3	0	2	21	13	13
Richmond County	2	0	0	11	1	2	4	0	0	0	0	0	0	5	13	15
SAMPLE SIZE (#)	584	221	244	117	194	168	214	77	72	68	79	73	91	38	23	53

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE TYPE_CD:

NEW DIAGNOSIS BY REGION.

	OVERALL %	DHA			DATE OF DIAGNOSIS			DHA 2 DIAGNOSIS DATE			DHA 6 DIAGNOSIS DATE			DHA 7 DIAGNOSIS DATE		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jun03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Breast	28	21	32	33	26	30	36	17	29	18	38	24	58	25	43	35
Digestive System	22	24	18	26	22	30	23	17	27	36	26	32	3	25	33	31
Other	17	18	17	12	7	7	9	10	10	13	6	7	6	4	0	8
Respiratory System	12	14	12	7	15	15	15	19	20	13	10	12	22	14	10	8
Male Genital Organ	6	6	6	6	10	4	1	12	6	3	2	5	0	18	0	0
Blood & Lymph Tissue	6	6	4	7	4	5	7	7	6	5	2	5	3	4	5	15
Urinary Tract	4	3	4	3	5	4	5	5	0	5	8	7	8	0	5	0
Female Genital Organ	2	2	1	3	4	0	3	3	0	5	2	0	0	11	0	0
Brain	2	2	2	1	2	2	1	3	0	3	2	5	0	0	0	0
Unknown	2	1	2	2	4	1	1	5	0	0	4	0	0	0	5	4
Liver/ Gallbladder	1	1	1	0	0	2	0	0	2	0	0	2	0	0	0	0
SAMPLE SIZE (#)	598	231	247	118	136	113	102	58	51	39	50	41	36	28	21	26

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE SUBTYPE:

Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
New Diagnosis	434	172	168	92	148	129	156	63	59	49	55	49	64	30	21	41
Recurrent diagnosis	92	29	50	13	40	30	22	11	12	6	22	17	11	7	1	5
Prediagnostic	24	8	13	3	2	4	18	2	0	6	0	4	9	0	0	3
Spouse	8	0	6	2	0	2	5	0	0	0	0	2	3	0	0	2
Child	8	1	7	0	0	3	5	0	0	1	0	3	4	0	0	0
Friend	3	1	2	0	0	1	2	0	1	0	0	0	2	0	0	0
Other pt related	29	2	21	6	0	14	15	0	1	1	0	12	9	0	1	5
School	9	0	2	7	1	0	8	0	0	0	0	0	2	1	0	6
Support Group	26	0	17	9	1	8	17	0	0	0	0	8	9	1	0	8
Physician	19	0	15	4	1	8	10	0	0	0	0	6	9	1	2	1
Nurse	60	0	12	47	6	9	45	0	0	0	0	3	9	6	6	35
Other HCP	22	0	14	8	0	7	15	0	0	0	0	7	7	0	0	8
Other Comm Group	23	2	14	7	1	5	17	0	1	1	1	4	9	0	0	7
Business	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Other	7	2	5	0	1	2	4	1	0	1	0	2	3	0	0	0
Contact Declined	17	8	5	4	7	5	0	4	2	0	2	2	0	1	1	0
Unable to Contact	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Palliative	25	14	6	5	2	5	16	2	5	5	0	0	6	0	0	5
SAMPLE SIZE (#)	808	239	358	208	210	232	356	83	81	70	80	119	157	47	32	126

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE SUBTYPE:

PATIENTS ONLY: Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
New Diagnosis	434	172	168	92	148	129	156	63	59	49	55	49	64	30	21	41
Recurrent diagnosis	92	29	50	13	40	30	22	11	12	6	22	17	11	7	1	5
Prediagnostic	24	8	13	3	2	4	18	2	0	6	0	4	9	0	0	3
Child	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Other pt related	4	1	3	0	0	0	4	0	0	1	0	0	3	0	0	0
Other	2	1	1	0	0	1	1	0	0	1	0	1	0	0	0	0
Contact Declined	15	6	5	4	7	4	0	4	1	0	2	2	0	1	1	0
Unable to Contact	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Palliative	25	14	6	5	2	5	16	2	5	5	0	0	6	0	0	5
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE SUBTYPE:

NON-PATIENTS ONLY: Breakdown of Client Subtype: Specific client who is seeking assistance from the patient navigator.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Spouse	8	0	6	2	0	2	5	0	0	0	0	2	3	0	0	2
Child	7	1	6	0	0	3	4	0	0	1	0	3	3	0	0	0
Friend	3	1	2	0	0	1	2	0	1	0	0	0	2	0	0	0
Other pt related	25	1	18	6	0	14	11	0	1	0	0	12	6	0	1	5
School	9	0	2	7	1	0	8	0	0	0	0	0	2	1	0	6
Support Group	26	0	17	9	1	8	17	0	0	0	0	8	9	1	0	8
Physician	19	0	15	4	1	8	10	0	0	0	0	6	9	1	2	1
Nurse	60	0	12	47	6	9	45	0	0	0	0	3	9	6	6	35
Other HCP	22	0	14	8	0	7	15	0	0	0	0	7	7	0	0	8
Other Comm Group	23	2	14	7	1	5	17	0	1	1	1	4	9	0	0	7
Business	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Other	5	1	4	0	1	1	3	1	0	0	0	1	3	0	0	0
Contact Declined	2	2	0	0	0	1	0	0	1	0	0	0	0	0	0	0
SAMPLE SIZE (#)	210	8	111	90	11	59	138	1	4	2	1	46	63	9	9	72

TABLE AGE:

Age of patient at time of first referral

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
0-19	1	0	1	0	1	1	1	0	0	2	1	1	1	0	0	0
20-49	14	13	18	10	15	15	13	15	12	11	18	17	17	8	17	7
50-69	51	53	46	55	51	51	50	46	62	52	51	39	48	59	52	54
70 plus	34	34	35	35	34	34	36	39	26	36	29	43	34	32	30	39
SAMPLE SIZE (#)	577	221	240	114	192	171	214	79	76	66	76	72	92	37	23	54

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE GENDER:

Sex of Patient

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Male	224	88	93	43	68	67	85	27	28	31	25	32	36	16	7	18
Female	374	143	154	75	131	106	133	55	49	37	54	41	58	22	16	36
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

TABLE TYPE_CD:

DIAGNOSIS.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Breast	168	49	80	39	64	46	57	23	14	12	29	21	30	12	11	15
Digestive System	132	56	45	31	41	41	47	20	19	17	16	18	10	5	4	20
Respiratory System	69	32	29	8	22	23	23	9	12	10	11	8	10	2	3	3
Brain	10	4	5	1	5	4	1	2	1	1	2	3	0	1	0	0
Female Genital Organ	12	5	2	4	5	3	3	1	1	2	1	1	0	3	1	0
Male Genital Organ	38	15	16	7	12	15	11	4	7	4	1	8	7	7	0	0
Urinary Tract	23	8	11	4	10	4	9	5	2	1	4	1	6	1	1	2
Blood & Lymph Tissue	34	15	11	8	8	10	16	5	4	6	2	5	4	1	1	6
Liver/ Gallbladder	4	2	2	0	1	2	1	0	1	1	1	1	0	0	0	0
Unknown	9	3	4	2	6	0	3	3	0	0	3	0	1	0	0	2
Other	99	42	42	14	25	25	47	10	16	14	9	7	26	6	2	6
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE DECEASED:

Has the patient died?

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	141	65	57	19	62	46	31	29	24	10	26	16	15	7	6	6
No	457	166	190	99	137	127	187	53	53	58	53	57	79	31	17	48
SAMPLE SIZE (#)	598	231	247	118	199	173	218	82	77	68	79	73	94	38	23	54

TABLE DIAG2REF:

Days between diagnosis and referral to patient navigator.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	27	10	14	3	6	11	10	1	4	5	3	6	5	2	1	0
5-19 days	103	42	46	15	36	34	33	12	16	14	19	14	13	5	4	6
20-49 days	110	51	30	29	41	30	39	21	14	16	8	12	10	12	4	13
50-99 days	49	24	12	12	16	18	15	10	10	4	4	3	5	2	5	5
100-199 days	25	10	8	7	10	8	7	4	3	3	5	2	1	1	3	3
200 days or more	39	14	17	8	6	13	20	5	5	4	1	8	8	0	0	8
SAMPLE SIZE (#)	353	151	127	74	115	114	124	53	52	46	40	45	42	22	17	35

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE DIAG2REF:

Days between diagnosis and referral to patient navigator [IF LESS THAN 365 DAYS].

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	27	10	14	3	6	11	10	1	4	5	3	6	5	2	1	0
5-19 days	103	42	46	15	36	34	33	12	16	14	19	14	13	5	4	6
20-49 days	110	51	30	29	41	30	39	21	14	16	8	12	10	12	4	13
50-99 days	49	24	12	12	16	18	15	10	10	4	4	3	5	2	5	5
100-199 days	25	10	8	7	10	8	7	4	3	3	5	2	1	1	3	3
200 days or more	18	8	5	5	4	7	7	3	4	1	1	3	1	0	0	5
SAMPLE SIZE (#)	332	145	115	71	113	108	111	51	51	43	40	40	35	22	17	32

TABLE DIAG2REF:

Was referral within thirty days of first diagnosis date?

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Within 30 days	179	74	74	31	55	60	64	18	26	30	25	27	22	12	7	12
Longer than 30 days	174	77	53	43	60	54	60	35	26	16	15	18	20	10	10	23
SAMPLE SIZE (#)	353	151	127	74	115	114	124	53	52	46	40	45	42	22	17	35

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE REF2DOD:

Days between referral to patient navigator and date of death.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	5	3	2	0	2	1	2	2	0	1	0	1	1	0	0	0
5-19 days	11	6	4	1	4	1	6	2	1	3	2	0	2	0	0	1
20-49 days	32	14	12	6	8	16	8	4	9	1	3	3	6	1	4	1
50-99 days	25	10	10	5	7	9	9	2	4	4	4	3	3	1	2	2
100-199 days	36	12	22	2	16	15	5	4	7	1	12	8	2	0	0	2
200 days or more	28	17	6	5	24	4	0	14	3	0	5	1	0	5	0	0
SAMPLE SIZE (#)	137	62	56	19	61	46	30	28	24	10	26	16	14	7	6	6

TABLE RDG2REF:

Days between date of recurrence and referral to patient navigator.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Less than 5 days	3	1	2	0	2	1	0	0	1	0	2	0	0	0	0	0
5-19 days	15	6	8	1	8	2	5	4	2	0	4	0	4	0	0	1
20-49 days	13	4	5	4	4	3	6	2	0	2	1	2	2	1	1	2
50-99 days	7	4	3	0	3	4	0	1	3	0	2	1	0	0	0	0
100-199 days	12	3	6	3	6	3	3	1	1	1	3	2	1	2	0	1
200 days or more	17	7	8	2	2	7	8	0	4	3	2	2	4	0	1	1
SAMPLE SIZE (#)	67	25	32	10	25	20	22	8	11	6	14	7	11	3	2	5

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE RDG2REF:

Days between date of recurrence and referral to patient navigator [IF LESS THAN 365 DAYS].

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7	
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JAN03-JUN03	
Less than 5 days	1	0	1	0	1	0	0	0	0	1	0	0	0	0	
5-19 days	4	2	2	0	3	0	1	2	0	1	0	1	0	0	
20-49 days	3	1	1	1	1	0	2	1	0	0	0	1	0	1	
50-99 days	2	1	1	0	0	2	0	0	1	0	1	0	0	0	
100-199 days	2	1	0	1	1	1	0	0	1	0	0	0	1	0	
SAMPLE SIZE (#)	12	5	5	2	6	3	3	3	2	2	1	2	1	1	

TABLE RDG2REF:

Was referral within thirty days of recurrence diagnosis date?

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Within 30 days	24	10	10	4	12	4	8	5	3	2	6	0	4	1	1	2
Longer than 30 days	43	15	22	6	13	16	14	3	8	4	8	7	7	2	1	3
SAMPLE SIZE (#)	67	25	32	10	25	20	22	8	11	6	14	7	11	3	2	5

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE REF_TOT:

Number of Referrals for Patients.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	493	203	206	82	156	144	190	71	67	63	62	64	80	23	13	45
2.00	76	23	32	21	32	23	21	9	9	5	14	7	11	9	7	5
3.00	17	3	6	8	6	5	6	2	1	0	1	2	3	3	2	3
4.00	5	0	1	4	4	0	1	0	0	0	1	0	0	3	0	1
5.00	2	0	1	1	1	1	0	0	0	0	1	0	0	0	1	0
SAMPLE SIZE (#)	593	229	246	116	199	173	218	82	77	68	79	73	94	38	23	54

TABLE REF_TOT:

Number of Referrals for Non-Patients.

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	202	7	103	91	10	53	138	1	4	2	1	40	61	8	9	74
2.00	10	0	8	2	1	6	3	0	0	0	0	6	2	1	0	1
3.00	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
SAMPLE SIZE (#)	213	7	112	93	11	60	141	1	4	2	1	47	63	9	9	75

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE COUNTY:

County - Patients Only

COUNTS.

	OVERALL N	DHA			Time of Referral			DHA 2			DHA 6			DHA 7		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jul03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Shelburne County	68	68	0	0	26	19	23	26	19	23	0	0	0	0	0	0
Yarmouth County	95	95	0	0	30	41	24	30	41	24	0	0	0	0	0	0
Digby County	57	57	0	0	21	11	21	21	11	21	0	0	0	0	0	0
Kings County	1	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0
Halifax County	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Colchester County	6	0	6	0	1	3	2	0	0	0	1	3	2	0	0	0
Cumberland County	3	0	3	0	1	0	1	0	0	0	1	0	1	0	0	0
Pictou County	227	0	223	2	75	68	84	0	0	0	74	68	81	1	0	1
Guysborough County	33	0	3	30	14	9	10	0	0	0	0	1	2	14	8	8
Antigonish County	58	0	4	54	14	10	31	0	0	0	1	1	2	13	9	29
Inverness County	22	0	4	18	10	3	9	0	0	0	2	0	2	8	3	7
Richmond County	13	0	0	13	2	3	8	0	0	0	0	0	0	2	3	8
SAMPLE SIZE (#)	584	221	244	117	194	168	214	77	72	68	79	73	91	38	23	53

CANCER CARE NOVA SCOTIA

Clients Database Tables

TABLE TYPE_CD:

NEW DIAGNOSIS BY REGION.

COUNTS.

	OVERALL N	DHA			DATE OF DIAGNOSIS			DHA 2 DIAGNOSIS DATE			DHA 6 DIAGNOSIS DATE			DHA 7 DIAGNOSIS DATE		
		DHA 2	DHA 6	DHA 7	Jan02-Jun02	Jul02-Dec02	Jan03-Jun03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Breast	168	49	80	39	36	34	37	10	15	7	19	10	21	7	9	9
Digestive System	132	56	45	31	30	34	23	10	14	14	13	13	1	7	7	8
Respiratory System	69	32	29	8	20	17	15	11	10	5	5	5	8	4	2	2
Brain	10	4	5	1	3	2	1	2	0	1	1	2	0	0	0	0
Female Genital Organ	12	5	2	4	6	0	3	2	0	2	1	0	0	3	0	0
Male Genital Organ	38	15	16	7	13	5	1	7	3	1	1	2	0	5	0	0
Urinary Tract	23	8	11	4	7	4	5	3	0	2	4	3	3	0	1	0
Blood & Lymph Tissue	34	15	11	8	6	6	7	4	3	2	1	2	1	1	1	4
Liver/ Gallbladder	4	2	2	0	0	2	0	0	1	0	0	1	0	0	0	0
Unknown	9	3	4	2	5	1	1	3	0	0	2	0	0	0	1	1
Other	99	42	42	14	10	8	9	6	5	5	3	3	2	1	0	2
SAMPLE SIZE (#)	598	231	247	118	136	113	102	58	51	39	50	41	36	28	21	26

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ISS_CAT:

Patients only: Issue Category.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Continuity of care	45	58	33	45	48	43	42	62	56	55	39	27	31	44	43	47
Information/Education	36	31	42	36	34	40	36	25	35	31	39	46	41	39	37	33
Coordination/Referral	18	11	25	17	17	16	21	12	9	12	22	25	28	16	16	19
Other	1	1	0	1	1	1	1	2	0	1	0	1	0	0	4	1
SAMPLE SIZE (#)	873	317	344	209	300	270	298	102	124	89	119	95	130	79	51	79

TABLE ISS_CAT:

Non-Patients only: Issue Category.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education	67	44	64	71	53	56	73	0	50	100	100	50	74	60	89	71
Continuity of Care	17	44	19	12	26	23	12	67	50	0	0	23	16	20	11	10
Coordination/Referral	14	11	13	16	21	18	12	33	0	0	0	23	5	20	0	17
Other	2	0	4	1	0	3	2	0	0	0	0	4	3	0	0	1
SAMPLE SIZE (#)	218	9	107	101	19	61	137	3	4	2	1	48	58	15	9	77

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Patients only: Type of Issue.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03
Continuity of care: emotional support	17	20	15	16	17	11	22	21	17	22	18	6	17	9	8	29
Cancer system: finance	13	18	8	15	14	16	10	17	22	13	10	6	8	18	18	10
Information/Education: site specific info	13	9	21	6	12	17	11	5	14	9	21	25	18	8	10	1
Coordination/Referral: coord to cancer centre	11	8	15	8	9	11	11	9	7	8	10	20	15	9	6	9
Information/Education: general info on cancer	9	10	6	12	4	7	16	5	8	18	2	2	13	5	12	18
Continuity of care: home care	7	14	5	2	6	10	6	11	15	15	4	11	2	3	0	3
Information/Education: Tx plan	4	2	6	3	5	4	2	3	2	1	6	9	3	6	2	0
Continuity of care: palliative care	4	2	3	6	4	2	4	2	3	1	4	1	5	6	2	8
Coordination/Referral: diagnostic	3	3	2	5	3	3	4	3	2	3	3	1	3	3	8	6
Information/Education: chemo	3	1	3	4	3	4	1	1	2	0	6	2	2	3	10	1
Coordination/Referral: appointments	2	1	3	2	2	0	3	1	0	2	4	1	4	1	0	4
Cancer system: drugs	2	2	1	2	4	0	0	6	0	0	1	1	1	6	0	0
Symptom management: pain	2	1	2	2	3	2	0	2	1	0	4	2	0	1	4	1
Information/Education: for patient's family	1	0	1	3	2	1	1	0	0	0	0	2	1	6	0	3
Symptom management: lymphadema	1	1	2	0	1	2	0	0	2	0	3	3	0	1	0	0
Continuity of care: hospital discharge issues	1	1	1	1	1	0	2	1	0	2	1	0	2	1	0	3
Cancer system: lodging	1	2	1	1	1	2	0	2	2	1	1	1	0	0	4	0
Cancer system: transportation	1	2	0	2	1	2	0	1	2	1	0	0	0	3	4	0
Other: unusual circumstances	1	1	0	1	1	1	0	3	0	0	0	1	0	1	2	1
Coordination/Referral: surgery	1	0	1	1	0	0	2	0	0	0	0	0	3	0	2	1
Symptom management: hair loss	1	0	1	1	1	1	0	0	0	0	0	1	1	3	2	0
Symptom management: other	1	1	0	1	1	0	0	2	0	0	0	0	0	1	2	1
Continuity of care: lack of family doctor	1	0	1	1	1	1	0	1	0	0	1	1	0	0	2	1
Symptom management: nausea	1	1	1	0	1	0	1	2	0	1	1	0	1	0	0	0
Social support: reintegration to work/school	0	0	0	0	0	1	0	0	1	0	0	1	0	1	0	0
Volunteer/Support group: breast	0	0	1	0	0	0	1	0	0	0	0	1	2	0	0	0
Volunteer/Support group: R R	0	0	0	1	0	0	0	0	0	1	0	0	0	1	2	0
Symptom management: sore mouth	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0
Cancer system: insurance	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0
Symptom management: incontinence	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Symptom management: diarrhea	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Community education: community group	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Continuity of care: bereavement support	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Volunteer/Support group: T & G	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Patients only: Type of Issue.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03
Other: program admin	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
SAMPLE SIZE (#)	871	316	344	208	298	270	298	101	124	89	119	95	130	78	51	79

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Non-Patients only: Type of Issue.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education: site specific info	13	22	10	16	11	10	15	0	0	100	0	9	11	14	22	16
Information/Education: general info on cancer	11	11	7	15	22	8	10	0	25	0	0	7	7	29	11	13
Cancer system: finance	9	33	4	11	11	5	10	33	50	0	0	2	5	7	0	13
Information/Education: for patient's family	6	0	8	5	6	8	5	0	0	0	0	9	7	7	11	4
Community education: community group	6	0	8	4	6	5	6	0	0	0	100	7	7	0	0	5
Continuity of care: emotional support	6	11	5	6	6	2	7	33	0	0	0	2	7	0	0	8
Coordination/Referral: coord to cancer centre	6	0	5	7	11	5	5	0	0	0	0	7	4	14	0	6
Navigator education: training	5	0	6	4	0	5	5	0	0	0	0	4	7	0	11	4
Information/Education: chemo	4	0	1	8	6	2	5	0	0	0	0	0	2	7	11	8
Coordination/Referral: diagnostic	4	0	5	3	0	3	4	0	0	0	0	4	5	0	0	4
Information/Education: Tx plan	3	0	2	4	6	5	1	0	0	0	0	2	2	7	22	1
Other: program admin	3	0	6	0	0	2	4	0	0	0	0	2	9	0	0	0
Continuity of care: home care	2	0	4	1	6	5	1	0	0	0	0	7	2	7	0	0
Cancer system: lodging	2	0	2	3	6	2	2	0	0	0	0	2	2	7	0	3
Continuity of care: palliative care	2	0	2	2	0	2	2	0	0	0	0	2	2	0	0	3
Volunteer/Support group: breast	2	11	3	0	6	3	1	33	0	0	0	4	2	0	0	0
Other: unusual circumstances	2	11	2	1	0	7	0	0	25	0	0	4	0	0	11	0
Symptom management: lymphadema	2	0	3	1	0	2	2	0	0	0	0	2	4	0	0	1
Continuity of care: hospital discharge issues	1	0	2	1	0	3	1	0	0	0	0	4	0	0	0	1
Symptom management: sore mouth	1	0	2	0	0	3	0	0	0	0	0	4	0	0	0	0
Symptom management: hair loss	1	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3
Symptom management: other	1	0	1	1	0	2	1	0	0	0	0	2	0	0	0	1
Community education: school	1	0	0	2	0	0	1	0	0	0	0	0	0	0	0	3
Navigator education: workshops	1	0	2	0	0	0	1	0	0	0	0	0	4	0	0	0
Continuity of care: lack of family doctor	1	0	2	0	0	2	1	0	0	0	0	2	2	0	0	0
Continuity of care: bereavement support	1	0	1	1	0	0	1	0	0	0	0	0	2	0	0	1
Cancer system: transportation	1	0	2	0	0	2	1	0	0	0	0	2	2	0	0	0
Coordination/Referral: appointments	1	0	2	0	0	2	1	0	0	0	0	2	2	0	0	0
Volunteer/Support group: R R	1	0	1	1	0	2	1	0	0	0	0	2	0	0	0	1
Community Education: health prof	0	0	1	0	0	2	0	0	0	0	0	2	0	0	0	0
Social support: reintegration to work/school	0	0	1	0	0	2	0	0	0	0	0	2	0	0	0	0
Coordination/Referral: surgery	0	0	1	0	0	0	1	0	0	0	0	0	2	0	0	0
Health professional: social worker	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Non-Patients only: Type of Issue.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Symptom management: nausea	0	0	1	0	0	0	1	0	0	0	0	0	2	0	0	0
SAMPLE SIZE (#)	211	9	102	100	18	59	134	3	4	2	1	46	55	14	9	77

TABLE ISS_RES:

Patients only: Issue Resolved?

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	94	95	94	94	90	97	96	91	98	97	87	98	97	92	94	95
No	6	5	6	6	10	3	4	9	2	3	13	2	3	8	6	5
SAMPLE SIZE (#)	873	317	344	209	300	270	298	102	124	89	119	95	130	79	51	79

TABLE ISS_RES:

Non-Patients only: Issue Resolved?

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	94	100	95	93	89	98	93	100	100	100	100	98	93	87	100	94
No	6	0	5	7	11	2	7	0	0	0	0	2	7	13	0	6
SAMPLE SIZE (#)	218	9	107	101	19	61	137	3	4	2	1	48	58	15	9	77

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Patients only: Type of Issue not yet resolved.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Cancer system: finance	25	25	19	38	27	25	27	33	33	0	13	50	25	50	0	50
Continuity of care: emotional support	18	19	19	15	17	13	18	11	0	33	27	0	0	0	33	25
Information/Education: general info on cancer	6	13	0	8	0	0	27	0	0	67	0	0	0	0	0	25
Coordination/Referral: coord to cancer centre	6	6	0	15	7	13	0	11	0	0	0	0	0	17	33	0
Coordination/Referral: appointments	6	6	10	0	3	0	18	11	0	0	0	0	50	0	0	0
Continuity of care: home care	4	0	10	0	7	0	0	0	0	0	13	0	0	0	0	0
Information/Education: Tx plan	4	0	10	0	7	0	0	0	0	0	13	0	0	0	0	0
Cancer system: drugs	4	13	0	0	7	0	0	22	0	0	0	0	0	0	0	0
Coordination/Referral: diagnostic	4	6	5	0	3	13	0	0	33	0	7	0	0	0	0	0
Information/Education: chemo	4	6	5	0	3	13	0	0	33	0	7	0	0	0	0	0
Symptom management:pain	4	0	10	0	3	13	0	0	0	0	7	50	0	0	0	0
Information/Education: site specific info	4	0	0	8	0	13	0	0	0	0	0	0	0	0	33	0
Continuity of care: hospital discharge issues	2	0	5	0	0	0	9	0	0	0	0	0	25	0	0	0
Continuity of care: palliative care	2	0	0	8	3	0	0	0	0	0	0	0	0	17	0	0
Cancer system: lodging	2	6	0	0	3	0	0	11	0	0	0	0	0	0	0	0
Volunteer/Support group: R R	2	0	0	8	3	0	0	0	0	0	0	0	0	17	0	0
Symptom management: lymphadema	2	0	5	0	3	0	0	0	0	0	7	0	0	0	0	0
Symptom management: nausea	2	0	5	0	3	0	0	0	0	0	7	0	0	0	0	0
SAMPLE SIZE (#)	51	16	21	13	30	8	11	9	3	3	15	2	4	6	3	4

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Non-Patients only: Type of Issue not yet resolved.

	OVERALL %	DHA		TIME OF REFERRAL			South west	Pictou		Gasha	
		Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	.	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JAN03-JUN03
Information/Education: Tx plan	18	25	14	50	0	13	0	0	33	50	0
Community education: community group	9	0	14	0	0	13	0	0	0	0	20
Navigator education: training	9	0	14	0	0	13	0	0	0	0	20
Information/Education: site specific info	9	0	14	0	0	13	0	0	0	0	20
Continuity of care: palliative care	9	0	14	0	0	13	0	0	0	0	20
Coordination/Referral: coord to cancer centre	9	0	14	50	0	0	0	0	0	50	0
Volunteer/Support group: breast	9	25	0	0	100	0	0	100	0	0	0
Volunteer/Support group: R R	9	0	14	0	0	13	0	0	0	0	20
Other: program admin	9	25	0	0	0	13	0	0	33	0	0
Information/Education: for patient's family	9	25	0	0	0	13	0	0	33	0	0
SAMPLE SIZE (#)	11	4	7	2	1	8	0	1	3	2	5

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE DAYS_S_R:

Patients only: Days between issue start date and resolution date.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Same day	84	86	81	84	69	91	91	70	97	90	68	87	89	70	86	96
1 day	3	2	4	4	9	1	0	7	0	0	10	3	0	9	2	0
2 days	1	1	0	1	2	0	0	2	0	0	1	0	0	3	0	0
3 days	1	0	1	2	1	0	1	0	0	0	0	0	2	5	0	0
4 days	0	1	0	0	1	0	0	3	0	0	0	0	0	1	0	0
6-19 days	1	3	1	0	3	1	0	6	2	0	1	1	0	1	0	0
20-49 days	1	1	0	0	1	0	0	4	0	0	0	0	0	0	0	1
50-99 days	1	1	0	2	1	1	0	2	0	0	0	1	0	3	4	0
200 days or more	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Not available	8	6	12	6	12	5	7	7	2	10	20	7	8	8	8	3
SAMPLE SIZE (#)	873	317	344	209	300	270	298	102	124	89	119	95	130	79	51	79
MEAN	1.7	1.2	.5	4.3	3.8	1.3	.1	3.6	.1	.0	.2	1.2	.1	8.6	4.2	.4
MEDIAN	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

TABLE DAYS_S_R:

Non-Patients only: Days between issue start date and resolution date.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Same day	92	100	89	96	79	97	93	100	100	100	100	96	83	73	100	100
1 day	0	0	1	0	0	2	0	0	0	0	0	2	0	0	0	0
2 days	0	0	0	1	5	0	0	0	0	0	0	0	0	7	0	0
Not available	7	0	10	3	16	2	7	0	0	0	0	2	17	20	0	0
SAMPLE SIZE (#)	218	9	107	101	19	61	137	3	4	2	1	48	58	15	9	77
MEAN	.0	.0	.0	.0	.1	.0	.0	.0	.0	.0	.0	.0	.0	.2	.0	.0
MEDIAN	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ISS_CAT:

Non-Patients only: Issue Category.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03
Information/Education	145	4	68	72	10	34	100	0	2	2	1	24	43	9	8	55
Continuity of care	36	4	20	12	5	14	17	2	2	0	0	11	9	3	1	8
Coordination/Referral	31	1	14	16	4	11	16	1	0	0	0	11	3	3	0	13
Other	5	0	4	1	0	2	3	0	0	0	0	2	2	0	0	1
SAMPLE SIZE (#)	218	9	107	101	19	61	137	3	4	2	1	48	58	15	9	77

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Patients only: Type of Issue.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Continuity of care: emotional support	147	63	50	34	50	31	65	21	21	20	22	6	22	7	4	23
Information/Education: site specific info	116	30	72	12	36	46	32	5	17	8	25	24	23	6	5	1
Cancer system: finance	115	56	28	31	43	42	30	17	27	12	12	6	10	14	9	8
Coordination/Referral: coord to cancer centre	93	25	51	17	28	31	34	9	9	7	12	19	20	7	3	7
Information/Education: general info on cancer	76	31	21	24	11	18	47	5	10	16	2	2	17	4	6	14
Continuity of care: home care	64	43	17	4	18	28	17	11	18	13	5	10	2	2	0	2
Information/Education: Tx plan	32	6	20	6	15	12	5	3	2	1	7	9	4	5	1	0
Continuity of care: palliative care	31	7	12	12	12	6	13	2	4	1	5	1	6	5	1	6
Coordination/Referral: diagnostic	27	8	8	11	8	7	12	3	2	3	3	1	4	2	4	5
Information/Education: chemo	24	4	12	8	10	10	4	1	3	0	7	2	3	2	5	1
Coordination/Referral: appointments	19	3	11	4	7	1	10	1	0	2	5	1	5	1	0	3
Cancer system: drugs	14	6	3	5	12	1	1	6	0	0	1	1	1	5	0	0
Symptom management: pain	14	3	7	4	8	5	1	2	1	0	5	2	0	1	2	1
Symptom management: lymphadema	10	3	6	1	4	6	0	0	3	0	3	3	0	1	0	0
Information/Education: for patient's family	10	0	3	7	5	2	3	0	0	0	0	2	1	5	0	2
Cancer system: lodging	9	5	2	2	3	5	1	2	2	1	1	1	0	0	2	0
Cancer system: transportation	9	5	0	4	3	5	1	1	3	1	0	0	0	2	2	0
Continuity of care: hospital discharge issues	9	3	3	3	3	0	6	1	0	2	1	0	2	1	0	2
Other: unusual circumstances	7	3	1	3	4	2	1	3	0	0	0	1	0	1	1	1
Coordination/Referral: surgery	6	0	4	2	0	1	5	0	0	0	0	0	4	0	1	1
Symptom management: hair loss	5	0	2	3	2	2	1	0	0	0	0	1	1	2	1	0
Symptom management: other	5	2	0	3	3	1	1	2	0	0	0	0	0	1	1	1
Continuity of care: lack of family doctor	5	1	2	2	2	2	1	1	0	0	1	1	0	0	1	1
Symptom management: nausea	5	3	2	0	3	0	2	2	0	1	1	0	1	0	0	0
Social support: reintegration to work/school	3	1	1	1	1	2	0	0	1	0	0	1	0	1	0	0
Volunteer/Support group: breast	3	0	3	0	0	1	2	0	0	0	0	1	2	0	0	0
Volunteer/Support group: R R	3	1	0	2	1	1	1	0	0	1	0	0	0	1	1	0
Symptom management: sore mouth	2	1	0	1	2	0	0	1	0	0	0	0	0	1	0	0
Cancer system: insurance	2	2	0	0	1	1	0	1	1	0	0	0	0	0	0	0
Symptom management: incontinence	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Symptom management: diarrhea	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Community education: community group	1	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0
Continuity of care: bereavement support	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Volunteer/Support group: T & G	1	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Other: program admin	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
SAMPLE SIZE (#)	871	316	344	208	298	270	298	101	124	89	119	95	130	78	51	79

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ITYPE_CD:

Non-Patients only: Type of Issue.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03
Information/Education: site specific info	28	2	10	16	2	6	20	0	0	2	0	4	6	2	2	12
Information/Education: general info on cancer	23	1	7	15	4	5	14	0	1	0	0	3	4	4	1	10
Cancer system: finance	18	3	4	11	2	3	13	1	2	0	0	1	3	1	0	10
Information/Education: for patient's family	13	0	8	5	1	5	7	0	0	0	0	4	4	1	1	3
Community education: community group	12	0	8	4	1	3	8	0	0	0	1	3	4	0	0	4
Continuity of care: emotional support	12	1	5	6	1	1	10	1	0	0	0	1	4	0	0	6
Coordination/Referral: coord to cancer centre	12	0	5	7	2	3	7	0	0	0	0	3	2	2	0	5
Navigator education: training	10	0	6	4	0	3	7	0	0	0	0	2	4	0	1	3
Information/Education: chemo	9	0	1	8	1	1	7	0	0	0	0	0	1	1	1	6
Coordination/Referral: diagnostic	8	0	5	3	0	2	6	0	0	0	0	2	3	0	0	3
Information/Education: Tx plan	6	0	2	4	1	3	2	0	0	0	0	1	1	1	2	1
Other: program admin	6	0	6	0	0	1	5	0	0	0	0	1	5	0	0	0
Cancer system: lodging	5	0	2	3	1	1	3	0	0	0	0	1	1	1	0	2
Continuity of care: home care	5	0	4	1	1	3	1	0	0	0	0	3	1	1	0	0
Continuity of care: palliative care	4	0	2	2	0	1	3	0	0	0	0	1	1	0	0	2
Other: unusual circumstances	4	1	2	1	0	4	0	0	1	0	0	2	0	0	1	0
Symptom management: lymphadema	4	0	3	1	0	1	3	0	0	0	0	1	2	0	0	1
Volunteer/Support group: breast	4	1	3	0	1	2	1	1	0	0	0	2	1	0	0	0
Continuity of care: hospital discharge issues	3	0	2	1	0	2	1	0	0	0	0	2	0	0	0	1
Continuity of care: bereavement support	2	0	1	1	0	0	2	0	0	0	0	0	1	0	0	1
Symptom management: sore mouth	2	0	2	0	0	2	0	0	0	0	0	2	0	0	0	0
Symptom management: hair loss	2	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2
Symptom management: other	2	0	1	1	0	1	1	0	0	0	0	1	0	0	0	1
Community education: school	2	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2
Navigator education: workshops	2	0	2	0	0	0	2	0	0	0	0	0	2	0	0	0
Continuity of care: lack of family doctor	2	0	2	0	0	1	1	0	0	0	0	1	1	0	0	0
Cancer system: transportation	2	0	2	0	0	1	1	0	0	0	0	1	1	0	0	0
Coordination/Referral: appointments	2	0	2	0	0	1	1	0	0	0	0	1	1	0	0	0
Volunteer/Support group: R R	2	0	1	1	0	1	1	0	0	0	0	1	0	0	0	1
Community education: health prof	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
Social support: reintegration to work/school	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
Coordination/Referral: surgery	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Health professional: social worker	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1
Symptom management: nausea	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
SAMPLE SIZE (#)	211	9	102	100	18	59	134	3	4	2	1	46	55	14	9	77

CANCER CARE NOVA SCOTIA

Issues Database Tables

TABLE ISS_RES:

Patients only: Issue Resolved?

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	822	301	323	196	270	262	287	93	121	86	104	93	126	73	48	75
No	51	16	21	13	30	8	11	9	3	3	15	2	4	6	3	4
SAMPLE SIZE (#)	873	317	344	209	300	270	298	102	124	89	119	95	130	79	51	79

TABLE ISS_RES:

Non-Patients only: Issue Resolved?

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Yes	206	9	102	94	17	60	128	3	4	2	1	47	54	13	9	72
No	12	0	5	7	2	1	9	0	0	0	0	1	4	2	0	5
SAMPLE SIZE (#)	218	9	107	101	19	61	137	3	4	2	1	48	58	15	9	77

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACT_CAT:

Patients only: Action category.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provide information	41	36	44	45	37	46	41	31	41	36	39	47	46	44	54	40
Provide support	30	37	24	32	33	29	29	41	35	34	27	21	22	32	29	33
Arrange referral	14	17	16	8	16	15	13	18	15	17	18	20	11	8	4	9
Coordinate appointments	11	8	13	13	10	8	15	9	6	10	10	9	19	12	10	16
Give education session	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
Other	0	0	1	0	1	0	0	1	0	0	1	0	1	0	0	0
Unknown	2	2	3	3	3	2	2	0	2	3	5	2	1	5	4	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

TABLE ACT_CAT:

Non-Patients only: Action category.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provide information	68	67	68	69	60	68	70	33	75	100	100	63	71	63	90	68
Provide support	12	22	15	9	10	16	11	33	25	0	0	19	12	6	0	10
Arrange referral	7	11	6	8	10	8	7	33	0	0	0	10	3	6	0	9
Give education session	5	0	3	7	0	3	6	0	0	0	0	2	3	0	10	8
Coordinate appointments	5	0	5	5	15	5	3	0	0	0	0	6	3	19	0	3
Other	1	0	1	2	0	0	2	0	0	0	0	0	2	0	0	3
Unknown	2	0	3	1	5	0	2	0	0	0	0	0	5	6	0	0
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACTIONCD:

Patients only: Action taken.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provided cancer information	32	27	39	27	28	37	32	20	33	28	36	43	40	25	37	22
Provided kits/brochures	18	12	25	14	16	16	21	12	7	20	20	27	29	16	15	11
Provided emotional support	17	20	18	13	16	13	23	20	18	21	19	11	23	8	4	22
Arranged referral to CCS	15	18	14	11	12	20	13	13	23	18	12	16	14	9	21	6
Arranged referral for support group	14	10	17	14	12	12	17	10	10	12	13	14	23	13	12	15
Arranged referral for home care	10	18	8	3	10	14	7	16	19	17	9	13	2	4	2	4
Coordinated appointments - general	10	8	11	12	8	8	14	9	6	10	8	8	15	8	10	16
Arranged referral for palliative care	7	4	7	11	8	5	7	2	6	2	10	4	7	12	6	13
Provided support - general	6	6	4	12	8	6	5	11	3	4	2	7	2	13	10	12
Provided information - general	6	7	2	11	6	5	7	8	5	9	0	2	5	12	12	11
Arranged referral - general	6	6	8	2	6	7	5	10	5	5	6	12	6	1	2	4
Teaching one-on-one	4	3	5	2	3	4	4	1	2	9	5	7	3	4	4	0
Provided 1-800 line	2	1	4	1	1	1	3	1	0	1	2	2	6	0	2	1
Coordinated appointments education session	1	1	2	1	2	0	1	0	0	1	3	0	2	2	0	0
Community group education session	1	2	1	1	1	0	1	2	1	2	1	0	1	1	0	1
Provided Website information	1	1	0	0	0	1	0	1	2	1	0	0	0	0	2	0
Provided social support	0	0	1	0	1	0	0	0	0	0	2	0	1	0	0	0
Provided bereavement support	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Other	2	2	2	3	3	2	1	0	2	3	4	2	0	5	4	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACTIONCD:

Non-Patients only: Action taken.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provided cancer information	38	22	22	54	30	23	45	0	25	50	0	13	31	38	70	56
Provided information - general	29	33	38	18	25	40	24	33	25	50	0	44	34	25	30	16
Provided kits/brochures	14	11	9	19	10	3	20	0	0	50	100	4	12	6	0	25
Provided website information	9	22	2	15	5	2	12	0	25	50	0	0	3	6	0	18
Arranged referral for support group	8	11	12	3	10	6	8	33	0	0	100	8	14	0	0	4
Arranged referral to CCS	7	22	6	6	5	5	8	0	25	50	0	4	8	6	0	6
Provided emotional support	5	11	6	4	10	3	5	33	0	0	0	4	7	6	0	4
Arranged referral for palliative care	5	0	5	5	10	5	4	0	0	0	0	6	3	13	0	4
Provided support - general	5	11	6	3	0	8	4	0	25	0	0	8	3	0	0	4
Coordinated appointments - general	4	0	4	4	10	3	3	0	0	0	0	4	3	13	0	3
Arranged referral for home care	3	0	6	1	5	6	1	0	0	0	0	8	3	6	0	0
Provided 1-800 line	3	0	4	2	0	2	4	0	0	0	0	2	5	0	0	3
Arranged referral - general	2	0	2	3	0	2	3	0	0	0	0	2	2	0	0	4
Community group education session	2	0	3	1	5	2	1	0	0	0	100	2	2	0	0	1
Education session - general	1	0	2	1	0	2	1	0	0	0	0	2	2	0	0	1
Teaching one-on-one	1	0	2	1	0	0	2	0	0	0	0	0	3	0	0	1
Provided bereavement support	1	0	2	0	0	2	1	0	0	0	0	2	2	0	0	0
Coordinated appointments education session	0	0	0	1	5	0	0	0	0	0	0	0	0	6	0	0
Provided social support	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1
Other	3	0	4	2	5	0	4	0	0	0	0	0	7	6	0	1
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE CONTACT:

Patients only: Action taken.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Patient	81	82	80	80	84	79	79	88	83	77	82	78	80	85	73	79
Health professional	21	26	11	30	23	21	19	25	33	20	9	11	12	41	13	29
Relative	17	20	12	20	16	15	19	21	14	26	12	9	14	14	27	21
Spouse	16	20	8	21	16	21	11	17	27	15	10	9	5	22	27	16
Cancer clinic	15	12	21	11	13	15	17	11	12	13	17	22	23	11	8	13
Family doctor	11	11	11	13	12	14	9	14	12	5	9	16	9	13	13	13
CCS	11	8	12	13	11	12	9	7	10	5	13	13	11	14	15	9
Palliative care	8	2	8	18	11	3	11	2	1	2	12	4	8	21	6	24
Home care	8	12	8	3	9	10	6	11	12	12	10	12	4	5	0	2
Oncologist	8	6	10	5	10	6	7	9	6	4	13	8	10	7	2	5
Support group	4	3	6	4	6	2	4	5	1	4	8	3	5	6	4	1
Diagnositic agencies	3	2	4	4	3	1	5	5	0	2	3	2	6	2	4	6
Client	1	2	1	0	0	1	2	0	1	4	0	1	2	0	0	0
Friend	1	1	1	0	1	0	2	1	1	2	2	0	2	1	0	0
Other	18	20	15	20	16	19	18	22	21	18	10	16	17	19	21	20
Not stated	4	4	3	6	6	4	2	5	2	4	6	3	2	7	12	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE CONTACT:

Non-Patients only: Action taken.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Client	81	78	78	85	60	71	89	100	50	100	100	67	86	50	100	91
Health professional	10	33	5	14	20	11	8	67	25	0	0	8	2	13	20	13
Patient	7	0	5	11	25	3	7	0	0	0	0	4	5	31	0	8
Family doctor	5	11	7	3	5	6	5	0	25	0	0	6	8	6	0	3
Palliative care	5	0	6	5	10	6	4	0	0	0	0	8	5	13	0	4
Cancer clinic	5	0	6	5	15	2	5	0	0	0	0	2	8	19	0	3
CCS	5	0	6	4	5	3	5	0	0	0	0	4	7	6	0	4
Relative	4	0	6	2	5	6	3	0	0	0	0	8	5	6	0	1
Support group	4	11	6	1	10	8	1	33	0	0	0	10	2	6	0	0
Diagnositic agencies	3	0	4	2	5	2	3	0	0	0	0	2	5	6	0	1
Home care	3	11	4	1	5	5	1	0	25	0	0	4	3	6	0	0
Spouse	2	22	0	3	10	3	1	0	50	0	0	0	0	13	0	1
Oncologist	1	0	1	2	10	2	0	0	0	0	0	2	0	13	0	0
Other	8	22	6	10	15	8	7	0	50	0	0	4	7	19	10	8
Not stated	5	0	5	5	5	5	4	0	0	0	0	6	3	6	0	5
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

TABLE RESOLUTI:

Patients only: Resolution time.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
SAMPLE SIZE (#)	907	326	356	222	316	274	311	104	125	94	127	97	132	85	52	85
MEAN TIME IN HOURS	1.2	1.2	1.0	1.4	1.3	1.2	1.0	1.4	1.2	1.1	1.1	.9	.9	1.5	1.6	1.3
MEDIAN TIME IN HOURS	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE RESOLUTI:

Non-Patients only: Resolution time.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77
MEAN TIME IN HOURS	1.3	1.1	1.4	1.3	3.8	1.0	1.1	1.8	.8	.5	45.0	.9	.9	1.5	1.1	1.3
MEDIAN TIME IN HOURS	1.0	.5	1.0	1.0	1.0	1.0	1.0	1.5	.8	.5	45.0	1.0	.5	1.0	.5	1.0

TABLE RESOLUTI:

All Clients: Resolution time.

	OVERALL %	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
SAMPLE SIZE (#)	1151	335	464	325	336	336	449	107	129	96	128	145	191	101	62	162
MEAN TIME IN HOURS	1.2	1.2	1.1	1.4	1.5	1.1	1.1	1.4	1.2	1.0	1.6	.9	.9	1.5	1.5	1.3
MEDIAN TIME IN HOURS	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

TABLE ACT_CAT:

Patients only: Action category.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provide information	375	118	156	99	118	126	129	32	52	34	49	46	61	37	28	34
Provide support	276	122	84	70	104	80	89	43	44	32	34	21	29	27	15	28
Arrange referral	129	54	58	17	49	41	39	19	19	16	23	20	15	7	2	8
Coordinate appointments	103	26	47	29	32	22	48	9	8	9	13	9	25	10	5	14
Give education session	2	1	1	0	1	1	0	0	1	0	1	0	0	0	0	0
Other	3	1	2	0	2	0	1	1	0	0	1	0	1	0	0	0
Unknown	21	5	9	7	10	6	5	0	2	3	6	2	1	4	2	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACT_CAT:

Non-Patients only: Action category.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provide information	151	6	73	71	12	42	96	1	3	2	1	30	42	10	9	52
Provide support	27	2	16	9	2	10	15	1	1	0	0	9	7	1	0	8
Arrange referral	16	1	7	8	2	5	9	1	0	0	0	5	2	1	0	7
Give education session	10	0	3	7	0	2	8	0	0	0	0	1	2	0	1	6
Coordinate appointments	10	0	5	5	3	3	4	0	0	0	0	3	2	3	0	2
Other	3	0	1	2	0	0	3	0	0	0	0	0	1	0	0	2
Unknown	4	0	3	1	1	0	3	0	0	0	0	0	3	1	0	0
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACTIONCD:

Patients only: Action taken.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provided cancer information	290	88	141	59	88	102	98	21	41	26	46	42	53	21	19	19
Provided kits/brochures	162	40	89	31	51	43	66	12	9	19	25	26	38	14	8	9
Provided emotional support	159	64	66	28	52	36	70	21	23	20	24	11	31	7	2	19
Arranged referral to CCS	134	60	50	24	37	56	41	14	29	17	15	16	19	8	11	5
Arranged referral for suport group	124	33	61	30	38	32	54	10	12	11	17	14	30	11	6	13
Arranged referral for home care	92	58	27	7	32	38	21	17	24	16	12	13	2	3	1	3
Coordinated appointments - general	90	26	38	26	26	21	43	9	8	9	10	8	20	7	5	14
Arranged referral for palliative care	62	12	26	24	25	15	22	2	8	2	13	4	9	10	3	11
Provided support - general	59	20	13	26	25	16	17	11	4	4	3	7	3	11	5	10
Provided information - general	55	22	8	25	18	14	23	8	6	8	0	2	6	10	6	9
Arranged referral - general	54	21	28	5	19	19	16	10	6	5	8	12	8	1	1	3
Teaching one-on-one	33	11	17	5	10	11	12	1	2	8	6	7	4	3	2	0
Provided 1-800 line	19	3	13	2	4	3	10	1	0	1	3	2	8	0	1	1
Coordinated appointments education session	11	2	6	2	6	0	3	0	0	1	4	0	2	2	0	0
Community group education session	9	5	2	2	4	1	4	2	1	2	1	0	1	1	0	1
Provided website information	5	4	0	1	1	3	1	1	2	1	0	0	0	0	1	0
Provided social support	4	1	3	0	2	0	1	0	0	0	2	0	1	0	0	0
Provided bereavement support	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Other	19	5	7	7	9	6	4	0	2	3	5	2	0	4	2	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE ACTIONCD:

Non-Patients only: Action taken.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Provided cancer information	83	2	24	56	6	14	62	0	1	1	0	6	18	6	7	43
Provided information - general	63	3	41	19	5	25	33	1	1	1	0	21	20	4	3	12
Provided kits/brochures	31	1	10	20	2	2	27	0	0	1	1	2	7	1	0	19
Provided website information	19	2	2	15	1	1	17	0	1	1	0	0	2	1	0	14
Arranged referral for suport group	17	1	13	3	2	4	11	1	0	0	1	4	8	0	0	3
Arranged referral to CCS	15	2	7	6	1	3	11	0	1	1	0	2	5	1	0	5
Provided emotional support	11	1	6	4	2	2	7	1	0	0	0	2	4	1	0	3
Arranged referral for palliative care	10	0	5	5	2	3	5	0	0	0	0	3	2	2	0	3
Provided support - general	10	1	6	3	0	5	5	0	1	0	0	4	2	0	0	3
Coordinated appointments - general	8	0	4	4	2	2	4	0	0	0	0	2	2	2	0	2
Arranged referral for home care	7	0	6	1	1	4	2	0	0	0	0	4	2	1	0	0
Provided 1-800 line	6	0	4	2	0	1	5	0	0	0	0	1	3	0	0	2
Arranged referral - general	5	0	2	3	0	1	4	0	0	0	0	1	1	0	0	3
Community group education session	4	0	3	1	1	1	2	0	0	0	1	1	1	0	0	1
Education session - general	3	0	2	1	0	1	2	0	0	0	0	1	1	0	0	1
Teaching one-on-one	3	0	2	1	0	0	3	0	0	0	0	0	2	0	0	1
Provided bereavement support	2	0	2	0	0	1	1	0	0	0	0	1	1	0	0	0
Coordinated appointments education session	1	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0
Provided social support	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1
Other	6	0	4	2	1	0	5	0	0	0	0	0	4	1	0	1
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE CONTACT:

Patients only: Action taken.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03	JAN02- JUN02	JUL02- DEC02	JAN03- JUN03
Patient	733	269	286	177	267	219	245	91	105	72	104	76	106	72	38	67
Health professional	192	86	39	67	73	59	60	26	41	19	12	11	16	35	7	25
Relative	151	64	42	44	49	41	60	22	18	24	15	9	18	12	14	18
Spouse	142	67	28	47	50	57	34	18	34	14	13	9	6	19	14	14
Cancer clinic	137	38	74	24	42	41	53	11	15	12	22	22	30	9	4	11
Family doctor	103	35	39	29	37	38	28	15	15	5	11	16	12	11	7	11
CCS	97	25	44	28	36	33	27	7	12	5	17	13	14	12	8	8
Palliative care	76	5	30	41	35	8	33	2	1	2	15	4	11	18	3	20
Home care	74	38	30	6	28	27	18	11	15	11	13	12	5	4	0	2
Oncologist	69	21	37	11	31	17	21	9	8	4	16	8	13	6	1	4
Support group	38	10	20	8	20	6	12	5	1	4	10	3	7	5	2	1
Diagnositic agencies	30	7	14	9	11	4	15	5	0	2	4	2	8	2	2	5
Client	10	5	4	0	0	2	7	0	1	4	0	1	3	0	0	0
Friend	10	4	5	1	4	1	5	1	1	2	2	0	3	1	0	0
Other	162	66	52	44	52	53	57	23	26	17	13	16	23	16	11	17
Not stated	38	12	12	13	18	11	7	5	2	4	7	3	2	6	6	1
SAMPLE SIZE (#)	909	327	357	222	316	276	311	104	126	94	127	98	132	85	52	85

CANCER CARE NOVA SCOTIA

Action Database Tables

TABLE CONTACT:

Non-Patients only: Action taken.

COUNTS

	OVERALL N	DHA			TIME OF REFERRAL			Southwest			Pictou			Gasha		
		Southwest	Pictou	Gasha	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Client	180	7	84	88	12	44	123	3	2	2	1	32	51	8	10	70
Health professional	23	3	5	14	4	7	11	2	1	0	0	4	1	2	2	10
Patient	16	0	5	11	5	2	9	0	0	0	0	2	3	5	0	6
Family doctor	12	1	8	3	1	4	7	0	1	0	0	3	5	1	0	2
Palliative care	12	0	7	5	2	4	6	0	0	0	0	4	3	2	0	3
Cancer clinic	11	0	6	5	3	1	7	0	0	0	0	1	5	3	0	2
CCS	10	0	6	4	1	2	7	0	0	0	0	2	4	1	0	3
Relative	9	0	7	2	1	4	4	0	0	0	0	4	3	1	0	1
Support group	8	1	6	1	2	5	1	1	0	0	0	5	1	1	0	0
Diagnostic agencies	6	0	4	2	1	1	4	0	0	0	0	1	3	1	0	1
Home care	6	1	4	1	1	3	2	0	1	0	0	2	2	1	0	0
Spouse	5	2	0	3	2	2	1	0	2	0	0	0	0	2	0	1
Oncologist	3	0	1	2	2	1	0	0	0	0	0	1	0	2	0	0
Other	18	2	6	10	3	5	10	0	2	0	0	2	4	3	1	6
Not stated	10	0	5	5	1	3	6	0	0	0	0	3	2	1	0	4
SAMPLE SIZE (#)	221	9	108	103	20	62	138	3	4	2	1	48	59	16	10	77

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE ISS_TOT:

Number of Issues per Referral for Patients.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	80	79	81	79	82	76	80	87	70	79	83	84	76	75	75	85
2.00	15	14	17	13	12	14	18	9	17	16	12	12	24	15	11	12
3.00	5	6	2	6	5	7	2	4	10	4	5	2	0	7	11	3
4.00	1	0	0	1	0	1	0	0	1	0	0	1	0	2	3	0
5.00	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
8.00	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0
SAMPLE SIZE (#)	706	252	288	164	249	204	249	90	87	73	99	81	108	60	36	68
MEAN	1.3	1.3	1.2	1.3	1.3	1.4	1.2	1.2	1.5	1.2	1.2	1.2	1.2	1.5	1.4	1.2
MEDIAN	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

TABLE ISS_TOT:

Number of Issues per Referral for Non-Patients.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	99	100	99	98	100	100	98	100	100	100	100	100	98	100	100	97
2.00	1	0	1	2	0	0	2	0	0	0	0	0	2	0	0	3
SAMPLE SIZE (#)	212	5	112	94	12	59	140	1	2	2	1	48	63	10	9	75
MEAN	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
MEDIAN	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE RELATION:

PATIENTS ONLY: Source of Referral.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Health professional	41	51	30	45	32	41	51	39	51	67	26	33	31	30	34	65
Family physician	22	13	34	13	27	21	17	24	11	1	40	31	31	10	21	12
Patient (self-referral)	20	17	21	20	21	21	17	21	17	14	17	23	25	30	26	9
Child	6	7	5	6	5	6	8	4	8	11	4	4	8	8	8	3
Spouse	4	3	4	5	5	4	4	3	3	3	5	5	4	8	3	4
Relative	3	3	2	5	5	2	2	4	3	1	4	2	1	8	0	4
Friend	2	2	1	2	2	1	1	1	2	3	3	0	0	2	3	1
Community group/Support group	1	1	0	2	0	1	0	0	1	0	0	1	0	2	3	1
Neighbour	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Other	0	0	0	1	1	0	0	1	0	0	0	0	1	2	0	0
Unknown	1	2	0	1	2	1	0	2	2	0	1	0	0	2	3	0
SAMPLE SIZE (#)	721	258	294	167	258	210	249	95	88	73	102	84	108	61	38	68

TABLE RELATION:

NON-PATIENTS ONLY: Source of Referral

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Health professional	43	14	28	63	67	34	45	0	25	0	0	29	28	80	67	61
Community group/Support group	16	29	18	13	17	15	17	0	25	50	100	17	18	10	0	14
Family physician	8	0	12	3	0	12	6	0	0	0	0	12	12	0	22	1
Relative	6	14	7	5	0	11	5	0	25	0	0	10	5	0	11	5
Child	4	14	6	1	0	6	3	0	0	50	0	8	5	0	0	1
Spouse	4	0	4	3	0	3	4	0	0	0	0	4	5	0	0	4
Friend	1	0	2	0	0	0	1	0	0	0	0	0	3	0	0	0
Other	8	29	6	9	17	3	10	100	25	0	0	2	9	10	0	11
Unknown	10	0	18	2	0	15	8	0	0	0	0	19	15	0	0	3
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE LOCATION:

PATIENTS ONLY: Patient Location.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Home	73	72	72	77	76	76	69	80	76	58	69	74	75	80	79	72
Hospital	20	24	19	14	15	19	25	17	19	38	16	23	19	10	11	21
Clinic	6	2	7	8	9	4	4	1	3	3	15	4	4	10	8	7
Unknown	1	1	1	1	1	1	1	1	1	0	1	0	2	0	3	0
Other	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Not applicable	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
SAMPLE SIZE (#)	721	258	294	167	258	210	249	95	88	73	102	84	108	61	38	68

TABLE METHOD:

PATIENTS ONLY: Referral Method.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Telephone	9	4	15	5	11	3	12	3	0	10	18	8	18	10	0	3
Fax	0	0	1	0	1	0	0	0	0	1	2	0	0	0	0	0
Letter	0	0	0	1	0	0	0	0	0	0	1	0	0	0	3	0
Email	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Navigator	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Unknown	90	95	83	94	88	96	87	97	100	88	78	92	81	90	97	97
SAMPLE SIZE (#)	710	256	291	161	256	206	243	94	87	73	102	83	106	60	36	64

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE METHOD:

NON-PATIENTS ONLY: Referral Method.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Unknown	96	100	93	100	100	98	95	100	100	100	100	98	89	100	100	100
Telephone	4	0	7	0	0	2	5	0	0	0	0	2	11	0	0	0
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

TABLE REASON:

PATIENTS ONLY: Referral Reason.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education	40	35	46	38	38	44	40	28	43	36	41	49	47	46	34	32
Continuity of care	40	52	28	45	45	37	37	58	48	47	38	23	21	38	45	53
Coordination/Referral	18	11	26	15	16	17	21	12	8	15	20	26	31	16	16	13
Other	1	1	0	1	1	1	1	2	0	1	0	1	0	0	3	1
Unknown	1	1	1	1	0	1	1	0	1	1	1	1	1	0	3	0
SAMPLE SIZE (#)	722	258	294	168	258	210	249	95	88	73	102	84	108	61	38	68

TABLE REASON:

NON-PATIENTS ONLY: Referral Reason.

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education	59	86	49	71	67	54	62	0	100	100	0	44	54	80	89	67
Continuity of care	14	14	16	12	25	20	10	100	0	0	0	23	11	20	11	11
Coordination/Referral	12	0	12	14	0	17	11	0	0	0	0	21	5	0	0	17
Other	3	0	4	2	0	3	3	0	0	0	0	4	5	0	0	3
Unknown	12	0	19	2	8	6	13	0	0	0	100	8	26	0	0	3
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE FOLLOWUP:

PATIENTS ONLY: Further Follow-up?

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
No	68	67	65	76	57	75	75	63	73	67	44	80	73	67	71	85
Yes	32	33	35	24	43	25	25	37	27	33	56	20	27	33	29	15
SAMPLE SIZE (#)	722	258	294	168	258	210	249	95	88	73	102	84	108	61	38	68

TABLE FOLLOWUP:

NON-PATIENTS ONLY: Further Follow-up?

	OVERALL %	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
No	96	100	96	96	100	95	96	100	100	100	100	96	95	100	89	96
Yes	4	0	4	4	0	5	4	0	0	0	0	4	5	0	11	4
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

TABLE ISS_TOT:

Number of Issues per Referral for Patients.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	562	199	232	130	205	156	198	78	61	58	82	68	82	45	27	58
2.00	105	35	48	21	29	29	46	8	15	12	12	10	26	9	4	8
3.00	33	16	7	10	13	15	5	4	9	3	5	2	0	4	4	2
4.00	4	1	1	2	1	3	0	0	1	0	0	1	0	1	1	0
5.00	1	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0
8.00	1	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0
SAMPLE SIZE (#)	706	252	288	164	249	204	249	90	87	73	99	81	108	60	36	68
MEAN	1.27	1.29	1.23	1.33	1.26	1.35	1.22	1.18	1.46	1.25	1.22	1.21	1.24	1.45	1.42	1.18
MEDIAN	1.27	1.29	1.23	1.33	1.26	1.35	1.22	1.18	1.46	1.25	1.22	1.21	1.24	1.45	1.42	1.18

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE ISS_TOT:

Number of Issues per Referral for Non-Patients.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
1.00	209	5	111	92	12	59	137	1	2	2	1	48	62	10	9	73
2.00	3	0	1	2	0	0	3	0	0	0	0	0	1	0	0	2
SAMPLE SIZE (#)	212	5	112	94	12	59	140	1	2	2	1	48	63	10	9	75
MEAN	1.01	1.00	1.01	1.02	1.00	1.00	1.02	1.00	1.00	1.00	1.00	1.00	1.02	1.00	1.00	1.03
MEDIAN	1.01	1.00	1.01	1.02	1.00	1.00	1.02	1.00	1.00	1.00	1.00	1.00	1.02	1.00	1.00	1.03

TABLE RELATION:

PATIENTS ONLY: Source of Referral.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Health professional	296	132	88	75	82	86	126	37	45	49	27	28	33	18	13	44
Family physician	156	34	100	22	70	44	42	23	10	1	41	26	33	6	8	8
Patient (self-referral)	143	45	63	34	55	44	43	20	15	10	17	19	27	18	10	6
Child	45	19	16	10	13	13	19	4	7	8	4	3	9	5	3	2
Spouse	30	8	13	9	13	8	9	3	3	2	5	4	4	5	1	3
Relative	23	8	7	8	13	5	5	4	3	1	4	2	1	5	0	3
Friend	11	5	3	3	5	3	3	1	2	2	3	0	0	1	1	1
Community group/Support group	6	2	1	3	1	3	1	0	1	0	0	1	0	1	1	1
Neighbour	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0
Other	3	1	1	1	2	0	1	1	0	0	0	0	1	1	0	0
Unknown	7	4	1	2	4	3	0	2	2	0	1	0	0	1	1	0
SAMPLE SIZE (#)	721	258	294	167	258	210	249	95	88	73	102	84	108	61	38	68

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE RELATION:

NON-PATIENTS ONLY: Source of Referral

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Health professional	95	1	33	60	8	22	64	0	1	0	0	15	18	8	6	46
Community group/Support group	36	2	22	12	2	10	24	0	1	1	1	9	12	1	0	11
Family physician	17	0	14	3	0	8	9	0	0	0	0	6	8	0	2	1
Relative	14	1	8	5	0	7	7	0	1	0	0	5	3	0	1	4
Child	9	1	7	1	0	4	5	0	0	1	0	4	3	0	0	1
Spouse	8	0	5	3	0	2	6	0	0	0	0	2	3	0	0	3
Friend	2	0	2	0	0	0	2	0	0	0	0	0	2	0	0	0
Other	18	2	7	9	2	2	14	1	1	0	0	1	6	1	0	8
Unknown	23	0	21	2	0	10	12	0	0	0	0	10	10	0	0	2
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

TABLE LOCATION:

PATIENTS ONLY: Patient Location.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Home	527	186	213	128	195	159	172	76	67	42	70	62	81	49	30	49
Hospital	143	62	56	24	38	40	63	16	17	28	16	19	21	6	4	14
Clinic	43	6	22	14	22	9	11	1	3	2	15	3	4	6	3	5
Other	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Unknown	6	2	3	1	2	2	2	1	1	0	1	0	2	0	1	0
Not applicable	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0
SAMPLE SIZE (#)	721	258	294	167	258	210	249	95	88	73	102	84	108	61	38	68

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE METHOD:

PATIENTS ONLY: Referral Method.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Telephone	65	11	44	8	27	7	28	3	0	7	18	7	19	6	0	2
Fax	3	1	2	0	2	0	1	0	0	1	2	0	0	0	0	0
Letter	2	0	1	1	1	1	0	0	0	0	1	0	0	0	1	0
Email	2	1	1	0	1	0	1	0	0	1	1	0	0	0	0	0
Navigator	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Unknown	637	243	242	152	225	198	212	91	87	64	80	76	86	54	35	62
SAMPLE SIZE (#)	710	256	291	161	256	206	243	94	87	73	102	83	106	60	36	64

TABLE METHOD:

NON-PATIENTS ONLY: Referral Method.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Telephone	8	0	8	0	0	1	7	0	0	0	0	1	7	0	0	0
Unknown	214	7	111	95	12	64	136	1	4	2	1	51	58	10	9	76
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE REASON:

PATIENTS ONLY: Referral Reason.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education	290	91	134	63	97	92	99	27	38	26	42	41	51	28	13	22
Continuity of care	290	133	81	76	117	78	93	55	42	34	39	19	23	23	17	36
Coordination/Referral	129	29	75	25	41	35	53	11	7	11	20	22	33	10	6	9
Unknown	7	2	3	2	1	3	2	0	1	1	1	1	1	0	1	0
Other	6	3	1	2	2	2	2	2	0	1	0	1	0	0	1	1
SAMPLE SIZE (#)	722	258	294	168	258	210	249	95	88	73	102	84	108	61	38	68

TABLE REASON:

NON-PATIENTS ONLY: Referral Reason.

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
Information/Education	131	6	58	67	8	35	88	0	4	2	0	23	35	8	8	51
Continuity of care	31	1	19	11	3	13	15	1	0	0	0	12	7	2	1	8
Coordination/Referral	27	0	14	13	0	11	16	0	0	0	0	11	3	0	0	13
Other	7	0	5	2	0	2	5	0	0	0	0	2	3	0	0	2
Unknown	26	0	23	2	1	4	19	0	0	0	1	4	17	0	0	2
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76

CANCER CARE NOVA SCOTIA

Referral Database Tables

TABLE FOLLOWUP:

PATIENTS ONLY: Further Follow-up?

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
No	492	174	191	127	146	158	186	60	64	49	45	67	79	41	27	58
Yes	230	84	103	41	112	52	63	35	24	24	57	17	29	20	11	10
SAMPLE SIZE (#)	722	258	294	168	258	210	249	95	88	73	102	84	108	61	38	68

TABLE FOLLOWUP:

NON-PATIENTS ONLY: Further Follow-up?

COUNT

	OVERALL N	Southwest	Pictou	Gasha	TIME OF REFERRAL			Southwest			Pictou			Gasha		
					JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03	JAN02-JUN02	JUL02-DEC02	JAN03-JUN03
No	213	7	114	91	12	62	137	1	4	2	1	50	62	10	8	73
Yes	9	0	5	4	0	3	6	0	0	0	0	2	3	0	1	3
SAMPLE SIZE (#)	222	7	119	95	12	65	143	1	4	2	1	52	65	10	9	76