

**Quebec Community Health and Social Services Foundation's  
Patient Navigator Project**

**Evaluation Report**

Submitted to:



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## 1. Context

### 1.1. Description of the Patient Navigator Project

The Patient Navigator (PN) project was launched by the Quebec Community Health and Social Services Foundation (QCHF) in April 2018 in response to the needs of English-speaking patients in Eastern Quebec (including Gaspésie, Magdalen Islands, the Lower North Shore, the North Shore, and Bas-St-Laurent) who must travel to Quebec City for specialized health care services. With assistance from the Community Health and Social Services Network (CHSSN), local networking partnership initiatives, and federal government funding, QCHF provides English-speaking patients and their caregivers with personal support from a bilingual PN who helps them navigate the challenges of receiving health care away from home in Quebec City, where French is the predominant language of communication. The types of patient-focused support provided by the PN are extensive. They include, for example, helping patients find their way around Quebec City and find lodging, linking patients with existing services, making sure communications in English are established with health care providers, providing practical and emotional support, and advocating for patient rights. Since the project's inception, the PN has drawn upon the support of six local community organizations to provide services to over 180 patients, representing over 300 interventions.

The PN project's theory of change has been depicted in a logic model (Appendix A) that illustrates the program's inputs and activities/outputs, as well as its immediate, intermediate, and ultimate expected outcomes. A narrative describing in more detail the components of the logic model is provided in Appendix B.

### 1.2. Background and Context

The PN project developed out of a process aimed at documenting the situation among English speakers from Eastern Quebec regarding their experience of accessing health services, both in their region and when they have to leave their region for specialized services. Many of these Anglo-Quebecers live in rural, remote or isolated communities.

The initial idea for the project came from feedback that the regional associations were receiving from English-speaking community members who had travelled to urban centres for specialized health care services. The Committee for Anglophone Social Action (CASA), in particular, had received complaints from people who had been to Quebec City or Rimouski, or who had received phone calls from the hospitals, which they were unable to understand because communications were in French only.

Alongside this were the personal experiences of some of the staff of these community-based organizations in the CHSSN network. Their experiences of receiving care for themselves or for loved ones gave them personal insights into the challenges faced by English speakers when they have to leave their home, travel to a different region, find lodging, communicate with health care staff, access information and return home. Very often, little or no English was used for many of these steps in the process, adding to the stress and disorientation associated with dealing with a major health issue.

In order to document and better understand the situation, in 2006 CASA received money from Canadian Heritage to investigate the situation of health services provided out of region. This involved a survey as well as documentation of the quality of services in different hospitals. A report was written and shared,

and it provided a basis for closer work with the Rimouski hospital. Although there were some minor successes, it did not have the kind of broader impact that was desired.

Some years later, in late 2014, CASA requested funding from CHSSN to do an adaptation project with the CISSS Gaspésie—Îles-de-la-Madeleine. Vision Gaspé-Percé Now and the Council for Anglophone Magdalen Islanders (CAMI) both joined in the project and Jefferey Hale Community Partners was engaged as a major partner due to their role in the Quebec City region. Then, because the other regions of Eastern Quebec also faced similar realities and sent their patients to Quebec City (in addition to regional centres), Coasters Association, North Shore Community Association and Heritage also joined the project.

With this broader focus on all of Eastern Quebec, a participatory action research project was developed with the following objectives:

- To better understand the situation and experience of English-speaking Quebecers from the eastern regions of the province regarding extra-regional services.
- To identify the main challenges facing them as they travel to and stay outside their region.
- To identify approaches to address these challenges, in collaboration with priority health institutions and community organizations.

In order to gather data from a representative sample of English speakers in the eastern regions, a survey was developed and distributed. A total of 847 surveys were filled out between November 2014 and April 2015. Alongside the survey, 13 focus group discussions were held with a total of 85 community members on the Gaspé Coast and Magdalen Islands.

Six main issues were identified based on the analysis of the quantitative and qualitative data:<sup>1</sup>

1. There are language barriers between patients and health care staff.
2. Written information in English is inconsistent.
3. Many residents of eastern Quebec bring along a support person who can interpret for them.
4. Many of the people travelling from eastern regions of the province are unfamiliar with Quebec City and its hospitals.
5. Costs can be significant for people who need services out of their region.
6. Transfer protocols can generate additional stress.

Existing strategies for addressing these issues were documented, and suggestions for the future were made.

This led to the creation of a “Toolkit” for each region, containing important addresses, telephone numbers, services and information for people who have to travel for health services. An online version was also created, containing information for all regions from which people leave, and all likely destinations to which they may have to travel. This website is <https://www.travel4health.ca/>

Another suggestion was a patient navigator. This is a service that was being provided on a limited scale through volunteers and, in Quebec City, through the Anglican Diocese. An example of this role had been implemented in Sept-Îles with a liaison service agent at the hospital who provided support in English.

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<sup>1</sup> Richardson, M. (2015). *Inter-regional Access to Specialized Health and Social Services for English-speakers from Eastern Quebec*. Research collaboration between the CISSS de la Gaspésie and Jefferey Hale Community Partners. <https://chssn.org/wp-content/uploads/2014/11/Interregional-Report-Nov-2015.pdf>

With the information from similar initiatives, plus the study results, the PN position was launched in 2018.

For the first (pilot) year, the PN projects' annual budget was approximately \$67K. The project budget was gradually augmented to accommodate more patients using PN services such that, in January 2020 when the data collection period for the evaluation ended, the annual budget for the PN project was \$95K, including operational, administrative, and managerial costs.

Currently, funding for the PN project is provided by:

- Regional associations (e.g., North Shore Community Association, CASA, CAMI, Vision Gaspé-Percé Now) who provide services for English-speaking communities.
- Regional community foundations (e.g., Uni-Aid and LL Brown Foundation) who provide funds to cover the patients' costs of travel for medical care.
- Quebec City foundations (e.g., Jeffery Hale Foundation, Fondation IUCPQ, Fondation CHU de Québec) who, through their PN contributions, are supporting patients from the regions for the first time.
- Jeffery Hale Saint Bridgid's, who provides primary health care services in the Greater Quebec City region as part of the CIUSSS de la Capitale-Nationale.
- Federal funding from Health Canada's Official Language Health Program for the CHSSN's Networking and Partnership Initiatives.

The PN project is an example of a participatory action research project that led to concrete engagement between community organizations, institutions, and health care providers. It led to actions that are ongoing and aimed to provide a coordinated response to identified issues, with their challenges and opportunities. The current evaluation was designed to take a deeper look into the effectiveness of the PN project that emerged out of this work.

### 1.3. Purpose, Scope, and Intended Users of the Evaluation

The purposes of the PN project evaluation were to:

- Assess the project's effectiveness by providing evidence-based findings about the project's impact.
- Document the areas of benefit for both the English-speaking community and public health care institutions.
- Identify changes to project implementation that would support project growth.
- Identify questions raised through the evaluation process and findings that merit further inquiry.

To this end, the evaluation focussed on the PN project's effectiveness in producing its planned activities/outputs and in achieving its expected outcomes between April 2018 and January 2020.

In terms of evaluation use, the evaluation findings were developed to support identifying opportunities for improving the PN project, positioning the project for long-term sustainability by providing an evidence base for future funding requests, and communicating the demonstrable impacts that are achieved through the funding of patient navigators for English-speaking patients living in remote regions of Quebec.

#### 1.4. Approach

In keeping with the purpose of the evaluation, a participatory and utilization-focused approach was employed, whereby representatives of the project's stakeholder groups were involved in the evaluation throughout the process to ensure that its design was tailored to the project and that it produces valid, relevant, and useful information. To this end, an Evaluation Advisory Committee was formed, composed of the following members.

1. Executive Director of both the CHSSN and the QCHF;
2. QCHF Patient Navigator;
3. CIUSSSCN Coordinator of the Centre of Expertise on the Adaptation for ESC in Health and Social Services (ACCESS);
4. Executive Director of the Committee for Anglophone Social Action (CASA);
5. Director of Programs of the Coasters Association;
6. Executive Director of Jeffery Hale Community Partners (JHCP); and
7. Consultant specializing in participatory and action research and evaluation who authored reports upon which the PN project was founded.

The role of the Evaluation Advisory Committee was to provide feedback on the theory of change, the evaluation plan, and the evaluation tools, as well as to reviewing the draft evaluation report.

#### 1.5. Evaluation Questions

The questions that were addressed through this evaluation included:

1. Have the PN project's activities/outputs been implemented as planned?
2. To what extent has the PN project achieved its immediate, intermediate, and ultimate expected outcomes, as depicted in the program's logic model?
3. Has the project resulted in favorable and/or unfavorable unintended outcomes for English-speaking patients travelling to Quebec City, for health care providers (including health organizations and individual care providers), or for local community organizations?
4. What changes to the project's implementation would support project growth?

## 2. Methods

The evaluation framework in Appendix C outlines the indicators and methods for each evaluation questions. Accordingly, a mixed-methods approach was employed to produce multiple lines of evidence upon which to base evaluation findings and recommendations.

**Document review:** Background documents about the PN project (e.g., project descriptions, project-related online materials, funding applications, news articles, studies and institutional action plans that include considerations of the PN project, data collection materials developed to date) were reviewed. This line of evidence anchored the development of the evaluation design and the interpretation of evaluation results in the realities of the PN project.

**Analysis of administrative data:** Project data collected over time by the PN was analyzed to assess the extent of project implementation with respect to the types of services provided and the patients served. In addition, administrative data was used to establish a representative sampling strategy for the interviews with health care providers and patients.

**Interviews with health care providers in Quebec City:** Telephone interviews were conducted with three health care providers in Quebec City (i.e., one director and two front-line staff) who have had contact with or knowledge of the PN services since the start of the project in 2018. In terms of the sampling strategy, these interviewees were selected from among the hospitals in which the PN works most frequently. Telephone interviews were conducted in French, in accordance with the language most commonly used by health care providers in Quebec City, and the resulting interview data contributed to the evidence base developed in response to all four of the evaluation questions.

**Interviews with regional health care providers:** Perspectives regarding the implementation and effectiveness of the PN project were also solicited from regional health care providers across the Eastern Quebec regions serviced by the PN project. In total, four French telephone interviews (i.e., three with administrative staff and one with a health care practitioner) were conducted, representing three out of the five PN-serviced regions (i.e., Gaspésie, the Lower North Shore, and the North Shore). Efforts to identify a health care provider from the Magdalen Islands who is familiar with the PN project were not successful and no attempt was made to interview regional health care providers from Bas-St-Laurent because administrative project data showed that no patients from this region had used PN services.

**Interviews with regional transport agents and coordinators:** Telephone interviews were conducted with transport agents and coordinators who represent a distinct subgroup of regional health care providers responsible for supporting the transport to Quebec City of patients with physical and mental needs from across the five regions serviced by the PN project. A total of three transport agents and coordinators were interviewed, one from the Magdalen Islands, one from the Lower North Shore, and one from the North Shore. Of note, no transport-specific interviews were conducted for Gaspésie because there is no dedicated transport position within the regional CISSS and patients from this region typically make their own travel arrangements to Quebec City. Also, no transport agents from Bas-St-Laurent was invited to take part in an interview because, as mentioned above, no patients from Bas-St-Laurent have used PN services. In keeping with the language commonly spoken by the regional transportation agents and managers, the interviews were conducted in French. The results were used to inform the evaluation of all four evaluation questions.

**Interviews with hospital lodging managers in Quebec City:** English speaking patients who travel to Quebec City for medical care often need to find lodging for overnight stays. The opinions of managers from two hospital lodgings that are used by travelling patients were therefore solicited to inform the evaluation of the PN project's influence on the expected outcomes, primarily as they pertain to the stress experienced by patients during their stay in Quebec City for medical care. Among the two hospital lodging managers who participated in the evaluation, one was interviewed in French by telephone and the other opted to provide written responses to the questions contained in the interview guide.

**Interviews with community organizations:** The perceptions of one representative from each of the six local community organizations that support the PN project<sup>2</sup> was solicited via telephone interviews. The interviews were conducted in English, as per the language most often used by these program stakeholders. The resulting data contributed to evaluating the extent to which the PN project has achieved its expected outcomes, as well as to identifying unintended outcomes and new means for supporting project growth.

**Interviews with patients:** English-speaking clients who have used PN services during their travels to Quebec City to receive specialized health care services were invited to participate in telephone interviews. A total of 40 patient interviews were conducted, and the number of interviews in each geographic region was proportional to the number of PN clients from each region. As shown in the table below, interviews were not conducted with patients from the North Shore because they represent only 2% of all PN clients and no patients were interviewed from Bas-St-Laurent because none from this region have used PN services.

All the patient interviews were carried out in English by staff from local community organizations who had been hired by the CHSSN to support the evaluation. The interviewers were trained by the Principle Evaluation Consultant, who also met with the patient interviewers regularly throughout the data collection process for quality assurance purposes. The resulting interview data was a primary source of evidence regarding patients' perspectives as they pertain to all four of the evaluation questions.

**Data workshop with project staff:** Once preliminary findings stemming from the other lines of evidence were available, they were compiled by the Principle Evaluation Consultant and shared with the PN and the Executive Director of the QCHF. By means of a data workshop videoconference, the PN and the Executive Director were then invited to validate the preliminary evaluation findings, as well as to enrich them by providing supplemental information when applicable.

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<sup>2</sup> The six community organizations that support the PN project are part of CHSSN's Networking and Partnership Initiative (NPI) and include CASA, the Council for Anglophone Magdalen Islanders (CAMI), the Coasters Association, JHCP, the North Shore Community Association (NSCA), and Vision Gaspé Percé Now.



Interview response rates were high, with a total participation rate of 94% among those invited to take part in telephone interviews.		
PN Project Stakeholder Group	Number of Interviewees	Response Rate
Health care providers in Quebec City	3	75%
Health care providers in the regions		
Gaspésie	2	100%
Magdalen Islands	0	0%
Lower North Shore	1	100%
North Shore	1	100%
Bas-St-Laurent	0 <sup>a</sup>	--
Regional transport agents and coordinators		
Gaspésie	0 <sup>b</sup>	--
Magdalen Islands	1	100%
Lower North Shore	1	100%
North Shore	1	100%
Bas-St-Laurent	0 <sup>a</sup>	--
Hospital lodging managers in Quebec City	2	67%
Community organizations	6	100%
Patients who used PN services		
Gaspésie	6	100%
Magdalen Islands	6	100%
Lower North Shore	28	100%
North Shore	0 <sup>c</sup>	--
Bas-St-Laurent	0 <sup>a</sup>	--
<b>Total</b>	<b>58</b>	<b>94%</b>

<sup>a</sup> No patients from Bas-St-Laurent had used PN services. Therefore, regional health care providers, transport agents, and patients from this region were not invited to take part in interviews.

<sup>b</sup> No regional transport agents or coordinators from Gaspésie were invited to take part in an interview because there is not dedication transport position within this region.

<sup>c</sup> No patients from the North Shore were invited to take part in an interview because they represent less than 2% of PN clients and a proportional sampling strategy was employed.

## 2.1. Limitations

In addition to the factors that generally limit the validity of social science and evaluation studies, the following limitations were specific to the evaluation of the PN project and should also be taken into account when interpreting the evaluation results.

**Patient caretakers and travel companions:** In keeping with the budget and level of effort planned for the current evaluation, a decision was made by CHSSN, in consultation with the Evaluation Advisory Committee, to focus on collecting information from health care providers, patients, and community organization about the PN project. Though primary caretakers of patients who use PN services and those who accompany patients using PN services during their travels are also key PN project stakeholders, the evaluation design did not include methods for collecting information from these beneficiary groups. Therefore, the extent to which the PN project meets their needs should be the subject of further inquiry.

**Interview sample sizes:** Though response rates for the telephone interviews tended to be high, the number of interviewees from each of the project stakeholder groups was low (ranging from 2 to 6) for all but patient interviewees. For the most part, small sample sizes were the result of the small number of health care providers, transport agents, and hospital lodging managers with whom the PN interacts on a frequent enough basis for him to know their names and contact information. For community organization representatives, the small sample size was a reflection of the number of organizations that provide funding for the PN project. In the evaluation results presented below, quantitative data (typically in graph format) are provided in order to illustrate trends in stakeholders' perceptions of the PN project and variations across stakeholder groups. However, given the small sample sizes, these data should be interpreted with caution.

**COVID-19 pandemic:** The PN project evaluation design originally included face-to-face interviews with patients who had used PN services because these patients tend to be older adults, some of whom are unaccustomed to taking part in telephone interviews. However, in April 2020 when the face-to-face interviews were to take place, travel across the province of Quebec was restricted and social distancing measures were introduced to prevent the spread of the COVID-19 virus. Therefore, face-to-face interviews were replaced with telephone interviews in the evaluation design. To minimize the impact of this methodological adjustment on data quality, patient interviewers were provided with interview scripts and training adapted to the new method. Interviewers were also asked to provide process notes for each interview they conducted, so that any challenges could be flagged and addressed in a timely manner. According to all of the patient interviewers, the interviewees were able to respond by telephone with ease. Furthermore, the resulting telephone interview data were complete and detailed, thereby indicating that data quality was not compromised by having switched to telephone interviews.

Because health care providers from across the province had been tasked with addressing the population's COVID-19-related needs, a decision was made to delay the start of the telephone interviews with health care providers in Quebec City and in the regions until such a time as their workloads permitted participation in this evaluation. There was no evidence to suggest that this delay affected the content or quality of the data that resulted from health care provider interviews.

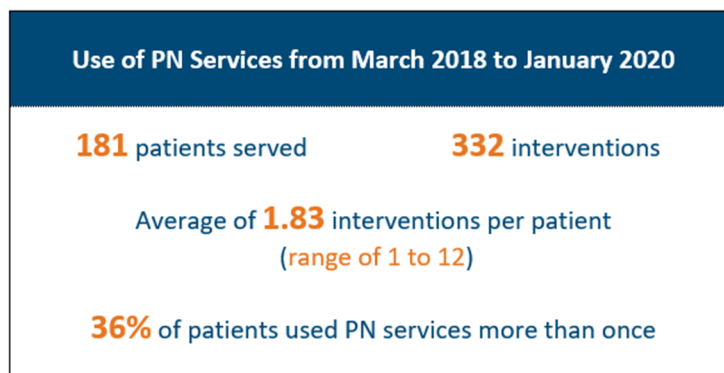
### 3. Results

The results of the evaluation of the PN project are presented in accordance with its evaluation questions.

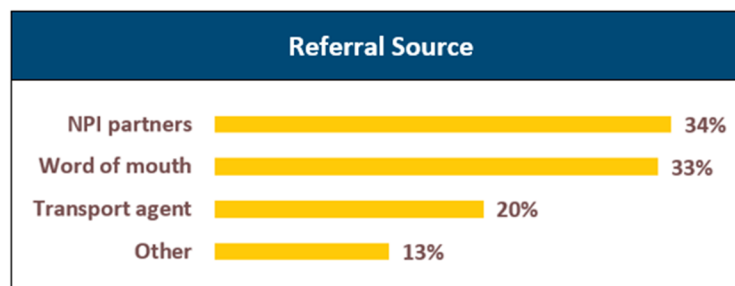
#### 3.1. Implementation of the PN Project

##### 3.1.1. Patients Served by the PN

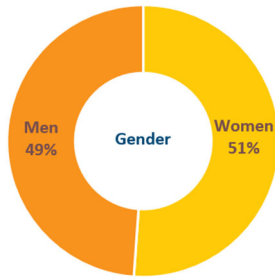
In the 22 months between March 2018 when the PN project was launched and January 2020 when the data collection period for this evaluation ended, the PN provided support to 181 patients travelling from the regions to Quebec City for medical care. Of these patients, over one third used the PN's services again for one or more subsequent trips to Quebec City for medical care.



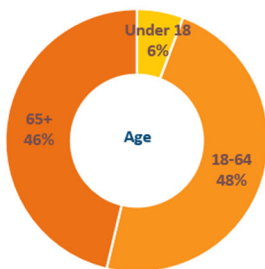
Patients were most likely to hear about the PN project from local community organizations and through word of mouth. In addition, several patients had heard about the PN from their regional transport agents, who indicated during their telephone interviews that they provide English-speaking patients travelling to Quebec City with a brochure about the PN project. However, as noted above in the Methods section, Gaspésie does not have a transport agent so patients from this region make their own travel arrangements and learn about the PN project from other sources.



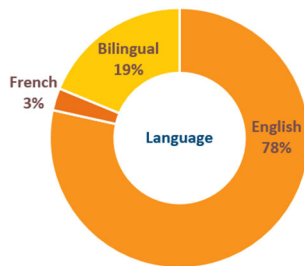
## Patient Demographics



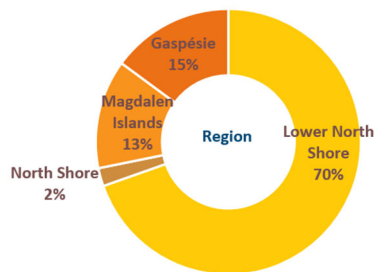
Both men and women used PN services in fairly equal numbers.



Just under half of the patients who used PN services were seniors aged 65 and over. A similar proportion were adults between the ages of 18 and 64.



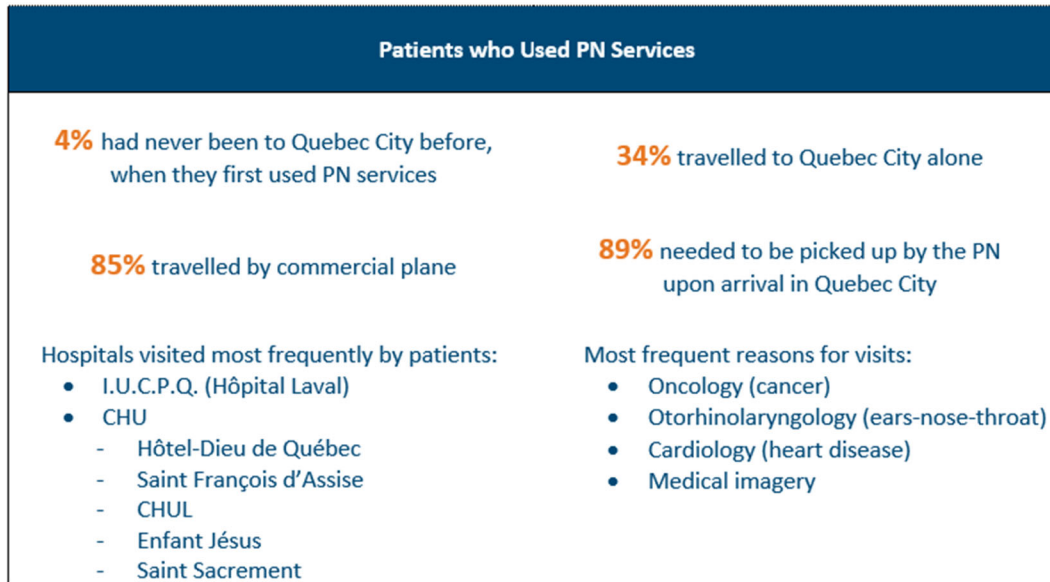
Not surprisingly given that the purpose of the PN project is to assist English-speaking patients, unilingual English-speaking patients comprised over two-thirds of those who have used PN services. Another one-fifth of the patients who used PN services were bilingual. However, an unexpected finding was that 3% of those who had used the PN's services were unilingual French-speaking patients. According to the PN and QCHF, these francophone patients were exceptionally offered service because they could not find a travel companion and they were in dire need of accompaniment when they arrived in Quebec City for specialized medical care.



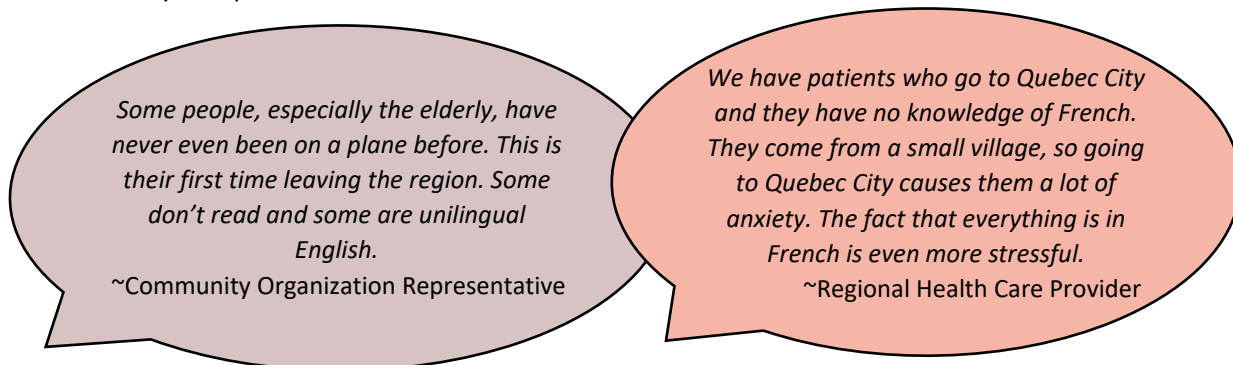
With respect to geographic region, the majority of patients who used the PN's services were from the Lower North Shore and the remainder were mainly from the Magdalen Islands and Gaspésie. Few patients from the North Shore and no patients from Bas-St-Laurent had used PN services.

## Conditions Surrounding Patients' Travel to Quebec City

Project administrative data shows that stressful conditions often surrounded patients' travels to Quebec City when they used PN services. For example, the patients who used PN services were often travelling to receive specialized health care services related to life-threatening health conditions, such as cancer and heart disease. Also, a third of the patients were travelling alone, without a travel companion to accompany them during transit or in the hospital. In addition, a few of the patients who used the PN's services had never been to Quebec City before.

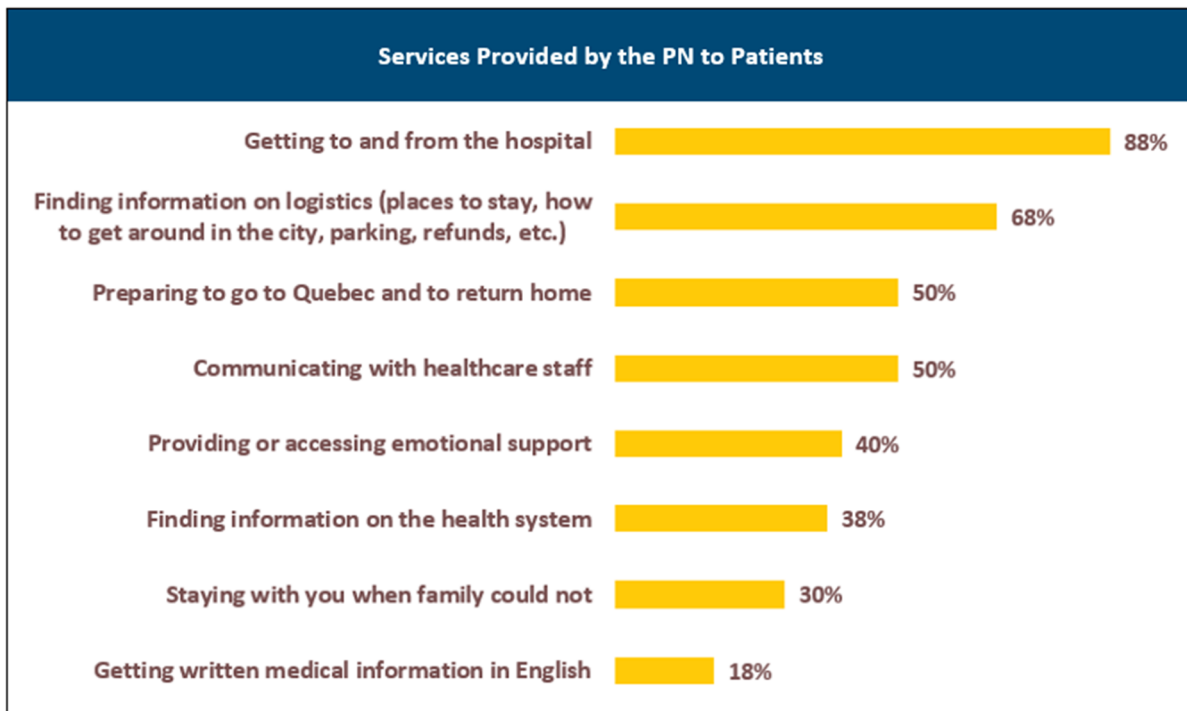


According to interviewees from across all of the project stakeholders groups that were interviewed for this evaluation, the combination of these conditions with certain patient demographics, such as being unilingual English-speaking and elderly, heightens patients' experiences of stress during their travels to Quebec City for specialized medical services.



### 3.1.2. PN Services Provided to Patients

According to the patients interviewed for this evaluation, all of the services offered by the PN were used by at least some patients. Transportation, information about travel logistics, and help communicating with health care staff were the PN services used most frequently. However, a notable minority of patients also reported benefiting from PN emotional support and companionship when their loved ones could not be present, as well as from help finding information about the health care system and obtaining written medical information in English.



#### Helping Patients Get to Where They Need to Go

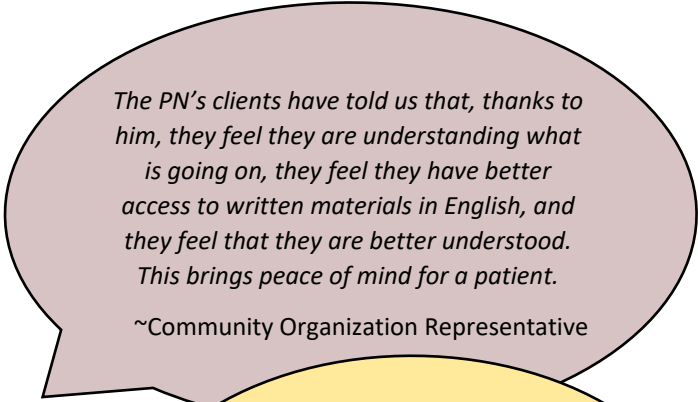
During their telephone interviews, patients explained that the transportation help they received from the PN extended beyond getting to and from the hospital to also include pickup at the airport or bus

*I would not have known where to go.  
We didn't know where we were going  
so it was nice to have someone who  
knew how to get around.*  
~Patients

station upon arrival in Quebec City, to take them to the place where they were staying during their visit. Furthermore, once at the hospital, the PN was instrumental in helping patients to navigate through it by providing information about where to go and sometimes by accompanying them to get their hospital card and find their appointment location.

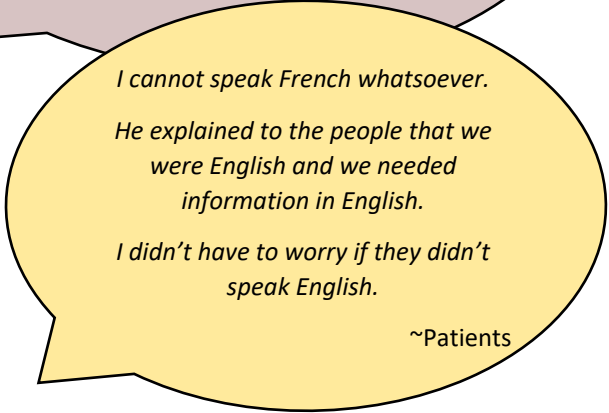
## Facilitating Communication

Patients and Quebec City health care providers alike agreed that the PN has facilitated communications between them. During their telephone interviews, health care providers from Quebec City indicated that the PN helped them to understand what the English-speaking patients said and to communicate important information to patients. Similarly, patients indicated that the PN helped them understand what health care providers said. As one transport agent explained, this help with communication is greatly needed because there are not a lot of health care providers in Quebec City who speak English, apart from the medical doctors. Regional health care providers also noted that the PN is filling an important need by reducing language barriers between English-speaking patients and their health care providers in Quebec City.



*The PN's clients have told us that, thanks to him, they feel they are understanding what is going on, they feel they have better access to written materials in English, and they feel that they are better understood. This brings peace of mind for a patient.*

~Community Organization Representative



*I cannot speak French whatsoever. He explained to the people that we were English and we needed information in English.*

*I didn't have to worry if they didn't speak English.*

~Patients

Interviews with patients, health care professionals in Quebec, City, and regional health care providers also indicated that, when English-speaking patients could not understand the medical information that was being communicated in French in Quebec City, the assistance provided by the PN extended beyond facilitating communications and into providing interpretation services. Of note, the PN Code of Conduct established by CHSSN makes a distinction between the communication facilitation services that the PN is expected to provide<sup>3</sup> and interpretation services. Medical interpretation services are the responsibility of the Quebec health care system and, as such, the PN Code of Conduct<sup>4</sup> specifies that the PN cannot act as an interpreter in a medical decision or discussion. Despite this, the PN explained that he provided interpretation for English-speaking patients in cases where patients did not understand what their health care providers were trying to communicate and no interpreter was provided by the hospital. In these cases, the health risks associated with not helping English-speaking patients and their health care providers understand one another were high. On other occasions and for similar reasons, the PN provided interpretation services for bilingual patients to ensure that they accurately comprehended the medical information provided to them in French.

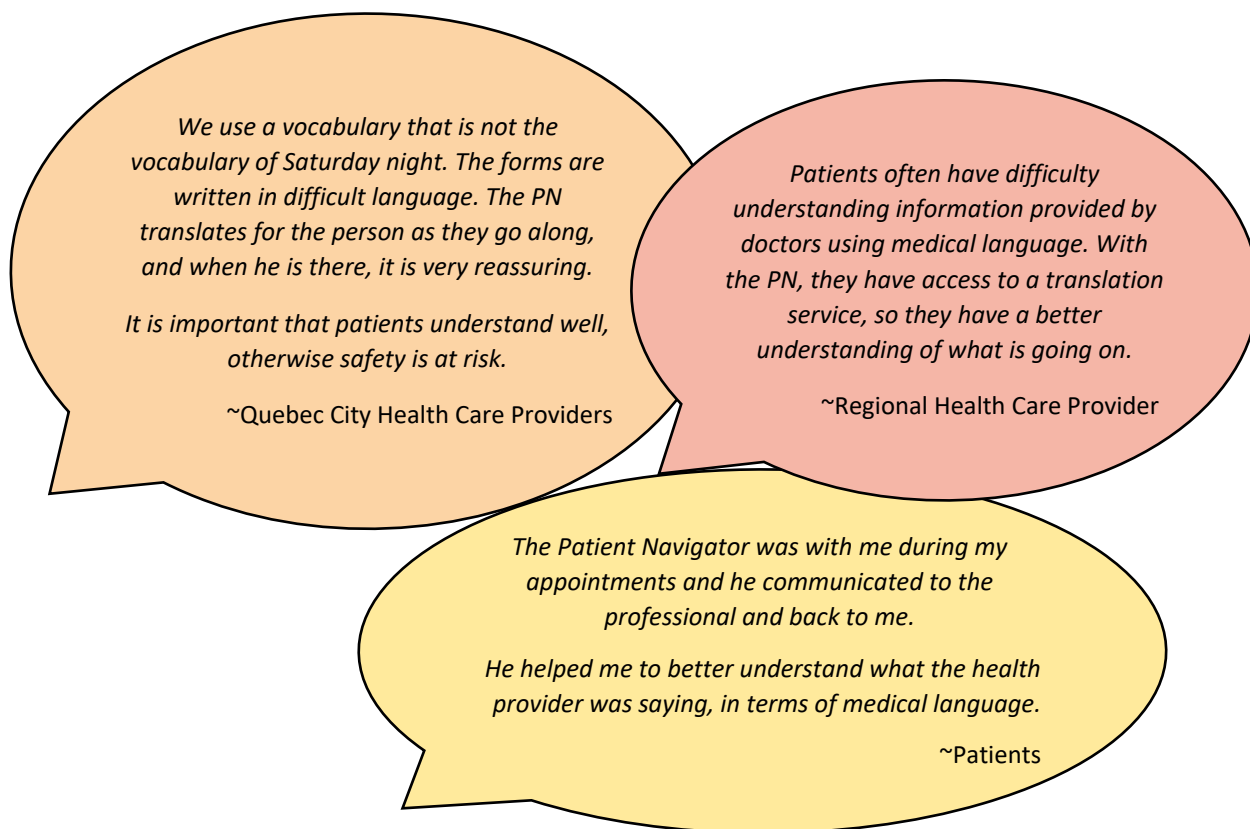
The paucity of access to formal interpretation services for English-speaking patients was corroborated by a health care provider in Quebec City. According to this interviewee, English interpreters are used far less frequently than are interpreters in other languages at the CHU, despite the communication

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<sup>3</sup> According to the PN Code of Conduct, the PN is expected to facilitate communication by, for example, providing information to patients about the health care system, addressing patients' and their families' questions and concerns, facilitating patients' informed decision-making by using the services of an interpreter, and promoting effective communication among patients and health care providers.

<sup>4</sup> CHSSN (n. d.). *Patient Navigator Code of Conduct*. Internal report: unpublished.

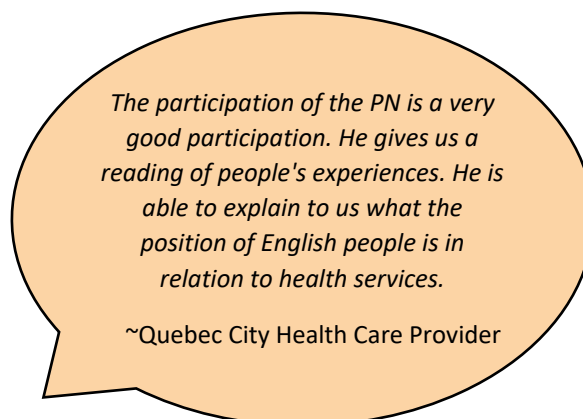
breakdowns that occur when health care providers who think of themselves as bilingual try to provide patients with medical information in English.



### 3.1.3. Information and Advice Provided to the Quebec City health system

According to the PN Code of Conduct<sup>5</sup>, one of the PN's responsibilities is to advocate for the elimination of the language barrier that potentially exists between patients and professional staff, thereby improving systems and societal structures through the creation of greater equity and better health for all. Though the PN project had existed for less than two years by the end of the data collection phase for this evaluation, some evidence of PN advocacy and its impact on the health care system was already available.

For example, the PN had been invited to sit on the *Comité pour l'amélioration des CISSS en langue anglaise du CHU de Québec*, whose purpose is to develop a five-year action plan to improve English



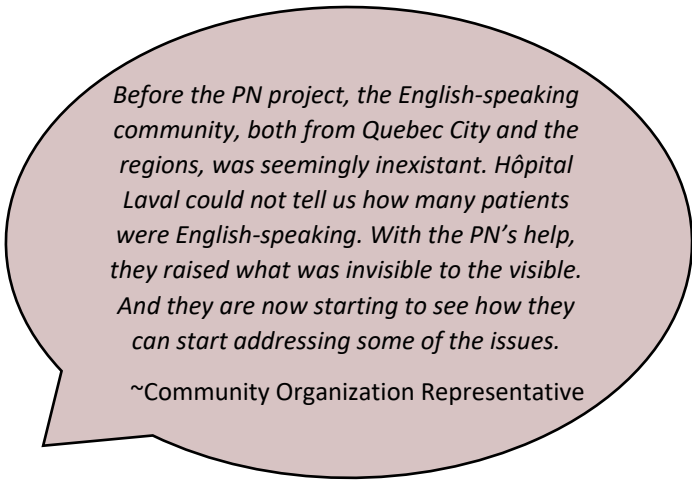
<sup>5</sup> CHSSN (n. d.). *Patient Navigator Code of Conduct*. Internal report: unpublished.



language health and social services. According to a health care provider interviewed for this evaluation who also sits on this committee, the PN has shared valuable information about the needs of English-speaking patients within the context of existing health services. Consequently, when the action plan was published in 2020, it included a section summarizing information provided by the PN regarding linguistic and travel barriers experienced by English-speaking patients travelling from the regions to Quebec City for specialized medical care.

In a related example, the impact of the PN's advocacy has also been evidenced through the recent regional and Quebec City 2020-2025 access programs for English language health and social services, most of which refer to the PN services for English-speaking patients. Specifically, the PN project is mentioned in the access program that covers both the North Shore and Lower North Shore, as well as in Quebec City's two access programs (one for the CHU and the other for the IUCPQ). Though the access program that covers Gaspésie and the Magdalen Islands was still under development at the time that the current evaluation report was written, personal communication with an executive at the CISSS de la Gaspésie indicated that the PN project has been mentioned favourably in meetings (J.-F. Cassivi, September 8, 2020). Perhaps not surprisingly, the only action program that does not make mention of the PN project is that of the Bas-St-Laurent region, where residents have not yet used PN services.

According to a community organization representative who was interviewed for the current evaluation, the advocacy undertaken by the PN has had a direct impact on raising awareness of the needs of English-speaking patients within the Quebec City health system. Prior to the start of the PN project, little was known about the challenges faced by English-speaking patients. Over time, the information and



*Before the PN project, the English-speaking community, both from Quebec City and the regions, was seemingly inexistant. Hôpital Laval could not tell us how many patients were English-speaking. With the PN's help, they raised what was invisible to the visible. And they are now starting to see how they can start addressing some of the issues.*

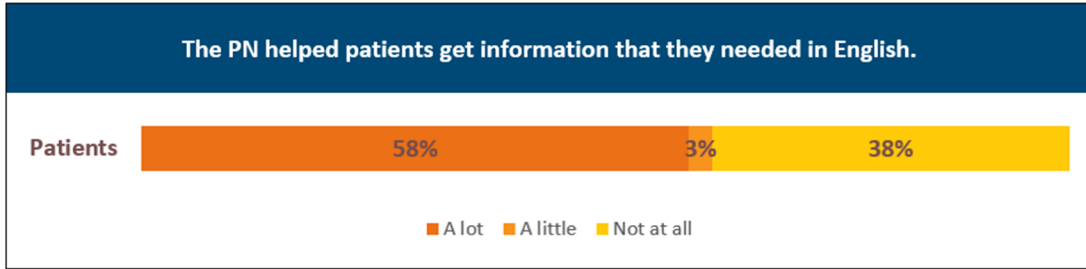
~Community Organization Representative

advice about English-speaking patients' needs that has been provided by the PN incited the I.U.C.P.Q.'s to conduct a study of their own, within the context of developing their access plans for services in English. The results of this study, which was carried out with help from the PN to access English-speaking patients, demonstrated the large magnitude of the challenges faced by English-speaking patients from the regions and, by extension, this population's large needs for better access to English language services in Quebec City.

### 3.2. Achievement of Expected Outcomes

#### 3.2.1. Increased Access to Information in English

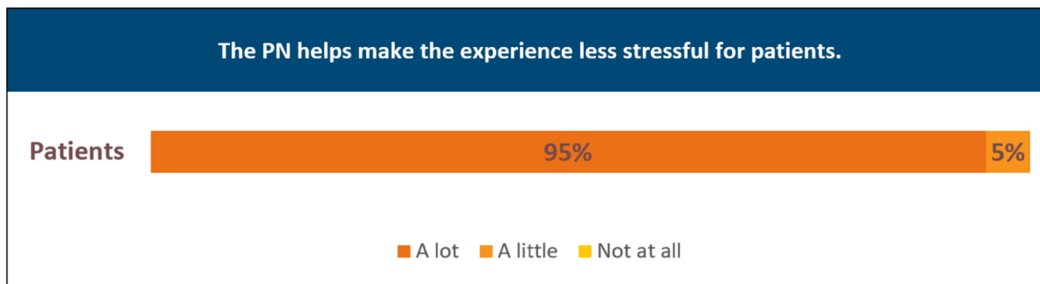
Thanks to the PN's assistance in providing English travel, health care, and medical information, most patients who used PN services reported that, overall, the PN helped them to get the information that they needed in English.



Those patients who did not experience increased access to English information explained during their interviews that they did not need information in English, either because they understood French well or because they had already gained sufficient information over the course of their numerous prior travels to Quebec City for specialized medical care.

### 3.2.2. Decreased Stress Experienced by Patients

All of the patients who were interviewed for this evaluation indicated that the PN helped make their experience of travelling to/from Quebec City and receiving specialized medical services less stressful than it might have otherwise been. In particular, patients pointed to the PN’s help with transportation and with communication as being highly beneficial for relieving their stress.



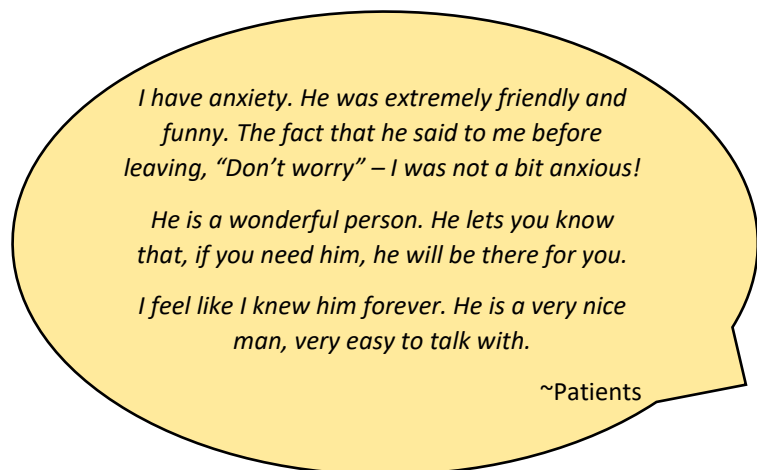
*He was my angel. I don't know what I would have done if he wasn't there.  
 He helped me travel to the hospital. Otherwise I would have been a basket case.  
 It was less stressful knowing someone was going to pick me up in a city where I hadn't been before.  
 I don't understand French, so it was very stressful going there. He helped me control the stress.*

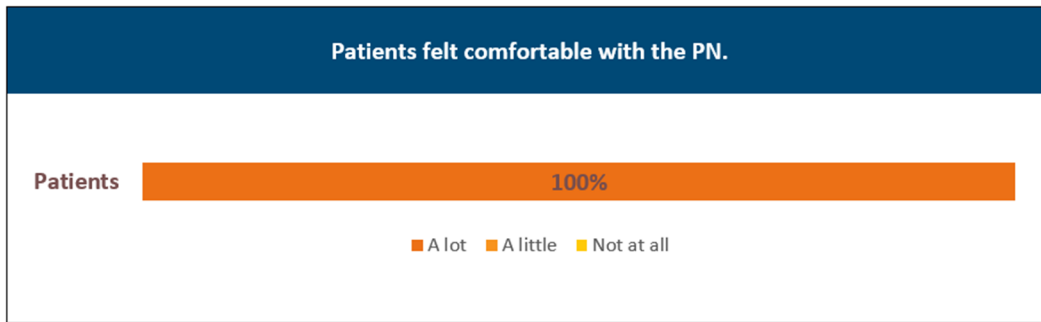
~Patients

Key informants from the other stakeholder groups interviewed for this evaluation also commented on the great extent to which PN services result in decreased stress levels for patients travelling to Quebec City. Often, these comments were offered spontaneously, without the interviewee having been asked a specific question about the PN's impact on patients' stress.



In addition to the practical help provided by the PN, patients also pointed to his pleasant and reassuring personality as a factor in decreasing their experiences of stress. They explained that they found the PN easy to talk with, supportive, and willing to help when needed. During their telephone interviews, several patients used words like "very nice" and "wonderful" to describe him.





Similarly, key informants from other stakeholder groups made a point of mentioning that they have heard considerable praise from patients about the person responsible for providing PN services and that they themselves also hold him in high regard. As one health care provider in Quebec City explained, the concept of the PN project is good in and of itself, and it is rendered all the better by the man who provides the service.

*Friendliness, courtesy, kindness, professionalism: the PN creates a friendly atmosphere. He is calm and the patients seem to let themselves be guided by someone.*

*It is important to differentiate between the PN project and the person who is the PN. The concept of the project is good in itself. The guy is excellent!*

~Quebec City Health Care Providers

*The value is the quality that he brings to the patients.*

~Regional Health Care Provider

*Some of our elderly population make jam and socks for the PN. He becomes part of their life because he is with them at their worst, when they are medically in a fight for their lives. They feel a human attachment to him – a feeling that someone cares for you when you are not well and understands what you are going through.*

*The reason why this project is such a success is that the right person is at the right place at the right time. This is all about interpersonal relationships and he is amazing.*

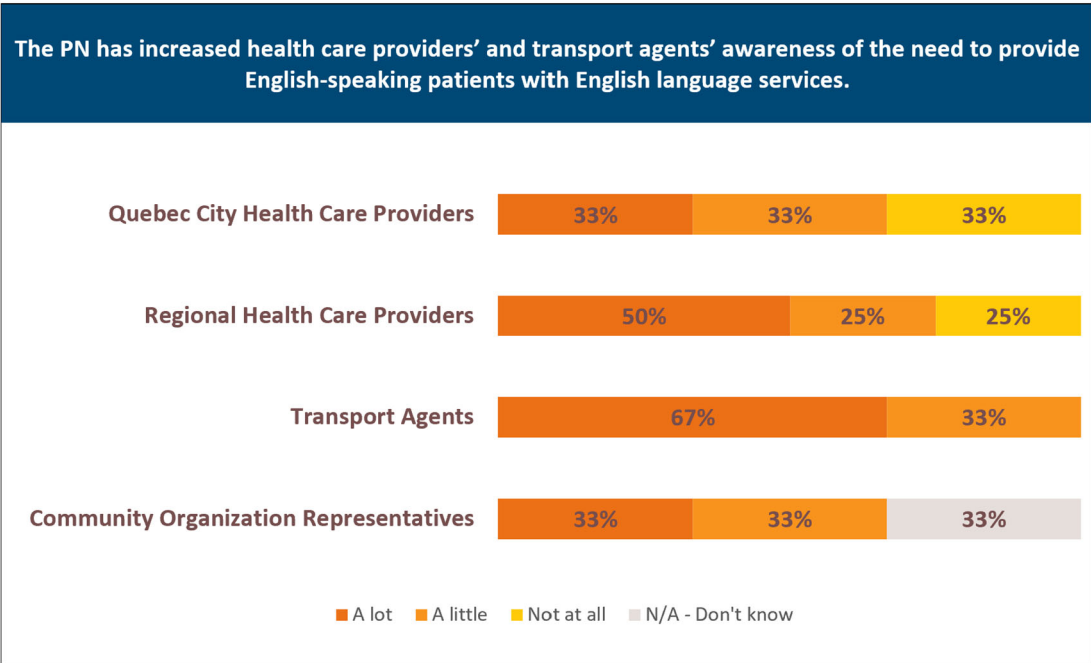
~Community Organization Representatives

Though evidence suggests that the personality of the person currently occupying the position of the PN has contributed to building good rapport with patients and, consequently, reducing their experiences of stress, the successful achievement of this expected outcome is also buttressed by the PN project’s design. The QCHF’s PN Code of Conduct<sup>6</sup> sets the standard of behaviour and attitudes that clients should expect from the service of the PN, including guiding principles such as:

- Respect (e.g., treat all individuals with a sense of dignity, respect, worth, understanding, compassion, courtesy and fairness; be nonjudgmental; establish a relationship of trust and honesty; respect the physical, psychological and social rhythm of the patient; be courteous and polite); and
- Personal responsibility (e.g., be dependable; accept assignment with an open mind; avoid conflicts of interest).

3.2.3. Increased Awareness of the Need for English Language Services

When asked whether the PN has helped health care providers become more aware of the need to provide English-speaking patients with English language services, most health care providers in Quebec City and the regions, transport agents, and community organization representatives interviewed for this evaluation indicated that the PN has contributed either a little or a lot to achieving this outcome.



<sup>6</sup> CHSSN (n. d.). *Patient Navigator Code of Conduct*. Internal report: unpublished.

Health care providers in Quebec City explained that the PN has shown them how important it is for English-speaking patients to receive services in English. According to one health care provider in Quebec City, the CHU is currently responding to the awareness-raising carried out by the PN by introducing new services for English-speaking patients, including telephone services to provide information and to schedule appointments in English, information dissemination so that patients and hospital staff know to ask for an English interpreter, and consent forms available in English. Similarly, regional health care providers and transport agents indicated that they and their colleagues have become more aware of the need for English-language services thanks to the PN. As community organization representatives have witnessed, regional health care providers' awareness of the need for English language services increased by virtue of their English-speaking patients saying on how much they needed and appreciated the PN's services during their travels to Quebec City for medical care.

*The PN raises awareness of the importance of the subtlety of the English language when it comes to health. This awareness work will help us to implement new services in English.*

*Since I have been working at the CHU, it has never been mandatory to be bilingual. As soon as we have an English-speaking patient, we grab a colleague who speaks English by the arm. With the PN, we offer the same service to Anglophones as we do to Francophones.*

~Quebec City Health Care Providers

*Health care providers see that it is helpful to have services in English.*

~Regional Health Care Provider

*The English population often asks me for the number of the PN.*

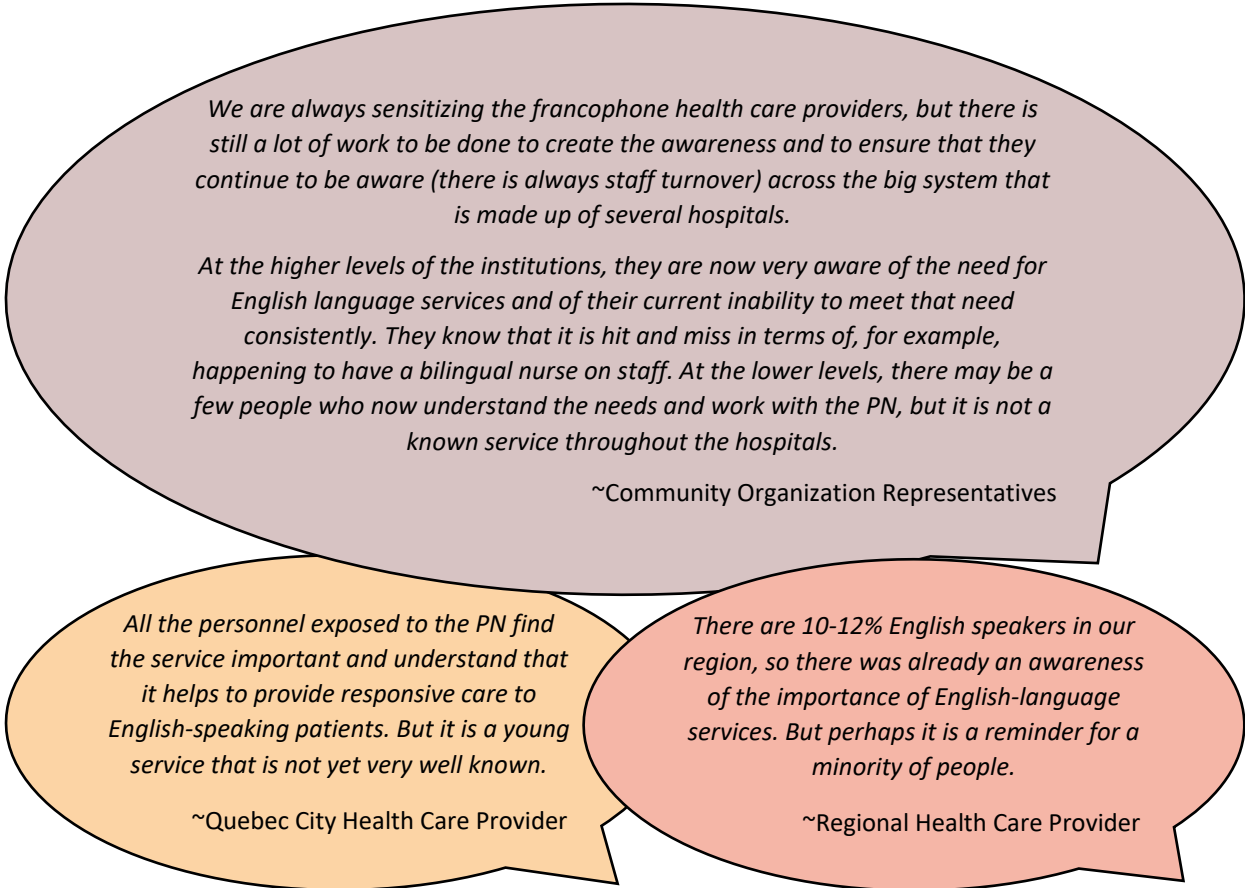
~Transport Agent

*The promotion that our organisation has done within the CISSS has opened regional health care providers' eyes to the struggles of English speakers. Having the patients go back and tell their health care provider how helpful the PN was... Well that just completed the circle!*

*Our CISSS says that the PN is an essential service in Quebec City.*

~Community Organization Representatives

When interviewees indicated that no or only a little awareness about the importance of offering English-language services had been raised by the PN, some (particularly regional health care providers) explained that this is because they and their colleagues were already fully aware of the need for English language services. In contrast, others (including health care professionals in Quebec City and community organization representatives) explained that this need has been communicated only to those few health care providers who have worked directly with the PN. Therefore, according to these interviewees, more awareness-raising needs to be undertaken to reach a larger proportion of health care providers, particularly in Quebec City.

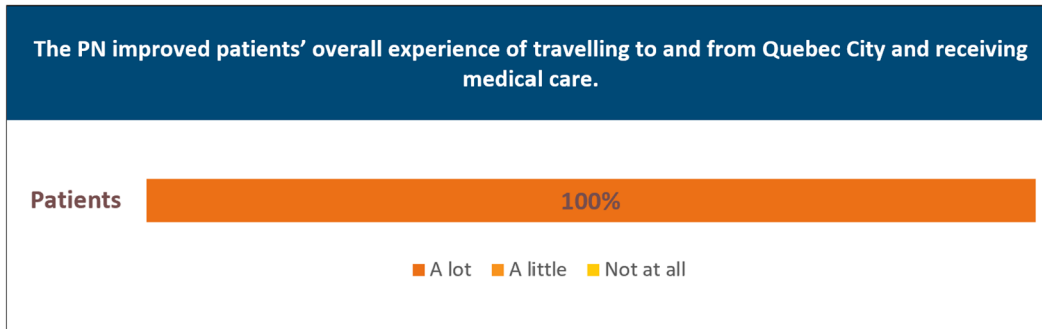


Of note, one health care provider interviewee indicated that only French language services need to be offered in Quebec City because it is a French city. This sentiment was not shared by the rest of the interviewees and the PN reported only rarely having witnessed similar sentiments expressed by health care providers. Nonetheless, this interviewee’s comment demonstrates that familiarity with the PN contributes to, but is not a sufficient condition for, raising awareness about the need to offer English-speaking patients services in English. Additional initiatives are likely needed to effect a broad-scale change in attitudes about the need to provide English language services to English-speaking patients.

**3.2.4. Improved Experiences of Receiving Care**

All patients interviewed for this evaluation reported that, overall, their experience travelling to Quebec City for specialized medical services was improved thanks to the PN. When asked to explain their answers, patients said that the PN provided them with needed help, that they were less stressed

knowing that he was there to help them, and that they will be more relaxed the next time they have to get medical care in Quebec City, knowing that PN services are available to them.



*It is nice to know that there is help there for you in English.*

*I can't think of anything that he did not help us with.*

*I definitely would not be concerned if I had to go again, as long as he or someone like him would be at the other end to pick me up.*

~Patients

Though the primary objective of the PN project is to assist English-speaking patients, health care providers from both the regions and Quebec City pointed out that, in addition to helping English-speaking patients, PN services also improve other stakeholders' experiences, including their own experiences working with English-speaking patients and those of patients' families who would otherwise worry more about their loved one during his or her travel to the Quebec City for medical care.

*It is not only patients who have a better experience thanks to PN. For us too, it's comforting.*

~Quebec City Health Care Provider

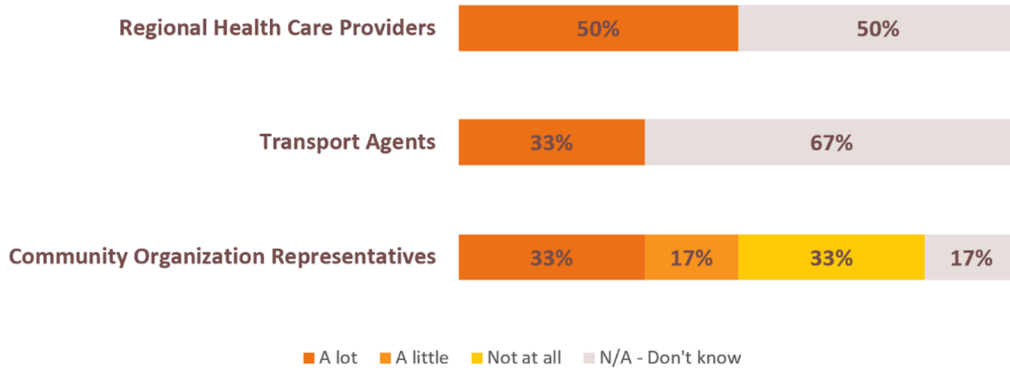
*The PN improves the experience for patients, family, and medical personnel. It's reassuring and creates a bond of trust.*

~Regional Health Care Provider

Another indicator of the PN's success in improving English-speaking patients' overall experiences of receiving medical care when they travel to Quebec City is the reduction in the extent to which regional health care providers, transport agents, and community organizations are called upon to address problems that arise when English-speaking patients travel to Quebec City. Since the start of the PN project, some interviewees from each of these stakeholder groups reported having received fewer complaints from English-speaking patients and their caregivers who used PN services.



Some regional health care providers, transport agents, and community organization representatives noticed a reduction in the extent to which they are called upon to address problems associated with English-speaking patients and their caregivers travelling to Quebec City for medical services.



*The whole experience is not a nightmare anymore, especially for our elderly population. We stopped receiving complaints about trips to Quebec City. For example, we had a call before where I had to arrange for a social worker to go to a hospital in Quebec City because the patient was in distress when told he had terminal cancer and the family was extremely upset. Since the PN has been there, none of that has happened – I haven't received any more of those calls.*

*We are still hearing complaints from English-speaking patients who travel to and from Quebec City, but far fewer. Now we are hearing more comments like, "Thank you. We are happy to have the PN!"*

~Community Organization Representatives

*In the past, there was dissatisfaction with the language. Now there are far fewer complaints.*

~Transport Agent

*Before, patients could feel more helpless. Relationships are healthier now between professionals and patients. Communication is easier and more positive. There is less complaining.*

~Regional Health Care Provider

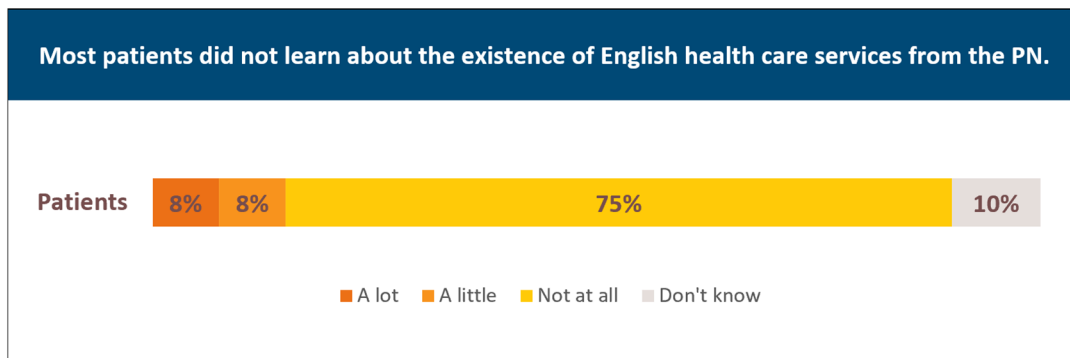
Those interviewees who did not report reductions in complaints arising as a result of the PN project explained either that it was not part of their organization's mandate to field complaints or that they could not pronounce themselves on this topic because their organization had not tracked complaints over time.

### 3.2.5. Increased Awareness of Existing English Language Health Care Services

The extent to which awareness of existing English language health care services has increased as a result of the PN project was examined both for patients and for health care providers and transport agents.

#### Patient Awareness

With respect to patients, interview data showed that very few patients reported learning about existing English health care services from the PN. Furthermore, when asked for details, those few who said they did learn about English language services from the PN indicated that, with the passage of time, they could no longer remember which types of services had been discussed.



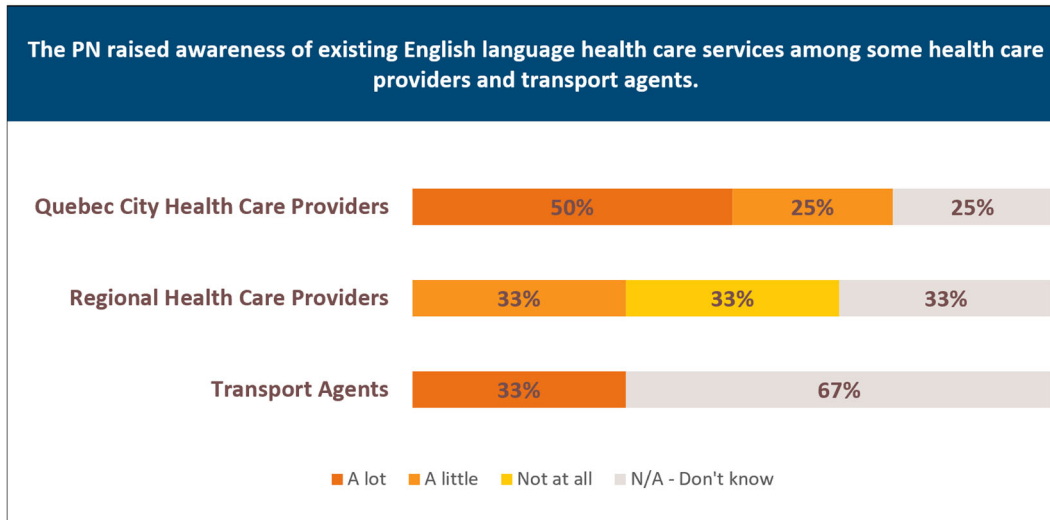
However, a representative of one of the community organisations noted that some patients did learn about existing health care services indirectly as a result of the PN project. Over time, patients had been coming into this organization's office more frequently to inquire about accessing PN services and, when they did, they were also provided with information about other English language services, such as videoconferences with health professionals in English, seniors health centres, and a website developed with the regional CISSS that promotes English-language services for cancer patients.

#### Health Care Provider and Transport Agent Awareness

Most health care providers in Quebec City, as well as some regional health care providers and transport agents, indicated that they and their colleagues have become at least a little more aware of the health care services offered in English, thanks to the PN. When asked for details, they mentioned having greater awareness of interpretation services for English-speaking patients, as well as greater awareness of services for translating written medical documents.

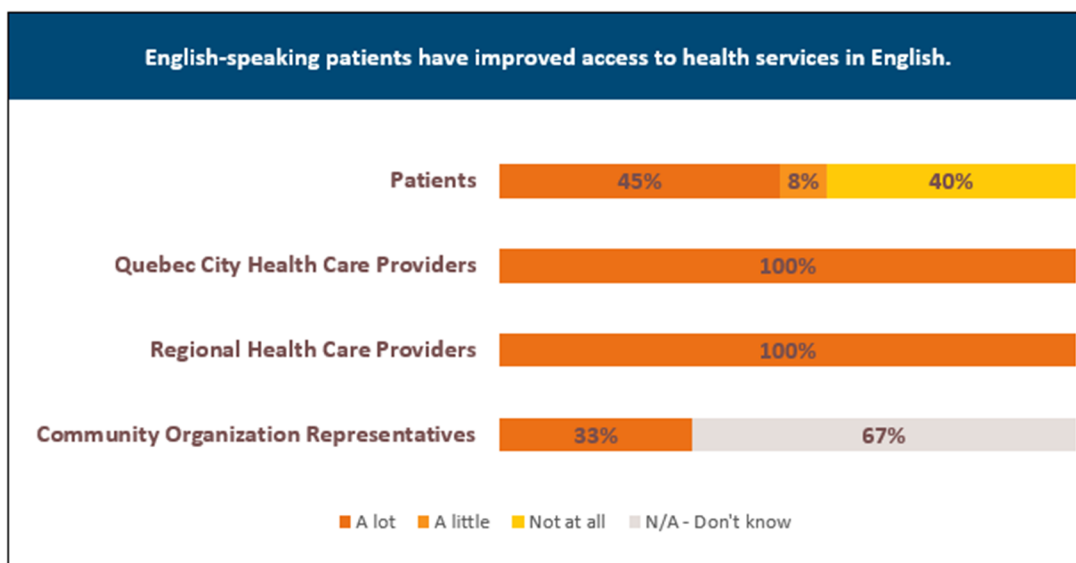
*Although we were aware of the services available before, we have since had a lot of documents translated in Quebec City because the PN helped them realize that English patients need them. In particular, he has helped to have tools translated in Quebec City.*

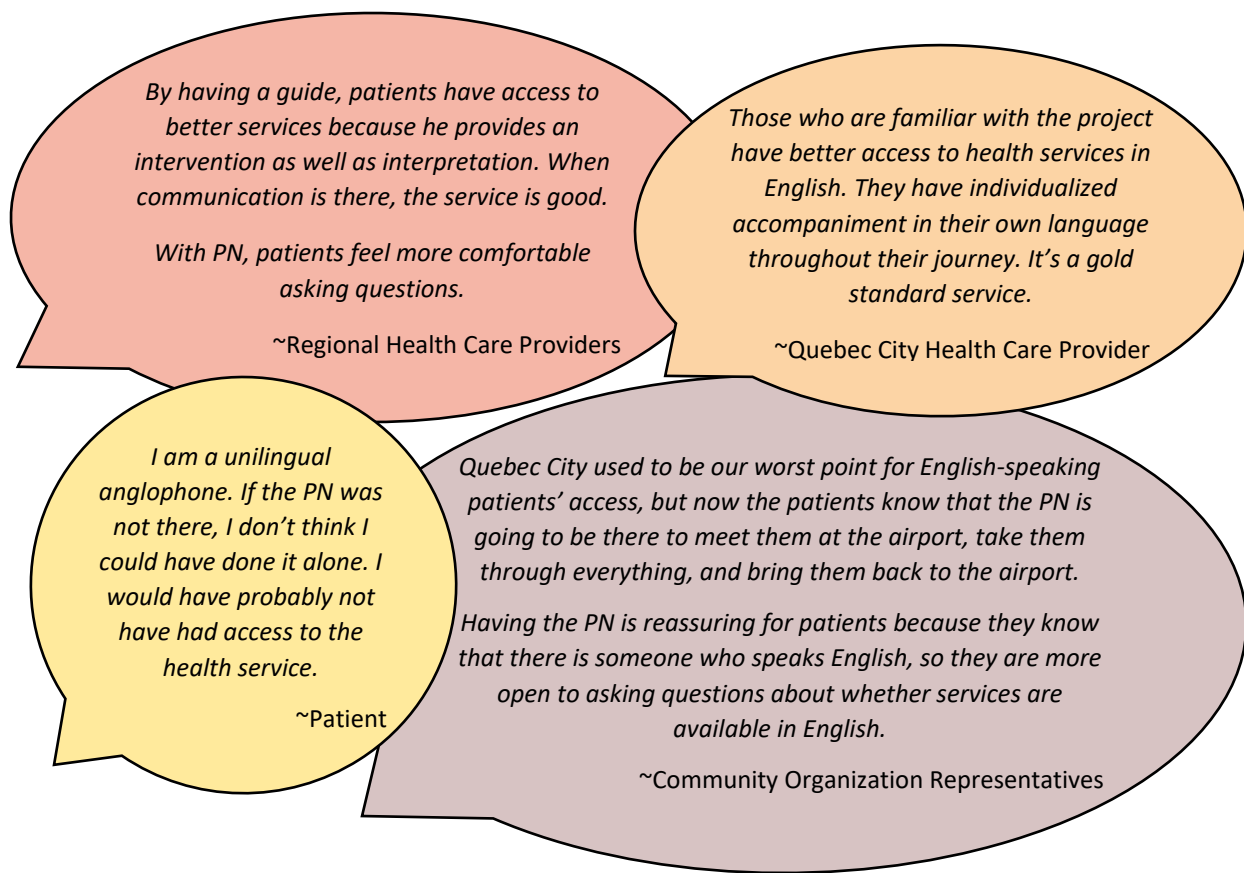
~Regional Health Care Provider



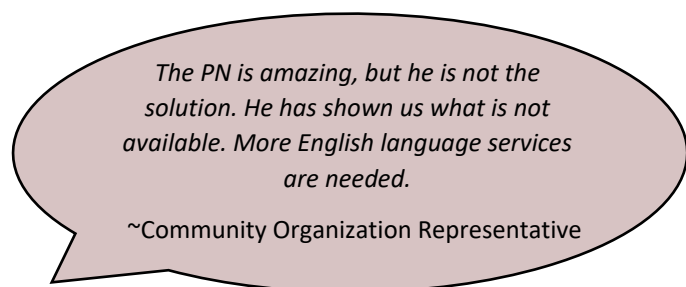
### 3.2.6. Improved Patient Access to Health Services in English

According to all Quebec City and regional health care providers interviewed for this evaluation, as well as to some patient and community organisation interviewees, the PN’s role as an advocate for English-speaking patients provides them with better access to English language health services. He does so by accompanying patients throughout their journeys and improving communication between patients and health care providers in Quebec City, as well as by encouraging patients to request English language services on their own behaves.





Still, as one representative of a community organization cautioned, the PN alone cannot be expected to single-handedly fill the gap of providing access to English language services for English-speaking patients travelling to/from Quebec City from the regions. To ensure access for English-speaking patients, more English-language services are needed.



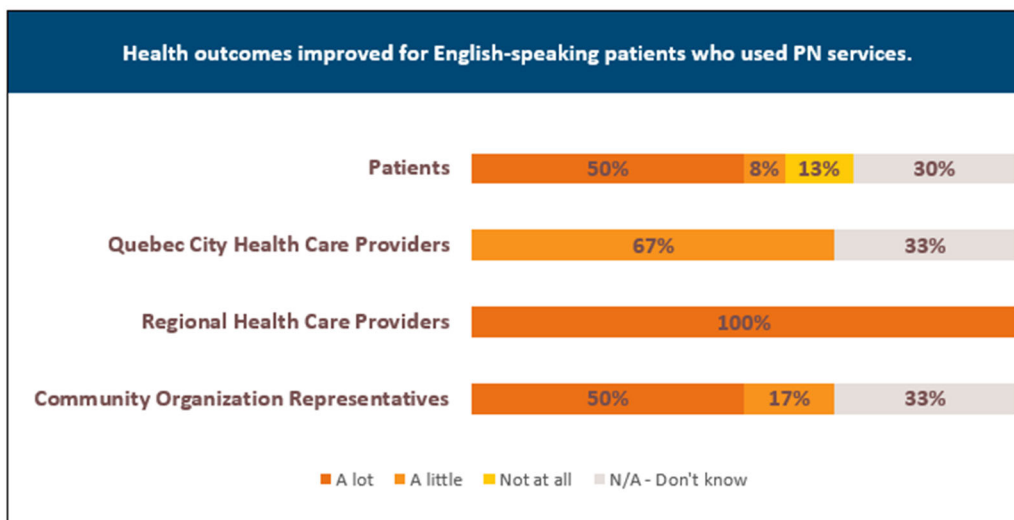
When asked which English language services are most needed, the PN and the Executive Director of both the QCHF and the CHSSN pointed to (1) the planning of access to interpretation services in advance of English-speaking patients' visits to Quebec City, (2) translation of all medical documents provided to English-speaking patients, as well as signage in the hospitals, (3) the provision of English telephone service options and of call-backs to patients in English, and (4) bilingual front-line services staff. In alignment with these recommendations, a 2017 study<sup>7</sup> of English-speaking patients travelling to Quebec City for cardiac treatment at the I.U.C.P.Q. (Hôpital Laval) concluded that some of the most pressing hospital services needed for English-speaking patients include having a standardized practice of

<sup>7</sup> Richardson, M. & Lam, A. (2017). *Care Pathways of English Speakers Travelling Out-of-Region for Cardiac Treatment at Hôpital Laval (IUCPQ)*. CHSSN internal document: unpublished.

disseminating English consent forms and medical information booklets to English patients, and having bilingual medical staff available at all times. In addition, the authors recommended that collaboration should be strengthened between the hospital and local organizations so that the latter can help translate and disseminate hospital documents and other resources (e.g., information on local accommodations), as well as provide volunteers to help patients and caregivers navigate the hospital.

### 3.2.7. Improved Patient Health Outcomes

According to most patients, health care providers in Quebec City, regional health care providers, and community organization representatives interviewed for this evaluation, using PN services has resulted in better health outcomes for English-speaking patients. Of note, evaluation findings about patient health outcomes are based on interview data and not professional medical opinions.



Interviewees explained that the reasons for patients' improved health outcomes stem from the achievement of other expected project outcomes reported upon earlier in this report. For instance, the assistance with travel logistics and the emotional support provided by the PN served to decrease

*I have high blood pressure, so using the service helped me keep it under control.*

*I was there for a cancer treatment and another time for surgery, so the more relaxed I am the better.*

*Because of my experience with the PN, now I would not mind going to Quebec City by myself, knowing someone like him would be at the other end to pick me up.*

~Patients

*Some patients might try to delay or get out of their appointment because they are stressed, but knowing that the PN is there makes them more likely to go to Quebec City for medical care.*

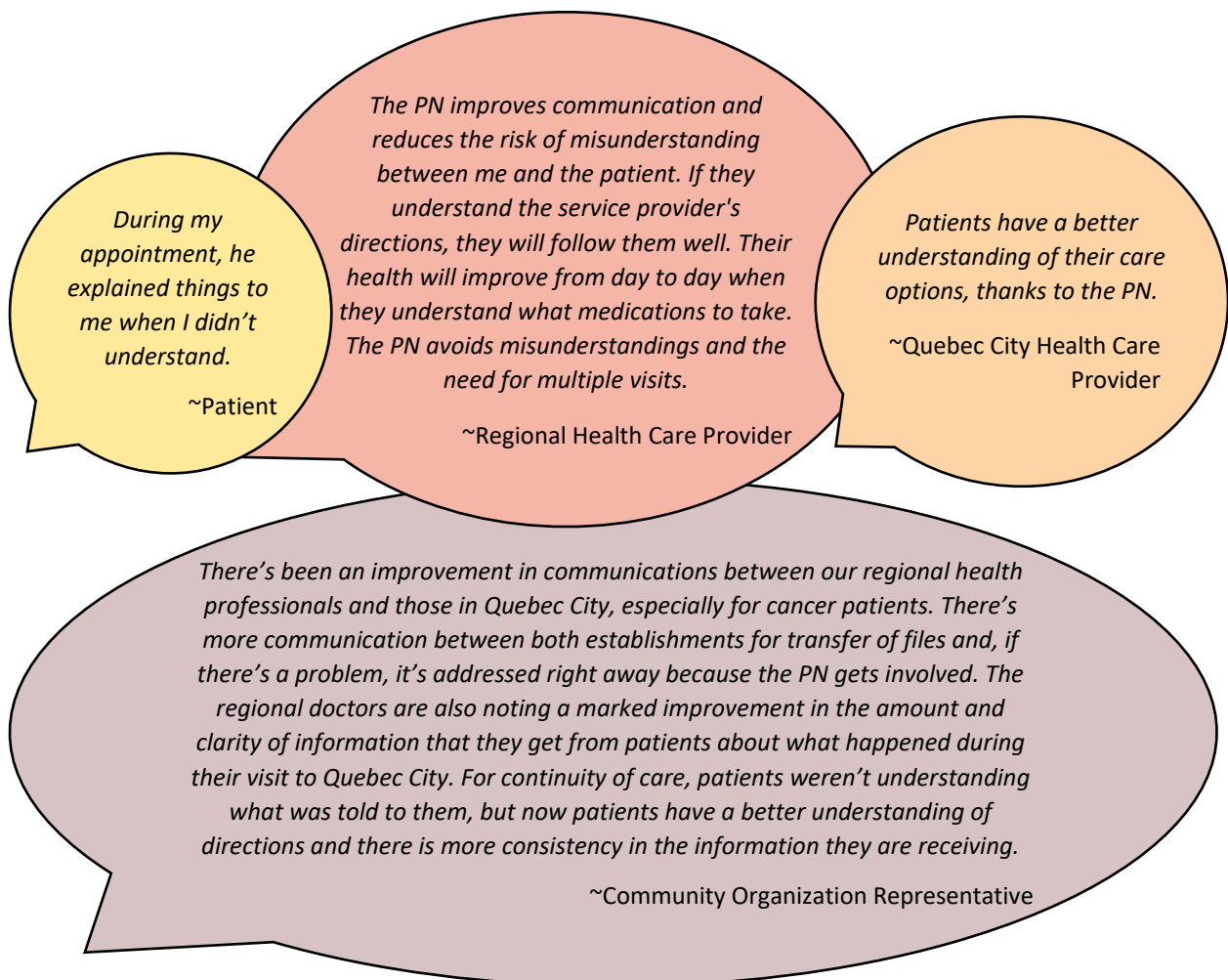
~Community Organization Representative

*The patient experience is improved. The PN decreases pre- and post-care anxiety, which is very important.*

~Quebec City Health Care Provider

the stress experienced by patients, which is associated with positive health benefits in and of itself. In addition, by reducing anxiety, the PN encouraged patients who might have otherwise refused treatment to find the courage needed to travel to/from Quebec City for specialized medical services.

Furthermore, the communication facilitation provided by the PN to English-speaking patients increased their access to medical information in English, which then resulted in patients' increased understanding and was beneficial for improving their health outcomes. Moreover, the interpretation services provided by the PN (despite these services falling within the purview of the Quebec health care system) served to reduce misunderstanding between patients and their health care providers. The clarity of the medical information that was then relayed by patients back to their regional health care providers was also improved, thereby resulting in unexpected positive outcomes related to patients' health, in terms of both increased patient compliance with Quebec City physicians' directions and improved continuity of care provided by regional health care providers.



### 3.3. Unanticipated Outcomes

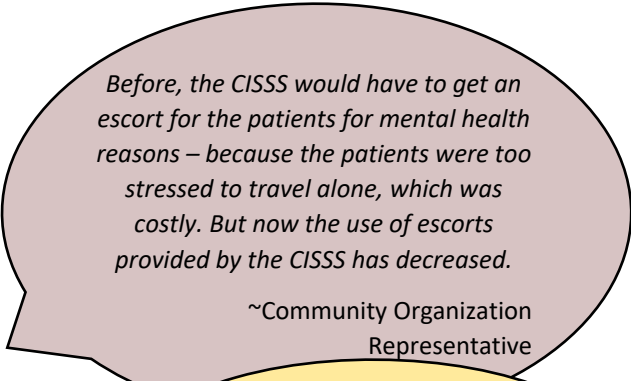
#### 3.3.1. Improved Patient Compliance and Continuity of Care

As described directly above, an unanticipated positive outcomes of the PN project was that patients were better able to comply with the directions for care provided by their health care providers in Quebec City and that patients received better continuity of care from their regional health care providers. This positive outcome occurred because the PN provided English-speaking patients with interpretation services when they could not understand the medical information being communicated to them by their health care providers.

The reason why this outcome was unanticipated (and therefore not reflected in the PN project logic model) is because providing interpretation services is the responsibility of the health care system and not of the PN. Also, there are health-related risks associated with the PN providing medical interpretation, as he is not trained to do so. However, according to the PN and the QCHF, when faced with a situation in which patients do not understand what their health care providers are trying to communicate and when no interpreter is provided by the hospital, the health risks associated with not helping English-speaking patients and their health care providers understand one another are high. This assertion is supported by research on English-speaking patients' inter-regional travel for specialized health care and by national studies on barriers for linguistic minorities which show that, when patients do not fully understand the choices and implications of treatments, the health care that they receive is not optimal and may even be dangerous at times<sup>8,9</sup>. Given the important need for clear communication and the beneficial health outcomes that result from it, several of the patients, health care providers in Quebec City, regional health care providers, and transport agents interviewed for this evaluation assumed that interpretation services were part of the PN's responsibilities.

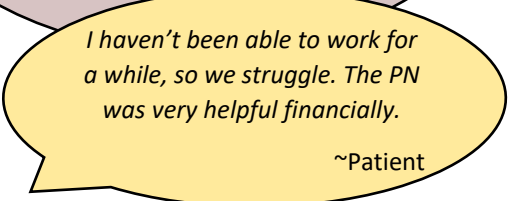
#### 3.3.2. Cost Savings

According to community organization, patient, and transport agent interviewees, another unanticipated positive outcome of the PN project is cost savings for both regional CISSS and patients. For the regional CISSS, community organization representatives reported that the PN project reduced the costly need to provide patients travelling to Quebec City with an escort for mental health reasons. For patients, the PN's accompaniment often included a pickup from the airport or bus station, as well as assistance getting to the hospital, which meant that patients saved money on



*Before, the CISSS would have to get an escort for the patients for mental health reasons – because the patients were too stressed to travel alone, which was costly. But now the use of escorts provided by the CISSS has decreased.*

~Community Organization Representative



*I haven't been able to work for a while, so we struggle. The PN was very helpful financially.*

~Patient

<sup>8</sup> Richardson, M. (2015). *Inter-regional Access to Specialized Health and Social Services for English-speakers from Eastern Quebec*. CHSSN internal report: unpublished.

<sup>9</sup> de Moissac, D. & Bowen, S. (2019). *Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada*. *Journal of Patient Experience*, 6(1), 24-32.

<https://doi.org/10.1177/2374373518769008>

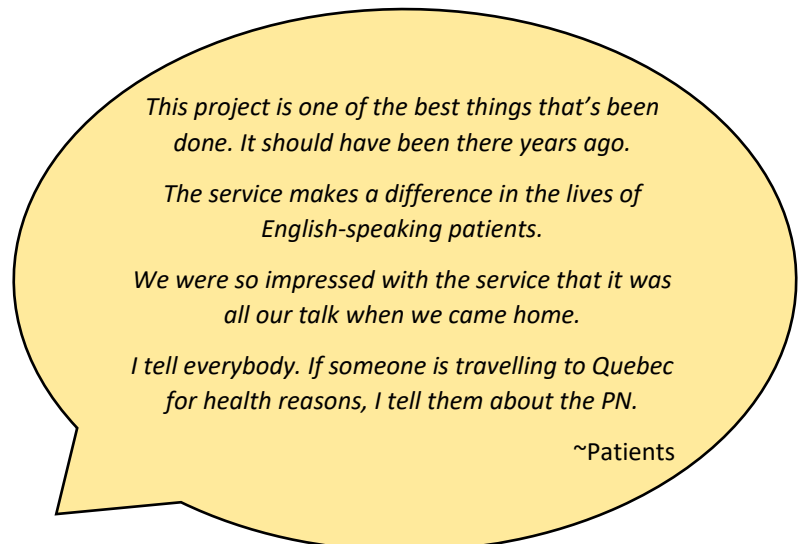
taxis. Also, some patients explained that the PN cut down on their travel expenses by providing them with information about rooms in hospital lodgings that are less expensive than are conventional hotel rooms. In addition, according to community organization representatives, being able to rely on the PN's accompaniment has reduced families' need to spend money on sending a travel companion to accompany their loved one during their trip to Quebec City for medical care.

Providing cost savings for patients who travel from the regions for medical care is especially beneficial in light of prior research showing that travel costs are particularly high for patients who must stay in Quebec City for a long time, for out-patient stays, for accompanying support persons, and for those who need to fly to get to and from Quebec City.<sup>10</sup> Though Quebec provides refunds for a portion of the expenses, the remainder can create a financial burden on patients and their families.

### 3.4. Changes to Project Implementation that Would Support Project Growth

#### Overall Satisfaction with PN Services

Overall, the PN project is highly valued by its key stakeholders. As shown in the figure below, all of the patients, health care providers in Quebec City, regional health care providers, community organization representatives, and hospital lodging managers interviewed for this evaluation expressed considerable satisfaction with the PN project. This high level of satisfaction was echoed in a 2019 health services access survey conducted in the North Shore and Lower North Shore, which found that 87% of the English-speakers who were familiar with the PN project were satisfied with its services<sup>11</sup>. In addition, results from the current evaluation showed that all interviewees from across the project stakeholder groups would recommend the PN project to English-speaking patients travelling to Quebec City for medical care, and many explained that they have already done so. Furthermore, during their interviews, some patients and regional health care providers spontaneously mentioned that they hope the PN services will continue to be offered in the future.



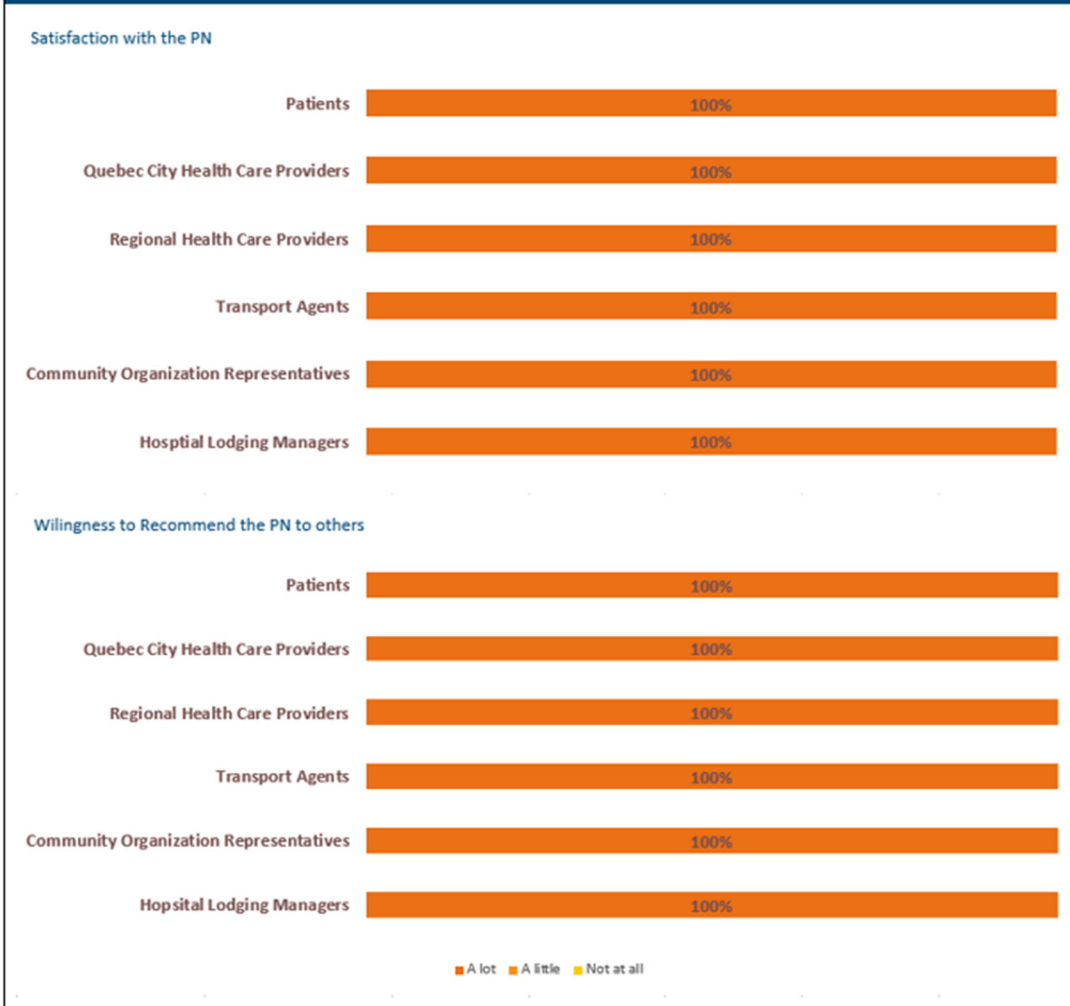
Given the high level of satisfaction with the PN project, it is not surprising that most suggestions offered by interviewees focused on supporting project growth, rather than on addressing project shortcomings.

<sup>10</sup> Richardson, M. (2015). *Inter-regional Access to Specialized Health and Social Services for English-speakers from Eastern Quebec*. CHSSN internal report: unpublished.

<sup>11</sup> Centre intégré de santé et de services sociaux de la Côte-Nord (2019). *Health services access survey*. Unpublished data (N. Bilodeau, personal communication, September 29, 2020).

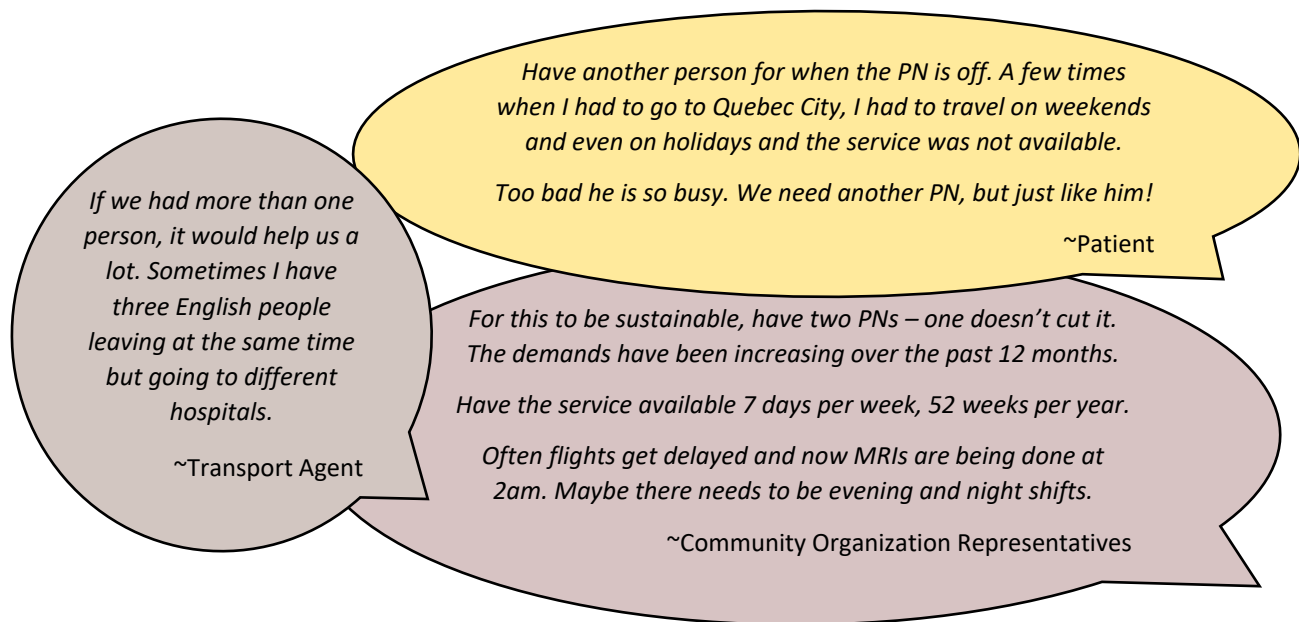


**All stakeholder groups were satisfied with the PN project and would recommend the PN to others.**



### Increase Capacity

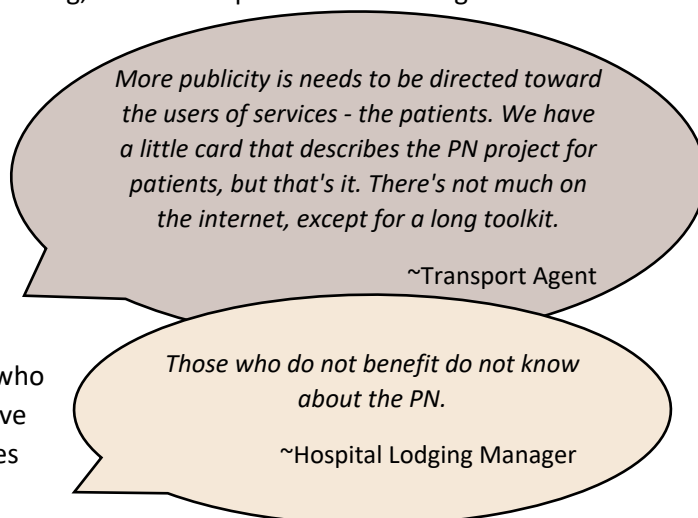
Across all the interviews conducted for this evaluation, the only negative aspect of the PN project that was mentioned by interviewees was that the PN is not always available when needed. When the project was first launched, the PN was paid to work 4 days per week and, since May 2019, he has been working full time. Despite this increase in hours, meeting patients’ growing demand for service has become increasingly challenging. For example, in light of the increased demand for service, the PN can no longer help patients on evenings and weekends, even though, at times, patients’ flights to Quebec City are scheduled for weekends and medical appointments are scheduled for weekday evenings. As another example, in an attempt to meet increasing demands for PN services, the QCHF has asked the PN to prioritize providing accompaniment in the hospital over providing transportation services, though every attempt is made to still provide requested transportation in at least one direction. Therefore, when asked how the PN project could be improved, patients, regional health care providers, transport agents, and community organization representatives all pointed to the need to increase PN capacity by adding a second PN and expanding the project’s hours of operation.



### Increase Awareness

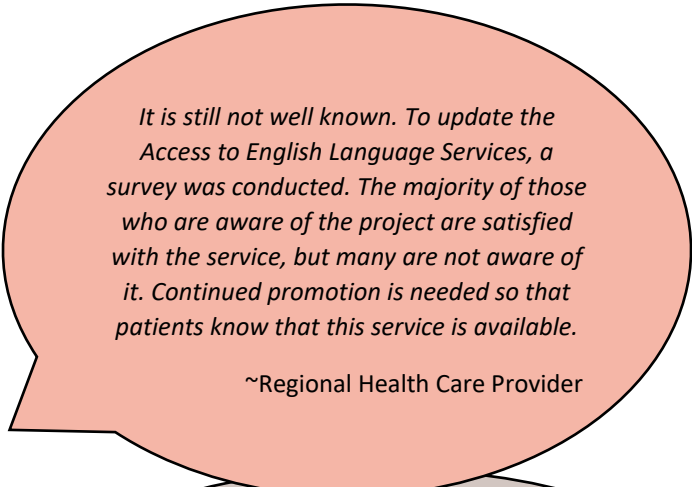
Another common recommendation offered by interviewees for improving the PN project and supporting its growth was to increase awareness of the existence of the project among English-speaking populations in the regions.

To date, only one study has examined the extent to which English-speakers are aware of PN services. Specifically, a health services access survey was conducted across the North Shore and Lower North Shore regions, and it was found that only a little over half (55%) of the English-speaking population is familiar with the PN project<sup>12</sup>. In line with this finding, health care providers in the regions and in Quebec City, as well as transport agents, community organization representatives, and hospital lodging managers interviewed for the current evaluation indicated that not enough English-speaking people from the regions are aware of the existence of the PN project when they travel to Quebec City for specialized medical services. As one hospital lodging manager commented based on her observations of the English-speaking patients who stay in her establishment, the patients who have benefited from the PN project are the only ones who know about it.



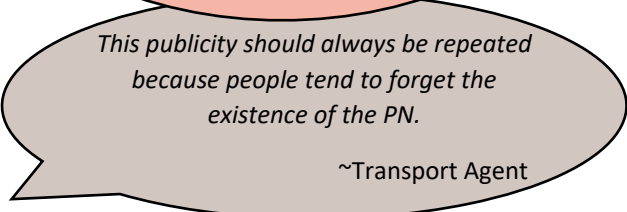
<sup>12</sup> Centre intégré de santé et de services sociaux de la Côte-Nord (2019). Health services access survey. Unpublished data (N. Bilodeau, personal communication, September 29, 2020).

Two paths were identified by interviewees for increasing awareness of the PN project among English-speaking populations in the regions. The first entails outreach efforts geared directly toward English-speaking populations. For example, in addition to the PN pamphlet and to the information that is already available online in the [Travel4Health](#) toolkit, information about the PN project could be communicated to English-speaking people through social media (e.g., Facebook), promotional clips on television, and local newspapers. In addition to practical information about how to access PN services and the types of services offered, promotional items could include testimonials from patients who used PN services and from their loved ones. Regardless of the means by which information about the PN project is communicated to English-speaking patients in the regions, several interviewees noted that it is important to send out the communications on an ongoing basis because people are likely to forget about the project's existence over time.



*It is still not well known. To update the Access to English Language Services, a survey was conducted. The majority of those who are aware of the project are satisfied with the service, but many are not aware of it. Continued promotion is needed so that patients know that this service is available.*

~Regional Health Care Provider

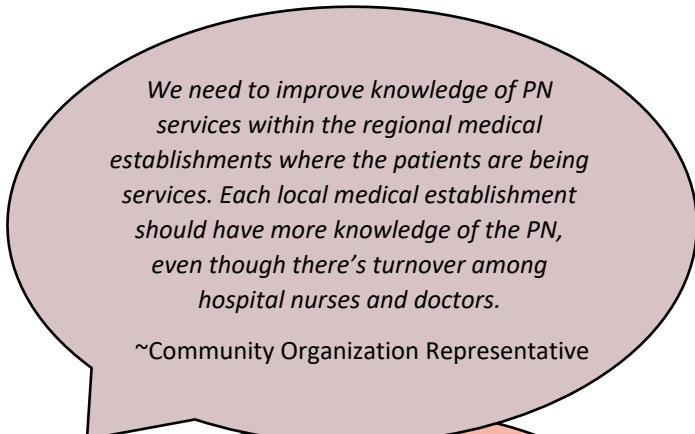


*This publicity should always be repeated because people tend to forget the existence of the PN.*

~Transport Agent

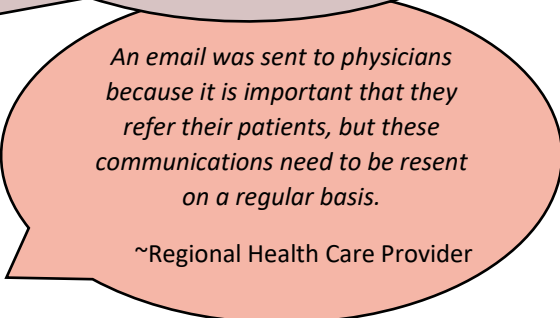
The second path toward increasing awareness of the PN project among English-speaking populations in the regions entails raising greater awareness of the project among regional health care providers, transport agents, and health care providers in Quebec City, so that they can then tell more patients about PN services.

In the regions, health care providers and community organization representatives spoke about the need to communicate information about the PN project to regional health care providers and transport agents on an ongoing basis in order to remind them to inform their patients of PN services and to raise awareness among new staff. As a case in point, the lack of PN project awareness that occurs over time in the absence of continuous communications was evidenced in the context of the interviewee recruitment process for this evaluation, during which efforts to identify a health care provider from the Magdalen Islands who is familiar with the PN project proved fruitless. In order to maintain awareness of the PN project over time, interviewees suggested that the continuous dissemination of information should be



*We need to improve knowledge of PN services within the regional medical establishments where the patients are being services. Each local medical establishment should have more knowledge of the PN, even though there's turnover among hospital nurses and doctors.*

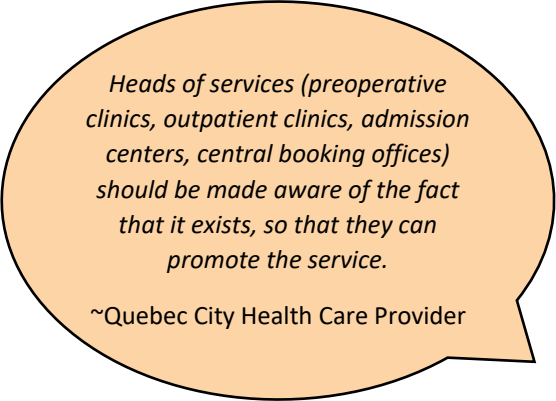
~Community Organization Representative



*An email was sent to physicians because it is important that they refer their patients, but these communications need to be resent on a regular basis.*

~Regional Health Care Provider

undertaken by both community organizations and regional CISSS, perhaps through periodic email and social media communications, as well as through the ongoing and wide-spread distribution of pamphlets and brochures.



*Heads of services (preoperative clinics, outpatient clinics, admission centers, central booking offices) should be made aware of the fact that it exists, so that they can promote the service.*

~Quebec City Health Care Provider

In Quebec City, a 2019 survey revealed that only 2% of managers across the CHU (including heads of services and heads of units) thought their personnel know about the PN project.<sup>13</sup> In light of this finding, it is not surprising that Quebec City health care providers who were interviewed for this evaluation spoke about the need better disseminate information about the PN project among their colleagues. In particular, they suggested that awareness-raising efforts be directed at heads of services, so that they can ensure that their staff pass along information about PN services to English-speaking patients from the regions.

### Secure Sustainable Funding

Implementation of the two suggestions above, increasing capacity and increasing awareness, would likely require additional human and financial resources. However, increasing the PN project budget may not be possible given that the stability of the current budget is already in question. Since the launch of the PN project, it has been financed by funds pieced together from a number of regional associations, regional community foundations, and foundations in Quebec City, as well as by Health Canada's Official Language Health Program funds and by a publicly funded health establishment in Quebec City. As community organization representatives and transport agents explained during their interviews, the PN project is so important to their communities that they fundraise within their communities and coordinate with other organizations across regions to be able to offer the service to their English-speaking patients.

In light of the high satisfaction with the PN project and the piecemeal manner in which funding for the PN project has been obtained to date, several interviewees (including community organization representatives, regional health care providers, and health care providers in Quebec City) spoke to the necessity of securing a permanent funding source for the project. In terms of what this permanent funding source should be, most interviewees who addressed this topic suggested that the provincial government would be best suited to fund the PN project on an ongoing basis, including funding for all PN project operational, administrative, and managerial costs (approximately \$95K per year). More specifically, given that healthcare falls under provincial jurisdiction, interviewees frequently indicated that the Minister for Health and Social Services should provide permanent funding for the PN project. However, others indicated that the provincial government's Secretariat for Relations with English-speaking Quebecers might also be an appropriate source of funding.

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<sup>13</sup> CHU de Québec – Université Laval (2019). *Accessibilité des services du CHU en langue anglaise : Portrait des pratiques actuelles*. Sondage interne: non publié.

*The project is funded through a number of foundations, with support from the federal government. The provincial government should be more involved in subsidizing this program. Let's hope it will become a permanent feature, not just a project.*

~Regional Health Care Provider

*We need stable funding to make sure that this program remains cemented into the CHSSN's activities.*

*We should not have to find funding every year for the PN project. It should be built into the system.*

~Community Organization Representatives

### Improve Performance Measurement

The only other suggestion for improving the PN project offered by interviewees and, in particular, by community organization representatives, was to improve the way that project performance is measured and disseminated. With respect to performance measurement, an interviewee proposed that systematically administering a post-service questionnaire to patients after they have used PN services would allow for a more complete and accurate understanding of the impact of the PN project as it is perceived by patients. With respect to the dissemination of performance measurement information, another community organization representative noted that no statistics about PN project had been shared with those community organizations that fund the PN project in over a year. Having systematic access to data about project use would be helpful for identifying gaps in PN use and knowing when further promotion of the PN project is needed in certain regions.

*Create a measurement tool to better understand some of the questions about the project, like the types of English language services that patients learned about from the PN. A post-service questionnaire for patients would be helpful, when they just get back and while it is still fresh in their minds.*

*In the past year, there have not been any statistics given back to us [community organisations] about how many people were provided with service. Having these stats at quarterly intervals would be useful, including seeing what region the users are coming from. As a contributor to the project, this would help us to know if we are getting the word out there through the promotion that we are doing, or if we need to do more promotion.*

~Community Organization Representatives

## 4. Conclusion

The findings stemming from this evaluation demonstrate that, overall, the PN project has been implemented as planned and that it has successfully achieved its expected outcomes (see Appendix D).

### Implementation of PN Project

In response to English-speaking patients' needs for support during their travels from Eastern Quebec to Quebec City for specialized health care services, the PN provides patients with information about travel logistics, information about the health care system, transportation to and from the hospital, guidance getting to where they need to go inside the hospital, and help communicating with health care providers. Furthermore, the PN provides patients with emotional support and, if needed, spends time with them in the hospital when their loved ones cannot be there. Though medical interpretation services are the responsibility of the Quebec health care system and therefore are not included in the PN project's theory of change, the PN will on occasion help patients and their health care providers understand one another when no interpreter has been provided by the hospital and when not helping with interpretation would put the patients' health at risk. In addition to providing English-speaking patients from the regions with direct support, the PN also advocates on their behalf for improved access to English language services through his participation in the *Comité pour l'amélioration des CISSS en langue anglaise du CHU de Québec*, as well as through his daily interactions with the health care providers of the patients he accompanies. Indeed, it is thanks to the PN's advocacy that the I.U.C.P.Q. decided to conduct a survey of English-speaking patients from the regions to better understand the challenges they face when travelling to Quebec City for medical care.

### Achievement of Expected Outcomes

With respect to the PN project's expected outcomes, English-speaking patients who use PN services are better able to access the travel, health care, and medical information that they need in English. Furthermore, the transportation and communication services provided by the PN help to reduce English-speaking patients' anxiety about travelling to Quebec City and receiving specialized medical care. Consequently, the PN greatly improves English-speaking patients' overall experience of being in an unfamiliar city and in an unfamiliar hospital where French is the predominant language, as evidenced both by patients' own testimonies and by a reduction in the extent to which regional health care providers, transport agents, and community organizations are called upon to address problems associated with English-speaking patients travelling to Quebec City for medical care. Indeed, with respect to the PN's impact on English-speaking patients, the only expected outcome that was not achieved pertained to raising patients' awareness of existing English-language health care services, likely due to the paucity of English language services available to patients in Quebec City.

The evaluation also showed that patients are not the only ones who benefit from the PN's services. According to the health care providers from Quebec City and from the regions who were interviewed for this evaluation, their own experiences of working with English-speaking patients are improved when these patients receive support from the PN. Also, several Quebec City and regional health care providers, as well as some transport agents, indicated that the PN has successfully raised their awareness of existing English language health care services, such as the availability of interpretation services for English-speaking patients and of medical document translation services. Furthermore,

health care providers and transport agents reported that the PN project has increased their awareness of the need to ensure that English-speaking patients are provided with English language services.

As a result of the needed services that the PN provides to English-speaking patients, of the PN's advocacy role on behalf of English-speaking patients, and of the positive effects of each of these on English-speaking patients' experiences traveling to Quebec City and receiving medical care, the PN project has improved English-speaking patients' access to English language services among those patients who use PN services. Furthermore, according to interviewees for this evaluation, use of PN services results in improved health outcomes for English-speaking patients. For example, not only do the decreased stress levels experienced by patients who use PN services lead to positive health outcomes in and of themselves, but they also encourage patients who might have otherwise refused treatment to find the courage needed to travel to Quebec City for specialized medical services.

### Unintended Outcomes of the PN Project

One of the PN project's unanticipated positive outcomes is that, when the PN helps patients and their health care providers better understand one another, misunderstandings between them are reduced, which leads to increased patient compliance with physicians' directions and to improved continuity of care provided by regional health care providers. A second unanticipated benefit of the PN project is that it saves costs both for the regional CISSS and for patients travelling from the regions to Quebec City. More specifically, thanks to the PN project, the regional CISSS no longer need to provide as many travel escorts to accompany patients for mental health reasons. In addition, PN services allow patients to save money on taxis while in Quebec City. Being able to rely on the PN's accompaniment has also reduced families' need to spend money on sending a travel companion to accompany their loved one during their trip to Quebec City for medical care.

### Summary and Proposed Changes to Support Project Growth

As a whole, evaluative evidence shows that the PN project is very successful. As indicated by interviewees for this evaluation, due to the breadth and quality of support services provided by the PN, the experiences of English-speaking patients traveling to Quebec City for medical care are greatly improved because the PN provides them with needed travel and health-related information in English, practical help getting around the City and around the hospital, and emotional support. Consequently, PN services reduce English-speaking patients' levels of stress, increase their access to English health services, and result in optimized patient health outcomes. Moreover, the PN project successfully raises awareness among health care professionals about the need to offer English-language health care services and about the availability of existing services. However, the beneficial effects of PN services are only experienced by those who are familiar with the PN project, and what little data are available suggest that only some English-speaking patients and even fewer health care professionals are aware of the existence of the project.

Based on the evaluation findings, the following recommendations are proposed to support project growth.

1. **Increase awareness of the PN project among Quebec City and regional health care providers:** By raising awareness of the PN project among a larger number of health care providers, not only are more health care providers likely to gain an appreciation of the need for and availability of

English language services, but they are also better positioned to refer English-speaking patients to the PN. In Quebec City, outreach efforts could include distributing pamphlets and delivering presentation about the PN project to heads of services in the hospital departments most frequented by patients who use PN services, with the expressed intent that this information should then be disseminated among hospital staff. In the regions, additional outreach efforts targeted specifically at health care providers and transportation agents could include, for example, PN-related posters, emails, and social media communications. In light of staff turnover, efforts to raise health care providers' awareness of the existence of the PN project in both Quebec City and the regions should be undertaken on an ongoing basis.

2. **Increase awareness of the PN project among English-speaking patients residing in the regions serviced by the project:** Only those English-speaking patients who are aware of the existence of the PN project can benefit from its services, and interviewees for this evaluation indicated that not enough people know about project. Therefore, in addition to informing health care providers about the benefits of referring English-speaking patients to the PN project, greater outreach efforts could also be directed at patients, potential patients, and their loved ones. Based on the low rates of PN service use by residents from Bas-St-Laurent and North Shore (0% and 2%, respectively), awareness-raising efforts should be ramped up in these regions. In addition, residents from Gaspésie and Magdalen Islands, and even those from the Lower North Shore who have the highest PN usage rates, would benefit from greater awareness of the PN project.

Currently, information for patients about the PN project is available online in the [Travel4Health](#) toolkit, as well as through pamphlets distributed by community organizations and regional transport agents. To reach a greater proportion of English-speaking people, information about the PN project could also be disseminated through social media postings, community organization and CISSS webpages, promotional clips on television, and local newspaper articles. Like with the awareness-raising efforts geared toward health care providers, those geared toward patients should be carried out on an ongoing basis to prevent people from forgetting about the existence of the PN project when the times comes for them to have to travel to Quebec City for medical care.

3. **Increase PN project capacity:** Demand for PN services has increased steadily since the project began in 2018. Despite having increased the number of days that the PN works per week from four to five, he regularly encounters challenges meeting the high level of requests for service, including request for support on evenings and weekends due to the scheduling of patients' flights and/or medical appointments outside of regular business hours. To better meet English-speaking patients' needs for PN services, additional PN project funding should be sought that allows for a second PN and expanded hours of operation.
4. **Provide the PN with training in medical interpretation:** At times, the PN is faced with a situation in which a patient does not understand what their health care provider is trying to communicate (or vice versa), no interpreter has been provided by the hospital, and the health risks associated with not helping the patient and their health care provider understand one another are high. Though medical interpretation falls within the purview of the provincial health care system, the PN should be provided with medical interpretation training to better equip him for navigating these situations, as well as with accompanying privacy and confidentiality training. Furthermore, to avoid duplication of the medical interpretation services that fall within



the purview of the provincial government, the circumstances under which the PN is expected and not expected to facilitate communication between patients and their health care provider should be clearly defined.

5. **Implement a PN project performance measurement strategy:** For the sake of accountability to project funders as well as to facilitate evidence-based project improvement, the PN project would benefit from developing and implementing a performance measurement strategy that outlines how, when, and by whom performance data will be systematically collected, stored, and reported upon. Collecting performance data on an ongoing basis (e.g., through the administration of post-service questionnaires for patients and through the compilation of PN activity files that are conducive to subsequent data analyses) would allow for a clear and timely understanding of English-speaking patients' evolving needs for support when they travel to Quebec City and of the PN's capacity for meeting these needs. Dissemination of performance information at regular intervals would also allow partnering community organization to identify and respond to emerging challenges in their regions in a timely manner. To monitor the PN project's performance in a relevant and useful manner, this performance measurement strategy should be grounded in the PN project's theory of change (revised over time as needed) and should include performance indicators and data sources that are linked with the logic model's components.

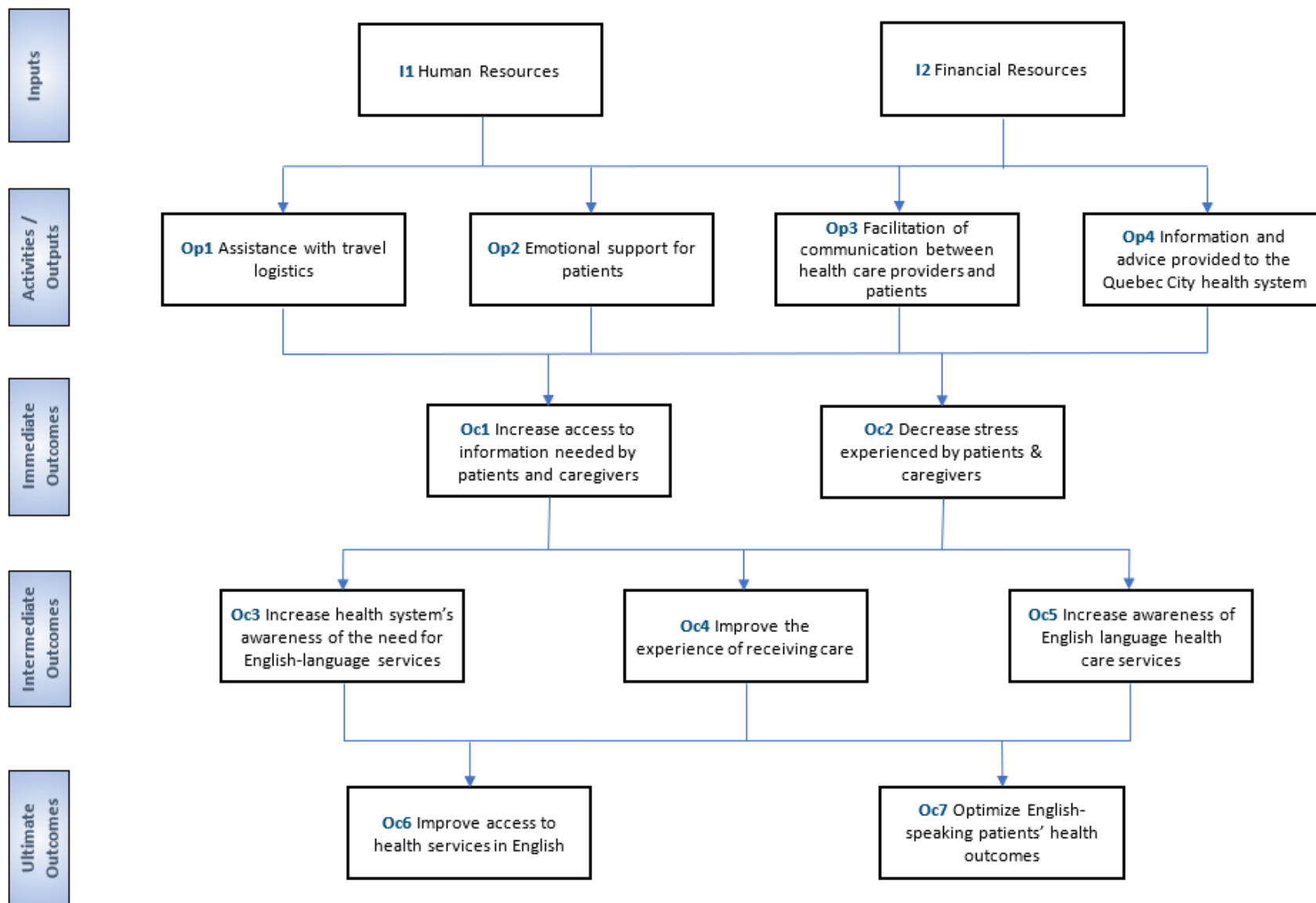
The development and implementation of a performance measurement strategy may also pave the way for further inquiry into questions about the PN project that were outside of the scope of the current evaluation.

- Performance information could be collected about the impact of the PN project on the loved ones of English-speaking patients who use PN services, as well as, if applicable, on patients' travel companions to Quebec City for medical care. For example, questions could be addressed such as: to what extent do PN services provide loved ones and travel companions with better access to needed travel and health care information in English, and are their levels of stress reduced thanks to PN services?
- In collaboration with regional CISSS' access, the performance measurement strategy could plan for measuring changes over time in the proportion of regional health care providers who are familiar with the PN project, as well as the proportion of English-speaking people in each of the regions who have heard of the PN. This information might shed light on why use of PN services is infrequent (or non-existent) in the North Shore and Bas-St-Laurent regions.
- Understanding regional public opinions about the PN project may also provide insights into whether there are English-speaking patients or their loved ones from the regions serviced by the PN project who prefer not to use this service. If so, survey data could be used to understand what their concerns about the PN project are and in what ways their needs could be better served when they have to travel to Quebec City to receive specialized medical services.

Arguably the most crucial change that could be introduced to support both maintenance and growth of the PN project would be to **secure sustainable project funding through a permanent funding source**. Currently, the PN project is funded in a piecemeal manner through the collaborative efforts of regional associations, regional community foundations, and foundations in Quebec City, as well as by Health

Canada's Official Language Health Program funds and by a publicly funded health establishment in Quebec City. Given that health care falls under the jurisdiction of the provincial government and in light of the evidence-based success of the PN project in addressing the needs English-speaking patients travelling to Quebec City for medical care, the Quebec government would be a logical source of ongoing PN project funding. However, the introduction of this change in project funding has not been listed above, among the evaluation's formal recommendations, because securing permanent provincial funding does not lie solely within the control of the QCHF and its PN partners.

## Appendix A: Patient Navigator Logic Model



## Appendix B: Patient Navigator Logic Model Narrative

### Overview

The Patient Navigator (PN) project provides in-person support to English-speaking patients travelling to Quebec City for specialized health care services, in the form of information, orientation, local transportation, emotional support, and more, as needed.

The PN logic model illustrates the results that the project is expected to achieve and how it goes about doing so. The logic model is read from the top to the bottom of the page, beginning with the resources invested in the program (inputs), followed by the activities that are carried out using these inputs and the products and services produced (activities/outputs), and then leading to the results that are expected to occur as a result of the production of outputs (outcomes). Three levels of outcomes (immediate, intermediate, and ultimate) depict the logical progression of the changes that are expected to occur over time.

The arrows show how each component of the logic model (i.e., the boxes) is expected to influence one or more other components. The direction of the arrows in the PN logic model illustrate an interconnectedness between all the components at one level (e.g., activities/outputs) with all the components at the next level (e.g., immediate outcomes), indicating that the project's expected outcomes result holistically from a combination of the project's activities and outputs.

### Inputs

Inputs are the financial and non-financial resources used to carry out activities. The PN project's inputs are:

1. Human resources (I1): These non-financial resources include project staff (i.e., the PN and the QCHF Executive Director), executive directors and staff from regional associations and community organizations, and, beginning soon, volunteers.
2. Financial resources (I2): Project funds are used to purchase cell phone service and transportation for the PN.

### Activities/Outputs

Activities are the actions undertaken, using the inputs, to produce outputs. In turn, outputs are the direct products and services generated from program activities. Because the activities undertaken by the PN project are very closely linked with the outputs they produced, they are presented together.

1. Assistance with travel logistics (Op1): The PN provides English-speaking patients and their caregivers travelling to Quebec City with information about the city and the hospital (e.g., websites, tool kits), provides transportation within Quebec City, suggests accommodations, provides referrals to community organizations in Quebec City that offer transportation and lodging, and advocates on patients' behalf with CISSS medical transport agents.
2. Emotional support for patients (Op2): The PN visits with patients and family members while they are in Quebec City, stands in for family members so that vulnerable and unilingual patients

are not left alone, and provides emotional support as patients deal with fear, loneliness, and being overwhelmed by their health care situations.

3. Facilitation of communication between health care providers and patients (Op3): The PN facilitates the provision of health services by ensuring good communication between health care providers (e.g., front-line staff, nurses, and doctors) and patients who have travelled to Quebec City, requesting translated patient care materials, sensitizing health care providers to the realities of English-speaking patients from outside of Quebec City and providing them with cultural context, and flagging language-related issues that arise in the different health care institutions.
4. Information and advice provided to the Quebec City health system (Op4): Through participation on Quebec City health system committees, the PN provides information on the realities of English-speaking patients travelling to Quebec City and provides advice on how to improve English language health services for these patients. This is a new project activity introduced in response to a request from the CHU de Québec, who recognized the value-added of the PN and asked him to sit on the *Comité pour l'amélioration des services de santé et des services sociaux en langue anglaise*.

### Immediate outcomes

Immediate outcomes are those that are directly attributable to the outputs delivered. In terms of timeframe, these are short-term outcomes.

1. Increase access to information needed by patients and caregivers (Oc1): Patients and their caregivers have more access to correct and sufficient information, provided to them in English about the health care system and travel logistics.
2. Decrease stress experienced by patients and caregivers (Oc2): Patients' and caregivers' levels of stress are reduced as a result of the PN's interventions.

### Intermediate Outcomes

Intermediate outcomes are those that are logically expected to occur once one or more immediate outcomes have been achieved.

1. Increase health system's awareness of the need for English-language services (Oc3): Staff and health services providers across Quebec City's health system are more aware of the need to provide English-speaking patients with English-language services.
2. Improve the experience of receiving care (Oc4): The experience of receiving care out of region and/or in an unfamiliar hospital and city is improved for everyone involved, including patients, family members, and health care providers.
3. Increase awareness of English language health care services (Oc5): Health care providers, community organizations, and English-speaking patients are more aware of existing English language health care services.

## Ultimate Outcome

Ultimate outcomes are the highest-level outcomes that can be reasonably attributed to a program once one or more intermediate outcomes having been achieved. Though the PN projects' ultimate outcomes are expected to benefit English-speaking patients travelling to Quebec City for specialized health care services, it is likely that English-speaking residents of Quebec City would also benefit from them.

1. Improve access to health services in English (Oc6): English-speaking patients travelling to Quebec City are better able to access health services in English and get increased support for their travel (e.g., logistical support, financial compensation).
2. Optimize English-speaking patients' health outcomes (Oc7): English-speaking patients travelling to Quebec City for health services experience optimal health outcomes that are not hindered by language.

## Appendix C: Evaluation Framework

Evaluation Question	Indicator	Method
<b>OUTPUTS</b>		
<b>1. Have the PN project's outputs been implemented as planned?</b>		
To what extent and to whom have PN services been provided?	<ul style="list-style-type: none"> <li>- # of patients served</li> <li>- Patient demographics (age, gender, region, language spoken)</li> <li>- Means by which patients were initially referred to the PN</li> <li>- # of times using PN services (i.e., # of PN interventions) per patient, since the start of the project</li> <li>- total # of PN interventions, since the start of the project</li> </ul>	Client intake forms
In what ways has assistance with travel been provided to English-speaking patients and their caregivers travelling to Quebec City? ( <b>Op1</b> ) <sup>14</sup>	<ul style="list-style-type: none"> <li>- % of patients for whom their first use of PN services was their first time in Quebec City</li> <li>- % of PN interventions for which the patient was accompanied by a travel companion</li> <li>- Type of transportation used by patients, across all PN interventions</li> <li>- % of patients who needed to be picked up upon arrival in Quebec City, across all PN interventions</li> <li>- Reasons for hospital visits, across all PN interventions</li> <li>- Hospitals visited, across all PN interventions</li> </ul>	Client intake forms
	<ul style="list-style-type: none"> <li>- Types of PN travel assistance provided (i.e., preparing to go to Quebec City and to return home, finding information on the health system, finding information on logistics, getting to and from the hospital)</li> <li>- Reasons for hospital visits, according to patient interviewees</li> </ul>	Interviews with patients

<sup>14</sup> The codes in parentheses (e.g., “Op1”) show the link between the evaluation questions and the PN logic model components.

Evaluation Question	Indicator	Method
	- Types of PN travel assistance provided	Interviews with transport agents and coordinators
	- Types of PN travel assistance provided	Interviews with hospital lodging managers
	- Types of PN travel assistance provided	Interviews with community organizations
To what extent do patients perceive that the PN provided them with emotional support? (Op2)	<ul style="list-style-type: none"> <li>- % of patients who report that the PN provided or helped them access emotional support</li> <li>- % of patients who report that the PN stayed with them when family could not</li> </ul>	Interviews with patients
To what extent has the PN facilitated communication between health care providers and patients? (Op3)	<ul style="list-style-type: none"> <li>-</li> <li>- % of patients who report receiving PN assistance to communicate with healthcare staff</li> <li>- % of patients who report receiving PN assistance to access written medical information in English</li> <li>- % of health care providers who report receiving PN assistance to communicate with patients</li> <li>- Ways in which the PN facilitates communication between health care providers and patients</li> <li>- % of regional health care providers who have been made aware of evidence that the PN has facilitated communications between health care providers and patients</li> <li>- Ways in which the PN facilitates communication between health care providers and patients</li> </ul>	<p>Client intake form</p> <p>Interviews with patients</p> <p>Interviews with health care providers in Quebec City</p> <p>Interviews with regional health care providers</p>
In what ways has the PN provided information and advice to the Quebec City health system about English-speaking patients travelling to Quebec City? (Op4)	<ul style="list-style-type: none"> <li>- PN participation on health systems committee, including a description of the PN's contributions to the committee and the number of committee meetings per year</li> <li>- Perceived contribution of the PN navigator to the current health systems committee</li> </ul>	<p>Administrative data</p> <p>Interview with a health care provider in Quebec City who sits on the <i>Comité pour l'amélioration des services de santé et des services sociaux en langue anglaise</i></p>



Evaluation Question	Indicator	Method
	- Proportion of regional action plans and their associated improvement plans that include the PN project	Document review
<b>2. What changes to the project's implementation would support project growth?</b>		
What changes to the project's implementation would support project growth, according to health care providers and community organizations?	- Suggested project changes that would support the growth of the PN project	Interviews with health care providers in Quebec City
	- Suggested project changes that would support the growth of the PN project	Interviews with regional health care providers
	- Suggested project changes that would support the growth of the PN project	Interviews with transport agents and coordinators
	- Suggested project changes that would support the growth of the PN project	Interviews with hospital lodging managers
	- Suggested project changes that would support the growth of the PN project	Interviews with community organizations
<b>IMMEDIATE OUTCOMES</b>		
<b>3. To what extent has the PN project achieved its immediate, intermediate, and ultimate expected outcomes?</b>		
Has access to information needed by patients and their caregivers increased? <b>(Oc1)</b>	- Extent to which, because of the PN's services, patients had better access to needed information (e.g., travel information, information about the health care system, and medical information) in English, both verbally and in writing	Interviews with patients
Have patients and caregivers' experiences of stress decreased? <b>(Oc2)</b>	- Extent to which patients felt comfortable with the PN - Extent to which the PN helped make the experience less stressful for patients	Interviews with patients
	- Extent to which the PN helps make the travel to and from Quebec City less stressful for patients	Interviews with transport agents and coordinators
	- Extent to which the PN helps make the travel to and from Quebec City less stressful for patients	Interviews with hospital lodging managers

Evaluation Question	Indicator	Method
<b>INTERMEDIATE OUTCOMES</b>		
Has there been an increase in the health system's awareness of the need for English-language services? <b>(Oc3)</b>	- Extent to which the PN has helped health care providers become more aware of the need to provide English-speaking patients with English language services	Interviews with health care providers in Quebec City
	- Extent to which the PN has helped health care providers become more aware of the need to provide English-speaking patients with English language services	Interviews with regional health care providers
	- Extent to which the PN has helped regional transport agents and managers become more aware of the need to provide English-speaking patients with English language services	Interviews with transport agents and coordinators
	- Extent to which the PN has helped health care providers become more aware of the need to provide English-speaking patients with English language services	Interviews with community organizations
Have patients' experiences of receiving care out of region and/or in an unfamiliar hospital and city improve? <b>(Oc4)</b>	- Extent to which patients' overall experience of travelling to and from Quebec City and of receiving medical care was improved by the PN	Interviews with patients
	- Since the start of the PN project, reduction in the extent to which regional health care providers are called upon to address problems associated with English-speaking patients and their caregivers travelling to Quebec City for specialized medical services	Interviews with regional health care providers
	- Since the start of the PN project, reduction in the extent to which regional transport agents and managers are called upon to address problems associated with English-speaking patients and their caregivers travelling to Quebec City for specialized medical services	Interviews with transport agents and coordinators
	- Since the start of the PN project, reduction in the extent to which community organizations are called upon to address problems associated with English-speaking patients and their caregivers travelling to Quebec City for specialized	Interviews with community organizations

Evaluation Question	Indicator	Method
	medical services	
Has awareness of existing English language health care services increased? (Oc5)	- Extent to which awareness of existing English language health care services has increased as a result of the PN project	Interviews with patients
	- Extent to which awareness of existing English language health care services has increased as a result of the PN project	Interviews with health care providers in Quebec City
	- Extent to which awareness of existing English language health care services has increased as a result of the PN project	Interviews with regional health care providers
	- Extent to which awareness of existing English language health care services has increased as a result of the PN project	Interviews with transport agents and coordinators
	- Extent to which awareness of existing English language health care services has increased as a result of the PN project	Interviews with community organizations
<b>ULTIMATE OUTCOMES</b>		
Do English-speaking patients have improved access to health services in English? (Oc6)	- Extent to which English-speaking patients' access to health services in English has increased as a result of the PN project	Interviews with patients
	- Extent to which English-speaking patients' access to health services in English has increased as a result of the PN project	Interviews with health care providers in Quebec City
	- Extent to which English-speaking patients' access to health services in English has increased as a result of the PN project	Interviews with regional health care providers
	- Extent to which English-speaking patients' access to health services in English has increased as a result of the PN project	Interviews with community organizations
Have health outcomes improved for English-speaking patients? (Oc7)	- Extent to which patients perceive that the use of PN services had an impact on their health	Interviews with patients

Evaluation Question	Indicator	Method
	- Extent to which health care providers perceive that health outcomes have improved for English-speaking patients	Interviews with health care providers in Quebec City
	- Extent to which health care providers perceive that health outcomes have improved for English-speaking patients	Interviews with regional health care providers
	- Extent to which community organizations perceive that health outcomes have improved for English-speaking patients	Interviews with community organizations
<b>UNINTENDED OUTCOMES</b>		
<b>4. Has the project resulted in favorable and/or unfavorable unintended outcomes for English-speaking patients travelling to Quebec City, for health care providers, or for local community organizations?</b>		
Has the project resulted in favorable and/or unfavorable unintended outcomes?	- Other project outcomes (positive or negative)	Interviews with patients
	- Other project outcomes (positive or negative)	Interviews with health care providers in Quebec City
	- Other project outcomes (positive or negative)	Interviews with regional health care providers
	- Other project outcomes (positive or negative)	Interviews with transport agents and coordinators
	- Other project outcomes (positive or negative)	Interview with hospital lodging managers
	- Other project outcomes (positive or negative)	Interviews with community organizations
<b>OVERALL SATISFACTION</b>		
Overall, how satisfied are stakeholders with the PN project?	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to friends - Additional comments that will help improve PN project	Interviews with patients
	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to English-speaking patients who travel to Quebec City for specialized health care services	Interviews with health care providers in Quebec City

Evaluation Question	Indicator	Method
	- Additional comments that will help improve PN project	
	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to English-speaking patients who travel to Quebec City for specialized health care services - Additional comments that will help improve PN project	Interviews with regional health care providers
	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to English-speaking patients who travel to Quebec City for specialized health care services - Additional comments that will help improve PN project	Interviews with transport agents and coordinators
	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to English-speaking patients who travel to Quebec City for specialized health care services - Additional comments that will help improve PN project	Interview with hospital lodging managers
	- Extent of satisfaction with the PN project as a whole - Willingness to recommend the PN to English-speaking patients who travel to Quebec City for specialized health care services - Additional comments that will help improve PN project	Interviews with community organizations

Appendix D: Evaluation Results at a Glance as per the Patient Navigator Logic Model

