

The background features a dark blue gradient with a subtle starfield. On the left side, there are several circular navigation elements. A large, semi-circular scale is visible, with numerical markings from 140 to 260 in increments of 10. The scale is oriented vertically, with 140 at the top and 260 at the bottom. Several smaller circular elements, some with arrows, are scattered across the background, suggesting a theme of navigation or movement.

HOW CAN NAVIGATION SERVICES HELP YOUR PATIENT?

ANDREA AGOSTINHO MD CCFP

FRIDAYS AT THE UNIVERSITY

JANUARY 12, 2018

Disclosures

- **Speaker's name: Dr. Andrea Agostinho**
- **Relationships with commercial interests:**
 - **Grants/Research Support: none**
 - **Speakers Bureau/Honoraria: none**
 - **Consulting Fees: none**
 - **Other: none**

Mitigating Potential Bias

- Not Applicable

Objectives

- Illustrate scenarios where Navigation Services was helpful to the primary care practice clinician

Cases

Patient A

- 71yo female
- 2 weeks of frequency and suprapubic discomfort, no dysuria
- Went to WIC, Rx for Ciprofloxacin for presumed UTI
- Describes menstrual-like cramps radiating to back
- Has BM daily, Bristol 3-4
- No N&V or vaginal bleeding
- No 'B symptoms'
- PMHx - tubal ligation in 1980s

Patient B

Cases

Patient A

- Indistinct mass to LLQ, <5cm and tender to palpation
- Repeat urinalysis + culture were negative
- Abdominal Xray normal, radiology recommended CT
- CT abdomen/pelvis ordered

Patient B

Cases

Patient A

- CT abdo/pelvis is scheduled for 6 weeks later

Patient B

Cases

Patient A

- 71yo female
- 2 weeks of frequency and suprapubic discomfort, no dysuria
- Went to WIC, Rx for Ciprofloxacin for presumed UTI
- Describes menstrual-like cramps radiating to back
- Has BM daily, Bristol 3-4
- No N&V or vaginal bleeding
- No 'B symptoms'
- PMHx - tubal ligation in 1980s

Patient B

- 75yo female
- Fatigue, pain to multiple joints
- Blood per vagina, 1 pad/day for 2-3 days
- 3 D&Cs in the past for same, normal endometrial bx in 2015
- Occasional diarrhea
- Intermittent night sweats for past 2 years, no weight loss
- PMHx colon polyps on colonoscopy 3-4 years ago, thickening of intestine

Cases

Patient A

- Indistinct mass to LLQ, <5cm and tender to palpation
- Repeat urinalysis + culture were negative
- Abdominal Xray normal, radiology recommended CT
- CT abdomen/pelvis ordered

Patient B

- Normal PE and bloodwork
- Urinalysis revealed UTI, treated with Septra
- Referral to gynecology sent
- CT abdomen/pelvis ordered
- Referral to navigation services

Cases

Patient A

- CT abdo/pelvis is scheduled for 6 weeks later

Patient B

- CT abdo/pelvis is scheduled for 3 weeks later
- Gynecology referral seen in timely manner
- Suggestions for further staging work-up

Cases

Patient A

- Difficulty moving up the CT scan appointment
- Informal discussion with Nurse Navigator

Patient B

- CT demonstrated thickened wall of mid-ascending colon
- Request for colonoscopy sent to central intake

Cases

Patient C

- 76yo female
- PMHx bronchiectasis
- Frequently requires Prednisone
- Cough 5 weeks with recent hemoptysis
- CXR demonstrates ill-defined opacities and a pulmonary nodule + 2 new vertebral fractures
- Tx with Abx and repeat CXR 6 weeks later
- Markings persist + cystic change
- Request a CT chest and refer to Navigation services

Cases

Patient C

- CT Chest demonstrates severe cystic bronchiectasis, no lymph nodes, cannot r/o lung necrosis

Cases

Patient C

- CT Chest demonstrates severe cystic bronchiectasis, no lymph nodes, cannot r/o lung necrosis
- “CT Chest was reviewed by our FPO”, no further investigation is necessary

TAKE AWAY POINTS

- Follow-up
- Psychological support
- Resources