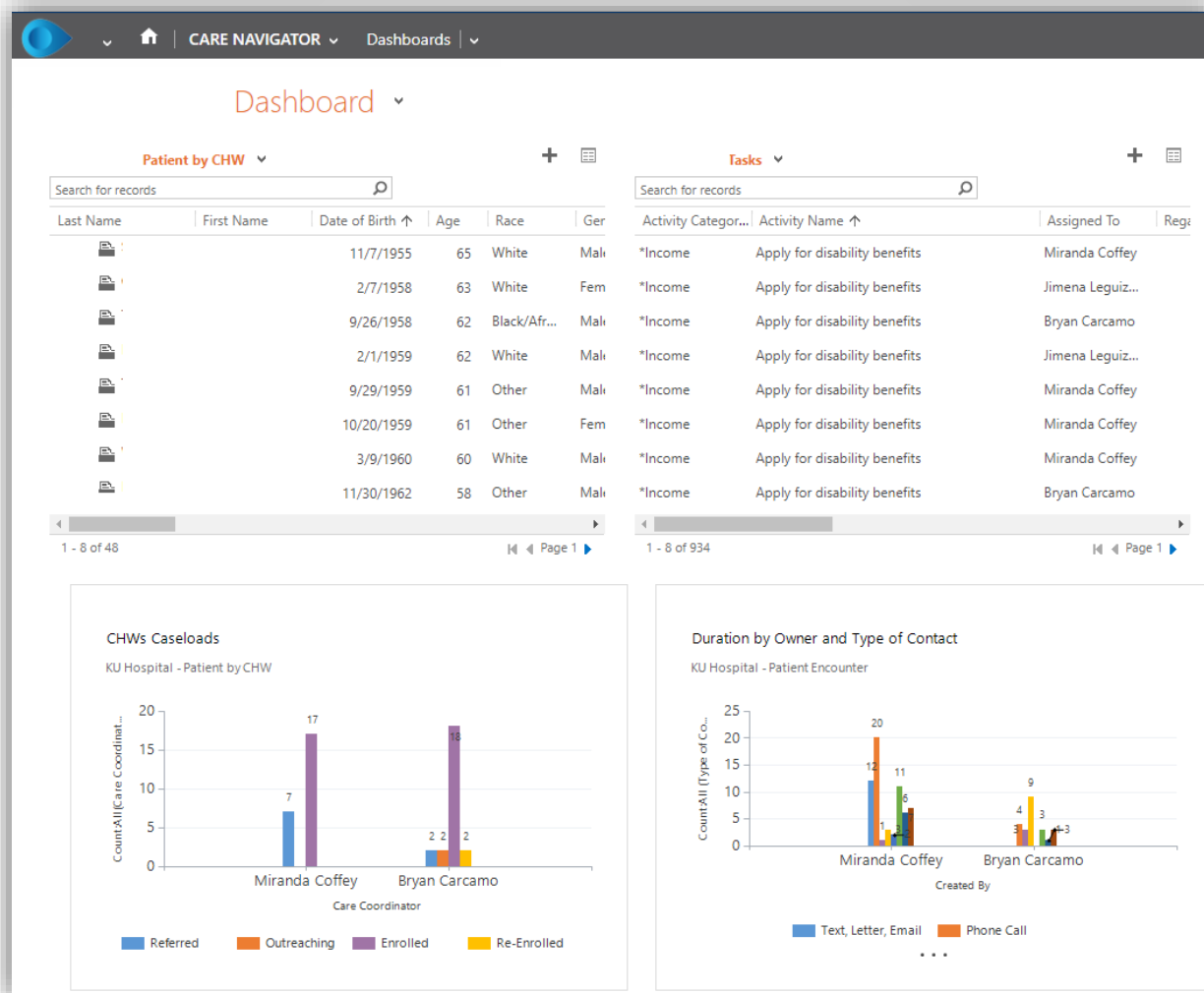


Care Navigator Overview

Dashboard

Once you log in on Care Navigator you will access your Dashboard.

Your Dashboard has different views, such as Patients, Encounters, Tasks, Charts, etc.



Views

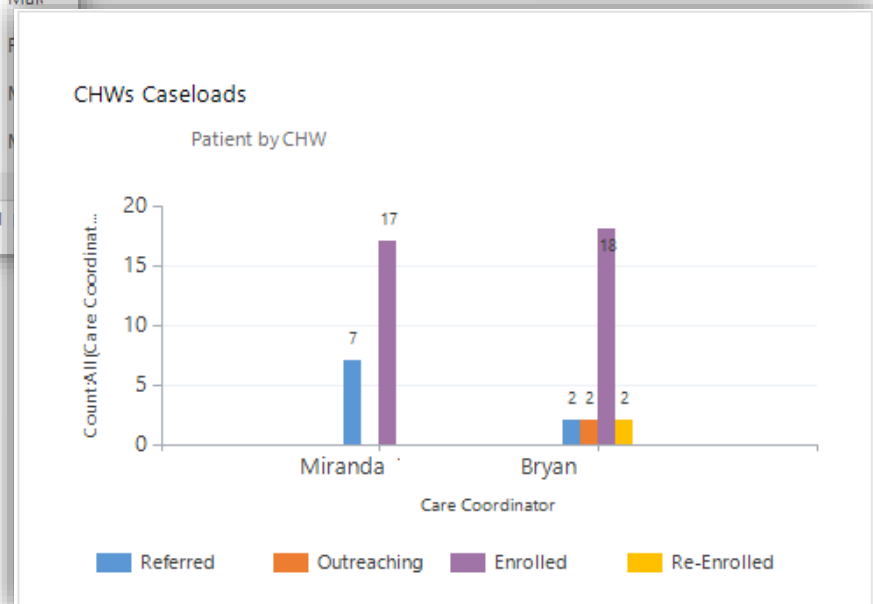
Your Dashboard has different views, such as Patients, Encounters, Tasks, Charts, etc.

Patient by CHW + ☰

Search for records 🔍

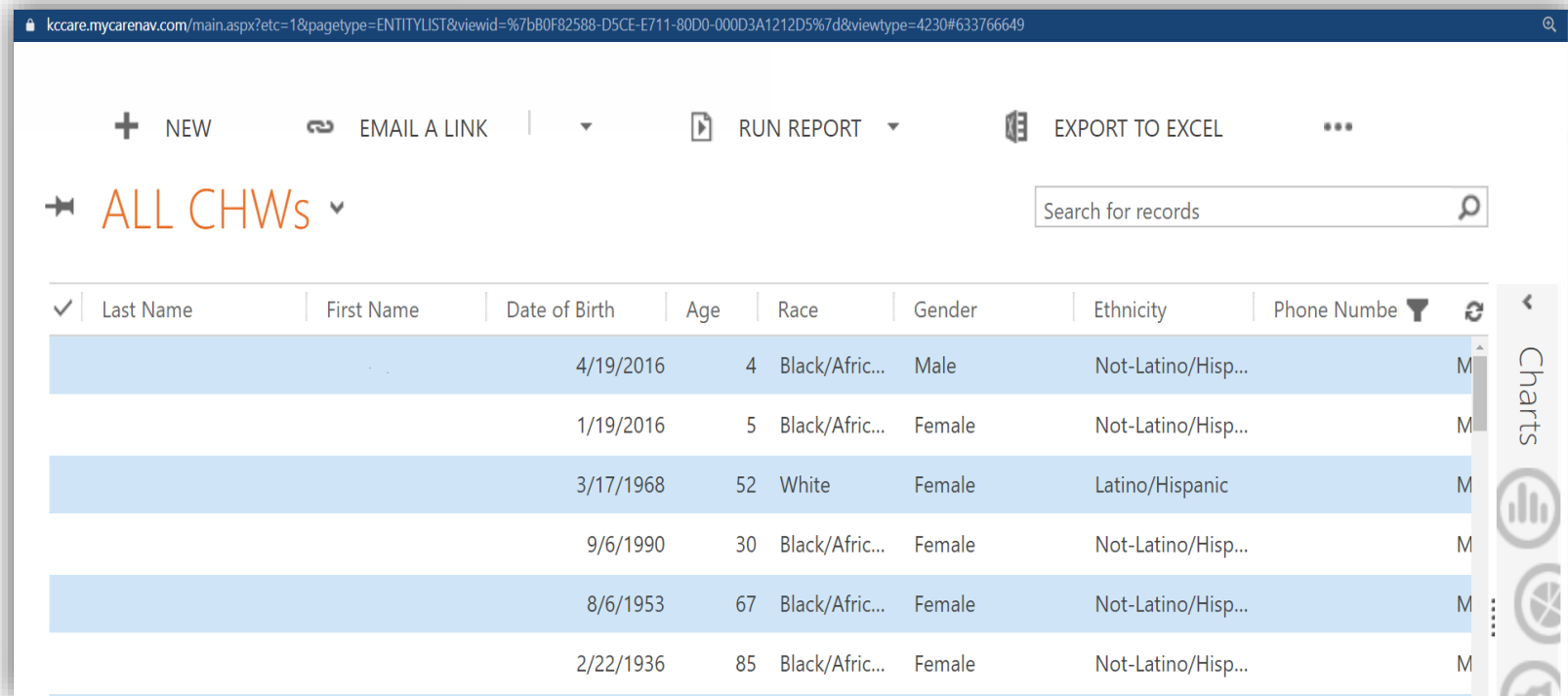
Last Name	First Name	Date of Birth ↑	Age	Race	Gen
		11/7/1955	65	White	Male
		2/7/1958	63	White	Female
		9/26/1958	62	Black/Afr...	Male
		2/1/1959	62	White	Male
		9/29/1959	61	Other	Male
		10/20/1959	61	Other	Female
		3/9/1960	60	White	Male
		11/30/1962	58	Other	Male

1 - 8 of 48 ⏪ ⏩ Page 1



Patient List

Patient list will allow you to keep track of the patients entered in Care Navigator. Checking their demographics, contact information, last contact and much more.



kccare.mycarenav.com/main.aspx?etc=1&pagetype=ENTITYLIST&viewid=%7b80f82588-D5CE-E711-80D0-000D3A1212D5%7d&viewtype=4230#633766649






+ NEW EMAIL A LINK RUN REPORT EXPORT TO EXCEL ...




ALL CHWs Search for records



✓	Last Name	First Name	Date of Birth	Age	Race	Gender	Ethnicity	Phone Number	
			4/19/2016	4	Black/Afric...	Male	Not-Latino/Hisp...		M
			1/19/2016	5	Black/Afric...	Female	Not-Latino/Hisp...		M
			3/17/1968	52	White	Female	Latino/Hispanic		M
			9/6/1990	30	Black/Afric...	Female	Not-Latino/Hisp...		M
			8/6/1953	67	Black/Afric...	Female	Not-Latino/Hisp...		M
			2/22/1936	85	Black/Afric...	Female	Not-Latino/Hisp...		M

Charts

Patient's Chart

  CARE NAVIGATOR  Patients  test careplan 

 SHARED CARE PLAN  ASSIGN CARE PROVIDER  FOLLOW

 PATIENT : PATIENT MAIN FORM 
Test Patient

DoB*	1/2/2011	Age	10	Gender*	Male
Phone (Primary)*	1234567890	Preferred Contact Method		CHW	

[Patient Details](#)

[Care Plan](#)

[Care Team Members](#)

[Health Conditions](#)

[Documents](#)

[Patient Encounter Log](#)

Patient's Chart II

 SHARED CARE PLAN

 ASSIGN CARE PROVIDER

 FOLLOW




PATIENT : PATIENT MAIN FORM ▾

Test Patient


DoB *	1/2/2011	Age	10	Gender *	Male
Phone (Primary) *	1234567890	Preferred Contact Method		CHW	


Patient Details

Navigation Status

Discharge Date  1/13/2019

Navigation Status * **Enrolled**

Enrollment Date 

Enrollment Days 

Care Plan, Activities and Notes

Enrollment Note

--

Care Coordination Status History

Date ↑	Care Coordination Status...	Failed Reason	Discharge Reason	Updated By
6/11/2018	Enrolled			Antonio Miras
4/26/2018	Call List			Jessica Droste

Discharge Note







--

General

Questionnaire & Assessment

The Assessment will allow your CHW to better evaluate their clients' needs and create tasks to work on.

With the questionnaire, you will be able to gather pre and post data to see how the clients have improved after working with a CHW..

  CARE NAVIGATOR ▾ Patients ▾ Test Enrolle For Fix ▾  Create Antonio Miras KCCare   




PATIENT : PATIENT MAIN FORM ▾

Test Patient



DoB*	1/2/2011	Age	10	Gender*	Male
Phone (Primary)*	1234567890	Preferred Contact Method		CHW	


Questionnaires

 NEW QUESTIONNAIRE

Questionnaire ↑	Number	Assigned On	Submitted On	Status
CHW Patient Needs Assessment Discharge	1	3/5/21 4:33 PM	03/05/21 4:33 PM	Submitted
CHW Patient Needs Assessment Enrollment	1	3/5/21 4:33 PM	03/05/21 4:33 PM	Submitted
Discharge Questions	1	3/5/21 4:33 PM	03/05/21 4:33 PM	Submitted
Enrollment Questions	1	3/5/21 4:33 PM	03/05/21 4:34 PM	Submitted

Questionnaire

**CARE NAVIGATOR** ▾ Patients ▾ Test Enrolle For Fix ▾

**PATIENT : PATIENT MAIN FORM ▾**
Test Patient

DoB ***1/2/2011**

Age**10**

Phone (Primary) ***1234567890**

Preferred Contact Method

Questionnaires

Enrollment Questions

Current version: 1
Submitted on 03/05/21 4:34 PM by Antonio Miras

1 Would you say that in general your health is?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

2 How satisfied are you with your health?






☐ Very Satisfied
☐ Satisfied
☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied
☐ Very dissatisfied



3 When I am confronted with a health problem, I can usually find a solution.

☐ Not at all true
☐ Hardly true
☐ Moderately true

Active

Assessment

  CARE NAVIGATOR  Patients  Test Enrolle For Fix 

 PATIENT : PATIENT MAIN FORM 
Test Patient

DoB *1/2/2011

Age10

Phone (Primary) *1234567890

Preferred Contact Method

CHW Patient Needs Assessment Enrollment
Current version: 1
Submitted on 03/05/21 4:33 PM by Antonio Miras

1 Health Insurance

- ☐ No insurance and has immediate medical needs (treatment, medications, etc.)
- ☐ Has no health insurance and has difficulty accessing care with chronic medical needs.
- ☐ Has no health insurance but can access a Clinic or other healthcare easily when needed.
- ☐ Client (or family) has insurance, but sometimes medical costs are too high.
- ☐ Client (or family) has health insurance.

2 Medical Needs

- ☐ No medical home and has immediate medical needs (treatment, medications, etc.)
- ☐ Has no medical home and has difficulty accessing care with chronic medical needs.
- ☐ No medical provider/medical home, but no identified health needs.
- ☐ Has medical home /sometimes misses/wants new PCP
- ☐ Has medical provider/medical home and has no difficulty accessing care when needed

3 Dental

- ☐ Cannot afford dental care and needs immediate dental care
- ☐ Cannot afford dental care and has dental issues that need to be resolved in the near future
- ☐ Not established with a dentist, hasn't been in many years, cost is the prohibiting reason for going

Active

Assessment II



PATIENT : PATIENT MAIN FORM ▾

Test Patient

DoB *

1/24/2020

Age

1

Gender *

Phone (Primary) *

[1231231234](#)

Preferred Contact
Method

CHW

2 Medical Needs

- ☐ No medical home and has immediate medical needs (treatment, medications, etc.)
- ☐ Has no medical home and has difficulty accessing care with chronic medical needs.
- ☒ No medical provider/medical home, but no identified health needs.
- ☐ Has medical home /sometimes misses/wants new PCP
- ☐ Has medical provider/medical home and has no difficulty accessing care when needed

[Reset](#)

[+ Add New Note](#)






2.1 Medical Protocols




- ☒ Link to Primary Care Physician/Medical Home
- ☐ Link to specialty medical care
- ☐ Link to affordable health services
- ☐ Link to women's health services
- ☐ Link to diagnosis-specific education/resources
- ☐ Link to pre-exposure prophylaxis (PREP)
- ☐ Link to non-occupational post-exposure prophylaxis (NPEP)
- ☒ Link to medical equipment/medical supplies
- ☐ Provide RDAD intervention
- ☐ Other



[+ Add New Note](#)

Care Plan

The tasks that your CHW and their patients are working on are stored here.

  CARE NAVIGATOR  Patients  Brian Doyle 

 SHARED CARE PLAN  ASSIGN CARE PROVIDER  FOLLOW

 PATIENT : PATIENT MAIN FORM 
Test Patient

DoB *	11/7/1955	Age	65	Gender *	Male
Phone (Primary) *	816-715-5395	Preferred Contact Method	Mobile	CHW	Miranda

Patient Details

Care Plan

All Tasks

Activity Category	Activity Namee	Status	Assigned To	Priority	Estimated End Date	Actual Start Date	Modified On ↑
*Housing	Other	In Progress	Miranda	Medium	2/10/2021 11:15 AM	1/11/2021 11:15 AM	1/11/2021 11:16 AM
*Medical	Other	Completed	Miranda	Medium	12/7/2020 8:46 AM	11/7/2020 8:46 AM	12/14/2020 4:52 PM
*ED Utilization	Educate Patient	In Progress	Miranda	Medium	9/19/2020 2:32 PM	8/20/2020 2:32 PM	11/13/2020 2:32 PM
*Housing	Link to legal a...	Completed	Miranda	Medium	9/25/2020 11:16 AM	8/26/2020 11:16 AM	11/13/2020 2:30 PM
*Housing	Link to rent/u...	Patient not eli...	Miranda	Medium	9/26/2020 11:17 AM	8/27/2020 11:17 AM	9/16/2020 8:49 AM

1 - 5 of 12

Reports

With Care Navigator you can pull reports from any of the information stored in the system. Once you select the data needed, it can be exported to an Excel file (.csv)

KU Hospital - Patient by CHW

Last Name	First Name	Date of Birth	Age	Race	Gender	Ethnicity	Phone Num...
Bolden	Allene	6/20/1943	77	Black/Afric...	Female	Not-Latino/Hisp...	816-859-5544
Bonner	Robert	2/29/1956	65	White	Male		
Haynes	Anthony	9/14/1956	64	White	Male		
Thompson	Grace	11/27/1957	63	Black/Afric...	Female		
Taylor	Mary	6/20/1959	61	Black/Afric...	Female		
Hawkins	Rebecca	8/8/1959	61	White	Female		
Dalton	William	5/6/1960	60	White	Male		

Care Coordination Status by Insura...

KU Hospital - Assessments and Q...

Created By	Care Coordinat...	Questionnaire	Version
KCCare Admin	Jimena Leguiza...	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Jimena Leguiza...	Jimena Leguiza...	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Discharge	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Jimena Leguiza...	Jimena Leguiza...	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	Discharge Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Jimena Leguiza...	Jimena Leguiza...	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Bryan Carcamo	Bryan Carcamo	CHW Patient Needs Assessment Enrollment	
Bryan Carcamo	Bryan Carcamo	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Jimena Leguiza...	Jimena Leguiza...	Enrollment Questions	
Jimena Leguiza...	Jimena Leguiza...	Discharge Questions	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Discharge	
Jimena Leguiza...	Jimena Leguiza...	CHW Patient Needs Assessment Enrollment	
Jimena Leguiza...	Jimena Leguiza...	Enrollment Questions	

MARC AAA Monthly Encounters (Tom) - Compatibility Mode - Excel

Date	Patient	Referred By	Patier Duration	Created By	Notes	Care Coordi Discha
1/4/2021	AAA Caregiver	1.00	hw called ps	Enrolled		
1/4/2021	AAA Caregiver	0.75	hw contacte	Enrolled		
1/5/2021	AAA Caregiver	0.50	hw called ps	Enrolled		
1/7/2021	AAA Caregiver	0.50	hw called ps	Enrolled		
1/8/2021	AAA Caregiver	1.00	hw called ps	Enrolled		
1/14/2021	AAA Caregiver	0.50	hw called ps	Enrolled		
1/15/2021	AAA Patient	1.00	HW just got	Enrolled		
1/15/2021	AAA Patient	1.00	HW assigne	Enrolled		
1/15/2021	AAA Patient	1.00	HW assigne	Re-Enrolled		
1/20/2021	AAA Caregiver	0.50	HW reached	Enrolled		
1/20/2021	AAA Patient	1.00	HW assigne	Enrolled		
1/20/2021	AAA Patient	1.00	HW assigne	Re-Enrolled		
1/20/2021	AAA Caregiver	1.00	HW Supervi	Enrolled		
1/20/2021	AAA Caregiver	0.25	HW Supervi	Enrolled		
1/21/2021	AAA Patient	0.25	HW sent en	Enrolled		
1/21/2021	AAA Patient	0.50	HW sent en	Enrolled		

- Thanks for your attention!!

