

IMPLEMENTATION GUIDE

Project SAFe

*Using an Evidence-Informed Program to develop
a process model for program delivery in the practice setting*

Note: Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at:

http://cancercontrol.cancer.gov/use_what_works/start.htm.

I. Program Administration (Type of Staffing and Functions Needed)

Patient Navigators (Recommended: site employee, bilingual and bicultural as determined by site demographics)

- Identify and contact eligible patients.
- Assess patient risks and needs, provide immediate brief health education, provide supportive counseling, and assist with immediate problem-solving (telephone or face-to-face).
- Determine ongoing case management plan according to patient risk level.
- Address barriers to adherence, monitor patient progress, provide continuity of care.
- Refer special-needs women to collaborating social worker.
- Complete service tracking and program evaluation data collection forms.
- Consult with social worker as needed.

Social Worker (Recommended: contract or fee-for-service, master’s-level mental health clinician, bilingual and bicultural if possible)

- Contact designated highest-risk or special-needs patients to conduct clinical diagnostic assessment.
- Refer and/or provide brief problem-focused counseling (telephone or face-to-face) according to protocol to address mental health problems that interfere with adherence.
- Provide (or arrange through an oncology social work department) clinical services for women diagnosed with breast/cervical cancer.
- Consult with Patient Navigator concerning difficult patient circumstances.
- Document clinical activity according to site specifications.

II. Program Delivery

For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.

A. Program Materials (*All listed materials can be viewed and/or downloaded from the Products Page*):

- **Project SAFe: The Screening Adherence Follow-Up (SAFe) Program Toolkit:** This implementation kit includes the theoretical basis for the program, guidance for organizational readiness, assessment forms, step-by-step instructions for the intervention, training materials, evaluation guidance, and data collection tools.
 - **Chapter 1, An Overview of Non-Adherence and Interventions to Improve Adherence and Quality of Care:** This chapter provides an overview of the problem of non-adherence, barriers to adherence, and interventions to improve adherence.
 - **Chapter 2, Strategies SAFe Program Goals, Target Population, Elements, Effectiveness, and Cost:** This section provides an overview of specific aims, key elements, and evidence of effectiveness and cost.
 - **Chapter 3, State Program Directors Implementation:** This chapter outlines key strategies that state cancer detection programs should consider in planning for and facilitating the provision of patient navigation/case management by screening clinics and diagnostic centers.
 - **Chapter 4, Administrative Steps Prior to Initiating SAFe Patient Navigation/Case Management:** This section outlines key strategies in planning and administering a case management program.
 - **Chapter 5, A Structured Service Manual:** This chapter provides a detailed step-by-step guide for providing SAFe patient navigation/case management, including examples of options for program elements to tailor the SAFe service to meet local program needs.
 - **Chapter 6, Evaluation and Quality Monitoring Guide:** This section outlines case management monitoring and evaluation processes and provides process and outcome indicators.
 - **Chapter 7, Patient Navigation/Case Management Training Guide/Manual:** This chapter includes training content, instructions, exercises, case vignettes, and pre- and posttests to be used as a self-administered training process for patient navigators and social workers.

B. Program Implementation

The steps used to implement this program are as follows:

Step 1: Identify and reach eligible participants.

- Connect with hospitals or clinics to become a recommended resource for women receiving abnormal test results.
- Additional community outreach, through community groups, nonprofits, and other organizations, may also help identify eligible participants.

Step 2: After the participant has been informed of abnormal test results, the Patient Navigator contacts the participant (telephone or face-to-face) and provides scripted initial health education, support, and risk assessment. Key tasks for the initial contact include:

- Establishing rapport
- Providing health education and emotional support
- Finding out about participant problems, needs, and capacities
- Problem-solving
- Linking to another helper if needed

Step 3: Patient Navigator creates the participant's service plan, which may include referral to a contracted social worker.

Step 4: Patient Navigator continues ongoing case management services, supplemented with mental health services by the social worker if needed.

- Track all appointments
- Problem-solve with participant as needed.
- Refer to and coordinate with other community resources.
- Case management services may continue for 6 months to 1 year.

Step 5: When the period of service concludes, the Patient Navigator contacts the participant by telephone to terminate.

- Clearly tell participant service is ending and when it will end.
- Briefly review accomplishments and acknowledge difficulties.
- Reinforce self-health care, including regular rescreening.
- Link participant to other resources if appropriate.

III. Program Evaluation

For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”.

http://cancercontrol.cancer.gov/use_what_works/start.htm

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI’s Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.