Supplemental online content for:

Refining the Patient Navigation Role in a Colorectal Cancer Screening Program: Results From an Intervention Study

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• eAppendix 1: Screenshots of PN Colonoscopy Tracking Form
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Many of these fields will be pre-populated but the patient navigator should review and verify at initial encounter.

**Form 1:** A new note will be created for each encounter with the navigator. Previously entered information will appear, but only newly added or edited information appears in the actual electronic medical record note; all fields are searchable.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

Data entry fields with drop-down menus also allow flexibility to insert text if needed for free-texting if needed.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

Form 2: This form summarizes patient-specific information from previous encounters with the navigator.
Form 3: Here the patient navigator (and research coordinator for control patients) should document date the colonoscopy referral was generated (which should be date of enrollment), referring provider, and indication at a minimum.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

Status changes when “End Navigation” is checked on the Outcome Form.

Form 4: Here the patient navigator (and research coordinator for control patients) will add the date the colonoscopy was actually scheduled (this should be the same date as enrollment and referral date initially, but could change if the patient reschedules), the appointment date, endoscopist, preparation ordered (from drop-down menu), need for interpreter and whether the patient has requested education materials. The “Medical Issues” section is derived from the referral from and helps identify which patients may need some form of medical clearance with one of the triage nurses or anesthesiologists.
Form 5: Here the patient navigator documents the reason for an interaction (see drop-down list), type of contact (e.g., “phone” or “in person”), outcome (e.g., “contacted”, “left message”, etc.), and time spent, as well as specific activities performed with time spent (e.g., <15 min, 15–30 min, etc.).
**eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)**

**Form 6:** This is a continuation of Form 5 with additional possible activities.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

**Form 7:** List of potential barriers and resolutions with a check box or drop-down menu list of options (as per Transportation example). The patient navigator can also add free text.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

**Form 8:** Outcome form will appear if “Yes” is checked next to “Colonoscopy Completed”; the drop-down menu will appear if “Inadequate” is checked with options such as “poor prep” or “patient tolerance”. The adenoma or cancer diagnosis fields will not be used for tracking outcomes in this study, but rather for future internal use related to recall for surveillance.
eAppendix 1. Screenshots of PN Colonoscopy Tracking Form (cont.)

Form 8 (cont.): Outcome form if “No” is checked next to “Colonoscopy Completed”. For “Test Rescheduled” checked under “Plan”, the appointment date will reset on Form 4.