

## Program Quarterly Report Template

[Name of Grantee]

[Period of Performance]

During the period of performance covered by this report, please describe the program activities that took place in each of the following areas:

### Program and Infrastructure Development

What planning goals were completed this quarter?

[e.g., training manuals completed, intake forms designed, community organization training developed, internal experts scheduled to speak].

### Training/Orientation/Continuing Education Session(s)

What patient navigation training activities were completed this quarter?

[Please include continuing education and ongoing quality improvement for navigators].

| Date | Length of Activity | Objective | Number PNs Attended | Number Other Program Staff Attended |
|------|--------------------|-----------|---------------------|-------------------------------------|
|      |                    |           |                     |                                     |
|      |                    |           |                     |                                     |

Comments on Training:

### Patient Navigator (PN) Staffing

How was the PN program staffed *this quarter*?

| PN Category                                      | Number |
|--|--------|
| Total number PN FTEs                             |        |
| Number PNs working less than 30 hours/week on PN |        |
| PNs providing services                           |        |
| PNs hired  |        |
| PNs resigned or fired                            |        |

Comments on Staffing:

**PN Implementation**

Please describe the number of patients assisted through each PN program. If there are multiple PN programs at your site, each having a different disease focus, please report the number assisted in each program. For example, please differentiate patients navigated for diabetes versus those navigated for cancer.

| <b>Number of Patients Receiving Navigation Services This Quarter</b> | <b>Chronic Disease Focus of Patient Navigation</b> |
|--|--|
|  |  |
|  |  |

**Outreach Activities**

What types of outreach activities were conducted this quarter (e.g., presentations, health fairs, brochure/flyer distribution, group screening, screening calls)? When was the outreach conducted? What was the disease focus of the outreach (e.g., breast cancer, diabetes, asthma)? If outreach was a presentation, where did it occur (e.g., church, community center, senior center, clinic)?

What is the targeted health disparity population/purpose of the outreach?

| <b>Date</b> | <b>Type</b> | <b>Disease Focus</b> | <b>Location</b> | <b>Targeted Health Disparity Pop</b> | <b># Attended</b> |
|-------------|-------------|----------------------|-----------------|--------------------------------------|-------------------|
|             |             |                      |                 |                                      |                   |
|             |             |                      |                 |                                      |                   |

**Lessons Learned**

What challenges were encountered, if any, and were there any lessons learned that might be useful for the future or for other sites? Please indicate what action your program took in response to the challenge. If no action taken, please specify this.

| <b>Challenge</b> | <b>Lesson Learned/Solutions Found</b> |
|------------------|---------------------------------------|
|                  |                                       |

**Technical Assistance**

Are there any specific areas where technical assistance is needed?