

Navigator Task: Face-to-Face Meeting with Patient in the Hospital

After receiving an e-alert and/or a phone call that a new patient has entered the study:

- **Check the on-line tracking system to confirm that a patient is in the NAVIGATOR group.**
- **Check the date/time by WHEN the patient is expected to be discharged.**
- **Confirm which Navigator will be responsible for this patient.**
- **Check the location of the patient in the Heart Center / SBUH.**
- **After completing the meeting, document the status of the face-to-face meeting using the tracking system.**
 - **If the meeting could not be completed (patient refused or patient left the hospital), document this as appropriate on the tracking system. The response options are:**
 - **Pending**
 - **Completed**
 - **Patient discharged before face to face**
 - **Patient refused navigation**
 - **Patient withdrew from study**
 - **Alert Lisa as soon as possible if a patient was discharged before face to face, refused navigation, or withdrew from the study.**
 - **Keep a record of key questions or requests for additional information or support to assist each patient. Document in tracking system.**
- **After completing the meeting, enter the cardiac (or pulmonary) rehabilitation program selected by the patient into the tracking system.**

Note: All contact information (name, age, gender, phone numbers, preferred times to call, admission date, and diagnoses, location in the hospital, navigator vs usual care group assignment, expected date/time of discharge) for the patient will be available on the tracking system.

Guidelines for the Navigator's Face-to-Face Meeting:

The goals of this meeting are that the patient will:

- **Remember the name of the program. "Your Health, Your Way," "Patient Navigator."**
- **Learn about cardiac or pulm rehabilitation: what it is, benefits, location of local programs.**
- **Select at least one program from a list of choices from which they are interested in more information.**
 - **Note: it is okay for a patient to choose more than one program since several are located near one another (e.g., Stony Brook, Port Jefferson). If more than one program is conveniently located for them, it is fine for the patient to select more than one program. Document each one that is selected.**
- **Review medical record release form, to obtain signed permission from the patient to share their contact information with the cardiac rehabilitation program(s) of their choosing.**
- **Learn what to do after leaving the hospital to help with their care transitions:**
 - **Schedule and keep an appointment with their cardiologist/PCP/internist**
 - **Ask for a WRITTEN REFERRAL to cardiac or pulmonary rehabilitation**
- **Provide patient with "take away" resources in the Red "Your Health, Your Way" bag (including brochure/pamphlet that describes what a navigator does, and the importance of cardiac rehabilitation in their overall recovery).**

Suggested Script for Face-to-Face Meeting:

- Wear your team overcoat and “Your Health Your Way, Patient Navigator” name tag. Bring a highlighter, contact form, and the Red Bag (containing informational brochures about local cardiac rehabilitation programs and our navigator pamphlet) with you.
- Check the room. Is it a private place to talk? Are there family members present? It is okay to talk in front of other people if it is okay with the patient. Close the curtains if needed. **Introduce yourself, your name, and your title as YOUR PATIENT NAVIGATOR. Explain what a PATIENT NAVIGATOR is. I am here to help you NAVIGATE YOUR WAY so that you get important services after you leave the hospital. Are you feeling up to talking with me for a few minutes? Is there anything I can help you with before we start?**
- **Introduce that the navigator is a part of a program called “Your Health, Your Way: Your Patient Navigator.” Explain that it is a special research-based program ONLY FOR African American men and women at our hospital who are in the Heart Center.**
 - **African American patients are more likely to miss out on services that are known to work. The “Your Health, Your Way” program is here to help fill the gaps in transitions from the hospital to community services.**
 - **The program staff want to help with your HEALTH, and to help you find YOUR WAY after you leave the hospital.** Talk to them in a way that makes it personal and meaningful. Help them to remember the name of this program. Your Health, Your Way. Say it several times, as it seems comfortable.
 - **You get to be in this program because you made the decision to volunteer to be in a study (remember, a nurse came to see you about being in a study?). Fortunately, you got assigned to be in the group that gets to work with me, your name, Your Patient Navigator from the Your Health Your Way program.**
 - **My job is to talk with you about what happens AFTER you leave the hospital. I am here to help you NAVIGATE YOUR WAY. I want to help you get the services you need to help you be as healthy as possible. One of the services that you might not already know about it called CARDIAC REHABILITATION.**
 - **Discuss.** Cardiac rehabilitation is a program to help heart patients recover quickly and improve their overall physical, mental, and social functioning. Basically, it helps you get back to being you! It can help you:
 - **Feel better, reduce your risks for future heart problems, adopt healthy habits, quit smoking if you need to, manage stress, exercise safely and regularly, return to your usual activities as soon as possible, and live a longer and fuller life. Who wouldn’t want that!**

- **Cardiac rehabilitation programs can help you be active in a safe environment, by monitoring your heart rhythm and other vital signs while you do exercise that is supervised by a doctor. These programs help to improve physical fitness, help people stop smoking, improve cholesterol and blood pressure, and help people lose body fat, and improve their well-being.**
- **These programs are recommended for people recovering from a heart attack, angioplasty, cardiac surgery, those who have angina or heart disease.**
- **Medicare covers it. Many insurance companies cover it. And, some programs provide financial assistance as needed.**
- **I am telling you about this because it can help you, and most people, including women and African American patients in particular, don't ever hear about it. It is good for you. It can help improve your life. For some people, it can save their life. Studies have shown that patients who have done a cardiac rehabilitation program are much less likely to die within the first year of a heart attack. We want to help you have the information that could help you be as healthy as you can for as long as you can.**
- **I have a list here (show list) of programs on Long Island. I would like to have your permission to let a cardiac rehabilitation program staff member from a program of your choosing CALL YOU. This person can answer your questions and help you to enroll. Let's look at the list together. Is there a program located pretty close to where you would be able to travel, say near where you live or maybe where you work? Help the patient to select a program.**
 - **Discuss. Problem-solve barriers.**
 - **Highlight it. Give a copy of the contact list to the patient. Record the program selected on your form.**
 - **Give them the RED BAG with the study name and phone number on it. Place a copy of the contact list with the highlighted program on it. Show them the stress ball and the calendar to help them keep track of appointments.**
- **I also want to talk to you about HOW IMPORTANT it is for you to make an appointment with a doctor (your cardiologist/PCP/Internist) to follow-up with after you leave the hospital, and to go to that appointment. Do you have a doctor who you can follow up with after you leave the hospital?**

- Discuss. If they need a doctor for follow-up care, contact the Heart Center nurse and alert the PI. Navigators will help to make sure a patient leaves with a cardiologist with whom they can follow-up after discharge. Sandy can be reached at 444.9507.
- **When you go to this appointment, it is important to ask for a WRITTEN REFERRAL to cardiac rehabilitation. Your doctor also will need to order you a STRESS Test.**
 - **Notes:** A stress test helps your doctor find out how well your heart handles it when you move around. As your body works harder during the test, it requires more oxygen, so your heart must pump more blood. The test can show if blood supply is reduced in the arteries that supply the heart. It also helps doctors know the kind and level of exercise appropriate for the patient. There are two types of stress tests:
 - **Exercise stress test (also known as the Treadmill Test of the Non-Nuclear Stress Test).** The patient walks on a treadmill and the activity of the heart is monitored through Echo Cardiogram (ECG) or Electro Cardiogram (EKG) and blood pressure. The ECG/EKG tests are noninvasive. ECG takes images of the heart using harmless high-frequency ultrasound waves. The EKG records the electrical activity of the cardiac cycle.
 - **Nuclear Stress Test:** also called a Radioactive Isotope stress test. During this kind of test, a small dose of a radioactive isotope is injected into the blood stream. The radioisotope, or tracer, is carried through the blood stream and into the heart muscle. A special camera senses the radioactivity of the tracer and constructs an image of the heart. These tests are performed using either a pharmacology agent, or exercise treadmill, or a combination of both.
- **I will call you in a couple of weeks to help you to remember this. I know it is a lot of information and that it can be overwhelming. I will help you to remember to have a follow-up appointment and to ask that doctor for a written referral to cardiac rehabilitation.**
- **I will send you some more information about the things that we talked about today, please look for mail from me and be sure to open it. It will be coming from the “Your Health, Your Way” program and will be from me, Your PATIENT Navigator. Please remember to open it and read the material that I send you. I will talk with you about it when I call you.**
 - Discuss. Confirm best number to call them and preferred time of day.

- **And, thank you for being in the study to help researchers at Stony Brook improve the care of African American cardiac patients. As a part of being in the study, there will be some telephone interviews to do. You will get a phone call from the study team in a few weeks. Thank you again for volunteering.**
- **Is there anything else I can help you with today?**
- Remember: go on the tracking system and record the task status of the face-to-face meeting. If the patient was discharged before you could meet with them or if the patient refused, alert PI.
- Remember: go on the tracking system and record the name of the cardiac (or pulmonary) rehabilitation program that was selected.

Navigator Tasks: Post-Discharge Phone Call:

- Check the on-line tracking system to confirm that a patient is in the NAVIGATOR group.
- Check the date by WHEN the phone call must be completed for this patient.
- Check the name of the REHABILITATION PROGRAM selected by the patient.
- Document that the phone call was completed using the tracking system.
 - Keep a record of key questions or requests for additional information or support to assist each patient.
- **Note: It is possible that a patient was discharged before the face-to-face meeting was completed. When this occurs, the telephone script must be adjusted.**
 - They will not have met you.
 - They will not know anything about the Your Health, Your Way program.
 - They will not know what a Patient Navigator is.
 - They are not likely to know anything about cardiac or pulmonary rehabilitation.
 - They will not have selected a rehabilitation program yet.
 - They will not have given you permission to share their contact information with a rehabilitation program.
- **The above tasks must be accomplished during the call for patients who did not have a face-to-face with you in the hospital, in addition to the content described below. Use the face-to-face script for the first portion of the call, and then modify the introduction to the telephone script.**

All contact information (name, age, gender, phone numbers, preferred times to call, admission date, and diagnoses) for the patient will be available on the tracking system.

Guidelines for the Navigator's Post-Discharge Phone Call:

The goals of this meeting are:

The patient will:

- **Remember the name of the program. "Your Health, Your Way," "Patient Navigator."**
- **Remember what they learned about cardiac or pulm rehabilitation during the face-to-face meeting: what it is, potential benefits to them, location of local programs.**
- **Remember that they selected one or more programs locally from a list of choices. Remember that they gave permission for staff to contact them to provide them with more information.**
- **Schedule and keep an appointment with their cardiologist/PCP/internist**
 - **specifically ask for a written referral to cardiac or pulmonary rehabilitation**
- **Take medication as prescribed:**
 - **take a daily aspirin and if, prescribed a beta blocker.**

The navigator will:

- **Confirm that the patient received a mailing from the "Your Health, Your Way" program (get well soon card, letter from their Patient Navigator, and information about local cardiac rehabilitation programs).**
- **Help the patient to problem-solve scheduling and keeping a follow-up appointment with a cardiologist/PCP/internist**
- **Help the patient to problem-solve barriers to contacting a rehabilitation program to enroll**
- **Help the patient to problem-solve getting a written referral to cardiac or pulmonary rehabilitation from their doctor**
- **Help the patient to problem-solve taking medications as prescribed**
 - **daily aspirin**
 - **a beta blocker**

- **Hi Mr/Mrs/Ms., This is _____, Your Patient Navigator .** Remind them who you are.
 - **I am calling from the “Your Health, Your Way” program at Stony Brook University Hospital’s Heart Center.**
 - **I came to visit you while you were being taking care of in the Heart Center. I also sent you a GET WELL card and some information in the mail.**
 - **Note in your record: do they seem to remember you?**
- **How have you been doing since your discharge from the hospital?**
- **I hope you received the “GET WELL” card that I sent you in the mail recently. It would have come in a big envelope labeled from the “Your Health, Your Way” program. I also wrote you a letter and included some information about outpatient rehabilitation services in the community. Did you receive it? (If not, confirm their address.)**
- **My job, as I mentioned when I visited with you in the hospital, is that I am your “Patient Navigator.” I am here to help you NAVIGATE YOUR WAY so that you get the care you need after you leave the hospital. I want to help you get the services that are going to help you with your overall recovery. I am here to help you navigate your way from hospital care to follow-up services outside the hospital.**
- **When we met in the hospital I told you about a program to help you get back into shape and feeling better. Do you remember we talked about a program called CARDIAC (or pulmonary) REHABILITATION? Do you remember what it is? As a reminder:**
 - **Cardiac rehabilitation is a monitored program to help patients like you to recover quickly and improve their overall physical, mental, and social functioning.**
-

- **When we talked in the hospital, you said that the program at _____ might be a place that you would be interested in checking out. I gave the staff at this program your contact information since you gave me permission to do so. I also mailed you a copy of the brochure for this program. Have you been in touch with this program yet? If yes, GREAT. Are you planning to participate in this program? If not, why not?**
 - Discuss. **I want to encourage you to get into this program if you can. Would you like me to help you get into this program?** Talk about the benefits of the program. Cardiac and pulmonary rehabilitation programs can help you:
 - Feel better
 - Reduce your risks for future heart problems
 - Adopt healthy habits
 - Understand how your heart health can affect your emotions
 - Manage stress
 - Exercise safely and regularly
 - Return to your usual activities as soon as possible
 - Help you to be more likely to live a longer, fuller life
 - The programs are usually offered at different times of the day.
 - Their typical schedule is 3 visits a week, for ~ an hour, for ~ 12 weeks.
 - The staff are very nice. I have met them personally and can tell you it is worth it, for your health and for your well-being.
- Help them problem solve barriers to participating in the program (time, cost, don't think it is needed).
- **Now let's talk about meeting with your doctor. Did you have an appointment with your doctor since the time of your hospitalization? Discuss. If not, why not? I would like to help you with this. How can I help you?**
- If they scheduled an appointment, when is it (if it has not already happened)? If yes, did they ask for a WRITTEN REFERRAL to cardiac rehabilitation? If not, why not?
 - Discuss. **Encourage them to call their doctor's office to get a written referral.**
- If the appointment has not already happened, **remind them to ask for a WRITTEN referral to cardiac rehabilitation.** Discuss.

- **Now I would like to talk with you about medications. Did you get any instructions for medications, such as taking an aspirin every day?** Remind them to fill any prescriptions and to take their medication as instructed.
 - **Did you remember your doctor or your discharge instructions saying that you should take an aspirin every day? Your doctor probably told you to take a daily aspirin. Is that right? If you are not doing it, why not? If you are taking an aspirin every day, that's great! It is important that they continue to do it.**
 - **Did your doctor or your discharge instructions say to take a beta blocker?** Remind them that if their doctor told them to take a beta blocker, that it is important that they continue to do it.
 - Beta blockers are used after a heart attack and improve survival rates. They are also used to treat angina, heart failure, high blood pressure, rapid heart rate, abnormal heart beats, and hypertrophic cardiomyopathy.
- **Is there anything else I can help you with today?** If there is anything you need to follow-up on with them, find out when is a good time to call or email them with the information they need.
 - **Keep a record of all interactions by phone, email, mail. Post on the tracking system.** Date of contact, type of contact by phone or email or snail mail, information requested and resources provided.

Fran's FAX, PHONE and MAIL ACTIVITIES:

Fran, Task #1: FAXING THE REHAB PROGRAM OF THE PATIENT'S CHOOSING

Fran will send a FAX to the Rehabilitation program of the patient's choosing (for those in the Navigator group only). In order to do this FAX, Study Coordinator will:

Check the on-line tracking system to confirm that a patient is in the NAVIGATOR group.

Check the date by WHEN the FAX must be completed for this patient.

Check the name of the REHABILITATION PROGRAM selected by the patient.

Download the FAX cover sheet and contact form from the tracking system.

Complete the form (any missing fields, as needed) and FAX to the REHAB Program Staff.

Note: All contact information for the patient will be available on the tracking system.

Study Coordinator, **Task #2***: Mailing #1 to Patients**

There will be a different mailing for the navigator group vs. the usual care group.

Study Coordinator will send mailing #1 to the Navigated Group. In order to do this mailing, Fran will:

- **Check the on-line tracking system to confirm that a patient is in the NAVIGATOR group.**
- **Check the date by WHEN the first mailing must be completed for this patient.**
- **Check the name of the NAVIGATOR (Fay or Tina).**
- **Document that the mailing has been completed.**

Note: The name and address of the patient will be available on the tracking system.

The contents of this mailing will include:

- A Get Well card from “Your Health, Your Way” signed by the navigator, Your Cardiac Patient Navigators
- A reminder about the “Your Health, Your Way” phone call from the navigator
- A reminder about the study interviews that are coming up.
- A cover letter from “Your Health, Your Way” signed either by the navigator (customized to who met them in the hospital), Your Cardiac Patient Navigators. PI will prepare this letter. Electronic signatures can be used.
 - Remind them to schedule an appointment with their doctor and to keep that appointment.
 - Remind them to fill any prescriptions and to take their medication as instructed.
 - Remind them that if their doctor told them to take a daily aspirin, it is important that they continue to do it.
 - Remind them that if their doctor told them to take a beta blocker, that it is important that they continue to do it.
 - Remind them to ASK THEIR DOCTOR for a WRITTEN REFERRAL to cardiac rehabilitation
 - Remind them to call the program that they selected, Fran will customize _____ (name of program), _____ (who to contact), and phone number (_____).
- A brochure for the rehab program that was selected by the patient

****Note: For patients in the Usual Care, Study Coordinator will SEND A “Get Well Soon” card from the study team signed (electronic) by the PIs. It will NOT say “Your health, Your Way” anywhere on it. This mailing also will include a cover letter thanking them for volunteering for the study and reminding them about the interviews by phone. The PI will prepare this letter.

Study Coordinator, Task #3: FAX TO REHAB PROGRAMS TO VERIFY ATTENDANCE AMONG NAVIGATOR GROUP

For patients in the Navigator group, Study Coordinator will send a FAX to the Rehabilitation program to VERIFY Attendance. In order to do this FAX, Study Coordinator will:

- **Check the on-line tracking system to confirm that a patient is in the NAVIGATOR group.**
- **Check the date by WHEN the FAX to verify attendance must be completed for this patient.**
- **Check the name of the REHABILITATION PROGRAM selected by the patient.**
- **Download the FAX cover sheet and Attendance Verification Form from the tracking system.**
- **Complete the Attendance Verification Form (name of patient and any other important identifiers, available in the tracking system) and FAX to the REHAB Program Staff.**
- **Call the staff to confirm receipt of the FAX.**
- **Confirm receipt of completed form within approximately 2 weeks.**
- **Document on the tracking system that these tasks have been completed: (1) FAX sent and (2), receipt of completed case report form by the rehab staff.**

Note: All information needed to complete the fax will be available on the tracking system.

Study Coordinator, **Task #4: VERIFY ATTENDANCE AMONG USUAL CARE GROUP**

Study Coordinator will work with the Center for Survey Research (Soraya) to obtain the name of the rehab programs for all patients who indicated in their Time 2 interview that they participated in a rehab program. We will use this information to:

- **Confirm the name of the program used by those in the Navigator group**
 - if it turns out that the patient went to a different program from the one that was selected by the patient during their meeting with a Navigator, we must complete the VERIFICATION of ATTENDANCE FAX by sending it to the program staff where the patient actually participated in rehab
- **Confirm the name of the program used by those in the Usual Care group who went to rehab**
- **Complete the Attendance Verification Form (as above) and FAX to the Rehab Program Staff.**
- **Call the staff to confirm receipt of the FAX.**
- **Confirm receipt of completed form within approximately 2 weeks.**
- **Document on the tracking system that these tasks have been completed: (1) FAX sent and (2), receipt of completed case report form by the rehab staff.**
- **Note: All information needed to complete the fax will be available on the tracking system.**

Study Coordinator, Task #5: Final Mailing / Payment

- At the conclusion of each person's study participation, Study Coordinator will send a THANK YOU letter and payment to all study participants (navigator and usual care groups).
- **Confirm using tracking system WHEN and HOW MUCH payment should be sent:**
 - \$10 gift card for those who only completed the Time 1 interview and never completed the Time 2 interview
 - \$50 gift card for those who completed the Time 1 AND 2 interviews
- Note: for those in the Usual Care group, we will include in this mailing an informational/educational sheet about Cardiac Rehabilitation since it is likely that they never heard about it during the usual care process.
- **Document on the tracking system that this task has been completed.**