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| **See, Test & Treat® Program Planning Timeline** | | |
| **Month 1** | **Action** | **Notes/Status** |
|  | Discuss screening needs of community (breast and cervical cancer screening, etc.) – Identify population at risk |  |
| Discuss market to be served (Hispanic, Chinese, African American, etc.) |  |
| Identify timing for the event that works best for community. Consider holidays, weather, etc. |  |
| Begin to identify possible locations to hold the program |  |
| Confirm support of your institution/organization to host a one- day screening program to provide free cervical and breast screening to underserved women |  |
| Confirm support from the following areas:  1. Hospital/Community Health Center Administration  2. Medical Director  3. Pathologist / Pathology Department  4. Gynecologist / Gynecology Department  5. Radiologist / Radiology Department  6. Laboratory |  |
| Month 2 | **Action** | Notes/Status |
|  | Identify See, Test & Treat Working Group |  |
| Confirm program date with providers and Working Group |  |
| Hold kick-off meeting |  |
| * Determine meeting frequency * Develop template agenda and work plan for Working Group meetings   Develop contact sheet with names and contact information for Working Group |  |
| Begin to identify testing services offered |  |
| Discuss event logistics – flow of event, timing |  |
| Begin to identify registration process to accommodate preregistered patients and walk-ins |  |
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| How will the patients navigate the program |  |
| How will abnormal results be managed [Cervical and Breast] |  |
| Begin to identify vendors who could possibly provide in kind and financial donations, as well as partners (Susan G. Komen for the Cure, American Cancer Society) |  |
| Begin to identify possible education, food, and other activities |  |
| Begin to identify need for interpreters |  |
| Develop a list of supplies needed (e.g. gloves, gauze, etc.) |  |
| Month 3 | **Action** | Notes/Status |
|  | Discuss Licensing and Credentialing |  |
| Discuss Insurance Advocate Position |  |
| Confirm rooms for program |  |
| Finalize list of tests that will be offered |  |
| Finalize the number of vendors needed for health fair |  |
|  | Begin to identify program materials needed: banner, signage, etc. |  |
|  | Identify number volunteers and roles (e.g. runner, greeters, insurance advocates, etc.) |  |
|  | Continue to contact vendors about supplies |  |
| Month 4 | **Action** | Notes/Status |
|  | Begin to assign people to volunteer positions |  |
|  | Begin to create a floor plan |  |
|  | Draft template letter to invite news media, local politicians, community leaders, patient advocates or special guests |  |
|  | Begin contacting identified health fair vendors, partner, and vendors for in kind donations |  |
|  | Continue to work on program logistics |  |
|  | Begin developing program agenda |  |

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| Month 5 | **Action** | Notes/Status |
|  | Develop media list: magazines; newspapers, including health reporters and calendar editors; radio; television; Internet; social media outlets; in-house publications, etc. |  |
| Develop media alert for broadcast media |  |
| Finalize interpreters |  |
| Confirm registration telephone number and process |  |
| Confirm food and other activities |  |
| Confirm partners and in kind donations |  |
| Create and send a SAVE THE DATE postcard |  |
| Month 6 | **Action** | Notes/Status |
|  | Begin to develop See, Test &Treat flyers |  |
| Begin to develop press release for long-lead magazines |  |
| Continue to develop program agenda |  |
| Month 7 | **Action** | Notes/Status |
|  | Finalize See, Test & Treat flyers (approval needed from other sponsors) |  |
| Finalize program signage, banners, etc. |  |
| Distribute press releases to magazine and any publications with a long-lead time |  |
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| Month 8 | **Action** | Notes/Status |
|  | Distribute See, Test &Treat flyers at local churches, schools, stores in community; weekend markets, etc. |  |
| Begin scheduling patient visits |  |
| Create volunteer schedule |  |
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| Month 9 | **Action** | Notes/Status |
|  | Call patients to remind them about their appointments; send reminder postcards |  |
| Order food |  |
| Distribute press releases |  |
| Provide full volunteer list to CAP Foundation (for certificates of appreciation) |  |
| Schedule day and time to hold a program debrief meeting with all volunteers and the CAP Foundation |  |
| Hold final planning meeting and program walk-through |  |
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| Month 10 | **Action** | Notes/Status |
|  | Walk through the program and patient flow with clinical partners and volunteers |  |
| * Confirm patient flow plan with entire team * Confirm volunteer flow; day of program check-in, roles, assignments, etc. |  |
| Confirm education plan and materials are prepared |  |
| Go through pre-program list of supplies and work flow requirements |  |
| Confirm food donations and that food orders are correct and scheduled |  |
| Final confirmation that laboratory services are secured |  |
| * Confirm specimen processing logistics * If applicable, ensure courier services are scheduled |  |
| Day of Program (before patients arrive) | **Action** | Notes/Status |
|  | Adhere to established patient flow plan |  |
| * Patient registration; patients must fill out registration forms, media release * Patient waiting areas * Pelvic and a clinical breast exam * Educational offerings * Healthy meal(s) * Results |  |

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| **Post Program** | **Action** | **Notes/Status** |
|  | Obtain Volunteer feedback via survey |  |
|  | Submit outcomes data |  |
| Submit budget reconciliation |  |
| Debrief |  |
| Send pictures and stories to CAP Foundation |  |
| Send Thank You letters / emails to volunteers, donors and program partners |  |