**Survey of Supervisor Time on TRIP Activities**

***Instructions****:* Thank you for taking the time to fill out this survey. The purpose of this survey is to describe and document the time supervisors spend working with navigators of TRIP patients. It is not to document non-TRIP work.

The information from this survey will be used to replicate and guide the implementation of similar programs at other hospitals and health care organizations to improve cancer care and treatment for patients.

The survey should take no more than 5-15 minutes per day. You will complete the survey for 10 working days. The information will not be shared with any hospital administrators and will not be used to affect your job performance. The information will be combined with staff from 4 other hospitals.

**If you have any questions or concerns please contact: TRIPadmin@bmc.org**

**Thank you for your participation!**

**Participant ID** *(To be provided by study team)***: \_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: TRIP-Related Activities**

Instructions: Please think about your work in the past week related to TRIP or TRIP patients. A list of your current TRIP patients will be included with this survey. To the best of your knowledge please enter the amount of time (*in 15 minute increments, i.e. 15, 30, 60, 90, etc.*) you spend on the following activities per day. Enter “0” if you did not perform that activity. Please round up your estimates to the nearest 15 minutes.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** | **Day 8** | **Day 9** | **Day 10** |
| **Date (mm/dd/yyyy)** |  |  |  |  |  |  |  |  |  |  |
| **Administrative tasks** | **Time (Minutes)** |
| **1. Documentation on behalf of TRIP patients** |  |  |  |  |  |  |  |  |  |  |
| **Direct patient contact or navigation** | **Time (Minutes)** |
| **2. Direct navigation of TRIP patients** |  |  |  |  |  |  |  |  |  |  |
| **Navigating on behalf of patient without direct patient contact** | **Time (Minutes)** |
| **3. Communication related to TRIP patients** |  |  |  |  |  |  |  |  |  |  |
| **TRIP supervision activities** | **Time (Minutes)** |
| **4. Patient enrollment** (e.g. identifying TRIP patients) |  |  |  |  |  |  |  |  |  |  |
| **5. Administrative Supervision** (e.g. managing navigator time, reviewing navigator workflow, preparing navigator feedback) |  |  |  |  |  |  |  |  |  |  |
| **6. Clinical Supervision** (e.g. meeting with navigators to discuss patient cases, clinic-related activities) |  |  |  |  |  |  |  |  |  |  |
| **7. Quality Assurance** (e.g. monitoring data in Aunt Bertha/REDCap/QuickBase/THRIVE/Excel trackers/EHR) |  |  |  |  |  |  |  |  |  |  |
| **8. Trainings** (including travel time to and from off-site trainings) |  |  |  |  |  |  |  |  |  |  |
| **9. Meetings** (including travel time to and from off-site meetings) |  |  |  |  |  |  |  |  |  |  |
| **10. Cost Survey** (time spent filling out this cost survey) |  |  |  |  |  |  |  |  |  |  |
| **11. Other 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **12. Other 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **13. Other 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **14. Other 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **15. Other 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **# of Patients Navigated** | **Number of TRIP patients** |
| **16. Number of TRIP patients navigated** (include whether you worked with that patient directly, or did navigation work on their behalf) | **n=** | **n=** | **n=** | **n=** | **n=** | **n=** | **n=** | **n=** | **n=** | **n=** |

Any notes or additional comments you would like to share:

**Thank you for your participation!**