The enclosed worksheets are designed to be used in tandem with the Lung Cancer Screening Implementation Change Package checklist and guide.

Worksheets are included to aid in planning for your specific lung cancer screening program. The format offers freedom to edit the templates as needed to serve your program’s purposes. For example, you may choose to substitute suggested metrics or worksheet table columns with your own.

Worksheet instructions are included in *italics*, and text designed to be replaced with your own is indicated using [brackets].

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In partnership with the LUNGevity Foundation and Cancer Support Community.

# Worksheet 1: Catchment Area Landscape

# *Refer to sections 1.1 and 1.2 of the Change Package while completing this worksheet.*

*The purpose of this worksheet is to descriptively summarize your lung cancer screening program’s catchment area and priority patient populations to have the foundational information to guide responsive outreach and services.*

**Part 1: Epidemiological and Socioeconomic Snapshot**

Which counties comprise the bulk of the patient population served by your lung cancer screening program?

County 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Metric** | **County 1** | **County 2** | **County 3** | **County 4** | **County 5** | **County 6** |
| Incidence rate |  |  |  |  |  |  |
| Late-stage incidence rate |  |  |  |  |  |  |
| Mortality rates |  |  |  |  |  |  |
| % adults who smoke |  |  |  |  |  |  |
| Lung cancer screening rates |  |  |  |  |  |  |
| Demographics (eg, total population, sex, age, race, ethnicity) |  |  |  |  |  |  |
| % below federal poverty level |  |  |  |  |  |  |
| Median household income |  |  |  |  |  |  |
| % without high school education |  |  |  |  |  |  |
| % without health insurance |  |  |  |  |  |  |
| [Other metrics of interest] |  |  |  |  |  |  |

Which groups in our catchment area experience the greatest disease burden? Based on which metrics?

Which groups have especially low screening rates?

**Part 2**: **Health Care Access Snapshot**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Metric** | **County 1** | **County 2** | **County 3** | **County 4** | **County 5** | **County 6** |
| Primary care physicians per 10,000 people |  |  |  |  |  |  |
| Number of thoracic surgeons/radiation oncology physicians/pulmonary disease physicians |  |  |  |  |  |  |
| % lacking access to ACR lung cancer screening facility within [10/20/40/50/100] miles |  |  |  |  |  |  |
| [Other metrics of interest] |  |  |  |  |  |  |

**Part 3**: **What Is Important to Know About Priority Patient Population(s) to Provide High-Quality Patient-Centered Care?**

|  |  |
| --- | --- |
| **[Priority patient population #1]** | **[Priority patient population #2]** |
| Considerations important to cultural and community context:  Attitudes towards lung cancer screening:  Key needs and barriers to screening:  Key strengths and opportunities to improve screening: | Considerations important to cultural and community context:  Attitudes towards lung cancer screening:  Key needs and barriers to screening:  Key strengths and opportunities to improve screening: |

# Worksheet 2: Resource list

# *Refer to section 1.2 of the Change Package while completing this worksheet.*

*This worksheet can serve as an ideas list while brainstorming patient-centered programmatic improvements, or to create a handy referrals reference sheet for navigators and other clinic staff.*

*List top patient barriers. Conduct a web search and local scan of organizations to identify strategies/resources for each.*

*Note gaps where services do not exist for a particular barrier; consider addressing by forming new partnerships or gathering programmatic evidence of the unmet need to advocate for future services, whether to administrators, policymakers, or external funders.*

**[Barrier 1]**

|  |  |  |
| --- | --- | --- |
| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 2]**

|  |  |  |
| --- | --- | --- |
| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 3]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 4]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 5]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 6]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 7]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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**[Barrier 8]**

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| **Resource/strategy** | **Contact info/website** | **Notes** |
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# Worksheet 3: SWOT Analysis

# *. Refer to section 1.3 of the Change Package while completing this worksheet.*

*Take stock of the current state of lung cancer screening services in your setting. Refer to Minnesota Department of Health’s* [*SWOT Analysis guidance*](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html) *for additional help and examples.*

* ***Strengths:*** *list currently available resources and assets that will be able to support your lung cancer screening program. Note what your current program does well.*
* ***Weaknesses:*** *list pain points, resource limitations, capacity issues, and areas for improvement.*
* ***Opportunities:*** *assess and brainstorm external opportunities of which you can take advantage.*
* ***Threats:*** *brainstorm and anticipate potential external roadblocks to progress.*

|  |  |
| --- | --- |
| **Strengths** | **Opportunities** |
| **Weaknesses** | **Threats** |

# Worksheet 4: Program description

*Complete the prompts with suggested components to include in your lung cancer screening program description.*

* [Lung cancer screening program name] is a [centralized/decentralized/hybrid – Refer to section 1.3 of the Change Package] program offering [list of lung cancer screening services and functions offered].
* [What is your catchment area and population served? – Refer to section 1.1]
* [What is the history of your program?]
* [Consider including metrics reflecting lung cancer screening program volume or other basic characteristics from section 2.3]
* [What staff roles comprise the core lung cancer screening program team? Refer to section 4.1.]
* [What is the governance structure? What roles and areas of expertise comprise the lung cancer screening steering committee? Describe governance procedures, including ongoing oversight, decision-making, frequency of meetings, and other channels of communication. Describe your current and future plans to connect and collaborate with primary care. Refer to sections 4.2 and 10.2.]
* [Describe the workflow for patients entering the lung cancer screening program, starting with identification as a potentially eligible patient. Describe and/or map out each step of the screening process, including which entities are responsible for each step.]

# Worksheet 5A: Program objectives and action plan

# *Refer to section 2.1 of the Change Package while completing this worksheet.*

*Refer to National Breast and Cervical Cancer Early Detection Program* [*guidance on SMARTIE objectives*](https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf) *and Indeed.com* [*Guide on how to write SMART Goals (with examples)*](https://www.indeed.com/career-advice/career-development/how-to-write-smart-goals) *for help with writing objectives. You may wish to simultaneously complete Worksheet 7A: Baseline Program Data to get a sense of what targets are realistically attainable for your objectives.*

**Objective 1**:

Is this objective: **S**pecific **M**easurable **A**ttainable **R**elevant **T**ime-Based **I**nclusive **E**quitable?

What will the program do to achieve this objective?

* **Action 1**:
* **Action 2**:
* **Action 3**:

**Objective 2**:

Is this objective: **S**pecific **M**easurable **A**ttainable **R**elevant **T**ime-Based **I**nclusive **E**quitable?

What will the program do to achieve this objective?

* **Action 1**:
* **Action 2**:
* **Action 3**:

**Objective 3**:

Is this objective: **S**pecific **M**easurable **A**ttainable **R**elevant **T**ime-Based **I**nclusive **E**quitable?

What will the program do to achieve this objective?

* **Action 1**:
* **Action 2**:
* **Action 3**:

# Worksheet 5B: Evaluation Plan

# *Refer to your objectives from Worksheet 5A: Program Objectives and Action Plan to ensure that the metrics are aligned with the objectives.*

*Brainstorm a comprehensive list of metrics to collect and track to support basic programmatic needs as well as internal and external goals and objectives. Determine the data source, use, frequency of collection, and point person for each. The table below contains a non-exhaustive list of examples from CHEST/ATS policy statements to get started. Refer to Change Package sections 2.1 and 2.4 for additional details and other ideas.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Metric** | **Data source** | **How will this metric be reported and used?** | **How often will it be obtained?** | **Who will be responsible for obtaining this data?** |
| Who is offered lung cancer screening (eg, % screened patients meeting program’s eligibility criteria) |  |  |  |  |
| How often, and for how long to screen (ie, is there a policy  about how often and how long to screen?) |  |  |  |  |
| How the CT scan is performed (eg, % CT scans compliant with ACR specifications) |  |  |  |  |
| Lung nodule identification (eg, number of lung nodules of x size or characteristic) |  |  |  |  |
| Structured reporting (eg, % LDCT scans using structured reporting system) |  |  |  |  |
| Lung nodule management algorithms (eg, number of surveillance imaging tests, number of surgical biopsies) |  |  |  |  |
| Smoking cessation (eg, % patients w/active tobacco use offered cessation services, % patients w/active tobacco use participating in cessation interventions, number of referrals to Quitline) |  |  |  |  |
| Patient and provider education (eg, are standardized patient/provider education materials available?) |  |  |  |  |
| Testing outcomes (eg, number of complications, number of cancer diagnoses) |  |  |  |  |
| Description of the cancers diagnosed (eg, number of cancers detected at which stage, number of cancers detected of  which histology) |  |  |  |  |

# Worksheet 6: Electronic health record and information technology needs

# *Refer to section 2.2 of the Change Package while completing this worksheet.*

*Inventory electronic health record and other information technology capabilities that the lung cancer screening program will need to function effectively. Note which are in place and which can be discussed for future development. Note details on desired features and progress towards implementation.*

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| --- | --- | --- | --- |
| **Feature or capability** | **Yes** | **No** | **Notes** |
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# Worksheet 7A: Baseline program data

# *This worksheet corresponds with section 2.3 of the Change Package.*

*This template is designed to report a lung cancer screening program’s baseline metrics. Revisit Worksheet 5B: Evaluation Plan and assess for which metrics baseline data are readily attainable. Imperfect, partial, or slightly delayed baseline data is better than no baseline data at all.*

**Program name:**

**Report period:**

|  |  |  |
| --- | --- | --- |
| **Metric** | **Baseline value** | **Target [by X time period]** |
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# Worksheet 7B: Program report template

# *Refer to section 2.4 of the Change Package for additional insights.*

*This template is designed with internal lung cancer screening program updates (eg, quarterly staff meetings) in mind, but can be edited for other uses and frequencies of reporting. You may consider making several versions of this template with different lists of metrics for different audiences. Revisit Worksheets 5B: Evaluation Plan and 7A: Baseline Program Data as a starting point to brainstorm which metrics to include.*

**Program name:**

**Report period:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Metric** | **Value** | **Value last quarter** | **Target [by X time period]** |
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**Program successes:**

**Feedback from lung cancer screening program staff, steering committee, or patients:**

**Ongoing quality improvement next steps:**

# Worksheet 8: Lung cancer screening Program Team Roster

# *Refer to section 4.1 of the Change Package for ideas for who to include.*

*List all internal staff members who will be involved in lung cancer screening program operations and describe their roles and responsibilities.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Contact information** | **Roles and responsibilities** |
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# Worksheet 9: Partner engagement

# *Refer to section 4.2 of the Change Package for ideas.*

*Brainstorm a list of the lung cancer screening program’s partners and note how they will interface with the program. Consider identifying key people in each organization, exchanging contact information, extending Steering Committee invitations or invitations for other formal involvement with the program, establishing a Memorandum of Understanding (MOU), or identifying mutually beneficial opportunities such as cross-referrals and data sharing. Involve trusted leaders of local community organizations early in the process.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner name** | **Organization** | **Title, role, or area of expertise** | **Contact Information** | **Notes** |
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# Worksheet 10: Eligibility screening protocol

# *Refer to all sub-sections of section 5 of the Change Package for ideas to consider while completing this worksheet.*

*Follow the question prompts below to draft your lung cancer screening program’s eligibility screening protocol document. Refer to all sub-sections of section 5 of the Change Package for ideas to consider while completing this worksheet.*

**Identification of eligible individuals**

[How will patients be referred to the lung cancer screening program? How will potentially eligible individuals be identified?]

**Eligibility criteria**

[What are the lung cancer screening program’s eligibility criteria? Who will be offered screening? How often and for how long are screenings recommended?]

Refer to most current United States Preventive Services Task Force or other reputable guidelines.

**Verification of eligibility**

[What billing codes and/or orders are required to proceed with lung cancer screening? Who will confirm proper use of billing codes?]

[How, and by whom, will patient eligibility for lung cancer screening be verified?]

[How, and by whom, will prior authorizations be managed?]

**Ineligible individuals**

[What will be the protocol for identifying ineligible individuals and determining whether lung cancer screening may still be clinically appropriate? (eg, risk calculators, consideration of other risk factors)]

[What will be the protocol for managing ineligible individuals for whom lung cancer screening is potentially appropriate? If lung cancer screening will not be covered by health care insurance, what options will be offered to these patients?]

[What will be the protocol for managing ineligible patients of low risk and how will inappropriate screenings be prevented?]

[What will be the protocol for discharging lung cancer screening patients from the program when they become ineligible? (eg, aging out) What are some other reasons for exiting the lung cancer screening program, and what will be the protocol for disenrollment?]

# Worksheet 11: Shared decision-making

# *Refer to section 6.1 of the Change Package for additional guidance and resources, such as shared decision-making checklists to consider for adoption or adaptation.*

*Read the most current CMS guidelines (eg,* [*February 2022 decision memo*](https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=304) *as of this writing) to ensure familiarity with all shared decision-making procedures and documentation requirements for reimbursement.*

1. Who will be responsible for shared decision-making?

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional role** | **Will they be officially responsible for shared decision-making, or will they help prepare patients for a shared decision-making visit with someone else?** | **Is this person eligible to conduct shared decision-making per CMS requirements (if officially responsible)?** | **Describe training needs around decision-making, if any.** |
|  |  |  |  |
|  |  |  |  |
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1. What decision aid(s) will be used during the shared decision-making conversation?

4. What strategies will be used to approach shared decision-making conversations to ensure that they are:

* Culturally sensitive and patient-centered?
* Appropriate for patients with low literacy?
* Not stigmatizing to people who smoke?

1. How will complete and accurate documentation of required shared decision-making elements be ensured and verified prior to screening?

# Worksheet 12: Nodule management algorithm

# *Refer to section 7.3 of the Change Package for resources and considerations.*

*Draft your program’s plan for results dissemination and clinical management of lung nodules. The Worksheet uses* [*Lung-RADS v2022*](https://www.acr.org/-/media/ACR/Files/RADS/Lung-RADS/Lung-RADS-2022.pdf) *but you may substitute with your own program’s chosen categories*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lung-RADS category** | **Results dissemination** | | **Clinical management** | |
|  | **How will the patient be notified? Within what time frame? By whom?** | **How will the referring provider be notified? Within what time frame? By whom?** | **What does the patient need next? By when? With what frequency?** | **Who is responsible for ensuring** **patient follow up with** **next steps?** |
| 0: Incomplete |  |  |  |  |
| 1: Negative |  |  |  |  |
| 2: Benign |  |  |  |  |
| 3: Probably benign |  |  |  |  |
| 4A: Suspicious |  |  |  |  |
| 4B: Very suspicious |  |  |  |  |
| 4X |  |  |  |  |
| S: Significant or potentially significant |  |  |  |  |

# Worksheet 13: Patient Tracking and Ongoing Screening Services

# *Refer to section 8.1 of the Change Package for additional guidance and resources.*

*Brainstorm your patient tracking and ongoing screening adherence strategies*

**Part 1: Plan Your Patient Tracking and Communication Strategy**

1. What strategies will be used to preemptively encourage follow-up screening, especially among populations experiencing disparities in follow-up rates?
2. How will screened patients be tracked on an ongoing basis?

* What software or platform will be used to collect and store the data?
* What data fields will be tracked for each patient?
* Who will be responsible for maintaining the registry of screened patients?
* How, and how often, will the registry of screened patients be updated and checked for accuracy?

1. How will patients be identified or flagged when due for follow-up and/or additional screening?

* Patients of different risk levels (or other characteristics) may require different types and frequencies of communication and/or follow-up. How will your program’s patients be grouped, for the purposes of communication and follow-up?
* Who will be responsible for communicating with which patients and/or providers when follow-up is due?
* What channels of communication are most appropriate to remind which patients/providers of needed follow-up?
* How will your program interact with patients overdue for follow-up?
* Are there opportunities to automate reminders or otherwise reduce staff burden and streamline reminders for patients?
* **Part 2: Create a Follow-Up Communication Protocol**
* *Use the tables below to draft patient tracking and reminder protocols for different types of patients – what communication actions need to happen, at what duration, and for which patients? The first table contains example prompts. Create a table for each patient group requiring its own communication protocol and populate it with group-specific information.*
* ***[Patient type 1 (eg, Lung-RADS \_\_\_ category )]***

|  |  |  |
| --- | --- | --- |
| ***Action due*** | ***When*** | ***Person responsible*** |
| *[eg, PCP reminder via letter/call/email; patient reminder via letter/call/email/text* | *[eg, 90 days before, 30 days before, 1 day before, day of appointment, 1 week after, etc]* | *[eg, automatic electronic health portal message, nurse navigator]* |
| *[eg, X-month screening LDCT; appointment for additional clinical evaluation; diagnostic chest CT, etc]* | *[eg, day of appointment]* |  |
| *[eg, follow-up text/call/email etc. #1, #2, #3 if missed]* | *[eg, 1 day after missed appointment]* |  |
|  |  |  |
|  |  |  |

* ***[Patient type 2 (eg, Lung-RADS\_\_\_ category )]***

|  |  |  |
| --- | --- | --- |
| ***Action due*** | ***When*** | ***Person responsible*** |
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* ***[Patient type 3 (eg, Lung-RADS\_\_\_ category )]***

|  |  |  |
| --- | --- | --- |
| ***Action due*** | ***When*** | ***Person responsible*** |
|  |  |  |
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# Worksheet 14: Lung cancer prevention Services

# *Refer to sections 9.1 and 9.2 of the Change Package for resources and ideas.*

*Assess the lung cancer screening program’s resources and define protocols for preventive services offered.*

**Part 1: Evaluate Staff Capacity to Provide In-House Prevention Services**

Which staff have (or can receive) appropriate training to provide tobacco cessation or other lung cancer preventive services?

Which staff have the most trust and rapport with the patients?

Which staff can bill for services?

**Part 2: Create a Resource LIST**

*Create a reference for staff to ensure that resources are available for each patient education, service, or referral need. Which preventive services does your program have the capacity to offer in-house? What resources are needed to support in-house preventive services encounters? What types of services will require an external referral? Populate the table below with these strategies, resources, and referrals. Examples have been prepopulated to help you get started.*

|  |  |
| --- | --- |
| **Service** | **Strategies, resources, or referrals** |
| Tobacco cessation patient education | [List of patient education print or electronic materials]  [Names/contact info of tobacco treatment specialists] |
| Tobacco cessation counseling | [Patient navigator? Primary care provider? Tobacco treatment specialist?]  [Names/contact info of tobacco treatment specialists]  [Quitline information] |
| Prescriptions for tobacco cessation medications | [Primary care provider? Or names/contact info of physicians or advance practice health care providers with prescribing capabilities]  [Prescription drug financial assistance program information] |
| Regular/ongoing cessation monitoring and support | [Patient navigator? Primary care provider? Tobacco treatment specialist?]  [List of high-quality reputable cessation mobile applications]  [List of high-quality text-to-quit programs]  [Other cessation program or support group information] |
| Radon exposure patient education | [List of patient education print materials]  [Patient navigator? Primary care provider? Tobacco treatment specialist?] |
| Radon testing | [Resources for free/low-cost radon test kits] |
| [Other prevention service] |  |

**Part 3: Create a Protocol**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Occasion** | Which patients will be offered services? | Which staff will offer services? | What reminders and strategies will be used to ensure services are offered? | Which services and resources will be offered? | What follow-up will be done to assess results of services offered? |
| [Shared decision-making] |  |  |  |  |  |
| [Initial lung cancer screening referral] |  |  |  |  |  |
| [Discussion of screening results] |  |  |  |  |  |
| [X weeks after screening results are shared] |  |  |  |  |  |

# Worksheet 15: Outreach plan

# *Refer to sections 9.1 and 9.2 for resources and guidance.*

*List the lung cancer screening program’s planned outreach activities (eg, media campaigns, health fairs, webinars) and specify the primary audiences (eg, PCPs, unhoused individuals, older men who smoke etc), lung cancer screening program staff or other partners responsible for outreach, and outreach frequency or schedule.*

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| --- | --- | --- | --- |
| **Outreach activity** | **Primary audience** | **Person(s) responsible** | **Frequency/schedule** |
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