**Community Health Hub Evidence Based Intervention - Generic**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in providing one-to-one education. Use this tool for oversight of the project and to help guide implementation. Entries must be meaningful and concise.

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| Name of CHH: | Click here to enter text. | Date of Submission: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | Amount of Request: | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* |
| **Evidence Based Intervention:** | **Primary EBI**[ ]  **Patient Reminders**[ ]  **Patient Navigation**[ ]  **Clinical Linkages / Healthcare Access** | **Secondary EBI**[ ]  **1:1 Education**[ ]  **Reducing Structural Barriers**[ ]  **Small Media** | **Focus Area:** |

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| [ ] Breast[ ]  Cervical [ ]  CVD  |

 | **Name of Project:** | Click here to enter text. |
| **Overall Goal of Project:***(need to include navigating women to screening and follow-up care as appropriate)* | *EXAMPLE TEXT: Provide reminders to 100% of women living in CHH area who are enrolled in the EWM Program and have been referred for mammogram by their provider, but have failed to complete screening. Contact 100% of women living in CHH area who have been determined eligible for screening services through EWM but have failed to be screened. By June 30, 2020 50% of all women receiving a reminder for mammography will follow through to screening. By June 30, 2020 55% of women receiving a reminder to follow through with screening will have been screened.* Click here to enter text. |
| **Target Audience of Project:***(define audience; integrative approach must include priority populations and navigating women to screening and follow-up care as appropriate)* | *EXAMPLE TEXT: Women residing in CHH districtm; 40-64 years of age enrolled in the EWM program who have been screened and referred for a mammogram, but have failed to receive one. : Women residing in CHH district 40-64 who have been determined eligible for a screening visit, received a screening card but have not been screened by a provider.*Click here to enter text. |
| **Narrative Description of Project: *(Include navigation workflow/pathway to care)***  | *Narrative should explain* **how** *you will carry out patient reminders,* ***What type****, and* ***What frequency. If reminders are based on*** ❑ **Include Patient Pathway / Workflow** for each report , First Screen Prompt, Mammogram Prompt *(use separate sheets as needed)* ❑ **Include Patient Pathway / Workflow** for those women you have identified as having a structural barrier.Click here to enter text. |
| **Activity #** | **Activity Description** | **Expected Outcomes and Due Dates** | **Collaboration/Partnership Opportunities***(priority populations, providers, etc.)* | **Person(s) Responsible** | **Estimated Budget** | **Data Systems, Information and Resources Identified***(integrative approaches need to include Med-IT or Encounter Registry data collection systems(s)* |
| ***EXAMPLE ONLY******1.1*** | *Offer extended hours one evening a week (Tuesdays 5-8pm) to accommodate patients that need evening/after work hours* | *10 patients will be able to schedule mammogram each Tuesdays for a total of 40 patients in May 2019**Mammography screening rates will increase by \_\_% (baseline \_\_) by July 2019* | ***Build Relationship with:****-Radiology/Hospital Admin/Directors****Promote through:****-Local businesses that employ-Media/Marketing department-Local churches/Cultural Center* | *Radiology Staff/Hospital Administration/Clinic Directors**HUB Staff**Marketing Department* | *$537* | *-Med-It – enter information on clients -Encounter Registry - If non EWM client, enter information-Message created for flyers bulletins, newsletters, email* |
| 1.1 | Identify staff to implement patient reminders.  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2.1 | Develop annual screening goals (completed screening office visit and/or mammography screening) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3.1 | Finalize patient pathways | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4.1 | Identify/customize small media materials (postcards, letters)  |  |  |  |  |  |
| 4.1 | Develop 1:1 education and messaging. (telephone script, text msgs, other education materials) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5.1 | Train individuals delivering patient reminders and one-to-one education  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 6.1 | Develop process pauses to perform Quality Improvement as needed | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 7.1 | Manage clients with identified structural barriers. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 8.1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 9.1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 10.1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **EVALUATIONReach & Impact Report: *(due 30 days after completion of project)******The narrative report needs to include:*** * *Number of Nebraskans reached as a result of the project*
* *Demographics of population served*
* *Collaborative efforts enhanced by the project; how will you retain partners*
* *Sustainable activities that are planned to continue as a result of the project*
* *Budget Expenditures – sufficient to carry out project/unexpected costs*

❑Success Story submitted | Click here to enter text. |
| **Date Narrative Submitted:** | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | **Narrative Submitted by:**  | Click here to enter text. |

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| **DHHS Approval** | **DHHS Response to Project Worksheet:**  |
| **Worksheet Approved:** ❑**Yes** ❑**No** | **Reason:** |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
|  |
| **DHHS Response to Evaluation Reach & Impact Report:**  |
| **Submitted on Time:** ❑**Yes** ❑**No** | **Report Approved:** ❑**Yes** ❑**No** | **Reason:** |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

**Checklist for Reimbursement:** *Version: 1/2020*

❑ Complete and Submit CHH Special Projects Template

❑ Workflow/Patient Pathway Received

❑ DHHS Approval of CHH Special Projects Template

❑ Evaluation Reach & Impact Narrative Report (due 30 days after completion of the project)

❑ Submit copies of products created and/or used

❑ Invoice using Special Projects Budget/Reporting Invoice Template