**2019-2020 Partnership for Healthy Lincoln**

**Development of Tools for Evidence Based Interventions in Clinic Settings**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in implementing an evidence based intervention project around provider/clinic best practices. 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 Organization: | | | |  | | | | | Date of Submission: | /       / | Amount of Request: | | $ |
| *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* | | |
| **Overall Goal of Project:** *(need to include navigating women to screening and follow-up care as appropriate)* | | | |  | | | | | | | | | |
| **Target Audience of Project:** *(define audience; integrative approach must include priority populations and navigating women to screening and follow-up care as appropriate)* | | | |  | | | | | | | | | |
| **Narrative Description of Project:** *(Include navigation workflow/pathway to care)* | | | |  | | | | | | | | | |
| **Activity Description** | | | | **Expected Outcomes and Due Dates** | | **Collaboration/ Partnership Opportunities** *(priority populations, providers, etc.)* | | | | **Person(s) Responsible** | **Actual Time an Dollars Spent** | **Data Systems, Information and Resources Identified** *(integrative approaches need to include Med-IT or Encounter Registry data collection systems(s)* | |
| ***EXAMPLE ONLY*** | *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 by all partners* | *-Med-It – enter information on clients  -Encounter Registry - If non EWM client, enter information -Message created for flyers bulletins, newsletters, email* | |
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| **Key Partners / Collaborators:** | | | **Partners** | | | | **Funding** | | | **Work** | | | |
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| **EVALUATION Reach & 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 | | | | | | | |  | | | | | |
| **Date Narrative Submitted:** | | /       / | | | **Narrative Submitted by:** | | |  | | | | | |

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| **Signatures** | **Agency** | **Date** |
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| **DHHS Approval** | **DHHS Response to Project Worksheet:** | | | | |
| **Worksheet Approved:**  **Yes**  **No** | | **Reason:** | | |
| **DHHS Signature:** | | | | **Date of Signature:**       /       / |
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| **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: 06/2019*

Complete and Submit EBI Provider/Clinic Impact Template *PHL*

DHHS Approval of EBI Provider/Clinic Impact Template

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

Patient Workflow submitted

Submit copy of products created and/or used

Invoice