**2020-2021 FQHC Template:**

**Evidence Based Interventions for Health Systems Change   
  
Hypertension Control**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in implementing a collaborative impact project around decreasing the number of women with uncontrolled hypertension. 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)* | | | |
| **Evidence Based Intervention Chosen:** | | | Provider based interventions  Client based interventions | | | **Focus Area:**  ***(one focus area per form)*** | | Team-based Care Target BP Check.Change.Control. Other Self-Measured Blood Pressure Program | | **Name of Project/Activity:** | |  | |
| **Primary EBI Chosen** | | | Policy Changes: Standing orders for screening based on risk and or age. Screening guidelines for clinic.  Professional Education: Appropriate screening guidelines, process for entering screening data, chart or EHR flags, screening/Follow up and or treatment updates.  Systems Changes/Team based care approaches: Team huddles, Use of care coordinators, or Community Health Workers, Policy/Process changes within clinic.  Provider reminders: Flags or charts, EHR alerts, emails, other trackers  Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Reminder Systems: Eligible women due or past due for screening services; mail, text, phone, portal, other  Client education: 1:1 education, group education, small media: risk assessment, screening guidelines, hypertension educational information.  Structural Barrier Reduction: extended hours, special clinic hours (womens’ health day), translation, child care, patient navigation, transportation, other  Reducing Out of Pocket Expenses: patient assistance programs, discount/vouchers for testing  Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison | | | | | | | | | | |
| **Overall Goal of Project:** | | | This should be brief and be SMART- Specific, Measurable, Actionable, Relevant and Time Bound (There should be a goal for each EBI chosen  Increase hypertension control rates from 60% to 75% by June 2020. | | | | | | | | | | |
| **Target Audience of Project:** | | | Who are you trying to reach? How many women are you trying to reach? What do you know about these women? | | | | | | | | | | |
| **Narrative Description of Project:  *(Include navigation workflow/pathway to care)*** | | | *Methodology- How will you go about implementing your interventions? What are your plans for quality improvements and midcourse corrections? How will you know you are successful?* | | | | | | | | | | |
| **Activity Description** | | | **Expected Outcomes and Due Dates** | | **Collaboration/ Partnership Opportunities** *(priority populations, providers, etc.)* | | | | **Person(s) Responsible** | | **Status of Project & Justification** *(Not Started, Delayed, In Progress, Completed;  include any challenges or successes)* | | |
| **EXAMPLE ONLY** | *This is like your To Do List. What needs done to implement the interventions chosen?*  *Review the core components from the logic models to include. Core components are essential/ required activities to make intervention successful* | | *This outcome is relevant to the activity. If the activity is about education the outcomes needs to be about knowledge gained. Outcomes should be SMART* | | *Who if anyone do you need to collaborate with? This can be internal or external.* | | | | *Radiology Staff/Hospital Administration/Clinic Directors*  *HUB Staff*  *Marketing Department*  *Who will carry this activity out? Who will be the lead or champion for this activity?* | | **Status:** Delayed **Justification:** due to staff turnover | | |
| **Challenges and Successes:** | | |
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| **Challenges and Successes:** | | |
| **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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| **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 Evidence Based Intervention for Health Systems Change Template *HSCMile 7*

❑ Workflow/Patient Pathway Received

❑ DHHS Approval of Evidence Based Intervention for Health Systems Change Template

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

❑ Submit copy of products created and/or used

❑ Invoice