**CHH Template:**

**Evidence Based Interventions Project:

Cholesterol**

**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 cholesterol. 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:** | [ ] Client based interventions | **Focus Area:*****(one focus area per form)*** | [ ] Cholesterol Screening and Education | **Name of Project/Activity:** |  |
| **Primary EBI Chosen** | [ ] Client Reminder Systems: Eligible women due or past due for screening services; mail, text, phone, portal, other[x] Client education: 1:1 education, group education, small media: risk assessment, screening guidelines, cholesterol educational information.[ ] Structural Barrier Reduction: extended hours, special clinic hours (women’s health day), translation, child care, patient navigation, transportation, other[x] Reducing Out of Pocket Expenses: patient assistance programs, discount/vouchers for testing |
| **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 chosen90% of clients referred for health coaching through EWM health coaching list will receive cholesterol screening if they haven’t received one at clinical visit. 100% of clients tagged for health coaching from community venues will have cholesterol screening. |
| **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?Women who are referred to health coaching and do not have baseline screening will be offered cholesterol screening. Women receiving health coaching with baseline cholesterol levels >240 will receive cholesterol screening after completion of health coaching. For those clients who are >200 cholesterol screening may be offered. |
| **Narrative Description of Project:**  | *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:**  |
| Training to use cholestech machines. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| Training and/or identification of appropriate education regarding controlling cholesterol. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| Development of policy use of cholestech machines and appropriate follow up. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| Documentation of cholesterol screening in appropriate data base. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| Training on data entry procedures. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| Quality improvement plan for cholesterol screenings and mid-course corrections. |  |  |  | **Status:** **Justification:**  |
| **Challenges and Successes:**  |
| **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 |  |
| **Date Narrative Submitted:** | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | **Narrative Submitted by:**  |  |

|  |  |
| --- | --- |
| **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: 10/2019*

❑ Complete and Submit Evidence Based Intervention for Cholesterol Template
❑ DHHS Approval of Evidence Based Intervention for Cholesterol Template

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

❑ Submit copy of products created and/or used

❑ Invoice