

CCC Program: _____



Toolbox Evaluation Form 1

Turn this form in with your quarterly reports to the MCCP. Details about any of these items can be reported in the Quarterly Progress column of your quarterly report.

MEDICAL OFFICE DEMOGRAPHICS

Toolbox office name: _____

Number of patients seen per office, per month: _____

Choose one for each:

- 1) Rural location Urban location
- 2) Multi provider office Single provider office
- 3) Type of practice: Community Health Center Private practice
 Hospital owned facility Clinic system

CHECKLIST OF IMPLEMENTATION ACTIVITIES

Please write the date completed next to each item below.

- _____ Identify individual in office who needs to approve project
- _____ Meet with person who needs to approve project
- _____ Project approved by office
- _____ Identify person who will implement project
- _____ Provide orientation to key staff person implementing project
- _____ Assess with key staff person current office system practice using *Practice Assessment and Process Tracking Tool (Form 2)*
- _____ Decide with key staff person a timeline to implement toolbox essentials to be completed within 12 months
- _____ Meet with key staff at least monthly during implementation – track time spent on this project here and send in quarterly:
Qtr 1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____

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- _____ Educate clinician on using the Toolbox to provide recommendations
And referrals for breast and cervical cancer screening
- _____ Utilize small media to educate patients, with the goal to increase
Breast, cervical and colorectal cancer (or a combination thereof)
screening rates
- _____ Turn in completed *Practice Assessment and Process Tracking Tool*
(Form 2) quarterly
- _____ Gather feedback about process from key staff person (provider
Survey) and turn in with 4th quarter progress report
- _____ Develop follow-up plan/check-in timeline after implementation is
complete