

Coverdell Cost Collection Tool

Introduction

Thank you for participating in the Coverdell cost study. We are researchers from Research Triangle Institute (RTI), International Evaluation of Disease Control and Prevention. This data collection effort will provide important information about the costs necessary for program implementation. For this cost study, please let us know. We believe there are minimal risks to you from participation, and every effort will be made to protect your information. For ongoing program improvements, we will share de-identified cost data with CDC and summarize findings in reports. For any questions, please contact Naomi Buell at nbuell@rti.org.

You can navigate the Cost Collection Tool (CCT) using the tabs at the bottom of the spreadsheet or the buttons for each section below. For additional technical assistance, please contact Naomi Buell at nbuell@rti.org.

In this cost data collection instrument, we ask that you report costs for each of six resource categories:

1. Personnel
2. Contracts & Consultants
3. Equipment, Supplies & Materials, Travel, & Other Services
4. Indirect/Overhead costs
5. In-kind Labor costs
6. In-kind Non-Labor costs

For each cost category you are asked to allocate how costs were divided across the Coverdell strategies your program is implementing.

The 9 Coverdell Strategies are:

- (1) EHR/Health IT
- (2) Data Management
- (3) Referral Tracking
- (4) Quality Improvement
- (5) Workforce Development
- (6) Patient Care Practices
- (7) Establish and strengthen partnerships
- (8) Patient Navigators/CHWs

- (9) Educational Messaging

You need only to provide cost allocations for the strategies your program is working on. Full strategy descriptions are included on the workbook.

We also ask that you estimate project-level effort across strategies, by populations reached (high risk and general), and by setting (primary care or specialty care) under the 'Other' setting. Level of effort estimates should consider all potential cost categories.

Please report only costs for the following reporting period

OMB Burden Disclosure Statement: CDC estimates the average public reporting burden for this collection of information as approximately 1 hour per response, including reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden statement or any aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-0042).

Reporting Period:

How to Navigate the Cost Data Collection Tool:

Data on Personnel is entered on the tab, 1_Personnel, or by clicking the button to the right.

Data on contracted services and consultants is entered on the tab, 2_Contracts, or by clicking the button to the right.

Data on equipment and supplies is entered on the tab, 3_Equipment, or by clicking the button to the right.

Data on indirect/overhead costs is entered on the tab, 4_Indirect, or by clicking the button to the right.

Data on in-kind labor costs is entered on the tab, 5_InKind_Labor or by clicking the button to the right.

Data on in-kind non-labor costs is entered on the tab, 6_InKind_NonLabor or by clicking the button to the right.

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Project Level

Instructions: On this screen you are stroke events in each setting, and the sum of the whole row should equal For additional technical assistance,

Report only costs for the following

Reporting Period:

Strategy
C.1 - EHR/Health IT
C.2 - Data Management
C.3 - Referral Tracking
C.4 - Quality Improvement
C.5 - Workforce Development
C.6 - Patient Care Practices
C.7 - Establish & strengthen partnerships

C.8 - Patient Navigators/CHWs

C.9 - Educational Messaging

be asked to estimate program-wide level of effort by populations reached and by setting the % of efforts spent on educational messaging activities intended to reach the general public. If 100% for each strategy being implemented. For more information, please contact Naomi Buell at nbuell@rti.org.

reporting period:



Strategy Description
Strategy C.1 Leverage electronic health records (EHRs) and health information technology (HIT) to identify patients with stroke and monitor health care disparities for those at highest risk for stroke events.
Strategy C.2 Establish and expand state-wide data infrastructure through an integrated data management system that links patient data for measurement, tracking, and assessment of quality of stroke care data.
Strategy C.3 Coordinate the development and implementation of a referral tracking system to support transitions of care for stroke patients.
Strategy C.4 Analyze data and identify areas to improve the efficiency and quality of care within EMS and hospital settings and through systematic Quality Improvement (QI) methods and interventions (e.g. PDSA, Lean, Six Sigma).
Strategy C.5 Coordinate, develop, and implement professional and work force development opportunities (e.g. training, technical education, workshops, etc.) to improve evidence-based clinical knowledge for stroke care, recognition of disparities in stroke care, and address them (e.g. unconscious bias training, clinical decision-making tools, cultural competence).
Strategy C.6 Develop and implement patient care practices/patient care protocols within EMS and hospital systems to coordinate care throughout the stroke systems of care.
Strategy C.7 Establish and strengthen partnerships with relevant state or local stroke coalitions, initiatives, professional organizations, and other stakeholders to provide resource support for stroke patients, as well as those at highest risk for stroke events.

Strategy C.8 Facilitate engagement of patient navigators/community health workers in the management of those at highest risk for stroke and support and follow-up of stroke patients across clinical and community settings.

Strategy C.9 Coordinate and/or promote stroke messaging/education within communities and clinical settings around the impact of stroke on the highest risk for stroke events and the appropriate response during a stroke event, including utilizing EMS for stroke transport.

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