Illinois Pathways to Health by AgeOptions

DSMP PLUS DATA COLLECTION CHECKLIST- VIRTUAL WORKSHOPS

The following steps are to be completed by workshop leaders unless specified otherwise.

WORKSHOP REGISTRATION

- ☐ Register workshop on ILPTH:
  - Refer to the ILPTH User Guide for instructions.
  - Set the maximum capacity to "1" to prevent online participant registration and add "Only open to participants with a doctor referral" in the public note section.
  - Update ILPTH with any changes (e.g., dates, leaders, cancellations, etc.).
- ☐ Screen referrals and recruit participants by discussing program and technical details. If needed, inform participants a tech assistant may contact them for a pre-session practice.
- ☐ Register participants using your own process.

PREPARATION *(1-2 WEEKS PRIOR TO WORKSHOP START DATE)*

- ☐ Mail participants workshop books/materials.
- ☐ Email or mail participant forms (include return envelopes if using paper forms).
  - Email participants the Welcome Letter with links to required paperwork, the virtual class link, Zoom Instructions (if applicable), and Workshop ID. (Customize the Physician Cover Letter linked in the Welcome Letter with your site contact info).
  - If mailing forms, workshop paperwork can be accessed on the ILPTH Leader Resource Page; Password: leaders1!
  - Ensure participants sign the Media Release Form if photos will be taken.
  - Ensure participants send a copy of their ID and Insurance Cards.
  - Ensure the completed DSMES Order Form is returned prior to the first group session.
- ☐ Leaders and Technical Assistant (TA) practice.
- ☐ Email pre-workshop reminder with virtual class link and Zoom instructions (if applicable).
- ☐ Provide RD with the completed Assessment/Pre-Survey if participant has returned the form.

SESSION 1: INDIVIDUAL ASSESSMENT *(1-2 WEEKS PRIOR TO 1ST GROUP SESSION)*

- ☐ RD/ Leader explains evaluation forms to participants using the Virtual Data Collection Script.
- ☐ RD conducts assessments:
  - RD reviews assessment/pre-survey form and creates DSMP Plan and Smart Goal with participant using the Intervention Tracking Form.
  - If RD has not received the Assessment/Pre-Survey, RD completes it verbally.
  - RD provides the participant with the SMART Goal Participant Sheet.
- ☐ RD returns the completed Intervention Tracking and Assessment forms to the leader.

SESSION 2: 1ST GROUP SESSION

- ☐ Begin Group Session 1.
  - Attendance requirement: No one is permitted to join the workshop after Week 1 Assessment.

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- ☐ Follow instructions for during/after each session (detailed below).

DURING/ AFTER EACH SESSION

- ☐ Complete attendance form. Print legibly or fill in electronically.
- ☐ Record session details in the **Intervention Tracking Form**.
- ☐ Email Action Plan reminder to participants 3 days after each session.
- ☐ Email workshop reminder the day before/morning of workshop with virtual class link.
- ☐ Follow-up with participants who missed the session or failed to return.

SESSION 7: LAST GROUP SESSION

- ☐ Verify attendance sheet for accuracy.
- ☐ In the last 15 min of the session, participants complete the **Post-Survey**.

SESSION 8: INDIVIDUAL FOLLOW-UP SESSION

- ☐ Provide the RD with the filled-in Intervention Tracking Form.
- ☐ RD collaborates with participants to create the **Participant Support Plan** (provide a copy to the participant).
- ☐ RD returns the Intervention Tracking Form and the completed Support Plan to the leader or Program Coordinator.

POST-WORKSHOP TASKS

- ☐ Program Coordinator completes the **Provider Follow-Up Letter** (customized with your site's information and logo), includes the participant's outcomes, attaches a copy of the completed Participant Support Plan, and sends it to the physician. Retain a copy.
- ☐ Program Coordinator should mark their calendar for 3-month participant follow-up.
- ☐ Enter workshop data into ILPTH or send to AgeOptions. Note that some additional questions from the pre-survey are not included in ILPTH. Enter responses to those questions at this link.
  - Refer to the **ILPTH User Guide** for detailed data entry instructions.
  - If all data is entered in ILPTH, email the Health Promotion Team at AgeOptions to confirm completion. Retain all participant forms securely.
  - Securely send all completed forms to Joan Fox at AgeOptions: joan.fox@ageoptions.org

PARTICIPANT 3 MONTH FOLLOW-UP

- ☐ Program Coordinator sends participants the **Participant Follow-Up Letter** and **Follow-Up Survey**.
- ☐ Submit completed surveys to AgeOptions or enter them at this link.
  - Send all completed forms securely to Joan Fox at AgeOptions: joan.fox@ageoptions.org
  - If all data is entered in ILPTH, email the Health Promotion Team at AgeOptions to confirm completion. Retain all participant forms.

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