



CHECKLIST For HOBSCOTCH Program Implementation

The following checklist is intended for use by clinical centers who wish to implement the HOBSCOTCH Self-Management and Cognitive Training program to provide cognitive rehabilitation to people living with epilepsy and cognitive challenges. The aim of this checklist is to assist clinicians assess their clinic environmental readiness to successfully implement the HOBSCOTCH program.

Implementation Category	Clinical Center Readiness Statement	YES	NO
Leadership and Department Support	<ul style="list-style-type: none"> ○ Support from leadership, Department Chair/Division Head, is established ○ Faculty agree program is priority intervention addressing patient self-care gaps ○ Faculty familiar with the science/evidence supporting HOBSCOTCH ○ The hospital billing department is willing to work with faculty HOBSCOTCH Coaches to review appropriate coding for services provided 		
Faculty & Staff	<ul style="list-style-type: none"> ○ Faculty with an interest in self-management and cognitive rehab willing complete the 8-hour HOBSCOTCH Cognitive Coach training ○ Faculty have access to administrative assistants who can schedule patients for sequential HOBSCOTCH sessions along with providing appointment reminders ○ Administrative staff can assist with distribution of patient program materials ○ Clinic staff able to share program information as instructed at check-in/check-out with patients who may benefit (at the direction of faculty) 		
Funding	<ul style="list-style-type: none"> ○ Funding available to support patient materials for the HOBSCOTCH program ○ Ability present to deliver HOBSCOTCH based on clinic revenue ○ Faculty interest in partnering to apply for grant funding to deliver HOBSCOTCH and participate in innovative research with the HOBSCOTCH Institute team 		
Target Audience	<ul style="list-style-type: none"> ○ Active communication and established channels for referral from colleagues within our neurology/psychology department and beyond ○ Patients with epilepsy routinely referred for neuropsychological testing ○ Faculty, fellows, residents are willing to identify patients who may benefit 		
Recruitment & Referrals	<ul style="list-style-type: none"> ○ Our hospital has marketing capabilities to share availability of the program ○ We will work with HOBSCOTCH Institute to provide stakeholder education ○ Our clinic can manage referrals in a timely and appropriate manner ○ We will accept local state referrals from the HOBSCOTCH Institute ○ We will use template promotions (brochures) from the HOBSCOTCH Institute ○ We will share the HOBSCOTCH Program on our hospital/department website 		
Program Delivery	<ul style="list-style-type: none"> ○ We have a champion faculty member who is supportive of HOBSCOTCH ○ We have capacity to securely collect and submit pre and post program surveys to assist with program evaluation, quality improvement and the measurement of outcomes as best fits the need of our clinic ○ Faculty/fellows trained will have dedicated clinic time to deliver program ○ We have necessary technology available for secure online delivery of program ○ Trained faculty will attend HOBSCOTCH Institute implementation support calls that focus on the delivery of the program in a clinical setting ○ We have capacity to grow and sustain the program through our interested faculty (psychologists, physicians, nurses) and as a part of our psychology and/or epilepsy fellowship programs 		

* Items are adapted from the CDC's [Diabetes Prevention Program Readiness Assessment](#)