How to enter data into the on-line system

All administrations of the Parenting Action Plan must be documented and submitted to UT Health Science Center, Tyler. This documentation will allow us to auto generate invoices to be approved for reimbursement. Further, this documentation will allow us to know when a clinic needs more materials and will be used in reports to our funders.

Data can be entered at: https://is.gd/papAdmin

or through the link on the Parenting Action Plan webpage

Screen 1

ClinicInfo

Resize font:

Safe Babies

Please enter your initials:

This will help us determined who did data entry into the system if there are any questions.

⟵ Your initials, the person entering information.

Please enter in your email address:

this contact information will only be used if there are questions about the acknowledgements

⟵ Your email address. We will only be using this to contact you if we have questions about the data that has been entered.

If you are entering data from more than one clinic, we suggest that you batch enter PAPs based on clinic (i.e. all PAPs from clinic X entered at once, then enter in PAPs administered at clinic Y)

Please enter in the name of the clinic where the Parenting Action Plan was administered

⟵ If you are responsible for entering data for more than one clinic, we suggest you enter all data for each clinic at once. Batch entering data like this will reduce the amount of data entry that you will need to do.

Click submit below to enter each PAP for ____

The name of the clinic will populate here.

Submit

Click on SUBMIT to advance to the next page and begin entering PAP information.

How to enter data into the on-line system (cont.)

Screen 2

Documentation of Each Administration

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This form is being used to document the administration of the Parenting Action Plan at Your Clinic.

Only PAPs that have been documented through this system will be eligible for reimbursement.

Directions: Enter each administration separately. You must indicate who administered the PAP (using initials) and acknowledge that the woman received it (she signed the form). The date that the PAP was administered is also required.

Date the PAP was administered
* must provide value
[   ] 📅 [Today] M-D-Y

The following staff administered the PAP (initials only)
* must provide value
[   ]

Mother signed the form acknowledging that she received the PAP
* must provide value
○ Yes   ○ No
                                                    reset

Mother has opted-in for research follow-up   ⦿ Yes   ○ No
* must provide value   reset

If the woman agreed to be contacted by UTHSCT & BCM for additional research, her contact information must entered here.

Please enter the contact information that the mother provided

Mother's email address   [   ]

Mother's phone number   [   ]

Submit and
[⟳ Enter another PAP]
– or –
[Submit]

The clinic you are doing data entry for. All PAPs entered will be attributed to this clinic.

The date that the PAP was given to the mother. If that was today, you can press the TODAY button to auto populate the date.

The initials of the staff member who went over the PAP with the mother. You do not have to enter the staff member's name, initials will be enough.

Indicate if the mother signed to acknowledge that she received the PAP.

Indicate if the mother agreed to have UTHSCT contact her for follow-up research.

NOTE: The information here will only be displayed if the Mother opted-in for follow-up research.

Enter EITHER the phone number or the email address that the mother <u>provided</u> on the form. Please do not pull this information from the medical record, only provide the contact information that is on the form.

If you have more PAPs to enter for this clinic, click on ENTER ANOTHER PAP button. All infomation on this page will be saved and you will be given a new blank form.

If you have completed data entry for this clinic, then click SUBMIT. Clicking on this will take you to the "Survey Complete" page.

On the "Survey Complete" page, you will be given the option to enter data for another clinic, if needed.