



Purpose/Goal: To assess: (1) the clinic's patient and staff population; (2) current guideline use from the clinic/organizational perspective; (3) clinic resources needed to implement the guidelines; and (4) clinic use of and needs regarding community resources.

Administration: See "General Instructions" below. This form is for SHIP staff to use to document the data and information about clinics that are of critical importance in the development of project Action Plan. To be administered at baseline plus modified follow-up survey.

**Individual Organization Assessment
DRAFT March 3, 2010**

SHIP BCOW Healthcare Intervention

Supporting implementation of the Institute of Clinical Systems Improvement (ICSI) *Prevention and Management of Obesity and *Primary Prevention of Chronic Disease*** Guidelines**

General Instructions for SHIP staff:

- The observation unit will be the clinic site. One form should be completed per clinic site.
- ICSI staff will administer the interview and gather needed information to complete this form.
- Most items in the form will be completed by interviewing clinic key person. The others may require clinic visits, communicating with other staff in clinic, or reviewing clinic documents.
- The text printed in "[]" is the language that can be used to assist the flow of interview.
- Probe questions are listed for some items when the initial response does not provide/cover the scope of what we intend to gather.
- Use blank space or additional sheets as needed, to document observations that are not covered by this form, but are important to the implementation strategies for this clinic.

Key individual who provided information:

Name:

Title:

Email address:

Organization visit date:

____/____/____
Month Day Year

____/____/____
Month Day Year

____/____/____
Month Day Year

Organization Name and address:

Other individuals who provided input:

1.

2.

3.

Organization phone number:

(____) ____ - ____

Organization fax number:

(____) ____ - ____

* ICSI Guideline "Prevention and Management of Obesity" (referred to as "Obesity" hereafter)

** ICSI Guideline "Primary Prevention of Chronic Disease" (referred to as "PPCD" hereafter).

Completed by (SHIP staff) _____

Date ____/____/____

General Information

1. How many of the following staff work in your organization?

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical doctor/Physician | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical director |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nurse practitioner (CNP) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clinic manager |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physician assistant (PA) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Registered Nutritionist/Dietitian |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others: specify _____ |

2. Does your organization have staff that has special training or expertise in:

- Dietary/nutrition counseling Yes No
Weight management Yes No
Exercise/physical activity Yes No
Tobacco cessation Yes No
Alcohol treatment Yes No
Referral coordination Yes No
Other: please specify _____

3. How many patients are seen at your organization per week? _____

4. What age demographic characteristic is predominant among your patients?

- infants
 toddlers
 children
 adolescents
 young adults
 adults
 senior citizens

5. What gender demographic characteristic is predominant among your patients?

- Male
 Female

6. What social economic demographic characteristic is predominant among your patients?

- Low
 Middle
 Upper

7. What educational demographic characteristic is predominant among your **adult** patients?

- High school
 College
 Graduate study

8. What racial demographic characteristic is predominant among your patients?

- American Indian or Alaska Native
 Asian
 Black or African American

- Native Hawaiian or Other Pacific Islander
- White
- Other

9. What residential demographic characteristics are predominant among your patients?

- urban
- rural

10. Are any of your patients recent immigrants?

- No Yes If yes, specify countries of origin: _____

11. Are any of your patients recent refugees?

- No Yes If yes, specify countries of origin: _____

12. What patient registry system does your organization use?

- Epic
- AllScript
- Mimic
- Manual, Paper Charting
- Other: _____

13. Does your organization use an Electronic Medical Record system? Yes No

14. Will your current medical record system require a process to add a **decision support process*** to support staff in delivering specific components of the ICSI Obesity and PPCD Guidelines? (specific components include: ask/screen; advise/counsel; referral to clinic-based and/or community-based resources; and follow-up).

- Yes. Please describe: _____
 No.

**(A process integrated into the point-of-care that provides accessible reminders to clinicians regarding appropriate management based on previously entered data. These systems may be most practical when coupled with computerized clinician order entry and electronic medical records.)*

15. Does your organization have a relationship with any other practice group or system?

- Yes No If yes, which group/system? _____
If yes, how has this relationship assisted your efforts to address obesity and chronic disease?

16. Is your organization currently practicing any quality assurance processes (such as chart audits)?

- Yes No If yes, please describe: _____

17. What, if any, health care quality improvement programs/interventions has your organization participated in?

- Bridges to Excellence Program (MN BTE) Yes No
(Sponsored by the Buyers Health care Action Group - BHCAG)
- Physician Quality Reporting Initiative Yes No
(14 measures for 2009; two measure on tobacco screening & cessation advising)
- ICSI member Yes No
- ICSI consulting relationship Yes No
- Implement ICSI guidelines Yes No
- MN Health Scores Yes No
(Based on data provided by MN health plans & data submitted directly by more than 300 medical clinics statewide)
- MN Health Scores Patient Survey Yes No
- Other: _____

Organization and ICSI Guideline Practice

18. Does your organization have a **policy** or **system** (or plan, protocol, standard, program) addressing the prevention and management of obesity? Yes No Don't know
If yes, please describe: _____

[Probe: What it is? When was it first implemented? Can I get a copy?]

19. Does your organization have a **policy** or **system** (or plan, protocol, standard, program) addressing the primary prevention of chronic disease (tobacco use, physical inactivity, poor diet and risk alcohol use)? Yes No Don't know
If yes, please describe _____

[Probe: What it is? When was it first implemented? Can I get a copy?]

20. Please check the ICSI Guideline(s) that your organization has **ever** implemented:

- ACS: Chest Pain and Acute Coronary Syndrome, Diagnosis and Treatment of
- ADHD, Attention Deficit Hyperactivity Disorder in Primary Care for Children and Adolescents
- Antithrombotic Therapy Supplement
- Asthma, Diagnosis and Management of
- Atrial Fibrillation
- Breast Disease, Diagnosis of
- Cervical Cytology (Pap Smear) and HPV Testing, Initial Management of Abnormal
- Chronic Disease, Primary Prevention of
- Chronic Obstructive Pulmonary Disease (COPD), Diagnosis and Management of
- Colorectal Cancer Screening
- Coronary Artery Disease, Stable
- Depression, Major, in Adults in Primary Care
- Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of
- Headache, Diagnosis and Treatment of

- Heart Failure in Adults
- Hypertension Diagnosis and Treatment
- Immunizations
- Labor, Management of
- Lipid Management in Adults
- Low Back Pain, Adult
- Menopause and Hormone Therapy (HT): Collaborative Decision-Making and Management
- Obesity, Prevention and Management of (Mature Adolescents and Adults)
- Osteoporosis, Diagnosis and Treatment of
- Otitis Media in Children, Diagnosis and Treatment of
- Pain, Acute, Assessment and Management of
- Pain, Chronic; Assessment and Management of
- Palliative Care
- Prenatal Care, Routine
- Preoperative Evaluation
- Preventive Services for Adults
- Preventive Services for Children and Adolescents
- Respiratory Illness in Children and Adults, Diagnosis and Treatment of
- Sleep Apnea, Diagnosis and Treatment of Obstructive
- Stroke, Ischemic, Diagnosis and Initial Treatment of
- Venous Thromboembolism Diagnosis and Treatment
- Venous Thromboembolism Prophylaxis
- We have never implemented any of the ICSI Guidelines

If yes, how were they implemented? What worked well? What did not work well?

21. Is your organization **currently** implementing any ICSI Guidelines?
 Yes No Don't know

If yes, which ones? _____

If yes, how are they being implemented? What is working well? What is not working well?

Community-Based Resources Linkage/Partnership

[The ICSI Obesity and PPCD Guidelines ask clinicians to screen for BMI and chronic disease risk behaviors and provide pertinent intervention, including referring patients to clinic and/or community-based resources (CBRs).]

22. Does your organization have any **policy** or **system** in place that addresses the following components?

	Clinic policy or system in place for
--	--

Components	Ask/Screen ?	Advise/ Counsel?	Referral to clinic-based resources?	Referral to community-based resources?	Follow-up?	Documentation ?
BMI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise or physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary or nutritional practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Probe: (see next page)

- If Ask/Screen is “yes” → Does policy or system require....
 - Specific screening tools be used? If yes, which one(s)? _____
 - A standardized manner? Yes No
 - It be recorded in the medical record? Yes No
 - Clinician to advise/counsel? Yes No
 - Clinician to refer? Yes No
 - Clinician to create a follow-up plan? Yes No
 - Clinician to do the follow-up with patient? Yes No
 - If yes for tobacco, advise a specific treatment? If so, which one? _____
- If Advise/Counsel is “yes” → Does policy or system require...
 - Specific methods? If so, which ones? _____
 - It be recorded in the medical record? Yes No
 - Follow-up done on the result of the advising? Yes No
- If Referral to clinic-based resource is “yes” → Does policy or system require...
 - Referral made by verbal recommendation or written documentation? Yes No
 - Referral be documented in medical record? Yes No
 - That patient is provided with a referral sheet in which the program description is provided? Yes No
 - A follow-up plan/referral protocol to check if patient actually goes for the referral? Yes No
 - Patient follow-up visit to be scheduled to check how they are doing? Yes No
 - A designated person to do the referrals and ensure providers & patients make maximum use of clinic-based resources? Yes No
 - Training in community-based resources? Yes No
 - A process/system in place that coordinates patients, providers and clinic-based resources? Yes No
- If Referral to community-based resource is “yes” → Does policy or system require...
 - Referral be made by verbal recommendation or written documentation? Yes No
 - Referral be documented in medical record? Yes No
 - That patient is provided with a referral sheet in which the program description is provided? Yes No
 - A follow-up plan/referral protocol to check if patient actually goes for the referral? Yes No
 - Patient follow-up visit to be scheduled to check how they are doing? Yes No

- A designated person to do the referrals and ensure providers & patients make maximum use of clinic-based resources? Yes No
- Training in clinic-based resources? Yes No
- A process/system in place that coordinates patients, providers and clinic-based resources? Yes No

23. In your organization, is there a designated person who is responsible for implementing clinical practice policies/protocols and insuring compliance? Yes No If yes, who?

24. What items would **assist your organization in the implementation** of the Obesity and PPCD ICSI Guidelines (integrate into practice: ask/screen; advise/counsel; referral to clinic-based and/or community-based resources; and follow-up)?

- Clinician training
- An algorithm to identify at-risk patients
- Development of a referral system or mechanism
- Easy to use referral forms
- A list or database of community-based resources
- Development of a follow-up system
- Facilitation of a team effort that engages other healthcare staff in implementation (i.e. clerks, etc.)
- Electronic medical records or charting practices that provide reminder systems or prompts based on the guidelines
- Language-specific resources and translation services
- Cultural-specific resources and implementation strategies
- Other: _____

25. What **resources can your organization contribute to supporting implementation** of the Obesity and PPCD ICSI Guidelines (integrate into practice: ask/screen; advise/counsel; referral to clinic-based and/or community-based resources; and follow-up)?

- Administrative support
- Staff time for training, planning, implementation, and evaluation
- Technical Support (IT)
- Quality improvement systems to evaluate implementation
- Other: _____

26. What **resources would your organization need to create a policy or protocol** supporting implementation of the Obesity and PPCD ICSI Guidelines (integrate into practice: ask/screen; advise/counsel; referral to clinic-based and/or community-based resources; and follow-up)?

- Training regarding how policies/protocols affect and sustain change
- Training regarding effective policies/protocols
- Policy/protocol template
- Assistance in writing the policy/protocol
- Strategies to foster clinician support of policy/protocol

- Strategies to foster clinician compliance
- Other: _____

Healthcare Organization Clinician Input Options

27. In order to obtain input and baseline data from your staff in regards to these ICSI guidelines, we would like to propose several options. Please choose the best way we can accomplish this at your healthcare organization:

- Attend a staff meeting, provide a 10 minute overview of SHIP, and provide staff the opportunity to complete the staff input form during the meeting.
- Invite staff to an hour luncheon, provide a 10 minute overview of SHIP, and give staff the opportunity to respond to the staff input questions using an electronic response/discussion format.
- SurveyMonkey
- Email and return
- Mail and return
- Other: _____

Who should we contact in order to arrange for the selected venue?

Name: _____

Position: _____

Contact Information: _____