

Individual Clinic Assessment SHIP Multi-grantee Institute of Clinical Systems Improvement (ICSI) Prevention and Management of Obesity and Primary Prevention of Chronic Disease Guidelines Implementation*	
General Instructions for SHIP staff: <ul style="list-style-type: none"> ▪ 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:	Clinic visit date: _____ / _____ / _____ Month Day Year _____ / _____ / _____ Month Day Year _____ / _____ / _____ Month Day Year
Clinic Name and address: 	Other individuals who provided input: 1. _____
	2. _____
	3. _____
Clinic phone number: (_____) _____ - _____	Clinic fax number: (_____) _____ - _____

* In this document, the ICSI Guidelines “**Prevention and Management of Obesity**” is often referred to as “*Obesity Guideline*,” and ICSI Guideline “**Primary Prevention of Chronic Disease**” is often referred to as “*PPCD Guideline*.”

Completed by (SHIP staff) _____

Date ____/____/____

General Information

[Thank you for participating in the SHIP ICSI (Institute for Clinical Systems Improvement) Guidelines implementation project. To proceed with this project, we would like your input regarding your clinic site.]

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

- Medical doctor/ physician
- Registered nurse
- Physician assistant/ Nurse practitioner
- Medical director
- Clinic manager
- Nutritionist/Dietitian
- Others, specify _____

2. Does your clinic have staff that have special training or expertise in?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Dietary/nutrition counseling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weight management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exercise/physical activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco cessation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Referral coordination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any others, please specify _____ | | |

3. On the average, how many patients are seen at your clinic per week (or per month)?
(Best estimate or range)

_____ (number of patients/week) or

_____ (number of patients/month)

4. What demographic characteristics are common among your patients?

Probe: Characteristics of the patients in terms of:

Age?

Gender?

Social economic status?

Education?

Race/ethnicity/cultural background?

Recent immigrants?

Recent refugees? Place of residence?

Current Clinic Obesity/ PPCD policies and systems

[This SHIP ICSI Guidelines Implementation project has two primary goals. The first goal is to support implementation of the ICSI Guidelines for **Obesity & PPCD**). I am going to ask some questions to learn about your clinic's current practices in these areas.]

5. Is your clinic (or the clinic system that your clinic is associated with) a member of ICSI?

Yes No Don't know

6. Has your clinic **ever** implemented any ICSI Guidelines?

Yes No Don't know

If yes, what are they _____

If yes, could you please describe briefly:

- What worked well?
- What did not work well?

7. Is your clinic **currently** implementing any ICSI Guidelines?

Yes No Don't know

If yes, what are they _____

If yes, could you please describe briefly:

- What worked well?
- What did not work well?

8. Does your clinic have an organizational **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?]

9. Does your clinic have an organizational **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?]

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

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

Components	Clinic policy or system in place for					
	Ask/ Screen?	Advise/ Counsel?	Referral to clinic-based resources?	Referral to CBRs?	Follow-up?	Document- ation?
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	<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:

If Ask/Screen is "yes": → Does policy or system require...

- Asking/screening be done in a standardized manner?
- A specific screening tool be used? If so, which tool?
- Asking/screening be recorded in the medical record?
- Clinician to provide counseling/advising?
- Clinician to provide referral?
- Clinician to create a follow-up plan with patient?
- Clinician to do the follow-up with patient?
- If yes for tobacco, detail a specific treatment? If so, which one?

If Advise/counsel is "yes" → Does policy or system require...

- Any specific methods? Describe _____
- To be recorded in the medical record?
- Follow-up be done on the results of intervention?

If Referral to clinic-based resources is "yes" → Does policy or system require...

- Referral made by verbal recommendation or written documentation?
- Referral to be documented in medical record?
- That patient is provided with a referral sheet in which the program description is provided?
- A follow-up plan/referral protocol to check if patient actually goes for the referral?
- Patient follow-up visit to be scheduled to check how they are doing?
- A designated person to do the referrals and ensure providers & patients make maximum use of clinic-based resources?
- Training in clinic-based resources?
- A process or system in place that coordinates patients, providers/clinic and clinic-based resources?

If Referral to community-based resources is "yes" → Does policy or system require...

- Referral be made by verbal recommendation or written documentation?
- Referral be documented in medical record?
- That patient is provided with a referral sheet in which the program description is provided?
- A follow-up plan/referral protocol to check if patient actually goes for the referral?
- Patient follow-up visit to be scheduled to check how they are doing?
- A designated person to do the referrals and ensure providers & patients make maximum use of clinic-based resources?
- Training in clinic-based resources?
- A process or system in place that coordinates patients, providers/clinic and community-based resources?

11. In your organization, is there a designated person who is responsible for implementing clinical practice protocols and insuring compliance?

12. What resources does your clinic currently have to support implementation of ICSI Guidelines?

13. What additional resources are needed to support implementation of the Obesity and PPCD ICSI Guidelines in your clinic?

14. What do you envision as barriers to implementing the Obesity and PPCD ICSI Guidelines in your clinic?

15. What will be the best ways to get the clinic ready to implement Obesity and PPCD ICSI Guidelines?

Clinic and Community-based resources linkage/partnership

*[This 2nd goal of the SHIP ICSI Guideline implementation project is to assist your clinic in referring patients to **clinic and community-based resources** that support and promote **healthy eating, physical activity or exercise, and tobacco use cessation**. This could include things such as a class, program, support group, local farmers market, walking path, and/or health club membership. The following questions will help us understand your clinic's current practices and learn how we can work together to effectively implement this intervention.]*

16. Do clinicians or staff in your clinic refer patients to clinic-based resources in regards to the following topics? If yes, name the clinic-based resource and describe the service.

Refer to clinic-based resources regarding	Which clinic-based resource?	Briefly describe the services (content, counseling, class & etc.)
a. Diet or nutrition? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
b. Weight loss or weight management? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
c. Tobacco cessation? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
d. Fitness or exercise? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
e. Other _____ <input type="checkbox"/> Yes → <input type="checkbox"/> No		

How are the referrals to clinic-based resources identified and chosen?
Do you have clinical information systems to report and track referrals?

17. Do clinicians or staff in your clinic refer patients to community-based resources in regards to the following topics? If yes, name the CBR and describe the service.

Refer to community-based resources regarding	Who/Where have you referred patients?	Briefly describe the services (content, counseling, class & etc.)
a. Diet or nutrition? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
b. Weight loss or weight management? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
f. Tobacco cessation? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
g. Fitness or exercise? <input type="checkbox"/> Yes → <input type="checkbox"/> No		
h. Other _____ <input type="checkbox"/> Yes → <input type="checkbox"/> No		

How are the referrals to CBRs identified and chosen?
Do you have clinical information systems to report and track referrals?

18. In your organization is there a designated person who is responsible for,
- a. Clinic-based referral and referral follow-up? Yes No Don't know
- b. CBRs referral and referral follow-up? Yes No Don't know

19. What resources does your clinic currently have to facilitate referrals to....

a. Clinic-based resources?

b. Community-based resources?

20. What additional resources would be required by your clinic to more effectively make referrals to.....

a. Clinic-based resources?

b. Community-based resources?

21. What do you envision as barriers to making referrals to

a. Clinic-based resources?

b. Community-based resources?

22. What would be the best way to get your clinic ready for developing referral systems and partnership for

a. Clinic-based resources?

b. Community-based resources?

Clinic management and information system

23. What patient registry system does your clinic use?

24. What process will be required for your current medical record system to add a **decision support process** to support clinicians and staff in delivering specific components of the ICSI Obesity and PPCD Guidelines? (Specific components include: ask/screen, advise/counsel; refer to clinic/CBRs).

25. How can we establish a **tracking system** so that we can conduct a periodic (likely monthly) chart audit that can be used in developing solutions to identified problems?

[For example, pull out charts randomly for the patients that were seen the previous week; pull out patient charts who were seen at clinic 6 months ago and if they were screened for smoking.]

Other related information

26. Does your clinic have any affiliation to a practice group or system?

Yes No

If yes, what it is: _____

If yes, how has such affiliation assisted your clinic efforts to address primary prevention of Obesity/ chronic disease risk factors?

27. Does your clinic operate independently or systematically with other clinics when implementing protocols and guidelines?

28. Does your clinic currently do any quality assurance process such as chart audits?

29. Does your clinic participate in any healthcare quality improvement efforts?

Yes No

If yes, please specify: _____

Probe:

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 measures on tobacco screening & cessation advising)

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