**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:**
- 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:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Clinic visit date:</th>
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<td><strong>/</strong>/______</td>
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<td>Month Day Year</td>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Other individuals who provided input:</th>
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<td>1.</td>
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<thead>
<tr>
<th>Email address:</th>
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<tr>
<th>Clinic Name and address:</th>
<th>Clinic phone number:</th>
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<th>Clinic fax number:</th>
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*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
   - Yes
   - No
   - Weight management
   - Yes
   - No
   - Exercise/physical activity
   - Yes
   - No
   - Tobacco cessation
   - Yes
   - No
   - Alcohol treatment
   - Yes
   - No
   - Referral coordination
   - Yes
   - 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 is it? 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?

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<tbody>
<tr>
<td>BMI</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Exercise or physical activity</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Dietary or nutritional practice</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Alcohol</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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</table>

**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...
  o Any specific methods? Describe____________________
  o To be recorded in the medical record?
  o Follow-up be done on the results of intervention?

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

<table>
<thead>
<tr>
<th>Refer to clinic–based resources regarding …..</th>
<th>Which clinic-based resource?</th>
<th>Briefly describe the services (content, counseling, class &amp; etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Diet or nutrition?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>b. Weight loss or weight management?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>c. Tobacco cessation?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>d. Fitness or exercise?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>e. Other ___________</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Refer to community-based resources regarding .....</th>
<th>Who/Where have you referred patients?</th>
<th>Briefly describe the services (content, counseling, class &amp; etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Diet or nutrition?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>b. Weight loss or weight management?</td>
<td>□ Yes □ No</td>
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</tr>
<tr>
<td>f. Tobacco cessation?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>g. Fitness or exercise?</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>h. Other __________</td>
<td>□ Yes □ No</td>
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</tbody>
</table>

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