



Clinic Readiness Assessment Details:

Quality Health Associates of North Dakota

Purpose

This readiness assessment will be used to assess your clinic’s current processes associated with CRC screening of patients; capacity for data collection including the ability of your clinic’s EHR to report on patient demographics and screening rates; capacity for implementing evidence-based interventions (EBIs), current processes and workflows for CRC screening; and leadership support for implementing EBIs.

CRC Colonoscopy Terminology

Screening Colonoscopy: performed on patients who have no symptoms and no personal history of colon polyps or colon cancer, recommended every 10 years.

Follow-on Colonoscopy (new term): performed for a patient who has a positive stool (or other non-invasive) test, as a second step of screening.

Surveillance Colonoscopy (also known as Follow-up Colonoscopy): performed on patients who have a prior personal history of colon polyps or colon cancer, at an interval determined by their provider.

Diagnostic Colonoscopy: performed when the patient has signs or symptoms in the lower gastrointestinal tract noted in the medical record before the procedure, such as abdominal pain that doesn’t improve, anemia, change in bowel habits, rectal bleeding or blood in the stool.

Therapeutic Colonoscopy: a procedure that has lessened the need or extent of traditional open surgical procedures. The common uses of therapeutic colonoscopy are hemostasis, resection and ablation of benign and malignant disease, decompression and recanalization of obstructed or dilated bowel.

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CRC Screening Improvement Team

We recognize that while in small facilities, one person wears many hats, but we encourage this project to be approached as a team.

Role	Name/Title/Credentials
Team Lead	
Provider Champion	
Clinic Nurse(s)	
Lab	
Billing/Coding	
Health Information Management	
Population Health Nurse/Care Coordinator/Referral Nurse	

Part I: Clinic Characteristics and Demographics

Facility Name			
Facility Location City, State, Zip	City		State
			ND
Facility Type	<input type="checkbox"/> FQHC <input type="checkbox"/> RHC <input type="checkbox"/> IHS <input type="checkbox"/> HPSA <input type="checkbox"/> Integrated Health System <input type="checkbox"/> Privately owned		
Health System Name			
Health System Composition Number of facilities	Hospitals	Clinics	Other
Staff Composition	Providers/Clinicians	Nursing	Support Staff
Community Composition Percent of patient population	Urban		Rural
Notes:			

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Part II: Patient Characteristics

Patient Population	The total number of patients aged 50 to 74 years with at least one medical visit during the designated reporting year.							
Population Race and Gender Percent of patient population	Gender	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	Other	White Hispanic or Latino	White Not Hispanic or Latino
	Male							
	Female							
	Other							
Insurance Percent of patient population	Group Coverage	Private Coverage	Medicare	Medicaid	Uninsured			
Patients, age 50-75, up-to-date with CRC screening, according to USPSTF guidelines								
Identify and describe relevant patient population characteristics, such as average income, health literacy, and typical barriers faced to adhering to care								
Notes: (Eg. Area employers, common private payors, local programs or potential partners)								

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Part III: Clinic Practices and Policies

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Colorectal cancer screening quality improvement initiatives are currently planned or initiated.						
Up-to-date policies or standing orders are in place regarding colorectal cancer screening.						
Training and reinforcement practices support standing orders.						
Leadership generally supports preventive care and specifically prioritizes colorectal cancer screening.						
Designated staff member(s) or administrator(s) champion colorectal cancer screening initiatives.						
Protocols are available to determine a patient's eligibility for colorectal cancer screening.						
Existing protocols to determine a patient's screening eligibility include age, risk, and screening results.						
Existing protocols to determine a patient's screening eligibility are actively used.						
Staff member(s) are responsible for identifying patients due for screening.						
Processes are used to identify patients due for screening, noting patient files, alerting patients that they are due, and flagging files for provider reminders.						
Tasks associated with screening policies are identified in staff member job descriptions.						
Describe any currently planned or initiated colorectal cancer screening quality improvement initiatives						
Describe the protocols used to determine a patient's eligibility for CRC screening. Include criteria used for age, risk and prior results.						
Identify staff members(s) responsible for identifying patients due for screening						
<input type="checkbox"/> Attach example staff member job description(s) that include tasks associated with screening policies.						
<input type="checkbox"/> Attach relevant training materials						
<input type="checkbox"/> Attach screening policy for colorectal cancer screening or standing orders						
Notes:						

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Part IV: Patient Flow

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Educational materials are visible or provided to all patients during their visit.						
Colorectal cancer screening is always discussed with eligible patients during their visit.						
An algorithm, including age, risk factors and date of last completed screening, is used to determine recommended screening practice.						
Staff member(s) are designated to order screening tests for eligible patients.						
Measures are taken to ensure an eligible patient has received a recommendation or referral during their visit and before leaving the clinic.						
Patients are educated on how to complete the screening test.						
Patients who can not be screened or scheduled for screening during current appointment are flagged for follow-up.						
<input type="checkbox"/> Attach evidence of educational materials visible or provided to patients during their visit.						
Identify staff member(s) responsible for ordering screening tests on eligible patients:						
Notes						

Part V: Screening and Results Tracking

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
A clinical process exists to determine when a screening test is completed and how the information is documented.						
A protocol exists for contacting patients who have not completed an ordered or scheduled screening test.						
Patients are informed of negative/normal results and notifications are documented.						
Patients are informed of positive/abnormal results and notifications are documented.						
Staff members arrange follow-up testing, including scheduling the colonoscopy, reviewing prep instructions with the patient, and reviewing insurance coverage with the patient.						
Staff members follow up with specialty care to ensure the patient has received the scheduled test, obtain and document the results, and prepare any further follow up or documentation.						
Identify staff member(s) responsible for determining if and when a FIT kit was returned or a colonoscopy completed						
Notes						

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Part VI: Surveillance Screening

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
The clinic tracks when patients are due for surveillance CRC screening.						
Staff ask about previous CRC screening if none are known or documented.						
Staff have a process for obtaining past screening results if unknown.						
Describe the clinic's process for tracking when patients are due for regular CRC screening						
Describe how past screening results are obtained						
Notes						

Part VII: Documentation and Electronic Health Record Utilization

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Population Management tools or modules are utilized within the Electronic Health Record system.						
Documentation practices are standardized across staff and consistently communicated during training.						
Electronic Health Record System Name						
Version Number(s)						
Date Implemented:						
Population Management Module(s)						
Our EHR will be changed entirely or upgraded: (approximate date)						
Identify how patient data related to CRC Screening is documented in the EHR	Previous Screening Results: <input type="checkbox"/> Manual <input type="checkbox"/> Scanned <input type="checkbox"/> Imported <input type="checkbox"/> Structured Fields <input type="checkbox"/> Free Text					
	Referrals <input type="checkbox"/> Manual <input type="checkbox"/> Scanned <input type="checkbox"/> Imported <input type="checkbox"/> Structured Fields <input type="checkbox"/> Free Text					
	Current Screening Results <input type="checkbox"/> Manual <input type="checkbox"/> Scanned <input type="checkbox"/> Imported <input type="checkbox"/> Structured Fields <input type="checkbox"/> Free Text					
	Patient Refusal <input type="checkbox"/> Manual <input type="checkbox"/> Scanned <input type="checkbox"/> Imported <input type="checkbox"/> Structured Fields <input type="checkbox"/> Free Text					
	Follow-up Needed/Documentation <input type="checkbox"/> Manual <input type="checkbox"/> Scanned <input type="checkbox"/> Imported <input type="checkbox"/> Structured Fields <input type="checkbox"/> Free Text					
The EHR-generated CRC screening rate is validated through manual record review.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Notes						

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Part VIII: Electronic Health Records for Process Improvement

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Reports are generated to identify when patients are due for screening.						
Reports are generated to pre-screen scheduled patients' records to facilitate provider recommendations.						
Alerts are currently automatically generated for patient reminders, such as a letter or text sent to the patient.						
The clinic currently submits data to quality standards reporting system(s) such as HEDIS or UDS.						
Clinic staff can modify the EHR to generate specific reports as needed.						
Alerts can be created for provider reminders.						
Reports can be generated for Colorectal Cancer screening completion rates by provider, care team, and/or aggregate clinic.						
Describe how reports are generated using the EHR, and how handles this task						
Describe how alerts are used for both patient (e-mail, text messages, letters) and providers (e-mail, EHR) as they relate to CRC screening						
Reports can be generated for CRC screening completion rates by (check all that apply)	<input type="checkbox"/> Provider <input type="checkbox"/> Team/Group <input type="checkbox"/> Aggregate Clinic <input type="checkbox"/> Health System <input type="checkbox"/> None					
Notes (What tools are available to help pull reports, eg. Slicer/Dicer)						

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Part IX: Community Preventive Service Task Force (CPSTF)

Determine the degree to which the following CPSTF recommended strategies (listed in The Community Guide) are in place.

Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Provider Assessment and Feedback						
Who is being assessed	<input type="checkbox"/> Individual Providers <input type="checkbox"/> Pods <input type="checkbox"/> Clinic Teams <input type="checkbox"/> Clinics <input type="checkbox"/> Other _____					
Describe the metric(s) used						
Describe the format used for providing feedback (provider score cards, rankings, competition, comparison to a target rate)						
How are the results discussed with the providers and clinic staff (written report, interactive meeting)?						
Is competition among providers encouraged? How is improvement incentivized?						
Provider Reminders						
Describe any alert to clinic staff that a patient is due or overdue for CRC Screening						
Describe who receives the alert						
Describe the format of the alert	<input type="checkbox"/> EHR Notification <input type="checkbox"/> Manual Flag/Patient Note <input type="checkbox"/> Paper Flag or Note <input type="checkbox"/> Other _____					
Describe how patient reminders are delivered, and any actions required to close the alert/tracking						
Patient Reminders						
Describe the format of the patient alert	<input type="checkbox"/> Automated Voice Phone Call <input type="checkbox"/> Manual Voice Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Mailed Letter <input type="checkbox"/> EHR Portal Notification <input type="checkbox"/> E-mail or Direct Secure Messaging <input type="checkbox"/> App Notification (Smart Phone or Tablet) <input type="checkbox"/> Other: _____					
Describe the criteria used to define the patient alert and the information that is relayed in the notification						
Describe any additional information provided, such as education materials, links or next step instructions						
Describe how the patient responses are tracked						

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Mark each row using the following scale: 1 Strongly Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Strongly Agree		1	2	3	4	5
Describe the reminder process (How many alerts will the patient receive? At what interval? When will they stop?)						
Reducing Structural Barriers						
Describe how obstacles to screening completion are identified (individual and community needs)						
Describe what these obstacles or barriers are						
Describe the ways in which transportation challenges, the need for alternative clinic hours, FIT kit return challenges, and other barriers are addressed by the clinic						

Part X: Workflow Diagrams

<input type="checkbox"/> Attach a workflow diagram that describes the patient flow during their visit	Include: <ul style="list-style-type: none"> Physical spaces and processes that take place for each Identify the availability of educational materials at each step Identify when and how CRC screening is discussed Identify staff responsibilities for ordering tests, and for educating the patient on how to complete the tests
<input type="checkbox"/> Attach a workflow diagram that describes the processes around identifying patients who are eligible for screening	Include: <ul style="list-style-type: none"> How are patients identified as being due Identify how patients are notified that they are due Identify how providers are alerted
<input type="checkbox"/> Attach a workflow diagram mapping clinic processes in terms of screening and results tracking	Include: <ul style="list-style-type: none"> Staff responsible for determining when a screening test has been completed, or if a screening test is incomplete How results are documented How patients are informed of results
<input type="checkbox"/> Attach a workflow diagram mapping clinic processes in terms of follow-up testing	Include: <ul style="list-style-type: none"> Staff responsible for scheduling the follow-on colonoscopy Staff who reviews prep instructions with the patient What happens when patients are uninsured or underinsured Specialist provider referral processes Estimated wait times