

CLINIC/PROGRAM PROFILE
 Readiness Assessment and Commitment

Please submit to the attention of Julie Shemanchuk by fax 780-413-5094 at or via email at Julie.Shemanchuk@capitalhealth.ca by _____, 200__

NOTE: This application should be completed with input from all physicians, providers and staff.

SECTION A: Clinic Demographics

Program/Clinic Name: _____

Address and Postal Code: _____

Main Contact Person for AIM: _____

Title/Role: _____

E-mail: _____

Telephone: _____

Primary Care Network (if applicable): _____

SECTION B: Team

| | |
|---|---|
| Number of Physicians Working in This Clinic: | |
| Physician Names: | <i>Please enter names and indicate approximate FTE in this clinic</i> |

| | |
|---------------------|---|
| Other Staff: | <i>If you have people in these positions, please enter names and indicate whether full-time or part-time, and approximate FTE</i> |
| | Clinic Manager: |
| | Office Manager: |
| | Receptionists/Clerks: |
| | Other Providers (e.g. nurses, nurse practitioners, pharmacists, etc.): |

1. Describe the physician and provider working arrangements in the clinic (e.g. do physicians practice independently, do they cover for each other, do part-time physicians share practices, etc.?)

2. Is there an administrative leader and a physician leader responsible and accountable for decisions within the practice? Who are they? Who is responsible for which kinds of decisions?

3. Do you hold regular meetings involving all physicians, providers and staff together? If yes, how often? Please describe the content of these meetings.

4. Do you hold regular meetings of all physicians? If yes, how often? Please describe the content of these meetings.

SECTION C: Organizational and Financial Structure

1. Describe or draw the organizational structure of the practice.
2. How are physicians compensated (e.g. fee-for-service, ARP, etc.)?

Section D: Infrastructure and Support

1. Does your clinic have an Electronic Medical Record? Yes No
2. If yes, which EMR do you use? _____
3. Do you use your EMR for scheduling? Yes No
4. What is the staff, provider and physician level of knowledge and expertise with the EMR?
5. How many computers do you have in your clinic and where are they located?
6. What platform/operating system do your computers run on? (e.g. Windows – XP, Vista, 7 or Mac OS)
7. Do you have the following software in your clinic:

| | Do you have this software? | What Version is it? (e.g. MS Office 2003) | Who knows how to use it? |
|----------------------|----------------------------|--|--------------------------|
| Microsoft Word | | | |
| Microsoft Excel | | | |
| Microsoft PowerPoint | | | |
| Microsoft Access | | | |

PARTICIPATION COMMITMENT

CLINIC/PROGRAM NAME: _____

DATE: _____

1. We will commit a quality improvement team of three to seven members (a clinic manager, at least one physician, one other clinician, and one or two receptionists or medical office assistants, or as appropriate to your situation) to full participation in 11 days of learning sessions over the course of approximately one year. Improvement team members for our clinic are:

2. We will participate in monthly teleconferences, or as scheduled.
3. We will prepare and submit monthly reports on our team's progress, and to present on our team's progress at learning sessions as required.
4. Our clinic will commit resources (time, funding, etc.) to support our participation in this initiative.
5. We have adequate support in our clinic to gather and enter data on a regular basis to support the improvements, and we will collect data as required to make improvements.
6. We agree that the information in our monthly reports and spreadsheets may be used for evaluation, project reporting, and communication purposes. We understand that this information will be presented anonymously with no clinic or physician identifiers (see attached information sheet regarding use of clinic data).
7. We will include all members of our clinic team in the improvement initiative.

Date: _____ Physician Lead: _____

Signature: _____

Date: _____ Operational Lead: _____

Signature: _____

PARTICIPATION SUPPORT

Through participation in the AIM collaborative, clinics will have access to a variety of resources to assist them as required. These resources include:

- Six learning sessions (total of 11 days), most in-person, some may be by videoconference.
- Written material to support topics covered at the learning sessions, and access to a variety of articles and papers on various subjects related to the concepts learned at the learning sessions.
- Access to a facilitator to assist with setting aims, taking measurements, reporting, holding meetings, and team development work.
- Access to faculty and other participants for information sharing and problem solving during action periods
- Access to resources for assistance with spreadsheets, data collection and panel/caseload identification.
- Access to other resources such as support for situations where team issues are a barrier to success.
- Monthly teleconferences with faculty and other participating clinics to share learnings and ideas.
- Access to group email for posing questions and sharing information.

Use of Physician/Clinic Data

The primary purpose of the Alberta AIM initiative is to engage family physicians within Primary Care Networks (as well as other interested specialty/regional programs) in a collaborative model of learning to achieve measurable improvements to access, efficiency and clinical care. All participating clinics are requested to submit monthly reports that include measurement spreadsheets.

Alberta AIM has received grant funding from Alberta Health & Wellness to coordinate and implement AIM collaboratives throughout Alberta. There are various stakeholders involved in this initiative (Alberta Health & Wellness, Alberta Medical Association, Health Regions, Primary Care Networks). Funding has also been provided through the grant to evaluate the initiative.

Alberta AIM is required to inform its stakeholders and the Alberta AIM Evaluation on the success of the initiative. One way of doing this is to report, on an aggregate level, results from clinics' measurement spreadsheets. There will be no identifying clinic or provider information (e.g. clinics will be referred to as Clinic 1, Clinic 2, and providers as Provider 1, Provider 2, etc.). The following is an example of how the data would be reported.

Third Next Available Appointment - Clinic Monthly Averages

