ASaP Glossary of Terms

Please note some descriptions below have been taken directly from other sources. Should you require, references can be made available upon request (asap@topalbertadoctors.org)

**Attachment**
The connection between the primary care provider that the patient identifies as their primary provider and the patient.

**Bundle**
Specific to the ASaP Initiative, a bundle is the group of maneuvers selected by the provider (physician or nurse practitioner) or Primary Care Organization (e.g. Primary Care Network) that will be measured in the chart reviews; must be a minimum of five, maximum is to include all 12.

**Canadian - Cardiovascular Harmonized Nation Guidelines Endeavour**
The C-CHANGE Initiative was established to harmonize clinical practice recommendations for cardiovascular disease prevention and treatment. The initiative is part of a national cardiovascular disease prevention and chronic disease management strategy. The goals are to establish a common vision and action for cardiovascular disease and action for prevention. The ASaP Initiative aligns with the objectives of C-CHANGE.

**Chart Reviewer**
A Chart Reviewer (CR) is a designated staff member from a Primary Care Organization (PCO - e.g. Primary Care Network) participating in the ASaP initiative. This person will work closely with their PCO’s Improvement Facilitators (IFs) to gain an understanding of each participating Primary Care Provider’s (PCP’s - e.g. physicians and nurse practitioners) improvement journey. Chart Reviewers will focus on completing chart reviews at participating providers’ clinics at key points in their improvement journeys (i.e. baseline, follow-up and sustain).

**Clinical Process Advisor**
Clinical Process Advisors (CPAs) are consultants with Toward Optimized Practice (TOP) who contribute to the improvement of health services by working with healthcare teams. Clinical Process Advisors (i) promote and support quality improvement initiatives and provide facilitation, consultation and education, (ii) help to identify, plan and implement improvement solutions and further the use of evidence-based medicine and (iii) have knowledge in adult education principles, quality improvement principles and foundations, team development and project management.

**Cohort**
Specific to the ASaP Initiative, a Cohort refers to a group of Improvement Facilitators who follow the same training schedule and attend the same community of practice opportunities (e.g., teleconferences, webinars and social networking – i.e. Yammer) which are supported by TOP Clinical Process Advisors. Via these interactions cohort members share their learnings and support one another as they work with their improvement teams.

**Community Health Centre**
A Community Health Centre (CHC) is a not-for-profit, publicly funded service that offers team-based, interprofessional care. Community Health Centres integrate primary care services with health promotion, illness
prevention and community development initiatives. Care providers are remunerated by means other than fee-for-service.

**Community of Practice**

A group of people who share a common concern, set of problems, or passion about a topic, that expand their knowledge and expertise in their area of interest through ongoing interaction with each other. For ASaP the Community of Practice (CoP) members are the Improvement Facilitators (IFs) and other clinic team members involved in ASaP such as Chart Reviewers (CRs) and the Toward Optimized Practice (TOP) ASaP team. The CoP has a shared interest in quality improvement and practice screening and prevention process redesign in primary care.

**Continuity of Care**

The percentage of time a patient sees their own identified primary care provider with whom they have a continuous relationship rather than other primary care providers.

**Evidence Based Practice**

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients to estimate the risk of benefit and harm. It is derived from high-quality research on population samples, to inform clinical decision-making.

**Knowledge Transfer**

Knowledge transfer is a deliberate process of information exchange between producers and potential users of research that supports evidence-informed decision making and decision-maker informed research, ultimately for the betterment of peoples’ lives.

**Maneuver**

A maneuver is a skillful or dexterous method or procedure. A clinical maneuver simply means it is applied in a clinical setting or that can impact clinical outcomes.

**Model for Improvement**

The Model for Improvement is a simple but powerful tool for accelerating improvement. It addresses the three fundamental questions every project should answer:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What changes can we make that could lead to an improvement?

**Offer**

Specific to the ASaP Initiative, an offer refers to an offer of a screening maneuver. An offer can be face-to-face, over the phone (if speaking with the patient/client and not leaving a message), or in personally directed mail if the offer is actionable.

**Opportunistic Screening**

Specific to the ASaP Initiative, opportunistic screening refers to one of two methods used to offer screening maneuvers to patients. Opportunistic methods use a process designed to identify patients who are due for screening when they come in for any appointment.

**Opportunity**
A key outcome in the ASaP Initiative is the change in screening offers over time. To measure this change the evaluation team calculates a percentage. The denominator is the opportunity to make an offer: that is, when a patient is due for screening care and fits the age and gender criteria for that screen. The numerator is documented evidence that the offer was made. An example: A provider has 10 patients all over the age of 18; there are 10 opportunities to offer a blood pressure test. If 8 were offered and documented, the percent of offers made would be 80%.

Outreach Screening
Specific to the ASaP Initiative, outreach screening refers to one of two methods used to offer screening maneuvers to patients. Outreach methods use a process that combs the panel for those who are due or overdue for screening, then uses that list to invite patients to come in for a screening appointment.

Plan Do STudy Act Cycle
A Plan Do Study Act (PDSA) cycle tests a change by planning it, trying it, observing the results and acting on what is learned. This is the scientific method, used for action-oriented learning.

Practice Based
The ability to use clinical skills and past experiences to rapidly identify each patient’s unique health state and diagnosis, their individual risks and benefits of potential interventions and their personal values and expectations.

Primary Care Provider
A Primary Care Provider (PCP) refers to a physician or other licensed individual who delivers health care services. Specific to the ASaP Initiative, a PCP is a healthcare professional with a designated panel of patients. Physicians and Nurse Practitioners are examples of ASaP PCPs.

Sample Size
RE-AIM stands for Reach, Effectiveness, Adoption, Implementation and Maintenance. It is an evaluation framework designed to assess health interventions beyond effectiveness to include multiple criteria to better identify effect and transferability.

Screening Test
The purpose of a screening test is to diagnose a disease early before a person exhibits signs or symptoms such that measures can be introduced when the disease is easier to treat. Early intervention and disease management can improve quality of life by preventing irreversible, negative health outcomes for an individual. In the long term effective, population level screening and prevention will positively impact the larger healthcare system. While some screening procedures can be done in a family physician's office, others require patients to make a separate appointment with a different office, lab or clinic. Test results should be discussed with one's family physician. Which tests an individual needs depends on criteria such as age, gender, family history, and risk factors for certain diseases.

Wave
Specific to the ASaP Initiative, a wave is the period of time an Improvement Facilitator (IF) is supporting a specific provider, or group of providers, through the intervention. Once that group of providers has implemented their new processes, the IF will move on to support a new group of providers in the next ‘wave’.