



Primary Care Provider Enrollment

This enrolment form assesses your current practice processes. The information is being gathered to support the delivery of ASaP by identifying the current processes within the clinic and assisting the Improvement Facilitator to customize ASaP to align and complement those processes. This data will also be used at an aggregate level for evaluation purposes; no individually identifiable information will be reported.

The term Primary Care Provider includes physicians and nurse practitioners.

Please indicate your professional designation: Physician Nurse Practitioner

Date Letter of Consent Signed		Date Enrollment Info Collected	
Primary Care Org (e.g. PCN or FCC)		Clinic Name	
Provider Name		Physician/NP e-mail *	
Clinic Phone		Clinic Address	Street, City, Postal Code
Gender		Year of Birth	
Year of graduation		Year Practice began at this clinic	
Average # hours/week in clinic (estimate)		Average # of patients seen/week (estimate)	
Clinic's EMR Support Person			

* The email provided will be used to send reports generated from data collected in this study; it is important that the email provided goes directly to the provider and not the clinic.

Quality Improvement Initiatives

Have you participated in workshops from the following? If yes, check box.	Description (comments)
<input type="checkbox"/> Alberta AIM	
<input type="checkbox"/> Institute for Healthcare Improvement (IHI)	
<input type="checkbox"/> TOP Program <i>e.g. Group Visits Facilitation, Health Screen in Action, EPICS II, TRAC II, pcnACT, CFPCN QI Capacity, other:</i> <hr/>	
<input type="checkbox"/> Other workshops <i>e.g. Canadian Patient Safety Institute, American Society for Quality, National Quality Institute, other:</i> <hr/>	

Medical Record

- Number of Years using current system _____
- Please specify your current Record System below.

VCUR 2008 EMR: Telus Health Solution; Wolf
 MedAccess – MedAccess

Telus Health Solution; Practice Solutions

VCUR 2006 EMR: Telin – Mediplan
 Microquest – Healthquest
 Nightingale – Nightingale

Optimed – Accuro and Clinicare
 Jonoke – Jonoke

Non VCUR Vendors Rise Purkinje – Rise Purkinje
 Oscar – Oscar

Optimed – NMS
 Global Biometrics – Global Biometrics

Paper Charts Paper

Other _____

ASaP Primary Care Provider Self-Assessment

Provider Name _____

Date _____

This assessment is being conducted to support the delivery of ASaP. The purpose is to understand the current context, and identify areas where the focus of the screening improvement can be aligned with current processes.

For each of the statements below, please indicate your level of agreement by checking the appropriate column, from 'Never' to 'Always'.

Panel	Never	Rarely	Unsure	Sometimes	Always
Charts of my patients indicate who their primary care provider is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a process in place to update the provider/patient attachment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Practices	Never	Rarely	Unsure	Sometimes	Always
My patients are encouraged to see me, their own primary care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appointments throughout the day run on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I leave the clinic on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My patients can access appointments with me, or the multi-disciplinary team, on the day of their choosing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The multi-disciplinary team members have clear responsibility to support screening and prevention for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMR/Chart	Never	Rarely	Unsure	Sometimes	Always
I use a consistent process for documenting offers of screening in the EMR/Chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have documented and implemented a process for offering screening care using opportunistic strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have documented and implemented a process for offering screening care using outreach strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A report of my confirmed panel patients is produced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>