

# Supportive Tools for Every Panel (STEP) Checklist

This checklist is intended as a guide for panel and screening activities. It can be used to monitor and document progress, as well as define and prioritize future goals. Each clinic can determine the pace of their quality improvement work. The STEP Toolkit and STEP Workbook are supporting documents to guide you through this work.

The STEP toolkit will provide additional resources you may need and the STEP Workbook will take you through each activity in greater detail.



Yes Working On Not Yet	Activity	Outputs
<b>Panel Identification Level 1</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Determine active patients that are attached to a primary care provider.	Established and documented processes that identify all patients attached to the panel.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Roles and responsibilities are outlined and assigned for panel identification.	Job descriptions are documented and produced.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	EMR configurations and settings are managed by one or more clinic staff.	One or more clinic staff is assigned to manage the EMR configurations and settings. Person(s) responsible for this work is documented.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient statuses are defined, configured and shared with the clinic team.	List of status definitions, configuration and clinic workflow process are documented and shared with the team.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient panel list for each provider is available internally to the clinic team.	List of patients for each provider is produced from the clinic EMR.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A standardized process for patient validation is established and documented. A validation rate is produced and shared with the team.	A validation rate is documented and shared with the team.
<b>Panel Identification Level 2</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient panel lists are regularly: (1) produced for each primary care provider; (2) shared internally; and, (3) discussed as a team to review accuracy.	Patient panel list is produced for each provider. Team meetings are held to address inaccuracies arising from the review.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Conduct EMR searches to actively clean the panel.	Documented list of your EMR clean up searches to be run at regular intervals.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient demographics, provider assignment, or status definitions are updated as a result of the EMR clean-up searches.	Documented processes outline actions you take with your EMR searches and how you can use them to clean up your panel and maintain a clean panel.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	For patients seen within the last 3 months, patient validation rate is greater than 90% and results shared with the clinic team.	Clinic team has consistently achieves a patient validation rate of 90% or greater.
<b>Panel Identification Level 3</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Research, compare and discuss the value and use of available external reports to inform quality improvement and patient care. Provider applies for and receives chosen external report(s).	HQCA panel report PCN supported report Alberta Health Panel report CPCSSN (see workbook for more information on reports)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Based on selected external reports, goals and actions for improvement are planned and assigned.	At least one or more assigned quality improvement activities are trialed, completed and documented.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	During the last 3 years, patient panel validation rate is greater than 90% and results shared with the clinic team. The panel report indicates the current validation rate and the rate is tracked over time.	Clinic team has consistently achieved a panel validation rate of 90% or greater during the last 3 years.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Expertise is demonstrated by independently conducting quality improvement activities based on internal and external reports and unique clinic traits.	Ongoing quality improvement activities and accurate patient panel reports.

Yes Working On Not Yet	ACTIVITY	OUTPUT
	<b>Panel Management: Screening Level 1</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team establishes standardized <b>clinic</b> workflows for proactive patient care (opportunistic screening) for chosen maneuvers (e.g., ASaP).	Documented list of clinic workflows with assigned roles and responsibilities are produced for at least 5 screening maneuvers (clinic and/or PCN specific).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team establishes standardized data entry workflows for proactive patient care for chosen maneuvers in EMR reportable fields (document keyword lists, etc.).	Documentation and communication of standardized workflows are shared with the clinic team.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Identify exclusion criteria for chosen screening maneuvers, if any.	Exclusion criteria is documented.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic/provider agrees to participate in the data sharing strategy.	Signed DSA/ IMA (EMR vendor and PCN specific).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Review charts manually to proactively determine eligibility for screening. Screening needs are communicated to the team.	Eligible patients are identified for screening Opportunistic screening conducted for chosen screening maneuvers.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Investigate and/or trial EMR features and functionality to support the automation of proactive screening.	Action plan to leverage EMR features and functionality is shared with the clinic team.
<b>Panel Management: Screening Level 2</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Identify numerator and denominator for each chosen screening maneuver including exclusion criteria (PCN or clinic chosen maneuvers).	Numerators and denominators are identified for each chosen maneuver.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Generate numerator and denominators for each chosen maneuver from the EMR.	Searches have been created and saved in the EMR.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Calculate screening rates for each chosen maneuver and determine goals for improvement. (# pts screened / # pts eligible) X 100 = %	Screening rates are shared (internally/ externally).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proactive patient screening needs are automated in the EMR (e.g., rules, triggers, reminders, flowsheets).	Automation features in the EMR for chosen screening maneuvers are configured and in use by the clinic team.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team increases number of chosen maneuvers and develops standardized workflows.	Documented clinic workflows with assigned roles and responsibilities are produced for the added ASaP maneuvers Documentation of standardized workflows are shared with the clinic team.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team members are encouraged to pursue learning opportunities specifically in the areas of panel, screening and reporting. Clinic demonstrates advanced EMR skills (e.g., modify rules and triggers appropriately, troubleshoot/conduct searches).	Clinic team has participated in available learning opportunities for two medical home pillars: (1) panel and continuity; (2) organized evidence based care.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Opportunistic screening processes are fully developed for chosen maneuvers. Reports are produced and shared with the team.	Screening rates are routinely reported internally / externally (as per PCN intervals).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Outreach screening principles are used by the clinic team which includes standardized workflows and documented processes.	Standardized workflows for outreach screening are documented and shared with the team.
<b>Panel Management: Screening Level 3</b>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team tracks screening and validation rates over time. Clinic conducts QI activities informed by their reported rates.	Run charts, internal or external reports that support QI activities.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team identifies panel driven preventive goals that extends beyond ASaP screening maneuvers.	Greater than 11 screening maneuvers or strategies have been developed (e.g., bone density, PSA).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Panel manager coordinates or facilitates daily/ weekly/ monthly/ quarterly huddles and/or quality improvement activities extending beyond EMR reminders.	Ongoing huddles and/or QI meetings are scheduled.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinic team develops processes for screening patients with risk factors for certain diseases.	Automation features in the EMR are used for opportunistic and outreach screening for patients with risk factors.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Opportunistic and outreach screening are completely realized and integrated into clinic processes (ASaP and beyond).	Opportunistic and outreach screening is now routine.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Panel managers become peer leaders and share knowledge with other clinic teams.	Panel managers/ peer leaders support formal or informal knowledge sharing events.

*This checklist was created in partnership with Highland PCN and Toward Optimized Practice (TOP), and is endorsed by the EQuIP team (Elevating Quality Improvement in Practice) which represents the seven (7) Calgary and area PCNs.*