

2017-2018 Cedars-Sinai Community Clinic Initiative:

Building a Culture of Quality

*Organization Overview Form*

*Due: August 16, 2017*

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| --- | --- | --- | --- |
| **Submission Date:** |  | | |
| **Name of Clinic Corporation:** |  | | |
| **Address:** |  | | |
| **City:** |  | **Zip Code:** |  |
|  | | | |
| **Clinic Chief Executive:** |  | | |
| **Telephone:** |  | | |
| **E-mail Address:** |  | | |
|  | | | |
| **Project Manager/ Lead Project Contact:** |  | | |
| **Telephone:** |  | | |
| **E-mail Address:** |  | | |

Information & Eligibility

The Institute for High Quality Care, home of the Building Clinic Capacity for Quality (BCCQ) Program, is pleased to partner with Cedars-Sinai in launching an 18-month learning community for community clinics. Participating clinics will identify a multidisciplinary team that will scope and implement a system-level quality or process improvement project meaningful to their patients, their staff, and their organization (e.g. QI Infrastructure, Population Health, Pay for Performance, PCMH, etc.). These projects should work toward improving clinical outcomes and/or operational efficiencies, in an effort to build an organizational culture of quality.

To support these clinic teams in their improvement efforts, IHQC will run a learning community tailored to the meet the specific needs of the participating clinics and their improvement projects. The learning community will consist of quarterly workshops and monthly webinars to review improvement strategies and tools. Participants will be given QI tools, templates and reference materials from IHQC and other experts, and will receive ***up to 100*** hours of consultant coaching to help support their improvement efforts. In addition, participants will have priority access to a wide array of IHQC program offerings and events throughout the year. The learning community will begin with *Stage 1: Design and Planning* in August 2017, and select projects will advance to *Stage 2: Piloting and Implementing* beginning January 2018.

Participating Clinic Requirements

Confirm that your clinic meets the following requirements for participation in this initiative:

We are a nonprofit community clinic organization located in Cedars-Sinai’s Community Benefit planning focus areas – **SPAs 4, 5, 6, and select ZIP codes in SPA 8: Inglewood (90301, 90302, 90303, 90304) and Lennox (90304)**.

We have a dedicated team, supported by organizational leadership, whose members are granted time and resources to design and implement an improvement project over the course of 18 months.

We have a health information technology (HIT) system (e.g., electronic health records, disease registries, practice management systems, etc.) that is capable of data reporting, i.e., currently used to generate data for quality improvement and/or regulatory reports.

**Application Instructions:** Interested clinics must complete this Organization Overview Form (12pt font, single spaced), and email an electronic version to Teresa Hofer at [thofer@ihqc.org](mailto:thofer@ihqc.org) by Wednesday, August 16, 2017. If you have additional questions regarding your application submission, please contact Teresa Hofer at [thofer@ihqc.org](mailto:thofer@ihqc.org).

**Informational Webinar:** All interested clinics are invited to participate in an informational webinar on August 8, 2017 from 12:00-1:00pm. During this webinar, questions regarding the program and application process will be addressed. Register for this webinar using the following link: <https://attendee.gotowebinar.com/register/3647578531715547138>.

Design Phase - Participating Team

Participating organizations must identify a small team to actively participate in the design phase. This team should be made up of the following roles – a quality lead (project manager), a clinician lead, and an operations lead. This team will be responsible for reviewing current clinic priorities, identifying the improvement project(s) topic/theme, researching best practices, and creating a project plan/charter. Please note that this team should be in regular communication with executive leaders at your organization.

**Quality Lead/Project Manager**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| E-mail: |  |

**Clinician Lead**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| E-mail: |  |

**Operations Lead**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| E-mail: |  |

*If your organization is interested in sending more than one team to participate in this design phase, please identify an additional team(s) that includes the same roles listed above. These additional team members should be listed below.*

SIte Overview

Organization Information

|  |  |
| --- | --- |
| **Organization** |  |
| **Date Established** |  |
| **Number of Clinic Sites** |  |
| **Total Number of Unique Patients Served Annually** |  |
| **Annual Patient Visits** |  |
| **Demographic description of the patient population served:** |  |
| **Brief description of organization’s current services and activities** |  |

Staff Model

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Role*** | ***FTE*** |  | ***Role*** | ***FTE*** |
| Physicians |  |  | Billing |  |
| PAs |  |  | IT |  |
| NPs |  |  | Operations |  |
| RNs |  |  | Quality Improvement |  |
| MAs |  |  | [Other] |  |
| Dentists |  |  | [Other] |  |
| Behavioral Health |  |  | [Other] |  |
| Case Managers/Referral Coordinators |  |  | [Other] |  |

Current IT Systems

| **System** | **Product** | **Implementation Date** | **Clinic Site(s) Using System** | **Staff Roles Trained to Use System (e.g., MA, MD, billing, Site Managers)** |
| --- | --- | --- | --- | --- |
| **EHR:** |  |  |  |  |
| **EPM:** |  |  |  |  |
| **Disease Registry:** |  |  |  |  |
| **eRx:** |  |  |  |  |
| **Labs:** |  |  |  |  |
| **HIE:** |  |  |  |  |
| **Patient Portal:** |  |  |  |  |
| **Other** |  |  |  |  |

Data Management

1. Is clinic population data currently being tracked electronically?

\_\_\_ Yes \_\_\_ No

1. What systems are used to generate population level reports?
2. Do you have dedicated IT staff? If yes, please provide the name, title, and email for a main point of contact.

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **E-mail:** |  |

1. Which staff member(s) runs data reports on a regular basis?
2. Describe how you use these reports (providers, staff, committees, external reporting—i.e., grants, UDS)

Quality Improvement

1. Do you have a quality improvement/management committee?

\_\_\_ Yes \_\_\_ No

1. If *Yes*, who attends these meetings?
2. If *Yes*, how often does this committee meet?
3. Do you have a designated person assigned to lead/manage quality improvement? If yes, please provide their name, title, and email.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| E-mail: |  |

1. Briefly describe any quality improvement efforts or projects in which your organization is currently or was previously engaged.

1. Has your organization gone through the Patient Centered Medical Home (PCMH) recognition process?

We are planning our organizational strategy around PCMH

We have completed the assessment

We are recognized as a Level \_\_\_ Patient Centered Medical Home