**Screen Up**

Clinic Strengths and Opportunities

**Health System:**  **Type of Facility:** Click or tap here to enter text.

**Clinic Site for Intervention: Screening Focus:** Colorectal  Breast Cervical

**Community Characteristic:**  **Date:**

**Number of Health System Sites:** Click or tap here to enter text.

**EHR/Overlays:** Click or tap here to enter text.

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| **PART I – INTRODUCTION** | | |
| **Clinic Characteristics** | **Strength** | **Opportunity** |
| * Current QI initiatives in place or planned (Q4) |  |  |
| * Current policies/standing orders already in place (Q5) |  |  |
| * Designated cancer screening clinic champion (Baseline) |  |  |

**Notes:** Click or tap here to enter text.

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| **PART II - WORK FLOW** | | |
| **Patient Identification** | **Strength** | **Opportunity** |
| * Clinic-wide protocol for screening eligibility (Q8) |  |  |
| * Processes are used to ID patients due for screening (Q9) |  |  |
| * Specific clinic team member responsible for identifying eligible patients (Q10) |  |  |

**Notes:** Click or tap here to enter text.

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| **Patient Visit** | **Strength** | **Opportunity** |
| * Educational materials are available for patients (Q11) |  |  |
| * Staff routinely ask about previous screenings if none are known/documented (Q12) |  |  |
| * Staff attempt to obtain these past screening tests (Q12) |  |  |
| * A standardized decision-making process is in place for cancer screening (Q13) |  |  |
| * Specific policy exists addressing patient refusal (Q14) |  |  |
| * All appropriate screening options are recommended to patients (CRC ONLY- Baseline) |  |  |

**Notes:**Click or tap here to enter text.

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| **Post-Visit** | **Strength** | **Opportunity** |
| * Clinic offers a fully navigated experience for cancer screening (Q17) |  |  |
| * Staff are trained to address multiple areas of screening referrals/follow-up (Q18) |  |  |
| * A process is in place for identifying and following up with patients who have not completed a previously ordered screening test (Q19) |  |  |
| * A process is in place to confirm receipt of screening and obtain copy of screening results (closing the referral loop) (Q20) |  |  |

**Notes:** Click or tap here to enter text.

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| **PART III – EHR** | | |
| **Patient Data** | **Strength** | **Opportunity** |
| * An E.H.R. overlay/dashboard/population health tool is in place (Q22) |  |  |
| * Appropriate screening data are currently documented in the EHR (Q23) |  |  |
| * Screening history is captured appropriately in clickable, structured-data fields (Q24) |  |  |
| * There is a standard operating procedure for documenting screening results from specialists in the E.H.R. (Q26) |  |  |
| * A chart review has been conducted to validate the clinic’s screening rate (Q27) |  |  |

**Notes:** Click or tap here to enter text.

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| **Process Improvement** | **Strength** | **Opportunity** |
| * The EHR is regularly used for all potential purposes in tracking screening data (Q28) |  |  |
| * The clinic has the capacity to modify/configure the EHR in some capacity (Q29) |  |  |
| * The clinic is able to generate all cancer screening specific reports (Q30) |  |  |
| * The clinic is able to fully “drill down” or disaggregate screening rates (Q31) |  |  |

**Notes:** Click or tap here to enter text.

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| **PART IV – CURRENT IMPLEMENTATION OF RECOMMENDED STRATEGIES** | | |
| **Provider Assessment and Feedback** | **Strength** | **Opportunity** |
| * Screening rate is assessed at clinic, team, and provider level (Q37) |  |  |
| * Screening rate feedback is provided to individual providers (Q38) |  |  |
| * Screening rate data is discussed with providers/clinic staff (Q39) |  |  |

**Notes:**

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| **Provider Reminders** | **Strength** | **Opportunity** |
| * Providers are alerted that a patient is overdue for screening (Q41) |  |  |

**Notes**

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| **Patient Reminders** | **Strength** | **Opportunity** |
| * Patients receive alerts when they are due or overdue for screening (outside of a doctor’s visit) (Q43) |  |  |

**Notes:** Click or tap here to enter text.

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| **Reducing Structural Barriers** | **Strength** | **Opportunity** |
| * A process is in place for assessing/identifying barriers to completing screening (Q46) |  |  |
| * Obstacles to completing screening have been identified (Q47) |  |  |
| * Efforts are underway to reduce barriers to complete screening (Q48) |  |  |

**Notes:** Click or tap here to enter text.

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| **RECOMMENDATIONS** |  |  |
| **EBIs** | **Supporting Strategies** | **Other** |
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