**ImproveCareNow Fundamentals Center Assessment:**

**A Tool to Help Teams Assess Progress on their Pathway to Mastery**

How to Use this Document

This ImproveCareNow Fundamentals Center Assessment should be used by teams to help them assess their progress toward achieving the primary outcome goals for the Fundamentals learning lab: **To achieve site activation < 90 days of joining ICN and to increase the % of registerable population that is registered to ≥ 75% within 9 months following activation.**

This assessment should be reviewed by center teams and **completed by September 13, 2019** regardless of IRB approval. Bring a copy with you to the ImproveCareNow Community Conference, if attending. Please use this as an opportunity for reflecting, re-focusing efforts, and identifying areas in which coaching and collaboration from Network staff and other centers may be most helpful.

For each item on the assessment (first column), center teams should indicate their current progress (some information can be found in the **QI Measures Report**). There is also a column in which center teams can rate their level of progress on a 1-5 scale, using the Expectations column as a guide. Lastly, there is an area for feedback for the ImproveCareNow team regarding goals, processes, barriers, etc. for each item.

**To assess your center’s performance on the following items, please use the following scale:**

1: Our team has not worked on this item

2: Our team is planning to test/adapt this item

3: Our team is currently testing/adapting this item

4: Our team has been successfully performing this item for less than 3 months

5: Our team has been successfully performing this item for >=3 months

***\*****Indicates activities that centers can be working on* ***prior to Site Activation and IRB approval****.*

***If you have any questions about this assessment, please contact Kim Shelly at*** [***kashelly@iu.edu***](mailto:kashelly@iu.edu)

**ImproveCareNow Fundamentals Teams Checklist:**

**A Tool to Help Teams Assess Progress on their Pathway to Mastery**

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_

| **Item**  ***(\* denotes activities that can be worked on by all ICN centers regardless of IRB status)*** | **Description of**  **Current Performance** | **Expectation(s)** | **Center rating**  **(1-5)**  **See the scale components in the instructions** | **Notes/Feedback to ImproveCareNow team regarding this Item**  **(Processes, goals, barriers, etc.)** |
| --- | --- | --- | --- | --- |
| **Key ImproveCareNow Processes** | | | | |
| **Functioning and representative QI team\*** | **Our multidisciplinary team meets \_\_\_\_\_\_\_**  **time(s) per month** | * **Multidisciplinary QI team is meeting regularly (at least monthly)** * **Defined and distributed responsibility of ICN tasks** * **Presence of multiple members at ICN activities including learning lab webinars and Community Conferences** * **Managing the** [**Contact Management System**](https://portal.improvecarenow.org/SiteAssets/Contacts.aspx)**; adding/updating staff as needed** * **A parent and/or patient partner has been identified and invited to participate. If organizational barriers exist, these are being addressed** * **Awareness/promotion of ImproveCareNow by senior leaders and among division/hospital** | **1 2 3 4 5** |  |
| **IRB Governed Activities\*** |  | * **IRB approval (central or local)** * **IRB management and documentation maintenance** * **Process for consenting patients for research** | **1 2 3 4 5** |  |
| **IBD Population**  **Identification and Management\*** | **Our Registerable population is**  **\_\_\_\_\_\_\_\_\_\_\_\_** | * **Identify registerable IBD population at center (monthly)** * **Create a master list of IBD patients at center** * **Maintenance process of identifying and tracking IBD patients** | **1 2 3 4 5** |  |
| **IBD Data management** |  | * **Participate in ICN2 registry training** * **Begin data entry (as soon as IRB and ICN2 registry training is complete)** | **1 2 3 4 5** |  |
| **Use of PARIS Classification\*** |  | * **Complete the** [**PARIS tutorial**](http://www.icnexchange.org/node/5930) **as a team** * **Regular auditing of PARIS classification usage for accuracy** * **Utilize** [**Exceptions Report**](https://registry.improvecarenow.org/reports/report_viewer.xhtml?report=REPORT_EXCEPTIONS) **to audit Paris classification accuracy and note discrepancies (centers with access to ICN2)** | **1 2 3 4 5** |  |
| **ICN2 Data management** | **We currently have a process for collecting the data elements needed for the ICN Registry yes/no** | * **Utilize Exceptions report to audit and improve data quality** * **Ability to audit data elements for accuracy and completion** * **Familiarization with the** [**ICN2 User’s Manual**](https://portal.improvecarenow.org/qi/SitePages/Reinforcing_Foundations.aspx) | **1 2 3 4 5** |  |
| **Review of automated QI reports** |  | * **Review of** [**QI measures report**](https://registry.improvecarenow.org/reports/report_viewer.xhtml?report=REPORT_QI_MEASURES) **monthly once data entry has begun** * **Use automated reports to create 90-day goals** * **Review within multidisciplinary team meetings** | **1 2 3 4 5** |  |
| **Team participation in monthly Learning Lab webinars\*** |  | * **Once per month** * **Complete homework assignments** * **Access ICN Portal to listen to past calls and retrieve resources** * **Communicate with QI coach as needed** | **1 2 3 4 5** |  |
| **Completion of Narrative reports\*** |  | * **Completed and submitted once monthly** | **1 2 3 4 5** |  |
| **Completion of 90-day goals\*** |  | * **Completed and submitted quarterly** * **Use QI measures report to prioritize goals** | **1 2 3 4 5** |  |
| **Parent and/or patient involvement in QI efforts\*** |  | * **A parent and/or patient has been identified to partner with our team** * **A parent and/or patient participates in our QI activities on an ad-hoc basis** * **A parent and/or patient participated in our QI activities on a regular, ongoing basis** | **1 2 3 4 5** |  |
| **Use of QI tools\*** |  | * **Key Driver Diagrams** * **Process Maps** * **sFMEA tool** * **SMART aims** * **5 Whys tools**   **Click** [**here**](https://portal.improvecarenow.org/gen/SitePages/Home.aspx) **to access these QI Tools in the portal** | **1 2 3 4 5** |  |
| **Key Measures for Fundamentals Centers (consult your QI Measures Report)** | | | | |
| **Identify and track outpatient visits (ideally weekly)** | **We currently have a process in place to identify and track outpatient visits**  **yes/no** | * **Reliable process for identifying past IBD visits** * **Reliable process for identifying future IBD visits** | **1 2 3 4 5** |  |
| **% of registerable population that is registered in** | **\_\_\_\_ % of our \_\_\_\_ patients are registered in ICN2** | * **At least 75% of registerable population is registered within 9 months of joining the learning lab** * **Population tracker in ICN2 is completed monthly** * **Check the QI measures report monthly to track measure** | **1 2 3 4 5** |  |
| **% of actual visits recorded in the registry** | **\_\_\_ % of actual visits are recorded in the registry** | * **Complete the visit tracker each month** * **Check the QI measures report monthly to track measure** * **Utilize the Exceptions report to track errors for measure** | **1 2 3 4 5** |  |
| **% of entered visits that were entered within 30 days** | **\_\_\_\_ % of entered visits that were entered within 30 days** | * **Reliable process for identifying past IBD visits** * **Reliable process to track past IBD visits** | **1 2 3 4 5** |  |
| **% of visits with a complete bundle** | **\_\_\_% of visits with a complete bundle** | * **Check the QI measures report monthly to track measure** * **Utilize the Exceptions report to track errors for measure** | **1 2 3 4 5** |  |
| **% of visits with all critical data recorded** | **\_\_\_% of our visits with all critical data recorded** | * **Check the QI measures report monthly to track measure** * **Utilize the Exceptions report to track errors for measure** | **1 2 3 4 5** |  |