

Advanced Access Application

NOTE: This application should be completed with input from physicians and staff and sent to Francesco Belgioioso, consultant, Health System Innovation Branch, 1090-300 Carlton Street, Winnipeg, Manitoba, R3B 3M9 or email Francesco.Belgioioso@gov.mb.ca.

SECTION A: Clinic Demographics

Practice/Clinic Name:	
Address and Postal Code:	
Contact Person:	
Contact Title/Role:	
Contact E-mail:	
Contact Telephone:	
Special Services Offered at Clinic (e.g. Obstetrics, Geriatrics, etc.):	

SECTION B: Team

Number of Physicians:																			
Physician Names	<p><i>Please enter names and indicate whether full-time or part-time. Please specify the average number of days spent each week in the clinic if part-time</i></p> <table border="1"> <thead> <tr> <th>Name</th> <th>F/P</th> <th>Avg. # of days in the clinic per week</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	F/P	Avg. # of days in the clinic per week															
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Other Staff (may include: Clinic Manager, Office Manager, Receptionist/Clerk, Medical Office Assistant, LPN, RN, Nurse Practitioner or Other)

If you have people in any of the following positions, please enter names, position and whether full-time or part-time..

Name	Position	Comments	F/P

Linked on-site services (ex: Mental Health, Homecare, Public Health, etc.)

If you have people/programs linked to your clinic, please enter names, position and whether full-time or part-time.

Name	Position	Comments	F/P

1. Describe the physician working arrangements in the clinic (ex: do you practice independently, do you cover for each other, do part-time physicians share practices).

2. Is there an administrative leader and physician leader(s) responsible and accountable for decisions within the practice? Yes No

If yes, please name. _____

3. Do you hold regular physician meetings? Yes No

If yes, please describe. _____

4. Do you hold regular meetings involving all physicians and staff? Yes No

If yes, please describe. _____

SECTION C: Organizational and Financial Structure

1. Describe the organizational structure of the practice. If you have an organizational chart please attach it to this document.

2. How are decisions affecting the clinic and staff made?

3. How are physicians compensated?

- Fee-for-service
 ARP
 Salaried

SECTION D: Infrastructure and Support

1. Information Technology (IT)

a. Describe the scheduling and registration software you use.

b. Are you able to extract patient data from your scheduling system (ex: produce lists of patients of a certain age or gender, medical billing codes etc.)? Yes No

c. Indicate the number of computers (PCs) in your clinic and where they are located.

d. Do you have Microsoft Word, Excel or PowerPoint software in your clinic? Do you have staff that is knowledgeable in the use of this software? Please use the following table to provide details.

	Do you have this software?		Does someone use the software?	
Microsoft Word	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Microsoft Excel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Microsoft PowerPoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e. Do you have email in your clinic that team members can use to communicate with each other?

Yes No

Is it used by everyone? Yes No

f. Describe your telephone system (central or decentralized, call volumes, after-hours coverage, messages, etc).

g. Is there an Electronic Medical Record (EMR) in use? If so, please indicate which EMR you use, what version and how long you have had it in your clinic.

h. Indicate (x) the staff and physician level of knowledge and expertise with the EMR?

Very little Satisfactory Very good
 Excellent Staff has the skills to train others

i. Do you use a system for clinical reminders? Yes No

If yes, please describe.

SECTION E: Readiness

1. List three things within your practice that you are proud of and would not want to lose because of improvement efforts.

1.)

2.)

3.)

2. If you could improve three things in your practice, what would they be?

1.)

2.)

3.)

3. What barriers/obstacles do you foresee in accomplishing improvement goals?

4. Have you participated in structured quality improvement efforts in the past? Yes No

If yes, please describe.

5. Are staff members familiar with common tools used in improvement efforts such as collecting data/ measures and creating flow charts Yes No

If yes, please describe

Participation Commitment

Clinic Name: _____ **Date:** _____

1. We are willing to commit a clinic quality improvement team of three to seven members minimum (a clinic manager, at least one physician, one other clinician, and one or two receptionists or medical office assistants, or as appropriate to your situation) to full participation in one day of prework/ readiness development and up to eight days of learning sessions over the course of approximately one year.
2. We are willing to participate in regular teleconference teleconferences, or as scheduled.
3. We are willing to submit written or verbal reports on our team's progress, and to present on our team's progress at learning sessions as required.
4. Our clinic is willing to provide resources (staff time) to support our participation in this process.
5. We have adequate support through our clinic to gather and enter data on a regular basis to support the improvements.
6. We are committed to including all members of our clinic team in the improvement initiative.

Date: _____ Physician Lead:
Signature: _____

Date: _____ Clinic Administrator:
Signature: _____

Date: _____ Manitoba Health sponsor:
Signature: _____

Participation Support

Through participation in the collaborative, clinics will have access to a variety of resources to assist them as required. These resources include:

- One prework/readiness building workshop
- In-person learning sessions (maximum of eight days)
- Written material to support topics covered at the learning sessions (and access to a variety of articles and papers on various subjects related to the concepts learned at the learning sessions).
- Access to faculty and other participants for information sharing and problem solving during action periods
- Access to measurement resources for assistance with spreadsheets, data collection and panel identification
- Access to other resources such as support for situations where team issues are a barrier to success
- Teleconferences with faculty and other participating clinics to share information and ideas
- Access to group email and website for posing questions and sharing information