



## Asthma in American Cities Project: Minneapolis / Saint Paul

### Worksheet for Assessing Current Asthma Care

Clinic Name \_\_\_\_\_

Describe your role at this clinic \_\_\_\_\_

#### **Staff Roles**

1. What roles do staff currently have in asthma care?

#### **Current Asthma Care Provided**

2. What health care services does our clinic currently provide our asthma patients?

3 a) Does our clinic schedule “well” asthma visits?

If Yes, what typically happens in a “well” visit for asthma patients?

3 b) At what time interval are “well “ or follow up visits scheduled for asthma patients?

4. What typically happens during an “acute” asthma visit when a patient has an exacerbation?

5. What asthma related services do the clinic providers currently document and bill for?

#### **Existing Systems for Providing Asthma Care**

6. What written policies and procedures do we have in place for providing asthma care?

7. Describe any specific procedures that facilitate the scheduling, referral or charting of asthma patient care.

8. What clinic forms are being used specifically for asthma care?

### **Overall Asthma Care**

9. How does our current patient flow support or inhibit our delivery of asthma care?

10. What aspects of aspects of asthma care are working well?

11. What is not working? or What are we not doing?

12. What should we do differently to provide quality asthma care for our patients?

Adapted from Put Prevention Into Practice. A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach. Retrieved from the World Wide Web:

<http://www.ahrq.gov/ppip/manual/workprev.htm>



## Controlling Asthma in American Cities Project: Minneapolis / Saint Paul Organizational Readiness to Change Survey

Circle the number that best indicates the extent to which you agree or disagree with each statement. (1 = Strongly agree; 6 = Strongly disagree )

1. Guideline-based asthma care is an important aspect of the current care we provide in this practice.

1 2 3 4 5 6

2. Our providers believe guideline-based asthma management should be more strongly emphasized in our practice.

1 2 3 4 5 6

3. Someone in our practice has the vision, leadership, and authority to promote guideline-based asthma care.

1 2 3 4 5 6

4. Our practice is willing to allocate resources (time, training, personnel, and space) to implement a comprehensive asthma management program.

1 2 3 4 5 6

5. Our practice has a system in place to identify asthma patients.

1 2 3 4 5 6.

6. Nurses in our practice regard asthma education as one of their main tasks.

1 2 3 4 5 6

7. Physicians in our practice regard asthma education as one of their main tasks.

1 2 3 4 5 6

8. The clinic staff have adequate time to do one-on-one asthma patient education.

1 2 3 4 5 6

9. Internal communication is strong among staff and physicians in our practice.

1 2 3 4 5 6

10. A sense of teamwork exists among staff members and physicians in our practice.

1 2 3 4 5 6

11. Our practice has already implemented, or has tried to implement, specific programs (e.g., cancer prevention programs, smoking cessation, asthma management and diabetes education).

1 2 3 4 5 6

12. Our practice has a quality assurance system in place to assess and improve service delivery (e.g., Continuous Quality Improvement [CQI]; Total Quality Management [TQMI]).

1 2 3 4 5 6

Adapted from Readiness tool; Source: Readiness to put prevention in your practice. *Texas Medicine* 92(12):35,1996.