H3 Healthy Hearts for the Heartland

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| **Clinic Intervention Tracking Sheet** |
| Clinic: |

**Status Key:**

**1= implemented, 2=intends to implement, 3=no intention to implement**

**Practice Facilitation (PF) Interventions**

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| Task | Status/Date Implemented | Notes |
| Activated clinical decision support (CDS) |  |  |
| Collected data/chart audits |  |  |
| Engaged leaders for feedback/support |  |  |
| Education on quality improvement (QI) topics |  |  |
| Reviewed performance data |  |  |
| Engaged electronic health record (EHR) vendor on issues |  |  |
| Modified EHR configuration |  |  |
| Workflow mapping conducted |  |  |
| No action taken |  |  |
| Other |  |  |

**Best Practices**

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| Task | Status/Date Implemented | Notes |
| Team huddles including patient visit planning |  |  |
| Use clinical quality measures data to drive improvements |  |  |
| Establish a QI team, including clinical champion, leadership champion and QI leader |  |  |
| Implement/Sustain clinic use of QI methodology |  |  |
| Implement team-based care |  |  |
| Establish care coordination practices |  |  |
| Implement referral tracking for aspirin, blood pressure, cholesterol, and smoking cessation measures |  |  |
| Ensure patient education tools address health literacy and multiple languages |  |  |
| Establish patient monitoring for success with or barriers to care plan and status reports (portals, follow-up, phone calls) |  |  |
| Implement protected time for staff to do QI work |  |  |
| Other |  |  |

**Aspirin Interventions**

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| Tasks | Status/Date Implemented | Notes |
| CDS reminder to order acetylsalicylic acid (ASA)/antiplatelet for ischemic vascular disease (IVD) patients |  |  |
| CDS reminder to order ASA for primary prevention in appropriate patients |  |  |
| Reports for ASA for IVD/cardiovascular disease (CVD) |  |  |

**Blood Pressure Interventions**

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| Task | Status/Date Implemented | Notes |
| CDS alert to staff for patients with uncontrolled blood pressure |  |  |
| CDS order, instructions, education for home blood pressure monitoring |  |  |
| Workflow for blood pressure measurement protocol |  |  |
| Workflow for patient to report home blood pressures |  |  |
| Reports for blood pressure control |  |  |

**Cholesterol Interventions**

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| Task | Status/Date Implemented | Notes |
| CDS alert staff for lipid panel in atherosclerotic cardiovascular disease (ASCVD), IVD, CVD |  |  |
| CDS alert staff for lipid panel in diabetes mellitus (DM) |  |  |
| CDS alert staff for lipid panel in general population for low risk patients |  |  |
| CDS reminder to order statin in ASCVD, IVD, CVD |  |  |
| CDS reminder to order statin in DM |  |  |
| CDS reminder to order statin in patients with low-density lipoprotein (LDL) >=190 |  |  |
| CDS reminder to order statin in general population with low risk (based on calculator) |  |  |
| CDS standing orders for lipids |  |  |

**Smoking Cessation Interventions**

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| Task | Status/Date Implemented | Notes |
| CDS reminder for intervention in tobacco users |  |  |
| CDS for education regarding tobacco cessation |  |  |
| Workflow for tobacco use/assessment as part of intake |  |  |
| Workflow for clinic-based tobacco intervention |  |  |
| Reports for assessment and brief intervention |  |  |

**Population Health Management Strategies**

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| Task | Status/Date Implemented | Notes |
| Outreach list for IVD/CVD patients not on antithrombotic therapy |  |  |
| Outreach list for uncontrolled hypertension with no recent follow up |  |  |
| Outreach list for IVD/CVD patients not on a statin |  |  |
| Outreach list for DM not on statin |  |  |
| Outreach list for LDL>=190 not on a statin |  |  |
| Outreach list for increased CVD risk not on statin |  |  |
| Outreach list for smokers |  |  |
| Agreement with community pharmacists for hypertension med management |  |  |
| Agreement or establishment of connection to community resource |  |  |

**Barriers Encountered**

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| Barriers |
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**Other notes:**