ENSW IMPLEMENTATION TRACKING NOTE

All fields with * are required

1. ***Your role:** [Check all that apply]
   - ☐ Facilitator
   - ☐ HERO
   - ☐ CHITA
   - ☐ Regional Health Connector (RHC)
   - ☐ Other: Specify _____

2. ***Your Organization:**

3. ***Your Name:**

4. ***Clinic ID and Name:**

5. ***Date of update** (Date the updated tracking note is completed; usually today's date.)

6. ***Which Implementation Tracking Note is this?** (A new Implementation Tracking Note should be completed quarterly for each clinic, starting with a baseline note at Kickoff.)
   - ☐ Baseline
   - ☐ 3-month follow up
   - ☐ 6-month follow up
   - ☐ 9-month follow up
   - ☐ Other: Please clarify: _____

7. ***For each item below reflect on the progress this practice is making. Remember, that practices are not expected to complete each item in all Building Block domains below; and practices may be working on different items at different times.**

Building Block Items	Not started, no activity	In progress, working toward	Completed or is now regular, ongoing
1. LEADERSHIP			
Developed clear ENSW communication plan and shared practice vision	○	○	○
Formal QI team established	○	○	○
Holds bi-monthly QI meetings	○	○	○
Developed project AIMs	○	○	○
Trained staff members to understand their role in supporting practice change	○	○	○
2. DATA-DRIVEN IMPROVEMENT			
Completed data quality plan to determine data capacity to report ENSW measures	○	○	○
Created plan to address identified gaps in reporting capacity, including workflow redesign to systematically capture problematic data points and data validation	○	○	○
Provides quarterly reports on ENSW clinical quality measures	○	○	○
Reviews data reports monthly with QI team	○	○	○

Building Block Items	Not started, no activity	In progress, working toward	Completed or is now regular, ongoing
Uses data to inform quality improvement activities	○	○	○
3. EMPANELMENT			
Achieved and maintained 80% empanelment to provider and care teams	○	○	○
4. TEAM-BASED CARE			
Practice periodically reviews assessment of distribution of patient care tasks by role	○	○	○
Team trained to define staff roles and responsibilities	○	○	○
Practice better distributes workload throughout the team in ways that makes optimal use of team members' training and skill sets	○	○	○
Created standardized protocols and standing orders to describe workflow and staff roles	○	○	○
5. PATIENT–TEAM PARTNERSHIP			
Collects patient experience data	○	○	○
Patients/families are actively linked with community resources to assist with their self-management goals.	○	○	○
Patients/families are provided with tools and resources to help them engage in the management of their health between office visits	○	○	○
Patient/family advisory council established	○	○	○
Focus group(s) with patients/families conducted	○	○	○
Patients/family members included in QI team	○	○	○
6. POPULATION MANAGEMENT			
CVD patient registry developed and maintained	○	○	○
Identifies gaps in care	○	○	○
Established protocols for patient outreach	○	○	○

8. *Briefly assess the practice's trust in the accuracy of their ENSW clinical measures.

How much do you think the practice trusts the accuracy of the measure on…	Little or no trust	Some trust	Nearly complete or complete trust	N/A or unable to assess at this time
Aspirin therapy	○	○	○	○
Blood pressure management	○	○	○	○
Cholesterol management	○	○	○	○
Smoking cessation support	○	○	○	○

9. [Optional] Please clarify any information on this form or note other important accomplishments in this practice (including work in other Building Block areas not listed above).