

ENSW FIELD NOTE FORM

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 Meeting/Contact:**

6. ***Meeting/Contact Description** [Check all that apply]
 - Regular QI Team meeting
 - Clinic leadership meeting
 - Practice-wide meeting (all staff and clinicians)
 - IT/EHR/Technical support staff only
 - System-level meeting (e.g., system-level director, officer, IT)
 - Kickoff or “Go!” Meeting (i.e., initial facilitation visit)
 - Other type of contact or meeting (briefly describe):

7. ***Was the meeting/contact canceled or missed?** [Check only one]
 - Yes [if Yes, explain in question 8 and explain next steps in question 14]
 - No [if No, continue to question 9]

8. **Briefly explain why the meeting was canceled or missed.**

9. ***Who was at the meeting/contact (do not include yourself)?** [Check all that apply]
 - Provider(s) (MD, DO, NP, PA)
 - Practice staff (RN, MA, LPN)
 - Clerical staff (front desk, billing)
 - Administration (practice manager, other admin)
 - CHITA, Practice Facilitator, HERO or RHC
 - System-level staff/admin/or resource (e.g., director of clinical services, ambulatory medical director, IT support)
 - Other (briefly describe):

10. *Meeting mode: [Check all that apply]

- In-person
- Telephone or web-conference
- Other format (briefly describe):

11. *Approximately how long was the meeting/contact?

- Less than 30 minutes
- 30 minutes
- 45 minutes
- 60 minutes (1 hour)
- 75 minutes (1.25 hours)
- 90 minutes (1.5 hours)
- 105 minutes (1.75 hours)
- 120 minutes (2 hours)
- More than 120 minutes (more than 2 hours)

12. *Which coaching/facilitation activities, tools, training, or support services did you provide?

[Check all that apply]

- 5 Whys
- Agendas
- Aim Statement
- Brainstorming
- Data Quality Improvement Plan [C]
- E-Learning modules
- Empanelment [C]
- Evidence-based guidelines
- Huddles
- Managing complex change
- Model for Improvement
- Motivational Interviewing
- Patient satisfaction/experience monitoring
- PDSA
- Practice Improvement Plan
- Process mapping [C]
- Registry development [C]
- Risk stratification [C]
- Quality measure performance reports [C]
- Shared decision making
- SMART Goals
- SMS (self-management support)
- Standing orders [C]
- Strategic planning [C]
- Team-based care
- Toolkits
- SOMETHING ELSE (please describe) [C]:

13. *What are your most important observations or “takeaways” from this meeting/contact? [C]

14. *What is planned and/or needed for the next visit or follow-up, including dates, responsibility, or outreach to facilitators, CHITAs, or HEROs / RHCs? [C]

15. *How engaged were the clinicians (MD,DO,NP,PA) during this contact? [Check only one]

- Not at all engaged (e.g., showed little or no interest, significantly distracted, were in and out, did not seem to listen, did not contribute or speak)
- Somewhat engaged (e.g., showed some interest, minor distractions, present for most of the meeting, seemed to listen, contributed or spoke a little)
- Very engaged (e.g., showed interest, no apparent distractions, present for the entire meeting, listened attentively, actively contributed and spoke)
- N/A - no clinicians present or could not assess

16. *How engaged were the staff members (RN, LPN, MA, front desk, back office, office manager) during this contact? [Check only one]

- Not at all engaged (e.g., showed little or no interest, significantly distracted, were in and out, did not seem to listen, did not contribute or speak)
- Somewhat engaged (e.g., showed some interest, minor distractions, present for most of the meeting, seemed to listen, contributed or spoke a little)
- Very engaged (e.g., showed interest, no apparent distractions, present for the entire meeting, listened attentively, actively contributed and spoke)
- N/A - no staff members present or could not assess

17. *How well did this team/group seem to work together? [Check only one]

- Not at all well
- Somewhat well
- Mostly well
- Very well
- N/A - could not assess

18. *What is your level of confidence in this practice’s ability to make progress on important EvidenceNOW practice improvements? [Check only one]

- 1 - Not confident at all
- 2 - Very little confidence (numerous major weaknesses)

- 3 - Little confidence (some major and minor weaknesses)
- 4 - Some confidence but with at least one major weakness
- 5 - Somewhat confident but also some moderate weakness
- 6 - Somewhat confident but with at least one moderate weakness
- 7 - Confident but with numerous minor weaknesses
- 8 - Very confident with only some minor weaknesses
- 9 - Extremely confident with negligible weaknesses
- 10 - Exceptionally confident with essentially no weaknesses

19. *If your confidence is less than 7 explain what needs to happen to increase your confidence:

20. Please note anything else about this contact/meeting you think is important.

21. *Is this your FINAL field note for this practice?

[Check "Yes" ONLY if your facilitation support has ended and this is your final planned field note entry for this practice, usually at the end of the 9-month facilitation support period.]

- Yes [IF "YES" CONTINUE TO QUESTION 22 BELOW]
- No [IF "NO" STOP.]

Because this is your final field note for this practice, we want to capture, from your point of view, essential pieces of the ENSW story that should not be lost.

Please answer the following questions with just a few sentences each. You only have to answer these questions ONCE for each practice you work with. A completed final field note will count as your "Final Progress Report" for this practice. Thank you.

22. *Describe the most important improvements this practice made around cardiovascular care for its patients.

23. *What do you think was the single most important barrier to progress or improvements in this practice?

24. *Describe what you think helped most in making those improvements.

25. *Please describe the most important information we should know about the facilitation or HIT support you provided to this practice.

[For example: What was notable or unique about the support you provided? What was the most effective aspect of your approach.]

26. *In what ways did this practice address patient or family engagement, if at all?

27. *Which of the ABCSs did this practice formally work on as part of their ENSW improvement efforts?

[For example: workflow improvements on documentation of tobacco screening and follow up; PDSA on data accuracy of aspirin therapy; established a standardized clinic-wide blood pressure measurement protocol.]

	Did not formally work on this	Started work on this topic but <u>stopped</u> before reaching aim/goal	Started and <u>continue</u> to work on this topic	Started work on this topic and <u>achieved</u> aim/goal
Aspirin therapy				
Blood Pressure management				
Cholesterol management				
Smoking cessation support				

28. You may upload a file (e.g., agendas, documents, forms, tools, or other notes or minutes)