

Assessing Your Clinic's Level of Institutionalization Sustainability of Clinic-based Systems Change Efforts

The following tool is designed to help you and your clinic think about the degree to which your asthma programming is sustainable/institutionalized. If you answer no, a low number, or "don't know" to any of the questions, you may wish to include this as a future activity in your clinic.

1. Have the *goals and/or objectives* of your clinic's asthma systems change initiative been put into writing? Yes No
2. Have any of the procedures/processes used for implementing your clinic's asthma systems change initiative been put into *writing*? Is a *timeline/plan of action* included? Yes No
3. How have you used your clinic's baseline, monthly measures, and outcome evaluation data?
4. Has a supervisor (e.g., chief of staff, department head, clinic manager) been formally assigned to *oversee* your clinic's asthma systems change initiative? Yes No
5. Has an administrative level individual within your organization been actively involved in *advocating* for your clinic's asthma systems change initiative? How? Yes No
6. Have the strategies/processes for implementing your clinic's asthma systems change initiative been *adapted* to fit your clinic's circumstances? Provide an example. Yes No
7. Do *all* the people who are affected by the initiative (or specific process change) know about it? Yes No
8. Have they all people who are affected been trained/instructed in the specific process change? Yes No

9. What is your best estimate of the *percent of staff* involved with your clinic's asthma systems change initiative? _____
10. To what degree are staff *consistently* using the processes that you created? If low, why are there inconsistencies?
Never Some of the time Half of the time Most of the time Always
11. How long have your clinic's processes around asthma been followed (Be specific. Ex: spirometry protocol)? _____
12. Has your clinic's asthma systems change initiative made a transition from trial or pilot status to *permanent status* in your organization?
13. If there is one champion for the initiative, would it be able to continue if that person left the clinic?
Yes No
14. If there is a key staff position that supports your initiative, does his/her *job description* reflect these duties (i.e., health educator, RN, administrative person)?
Yes No
15. Is there a mechanism to modify aspects of the program as needed (i.e., translate materials if there is an influx of patients speaking a different language, carry-over system to an EMR from paper chart, or a flow sheet that lists medications would need to be updated if a new medication became available)? Explain.
Yes No
16. What is the *plan for training* incoming personnel these processes (MA's residents, nurses, providers, administrators)?
17. Is there a plan for your clinic's asthma team to continue meeting to address issues that arise?
Yes No
18. To what extent are asthma systems change related expenses included in your clinic's budget request system (printing, staff time, etc.)?
19. To what degree have the successes of the program been conveyed to supervisors, clinic managers, and directors?