



Participation Commitment

1. We will develop a quality improvement team that includes a sponsor, practice team lead and any additional team members as required (see roles and responsibilities attachment for more information).
2. We will maintain regular contact with our Clinical Practice Redesign™ (CPR) support team (i.e., coach and the Health Quality Council team).
3. We agree to gather and track our data using the templates provided and submit monthly data on global measures for the duration of the initiative or a minimum of 18 months. The global measures are supply, demand, activity, third next available appointment, patient cycle time, patient experience, and staff and provider experience. We understand the information will be shared anonymously, by excluding clinic and physician identifiers (see attached information sheet regarding use of clinic information). Multiple practices' information may be grouped for aggregated reporting purposes.
4. We will foster the spirit of continuous improvement by actively trying and testing our ideas and using the information we collect to guide our changes.
5. We will provide support and inspiration to our colleagues and peers by sharing our stories, data, successes and challenges. This could include teleconferences, online networking and/or presentations.
6. We agree that Health Quality Council may share information from our practice profile including contact information, description of our electronic medical record (EMR), and fee structure, with the Saskatchewan Medical Association EMR Program. This information will be shared to help the EMR Program and the CPR initiative to effectively coordinate the coaching support being provided to practices.
7. We will have access to a computer with internet connection in order to access on-line tools and submit our data. We will have access to Microsoft Excel (2003 or higher) to be able to enter and analyze our data.

Clinical Practice Redesign Initiative Commitment to Participants

The Clinical Practice Redesign Initiative (CPR) commits to offering the following supports to participating practices. Supports will be provided by your CPR™ coach and the Health Quality Council. Health Quality Council and your CPR™ coach commit to actively work together and be responsive to your needs throughout the initiative.

1. We will provide mentoring and quality improvement support to CPR™ practices. This support includes, but is not limited to, building capacity around quality improvement methodology, teaching clinical practice redesign™ methods, team building, facilitation and communication for a maximum of 18 months.
2. We will use feedback shared by practices to identify challenges and common questions throughout the province. Where appropriate, we will create and identify opportunities for you to come together with experts and other practices to learn, share your experiences, and achieve your practice's goals.
3. We will actively work with your team to implement CPR™ methods in your practice.
4. We will support you in your role as a liaison between your practice and other practices and regional resources (e.g. diagnostic services) as you implement clinical practice redesign methods in your practice.
5. We will support your practice in sharing your stories, successes, and challenges.
6. We will use practice assessment information to customize our support and CPR™ initiative work to meet your practice's needs.
7. We will maintain and modify the tracking and analysis spreadsheet tools as needed throughout the initiative.

HEALTH QUALITY COUNCIL

Accepted and agreed to this _____ day of _____, 2011

Name: (please print): Lisa Clatney

Signature: _____

Title: CPR Program Director

CPR™ Practice Coach

Accepted and agreed to this _____ day of _____, 2011

Name (please print): _____

Signature: _____

Title: _____

Clinical Practice Redesign™ (CPR) Team Roles & Responsibilities

Sponsor

The sponsor is the formal leader who supports the implementation of Clinical Practice Redesign™ (CPR™) in the clinic. He/she assists in setting the direction and priorities for the clinic. In a small clinic (one physician), this is the owner of the clinic. In a larger clinic or primary health care site, the role of sponsor may be assigned to someone who works closely with the front line staff and those who set strategic direction for the clinic. For example, the sponsor could be a physician or executive manager within the area of the clinic that will be implementing CPR™ or the primary health care director for the region. It may also be that the responsibilities of the sponsor are divided (i.e. one sponsor for approving resources and timelines, and another for working with and supporting the improvement team).

The roles and responsibilities of the sponsor are to:

- Demonstrate a personal commitment to implement CPR™ by:
 - Publicly and privately promoting the implementation and change
 - Acting as a role model by being one of the first to adopt the new way of working
 - Communicating and collaborating with others outside the clinic, as appropriate
- Allocate or identify resources needed (or escalate responsibility to executive)
- Remove or elevate barriers to someone who can remove them (Systems thinking), for example:
 - Time
 - Resources
 - Conflicts resulting from the culture of the organization
- Participate in setting the strategic direction of the improvement effort (i.e. developing a Project Charter)
- Engage in identification and creation of solutions, as appropriate
- Shift or add resources to align with strategic direction of the improvement team
- Provide encouragement and acknowledgment to team members
- Hold all accountable for engagement in the implementation of changes and support those struggling with the improvements
- Actively be involved in CPR™ implementation and engaged in maintaining improvements
- Share and network with other practices and sponsors

Practice Team Lead

The practice team lead is the person who coordinates the implementation of CPR™ and monitors progress on a regular basis. The CPR™ coach provides this person with an understanding and practical skills in team development, communication, change management and approaches to implementation within the clinic. The practice team lead has a good understanding of the clinic's strategic direction and is comfortable in communicating and working with all members of the clinic, as well as others outside the clinic. The practice team lead may be the office manager or someone else who shows interest in this role.

The roles and responsibilities of the practice team lead are to:

- Lead the team through day-to-day implementation of CPR™ by monitoring improvement efforts the scope of changes
- Work with the team to create a plan for sustaining improvements

- With the assistance of the CPR coach, communicate and engage with the sponsor and improvement team in the practice to ensure all agree on the goals and processes for implementing CPR™
- Demonstrate personal commitment to CPR™ by:
 - Publicly and privately promoting the implementation and change
 - Acting as a role model by being one of the first to adopt the new way of working
 - Communicating and collaborating with others outside the clinic, as appropriate
- Work with sponsor to remove barriers (Systems thinking), for example:
 - Time
 - Resources
 - Conflicts resulting from the culture of the organization
- Every month, be responsible for sending measurement results to the Health Quality Council
- Engage with the Practice team in developing and executing a communication/engagement plan
- Engage in identification and creation of solutions, as appropriate
- Organize meetings and agendas
- Assume responsibility for documenting change ideas, improvements, lessons learned, and plans for holding the gains/maintaining changes
- Support those outside of improvement team struggling with making and sustaining changes (Working with them to identify why they are struggling and possible solutions for moving forward)
- Lead the improvement team and support them as they develop and learn to work as a team
- Encourage and stimulate change ideas and creative problem solving
- Provide encouragement and acknowledgment to team members
- Demonstrate a willingness or desire to acquire new skills and knowledge to help successfully implement the Initiative (CPR™ coach can assist with this)
- Share and network with other practices and practice team leads

Team Members

Team members are the people who work in the area(s) identified in the implementation of CPR™. They are familiar with the practice and have expertise in their areas of work. Team members receive “just in time” training to help implement CPR™.

The roles and responsibilities of the practice team are to:

- Demonstrate personal commitment to implement CPR™ by:
 - Publicly and privately promoting the implementation and change
 - Acting as a role model by being one of the first to adopt the new way of working
 - Communicating and collaborating with others the improvement team, as appropriate
- Be an active participant in measuring improvement progress
- Share ideas, feedback and insight about the Initiative
- Bring ideas and other feedback (i.e. patients and other staff/physicians in the clinic) to the improvement team
- Assist in testing and implementing improvements identified
- Regularly attend meetings
- Share and network with other practices
- Collaborate with team members from other clinics or specialty services, as appropriate

By signature below, we agree to the commitments and activities listed on the previous page, to support the success of our practice's improvement work and the Clinical Practice Redesign™ provincial initiative.

Team Members (see attached information page on roles and responsibilities):

Date: _____

Sponsor (please print): _____

Signature: _____

Practice Team Lead (please print) : _____

Signature: _____

Team Member 1 (please print): _____

Signature: _____

Team Member 2 (please print): _____

Signature: _____

Team Member 3 (please print): _____

Signature: _____

Team Member 4 (please print): _____

Signature: _____

Additional Clinic Members

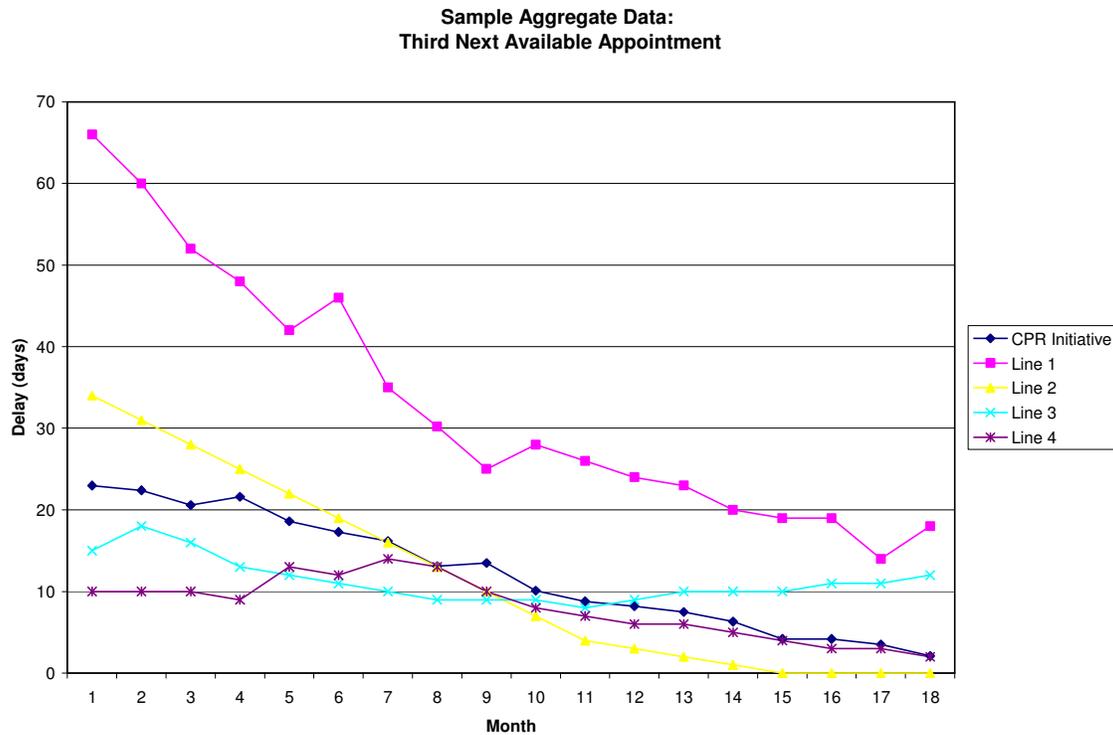
Name (please print)	Signature	Clinic Role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use of Physician/Clinic Information

The primary purpose of the Clinical Practice Redesign™ (CPR) Initiative is to engage clinicians in just-in-time learning to achieve measurable improvements to access and efficiency. All participating clinics are requested to submit monthly reports that include measurement spreadsheets.

There is broad health system representation in the CPR Initiative. The CPR™ Initiative is responsible to inform its stakeholders on its progress and results. One way is to report the combined results of the clinics' measurements. There will be no identifying clinic or provider information. It is possible that similar clinic groups may be graphed together. For example: information about similar specialties may be grouped together or primary care providers may be linked geographically.

The following is an example of how the data would be reported.



Note: Lines 1-5 may represent geographical groups (such as region or community), individual practice (with no identifying information), or peer groups (such as similar specialties). The analysis tool provided will allow each individual practice to generate its own practice level reports.