

PITO Readiness Assessment

<Practice Name>

Version: 1.1

Date: <Date>

Group Lead(s): <COP Lead or Practice Lead>

PITO Local Relationship Manager: <LRM>

Phase 2: Intake and Orientation

Timing: Directly after or before the group Orientation Session

Informs: Action Plan (purpose, goals, project team, risks & stakeholders)

Style: One-on-one Local Relationship Manager meeting/interview

Contributors: Key project resources, at least one physician and one MOA

Copies: Complete separately for each distinct team within the group. A distinct team could be a separate practice, location or a specialist and an MOA who work onsite, but separately from the family practice.

Overview

The PITO Readiness Assessment is a high level environmental scan focused on critical project success factors. The Readiness Assessment is comprised of two parts:

1. Questionnaire
2. Context Diagram

Goals

- One-on-one relationship building
- Encourage critical thinking about the degree of commitment and change that a project of this nature will require
- Encourage open, honest communications between project team members and the Local Relationship Manager
- Gain respect, trust and develop rapport
- Set realistic project expectations

Outcomes

- Questionnaire:
 1. Identify project team members
 2. Document project goals
 3. Identify risks, mitigation strategy and owners
 4. Identify opportunities
- Context Diagram
 1. Identify project stakeholders
 2. High level data flow

Instructions

PITO Local Relationship Manager should spend about 45 minutes with the main project contact; this could be a physician, manager, MOA or nurse, and then about 30 minutes to review the same questions with at least one other staff member or physician. Views and opinions of both physicians and staff should be captured equally.

The Relationship Manager can start with either the Context Diagram or the questionnaire.

Discussions resulting from this questionnaire often get into the story behind the issues. The Relationship Manager should listen and make a note if anything sounds like a potentially problematic workflow process so that it can be further explored during the Needs Assessment.

1) Questionnaire:

- i. Ask questions, listen and document answers honestly.
- ii. Identify risks by flagging the question in the column provided after documenting the answer. Make note of the question number in the Assessment Summary.
- iii. Come back to the Assessment Summary Risk Analysis table once all questions have been answered and review
- iv. Identify a mitigation strategy and owners for each risk
- v. Identify opportunities.

2) Context Diagram:

- i. Review sources and destinations of data (Data flow)
- ii. Identify other agencies, groups, clinics that are involved in daily clinic operations
- iii. Identify referral patterns
- iv. List stakeholders in the Assessment Summary table provided

Answers to the questionnaire are considered confidential and should not be typed and shared. If you take notes on your laptop, the document is not intended to be stored permanently. This is only a data collection tool, risks, mitigation strategies and stakeholders are transferred into the Action Plan.

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II. Questionnaire

I.	Organizational Culture	Answer	R/O?
a.	Does the clinic have a Strategic Plan and/or Vision Statement that will help provide the context for change? -If yes, how is it communicated to staff?		
b.	What are the main goals of this project? -How will they be measured?		
c.	Are you prepared to undertake all related business process changes, resource allocations and costs to ensure success of this project?		
d.	Are all staff aware of this project? -If no, how will they be included? -If yes, how have they been included and have they raised any concerns?		
e.	Have there been any recent changes that may affect willingness to take on a new project?		
f.	What do you perceive to be the main concern or challenge you will face during this project?		
g.	Overall, is your work environment open and collaborative?		

II.	Clinic Operations	Answer	R/O?
a.	Are current work processes and policies documented? If so, by who? If not, who would be responsible for such a task?		
b.	Are there any current efforts, or have there been in the past, to improve workflow and processes? If so, who led this initiative?		
c.	Are there any current business processes causing problems or not well defined/ new/ confusing for staff and physicians?		

III. Resources – Availability	Answer	R/O?
a. Which physicians and staff do you foresee committing to the primary project team?		
b. Will project team members be compensated for their time?		
c. Is the lead physician available to run the project? If not, who will?		
d. Are there any <u>competing projects</u> , such as research projects that will interfere with the availability of key resources?		
e. Are there any other commitments, such as conferences, speaking engagements or <u>vacation schedules</u> that need to be considered?		
f. Do you expect any changes in staff over the course of the project?		

IV. Resources – Skill	Answer	R/O?
a. How many staff have participated in an IT project before? What project? In what role?		
b. Have you or others in your office used an EMR in the past or seen a demo?		
c. Can all staff and physicians type / use a mouse? Email? Internet?		
d. Are they willing to take computer training courses if not?		
e. Do you see computer skills as a potential barrier to implementation in your office?		

V. Technical	Answer	R/O?
a. Is there a network connection in every treatment room, physician office, dictation room, reception, etc?		
b. Will remote access be required for anyone other than the physician(s)?		
c. Who currently provides technical support for your office? Do you plan to include them in this project? If not, who will provide you with technical support?		

VI. Facilities	Answer	R/O?
a. Is physical space a concern? Storage?		
b. Is there a collaborative work space available in your office? If not, where will project team members meet?		
c. Are there any major renovations or moves planned in the next year?		
d. Do you rent, lease or own?		

VII. Cost/ Benefit	Answer	R/O?
a. Do you have a predetermined budget for your EMR implementation? Capital, operating?		
b. What is your target completion date?		
c. Have the following costs been considered? - Non-EMR software - Furniture, ergonomics, renovations - Reduced service levels - Compensation for project team members - Compensation for staff training		
d. What expectations do you have for cost savings as a result of this project? By when?		
e. What, if any, concerns do you have about the cost of this project?		
f. Who will be responsible for the budget?		
g. How will costs be shared between physicians?		

VIII. Legal	Answer	R/O?
a. Do you have an Exit Agreement in place with all physicians?		
b. Do you have any current contractual agreements with a vendor product or service provider that may prevent your purchase of new products or services?		

IX. Privacy & Security	Answer	R/O?
1. Have you appointed an individual responsible for privacy?		
2. Have staff been trained about privacy, the BC Personal Information Protection Act (PIPA), and how to confidentially manage personal health information?		
3. Do you have an office privacy policy that deals with confidentiality of personal health information?		
4. Are procedures available for dealing with patient requests for information, corrections, and complaints?		
5. Are policies and procedures available for printing, transfer, storage and disposal of patient records?		
6. Have staff members signed a confidentiality agreement?		
7. Do contracts with third parties (e.g. paper shredding service) include privacy and confidentiality clauses?		
8. Is a patient privacy notice or other communication materials that inform patients about privacy and information practices, available?		
9. How do you see the EMR influencing or changing how you ensure privacy of patient data?		
10. Are procedures in place to deal with privacy incidents and suspected breaches?		

III. Assessment Summary

A. Risk Analysis

Potential Risk	Mitigation Strategy	Risk Level	Owner

B. Stakeholders

Name	Main Contact	Impact