

Dear **Dr. Green**,

Thank-you for your valued participation in the Alberta Screening and Prevention (ASaP) initiative. ASaP aligns with the national Canadian-Cardiovascular Harmonization of National Guidelines Endeavour (C-CHANGE) for promotion of evidence-based cardiovascular care. ASaP further includes evidence-based screening for some cancers and other important health risk factors. The overarching goal of this initiative is to support care providers to offer preventative care to Albertans.

ASaP has been sponsored through your primary care organization (e.g., PCN or FCC), with support from your Improvement Facilitator. We are pleased to provide you with a summary of the information collected at the baseline chart review. The following document is an improvement report based on the information available within your documentation system for a sample of your patients. The results provided are intended to support your improvement journey by establishing a baseline upon which changes and improvements can be measured. A follow-up improvement report will be presented in approximately four months, after a second chart review.

Your aggregated and anonymized results will be shared with your sponsoring primary care organization and used by the ASaP initiative evaluation team to report on the overall effectiveness of this initiative. Your individual data will only be known to you.

If you have any questions or concerns, we invite you to connect with your Improvement Facilitator.

Sincerely,

Arvelle Balon-Lyon
Assistant Program Director – Toward Optimized Practice
403.360.4845

Confidential Baseline Chart Review

Dr. Green



This baseline improvement report provides a summary of the number of screening opportunities possible based on the information collected in the chart review.

When reviewing your results please consider the following:

- These results are for IMPROVEMENT not JUDGEMENT
- Your full scope of practice is not reflected in this report
- Only documented interactions are reported
- Your clinical judgment may supersede clinical guidelines
- **30** charts were reviewed from panelled patients between 18 and 79 years old

The unit of measure in the Alberta Screening and Prevention initiative is the number of population-based opportunities to make an offer of screening. Therefore the total sample is determined by the following formula:

$$(\# \text{ Charts Reviewed} \times \# \text{ Maneuvers Selected}) - \text{Age/Gender Limitations} = \text{Total \# Opportunities}$$

The **# Screens Offered** is number of times documented evidence that the screen was offered, completed, inappropriate for the patient (i.e. exemptions) or declined by the patient was found. Only screens that are documented are included.

The **# of Opportunities** is the number of times a chart is reviewed where a screen would be appropriate based on age and gender, but regardless of a recent patient encounter.

The overall screening data present your aggregate screening percentage. The percentage is calculated by the # of screens offered (numerator) over the number of opportunities to screen (denominator).

Overall screening data

# of Screens Offered	# of Opportunities	Percentage
238	284	83.3%

Data presented by maneuver reduces the sample size, thus reducing power for statistical analysis. These data are for your interest only. Maneuvers listed as "Not measured" were not selected for review in this initiative.

Maneuver	# of Screens Offered	# of Opportunities	Percentage
Blood Pressure	25	30	83.3%
Lipid Profile	18	19	94.7%
Diabetes	19	24	79.2%
Height and Weight	30	30	100%
Tobacco Use	24	30	80.0%
Pap test	14	15	93.3%
Mammography	6	6	100%
Colorectal Cancer	9	15	40.0%
CV Risk	10	24	41.6%
Exercise	27	30	90.0%
Flu Vaccination	26	30	86.7%
Alcohol	30	30	100%

If you have any questions about the results of this chart review or would like additional information please contact your Improvement Facilitator.

The information gathered in this report is for the physician/nurse practitioner named above only as part of participating in the ASaP initiative. This report has been compiled using a sample of patients and is not intended to be a complete representation of this providers practice nor is it intended to be used for any other purpose than ASaP.