# Clinical Microsystem Assessment Tool

**Instructions:** Each of the "success" characteristics (e.g., leadership) is followed by a series of three descriptions. For each characteristic, ***please check*** the description that ***best describes*** your current microsystem and the care it delivers *OR* use a microsystem you are *MOST* familiar with.

| | Characteristic and Definition | Descriptions | | | |
|---|---|---|---|---|---|
| Leadership | **1. Leadership:** The role of leaders is to balance setting and reaching collective goals, and to empower individual autonomy and accountability, through building knowledge, respectful action, reviewing and reflecting. | ☐ Leaders often tell me how to do my job and leave little room for innovation and autonomy. Overall, they don't foster a positive culture. | ☐ Leaders struggle to find the right balance between reaching performance goals and supporting and empowering the staff. | ☐ Leaders maintain constancy of purpose, establish clear goals and expectations, and foster a respectful positive culture. Leaders take time to build knowledge, review and reflect, and take action about microsystems and the larger organization. | ☐ Can't Rate |
| Leadership | **2. Organizational Support:** The larger organization looks for ways to support the work of the microsystem and coordinate the hand-offs between microsystems. | ☐ The larger organization isn't supportive in a way that provides recognition, information, and resources to enhance my work. | ☐ The larger organization is inconsistent and unpredictable in providing the recognition, information and resources needed to enhance my work. | ☐ The larger organization provides recognition, information, and resources that enhance my work and makes it easier for me to meet the needs of patients. | ☐ Can't Rate |
| Staff | **3. Staff Focus:** There is selective hiring of the right kind of people. The orientation process is designed to fully integrate new staff into culture and work roles. Expectations of staff are high regarding performance, continuing education, professional growth, and networking. | ☐ I am not made to feel like a valued member of the microsystem. My orientation was incomplete. My continuing education and professional growth needs are not being met. | ☐ I feel like I am a valued member of the microsystem, but I don't think the microsystem is doing all that it could to support education and training of staff, workload, and professional growth. | ☐ I am a valued member of the microsystem and what I say matters. This is evident through staffing, education and training, workload, and professional growth. | ☐ Can't Rate |
| Staff | **4. Education and Training:** All clinical microsystems have responsibility for the ongoing education and training of staff and for aligning daily work roles with training competencies. Academic clinical microsystems have the additional responsibility of training students. | ☐ Training is accomplished in disciplinary silos, e.g., nurses train nurses, physicians train residents, etc. The educational efforts are not aligned with the flow of patient care, so that education becomes an "add-on" to what we do. | ☐ We recognize that our training could be different to reflect the needs of our microsystem, but we haven't made many changes yet. Some continuing education is available to everyone. | ☐ There is a team approach to training, whether we are are training staff, nurses or students. Education and patient care are integrated into the flow of work in a way that benefits both from the available resources. Continuing education for all staff is recognized as vital to our continued success. | ☐ Can't Rate |
| Staff | **5. Interdependence:** The interaction of staff is characterized by trust, collaboration, willingness to help each other, appreciation of complementary roles, respect and recognition that all contribute individually to a shared purpose. | ☐ I work independently and I am responsible for my own part of the work. There is a lack of collaboration and a lack of appreciation for the importance of complementary roles. | ☐ The care approach is interdisciplinary, but we are not always able to work together as an effective team. | ☐ Care is provided by a interdisciplinary team characterized by trust, collaboration, appreciation of complementary roles, and a recognition that all contribute individually to a shared purpose. | ☐ Can't Rate |
| Patients | **6. Patient Focus:** The primary concern is to meet all patient needs — caring, listening, educating, and responding to special requests, innovating to meet patient needs, and smooth service flow. | ☐ Most of us, including our patients, would agree that we do not always provide patient centered care. We are not always clear about what patients want and need. | ☐ We are actively working to provide patient centered care and we are making progress toward more effectively and consistently learning about and meeting patient needs. | ☐ We are effective in learning about and meeting patient needs — caring, listening, educating, and responding to special requests, and smooth service flow. | ☐ Can't Rate |

© Julie K. Johnson, MSPH, PhD, November 2001, Revised 2/21/03



***Please continue on Side B***

# Clinical Microsystem Assessment Tool

- CONTINUED -

| | Characteristic and Definition | | Descriptions | | | |
|---|---|---|---|---|---|---|
| Patients | **7. Community and Market Focus:** The microsystem is a resource for the community; the community is a resource to the microsystem; the microsystem establishes excellent and innovative relationships with the community. | | ☐ We focus on the patients who come to our unit. We haven't implemented any outreach programs in our community. Patients and their families often make their own connections to the community resources they need. | ☐ We have tried a few outreach programs and have had some success, but it is not the norm for us to go out into the community or actively connect patients to the community resources that are available to them. | ☐ We are doing everything we can to understand our community. We actively employ resources to help us work with the community. We add to the community and we draw on resources from the community to meet patient needs. | ☐ Can't Rate |
| Performance | **8. Performance Results:** Performance focuses on patient outcomes, avoidable costs, streamlining delivery, using data feedback, promoting positive competition, and frank discussions about performance. | | ☐ We don't routinely collect data on the process or outcomes of the care we provide. | ☐ We often collect data on the outcomes of the care we provide and on some processes of care. | ☐ Outcomes (clinical, satisfaction, financial, technical, safety) are routinely measured, we feed data back to staff, and we make changes based on data. | ☐ Can't Rate |
| Performance | **9. Process Improvement:** An atmosphere for learning and redesign is supported by the continuous monitoring of care, use of benchmarking, frequent tests of change, and a staff that has been empowered to innovate. | | ☐ The resources required (in the form of training, financial support, and time) are rarely available to support improvement work. Any improvement activities we do are in addition to our daily work. | ☐ Some resources are available to support improvement work, but we don't use them as often as we could. Change ideas are implemented without much discipline. | ☐ There are ample resources to support continual improvement work. Studying, measuring and improving care in a scientific way are essential parts of our daily work. | ☐ Can't Rate |
| Information and Information Technology | **10. Information and Information Technology:** Information is THE connector - staff to patients, staff to staff, needs with actions to meet needs. Technology facilitates effective communication and multiple formal and informal channels are used to keep everyone informed all the time, listen to everyone's ideas, and ensure that everyone is connected on important topics.<br><br>*Given the complexity of information and the use of technology in the microsystem, assess your microsystem on the following three characteristics: (1) integration of information with patients, (2) integration of information with providers and staff, and (3) integration of information with technology.* | A. Integration of Information with Patients | ☐ Patients have access to some standard information that is available to all patients. | ☐ Patients have access to standard information that is available to all patients. We've started to think about how to improve the information they are given to better meet their needs. | ☐ Patients have a variety of ways to get the information they need and it can be customized to meet their individual learning styles. We routinely ask patients for feedback about how to improve the information we give them. | ☐ Can't Rate |
| | | B. Integration of Information with Providers and Staff | ☐ I am always tracking down the information I need to do my work. | ☐ Most of the time I have the information I need, but sometimes essential information is missing and I have to track it down. | ☐ The information I need to do my work is available when I need it. | ☐ Can't Rate |
| | | C. Integration of Information with Technology | ☐ The technology I need to facilitate and enhance my work is either not available to me or it is available but not effective. The technology we currently have does not make my job easier. | ☐ I have access to technology that will enhance my work, but it is not easy to use and seems to be cumbersome and time consuming. | ☐ Technology facilitates a smooth linkage between information and patient care by providing timely, effective access to a rich information environment. The information environment has been designed to support the work of the clinical unit. | ☐ Can't Rate |

© Julie K. Johnson, MSPH, PhD, November 2001, Revised 2/21/03