

Medical Group Guideline Implementation Status

Medical Group:	Date form completed:
Completed by:	Phone #:

Please review the list of clinical practice guidelines below and indicate if your clinic is pursuing the implementation of these guidelines. Note: this form has 2 pages.

- **Clinic Status:**
 - G** – Guideline is generally implemented (i.e.: Guideline is in regular use at all or nearly all the medical group’s sites.)
 - R** – Reference guideline (i.e.: Guideline is used primarily by providers as a reference or for education.)

- **Implemented Date:** Indicate the month and year of general implementation.
- If you have implemented a guideline that is not on the list, please complete the “Other” section at the bottom of the form including the source of the guideline (i.e., ACOG, AHCPR, etc)
- If your clinic is an ICSI member, you may instead submit a copy of your most recent ICSI Guideline Implementation Status form.
- After completing form, please return it to the address/fax listed on page two. Thank you!

Clinical Practice Guideline	Clinic Status	Implemented Date
Acne, Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Acute Coronary Syndrome (ACS)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Attention Deficit Hyperactivity Disorder (ADHD); Diagnosis & Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Ankle Sprain, Diagnosis and Treatment of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Antithrombotic Therapy Supplement (formerly Anticoagulation)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Asthma, Diagnosis and Outpatient Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Asthma, ER and Inpatient Management	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Atrial Fibrillation	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Breast Disease, Diagnosis of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Cardiac Stress Test Supplement	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Cardiovascular Disease, Primary Prevention of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Cervical Cytology, Abnormal (Pap Smear)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Chronic Disease Risk Factors, Primary Prevention of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Colorectal Cancer Screening	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Coronary Artery Disease (CAD), Stable	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Degenerative Joint Disease (DJD); Diagnosis & Treatment	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Depression, Major, in Adults in Primary Care	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Diabetes, Type II; Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Domestic Violence	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Dyspepsia & GERD	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Headache, Diagnosis and Treatment of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Heart Failure in Adults	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Hypertension Diagnosis and Treatment	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	

Clinical Practice Guideline	Clinic Status	Implemented Date
Immunizations, in Children and Adults	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Infertility, Diagnosis and Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Labor, Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Lipid Management in Adults	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Low Back Pain (LBP), Adult	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Menopause and Hormone Therapy (HT): Collaborative Decision-Making and Management	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Obesity; Prevention & Management of (Mature Adolescents & Adults)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Osteoporosis, Diagnosis and Treatment of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Otitis Media in Children, Diagnosis and Treatment of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Pain, Acute, Assessment & Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Pain, Chronic, Assessment & Management of	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Palliative Care	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Pneumonia, Community Acquired	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Prenatal Care, Routine	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Preoperative Evaluation	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Preventive Services for Adults	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Preventive Services for Children & Adolescents	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Rapid Response Teams	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Respiratory Illness in Children & Adults	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Sleep Apnea, Diagnosis and Treatment of Obstructive	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Stroke, Diagnosis and Initial Treatment	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Tobacco Use Prevention and Cessation	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Urinary Tract Infection (UTI) in Women, Uncomplicated	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Venous Thromboembolism (formerly DVT)	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Venous Thromboembolism (VTE) Prophylaxis	<input type="checkbox"/> R <input type="checkbox"/> G <input type="checkbox"/> N/A	
Other Clinical Practice Guidelines not listed	Clinic Status	Implemented Date
Guideline Title:		

**Please return completed form to: HealthPartners Inc., Quality Measurement and Improvement,
21108X, PO Box 1309, Minneapolis, MN 55440-1309 FAX: 952 883-6150
Questions? (952) 883-5777 or quality@healthpartners.com**