

Self-Assessment for Systems Integration Tool

The Self-Assessment for Systems Integration (SASI) tool was developed under a two-year grant from The John A. Hartford Foundation by a multi-organizational task force of members of the National Chronic Care Consortium. It was first published in 1995, and then slightly revised in 2001.

The tool was designed as an internal resource for provider systems—to assist healthcare networks in planning, implementing, and measuring the success of their efforts to improve service delivery to population groups with chronic care needs across a full continuum of care. People with chronic care needs require ongoing, multidisciplinary, coordinated care management, treatment, and services. The population of people with chronic care needs typically requires services from a spectrum of providers and thus will offer a harder “test” of a healthcare network, in terms of coordination of care delivery, than a population with needs from only one service sector at one point in time.

The SASI tool allows for a critical self-assessment of a multi-organizational delivery network at a point in time. The tool uses the term “network” to refer to the entire set of facilities and services that make up the delivery system providing service to people with chronic conditions. The term “client” refers to the patient/consumer/resident receiving services and to his/her family members involved in their care.

SASI Objectives

1. Clients are involved in their own care and are strongly supported in self-care management.
2. The needs of all populations are identified; high risk groups are targeted, though not to the exclusion of other groups.
3. A full array of effective and efficient services is provided.
4. Seamless care is provided across settings and over time.
5. Care management is focused on disability prevention and organized around defined populations (e.g., high risk, condition-specific).
6. Information sharing systems allow providers in all settings to share meaningful information about clients, costs and operations.
7. Financing systems promote system-wide management of cumulative costs, tied to care outcomes.
8. Management strategies and structures support cross-site, interdisciplinary efforts.
9. Network governance supports and improves the ability of individual care providers to work together as a single system to improve outcomes and continuity of care delivery to people with chronic care needs across settings.

Who are we?



Alexander Zolotariov.

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Doctor of Internal Medicine (general practitioner), a specialist in ultrasonography, a specialist in organization and management of health care, a medical psychologist, and an anesthesiologist.

Full-time medical practice since 2002. Founder of a successful private clinic in Kharkiv - Doctor.Kharkiv.

For each patient, the doctor must have not only a baggage of knowledge, but also a strategy for getting rid of the problem - a set of sequential actions to make a diagnosis and choose the best treatment. But the secret to a doctor's success is a sincere desire to be complicit in defeating the disease and ensuring quality of life.



Dmytro Dolzhenko.

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Hi, I'm Dmitriy. I have been involved in marketing in the medical sphere for 15 years. I know the needs of patients and how to meet these needs as loyally as possible. My mission is to make your impressions of your visit to Ukraine only positive.

Your maximum comfort, safety, ease of travel, delicious food, smiles of people around you - this is my concern. You only need to call and express your wishes. I am always ready to go to a meeting and provide a unique itinerary, if your doctor will allow it, because your health always comes first.

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