**Practice Profile Worksheet**

**Sample**

Organization name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICE OWNERSHIP:**

* Physician-owned
* System/Hospital-owned
* Academic/Faculty practice
* Government (e.g., Veterans Health Administration, local Dept. of Health)
* Health Center (e.g., Federally qualified - FQHC, rural)
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICE CHAMPION:**

Name:

Title:

Email:

Direct line:

Cell:

Preferred method of contact:

Best hours to reach:

Standing meeting time:

Check-in with:

**DAYS & HOURS OF OPERATION**

|  |  |  |
| --- | --- | --- |
| **Day** | **Hours** | **Comments** |
| M |  |  |
| Tu |  |  |
| Wed |  |  |
| Th |  |  |
| Fri |  |  |
| Sat |  |  |
| Sun |  |  |

Average # patient visits per day:\_\_\_\_\_\_\_

**ADMINISTRATION AND LEADERSHIP**

|  |  |
| --- | --- |
| **Staff** | **Comments** |
| Chief Executive Officer/Owner: |  |
| Chief of Operations: |  |
| Medical director: |  |
| Nursing director: |  |
| Quality improvement director: |  |
| Health IT director/consultant: |  |
| EHR super-user: |  |
| Office manager: |  |
| Medical records/reports: |  |

**PATIENTS**

# of unique patients in practice:\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Age distribution** | **%** | **Race/Ethnicity** | **%** |
| 0-10 years |  | Hispanic & Latino |  |
| 11-18 years |  | American Indian/Alaska Native |  |
| 19-45 years |  | Asian |  |
| 46-64 years |  | Black or African American |  |
| 65-79 years |  | Native Hawaiian or other Pacific Islander |  |
| 80+ years |  | White |  |

|  |  |  |
| --- | --- | --- |
| **Insurance** | **%** | **Payers & Comments** |
| Commercial |  |  |
| Medicare |  |  |
| Medicaid |  |  |
| Other public |  |  |
| Uninsured |  |  |

**STAFFING (Add additional sheets as needed)**

|  |  |  |
| --- | --- | --- |
| **Staff** | **FTE** | **Comments** |
| **Doctors (MD/DO)** |  |  |
| Name: |  |  |
| Name: |  |  |
| Name: |  |  |
|  |  |  |
| **Nurse practitioners and Physician assistants** |  |  |
| Name: |  |  |
| Name: |  |  |
| Name: |  |  |
|  |  |  |
| **Registered nurses** |  |  |
| Name: |  |  |
| Name: |  |  |
| Name: |  |  |
|  |  |  |
| **Licensed practical or vocational nurses** |  |  |
| Name: |  |  |
| Name: |  |  |
| Name: |  |  |
|  |  |  |
| **Medical assistant/Licensed or certified nursing assistants** |  |  |
| Name: |  |  |
| Name: |  |  |
| Name: |  |  |
|  |  |  |
| **Behavioral health** |  |  |
| Name: |  |  |
|  |  |  |
| **Social work** |  |  |
| Name: |  |  |
|  |  |  |
| **Care coordinator** |  |  |
| Name: |  |  |
|  |  |  |
| **Other** |  |  |
| Name: |  |  |

**PAYERS and any INCENTIVE PROGRAMS/VALUE-BASED PAYMENT MODEL PARTICIPATION**

**VISIT TYPES and SERVICES**

**TOP 10 DIAGNOSES**

**QUALITY IMPROVEMENT (QI) INFRASTRUCTURE**

* QI Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* QI Co-Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* QI Team

Meeting times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent and current QI activities:

Possible current improvement priorities:

**QI framework used**

* Model for Improvement
* LEAN/Six Sigma
* None
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QI tools used**

* PDSA cycles
* Last 10 patients/small sample chart audits
* Process/Workflow mapping
* 5 Whys & fishbone diagrams
* Data feedback and benchmarking (e.g., performance dashboards)
* Patient surveys
* Staff surveys
* Job aids
* One-to-one coaching
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICE PRIORITIES MENTIONED**

**1.**

**2.**

**3.**

**4.**

**PRACTICE MAP (Add additional sheets as needed)**