Primary Care Practice Profile

Purpose/Aim of Our Clinical Microsystem:

Site Name:	Site Contact:	Date:
Practice Manager:	MD Lead:	Nurse Lead:

A. (1) Know Your Patients:

Take a close look into your practice, create a "high-level" picture of your PATIENT POPULATION that you serve. Who are they? What resources do they use? How do the patients view the care they receive?

Est. Age Dist. of Pts:	%
birth - 10 years	
11 - 18 years	
19 - 45 years	
46 - 64 years	
65 - 79 years	
80+ years	
% Females	
Est. # (unique) pts. in Practice	

Patients who are Frequent Users of Your Practice Services and Their Reasons for Seeking Frequent Interactions and Visits	

Other Clinical Microsystems we interact with regularly, as we provide care for our patients. (eg. OR, VNA)

(2) Access/Pt. Satis. Scores (pg 6 or 7)	% Excellent
Experience via Phone	
Length of time to get your appointment	
Saw who I wanted to see	
Time spent with person saw today	

Pt. Population: Do these numbers change by season? (Y/N)	#	Y/N
# Patients seen in a day		
# Patients seen in last week		
# New patients in last month		
# Disenrolling patients in last month		
# Encounters per provider per year		

Disease Specific Health Outcomes (pg A21)
Diabetes HgA1c =
Hypertension B/P =
LDL <100 =

10 Most Frequent Conditions/Diagnoses	

Top Referrals (e.g. GI, Cardiology)

Out of Practice Visits	
Condition Sensitive Hospital Rate	
Emergency Room Visit Rate	

B. Know Your People:

Create a comprehensive picture of your practice. Who does what? What hours are you open for business? How many and what is the duration of your appointment types? How many exam rooms do you currently have? What is the morale of your staff?

Current Staff	FTE	Comment/ Function	3rd Next Avail.		(11) Cycle Time
Enter names below totals Use separate sheet, if needed			PE	Non-Urgent	Range
MDs Total					
NP/PAs Total					
RNs Total					
LPNs Total					
LNA/MAs Total					
Secretaries Total					
Others:					
Complete Personal Skills Needs Assessment, pg 8					

Days of Operation	Hours Open
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
# Exam Rooms	

Do you offer any of the following? *Check all that apply.*

- ☐ group visit
- ☐ E-mail
- ☐ Web site
- ☐ RN clinics
- ☐ phone follow-up
- ☐ phone care management
- ☐ disease registries
- ☐ protocols/guidelines
- ☐ _____
- ☐ _____
- ☐ _____

Appointment Type	Duration	Comment:

C. Know Your Processes:

(11)

1. Track cycle time for patients from the time they check in until they leave the office using the Patient Cycle Tool. List ranges of time per provider on this table. (pg. 17,18)

(12)

2. Complete the Core and Supporting Process Assessment Tool to identify improvements. (pg. 19-21)

(4) Staff Satisfaction Scores (pg. 8)	Percentage
How stressful is practice? % Not:	
Recommend place to work? % Agree:	

D. Know Your Patterns:

Does every member of the practice meet regularly? How frequently?

Margin after costs: _____

What are you most proud of?

What have you changed successfully?

Do the members of the practice regularly review and discuss safety and reliability issues?

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