

**Practice Profile Worksheet
Sample**

Center/Organization name: _____ . Site Name: _____

Website: _____

Address: _____

Phone: _____

Website: _____

CENTER/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: _____

CENTER/PRACTICE/PROJECT CHAMPION:

Name:

Title:

Email:

Direct line:

Cell:

Preferred method of contact:

Best hours to reach:

Standing meeting time:

When at the Center check-in with:

Park here:

Dress code instructions:

DAYS & HOURS OF OPERATION of Practice/Center

Day	Hours	Comments
M		
Tu		
Wed		
Th		
Fri		
Sat		
Sun		

Average # patient visits per day: _____

ADMINISTRATION AND LEADERSHIP

Staff	Name and Notes
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/unduplicated 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	%	Payer names & Notes
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:		
Medical assistant/Licensed or certified nursing assistants		
Name:		
Name:		
Name:		
Behavioral health		
Name:		
Social work		
Name:		
Care coordinator		
Name:		
Other		
Name:		

INCENTIVE PROGRAMS/VALUE-BASED PAYMENT MODEL PARTICIPATION

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VISIT TYPES and SERVICES

1.	
2.	
3.	
4.	
5.	
6.	

TOP 5 DIAGNOSES

1.	
2.	
3.	
4.	
5.	

QUALITY IMPROVEMENT (QI) INFRASTRUCTURE

- QI Director Name: _____
- QI Co-Director Name: _____
- QI Team Members: _____
QI Team Meeting times: _____

- Topic specific QI team/QI lead (ex: T2D): _____
Specific topic QI Team Meeting times: _____

Recent and current QI activities and their outcomes

QI activity	What worked (successes)	What didn't work (challenges)
1.		
2.		
3.		
4.		

Current improvement priorities (all topics):

- 1.
- 2.
- 3.

Current improvement priorities (topic of your project's focus):

- 1.
- 2.
- 3.

QI framework used by practice/center

- Model for Improvement
- LEAN
- None
- Other: _____

QI tools used by practice/center

- 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: _____

(INFORMAL) ASSESSMENT OF PRACTICE/CENTER READINESS to ENGAGE IN QI WORK

Area	Level	Notes
Leaders give priority to project	(0) Low (1) Med (2) High	
Clinician morale & interest in project	(0) Low (1) Med (2) High	
Staff morale & interest in project	(0) Low (1) Med (2) High	
Staffing problems/turn-over	(2) Low (1) Med (0) High	
Competing priorities (other high-demand projects)	(2) Low (1) Med (0) High	
Previous success with QI work by practice	(0) Low (1) Med (2) High	
QI capacity (QI team, structured approach to QI, QI data, continuous)	(0) Low (1) Med (2) High	

Informal Level of readiness: Score _____
 (High readiness = 12-14, Low readiness = >8).

PRACTICE MAP (Add additional sheets as needed) Map the

location of key staff for practice improvement work:

Name key staff/clinician 1:

Location:

Personal information/connection/story:

Name key staff/clinician 2:

Location:

Personal information/connection/story:

Name key staff/clinician 3:

Location:

Personal information/connection/story:

Name key staff/clinician 4:

Location:

Personal information/connection/story:

Name key staff 5/clinician:

Location:

Personal information/connection/story:

Name key staff 6/clinician:

Location:

Personal information/connection/story:

DRAW A MAP of their LOCATION in/on the FLOOR/CLINIC/PRACTICE/CENTER

