

Practice Observation Template

Practice Name: _____

Date: _____

<p>Physical Location</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate parking available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate, visible signs</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Handicap accessible</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Unpleasant smell</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Clean Surroundings</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Positive community atmosphere</p> <p>1. Describe your first impression</p>	<p>Comments:</p>
<p>Waiting Room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate seating</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Masks available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tissues available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Hand sanitizer available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tidy appearance</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Current magazines</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Current signs/notices</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Educational Handouts</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Television</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Educational Monitor</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Water available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Coffee/snacks served</p> <p>1. Describe your first impression</p> <p>2. Describe cleaning process for toys and furniture</p>	<p>Comments:</p>
<p>Receptionist Work Area</p> <p>Ratio of receptionist to providers: _____:</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate privacy</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tidy appearance</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Ample Work Space</p> <p>1. Acquire copies of new patient and/or chronic disease paperwork</p>	<p>Comments:</p>

<p>Scheduling</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Written scheduling policy</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Patients assigned to PCP/Care Team</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using PM templates</p> <ol style="list-style-type: none"> List average # if appointments per provider Describe who can book appointments and how they are trained Describe pre-visit information obtained by staff when booking appointments How many patients enrolled to each provider? 	<p>Comments:</p>
<p>Access</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Offer Same Day Appointments</p> <p>List blocked SDA times: _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Offer early/late appointments</p> <p>Days/Hours: _____</p> <p>After-hours calls managed by:</p> <p><input type="checkbox"/> PCP <input type="checkbox"/> RN Triage <input type="checkbox"/> Shared On-Call</p> <ol style="list-style-type: none"> Describe same day visit access Describe after-hours access 	<p>Comments:</p>
<p>Pre-Planning – Receptionist</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Eligibility Check ____ days</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Pre-Visit Planning ____ days</p> <p><input type="checkbox"/> QIS <input type="checkbox"/> HIPAA <input type="checkbox"/> Advance Directive</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Patient reminder system ____ days</p> <p><input type="checkbox"/> Automated <input type="checkbox"/> Live person</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Identified access manager/monitor?</p>	<p>Comments:</p>

<p>Check-In/Out</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff acknowledge patients upon entry (eye contact, smile, greeting)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff introduce themselves (and roles) to patients</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff show concern (sincere, personal) for patient/family</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Keeping patient informed (what, how, duration)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Share appreciation for choosing practice</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Agenda Setting Form Used</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N New Patient Packet Available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N New Patient Packet Mailed</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N No show/cancellation policy established. No Show Fee _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Process to follow up on patient no-shows</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using PM Templates</p> <ol style="list-style-type: none"> Describe check-in and out process. Can staff verbalize no show rates? If so, what is the rate? _____ How are walk-ins/no-show/cancellation appointments handled? Describe process to keep providers on schedule 	<p>Comments:</p>
<p>Call Processing – Receptionist</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Appointment related calls</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Medical concerns calls</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Referral Status calls</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using EHR templates</p> <ol style="list-style-type: none"> Describe call processing workflow (expected times for returning calls, handoff from receptionist to MA staff) Top 3 reasons of patient calls. _____ _____ _____ 	<p>Comments:</p>
<p>Hallways</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Free and clear</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Handicap friendly</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Peds scales available</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Privacy at scale</p>	<p>Comments:</p>

<p>MA Work Area</p> <p>1. Ratio of MAs to providers:____:____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate privacy</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tidy appearance</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Ample Work Space</p> <p>2. Describe flagging system/handoffs from MAs to provider</p> <p>3. Acquire copies of staff protocols</p>	<p>Comments:</p>
<p>Exam Rooms</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tidy appearance</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Fair wear & tear of furniture</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Walls clean and in good repair</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Window treatments well maintained</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Equipment/supplies standardized in each room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Computer in room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Printer in room</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Poisons locked</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Needles/meds locked</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Adequate seating</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Needle boxes safe</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Supplies -- not expired</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff has all needed supplies/equipment in rooms (do not need to leave room to gather them)</p> <p>1. Describe process to clean rooms</p> <p>2. Describe patient education materials</p>	<p>Comments:</p>
<p>Technology</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Enough terminals</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using EHR templates</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Computer screen privacy</p> <p>1. Describe terminal locations</p> <p>2. Describe reporting capability and use of reports</p> <p>3. If paper records, describe flow of chart during visit</p>	<p>Comments:</p>

<p>Patient Flow – MA</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff introduce themselves and roles to patients</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Staff show concern (sincere, personal) for patient/family</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Keeping patient informed (what, how, duration)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Share appreciation for choosing practice</p> <p>1. Describe process to keep providers on schedule</p> <p>2. Describe team-based care</p>	<p>Comments:</p>
<p>Screening/Rooming Process</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Vital Signs at every visit</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Proper BP technique</p> <p>BP taken Manually Automatically</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N PHQ-2 Screening</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Tobacco Screening</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N QIS Reconciliation with every patients</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Medication Reconciliation in EHR</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using EHR templates</p> <p>1. List wastes in rooming process</p>	<p>Comments:</p>
<p>Medications/Vaccines</p> <p>1. Where are meds/vaccines prepared?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Prep area clean</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Minimal distraction</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N All medications locked</p> <p>2. Where are prescription pads stored/located?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Is there a medication sample policy in place?</p> <p>3. Who monitors medication expiration dates?</p> <p>4. Describe how/where immunizations are stored</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Medication refrigerator ONLY has meds in it</p> <p>5. Describe how refrigerator temp is monitored?</p>	<p>Comments:</p>

<p>Prescription Refills</p> <p>1. Describe refill process by phone/during visit <input type="checkbox"/> Y <input type="checkbox"/> N Patients call pharmacy for refill requests <input type="checkbox"/> Y <input type="checkbox"/> N Clinician approves refill requests <input type="checkbox"/> Y <input type="checkbox"/> N Using EHR templates</p> <p>2. Describe Controlled Substances refill process by phone/during visit <input type="checkbox"/> Y <input type="checkbox"/> N Pain Contract updated yearly <input type="checkbox"/> Y <input type="checkbox"/> N Monthly FU Visits</p>	<p>Comments:</p>
<p>Call Processing - MA</p> <p>1. How are patients notified about abnormal lab/radiology results? <input type="checkbox"/> Y <input type="checkbox"/> N Call</p> <p>2. How are patients notified about normal lab/radiology results? <input type="checkbox"/> Y <input type="checkbox"/> N Call <input type="checkbox"/> Y <input type="checkbox"/> N Patient Portal <input type="checkbox"/> Y <input type="checkbox"/> N Letter</p> <p>3. How are same day visit requests processed? <input type="checkbox"/> Y <input type="checkbox"/> N MA can schedule</p> <p>4. Describe call processing workflow (expected times for returning calls, handoff from receptionist to MA staff)</p> <p>5. Record the top 3 reasons of patient calls.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Comments:</p>
<p>Referral Tracking</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Referrals tracked (appointment kept/notes received) <input type="checkbox"/> Y <input type="checkbox"/> N Using EHR Templates</p> <p>1. Describe clinician to staff handoff <input type="checkbox"/> Order Entry <input type="checkbox"/> Via Task</p> <p>2. Who processes the referrals? <input type="checkbox"/> Referral Coordinator <input type="checkbox"/> MA <input type="checkbox"/> Receptionist</p> <p>3. How are patients notified? <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> FMH <input type="checkbox"/> None</p> <p>4. Describe referral process for SCMG and other insurance providers</p>	<p>Comments:</p>

<p>Transitions of Care</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Pre-screening records</p> <ol style="list-style-type: none"> Describe the process for urgent care and ED visit follow ups Describe the process for in-patient hospital follow ups 	<p>Comments:</p>
<p>Population Management</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Using P4P Report <input type="checkbox"/> Y <input type="checkbox"/> N Using DM Outcome Report <input type="checkbox"/> Y <input type="checkbox"/> N Using HM Report</p> <ol style="list-style-type: none"> How do you define an active patient? Which, if any, EBGs/standing protocols are in use? Who maintains the registry? <input type="checkbox"/> Dedicated Care Coordinator <input type="checkbox"/> MA <input type="checkbox"/> Divided among staff Documentation process <input type="checkbox"/> Task <input type="checkbox"/> FYI <input type="checkbox"/> Chart Alert 	<p>Comments:</p>
<p>Self-Management Support/Education</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Material in other languages? _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Age specific (large print for elderly, peds versions) <input type="checkbox"/> Y <input type="checkbox"/> N Literacy assessment being conducted</p> <ol style="list-style-type: none"> Describe location of education material Which materials/topic are used most Who does individual goal setting with patients? Who follows up on goals set by patients? Describe patient education methods (In-person vs. handouts or both?) 	<p>Comments:</p>
<p>Communication</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Huddles <input type="checkbox"/> Y <input type="checkbox"/> N Patient Advisory Council <input type="checkbox"/> Y <input type="checkbox"/> N Interpreters available (include hearing/visually impaired as well as other languages)</p>	<p>Comments:</p>
<p>Sensing Questions Solicit feedback from the Staff/Leadership regarding:</p> <ol style="list-style-type: none"> What gets in the way of you doing your job? What frustrates you about what it takes to get things done around here? Where do you notice we waste time, money, 	<p>Comments:</p>

<p>resources?</p> <p>4. What questions or concerns do you have?</p> <p>5. Anything we should know in order to have a successful improvement?</p>	
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