

# Practice On-site Survey

**Practice Name**

**Person(s) completing this form:**

## 1. General Practice Information

### 1. What are your office hours?

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
Sunday

### 2. What are the hours your Provider(s) see patients?

Monday  
Tuesday  
Wednesday  
Thursday  
Friday  
Saturday  
Sunday

### 3. How long has this practice been in operation? Years / Months

### 4. In the next 12 months, do you anticipate any major changes or events in your practice?

Large financial Loss/Gain  
Change in Leadership  
EHR/EMR Implementation or upgrade

**5. How many employees does your practice have?** Full Time / Part Time

MD/DO

Advanced Clinicians

Front Desk

MAs

Office Manager

Care Coordinator

Medical Records

Referral Coordinator

Other

**6. How many staff have left your practice in the last 12 months?**

Staff Turnover

**7. Do you anticipate any staff turnover in the next 12 months?** Yes / No

## **2. Patient Population**

**8. What is the total number of active patients (unique patients seen within the last 2 years) at your practice?**

**9. For those patients whose predominant language is not English, or for the hearing impaired, how do you ensure translation/interpretation services?**

**10. How many different types of visits do your practice currently offer?**

**11. Do you offer same-day appointments?** Yes / No

### 3. Health Information Technology

12. Is your practice on CONNECT? Yes / No

13. If not on CONNECT, do you use an EHR/EMR? Yes / No

If yes, which one?

14. If no, do you plan on implementing an EHR/EMR? Yes / No

If yes, timeframe:

15. If your practice currently has an EMR/EHR, how are you currently using it?

Documenting Visits Yes / No

Creating Individualized Care Plans Yes / No

Disease registry functionality Yes / No

Point-of-Care decision support Yes / No

Population Management/ Outreach Yes / No

Running data Reports Yes / No

Tracking Referral Requests Yes / No

Tracking Referrals Yes / No

Storing imaging documentation Yes / No

E-Prescribing Yes / No

E-lab results Yes / No

Secure, Encrypted Email Yes / No

Practice Management Yes / No

Other:

16. If you answered "yes" to Running Data Reports, what do you do with the data?

- Share with all Providers
- Share with administrative staff
- Plan pt care or point of care decision support
- Identify groups of patients
- Generate mailed reminders for patients
- Track quality of care (eg. Patients receiving necessary tests)
- Generate phone reminders for patients
- Other

17. Does your practice utilize any of these additional electronic tools? Circle all that apply.

Practice website

Review lab reports

Referral Requests

Patient portal

Secure messaging

E-visits

Prescription refills

Scheduling visits

View personal health record

Other:

Please do not recreate without permission.

#### 4. Performance Improvement

18. Does the practice regularly report performance improvement activity results to all staff? Yes / No
19. Does the practice share the monthly patient experience report card emailed to them by SCMG? Yes / No
20. Does anyone in the office have a Press Ganey Account? Yes / No
- If so, how often is it accessed?
21. Does the practice view the Press Ganey comments? Yes / No
22. Does the practice have a formal process for routinely measuring patient satisfaction and experience for Non-SCMG patients? Yes / No
23. Do you plan to apply for recognition as a medical home? Yes / No
- No
  - NCQA PCMH
  - Joint Commission
  - Already recognized/ certified
  - AAAHC
  - URAC
  - Other

#### 5. Patient-Centered Care/ Self-Management Support (SMS)

24. Does your practice send out a welcome letter to new patients to establish care? Yes / No
25. Does your practice do a pre-registration/ orientation for new patients? Yes / No
26. Is your practice giving patients individualized care plans after each visit? Yes / No
27. Does your practice discuss goal setting with patients (ie. HbA1c <8) Yes / No
28. If so, does the practice track/ follow up with the patient's progress? Yes / No

## 6. Team Based Care

**29. Are evidence-based guidelines used for:**

- Assessment and Diagnosis
- Prevention and Screening
- Treatment
- Education and Counseling
- Do not currently use EBG's

**30. Do your practice care teams conduct pre-planning for patient visits?** Yes / No

If yes, how often:

**31. What method does your practice use to pre-plan for patient visits?**

- Huddles
- Chart Review
- We do not pre-plan
- Other:

Notes:

## 7. Protocols and Standing Orders

*Please complete questions 32 - 34 for practices with more than 1 provider:*

**32. Does your practice currently assign patients to a preferred provider?** Yes / No

**33. Are patients routinely scheduled with their assigned preferred provider?** Yes / No

**34. Is continuity of care within the practice routinely monitored?** Yes / No

**35. Does your practice have written clinical protocols in place?** Yes / No

Please list:

**36. Are the written protocols consistently followed by provider and staff?** Yes / No

**37. Does your practice currently have job descriptions and clearly defined roles for providers?** Yes / No

**38. Does your practice currently have job descriptions and clearly defined roles for staff?**  
Yes / No

## 8. Population Management

39. Does the practice offer group visits/ shared medical appointments? Yes / No

40. Does your practice utilize a patient registry? Yes / No

41. If your practice uses a registry, what do you do with the data? (Check all that apply)

- Share with all Clinicians
- Share with administrative staff
- Track quality of care
- Generate mailed reminders for patients
- Identify groups of patients
- Plan patient care or point of care decision support
- Generate phone reminders for patients
- Other:

## 9. Care Management

42. Has your practice integrated mental health screening and services into the care process?

Yes / No

## 10. Care Coordination

43. Does your practice have formal relationships (care compacts) with referral sources that are frequently used? Yes / No

44. Does your practice have a list of community resources available for patients? Yes / No

## 11. Current Business Office Practices Review

*This section of questions only need to be asked if the practice is struggling financially or has stated that they have had a significant loss.*

45. When are co-pays collected?    Check in | Check out | Billed

46. Is eligibility for patient coverage or pre-authorization checked prior to patient visit?

Yes / No

47. Are all providers paneled and credentialed by payers?    Yes / No

48. Are coding and billing processes reviewed (including denial management)?    Yes / No

49. Does the practice leadership perform cost/benefit analysis before incurring practice expenditures?    Yes / No

50. Are human resource policies and procedures defined?    Yes / No

51. Is training for staff/continuing education available?    Yes / No

52. Are business plans reviewed and renewed on an annual basis?    Yes / No

53. Are staff satisfaction surveys conducted?    Yes (please provide a copy) / No

54. If yes, what was the date of the last survey conducted?

**Are there any other issues, projects, or information we should know that will affect your success in this initiative?**