

## Microsystem Assessment | Data Sources | Data Collection Actions

Page/Type of Data	Data Source	Data Collection Actions
<b>Page 6 B Know Your Patients</b>		
B1. Estimated Age Distribution of Patients		
B2. Estimated Number of Unique Patients in Practice		
B3. Disease Specific Health Outcomes		
B4. List Your Top Diagnosis/Conditions		
B5. Top Referrals		
B6. Patients Who Frequent Practice		
B7. Other Clinical Microsystems Your Interact With		
B8. Today's Visit (Patient Survey pg 7)		
(Chronic Care Survey pg 10-11)		
B9. Patient Experience - ("Walk Through" pg 9)		
B10. Out of Practice Visits		
<b>Page 6 C Know Your Professionals</b>		
C1. Current Staff		
Float Pool		
On-Call		
C2. 3 <sup>rd</sup> Next Available		
C3. Days and Hours of Operation		
C4. Role Activity Tracking (p 15)		
C5. Appointment Type		
C6. Appointment Duration		
C7. Staff Satisfaction Scores (Staff Survey pg 12)		
(Personal Skills Assessment pg 13 – 14)		
<b>Page 6 D Know Your Processes</b>		
D1. Create Flow Charts of Routine Processes		
D2. (Patient Cycle Time Tool pg 16/17)		

D3. (Core and Supporting Processes pg 18)		
D4. (High Level Flowchart pg 19)		
D5. Telephone Tracking (p 21)		
<b>Page 6 E Know Your Patterns</b>		
E1. Most Significant Pattern of Results (clinical, financial, satisfaction)		
E2. Successful Change		
E3. Most Proud of		
E4. When and how frequently team meets to work on continuous improvements		
E5. Effectiveness of Daily Huddles		
E6. Interruptions – Patterns of Unplanned Activity (p 20)		

# Primary Care Practice Profile

## A. Purpose:

Why does your practice exist?

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

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

Est. Age Distribution of Patients:	%	List Your Top 10 Diagnoses/Conditions	Top Referrals (e.g. GI Cardiology)	Patient Satisfaction Scores	% Excellent
Birth-10 years		1.	6.	Experience via phone	
11-18 years		2.	7.	Length of time to get your appointment	
19-45 years		3.	8.	Saw who patient wanted to see	
46-64 years		4.	9.	Satisfaction with personal manner	
65-79 years		5.	10.	Time spent with person today	
80 + years		Patients who are frequent users of your practice and their reasons for seeking frequent interactions and visits Other Clinical microsystems you interact with regularly as you provide care for patients (e.g. OR, VNA)		<b>Pt Population Census: Do these numbers change by season? (Y/N)</b>	
% Females				#	Y/N
Est. # (unique) pts. In Practice				Patients seen in a day	
Disease Specific Health Outcomes, pg 24				Patients seen in last week	
Diabetes HgA1c =				New patients in last month	
Hypertension B/P =				Disenrolling patients in last month	
LDL <100 =				Encounters per provider per year	
				<b>Out of Practice Visits</b>	
				Condition Sensitive Hospital Rate	
				Emergency Room Visit Rate	

### \*Complete "Through the Eyes of Your Patient", pg 9

**C. Know Your Professionals:** Use the following template to create a comprehensive picture of your practice. Who does what and when? Is the right person doing the right activity? Are roles being optimized? Are all roles who contribute to the patient experience listed? 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	FTEs	Comment/Function	3 <sup>rd</sup> Next Available		Cycle Time	Days of Operation	Hours
Enter names below totals Use separate sheet if needed			PE	Follow-up	Range	Monday	
MD Total						Tuesday	
						Wednesday	
						Thursday	
						Friday	
						Saturday	
NP/PAs Total						Sunday	
						Do you offer the following? Check all that apply.	
						<input type="checkbox"/>	Group Visit
						<input type="checkbox"/>	E-mail
						<input type="checkbox"/>	Web site
						<input type="checkbox"/>	RN Clinics
						<input type="checkbox"/>	Phone Follow-up
						<input type="checkbox"/>	Phone Care Management
						<input type="checkbox"/>	Disease Registries
						<input type="checkbox"/>	Protocols/Guidelines
						<b>Appoint. Type</b>	<b>Duration</b>
							<b>Comment:</b>
Secretaries Total							
Others:						<b>Staff Satisfaction Scores</b>	
							%
Do you use Float Pool? _____ Yes _____ No						How stressful is the practice?	% Not Satisfied
Do you use On-Call? _____ Yes _____ No						Would you recommend it as a good place to work?	% Strongly Agree

### \*Each staff member should complete the Personal Skills Assessment and "The Activity Survey", pgs 13-15

**D. Know Your Processes:** How do things get done in the microsystem? Who does what? What are the step-by-step processes? How long does the care process take? Where are the delays? What are the "between" microsystems hand-offs?

1. Track cycle time for patients from the time they check in until they leave the office using the Patient Cycle Time Tool. List ranges of time per provider on this table, pg 16/17

2. Complete the Core and Supporting Process Assessment Tool, pg 18

**E. Know Your Patterns:** What patterns are present but not acknowledged in your microsystem? What is the leadership and social pattern? How often does the microsystem meet to discuss patient care? Are patients and families involved? What are your results and outcomes?

<ul style="list-style-type: none"> <li>Does every member of the practice meet regularly as a team?</li> <li>How frequently?</li> <li>What is the most significant pattern of variation?</li> </ul>	<ul style="list-style-type: none"> <li>Do the members of the practice regularly review and discuss safety and reliability issues?</li> </ul>	<ul style="list-style-type: none"> <li>What have you successfully changed?</li> <li>What are you most proud of?</li> <li>What is your financial picture?</li> </ul>
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### \*Complete "Metrics that Matter", pgs 23-24

## Primary Care Practice Activity Survey Sheet

Position: MD	% of Time	Position: RN	% of Time
Activity: <u>See Patients in Clinic</u> Specific Items Involved: • Review chart history • Assess/diagnose patient • Determine treatment plan	30%	Activity: <u>Triage Patient Issues/Concerns</u> • Phone • Face to face •	15%
Activity: <u>Minor Procedures</u>	9%	Activity: <u>Patient/Family Education</u> Specific Items Involved: •	3%
Activity: <u>See Patients in Hospital</u>	2%	Activity: <u>Direct Patient Care</u> • See patients in clinic • Injections • Assist provider with patients •	30%
Activity: <u>Follow up Phone Calls</u> Specific Items Involved: • Answer patient messages and requests	10%	Activity: <u>Follow-up Phone Calls</u> Specific Items Involved: •	22%
Activity: <u>Dictate/Document Patient Encounter</u> Specific Items Involved: • Dictate encounter • Review transcriptions and sign off	25%	Activity: <u>Review and Notify Patients of Lab Results</u> Specific Items Involved: • Normal with follow-up • Drug adjustments	5%
Activity: <u>Complete Forms</u> Specific Items Involved: • Referrals • Camp/school physicals	5%	Activity: <u>Complete Forms</u> Specific Items Involved: • Referrals • Camp/school physicals	18%
Activity: <u>Write Prescriptions</u> Specific Items Involved: •	5%	Activity: <u>Call in Prescriptions</u> Specific Items Involved: •	5%
Activity: <u>Manage Charts</u>	5%	Activity: <u>Miscellaneous</u> Specific Items Involved: • CME; attend seminars; attend meetings	2%
Activity: <u>Evaluate Test Results</u> Specific Items Involved: • Review results and determine next actions	5%		
Activity: <u>See Patients in Nursing Home</u>	2%		
Activity: <u>Miscellaneous</u> Specific Items Involved: • CME; attend seminars; attend meetings	2%		
<b>Total</b>	<b>100%</b>	<b>Total</b>	<b>100%</b>

### Activity Occurrence Example:

*What's the next step? Insert the activities from the Activity Survey Here.*

Activities are combined by role from the data collected above. This creates a master list of activities by role. Fill-in THE NUMBER OF TIMES PER SESSION (AM and PM) THAT YOU PERFORM THE ACTIVITY. Make a mark by the activity each time it happens, per session. Use one sheet for each day of the week. Once the frequency of activities is collected, the practice should review the volumes and variations by session, day of week, and month of year. This evaluation increases knowledge of predictable variation and supports improved matching of resources based on demand.

Role: RN	Date:	Day of Week:	
Visit Activities	AM	PM	Total
Triage Patient Concerns			14
Family/Patient Education			11
Direct Patient Care			42
Non-Visit Activities			
Follow-up Phone Calls			26
Complete Forms			19
Call in Prescriptions			16
Miscellaneous			15
<b>Total</b>	<b>63</b>	<b>65</b>	<b>128</b>

# Processes

- Beginning to have all staff understand the processes of care and services in the practice is a key to developing a common understanding and focus for improvement. Start with the high level process of a patient entering your practice by using the Patient Cycle Time tool. You can assign someone to track all visits for a week to get a sample, or the cycle time tool can be initiated for all visits in a one week period with many people contributing to the collection and completion of this worksheet.
- Typically, other processes will be uncovered to measure and you can create time tracking worksheets like this template to measure other cycle times.

## Primary Care Practice Patient Cycle Time

Day: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled Appointment Time \_\_\_\_\_ Provider you are Seeing Today \_\_\_\_\_

Time

1. Time you checked in.

2. Time you sat in the waiting room.

3. Time staff came to get you.

4. Time staff member left you in exam room.

5. Time provider came in room.

6. Time provider left the room.

7. Time you left the exam room.

8. Time you arrived at check out.

9. Time you left practice.

Comments:

# Processes

- Review, adapt and distribute the Core and Supporting Processes evaluation form to ALL practice staff. Be sure the list is accurate for your practice and then ask staff to evaluate the CURRENT state of these processes. Rate each process by putting a tally mark under the heading which most closely matches your understanding of the process. Also mark if the process is a source of patient complaints. Tally the results to begin to focus improvement from the staff perspective.
- Steps for Improvement:** Explore improvements for each process based on the outcomes of this assessment tool. Each of the processes below should be flowcharted in its' current state.

Primary Care Practice Know Your Processes Core and Supporting Processes							
Processes	Works Well	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering Phones							
Appointment System							
Messaging							
Scheduling Procedures							
Order Diagnostic Testing							
Reporting Diagnostic Test Results							
Prescription Renewal							
Making Referrals							
Pre-authorization for Services							
Billing/Coding							
Phone Advice							
Assignment of Patients to Your Practice							
Orientation of Patients to Your Practice							
New Patient Work-ups							
Minor Procedures							
Education for Patients/Families							
Prevention Assessment/Activities							
Chronic Disease Management							
Palliative Care							





## Assessing Your Practice To Gain Insights and Take Action

Know Your Patients	Assessment Insights	Action Planning
1. Age Distribution	1. 30% of our patients > 65 years old	1. Designated special group visits to review specific needs of this age group including physical limitations, dietary considerations.
2. Disease Identification	2. We do not know what percent our patients have diabetes.	2. Staff reviewed coding/ billing data to determine approximate numbers of patients with diabetes.
3. Health Outcomes	3. We do not know what the range of HgA1C is for our patients with diabetes or if they are receiving appropriate ADA recommended care in a timely fashion.	3. Staff conducted a chart audit with 50 charts during a lunch hour. Using a tool designed to track outcomes; each member of the staff reviewed 5 charts and noted their findings on the audit tool.
4. Most Frequent Diagnosis	4. We learned we had a large number of patients with stable hypertension and diabetes, seeing the physician frequently. We also learned that during certain season we had huge volumes of acute diseases such as URI, Pharyngitis and poison ivy.	4. Designed and tested a new model of care delivery for stable hypertension and diabetes optimizing the RN role in the practice using agreed upon guidelines, protocols and tools.
5. Patient Satisfaction	5. We don't know what patients think unless they complain to us.	5. Implemented the "point of service" patient survey that patients completed and left in a box before leaving the practice.
Know Your Professionals	Assessment Insights	Action Planning
1. Provider FTE	1. We were making assumptions about provider time in the clinic without really understanding how much time providers are OUT of the Clinic with hospital rounds, nursing home rounds, etc.	1. Changed our scheduling processes, utilized RNs to provide care for certain subpopulations.
2. Schedules	2. Several providers are gone at the same time every week, so one provider is often left and the entire staff works overtime that day.	2. Evaluated the scheduling template to even out each provider's time to provide consistent coverage of the clinic.
3. Regular Meetings	3. The doctors meet together every other week. The secretaries meet once a month.	3. Entire practice meeting every other week on Wednesdays.
4. Hours of Operation	4. The beginning and the end of the day are always chaotic. We realized we are on the route for patients between home and work and want to be seen when we are not open.	4. Opened one hour earlier and stayed open one hour later each day. The heavy demand was managed better and overtime dropped.
5. Activity Surveys	5. All roles are not being used to their maximum. RNs only room patients and take vital signs, medical assistants doing a great deal of secretarial paperwork and some secretaries are giving out medical advice.	5. Roles have been redesigned and matched to individual education, training and licensure.
Know Your Processes	Assessment Insights	Action Planning
1. Cycle Time	1. Patient lengths of visits vary a great deal. There are many delays. Exam rooms not stocked or standardized – missing supplies or equipment	1. The staff identified actions to eliminate, steps to combine, and learned to prepare the charts for the patient visit before the patient arrives. The staff also holds daily "huddles" to inform everyone on the plan of the day and any issues to consider throughout the day.
2. Key Supporting Processes	2. None of us could agree on how things get done in our practice. Too many appointment types which create chaos in scheduling	2. Detailed flow charting of our practice to determine how to streamline and do in a consistent manner. Reduce appointment types to 2-4
3. Unplanned Activity	3. The providers are interrupted in their patient care process frequently. The number one reason is to retrieve missing equipment and supplies from the exam room.	3. The staff agreed on standardization of exam rooms and minimum inventory lists that were posted inside the cabinet doors. A process was also determined on WHO and HOW the exam rooms would be stocked regularly and through the use of an assignment sheet, a person was identified and held accountable.
Know Your Patterns	Assessment Insights	Action Planning
1. Demand on the Practice	1. There are peaks and lows of the practice depending on day of the week, session of the day or season of the year.	1. Resources and role are matched to demand volumes. Schedules are created which match resources to variation.
2. Communication	2. We do not communicate in a timely way, nor do we have a standard form to communicate.	2. Every other week practice meeting to help communication and e-mail use of all staff to promote timely communication.
3. Cultural	3. The doctors set the tone, mood, and morale for team.	3. Team meetings weekly heightened awareness of behaviors has helped improve this.
4. Outcomes	4. We really have not paid attention to our practice outcomes.	4. Began tracking and posting on a data wall to keep us alert to outcomes.