

Practice Profile - Eye Care

Aim: Provide an organized method to assist practices in collecting information and data to identify opportunities which can lead to a master schedule which accurately matches supply and demand in the most efficient manner.

Site Name:	Site Contact:	Date:
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A Know Your Patients: Take a close look into your practice, create a "high-level" picture of your PATIENT POPULATION (panel) that you serve. Who are they? What resources do they use? How do the patients view the care they receive?

Est. Age Distribution of Pts:	%
birth - 10 years	
11-24 years	
25-64 years	
65+ years	
% Females	
Est. # (unique) pts. in Practice	

List Your Top 10 Conditions/Diagnoses	

Access/Pt. Satisfaction Scores* (Pg 5)	% Excellent
Experience via Phone	
Length of time waiting during appointment	
Saw who I wanted to see	
Length of time to get appointment	

* Office Practice Pt. Viewpoint Score, Pg 6 (see Appendix pg. A13 for table)

List Your Top 10 High Utilizers	
Frequent users (pts.) of your practice services	

Disease Specific Health Outcomes	
Cataract - % free from complication	
Glaucoma - % reach target goal	
Retina/RD Repair - % 1sx	
Exam/Glasses - % remake	
Refractive Surg - % 20/20 - 20/25 by cat.	
Contact Lenses - % success by cat.	
Diabetes - % fundus exam/year	

Patient Population	
# Pts. seen in a day	
# Pts. seen in last week	
# New pts. in last month	
# Disenrolling pts. in last month	
Encounters per provider per year	See Note Pg.2
Out of Practice Visits	
Emergency Room Visit Rate	
Other	

B Know Your Practice: 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?

Current Team	FTE	Comment/ Function	3rd Next Avail.		① Cycle Time Range
			PE	Non-Urgent	
Enter names below totals					
MD/OD Total					
Ophth Tech/Asst. Total					
RN/LPN Total					
Optical (optician/stylist/manager) Total			Does your practice meet regularly as a team? (circle one) Yes No Frequency: _____		
Front Office Total			Margin after Costs: _____ _____ _____		
Others: Use a separate sheet to list staff if you are an Ambulatory Surgical Center.					

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

<input type="checkbox"/> group visit	<input type="checkbox"/> phone follow-up	<input type="checkbox"/> _____
<input type="checkbox"/> E-mail	<input type="checkbox"/> phone care management	<input type="checkbox"/> _____
<input type="checkbox"/> Web site	<input type="checkbox"/> disease registries	<input type="checkbox"/> _____
<input type="checkbox"/> Tech clinics	<input type="checkbox"/> protocols/guidelines	<input type="checkbox"/> _____

Days of Operation	Hours Open	Practice Manager:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
# Exam Rooms		MD Lead:
		Other Clinical Lead:

Appointment Type	Duration	Comment:

⑤ Staff Satisfaction Scores (Pg 7)	Percentage
How stressful is practice? % Not:	
Recommend place to work? % Agree:	

C Know Your Processes:
Track cycle time for patients office visit from the time they check in until they leave the office. Use Patient Cycle Tool. List Ranges of time per provider on the table.

6 Telephone Tracking Log - Ophthalmology

This tracking log will assist you in understanding the practice phone call volume and why patients are calling. Put a tally mark each time one of the phone calls is for one of the listed categories. Total the calls for the day, and then total for the week for each category. Note which days are "high volume" days and sessions which are high volume. Monday, Tuesday and Friday are typical high volume days in office practice. See Page 11 for example.

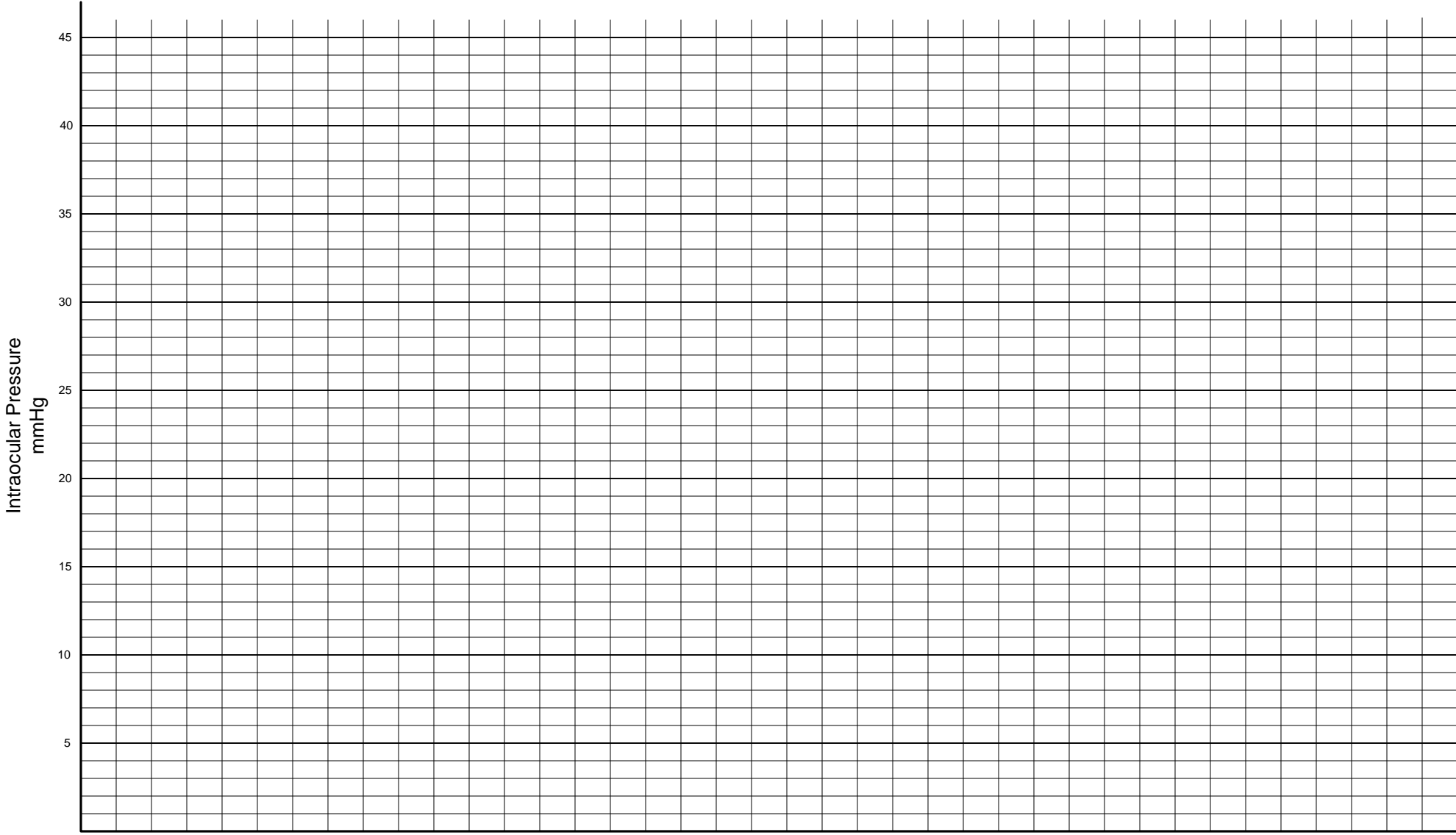
Week of: _____	Appointment for Today		Appointment for Tomorrow		Appointment for Future		Test Results		Tech or Nurse Care		Prescription Refill		Referral Information		Need Information		Message for Provider		Talk with Provider		Glasses/Contacts		Surgery		TOTAL	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Monday																										
	Total																									
Tuesday																										
	Total																									
Wednesday																										
	Total																									
Thursday																										
	Total																									
Friday																										
	Total																									
Saturday/ Sunday																										
	Total																									
Weekly Total																										

Intraocular Pressure Tracking

Patient Name: _____

Start Date: _____

Provider: _____



Dates