



## Clinic Needs Assessment

<b>Name of Clinic:</b>	<b>Date:</b>
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Please answer all questions to the best of your ability. Use the “comments” section if more space is required to answer a question. This document may be returned by fax or email to Jill Webber, (619) 542-4350 or [jwebber@ccc-sd.org](mailto:jwebber@ccc-sd.org).

	Criteria	Yes	No	Comments
<b>1. Clinic Population</b>	1a. Is the clinic population data currently being tracked electronically?			
	1b. If yes, for which health conditions?			
	1c. Which tool(s) are being used to track this data? EHR, i2i, other?			
	1d. Since when has this data been tracked?			
	1e. If you’re not using EMR, please describe your data entry process:			
	1f. Do you have more than 500 patients 50 and over w/ diabetes or patients of any age with established CVD risk (AMI, CABG, PTCA, IVD)?			

Criteria		Yes	No	Comments
<b>2. Laboratory</b>	2a. Do you have an interface for lab values?			
	2b. If yes, name the interface and laboratory vendor(s):			
	2c. Do you do in-house laboratory tests for: HbA1c __ lipid panel ____ urine microalbuminuria____			
	2d. If yes, where are the results documented?			
<b>3. Pharmacy</b>	3a Do you have an onsite pharmacy or dispensary?			
	3b. If yes, at which sites?			
	3c. Do you have the ability to track prescriptions and refills?			
	3d. If yes, name tracking system:			
	3e. Do providers use eprescribing?			
	3f. If yes, what % of providers eprescribe? ____			
	3g. If yes, which eRx system do you use?			
	3h. Do you use patient assistance programs?			

Criteria		Yes	No	Comments
<b>4. Senior Leadership</b>	4a. Do you have an operational champion (CEO, COO, CIO or designee)?			
	4b. Do you have a clinical champion (Clinical Medical Director or designee that would be dedicated/assigned to the project)?			
	4c. Do you have a chronic care coordinator?			
<b>5. Information Systems</b>	5a. Can you collect patient clinical outcomes?			
	5b. If yes, name the tracking method:			
	5c. If yes, which clinical outcome measures are tracked? __LDL __ Hba1c __ blood pressure			
	5d. Can you collect patient lifestyle outcomes such as (check all that apply): __BMI __tobacco cessation __physical activity __ healthy eating __self-management goals			Who works with patients on self management activities/goals?  Who is currently conducting patient education?
	5e. If yes, name tracking method:			
	5f. If yes, does your system have structured data fields for: ___ education provided ___ type of lifestyle activity			

Criteria		Yes	No	Comments
	5g. Do you have data report writing capability?			
	5h. Do you have a dedicated IT contact?			
	5i. If yes, name contact:			
	5j. Do you have workflow charts?			
<b>6. Data</b>	6a. Who runs reports? (Can staff run reports or only IT staff?)			
	6b. Describe how you use reports (providers, staff, committees)			
	6c. Do you submit data to your county health department?			
	6d. If so, what data is submitted?			
<b>7. Quality Management</b>	7a. Do you have a quality management committee?			
	7b. If yes, is data a regular agenda item?			
	7c. How often does the committee meet?			

Criteria		Yes	No	Comments
	7d. Do you have a designated person assigned for quality improvement?			
	7e. If yes, name of contact:			
<b>8. Hospitals</b>	8a. Which hospitals are your patients admitted to most frequently?			
	8b. Do you have hospitalists on your medical staff?			
	8c. Do you get notified by hospitals when your patients are admitted to or in the emergency room?			
<b>9. Health Plans</b>	9a. Which health plans does your clinic contract with?			
	9b. Do those health plans provide you with any data or reports?			
Which areas of technical assistance are you interested in? ___report writing ___data collection ___other, please list:				
Additional comments:				

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