# Clinic characteristics (COMPLETED BY TEAM LEAD OR DATA/QI REPRESENTATIVE ONLY)

1. Quality improvement infrastructure.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** **No** | **2** | **3****Sometimes/ somewhat** | **4** | **5** **Yes** | **Unsure** |
| Our clinic has a standardized and systemic approach for compiling and monitoring data and outcomes | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Our clinic promotes the practice of program improvement based on quantitative and qualitative data | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Quality improvement (QI) activities at my clinic are supported by a quality improvement infrastructure (e.g., dedicated staff) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Please populate the following table with the number of unique pediatric and adult patients at your clinics. (A “patient” is anyone who had a visit at your clinic in the last 12 months).

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient type** | **Medicaid/CHIP/other public insurance** **(include Medicaid-Medicare dual enrollees)** | **Total patients** | **% Medicaid (# of Medicaid divided by Total patients)** |
| Pediatric patients (0-18 years of age) |  |  |  |
| Adult patients (19 years and over)  |  |  |  |

1. Please populate the following table with the racial/ethnic breakdown for your patient population.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patients by race** | **Hispanic/Latino** | **Non Hispanic/Latino** | **Unreported/declined to report ethnicity** |
| Asian |  |  |  |
| Native Hawaiian |  |  |  |
| Other Pacific Islander |  |  |  |
| Black/African American |  |  |  |
| American Indian/Alaska Native |  |  |  |
| White |  |  |  |
| More than one race |  |  |  |
| Unreported/declined to report race  |  |  |  |

Please email completed form back to Lisa.m.schafer@kp.org. Thank you!