

## Practice Profile

Welcome to the Department of Family and Community Medicine's Quality Improvement curriculum. Over the course of this program, you will work on an improvement project in your current practice. Choosing a QI project involves four distinct steps:

1. Describe the reality of your practice.
2. Identify perceived opportunities for improvement.
3. Apply the QI framework to identify unperceived needs in your practice.
4. Prioritize and select an area you would like to improve.

It is important to have a clear picture of the reality of your practice as your starting point. Describing the reality of your practice involves analysis of "The 5 P's":

- Purpose
- Patients
- Professionals
- Processes
- Patterns

Please complete this form to the best of your ability. All practices are not created equal. They differ in the 5 P's – and their record-keeping. The data you need to complete this description may be readily available – in which case, please use it. If the records at your practice are more difficult to analyze, please estimate to the best of your ability. Accuracy is important – this will be a foundation document for your QI project work.

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Step 1. Describe the reality of your practice.

1. **State the Purpose of your practice, why it exists.** Consider the College of Family Physicians of Canada's Four Principles of Family Medicine:

1. The doctor-patient relationship is central to the role of the Family Physician.
2. The Family Physician is a skilled clinician.
3. Family Medicine is community-based.
4. The Family Physician is a resource to a defined population.

**2. Describe the Patients that you see.**

Number of patients:	
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Age distribution (%):	Birth – 10 years	
	11 – 18 years	
	19 – 45 years	
	46 – 64 years	
	65 – 79 years	
	80 years and older	

Gender distribution (%):	Male:	Female:
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Most common reasons for a visit: <i>What reasons do the patients give?</i>	
1.	
2.	
3.	
4.	
5.	

Most frequent diagnoses:	
1.	
2.	
3.	
4.	
5.	

Most frequent referrals: <i>Indicate specialty and reason.</i>	
1.	
2.	
3.	
4.	
5.	

Most time-consuming/challenging users of practice: <i>Indicate reasons patients give.</i>	
1.	
2.	
3.	
4.	
5.	

Determinants of health: <i>Comment on each of the following factors (known collectively by the acronym "PROGRESS") as they affect your patients' health and welfare. Highlight any concerns that you have about any one attribute as you encounter it in practice.</i>		
	Comment on potential impact on your practice:	Estimated % patients affected:
<b>P</b> lace of residence/ <b>P</b> ets in household: <i>Consider type of housing, perceived security, access to amenities/services, zoonotic risk &amp; benefits of pets, etc.</i>		
<b>R</b> ace/ethnicity/culture: <i>Consider genetic predispositions, cultural attitudes to roles of children/women, persons in authority, etc.</i>		
<b>O</b> ccupation: <i>Consider degree &amp; security of employment, health &amp; safety hazards, including sedentary &amp; standing time, repetitive movement, etc.</i>		

Determinants of health: *Comment on each of the following factors (known collectively by the acronym "PROGRESS") as they affect your patients' health and welfare. Highlight any concerns that you have about any one attribute as you encounter it in practice.*

	Comment on potential impact on your practice:	Estimated % patients affected:
<p><b>G</b>ender:  <i>Consider gender differences in healthcare requirements, sexual orientation, etc.</i></p>		
<p><b>R</b>eligion:  <i>Consider traditions around life events like birth &amp; death, dietary customs, fasting practices, degree of adherence, etc.</i></p>		
<p><b>E</b>ducation level:  <i>Consider consistency with employment, literacy, language facility, access to &amp; use of web-based services, etc.</i></p>		
<p><b>S</b>ocio-economic status:  <i>Consider health insurance, ability to pay for non-covered health services, food, financial security, access to physical recreation, etc.</i></p>		
<p><b>S</b>ocial capital/  social exclusion:  <i>Consider family structure, community participation, ability to self-advocate, deal with social services, etc.</i></p>		





## 5. Patterns

Are resources allocated and used effectively in your practice?			
	Yes	No	Comment:
Human: <i>Nurses, allied professionals, physicians, administrative staff, other</i>			
Equipment, including information technology:			

Note what interrupts your practice most often:	
Interruption:	Weekly frequency:

Timeliness:	Frequency:
How often do your appointments run late?	
Why?	
How often do you work unscheduled overtime?	
Why?	

Team meetings:		
Who is included?	Re:	Frequency:

Note any other patterns you have noticed in your practice:

Sources:

The 5 P's: "Assessing, Diagnosing and Treating Your Outpatient Primary Care Practice" from Clinical Microsystems "The Place Where Patients, Families and Clinical Teams Meet". 2001. Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement. Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005. [www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org)

PROGRESS: Tim Evans and Hilary Brown (Evans T, Brown H. Road traffic crashes: operationalizing equity in the context of health sector reform. *Injury Control and Safety Promotion* 2003;10(1-2): 11–12. Health Equity Program, Rockefeller Foundation.