



Memo

To: Office Staff
From: Iwona Mienko MD
cc: Covering doctor
Date: August 25, 2014
Re: Practice Performance Reports

Dear Colleagues,

As part of our Patient Centered Medical Home transition, the following quality measures were assessed for a representative sample of patients.

Practice Report			
	All Patients	Patients Not Identified as Vulnerable	Patients Identified as Vulnerable
Percent of patients 18y/o and older with BMI recorded	93.94%	22.00%	
Percent of patients evaluated for asthma	65.52%	65.52%	
Percent of patients with expiratory peak flow	50.90%	50.90%	
Percent of patients with expiratory peak flow		67%	
Provider Report (blinded)			
Doctor Mienko			
Percent of patients 18y/o and older with BMI recorded	93.94%	22.00%	
Percent of patients evaluated for asthma	65.52%	65.52%	
Percent of patients with expiratory peak flow	50.90%	50.90%	
Percent of patients with expiratory peak flow		67%	

In addition, our practice administered a Patient Experience Survey and the results are attached to this Memo.

Please take a moment to review these materials. Thank you all for the hard work and let's make every effort to continue and improve our efforts to provide excellent care to our patients.

Attachment: Patient Experience Survey Results

I.M Pediatrics PC collects data on patient experience through patient surveys which are provided to two primary care patients at the clinic, each clinic day for a two week period of time, once a year. **3/1/14-3/14/14**

Element 6B: Factor 1

Question	Patient survey at IM Pediatrics PC						Uninsured patients
	Excellent	Very Good	Good	Fair	Poor	Does Not Apply	

YOUR APPOINTMENT:

1. Ease of making appointments.	20	1	1				
2. Appointments available within a reasonable time	21	1					
3. Getting care for illnesses as soon as you wanted it	20	2					
4. Getting after-hours care when you needed it	21	1					
5. Waiting time in the reception area	2	5	8	4	3		



OUR STAFF:

1. The courtesy of the person who took your call	19	3					
2. The friendliness and courtesy of the receptionist	20	2					
3. The caring concern of our nurse	21	1					

OUR COMMUNICATION WITH YOU:

1. Your phone calls answered promptly	22						
2. Getting advice or help when needed during office hours	21	1					

3. Your tests results reported in a reasonable amount of time	22	2					
4. Effectiveness of our health information materials	19	3					
5. Our ability to return your calls in a timely manner	21	1					
6. Your ability to contact us after hours	21	1					
7. Your ability to obtain prescription refills	22						
8. How is the Patient Portal working for you?				6		16	

YOUR VISIT WITH THE PROVIDER:

1. Willingness to listen carefully to you	22						
2. Taking time to answer your questions	22						
3. Amount of time spent with you	22						
4. Explaining things in a way you could understand	22						
5. Instruction regarding medication/follow up care	21	1					
6. Thoroughness of the examination	22						

YOUR OVERALL SATISFACTION WITH:

1. Our practice	22						
2. The quality of your medical care	22						
3. Overall rating of care from doctor Mienko	22						

COORDINATION OF CARE:

1. The ease of obtaining specialist referral	20	2					
2. The ease of obtaining lab referral	22						

3. How well informed is you doctor about the care you received from specialists.	21	1					
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I.M Pediatrics PC collects data on patient experience through patient surveys which are provided to two primary care patients at the clinic , each clinic day for a two week period of time, once a year. **3/1/14-3/14/14**

Element 6B: Factor 1

Question	Patient survey at IM Pediatrics PC						Uninsured patients
	Excellent	Very Good	Good	Fair	Poor	Does Not Apply	

YOUR APPOINTMENT:

1. Ease of making appointments.	1	1					2
2. Appointments available within a reasonable time	2						2
3. Getting care for illnesses as soon as you wanted it	2						2
4. Getting after-hours care when you needed it	1	1					2
5. Waiting time in the reception area			1		1		2



OUR STAFF:

1. The courtesy of the person who took your call	2						2
2. The friendliness and courtesy of the receptionist	2						2
3. The caring concern of our nurse	2						2

OUR COMMUNICATION WITH YOU:

1. Your phone calls answered promptly		2					2
2. Getting advice or help when needed during office hours	2						2
3. Your tests results reported in a reasonable amount of time	1	1					2

4. Effectiveness of our health information materials		2						2
5. Our ability to return your calls in a timely manner		2						2
6. Your ability to contact us after hours		2						2
7. Your ability to obtain prescription refills		2						2
8. How is the Patient Portal working for you?							2	2

YOUR VISIT WITH THE PROVIDER:

1. Willingness to listen carefully to you	2							2
2. Taking time to answer your questions	2							2
3. Amount of time spent with you	2							2
4. Explaining things in a way you could understand	2							2
5. Instruction regarding medication/follow up care	2							2
6. Thoroughness of the examination	2							2

YOUR OVERALL SATISFACTION WITH:

1. Our practice	2							2
2. The quality of your medical care	2							2
3. Overall rating of care from doctor Mienko	2							2

COORDINATION OF CARE:

1. The ease of obtaining specialist referral	1						1	2
2. The ease of obtaining lab referral		2						2
3. How well informed is you doctor about the care you received from specialists.	2							2

I.M Pediatrics PC collects data on patient experience through patient surveys which are provided to two primary care patients at the clinic , each clinic day for a two week period of time, once a year. 7/1/14-7/14/14

Element 6B: Factor 1

Question	Patient survey at IM Pediatrics PC						Uninsured patients
	Excellent	Very Good	Good	Fair	Poor	Does Not Apply	

YOUR APPOINTMENT:

1. Ease of making appointments.	22	2					1
2. Appointments available within a reasonable time	22	2					1
3. Getting care for illnesses as soon as you wanted it	23	1					1
4. Getting after-hours care when you needed it	23	1					1
5. Waiting time in the reception area	10	11	2	1			1

OUR STAFF:

1. The courtesy of the person who took your call	23	1					1
2. The friendliness and courtesy of the receptionist	24						1
3. The caring concern of our nurse	24						1

OUR COMMUNICATION WITH YOU:

1. Your phone calls answered promptly	23	1					1
2. Getting advice or help when needed during office hours	24						1
3. Your tests results reported in a reasonable amount of time	22	2					1
4. Effectiveness of our health information materials	23	1					1
5. Our ability to return your calls in a timely manner	22	2					1

6. Your ability to contact us after hours	23	1					1
7. Your ability to obtain prescription refills	24						1
8. How is the Patient Portal working for you?	21	3					1

YOUR VISIT WITH THE PROVIDER:

1. Willingness to listen carefully to you	24						1
2. Taking time to answer your questions	23	1					1
3. Amount of time spent with you	24						1
4. Explaining things in a way you could understand	24						1
5. Instruction regarding medication/follow up care	23	1					1
6. Thoroughness of the examination	24						1

YOUR OVERALL SATISFACTION WITH:

1. Our practice	24						1
2. The quality of your medical care	23	1					1
3. Overall rating of care from doctor Mienko	24						1

COORDINATION OF CARE:

1. The ease of obtaining specialist referral	24						1
2. The ease of obtaining lab referral	23	1					1
3. How well informed is you doctor about the care you received from specialists.	21	3					1