Module 6: Assessing Practice Systems

C. Sample data inventory form

Department:	
Date:	

Information being collected (summary – Optional: attach copy of variables collected to this form)	**Source for data**	**For what patients or activities?**	**For what purpose?** (Fed govt., payer, practice internal QI, other) provide details	**Data source/ Method?** (Electronic registry (name), paper survey, etc.) Provide name and details	**When?** (Daily, monthly, quarterly)	**Being used in QI or clinical care at practice?** Y/N	**Location of data and person in charge of data collection?**	**What information on race/ ethnicity is being collected?** (be specific – list variables)	**HOW is race/ ethnicity info being collected?** (pt completes form, verbal question by receptionist, etc.)
EXAMPLE: Diabetes lab data, PHQ 9 data, visit data	Manual entry from PHQ 9 forms; auto input from billing system; auto input from lab feed	All diabetic patients at practice	Report to County PPP program; BPC disparities collaborative	I2I registry, Excel Spreadsheet	Daily as able	Partial: Patients w/elevated PHQ 9s are flagged on a monthly basis and names are given to director of behavioral health	Computer in main office; Mary Gonzales	Ethnicity: Hispanic/ non-Hispanic Race: Anglo African American Asian Native American	Entered from information provided by patient on "first visit form"