

## Enabling Services Needs Assessment Tool

### GENERAL QUESTIONS

1. Please list the type(s) of enabling services (defined as non-clinical services that are provided to health center patients that promote, support and assist in the delivery of health care and facilitate access to quality patient care) you provide.

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2. Do you provide enabling services onsite (at your health center) or offsite (locations outside of the health center)?

ONSITE       OFFSITE

3. On average, how many patients do you provide enabling services to per day?

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4. On average, how many NON-patients do you provide enabling services to per day?

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5. How much time (in minutes) do you typically spend with each patient on enabling services per day?

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6. Do you document the enabling services you provide?

YES       NO

If YES, what specific information do you document (e.g., patient information such as name, insurance, race/ethnicity; the type of enabling service provided, how long, where, etc.)? Please list all the categories. Please attach a sample form.

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Is this information entered into a database or your EMR?

YES       NO

IF YES, when does this information get entered?

MONTHLY       WEEKLY       DAILY       OTHER

7. How often do you provide more than one enabling service to the same patient per day?

NEVER       RARELY       SOME OF THE TIME       MOST OF THE TIME       ALWAYS

8. If you provide more than one service, how is this documented using your current procedures, if applicable? Do you document multiple services on multiple forms or do you document multiple services on the same form?

MULTIPLE FORMS       SAME FORM       NOT APPLICABLE/DO NOT DOCUMENT

9. Does your department or health center conduct data analyses or reports on the enabling service data? If possible, please attach sample.

YES       NO       NOT APPLICABLE/DO NOT DOCUMENT