

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.

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?

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

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

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.

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