RAPID PRACTICE INNOVATION

DATE: _____   **PRACTICE:** _____

RECEPTIONIST

PHONES:

❑ Live   ❑ Automated

APPOINTMENTS:

➲ New Patient _____

➲ Est Patient _____

➲ CPX _____

➲ Same Day _____

MESSAGES:

❑ Voicemail   ❑ Written
❑ Electronic

_____
Team Member Interviewed

PROVIDER

DOCUMENTATION

❑ Paper   ❑ EHR   ❑ Scribe

MEDICATION:

❑ Generics

HOSPITAL:

❑ Admit Patients

❑ Use Hospitalists
  ❑ Receive Admit Notice
  ❑ Receive Discharge Notice

CARE MANGEMENT

❑ Pre-Diabetes: _____

❑ Diabetes: _____

❑ PT/INR   ❑ Skin Biopsies

_____
Team Member Interviewed

CODING / BILLING

❑ Self (in-house)   ❑ Company

CERTIFICATION:

❑ AAPC ❑ AHIMA ❑ None

CLAIMS:

➲ Avg. # ICD-10 _____

➲ Avg. # CPT _____

➲ Avg. # CPT II _____

PREVIOUS 2 WEEK TOTALS:

➲ Encounters:_____

➲ Claims Filed: _____

➲ Rejections: _____

➲ Denials: _____

_____
Team Member Interviewed

CHECK IN

SCHEDULING:

❑ Template   ❑ Open

➲ Apt. Time _____

INSURANCE:

❑ Verified at Scheduling
❑ Verified Day Before
❑ Verified at Check In
❑ No Verification

WAITING:

➲ Wait Time _____

_____
Team Member Interviewed

CHECK OUT

SCHEDULE FOLLOW UP:

❑ Always   ❑ Sometimes

❑ Rarely   ❑ Never

SPECIALIST APPOINTMENTS:

❑ Office   ❑ Patient
  Schedules   Schedules

LABS AND DIAGNOSTIC TESTS:

❑ Office   ❑ Patient
  Schedules   Schedules

PATIENT COMPLAINTS:

➲ Last Week _____

_____
Team Member Interviewed

MEDICAL RECORDS

NEW PATIENT:

❑ Always   ❑ Sometimes
❑ Rarely   ❑ Never

HOSPITAL FOLLOW UP:

❑ Always   ❑ Sometimes
❑ Rarely   ❑ Never

CHANGING PROVIDER:

➲ Requests Last Week: _____

➲ Requests Last Month: _____

➲ Why? _____

_____
Team Member Interviewed

MEDICAL ASSISSTANT

CERTIFIED: ❑ Yes ❑ No

CLINICAL PRACTICE:

Annual CPX ❑ Yes ❑ No

Diabetic   ❑ Yes ❑ No

Foot Checks: ❑ Yes ❑ No

Target Hgb A1c: _____

INJ: ❑ Flu ❑ Pneumo

_____
Team Member Interviewed

REFERRALS

➲ Average Wait time _____

NOTIFICATION:

❑ Phone   ❑ Mail   ❑ Appt.

FOLLOW UP:

❑ Apt. Scheduled / Documented
❑ Records Requested
❑ PCP Follow Up

PATIENT COMPLAINTS:

➲ Last Week _____

_____
Team Member Interviewed

OFFICE MANAGER

POLICIES:

❑ Same Day Appointments
❑ Returning Messages
❑ Medication Refills
❑ Hospital Follow Up
❑ ER Follow Up
❑ Missed Appointments

FOR THE LAST 2 WEEKS:

➲ Total # of Canceled : _____

➲ Total # of No-Shows: _____

_____
Team Member Interviewed

RAPID PRACTICE INNOVATION

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Morning ❑ Afternoon

Start Time: _____ End Time: _____ **Location:** ❑ Waiting Room ❑ Front Office

CYCLE TIMES:

PATIENT	SIGN-IN	CALLED BACK	CHECK OUT	TOTAL TIME
#1				
#2				
#3				
#4				
#5				

REPS:

Total Number of Reps at Window: _____ Total Number in Office: _____

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Morning ❑ Afternoon

Start Time: _____ End Time: _____ **Location:** ❑ Waiting Room ❑ Front Office

CYCLE TIMES:

PATIENT	SIGN-IN	CALLED BACK	CHECK OUT	TOTAL TIME
#1				
#2				
#3				
#4				
#5				

REPS:

Total Number of Reps at Window: _____ Total Number in Office: _____