

Be your Own Consultant

Checklist for Practice Manager

Telephones

- Are your phones routinely answered in less than three rings?
- Does your phone tree route your callers to the appropriate person who can assist them?
- Are the number of lines adequate to handle both peak and regular volume?
- Are patients kept on hold for an unreasonable amount of time?
- Do we ask caller's permission before putting him/her on hold?
- Are phone reports routinely monitored to evaluate abandonment rates, hold time and phone traffic in general?
- If applicable, are voicemails responded to in a reasonable timeframe, and always by the end of the day?
- Is there a consistent, professional and friendly script for staff answering the phone?
- Are all staff trained on the phone system, to include how to transfer calls?
- Are patients who are transferred outside of the clinic given the phone number to which they are being transferred in case they are disconnected?
- If applicable, are voicemail prompts courteous?
- How and by whom are nurse phone calls handled?
- How are phone calls handled before and after hours?
- Are there blocks on phone lines you don't want patients to call in on?

Computers/Communication Mechanisms

- Are all of your computers interfaced?
- Do you have consistent IS support?
- Do you have a strategic IS plan?
- Can you staff perform insurance verification online?
- Does all staff have access to all applications needed?
- Do you have a label printer for lab specimens?
- Do you print "face sheets" for all new patients and any time a patient has demographic or insurance updates?
- Do you utilize headsets, walkie-talkies or cell phones for front-to-back clinic communications?
- Do you have a staff medical records request form?
- How does your staff manage internal messages regarding patient and other information within the clinic?

Appointments

Are appointment requests handled in a streamlined fashion, such that patients don't have to wait or provide information more than once?
Is your appointment availability reasonable (e.g., within two weeks)?
Does the clinic monitor appointment availability at minimum once a quarter?
Are the directions to your clinic clear?
Do you provide assistance with public transportation and/or parking, to include where to park and how long parking will take?
How are appointment no-shows handled?
Does the clinic track no-shows?
Are patients' charts reviewed to determine the urgency of contacting a patient who no-showed?
Is there a policy regarding provider-driven appointment bumps?
How are provider-driven appointment bumps handled, to include the rescheduling process and the timeliness of patients' being accommodated?
Does the staff repeat the day of the week, date, time, and site of the appointment, as well as the provider's name?
What is the process for ensuring all necessary referrals are in place?
Are referral requests matched to referral results?
Are supporting documents for referrals identified by the provider?
Is there a policy in place for self-referrals, especially if the patient has never been seen by your practice?
Are appointment cancellations recorded in a timely manner so that the appointment time can be made available to another patient?
Are appointment reminders provided to patients in a timely and courteous manner following guidelines for privacy?
How are add-ons handled by the scheduler?
How are patients who have another PCP designated handled upon arrival to their appointment?

Facility

Is your signage visible and understandable?
Is your entrance properly landscaped and clean?
Are exam rooms cleaned between every patient (and not in front of the patient)?
Is the entire clinic cleaned every night?
Are patient records maintained in a secure and private manner?
Is your décor dated, dirty or dysfunctional?
Is there a plan in place for room turn-over between patients?
Who and when are exam rooms stocked?
Where is dirty linen and bio-hazard waste stored/disposed off?
Do you have a clean and dirty area in your processing?

Do you have proper ventilation in you processing room?
Are your patient supplies stored in a separate area from your office supplies?
Are you following JCAHO Standards for storage of patient supplies and medications?
Do you have fire/emergency evacuation plan?
Do you have fire extinguishers and escape routes identified?

Patient Arrival

Are patients warmly greeted in a timely manner with respect and concern?
Is there a telephone headset on the head of the reception staff?
Is the sign-in process patient-friendly?
Are staff checking in patients according to the schedule or according to how the patients show up/sign in?
Is the reception staff prepared for patients to check-in (e.g., charts pulled, new patient paperwork readily available, pens for patients to use, etc.)?
How are late arrivals handled?
How are walk-ins handled?
Is the patient not asked for information already provided?
Are time of service payments requested in a courteous and appropriate manner?
Can a patient elect to make payment by check, cash or credit card?
Is the patient who makes a payment provided with a receipt?
What is the process for patients with outstanding balances/collections upon arrival to their next appointment?
Is the clinical team notified of the patients arrival in a timely, streamlined manner?
How are patients who have insurance problems upon arrival to their appointment handled at the front desk?
Are confidentiality and privacy protected?
What can the patients see and hear 'behind' the front office?
Is your reception area clean, well-maintained and inviting?
Are patient signs posted in a professional and consistent manner, with no spelling mistakes or verbiage that would confuse patients?
Are patients kept occupied during their wait?
Are magazines and other material current?
Is there someone assigned to monitor the reception area?
Are patients regularly seen within 20 minutes of their arrival?
If delays occur, are they communicated promptly and the patient kept updated?
When the MA or nurse presents to escort the patient from the reception area to the clinical team, is the interaction patient friendly or is the patient's name called from a doorway or overhead pager?
Are patients taken to the back clinical area one-by-one or in groups?

Patient encounter

Are patient appointments starting on time?

Are providers able to see patients in the allotted time for each patient visit-type?

Do your providers and support staff "huddle" prior to every clinic to discuss and plan for the day, as well to review key issues that may affect the day's clinic?

Do staff know what resources are needed by the provider based on visit type, diagnosis or chief complaint?

Do you have a chief complaint form?

Are the exam rooms stocked with all of the supplies needed to conduct the encounter?

Do providers have to spend time apologizing to patients for the delays and/or poor service they receive in the clinic?

Do the providers have to leave the exam room to get a test result, previous note, referral or lab requisition form, or equipment on a routine basis?

Are the charts prepared so that the providers have all of the information needed to conduct the encounter?

Does the chart contain a list of current medications?

Is the rooming process friendly and efficient?

Do the clinical support staff perform the taking and recording of the patient's history?

Do the providers find themselves waiting on support staff to begin, complete and/or move on to another encounter?

Is the provider distracted and/or interrupted by other tasks?

Is there a mechanism in place for communicating to the provider when he/she is in with a patient, and it is not an emergency?

Does the provider give clear instructions about the plan of care, to include the next appointment and any ancillaries ordered?

Do providers have telephone conversations with patients who have just been in the office, but have questions about their recent visit?

Does the provider record in writing information about the next appointment and ancillaries in order that the check-out staff can facilitate said requests for the patient?

Do the providers have to wait for a nurse or medical assistant to give him/her an order(s)?

Do providers escort patients to areas outside of their suite of exam rooms? (e.g., check-out, bathroom)?

Can providers perform their documentation and paperwork directly in their workstations, near to their exam rooms?

If applicable, is communication to referring physicians conducted in a timely and comprehensive manner?

Is the "cycle time" routinely measured and analyzed to determine opportunities for improvement?

Are complete records available at every patient encounter?
Is there a consistent check-out and check-in process for medical records?
Are records maintained in a consistent format?
If applicable, are papers secured in the record?
Is loose paperwork filed or scanned in a timely manner (defined as when it is next needed by the providers)?

Test results

How are ancillaries tracked, to include specialty referrals, imaging and laboratory tests?
What is the process for incoming test results, to include provider review and refilling?
When, how, and by whom are patients notified for normal and abnormal results?
Are patient expectations regarding test results notification established and met?
How are critical results managed?
Is point-of-care testing provided? If so, are JCAHO Guidelines for “equipment control testing” and staff training/competencies being followed?

Prescriptions

How are prescription renewals and refills handled?
Are patients prompted while they’re in the office regarding their medications?
Are standing orders for prescription renewals in writing? Who is responsible for calling in prescriptions?
When are renewals processed?
Are patient expectations regarding prescription refills and renewals established and met?
Are patients walking in for prescription refills?
Do you have a narcotics policy?
What is the protocol for picking up samples (when the patient has no appointment)?
What is the protocol for maintaining the sample closet in an organized fashion, and such that the expired samples are not present?
What is the protocol for pharmaceutical representatives’ visits?

Surgery (or Procedure) Scheduling

What is the process for scheduling a surgery, to include meeting with the patient and the staff responsible for the scheduling?
Is the process patient-friendly and efficient?
How and by whom are surgeries pre-authorized?
Who is responsible for pre and post-op teaching/patient education?

If applicable, are all clinical staff familiar with your procedures, procedure room and processing room?

Check-out

Is the patient handled in a timely and courteous manner?

Are patient lines kept to a minimum?

Does the patient have to be asked about post-encounter instructions, or is such provided in a legible format by the provider?

Does the patient understand all instructions about the next steps in their plan of care, to include additional appointments and ancillaries?

Is the patient asked to schedule a follow-up appointment?

Is the patient asked if they need: letters, prescription refills, referrals or lab testing, before they check-out?

Is there a customer service question asked at the end of check-out (i.e., Is there anything else I can help you with today)?

Is a receipt provided for any time of service payment requested?

Does the patient know what to expect regarding the results of ancillary tests, to include when, how and from whom the results will be delivered?

How, when and by whom are clinic charges keyed into the billing system?

Is there a process to ensure that all services rendered by providers are captured, coded, and billed, to include outstanding balances for the day's visit and previous visits?

Inventory Management

What is your process for managing inventory?

Have you established a prearranged (PAR) level for supplies and medications?

Do you have a supply distribution process for staff?

Who is responsible for inventory management?

Do staff and providers have the medical and office supplies that they have requested and need?

Who is responsible for receiving incoming supplies and invoices that arrive with supplies?

Who is responsible for signing and tracking requisitions for ordering supplies and equipment?

Do you have service maintenance agreements on office and medical equipment?

Is your office and medical equipment leased or purchased?

Are all of your clinic sites utilizing the same vendors for the same supplies and equipment?

Are invoices for supplies paid on time?

Personnel

Are staff aware of what is expected of them?
Do you have a position description for each job title?
Do you have department policies and protocols in writing?
Are staff at all clinical sites following the exact same department policies and protocols?
Are staff schedules posted weekly, bi-weekly or monthly?
Who coordinates and approves staff leave?
Are staff praised for positive performance?
Are staff provided routine feedback regarding job performance and proficiency?
Do you have a rewards and recognition/staff incentive program?
Is job performance and proficiency, as well as patient service, monitored for all staff members regularly?
Are staff roles and responsibilities clearly defined?
Do all staff know who their supervisor is?
Do you have regular staff and provider meetings?
Are staff lunch breaks paid, unpaid, or combination?
Are all staff and providers oriented to the clinic and their specific role?
Is there a written document/checklist for orientation?
What is the training program for staff by position?
Are staff cross-trained to other roles within their scope?
Do staff understand how to effectively utilize the practice management system?
Do staff dress professionally?
Do staff wear nametags?
What is the process for avoiding, monitoring and disciplining staff for unplanned absences and lateness?
Do you have a staff counseling and disciplinary action process?
Who is responsible for staff schedules, to include ensuring coverage for time off?
Are staff work hours conducive to clinic hours?
Do you monitor staff overtime? What actions do you take to reduce it?
Do staff treat patients with respect and care at all times?
Do you have a process for recruitment/interviewing?
Are exit interviews conducted with staff who are leaving?
Are staff turnover rates monitored?
Are staff satisfied by their work?
Do staff feel committed to your clinic and your patients?
Is there a pathway for staff to move upward?
Do you encourage staff development and continue education?
Is teamwork promoted and encouraged?
Are staff provided with all of the tools and resources that they need to perform their jobs?

Other

Do the support staff complete the administrative sections of paperwork for the providers (e.g., disability forms) before the providers get them?

What is the process for handling patient complaints, to include by whom, when, and the follow through with the patient?

How is patient satisfaction monitored and communicated?

Is patient feedback regularly sought?

If applicable, is feedback from referring physicians regularly sought?

Are patients asked about who or how they were referred to the clinic?

Are systems reviewed to reduce or eliminate CRUD - complexity, redundancy, unnecessary steps and delays?

Is there a culture of continuous process improvement?