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## Workflow and Electronic Health Records in Small Medical Practices QUESTIONNAIRE

1.	What activities do you perform in relation to healthcare delivery to the patient? Give
a t	orief listing.
2.	What activities do you perform when a new patient comes in?
3.	What activities do you perform when a current patient comes in?
4.	How do you schedule an appointment for a patient?
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5.	How do you inform the patient of any changes in their appointment?

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6.	How do you convey test results or any matters of urgency to the patient?
7.	How would a patient change or cancel an appointment with your office?
8.	How do you reschedule patient appointments?
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9.	How do you maintain your appointment schedules (e.g., paper calendar)?
	O. What type of encounter forms would you normally use at each visit by a patient (e.g. gistration forms, billing forms, consent forms)?
11	. Where do you enter the information received from phone calls?

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12. How do you record reminders about each patient's annual checkups, annual tests, or follow-ups?
13. Do you inform the patient and/or remind them about an upcoming appointment or tests?
14. How do you notify or inform the patient once the appointment is scheduled (for example, reminder card or phone call)?
15. How are you informed each time a patient is hospitalized?
16. How do you update hospitalization information in the charts for the patient?

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17. How and when do you update a change to the previous medication after a patient has	
been hospitalized?	
18. How do you receive reports from the labs (e.g., Email, phone, or fax)?	
10. How do you receive reports from the labs (e.g., Email, phone, or lax):	
19. Please explain the prescription process.	
20. Describe in detail your lab protocol.	
20. Describe in detail your lab protocol.	
21. Please explain your procedure when making a referral?	
22. How is external information from another office transferred to you (e.g., collected,	
mail, fax, email, oral/phone, etc.)?	
man, rax, cman, oran phone, etc. j:	

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23.	How is the physician informed about this transferred information?		
24.	How and when do you sort and/or store this information?		
	Describe the various documents you produce (e.g., back-to-work, leave certificate, ool physicals, referral forms)?		
26.	Which of your tasks seem to be the most time-consuming or inefficient?		
27.	Any other comments.		

This survey contains collection of information requirements subject to the Paperwork Reduction Act. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. The estimate response time for this survey is 1 hour. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Ram D. Sriram, 100 Bureau Drive, Stop 8263 Gaithersburg, MD 20899-8263.