

Patient Flow Time Study

In an effort to improve patient flow we are conducting a survey throughout each *point of contact*. As you reach each point of contact the appropriate staff will sign or initial this form before the start of each process. Please double check the time to make this study as accurate as possible, if there are any discrepancies please let us know.

Please return this form back to patient registration after you have been discharged from your providers care and all ancillary tests (X-ray/lab) have been completed.

Provider: _____

HR #: _____

Date: _____

Appointment Time: _____

Primary Care Clinic

1) Checked in with Patient Registration

Time: _____ Patient Registration Signature: _____

2) Screened by Nurse (Vitals)

Time: _____ Screening Nurse/Aide Signature: _____

3) Placed in room by nurse

Time: _____ Screening Nurse/Aide Signature: _____

4) Medication Reconciliation/Nurse Assessment

Time: _____ Screening Nurse Signature: _____

5) Examined by Medical Provider

Time: _____ MEDICAL PROVIDER Signature: _____

Laboratory and/or Radiology

a) Sent to Lab

Time: _____ PC or Lab Staff Signature: _____

b) Return from Lab

Time: _____ PC or Lab Staff Signature: _____

c) Sent to Radiology (X-Ray/CT Scan/Ultrasound)

Time: _____ PC or Radiology Staff Signature: _____

d) Return from Radiology

Time: _____ PC or Radiology Staff Signature: _____

6) Patient Discharged from Primary Care

Time: _____ MEDICAL PROVIDER/Nurse Signature: _____

7) Check-Out with Patient Registration to complete visit and/or schedule a follow-up

Time: _____ Patient Registration Signature: _____

PLEASE STOP AT PATIENT REGISTRATION TO CHECK-OUT AFTER YOUR VISIT.