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| **MIHP OFFICE WORK CHECKSHEET** |
| **Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date (timeframe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| Please select from the following items to help us better understand where your time is being spent when conducting Office Related Work. If you would use **5 minute increments** for documenting purposes that would be appreciated. |
| Day  | Scheduling Calls/# of calls | Referral Calls/# of calls | Computer Issues | Preparing Charts | Progress Notes/# of notes | Prep for Visits | Discharges/ # of discharges | Meeting Attendance | Team Consult | Coding | Other (Describe) | **Total**  |
| Monday |   |   |   |   |   |   |   |   |   |   |   |   |
| Tuesday |   |   |   |   |   |   |   |   |   |   |   |   |
| Wednesday |   |   |   |   |   |   |   |   |   |   |   |   |
| Thursday |   |   |   |   |   |   |   |   |   |   |   |   |
| Friday |   |   |   |   |   |   |   |   |   |   |   |   |