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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 |  |  |  |  |  |  |  |  |  |  |  |  |