

# Healthcare Operations Checklist: Compliance & Efficiency

### **Patient Access & Scheduling**

Ensuring efficient and compliant patient intake, scheduling, and registration processes.

Average Wait T	me (Minutes)			
Enter a number				
Appointment S	cheduling Met	thod		
Online Portal				
Phone				
☐ In-Person				
Last Patient Sa	tisfaction Sur	vey Date		
Enter date				
Summary of Re	cent Patient A	Access Issue	S	
Write something.				

Patient Identification Verification Method    Photo ID   Date of Birth   Insurance Card
No-Show Rate (%)  Enter a number
Communication Methods Used for Appointment Reminders  Text Message Email Phone Call
Patient Registration Form Version Number  Write something
Clinical Workflow Optimization Reviewing and streamlining clinical workflows to improve efficiency and patient care.
Average Patient Wait Time (Minutes)  Enter a number

Standardized Order Sets Utilization?    Fully Implemented   Partially Implemented   Not Implemented
Describe Current Patient Throughput Process
Write something
Which Workflow Areas Have Been Optimized Recently?  Medication Reconciliation  Lab Ordering  Referral Process  Discharge Planning
Date of Last Workflow Review  Enter date
EHR Integration Efficiency?  Highly Efficient  Moderately Efficient  Inefficient

Write something	
egulatory Compliance (HIPAA, etc.) erifying adherence to relevant healthcare regulations and data privacy p	rotocols.
HIPAA Security Rule Assessment Completion Date	
Completed within last year	
Completed within last 2 years	
Not Completed	
N/A	
Business Associate Agreements (BAAs) in Place?	
Yes, all required BAAs are current	
Yes, some BAAs are current	
□ No	
Reviewing/Updating	
Last HIPAA Privacy Rule Training Completion Date	
Enter date	
Number of Reported HIPAA Breaches (Past Year)	

Write something		
Patient Rights Training (	Completion Status	
Completed by all staff		
☐ In Progress		
Not Started		
□ N/A		
Copy of Most Recent HIF	PAA Risk Assessment	
	PAA Risk Assessment	
Copy of Most Recent HIF	PAA Risk Assessment	
	PAA Risk Assessment	
♣ Upload File		
♣ Upload File		
♣ Upload File Revenue Cycle I		
⚠ Upload File  Revenue Cycle I  Monitoring and optimizing bil	Management	
♣ Upload File Revenue Cycle I	Management	
♣ Upload File Revenue Cycle I Monitoring and optimizing bil	Management	
Revenue Cycle I  Monitoring and optimizing bil  Clean Claim Rate (%)	Management	
Revenue Cycle I  Monitoring and optimizing bil  Clean Claim Rate (%)	Management	
Clean Claim Rate (%)	Vanagement ling, coding, and claims submission processes.	

Coding Accuracy Review Frequency  Daily Weekly Monthly Quarterly
Last Claims Submission Audit Date  Enter date
Summary of Recent Denial Trends & Analysis  Write something
Patient Billing Statements - Format Compliance  Compliant  Needs Review
Percentage of Claims Submitted Electronically  Enter a number

# **Facility Management & Safety**

Addressing safety, maintenance, and operational aspects of the healthcare facility.

Enter date	
Fire Extinguisher Inspection Count	
Enter a number	
Emergency Lighting Functionality	
Fully Functional	
Minor Issue	
Non-Functional	
Observations Regarding Building Security  Write something  Copy of Recent HVAC Maintenance Report	
♣ Upload File	
Number of Safety Hazards Identified	
Enter a number	
Date of Last Chemical Inventory Audit	

# **Supply Chain Management**

Managing inventory, procurement, and distribution of medical supplies and equipment.

Enter a number		
Last Supply Chain	Audit Date	
Enter date		
Supplier Performa	ce Rating (High/Medium/Lo	w)
High		
Medium		
Low		
_	are experiencing supply sh	nortages?
Emergency Depart	nent	
Operating Room		
☐ Pharmacy ☐ Medical/Surgical U	ite	
wedical/ourgical o	113	
Notes on recent su	oply chain disruptions or iss	sues
Write something		

Supplier Contracts (Most Recent)  1 Upload File	
Es Opload File	
Number of Suppliers Currently Used	
Enter a number	
Cara Security	
necking the security and reliability of healthcare IT systems and data stora	ge.
Last Firewall Rule Review Date	
Enter a number	
Antivirus Software Last Updated	
Enter date	
Energytian Status (Data at Boat)	
Encryption Status (Data at Rest)  Fully Encrypted	
Fully Encrypted  Partially Encrypted	

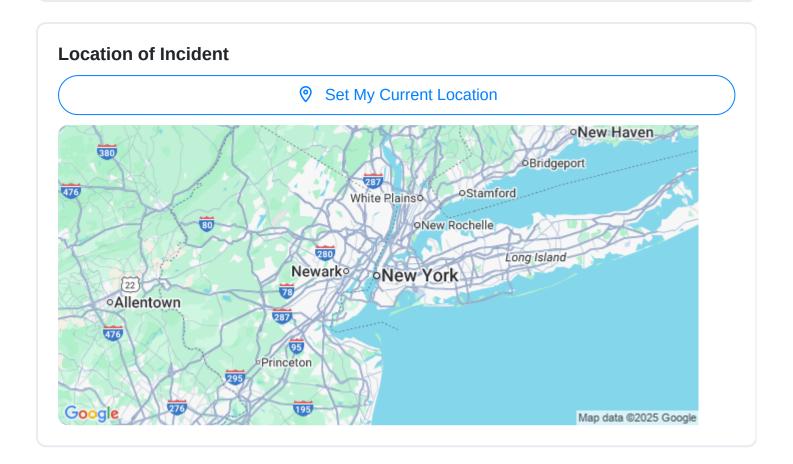
☐ Phishing Identification   ☐ Password Security   ☐ Data Breach Prevention   ☐ Malware Protection   ☐ HIPAA Compliance    Backup and Disaster Recovery Plan Document  La Upload File  Remote Access VPN Status  Active & Secured  ☐ Inactive  ☐ Under Review
Data Breach Prevention Malware Protection HIPAA Compliance  Backup and Disaster Recovery Plan Document  Upload File  Remote Access VPN Status Active & Secured Inactive
Malware Protection   HIPAA Compliance    Backup and Disaster Recovery Plan Document   Lagrange Upload File    Remote Access VPN Status   Active & Secured   Inactive
Backup and Disaster Recovery Plan Document  Upload File  Remote Access VPN Status Active & Secured Inactive
Backup and Disaster Recovery Plan Document  Upload File  Remote Access VPN Status Active & Secured Inactive
Remote Access VPN Status Active & Secured Inactive
Active & Secured Inactive
Number of Security Incidents Reported (Last Quarter)  Enter a number
Staff Training & Competency Validating staff training records and adherence to competency standards.
Employee ID
Enter a number

Job Title    Physician   Nurse   Medical Assistant   Administrator   Other
Date of Last Training
Enter date
Training Program  HIPAA Compliance Infection Control Patient Safety Emergency Procedures Cultural Sensitivity
Training Hours Completed  Enter a number
Upload Training Certificate (Optional)  ① Upload File

raining Assessment Score Pass Needs Improvement Fail	
lotes / Comments (Trainer)	
Write something	
iewing procedures for identifying, assessing, and mitigating risks and reporting dents.  Pate of Incident/Near Miss	
Enter date	
Detailed Description of Incident/Near Miss	
Write something	

Incident Type
Patient Safety
Security Breach
Equipment Failure
Workplace Injury
Operational Error
Other
Number of Patients Affected (if applicable)
Enter a number
Contributing Factors
Human Error
Equipment Failure
Process Deficiencies
Communication Breakdown
Environmental Hazard
Corrective Actions Taken
Write something
Date Corrective Actions Implemented
Enter date

#### **Signature of Reporting Individual**



## **Quality Assurance & Performance Improvement**

Monitoring quality metrics, conducting audits, and implementing improvement initiatives.

#### **Patient Satisfaction Score (Overall)**

Enter a number...

#### **Readmission Rate (30-day)**

Enter a number...

Average Wait Time (Appointment)
Enter a number
Audit Type Conducted (e.g., Clinical, Billing, Compliance)  Clinical
☐ Billing ☐ Compliance
Operational
Date of Last Quality Audit
Enter date
Summary of Audit Findings
Write something
Areas for Improvement Identified
<ul><li>☐ Communication</li><li>☐ Efficiency</li></ul>
☐ Safety
Patient Experience
Staff Training

Write something		

Enter date...