

Medical Office and Telephonic Wait Time Survey

Date of Audit:	QPN/NE	(i)No.	Provider/Clinic Name:	DHCS Site code	Address:
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<p>Instructions: <u>If Wait Time Survey is completed at the time of the audit</u></p> <ul style="list-style-type: none"> The completed questionnaire will be returned to the auditor at the end of the audit. The office is to answer only the questions under the section titled, "For Medical Office to Complete". For confidentiality, only provide the patient's initials. 	<p>Instructions: <u>If unable to complete Wait Time Survey at time of audit</u></p> <ul style="list-style-type: none"> Please return the Wait Time survey within 7 working days The office is to answer only the questions under the section titled, "For Medical Office to Complete". For confidentiality, only provide the patient's initials. Please fax or email the completed Wait Time survey to : Attn: QM Coordinator Fax Number: (909)890-5545
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For Medical Office to Complete				For IEHP to complete		
Did the patient have an appointment or was it a walk-in? Appointment = A Walk-in = W	What time was the patient's appointment? *Walk-in = NA	What time did the patient sign in?	What time was the patient seen by the provider?	Calculation	Timeframe met Y = Yes N = No	Education Provided during visit? Y, N, N/A
EXAMPLE				EXAMPLE		
A	10:00	9:56	10:30	30	Y	Y
1						
2						
3						
4						
5						
6						
7						
8						

Average Time for Appts	Average Time for Walk-ins

TELEPHONIC ACCESS

1.) Is there a process in place to answer and return Member phone calls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.) How does the site track the process of returning member calls when the Member has left a message?	
2.) Does the site have a policy and procedure regarding answering and returning Member calls?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Reference: IEHP policy MC_09A Access Standards

QPN/NE:

If placed on hold, was the wait time longer than 10 minutes?

YES NO

Was technical assistance/training provided?

YES NO

IEHP QPN/NE and provider site staff present to review *policy MC 09_A Access Standards:*

Name: _____	Title: _____	Date: _____	Signature: _____
Name: _____	Title: _____	Date: _____	Signature: _____
Name: _____	Title: _____	Date: _____	Signature: _____
Name: _____	Title: _____	Date: _____	Signature: _____
Name: _____	Title: _____	Date: _____	Signature: _____
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