

Apollonia Dental Centers

CLINICAL EFFICIENCY SLIP

DATE _____ YOUR NAME _____

Use this form to report any incident that had an adverse impact on clinical efficiency. Route this Clinical Efficiency Slip to your Office Manager

TYPE OF ERROR REPORTED: Diagnostic Scheduling Pre-Op Preparation Clinical Procedure Facility

ERROR

BRIEF DESCRIPTION OF THE ERROR: _____

RESULT

HOW MUCH TIME DELAY DID THIS ERROR CAUSE? _____

WHAT OTHER PROBLEMS DID THIS ERROR CAUSE? _____

WHO HAD TO COME OFF POST TO ADDRESS THIS CHALLENGE? _____

POLICY

WAS THIS A VIOLATION OF EXISTING POLICY? _____

WHAT TRAINING IN EXISTING POLICY COULD PREVENT THIS IN THE FUTURE? _____

WHAT NEW POLICY MIGHT PREVENT THIS IN THE FUTURE? _____

CLINICAL EFFICIENCY SLIP REVIEWED BY: Operations Director Professional Director Reported at Muster

Appropriate action taken on _____

Exception Report Closed

Comments: