PSYCHIATRY PRACTICE OPERATIONS AUDIT

A practical self-assessment for identifying administrative bottlenecks in patient intake, scheduling, follow-ups, systems, and workflow organization.

Designed for: Psychiatrists • PMHNPs • Mental Health Practice Owners • Small Behavioral Health Practices

Is your practice growing faster than your administrative workflow?

A growing practice can create more administrative complexity: more inquiries, more appointments, more follow-ups, more platforms, and more opportunities for tasks to get stuck.

This audit helps you step back from the daily workload and assess whether your administrative processes are clearly defined, consistently followed, and appropriately owned.

How to use this audit: Mark Yes when the process is clearly defined and consistently followed; Needs Attention when the process exists but is inconsistent; and No when there is no clearly defined process.

Privacy Note: This audit is intended for general practice-operations assessment only. Please do not enter or submit any patient-identifying information, medical records, insurance information, or other protected health information (PHI).

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01 — PATIENT INTAKE & ONBOARDING

A strong intake workflow gives every new patient a clear administrative path from initial inquiry through onboarding and scheduling.

CHECK	YES	NEEDS ATTENTION	NO
There is a defined process for handling new patient inquiries.	■	■	■
Every new inquiry has a clear next administrative step.	■	■	■
Someone is clearly responsible for monitoring new inquiries.	■	■	■
Incomplete intake items are tracked until resolved.	■	■	■
Patients receive clear instructions about what they need to complete.	■	■	■
The practice avoids unnecessary duplication of information across platforms.	■	■	■
There is a defined process for patients who stop responding.	■	■	■
Referral sources and pending referrals are tracked appropriately.	■	■	■
The transition from intake to scheduling is clearly defined.	■	■	■
Administrative issues requiring provider input are escalated clearly.	■	■	■

Look for unclear ownership, duplicate requests, patients waiting for a next step, and intake tasks that depend on the provider remembering to follow up.

02 — SCHEDULING & APPOINTMENT OPERATIONS

Scheduling is more than placing appointments on a calendar. It includes recurring appointments, cancellations, follow-ups, open slots, and ownership of the next administrative action.

CHECK	YES	NEEDS ATTENTION	NO
Provider availability is clearly defined and maintained.	■	■	■
There is a consistent process for scheduling new patients.	■	■	■
Follow-up appointments are scheduled consistently when appropriate.	■	■	■
Recurring appointment needs are handled through a defined process.	■	■	■
Cancellations trigger a clear administrative follow-up process.	■	■	■
Rescheduling requests have a clear owner and workflow.	■	■	■
Open appointment slots are reviewed regularly.	■	■	■
Patients awaiting scheduling can be identified and followed up appropriately.	■	■	■
There is a process for handling appropriate earlier-appointment requests.	■	■	■
The provider is not routinely acting as the primary scheduler.	■	■	■

Capacity question: When an appointment slot becomes available, does someone have a defined process for determining whether an appropriate patient can be scheduled into it?

Unused capacity is not automatically an administrative failure. Demand, patient preferences, appointment type, provider availability, and clinical considerations can all affect scheduling.

03 — COMMUNICATION & ADMINISTRATIVE FOLLOW-UP

A reliable practice needs a way to keep administrative requests moving without requiring the provider to remember every outstanding item.

CHECK	YES	NEEDS ATTENTION	NO
Administrative messages are routed to the appropriate person.	■	■	■
There is a clear distinction between administrative and clinical requests.	■	■	■
Pending administrative requests are tracked until resolved.	■	■	■
Patients receive consistent administrative instructions.	■	■	■
Follow-up timing is defined for common administrative tasks.	■	■	■
Escalation to the provider is based on a defined process.	■	■	■
Cancellations, rescheduling, and unanswered requests have follow-up rules.	■	■	■
Administrative communication is handled through approved practice channels.	■	■	■
There is a process for urgent or clinical matters to reach the appropriate clinician.	■	■	■
Administrative work does not routinely sit unresolved in the provider's inbox.	■	■	■

Boundary reminder: Administrative support can coordinate, track, route, and follow up. Clinical decisions, clinical triage, prescribing decisions, and interpretation of clinical information remain with appropriately authorized clinical staff.

04 — SYSTEMS & WORKFLOW COORDINATION

Your EHR and other platforms are tools. The workflow connecting those tools should be clear enough that staff know what happens next.

CHECK	YES	NEEDS ATTENTION	NO
The practice knows which system is used for each major administrative task.	■	■	■
Responsibilities between the EHR and other platforms are clearly defined.	■	■	■
There is a clear source of truth for key administrative information.	■	■	■
Patients are not unnecessarily asked to repeat the same information.	■	■	■
Scheduling responsibilities across platforms are clear.	■	■	■
Administrative handoffs between systems are documented.	■	■	■
Access and permissions are appropriate to each person's role.	■	■	■
Staff know where to find the status of pending administrative work.	■	■	■
The practice avoids unnecessary manual duplication between systems.	■	■	■
New software is added because it solves a defined workflow need.	■	■	■

Common platforms: SimplePractice • Headway • Spruce Health • Zocdoc • Google Workspace / Calendar. The goal is not to add more software, but to make existing systems work together more effectively.

05 — SOPs, OWNERSHIP & ESCALATION

A workflow becomes more reliable when recurring tasks have clear owners, documented steps, and defined points for escalation.

CHECK	YES	NEEDS ATTENTION	NO
Common recurring administrative tasks have written procedures.	■	■	■
SOPs are current and reflect the way work is actually done.	■	■	■
Each recurring task has a clear owner.	■	■	■
Backup coverage exists when the primary administrator is unavailable.	■	■	■
Escalation points are clearly defined.	■	■	■
Staff know which issues require provider input.	■	■	■
Administrative tasks do not depend on one person's memory.	■	■	■
New team members can understand core workflows without relying entirely on verbal instructions.	■	■	■
Changes to important workflows are documented.	■	■	■
The practice periodically reviews whether SOPs still match the workflow.	■	■	■

Key question: If the person who normally handles a recurring administrative task were unavailable tomorrow, could someone else follow the documented process?

06 — SCORECARD & PRIORITIES

Use the results to identify where your practice has a strong foundation and where operational attention may be useful. The scorecard is a prioritization tool, not a clinical or compliance assessment.

AREA	YES	NEEDS ATTENTION	NO	PRIORITY
Patient Intake & Onboarding				High / Med / Low
Scheduling & Appointment Operations				High / Med / Low
Communication & Follow-up				High / Med / Low
Systems & Workflow Coordination				High / Med / Low
SOPs, Ownership & Escalation				High / Med / Low

How to interpret your results

• **Mostly Yes:** The workflow appears to have a defined foundation. Look for isolated gaps or opportunities to improve consistency.

• **Several Needs Attention:** The process may exist, but inconsistent execution could be creating unnecessary administrative friction.

• **Several No responses:** These areas may benefit from clearer workflows, ownership, documentation, or escalation processes.

Prioritize issues based on their effect on patient flow, provider administrative burden, recurring workload, and the risk of tasks being missed.

MY TOP 3 OPERATIONAL PRIORITIES

1. _____

2. _____

3. _____

Which one of these priorities, if improved, would make the biggest difference to the way the practice operates day to day?

NEXT STEP — TURN THE AUDIT INTO ACTION

An audit is useful when it leads to a practical improvement plan.

If this audit reveals bottlenecks in intake, scheduling, follow-ups, systems, or SOPs, the next step is to understand how the workflow currently operates and determine which changes should be prioritized.

MY APPROACH

01	**AUDIT**	Understand the current workflow, systems, responsibilities, and bottlenecks.
02	**DESIGN**	Create clearer workflows, ownership, handoffs, and escalation points.
03	**IMPLEMENT**	Put agreed improvements into practice across the relevant systems.
04	**DOCUMENT**	Create SOPs, checklists, workflow guides, and tracking processes.
05	**STABILIZE**	Test the workflow, identify gaps, make adjustments, and improve consistency.

Team training and handoff support are available as optional services when specifically requested by the client.

BOOK A 30-MINUTE PRACTICE OPERATIONS REVIEW
Discuss your current workflow, identify priority bottlenecks, and determine what operational support may be appropriate.

Schedule on Calendly →

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