

McLAREN FLINT
TURNOVER TEAM DATA COLLECTION FORM

Date: _____

Team: _____

Surgeon: _____

Service: _____

Room#: _____

Time that case is scheduled: _____

Prior Patient Out (Wheels Out): _____

Patient In (Wheels In): _____

Barriers to Turnover:

- Supplies not pulled
- Unknown latex allergy
- Surgeon unavailable/Late/In another room
- Patient not ready

Explain: _____

- Housekeeping unavailable
- Case not scheduled correctly/Wrong casecart
- Room extra dirty
- Other: _____

Other Notes: _____

If surgeon has two rooms, what time could the team accept the patient? _____

PT.

MR.#/P.M.

DR.