Combest Central Team Debrief

Date: _____________ Time: ______________ Completed by: __________________

Attendees:

Did we have enough clinic access for all patients? Yes/No
If patient expectations for clinic access were not met, provide recommendations for improvement.

Were there concerns reported by patients, guests, or employees? Yes/No
What was reported?

Action taken:

Opportunities for Improvement:

Exceptional performance (What, where, who, and why) & what was the resulting impact?