



PRACTICE SUCCESS

Your action worksheet

You just told us where your practice stands. This worksheet is where you do something about it.

Each of the five domains in this worksheet has two recommended actions. You don't need to work the whole worksheet at once, and you don't need to finish it in one sitting.

A note on client information: a few tables in this worksheet hold client initials and scores. Store the finished worksheet the way you would store any record with client details.

My scores

Domain	My score
1. Client outcomes	
2. Financial health	
3. Practice operations	
4. Therapist well-being	
5. Client experience	

1. Client outcomes



What good looks like

Progress is visible and measurable over time: trends, changes, patterns, not just session-by-session impressions.

ACTION 1

Pick one brief measure and put it on the calendar

Use validated measures consistently, track the client's progress, and review the results with the client regularly.

Choose one measure to start with

If you don't have a go-to, common starting points include the PHQ-9 or GAD-7 (mental health), FOCUS (pediatric SLP), PSFS, LEFS, or QuickDASH (PT), and COPM (OT). All are brief, easy to get, and built to repeat.

Set the cadence

Outcome measurement becomes especially useful when it connects directly to the treatment plan: What are we trying to change? How will we know whether it is changing? And what will we do differently if it isn't? Use changes or lack of change as a starting point for conversation, shared decision-making, and adjustments to the treatment plan when needed.

Client progress log

Client (initials)	Measure	First score/date	Re-check 1	Re-check 2	Re-check 3	Trend

Trend: use ↑ improving, → flat, ↓ worsening, based on what the score means, not on whether the number rose. On the PHQ-9, improvement is a falling score; on the LEFS, a rising one. Flat and worsening are the two that should prompt a conversation.

Your takeaway

My measure: _____ First client I'll use it with, and when: _____

ACTION 2

Review the outcome data during care, not only at discharge

Scores tell you when to adjust the plan for a client who’s stalled, and they’re just as useful for showing a client real proof of progress they might not feel on a session-by-session basis.

Outcome review

Client (initials)	Visits so far	Current score	Change since first score	Plan: continue, adjust, or discharge	What I'll say to the client about their progress

Your takeaway

Clients whose scores are flat or worsening: _____

For each one, the specific change I’m making to the plan of care: _____

I’ll run this review again on: _____

2. Financial health



What good looks like

Denials and unpaid claims are the exception, not a constant tax, and you can see your core numbers without digging for them.

Common goals if you bill insurance:

- Denials under 5 to 10% of claims
- 95% or more of claims clean on first submission
- Payment arriving in under about 40 days
- Net collection rate of 95% or higher

Cash pay? Watch one number instead: the share of client balances you collect within 30 days.

ACTION 1

Find your one biggest denial reason

Pull your denial reasons from last quarter from your practice management system, clearinghouse, or billing service. One reason usually drives the bulk of denials, and it's often a fixable step at intake: eligibility verification, authorization and visit limits, or coding and billed units.

Denial tally: last quarter

Denial reason or code	# of claims	Dollars at stake	Where it starts (eligibility / auth / coding)	The one change that prevents it	Owner	Fix by

Your takeaway

My single biggest denial reason: _____

Roughly what share of denials it causes: _____%

The first fix I'm making, and by when: _____

ACTION 2

Work your aging claims, beginning with the oldest

Anything that’s been sitting for more than 60 days is revenue you’ve already earned and haven’t collected. It’s worth chasing down before it becomes a write-off.

Aging claims follow-up

Client / claim number	Payer	Date of service	Days out	Amount	Why it’s still open	Next step	Follow up by

Your takeaway

Total sitting past 60 days: \$ _____ Past 90 days: \$ _____

Past 120 days (at real risk of write-off): \$ _____

Share of everything I’m owed that’s older than 90 days: _____%

I’ll check the aging report again on: _____

3. Practice operations



What good looks like

No-shows and unfilled slots stay low enough that the schedule supports care instead of fighting it.

ACTION 1

Fix your reminder timing

Send at least one appointment reminder a day or two before the appointment, early enough that clients can reschedule or cancel before your late-cancellation fee kicks in. If you already do that, add a second reminder a few hours ahead, and optionally a final one an hour ahead. Those later reminders won't beat the fee window, and they don't need to: their job is preventing no-shows. Only the first one has to land before the window, because a fee a client couldn't avoid creates a dispute instead of an open slot.

START HERE

My late-cancellation window is _____ hours before the appointment.

Your first reminder has to land before that window for a client to be able to cancel without a fee.

Audit what you send now, then set the new timing

Reminder	Current timing	Channel (text / email / call)	Lands before the fee window?	New timing
Reminder 1: 1-2 days ahead				
Reminder 2: a few hours ahead			N/A	
Reminder 3: 1 hour ahead (optional)			N/A	

If you already send one reminder, add a second closer to the visit. Change the timing on a set date so you can compare before and after.

Your takeaway

Reminder changes go live on _____

ACTION 2

Baseline how much of your schedule is actually filled

Track filled versus open billable time over a month. Then compare the two weeks before your reminder change to the two weeks after to see if there’s a noticeable decrease in no-shows and unfilled slots. Whether it’s just you or several clinicians, unfilled but billable time is revenue you can’t recover later.

Weekly schedule tally

Week of	Billable slots available	Slots filled	No-shows	Late cancels	Unfilled billable hours	% Filled

Before and after your reminder change

	Two weeks BEFORE	Two weeks AFTER	Difference
No-shows			
Late cancellations			
% of slots filled			
Unfilled billable hours			

Your takeaway

What moved: _____

What I’m changing next: _____

4. Clinician well-being



What good looks like

Documentation and workload fit inside the workday. After-hours catch-up is rare, not routine.

ACTION 1

Track after-hours notes for one week

For one week, jot down every note you finish after hours. If it's most days, look at how the notes get done: the format, when you write them, and the tool you use. A pattern this steady is a workflow issue, and workflows can change.

One week of honest tracking

Day	Number of notes still open at end of day	Minutes spent after hours	When (early morning / evening / weekend)	Which visit types spilled over
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Your takeaway

Days with after-hours documentation: _____ of 7

Total after-hours minutes this week: _____

The visit type or workflow step that caused the most spillover: _____

ACTION 2

Run a two-week documentation pilot

Pilot one documentation approach, templated notes, voice-to-text, or AI-assisted drafting, for two weeks. Compare time spent before and after. If you’re part of a group, test it with one clinician before rolling it out practice-wide.

Pick one approach to test

- ☐ Templated or structured note formats by visit type (eval, treatment, progress, discharge)
- ☐ Voice-to-text dictation
- ☐ AI-assisted note drafting
- ☐ Point-of-care documentation during or between visits
- ☐ Flowsheets or exercise logs that carry forward instead of re-entry
- ☐ Other: _____

Approach I’m testing _____

Pilot runs from _____ to _____

Who is testing it _____

Compare before and after

	Baseline (before pilot)	Pilot result (after)
Average minutes per note		
Notes finished same day (%)		
After-hours minutes per week		
How sustainable it felt (1–5)		

Your takeaway

Verdict: ☐ Keep it ☐ Adjust and retest ☐ Try a different approach

If it worked, who tries it next: _____

5. Client experience



What good looks like

Clients stay engaged through their course of care, and you have a regular read on how they feel.

ACTION 1

Walk through your own front door

Go through your own intake and reminder sequence as a new client would experience it. If a step is confusing, slow, or missing, that's the first thing worth fixing since it's what every new client sees before they decide whether to stay.

Client journey walkthrough

Step	Clear?	How long it took	What confused or slowed me down	Fix
Referral arrives and first contact				
How fast someone responded				
Time to first available evaluation				
Intake paperwork and consents				
Authorization and visit-limit explanation				
Appointment reminder				
Client or caregiver portal login				
Paying a bill or copay				
Rescheduling or canceling				

Your takeaway

The first thing worth fixing: _____

Who owns it: _____ Done by: _____

ACTION 2

Ask three current clients this week

You don't need a survey. Ask three clients what's been confusing or frustrating about scheduling, reminders, or paying. Patterns show up fast even at that scale.

The three questions

- 1. What's been confusing or frustrating about scheduling with us?
- 2. Is there anything about our reminders, the portal, or what we've asked you to do between visits that doesn't work well for you?
- 3. When you pay us, is anything unclear or frustrating?

What they said

Client (initials) & date	Scheduling	Reminders, portal, home program	Payment

Your takeaway

Something I heard more than once: _____

What I'm changing because of it: _____

I'll tell clients what changed by: _____

BEFORE YOU CLOSE THIS

Your next 90 days

You don't have to work all five domains. Pick the two you scored lowest, work through both actions in each, and give the change time to show up in your numbers.

The two domains I'm starting with:

1. _____

2. _____

My first action, and by when:

Who else needs to know:

Keep it small

Two domains, four actions, ninety days.
That's the whole plan.

