Capacity Management and Patient Throughput Bottleneck Reporting Form

- Please fill out the form **Only** for possible **discharges the following day**
- Please write MRN and name **legibly**. M**ark an X** or place a **Check mark** in applicable boxes.
- **Hand over** filled form to the Clerk at the Nursing station by 6 P.M.

Name of Intern/Resident : _____ Unit: _____ Date: _____

Team	Bed	MRN	Name	DOB	Dispo Home Y/N	Pending Lab	Pending Imaging					Pending Echo	Pending Consult	Pending PT/OT
							XRay	MRI	CT	USG	Nuc Med			

Please use another sheet to continue

Instruction for ACM: Please scan and email the copy to ElmhurstCapacityManagement@nychhc.org **(v.1: 2/27/24)**