Daily Huddle Checklist
CP3 Toolkit: Planned Care

**HM and EPIC schedule view should be reviewed with every scrub

1. Print today’s schedule for review and mark as needed.

2. Can these appointments be converted from a regular Provider visit?
   - Any non-PCP visits?
     - If the PCP is in the clinic, work between MAs of affected Providers and move to PCP’s schedule if possible.
   - Can the patient be helped by a telemed visit?
     - Lab/dx study results, other issues that can be done by phone?
   - Is the patient due for ASQ, SBIRT, and adolescent questionnaire?
     - Add to appointment note for front desk.
   - Is this a potential RN protocol visit?
     - UTI, Pharyngitis, Head Lice, Conjunctivitis, Thrush, Otitis, Emergency Contraception.

3. Review HM modifiers
   - What can be addressed today? (CRC screen, Pap, Mammogram, etc.?)

4. Review all patients for potential BHP warm hand-off

5. RN Education Needs?
   - RN notified?

6. Clinical Pharmacy referral?
   - Does the patient have poorly controlled DM, HTN, asthma, polypharmacy?

7. DM visits
   - Review DM HM; note referrals, labs needed, RN care management status – check to see if RN can/should see patient
8. Any procedures?
   - Prepare equipment and supplies

9. Follow ups?
   - Labs? DX studies, referrals, others?

10. Emergency room follow-ups?
    - Make sure records are available

11. Community Outreach or Social Work needs?
    - 1 Hospitalization or 3+ ED visits in 6 months – refer to CO Health Resilience Specialist
    - Other needs? Notify CHW/PCCOW

12. Chronic Pain?
    - Is pain contract up to date? Is FYI flag done?
    - BH pain evaluation done? Done for UDS?

13. Tobacco use?

14. High BMI?

*Record any lessons learned/improvement needs on daily schedule and keep in weekly team meeting folder for review at team meeting.*