



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.

Revised 03/07/16 CHill