

## Huddle / Care Team Meeting

Meeting Agenda/Checklist Date: \_\_\_\_\_

Today's game plan / potential problems & solutions / opportunities

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|----------------------------|---|--|--|
| Prep                       |   |  |  |
|                            | Everyone ready / started on time  |  |  |
|                            |   |  |  |
| Check in with team members |   |  |  |
|                            | Is anyone on the team out / planning to leave early                                   |  |  |
|                            |   |  |  |
| Review of the schedule     |   |  |  |
|                            | Check for openings that can be filled. Any special instructions for scheduler?        |  |  |
|                            | Where can we accommodate emergencies?   |  |  |
|                            | Scheduling conflicts?   |  |  |
|                            |   |  |  |
|                            |   |  |  |
| Review of Patient flow     |   |  |  |
|                            | Which patients may slow things down?  |  |  |
|                            | Wellness exams, complex patients, translation needs, etc                              |  |  |
|                            | Have appropriate templates/HPI mini-templates been pulled in?                         |  |  |
|                            | Chronic Conditions (diabetes, hypertension, depression, hyperlipidemia, obesity, etc) |  |  |
|                            | Acute Conditions (abdominal pain, UTI, respiratory conditions, etc)                   |  |  |
|                            | Physical/Wellness visits  |  |  |
|                            | Acknowledge patients with Active Alerts and plan to address AT LEAST ONE              |  |  |
|                            | Equipment or supply needs   |  |  |
|                            |   |  |  |
| Wrap Up                    |   |  |  |
|                            | Review of action items  |  |  |
|                            | Did huddle start and stop on time?  |  |  |
|                            |   |  |  |
|                            |   |  |  |
|                            |   |  |  |
| Providor                   | · Signaturo (c)   | Medical Assistants/Nurse Signature(s)  |  |
| Provider Signature(s)      |   | Medicai Assistattis/Noise signature(s) |  |
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