| | # 828 | | | MORNING HU | DDLE WORKFLOW | 5.2 B |
|----------------------|-------|---------|----|-----------------------------|---------------|-------|
| | | | X | Workflow | | |
| Date of Inception: | | 7-31-20 | 23 | Approval: | | |
| Current Approval Dat | e: | 7-31-20 | 23 | CMO Approval (If Required): | | |

STEPS WHAT WHO

| 1. | Clinical Coordinator updates agenda items to include inpatient/ED admissions and discharges, at risk (medical/psychiatric) individuals scheduled to be seen that day. | Clinical Coordinator |
|----|--|--|
| 2. | Clinical Coordinator sends agenda to Clinical Director prior to COB daily. | Clinical Coordinator |
| 3. | Clinical Director compiles information to complete Huddle Agenda, which includes information from all teams. | Clinical Director |
| 4. | Clinical Director includes no-shows from previous day on the Huddle Agenda, or as an attachment to Huddle Agenda. | Clinical Director |
| 5. | Clinical Director sends agenda out to Huddle Participants and brings agenda to AM Huddle. | Clinical Director |
| 6. | BHMPs, RNs, PCPs arrive at the Huddle with their schedule for the day. | BHMP, RN, PCP |
| 7. | BHMP and PCP discuss information identified as inpatient/ED admissions and discharges, at risk (medical/psychiatric) and individuals scheduled to be seen and identify need to coordinate and/or collaborate on the issues identified. The BHMPs, RNs and PCPs also review any screening, assessment or consultation information that is relevant to the integrated care that the members are receiving. | BHMP, RN, PCP, Clinical Director |
| 8. | BHMP, RNs, PCPs also are prepared to discuss critical issues from previous day. | BHMP, RN, PCP |
| 9. | Clinical Information specific to members is documented in the EHR (staffing note) | Clinical Director Designee |