TREATMENT COORDINATION DELEGATION CHECKLIST

Practice: _____ Date: _____

Prepared by: _____

SECTION A: TRAINING PREP

- [ ] Written process created
- [ ] Checklist reviewed with team
- [ ] Role-play scheduled

SECTION B: RESPONSIBILITIES

- [ ] Coordinator presents treatment
- [ ] Manager reviews weekly
- [ ] Doctor confirms clinical accuracy

SECTION C: PERFORMANCE TRACKING

- [ ] Case acceptance % logged
- [ ] Weekly feedback form completed
- [ ] Adjustments noted

continued...

SIGN-OFF

Manager: _____ Coordinator: _____

Date: _____