

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: _____

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