Team pool inbasket assignment worksheet

*Use this worksheet to reassign inbasket tasks to your newly established team pool. Each team pool is assigned to a particular physician. One sample naming convention includes the clinic location and physician name (e.g., Minneapolis\_DrSmith). Select a manager for the team pool inbasket in the second column. You may also find it helpful to assign responsibility for addressing certain types of messages, but keep in mind that every care team member who is part of the team pool should check the inbasket. The types of messages listed are suggestions only.*

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| --- | --- | --- |
| **Pool Members** | **Who Manages** | **What is Routed?** |
| **Team Pool 1 [insert clinic location and provider name]** | **[insert lead MA or RN name]** |  |
| [insert team member name] |  | Refills |
| [insert team member name] |  | Orders for routine referrals/diagnostic tests (mammograms, bone density, eye exams, colonoscopy) |
| [insert team member name] |  | Immunization questions (NOT records requests) |
| [insert team member name] |  | Results (if calling back the MA) |
| [insert team member name] |  | Medication questions for patients seen within the last two weeks |
| [insert team member name] |  | Questions about an office visit within the last two weeks |
| [insert team member name] |  | Prior authorizations |

|  |  |  |
| --- | --- | --- |
| **Pool Members** | **Who Manages** | **What is Routed?** |
| **Team Pool 2 [insert clinic location and provider name]** | **[insert lead MA or RN name]** |  |
| [insert team member name] |  | Refills |
| [insert team member name] |  | Orders for routine referrals/diagnostic tests (mammograms, bone density, eye exams, colonoscopy) |
| [insert team member name] |  | Immunization questions (NOT records requests) |
| [insert team member name] |  | Results (if calling back the MA) |
| [insert team member name] |  | Medication questions for patients seen within the last two weeks |
| [insert team member name] |  | Questions about an office visit within the last two weeks |
| [insert team member name] |  | Prior authorizations |

*If your practice uses a Triage Pool, use this table to clarify the membership of the pool and the type of communication that should be routed to them.*

|  |  |  |
| --- | --- | --- |
| **Pool Members** | **Who Manages** | **What is Routed?** |
| **Triage Pool [insert location]** | **[insert lead RN name]** |  |
| [insert team member name] |  | Symptom-based calls\*  |
| [insert team member name] |  | Urgent and emergent symptom-based calls |
| [insert team member name] |  | Results (if calling back the RN) |
| [insert team member name] |  | Non-routine referrals\*  |
| [insert team member name] |  | Medication questions\*  |

\*Not related to an office visit within the last two weeks.

Source: *AMA. Practice transformation series: Inbasket management. 2017.*