# Daily Huddle Board

A fillable 10-minute daily huddle sheet, a weekly review, a filled example, and a worksheet that prices the gaps the huddle exists to close.

**Most dropped tasks are ownership failures, not effort failures. This board gives the team ten standing minutes each morning to confirm today's load, the items at risk, who covers what, what carried over, and one small fix, and every item ends with one name attached.**

## 10 to 15 min

is the most a safety huddle should run, at a consistent time and place at the start of the day
AHRQ PSNet, Jan 29, 2020

## 6.81%

single-specialty no-show rate in 2023: the empty slots your schedule section should catch early
MGMA Stat, Jan 8, 2025

## Run it in ten minutes

| Part | What the team confirms | Minutes | It ends with |
|---|---|---|---|
| 1. Today's schedule and load | Visits booked, new patients, open slots, same-day slots held, double-books, visits needing extra time (chart numbers only). | 3 | Who fills open slots, by when |
| 2. At-risk items | Referrals not yet scheduled, results waiting on a clinician, refills and callbacks past your promise, forms due, supply problems. | 2 | An owner and a due time each |
| 3. Coverage and owners | Who is out or late, who covers phones at opening and at lunch, who owns anything unusual today. | 2 | A name on every gap |
| 4. Carryover | Anything stuck from yesterday. Same item, third day: it goes to the manager. | 2 | A new owner and due time |
| 5. One improvement | One small fix to try today, named by whoever raised it. Tomorrow: kept or dropped. | 1 | The person trying it |

## Set it up once

1. Same time, same spot, standing, 10 minutes before the first patient. Everyone on shift, and a clinician when possible.
2. A lead and a backup. The lead keeps time and gets a name on every item; the backup runs it from the same sheet when the lead is out.
3. Prepare for five minutes: the lead fills part 1 from the schedule first, so the huddle confirms rather than discovers. File each sheet for the Friday review.

# The daily huddle sheet

| Date | Led by | Start time | End time (target: 10 minutes later) |
|---|---|---|---|
| | | | |

## 1. Today's schedule and load (lead fills before the huddle)

| Visits booked | New patients | Open slots | Same-day slots held | Double-books | Extra time or room (chart #) |
|---|---|---|---|---|---|
| | | | | | |

| Who fills the open slots, and by when | Waitlist checked by |
|---|---|
| | |

## 2. At-risk items

| Item (referral, result, refill, callback, form, supply) | Chart # or ref | Owner | Due by |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## 3. Coverage and owners

| Out or late today | Covered by | Phones at opening | Phones at lunch | Owner of anything unusual |
|---|---|---|---|---|
| | | | | |

## 4. Carryover from yesterday

| Item | Days carried | New owner | New due time |
|---|---|---|---|
| | | | |
| | | | |

## 5. One improvement

| The fix we try today | Raised by and tried by | Tomorrow: kept or dropped? |
|---|---|---|
| | | |

Rule: standing, under 10 minutes, every item ends with one name. Anything that needs a discussion leaves the huddle with an owner and a time.

# Worked example: a completed Tuesday sheet

**An illustrative sheet for a three-physician practice, chart numbers only: short, specific, and every line owned.**

| Part | What was said | Owner | By |
|---|---|---|---|
| 1. Load | 62 visits booked, 7 new patients, 3 open slots (Dr. B 10:40 and 2:20, Dr. C 3:00), 2 same-day slots held, 1 double-book at 9:00. C-20114 needs the larger room. | Front desk lead | Open slots by 9:30 |
| 1. Load | Waitlist checked: two patients offered Dr. B 10:40; one accepted. | Scheduler | 9:15 |
| 2. At risk | Referral R-0331 to cardiology sent 9 days ago, not yet scheduled by the specialist office. | Referral coordinator | Noon |
| 2. At risk | Two results for C-18820 and C-19003 waiting on Dr. A since Friday. | MA for Dr. A | Before lunch |
| 2. At risk | Refill request C-17644 is at 2 business days, the practice promise. | RN | 11:00 |
| 3. Coverage | Front desk staff member out sick. Phones at 8:00: scheduler. Lunch phones: MA from Dr. C's team. | Office manager | 8:00 |
| 4. Carryover | Fax machine jam from Monday, day 2. Vendor called; new owner. | Office manager | 3:00 |
| 5. Improvement | Put the callback list on the wall screen so whoever is free takes the next one. | Scheduler | Try today |

Start 7:50, end 7:59. Nothing was solved in the room; every item left with a name.

# When the huddle goes wrong

| When this happens | Do this |
|---|---|
| It runs past 15 minutes | The lead calls time at 10 and gives every open discussion an owner and a time. AHRQ PSNet: a huddle shares and flags; it does not solve. |
| The lead is out | The named backup runs it from the same sheet. If no one runs it, the manager hears about it by 9:00 the same day. |
| It turns into complaints | Ask for the fix and the owner: "What would you change, and will you try it today?" That is part 5. |
| The same item carries over three days | It leaves the huddle and goes to the manager as a process problem, with a date to report back. |
| A clinician never attends | Bring the two items that need a clinician to them right after, in two minutes, and record the answer on the sheet. |
| Busy morning, so the team wants to skip it | Run the 3-minute version: parts 1 and 3 only. Busy days are when ownership slips most. |
| An urgent clinical concern comes up | It leaves the huddle at once with a clinician. The huddle is never where an urgent issue waits. |

# The weekly review (20 minutes, Friday)

**The lead and the manager read the week's five sheets and fill this page. It turns five small meetings into the week's pattern.**

Week of

Reviewed by

| This week's numbers | Count | What it tells you |
|---|---|---|
| Open slots left unfilled at the end of the day | | The waitlist or the same-day process is not catching cancellations. |
| No-shows | | Divide by visits booked for your rate. MGMA's single-specialty figure for 2023 was 6.81%. |
| At-risk items that missed their due time | | Owners are being named but not followed up. |
| Items carried over two days or more | | A process problem, not a people problem: give it to the manager. |
| Days the huddle ran past 15 minutes, or was skipped | | The huddle is drifting. Re-read the rules on page 1 together. |
| Improvements tried, and how many were kept | | Keep the kept ones by writing them into your SOPs. |

Next week's schedule risks (provider out, holiday, new hire)

The three things we fix next week, with owners

**Keep the sheets safe**

**A filled sheet with chart numbers and dates is protected health information: a chart number and any date tied to a patient are HIPAA identifiers (45 CFR 164.514). Chart numbers only, never names or diagnoses. Keep sheets inside the office, and shred them or move them to the practice's secure drive at the end of the week.**

## Sources

Every figure and rule here was checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. AHRQ PSNet primer, "Improving Patient Safety and Team Communication through Daily Huddles" (10 to 15 minutes; consistent time and place; share and flag, not solve) (Jan 29, 2020). psnet.ahrq.gov/primer/improving-patient-safety-and-team-communication-through-

2. MGMA Stat, "No-show fees in medical practices on the rise to balance bumpy attendance rates" (6.81% single-specialty no-show rate in 2023) (Jan 8, 2025). mgma.com/mgma-stat/no-show-fees-in-medical-practices-on-the-rise-to-balance-bu

3. 45 CFR 164.514 (chart numbers and dates tied to a patient are HIPAA identifiers) (eCFR, current). ecfr.gov/current/title-45/section-164.514

# What the gaps cost you

**A ClinicOps calculation from your own weekly numbers. The worked example uses illustrative figures.**

| Line | How to get it | Worked example | Yours |
|---|---|---|---|
| A. Empty slots last week | Unfilled slots + no-shows + unrefilled late cancels | 14 | |
| B. Value of one visit | Your average, from your practice reports | $150 | |
| C. Empty-slot dollars a month | A x B x 4.3 weeks | $9,030 | |
| D. "Who has this?" interruptions a day | Tally one ordinary day | 12 | |
| E. Minutes each one costs | Your estimate, including refocus time | 4 | |
| F. Staff hours lost a month | D x E x 21 working days / 60 | 16.8 hours | |

| | | |
|---|---|---|
| Low | The huddle is working | A and F both under 5: keep it, and move the weekly review to every other week. |
| Medium | Ownership still leaks | F of 5 to 15: every item gets a name and a time; three-day carryovers go to the manager. |
| High | The schedule is the leak | A of 10 or more, or F over 15: unfilled slots need a waitlist and a same-day fill routine. |

**Next steps: run the board for ten working days without skipping, fill the weekly review twice, then compare lines C and F a month later. The full guide is on clinicops.us.**

## Where this board stops

**The board gives the team ten minutes of shared ownership. Here is what paper cannot do:**

- **It cannot run itself: when the lead is out and the phones ring, a sheet does not call the team together.**
- **It cannot see your schedule: open slots reach the huddle only if someone reads the schedule first.**
- **It cannot follow up. A name on paper at 7:55 is not a reminder at 11:00.**
- **It cannot fill the slot: a waitlist, reminders and a same-day fill routine do that.**

**14-Day Front Door Fix: every call, form and message answered inside a set window by a named owner, phone scripts and training, online scheduling, reminders, a waitlist and recall, built in 14 days inside the tools you already use.**

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