

High Risk Processes, Departments and Activities	In Place	Needs Development	Process Measures	In Place	Needs Development	Outcome Measures
Clinical Support Staff						
Process for creating consistent written policies and guidelines for high-risk departments and high-risk clinical procedures.			Note which specific policies and guidelines exist and which need to be written.			Review of policies/guidelines result in greater procedural consistency among licensed and unlicensed clinical support staff.
Comprehensive clinical aspect to new hire orientation of licensed and unlicensed support staff.			<p>Process includes new RNs training RNs on clinical issues.</p> <p>RN applicants are tested by an RN for clinical competency prior to hire and during orientation.</p> <p>RN to perform or oversee licensed and unlicensed clinical support staff.</p>			RNs are evaluated appropriately prior to hiring and/or passing their introductory period.
Clinical support staff providing documentation in a patient's medical record.			<p>Process includes:</p> <p>Written review by malpractice attorney.</p> <p>Written review by Foundation attorney.</p> <p>Annual audit of clinical support staff medical record documentation.</p>			<p>Decreased inappropriate documentation made by clinical support staff (thus decreasing legal exposure).</p> <p>Heightened awareness of licensed and unlicensed clinical support staff role in medical record documentation.</p>

Physician education on scope of practice for licensed and unlicensed clinical support staff.			Annual update to physicians on changes in the law and review of current law.			Reduced inappropriate requests from physicians to licensed and unlicensed clinical support staff.
Scope of practice audit for RNs, LVNs, and MAs.			Policy in place delineating scope of practice for licensed and unlicensed clinical support staff. Regular training program in place for annual updates.			Clearer understanding of scope of practice among licensed and unlicensed clinical support staff.
Competency testing of existing clinical support staff.			Annual competency exams in a classroom setting. Regular observations of competency in a clinical setting.			Decreased patient complaints regarding competency of licensed and unlicensed clinical support staff. Increased competency scores among licensed and unlicensed clinical support staff. Greater understanding of how PAMF defines acceptable competency levels.
Protocol for messages in Epic that become a part of the medical record.			Policy and procedure for Chart Documentation includes guidelines for messaging that becomes a medical record encounter. Audit messages in chart to determine appropriateness of content (for example, is this a message we really need in the patient's chart?)			Decreased inappropriate documentation made by clinical support staff (thus decreased legal exposure). Heightened awareness of licensed and unlicensed clinical support staff role in medical record documentation.

Clinical Trials						
Appropriate training for Institutional Review Board members.			<p>Number of IRB members trained on an annual basis regarding new laws and IRB procedure.</p> <p>IRB members are not allowed to participate in an IRB meeting until appropriate annual training has been completed.</p>			Appropriate funding is available to train all IRB members according to the most recent standards.
Avoid billing Medicare or other providers for services provided to patients in connection with clinical trials.			Implement mechanism to audit billing process (beginning with the provider).			Absence of billing Medicare or other providers for third-party funded studies.
Clinical Research policies and procedures.			<p>Annual review of policies and procedures to determine:</p> <ul style="list-style-type: none"> -Applicability to current regulations -Applicability to operations -Ease of access to policies 			Increased rate of compliance to clinical research policies and procedures among providers.