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| **New Hampshire Plan of Safe Care (POSC)****Implementation Checklist***Implementing a new process requires quality planning to systematically design a process that will work for your specific practice or site. Use the following checklist to identify and monitor activities to plan and implement Plans of Safe Care.*  |
|  | **Implementation Status** | **Notes** |
| **Category** | **Activity** | **Planning** | **In Process** | **Complete** | ***(e.g., staff training, communication, written procedures, etc.)*** |
| **Staffing** | Determine members of POSC implementation team.  |  |  |  |  |
| Determine the responsibilities of each team member. |  |  |  |  |
| Determine a decision making process for the team. |  |  |  |  |
| Determine the timeline for POSC implementation. |  |  |  |  |
| **Template** | Determine if the NH POSC template will be used, or if a practice-specific form will be used.  |  |  |  |  |
| Determine if an electronic or paper form will be used. |  |  |  |  |
| Determine where the forms will be stored. |  |  |  |  |
| Establish a process for updating the form and maintaining form versions.  |  |  |  |  |
| **Workflow** | Determine the specific “who,” “what,” “when,” and “where” the POSC will be completed. |  |  |  |  |
| Establish and document a protocol for the flow of how the POSC will move between staff or offices. |  |  |  |  |
| **Referrals** | Develop an inventory of community service providers and contact information. |  |  |  |  |
| Establish internal referral mechanisms. *(if appropriate)* |  |  |  |  |
| Establish external referral mechanisms.  |  |  |  |  |
| Develop and foster community provider partnerships. |  |  |  |  |
| Develop protocol for organizing how referrals will occur, and to whom. |  |  |  |  |
| **Follow Up** | Establish protocol for patient follow up, method of follow up, and frequency of follow up. |  |  |  |  |

Turn over.

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| **EMR Modification** | Consider capabilities and limitations of organization’s EMR capacity to manage the following components: |  |
| An electronic form |  |  |  |  |
| Referral information |  |  |  |  |
| Follow up |  |  |  |  |
| Confidentiality |  |  |  |  |
| Flow |  |  |  |  |
| Quality improvement and planning |  |  |  |  |
| Training |  |  |  |  |
| **Confidentiality** | Explore confidentiality considerations (e.g., 42 CFR Part2). |  |  |  |  |
| Develop, or review and revise patient consent forms. |  |  |  |  |
| Determine 42 CFR Part 2 patient flow. |  |  |  |  |
| Develop policies to protect patient information. |  |  |  |  |
| **Communications** | Develop a communication plan for: |  |
| Staff in your practice |  |  |  |  |
| Patients and their families |  |  |  |  |
| Referral partners |  |  |  |  |
| Community partners |  |  |  |  |
| Promote dissemination of successes, challenges, and lessons learned to staff, referral partners, and community partners for process improvement. |  |  |  |  |
| **Training** | Develop a plan for initial and on-going training of existing and new staff related to: |  |
| Federal and state reporting and data collection processes |  |  |  |  |
| Internal processes |  |  |  |  |
| POSC development with a woman |  |  |  |  |