

Attachment # 5

Quality Assurance Surveillance Plan (QASP)

CBOC Service

Contract Number: Upon Award the Government will enter the contract number.

Contract Description: CBOC Services in **Beaver, County, PA.**

Contractor's Name: (enter company Name upon award) Hereafter referred to as the Contractor:

1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What will be monitored.
- How monitoring will take place.
- Who will conduct the monitoring?
- How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor through contract modification. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) – The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: **Shawn Smith**, Contracting Officer

Organization or Agency: Department of Veterans Affairs, VHA Network Contracting Officer 4

Assigned ACO: **Bethany Diaz**, Contract Specialist

Organization or Agency: Department of Veterans Affairs, VHA Network Contracting Officer 4

b. Contracting Officer's Representative (COR) – The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: **Adam Critchlow**, COR; Administrator CBOCs

3. CONTRACTOR REPRESENTATIVES

The following employee(s) of the contractor serve as the contractor's program manager(s) for this contract.

Primary: **(Enter name, title and contact information) (Upon award, this will be provided)**

Alternate: **(Enter name, title and contact information) (Upon award, this will be provided)**

4. PERFORMANCE STANDARDS

The contractor is responsible for performance of ALL terms and conditions of the contract. CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined.

Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

The Performance Requirements are listed below in Section 6. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part, to establish the past performance of the contractor on the contract.

5. INCENTIVES/DEDUCTS

The Government shall use past performance as incentives. Incentives shall be based on exceeding, meeting, or not meeting performance standards.

6. METHODS OF QA SURVEILLANCE

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

- a. DIRECT OBSERVATION. Can be done periodically or through 100% surveillance.
- b. PERIODIC INSPECTION. Evaluates outcomes on a periodic basis. Inspections may be scheduled or unscheduled as required and reported quarterly per COR delegation or as needed.
- c. VALIDATED USER/CUSTOMER COMPLAINTS. Relies on the patient to identify deficiencies. Complaints are investigated and validated.
- d. RANDOM SAMPLING. Evaluates automated reports from VA systems such as VISTA/CPRS, Primary Care Almanac, Compass, etc. Contractor can check status of their performance by running reports monthly.
- e. Verification and/or documentation provided by Contractor. Documentation will be reviewed by the COR and assessment will be based on the type of documentation provided, such as review of certificates as evidence for proof of training, etc.

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Staff Competencies & Trainings	Admin. Requirements for Contract Employee Competencies: Section(s) 5.25	The following competencies & trainings must be completed. Presentation & Management of Disruptive Behaviors; Prevention of Workplace Harassment; VA Privacy & Information Security Awareness & Rules; Privacy & HIPAA Focused Training; Infection Control; Patient Safety; General Safety; BLS to include LifePak1000 AED competency; Stroke Awareness; Customer Service; Suicide Management; POC INR; POC AIC; POC Urine Dip; POC Glucose; POC Pregnancy; Urine Drug Screen; Teleretinal; Ear Lavage; Venipuncture; EKG; Blood Pressure Home Device; Accucheck Home Device; PPD; Medication Administration/Drug calculation Test; RME (Where to find RME list in SharePoint & RME Policy); WH – PAP Smear; TEACH/MI Training; Skills Training Specifics related to mode of training and staff assignments are included in QASP Attachment 1: CBOC Education, Comps, Training with due dates	<u>Frequency</u> End of Fiscal Year (September) <u>Method</u> CBOCs to provide verification of competencies. CBOCs will maintain a spreadsheet and update monthly. *As competencies change throughout the year, CBOC staff will be notified by COR, and then will be expected to comply with any mandated changes that are implemented throughout the year.	Working Staff are 100% compliant with competencies	Audit (CBOC to send record of staff training to COR for verification no later than Oct. 1 st - or first business day of October)	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Health Performance Measures	Direct Patient Care Section(s) 3.6	<u>Community Based Outpatient Clinic Report</u> Encompasses the following (25) clinical reminders, screenings, and expectations of providers. <u>BEHAVIORAL HEALTH SCREENING</u> <ul style="list-style-type: none"> • MDD40 = MDD - Outpt - Pts scrn annually f/ depression Benchmark = 95% • PTSD51 = PTSD - Outpt - Pts scrn at reqd intervals f/ PTSD w/ PC-PTSD Benchmark = 95% • SA17 = SUD- Outpt Brief alcohol counseling for patients with an Alcohol Misuse Screening result of 5 or greater Benchmark = 62% • SA7 = SUD - Outpt - Pts scrn Annually f/ Alcohol Misuse Benchmark = 95% • SRE1 = Outpt screen positive with timely suicide ideation/behavior evaluation for at risk populations Benchmark = 85% <u>DIABETES</u> <ul style="list-style-type: none"> • C9H = DM - Outpt - HbA1c Annual (HEDIS) Benchmark = 93% 	<u>Frequency</u> Yearly Report = Q4YTD CBOC Report <u>Method</u> CBOC will have ability to monitor progress quarterly with automated reports. These reports are available to the CBOC at the link provided in this QASP	Each clinic must reach at least 70% (18 of 25) AT THE CLOSE OF THE FISCAL YEAR of all of the benchmark s.	VHA Office of Analytics and Business Intelligence Performance Measurement CBOC Reports FYTD CBOC Report http://vaww.cmr.rtp.med.va.gov/programs/pm/pmReportsCBOC.aspx	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)

		<ul style="list-style-type: none"> • DMG23H = DM - Outpt - HbA1 GT 9 or not done (poor control) in past year (HEDIS) [reversed score to reflect higher is better] Benchmark = 21% • DMG27H = DM - Outpt - BP LT 140/90 Benchmark = 70% • DMG31H = DM - Outpt - Retinal exam, timely by disease (HEDIS) Benchmark = 70% • DMG34H = DM - Outpt - Renal Testing (HEDIS) Benchmark = 88% <p><u>ISCHEMIC HEART</u></p> <ul style="list-style-type: none"> • IHD5H = HTN - Outpatient BP<140/90 age 18-59 Benchmark = 77% • IHD51H = HTN - Dx HTN and DM with BP <140/90 (OP) Benchmark = 70% • IHD52H = HTN - Dx HTN and no DM with BP <150/90 (OP) Benchmark = 77% • IHD18HNS = CVD - Outpt - LDL-C LT 100 or Moderate Dose Statin Benchmark = 67% <p><u>PREVENTION</u></p> <ul style="list-style-type: none"> • MOV5 = MOV - Outpt - Obese pts scrn & offered weight mgmt. Benchmark = 90% • P1 = Immunizations - Outpt - Pneumococcal – Nexus Benchmark = 71% 					
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		<ul style="list-style-type: none"> • P26H = Immunizations - Outpt - Influenza ages 18-64 - Nexus Clinics Benchmark = TBD April – Aug. • P25H = Immunizations - Outpt - Influenza ages GE 65 (HEDIS) Benchmark = 76% April – Aug. • P31H = CA - Women age 50-74 screened for Breast Cancer Benchmark = 77% • P42 = CA - Cervical Cancer Screening Women age 21-29 Benchmark = 86% • P43H = CA - Cervical Cancer Screening Women age 30-65 Benchmark = 86% • P61H = Colorectal Cancer Screening (HEDIS) Benchmark = 67% <p style="text-align: center;"><u>TOBACCO</u></p> <ul style="list-style-type: none"> • SMG10 = Tobacco - Outpt - Pts using tobacco in past yr who have been offered meds Benchmark = 63% • SMG8 = Tobacco - Outpt-Pts using tobacco in past yr provided w/counsel on how to quit Benchmark = 83% • SMG9 = Tobacco - Outpt-Pts using tobacco in past yr offered referral to cessation pgm Benchmark = 58% 					
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Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Primary Care Coordination	PACT Staffing Model Section 2.1 PACT Pillars & Foundations Section 3.2 Enhance Access to Care Section 3.4 Enhance Care Mgt. & Coordination of Care Section 3.5	1. PC Staffing Ratio Benchmark = $\geq 3:1$ 2. New PC Patient Average Wait Time in Days (Excluding C&P) Benchmark = $<30d$ 3. Established PC Patient Average Wait Time in Days (Excluding C&P) Benchmark = $<30d$ 4. Average 3rd Next Available in PC Clinics (322,323,350) Benchmark = $<30d$ 5. Team 2Day Post DC Contact Ratio - PACT17 Benchmark = $\geq 75\%$	<u>Frequency</u> Pulled Quarterly; however CBOC will be measured on most recent months data <u>Method</u> VA will monitor progress with automated reports. These reports are available to the CBOC at the link provided in this QASP	Must meet targets set forth in PACT (Patient Aligned Care Teams) Compass Report in VSSC (VHA Support Service Center)	Patient Aligned Care Teams Compass Division Performance Summary https://securereports2.vsc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPC%2fPACTCompassCubeSSRS%2fMainMenu&rs:Command=Render	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)
Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Telephone Access	Telephones Section 3.10 ACD Section	1. Abandonment Rate ($\leq 5\%$) 2. Average Wait Time ($\leq 30s$)	<u>Frequency</u> Monthly <u>Method</u> VA will monitor progress monthly via the CBOC providing ACD reports	Based on Benchmarks	Automatic Call Distributor (ACD) Reports (provided by CBOC)	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Customer Satisfaction Survey of Health Experiences – PCMH Composite Scores	Policy & Regulations Section 1.4 License & Accreditation Section 2.2	1. Access (Getting Timely Appointments, Care, and Information) 2. Communication (How Well Providers Communicate with Patients) 3. Office Staff (Helpful, Courteous, and Respectful Office Staff) 4. Comprehensive-ness (Providers Pay Attention to Your Mental or Emotional Health) 5. Self-Management Support (Providers Support You in Taking Care of Your Own Health) 6. Providers Discuss Medication Decisions Benchmark for all 6 measures = Peer Index	<u>Frequency</u> Annually <u>Method</u> VA will monitor progress with automated reports. These reports are available to the CBOC at the link provided in this QASP	Compared to Peer Index The peer index score is calculated as the sum of the products of the scores (for the VHA overall) and the patient percentages (for the target site). These overall VHA scores are then used to calculate the hypothetical overall score that the entire VHA would have if the veteran population had same case mix as the target site. (reference from Technical Notes section on CAHPS PCMH Survey)	VHA Office of Analytics and Business Intelligence. http://vaww.caar.rtp.med.va.gov/programs/shep/shep-reporting.aspx Patient Experiences Dimensions of Care http://vaww.caar.rtp.med.va.gov/programs/shep/shep-reports/DOC-PCMH.aspx	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs	VAPHS will compare CBOC to Peer Index Data found on “VISN Results - All Composites” Tab Results of these comparisons will be reported on the Contractor Performance assessment Reporting System (CPARS)

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
Staffing	VHA Handbook 1101.10 PACT Handbook Section 1.4.27	<p>Full staffing per contract is expected. The following staff will have financial disincentives for vacancies.</p> <p>Family & General Practitioners Annual Mean Wage = \$187,470</p> <p>Physician Assistants Annual Mean Wage = \$82,030</p> <p>Nurse Practitioners Annual Mean Wage = \$85,150</p> <p>Pharmacist Annual Mean Wage = \$107,420</p> <p>Podiatrists Annual Mean Wage = \$143,690</p> <p>Registered Nurse Annual Mean Wage = \$66,010</p> <p>Licensed Practical Nurse Annual Mean Wage = \$42,880</p> <p>Dietitians and Nutritionists Annual Mean Wage = \$47,680</p> <p>Healthcare Support Workers (Clerks) Annual Mean Wage = \$38,560</p>	<p>VAPHS must be notified immediately of any staff vacancy</p> <p>Upon a vacancy of any staff, CBOC will be responsible payment of services not rendered due to that vacancy.</p>	CBOC Clinic must be staffed at full levels as outlined in PACT Staffing Models that are agreed upon by VAPHS and contractor.	<p>Bureau of Labor and Statistics http://www.bls.gov/</p> <p>PA Wage Estimates http://www.bls.gov/oes/current/oes_pa.htm#29-0000</p>	<p>Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs</p>	<p>Contractor will be charged daily (based on Annual Mean Salary) for vacancies.</p> <p>Based on last day of staff employment in CBOC until when new staff was hired and on site to fill that position. Working days and not calendar days.</p> <p>Example: Physician vacancy for 40 working days = \$20,544 off most recent month invoice</p> <p>Calculation: (((\$187,470 / 365) * 40 working days))</p>

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
PACT 19: PCP Continuity	VHA Handbook 1101.10 PACT Handbook Section 1.4.27	Primary Care Provider Continuity	PACT Improvement Data on Compass & Dashboard	Quarterly Non-Cumulative Floor > 65%. Target > 77%	PACT Compass & Dashboard https://securereports2.vsc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPC%2fPC+Medical+Home%2fMainMenu&rs%3aCommand=Rend	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs.	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)
Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
PACT 13: PACT Patients enrolled in HT	VHA Handbook 1101.10 PACT Handbook Section 1.4.27	% Primary Care Patients enrolled in HT The aggregate percentage of all VISN PACT Patients enrolled in Home Telehealth (HT) will exceed 1.6%.	PACT Improvement Data on Compass & Dashboard	Monthly Non-Cumulative Floor 1.2%. Target of > 1.6%	VHA Performance Measure Report & PACT Dashboard	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs.	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)
Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
PACT 16: Ratio of Non-Traditional Encounters	VHA Handbook 1101.10 PACT Handbook Section 1.4.27	This is the sum of all PC Telephone encounters added to the sum of all PC Group Encounters added to the sum of all incoming and outgoing secure messages as the numerator.	PACT Improvement Data on Compass & Dashboard	Quarterly Non-Cumulative Floor > 12%. Target of > 20%.	VHA Performance Measure Report & PACT Dashboard	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs.	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives / (Deducts)
PACT 7: Same-Day Appts w/ PCP	VHA Handbook 1101.10 PACT Handbook Section 1.4.27	Same Day Appts w/ Primary Care Provide	FY 14 Performance Measure Report: T21, Quality	Quarterly Non-Cumulative Floor > 48%. Target of > 70%	PACT Compass & Dashboard https://secure.reports2.vas.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPC+Medical+Home%2fMainMenu&rs%3aCommand=Rend	Incentive: satisfactory or better past performance when evaluating Contractor for future contracts and when providing references to other VAMCs.	Negative results will be reported on the Contractor Performance assessment Reporting System (CPARS)

7. Ratings:

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be used:

Metrics and methods are designed to determine rating for a given standard and acceptable quality level. The following ratings shall be used:

EXCEPTIONAL:	<p>Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.</p> <p>Note: To justify an Exceptional rating, you should identify <u>multiple</u> significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.</p>
VERY GOOD:	<p>Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.</p> <p>Note: To justify a Very Good rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.</p>

SATISFACTORY:	<p>Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.</p> <p>Note: To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.</p>
MARGINAL:	<p>Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.</p> <p>Note: To justify Marginal performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A Marginal rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., Management, Quality, Safety or Environmental Deficiency Report or letter).</p>
UNSATISFACTORY:	<p>Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.</p> <p>Note: To justify an Unsatisfactory rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).</p>

8. DOCUMENTING PERFORMANCE

a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).

b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance and the acceptability of the Contractor's corrective action plan.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

9. FREQUENCY OF MEASUREMENT

- a. Frequency of Measurement.
- b. The frequency of measurement is defined in the contract or otherwise in this document. The government (COR or CO) will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed.
- c. Frequency of Performance Reporting.

The COR shall communicate with the Contractor and will provide written reports to the Contracting Officer quarterly (or as outlined in the contract or COR delegation) to review Contractor performance.

10. COR AND CONTRACTOR ACKNOWLEDGEMENT OF QASP

SIGNED:

<u>Adam L. Critchlow</u>	<u>Administrator, CBOC</u>	
COR NAME	TITLE	DATE

SIGNED:

CONTRACTOR NAME	TITLE	DATE

QASP Attachment 1: CBOC Education, Comps, Training with due dates

All new staff must complete educations during orientation along with orientation checklist (Cannot wait till due date).

Title	Comp, TMS, Certificate or Training	Clinic staff in need of Comp, TMS, Certificate or training	Due by
Presentation & Management of Disruptive Behaviors	TMS	All	09 30 20XX or within year of last completion
Prevention of Workplace Harassment	TMS	All	09 30 20XX or within year of last completion
VA Privacy & Information Security Awareness & Rules	TMS	All	09 30 20XX or within year of last completion
Privacy & HIPAA Focused Training	TMS	All	09 30 20XX or within year of last completion
Infection Control	TMS	All	09 30 20XX or within year of last completion
Patient Safety	TMS	All	09 30 20XX or within year of last completion
General Safety	TMS	All	09 30 20XX or within year of last completion
BLS to include LifePak1000 AED competency	Certificate	Clinical Staff	Managers must track according to employees' expiration. Tracking must include copy of signed BLS card
Stroke Awareness	Training/test	RN, LPN	03 30 20XX
Customer Service	training	All	03 30 20XX
Suicide Management	training	All	06 30 20XX
POC INR	Comp/test	Only those that do POC	01 30 20XX
POC AIC	Comp/test	Only those that do POC	01 30 20XX
POC Urine Dip	Comp/test	Only those that do POC	01 30 20XX
POC Glucose	Comp/test	Only those that do POC	01 30 20XX
POC Pregnancy	Comp/test	Only those that do POC	01 30 20XX
Urine Drug Screen	Comp	Only those that collect DAU's	04 30 20XX
Teleretinal	Comp	Only those that do Teleretinal	06 30 20XX
Ear Lavage	Comp	RN, LPN	04 30 20XX
Venipuncture	Comp	Only those that do venipuncture	04 30 20XX

Title	Comp, TMS, Certificate or Training	Clinic staff in need of Comp, TMS, Certificate or training	Due by
EKG	Comp	Only those that do EKG	04 30 20XX
Blood Pressure Home Device	Comp	RN, LPN	05 30 20XX
Accucheck Home Device	Comp	RN, LPN	05 30 20XX
PPD	Comp	RN, LPN	05 30 20XX
Medication Administration/Drug calculation Test	Comp/Test Test	Only those that administer medications to patients in clinic	Comp and test must be completed by 02 30 20XX
RME (Where to find RME list in SharePoint & RME Policy)	Comp	All staff that use RME	06 30 20XX
WH – PAP Smear	Comp	WH	07 30 20XX
TEACH/MI Training	Training	Nursing Staff and Clinical Providers	09 30 20XX
Skills Training	Training	Nursing Staff	09 30 20XX