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| Performance Readiness Assessment  For Determining the Appropriateness of Establishing Directives, Delegation and Performing Procedures beyond Principal Expectations of Practice | | | | | |
|  | | | | | |
| **Title/Procedure:** |  | | | | |
| **Applicable Authorizing Mechanism***:* | **Delegation** | **Medical Directive** | **Direct Order** | | **Unnecessary** |
| **Authorizing Profession:** |  | | | | |
| **Implementing Profession:** |  | | | | |
| **Patient(s):** |  | | | | |
| **Disposition***:* | Approved | Being forwarded for Approval | | Not Approved | |
| **Date:** |  | | | | |
|  |  | | | | |
| **Sponsors** *(This Section For Use in Large Multi-professional Settings*). | | | | | |
| **Representative(s) of Authorizing Profession:** |  | | | | |
| **Representatives(s) of Implementing Profession:** |  | | | | |
| **Administrative Representative(s):** |  | | | | |
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| **Have all applicable stakeholders been consulted:** *(See Section 11 for list )* | Yes | No |  |
| **Is a completed Medical Directive or Delegation template attached***:* | Yes | No | N/A |
| **Is a completed Performance Readiness Plan attached***:* | Yes | No | N/A |

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| **Assessment Parameters** | | | |
| 1. **Reason and Specific Benefits of the Directive or Delegation:** | | | |
| * 1. Does establishing the directive or delegation address patients’ best interests? | | **Yes**  **No**  **Unsure** | |
| Comments: | | | |
| 1. **Authorizer:**   Does the authorizer**:** | | | |
| * 1. Have the scope, authority from their college, competencies and privileges (where applicable) to authorize performance? | | **Yes  No  Unsure** | |
| * 1. Have an established or anticipated professional relationship with the patient? | | **Yes  No  Unsure** | |
| * 1. Agree the directive applies to all his/her patients who meet the conditions? | | **Yes  No  Unsure** | |
| * 1. Have the ability to provide ongoing supervision directly, or are other provisions for appropriate supervision in place? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Implementer:**   Does the implementer: | |  | |
| * 1. Have the scope and authority from their own college (where applicable) to perform the procedure(s) | | **Yes  No  Unsure** | |
| * 1. Have the baseline competencies to perform the proposed procedure(s) and manage the outcomes given the:      1. predictability of the patient’s condition and needs,      2. predictability of the procedure and its outcomes, and      3. circumstances in the situation including resources and safeguards (such as established standards of practice, written materials, back-up and supervision), and opportunities to attain and maintain competence? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Consent:**    1. Can informed consent be properly obtained? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Review and Quality Monitoring Processes:** | | | |
| * 1. Is there a process in place to ensure a regular review of the directive or delegation? | | **Yes  No  Unsure** | |
| * 1. Is there a process in place to address questions or concerns arising from the directive or delegation? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Practice Setting Feasibility** | | | |
| * 1. Are the necessary human and material resources available to support the practice? | | **Yes  No  Unsure** | |
| * 1. Is the practice sustainable? (For example can new staff readily adopt the practice? If intensive resources are required to support the practice over the longer-term, is this feasible?) | | **Yes  No  Unsure** | |
| * 1. Does the practice broadly support effective health care delivery? (For example, if implementers are responsible for implementing the directive or delegation or performing the proposed procedure, will other services only they can provide be disrupted? Will other team members or care delivery systems be negatively impacted? Can these effects be offset?) | | **Yes  No  Unsure** | |
| * 1. Can any billing, cost or liability considerations be appropriately managed? | | **Yes  No  Unsure** | |
| * 1. Are there any other situation-specific factors to consider? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Risk/Benefit Analysis:**    1. Do the benefits of proceeding by way of the directive, delegation or practice outweigh the risks? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Education and Performance Readiness Plan:**    1. Is there a plan for enabling implementers to attain the necessary competencies and achieve performance readiness? (Identify a basic plan here, or where the plan is more involved, refer to the Performance Readiness Plan.) | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Communication Plan:**    1. Is there a plan for informing stakeholders and for activating the directive, delegation or practice? | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **References to Support Practice:**    1. Are there references to support practice? (References may be listed here or attached) | | **Yes  No  Unsure** | |
| Comments: | | | |
| 1. **Those Consulted for Input:**    1. Have all affected stakeholders been consulted? List those consulted in the table below. | | **Yes  No  Unsure** | |
| Comments: | | | |
| **Stakeholders Consulted** | **Names/Positions** | | **Agree?** |
| 1. Authorizers |  | | **Yes**  **No** |
| 1. Implementers:  * Implementer(s) or representatives, * Co-implementers  (if applicable) * Educators (if applicable) |  | | **Yes  No** |
| 1. Administrators |  | | **Yes  No** |
| 1. Professional Leaders of:  * Authorizers; * Implementers; &, * Co-implementers (if applicable) |  | | **Yes  No** |
| 1. Applicable profession-specific groups/committees of:  * Authorizers * Implementers * Co-implementers (if applicable) |  | | **Yes  No** |
| Program Committees |  | | **Yes  No** |
| Corporate Committees |  | | **Yes  No** |
| Other Relevant Individuals or Committees |  | | **Yes  No** |