

# Clinical Management Plan Template

Version 1.0

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For instructions, read: *Quality In Complementary & Alternative Medicine* (Kailin, CMS Press, 2006)

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Clinic/Practice Name:

Clinic/Practice Address:

Management Plan Title:

Date of Management Plan Adoption:

Signature and Title of Person Authorizing Plan Adoption:

## 1. Purposes

A. State the larger ends being sought or the rationale for the plan:

B. State the organization's endorsements and commitments to achieve those ends:

## 2. Roles and responsibilities

A. Name those who will draft the plan:

B. Name those who will review and/or authorize the initial plan:

C. Name those who will administer the plan in operation:

D. Name the contact person for hazards and crises:

E. Name those who will periodically evaluate and review the plan:

F. Identify stakeholders whom the plan affects:

### **3. Specifications**

A. Identify the laws, regulations, and standards with which this plan must comply or conform, and confirm that you have copies of current versions of each of them:

B. Itemize the specifications the plan must meet (inspections, approvals, licenses, certificates, parties involved in process, risk assessments, employee training, evaluations, records, reports, etc.):

C. Itemize any other specifications and constraints (conditions set by lease, loan, or contract; pre-existing organizational policies; time, budget, and personnel):

### **4. Assessment**

A. Conduct an initial inspection and written report of conditions related to the plan:

B. Risk Assessment - for each risk covered by the plan, state:

i. Risk:

ii. Who is at risk:

iii. Where, when, and why this risk arises:

iv. Frequency estimate for occurrence of harmful event:

v. Range of severity of harmful event:

C. Considering all the risks itemized above, and requirements of the specifications, construct a prioritized list of risk targets for intervention:

### **5. Interventions**

A. Beginning with the highest priority risks, list a set of options for risk reduction. Briefly summarize the pros and cons of each option.

B. Select the options you plan to implement, and briefly explain the rationale for each of your selections.

C. Verify that the selected interventions meet the specifications, and state that you have done the verification.

D. Report the results of pilot tests (if conducted) to validate the efficacy of proposed interventions:

## **6. Implementation**

- A. Develop a schedule of planned interventions, indicate who will be responsible for implementation duties, and (if appropriate) the amount of money budgeted for each task.
- B. Maintain a current list of the date each intervention is put into operation, including policies and procedures governing work practices; PPE requirements; inspections, testing, maintenance, calibration and repairs; etc.:
- C. Maintain a current list of the dates, attendees, instructor, and contents of employee training:
- D. Indicate where employees can locate a copy of the management plan during all business hours:

## **7. Crisis management**

- A. Name the person(s) employees should contact to report hazards and crises, and provide contact information (telephone, room number, pager, etc.):
- B. State how emergency situations will be handled, specifying actions that will be taken and identifying who will perform them:
- C. List emergency contact telephone numbers:

## **8. Monitoring and evaluation**

- A. List the indicators (events, performances, and conditions) you will monitor, and their expected levels:
- B. Develop a schedule for inspection, testing, and maintenance:
- C. Maintain a current list of adverse events and near misses related to the plan, and evaluate them in written reports:
- D. State the interval for evaluation of performance:
- E. State the interval for evaluation of the management plan:

## **9. Records**

- A. Itemize mandatory and elective records that will be kept, and the duration they will be maintained:
- B. Indicate where records and reports will be stored: