# Operations Department (OD) — Complete SOP Set

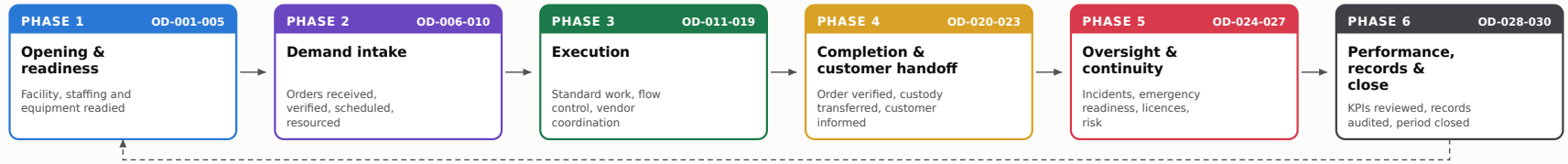
## Archetype: HEALTHCARE_SERVICES · Healthcare Services

Tier: Free (entire Operations department) · Modules: 30 · Standard: locked 13-section

## Contents



FIGURE 1 — OPERATIONS WORKFLOW




Six phases · 30 modules · one continuous operating cycle, closing back into Phase 1 the next operating day.

## Modules

- OD-001 — Daily Operations Opening Procedure
- OD-002 — Shift Handover & Briefing
- OD-003 — Staffing & Coverage Verification
- OD-004 — Work Area Readiness & Housekeeping Inspection
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- OD-006 — Customer Order / Work Request Intake
- OD-007 — Order Verification & Acceptance Review
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- OD-009 — Resource & Capacity Allocation
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- OD-015 — Bottleneck Identification & Response
- OD-016 — Rework & Nonconforming Work Handling
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- OD-024 — Operational Incident Reporting & Response
- OD-025 — Emergency & Business Continuity Readiness Check
- OD-026 — Regulatory, License & Permit Currency Verification
- OD-027 — Operational Risk Review
- OD-028 — Operational KPI Review
- OD-029 — Operational Records Retention & Documentation Audit
- OD-030 — End-of-Shift / End-of-Day Operations Closeout

# Phase 1 — Opening & readiness

## OD-001 — Daily Operations Opening Procedure

**Estimated completion time: 25–45 minutes before first scheduled patient, client, donor, or field dispatch**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

### 1. Purpose

This procedure establishes a consistent, documented start-of-shift sequence so that every service location or field team confirms it is clinically, administratively, and environmentally ready to receive patients, clients, donors, or dispatch home-care staff before the first appointment or route begins. It reduces delayed care, missed readiness gaps, and unverified sign-on.

### 2. Scope

Covers the opening readiness sequence and shift sign-on for all Operations personnel at a fixed service location or field-based service line, from arrival through readiness confirmation. Excludes work-area housekeeping (see OD-004), equipment availability and functional check-out (see OD-005), and safety-specific readiness such as emergency-egress and hazard checks (see SD-001).

### 3. Responsibilities

- Opening Operations Lead — executes the sequence, verifies each readiness domain, and records sign-on before service begins.
- Supervising Licensed Professional (clinician-in-charge or designee) — confirms clinical readiness to receive patients/clients/donors and authorizes go-live.
- Front-Desk / Intake Coordinator — verifies scheduling system, patient/client records access, and communications are live and secure.

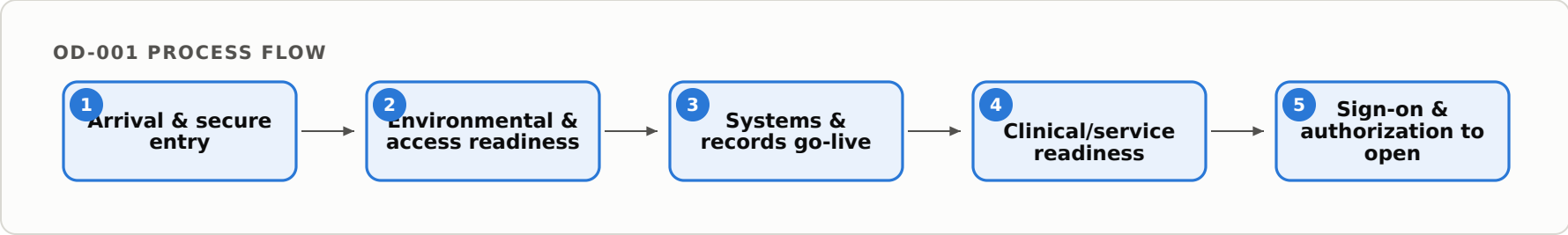
### 4. Required PPE & Lockout/Tagout

- Standard facility PPE per infection-control policy (hand hygiene at entry; gloves/eye protection where opening tasks contact clinical surfaces or specimens).
- Not applicable — no hazardous energy control performed in this procedure; equipment start-up and energy verification are handled under OD-005.

## 5. Regulatory References

- HIPAA Security Rule, 45 CFR §164.310 (physical safeguards / facility access controls) and §164.312 (technical access controls) — verifying secure access to protected health information at sign-on applies to every member.
- OSHA General Duty Clause, 29 USC §654(a)(1), and Bloodborne Pathogens Standard, 29 CFR §1910.1030 — workplace readiness where any member handles blood, specimens, or contaminated surfaces.
- Applicable state health-facility / professional licensing board operating requirements governing hours of operation and supervision (cite your state).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



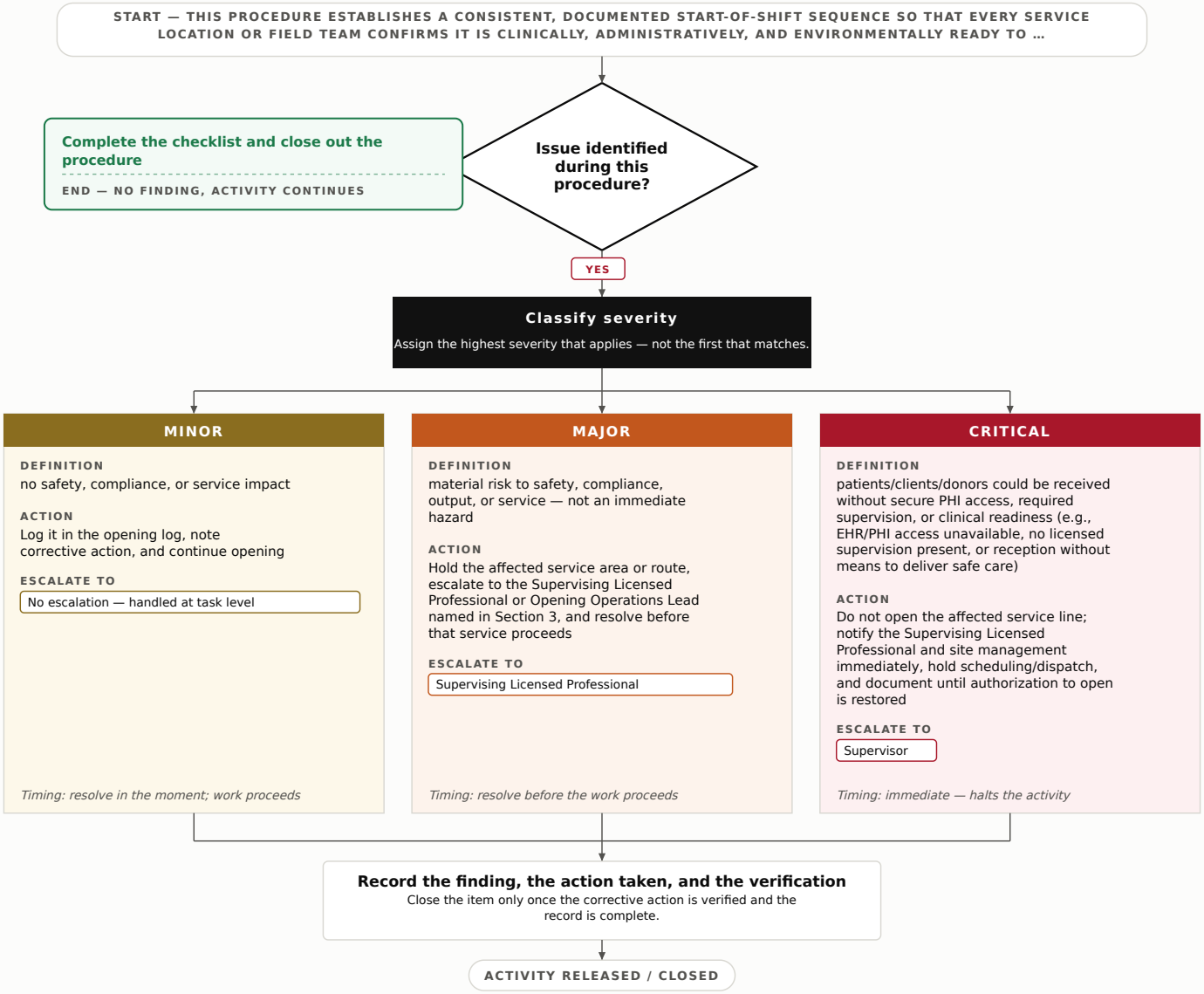

## 7. Step-by-Step Procedure

1. Arrive, disarm/secure entry per facility access controls, and confirm no overnight alerts, alarms, or messages requiring action before opening.
2. Perform hand hygiene and walk the readiness route; confirm clinical/service areas are staged and lit (housekeeping status confirmed per OD-004, equipment status per OD-005 — do not re-perform).
3. Power up and log into scheduling and electronic health record systems; verify secure PHI access and that the day's appointment/route/donor schedule loads correctly.
4. Confirm communications are live — phones, on-call/answering service handoff, and patient/client messaging.
5. Verify required staffing and supervision for the shift are present or confirmed en route; for field-based service lines, confirm each team's dispatch readiness and reachability.
6. Confirm consumable and clinical-supply status is adequate to begin the day (materials sourced from Surgical and Medical Instrument Manufacturing and Surgical Appliance and Supplies Manufacturing via Medical Equipment Wholesalers); flag shortfalls to procurement, do not resolve availability here (see OD-005).
7. Supervising Licensed Professional confirms clinical/service readiness and authorizes go-live.
8. Record sign-on in the opening log with time, personnel present, findings, and authorization; retain per records policy.

## 8. Decision Tree

OD-001 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Daily Operations Opening Procedure




**READING THIS TREE**

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Secure entry and PHI access verified and logged at sign-on.
- Scheduling/EHR and communications confirmed live before first appointment or dispatch.
- Clinical/service readiness authorized by the Supervising Licensed Professional.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Secure entry disarmed; no overnight alerts pending | | |
| Hand hygiene performed; readiness route walked | | |
| Scheduling & EHR/PHI access live and correct | | |
| Communications / on-call handoff confirmed | | |
| Required staffing & licensed supervision present or confirmed | | |
| Consumable/supply status adequate to begin | | |
| Go-live authorized and sign-on logged | | |

## 11. KPIs

- On-time readiness (sign-on complete before first scheduled appointment/dispatch): ≥ 98% of operating days.
- Opening log completeness (all required fields captured): 100%.
- Critical readiness findings at open: 0 per month.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-002 — Shift Handover & Briefing

**Estimated completion time: 15–30 minutes per handover**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure establishes a structured, repeatable transfer of operational status, open patient/client issues, and next-shift priorities from the outgoing to the incoming team so that no active case, task, or safety condition is dropped at shift change. It protects continuity of care and preserves an auditable record of what was known and handed off.

## 2. Scope

Covers the outgoing→incoming operational handover of case/client status, open service issues, pending orders and follow-ups, staffing coverage, and priority tasks across a service or facility line. Excludes the safety pre-shift briefing, which is covered under SD-003, and maintenance-crew handover, which is covered under MD-001.

## 3. Responsibilities

- Outgoing Shift Lead — compiles current status, flags open and unresolved items, and delivers the verbal + written handover; remains available until incoming lead acknowledges receipt.
- Incoming Shift Lead — receives, questions, and confirms understanding of all handed-off items; assumes accountability once acknowledgment is recorded.
- Supervising Licensed Professional — reviews any clinically significant or high-risk handover items, resolves ambiguity, and authorizes closeout of the handover record.

## 4. Required PPE & Lockout/Tagout

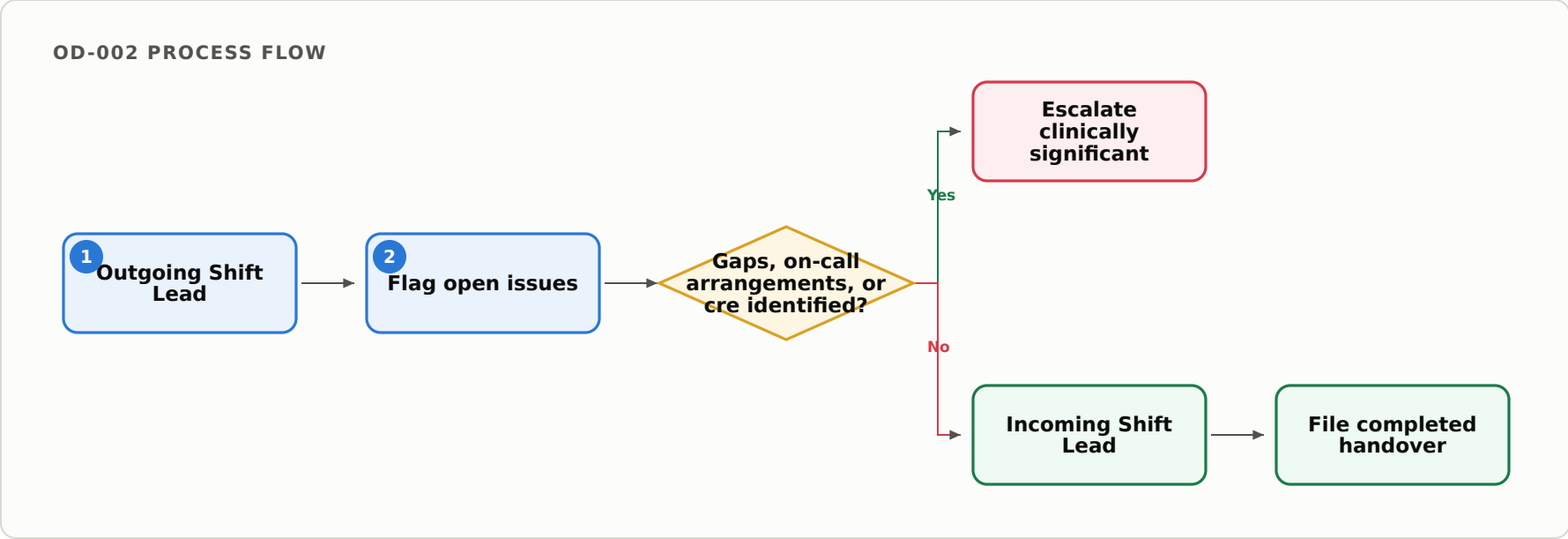
- Standard facility PPE per site policy if the handover occurs in a clinical or treatment area; none required for briefings conducted in a designated administrative/report space.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164 (protection of PHI communicated during handover; minimum-necessary standard).
- 42 CFR Part 2 where the service line handles substance-use records; state licensing-board and state-agency continuity-of-care and recordkeeping requirements applicable to the facility or service line.
- Internal Operations policy governs handover format, timing, and documentation where no sector-specific standard prescribes it.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



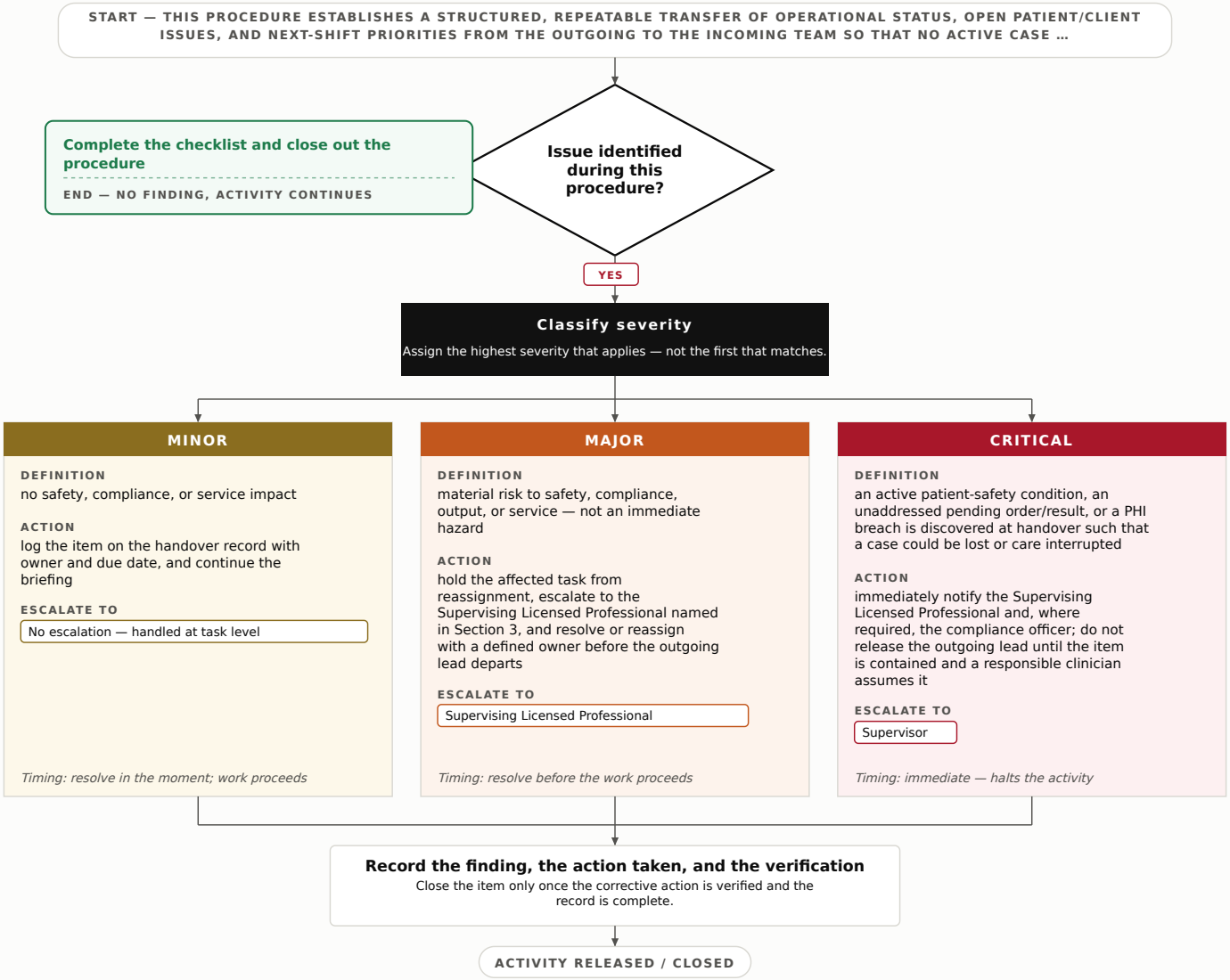

## 7. Step-by-Step Procedure

1. Outgoing Shift Lead assembles the handover record: current caseload/client census, appointments or services in progress, pending orders/results/follow-ups, and any deviations from planned schedule.
2. Flag all open issues by priority, noting responsible party, deadline, and any patient-safety or PHI-sensitivity indicators.
3. Confirm staffing and coverage for the incoming shift; note any gaps, on-call arrangements, or credentialing constraints affecting task assignment.
4. Conduct the verbal briefing in a private, PHI-appropriate setting; walk the incoming lead through status, then open items in priority order.
5. Incoming Shift Lead reads back critical items and asks clarifying questions until each open item has a clear owner and next action.
6. Escalate any clinically significant or ambiguous item to the Supervising Licensed Professional before the outgoing lead departs.
7. Incoming Shift Lead records acknowledgment (name, date, time) confirming receipt and understanding of the handover.
8. File the completed handover record in the shift log per retention policy; outgoing lead does not depart until acknowledgment is documented.

## 8. Decision Tree

OD-002 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Shift Handover & Briefing




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every open item has a named owner and a next action before briefing closeout.
- Critical and clinically significant items were read back and confirmed by the incoming lead.
- Handover conducted in a PHI-appropriate setting and acknowledgment recorded with time stamp.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Handover record complete (census/caseload, in-progress services, pending items) | | |
| Open issues flagged with owner, deadline, and sensitivity indicator | | |
| Staffing/coverage gaps and on-call noted | | |
| Critical items read back and confirmed by incoming lead | | |
| Clinically significant items escalated to Supervising Licensed Professional | | |
| Incoming acknowledgment recorded (name/date/time) | | |
| Handover record filed per retention policy | | |

## 11. KPIs

- On-time handover completion (within scheduled overlap window) ≥ 95%.
- Open items handed off with named owner and next action = 100%.
- Dropped/unacknowledged items reported next shift ≤ 1 per 30 handovers.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-003 — Staffing & Coverage Verification

**Estimated completion time: 15–30 minutes per operating period**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To confirm, before each operating period begins, that every role required to open and run the service line safely and lawfully is physically present (or field-assigned), currently credentialed, and matched to the care or service to be delivered — so no patient encounter or care activity proceeds without qualified coverage.

## 2. Scope

Covers the pre-shift verification that required roles are present, hold current credentials on file, and are assigned to the operating period across facility-based and field-based service lines. Excludes the building of the schedule and shift assignment itself, which is covered under HR-015, and the assessment of individual staff competency, which is covered under TR-020.

## 3. Responsibilities

- Operations Supervisor (or designated Charge Lead) — runs the pre-period roster check, confirms presence against the required-coverage matrix, and authorizes the period to open.
- Supervising Licensed Professional — confirms that clinical/care roles present hold the credentials required for the services scheduled and provides supervisory coverage where required by license type.
- Credentialing/HR Coordinator — maintains current license, certification, and background-check records and flags any lapsed or expiring credential prior to the period.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE per the service line; no additional PPE required for the verification activity itself.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- Internal minimum-coverage policy is the governing frame; no single federal staffing-ratio standard applies across all members of this archetype.
- OSHA 29 CFR 1904 (recording of work-related injuries — presence of a responsible person to record) and 29 CFR 1910.151 (medical/first-aid coverage available during operations).
- HIPAA 45 CFR §164.308(a)(3) — workforce authorization/access controls, requiring that only appropriately assigned personnel access protected health information during the period.

- Facility conditions of participation / state licensure staffing conditions where the member is a licensed facility (e.g., CMS Conditions for Coverage for ESRD facilities, 42 CFR Part 494; state ambulatory-surgical or clinic licensure), and applicable state professional-practice acts requiring appropriate supervision of licensed roles.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

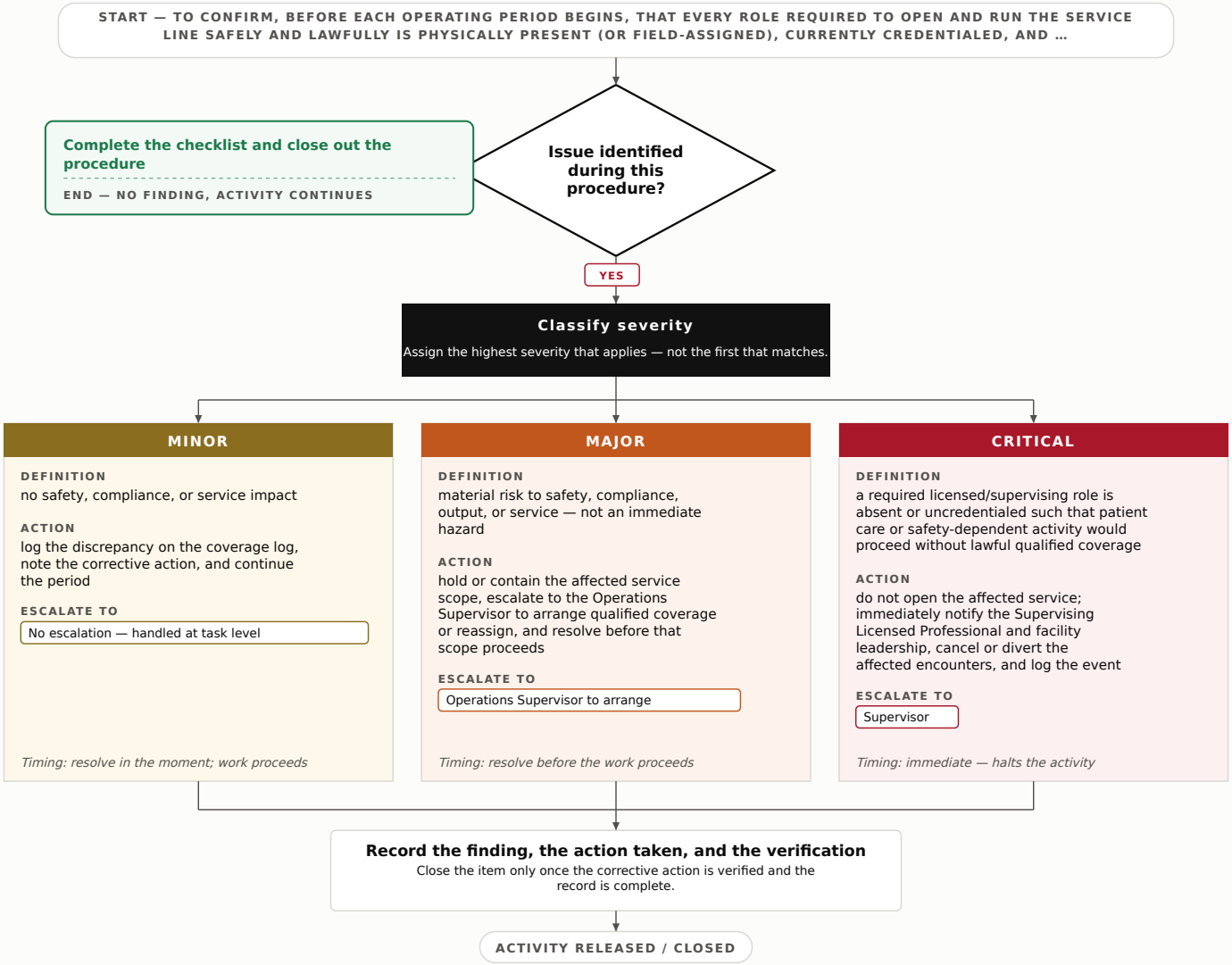

## 7. Step-by-Step Procedure

1. Retrieve the required-coverage matrix for the operating period as set in HR-015, listing each mandatory role, the minimum count, and any supervision requirement for the services scheduled.
2. Confirm physical presence at facility-based sites; for field-based service lines, confirm each assigned staff member has checked in and is en route/available for their assignment window.
3. Cross-check each present staff member against current credential records held by the Credentialing/HR Coordinator: license, certification, and background/health clearances not lapsed or expiring within the period.
4. Confirm that the Supervising Licensed Professional required for the scheduled services is present or reachable per the applicable state practice act, and that supervision ratios are met.
5. Verify that access to systems containing protected health information is limited to assigned, authorized personnel for the period.
6. Identify any coverage gap (missing role, uncredentialed role, or unmet supervision) and apply the Decision Tree in Section 8.
7. Where a gap cannot be closed, hold or reduce the affected service scope until qualified coverage is secured; do not open affected activities.
8. Record the verification outcome, roster, any gaps, actions taken, and authorization on the pre-period coverage log; retain per the facility records-retention schedule.

## 8. Decision Tree

OD-003 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Staffing & Coverage Verification




READING THIS TREE

**No finding**
Activity stands. Complete the checklist and continue.

**Minor**
Handled in place at task level; no escalation.

**Major**
Supervisory decision required before the next stage.

**Critical**
Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Required-coverage matrix confirmed against actual presence before the period opens.
- Every credentialed role present verified against current, non-lapsed records.
- Supervision requirements for scheduled services confirmed met.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Required-coverage matrix retrieved for this period | | |
| All required roles present or field-assigned/checked in | | |
| Credentials current for all roles present (no lapses/expiries) | | |
| Supervising Licensed Professional present/reachable per practice act | | |
| Supervision ratios for scheduled services met | | |
| PHI system access limited to authorized assigned staff | | |
| Coverage log completed and period authorized | | |

## 11. KPIs

- Periods opened with full verified coverage — target ≥ 99%.
- Credential lapses detected before period open vs. after — target 100% detected before.
- Unresolved Critical coverage findings at period open — target 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-004 — Work Area Readiness & Housekeeping Inspection

**Estimated completion time: 20–40 minutes per work area per operating shift**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure ensures that patient care, treatment, and service-preparation areas are clean, uncluttered, hazard-free, and stocked before the day's operations begin, so that care can be delivered safely and without interruption at any Healthcare Services location, whether facility-based or home-based.

## 2. Scope

Covers pre-shift and turnover readiness and housekeeping inspection of clinical treatment rooms, exam/therapy areas, procedure and dialysis stations, waiting and reception areas, clean/soiled utility rooms, and — where the service line operates in patients' homes — the point-of-care setup area. Excludes bulk warehouse housekeeping, which is covered under WH-023, and maintenance-shop housekeeping, which is covered under MD-025.

## 3. Responsibilities

- Operations Supervisor / Site Lead — schedules the inspection each shift, verifies completion, and signs off on readiness before care begins.
- Clinical Support Staff (aide/technician/assistant) — performs cleaning, restocking, and surface disinfection and completes the checklist.
- Supervising Licensed Professional — confirms that clinical areas meet infection-control and patient-safety standards and authorizes release of the area for patient use.

## 4. Required PPE & Lockout/Tagout

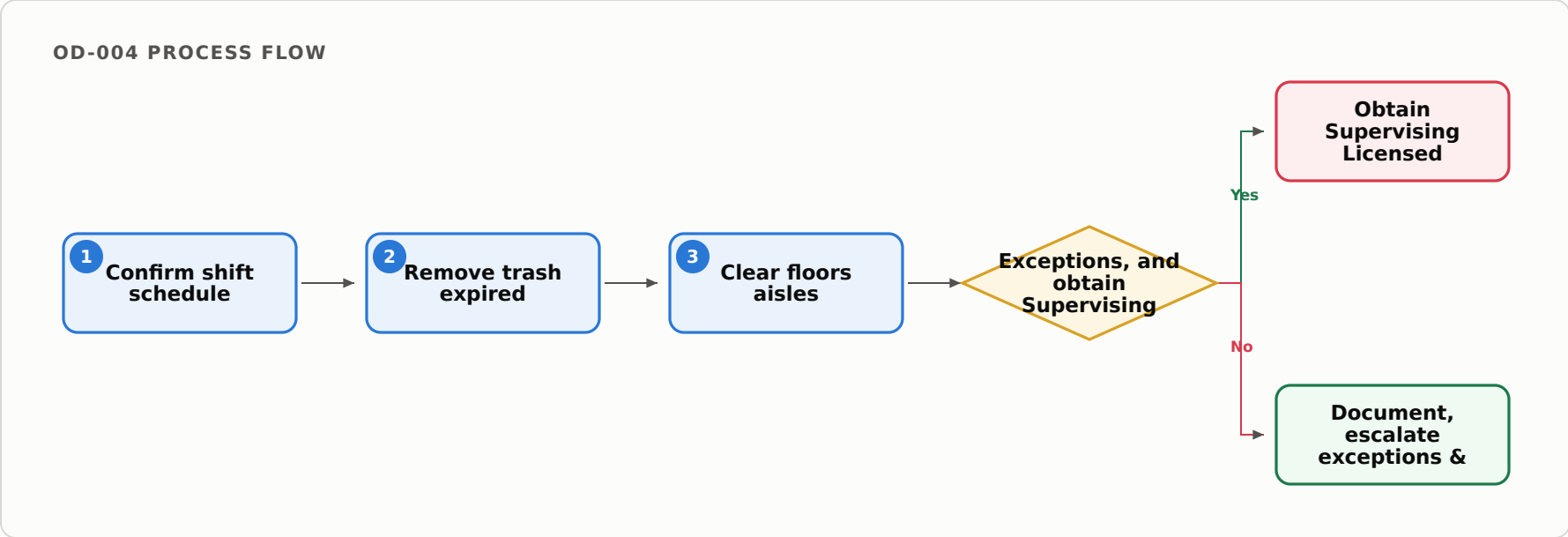
- Standard facility PPE: gloves and, where disinfectants or bodily-fluid contact are possible, gown, mask, and eye protection per the facility exposure-control plan and disinfectant Safety Data Sheet.
- Lockout/Tagout: Not applicable — no hazardous energy is serviced in this task; any device found non-functional is tagged out-of-use and routed to maintenance per MD-025.

## 5. Regulatory References

- 29 CFR 1910.1030 (OSHA Bloodborne Pathogens Standard) — housekeeping, decontamination, and sharps handling.
- 29 CFR 1910.22 (OSHA Walking-Working Surfaces) — clear, unobstructed floors and passageways.
- 29 CFR 1910.1200 (OSHA Hazard Communication) — labeling and SDS access for cleaning/disinfecting chemicals.
- 29 CFR 1910.157 / .37 (portable fire extinguishers, means of egress) — unobstructed exits and emergency equipment access.

- U.S. EPA FIFRA-registered disinfectant use per manufacturer label directions.
- Note: confirm applicability of sector-specific standards (e.g., CMS Conditions for Coverage for dialysis or ambulatory surgical members) and any state-plan OSHA equivalents for this facility before customer-facing release.

## 6. Process Flow




## 7. Step-by-Step Procedure

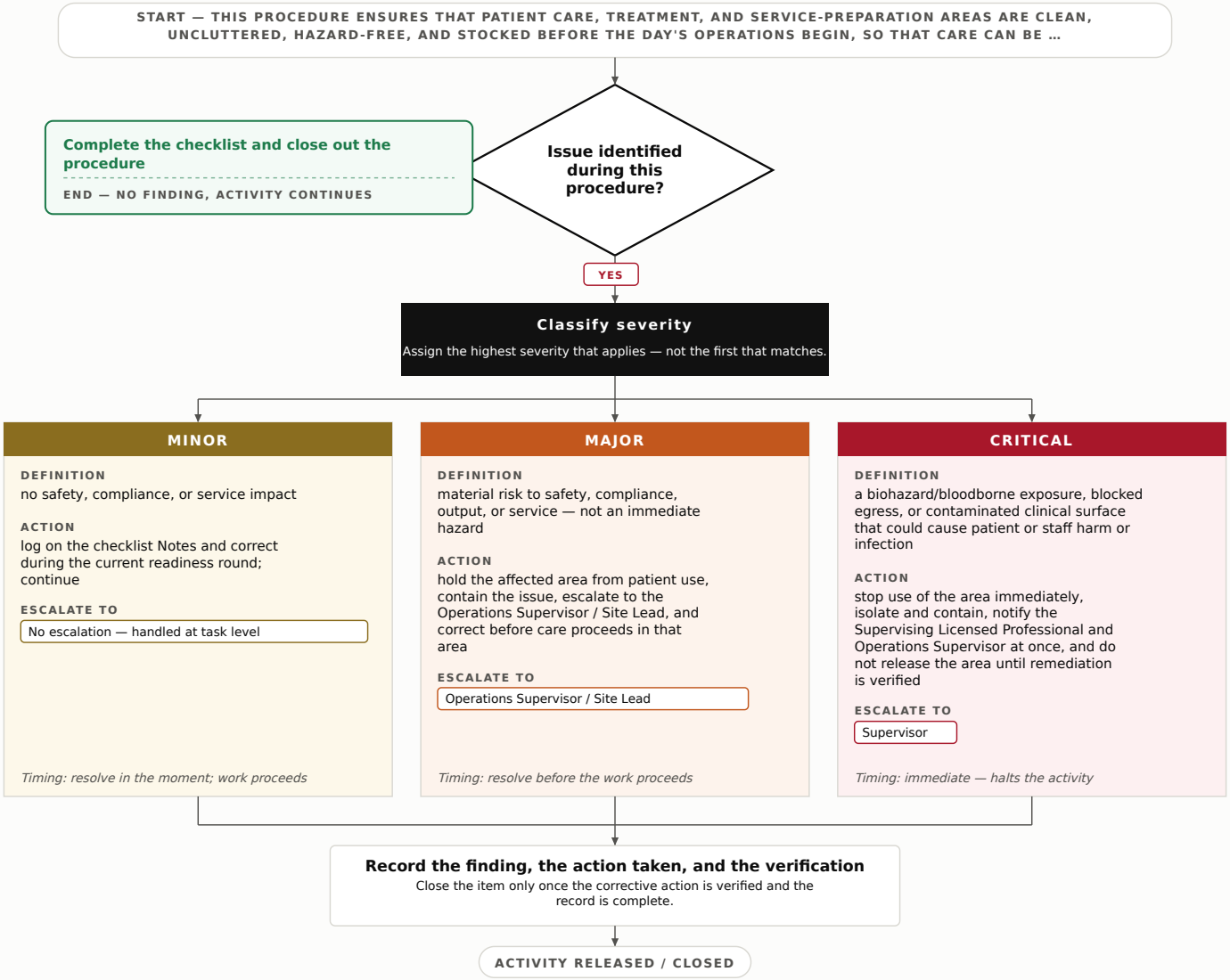
1. Confirm the shift schedule and which work areas require readiness; gather PPE, EPA-registered disinfectant, and cleaning supplies staged from inbound stock.
2. Remove trash, expired items, and non-essential clutter; verify sharps containers are below the fill line and regulated-waste bins are lined and closable.
3. Clear all floors, aisles, exits, and egress paths of obstructions and trip/spill hazards; confirm no cords or equipment block passageways.
4. Clean and disinfect high-touch surfaces, treatment tables/chairs, and countertops using label-compliant contact times.
5. Verify consumable supplies (gloves, gauze, single-use instruments and appliances) are stocked to par; log shortages for reorder from the medical instrument/supply supplier.
6. Confirm safety fixtures — fire extinguishers, eyewash where present, emergency call devices, hand-hygiene stations — are accessible, unobstructed, and functional; tag any defective equipment out-of-use.
7. Verify chemical containers are labeled and SDS binder/access is current per Hazard Communication.

8. Complete the Inspection Checklist, record and route any exceptions, and obtain Supervising Licensed Professional release before patient use.

## 8. Decision Tree

OD-004 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Work Area Readiness & Housekeeping Inspection




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- All egress paths and emergency equipment confirmed accessible and unobstructed.
- All clinical high-touch surfaces disinfected with documented label-compliant contact time.
- Sharps/regulated-waste containers within fill limits and properly closed.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Floors, aisles, and exits clear and free of trip/spill hazards | | |
| Treatment surfaces and high-touch points cleaned and disinfected | | |
| Sharps and regulated-waste containers below fill line and closable | | |
| Consumable supplies stocked to par; shortages logged | | |
| Fire extinguishers, emergency call/eyewash devices accessible & functional | | |
| Disinfectant containers labeled; SDS access current | | |
| Hand-hygiene stations stocked and operational | | |

## 11. KPIs

- Readiness inspections completed before shift start: ≥ 98% of operating shifts.
- Critical findings unresolved at area release: 0.
- Supply stockout events at point of care: ≤ 1 per month.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-005 — Operational Equipment Availability Check

**Estimated completion time: 20–45 minutes per operating period (shift, clinic day, or visit route)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To confirm that all clinical and operational equipment, instruments, and consumable supplies needed for the upcoming operating period are physically present, functional, and released for patient use — so that scheduled services (in-facility or in-home) proceed without interruption or improvisation.

## 2. Scope

Covers the pre-period availability check of clinical devices, treatment/diagnostic instruments, mobility and dispatch-kit equipment, and single-use consumables across facility-based and field-based service lines. Excludes equipment condition/inspection (see ED-003), preventive-maintenance status (see PM-024), and mobile/handling-equipment pre-use checks (see WH-004); this procedure only confirms presence, working state, and release-for-use.

## 3. Responsibilities

- Operations Supervisor — owns the availability check for the period, resolves shortfalls, and authorizes start of services or a documented hold.
- Clinical/Operations Staff Member — performs the count and functional power-on check of assigned equipment and consumables against the period par list.
- Supervising Licensed Professional — confirms that any device requiring clinical release (calibration currency, patient-ready status) is cleared for use before it enters service.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE (gloves and hand hygiene) when handling patient-contact instruments or opening sterile/single-use stock.
- Not applicable — no hazardous energy servicing performed; this is a presence/function/release check only. Any device found non-functional is set aside per Section 8, not serviced here.

## 5. Regulatory References

- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (availability and integrity of exposure-control supplies and PPE).
- OSHA Hazard Communication Standard, 29 CFR 1910.1200 (labeled chemicals/consumables in ready stock).
- FDA 21 CFR Part 803 (Medical Device Reporting — devices found to malfunction are flagged, not returned to use).

- CMS Emergency Preparedness Condition, 42 CFR 483.73 / applicable Conditions for Coverage/Participation (readiness of equipment and supplies for the operating period).
- Manufacturer Instructions for Use (IFU) and applicable state health-facility/home-care licensing requirements.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

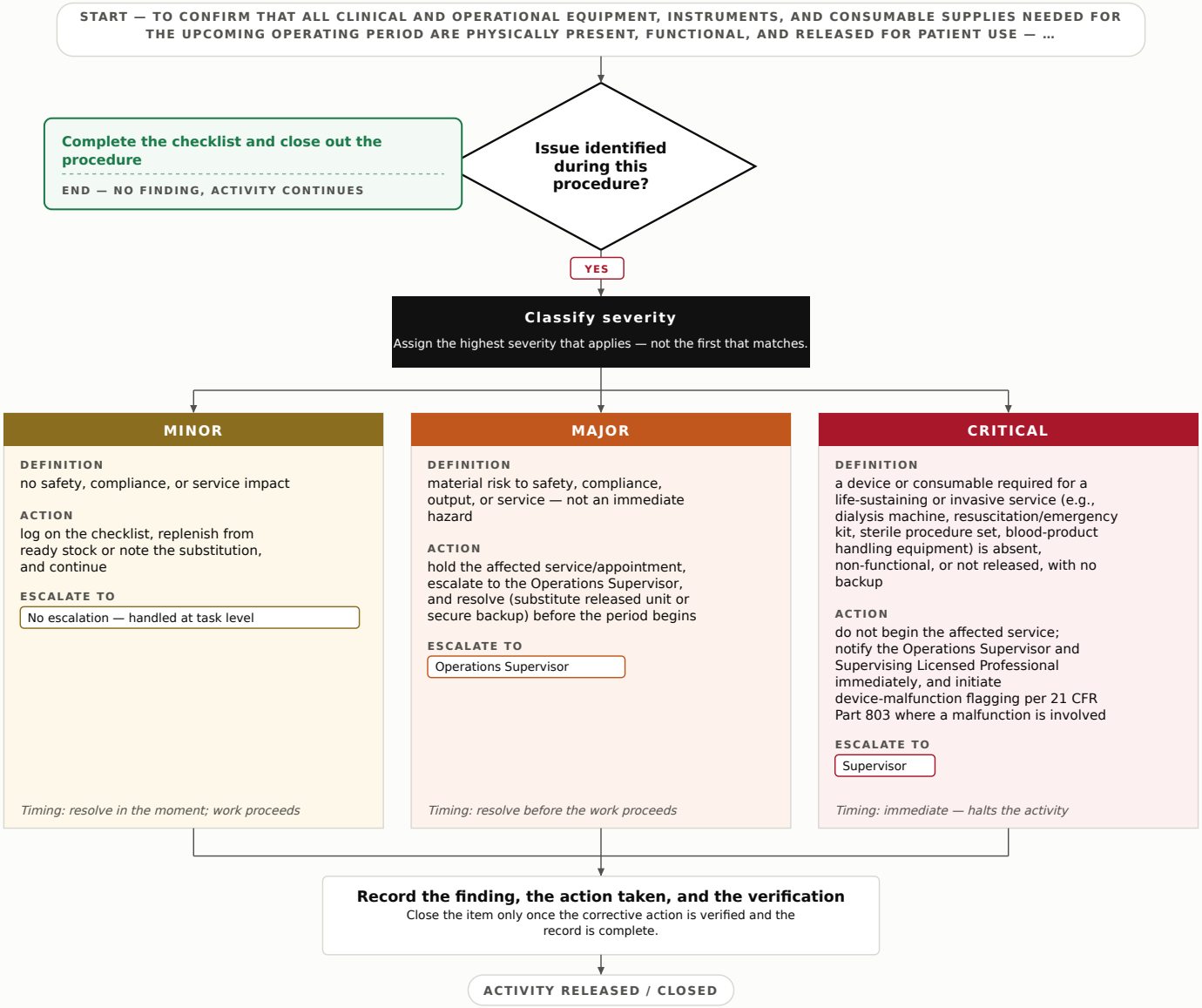

## 7. Step-by-Step Procedure

1. Retrieve the period par list, appointment/route schedule, and any special-procedure add-ons; identify the specific devices, instruments, and consumables required.
2. Locate and stage each required item at its point of use (treatment room, procedure suite, or field/dispatch kit); confirm quantities meet the period par level.
3. Verify single-use and sterile consumables are present, within date, and packaging intact; replenish from ready stock to par where short.
4. Perform a functional power-on/self-test on each device requiring one (displays, alarms, batteries/charge state) to confirm it operates — without servicing or inspecting condition (defer to ED-003/PM-024).
5. Confirm each device carries a current release-for-use indication (calibration/PM tag present and not expired, clinical clearance where required) with the Supervising Licensed Professional.
6. Reconcile any gaps: substitute an equivalent released unit, pull backup stock, or flag the item as unavailable for the period.
7. Record results on the Inspection Checklist; note substitutions, shortfalls, and any device removed from availability.
8. Obtain Operations Supervisor authorization to start services, or place the affected service line on documented hold until resolved.

## 8. Decision Tree

OD-005 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational Equipment Availability Check




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every line on the period par list is accounted for as present, substituted, or flagged unavailable.
- All function-required devices passed power-on/self-test.
- All in-service devices show current, unexpired release-for-use status.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Period par list & schedule retrieved and reconciled | | |
| Required devices/instruments present and staged at point of use | | |
| Single-use/sterile consumables present, in-date, packaging intact | | |
| Function/power-on self-test completed on applicable devices | | |
| Current release-for-use (calibration/PM tag, clinical clearance) confirmed | | |
| Field/dispatch kits stocked to par (where service line operates in-home) | | |
| Shortfalls, substitutions, and removals documented and escalated | | |

## 11. KPIs

- Equipment availability at period start: ≥ 99% of par-list items ready.
- Service delays/cancellations attributable to equipment unavailability: ≤ 1% of scheduled services.
- Availability check completed before period start: 100% of operating periods.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# Phase 2 — Demand intake

# OD-006 — Customer Order / Work Request Intake

**Estimated completion time: 10–25 minutes per intake**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To receive, verify, and log incoming patient orders, service requests, referrals, and scheduled jobs so that every request entering the practice is captured accurately, matched to the correct patient record, and routed to the responsible service line with a complete audit trail.

## 2. Scope

Covers intake and logging of all customer/patient-initiated and referral-initiated requests — appointments, physician referrals, home-visit orders, specimen or unit requests, and equipment/supply service tickets — from first contact through logged assignment. Excludes acceptance/capability review (whether the request can be clinically or operationally accepted), which is covered under OD-007.

## 3. Responsibilities

- Intake Coordinator — receives the request through any channel, verifies patient identifiers and requestor authority, and creates the intake record.
- Operations Supervisor — resolves incomplete or conflicting requests, authorizes routing exceptions, and owns the intake log integrity.
- Supervising Licensed Professional — confirms that any clinical order or referral carries a valid ordering-provider identity before it is queued for service.

## 4. Required PPE & Lockout/Tagout

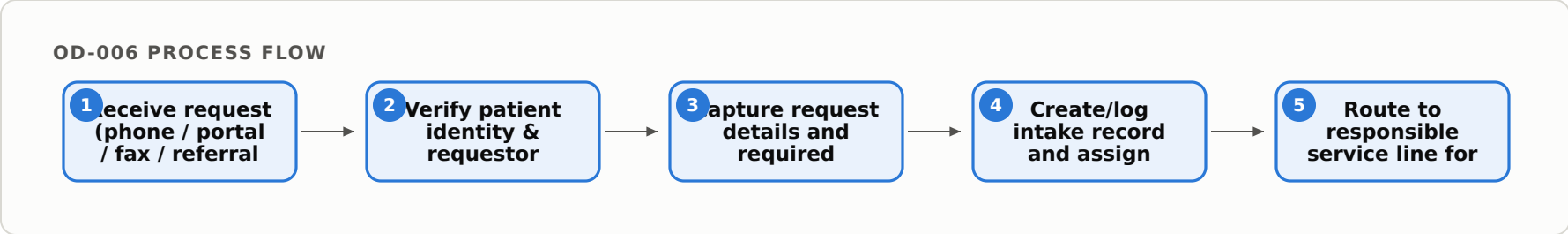
- Standard facility PPE only where intake occurs at a point-of-care or specimen-handling counter (gloves per facility infection-control policy); none required for administrative/telephone intake.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy Rule (45 CFR Part 164, Subpart E) and Security Rule (45 CFR Part 164, Subpart C) — protection of PHI captured during intake.
- 45 CFR §164.514 — minimum-necessary standard and patient identification.
- HIPAA Administrative Simplification transaction/identifier standards (45 CFR Part 162) — where requests are received as electronic referrals/orders.
- Applicable state licensing-board record and consent requirements for the service line; internal intake policy applies where no sector-specific standard governs.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



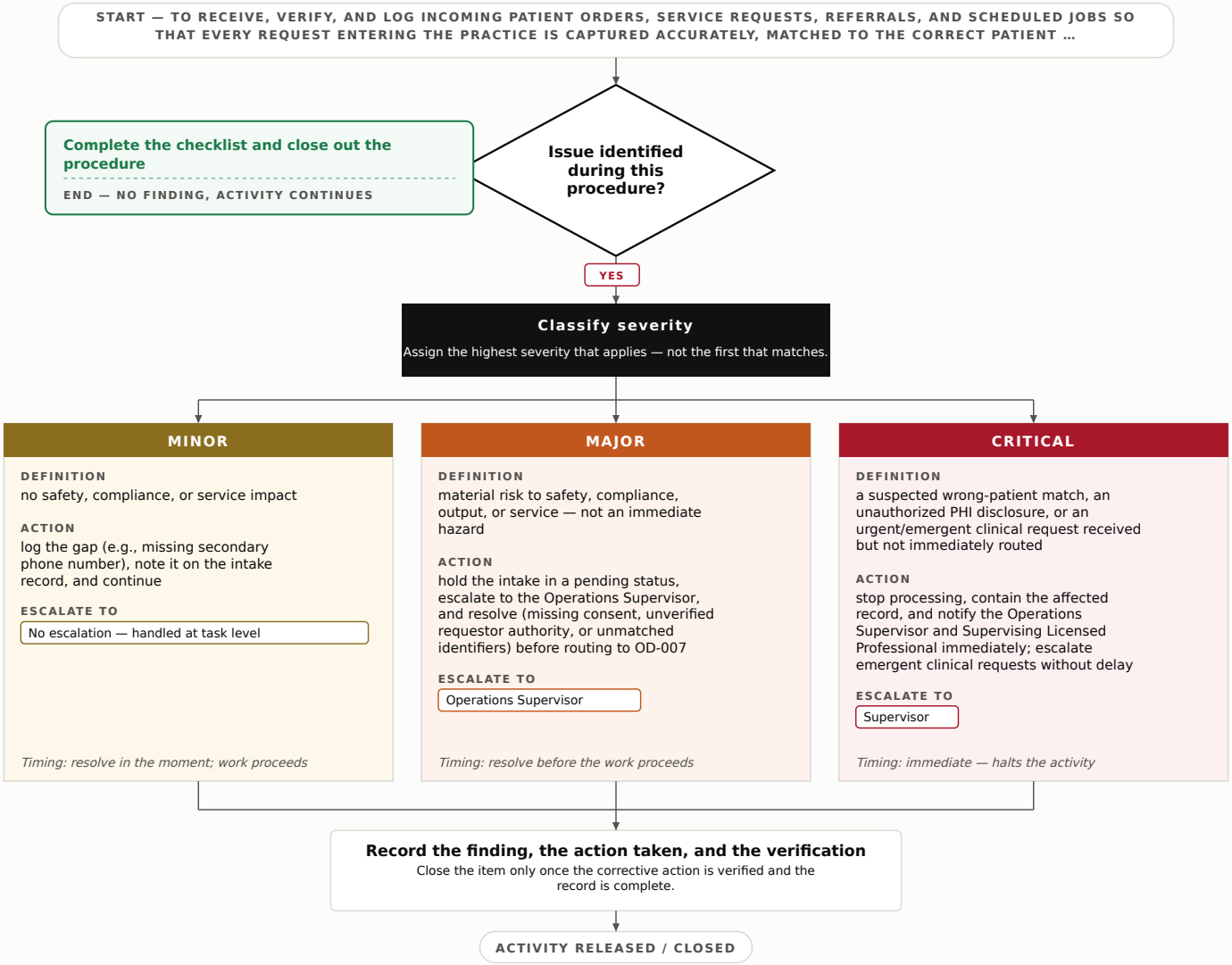

## 7. Step-by-Step Procedure

1. Receive the incoming request through the applicable channel (telephone, patient portal, secure fax, e-referral, or walk-in) and note the channel and timestamp.
2. Verify patient identity using at least two identifiers (full name plus date of birth or record number) per the minimum-necessary standard.
3. Confirm the requestor's authority — self, legal representative, or a valid ordering provider — and record ordering-provider identity for any clinical order or referral.
4. Capture the request details: service or unit requested, location (in-facility or field/home address where the service line operates in the field), urgency, and any physician instructions.
5. Confirm required consents and authorizations are present or flagged as pending; record insurance/payer information where applicable.
6. Search existing records for a duplicate or open request; link to the existing patient record or create a new one.
7. Create the intake record, assign a unique tracking ID, and route the logged request to the responsible service line for acceptance/capability review per OD-007.
8. Document the completed intake in the intake log with coordinator initials, timestamp, and disposition; file any received documents to the secure record.

## 8. Decision Tree

OD-006 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Customer Order / Work Request Intake




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Two patient identifiers verified and documented on every intake record.
- Requestor authority and ordering-provider identity confirmed for all clinical orders/referrals.
- Unique tracking ID assigned and request linked to a single correct patient record.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Intake channel and timestamp recorded | | |
| Two patient identifiers verified | | |
| Requestor authority / ordering provider confirmed | | |
| Required consents present or flagged pending | | |
| Duplicate/open request check performed | | |
| Unique tracking ID assigned | | |
| Request routed to responsible service line (OD-007) | | |

## 11. KPIs

- Intake records with both identifiers verified: 100%.
- Requests logged and routed within one business hour of receipt: ≥ 95%.
- Duplicate or mismatched-record intake errors: ≤ 0.5% of monthly intakes.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-007 — Order Verification & Acceptance Review

**Estimated completion time: 20–45 minutes per order/referral**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To confirm that each incoming order, referral, or service request falls within the facility's authorized scope of service, matches available clinical and equipment capability, carries valid authorization/coverage, and is supported by acceptable terms before the facility accepts and commits to the work. This prevents accepting care or service the facility is not licensed, staffed, or equipped to deliver safely.

## 2. Scope

Covers acceptance review of inbound orders, referrals, physician orders, and service requests across office-based and field-based service lines — verification of scope, specification/order detail, clinical and equipment capability, and payer/authorization terms. Excludes intake order logging (see OD-006) and appointment or visit scheduling (see OD-008); this procedure ends at the accept/decline decision.

## 3. Responsibilities

- Intake/Operations Coordinator — receives the order, performs first-pass completeness and eligibility/authorization checks, and prepares the acceptance packet.
- Supervising Licensed Professional — verifies clinical appropriateness, that the order is within scope of practice/service, and signs the accept/decline determination.
- Operations Supervisor — confirms capability (staffing, appliance/equipment availability, service-area coverage) and terms/coverage before final acceptance.

## 4. Required PPE & Lockout/Tagout

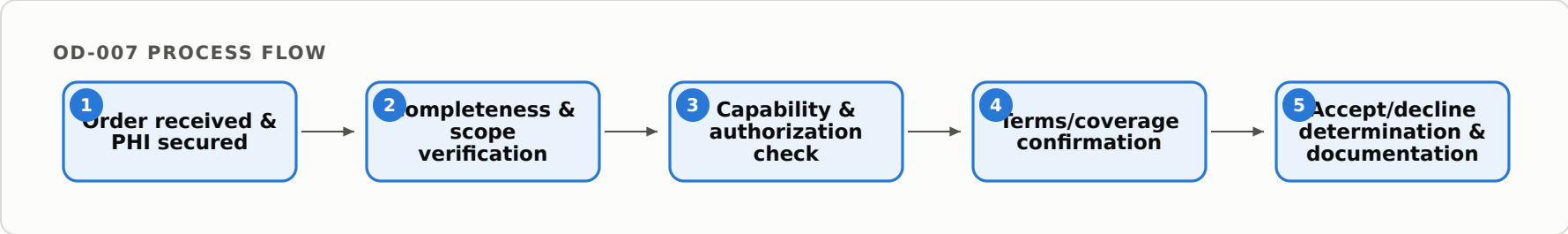
- Standard facility PPE per role; none specific to this administrative review task.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 & 164 (protected health information handled during verification).
- State professional licensing/scope-of-practice statutes and rules of the applicable state licensing board(s) governing the services accepted.
- Facility/provider conditions for coverage or participation as applicable to the payer (e.g., Medicare Conditions for Coverage under 42 CFR for the relevant service line).
- Americans with Disabilities Act, 42 U.S.C. §12181 et seq. (nondiscrimination in accepting/serving patients).

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



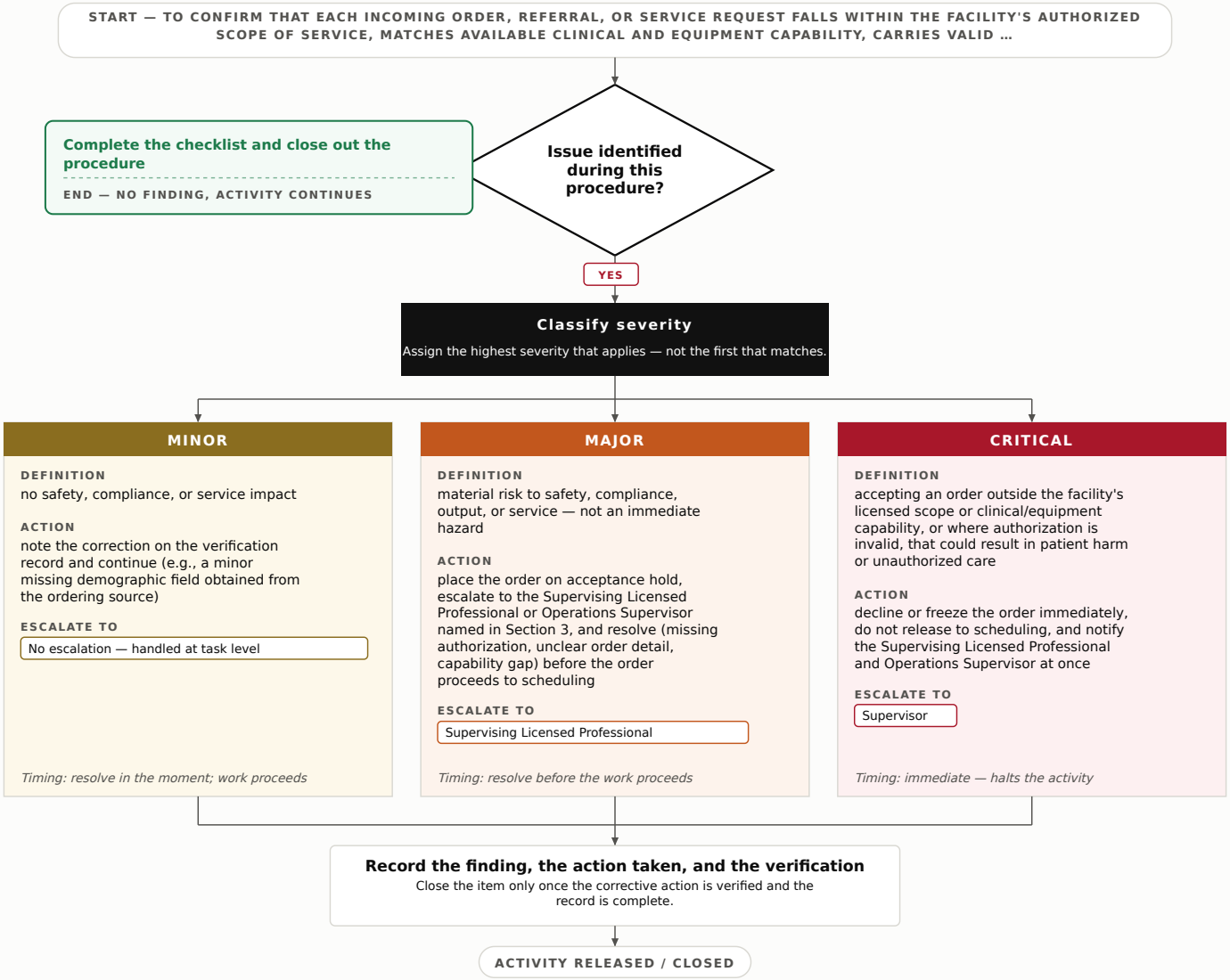

## 7. Step-by-Step Procedure

1. Confirm the order/referral has been logged (per OD-006) and access it through the secured record; safeguard PHI throughout.
2. Verify completeness: ordering provider identity and signature, patient identifiers, requested service/specification, diagnosis/justification, and any clinical parameters required for the service line.
3. Verify the request falls within the facility's authorized scope of service and within staff scope of practice under the applicable state licensing board.
4. Confirm capability: required licensed staff, and where the service line uses instruments or appliances, availability and readiness of the necessary surgical/medical instruments and surgical appliances/supplies; for field-based lines confirm the address falls within the authorized service area.
5. Verify authorization/eligibility and coverage terms (payer authorization number, benefit eligibility, self-pay agreement) and any special handling or consent requirements.
6. Reconcile any discrepancy with the ordering provider or Supervising Licensed Professional; document the clarification.
7. Record the accept/decline determination; for accepted orders, release to scheduling (per OD-008); for declined orders, document the reason and issue notice to the ordering source.
8. File the completed acceptance packet and verification record in the patient/order file per retention policy.

## 8. Decision Tree

OD-007 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Order Verification & Acceptance Review




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Order completeness and provider signature verified before capability review.
- Scope-of-service and scope-of-practice confirmed against the applicable licensing board.
- Authorization/coverage and terms confirmed and documented prior to acceptance.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Order/referral complete with provider identity and signature | | |
| Requested service within facility scope of service | | |
| Service within staff scope of practice (state board) | | |
| Clinical & equipment/appliance capability confirmed | | |
| Service-area coverage confirmed (field-based lines) | | |
| Authorization/eligibility & terms verified | | |
| Accept/decline determination documented | | |

## 11. KPIs

- Orders verified before acceptance: 100%.
- Acceptance-review turnaround: ≥ 90% completed within one business day of logging.
- Post-acceptance reworks/reversals (scope/capability/authorization miss): ≤ 2% of accepted orders.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-008 — Job Scheduling & Sequencing

**Estimated completion time: 20–45 minutes per scheduling cycle (daily or per intake batch)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To place accepted patient encounters, service episodes, and procedures into the operating schedule in an order that honors clinical urgency, contractual due dates, and continuity of care, so that capacity is used efficiently and time-sensitive services are not delayed.

## 2. Scope

Covers sequencing and slotting of already-accepted work (appointments, treatment sessions, home visits, procedures, donor/collection or dialysis sessions) against priority and due dates across facility-based and field-based service lines. Excludes assigning specific staff or rooms to the work (resource assignment, OD-009) and equipment maintenance windows (maintenance scheduling, PM-008), which are referenced only as scheduling constraints.

## 3. Responsibilities

- Scheduling Coordinator — builds and maintains the operating schedule, applies priority/due-date rules, and flags conflicts.
- Operations Supervisor — approves sequence exceptions, reconciles capacity constraints, and authorizes overbooking or bump decisions.
- Supervising Licensed Professional — validates clinical urgency classifications and timeliness thresholds for time-sensitive services.

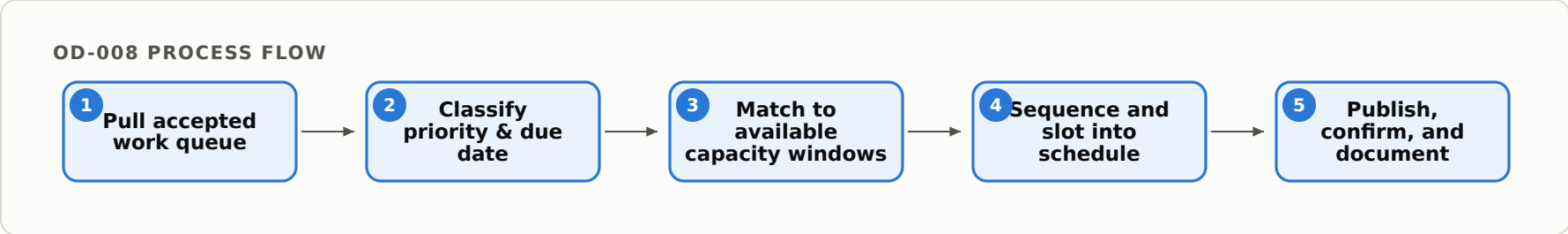
## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only if the coordinator enters clinical areas; scheduling itself is an administrative task performed at a workstation.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy and Security Rules (45 CFR Parts 160 & 164) — governs use and disclosure of scheduling data containing PHI, applicable to all members.
- Americans with Disabilities Act (42 U.S.C. §12181 et seq.) — non-discriminatory access and reasonable accommodation in appointment access.
- Title VI of the Civil Rights Act (42 U.S.C. §2000d) — language-access and non-discrimination in access to scheduled services.
- Internal patient-access / timeliness policy applies where no external standard governs a given service line (e.g., CMS Conditions for Coverage for ESRD facilities, 42 CFR Part 494, apply to dialysis members only — cited as example, not governing frame).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



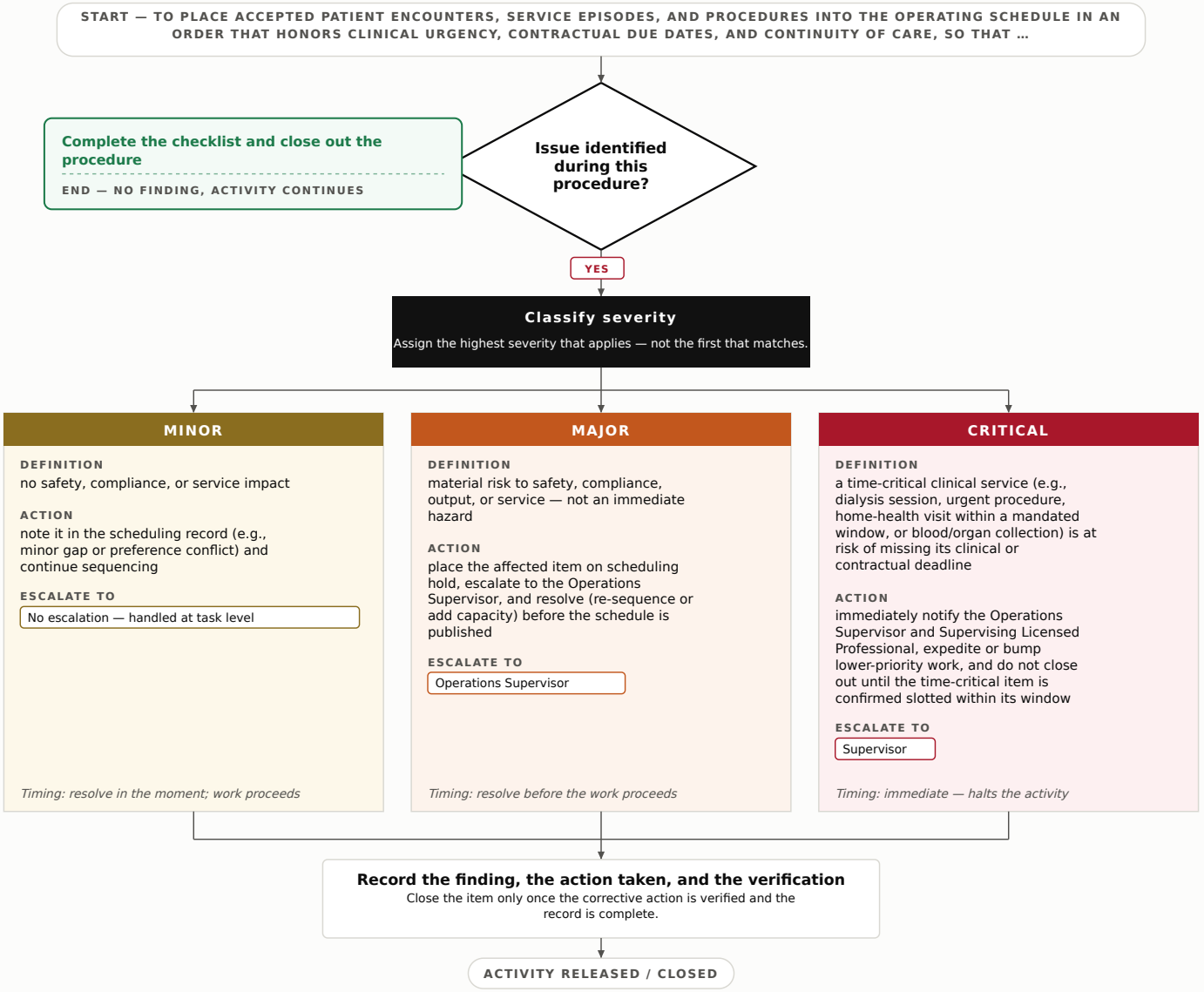

## 7. Step-by-Step Procedure

1. Pull the queue of accepted work from the scheduling system, confirming each item was formally accepted and is complete (order/referral present, consent status noted).
2. Classify each item by clinical urgency (per Supervising Licensed Professional criteria) and by external due date (referral timeliness, contractual, or benefit-window deadlines).
3. Retrieve current capacity windows and known constraints — including any maintenance blocks referenced per PM-008 and resource limits referenced per OD-009 — without re-authoring those decisions.
4. Rank work using the priority ladder: time-critical clinical need first, then due-date proximity, then continuity/recurring-episode needs, then routine/elective.
5. Slot ranked items into the earliest compatible window, respecting minimum durations, required intervals between recurring sessions, and any pre-service prep dependencies.
6. Resolve conflicts (double-bookings, capacity overflow, missed due dates) by escalating exception decisions to the Operations Supervisor before publishing.
7. Publish the finalized schedule, trigger patient confirmations/reminders, and verify no PHI is exposed to unauthorized channels.
8. Document the schedule version, any exceptions and approvals, and the timeliness status of each slotted item in the scheduling record.

## 8. Decision Tree

OD-008 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Job Scheduling & Sequencing




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every accepted item is classified for both urgency and due date before slotting.
- No time-critical item is scheduled outside its clinical or contractual window.
- All exceptions and bumps carry recorded Operations Supervisor approval.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| All queued items confirmed as formally accepted and complete | | |
| Urgency and due-date classification applied to every item | | |
| Priority ladder correctly ordered (clinical → due date → continuity → routine) | | |
| Capacity/maintenance constraints (OD-009, PM-008) respected as inputs | | |
| No double-bookings or window violations in published schedule | | |
| Exceptions/bumps documented with supervisor approval | | |
| Schedule version and timeliness status recorded; no PHI exposure | | |

## 11. KPIs

- On-time slotting of time-critical services within window: ≥ 99%
- Scheduling conflicts detected before publish (vs. after): ≥ 95%
- Documented exceptions with recorded approval: 100%

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-009 — Resource & Capacity Allocation

**Estimated completion time: 30–60 minutes per scheduling cycle (daily or per session block)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To match confirmed people, equipment, and treatment/service space to already-scheduled work so that each unit of demand has real, verified capacity behind it — preventing over-booking, resource conflicts, and service delays across facility-based and field-based service lines.

## 2. Scope

Covers the allocation and capacity-confirmation of clinical/service staff, equipment, and physical space (or field assignment zones) against the confirmed schedule. Excludes whether staff are actually present/on-shift, which is covered under OD-003, and the ordering/sequencing of the schedule itself, which is covered under OD-008.

## 3. Responsibilities

- Operations Coordinator — builds the resource-to-schedule map, confirms room/chair/station and equipment availability, flags conflicts.
- Supervising Licensed Professional — verifies that assigned staff hold the credential scope required for each scheduled service and approves clinical resource assignments.
- Facilities/Equipment Custodian — confirms equipment is present, functional, and cleared for use (or field vehicles/kits are stocked where the service line operates in patient homes).

## 4. Required PPE & Lockout/Tagout

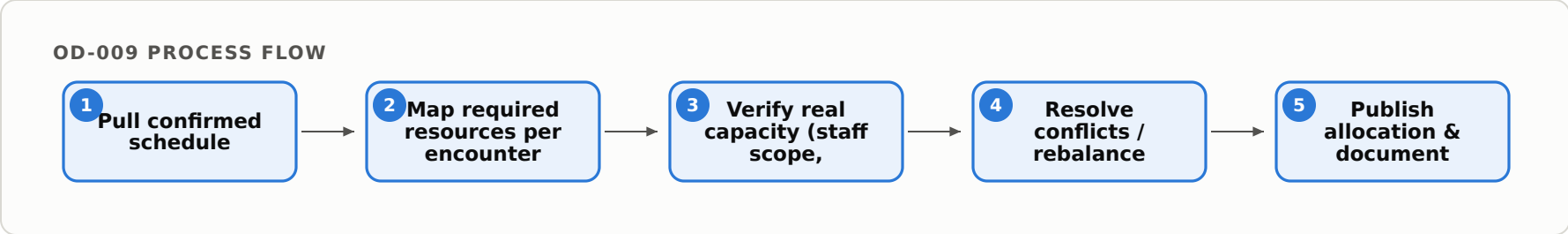
- Standard facility PPE per service line when physically confirming equipment/space (gloves/gown as applicable in clinical areas); primarily an administrative/coordination task.
- Not applicable — no hazardous energy involved. Any equipment requiring lockout is handled under the equipment maintenance procedure, not here.

## 5. Regulatory References

- HIPAA Security & Privacy Rules, 45 CFR Parts 160 & 164 — allocation records reference PHI and scheduled encounters.
- OSHA General Duty Clause, 29 USC 654(a)(1); OSHA 29 CFR 1910.132 (PPE) where staff are assigned to hazard-exposed tasks/spaces.
- Applicable state licensing-board scope-of-practice rules governing which credentialed professional may deliver each scheduled service.
- ADA Title III accessibility requirements for assigned patient-facing space.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



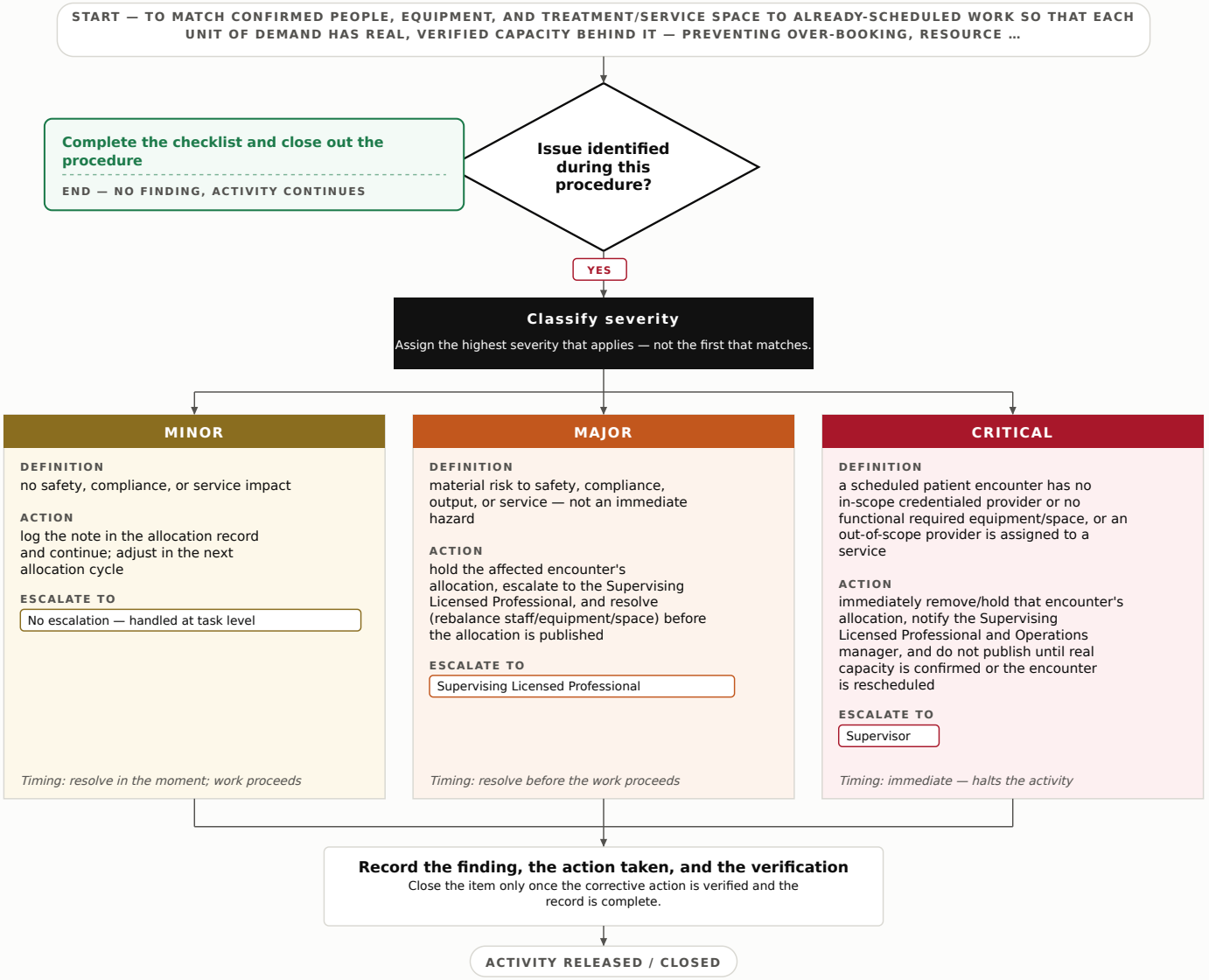

## 7. Step-by-Step Procedure

1. Pull the confirmed schedule for the allocation window (day/session block) from the practice/scheduling system; do not re-sequence — take sequence as fixed per OD-008.
2. For each scheduled encounter, list the resources it requires: credential type/scope of provider, specific equipment/device, and room/chair/station or field assignment zone.
3. Confirm staff credential-scope match with the Supervising Licensed Professional — verify each assigned provider is licensed and in-scope for the service (do not confirm attendance/presence; that is OD-003).
4. Confirm equipment availability with the Facilities/Equipment Custodian: item present, functional, calibrated/cleared, and not double-booked; for field service lines, confirm the vehicle and stocked kit are assigned.
5. Confirm space capacity: verify each room/chair/station is available, ADA-accessible where the encounter requires it, and not conflicting with another allocation in the same window.
6. Reconcile total demand against confirmed capacity; identify any encounter without a real, verified resource behind it and rebalance (reassign in-scope staff, substitute equivalent equipment/space) or flag per Section 8.
7. Publish the finalized allocation to the responsible roles and confirm receipt.
8. Document the allocation, all confirmations, conflicts resolved, and any residual gaps in the operations record; retain per facility record-retention policy.

## 8. Decision Tree

OD-009 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Resource & Capacity Allocation




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every scheduled encounter maps to a named, in-scope provider verified by the Supervising Licensed Professional.
- Every required equipment/device and space/field assignment is confirmed available and functional — no double-booking.
- Residual capacity gaps are documented with a resolution or escalation path.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Confirmed schedule pulled for the correct window | | |
| Each encounter mapped to required staff, equipment, space | | |
| Provider credential scope verified for each assignment | | |
| Equipment/device present, functional, cleared (or field kit stocked) | | |
| Room/chair/station/field zone confirmed, no conflicts | | |
| ADA-accessible space assigned where required | | |
| Allocation published and documented in operations record | | |

## 11. KPIs

- Encounters with fully confirmed real capacity before publish: ≥ 99%
- Resource double-booking / conflict rate: ≤ 1% of allocated encounters
- Unresolved Critical allocation findings at publish: 0

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-010 — Incoming Material / Supply Verification

**Estimated completion time: 20–45 minutes per delivery**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To confirm that inbound clinical and operational materials — medical instruments, single-use supplies, reagents, pharmaceuticals where applicable, and consumables — match the purchase order and arrive in acceptable condition, so that only correct, uncompromised items enter the facility's usable stock and patient-care workflow.

## 2. Scope

Covers receipt-point verification of incoming materials/supplies against the purchase order, quantity, and physical/packaging condition at any Healthcare Services site (facility-based or field-based service line). Excludes spec-conformance/functional testing (see QC-003), physical putaway to storage (see WH-006), and the dock quantity count (see SH-008); this procedure consumes those results but does not perform them.

## 3. Responsibilities

- Receiving Coordinator (Operations) — performs verification against PO, quantity reconciliation, and condition inspection; initiates receiving record.
- Supervising Licensed Professional — reviews holds/discrepancies affecting clinical or sterile items and authorizes acceptance or rejection.
- Supply Chain / Materials Lead — manages vendor communication, credits, returns, and PO corrections.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE: gloves for handling sterile packaging or reagent/biologic shipments; eye protection where liquid reagents or specimens may be present.
- Not applicable — no hazardous energy involved. (For refrigerated/frozen shipments, follow cold-chain handling, not LOTO.)

## 5. Regulatory References

- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (handling of items that may involve biologics/contamination).
- OSHA Hazard Communication Standard, 29 CFR 1910.1200 (SDS receipt/verification for chemical reagents and disinfectants).
- FDA 21 CFR Part 820 (Quality System Regulation) — receiving/acceptance activities for medical devices held by the facility; device labeling under 21 CFR Part 801.
- HIPAA 45 CFR Part 164 where inbound packaging/manifests contain protected health information.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

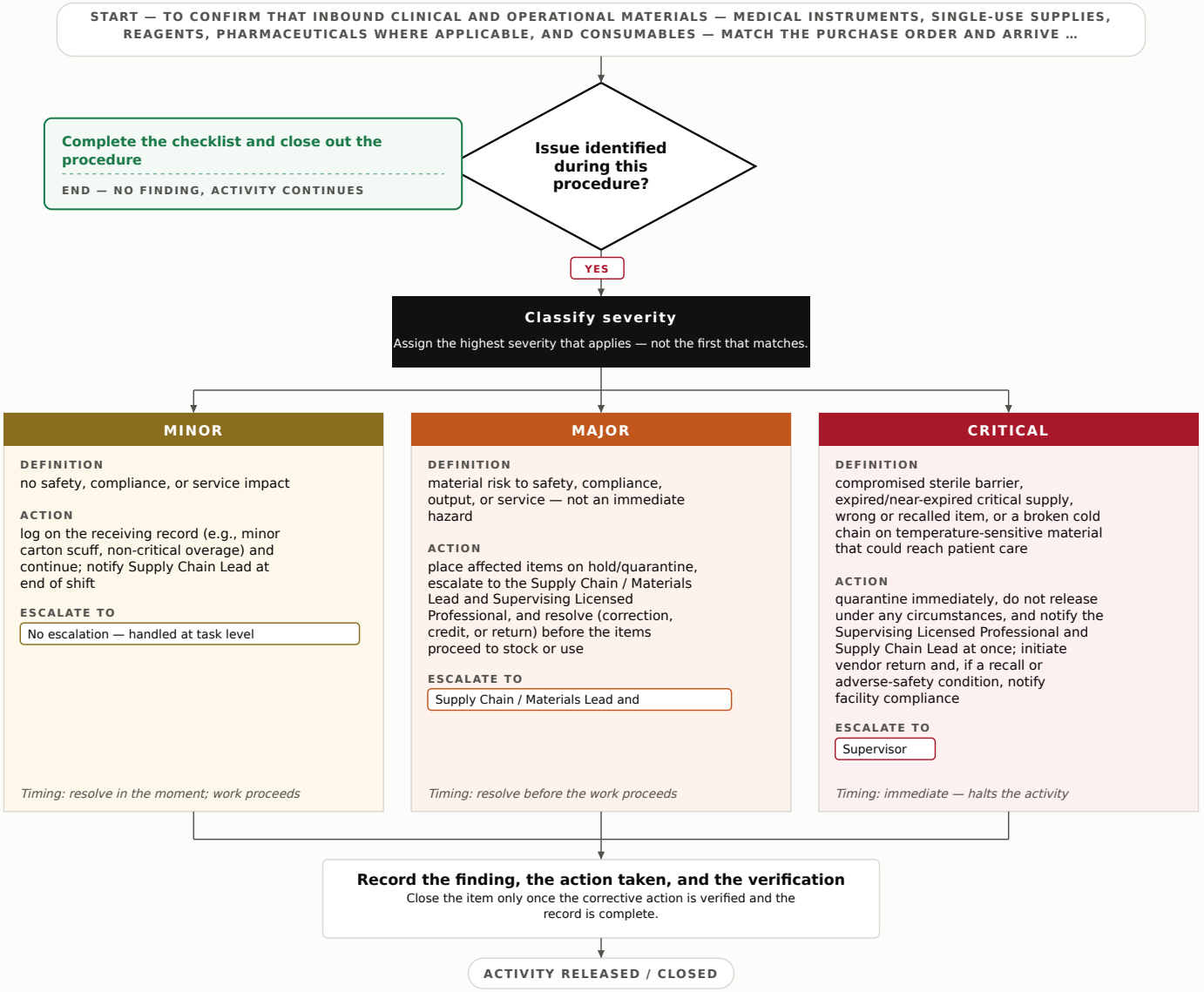

## 7. Step-by-Step Procedure

1. Receive the delivery at the designated receiving point; confirm it is addressed to this facility/service line and retrieve the matching purchase order and packing slip.
2. Verify vendor identity and match line items on the packing slip to the PO — item description, catalog/reference number, and manufacturer (e.g., from surgical instrument or surgical-appliance suppliers).
3. Reconcile quantities received against PO quantities per line; note shortages, overages, and substitutions. (Detailed dock count is performed under SH-008.)
4. Inspect condition and integrity: outer carton damage, seal/sterile-barrier integrity, moisture or crush damage, and temperature indicators on cold-chain shipments.
5. Verify lot/serial numbers, expiration/use-by dates, and presence of required labeling; confirm SDS availability for any chemical/reagent items.
6. Segregate any damaged, expired, mislabeled, or compromised-sterility items into a marked hold/quarantine area; do not release to usable stock.
7. Route accepted items for functional/spec testing (QC-003) or putaway (WH-006) as applicable.
8. Complete the receiving record: PO number, quantities accepted/held, lot/expiration data, condition notes, and verifier initials; retain per facility records policy.

## 8. Decision Tree

OD-010 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Incoming Material / Supply Verification




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- PO, packing slip, and physical items reconcile on description and reference number.
- Quantities verified and discrepancies documented.
- Sterile-barrier/packaging integrity and lot/expiration data confirmed for all clinical items.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Delivery matches PO / addressed to this facility | | |
| Line items match packing slip (description & reference no.) | | |
| Quantities reconciled; shortages/overages noted | | |
| Outer packaging & sterile barrier intact | | |
| Lot/serial and expiration dates valid and recorded | | |
| Cold-chain indicator within range (if applicable) | | |
| SDS present for chemical/reagent items (if applicable) | | |

## 11. KPIs

- Receiving accuracy (accepted items matching PO): ≥ 99%.
- Discrepancies documented before putaway/use: 100%.
- Compromised/expired items released to usable stock: 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# Phase 3 — Execution

# OD-011 — Standard Work Execution & Process Adherence

**Estimated completion time: 20–45 minutes per service encounter or work cycle; full method-adherence audit cycle 1–2 hours.**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To ensure that patient-facing and support work in the service line is performed to the documented standard method every time, so that care quality, throughput, and regulatory obligations are met consistently and any departure from the defined method is caught, contained, and recorded.

## 2. Scope

Covers execution of documented standard work — the defined sequence, materials, and role responsibilities — for a service encounter or operational cycle, and the identification and logging of deviations from that method across facility-based and field-based service lines. Excludes in-process quality checks, which are covered under QC-007, and safe-work method definition, which is covered under SD-005.

## 3. Responsibilities

- Operations Lead / Site Coordinator — owns the current standard work definition, assigns staff to defined methods, and receives escalated deviations.
- Service Staff (licensed and support personnel performing the work) — execute each encounter to the defined method and flag any deviation before proceeding.
- Supervising Licensed Professional — verifies method adherence for clinical steps and authorizes any approved variance from standard work.

## 4. Required PPE & Lockout/Tagout

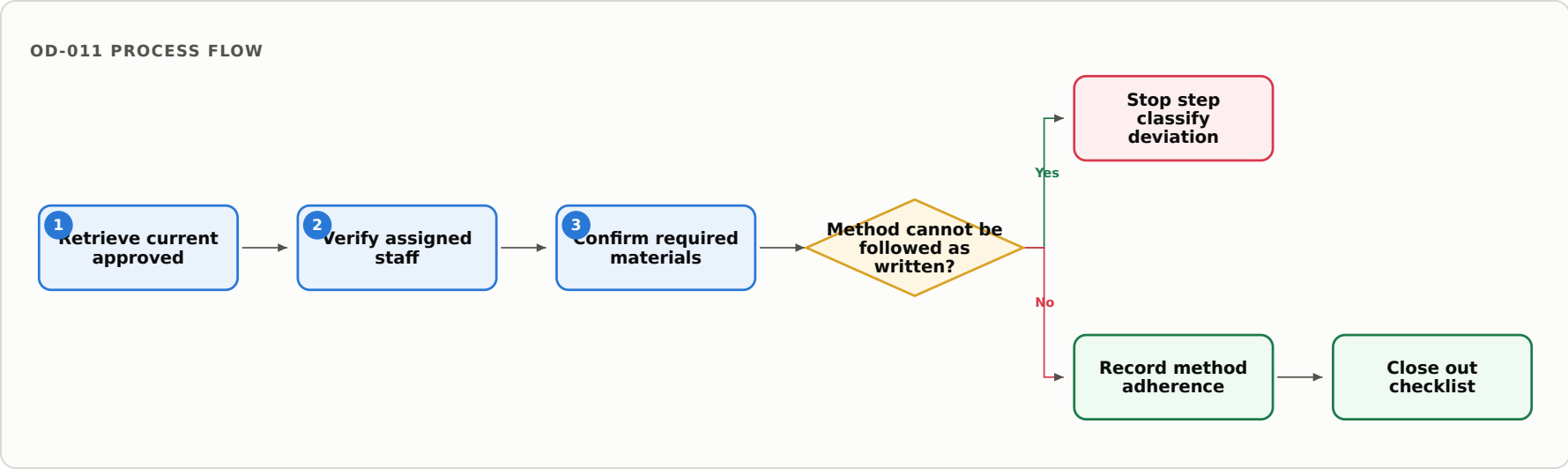
- Standard facility PPE per the service line (gloves, eye protection, and gowns where patient-contact or specimen-handling steps apply; field-based staff carry equivalent PPE kits).
- Not applicable — no hazardous energy involved. (Any powered device servicing is out of scope; see the equipment PM module.)

## 5. Regulatory References

- HIPAA Privacy & Security Rules (45 CFR Parts 160 & 164) — protected health information handling during work execution.
- OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) — where any step involves blood, specimens, or other potentially infectious material.
- CMS Conditions for Coverage / Conditions of Participation applicable to the facility's enrolled service line, plus the applicable state licensing board scope-of-practice rules governing who may perform each defined step.

- Member-specific example only: 42 CFR Part 494 (ESRD facilities) or 42 CFR Part 416 (ambulatory surgical centers) where the facility operates such a line.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



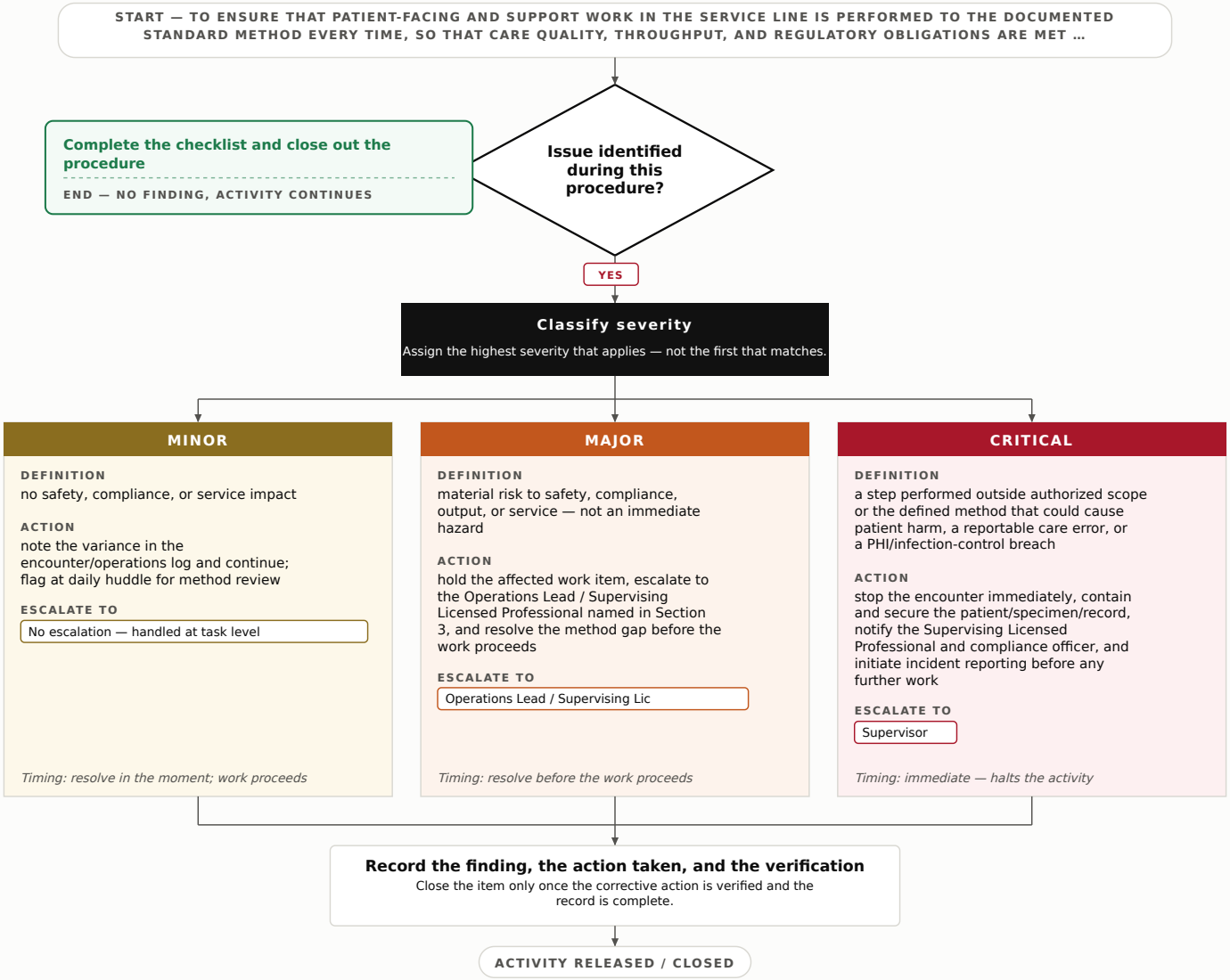

## 7. Step-by-Step Procedure

1. Retrieve the current approved standard work document for the encounter or cycle type; confirm it is the active revision, not a superseded copy.
2. Verify the assigned staff member holds the credential/scope required for each defined step (per the applicable state licensing board); reassign or hold if not authorized.
3. Confirm required materials and consumables are on hand and within date — instruments and single-use supplies sourced through approved channels.
4. Execute each step in the defined sequence, at the defined method, without skipping or reordering steps.
5. At each defined checkpoint, confirm the actual work matches the documented method (spec-conformance testing itself is handled per QC-007).
6. If the method cannot be followed as written, stop at that step and classify the deviation per Section 8 before proceeding.
7. Record method adherence, any approved variance, and any deviation in the encounter/operations record; capture PHI only in the compliant record system.
8. Close out the checklist, obtain supervisor verification where required, and route logged deviations to the Operations Lead.

## 8. Decision Tree

OD-011 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Standard Work Execution & Process Adherence




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Active revision of the standard method confirmed before work begins.
- Staff scope/credential verified for every defined step.
- Executed sequence matches the documented method at each checkpoint.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Current approved standard work document in use | | |
| Staff authorized/credentialed for each step performed | | |
| Required materials present and within date | | |
| Defined sequence followed without skipped/reordered steps | | |
| Deviations classified and logged per Section 8 | | |
| PHI recorded only in compliant record system | | |
| Supervisor verification obtained where required | | |

## 11. KPIs

- Method adherence rate (encounters executed to defined method) ≥ 98%.
- Deviations logged vs. deviations observed (capture completeness) = 100%.
- Unresolved Critical deviations at close-out = 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-012 — Work-in-Progress Tracking & Status Update

**Estimated completion time: 15–30 minutes per shift/status cycle**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To maintain an accurate, current record of the status of every active service episode, case, or procedure in progress so that Operations staff, clinicians, and coordinators have real-time visibility into where each patient or service unit stands. This prevents lost, stalled, or duplicated work across the facility or field service line.

## 2. Scope

Covers the recording, updating, and visible display of the current status of all active jobs — patient visits, treatment courses, home-care episodes, specimen/unit processing, and scheduled procedures — from open through hand-off or completion. Excludes throughput/volume measurement, which is covered under OD-014, and quality-of-outcome data, which is covered under QC-027.

## 3. Responsibilities

- Operations Coordinator — updates the work-in-progress (WIP) board/tracking system at each defined status cycle and confirms every active episode has a current status.
- Supervising Licensed Professional — reviews flagged or stalled episodes, authorizes status changes requiring clinical judgment, and resolves escalations.
- Intake/Scheduling Clerk — opens new episodes in the tracking system and reconciles the active list against the appointment/referral schedule.

## 4. Required PPE & Lockout/Tagout

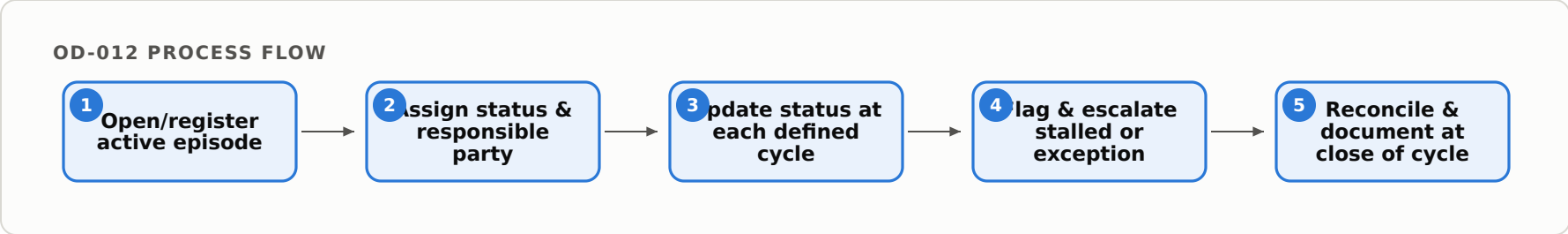
- Standard facility PPE per the setting where status data is gathered (e.g., gloves/gown if updating status at chairside, bedside, treatment station, or specimen area).
- Not applicable — no hazardous energy involved. This is an administrative/coordination task.

## 5. Regulatory References

- HIPAA Privacy Rule, 45 CFR Part 164 Subpart E — protected health information in status records must be limited to minimum necessary and shielded from unauthorized view.
- HIPAA Security Rule, 45 CFR Part 164 Subpart C — electronic tracking systems require access controls and audit capability.
- HIPAA Breach Notification Rule, 45 CFR Part 164 Subpart D — applies if a status display or record exposes PHI improperly.
- Internal Operations policy governs board format, update cadence, and hand-off documentation where no external standard specifies it.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



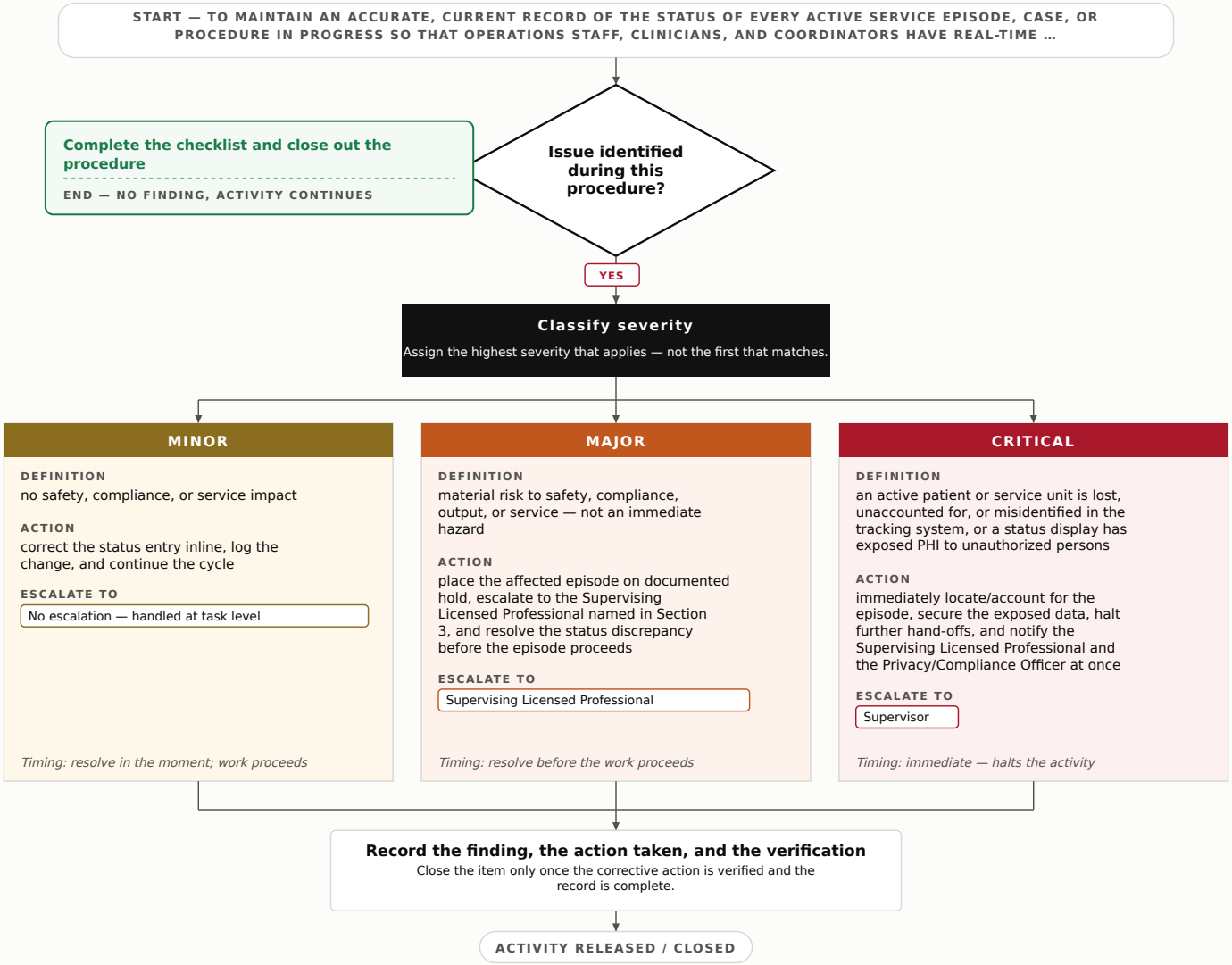

## 7. Step-by-Step Procedure

1. At start of shift/cycle, open the WIP tracking system (electronic board or secure log) and confirm all active episodes are listed, positioned so PHI is not visible to patients or the public.
2. Reconcile the active list against the day's schedule, referral queue, and prior-cycle open items; add any new episodes and confirm each has a responsible party assigned.
3. For each active episode, record its current status using standard status codes (e.g., awaiting intake, in treatment, awaiting hand-off, pending supplies, on hold, ready to close).
4. For episodes awaiting materials or devices, note the pending item and expected availability, coordinating with receiving where instruments or appliances are outstanding.
5. Identify any episode with no status change beyond its expected window (stalled/aging) and flag it for review.
6. Escalate flagged episodes to the Supervising Licensed Professional and record the disposition of each.
7. At close of cycle, confirm every active episode has a current, dated status and that no episode is missing a responsible party.
8. Document the completed status update, note unresolved items for hand-off to the next cycle, and log the reconciliation.

## 8. Decision Tree

OD-012 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Work-in-Progress Tracking & Status Update




**READING THIS TREE**

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every active episode carries a current, dated status and a named responsible party.
- Status display/board positioned so no PHI is visible to unauthorized viewers.
- All flagged/stalled episodes have a recorded escalation disposition.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Active episode list reconciled against schedule/referrals | | |
| Every active episode has a current status code | | |
| Every active episode has a named responsible party | | |
| Stalled/aging episodes flagged and escalated | | |
| PHI not visible to unauthorized persons at display | | |
| Pending-material episodes noted with expected availability | | |
| Cycle documented and open items handed off | | |

## 11. KPIs

- Active episodes with current status at cycle close — target 100%.
- Stalled episodes resolved or escalated within one cycle — target ≥ 95%.
- Status-visibility/PHI exposure incidents — target 0 per quarter.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-013 — Operational Handoff Between Work Stages

**Estimated completion time: 10–25 minutes per handoff event**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To ensure that responsibility for a patient, specimen, or service episode is transferred cleanly between successive work stages, crews, or care teams so that no clinical information, order, or open action is lost at the boundary. This protects patient safety and continuity of care across every stage of a Healthcare Services workflow.

## 2. Scope

Covers the controlled transfer of active work — patients under treatment, in-process specimens or samples, and open service orders — from one operational stage, crew, or care team to the next within a single service episode. Excludes shift handover between whole staff rotations, which is covered under OD-002, and stage quality release/spec-conformance sign-off, which is covered under QC-013.

## 3. Responsibilities

- Releasing Clinical/Operations Staff — assembles the handoff record, verifies open orders and pending actions, and confirms patient/specimen identity before transfer.
- Receiving Clinical/Operations Staff — acknowledges receipt, repeats back critical items, and accepts responsibility only when the record is complete.
- Supervising Licensed Professional (Operations Lead) — oversees the handoff protocol, resolves disputes at the boundary, and authorizes any exception or escalation.

## 4. Required PPE & Lockout/Tagout

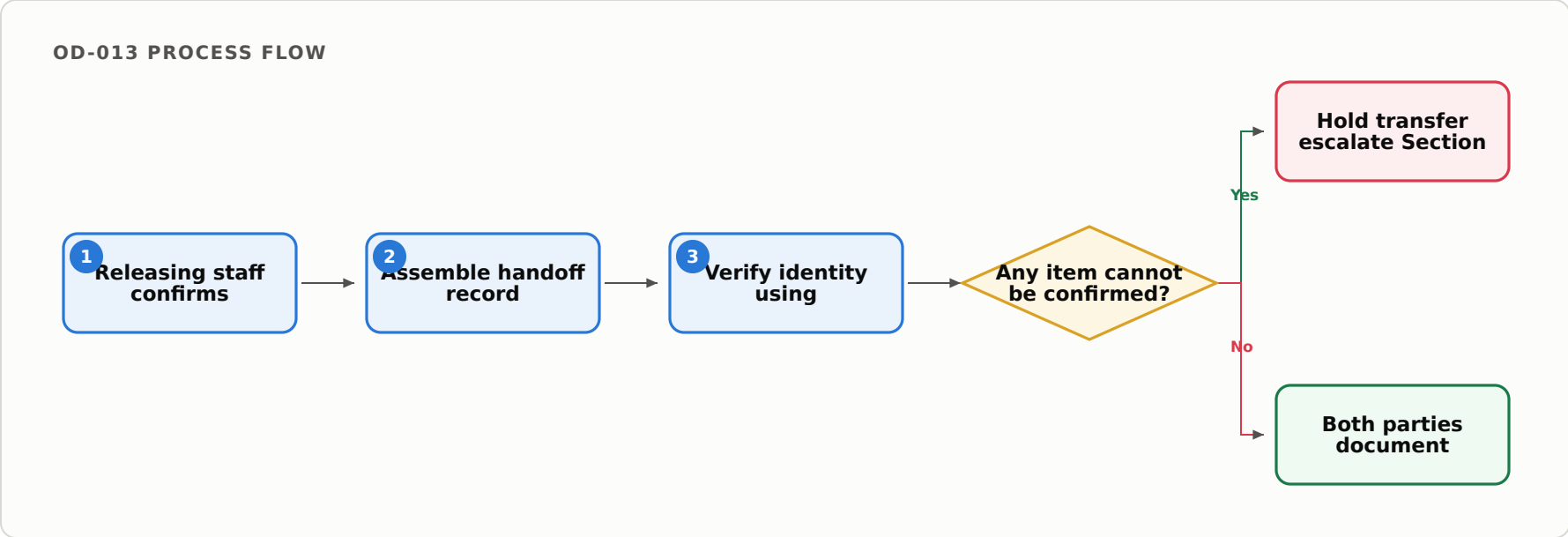
- Standard facility PPE per point-of-care task (gloves, eye protection, or gown where the receiving stage involves direct patient contact, specimen handling, or bodily fluids).
- Not applicable — no hazardous energy involved; handoff is an information- and custody-transfer task.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164 — protection of patient information during transfer between stages/personnel.
- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 — where the handoff involves specimens, blood, or other potentially infectious material.

- Applicable state licensing-board and facility-licensure requirements for continuity of care and record-keeping (e.g., ambulatory surgical center or home health conditions of participation where applicable).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



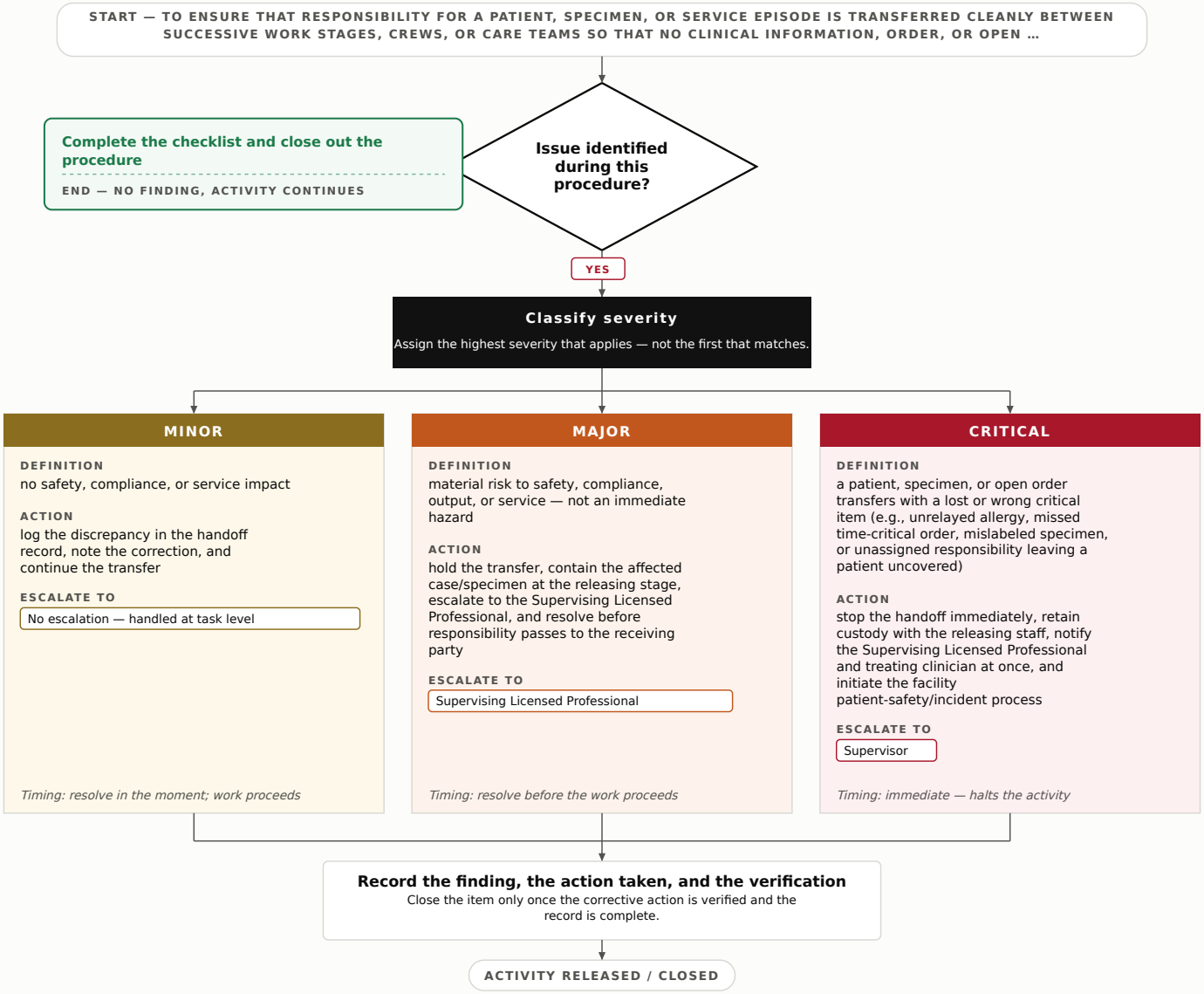

## 7. Step-by-Step Procedure

1. Releasing staff confirms the work is at a defined stage boundary and ready for transfer (patient stable/ready, specimen labeled, order status current).
2. Assemble the handoff record: patient/case identifiers, current status, open orders, pending results, allergies/precautions, and any time-sensitive action due.
3. Verify identity using two identifiers (e.g., name and date of birth, or specimen label and accession number) against the record.
4. Communicate the handoff to the receiving party in a structured format; require read-back of critical items (pending actions, precautions, deadlines).
5. Receiving staff reviews the record, asks clarifying questions, and confirms all open items are understood.
6. Transfer custody: receiving staff explicitly accepts responsibility; releasing staff confirms release. Note exact time of transfer.
7. If any item cannot be confirmed, hold the transfer and escalate per Section 8 before proceeding.
8. Both parties document the completed handoff (time, names, items transferred, read-back confirmation) in the patient/case record and log any exceptions.

## 8. Decision Tree

OD-013 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational Handoff Between Work Stages




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Two-identifier verification completed and matched before transfer.
- All open orders and time-sensitive actions explicitly relayed and read back.
- Custody acceptance documented with time and both names.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Handoff record assembled and current | | |
| Patient/specimen identity verified with two identifiers | | |
| Open orders and pending results relayed | | |
| Allergies/precautions/time-critical items read back | | |
| Receiving party explicitly accepted custody | | |
| Transfer time and names documented | | |
| Exceptions logged and escalated where required | | |

## 11. KPIs

- Handoffs with complete documented read-back ≥ 98%
- Handoff-related care-continuity incidents ≤ 0 per quarter
- Average handoff completion time ≤ 15 minutes

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-014 — Output Monitoring & Throughput Review

**Estimated completion time: 30–60 minutes per review cycle (daily to weekly, per service line volume)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

Establish a repeatable method to monitor the rate and volume of operational output — patient encounters, treatment sessions, procedures, home visits, or units collected/processed — against the planned schedule, so that under- or over-utilization is detected early and staffing, appointment blocks, and resource capacity can be adjusted.

## 2. Scope

Covers periodic measurement of throughput and output volume against plan across the service line, using scheduling and encounter data available to Operations. Excludes performance-target definition and KPI review, which is covered under OD-028, and process-capability analysis, which is covered under QC-026.

## 3. Responsibilities

- Operations Supervisor — owns the review cycle, pulls output/throughput data, compares actuals to plan, and authorizes short-term capacity or schedule adjustments.
- Supervising Licensed Professional — validates that any throughput adjustment does not compromise clinical safety, appropriate care time, or credentialed-scope limits.
- Front-Office / Scheduling Lead — supplies scheduling, cancellation, and no-show data and implements approved block or slot changes.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only where the review requires walking clinical or collection areas (e.g., gloves per site infection-control policy); none required for data review performed at a workstation.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164 — governs access to and safeguarding of any protected health information used in encounter/output data.
- 42 CFR Part 2 where the service line handles substance-use records; state health-facility and professional licensing-board recordkeeping requirements applicable to the facility and its practitioners.
- OSHA General Duty Clause, 29 USC 654(a)(1), for staffing/workload conditions affecting worker safety.

- Member-specific example: CMS Conditions for Coverage (e.g., 42 CFR Part 494 for dialysis facilities) where the service line is Medicare-certified.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

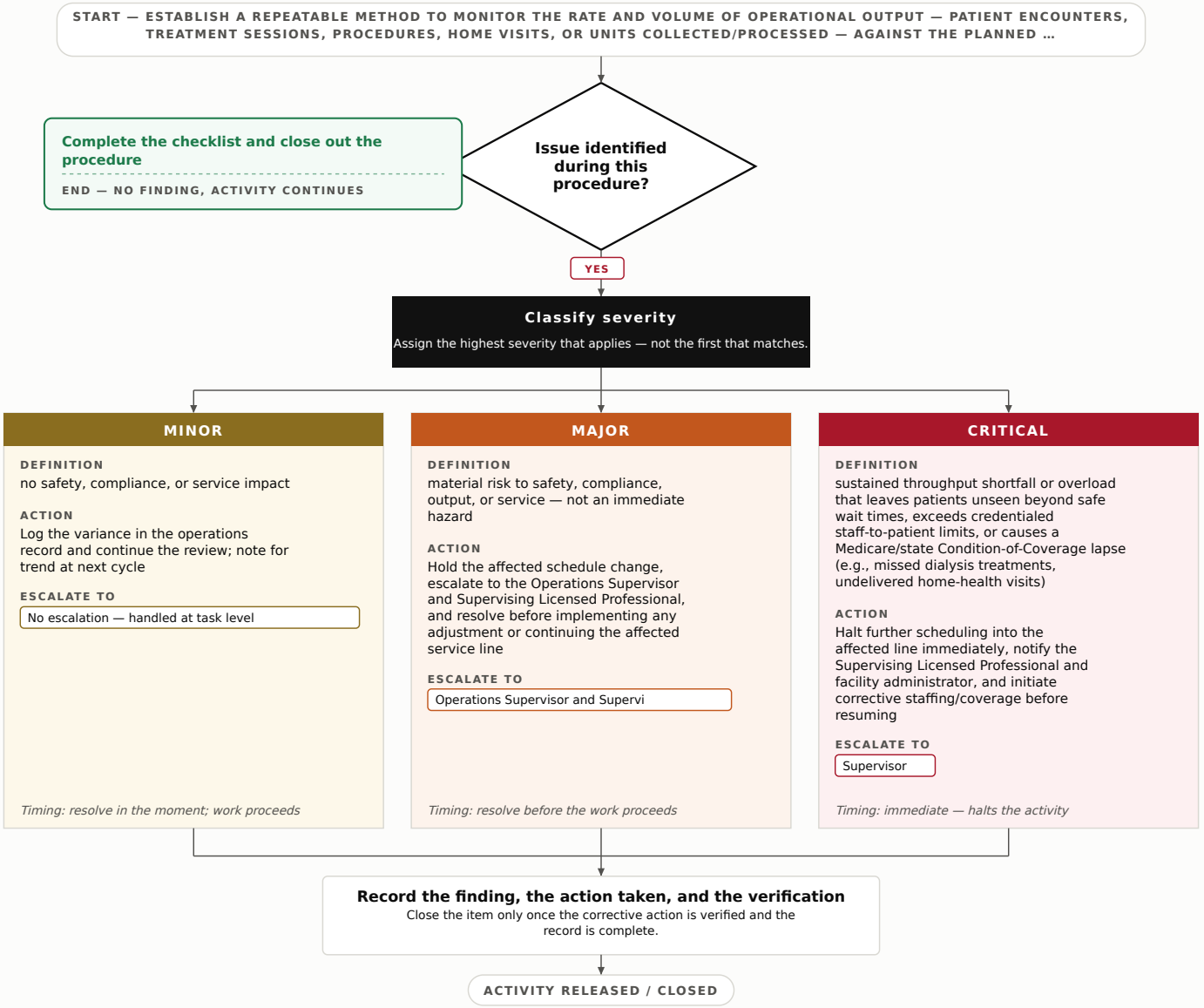

## 7. Step-by-Step Procedure

1. Confirm the planned output baseline for the review period (scheduled encounters, sessions, procedures, home visits, or units) from the current operating plan; do not redefine targets — reference OD-028 for target ownership.
2. Extract actual output data from the practice-management/scheduling system and encounter logs for the same period, using minimum-necessary PHI access per HIPAA.
3. Normalize the data (completed vs. scheduled, cancellations, no-shows, walk-ins, and where the service line operates field visits, completed vs. routed stops).
4. Calculate throughput rate (output per staffed clinical hour or per available slot) and total volume against plan; note variance percentage.
5. Identify drivers of any variance (staffing gaps, equipment/room downtime, scheduling errors, demand shifts) without altering the underlying targets.
6. Where variance is actionable, propose a short-term adjustment (block changes, slot re-balancing, staff reassignment) and obtain sign-off from the Supervising Licensed Professional that care quality and scope are preserved.
7. Communicate approved adjustments to the Front-Office / Scheduling Lead for implementation.
8. Record the review results, variances, drivers, and actions in the operations log with date, reviewer, and period covered; retain per facility retention policy.

## 8. Decision Tree

OD-014 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Output Monitoring & Throughput Review




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Planned baseline confirmed from the current operating plan before comparison.
- Actual data reconciled to the source scheduling/encounter system with minimum-necessary PHI access.
- Variance drivers documented and any adjustment signed off by the Supervising Licensed Professional.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Planned output baseline for the period on hand | | |
| Actual output/throughput extracted and date-stamped | | |
| Cancellations, no-shows, and walk-ins accounted for | | |
| Variance % calculated against plan | | |
| Variance drivers identified and recorded | | |
| Clinical sign-off obtained for any schedule adjustment | | |
| Review logged with reviewer, date, and period | | |

## 11. KPIs

- Output-vs-plan variance held within ±10% per review cycle.
- Review completed within 1 business day of period close: ≥95% of cycles.
- Approved throughput adjustments implemented within 2 business days: ≥90%.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-015 — Bottleneck Identification & Response

**Estimated completion time: 45–90 minutes per bottleneck review cycle; escalation actions may extend to same-day.**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To detect and respond to constraints that slow patient throughput, service delivery, or supply availability across a healthcare service operation, so that safety, care quality, and access are preserved. This procedure gives Operations a repeatable method to spot where work backs up — at intake, in treatment/service delivery, in equipment or supply turnover, or in documentation — and act before it degrades patient care or compliance.

## 2. Scope

Covers identification, triage, and immediate response to operational bottlenecks in patient intake, service/treatment delivery, room and equipment turnover, and supply readiness across facility-based and field-based service lines. Excludes recurring schedule redesign (see OD-017) and standing capacity allocation across service lines (see OD-009); this procedure addresses in-the-moment constraint detection and response only.

## 3. Responsibilities

- Operations Lead / Practice Manager — owns the bottleneck review cadence, classifies severity, and authorizes response actions within Operations' remit.
- Supervising Licensed Professional (clinical lead of record for the service line) — validates any response that touches patient care, treatment sequencing, or clinical safety.
- Front Desk / Intake Coordinator — surfaces queue, wait-time, and check-in constraints and logs them into the bottleneck tracker.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE per the site's infection-control policy where the review requires entering treatment or patient-contact areas (gloves, and additional barrier PPE where applicable to the service line).
- Not applicable — no hazardous energy control involved. Where a bottleneck is traced to a malfunctioning device, refer the device to the equipment/maintenance process; do not attempt energized service under this SOP.

## 5. Regulatory References

- OSHA General Duty Clause, 29 U.S.C. §654(a)(1) — obligation to maintain a workplace free of recognized hazards, including hazards created by understaffing or process backlogs.
- HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164 — any bottleneck data, queue logs, or patient-flow records containing PHI must be handled per minimum-necessary and safeguard requirements.

- State licensing/facility regulations and the applicable state professional licensing board scope-of-practice rules — response actions may not reassign work outside a practitioner's licensed scope or below required staffing ratios (e.g., CMS Conditions for Coverage for ESRD facilities, 42 CFR Part 494, where the service line applies).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

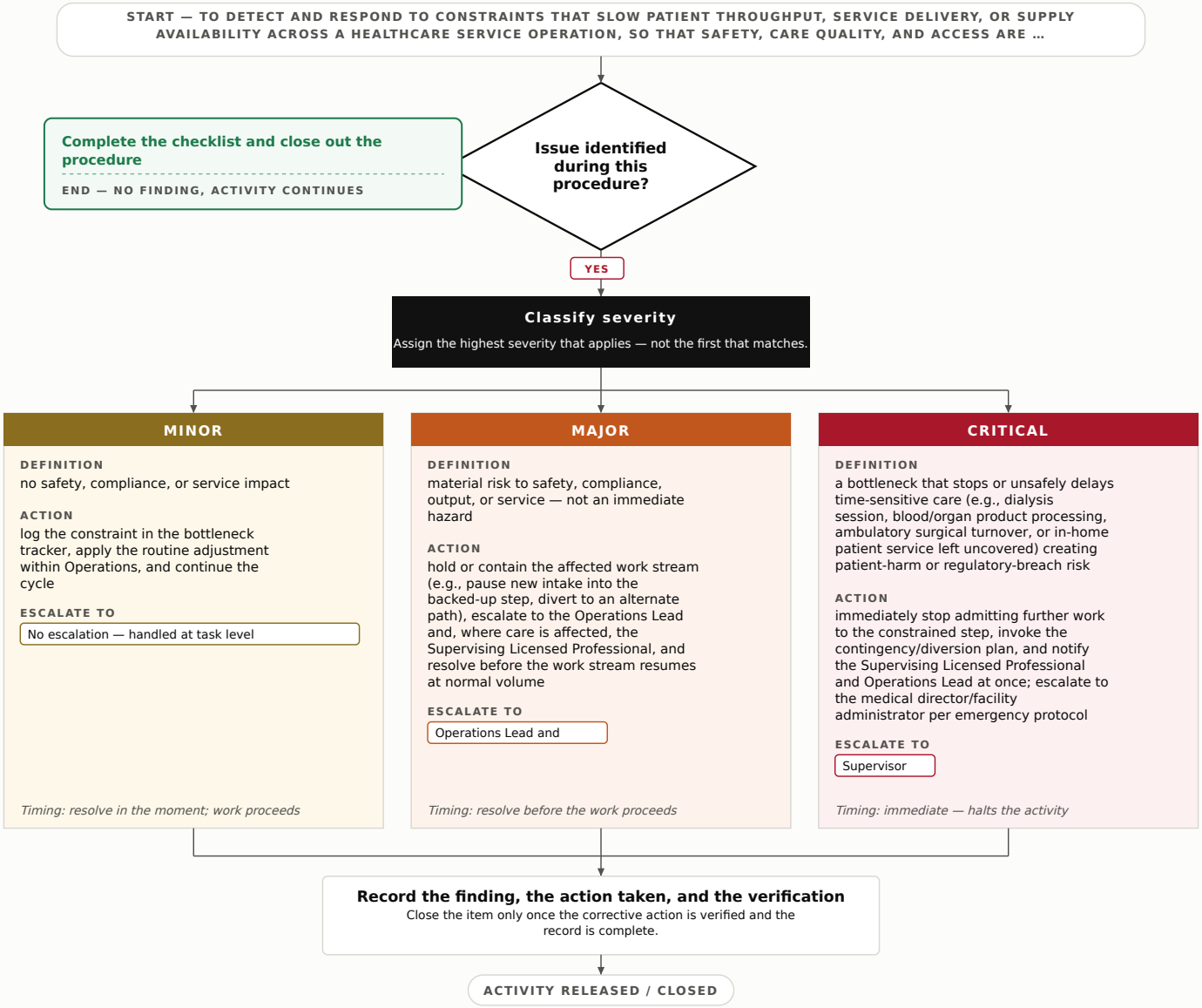

## 7. Step-by-Step Procedure

1. At the start of each defined review cycle, pull current flow signals: patient/client wait times, check-in-to-service intervals, room/chair turnover times, pending documentation queue, and supply-on-hand for the day's scheduled services.
2. Compare each signal against its normal operating range and flag any point where work is accumulating faster than it is clearing (the constraint).
3. Confirm the true bottleneck by walking the process at the flagged point — distinguish a genuine constraint (e.g., a single sterilization/turnover step, one intake station, a missing consumable) from a downstream symptom.
4. Determine whether the constraint touches patient safety or clinical care; if so, notify the Supervising Licensed Professional before acting.
5. Classify severity per Section 8 and select the corresponding response.
6. Execute the response within Operations' authority: reallocate available staff to the constraint, expedite room/equipment turnover, open an alternate intake path, or trigger emergency resupply from the medical equipment/supply channel — without exceeding licensed scope or staffing minimums.
7. Verify recovery: re-measure the affected flow signal after the response and confirm the backlog is clearing.
8. Document the constraint, its cause, the action taken, timestamps, and the outcome in the bottleneck tracker; capture any PHI-bearing detail only in the compliant record system.

## 8. Decision Tree

OD-015 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Bottleneck Identification & Response




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Each flagged constraint is confirmed at the point of work, not inferred from a downstream symptom.
- Any response touching patient care has documented sign-off from the Supervising Licensed Professional.
- Post-response re-measurement confirms the affected flow signal is recovering.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Flow signals pulled for all active service lines this cycle | | |
| Constraint located and confirmed at point of work | | |
| Patient-safety/clinical impact assessed and escalated where required | | |
| Severity classified per Section 8 | | |
| Response executed within licensed scope and staffing minimums | | |
| Recovery re-measured and confirmed | | |
| Constraint, action, and outcome logged; PHI handled compliantly | | |

## 11. KPIs

- Bottleneck detection-to-response time ≤ 30 minutes for Major/Critical constraints.
- Constraint recurrence rate for the same step ≤ 10% within 30 days.
- Percentage of review cycles completed and logged on schedule ≥ 95%.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-016 — Rework & Nonconforming Work Handling

**Estimated completion time: 30–90 minutes per nonconforming item, excluding wait time for disposition**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure defines how Operations staff identify, segregate, and re-run work products or service outputs that fail to meet established specification — including mislabeled or out-of-tolerance items, incomplete service records, and processed materials that fall outside acceptance criteria — so that nonconforming work never reaches a patient, downstream distributor, or the permanent record.

## 2. Scope

Covers containment, physical/logical segregation, tracking, and re-run of nonconforming work outputs across facility-based and field-based service lines. Excludes formal disposition determination, which is covered under QC-014, and rework authorization, which is covered under QC-016; this module hands off to those modules and does not duplicate their steps.

## 3. Responsibilities

- Operations Supervisor — owns the nonconformance log, assigns holds, and coordinates re-run scheduling once authorization is received.
- Assigned Service/Processing Staff — flag nonconforming work at point of detection, apply segregation controls, and perform the re-run.
- Supervising Licensed Professional (or delegate) — confirms that segregated clinical or specimen-related work meets acceptance criteria before release; provides clinical judgment on patient-impacting items.

## 4. Required PPE & Lockout/Tagout

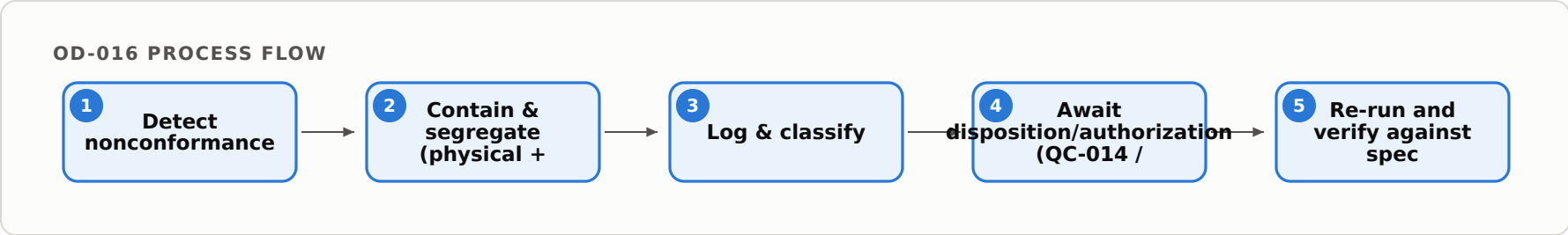
- Standard facility PPE per task (gloves, eye protection, and gown where the work involves specimens, blood/tissue products, or patient-contact materials; standard office precautions for records-based work).
- Not applicable — no hazardous energy involved. Where a nonconformance is traced to a diagnostic or processing device, do not service it under this procedure; refer to the applicable equipment SOP.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 & 164 — protection of protected health information within segregated records and re-run documentation.
- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 — handling and segregation of nonconforming specimens or contaminated materials (where applicable).

- FDA 21 CFR Part 820 (Quality System Regulation) — nonconforming product controls, applicable where the facility handles, reprocesses, or distributes medical devices/appliances.
- CLIA, 42 CFR Part 493 — nonconforming test/result handling (where the facility performs laboratory testing).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



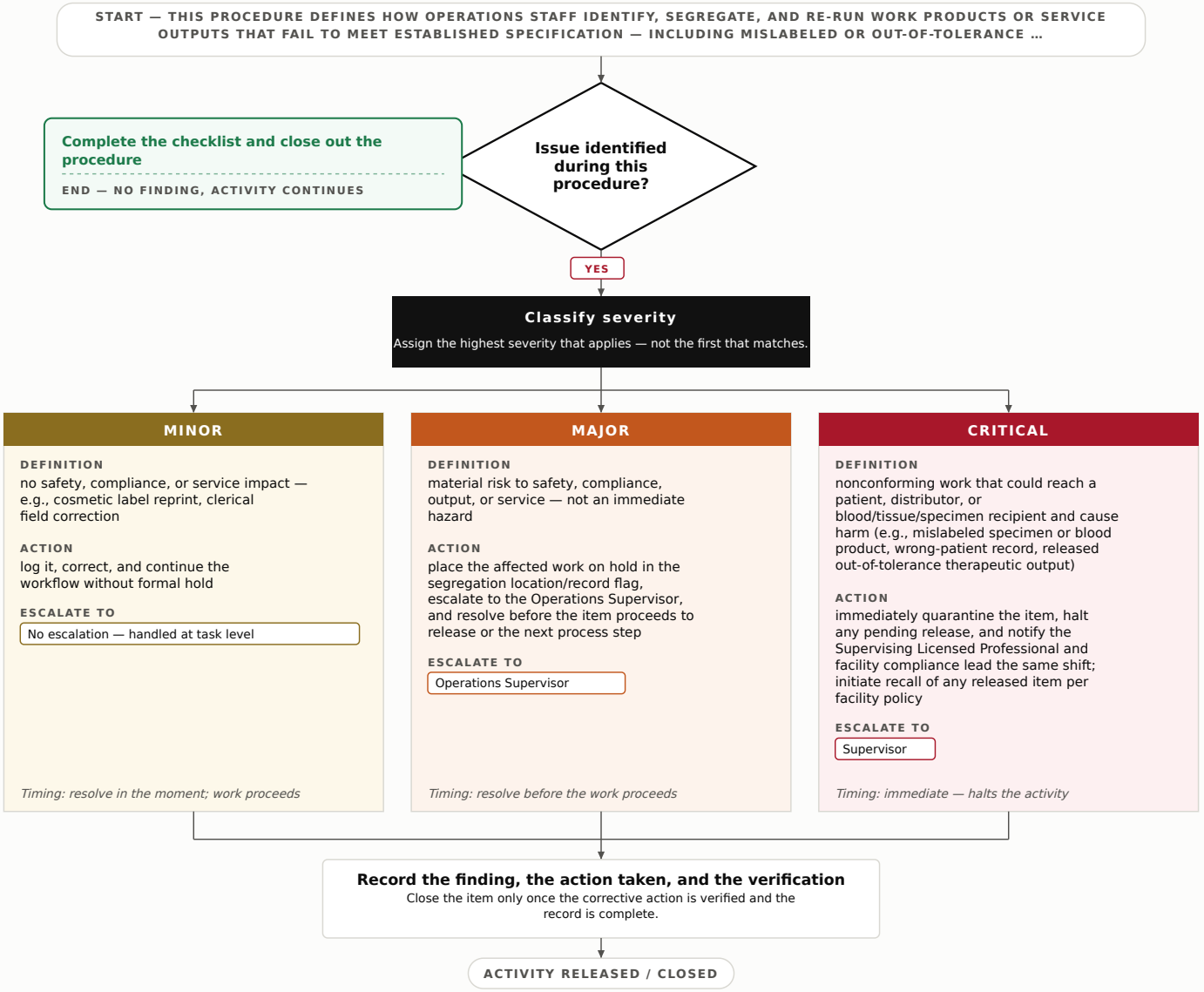

## 7. Step-by-Step Procedure

1. Upon detecting work that fails to meet spec (out-of-tolerance measurement, mislabel, incomplete record, expired or damaged supply, failed acceptance check), stop the affected work item immediately.
2. Physically segregate the item into the designated "HOLD — Nonconforming" location, or apply a logical hold flag in the record/EHR system for records-based work; never leave it in the active workflow.
3. Apply a nonconformance tag/label identifying the item, date, detector, and reason; ensure any PHI is handled per HIPAA controls.
4. Record the item in the nonconformance log with a unique reference number, service line, and description of the failure.
5. Classify severity per the Decision Tree (Section 8) and notify the responsible role.
6. Route to QC-014 for formal disposition and to QC-016 for rework authorization; do not re-run until authorization is confirmed.
7. Once authorized, perform the re-run under current spec, re-verify against acceptance criteria, and have the Supervising Licensed Professional (or delegate) confirm clinical/patient-impacting items.
8. Document the re-run outcome, close the log entry, and retain records per facility retention policy.

## 8. Decision Tree

OD-016 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Rework & Nonconforming Work Handling




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every nonconforming item is physically or logically segregated within one shift of detection.
- Nonconformance log entry is complete and traceable before re-run.
- Re-run output re-verified against current spec and, where patient-impacting, clinically confirmed.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Nonconforming item removed from active workflow | | |
| Item tagged/labeled with reason, date, detector | | |
| Nonconformance log entry created with unique reference | | |
| PHI/specimen handling controls applied where applicable | | |
| Disposition/authorization confirmed (QC-014 / QC-016) before re-run | | |
| Re-run output re-verified against current spec | | |
| Clinical confirmation obtained for patient-impacting items | | |

## 11. KPIs

- Nonconforming items segregated within one shift of detection ≥ 98%.
- Re-run first-pass conformance rate ≥ 95%.
- Nonconforming items reaching patient/distributor/recipient = 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-017 — Schedule Deviation & Change Management

**Estimated completion time: 20–45 minutes per deviation event**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To provide a controlled method for managing changes, delays, and priority shifts to scheduled patient services, visits, procedures, treatments, or specimen/product handling windows so that care commitments, clinical continuity, and appointment integrity are preserved across the operation.

## 2. Scope

Covers the identification, classification, approval, and documentation of deviations to any committed schedule slot — patient appointments, in-home visit windows, procedure/treatment sessions, dialysis chair time, and time-sensitive specimen or product handling — for facility-based and field-based service lines. Excludes bottleneck/capacity-constraint response, which is covered under OD-015, and patient/customer notification, which is covered under OD-022.

## 3. Responsibilities

- Operations Scheduling Coordinator — detects the deviation, records it, applies severity classification, and re-sequences slots within approved limits.
- Supervising Licensed Professional — reviews any deviation with clinical or continuity-of-care impact and authorizes changes affecting time-sensitive treatment.
- Operations Supervisor — approves major/critical schedule changes, confirms resource availability, and verifies the closeout record.

## 4. Required PPE & Lockout/Tagout

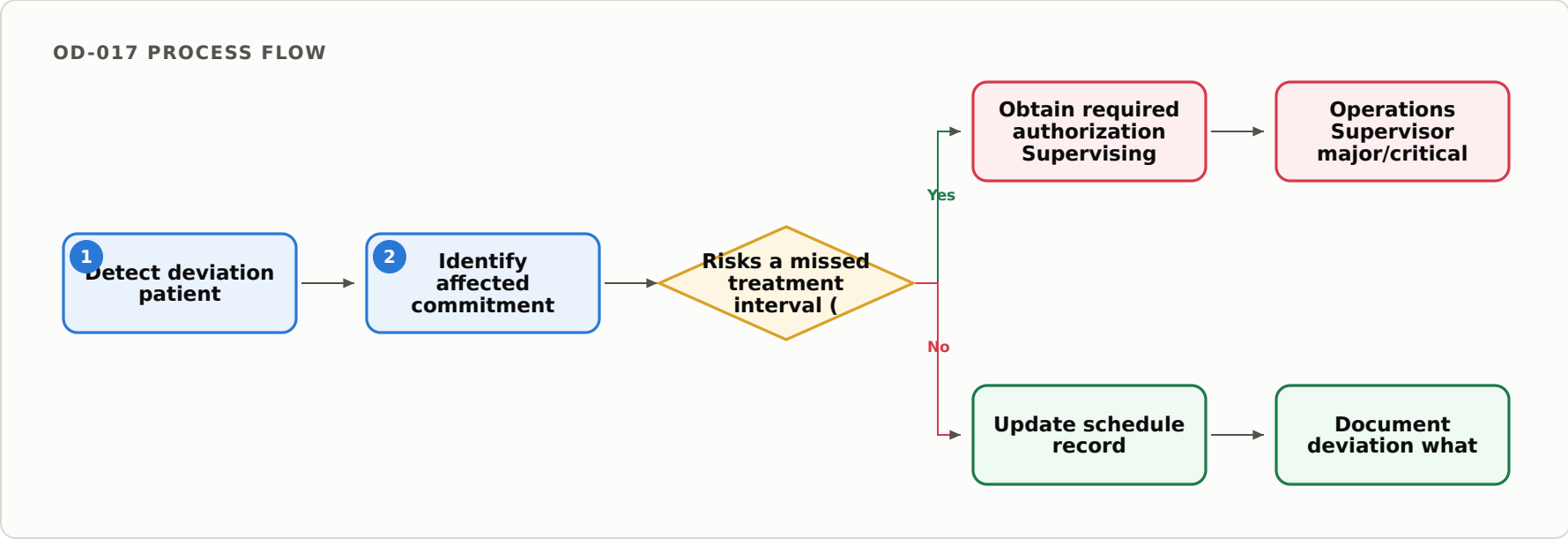
- Standard facility PPE per the service line when the deviation requires entering a clinical/treatment area; none required for scheduling/administrative work performed at a workstation.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy & Security Rules, 45 CFR Parts 160 & 164 (protection of PHI when schedule/change records identify patients).
- 42 CFR Part 2 where the service line handles substance-use records (applicability clause).
- State licensing-board scope-of-practice and continuity-of-care rules governing the applicable licensed professional (varies by state and profession).
- Internal Operations policy governs schedule-change authority limits and documentation where no sector-specific timing standard applies.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



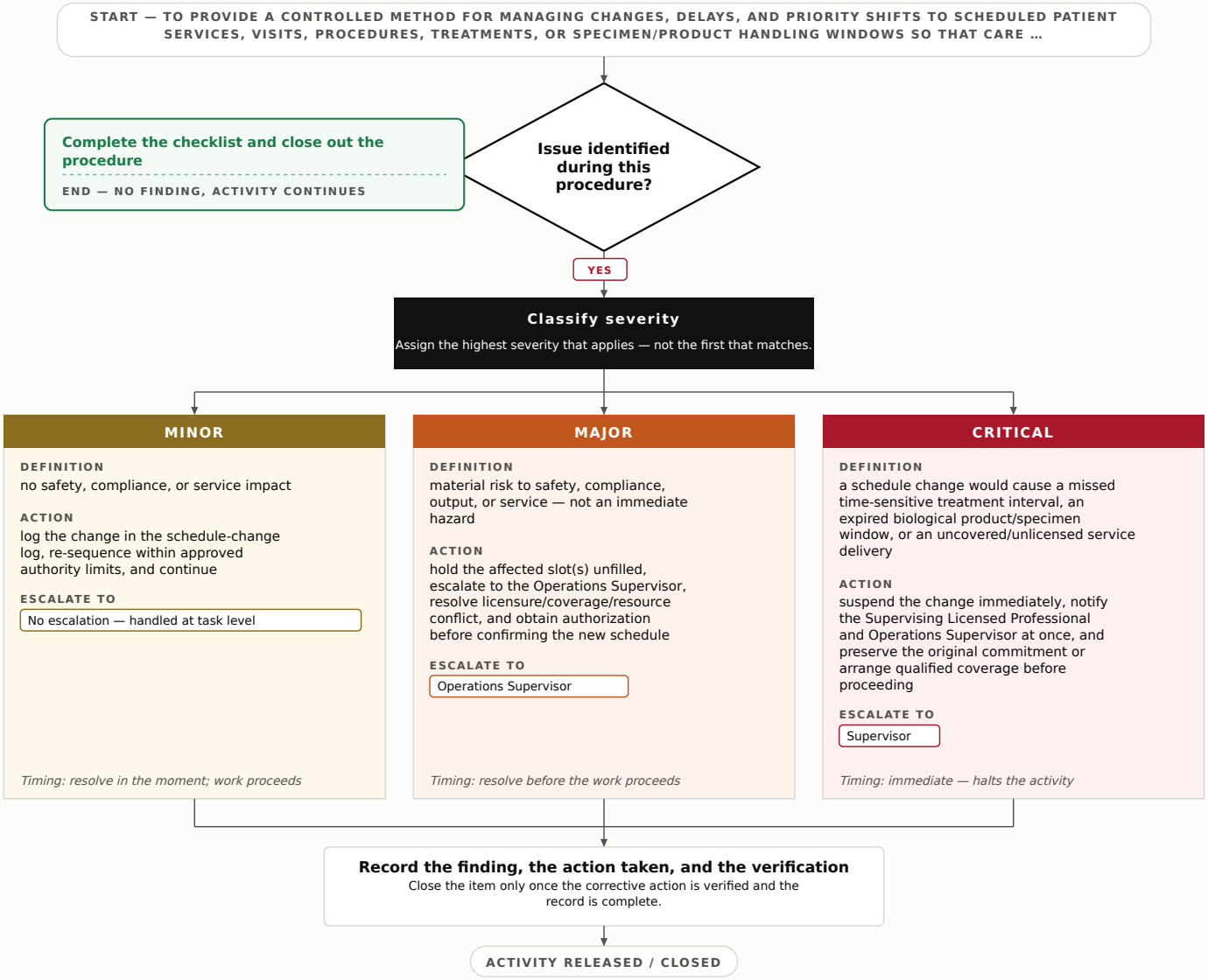

## 7. Step-by-Step Procedure

1. Detect the deviation (patient reschedule/cancellation, provider absence, delayed procedure, priority escalation, delayed specimen/product handling, or field-visit disruption) and capture the source and time.
2. Identify the affected commitment(s): slot(s), assigned licensed professional, resource/room/chair, and any time-sensitive treatment or specimen/product window.
3. Assess impact on continuity of care — flag any slot where delay risks a missed treatment interval (e.g., dialysis, time-sensitive therapy) or an expiring biological product/specimen window.
4. Classify severity using the Decision Tree (Section 8).
5. Re-sequence within approved authority limits, confirming provider licensure/coverage and resource availability for the new slot; do not overbook beyond posted capacity.
6. Obtain required authorization — Supervising Licensed Professional for clinical/continuity impact, Operations Supervisor for major/critical changes.
7. Update the schedule of record; do not release patient-facing notification here (hand off per OD-022).
8. Document the deviation: what changed, why, who authorized, new commitment, and continuity-of-care disposition in the schedule-change log.

## 8. Decision Tree

OD-017 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Schedule Deviation & Change Management




READING THIS TREE

**No finding**
Activity stands. Complete the checklist and continue.

**Minor**
Handled in place at task level; no escalation.

**Major**
Supervisory decision required before the next stage.

**Critical**
Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every deviation has a logged source, timestamp, and severity classification.
- Provider licensure/coverage confirmed for each re-sequenced slot.
- Continuity-of-care and time-sensitive windows verified before change is committed.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Deviation source and timestamp recorded | | |
| Affected commitment(s) and resources identified | | |
| Severity classified per Section 8 | | |
| Provider licensure/coverage confirmed for new slot | | |
| Time-sensitive treatment/specimen window checked | | |
| Required authorization obtained and logged | | |
| Schedule of record updated; notification handed to OD-022 | | |

## 11. KPIs

- Deviations logged with complete record: ≥ 98%
- Missed time-sensitive treatment intervals due to schedule change: 0
- Major/Critical deviations authorized before commitment: 100%

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-018 — Subcontractor & Vendor Coordination

**Estimated completion time: 45–90 minutes per vendor engagement (initial onboarding); 15–30 minutes per recurring coordination cycle**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To govern how the practice engages and coordinates external providers — equipment vendors, reference/diagnostic services, mobile clinical support, sterilization or laundry services, courier/transport, and IT/records vendors — so that patient care continuity, protected health information (PHI), and service quality are protected while third parties perform part of the operation.

## 2. Scope

Covers vendor/subcontractor selection intake, agreement and credential verification, scheduling and access coordination, deliverable acceptance, and coordination records for external providers supporting Operations. Excludes contractor maintenance supervision, which is covered under MD-018, and contractor safety, which is covered under SD-023.

## 3. Responsibilities

- Operations Coordinator — initiates vendor requests, maintains the vendor roster, schedules on-site or remote work, and confirms deliverables against the agreement.
- Supervising Licensed Professional — approves any vendor whose work touches patient care, clinical devices, specimens, or PHI, and confirms clinical continuity is preserved.
- Compliance/Privacy Officer (or designee) — verifies business-associate agreements (BAAs), exclusion screening, insurance, and required credentials before work begins.

## 4. Required PPE & Lockout/Tagout

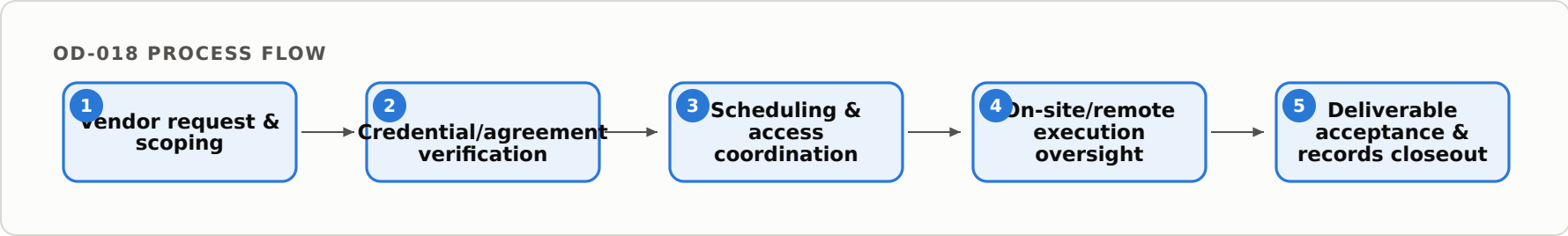
- Standard facility PPE where the vendor enters clinical or specimen-handling areas (gloves, eye protection, or gowns per facility infection-control policy); administrative coordination requires none.
- Not applicable — no hazardous energy controlled by this procedure. Any energy isolation for equipment work is handled under MD-018.

## 5. Regulatory References

- 45 CFR Parts 160 & 164 (HIPAA Privacy & Security Rules) — business-associate obligations for any vendor with PHI access.
- 42 CFR §1001.1901 / OIG–SAM exclusion screening — verification that vendors and subcontractors are not excluded from federal health programs.

- 29 CFR 1910.1030 (OSHA Bloodborne Pathogens) — applies where vendors may contact blood, specimens, or other potentially infectious material.
- State licensing-board and facility-licensure requirements governing use of external providers (e.g., referenced-lab or mobile-service arrangements) as applicable to the service line.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



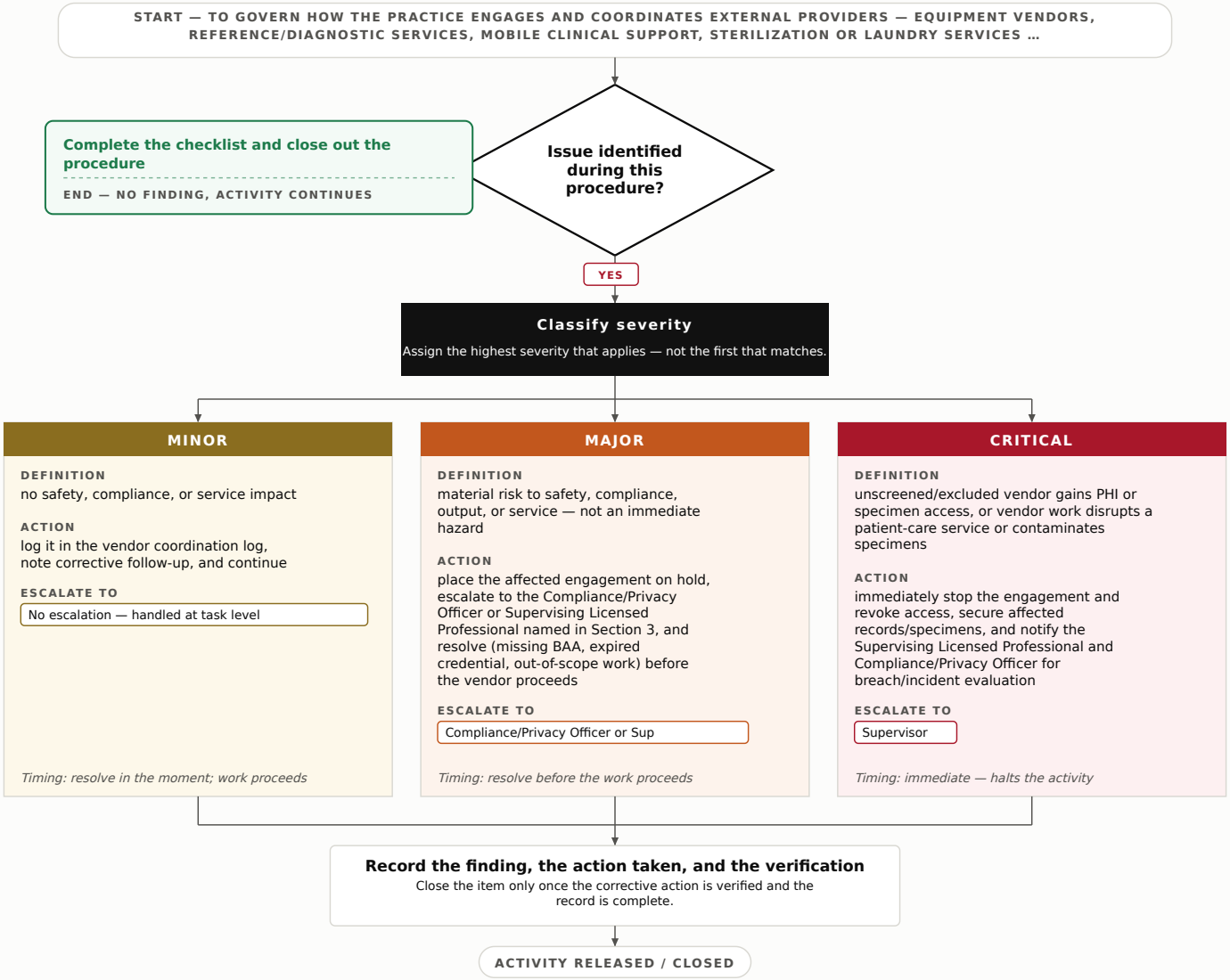

## 7. Step-by-Step Procedure

1. Receive the vendor need from the requesting service line; document the scope of work, whether PHI, specimens, or patient contact is involved, and the required completion window.
2. Check the approved vendor roster; for a new vendor, obtain proof of licensure/certification, liability insurance, and — for inbound clinical equipment or supplies — supplier documentation (e.g., 339112/339113 manufacturer specifications).
3. Route to the Compliance/Privacy Officer for OIG/SAM exclusion screening and BAA execution when PHI access is possible; hold work until confirmation is returned.
4. Obtain Supervising Licensed Professional approval for any vendor whose work touches patient care, devices, specimens, or clinical records.
5. Schedule the engagement; coordinate facility access, escort requirements, and any care-continuity coverage so patient services are not interrupted.
6. During execution, confirm the vendor performs only the agreed scope and follows facility infection-control and privacy rules; log any deviation.
7. On completion, verify deliverables against the agreement (equipment functional check-in, service report, or delivery reconciliation via 423450 medical equipment wholesaler channels) and confirm no open access credentials remain.
8. Record the engagement in the vendor coordination log — vendor, scope, approvals, dates, and acceptance status — and file the agreement and screening evidence per retention policy.

## 8. Decision Tree

OD-018 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Subcontractor & Vendor Coordination




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- BAA and exclusion screening confirmed before any PHI-access work begins.
- Required licensure, insurance, and clinical approval on file for the current engagement.
- Scope-of-work and deliverables reconciled against the agreement at closeout.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Vendor on approved roster or newly vetted | | |
| BAA executed where PHI access applies | | |
| OIG/SAM exclusion screening completed | | |
| Licensure & insurance current | | |
| Clinical approval obtained where required | | |
| Deliverables reconciled to agreement | | |
| Access credentials closed & engagement logged | | |

## 11. KPIs

- Vendors with completed BAA/screening before work start: 100%
- Engagements with deliverables reconciled at closeout: ≥ 98%
- Vendor coordination log completeness (all fields recorded): ≥ 95%

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-019 — Interdepartmental Coordination Review

**Estimated completion time: 45–90 minutes per coordination cycle (typically weekly or per care episode)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure aligns Operations with the other functions that touch the same patient work — clinical care, scheduling/intake, billing, and supply/materials — so that handoffs occur without gaps, duplication, or care delays. It ensures every department working a shared case operates from the same schedule, patient status, authorization, and resource picture.

## 2. Scope

Covers the recurring operational review that reconciles Operations activity with adjacent departments across the shared workflow — scheduling, clinical service delivery, revenue/authorization, and materials/inventory — for all care settings, whether facility-based or field-based (home health). Excludes the clinical decision-making itself and any documentation of protected health information, which remain with licensed clinicians and the privacy program; this procedure coordinates around those functions, it does not perform them.

## 3. Responsibilities

- Operations Coordinator — convenes the review, maintains the shared coordination log, and drives resolution of open handoff items to closure.
- Supervising Licensed Professional (clinical lead for the service line) — confirms care-continuity, patient status, and any clinical constraints affecting operational plans.
- Department Liaisons (Scheduling/Intake, Billing/Authorization, Materials) — bring their department's open items, capacity constraints, and dependencies on Operations.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only if the review occurs in a clinical or patient-care area; otherwise none required for the administrative review itself.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 & 164 — governs the minimum-necessary sharing of patient information across departments during coordination.
- OSHA General Duty Clause, 29 USC 654(a)(1), and Bloodborne Pathogens Standard, 29 CFR 1910.1030 — where coordination touches staffing or exposure-control conditions in any care setting.

- Applicable state licensing-board and facility-operating requirements for the service line (e.g., state home health, ambulatory, or clinic operating rules) — governs continuity-of-care and staffing obligations that cross-department plans must respect.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

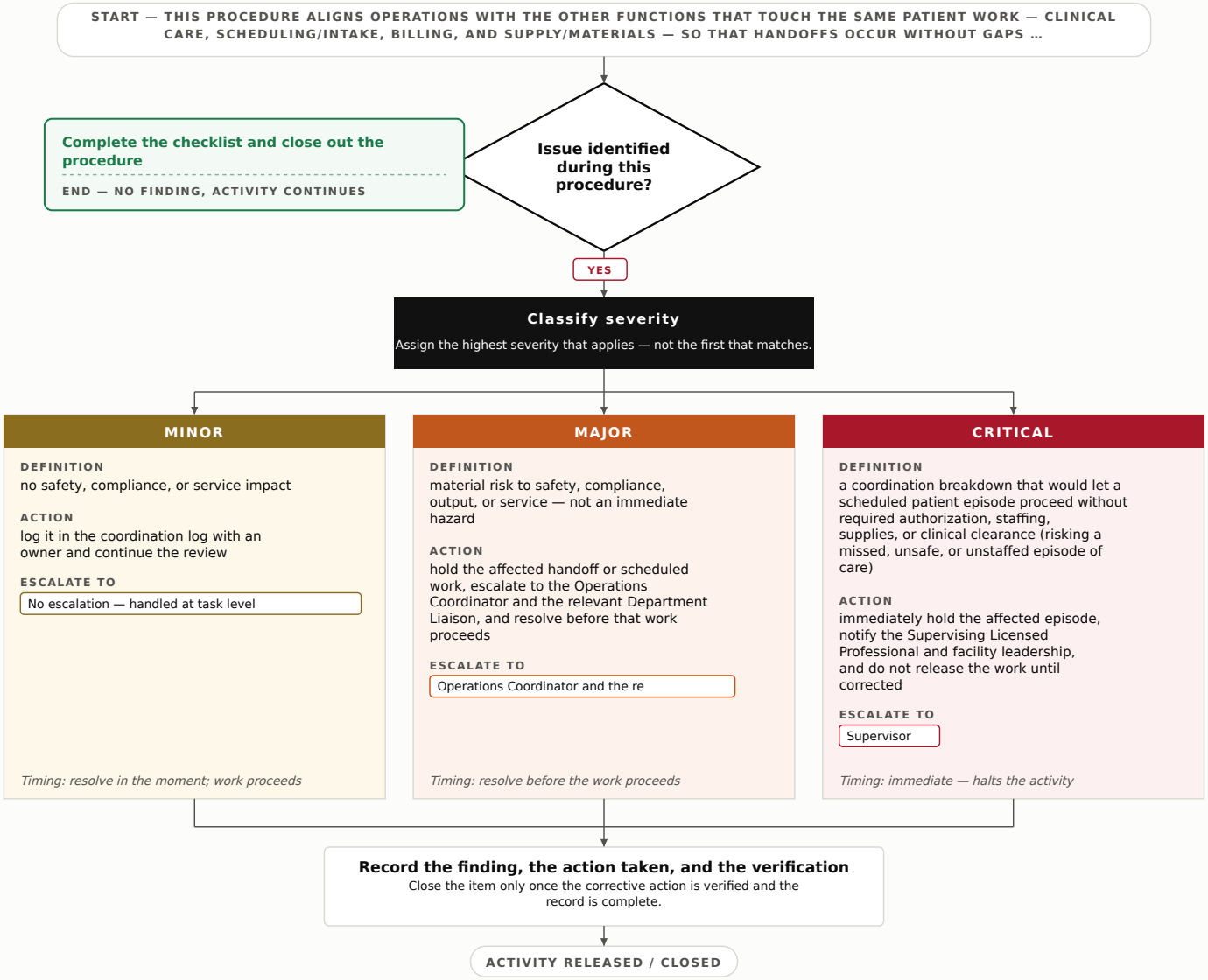

## 7. Step-by-Step Procedure

1. Compile the current shared work list — active patients/cases, scheduled visits or procedures, and pending items each department is holding on Operations.
2. Confirm the shared schedule matches across Scheduling/Intake and clinical service delivery; flag any double-booked, unstaffed, or unassigned slots or field routes.
3. Verify each in-progress case has valid authorization/eligibility standing with Billing/Authorization before Operations commits resources; note any that must pause.
4. Reconcile materials and supply readiness with the Materials Liaison so consumables and appliances required for scheduled care are on hand or on order.
5. Review clinical constraints with the Supervising Licensed Professional — patient status changes, isolation needs, or clinician availability affecting the plan.
6. Identify every conflict, gap, or dependency; assign a named owner and a resolution date to each, sharing only the minimum patient information necessary.
7. Confirm closure of items carried over from the prior review; reopen or escalate any that remain unresolved.
8. Record all decisions, owners, and dates in the coordination log and distribute to department liaisons.

## 8. Decision Tree

OD-019 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Interdepartmental Coordination Review




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Shared schedule reconciled and free of unstaffed or double-booked slots/routes.
- Every active case has confirmed authorization and materials readiness or a documented hold.
- All open items have a named owner and resolution date; prior-cycle items confirmed closed.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Shared work list compiled from all touching departments | | |
| Schedule/route reconciled across Scheduling and clinical delivery | | |
| Authorization/eligibility verified for active cases | | |
| Materials/supply readiness confirmed with Materials Liaison | | |
| Clinical constraints reviewed with Supervising Licensed Professional | | |
| Minimum-necessary rule observed in all information sharing | | |
| Coordination log updated; prior items confirmed closed | | |

## 11. KPIs

- Open handoff items resolved by target date ≥ 95%
- Scheduled episodes proceeding without a coordination-caused delay ≥ 98%
- Prior-cycle carryover items unresolved at next review ≤ 5%

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# Phase 4 — Completion & customer handoff

# OD-020 — Job / Order Completion Verification

**Estimated completion time: 15–40 minutes per job/order**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure confirms that a completed job or service order — a patient visit episode, a prepared device or supply order, a home-care encounter, or a processed biological or diagnostic product — matches the ordering provider's specification and the patient's plan of care before it is handed to the release step. It prevents incomplete, mismatched, or undocumented work from reaching the patient or downstream channel.

## 2. Scope

Covers verification that all specified service components, documentation, and deliverables of a completed order are present and conform to the order/plan of care across facility-based and field-based service lines. Excludes final inspection (spec-conformance testing), which is covered under QC-012, and formal release/turnover to the patient or channel, which is covered under QC-013.

## 3. Responsibilities

- Operations Coordinator — assembles the completed order, runs the verification checklist, and confirms all specified components and documents are present.
- Supervising Licensed Professional — verifies clinical/service conformance to the order or plan of care and authorizes progression to final inspection.
- Quality/Compliance Lead — reviews holds, dispositions escalations, and confirms documentation and consent records are complete.

## 4. Required PPE & Lockout/Tagout

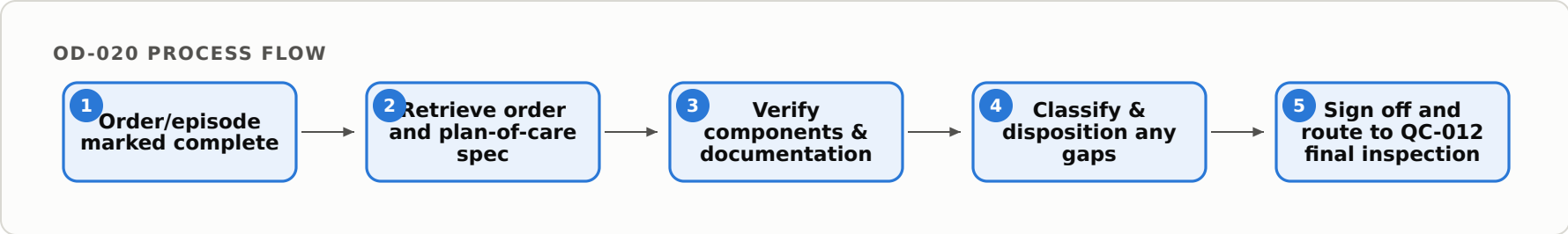
- Standard facility PPE where physical items are handled (gloves for handling devices, supplies, or biological/diagnostic products); no PPE required for records-only verification.
- Not applicable — no hazardous energy involved. Where a service line stores biological products or specimens, follow cold-chain/containment handling per facility policy.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 & 164 (protected health information in order/verification records).
- State professional licensing board and scope-of-practice requirements applicable to the service line (verification by/under a licensed professional).

- CMS Conditions for Coverage / Conditions of Participation applicable to the facility or service line (e.g., 42 CFR 494 for dialysis, 42 CFR 416 for ambulatory surgical centers, 42 CFR 484 for home health, 42 CFR 493 CLIA where laboratory/diagnostic components apply).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



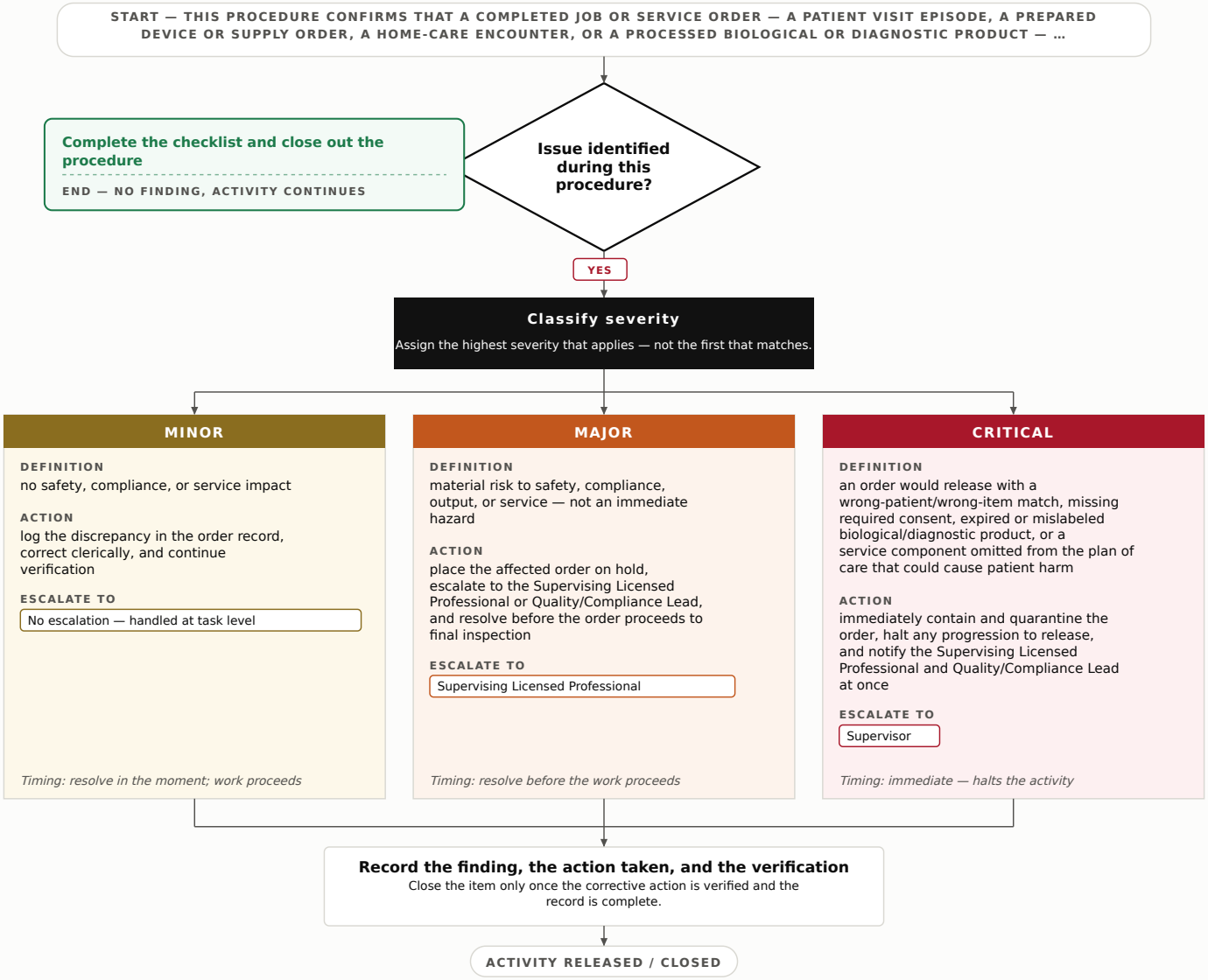

## 7. Step-by-Step Procedure

1. Retrieve the completed order or encounter record and the governing specification (provider order, plan of care, or device/supply requisition).
2. Confirm patient/order identity using two identifiers and match the record to the correct specification.
3. Verify that every specified service component was performed or every ordered item is present and correctly configured (device fitting, therapy units, supply quantities, processed product attributes).
4. Confirm required documentation is present and signed: clinical notes, consent/authorization, results or fitting records, and any labeling for items sourced from device/supply manufacturers.
5. Cross-check quantities, part/lot identifiers, and expiration dates for any physical deliverables against the requisition.
6. Confirm the Supervising Licensed Professional has attested conformance to the order/plan of care.
7. Classify any discrepancy per the Decision Tree and place non-conforming work on hold.
8. Record verification outcome, initials, and timestamp in the order record and route conforming orders to final inspection per QC-012.

## 8. Decision Tree

OD-020 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Job / Order Completion Verification




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Patient/order identity confirmed with two identifiers against the specification.
- All specified components and deliverables verified present and conforming.
- Required documentation, consent, and licensed-professional attestation complete.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Order/episode matched to correct patient and specification (two identifiers) | | |
| All specified service components performed or ordered items present | | |
| Quantities, part/lot IDs, and expiration dates verified for physical deliverables | | |
| Clinical notes, results, and consent/authorization documented and signed | | |
| Supervising Licensed Professional conformance attestation recorded | | |
| Non-conformances classified, held, and dispositioned | | |
| Verification outcome, initials, and timestamp entered in order record | | |

## 11. KPIs

- Order verification accuracy (orders passing without post-release correction) ≥ 99%.
- Verification completed before release with full documentation ≥ 98%.
- Critical findings reaching release step = 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-021 — Delivery / Service Turnover

**Estimated completion time: 15–45 minutes per patient/client turnover event**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure governs the controlled release of a completed service, treatment episode, fitted device, or care deliverable to the patient/client (or to the next party in the care continuum) so that the recipient leaves with a safe, understood, and properly documented outcome. It ensures the finished work is clinically cleared, instructions are conveyed, and the encounter is closed accurately.

## 2. Scope

Covers the final turnover of completed services or patient-facing deliverables (e.g., a fitted orthotic or hearing aid, a dialysis session completion, a post-procedure discharge, a home-health visit close-out, or a lab/blood-product release to the requesting party) across all facility-based and field-based service lines. Excludes physical loading/dispatch logistics, which are covered under SH-014, and formal capture of proof of delivery/receipt, which is covered under SH-024.

## 3. Responsibilities

- Supervising Licensed Professional — confirms clinical clearance for release, signs off that the deliverable/outcome meets order and care-plan requirements, and authorizes turnover.
- Operations Turnover Coordinator — verifies documentation completeness, matches the deliverable to the correct patient/order, and executes the turnover handoff.
- Compliance/Privacy Officer — oversees PHI safeguards during handoff and adjudicates escalated release-hold decisions.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE per point-of-care protocol (gloves, hand hygiene; added barrier PPE where turnover involves patient contact, wound care, or biological products).
- Not applicable — no hazardous energy involved. Where a device is powered (e.g., programmable hearing aid, home infusion pump), confirm it is in patient-safe operating state before release.

## 5. Regulatory References

- HIPAA Privacy and Security Rules, 45 CFR Parts 160 & 164 — protection of PHI during patient/next-party handoff.
- 42 CFR §482.43 / applicable Conditions of Participation & Coverage for discharge/transition of care (facility-based and home-health service lines).

- OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 — where turnover involves biological materials or contaminated items.
- FDA 21 CFR 801 (device labeling/use instructions) — where a regulated device is dispensed; state professional licensing-board scope-of-practice rules governing who may authorize release (e.g., optometry, PT/OT/speech, podiatry, chiropractic boards).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

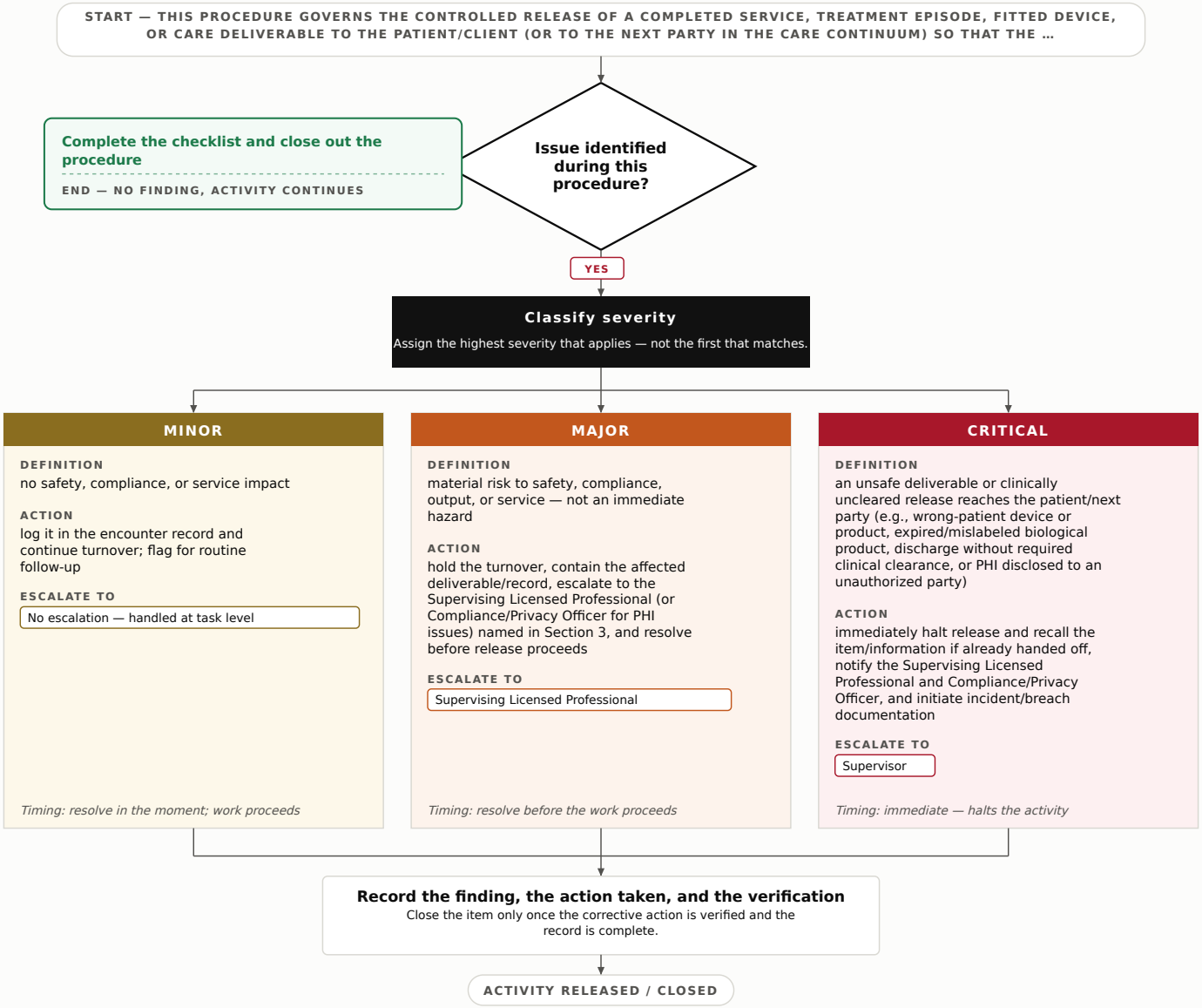

## 7. Step-by-Step Procedure

1. Confirm the Supervising Licensed Professional has documented clinical clearance and that the care plan/order is complete for this encounter.
2. Verify two patient identifiers and match the deliverable or service outcome to the correct patient/order record.
3. Perform a final functional/condition check of the deliverable (device fit and operation, treatment result, product integrity/labeling) against the original order specifications.
4. Provide patient/next-party instructions — use/care instructions, warning signs, follow-up plan — and confirm understanding (teach-back where clinically indicated).
5. Obtain and record any required consent, acknowledgment, or transition-of-care information; hand off future-care details to the receiving party where applicable.
6. Apply PHI safeguards during handoff (release only to the patient or authorized recipient; verify authorization for third-party release).
7. Route physical release logistics to SH-014 and record proof of receipt per SH-024 as applicable — do not perform those steps here.
8. Complete the turnover documentation in the record: who released, what was released, instructions given, clearance reference, and time/date; close the encounter.

## 8. Decision Tree

OD-021 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Delivery / Service Turnover




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Clinical clearance documented and matched to the correct patient/order before any handoff.
- Deliverable final condition/function verified against order specifications.
- Patient/next-party instructions delivered and understanding confirmed.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Two-identifier patient/order match verified | | |
| Supervising Licensed Professional clearance documented | | |
| Deliverable/outcome final check passed | | |
| Use/care instructions and follow-up conveyed | | |
| Consent/acknowledgment recorded where required | | |
| Released only to patient or authorized recipient (PHI-safe) | | |
| Turnover documentation complete and encounter closed | | |

## 11. KPIs

- Turnover documentation completeness: ≥ 99% of encounters fully documented at close-out.
- Clinical-clearance-before-release compliance: 100%.
- Critical turnover errors (wrong-patient/uncleared/unauthorized release): 0 per quarter.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-022 — Customer Communication & Status Notification

**Estimated completion time: 10–30 minutes per patient/client contact event; ongoing across the care or service episode**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To keep each patient, client, authorized representative, or referral source accurately informed of appointment status, changes to scheduled services, delays, and completion of care or service episodes, so that expectations are managed and continuity of care is preserved across this Healthcare Services operation.

## 2. Scope

Covers proactive and reactive status notifications for scheduled visits, home visits, procedures, testing, therapy sessions, and specimen/collection or service completion across facility-based and field-based service lines. Excludes complaint intake, which is covered under OD-023, and quality complaint investigation, which is covered under QC-021.

## 3. Responsibilities

- Front Office / Patient Access Coordinator — issues routine status notifications (reminders, reschedules, arrival/delay updates) through approved channels and logs each contact.
- Operations Supervisor — approves notifications involving service changes or delays, resolves escalations, and owns notification content standards.
- Supervising Licensed Professional — reviews and authorizes any notification that conveys clinical status, results availability, or care-plan changes before release to the patient or representative.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE per role and setting; no additional PPE required for the communication task itself.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy Rule (45 CFR Part 164, Subpart E) and Security Rule (45 CFR Part 164, Subpart C) — governs permissible use/disclosure of PHI in patient communications and verification of recipient identity/authorization.
- HIPAA Breach Notification Rule (45 CFR §§164.400–414) — applies to misdirected or unauthorized notifications.
- Telephone Consumer Protection Act (47 CFR §64.1200) — governs automated/text/voice appointment and status contacts and consent.
- Applicable state patient-communication, confidentiality, and consent statutes and the requirements of the applicable state licensing board.

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

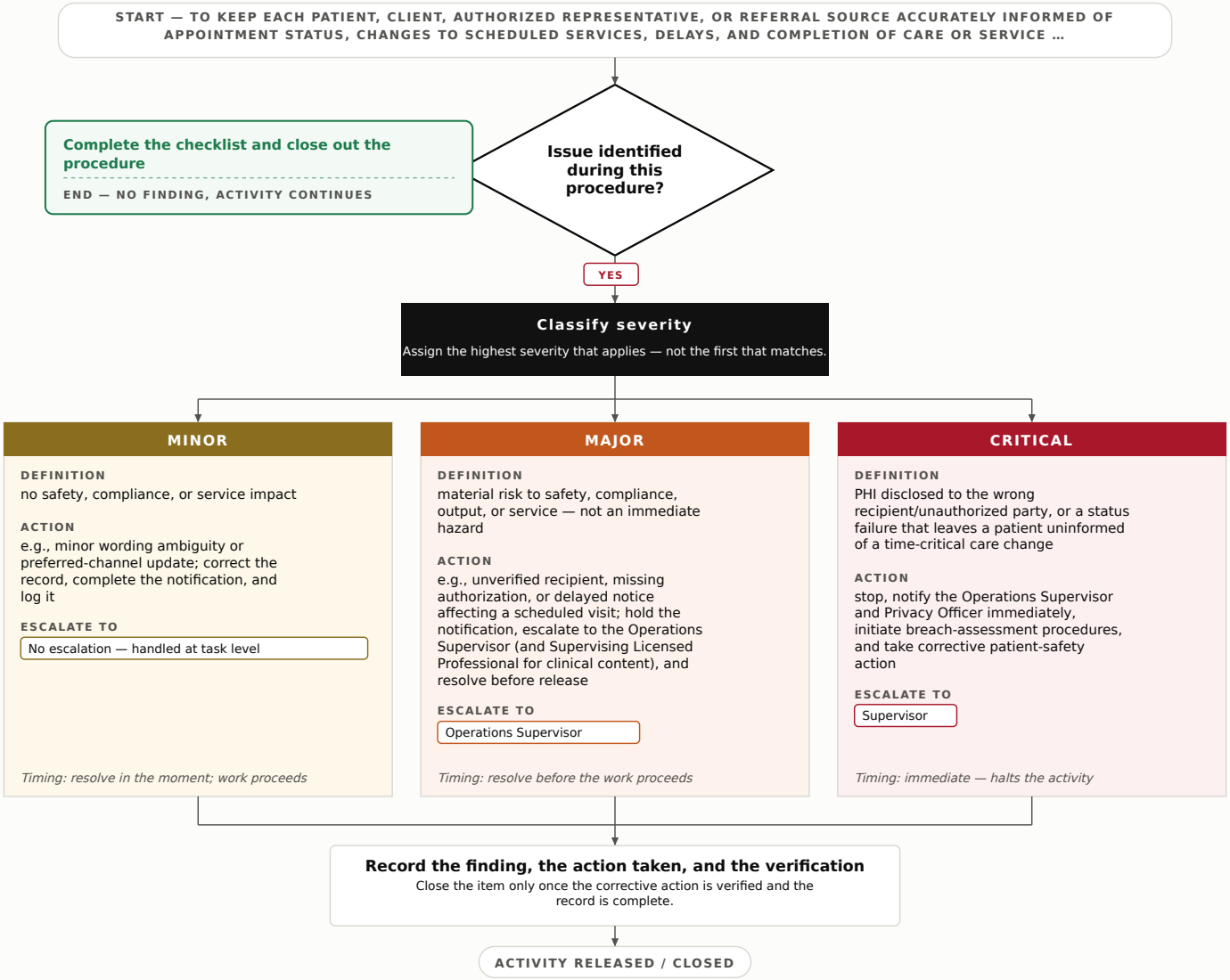

## 7. Step-by-Step Procedure

1. Identify the notification trigger (scheduled reminder, delay, reschedule, cancellation, results/service ready, or completion) and the affected patient/client or authorized representative.
2. Verify recipient identity and confirm the authorized contact method and any communication restrictions on file before any PHI is disclosed.
3. Determine minimum necessary content — status, reason, next step, and required patient action — limiting clinical detail to what the recipient is authorized to receive.
4. Route notifications conveying clinical status, results availability, or care-plan changes to the Supervising Licensed Professional for authorization; route service-change or delay notices to the Operations Supervisor.
5. Deliver the notification through the approved channel (verified phone, secure message/portal, or consented text/voice), using approved language and avoiding PHI on unsecured channels or voicemail beyond consented limits.
6. Confirm receipt where the notification is time-sensitive (e.g., delay affecting a home visit or scheduled procedure) and offer a rescheduling or contact path.
7. Handle any patient concern raised during the contact per OD-023 (complaint intake); do not adjudicate it here.
8. Document the contact — date/time, recipient, channel, content summary, authorization, and receipt/outcome — in the patient/service record.

## 8. Decision Tree

OD-022 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Customer Communication & Status Notification




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Recipient identity and authorized contact method verified before any PHI disclosure.
- Clinical/results content authorized by the Supervising Licensed Professional prior to release.
- Notification limited to minimum necessary information via an approved, consented channel.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Recipient identity/authorization verified before disclosure | | |
| Approved channel used and consent on file | | |
| Minimum-necessary content standard met | | |
| Clinical content authorized by licensed professional | | |
| Receipt confirmed for time-sensitive notices | | |
| Contact documented in patient/service record | | |
| Any concern routed to OD-023, not adjudicated here | | |

## 11. KPIs

- On-time notification of schedule/service changes ≥ 95% before the affected appointment.
- Notification documentation completeness ≥ 98% of contacts.
- Misdirected/unauthorized disclosure events = 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-023 — Customer Feedback & Complaint Intake

**Estimated completion time: 15–30 minutes per intake event**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To establish a consistent method for receiving, documenting, acknowledging, and routing patient/client feedback and complaints so that concerns are captured accurately, protected privacy is maintained, and matters are directed to the correct owner for resolution across any Healthcare Services setting.

## 2. Scope

Covers all inbound feedback and complaints — clinical-care concerns, service/access issues, billing disputes, and comments — received in person, by phone, mail, portal, or survey at any facility-based or field-based service line. Excludes quality complaint investigation (see QC-021) and corrective action (see QC-019); this procedure ends at logging and routing.

## 3. Responsibilities

- Intake Coordinator (Operations) — receives feedback, records it in the complaint log, sends acknowledgement, and routes to the correct owner.
- Operations Supervisor — triages severity, assigns owners, monitors grievance timelines, and verifies daily log completeness.
- Supervising Licensed Professional — reviews any complaint alleging clinical harm, adverse event, or care-quality risk and confirms clinical escalation.

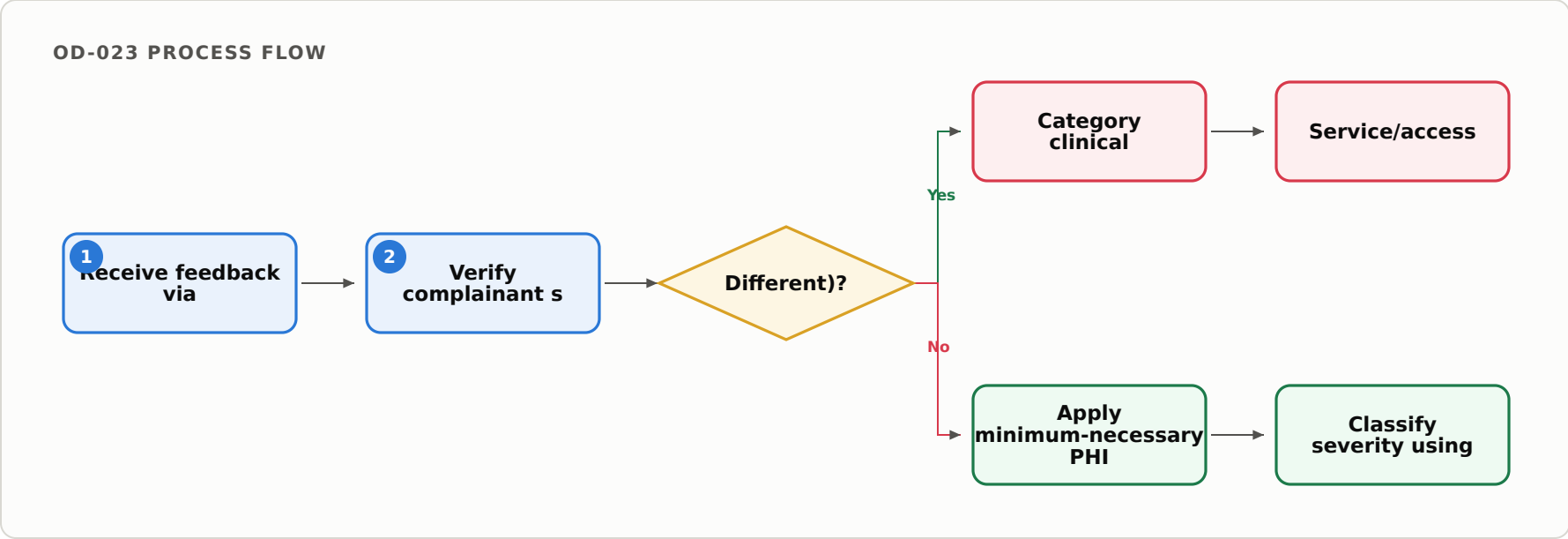
## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only where intake occurs in a clinical/patient-care zone; none required for administrative intake.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy & Security Rules, 45 CFR Parts 160 & 164 (safeguarding protected health information within any feedback record).
- Section 1557 of the ACA / 45 CFR Part 92 and Title VI (language-access and nondiscrimination handling of grievances).
- Applicable CMS Conditions of Participation/Coverage patient-grievance requirements where the service line participates in Medicare/Medicaid (e.g., 42 CFR §494.180 for dialysis facilities, §416.42 for ambulatory surgical centers) and applicable state licensing-board patient-complaint rules.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



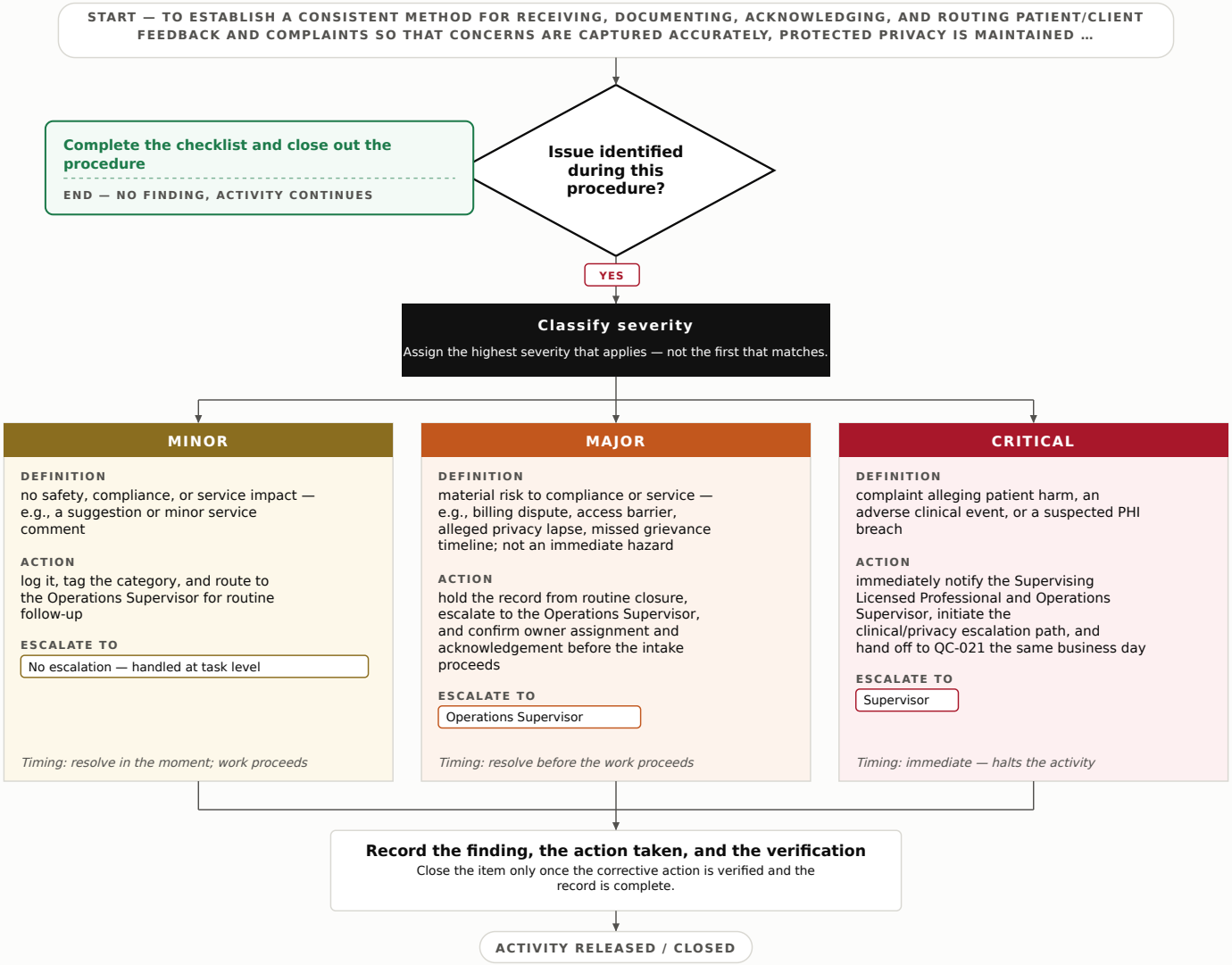

## 7. Step-by-Step Procedure

1. Receive the feedback via any channel (in person, phone, mail, patient portal, survey) and thank the complainant; do not attempt to investigate or adjudicate.
2. Verify the complainant's identity and relationship to the patient before discussing any PHI; capture consent/authorization where a third party is involved.
3. Record the intake in the complaint log: date/time, channel, complainant, patient (if different), category (clinical, service/access, billing, privacy, other), and a factual summary in the complainant's words.
4. Apply minimum-necessary PHI handling — store the record in the access-controlled log system, not in open email or shared paper trays.
5. Classify severity using Section 8 and assign the responsible owner (Operations Supervisor for service/billing; Supervising Licensed Professional for clinical-care or adverse-event concerns).
6. Send acknowledgement to the complainant within the facility's grievance-timeline standard, stating the reference number and expected follow-up.
7. Route the logged record to the assigned owner and hand off any clinical-harm or investigation matter to QC-021; log the hand-off reference.
8. Complete the inspection checklist, confirm all fields are recorded, and mark the intake closed (intake closure ≠ complaint resolution).

## 8. Decision Tree

OD-023 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Customer Feedback & Complaint Intake




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Complainant identity/authorization verified before any PHI is discussed or recorded.
- All required log fields completed with a factual, verbatim-based summary.
- Acknowledgement sent within the facility grievance-timeline standard.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Feedback recorded in access-controlled complaint log | | |
| Complainant identity/authorization verified | | |
| Category and severity correctly assigned | | |
| Acknowledgement sent within timeline | | |
| PHI handled per minimum-necessary standard | | |
| Correct owner assigned and routing confirmed | | |
| Critical items handed off to QC-021 and logged | | |

## 11. KPIs

- Acknowledgement within grievance-timeline standard ≥ 95%.
- Complete log fields at intake closure ≥ 98%.
- Critical complaints routed same business day = 100%.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# Phase 5 — Oversight & continuity

# OD-024 — Operational Incident Reporting & Response

**Estimated completion time: 30–90 minutes per incident (initial report and classification); follow-up review may extend to 30 days for corrective-action closure.**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To establish a consistent method for reporting, classifying, and responding to operational incidents and near-misses — service interruptions, scheduling and intake errors, supply-chain failures, and process breakdowns — so that patient/client impact is contained, root causes are identified, and required internal and external notifications occur on time.

## 2. Scope

Covers operational incidents and near-misses affecting service delivery, patient/client flow, supply and materials handling, and administrative processes across facility-based and field-based service lines. Excludes workplace safety incident reporting, which is covered under SD-018, and equipment breakdown/failure response, which is covered under MD-009.

## 3. Responsibilities

- Operations Supervisor — receives incident reports, assigns severity classification, initiates containment, and owns corrective-action tracking to closure.
- Intake/Front Office Coordinator — first responder for reporting; documents the event, notifies affected patients/clients where required, and logs the initial report within the required window.
- Supervising Licensed Professional (or designated Compliance Officer) — reviews incidents with potential regulatory, privacy, or clinical-service impact and authorizes external notifications.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE per role; not incident-specific unless the affected work area independently requires it.
- Not applicable — no hazardous energy involved. This is an administrative reporting and response procedure.

## 5. Regulatory References

- HIPAA Privacy and Breach Notification Rules, 45 CFR Parts 160 and 164 — governs incidents involving protected health information across all covered members.
- OSHA General Duty Clause, 29 USC 654(a)(1), and recordkeeping under 29 CFR 1904 — general operational-incident documentation obligations (safety-specific reporting handled in SD-018).

- State licensing-board and department-of-health incident/adverse-event reporting requirements applicable to the facility's license type (e.g., ambulatory surgical center or dialysis conditions of participation, or home-health agency conditions where applicable).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

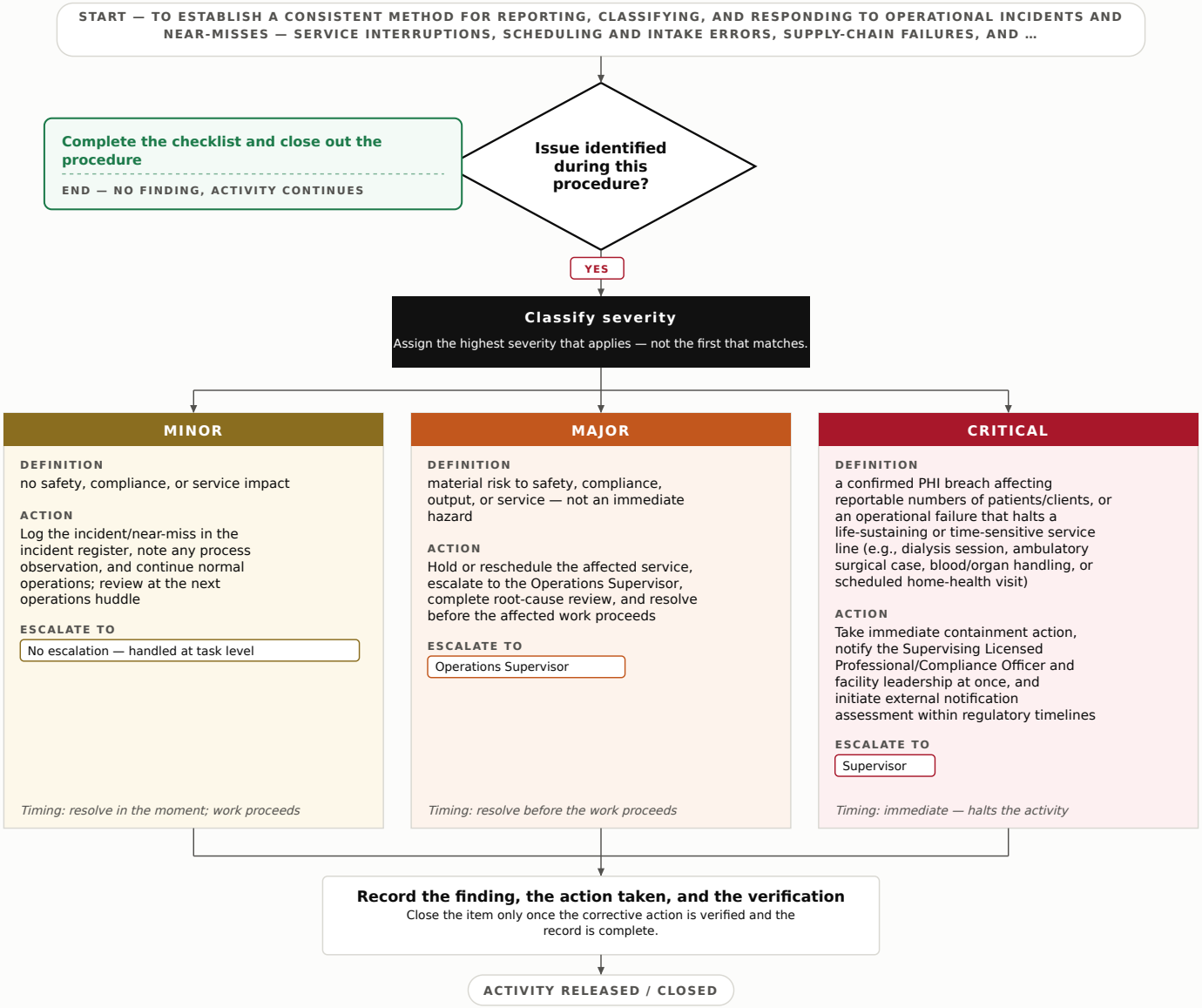

## 7. Step-by-Step Procedure

1. Any staff member who observes or is informed of an operational incident or near-miss reports it to the Operations Supervisor or Intake/Front Office Coordinator immediately, or by end of shift for near-misses.
2. First responder takes immediate containment action — hold or reschedule the affected service, redirect patient/client flow, or quarantine questionable supplies received from medical equipment/instrument sources (see 339112 / 339113 handling procedures).
3. Record the initial report: date, time, location or service line, persons involved, description, and whether any PHI or patient/client care was affected.
4. Operations Supervisor classifies severity using the Decision Tree (Section 8).
5. Escalate and notify per the assigned class — internal roles first, then the Supervising Licensed Professional/Compliance Officer for any incident with regulatory or privacy implications.
6. Determine reportable-event status; where a HIPAA breach or state-required adverse event is indicated, route to the Compliance Officer for external notification timing.
7. Conduct root-cause review, assign corrective actions with owners and due dates, and verify effectiveness before closure.
8. Document the full incident record, classification, notifications made, and corrective-action closure in the incident log; retain per facility retention policy.

## 8. Decision Tree

OD-024 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational Incident Reporting & Response




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every reported incident has a documented severity classification and named owner.
- All Major and Critical incidents have a completed root-cause analysis on file.
- PHI-involved incidents are reviewed for breach-notification triggers within required timelines.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Incident/near-miss reported and logged within required window | | |
| Immediate containment action documented | | |
| Severity classification assigned and justified | | |
| PHI/patient-care impact assessed and recorded | | |
| Required internal and external notifications made and dated | | |
| Root-cause review completed for Major/Critical incidents | | |
| Corrective actions assigned with owners and due dates | | |

## 11. KPIs

- Incidents logged within reporting window: ≥ 95%.
- Major/Critical incidents with completed root-cause analysis: 100%.
- Corrective-action closure within 30 days of classification: ≥ 90%.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-025 — Emergency & Business Continuity Readiness Check

**Estimated completion time: 2–4 hours (single site)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure verifies that the operation can respond to a service disruption (utility loss, IT/EHR outage, staffing shortfall, supply interruption, or facility inaccessibility) and resume delivery of patient care or services within its stated recovery targets. It confirms that continuity documentation, contacts, and readiness controls are current — it does not run the emergency itself.

## 2. Scope

Covers the periodic readiness verification of the operation's business continuity plan, continuity documentation, essential-function inventory, contact rosters, and recovery-time assumptions across facility-based and field-based service lines. Excludes emergency drills and live emergency response (see SD-015, SD-016) and backup power system testing and maintenance (see ED-027); this procedure only confirms that those controls exist, are documented, and are current.

## 3. Responsibilities

- Operations Manager — owns the readiness check, schedules it, and approves closeout; final authority on findings disposition.
- Continuity / Emergency Preparedness Coordinator — executes the verification steps, maintains continuity documentation, and logs findings.
- Supervising Licensed Professional — confirms that essential clinical/patient-care functions and their recovery priorities are accurately represented and clinically sound.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only; no additional PPE required for this administrative verification.
- Not applicable — no hazardous energy involved. Do not energize, test, or de-energize backup power equipment under this procedure (see ED-027).

## 5. Regulatory References

- 42 CFR §482 / Medicare & Medicaid Emergency Preparedness Rule (§ applicable to the facility's participating provider/supplier type) — where the operation participates in Medicare/Medicaid.
- 45 CFR §164.308(a)(7) (HIPAA Security Rule — Contingency Plan: data backup, disaster recovery, emergency-mode operation) — applies to all covered members handling ePHI.
- 29 CFR §1910.38 (OSHA Emergency Action Plan) and 29 CFR §1910.151 (medical/first aid) — applies to all employers in the span.

- Applicable state health facility/practitioner licensing board continuity or emergency-operations requirements — confirm per member type (e.g., ambulatory surgical, dialysis, or blood/organ bank conditions may impose added continuity obligations).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

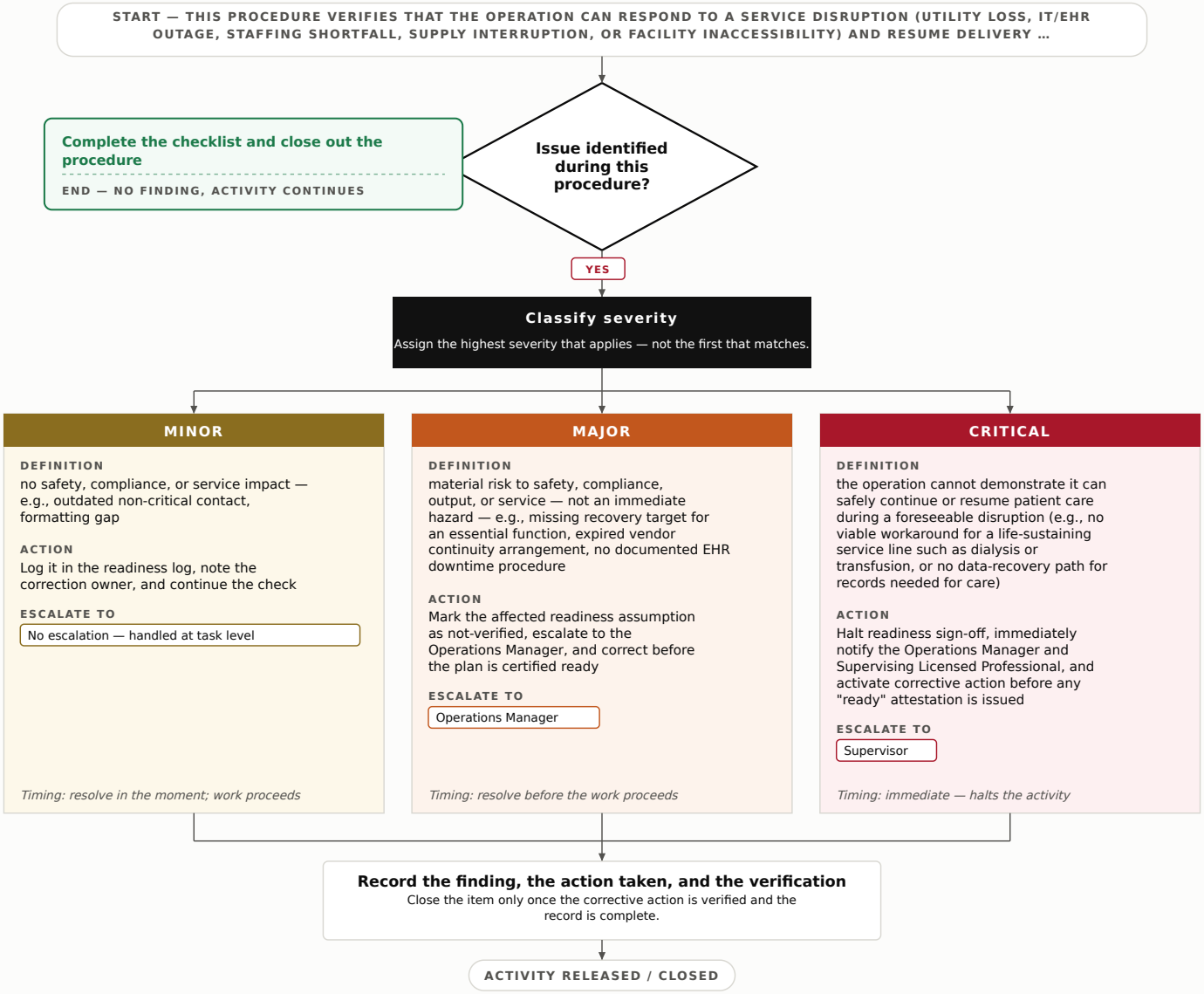

## 7. Step-by-Step Procedure

1. Retrieve the current business continuity plan and confirm its version, approval date, and that it reflects the present facility, service lines, and (where applicable) field/mobile operations.
2. Review the essential-function inventory with the Supervising Licensed Professional; confirm each patient-care and support function has a defined recovery-time objective and a documented workaround for downtime.
3. Verify continuity of critical supplies: confirm alternate-source arrangements and par-level buffers for essential instruments and consumables from upstream suppliers (339112 Surgical and Medical Instrument Manufacturing; 339113 Surgical Appliance and Supplies Manufacturing) and confirm the reorder path through medical equipment wholesalers (423450) is current.
4. Verify data/EHR contingency: confirm documented backup, restore, and emergency-mode (downtime) procedures exist and that the last successful backup/restore verification is recorded (do not perform a restore test here).
5. Confirm emergency contact rosters — staff, on-call clinicians, key vendors, and local emergency services — are current and reachable; test at least a representative sample.
6. Confirm cross-references to drill/response (SD-015, SD-016) and backup power (ED-027) are present and that those modules' most recent completion dates are on file — do not re-perform their tests.
7. Classify any gap using the Section 8 decision tree; contain or hold affected readiness assumptions until corrected.
8. Record all findings, dispositions, corrective actions, responsible owners, and the next scheduled review date in the readiness log; obtain Operations Manager approval.

## 8. Decision Tree

OD-025 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Emergency & Business Continuity Readiness Check




### READING THIS TREE

**No finding**
Activity stands. Complete the checklist and continue.

**Minor**
Handled in place at task level; no escalation.

**Major**
Supervisory decision required before the next stage.

**Critical**
Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Continuity plan version is current and approved within the review interval.
- Every essential patient-care function has a recovery-time objective and a documented downtime workaround.
- Contact rosters and vendor/data continuity arrangements verified against source records.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Current continuity plan retrieved, versioned, and approval date valid | | |
| Essential-function inventory complete with recovery targets | | |
| Documented downtime workaround exists for each essential service line | | |
| Critical supply alternate-source & buffer arrangements current | | |
| EHR/data backup & downtime procedure documented and last verification logged | | |
| Emergency contact rosters current and sample-tested reachable | | |
| SD-015/SD-016 and ED-027 cross-references present with recent completion dates | | |

## 11. KPIs

- Readiness check completed on schedule: 100% of scheduled reviews (at least annually).
- Essential functions with documented, current recovery targets: 100%.
- Critical findings open past their target correction date: 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-026 — Regulatory, License & Permit Currency Verification

**Estimated completion time: 3–5 hours per verification cycle (quarterly review); longer during initial roster build-out**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To confirm that every operating license, facility permit, provider registration, and regulatory enrollment required for this healthcare service to legally deliver patient care is current, unexpired, and in good standing. Lapsed authority exposes the organization to shutdown, billing denials, and civil penalty.

## 2. Scope

Covers currency verification of facility operating licenses, individual and organizational provider licenses/registrations, CLIA and DEA registrations where applicable, CMS provider enrollment, state licensing-board credentials, and jurisdictional business permits for all service lines within this operation. Excludes safety regulatory compliance (see SD-028) and permit-to-work authorizations (see MD-007); this procedure verifies only the currency and standing of operating authority, not safety program conformance or work-authorization controls.

## 3. Responsibilities

- Operations Manager — owns the verification cycle, approves the master credential/license register, and authorizes escalation for any lapsed authority.
- Compliance/Credentialing Coordinator — executes primary-source verification against issuing authorities, logs expiration dates, and tracks renewals to closure.
- Supervising Licensed Professional — confirms that clinical scope-of-practice conditions attached to each license/registration remain satisfied for the services actually delivered.

## 4. Required PPE & Lockout/Tagout

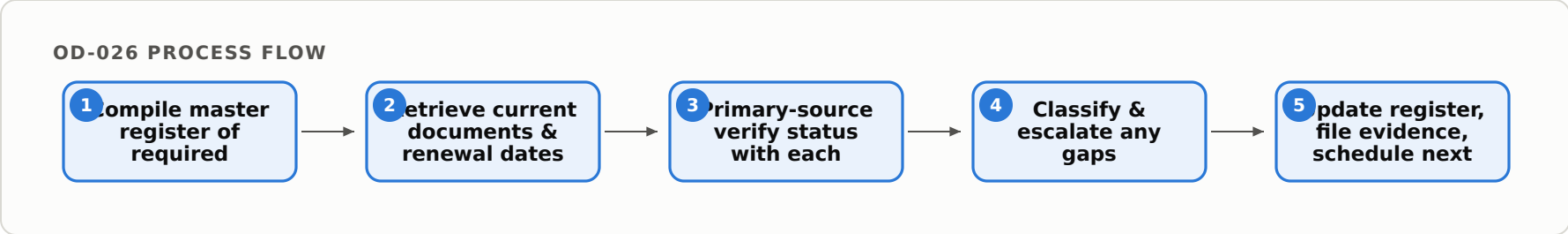
- Standard facility PPE per site policy when verification requires entry into clinical or specimen-handling areas; none required for records-based review.
- Not applicable — no hazardous energy involved. This is an administrative verification task.

## 5. Regulatory References

- 42 CFR Part 489 (CMS provider agreements and enrollment) — applicable to all Medicare/Medicaid-participating members of the span.
- State facility licensure statutes and state professional licensing-board regulations governing each service line and its supervising practitioners (applicable to every member; issuing authority varies by jurisdiction).

- 42 CFR Part 493 (CLIA) where the facility performs laboratory or specimen testing (e.g., dialysis centers, family planning centers, blood/organ banks); 21 CFR Part 1301 (DEA registration) where controlled substances are handled or stored.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



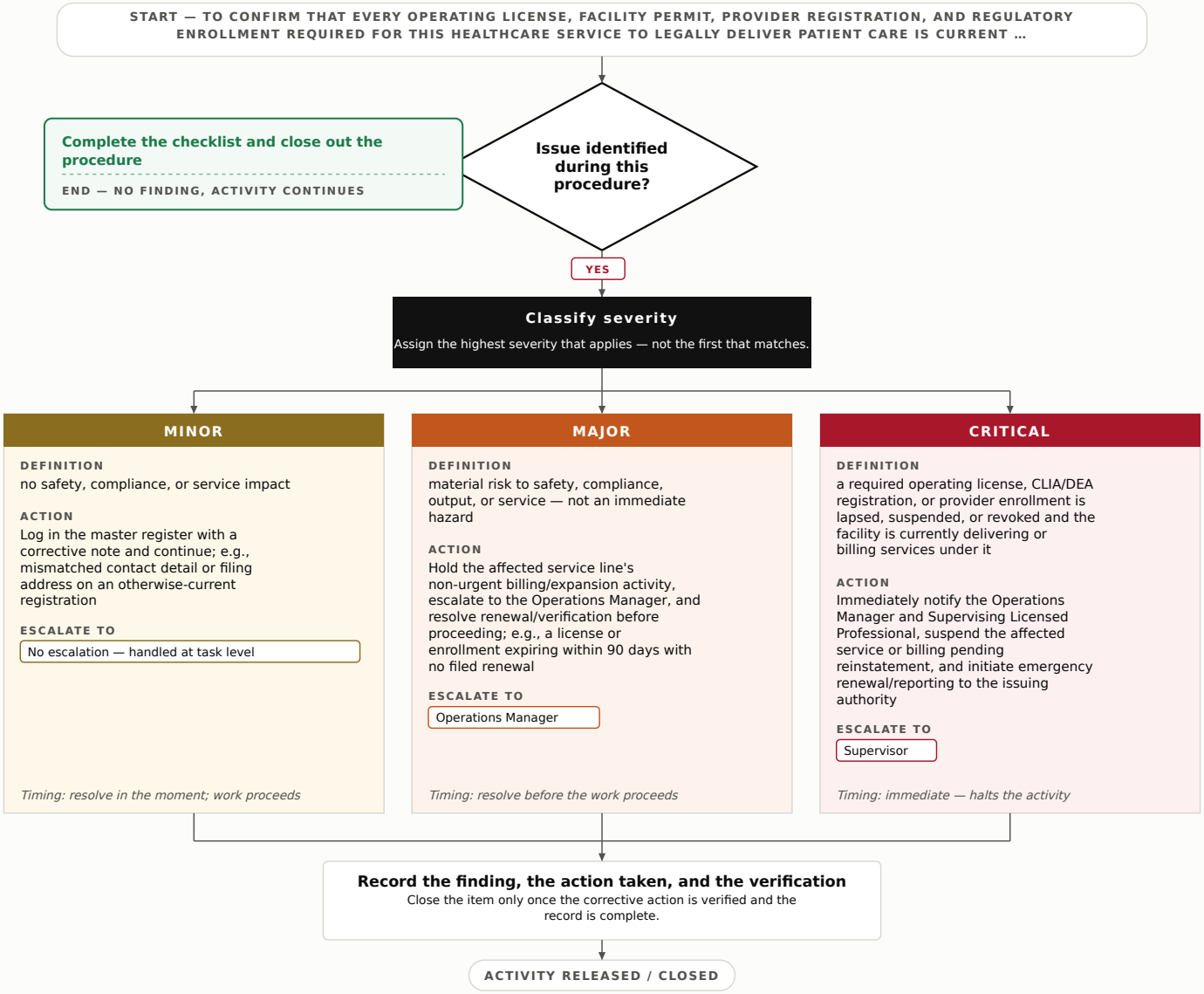

## 7. Step-by-Step Procedure

1. Compile or retrieve the master register listing every license, permit, registration, and enrollment required for each active service line, the responsible role, issuing authority, and renewal cycle.
2. For each entry, retrieve the current certificate/registration document and record its effective and expiration dates.
3. Perform primary-source verification against the issuing authority (state licensing-board portal, CMS/PECOS, CLIA database, DEA registration lookup, state permit office) — do not rely on internal copies alone.
4. Confirm the verified scope matches the services actually delivered; flag any registration whose conditions or category no longer cover current operations with the Supervising Licensed Professional.
5. Identify any authority expiring within 90 days and confirm a renewal application is filed or queued; identify any already lapsed.
6. Classify each finding by severity per Section 8 and route accordingly.
7. Update the master register with verification date, verifier initials, status, and next-review date; attach primary-source evidence (screenshots/confirmation numbers).
8. Document the completed cycle, obtain supervisor verification, and store the record per the facility retention schedule.

## 8. Decision Tree

OD-026 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Regulatory, License & Permit Currency Verification




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every required authority for every active service line appears in the master register with a verified expiration date.
- Each status is confirmed by primary source, not internal copy, with evidence attached.
- All authorities expiring within 90 days have a filed or queued renewal.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Master register lists all required licenses/permits/registrations per active service line | | |
| Facility operating license current and primary-source verified | | |
| Provider/professional licenses current and in good standing | | |
| CLIA / DEA registrations current where applicable to services delivered | | |
| CMS/state provider enrollment active and category matches services | | |
| Verified scope matches services actually delivered | | |
| All authorities within 90 days of expiry have renewal filed/queued | | |

## 11. KPIs

- License/permit currency rate: 100% of required authorities current and verified.
- Primary-source verification completeness: ≥ 98% of register entries verified against issuing authority each cycle.
- Renewal lead time: 0 lapses; renewals filed ≥ 60 days before expiration.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-027 — Operational Risk Review

**Estimated completion time: 3–5 hours per review cycle (quarterly)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure establishes a recurring review of operational risks and the controls that mitigate them across the practice's care-delivery, records, scheduling, and supply functions, so that risks to patient service continuity, data integrity, and regulatory standing are identified and managed before they materialize.

## 2. Scope

Covers the periodic review of operational risk registers, control effectiveness, incident trends, and mitigation ownership for all Operations-managed workflows at the facility or service line. Excludes physical safety hazard/risk assessment, which is covered under SD-004, and quality preventive/corrective action, which is covered under QC-020.

## 3. Responsibilities

- Operations Manager — owns the risk register, schedules and chairs the review, assigns mitigation owners and due dates.
- Supervising Licensed Professional (clinical lead for the service line) — validates that identified risks and controls reflect current care-delivery practice and applicable scope-of-practice rules.
- Privacy/Compliance Officer — reviews controls affecting protected health information (PHI), regulatory obligations, and incident reporting adequacy.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only if the review includes a walk-through of clinical or supply-storage areas; otherwise none (administrative task).
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Security Rule, 45 CFR §164.308(a)(1)(ii) — required risk analysis and risk management of operational/administrative safeguards (applies to all covered health care providers and their PHI).
- HIPAA Privacy Rule, 45 CFR Part 164 Subpart E — safeguards for use and disclosure of PHI.
- HIPAA Breach Notification Rule, 45 CFR §§164.400–414 — incident assessment and reporting obligations feeding this review.
- State health-facility and professional licensing board record-keeping and reporting requirements applicable to the service line (e.g., dialysis, ambulatory surgical, or blood/organ bank-specific rules where applicable).

- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

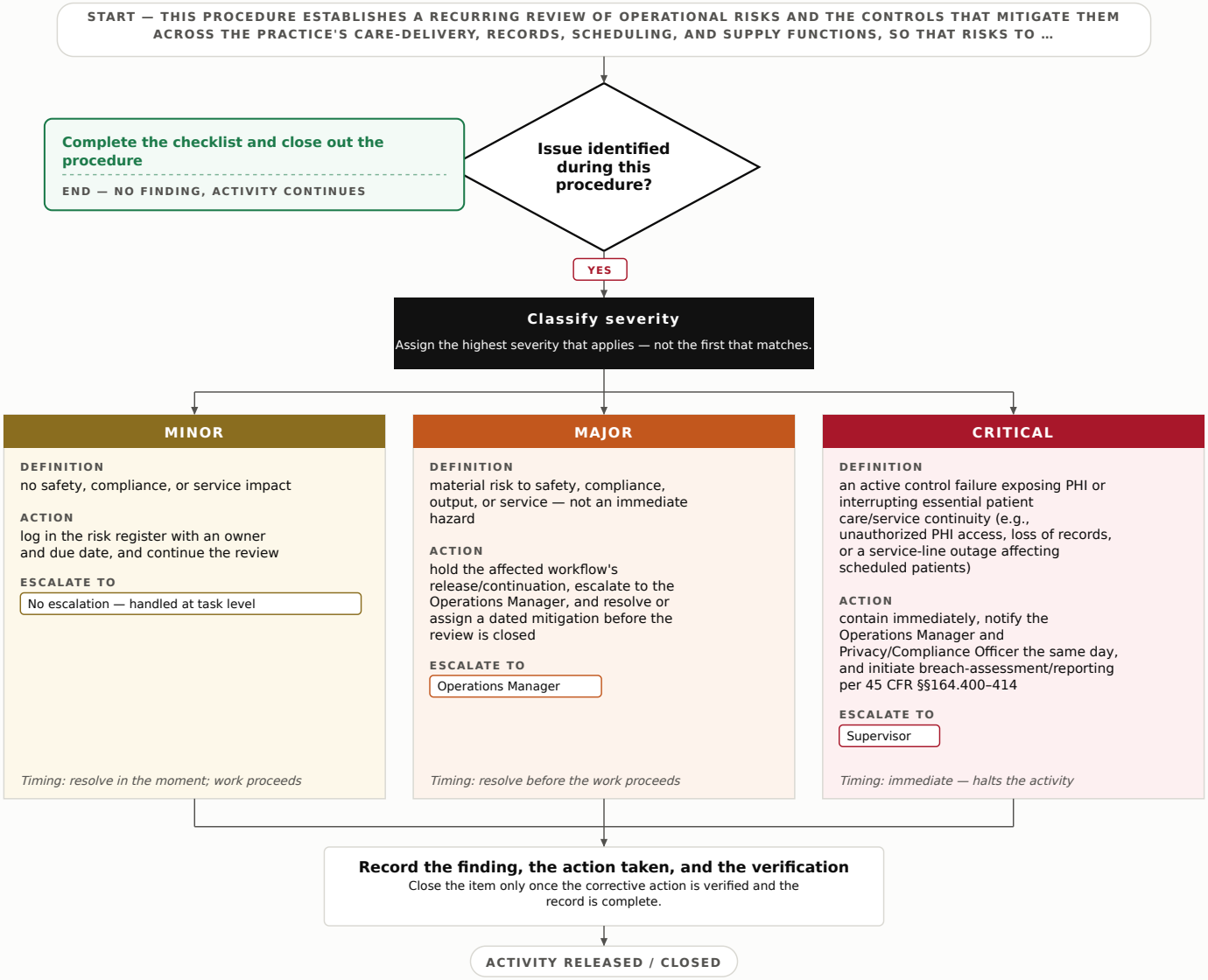

## 7. Step-by-Step Procedure

1. Assemble the current operational risk register and gather inputs since the last review: incident logs, near-miss reports, downtime events, supply shortfalls, staffing gaps, and complaint trends.
2. Confirm scope coverage — verify every Operations-managed workflow (patient scheduling/intake, PHI handling, supply/inventory continuity, equipment availability, referral and transport handoffs where the service line operates them) has at least one risk line.
3. Re-score each risk for likelihood and impact using the standard facility scale, noting any change in exposure since the prior cycle.
4. For each risk, identify the existing control and test its effectiveness (e.g., sample records access logs, verify inventory reorder triggers with 339112/339113 suppliers, confirm downtime procedures are current).
5. Flag controls found weak, absent, or untested; log new risks surfaced by incident trends. Route any control gap that is a safety hazard to SD-004 and any that requires corrective action to QC-020 — do not resolve those here.
6. Assign a mitigation owner, action, and due date to each open or weakened risk; close risks with evidence that the control is effective.
7. Review PHI-affecting controls and incident handling with the Privacy/Compliance Officer to confirm breach-assessment and reporting obligations are met.
8. Document the reviewed register, decisions, sign-offs, and the next scheduled review date; retain per facility retention policy.

## 8. Decision Tree

OD-027 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational Risk Review




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every Operations-managed workflow is represented in the register with a current risk score.
- Each risk has a named control and a documented effectiveness test.
- All open risks carry an owner and due date; PHI-affecting controls reviewed by Compliance.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Risk register updated with all incidents/near-misses since last review | | |
| All Operations workflows have at least one risk line | | |
| Each risk re-scored for likelihood and impact this cycle | | |
| Control effectiveness tested and evidenced for each risk | | |
| Every open/weak risk has owner and due date | | |
| PHI-affecting controls reviewed with Compliance Officer | | |
| Next review date set and sign-offs recorded | | |

## 11. KPIs

- Risk register review completed on schedule: 100% of scheduled cycles.
- Open risks past mitigation due date: ≤ 5% at each review.
- Critical findings unresolved at close: 0.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# Phase 6 — Performance, records & close

# OD-028 — Operational KPI Review

**Estimated completion time: 2–4 hours per review cycle (monthly), plus 30 minutes for close-out documentation**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To review operating performance of the service line against defined operational targets — patient/client access, throughput, resource utilization, supply availability, and cycle times — so that the Operations Department can identify drift, correct it, and sustain reliable, compliant service delivery across the facility or field program.

## 2. Scope

Covers the periodic review of operations-level KPIs (scheduling and access, appointment/visit throughput, staffing coverage, equipment and supply availability, and turnaround/cycle time) for all service lines within the facility or field program. Excludes department-specific KPI reviews — clinical/medical measures (MD-030), quality-conformance measures (QC-030), and service/patient-experience measures (SD-030); this procedure is limited to operations measures only.

## 3. Responsibilities

- Operations Manager — owns the review, sets and approves target thresholds, chairs the review session, and signs off findings.
- Operations Coordinator / Supervisor — compiles source data, prepares the KPI dashboard, and tracks corrective actions to closure.
- Supervising Licensed Professional — confirms that any operations metric touching credentialed staffing, scope of practice, or patient safety is interpreted correctly and flags cross-references to clinical review.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only where the review requires walking active clinical or field-service areas to verify data (e.g., gloves per site policy); the desk-based review itself requires none.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- None sector-specific govern operational KPI review across the full span; internal Operations policy and the facility Quality/Performance plan apply. Where KPIs draw on protected health information, HIPAA Privacy and Security Rules (45 CFR Parts 160 and 164) govern access, minimum-necessary use, and safeguarding of the underlying data; member-specific conditions of participation (e.g., Medicare CoP for applicable service lines) may impose additional performance-reporting expectations. Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

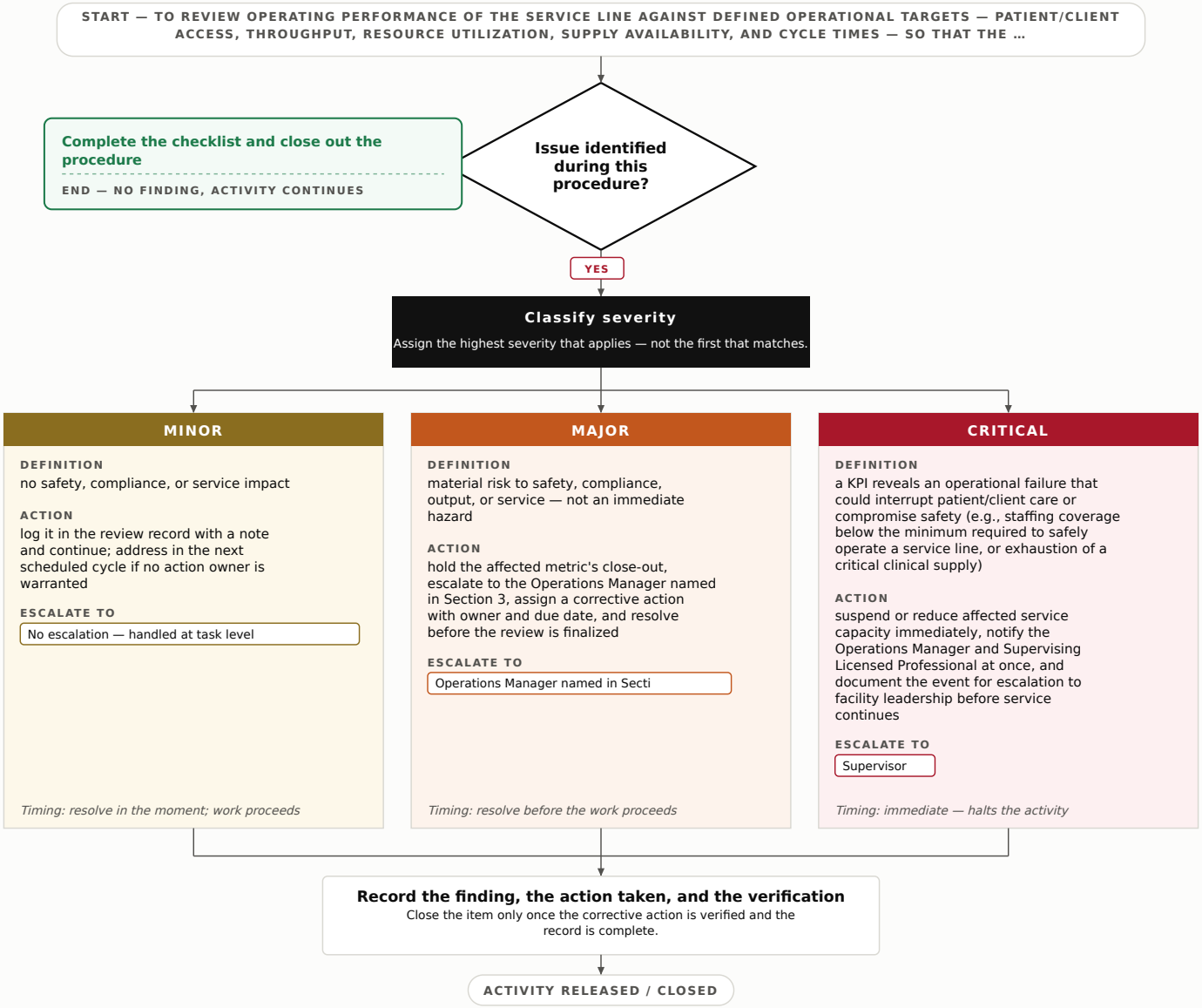

## 7. Step-by-Step Procedure

1. Confirm the current period's operational KPI definitions and target thresholds against the approved Operations performance plan; note any changes since the last cycle.
2. Extract source data from scheduling/practice-management systems, staffing rosters, and supply/inventory logs for the review period, applying HIPAA minimum-necessary limits (use aggregate operational counts, not individually identifiable records, wherever possible).
3. Reconcile extracted figures against a second source (e.g., manual visit log vs. system count) to validate data integrity before analysis.
4. Populate the KPI dashboard and compute variance of each metric against its target; flag any metric outside its defined tolerance band.
5. For each flagged metric, conduct root-cause discussion in the review session with the Operations Manager and relevant supervisors; distinguish operations causes (staffing, supply, scheduling) from causes owned by other modules (route to MD-030, QC-030, or SD-030 as applicable).
6. Assign corrective actions with a named owner and due date for each variance requiring intervention.
7. Classify any issue found per the Decision Tree (Section 8) and act accordingly.
8. Document the review: dashboard snapshot, variances, root causes, corrective actions, and sign-off; retain per facility records-retention policy.

## 8. Decision Tree

OD-028 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational KPI Review




READING THIS TREE

- **No finding** — Activity stands. Complete the checklist and continue.
- **Minor** — Handled in place at task level; no escalation.
- **Major** — Supervisory decision required before the next stage.
- **Critical** — Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Every KPI value is traceable to a validated source and reconciled against a second source.
- All targets used match the current approved Operations performance plan.
- Each variance outside tolerance has a documented root cause and an assigned corrective action.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Current target thresholds confirmed against approved plan | | |
| Source data extracted within HIPAA minimum-necessary limits | | |
| Figures reconciled against a second source | | |
| Dashboard populated and variances computed | | |
| Flagged metrics assigned owners and due dates | | |
| Cross-module items routed (MD/QC/SD-030) not duplicated | | |
| Review documented and signed off | | |

## 11. KPIs

- Operational KPI review completed on schedule — 100% of scheduled cycles on time
- Corrective actions closed by due date — ≥ 90% closed on or before due date
- Data reconciliation accuracy (source vs. second source) — ≥ 98% match

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-029 — Operational Records Retention & Documentation Audit

**Estimated completion time: 3–5 hours per audit cycle (quarterly)**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

This procedure verifies that operational records generated in the course of patient/client care and facility operations are complete, accurate, legible, and retained for the required period, so the facility can demonstrate continuity of care, meet retention mandates, and respond to audits, subpoenas, or licensing surveys.

## 2. Scope

Covers operational and administrative records held by the Operations department — patient/client operational records (intake, scheduling, service logs, consent forms), facility operating logs, equipment service/calibration records, vendor and supply receipt records, retention schedules, and destruction/disposition logs — across facility-based and field-based (home-visit) service lines. Excludes quality records (see QC-029), safety records (see SD-029), and HR/personnel records (see HR-029).

## 3. Responsibilities

- Operations Manager — owns the retention schedule, authorizes record disposition, and signs off on each audit cycle.
- Records Custodian / Health Information Coordinator — performs the sampling audit, verifies completeness and accuracy, and maintains the chain-of-custody and destruction logs.
- Supervising Licensed Professional — attests that clinical/service operational records within scope are complete and properly authenticated (signed/dated) per the applicable state licensing board.

## 4. Required PPE & Lockout/Tagout

- Standard facility PPE only; no additional PPE required for records handling. Where paper records are stored in areas requiring PPE, follow facility area rules.
- Not applicable — no hazardous energy involved.

## 5. Regulatory References

- HIPAA Privacy & Security Rules, 45 CFR Parts 160 & 164 (records safeguarding, access, retention of required documentation for 6 years per §164.316(b)(2) and §164.530(j)).
- Applicable state medical/health record retention statutes and the requirements of the applicable state licensing board (retention periods vary by state and record type; e.g., minor patient records retained to age of majority plus statutory period).

- Where the facility bills federal health programs, 42 CFR §482/§485-series or program-specific record and documentation requirements as applicable to the service line (e.g., 42 CFR §494 for dialysis, §416 for ambulatory surgical centers, §484 for home health, §493 CLIA record retention for facilities performing laboratory testing).
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow

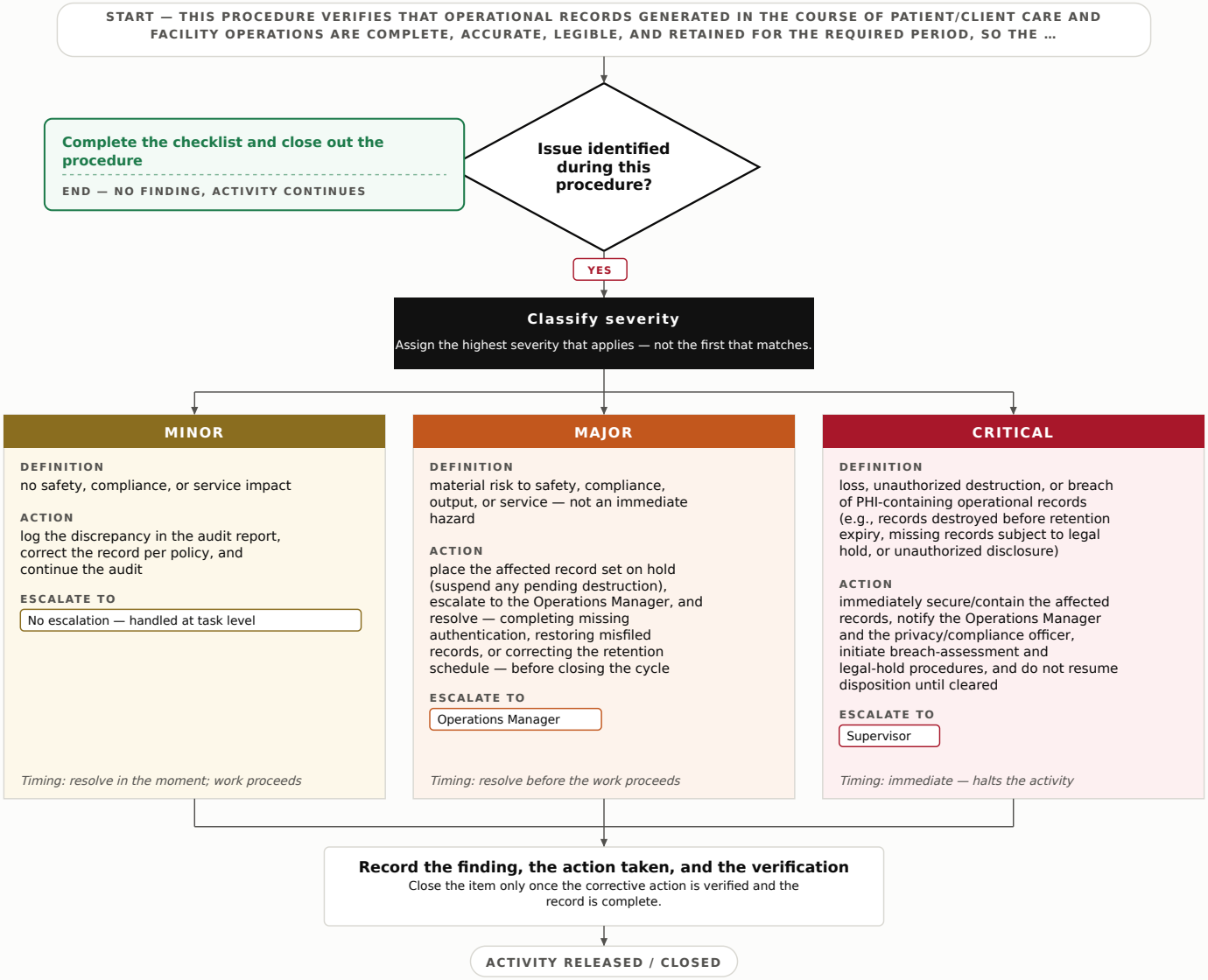

## 7. Step-by-Step Procedure

1. Confirm the current retention schedule by record type and applicable retention period (HIPAA minimum, state licensing board, and program-specific requirements); flag any record type lacking a defined period.
2. Select the audit sample — a representative pull across service lines (facility and field), record types, and date ranges (recommend ≥25 records or 10% of active volume, whichever is greater).
3. Retrieve each sampled record from its system of record (EHR/EMR, scheduling system, or physical file) and confirm it exists and is locatable within the storage index.
4. Verify completeness — required elements present (intake/consent, dated service entries, provider identifiers, disposition/discharge as applicable) with no missing pages or fields.
5. Verify accuracy and authentication — entries signed and dated by the responsible provider, patient/client identifiers correct and consistent, corrections made per policy (no obliteration).
6. Verify security and access — records stored with appropriate PHI safeguards, access restricted to authorized roles, and off-site/field records returned and secured.
7. Verify retention and disposition — records within active retention are preserved; records past retention are queued for authorized destruction with a completed disposition/destruction log and chain of custody.
8. Record all findings, remediation actions, and dispositions in the audit report; obtain Supervisor Verification and file the completed report per the retention schedule.

## 8. Decision Tree

OD-029 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — Operational Records Retention & Documentation Audit




### READING THIS TREE

**No finding**
Activity stands. Complete the checklist and continue.

**Minor**
Handled in place at task level; no escalation.

**Major**
Supervisory decision required before the next stage.

**Critical**
Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- Retention schedule current and complete for every in-scope record type before sampling begins.
- Every sampled record verified for completeness, authentication, and correct patient/client identifiers.
- All disposition/destruction actions supported by a signed authorization and chain-of-custody log.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| Retention schedule defines a period for each in-scope record type | | |
| Sampled records located and retrievable within storage index | | |
| Required elements present and complete (intake, consent, service entries, disposition) | | |
| Entries authenticated — signed/dated by responsible provider | | |
| PHI safeguards and access controls verified (incl. returned field records) | | |
| Records past retention have authorized, logged disposition | | |
| No record under legal hold destroyed or missing | | |

## 11. KPIs

- Record completeness rate — ≥ 98% of sampled records fully complete and authenticated.
- Retention compliance — 100% of disposition actions supported by authorization and chain-of-custody log.
- Audit cycle timeliness — quarterly audit completed and Supervisor-verified within the scheduled quarter, 100% on time.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |

# OD-030 — End-of-Shift / End-of-Day Operations Closeout

**Estimated completion time: 30–60 minutes per operating period**

> Provided for general informational and operational purposes as part of the Healthcare Services archetype library. Does not constitute a certified safety program. Verify all regulatory references and equipment-specific tolerances with a qualified engineer or safety professional before implementation.

## 1. Purpose

To bring the operating period to an orderly, auditable close at a healthcare services location by securing protected health information (PHI) and controlled/consumable inventory, reconciling the day's charges and receipts, confirming environmental and equipment safe-state, and documenting a clean record so the next period can open without gaps.

## 2. Scope

Covers the end-of-shift/end-of-day closeout of a healthcare service site or mobile service line: securing records and supplies, reconciling financials and service logs, confirming safe-state of the physical environment, and completing the closeout record. Excludes start-of-period readiness (see OD-001) and person-to-person shift handover communication (see OD-002); this procedure ends when the closeout record is signed.

## 3. Responsibilities

- Operations Supervisor (Closing) — owns the closeout, verifies reconciliation and securing tasks, signs the closeout record.
- Front Office / Intake Coordinator — reconciles scheduling, charges, receipts, and secures PHI at workstations and reception.
- Supervising Licensed Professional (on-duty) — confirms clinical/consumable inventory, sample/specimen and cold-chain safe-state, and controlled-item counts where applicable.

## 4. Required PPE & Lockout/Tagout

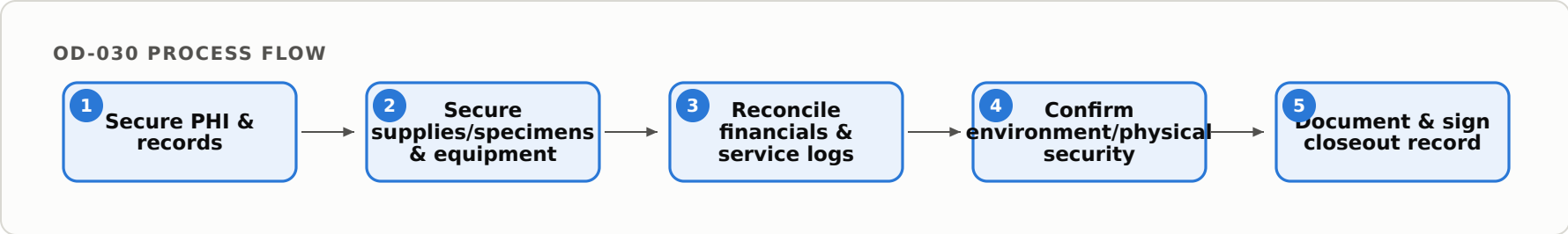
- Standard facility PPE per site infection-control policy (gloves and hand hygiene when handling specimens, sharps containers, or contaminated surfaces during securing).
- Lockout/Tagout not applicable — no hazardous-energy servicing occurs at closeout. Powered clinical equipment is powered down or placed in standby per manufacturer instructions; tag any out-of-service device before securing.

## 5. Regulatory References

- 45 CFR Parts 160 & 164 (HIPAA Privacy & Security Rules) — safeguarding, access control, and audit of PHI at end of period.
- 29 CFR 1910.1030 (OSHA Bloodborne Pathogens) — securing sharps, specimens, and contaminated materials; 29 CFR 1910.151 general first-aid/safety close.
- 29 CFR 1910.1200 (Hazard Communication) — securing hazardous chemicals/reagents/disinfectants.

- Internal financial-controls and records-retention policy governs cash/charge reconciliation and closeout-record retention where no single sector standard applies across all members.
- Note: confirm applicability of sector-specific standards and any state-plan equivalents for this facility before customer-facing release.

## 6. Process Flow



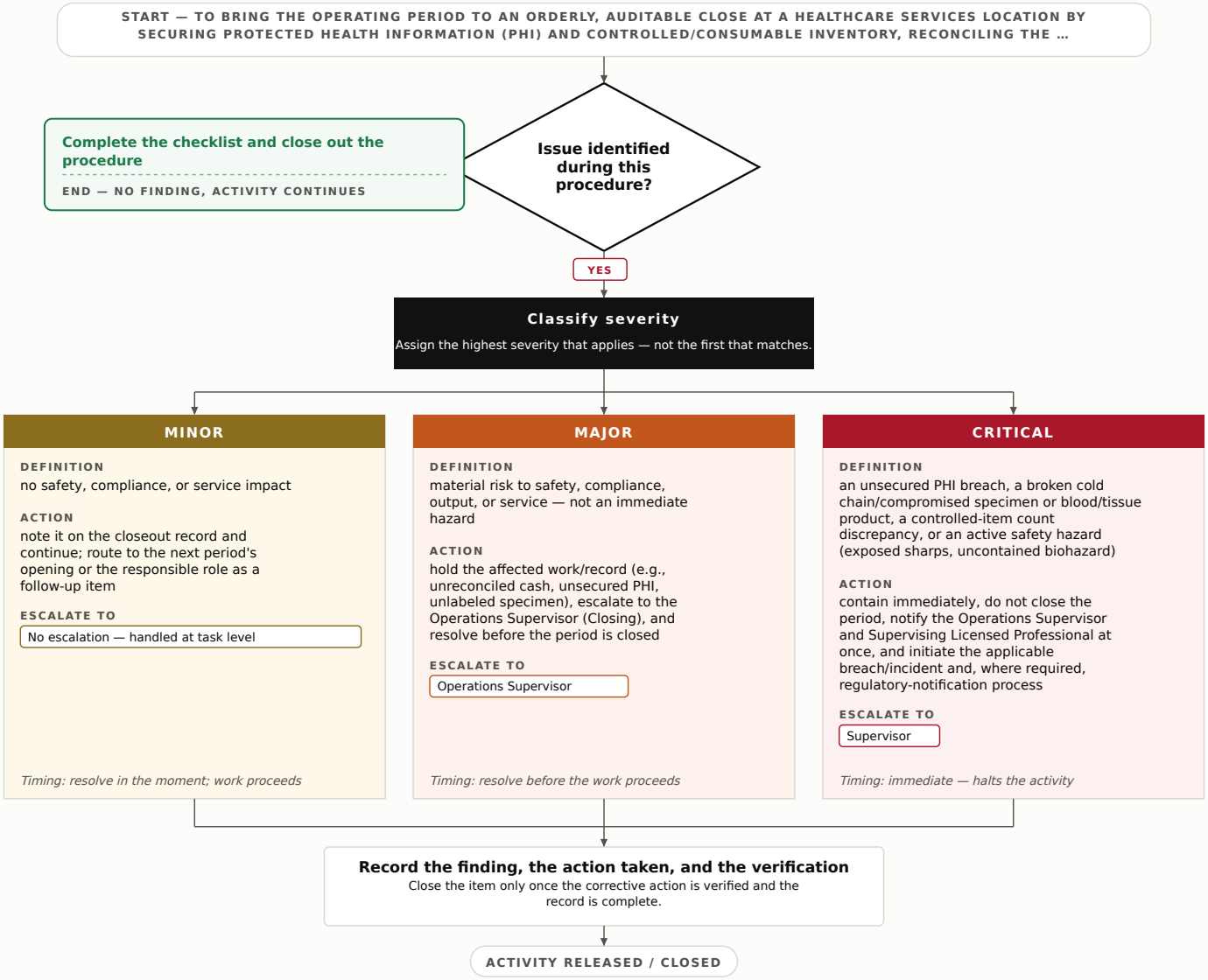

## 7. Step-by-Step Procedure

1. Confirm all scheduled patients/clients for the period are accounted for (seen, rescheduled, or documented no-show); close open encounters or flag them for the responsible clinician.
2. Secure PHI: log off and lock all workstations/EHR sessions, clear reception and clinical surfaces of charts and documents, and lock paper records in designated cabinets or rooms.
3. Secure clinical consumables, reagents, and specimens: return refrigerated/cold-chain items to storage and log temperatures; verify sharps and biohazard containers are closed and not overfilled; complete controlled-item counts where the service line stocks them.
4. Place powered clinical and diagnostic equipment in shutdown/standby per manufacturer instructions; tag any malfunctioning device out of service and note it for the next period.
5. Reconcile financials: total copays/receipts against posted charges and the day's schedule, resolve variances, and secure cash/payment media per internal controls.
6. Confirm physical security and environment: verify entrances, storage, and (where the service line operates vehicles) mobile units are locked; set alarm/HVAC per site policy; confirm waste and linens are staged appropriately.
7. Review the day's incident, exposure, or complaint entries and confirm each is logged and routed.
8. Complete and sign the closeout record capturing reconciliation totals, secured-item confirmations, open items, and any tagged equipment.

## 8. Decision Tree

OD-030 · OPERATIONS · HEALTHCARE SERVICES

## Decision Tree — End-of-Shift / End-of-Day Operations Closeout




### READING THIS TREE

**No finding**
Activity stands. Complete the checklist and continue.

**Minor**
Handled in place at task level; no escalation.

**Major**
Supervisory decision required before the next stage.

**Critical**
Activity halts on the spot; escalation is immediate.

## 9. Quality Checkpoints

- All EHR sessions logged off and all PHI (paper and electronic) verified secured.
- Cold-chain/temperature logs completed and specimens/consumables secured; controlled-item counts reconciled where applicable.
- Financial reconciliation balanced with variances documented and resolved or escalated.
- Zero unresolved Critical findings.

## 10. Inspection Checklist

| ITEM | PASS / FAIL | NOTES |
|---|---|---|
| All workstations/EHR sessions logged off; paper PHI locked | | |
| Sharps/biohazard containers closed, not overfilled; specimens secured | | |
| Cold-chain/refrigeration temperatures logged within range | | |
| Controlled/consumable inventory counted and reconciled (where applicable) | | |
| Financial totals reconciled; payment media secured | | |
| Equipment in safe-state; out-of-service items tagged | | |
| Facility/mobile unit locked, alarm/environment set | | |

## 11. KPIs

- Closeout record completed and signed on 100% of operating periods.
- PHI-securing checklist pass rate ≥ 99% (zero unsecured-PHI findings target).
- Financial reconciliation variance resolved or escalated same period ≥ 98%.

## 12. Supervisor Verification

Printed Name: _____ Signature: _____ Date: _____

## 13. Revision History

| VERSION | DATE | DESCRIPTION | AUTHOR |
|---|---|---|---|
| 1.0 | 2026-07-27 | Generated to the locked 3-page Free/$99 Standard standard for HEALTHCARE_SERVICES. | Archetype Content Team |