Inherent Risk Assessment

| | Impact | | | | | | |
|--------|---|--|--|---|--|--|--|
| Rating | Financial | Reputational | Test Menu | Laboratory Oversight | | | |
| 5 | 15500K | limnact to OSII/OSIIP/OSIIW/C Brand | Itecting including with laboratory | No direct nor indirect oversight for compliance/accreditation | | | |
| 4 | 100K - 500K CLIA sanctions could cause significant impact to OSU/OSUP/OSUWC Brand | | 0 1 1 | Minimal oversight through CLIA Compliance | | | |
| 3 | | CLIA sanctions could cause Negative publicity, capable of being managed | Test menu includes moderate, PPM and waived testing only | Monitored through CLIA Compliance Process | | | |
| 2 | | CLIA sanctions would cause minimal publicity, but no action would be necessary | Test menu includes moderate and waived testing only | Directly monitored by OSUP Laboratory Management or Laboratory Compliance | | | |
| 1 | <1K | CLIA sanctions would cause no publicity | Test menu includes only waived testing | Directly monitored by OSUP Laboratory Management or Laboratory Compliance, plus laboratory has designated individual for overseeing compliance/accreditation | | | |

| | Controls Assessment | | | | | | |
|--------|--|--|---|---|---|--|--|
| Rating | Policies / Procedures | Safety (Patient and Laboratory) | Quality Control | Director Oversight | Testing Process Observed During Walkthrough | | |
| 25 | No policies or procedures | More than one incident of patient and/or safety incident in the laboratory | No routine testing nor documentation of quality control | No laboratory director involvement | Performing additional or deviating from package insert (moderate or high testing) | | |
| 20 | Policies/procedures exists but need updating, not consistent with the most current manufacturer guidelines | At least one instance of patient and/or safety incidence in laboratory | Deviating from manufacturer guidelines; inconsistent documentation | Minimal director involvement | Performing additional or deviating from package insert (waived testing) | | |
| 15 | Updating of existing policies and procedures in progress | Laboratory in process of improving safety practices | Following manufacturer guidelines with inconsistent or missing documentation | Laboratory director understands laboratory requirements, but takes limited action | minimal deviation from packing insert that does not impact patient care | | |
| 10 | Applicable policies / procedures established but not regularly updated or signed | No present negative impact on patient outcomes, but small improvements can be made in laboratory and patient safety | Following manufacturer guidelines with consistent documentation; no process in place for review | Laboratory director understands and completes necessary requirements. | Working on adapting procedures and process to meet all package insert guidelines | | |
| 5 | Policies / Procedures established and regularly updated signed by medical director | Employs safety laboratory practices through process and procedures; evidence of thorough and accurate patient results | Following manufacturer guidelines with consistent documentation; signed review | Laboratory director actively involved with all laboratory operations | Follows package insert and only performs test within limitation of CLIA certificate | | |

| Walkthrough Schedule | | | | |
|----------------------|----------------------|--|--|--|
| Total Score | Walkthrough Schedule | | | |
| <175 | Annually | | | |
| 175-399 | Biannually | | | |
| 400-499 | Quarterly | | | |
| >499 | Monthly | | | |