

	1 Point Early stages/some elements	2 Point In Progress	3 Points Strong	Row Score*
Staffing, Teamwork, and Communication				
Clinical care competencies, credentialing, and onboarding <ul style="list-style-type: none"> Standardized clinical care competencies with associated timelines for re-verification 	Nursing: standardized onboarding Physician: standardized credentialing and variable re-evaluation Technician: standardized onboarding OR Variable for all roles	Nursing: standardized process for onboarding with variable competency reassessment Physician: standardized provider credentialing with variable recertification Technician: standardized onboarding and variable competency reassessment	All roles: standardized process for onboarding, process in place for competency and credentialing recertification, and structured plan for updating existing organizational competencies	
Interdisciplinary daily huddles <ul style="list-style-type: none"> Huddles include multi-disciplinary team including proceduralist, NORA provider, and nurses 	Interdisciplinary huddles rarely occur	Interdisciplinary huddles occur on an ad hoc basis	Interdisciplinary huddles occur daily	
In situ simulation training <ul style="list-style-type: none"> Simulations occur with multi-disciplinary teams involved in procedures with NORA 	Simulation training has been developed and is sometimes used	Simulation training is used for emergency responses consistently	Simulation training is consistently applied for emergency, escalation of concerns, and pre-procedure preparedness	
New processes and procedures <ul style="list-style-type: none"> A defined process is in place for multidisciplinary assessment of new procedures 	Unclear process for communicating new procedures or workflows	A process exists, but it is followed inconsistently for new procedures or processes	There is a well-defined and adhered to process for new procedures that is consistently communicated to all stakeholders	

	1 Point Early stages/some elements	2 Point In Progress	3 Points Strong	Row Score*
Pre-procedural Care and Patient Selection				
Defined roles in case selection process <ul style="list-style-type: none"> Case selection process has clearly defined roles 	RN performs case selection and does not have a specified procedure for engaging anesthesiologist or proceduralist	RN performs case selection and has specified procedures for engaging anesthesiologist and proceduralist	RN performs case selection and has guided triggers for engaging anesthesiologist, proceduralist or both	
Collaborative pre-procedure case reviews <ul style="list-style-type: none"> Multi-disciplinary process for proceduralist, RN and anesthesiologist review of case pre-procedure 	Cases are reviewed independently by clinical disciplines for appropriate clinical care location	Triage criteria for clinical care locations is developed and selected cases are reviewed collaboratively	Triage criteria is consistently applied, and cases are reviewed by multidisciplinary team	
Case selection for nurse-administered moderate sedation versus anesthesiologist performed NORA <ul style="list-style-type: none"> Clear triage criteria are available and consistently applied to establish cases for RN- versus MDadministered care 	Case selection criteria does not define who will perform sedation versus anesthesia	Case selection criteria include inconsistent factors for determining who will perform sedation versus anesthesia	Case selection criteria have defined factors for nurse-administered moderate sedation, MD-appropriate NORA and cases requiring multidisciplinary review to select protocol	
Intra-Procedural Care				
Intra-procedural pre-huddle <ul style="list-style-type: none"> Pre-procedure huddles occur with all members of the multidisciplinary team and includes identification of risk factors and contingency plans that are patient-specific 	Interdisciplinary pre-procedural huddles rarely occur	Specific cases involve interdisciplinary huddles that include identification of patient specific risk factors and contingency planning, e.g., bleeding risks	Interdisciplinary, pre-procedural huddle includes identification of patient specific risk factors and contingency planning (e.g., bleeding risks)	

	1 Point Early stages/some elements	2 Point In Progress	3 Points Strong	Row Score*
Intra-procedural physiologic monitoring <ul style="list-style-type: none"> Physiologic monitoring equipment is readily available, and monitoring triage criteria is consistently applied for appropriate monitoring 	Monitoring triage criteria are inconsistently applied, and type of monitoring equipment is available ad hoc	Monitoring triage criteria are inconsistently applied, or monitoring equipment is not consistently available	Monitoring triage criteria are consistently applied, and appropriate monitoring equipment are available regularly	
Intra-procedure lab availability <ul style="list-style-type: none"> Intra-procedural labs, such as monitoring of hemoglobin pre-, intra-, and post-procedure, are available 	Workflows for obtaining intra-procedure labs are inconsistent	Workflows for obtaining intra-procedure labs are available but inconsistently applied	Workflows for obtaining intra-procedure labs are established and reliable	
Emergency contingency plans <ul style="list-style-type: none"> Emergency plans, such as escalation of care for patient deterioration, are available and updated regularly 	Emergency contingency plans are inconsistently available	Emergency contingency plans are available but inconsistently applied	Emergency contingency plans are available, consistently applied, and regularly reviewed/updated	
Post-Procedure Care				
Care Coordination <ul style="list-style-type: none"> Patients who have post-procedure monitoring requirements have a clear process for admission, and unexpected admissions have available contingency plans to support transitions to inpatient care for monitoring 	Identified process for anticipated post-procedure admissions but no consistent process for unexpected admissions	Identified process for anticipated post-procedure admissions and variable application of contingency plans for unexpected admissions	Identified process for anticipated post-procedure admissions and well-developed and followed contingency plans in place for unexpected admissions	
Continuous Quality Improvement				

	1 Point Early stages/some elements	2 Point In Progress	3 Points Strong	Row Score*
Patient/Family Engagement <ul style="list-style-type: none"> Patients and families are regularly engaged in providing feedback regarding NORA experiences that are integrated into the review processes by leadership 	A process for patients and families to provide feedback regarding their experiences in NORA environments is inconsistently used, and NORA leadership rarely receives feedback from the organization	Patients and families provide feedback regarding patient care experiences in NORA environments, but NORA leadership receives feedback inconsistently	Patients and families regularly provide feedback regarding patient care experiences in NORA environments, and a process for NORA leadership to review feedback is in place	
Case Review Process <ul style="list-style-type: none"> Collaborative case reviews are performed to allow for systemlevel learning 	Case reviews rarely occur or are siloed in the NORA care area	Case reviews occur, but the process varies for identifying which cases to review	Standardized expectations for cases that should undergo review are disseminated and cases from across NORA care locations are reviewed to ensure shared learnings are disseminated	
Health Equity <ul style="list-style-type: none"> Measures are identified and regularly reviewed as part of the quality portfolio for NORA setting 	Health equity measures are limited	Health equity measures have been identified, and data is reviewed regularly	Health equity measures have been identified, data is reviewed regularly, and a process for collaborative review exists within the organization	
Special Considerations				
Specific patient populations <ul style="list-style-type: none"> E.g., age (pediatric), diagnosis (insulin dependent, cardiac, substance use disorder), setting (inpatient/ outpatient), other demographics factors 	Few specialty patient populations have been identified	Specialty patient populations are consistently identified, but no process exists for patient outcome assessments across NORA care environments	Specialty patient populations are consistently identified, and a process exists for patient outcome assessments across NORA care environments	

*Of note, a column for a score of 0 is not included in the table but can be recorded as such in the row score column.