



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
Mangum Regional Medical Center

**HOSPITAL POLICY/FORM/ORDER SET/PROTOCOL AND
OTHER DOCUMENT REVIEW PROCESS**

The Corporate Policy Committee shall be responsible for reviewing and approving all new and significant revisions for policies and procedures, protocols, standing order sets, forms, and other documents for implementation at the hospital based on one (1) of the processes below.

The Committee shall ensure policies and procedures, protocols, standing orders and forms are properly developed, approved, and implemented according to Federal and State Regulations, standards of practice, guidelines, and other recommendations specific to the document or form being presented.

The Committee meets on the third (3rd) Friday of each month unless otherwise indicated by committee needs.

General Procedure for All Submissions:

A. Identify Need for or Revision to Document:

1. Hospital discusses need/request or revision for a policy, form, order set, protocol, or other document with the Hospital Administrator, Chief Clinical Officer (CCO), Quality Manager (QM) and all pertinent Department Managers.
OR
2. Cohesive Department Director (CDD) identifies a need/request or revision for a policy, form, order set, protocol, or other document (hereafter referred to as “document”) to be created or revised.

B. Requests for all new or revised documents shall be submitted to the Chair of the Corporate Policy Committee (CPC) (Angela Williams [Director of Quality Management]) by the identified time frame based on the type of submission.

1. A secondary contact for submission shall be Ivy Bowden, Director of Infection Control (CPC committee member).
2. All requests and submissions of documents to the CPC shall be submitted utilizing the Draft Policy/Documents Submission & Communication Tracking Form (FMAD-010).

C. The Chair of the CPC (Angela Williams [Director of Quality Management]) shall discuss the request with the CPC members and obtain an Approval or Denial within the identified time frame based on the type of submission.

- D. If approved the document shall be reviewed by the CPC and approved based on the type of submission identified below.
- E. Once the document(s) have been approved, finalized and signed off by the CPC and the Hospital document owner and/or the CDD the CPC Chair or designated CPC member shall send the approved document(s) via email to the Hospital Quality Manager to add to the Hospital's next Quality Committee agenda and begin the Hospital approval process.
- F. A designated CPC member shall be responsible for maintaining a CPC policy/document tracking log for the purposes of tracking a document through the CPC until it is sent to the Hospital Quality Manager.

NON-URGENT SUBMISSION PROCESS

- A. All requests for non-urgent new or revised documents shall be submitted to the CPC Chair **21 business days prior** to the CPC meeting.
- B. The CPC Chair shall review all requests with the CPC members and communicate an Approval or Denial back to the Hospital or CDD via email **within five (5) business days**.
 - 1. If the request is Denied the CPC Chair shall notify the Hospital Quality Manager and/or the CDD.
- C. Approval Procedure:
 - 1. If not submitted with request the document draft shall be submitted **no later than 14 business days prior** to the CPC meeting.
 - 2. Document draft shall be sent to all applicable Hospitals for 14 business day review.
 - a. All Hospital revisions, recommendations and questions/comments shall be documented on the Hospital Review and Feedback Form (FMAD-014).
 - b. Hospitals shall have reviews returned to CPC Chair (Angela Williams [Director of Quality Management]) via email **no later than the 14 business days or the day of the CPC meeting**.
 - i. Extension may be extended depending on the volume of documents to be reviewed.
 - 3. All submitted documents shall be reviewed by the CPC at the next CPC meeting after the documents are submitted and Approved by the committee (exception shall be in those circumstances where large volumes of documents have been submitted).
 - a. The Hospital document owner or CDD shall be present either in person or via virtual meeting at the CPC meeting otherwise the document(s) shall be tabled until the next meeting when they can be available for review.

4. The Hospital document owner or CDD shall have **30 business days** to complete all revisions identified by the CPC.
 - a. Extension may be extended depending on the volume of documents to be reviewed.
5. The Hospital document owner or CDD shall return the final draft of the document(s) to the CPC Chair for review, finalization, and final approval.
 - a. If there is a need for additional revisions the Hospital document owner or CDD shall have an additional **14 business days** to complete those revisions and return the final draft to the CPC Chair.
6. Upon finalization of the document(s) the CPC Chair or designated CPC member shall send the document(s) to the Hospital Quality Manager.

URGENT SUBMISSION PROCESS

- A. All requests for urgent review of new or revised document(s) shall be submitted to the CPC Chair via email using the Draft Policy/Documents Submission & Communication Tracking Form (FMAD-010).
 1. Identify on the form the need for urgent review.
 2. Identify the reason for urgent review.
 - a. Urgent reviews should be reserved for the following but not limited to the following circumstances:
 - i. Patient safety issues,
 - ii. Root cause analysis findings,
 - iii. Survey findings, and
 - iv. Risks to staff and visitors.
- B. The CPC Chair shall review the urgent request with the CPC members and communicate an Approval or Denial within **two (2) business days or sooner** via email to the Hospital document owner or CDD.
 1. If the request is Denied the CPC Chair shall notify the Hospital Quality Manager and/or the CDD.
- C. Approval Process:
 1. If not submitted with request the document(s) draft shall be submitted within **two (2) business days** or sooner to the CPC Chair for the CPC members to review via an ad hoc CPC meeting.
 2. Upon receipt of the document(s) the CPC Chair shall send notification to the CPC members of the document(s) availability for review in the Policy Committee folder.
 - a. The CPC shall have **two (2) business days** to review the document(s) and return any revisions to the Hospital document owner or CDD.

- b. The CPC Chair shall send the document(s) to the applicable Hospitals for a **two (2) business day** review.
 - i. All Hospital revisions, recommendations and questions/comments shall be documented on the Hospital Review and Feedback Form (FMAD-014)
- 3. The Hospital document owner or CDD shall have **two (2) business days** to complete revisions and return the documents to the CPC Chair for final approval.
- 4. After the CPC has received the final draft of the document(s) the CPC will complete the final review, finalization, and approval **within two (2) business days**.
 - a. If there is a need for additional revisions the Hospital document owner or CDD shall have an additional **two (2) business days** to complete those revisions and return the final draft to the CPC Chair.
- 5. Upon finalization of the document(s) the CPC Chair or designated CPC member shall send the document(s) to the Hospital Quality Manager.