COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
Mangum Regional Medical Center

Policy, Protocols, Forms, or other Document Development,
Review, and Implementation Process

A. **Determine need for policy, forms, or other documents:**
   1. Facilitate adherence with professional practices and evidence-based practice.
   2. Promote compliance with regulations, laws:
      a. Conditions of participation (COP's),
      b. Health Insurance Portability and Accountability Act (HIPAA),
      c. Emergency Medical Treatment and Labor Act (EMTALA), etc.
   3. Reduce practice variation.
   4. Resource for staff.
   5. Reduce reliance on memory for staff.

B. **Utilize references in writing policies, forms, or other documents:**
   1. Professional Associations, for example:
      a. American Hospital Association (AHA),
      b. American Society of Anesthesiologists (ASA), and
      c. Association for Professionals in Infection Control and Epidemiology (APIC).
   2. Professional Journals, for example:
      a. Journal of the American Medical Association (JAMA),
      b. American Journal of Infection Control (AJIC), and
      c. Critical Care Nurse (CCN).
   3. Accrediting Agencies, for example:
      a. Joint Commission (JC), and
      b. Center for Improvement in Healthcare Quality (CIHQ).
   4. Governmental Agencies, for example:
      a. Centers for Disease Control and Prevention (CDC),
      b. Centers for Medicare and Medicaid Services (CMS),
      c. Department of Health and Human Services (DHHS),
      d. Office of Inspector General (OIG),
      e. Office of Civil Rights (OCR), and
      f. Federal Register.
   5. Evidence-based practices and standards of care.

C. **Components and Design of Policy or other documents**:
   1. **Scope of the policy:**
      a. The scope statement is a description of the affected staff, departments, and functions.
      b. This statement is used to guide the development of the policy and provide a summary of the proposed policy and ensure that those who might be affected by the policy are identified, considered, and consulted.

2. **Purpose of Policy:**
   a. A concise statement of the rationale for the policy/plan.
3. **Definitions:** (If needed)
   a. Uncommon words or words with meanings unique to higher education shall be defined and listed in alphabetical order.
   b. Only utilized when applicable.
   c. Consider the following when writing definitions:
      i. Is the word a new, uncommon, and/or specialized term?
      ii. Does the term have a different meaning in different contexts?
      iii. Are the definitions in alphabetical order?
4. **Policy:**
   a. Describes and clarifies the actual guiding principles by which the Hospital administers the policy and defines what is to be done.
   b. Policy statements serve to protect the Hospital from misunderstandings that might lead to unauthorized behavior or other adverse outcomes.
   c. The policy statement shall contain the following:
      i. Align with the purpose statement,
      ii. Clearly articulate what the policy is and what it is to accomplish,
      iii. No procedural related content, and
      iv. Consistent with all laws, regulations, and standards of practice.
5. **Procedure:**
   a. The procedure is a description of the principal steps or tasks to be taken to complete the performance of an operation.
      i. This is generally provided in a step-by-step format.
   b. Consider the following when developing and writing the procedure section:
      i. Do the procedural steps align with the policy statement?
      ii. Are there specific steps or actions identified clearly to comply with the policy?
      iii. Ensure the procedural steps are reasonable for the Hospital staff involved.
      iv. Are the procedural steps consistent with all laws, regulations, and standards of practice?
6. **References:**
   a. A list of all supporting or source material or documentation used to validate the policy and procedure. (i.e., scientific journals, websites, regulations, standards, etc.).
   b. Information or material that is utilized in the policy to guide the activities, practices, and operations of the Hospital.
7. **Attachments:**
   a. Additional documents that are associated with the policy and are utilized in the activities, practices, and/or operations of the Hospital.
      i. Documents shall be given a form number that shall be associated with the appropriate departmental manual.
         1. All forms shall start with FM and the second two (2) letters shall be associated with the appropriate departmental manual.

        2.   The number given to the form shall be dependent upon where the policy is within the manual and where the form is located within the policy.

        3.   For example, if the policy is an Emergency Department policy the form would be FMED-0xx.

D.   **Writing Style for Policy/Plan Documents:**
1. Concise, clear, minimum verbiage.
2. Factual-double check accuracy.
3. Do not include information that may be quickly outdated (e.g., names, product names, etc.).
4. If an acronym is used for the first time, spell out the acronym (e.g., Registered Nurse [RN]).
5. Not too technical-simple enough to be understood by a new employee.
6. Use Times New Roman and Size 12 for font.
7. Use the Hospital approved policy protocol or standing order template for the applicable documents (See Hospital Policy Template FMAD-012 for further details).

E.   **Table of Contents (TOC):**
1. Each department policy manual must have a Table of Contents.
2. Update TOC as needed (policies additions, deletions, revisions).

F.   **Policy Form, Protocol, or Other Document Review:**
1. Review document for content relevance, grammatical and spelling errors.
2. All policies, plans, forms, and other documents should be submitted to the Quality Manager or the Department's Corporate Partner per the Hospital Policy/Form/Order Set/Protocol Review Process (FMAD-009) for review.
3. A Draft Policy/Documents Submission & Communication Tracking Form (FMAD-010) should be submitted per the review process either prior to submission of the policy/document or with the policy/document.

G.   **Policy, Form or Other Document Approval:**
1. Policies must be submitted to and approved by the Corporate Policy Review Committee prior to submission to Quality, Medical Staff, and Governing Board Committees per the Hospital Policy/Form/Order Set/Protocol Review Process for review (FMAD-009).
2. Policies must be submitted to the Quality Committee (QC), Medical Staff Committee (MSC), Governing Board (GB) for final approval prior to implementation.
3. Once approved retain policy/plan in electronic and/or paper form.
4. Provide policy, form or other document education to the appropriate Hospital staff including contract agency staff as required or indicated and provide verification of education to the Quality Manager (QM).

H.   **Biennial (Every two [2] year) Review:**

1. All policies, forms, protocols or other documents must be reviewed by the responsible party on a biennial (every two [2] year) basis, unless otherwise mandated by regulatory requirements.
   a. The review shall be completed per the Hospital Policy/Protocol and Other Document Development and Review policy (AMD-009).
2. Prior to submission to Hospital committees all new policies, forms, or other documents and those with significant revisions must be submitted to the Corporate Policy Committee for review and approval.
   a. A significant revision shall be considered to include but are not limited to the following:
      i. Changes or additions to procedures or processes,
         1. This would not include minor changes including grammatical revisions.
      ii. Removal of portions of a policy or other document.
3. The policy, form or other document(s) shall be submitted to the Corporate Policy Committee using the Draft Policy/Documents Submission & Communication Tracking Form.
4. Once the policy, form or other document(s) have been reviewed and approved by the Corporate Policy Committee they shall be submitted to the Quality Committee (QC), Medical Staff Committee (MSC), Governing Board (GB) for final approval.
5. A signed policy cover sheet shall be maintained for each policy manual with the biennial review and approval process.

I. **Policy, Form, Protocol or Other Document Tracking:**
   1. The QM or designee shall maintain a list of all policy manuals, forms, protocols or other documents and TOC.
   2. The QM shall maintain the Hospital Policy/Form/Document/Appointments & Other Reviews Log to include the following:
      a. the biennial review for all policies, forms, protocols, standing orders and other documents.
      b. the annual review of appointments and risk assessments.