
Critical Access Hospital Policy and Procedure Virtual Series

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TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Upcoming Deadlines

- Just a friendly reminder to complete the CAH Quality Assessment if you have not already done so.
-
- **The survey is now open and is due by November 22, 2024.**
- https://umn.qualtrics.com/jfe/form/SV_1MkyCgKnQz5dLro
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- Thank you to those who have completed the survey!!!
- Our goal is 100%!!!! This is one of the new mandatory measures for MBQIP.
- Please help us in reaching our goal!



Steps to Creating Policy – Components, Planning, Analyzing, Researching, Writing

Learning Objectives

- Discuss key components of policies, procedures, and plans
- Identify qualities of effective policies, procedures, and plans
- Identify key differences between well written and poorly written policies, procedures, and plans
- Outline the steps of policy and procedure development: planning, analysis, research, writing
- Demonstrate appropriate policy and procedure writing style and skills





Policy on Policies

Purpose of Policy on Policies



Key Components

A Policy on Policies should establish and Define:

- Policy Committee
- Policy Administrator role(s)
- Policy ownership
- Format and Required Components
- Minimum review timelines
- Approval pathways
- Dissemination process
- Access and security
- Archival and retention



Oversight and Accountability

- **Policy Administrator**
 - Oversight of Policy Governance
- **Policy Committee**
 - Structure for operationalizing policy processes
- **Policy Owners**
 - Accountable for following process for specific policies

Format and Requirements

Clear and
consistent

Standardization
of process

Required fields

Promotes ease
of
understanding

Helps identify
“rogue”
policies

Development, Review, Approval

Process Map	Define steps and required documentation
Approval Pathways	Guide inclusion of key stakeholders Ensure orderly approval
Review Timelines	Minimum review deadlines Timelines for higher risk policies

Dissemination and Access

Target audience

Education/Training Plan

Timeline


Access location

Access availability

End-user feedback



Archival and Retention

- Previous versions
 - Retired policies
 - Legal requirements
 - Liability protection
 - Who and where
 - How retrieved
- 

Governance Strategies

- Enforcement of Process
- Rolling Calendar
- Ensuring Purpose and Necessity
- Identification of “Rogue” Policies
- Eliminating “Silo” Policies
- Monitoring for Duplication and/or Conflicts
- Appropriate Linking and Referencing
- Solicit and Respond to Feedback



Policy to manage policies

Policy Committee

Policy Administrator

Maintain and Archive

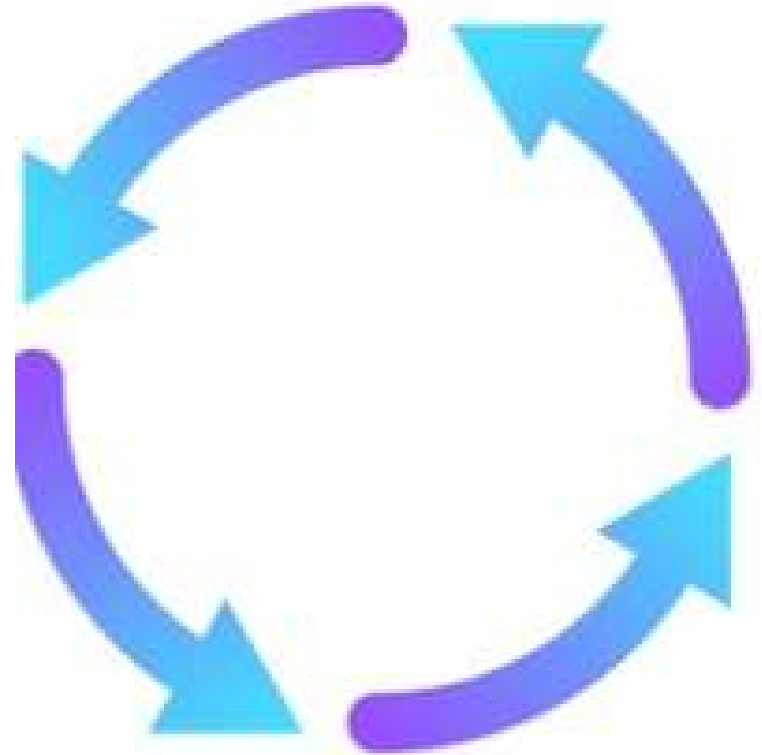
Control Access and Security

Set up a policy review cycle

Consistent

Assess:

- Effectiveness
- Relevancy



Steps to Creating Policy

Planning, Analyzing, Researching, Writing

Types of Policies



Administrative and human resources (HR)



Health and safety



Information management



Medicine and drug handling



Patient care



Coding and billing



General compliance

Organizational Policy Audit

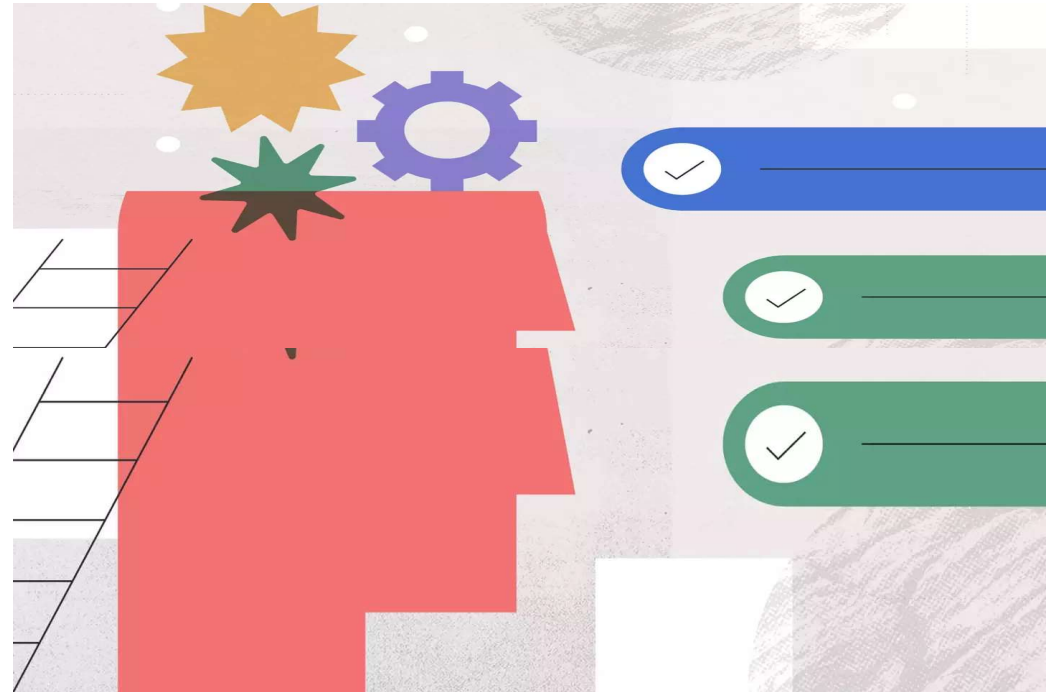


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- What policies do you already have?
- Is there another policy that can be modified to cover what you need?
- Is there an existing policy that just needs to be updated?

Subject Matter Experts

- Physicians
- Nurses
- Other disciplines
- Professional organizations

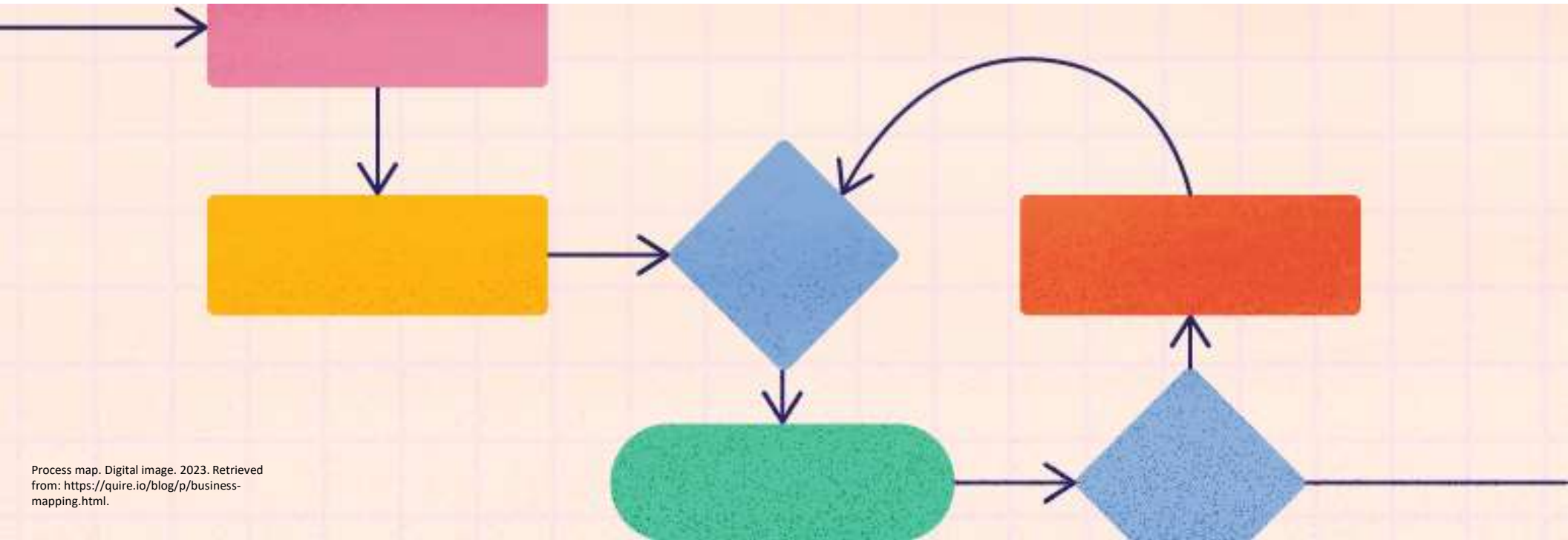


SME. Digital image. 2024. Retrieved from:
<https://asana.com/resources/subject-matter-expert-sme>.

Understand regulatory and accreditation requirements



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List out steps of Processes and Procedures

- How do you currently do things?
- What needs to be different?
- Is this going to be something completely new?

Best Practices to Support Policy



Medical Library



AHRQ, CMS, Joint
Commission, IHI



Professional
Organizations



Policy Writing Process



Standard Policy Format

- Date
- Policy number
- Approvers (including who has final approval authority)
- Associated procedures
- Definitions of any unique terms in the policy (ideally hyperlinked to an online glossary)
- Any applicable statutes, regulations, or other related source documents
- Specific examples of when this policy will apply

Policy Scope Statement

The purpose of the Policy Scope Statement is to guide the development of a policy, provide a summary of a proposed policy, and ensure that those who might be affected by a policy are identified, considered, and consulted. As you complete the statement, delete the italicized guiding language. Submit completed scope statement to the University Policy Specialist via e-mail at policy@nd.edu.

Policy Title:

Date: [Date submitted to Policy Specialist]

Responsible Executive: [Sponsoring Member of the Officers Group]

Responsible Office:

Responsible Office Contact: [Name, title, e-mail]

A. Background

Describe briefly what led to the desire for this policy. Is there a new process or service, or one that has not been documented? Is there a new compliance requirement, or a need to update an existing policy?

B. Policy Statement

A draft statement of the desired policy, subject to later revision.

C. Reason for Policy

*The purpose of this policy is ... (legal, financial, operational, or other requirements addressed)
The intent of the policy and associated procedures is ...*

D. Overview of Policy Content

A comprehensive description of the policy, including why it is needed, how the policy will meet the need or solve the problem, what procedures may be required, what operational activities may be affected, and in which areas.

E. Consistency with Notre Dame's Mission and Goals, Other Policies, and Related External Documents

Sets a context for this policy in terms of University goals, related policies, State or Federal regulations. Lists related policies or regulations. Relates policy to University or department mission, strategies, etc.

F. Entities, Offices, and Other Notre Dame Community Members Affected by this Policy

Example: All units of the University must comply with this policy.

G. Impact on University

Identify what resources (human, financial, physical, operational, technical, etc.) will be needed to implement and maintain compliance with this policy.

H. Stakeholders to Consult in Developing This Policy

List stakeholder University constituents most affected by this policy that you will consult in formulating this policy. Some examples might include:

- Data Oversight Committee
- University Committee for Academic Technology

- Office of Human Resources
- Office of General Counsel
- Risk Management & Safety Department

I. Systems Changes Required

Examples: Custodians may have to make system changes to implement technical procedures to comply with the policy; The Provost's Office may have to change procedures for ... (etc.)

J. Communications and Training Activities Needed to Create Awareness and Facilitate Compliance

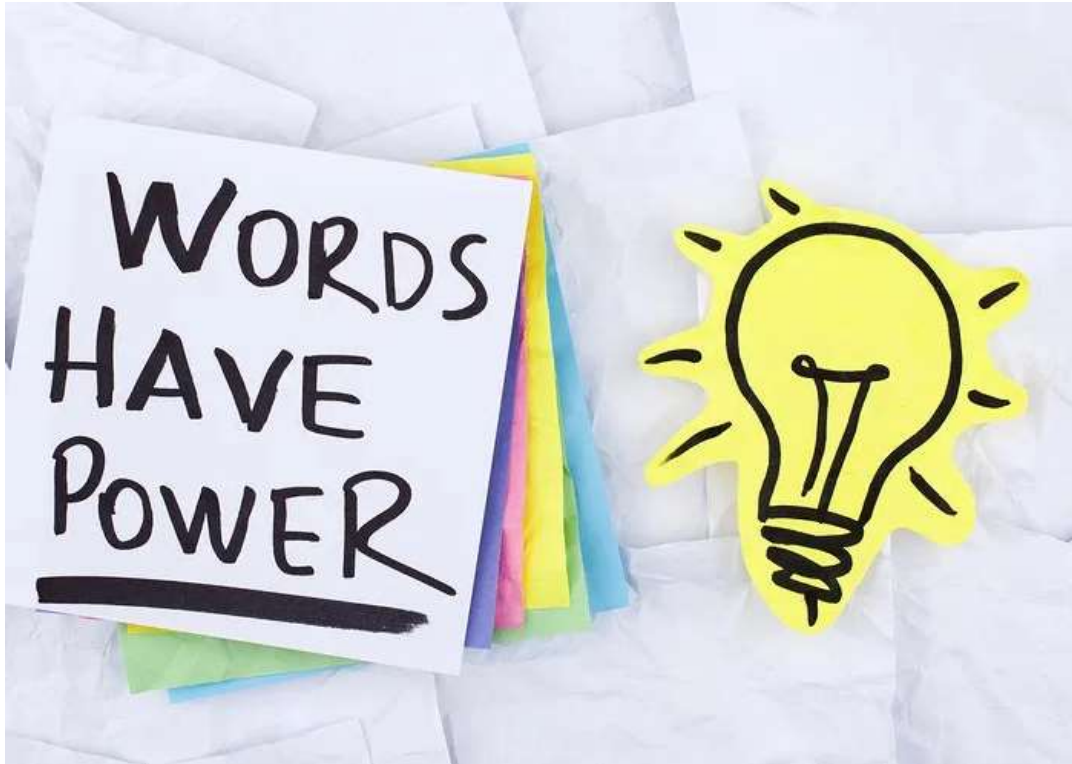
Who will oversee the policy and arrange for training and documentation?

K. Compliance Mechanisms Existing or to Be Created

Example: Audit & Advisory Services, in consultation with the Office of General Counsel and the Institutional Risk & Compliance Committee, will monitor compliance with policy and legal requirements.

L. Timing Requirements for this Policy

Examples: The University must promulgate this policy as soon as possible to comply with recent Indiana governing law; This policy brings the University into compliance with provisions of the [PCI DSS/GLBA/HIPAA/etc.], required by [date].



Words have power. Digital image. 2015. Retrieved from:
<https://leaderchat.org/2015/05/12/leaders-what-are-your-word-choices-saying-about-you/>.

Use Common
Language,
Abbreviations
Texas Hospital Association (THA)

Word choice
matters

Legal
requirements

Include measurable objectives

Communicates the reason (the why?" behind the policy)

Examples:

- Reduce infection
- Improve attendance

Helps to manage and assess effectiveness of the policy

Write and Review



Right owner/writer



Right Reviewer

Things to Consider

- One size does not fit all
- Original/Custom





Components of a Policy

Header and Title

Organization logo	Owner/ Contact	Approved By
Approval Date Date/Revision Date/Next Review Date	Policy number	Scope
Approvals	Related Policies	Revision History



**DEPARTMENT OF NURSING
POLICY AND PROCEDURE**

SUBJECT: Faculty/Nursing Guidelines for Clinical Rotation at MWHC	ORIGINAL DATE: August 2005
	EFFECTIVE DATE: June 2012
DISTRIBUTION LIST: Department of Nursing	REVIEWED BY: Dina Rosenthal, RN, MS, CCRN Clinical Nursing Instructor
APPROVED BY: <hr/>	

Scope

State to whom policy will apply

May reference other key documents

Why the organization is issuing the policy and where it sits in the organization

Scope

This policy applies to all XXX Hospital employees and its students. It presents guidelines that can be used to determine what information is confidential, what constitutes a breach of confidentiality and the disciplinary process for employees who breach confidentiality.



Purpose

States the *need* for policy and provides rationale

Brief sentence or paragraph

PURPOSE:

To insure effective communication with patient with limited English proficiency.

PURPOSE:

This policy explains the use of safety sitters at XXX, and to provide guidelines for continuous visual monitoring of patients using XXX, including criteria selection.

Initiation of continuous visual monitoring is a nursing intervention. It can be utilized to ensure patient safety as an additional tool in the plan of care for patients at high risk for falls, confusion, impaired mobility, etc.

Definitions

- **Identifies or clarifies important terms and phrases used in the policy**



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A sitter is a XXX employee who will be at the patient's bedside to provide continuous observation of a patient and provides basic assistance with the activities of daily living (ADL) such as feeding, toileting, range of motion and ambulation assistance.

State what is the policy is with key points

Concise and without ambiguity

May Identify:

- Responsible Persons
- Exceptions

Policy Statement

POLICY:

To ensure a safe environment for patients that are identified as a potential risk to themselves or to others, XXX shall utilize sitters to provide continuous observation. This may be provided through one on one bedside observation or by utilization of a remote safety monitor.

It is XXX belief that our patients:

- Should be provided respectful, compassionate and efficient care
- Should be provided a safe environment
- Should have patient rights maintained as outlined in the patient handbook

Relevant Procedures and Guidelines

Reference detailed procedures or guidelines that will help employees adhere to the policy effectively and consistently

Consider using bullet points or lists to improve readability

Procedure

- Employees may access patient information only when it is necessary to perform their jobs.
- Gossip, careless remarks and idle chatter may be a violation of trust and the patient's right to confidentiality.
- Employees are not authorized to access medical records and/or the Marshfield Ambulatory Record System (MARS), and Combined Medical Record (CMR) to obtain information on themselves, their spouse or their dependents. While this information is about you and your family, and you may have a right to know, information must be obtained through proper channels. Proper channels include calling the attending physician, health care provider or the Medical Record Department. The Release of Medical Information Policy outlines the steps required to retrieve information on yourself or your dependents. Employees are expected to follow the same procedure as nonemployees.
- Patient information must be disclosed only upon written authorization by the patient or his/her legal representative or where such disclosure is authorized by federal or state law, subpoena or court order, and in accordance with the Release of Medical Information Policy.
- Managers shall inform and educate employees about the Confidentiality Policy.
- An employee who needs clarification of the Confidentiality Policy should speak with his/her manager.
- **Security:** Each employee has a password that enables him/her to access the computer system. This password is not to be shared with anyone. Each time an electronic record is retrieved, a tracking system identifies and records the time, date, locations and name associated with the computer terminal used. This tracking system is capable of identifying potential abuse. Employees are responsible for all inquiries made using their password.

Stakeholders and Responsibilities



- ✓ Identifies key roles and responsibilities of individuals or departments involved in implementing and/or enforcing the policy
- ✓ Ensures accountability

Clinical Staff Responsibility:

1. Assess that the patient is appropriate for continuous visual monitoring intervention (meeting criteria listed above).
2. Notify Monitor Tech, charge nurse, and house supervisor that patient is recommended for telemonitoring.
3. If patient meets criteria and is approved for telemonitoring, follow policy.
4. If patient is not approved for telemonitoring for any of the following reasons, implement safety measures.
5. If there are no telemonitoring units available, notify house supervisor to initiate telemonitoring. If telemonitoring cannot be removed from anyone, waiting patient list.
6. Communication shall be entered in Electronic Medical Record as a nursing intervention:
 - a. Tele Sitter Monitoring – Continuous
 - b. Reason for monitoring

VI. Faculty Responsibility Related to Medication Administration:

- A. The nursing instructor or the RN caring for the patient must log on for each med task and student will document under preceptor/faculty's logon.
- B. Meds must be documented through the handhelds or the wireless is in downtime. If the medication barcode does not scan bypass the handheld and document directly on the Medication Administration Record on the computer.

Compliance and Enforcement

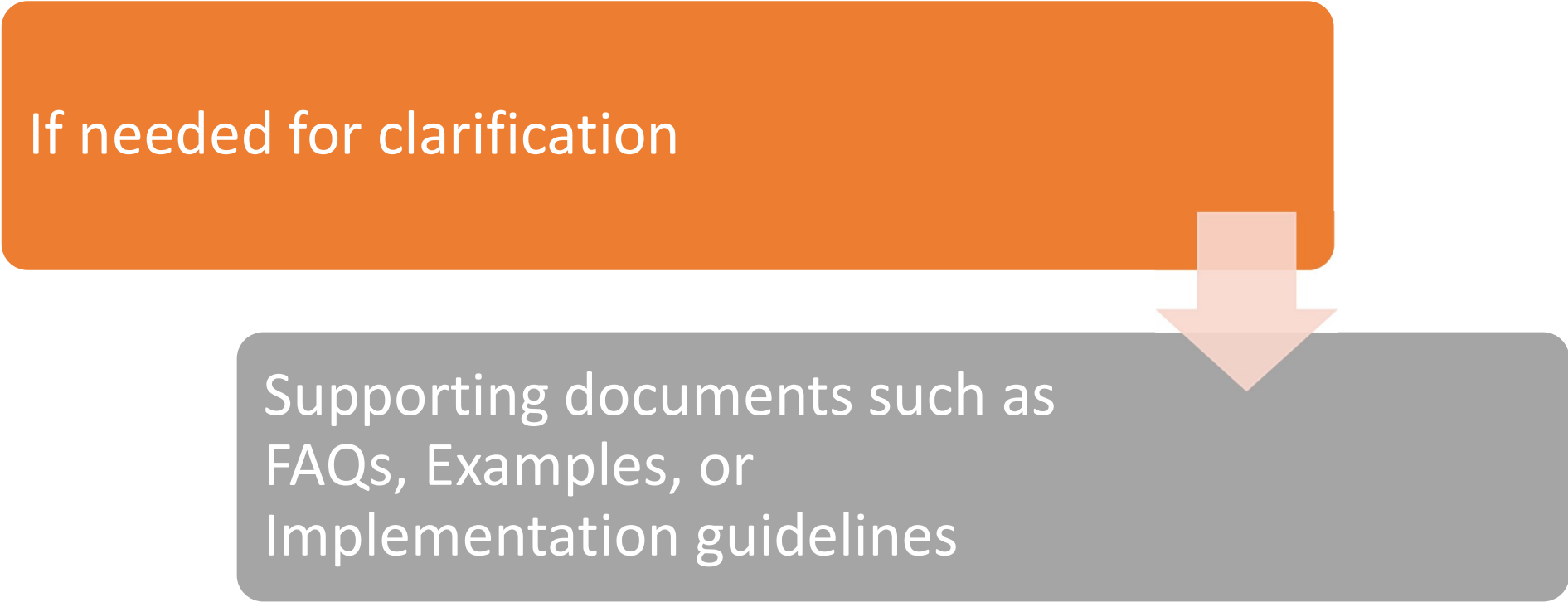
- Explain consequences of policy violations and organization's steps to ensure compliance
- Emphasize importance of adherence to policy



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Additional Information

If needed for clarification



Supporting documents such as
FAQs, Examples, or
Implementation guidelines

Revision History



Include why changes have been made



Updates in standards of care



Include citations and references



The background of the slide is a dark, textured surface filled with numerous question marks of varying sizes and shades of gray and gold. A large, light gray question mark is positioned on the left side, partially overlapping the text.

Questions????

A vibrant watercolor splash in various shades of blue and teal, with some darker spots and lighter, misty edges, set against a white background.

thank
you

Resources

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