# Policy Statement:

Health System () uses an electronic repository to store and manage its policies, procedures, plans and guidelines (excludes Clinical Practice Guidelines). This policy outlines the process for **system** policy, procedure, plan and guideline creation, review, and management within the electronic repository. Responsibilities of Document Editors, Custodians, Approvers, Policy Area Owners and Site Administrators are outlined. Staff serving in any of these roles are assigned permissions within the electronic repository as appropriate to organizational responsibilities. System Documents are reviewed and approved by the System Policy Approval Committee, which receives guidance from the System Policy Oversight Committee.

#### Definitions:

**Policy:**  A principle or method that is developed for the purpose of guiding decisions and activities related to governance, management, care, treatment, and services.  A policy is developed by organizational leadership, approved by governing bodies of the organization, and maintained in writing.

**Procedure:**  A Document that includes detailed step-by-step actions to be completed in a specific sequence to ensure standardized delivery/completion of the overall activity, preventing variation and deviation from established best practices and/or regulatory requirements.

**Plan**:  A framework for managing risks.  A plan addresses the scope and objectives of risk assessment and management, describes the responsibilities of individuals/groups, and gives time frames for specific activities identified in the plan.

**Guideline:**A set of rules/behaviors that set standards and/or determine a course of action.

**Clinical Practice Guidelines:** Tools that describe a specific procedure or processes found, through clinical trials or consensus opinion of experts, to be the most effective in evaluating and/or treating a patient, resident, or individual served who has a specific symptom, condition, or diagnosis. Synonyms include practice parameter, protocol, clinical practice recommendations, preferred practice pattern, and clinical guideline.  These Documents are **not** subject to this policy and are **not** stored in the repository.

**Policy/Purpose Statement:** A summary statement of the overarching principles that guide a specific policy, procedure, plan or guideline. A policy or purpose statement is recorded on each Document under the "Policy or Purpose Statement" header. It is a statement of the Document intent.

**Guest/End-User:** Any employee or affiliate who uses the electronic policy repository to search and view active Documents.

**Custodian (Author/Owner):**  An employee or affiliate assigned to shepherd a Document through its creation, review, and/or revision process.  The Custodian's name appears in the top right header of each Document.

**The Custodian is responsible to ensure:**

1. The Document content is accurate, reflects best practice standards and is compliant with current regulations.
2. The Document undergoes review according to its assigned review cycle.
3. All appropriate Stakeholders (process owners) have been identified and given an opportunity to provide input into the Document's creation/revision. **(Note: Stakeholders may include individuals/groups that are part of the Electronic Signature Approval Workflow, therefore these individuals are given opportunity to provide input prior to requesting their Electronic Signature.)**
4. All Stakeholder input, requests for revision(s), and approval are recorded and retained in the Document history. This includes the names and dates of content experts, committees and/or Medical Staff that have participated in the review.
5. approved Headers and Formats are used consistently throughout the Document. (See **System Document Format Reference Table** below for details)
6. New/revised system forms associated with the Document that are considered part of the electronic medical record (EMR) and include a provider, patient and/or caregiver signature line have been reviewed/approved by the System Health Information Services (HIS) Committee.
7. Collaboration with Organizational Development (OD) and/or the System Clinical Education (CE)Department staff to complete/validate the **Document Impact Assessment** (See Table below) to establish the minimum education to be provided to the target audience.
8. Completion of the **System Document Education Plan** **form**; to reflect both minimum and additional education to be provided.
9. Submission of the completed **System Document Education Plan** form to Organizational Development/Clinical Education for review/approval.  **Note: Any Education Plan requiring use of a system-wide CBL must be presented to and approved by Executive Leadership Team (ELT) in the form of an SBAR prior to implementation.**
10. Completion of additional documentation requested by Organizational Development and/or System Clinical Education for development/completion of the Education Plan.
11. The approved **Document Education Plan** is copied into or electronically retained in the policy history.
12. **The new/revised Document is presented to and approved by the System Policy Approval Committee prior to implementing the Education Plan.**
13. All education is implemented before the Document is posted.
14. The System Policy Site Administrator is notified to post the Document upon completion of approved Education Plan.
15. The System Policy Site Administrator is notified of any Documents that need to be retired upon posting the new/revised Document. Any superseded Documents are maintained on file in accordance with Retention of Records policy.

The Custodian may also refer to the **System Document Management Workflow,** the **System Custodian Checklist** and the **Content/Required Fields Checklist** for additional guidance.

**Editor:**An employee or affiliate who is responsible to create and revise Document content with the Custodian's guidance.

**Stakeholder:** Any process owner with direct interest, involvement, or accountability to the subject covered in the Document that provides input and/or approval of content. Stakeholders may include hospital committees, service lines, and/or physician committee chairpersons, hospital leaders, and/or one or more departments or their respective representatives. Stakeholders may also be individuals/groups that are part of the Electronic Signature Approval Workflow. **The input/approval of ALL stakeholders is recorded and retained in the Document history.**

**Approver:**An employee/committee determined to be responsible to provide an Electronic Signature on a Document. These individuals/committees are listed in the Document's Electronic Approval Workflow. The number of individuals/committees in an Electronic Approval Workflow should be limited to two or three in order to facilitate the Document's movement through the electronic signature approval process. Any other individuals/groups considered to have a role in the Document's development/approval are considered Stakeholders, and their input/approval of the Document is recorded in the Document history.

**Policy Area Owner:**  An employee or affiliate who manages a Policy Area or Department. Policy Area Owners have author/owner permissions for one or more Policy Areas/Departments as appropriate to their organizational responsibility. In addition to having permission to edit/create Documents in specific Policy Areas, Policy Area Owners also receive reports of Documents approaching the end of their review life cycle, and have the ability to view pending Documents to facilitate the management of Documents within their assigned Policy Area(s).

**Policy Site Administrator:**An employee or affiliate assigned the highest level of access within the electronic repository responsible for setting user permissions within the program. Facility/Entity Site administrator works with leadership to maintain accurate user lists, permission levels and assist in monitoring the facility/entity's adherence to Document review cycles. Policy Site Administrators develop/maintain competency in the use of the electronic repository program and serve as Super Users to the organization.  Policy Site Administrators assist with technical issues according to ability, and refers all other issues to the vendor support desk.

 **IS Department does NOT provide support for the electronic repository.**

Policy Site Administrators also assist in providing and/or obtaining appropriate training for new and current Editors, Custodians, Approvers, and Policy Area Owners. Policy Site Administrator designation is determined by the Policy Program leaders.

# Procedure:

The following procedural steps identify the elements captured during the creation/review of a **system** policy, procedure, plan, or non-clinical practice guideline.

#### Document Necessity (only applies to current Documents under review)

1. When a current Document is under review the assigned Custodian collaborates with the Stakeholders to determine if the Document is still necessary.  If deemed necessary, the Custodian continues the review/revision process.
2. If the Document is no longer considered necessary, the Custodian contacts the appropriate Policy Site Administrator to retire it.

#### Identification/Assignment of a Document Custodian

1. As a Document approaches the end of its review life cycle, the currently assigned Custodian receives electronic notification of the approaching review date at 90, 60, and 30 days prior to the end of the review life cycle. The Custodian works with Stakeholders and appropriate leadership to determine if he/she is still the most logical Document Custodian.
2. When the need for a new Document arises, appropriate Leadership/Stakeholders identify and assign the most logical and appropriate Custodian based on availability of content experts, SLDS Teams, and/or other system work teams.
3. The Custodian completes the Document review/revision process according to its review life cycle.
4. Requests to re-assign a Custodian must be approved by the System Policy Approval Committee.

#### Review of Existing Related Documents and Education Resources

1. For both new and current documents, the Custodian or designee is responsible to review the electronic repository for related entity/facility/system Documents and notify appropriate Custodians of any anticipated impact.
2. In addition, the Custodian is responsible to contact Organizational Development and/or System Clinical Education staff to determine what Computer Based Learning (CBLs) and other education resources may be impacted by the development/revision of the Document. The Custodian notifies the appropriate owner(s) of identified educational resource(s) of any anticipated impact.

#### Document Applicability

1. The Document Applicability assignment identifies the facilities/entities the Document applies to. When a Document is under review the Custodian checks the assigned Applicability to determine if it is correct. If the Applicability is correct the Custodian continues the review/revision process.
2. If the Applicability is incorrect the System Policy Oversight Committee is consulted regarding the correct Document scope and impact. This committee determines if the Document will be retained as a system level Document or facility/entity level.
	1. If the System Policy Oversight committee determines a system Document is to be converted to a facility/entity Document and some of the content must remain consistent across all facilities/entities to meet regulatory and/or best practice standards, the System Oversight Committee may assist in identifying "must haves" for the facility/entity versions.
	2. Once the facility/entity level Documents have been created, approved and posted the new Document Custodians notify the System Policy Site Administrator to retire the old system Documents.
	3. In some instances, the System Policy Oversight and/or Approval Committee, or other organizational leadership identifies facility/entity Documents better suited for system level management.  In this situation, the appropriate System Level Department Specific (SLDS) Team and/or system work group/committee is notified of the need to develop the content of the facility/entity Documents into one system level Document.
	4. If common resources, equipment, references exist across the system for the procedural components of the process or workflow consider developing/maintaining the Document at the system level.
	5. The System Policy Site Administrator notifies all appropriate local facility/entity policy site administrators to retire their local Documents once the system Document has been created, approved and posted.

#### Title and Content

1. Titles and content are determined by consensus of the Custodian and Stakeholders.
2. The electronic repository automatically assigns a unique identification number to each Document; therefore, no additional numbers are assigned.
3. Avoid the use of abbreviations in Document titles.

#### Policy Area

1. Each Document is assigned a Policy Area which describes the department or service line it applies to.
2. The Custodian reviews the Policy Area assignment for appropriateness.
	1. If the Policy Area assignment is incorrect, the Custodian contacts the appropriate Stakeholder(s), seeks input and reaches consensus for a new Policy Area assignment.
	2. When developing a new document, the Custodian assigns the Policy Area that best represents the department or service line the content applies to.
	3. In either situation, if the correct Policy Area does not exist in the approved repository menu, the Custodian contacts the System Policy Site Administrator for assistance.

#### Approval Workflow

1. An Approval Workflow identifies the employee(s) or committee(s) responsible to provide Electronic Signature on the Document. These individuals or committees are listed in the Document's Electronic Approval Workflow and display at the bottom of the Document.
2. **Each Approval Workflow is given a unique title and the first step (Approval Step) is assigned to the Document Custodian.**
3. **The individuals named in an Approval Workflow must have an email account and actively utilize this email account.**
4. An employee or affiliate is typically assigned as designee for Physician Approvers.
5. When a group/committee is named in an Approval Workflow one member is assigned to perform the Electronic Signature as representative of the group/committee.
6. The number of individuals/groups in an Electronic Approval Workflow should be limited to two or three in order to facilitate the Document's movement through the approval process.
7. All other individuals or groups considered to have a role in the policy's development and approval are considered Stakeholders, and their input and approval of the Document is retained in the policy history.
8. **The employee(s)/committee(s) in the Electronic Signature Approval Workflow are often also Stakeholders for the policy, therefore the Custodian ensures their input and approval of the content is collected prior to initiating the Electronic Signature Approval Workflow.**
	1. When reviewing a current Document, the Custodian collaborates with Stakeholders to determine if the assigned Approval Workflow is correct.
		1. If correct, the Custodian continues the review/revision process
		2. If incorrect, insert the correct Approval Workflow
9. When creating a new Document, the Custodian assigns the correct Approval Workflow in collaboration with the Policy Area Owner
10. For new and current Documents, if the correct Approval Workflow does not exist in the repository menu contact the System Policy Site Administrator to create a new workflow.

#### Review Date

1. The standard review cycle for policies, procedures, plans, and non-clinical practice guidelines is three years or 1095 days, unless otherwise specified by a regulatory body or leadership.
2. For current Documents under review, the Custodian determines if the existing review life cycle length is appropriate and adjusts accordingly.
3. For new Documents, the Custodian works with appropriate Stakeholders/Leaders to determine the appropriate review life cycle length with consideration of regulatory standard(s) requirement(s).
4. **All Documents in the live repository are active until superseded by another Document or retired.**

#### Reference(s)

1. For both new/current Documents, the Custodian is responsible ensure up-to-date literature references are listed.
	1. If references are appropriate and up-to-date, the Custodian continues the review process
	2. If the references are not current and/or are no longer relevant to the subject matter the Custodian or designee is responsible to research and record up-to-date references

#### Scope

The Custodian is responsible to identify and record all entities, services lines and departments accountable to the Document content.

#### Regulatory Agency Standard(s)

The Custodian or designee is responsible to research the Document topic for regulatory standards applicable to the Document.  Regulatory Agency Standard(s) are recorded in two locations for each Document. The first reference is detailed and includes the specific standard reference number. This first reference is recorded in the body of the Document under the Regulatory Agency Standards(s) header.  The second reference is general, and contains just the acronym for the name of the regulatory agency in the Document header.

1. The Custodian collaborates with the Policy Area Owner and other Stakeholders to determine if regulatory agencies or standards listed on the Document still apply.
	1. If the agency/standard(s) are accurate and still applicable, the Custodian continues the review/revision process
	2. If the references are no longer applicable, the Custodian is responsible to remove and update this information

#### History/Supersedes

1. The Custodian is responsible to determine which related Documents are superseded by the new/revised Document and record accordingly.

#### System Document Education Plan

1. Each time a Document is created/revised the Custodian collaborates with Organizational Development and/or System Clinical Education to complete/validate the **Document Impact Assessment** as described in the Table below.
2. The **Document Impact Assessment** is completed to establish the **minimum** education requirement(s) for the target audience prior to posting the new/revised Document.
3. Additional methods of education and/or validation of competency may be included in the Education Plan to enhance learning.
4. The Custodian completes any additional forms requested by Organizational Development and/or System Clinical Education staff.
5. Once consensus is reached on the Document's Education Plan, the **System Document** **Education Plan** Form is completed, and the Custodian copies and pastes the contents of this form into the Document history.
6. **Note: Any policy, procedure, plan, or non-clinical practice guideline determined to require system-wide CBL completion must be presented to Executive Leadership Team (ELT) in the form of an SBAR, and receive ELT approval prior to implementation.**

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| **Document Impact Assessment** |
|  **Impact** | **Minimum** **Education Requirement** |
| [   ] Requires awareness of new/revised **non-regulatory** content And/or [   ] Requires a change in behavior or workflow to comply with new/revised **non-regulatory** content | Staff Meetings & Unit/Department Communications |
| [   ] Requires a significant change in behavior or workflow to comply with new/revised **regulatory** content And/or [   ] Standard/Regulation requires documentation of education | Document Acknowledgment CBL--Brief CBL with key points highlighted and attestation of Document content review |
| [   ] Requires development and mastery of new skills to comply with **regulatory** **or** **non-regulatory** new/revised content And/or [   ] Failure to adhere to new/revised content could result in harm to staff, patients/visitors, and/or organizational quality and/or safety | Educational CBL with Post Test and required passing score, and/or demonstration/competency checklist  |
|  **System Document Format Reference Table** |
| **Required Headers** | **Format** |
| **Policy or Purpose Statement** All Documents include a policy or purpose statement summarizing the overarching principles that guide the specific policy, procedure, plan, or guideline."Policy Statement" is used for Policies and Procedures.  "Purpose Statement" is used for Plans and Guidelines. | H2 |
| **Policy or Procedure or Plan or Guideline** One of the above headers is used to identify document type. The main content of the Document appears below this header. | H2 |
| **Reference** List pertinent literature references below this header.  If none, record NA. | H4 |
| **Scope** List the name of the facility, entity, department, and/or service accountable to the content below this header. | H4 |
| **Regulatory Agency Standard(s)** List the name & acronym/abbreviation for the agency and standard number/description the Document addresses below this header.  Example:  The Joint Commission (TJC), National Patient Safety Goal (NPSG) 1.  If none, record NA. | H4 |
| **History/Supersedes** List the name(s) of Document(s) that preceded the new/revised Document below this header if the original Document had a different title. If none record NA. | H4 |
| **Any other sub headers** Smaller sub headers are used within the Document as needed to highlight specific content. | H5 or H6 |
| **System Document Ordered List Format** |
| 1. Item one
	1. Item one-sub
		1. Item one-sub-sub
			1. Item one-sub-sub-sub
 |

### Reference:

N/A

### Scope:

All Entities and Affiliates

### Regulatory Agency Standard(s):

N/A

### History/Supersedes:

Policy Development & Distribution