



NATIONAL
RURAL HEALTH
RESOURCE CENTER

DRCHSD Quality Improvement Webinar Series

Policies and Procedures: Oh My!

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11:00 – 12:00 pm CST

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NATIONAL
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DRCHSD Quality Improvement Webinar Series – Upcoming Dates and Topics

- May 5 – Antibiotic Stewardship
- May 12 – Patient-Centered Medical Home (PCMH) – The In's and Out's of Implementation

All webinars in the series are from 11:00 – 12:00 pm CST





Policy and Procedures: Oh My!

A QUICK GUIDE



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Objectives

- ▶ Review basic requirements of your P&P manuals
- ▶ Identify best practices for managing updates
- ▶ Seek pros and cons of software to manage your P&P

What State Operations Manual Says about Policies and Procedures

P.20: Surveyor to review P&P manuals; ensure they are current

P. 45: Starts under C-0818 and surveyors review CAH policies regarding certification, licensure, and registration of personnel; policies compliant with State and local laws?

P.55: C-0862 Reviews policies related to operation of communication systems with network hospitals...

Policy and Procedure...what's the difference?

- ▶ Policy: set parameters for decision-making; can be slightly flexible; think of them as the 'why' we do something
- ▶ Procedures: provide the step-by-step of how to do a task; think of them as the 'how' we do something;
- ▶ Process: explain how to achieve a desired outcome (product or service); roll up under policies and explain how something works at a high level
- ▶ Guidelines: often used interchangeably as policy; but can be considered general recommendations; not mandatory or required;

Procedures / SOPs / Protocols

- ▶ SOPs are your standard operating procedures
- ▶ Procedure Manuals
 - ▶ Department specific
 - ▶ Administrative specific
- ▶ Nursing: Lippincott or Potter & Perry
- ▶ Diagnostics: Manufacturer manuals
- ▶ Online Resources
- ▶ Maintain within five years of publication

Template of Procedure

- ▶ Title
- ▶ Introduction
- ▶ Purpose
- ▶ Conditions
- ▶ Scope
- ▶ Delegation
- ▶ Detailed steps
- ▶ Relevant references

POLICY FORM: TEMPLATE TO SHARE

Policy Area:	Subject:
Title of Policy:	Number:
Effective Date:	Page Number:
Approved Date:	Approved by:
Revision Date:	

1. Rationale or background to policy: (this area could also be on the back of this page)

It is important to write out why this policy needed to be created. Often when organizations review their policies they wonder where on earth this “came from?” Having a background puts the policy in context so that when reviewing time comes the organization can consider whether in fact it is still necessary for the original purpose. What was the issue/challenge behind creating the policy? Why was it necessary to formulate a policy? Provide an example to make it clear.

2. Policy Statement: A simple statement of What is to be accomplished.

3. Procedures: List in logical format the steps to take. How to implement the policy.



How To Create Standard Operating Procedures in Healthcare

SOP Title	How To Create Standard Operating Procedures in Healthcare
SOP No	01
Author	David Sanchez
Effective Date	May 2, 2021
Review Date	May 2, 2023

<p>Scope</p> <p>This section defines to whom or what the particular set of procedures applies.</p> <p>Purpose</p> <p>This is the intent of the document. It must be short yet detailed enough for end-users to quickly recognize the purpose of the SOP.</p> <p>Roles and Responsibilities</p> <p>The roles of the individuals responsible for executing this SOP document.</p> <p>References</p> <p>Relevant documents that support the procedures (policies, regulations, and other SOPs.</p>

Discussion Question: Procedures

- ▶ What manual(s) do you have in your organization?
- ▶ Do you have a vetting process to determine 'best fit'?
- ▶ If a surveyor picked one up today, is it within five years of age?

Policies

- ▶ Administrative
 - ▶ Check your SOM
 - ▶ Backbone of hospital
 - ▶ Human Resources
 - ▶ Patient Care
 - ▶ Pharmacy/Med Management
 - ▶ Information Management
 - ▶ Finance
- ▶ Newer ones:
 - ▶ COVID-19
 - ▶ Remote Workers
 - ▶ Social Media

Examples

HCA

DEPARTMENT: Regulatory Compliance Support	POLICY DESCRIPTION: Advance Beneficiary Notice – Outpatient Services
PAGE: 1 of 7	REPLACES POLICY DATED: 4/6/98, 4/1/00, 3/1/01, 10/1/02, 1/7/03, 8/1/03, 4/15/04, 6/15/05 (GOS.GEN.003); 03/06/06
EFFECTIVE DATE: July 1, 2006	REFERENCE NUMBER: REGS.GEN.003

SCOPE: All Company-affiliated hospitals performing and/or billing outpatient and emergency services. Specifically, the following departments:

Business Office	Emergency Department
Outpatient Services	Nursing
Admitting/Registration	Health Information Management
Medical Staff	Physician Office Staff
Central Scheduling	Ancillary Departments
Revenue Integrity	Utilization/Case Management
Reimbursement	Allied Health Practitioners
Service Centers	Patient Access

PURPOSE: To outline the use of Medicare Advance Beneficiary Notice (ABN) for outpatient hospital services.

POLICY: ABNs must be obtained in accordance with Medicare requirements. Hospitals must bill Medicare for all medically necessary services and obtain an ABN for outpatient services that are not medically necessary according to Local Coverage Determinations (LCD) and/or National Coverage Determinations (NCD), except as otherwise noted in this policy.

DEFINITIONS:

Allied Health Practitioner: Any non-physician practitioner permitted by law to provide care and services within the scope of the individual's license and consistent with individually granted clinical privileges by the Board of Trustees. For example, certified nurse-midwives, certified registered nurse anesthetists, clinical psychologists, clinical social workers, physician assistants, nurse practitioners, and clinical nurse specialists.

Ancillary Services: Hospital or other health care organization services other than room and board and professional services. Examples of ancillary services include diagnostic imaging, pharmacy, laboratory and rehabilitative therapy services.

Local Coverage Determinations: Policies developed by Fiscal Intermediaries and Part B Carriers that specify the criteria and under what clinical circumstances an item/service is covered and considered to be reasonable, necessary, and appropriate. Hospitals are required to use only those LCDs that have been issued by their specific Fiscal Intermediary.

Medical Necessity/Medically Necessary: For purposes of this policy, medical necessity or medically necessary refers to guidelines included in LCD and /or NCD in accordance with the Medical Necessity

7/2006
791 x 1,024

SHORE HEALTH SYSTEM
Nursing Competency Assessment
Page 1 of 6

DEPARTMENT OF NURSING

POLICY

SUBJECT:
DEPARTMENT OF NURSING
COMPETENCY ASSESSMENT

DATE ESTABLISHED: 6/04
REVIEWED/REVISED: 12/12

CROSS REFERENCES: Shore Health System (SHS) Administrative Policy
- HR-14, Competence Assessment
Nursing Policy, Licensure Verification
Nursing Policy, Orientation Process for the Department of Nursing
Nursing Policy, RN Self Assessment and Peer-Evaluation
Shore Health System (SHS) Administrative Policy
- TX-10, CPR

PURPOSE: To assure that all patient care providers are competent to perform responsibilities in their specific areas of clinical practice.

SCOPE: RN, LPN, Nursing Technician, Unit Secretary, Monitor Technician

DEFINITIONS:

Competency: The demonstrated knowledge, key elements, skills and attitudes required to perform the duties of an assigned role.

Competency Assessment: Competency Assessment is a fluid, ongoing process. It is dynamic and responsive to the changing environment using a systematic evaluation of an individual's capacity to perform defined expectations.

Competency Assessment Checklist: A form that details the step by step process necessary to successfully perform the behavior/skill. (Attachment D)

500 x 730

MERCY HOSPITAL
INCIDENT POLICY
Page 1 of 15
July 2017

Policy Applies To

- All Mercy Hospital Staff
- Credentialed Medical Specialists and Allied Health Personnel are required to indicate understanding of the incident policy via the credentialing process and adherence to the Mercy By-Laws
- Board of Directors are required to analyse summarised incident information and give informed guidance via Quality and Risk Advisory Committee and Board of Directors meetings.

Related Standards

- Health & Disability Sector Standard 2.4 Criteria 2.4.1, 2.4.2, 2.4.3, 2.4.4
- EQuIP Standard 2.1 Criterion 2.1.3.

Rationale
Mercy Hospital manages health care incidents to ensure improvements to the systems of care are patient / whanau focused

Mercy Hospital Incident policy is based on the following principles:

- Transparency and open disclosure
- Openness of incident reporting i.e.: seeing events as opportunities to improve our understanding of risk *ref* Appendix 4
- Focus on systems, not individuals
- Emphasis on learning and continuous improvement
- Obligation to act
- Accountability
- Fairness
- Appropriate prioritisation of action

The aim of this process is to provide a safe and inclusive environment for patients, staff, visitors, and all others involved in the provision of services at Mercy Hospital.

Definitions

Adverse event: an event with negative or unfavourable reactions or results that are unintended, unexpected or unplanned.
In practice this is most often understood as an event which results in harm or has the potential to result in harm to a consumer.

390 x 505

P & P Management

- ▶ Conduct an Audit
 - ▶ Establish a team (or two)
 - ▶ Get broad overview of current state
 - ▶ What policies currently exist
 - ▶ When were they created (are they over 20 yrs old?)
 - ▶ When were they last updated vs reviewed?
 - ▶ Do they match current organization structure (incl. mission/vision)
 - ▶ Are they consistent with other policies?
 - ▶ Do they overlap or reference another policy/procedure?
- ▶ What are you missing?

Which take first priority?
Cover high-risk tasks
Any regulatory/legal policies
Gaps identified

Your Audit Continued

- ▶ What P&P are department specific
- ▶ What manuals are referenced
- ▶ Are procedures efficient? Have employees created new path?
- ▶ What is working/not working?
- ▶ Accrediting body requirements

- ▶ What format works? Doesn't work?
- ▶ Is format standardized system-wide?
- ▶ Identifiable by employees?

Format

Title

Author

Dept

Policy Number

Date and

Review/Revised Date(s)

Approver(s)

Definitions

Writing Tips

- ▶ Appoint team(s) maybe oversight committee and dept teams
- ▶ Different perspectives (it's not just the manager)
- ▶ Establish standard format
- ▶ Review any regulatory and accreditation standards
- ▶ If listing procedures, be sure to ask staff what they actually do compared to what is written
- ▶ Goal or objective for each policy/procedure
- ▶ Common, easy-to-understand language
- ▶ Vet with others while in draft form

Approval Process

- ▶ What committee(s) must your policy go through? Is this outlined as a guide?
- ▶ Who signs off as complete and ready for use?
- ▶ Board approval?

Putting Into Practice

Discussion Question:

- ▶ How do you train staff on your revised P&Ps?
- ▶ Signature? Validation? Test?

Compliance

Discussion Questions:

- ▶ How do you measure effectiveness and compliance of policies/procedures?
- ▶ Rounding questions?
- ▶ Any significant violations? Following procedures?

Managing Updates/Reviews

- ▶ How are P&Ps monitored for review date(s)?
- ▶ How do you know if guidance changed and a policy needs revised?

- ▶ Takes us into management systems on next slide

Policy Software

- ▶ HIPAATrek
 - ▶ InQuiseek (RHCs)
 - ▶ Policy Manager
 - ▶ Policy Tech
 - ▶ PowerDMS
 - ▶ PolicyHub
 - ▶ Healthstream
 - ▶ PolicyStat

 - ▶ Homemade version
- ▶ Let's get techy:
 - ▶ What do you use?
 - ▶ What have you tried and abandoned?
 - ▶ Pros?
 - ▶ Cons?
 - ▶ Compliance challenges
 - ▶ Ease of use for creating new forms
 - ▶ Automation
 - ▶ Cloud-based or localized to system server
 - ▶ Mobile app option
 - ▶ Supports industry changes/provides customer education/resources
 - ▶ Images, videos, etc.

Final Thoughts



If you could change one area of your P&P process, what would it be and what is your dream vision?