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Effective Date:	March 1996	**Policy No:**	AD082
Cross Referenced:	AHC 1.3	**Origin:**	**Administrative Director**
Reviewed Date:	4/2012, 6/2013	**Authority:**	**President**
Revised Date:	4/ 2012, 6/2013	**Page:**	**1 of 6**

SCOPE

All departments of Hackettstown Regional Medical Center (HRMC)

PURPOSE

To outline the process for policy development, review, revision, implementation, and deletion

DEFINITIONS

Policies must be organized with the following headings:

SCOPE – A description of the affected departments and functions
PURPOSE – A statement which describes the goal(s) to be met by the policy and references any applicable regulatory standards
DEFINITIONS – A meaning or clarification of words or phrases used in the policy, if indicated
POLICY – A general statement of hospital's or department's position on the subject area
PROCEDURE – A description of the principal tasks required for performance of an operation, usually provided in step-by-step format
REFERENCES – A list of any supporting and source documentation used to validate the policy

POLICY

HRMC has written policies which are current and accessible by affected staff and which address processes relative to compliance with laws/regulations and clinical and business operations. Leadership is responsible for identifying activities within their areas that should be documented as policies. The Policy Coordinator is assigned by the President.

HRMC's policies are organized in the following four (4) categories:

1. Corporate: Policies maintained by Adventist Healthcare (AHC) corporate offices which apply to all AHC facilities and departments

2. Administrative: Hospital-wide policies which apply to all departments

3. Nursing Structure Standards: Policies that guide the clinical and business operations for all HRMC Nurses

4. Departmental: Policies that guide clinical and/or business operations within a department or unit

PROCEDURE

I.   CORPORATE POLICIES:

    A.   Policy: Adventist Healthcare is responsible for the development, review, revision, and deletion of all corporate policies. The AHC Executive Council approves all corporate policies.

    B.   Procedure: President's Council at HRMC is responsible for reviewing a corporate policy's applicability to New Jersey regulations and HRMC existing policies and for revising and/or developing a policy to comply with a new corporate policy. All directors and managers of HRMC who receive copies of corporate policies for review are responsible for forwarding a copy of those policies to their Administrative Director.

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II.   ADMINISTRATIVE POLICIES:

A.   Policy:

The President has overall responsibility for the implementation of Administrative Policies and Procedures.

Hospital-wide policies that affect the overall functioning of the Hospital are maintained in the Administrative Policy Manual. All current policies are available on the AHC Intranet Home Page (Policies & Procedures On Line – HRMC). The Policies are divided in to the following sections:

Administrative – AD	Employee Health – EH	Facilities – FA
Finance – FI	HIPAA – HIPAA	Human Resources – HR
Infection Control – IC	Information Systems – IS	Materials Management–MM
Marketing/Public Relations – PR		Patient Care Services – PC

All new or revised Administrative policies must:
- include consideration of corporate policies during the development/revision phase
- be in a standard format

Department directors/managers are responsible for communicating new or revised policies to all staff members. When appropriate, clinical educators will be involved in planning policy implementation and staff education.

All Administrative policies are reviewed every three years to ensure that they reflect changes in processes, standards and/or regulations.

When a policy is retired, the Policy Coordinator removes it from the Intranet and a copy of archived policy will reside on the shared drive.

When a policy is revised, the Policy Coordinator uploads the revised document to the intranet and maintains a copy in the Administrative Policy folder.

B.   Policy Format:

The body of the policy must be organized under the headings noted in DEFINITIONS.

The top portion (header) of the policy document must include the following:
- Effective Date – date policy originally became effective; not date of last revision
- Cross Referenced – to include reference to other existing policies
- Reviewed Date – date policy was last reviewed
- Revised Date – date policy was last revised
- Policy Number – assigned by Policy Coordinator
- Origin – appropriate section of the manual as per list above
- Authority – title of applicable Administrative Director
- Page – current page number of total number of pages
- The policy name is located on top of the header

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C.   Procedure for New and Revised Administrative Policies: [see Attachments I and II]

The Policy Originator will:

1. Research existing policies, regulations, accreditation standards, and peer practice;

2. Consult with Administrative Director who oversees the department(s) most affected by the process involved. Determine which disciplines/departments/committees should provide input, review and/or approval;

3. Obtain input from all disciplines/departments affected by the process involved;

4. Draft the policy in the standardized format (header & body) outlined in II.B. and print a hard copy;

5. When the policy requires a new/revised form, seek input as outlined in # 2. Obtain approval from the Forms Committee, utilizing the 'Request for New or Revised Form' which is available on the shared drive. Record approval in the footer of the draft policy. [If both the policy and the form are NEW, the form should be drafted, but deferred to Forms Committee for approval step until the policy is approved by the Administrative Director.]

6. Facilitate review and/or approval by departments/committees and the overseeing Administrative Director and record same in the footer of the Policy;

7. The Administrative Director shall present the policy President's Council for final approval.

8. If policy is new, assign an 'Effective Date' (in header) based on implementation plan;

9. Once approved by President's Council the Administrative Director shall provide the Policy Coordinator with an electronic copy of the policy with all approvals noted.

The Policy Coordinator will:

1. Assign a number or revision date to the policy;
2. Place the policy on the Intranet;
3. Maintain an archive of the policy draft with documented approvals.
4. Notify Leadership and policy originator by e-mail that a new or revised policy is published.

D.   Procedure for Routine Review of Administrative Policies:

The Policy Coordinator routinely identifies policies which require review and forwards to the appropriate Director / Manager with a copy to the respective Administrative Director.

The Administrative Director, through consultation with Directors/Managers if indicated, determines if revisions are needed.

• If revisions are needed which will change the process outlined in the policy, follow II.C. of this policy.

• If revisions are needed (such as minor formatting or re-wording) that do not change the process outlined in the policy, provide the Policy Coordinator with an electronic copy with changes noted. This includes a change to the Review Date in the header if no policy content revisions are indicated.

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The Policy Coordinator will:

1. Place the policy on the Intranet
2. Maintain an archive of the policy with any review and/or revision notations.

III. NURSING DEPARTMENT STRUCTURE STANDARDS (POLICIES):

A. Policy:

1. The Chief Nurse Executive is responsible for developing, reviewing, revising, and approving structure standards (policies) that are Department of Nursing-wide. The Department of Nursing Structure Manual defines the structure standards (policies) for the department.   It is organized by structure standards, protocols, procedures, and guidelines and is applicable to every nurse in every unit / department.

2. Each unit is governed by a unit-specific Nursing Structure Standards Manual. Unit-specific structure standards must not be in conflict with those of the Department of Nursing, but may be more stringent.

3. All structure standards (policies), protocols, procedures, and guidelines (process standards) are reviewed at least every three years or as needed to reflect changes in processes, standards regulations.

B. Definitions:
Protocols – define care and management of a broad patient care problem or issue;
Procedures – define how to perform a certain patient care skill;
Guidelines – outline how to complete and use a nursing tool or document.

C. Procedure for New and Revised Unit-Specific Standards, Protocols, Procedures, and Guidelines:

The Department Director/Manager will:

1. Submit the new or revised document to the Chief Nurse Executive and Medical Director (if applicable) for review and comment.
2. When the document requires a new/revised form, seek input as outlined in # 2. Obtain approval from the Forms Committee, utilizing the 'Request for New or Revised Form' which is available on the shared drive. Record approval on the new or revised document.
3. Obtain feedback and/or approval from stakeholders, if indicated, and record same in the footer of the new or revised document.
4. Assign a number and an effective date (if new) or a revised and/or reviewed date and place the document in the unit's/department's hard copy manual;
5. Forward an electronic copy to the Nursing Office for posting on the Intranet;
6. Apprise all necessary staff of new or revised document;
7. Maintain an archive of the document with any review and/or revision notations.

D. Procedure for Routine Review of Unit-Specific Standards, Protocols, Procedures, and Guidelines:

The Department Director/Manager routinely identifies documents which require review.

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- If revisions are needed which will change the process outlined in the document, follow III.C of this policy.
- If revisions are needed (such as minor formatting, change in review date) that do not change the process outlined in the document,

The Department Director/Manager will:

1. Make any necessary revisions, including the revised and/or reviewed date, and place the document in the unit's/department's hard copy manual;
2. Forward an electronic copy to the Nursing Office for posting on the Intranet;
3. Maintain an archive of the document with any review and/or revision notations.

IV. DEPARTMENTAL POLICIES:

A. Policy:

1. Department Director(s)/Manager(s) are responsible for developing, reviewing, revising, and implementing departmental policies.

2. Department-specific policies govern only the department that is creating the policy. These policies can apply to more than one department but are not hospital-wide. They are written to meet the need of the department(s) and must not conflict with Administrative policies, but may be more stringent.

3. Departmental policies are reviewed at least every three years or as needed to reflect changes in processes, standards and/or regulations.

B. Procedure for New and Revised Departmental Policies: [see Attachment III]

The Department Director/Manager will:

1. Submit the new or revised policy to their Administrative Director and Medical Director (if applicable) for review and comment.
2. When the policy requires a new/revised form, seek input as outlined in # 2. Obtain approval from the Forms Committee, utilizing the 'Request for New or Revised Form' which is available on the shared drive. Record approval in the footer of the new or revised policy.
3. Obtain feedback and/or approval from stakeholders, if indicated, and record same in the footer of the new or revised policy.
4. Assign a number and an effective date (if new) or a revised and/or reviewed date and place the policy in the unit's/department's hard copy manual;
5. Forward an electronic copy to the Administrative Assistant for your Administrative Director for posting on the Intranet;
6. Apprise all necessary staff of new or revised policy;
7. Maintain an archive of the policy with any review and/or revision notations.

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C. Procedure for Routine Review of Departmental Policies:

The Department Director/Manager routinely identifies policies which require review.

- If revisions are needed which will change the process outlined in the policy, follow IV.B of this policy.
- If revisions are needed (such as minor formatting, change in review date) that do not change the process outlined in the policy,

The Department Director/Manager will:

1. Make any necessary revisions, including the revised and/or reviewed date, and place the policy in the unit's/department's hard copy manual;
2. Forward an electronic copy to the Administrative Assistant for your Administrative Director for posting on the Intranet;
3. Maintain an archive of the policy with any review and/or revision notations.

REFERENCES
New Jersey Department of Health and Senior Services – Hospital Licensing Standards
Joint Commission Leadership Standard LD.04.01.07
CMS Conditions of Participation