

PolicySourceTM

HOSPITAL AND CRITICAL ACCESS HOSPITAL

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Getting Started with *PolicySource*

What Is *PolicySource*?

PolicySource Hospital and Critical Access Hospital is an online repository of dozens of sample policies and procedures (P&Ps) organized by Joint Commission hospital and critical access hospital (CAH) standards and elements of performance (EPs) that require written policies. An annual subscription grants you access to all of the P&Ps, plus attachments, templates, checklists, and other tools to help with development and management.

The files in *PolicySource* are downloadable and adaptable, so you can (and should) customize each P&P to suit your needs. A **table** of the P&Ps that require written policies is included with your annual subscription, along with their corresponding Joint Commission hospital standards and EPs. If you are a critical access hospital, use this **table** of P&Ps, which correlate to CAH standards and EPs.

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A note about terminology:

The word *hospital* is used throughout *PolicySource Hospital and Critical Access Hospital* to refer to both hospitals and critical access hospitals.

The sample policies, procedures, and plans in *PolicySource* meet two key criteria:

1. **Are required by and correlated to a Joint Commission hospital standard.** Most of the P&Ps address standards and EPs of the *Comprehensive Accreditation Manual for Hospitals (CAMH)* or the *Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)*, or their online E-ditions®, that require written policies and/or appear on the document list of the [Survey Activity Guide for Health Care Organizations](#) (see [Clarifying Required Documentation](#) for more information). At the top of each P&P, there is an applicability box noting if the P&P applies to hospitals or critical access hospitals (or both), as well as whether it corresponds to an EP with required written documentation.
2. **Meet customer needs.** We gathered feedback from Joint Commission surveyors and Joint Commission Resources consultants, as well as from accredited hospitals, about which sample policies and procedures would provide the most value to our customers—that is, the topics surveyors have seen hospitals struggle with or those that hospitals have self-reported needing additional resources to address. These are not necessarily required P&Ps for accreditation but are highly recommended.

To determine which of the above criteria each P&P falls under, refer to the P&P [table](#) for hospitals or [table](#) for critical access hospitals.

Why Do I Need *PolicySource*?

PolicySource is not meant to be a complete and comprehensive collection of the policies and procedures your hospital needs to function effectively and efficiently, nor is it intended to replace any software or other solutions your hospital may use to help store, organize, manage, or update its policies and procedures. Instead, it is a collection of P&Ps and corresponding sample attachments designed to provide guidance on a wide range of topics directly related to Joint Commission accreditation compliance.

In addition to new and updated P&Ps, *PolicySource* updates include examples of attachments an organization might use to support implementation of a particular P&P. These include a variety of checklists, logs, worksheets, data collection sheets, and other forms. Attachments are denoted with a paper clip icon in the [Table of Contents](#), indented under the applicable P&P.

Your hospital or health care system already has dozens, maybe even hundreds, of policies and procedures in a variety of areas. However, there are a number of criteria they should meet to make sure they are effective:

- Do the P&Ps meet applicable laws and regulations, as well as comply with Joint Commission requirements?
- Do they have a standardized look and format to help staff comprehend and implement them most effectively?

PolicySource is the only product of its kind to include sample P&Ps that have been vetted by experts at The Joint Commission, making it an invaluable resource for any organization attempting to grow and manage its collection of P&Ps.

- Are there duplicate P&Ps across departments or across sites that should be assessed, merged, and made consistent?

The sample policies and procedures in *PolicySource* can help you establish a P&P collection that meets these and other criteria.

One of the primary benefits of purchasing an annual subscription to *PolicySource* is that the sample P&Ps will be updated to sync with twice-annual Joint Commission standards updates:

- If a new Joint Commission EP has required written documentation, a new sample policy addressing the requirement will appear in the next possible update of *PolicySource*.
- If a current documentation requirement changes, we will update the correlated sample P&P to align with the changes.

All changes will be easy to identify, with **red underlined** text for additions and **red strikethrough** text for deletions. The files themselves will be designated with “NEW!” or “UPDATED!” at the end of the file name, and a **What’s New** document lists all significant changes made for the current update, including any new or revised attachments.

Clarifying Required Documentation

One of the goals of *PolicySource* is to provide a standardized policy, procedure, protocol, or plan for nearly every Joint Commission–required written P&P. To help organizations stay compliant and survey ready, The Joint Commission offers two primary sources for identifying documentation that surveyors are likely to request during survey:

1. The document list in the ***Survey Activity Guide for Health Care Organizations***
2. The “Required Written Documentation” (RWD) chapter of the *CAMH*, *CAMCAH*, or their E-dition counterparts

Both the *Survey Activity Guide*’s document list and the RWD chapter include many of the documents a surveyor will require or request. Although neither is all inclusive of every document that could be reviewed by a surveyor to establish compliance with Joint Commission standards EPs, a combination of these two sources comes close.

Survey Activity Guide

The purpose of the document list in the *Survey Activity Guide* is to alert organizations to a combination of required and requested documents the surveyor will want to review during the preliminary planning session and throughout the survey. These documents will help the surveyor better understand the organization itself, its leadership structure, and its daily operations. This document list will also help organizations be ready for survey.

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The sample policies and procedures in *PolicySource* include content (shaded in yellow on the sample P&Ps) that goes above and beyond Joint Commission standards and, therefore, is not specifically required. Select P&Ps also include examples of attachments an organization might use to support implementation. Use of these attachments is not required. However, the information is included to assist you in developing policies and procedures.

RWD Chapter

The RWD chapter lists all the EPs within a given accreditation program for which the organization must have something in writing to demonstrate compliance. Within the standards chapters, these EPs are denoted with a ⓘ icon. The RWD chapter can be used as a checklist to help organizations maintain continuous compliance with those requirements needing written documentation. The documentation icon is used for EPs requiring a range of documentation types—for example, a policy, a written plan, bylaws, state verification of licensure, evidence of testing, data, performance improvement reports, safety data sheets, or meeting minutes, among others.

For the purposes of *PolicySource*, when a P&P indicates in its applicability box that it requires written documentation (or it is listed as the basis for inclusion in this table), the correlated EP language refers to a written policy, set of procedures or protocols, a plan, or the like. While there are additional EPs that require other forms of written documentation (for example, evaluations, definitions, meeting minutes, training logs, criteria), these EPs are not considered in our count toward providing a P&P for nearly every EP requiring written documentation in *PolicySource*.

Challenges of P&P Development

Today's climate of hospital mergers and acquisitions can make the development of P&Ps even more challenging. Ideally, a new or evolving health care system has a consistent framework for its policies and procedures, including standardized templates and a set review and approval process. At the same time, the system's P&Ps need to account for site-specific differences, such as patient population, practices, and resources.

Whether you are creating a new policy or set of procedures to add to your collection or need to merge existing P&Ps from a number of departments and/or facilities, the following lessons can provide guidance to help ensure your organization has an organized, standardized, and effective collection of P&Ps.

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Not everything in the RWD chapter—that is, EPs with ⓘ icons—appears in the document list of the *Survey Activity Guide*. (Nor does everything in the document list have a corresponding documentation requirement in the manual.) Some items will be encountered naturally during survey activity, so there is no need to add them to the document list. For example, you would probably need to provide an organization chart for your organization or department—but that organization chart is not necessarily listed in the RWD chapter. However, when written documentation is required for an EP, organizations should be prepared to provide it when requested during the survey.

The next section, **Policies and Procedures 101**, gives a brief overview of the differences between policies, plans, and procedures, as well as some basics on development and management. To jump to helpful tips on developing and managing P&Ps at the department, hospital, and system levels, see **Policy and Procedures Development and Management**.

Policies and Procedures 101

Everyone who works in health care knows how complex it is. There are thousands of rules, regulations, laws, best practices, standards, and guidelines that apply to every component of a hospital and the care, treatment, and services it provides. The sheer volume of it all is overwhelming, and it's constantly growing and changing.

Minding Your P&Ps

That's why policies and procedures (sometimes called P&Ps) are so important. Good policies and procedures clearly define the requirements. They break down the vast amount of information into manageable, easy-to-understand goals and actions to accomplish them. They provide the structure and guidance necessary to apply high-level concepts to everyday operations.

Written policies and procedures serve many functions within a health care organization:

- They enable the organization to comply with regulations, laws, accreditation requirements, and best practices.
- They increase safety and reduce risk by setting organizational expectations and reducing variation among individual practitioners, departments, or facilities.
- They offer a valuable resource for training new staff members and an irreplaceable reference for long-time employees.

What is a policy?

A statement of rules and principles to guide decisions and actions. Generally, policy refers to a document that includes the policy statement.

What is a procedure?

A specific way of performing a task, usually to comply with a policy.



What is a plan?

A high-level document that guides an organization's operations about a broad topic.

Characteristics of P&Ps

Policies, plans, and procedures are often linked together, but there are important differences between them. Policies and plans give the “big picture” on a topic. They explain concepts and provide goals. Procedures, by contrast, are practical actions that must be taken.

In short, a policy or plan tells you what is required, while a procedure tells you how to meet the requirements.


	
Policies/Plans	Procedures
<ul style="list-style-type: none">• Guide decision making• Leave room for managerial discretion• Are an integral part of organizational strategies• Are generally formulated by top management	<ul style="list-style-type: none">• Drive actions• Are rigid and detailed• Are designed by frontline staff who know the hands-on process

Key Elements of P&Ps


It's best to use a standardized template for your hospital's policies and procedures (see [Basic Strategies for P&P Development and Management](#) for downloadable templates). Using the same format for all P&P documents makes finding information quick and easy. Ideally, all policies and procedures will include the same basic elements. These elements fall into five main categories:

- Applicability Elements
- Elements for Identification and Tracking
- Elements That Explain the Policy
- Elements That Explain the Procedures
- Elements That Reference Other Documents

See the sample policy on the next few pages to learn more about each category.

APPLICABILITY
 Critical Access Hospital 
 REQUIRES WRITTEN DOCUMENTATION

Adverse Decision Appeal Policy

[Logo] 	TITLE Adverse Decision Appeal Policy	IDENTIFICATION NUMBER [Number]
ORGANIZATION(S) [Organization name]	LEVEL <input type="checkbox"/> System <input type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department	CATEGORY <input type="checkbox"/> Clinical <input type="checkbox"/> Management
REVIEW CYCLE <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years		POSTING DATE [MM/DD/YYYY]
LAST REVIEW DATE: [MM/DD/YYYY]		EFFECTIVE DATE

Applicability Elements

These elements appear in the header of each policy to help users identify whether the policy is required by The Joint Commission for hospitals. They include the following:

- **Documentation:** Indicates whether a written policy, set of procedures, plan, or protocols are required according to Joint Commission Standards
- **Overall applicability:** Check boxes show how a P&P applies to particular settings and/or services

POLICY STATEMENT

Adverse decisions regarding reappointment, denial privileges may be appealed to the governing body. Medical Staff Bylaws, Rules, and Regulations.

PURPOSE

To establish processes for appealing adverse decisions, reconsideration of quality and safety issues and, use of National Practitioner Data Bank (NPDB), to allow p

SCOPE

Applies to all adverse decisions related to reappointment or privileging.

Applies to all members of the medical staff.

DEFINITIONS

Appeal process – The process afforded to an individual who receives an adverse decision regarding privileging may seek additional consideration of that decision.

Medical staff – The group of all licensed independent practitioners and other practitioners privileged through the organized medical staff process that is subject to the medical staff bylaws. This group may include others, such as retired practitioners who no longer practice in the organization but who wish to continue their membership in the group, courtesy staff, scientific staff, and so forth.

Organized medical staff – A self-governing entity accountable to the governing body that operates under a set of bylaws, rules and regulations, and policies developed and adopted by the voting members of the organized medical staff and approved by the governing body. The organized medical staff is comprised of doctors of medicine and osteopathy and, in accordance with the medical staff bylaws, may include other practitioners.

RESPONSIBILITIES

The organized medical staff is responsible for managing and implementing this policy.

The governing body is responsible for reviewing appeals and making final decisions.

Other responsibilities are listed under Procedures.

APPLICABILITY

- Critical Access Hospital Hospital
 REQUIRES WRITTEN DOCUMENTATION

Adverse Decision Appeal Policy

[Logo] +	TITLE Adverse Decision Appeal Policy	IDENTIFICATION NUMBER [Number]
ORGANIZATION(S) [Organization name]	LEVEL <input type="checkbox"/> System <input type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department	CATEGORY <input type="checkbox"/> Clinical <input type="checkbox"/> Management
REVIEW CYCLE <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years LAST REVIEW DATE: [MM/DD/YYYY]		POSTING DATE [MM/DD/YYYY] EFFECTIVE DATE

Elements for Identification and Tracking

Elements for identification and tracking let the reader know that they've found the policy they were looking for. They also include details about the document's creation and history.

Elements for identification and tracking include the following:

- List of the organization(s) affected by the policy
- The systems, locations, departments, and categories (for example, clinical or administrative) the policy applies to
- Title of the policy, which expresses the topic it addresses
- Title of any policy it replaces, if applicable
- ID number, often used as a file name, that includes letters and/or numbers to represent the title, category, and so on
- Dates indicating when the policy was posted, became effective, and was reviewed or revised
- Names of the people who approved the policy, when it was approved, and who created, reviewed, and/or revised it

This information is usually found at the very beginning and end of the document.

POLICY STATEMENT

Adverse decisions regarding reappointment, denial privileges may be appealed to the governing body. Medical Staff Bylaws, Rules, and Regulations.

PURPOSE

To establish processes for appealing adverse decisions, reconsideration of quality and safety issues and, under National Practitioner Data Bank (NPDB), to allow practitioners to appeal.

SCOPE

Applies to all adverse decisions related to reappointment.
 Applies to all members of the medical staff.

DEFINITIONS

Appeal process – The process afforded to an individual whose privileging may seek additional consideration of the governing body.

Medical staff – The group of all licensed independent practitioners through the organized medical staff process that is approved by the governing body. It may include others, such as retired practitioners who wish to continue their membership in the group, consultants, and retired practitioners.

Organized medical staff – A self-governing entity established under a set of bylaws, rules and regulations, and approved by the governing body. Its members of the organized medical staff and approved staff is comprised of doctors of medicine and osteopaths. Its bylaws, may include other practitioners.

RESPONSIBILITIES

The organized medical staff is responsible for managing and implementing this policy.

The governing body is responsible for reviewing appeals and making final decisions.

Other responsibilities are listed under Procedures.

Adverse Decision Appeal Policy

[Logo]	TITLE Adverse Decision Appeal Policy	IDENTIFICATION NUMBER [Number]
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REVIEW CYCLE <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years		POSTING DATE [MM/DD/YYYY]
LAST REVIEW DATE: [MM/DD/YYYY]		EFFECTIVE DATE

POLICY STATEMENT

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PURPOSE

To establish processes for appealing adverse decisions, reconsideration of quality and safety issues and, use of National Practitioner Data Bank (NPDB), to allow practitioners to appeal.

SCOPE

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Organized medical staff – A self-governing entity established under a set of bylaws, rules and regulations, and approved by the governing body. The organized medical staff is comprised of doctors of medicine and osteopathy and, in accordance with the medical staff bylaws, may include other practitioners.

RESPONSIBILITIES

The organized medical staff is responsible for managing and implementing this policy.

The governing body is responsible for reviewing appeals and making final decisions.

Other responsibilities are listed under Procedures.

Elements That Explain the Policy

These elements describe the policy itself: what it addresses and why. They include the following:

- **Policy statement:** The rules and principles that guide decisions and actions
- **Purpose:** Brief explanation of the reasons behind the policy or procedures
- **Scope:** Summary of the defined confines of the policy or procedures
- **Definitions:** Relevant and unique terms that might not be well known to those using the policies and procedures. **Note:** When available, the definitions in the sample P&Ps come from the *CAMH*, which generally mirrors the *CAMCAH*. However, some definitions go beyond what The Joint Commission addresses in its manuals.
- **Responsibilities:** Explanation of who is responsible for which roles and actions. **Note:** The names of committees or assigned individuals in the downloaded P&P should be adjusted to match the structure in your organization.

This information is usually found near the beginning of the document.

APPLICABILITY

- Critical Access Hospital Hospital
 REQUIRES WRITTEN DOCUMENTATION



PROCEDURES

1. A designated individual from the Medical Staff Executive Committee (MEC) provides the practitioner with the following, in writing:
 - Report from the hearing panel
 - Notification of the MEC's recommendation of an adverse decision
2. Either party (that is, the practitioner or the designated MEC representative) may submit written notice of intention to appeal within 3 business days of receiving the report.
3. The appellant submits a written argument to the MEC within 3 business days of receiving the report.
4. The other party must submit a written response to the MEC within 3 business days of receiving the appellant's written argument.
5. The governing body may offer either or both parties an opportunity to be heard before the governing body to answer questions.
6. The governing body determines whether the appeal is supported on a substantial factual basis or are arbitrary or capricious.
7. The governing body makes a decision regarding the MEC's recommendation).
8. All parties consider the governing body's decision.
9. The MEC reports any final adverse professional action to the State Board of Medical Practice, and any other organizations.

Elements That Explain the Procedures

These elements describe the procedures that are used to carry out the policy explained in the previous section of the document. This section includes the following:

- Instructions to perform each procedure
- Identification of individual(s) responsible for performing each procedure
- Time line requirements related to the procedures, if applicable
- Description of any training needed to perform the described activities
- Relevant references to other departments, policies, documents, or sections within the same policy and procedure document

This information is usually found in the middle of the document.

REFERENCES

Joint Commission Standard MS.10.01.01, EP 1. The hearing and appeal process addressing quality of care is designed to provide a fair process that may differ from the standard.

Joint Commission Standard MS.10.01.01, EP 2. The hearing and appeal process addressing quality of care has a mechanism to schedule a hearing of such request.

Joint Commission Standard MS.10.01.01, EP 3. The hearing and appeal process addressing quality of care issues that has the following characteristics: Has identified the procedures for the hearing to follow.

ATTACHMENTS

- Credentialing and Privileging Policy
- Dissemination of Privileging Decisions Policy

APPROVAL

NAME AND CREDENTIALS [Name and Credentials]	NAME AND CREDENTIALS [Name and Credentials]	
TITLE [Title]	TITLE [Title]	
SIGNATURE		DATE [MM/DD/YYYY]
SIGNATURE		DATE [MM/DD/YYYY]

APPLICABILITY

- Critical Access Hospital Hospital
- REQUIRES WRITTEN DOCUMENTATION**



PROCEDURES

1. A designated individual from the Medical Staff Executive Committee (MEC) provides the practitioner with the following, in writing:
 - Report from the hearing panel
 - Notification of the MEC's recommendation of an adverse decision
2. Either party (that is, the practitioner or the designated MEC representative) may submit written notice of intention to appeal within 3 business days of receiving the report.
3. The appellant submits a written argument to the MEC within 3 business days of receiving the report.
4. The other party must submit a written response to the MEC within 3 business days of receiving the appellant's written argument.
5. The governing body may offer either or both parties an opportunity to speak before the governing body to answer questions.
6. The governing body determines whether the appeal is supported on the basis of the facts and whether there is any substantial factual basis or are any other factors that would justify the appeal.
7. The governing body makes a decision regarding the appeal (including the MEC's recommendation).
8. All parties consider the governing body's decision.
9. The MEC reports any final adverse professional action to the appropriate regulatory body of medical practice, and any other organization as required by law.



REFERENCES

Joint Commission Standard MS.10.01.01, EP 1. The hearing and appeal process addressing quality of care is designed to provide a fair process that may differ from the standard process.

Joint Commission Standard MS.10.01.01, EP 2. The hearing and appeal process addressing quality of care has a mechanism to schedule a hearing of such request.

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ATTACHMENTS

- Credentialing and Privileging Policy
- Dissemination of Privileging Decisions Policy

APPROVAL

NAME AND CREDENTIALS [Name and Credentials]	
TITLE [Title]	
SIGNATURE	[MM/DD/YYYY]
SIGNATURE	DATE [MM/DD/YYYY]

Elements That Reference Other Documents

These elements provide additional information that is important to the topics addressed in the policies and procedures. Sometimes they refer the reader to other resources, either within the organization or from external sources. This section might include the following:

- Relevant requirements from external organizations, including The Joint Commission and/or the US Centers for Medicare & Medicaid Services
- Applicable laws and regulations
- Citations of evidence-based resources used to develop the policies and procedures
- References to any related documents from the organization itself
- Forms used for implementation of the policies and procedures, if any. **Note:** The items listed as "Attachments" are examples of forms an organization might want to reference in support of the P&P. In some cases, samples of these documents are available in *PolicySource*. Available attachments are denoted in the Table of Contents. However, these lists are merely examples of forms that could support the P&Ps, and we include a few samples of documents a hospital may want to reference for additional guidance.

This information is usually found toward the end of the document.

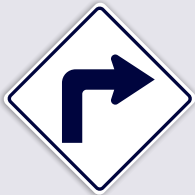
Basic Strategies for P&P Development and Management

Developing and managing policies and procedures can feel like a daunting task. However, approaching the process the right way can save you time and effort in the long run.



The Wrong Way

- Find an example from *PolicySource* or another organization.
- Insert your hospital's name or department names throughout the document.



The Right Way

- Research best practices and requirements from The Joint Commission, the US Centers for Medicare & Medicaid Services, and other regulatory bodies.
- Examine the needs of your hospital and, if you are part of a health care system, any related P&Ps that exist at the system level.
- Determine how to balance these factors.
- Develop a policy that reflects that balance.
- Revise based on actual performance.

It's not enough to simply download a sample policy from *PolicySource* and keep it on file. That policy needs to reflect the reality of your hospital. If policy does not match practice, patient safety risk increases, as does the likelihood for nonstandardized care, treatment, and services.

The right way takes more time, effort, and resources. However, it is the only way to ensure that the policy and procedures are developed and implemented accurately and effectively and have the desired impact on care at your hospital.

There are some simple strategies you can use to overcome the challenges related to developing strong, effective policies and procedures.

General Strategies

- Create and follow a “policy on policies.” In other words, have a designated standardized process for developing P&Ps that applies across the organization.
- Decide if any P&Ps exist at the system level that can be used to address the needs of your hospital.

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To signal the differences in the sample P&Ps between requirements for hospitals and critical access hospitals, the references to Joint Commission standards include certain words in brackets. For example:

Joint Commission Standard EM.02.01.01, EP 14.

[For hospitals that use Joint Commission accreditation for deemed status purposes:] The [hospital] has a procedure for requesting an 1135 waiver for care and treatment at an alternative care site.

In this example, *hospital* could be replaced with *critical access hospital*, and the deemed status language could be removed.

- Determine which P&Ps will be created and overseen by which departments, interdepartmental committees, or a dedicated policy committee.
- Establish a schedule for the review of P&Ps, using requirements from The Joint Commission, the US Centers for Medicare & Medicaid Services, and other regulatory bodies as a guide.
- Determine guidelines for how P&Ps are to be documented and where they will be stored. Also determine how changes will be tracked and dated, along with appropriate approvals and approval and effective dates.
- Engage relevant leadership, management, and staff throughout the process.
- Use your hospital's standardized template or format, or download our **Policy Template**, **Plan Template**, or **Procedures Template**. These templates and other helpful tools can all be found in the Resources section of *PolicySource*.
- Allow ample time for the development process, including time for gathering information, as well as document creation, review, and implementation.
- Obtain the approving party's sign-off on each individual policy.

Strategies for Policies

- Use a “control box” at the top of the policy document that includes information needed to quickly identify and track it. This information includes, at a minimum, the following:
 - Organization name
 - Policy title
 - Policy ID number
 - Effective date
- Compare new policies against existing ones to ensure there is no confusing overlap or contradiction among them.
- Consider creating a policy committee, if you don't already have one or you are not part of a larger health care system, to centralize policy creation and management.
- Avoid use of superlative language, such as *safest*, *highest*, and *best*.
- Evaluate use of absolutes, such as *must* or *shall*, to ensure that they are used only when necessary. Avoid using absolutes in circumstances that allow for clinical judgment.

Strategies for Procedures

- Use simple words that everyone understands.
- Make expectations reasonable and workable.
- Be specific, leaving no room for individual interpretation.
- Use active verbs rather than the passive voice. For example, say “Place a label on the container” rather than “The container should be labeled.”

Creating effective policies and procedures involves a great deal of cooperation, communication, and input from individuals throughout your hospital and across your health system. It is important that leadership, management, and frontline staff all understand their roles in the process and feel comfortable sharing their ideas.

Policy and Procedures Development and Management

Developing policies and procedures is not a “check the box” activity. Each hospital or system is different, and what works for one organization will not necessarily work for another.

Developing and Managing a P&P Collection

As your organization changes or your system grows, it may be necessary to create new policies and procedures, revise existing ones, or merge documents across departments or facilities to establish one comprehensive P&P. For example, if your hospital begins providing a new service to patients, you may need to design a P&P to address it. Or, if you are part of a health care system that has recently merged with or acquired a number of facilities, system leaders will need to assess the existing P&Ps across all locations, determine which ones are the strongest, update them for consistency, and educate staff about the changes.

In general, developing and managing policies and procedures follow an ongoing five-step process, illustrated in the steps below.

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The information about developing and managing policies and procedures is not a Joint Commission requirement but rather is meant to offer good practices for health care organizations to follow. The Joint Commission does not tell organizations how to create, manage, review, or maintain P&Ps specifically.

1. Identify

The first step is to identify and review all existing policies and procedures in your hospital or at each site within a system. Assign an individual to coordinate this task. For systems, although it is also necessary to have a P&P representative at each site, there needs to be at least one lead representative overseeing the entire effort to accurately assess and ultimately implement consistent P&Ps across the organization.

2. Create, Revise, or Merge

After the current policies and procedures have been identified, the lead P&P coordinator should compare duplicate policies and procedures to find similarities and differences and then create one merged hospitalwide or systemwide P&P. The new document should be comprehensive and consistent and feature an agreed-upon policy statement that aligns with the organization’s or system’s mission, vision, and values. Although the purpose of a hospitalwide or

systemwide P&P is to establish one policy or one set of procedures for the entire hospital or all sites in a system, there may be a need to have varying procedures depending on department- or site-specific needs.

For example, perhaps you are merging preprocedure verification procedures. One site in the system has hospitalwide procedures on this topic, but then you discover another facility's Radiology department also has written procedures. The policy statement for the merged system P&P should include overall expectations for ensuring a safe surgical procedure in each area and/or facility. To address variances at each site, the procedures can be individualized based on the type of services and resources available.

For more direction on revising or creating a new P&P, see the next section, [Writing Policies and Procedures](#).

3. Review

After the lead P&P coordinator has created a draft for each hospitalwide or systemwide P&P, he or she should share them with department or site leadership for input. These leaders will then distribute the P&Ps to appropriate staff for review and input, as they are often not the experts on the content but rather are in charge of making sure the draft policy is reviewed appropriately.

Once final drafts of the P&Ps are approved among department or site leadership, they will be sent to an approval committee at the facility level. Some policies and procedures may require a review by several committees before they are considered final. To return to the preprocedure verification procedures example, these procedures may need to be reviewed by the Medical Staff Committee, Surgical Services Committee, and Patient Safety Committee. For health care systems, the lead P&P coordinator will have the extra step of providing a summary of the draft policy to a system-level multidisciplinary committee and allowing time for questions.

Upon approval at the system or facility level, the lead P&P coordinator assigns an implementation date to the policy if a target date has not already been identified.

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Don't assume all P&Ps are accounted for in an electronic storage system. Some departments or facilities may still have policies and procedures that are printed and housed in a three-ring binder or other storage mechanism on the unit instead of being uploaded onto the hospital's intranet. Be sure to reach out to all department leaders at all sites when gathering a current listing of policies and procedures.

4. Implement

This step involves disseminating policies and procedures. Most hospitals or systems allow two to four weeks before communicating a new policy or changes to an existing policy to staff before implementation. Organizations use a number of methods to successfully communicate P&P information, including e-mail, intranet posts, announcements at staff meetings, and flyers in break rooms. For revised P&Ps, rather than expecting staff to read an entire policy, you may opt to create a one-page summary that includes the following information:

- Policy name
- Bulleted list to highlight what has been revised or will be newly implemented
- Boxes to check which sites are included in the policy
- Implementation date
- Contact person for questions

In some cases, revisions to the P&Ps will arise during implementation. These and other revisions should be documented and communicated to all staff. In addition to notifying staff of new or revised P&Ps, leaders may need to provide training to appropriate staff members and document the completion of this training.

5. Monitor and Maintain

Compliance should be assessed throughout the lifetime of the P&Ps with an active monitoring program, with any instances of noncompliance investigated and addressed. If there are any requests for exceptions, those should be considered and an appropriate response given.

Maintenance of your collection of policies and procedures involves the regular review of P&Ps by users and leaders. In general, policies and procedures are reviewed at least every three years, but some need to be reviewed every year. Any revisions that arise during the implementation or monitoring process should be addressed. You also need to document changes, updates, and approvals. Ensure that all active P&Ps are accessible to staff at all times and that any inactive versions are archived for reference.

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For both stand-alone hospitals and those that are part of a system, after being reviewed and approved by leadership, the P&Ps can be filed and inventoried for education, access, and tracking.



Creating a Policy and Procedures Inventory

Policies and procedures inform and drive patient care in your hospital. Because of this, access is critical. It is crucial that every member of your staff has quick, easy access to policies and procedures at all times, either as a hard copy or an electronic version.

With so many policies and procedures on so many topics, finding the one you're looking for can be a challenge—unless, of course, you have a good organizational system. That's where a policy and procedures **inventory** can help. It lists the P&Ps in your hospital or health system by name and ID code in a single document or file. It's useful to organize the list by subject area or accreditation chapter. An inventory can do more than help you find the policy you need. It should also include:

		
Effective dates and review dates	Who is responsible for oversight	Which Joint Commission standards are applicable to the policy's content

Having this data readily consumable in a single document makes policy monitoring and maintenance easy. For example, including the applicable Joint Commission standards on your inventory will allow you to easily pull and review any policies following an announcement about revised standards.

As you create a policy inventory, it will be helpful to know which Joint Commission hospital accreditation EPs have required written documentation (RWD). This helpful **table** identifies these standards and EPs, and provides a brief description of each, as well as any corresponding sample P&Ps included in *PolicySource Hospital* and *Critical Access Hospital*. A similar **table** identifies EPs with RWD for critical access hospitals.

Ensuring the quality of its policies and procedures is one of the most important things a hospital can do to support highly reliable care. It does take time and effort, but standardizing the development and management processes can streamline your efforts without compromising accuracy and applicability.

Writing Policies and Procedures

Policies and procedures must be evaluated before, during, and after their creation and implementation. When considering a new policy, it's important to be sure the proposed policy is necessary, relevant, and effective.

To help you determine this, you can ask four questions:

1. Will this policy address critical issues that are not covered by other, existing policies, either within my facility or at the system level?
2. Will this policy be consistent with and not contradict other policies and procedures?
3. Will this policy accurately reflect what the organization does?
4. Will this policy be easy to implement, follow, and monitor for compliance?

If the answer to all four questions is “yes,” then it makes sense to create a new policy. If any answer is “no,” then you might consider revising an existing policy, reviewing the needs and goals of your hospital or system, addressing the roadblocks to implementation or monitoring, or approaching the targeted issue from a different direction.

Creating Effective—and Compliant—Policies and Procedures

The Joint Commission commends hospitals that strive to follow good or even best practices and incorporate them into their policies and procedures. However, organizations often add requirements that go above and beyond the requirements of The Joint Commission or other national standards, evidence-based guidelines, manufacturer’s instructions, or other regulations.



They may identify and include unachievable or unsustainable goals that go beyond what is required. Review of policy-related survey findings indicates that Joint Commission surveyors frequently score hospitals out of compliance because they are not following their own policy.

A Hierarchical Approach

The sample policies and procedures included in *PolicySource* are a good place to start when creating new or revising P&Ps. However, they must be adapted and expanded to fit the needs of the hospital’s patient population and to address national or state standards, manufacturer’s instructions, or other applicable guidance, in addition to the Joint Commission standards that are already included with each P&P. The following is a hierarchical approach that hospitals and systems can adhere to when writing or revising policies and procedures.

Regulation

If a state or federal law or regulation exists, first follow its direction in creating related policies.

CMS

If a hospital or system uses accreditation for deemed status purposes to qualify for CMS reimbursements, then it must meet applicable Conditions of Participation (CoPs), as well as applicable transmittals and Quality, Safety & Oversight (QSO) letters (formerly known as Survey and Certification [S&C] memos).

Deemed status hospitals should track and incorporate CMS updates, which can be found online at the following websites:

- **CoPs:** <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs>
- **Transmittals:** <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index>
- **QSO letters, by state and region:** <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Manufacturer's Instructions for Use

Hospitals and systems must follow the specific manufacturer's instructions for use for equipment, supplies, and products used and are required to resolve any conflicts that may exist. Often, an organization will include these instructions in procedures documents.

Evidence-Based Guidelines or National Standards

In the absence of clear requirements and recommendations provided by federal or state regulation, CoPs, or instructions for use, the next step for a hospital or system is to review evidence-based guidelines or national standards. A facility can choose which evidence-based guidelines or national standards it follows but should establish a system for updating so that the policies and procedures remain current.

Position Statements

In the absence of regulation, CoPs, instructions for use, evidence-based guidelines, or national standards, a hospital or system may want to consider position statements and other documents from reputable national or regional associations or organizations as guides for developing or amending policies and procedures.

Following this hierarchical approach—and getting input from the leaders and staff who will implement the policies—can help hospitals and systems create policies and procedures that not only keep patients and staff safe but also comply with Joint Commission standards. Surveys are meant to identify deviations from regulations, CoPs, guidelines, and national standards that are promulgated to keep patients and staff safe. Building P&Ps in this way allows staff to understand the process and explain any deviance to a Joint Commission surveyor.

There are a number of resources available to help you as you develop policies and procedures. This [list](#) of regulatory agencies and national organizations is divided by the standards chapters of the *CAMH* and *CAMCAH*.

Assessing New P&Ps

There are a number of ways to ensure the policies and procedures you have created for your hospital or system meet all the criteria mentioned here. Below are two often-used methods.

Checklist

A checklist can guide the evaluation of your P&Ps to ensure they contain the key elements described above. It also can address issues such as language and format, which can impact how easy the document is to use and understand. You can adapt this policy and procedures evaluation [checklist](#) to fit the specific needs of your organization.

Scoring Rubric

A [scoring rubric](#) can help you assess whether your plan development process is on track or needs improvement.

The sample P&Ps in *PolicySource* are only examples created to demonstrate how a hospital or system may have created a policy or procedure for its particular situation and needs.



If there is a policy you would like us to consider adding to a future update of *PolicySource Hospital and Critical Access Hospital*, please email us at policysource@jcrinc.com.

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