

POLICY & PROCEDURE



TITLE: Development and Management of Policies and Procedures				
Scope/Purpose: To standardize the format for policies and procedures; to define and standardize the approval process; to define training requirements and tracking process				
Division/Department: All Departments			Policy/Procedure #:	
Original Date: October 24,2013			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
		October 30, 2013	October 30, 2013	
Responsible Party: Director Compliance/QA				

Definitions:

Policy - Policies are high-level statements providing guidance to workers who must make present and future decisions. Policies are general statements of goals, objectives, beliefs, ethics, controls, and employee responsibilities.

Procedure – Procedures are specific steps necessary to carry out policies. Procedures are changed considerably more often than policies because the manual procedures, organizational structures, business processes, and information systems and technologies mentioned in standards and regulatory requirements change over time.

Policy:

Policies and Procedures (P&Ps) must be written in a standardized format and comply with applicable regulations and laws. At a minimum, policies and procedures will be reviewed on an annual basis though changes in processes, laws and regulations, new services and changes within the agency changes may require more frequent updates.

It is the responsibility of Department Directors to ensure their policies and procedures are up-to-date in order to reflect current practices and the guiding regulations within their area of responsibility. All policies and procedures are reviewed annually. A quarterly schedule of policies and procedures for review will be maintained by the Director of Compliance/QA and distributed to the departments for completion.

Policies and procedures are reviewed and approved by the Compliance and Performance Improvement Committee (CPIC).

Policies and Procedures are reviewed and approved by the Board.

Procedure:

I. Current Policy & Procedure(P&P) Review and Approval

- A. The Director is responsible for maintaining the currency of their department policies.
- B. Directors will have the following options:
 - 1. Combine the policy with another similar policy, if applicable.
 - 2. Delete the policy/procedure because it is no longer relevant.
 - 3. Revise the policy/procedure as required.
 - 4. Make no changes.
- C. If there are no revisions to the policy/procedure, the Director must send notification to the Director of Compliance/QA that the policy/procedure has been reviewed with no recommended changes. S/he will make the necessary notation of review date on the document.
- D. In the case of revisions, the Director responsible for the revisions will send a written draft of the proposed policy/procedure changes to the Director of Compliance/QA for review to ensure that agency auditing requirements have been met. The revised P&P will be routed for review and approval as described in *Approval Process* section.

II. New Policy Formation

- A. Department Directors should develop policies and procedures as needed to meet the operational needs of their department(s) as well as to meet regulatory requirements.
- B. A **Recommendation** may be made by providers or staff for additions or modifications to a P&P by submitting a request to their Department Director. Request should be submitted in writing via email or notes on a draft policy.
- C. A **Draft P&P** is to be developed by the Department Director that is directly concerned with the subject matter. The Director will coordinate with their staff to create a draft per the attached template.
- D. New policies are coordinated with the Department Director(s) directly concerned, the Director of Compliance/QA, and the Chief Medical Officer(CMO), Chief Operating Officer(COO), Administrator of HealthPOiNT Initiatives, or Chief Information Officer (CIO) as applicable.
- E. A written draft of the policy and procedure is submitted to the Director of Compliance/QA for first review, who will then forward the draft to the Administrator of HealthPOiNT Initiatives for the second review. The proposed policy/ procedure will then be routed for review and approval as described in the *Approval Process* section.

III. Approval Process

- A. The proposed policy/ procedure will be presented to the Compliance and Performance Improvement Committee (CPIC) for review and input. The finalized policy and procedure will be submitted to CPIC for approval before presentation to the Board.
- B. Policies that have been approved will be assigned a policy number by the Director of Compliance/QA. The appropriate notations for review date, revised date, and implementation date will be noted in the designated area(s) of the template.
- C. The Board will review and approve policies and procedures following the approval by CPIC.

- D. The Director of Compliance/QA will maintain a copy of the policy/procedure in the “Master Procedure Manual” and ensure a copy is placed on the HealthPOiNT intranet for access by all staff.
- E. The Director of Compliance/QA will regularly *audit* policy manuals as necessary to ensure that the required review and updates by the divisions/departments are completed.

IV. Education and Training

- A. A copy of the new/revised policy & procedure will be distributed to the Clinic/Practice Managers and Department Directors with cover memo noting the date of approval for implementation and the signature form for documentation of staff in-service.
- B. The Clinic/Practice Manager or Department Directors will sign the original memo (by their name) for documentation of receipt of the new information.
- C. When the department staff is in-serviced to the new policy or revisions, the staff will sign the In-Service Documentation Form.
- D. Both original forms (“Director’s Memo of Receipt” and “In-service Documentation Form”) will be returned to the Director of Compliance/QA.
 - The original forms will be maintained in the Compliance/QA office.
 - The Director of Compliance/QA will forward copies of the In-Service Documentation Form to Human Resources for employee records.
- E. Distribution and training for some policies and procedures may be completed through HR Fix. All employees are required to logon to HR Fix at least weekly to read notices and complete training sessions that are required.

V. RELATED POLICY:

Employee Manual (HR Fix)

VI. REFERENCES:
TACHC

VII. REQUIRED BY:

VIII. ATTACHMENTS/ENCLOSURES:

Policy and Procedure Template
Memorandum of Receipt of Policy – Director
In-Service Documentation Form

