INSTITUTIONAL POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION POLICY

PURPOSE

The purpose of this policy is to establish that Institutional Policies and Procedures (IPPs):

- Are readily accessible;
- Abide by uniform formatting and writing standards;
- Are developed with input and approval from all appropriate parties;
- Reflect current regulations, approved practices, and operations; and
- Are implemented appropriately.

POLICY STATEMENT

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to have a uniform and systematic procedure for the creation, review, distribution, and implementation of IPPs.

The President of MD Anderson has the authority and responsibility to prepare and submit to the appropriate Executive Vice Chancellor and the Vice Chancellor and General Counsel for approval, the rules and regulations constituting the Handbook of Operating Procedures. The President has designated the Institutional Compliance Office as the office responsible for coordination of policy development and review. In accordance with Regents’ Rules and Regulations, Rule 20201, the development and review process for IPPs includes an opportunity for faculty, staff, and student governance bodies to provide advisory input regarding significant changes to IPPs. (See Policy Approval Process, Section 4.0, below).

SCOPE

This policy applies to all Academic (ACA), Administration (ADM), and Clinical (CLN) IPPs adopted by MD Anderson. In addition, this policy applies to any significant change to the institution’s Handbook of Operating Procedures, including the addition or deletion of IPPs.

Compliance with this policy is the responsibility of all faculty, trainees/students, and other members of MD Anderson’s workforce.

TARGET AUDIENCE

The target audience for this policy includes, but is not limited to, all faculty, trainees/students, and other members of MD Anderson’s workforce.
DEFINITIONS

Academic (ACA) Policy: An IPP in sections of the Handbook of Operating Procedures that primarily relates to the areas of faculty responsibility as set forth in Regents’ Rules and Regulations, Rule 40101 (i.e., general academic policies and welfare, student life and activities, requirements of admission and graduation, honors and scholastic performance, approval of candidates for degrees, and faculty rules of procedure). Each ACA Policy is required to be submitted to MD Anderson’s Faculty Senate for formal review. In accordance with Regents’ Rules and Regulations, Rule 20201, such formal review shall be completed within 60 days or less from the time the ACA Policy is submitted to the Faculty Senate for review. In general, ACA Policies will be submitted to the institution’s staff and student governance bodies for an opportunity for advisory input. Such opportunity for advisory input shall not exceed 30 calendar days. The formal review and opportunity for advisory input periods may be shortened for such reasons as regulatory deadlines, operational needs, or as otherwise determined appropriate by the Institutional Compliance Office. That said, the institution’s faculty, staff, and student governance bodies may provide a recommendation as to whether or not the formal review or opportunity for advisory input periods should be shortened.

Administration (ADM) Policy: An IPP in sections of the Handbook of Operating Procedures that primarily relates to business support systems, human resources, operational issues, and regulatory affairs. In general, ADM Policies will be submitted to the institution’s faculty, staff, and student governance bodies for an opportunity for advisory input. The opportunity for advisory input shall not exceed 60 calendar days and may be expedited for such reasons as regulatory deadlines, operational needs, or as otherwise determined appropriate by the Institutional Compliance Office. That said, the institution’s faculty, staff, and student governance bodies may provide a recommendation as to whether or not the opportunity for advisory input should be expedited.

Clinical (CLN) Policy: An IPP in sections of the Handbook of Operating Procedures that primarily relates to care, treatment, or service for patients. See Criteria for Writing Sound Clinical Practice Policies.

Departmental Policy/Procedure: A policy/procedure that affects only one department, operational area, or discipline. Departmental policies/procedures must be consistent with IPPs or further interpret an IPP as it pertains to the department.

Documentum: An electronic document management system that serves as the repository for all IPPs. Documentum manages the electronic approval process for all IPPs and publishes the final version of the IPP to the Institutional Policies site on the Inside MD Anderson Intranet.

Governance of the Institution: Consists of the IPPs, except medical procedures or protocols, affecting the way the institution directs, administers, or controls the institution. This includes IPPs:

- Directing compliance with applicable state and federal laws and regulations, Regents’ Rules and Regulations, and UT System policies and policies with system-wide application;

- Addressing or affecting the responsibility and/or authority of the various offices and bodies that make up the institution; and

- Addressing the relationships between administration, faculty, students, and staff and institutional values and/or goals.

Institutional Policy/Procedure (IPP): A policy/procedure developed for significant organizational issues and that has been identified as an Institutional Policy/Procedure, which may or may not pertain to patient care. Such policies generally affect more than one department, operational area, or discipline, or are mandated to be an IPP by an accreditation agency or state/federal legislation.
Non-Substantive Change: Proposed changes to the Handbook of Operating Procedures that are not significant (e.g., editorial changes, changes to reflect institutional organizational changes, paragraph and outline numbering changes, grammatical corrections, and reference citation changes) are not governed by this policy (ADM0158). The Institutional Compliance Office shall determine whether a change is non-substantive.

Nursing IPP: A CLN IPP located under the Clinical/Nursing folder in the Handbook of Operating Procedures.

Policy Role: The role an individual plays in the creation, review, and stewardship of IPPs, such as a Policy Steward, Policy Governor, or Content Expert. See Section 3.0, below.

Policy Taxonomy: The naming convention used to identify IPPs. The policy prefixes correlate to MD Anderson’s organizational structure: Clinical (CLN), Academic (ACA), and Administration (ADM). Attachments (ATT) also follow the naming convention.

Shell Policy: A “duplicate” policy that:
- Serves as a place holder in the Handbook of Operating Procedures;
- Provides a link to the governing institutional policy to direct end users to the appropriate document;
- Is generally located in multiple, separate areas of the Handbook of Operating Procedures; and
- May have multiple Policy Governors and multiple Policy Stewards.

Note: Shell Policies may have unique approval workflows to accommodate the policy governance cross-over among ACA, ADM, and CLN policies.

Substantive Change: A change that results in a significant change in the rule, including changes to essential principle(s), scope, or application of the Handbook of Operating Procedures.

PROCEDURE

1.0 Policy Accessibility

All IPPs are to be readily accessible and published in PDF format in the Handbook of Operating Procedures (i.e., the Institutional Policies site on the Inside MD Anderson Intranet).

2.0 Policy Format and Content

All IPPs follow a uniform format and layout. Each IPP must be created in MS Word 2003 and follow the format specified in the Template for Institutional Policies as well as the Policy Style Guide.

In an effort to maintain consistency and uniformity, all IPP content must include the following information, where applicable:

2.1 Policy Number: The Institutional Document Identifier assigned by Documentum and used to uniquely identify an IPP. All policy numbers are assigned by Documentum and begin with three characters (“ACA”-Academic, “ADM”-Administration, or “CLN”-Clinical) followed by four digits.
2.2 Policy Title: The Policy Title states the primary theme of the IPP and usually ends with the word “Policy.”

2.3 Major Sections should be ordered as follows:

A. **Purpose**: This section explains why the IPP was established and generally begins with the phrase, “The purpose of this policy is to....”

B. **Policy Statement**: This section incorporates the guiding principle underlying the institution’s position on a particular subject and generally begins with the phrase, “It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) that....”

C. **Scope**: This section identifies who or what should be in compliance with the IPP. This section also contains the statement: “Compliance with this policy is the responsibility of all faculty, trainees/students, and other members of MD Anderson’s workforce.”

D. **Target Audience**: This section identifies the primary/targeted audience of the IPP.

E. **Strategic Vision**: This section identifies goals from the institution’s strategic vision that the IPP will help achieve (see Strategic Vision).

F. **Definitions**: This section defines words or terms in the IPP which are technical or open to more than one interpretation. Some definitions have been standardized across all IPPs (see Standardized Definitions).

G. **Procedure**: This section describes how the IPP is to be administered/implemented. This section uses the outline format as specified in the Template for Institutional Policies and the Policy Style Guide.

H. **Attachments/Links**: This section lists all Documentum attachments (i.e., ATTs), links to Inside MD Anderson sites, and links to third-party Web sites that are mentioned in the body of the IPP or are related to the IPP.

I. **Related Policies**: This section lists all related IPPs. At a minimum, all IPPs linked in the body of the policy should be included in this section. The list should also identify any other IPPs that further expand the information of the policy subject, give additional guidance on the policy subject, or is itself affected by a new or revised IPP.

J. **Joint Commission Standards / National Patient Safety Goals**: This section lists all related Joint Commission Standards and National Patient Safety Goals.

K. **Other Related Accreditation / Regulatory Standards**: This section lists all other standards, codes, rules, regulations, and/or statutes from which the IPP was derived or that give further guidance on the policy subject. This list should not be limited to governmental entities, but should also include agencies regulating the health care industry (e.g., OSHA).

L. **References**: This section lists other references (e.g., journal articles) that support the IPP.

3.0 **Policy Roles**

Policy roles are assigned on a policy-by-policy basis in Documentum and/or identify who will participate in the policy review process.
3.1 **Additional Approver:**

The Additional Approver role is an optional role for all IPPs in Documentum.

An IPP may have more than one Additional Approver identified in Documentum. If specified, an Additional Approver is designated by the Policy Steward or Backup Steward and is added to Documentum as an official approver for the IPP.

The appropriate level of an Additional Approver is Policy Governor, Committee Chair, or Content Expert.

3.2 **Backup Steward:**

The Backup Steward is designated by the Policy Steward and provides administrative Documentum support for the IPP. Generally, a Backup Steward has the same privileges as a Policy Steward—that is, they can make revisions to an IPP in Documentum and start a workflow for approvals. Exception: Any action taken by a Backup Steward has to receive a Policy Steward’s approval in Documentum.

Though the Backup Steward is an optional role for all IPPs in Documentum, it is recommended that a Backup Steward be identified on all IPPs for a given area or Policy Governor.

Documentum training is required for a Backup Steward.

The appropriate level of a Backup Steward is Program Manager, Coordinator, or Administrative Assistant.

3.3 **Content Expert** (Required Role – Minimum 2):

Each IPP must have at least two Content Experts identified in Documentum.

Content Experts are the subject matter experts for the IPP and are typically individuals who can answer questions regarding application and interpretation of the IPP.

The appropriate level of a Content Expert is Policy Governor, Lieutenant Governor, Policy Steward, or subject matter expert.

3.4 **Legal Reviewer:**

Legal review for an IPP may be requested by the Institutional Compliance Office, Legal Services Department, Multidisciplinary Policies and Procedures Task Force (MDPPTF), or any other stakeholder, as appropriate, and should occur early in the policy approval process.

The appropriate level of a Legal Reviewer is a Legal Services Departmental attorney.

3.5 **Lieutenant Governor:**

The Lieutenant Governor role is an optional role for all IPPs in Documentum.

A Lieutenant Governor is designated by the Policy Governor as the person responsible for ensuring that all IPP activities/revisions have been completed correctly before the IPP is sent to the Policy Governor for approval.

The appropriate level of a Lieutenant Governor is determined by the Policy Governor.

3.6 **Policy Governor** (Required Role):
Each IPP is required to have at least one Policy Governor. The Policy Governor is an Associate Vice President or above who is responsible for all issues relating to IPPs within his/her operational area. It is appropriate for an IPP to have more than one Policy Governor whenever the responsibility for the IPP spans operational areas.

Ultimate responsibility for the development, approval, implementation, communication, education, distribution, monitoring, and auditing of the policies lies with the Policy Governor. Specifically, the Policy Governor will be responsible for:

A. Assigning and facilitating the Policy Steward role.
B. Ensuring a system for review of IPPs as it relates to the Policy Governor’s Book(s).
C. Reviewing and approving newly proposed or revised IPPs.
D. Collaborating with other Policy Governors to reduce redundancy and conflicting policies or practices.
E. Establishing a system for auditing the implementation of the IPP.
F. Reviewing reports related to newly proposed or revised IPPs.
G. Deciding on an action plan based on the audit results.
H. Conducting further reviews depending on the IPP, level of risk, other IPPs impacted, and difficulty in the initial implementation.
I. Enforcing the required activities of the IPP.
J. Reporting the implementation activities and outcomes of all CLN IPPs (excluding Nursing IPPs) within 90 days of implementation to (1) the Institutional Compliance Office, and (2) the Associate Vice President, Clinical Programs, Office of the EVP, Physician-in-Chief.

3.7 **Policy Steward** (Required Role):

Each IPP is required to have at least one Policy Steward. The Policy Steward supports the development, approval, and renewal of an IPP and is the single point of contact for the Institutional Compliance Office regarding the IPP.

It is appropriate for an IPP to have more than one Policy Steward whenever the responsibility for the IPP is shared. Note: CLN IPPs (excluding Nursing IPPs) may also include as a Policy Steward or Co-Policy Steward the chair of the medical staff committee responsible for reviewing, revising, and approving such CLN IPP.

The Policy Steward uses Documentum for all IPP revisions and approvals. Refer to the [Policy Development Web page](https://institutional.policies.utmdacc.edu/) on the [Institutional Policies site](https://institutional.policies.utmdacc.edu/) for online help or contact the Institutional Compliance Office at 713-745-6636 for Documentum training.

A Policy Steward may delegate his/her Documentum administrative responsibilities to a Backup Steward, but the Policy Steward will need to approve the IPP in Documentum when the IPP comes to his/her Documentum Inbox.

The appropriate level of a Policy Steward is Director, Manager, or Coordinator.
A. With respect to all IPPs, the Policy Steward will be responsible for:

- Following his/her department’s process for preparing, revising, and reviewing proposed IPPs.
- Using standardized definitions in the IPP, when appropriate.
- Establishing that the IPP is accurate and approved by all appropriate committees and individuals.
- Establishing that the attachments and links are accurate.
- Collaborating with all stakeholders regarding the newly proposed/revised IPP.
- Identifying whether or not the newly proposed/revised IPP is in conflict with or contradicts any existing institution-wide IPPs.
- Establishing that the IPP moves appropriately through the review and approval process.
- Presenting or delegating the presentation of the proposed IPP to the appropriate committees, including medical staff committees, as appropriate.
- Working with the Institutional Compliance Office to address problems, questions, concerns, and revisions to the newly proposed/revised IPP.

B. With respect to CLN IPPs (excluding Nursing IPPs), the Policy Steward will be responsible for:

- Identifying an implementation plan for the CLN IPP (see Section 5.0, below).
- Bringing the IPP to MDPPTF for review of the implementation plan and list of approvers.
- Establishing that patient care forms associated with a CLN IPP that are to be placed in the Medical Record are revised and approved by the Interdisciplinary Documentation Committee prior to the IPP going to a medical staff committee.
- Working with Clinical Effectiveness and Health Information Management to develop appropriate forms and to discontinue the use of old forms, as appropriate.
- Working with medical staff committees to obtain approval of the IPP.
- Tracking the implementation plan and reporting to the Policy Governor within 90 days after the initial implementation of the policy for CLN IPPs.

3.8 Departmental Leadership:

Departmental leadership of affected departments will assist the Policy Governor in establishing that the development, approval, implementation, communication, education, and monitoring of the newly proposed/revised IPP are completed.

In addition, departmental leadership will be responsible for:

A. Attending Managers Forum or other appropriate meetings to obtain training and educational materials regarding newly proposed/revised IPPs;
B. Communicating about and educating on the IPP at the department level;
C. Assisting with the monitoring and auditing process, as appropriate;
D. For CLN IPPs: Monitoring and auditing to see that content of the newly proposed/revised CLN IPP is implemented and that the procedure is performed as specified. Examples include, but are not limited to the following:

- Random observations of the newly proposed/revised CLN IPP content being performed and checking documentation in records such as, medical records, personnel files, billing statements, and other materials reflecting application of newly proposed/revised CLN IPP;
- Reviewing adverse events information for deviations in the application of the newly proposed/revised CLN IPP;
- Responding to a case/typical situation in a manner that reflects correct application of the newly proposed/revised CLN IPP content.

3.9 Faculty Senate:

Each ACA IPP is required to be submitted to MD Anderson’s Faculty Senate for formal review. In accordance with Regents’ Rules and Regulations, Rule 20201, such formal review shall be completed within 60 days or less from the time the ACA IPP is submitted to the Faculty Senate for review.

Note: An ACA IPP that has a CLN Shell Policy shall first go through the ACA policy approval process and then the CLN policy approval process, which means that the ACA IPP will be required to be submitted first to MD Anderson’s Faculty Senate for formal review to be followed by approval through the medical staff committees as appropriate. Such ACA IPP that has a CLN Shell Policy will also be required to satisfy the policy implementation requirements set out in Section 4.0, below.

3.10 Staff and Student Governance Bodies:

The staff and student governance bodies provide advisory input on ACA and ADM IPPs.

A. Staff Governance Bodies:

The Diversity Council serves as MD Anderson’s “Staff Governance Body” for the purposes of providing advisory input into the development of ACA and ADM IPPs.

B. Student Governance Bodies:

Both the Graduate Student Association and the Student Congress of the School of Health Professions serve as MD Anderson’s “Student Governance Bodies” for the purposes of providing advisory input into the development of ACA and ADM IPPs.

C. Staff and Student Governance Bodies:

ACA and ADM Policies will be submitted to the “Staff and Student Governance Bodies” for an opportunity for advisory input. In general, the opportunity for advisory input shall not exceed 30 calendar days and may be expedited for such reasons as regulatory deadlines, operational needs, or as otherwise determined appropriate by the Institutional Compliance Office. That said, the institution’s “Staff and Student Governance Bodies"
may provide a recommendation as to whether or not the opportunity for advisory input should be expedited.

3.11 Policy Stakeholders:

A weekly e-mail notification identifying all IPPs under review/revision is sent to all stakeholders (e.g., Policy Governors, Policy Stewards, Content Experts, and others) advising them to contact the Policy Steward if he/she has been inadvertently omitted from the review/revision process or would like to provide input regarding a policy under review/revision.

4.0 Policy Approval Process

4.1 The policy approval process is an electronic approval process that is initiated by the Policy Steward and/or Backup Steward in Documentum. (Refer to the Policy Development Web page for complete Documentum Instructions by Subject.) See the Institutional Policy Approval Process for the specific electronic approval order.

4.2 The policy approval process for all ACA, ADM, and CLN IPPs should include review by all stakeholders (see Institutional Policy Approval Process).

4.3 In general, individuals are expected to review and take appropriate action (i.e., approve or reject) on an IPP within 30 calendar days. Barring overriding circumstances, an IPP may be advanced in the Documentum approval process if timely action has not been taken. Note: This provision does not apply to medical staff committees’ reviews or the opportunity for advisory input or formal review (as appropriate) by governance bodies.

4.4 The policy approval process should follow departmental requirements for preparing, revising, and approving proposed IPPs. Some departments may require committee consensus or additional approver(s) for some IPPs. IPPs must receive legal review, if determined appropriate by the Policy Steward, and be approved by at least one Policy Steward and one Policy Governor.

4.5 An early step in the review process involves the Institutional Compliance Office's review of the IPP to determine, among other things, whether the proposed IPP is consistent with existing IPPs and not duplicative or whether the proposed IPP conflicts with any rule or regulation in the Regents' Rules and Regulations. Non-substantive clean-up may also occur during this step of the process.

4.6 The Institutional Compliance Office will notify the Policy Steward and other affected individuals of any necessary legal review or additional approval of the IPP by MD Anderson and/or The University of Texas System. In addition, the Institutional Compliance Office will notify the Policy Governor regarding the resolution of any comments received from the UT System and make conforming changes as needed. The Institutional Compliance Office will serve as the liaison for The University of Texas System for such purposes.

5.0 Policy Implementation

With few exceptions, all CLN IPPs and, in some cases, non-clinical IPPs are required to establish an implementation plan to include the following:

5.1 Communication/Education Plan: The plan/means by which faculty, trainees/students, and other members of MD Anderson’s workforce will be informed of the new or revised IPP. At a minimum, the Communication/Education Plan of a CLN IPP shall satisfy the communication strategy established by the attached Communication Matrix.
5.2 **Responsible Monitoring Party:** The individual responsible for monitoring the implementation of the IPP.

5.3 **Monitoring Subject:** The item being monitored.

5.4 **Monitoring Procedure:** The method by which monitoring occurs.

5.5 **Percentage Complete:** The acceptable percentage of compliance.

5.6 **Monitoring Schedule:** The frequency of monitoring (e.g., first month only, monthly, quarterly, spot checks).

6.0 **Policy Review**

6.1 IPPs must be reviewed at least once every three (3) years, or as otherwise required. Policy Steward(s) and Policy Governors(s) are responsible for ensuring that the review process has been initiated.

6.2 The Institutional Compliance Office shall generate and distribute the following reports:

A. An annual report for all CLN IPPs (excluding Nursing IPPs) whose renewal dates will occur during that Fiscal Year. The annual report will be provided to the Vice President for Medical Affairs and all medical staff committee chairs for their respective policies.

B. An annual report for all Nursing IPPs whose renewal dates will occur during that Fiscal Year. The annual report will be provided to the Vice President and Chief Nursing Officer and Head of the Division of Nursing.

C. A monthly status report showing Policy Renewal dates for each Policy Governor of an IPP. This report shall be distributed monthly to Policy Governors to assist in managing the review/renewal process. **Note:** Any IPP with a past review/renewal date or with a renewal date with in the next 180 days shall be identified on the monthly status report.

7.0 **Policy Management**

7.1 The Institutional Compliance Office receives the signed, approved IPP from the committee and posts to the [Institutional Policies site](#) on the Inside MD Anderson Intranet in accordance with this policy.

7.2 Once finalized and approved, the Institutional Compliance Office will incorporate the IPP into the Institution's [Handbook of Operating Procedures](#) and publish such document to the [Institutional Policies site](#) on the Inside MD Anderson Intranet.

7.3 The Institutional Compliance Office will maintain the official electronic file for each approved IPP.

7.4 The Institutional Compliance Office will send a reminder to the Associate Vice President of Clinical operations 90 days after the initial posting of a CLN IPP to the Handbook of Operating Procedures.

8.0 **Departmental Policies/Procedures as Related to IPPs**

Departmental Policies/Procedures are to be consistent with IPPs or further interpret an IPP as it pertains to the department. In no event shall a Departmental Policy/Procedure conflict with an IPP unless the conflicting provisions are approved by the appropriate parties.
Policy Steward Responsibilities for Departmental Policies/Procedures:

8.1 The department’s Policy Steward should follow his/her department’s process for reviewing, revising, or initiating proposed Departmental Policies/Procedures.

8.2 In the event a department’s Policy Steward believes that a proposed Departmental Policy/Procedure conflicts with an IPP, then the department's Policy Steward shall submit a copy of the proposed Departmental Policy/Procedure to the Institutional Compliance Office for a determination before adopting or implementing the Departmental Policy/Procedure.
ATTACHMENTS / LINKS

Communication Matrix.

Criteria for Writing Sound Clinical Practice Policies (Attachment # ATT1766).

Documentum Instructions by Subject.

Handbook of Operating Procedures.


MS Word 2003.

Policy Development.

Policy Style Guide.

Template for Institutional Policies (Attachment # ATT1563).

Workflow Diagram for Academic (ACA) Policies.

Workflow Diagram for Administration (ADM) Policies.

Workflow Diagram for Clinical (CLN) Policies.

Workflow Diagram for Nursing Policies.

RELATED POLICIES

None.

JOINT COMMISSION STANDARDS / NATIONAL PATIENT SAFETY GOALS

“The hospital has policies and procedures that guide and support patient care, treatment, and services.” Standard: LD.04.01.07. Comprehensive Accreditation Manual for Hospitals (CAMH), January 2013.

OTHER RELATED ACCREDITATION / REGULATORY STANDARDS

Regents’ Rules and Regulations.

Regents’ Rules and Regulations, Rule 20201.

Regents’ Rules and Regulations, Rule 40101.

UT System Model Policy.
REFERENCES

None.
POLICY APPROVAL

Approved With Revisions Date: 08/15/2013
Approved Without Revisions Date:
Implementation Date: 08/15/2013
Version: 44.0

RESPONSIBLE DEPARTMENT(S)

Institutional Compliance Office