PURPOSE

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

- Are readily accessible;
- Abide by Institutional Policy Program formatting and writing standards;
- Are developed with input and approval from all appropriate parties;
- Reflect current federal, state, UT System, and other accreditation agency regulations, as well as approved institutional practices and operations; and
- Are reviewed, revised, and implemented in a timely and appropriate manner.

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 or President ad interim of MD Anderson (President) has designated the Institutional Compliance Office as the department responsible for the coordination of policy development and review. All rules and regulations or amendments in the Handbook of Operating Procedures must be approved by the President and MD Anderson’s Chief Legal Officer (CLO). The President and CLO have the authority to delegate their approval responsibilities to other parties; such delegation may not be delegated further.

In accordance with Regents’ Rules and Regulations, Rule 20201, Section 4.9, the development and review process for IPPs includes an opportunity for faculty, staff, and students to provide advisory input regarding significant changes to IPPs via established governance bodies (see Section 4.0).

SCOPE

This policy applies to all Academic (ACA), Administration (ADM), and Clinical (CLN) IPPs and Attachments (ATTs) 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 addition, ACA Policies will be submitted to the institution’s staff and students, via established governance bodies, for an opportunity for advisory input; such opportunity for advisory input shall not exceed 30 calendar days from the time the ACA Policy is submitted to the governance bodies for review. 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; see Section 7.3 below.

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 students via established governance bodies for an opportunity for advisory input. 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; see Section 7.3 below.

Attachment (ATT): A document that supplements, but is not integral to, an ACA, ADM, or CLN Policy. ATTs usually are procedural in nature and outline specific steps or processes unique to MD Anderson. ATTs are not considered part of the Handbook of Operating Procedures.

Clinical (CLN) Policy: An IPP in sections of the Handbook of Operating Procedures that primarily relates to care, treatment, or services 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 align with IPPs or further interpret an IPP as it pertains to the department. Departmental Policies/Procedures must visually and contextually differ from IPPs to avoid confusion for faculty, trainees/students, and other members of MD Anderson’s workforce.

Governance of MD Anderson: Consists of the IPPs, except medical procedures or protocols, that affect the way MD Anderson directs, administers, or controls the institution. This includes IPPs that:

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

- Address or affect the responsibility and/or authority of the various offices and bodies that make up the institution; and
• Address the relationships between administration, faculty, students, and staff, and institutional values and/or goals.

**Handbook of Operating Procedures:** MD Anderson’s **Handbook of Operating Procedures** contains the official policies and procedures for the Governance of MD Anderson. The rules and regulations constituting the **Handbook of Operating Procedures** must not conflict with any rule or regulation in the **Regents’ Rules and Regulations**. Any **Handbook of Operating Procedures** rule or regulation that is in conflict with any rule or regulation in the **Regents’ Rules and Regulations** is null and void and has no effect.

**Institutional Policy/Procedure (IPP):** A policy/procedure developed for significant organizational issues and that has been identified as an IPP, 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, state legislation, or federal legislation.

**Non-Substantive Change:** Proposed changes to the **Handbook of Operating Procedures** or ATTs 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). These changes are not governed by this policy. The Institutional Compliance Office shall determine whether a change is non-substantive.

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

**Policy Management System (PMS):** An electronic document management system that serves as the official repository for all IPPs. The PMS manages the electronic approval process for all IPPs; publishes the final version of IPPs and ATTs to the **Institutional Policies site** on the Inside MD Anderson intranet; and serves as the source of truth for IPP edits, reviews, and approvals.

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

**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 this 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 IPP to direct end users to the appropriate document;
- Is generally located in multiple, separate areas of the **Handbook of Operating Procedures**; and
- May have Policy Governors and Policy Stewards that differ from the governing IPP.

*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 an IPP or ATT, 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 site).

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. IPPs that do not adhere to the Template for Institutional Policies may be returned to the appropriate stakeholder for correction.

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

2.1 Policy Number: The unique identifier assigned by the PMS and used to identify an IPP. All policy numbers are assigned by the PMS 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. This section generally contains the statement: “The target audience for this policy includes, but is not limited to, all faculty, trainees/students, and other members of MD Anderson’s workforce.”

   E. **Definitions:** This section defines words or terms in the IPP which are technical or open to more than one interpretation. Definitions must be capitalized throughout the body of the IPP, in accordance with the Policy Style Guide. IPPs that do not capitalize Definitions throughout may be returned to the appropriate stakeholder for correction.

   F. **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.

   G. **Attachments/Links:** This section lists all Policy Management System (PMS) 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. It is the
responsibility of IPP stakeholders to ensure that all links work appropriately each time the policy is revised, as Web sites can change or move their content. The link title should match the title of the page being accessed. IPPs that contain broken or missing links may be returned to the appropriate stakeholder for correction.

H. Related Policies: This section lists all related IPPs. At a minimum, all IPPs cited 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.

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

J. 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).

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

3.0 Policy Roles in the Policy Management System

Policy Roles are assigned on a policy-by-policy basis in the PMS and 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 the PMS.

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

The recommended level of an Additional Approver is a Legal Reviewer, Institutional Committee Chair, or Content Expert who needs approval ability.

3.2 Backup Steward:

The Backup Steward is designated by the Policy Steward and provides administrative PMS 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 the PMS and start a workflow for approvals. Exception: Any action taken by a Backup Steward has to receive a Policy Steward’s approval in the PMS.

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

PMS training is required for a Backup Steward.

The recommended 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 the PMS.

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

3.4 **Lieutenant Governor:**

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

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 recommended level of a Lieutenant Governor is determined by the Policy Governor.

3.5 **Policy Governor** (Required Role):

Each IPP is required to have at least one Policy Governor. It is appropriate for an IPP to have more than one Policy Governor whenever the responsibility for the IPP spans multiple operational areas.

The recommended level of a Policy Governor is an executive leader who is responsible for all issues relating to IPPs within his or her operational area.

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 within his or her operational area.

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 the Director, Ambulatory Work Standardization, Office of the EVP, Physician-in-Chief.
3.6 **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 the PMS for all IPP revisions and approvals. Refer to the Policy Development page on the Institutional Policies site for online help, or contact the Institutional Policy Program at InstitutionalPolicies@mdanderson.org for PMS training.

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

The recommended 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 6.0).
- Bringing the IPP to the Multidisciplinary Policies and Procedures Task Force (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 Institutional Forms Subcommittee 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.

4.0 Policy Roles Outside the Policy Management System

4.1 Legal Reviewer:

Legal review for an IPP may be requested by the Institutional Compliance Office, Legal Services, MDPPTF, or any other stakeholder, as appropriate, and should occur early in the policy review or approval process.

The appropriate level of a Legal Reviewer is an MD Anderson Legal Officer.

4.2 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 The 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 the electronic health record (EHR), 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; and

• Responding to a case/typical situation in a manner that reflects correct application of the newly proposed/revised CLN IPP content.
4.3 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 Faculty Senate receives email notification that an ACA IPP has begun its workflow in the PMS.

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 an ACA IPP that has a CLN Shell Policy will also be required to satisfy the policy implementation requirements set out in Section 6.0.

4.4 Staff and Student Governance Bodies:

The Staff and Student Governance Bodies provide advisory input on ACA and ADM IPPs.

A. Staff Governance Body:

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:

The Staff and Student Governance Bodies receive email notification that an ACA or ADM Policy has begun its workflow in the PMS; this notification begins their 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; see Section 7.3.

4.5 Policy Stakeholders:

A weekly email notification identifying all IPPs under review/revision whose workflows were started the prior week 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.

5.0 Policy Approval Process

5.1 The policy approval process is an electronic approval process that is initiated by the Policy Steward and/or Backup Steward in the PMS. (Refer to the Policy Development page for complete PMS Instructions by Subject.) See the Institutional Policy Approval Process for the specific electronic approval order.
5.2 The policy approval process for all ACA, ADM, and CLN IPPs should include review by all stakeholders (see Institutional Policy Approval Process).

5.3 The policy approval process for ACA and ADM IPPs also encompasses governance body reviews outlined in Section 4.0.

5.4 In general, individuals are expected to review and take appropriate action (i.e., approve or reject) on an IPP within 30 calendar days of receiving email notification of required action.

A. Barring overriding circumstances, the Institutional Policy Program may advance an IPP in the PMS approval process if timely action has not been taken by a Policy Steward or other approvers.

B. The Institutional Compliance Office will not advance an IPP in the PMS approval process if timely action has not been taken by a Policy Governor as they are delegated signatories of the CLO; however, the Institutional Compliance Office will notify the CLO and the Deputy Chief Compliance Officer of lack of timely action.

C. Additionally, the Institutional Compliance Office will not advance an IPP in the PMS approval process if timely action has not been taken by the Chair of the Executive Committee of the Medical Staff; however, the Institutional Compliance Office will notify the Vice President for Medical Affairs of lack of timely action.

5.5 The IPP 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.

5.6 A step in the review process involves the Institutional Compliance Office’s review of a new IPP or revisions to an existing IPP to determine, among other things, whether the IPP is consistent with existing IPPs and not duplicative or whether the 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. Note: A new IPP should be discussed with the Institutional Policy Program to confirm that it is appropriate.

5.7 The Institutional Policy Program will notify the Policy Steward and other affected individuals of any necessary legal review or additional approval of the IPP by MD Anderson.

5.8 The Associate Director, Institutional Compliance – Education, Outreach, and Policy Governance (Associate Director) has delegated signatory authority on behalf of the President of MD Anderson for all IPPs. This review and approval step occurs once the IPP reaches the publishing action in the workflow and is the last step in the IPP approval process. The Associate Director may return a policy to the appropriate stakeholders if it does not meet the standards of the Institutional Policy Program as set forth in Sections 2.0 and 3.0.

6.0 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:

6.1 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, or non-clinical IPP as
appropriate, shall satisfy the communication strategy established by the attached Communication Matrix.

6.2 **Responsible Monitoring Party:** The individual responsible for monitoring the implementation of the IPP.

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

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

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

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

7.0 **Policy Review**

7.1 Review of IPPs must be initiated at least once every three years from the “Approved with Revisions” date cited in the PMS, with completion achieved within a year of initiation. Policy Steward(s) and Policy Governor(s) are responsible for ensuring that the review process has been initiated and completed.

7.2 An IPP may require review more frequently than once every three years; in such case, review and revision must occur as otherwise required.

7.3 A stakeholder may request an expedited review of a policy, in which the policy is reviewed in a timeframe that is shorter than the processes outlined in Sections 4.0 and 5.0. Such request to expedite should be submitted to InstitutionalPolicies@mdanderson.org and must include the reason for expedited review. All such requests are subject to approval by the Institutional Policy Program.

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

A. 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.

B. A monthly status report showing Policy Renewal dates for each Policy Steward of an IPP. This report shall be distributed monthly to Policy Stewards 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.

8.0 **Policy Management**

8.1 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.

8.2 The Institutional Compliance Office will ensure that all IPPs approved for posting on the MD Anderson Internet site are updated appropriately.

8.3 The Institutional Compliance Office will maintain the official electronic file for each approved IPP.
9.0 **Departmental Policies/Procedures as Related to IPPs**

Departmental Policies/Procedures must align 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. The design of a Departmental Policy/Procedure must differ from that of an IPP so that workforce members may readily distinguish between the two types of documents.

Policy Steward Responsibilities for Departmental Policies/Procedures:

9.1 The department’s Policy Steward is not required to have a role in IPP management.

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

9.3 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).

Handbook of Operating Procedures.


MS Word 2003.

Policy Development.

Policy Style Guide.

Template for Institutional Policies.

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

LD.04.01.07:
"The hospital has policies and procedures that guide and support patient care, treatment, and services." Comprehensive Accreditation Manual for Hospitals (CAMH), 2017.

OTHER RELATED ACCREDITATION / REGULATORY STANDARDS

Regents' Rules and Regulations.

Regents' Rules and Regulations, Rule 20201.


UT System Model Policy.

REFERENCES

None.
POLICY APPROVAL

Approved With Revisions Date: 10/24/2017
Approved Without Revisions Date: 
Implementation Date: 10/24/2017
Version: 46.0

RESPONSIBLE DEPARTMENT(S)

Institutional Compliance Office