Children's Hospital and Health System, Inc.
Administrative Policy and Procedure

SUBJECT: Policy and Procedure – Development - Approval and Access of

POLICY

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Refer to the Q:\CSSW\Agency Shared Directory\CSSW Policies\Procedure for Development and Maintenance of CSSW Policies.doc

I. Definitions:

1. **Policy:** A brief statement(s) designed to influence decisions and actions to insure compliance with laws, standards of care, and/or the philosophy or mission of Children's Hospital of Wisconsin, Children's Hospital of Wisconsin-Kenosha, Children's Hospital of Wisconsin-Fox Valley, and/or other entity(s) within Children's Hospital and Health System. If a statement of intent (purpose) is included, it should be incorporated into the policy.
   a. Patient care policy statements represent non-negotiable elements of performance, and deviations from policy should occur only when there is sound rationale and that rationale should be documented as appropriate.
   b. If a policy includes "definitions", use regulatory language in stating a precise meaning or significance, and include any regulatory agencies or laws in your references.

2. **Procedure:** An outline that guides one's performance or helps one meet the policy objectives.
   a. A procedure describes the most generally agreed upon and evidence-based techniques or processes.
   b. A described procedure may not be the only correct and accurate way to perform that task; e.g., a nurse may insert a NG tube using various techniques and be demonstrating safe nursing practice.
   c. A procedure may include both discretionary acts and those acts, which are non-discretionary as they may be mandated by law or policy.
   d. The use of command words, e.g. "must", "shall", should be used only when directing nondiscretionary actions.

Note: The Patient Care Executive Committee of Children's Hospital of Wisconsin has endorsed as a reference for Patient Care Providers, "Whaley and Wong's Nursing Care of Infants and Children", for nursing skills not located in a specific hospital policy and procedure. This textbook is located on all patient care units.

3. **Process Owner:** The contact/resource person for the policy subject, who is responsible to initiate the review process, obtain appropriate input from key stakeholders (with assistance as needed by the policy and procedure coordinator or patient care regulatory compliance manager), and facilitate approval of the policy at identified hospital committees or councils.

4. **Effective Date:** The date that the policy and procedure was approved and became effective.

5. **Review Date:** The date that the policy and procedure was reviewed and approved without changes.

6. **Supersedes Date:** The date that the policy and procedure was previously approved and changed prior to effective date.

POLICY

I. Format:

All policies and procedures will have the name of the manual or department, subject, title of process owner, effective date and supersedes date and will follow the attached format (Addendum A).

II. Review and Approval of Policies with Input from Key Stakeholders:

1. All policies and procedures will be developed with input from key stakeholders and reviewed by departments/individuals/committees that are affected by the content of the policy and procedure.
2. Patient care policies are developed by expert interdisciplinary care teams, and where possible, reflect current evidence-based practice to ensure consistent care and promote optimal patient outcomes.
3. All policies and procedures will be approved by identified leadership and/or appropriate hospital committee or council, refer to Addendum B.
    a. The respective Medical Executive Committee or a Multidisciplinary Hospital Committee with Medical Staff representation will approve all policies that affect the Medical Staff.
4. All policies and procedures will be reviewed at least every three years, or as needed. Policy and procedure review will be prioritized whenever improvement opportunities are identified through the Department of Clinical Transformation and Patient Safety, or other referral source.

III. Policy and Procedure Access

References for Employees Requiring Written Policies:
All approved hospital policies and procedures (P&P) will be available for "read/print only" via the Children's Hospital and Health System (CHHS) intranet Policy and Procedure site, http://intranet.chw.org/P&Ps/search.htm (Refer to Addendum C. for policy job-aid).

Reference for Employees Drafting Policies:
Policy drafts for viewing can only be found on the shared Q drive respective P&P site, such as Q:\P&P – Administrative, and will be titled "Draft" on both the draft document and file name, to distinguish from approved policies also listed on the shared Q drive.

- **Downtime Procedure:**
  In the event the CHHS intranet is unavailable, an up to date hard copy of hospital policies and procedures are located in the following areas:
  - CHW - Emergency Department/Trauma Center
  - CHW - Clinical Resource Unit
  - CHW - Pharmacy
  - CHW - Security Services
  - CHW - Kenosha Pediatric Unit
  - CHW - Fox Valley NICU Unit

IV. Communication and Distribution System:

1. The coordinator of each respective hospital policy manual, identified on Addendum B. is responsible to communicate to Managers/ Directors any policy changes. This may be accomplished via council/committee representatives, electronic mail, quick-news, and/or internal (employee) publications such as Newsbreak, MD Page, etc.
2. The Hospital Policy and Procedure Coordinator or designee will update Policy and Procedure manuals in the following areas of CHW:
   - Emergency Department
   - Pharmacy
   - Security Services
   - Central Resource Unit
3. The Directors of Regional Services or his/her designee(s) will be responsible to update Policy and Procedure manuals in his/her area.
4. Each department/unit/area is responsible to update their Safety/Environment of Care Policy and Procedure Manuals when updates are sent by the Safety Director, or Policy and Procedure Manual Coordinator/designee.
5. Each Unit or Department Director/Manager/Advance Practice Nurse/designee is responsible to share any electronic notice of policy and procedure updates, and/or new policies and procedures with staff in his/her area.

V. Policy and Procedure Record Retention:

All Hospital Policies and Procedures will be archived permanently, and generated either electronically, or via signed original copy. Refer to the Administrative Policy, "Privacy - Record Retention.doc".

VI. References and Related Children's Hospital of Wisconsin, Inc. Policies and Procedures:

Joint Commission Comprehensive CHHS Intranet Website:
Link: http://intranet.chw.org/display/PPF/DocID/34561/router.asp, Oakbrooke Terrance, IL.

Wong, Donna, (2007) Whaley and Wong's Nursing Care of Infants and Children, 8th Edition, Mosby, St. Louis, MO.

State of Wisconsin Department of Regulation and Licensing, Wisconsin Statutes and Administrative Code Relating to the Practice of Nursing, Madison, WI. 08/2001.

Guidelines to Effective Policies and Procedures, (06/2002) Keye Productivity Center, 5th rev ed

CHW Patient Care Policy and Procedure, Q:\Patient Care Protocols (Previously "Collaborative Practice Protocols").

CHW Patient Care Policy and Procedure: Documentation – Standards of Care.doc

CHHS Administrative Policy and Procedure: "Request for Documents of CHHS Form Documents by Outside Institutions or Organizations.doc.

For cover sheets and process review and pre-reviewer letter templates, refer to: Shared Q:\ Professional Practice Model\Joint Clinical Practice Council\Policy Review Process 2007.

Reviewed by Joint Clinical Practice Council 08/2007

Reviewed by Patient Care Executive Committee 08/2007

Reviewed by CHHS Management 09/2007

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Jon E. Vice, President

Addendum A - Policy & Procedure Format

This document serves:

1. To provide a guide to Policy and Procedure (P&P) development and revision.
2. To standardize the content among P&Ps, the following format is recommended.

Children's Hospital and Health System*

If the policy applies to all, use: **Children's Hospital and Health System, Inc.*

Patient Care Policy and Procedure**

***Identify if Patient Care, Administrative, Infection Control, Environment of Care, Human Resource or Point of Care Testing Policy*

This policy applies to the following entity(s):

- ☒ Children's Hospital of Wisconsin
- ☐ Children's Hospital of Wisconsin-Kenosha
- ☐ Children's Hospital of Wisconsin-Fox Valley
- ☐ Children's Medical Group
- ☐ Surgicenter of Greater Milwaukee
- ☐ Children's Health Education Center
- ☐ Seeger Health Resources
- ☐ National Outcomes Center
- ☐ CHHS Corporate Departments
- ☐ Children's Service Society of Wisconsin
- ☐ Children's Hospital and Health System Foundation
- ☐ Children's Family and Community Partnerships
- ☐ Children's Physician Group-Primary Care
- ☐ Children's Physician Group-Regional Services
- ☐ Children's Physician Group-Children's Specialty Group
- ☐ Children's Research Institute

General Format of Policy and Procedure

- Footer: includes Supersede Date, Effective Date, Name of Policy, Process Owner, and Number of Pages.
- Font: Arial 12
- All drafts should be labeled as "DRAFT, not approved for use"

I. COMPONENTS OF A POLICY and PROCEDURE

NOTE: Please consider using the following sections as appropriate to your P&P

a. SUBJECT

i. The title of the Policy and Procedure.

b. PURPOSE OR DESCRIPTION

i. A summary or explanation describing the philosophy for the content of the document/process.

c. TABLE OF CONTENTS

i. For any lengthy (greater than 5 pages) Policy and Procedure, it is recommended to have a Table of Contents to assist the user in navigating the content of the P&P.

d. POLICY

i. A policy statement identifies the non-negotiable element/s of a process.

ii. The policy statement addresses what is the "rule" rather than how to implement the "rule".

iii. **Example of a policy statement**: Only *Registered Nurses who have demonstrated competency may administer Intravenous medications.*

e. DEFINITIONS

i. Many processes have unique terms. In order that the end-user is able to understand the intended language/concepts, it is recommended that pertinent terms be defined at the beginning of the P&P.

f. PROCEDURE

i. The "Procedure" section should provide the end-user with complete information required to complete the task/process/function.

ii. The "Procedure" should:

- Be developed with the end-user in mind.
- Be written so that the process can be easily followed by all users.
- Designate all that is required in a process.
- Include a particular course of action intended to achieve a result.
- Be a written set/sequence of defined steps and detailed elements to produce a specified result.
- Be an evidenced-based way to accomplish an objective.
- Be a written instruction for a task that outlines the preferred and safest method of undertaking a task.
- Be "hyperlinked" with related policy & procedures.

iii. Examples may include, but are not limited to: assessments, preparation of patient or family, and steps to a specific procedure.

iv. The "procedure" should NOT:

- Include equipment specific instructions,

v. **Example of a procedure statement**: *The Registered Nurse must first verify that the medication is the correct medication, correct dosage, correct route, correct rate, and correct time.*

g. FAMILY EDUCATION DOCUMENTS (or tools)

i. Supportive educational documents and tools should be listed in the body of the P&P to guide the end-user.

ii. Related teaching sheets should be reviewed at the same time as the policy and procedure, and updated, as needed by the education specialist in consultation with the process owner.

h. DOCUMENTATION

i. A summary of required documentation elements should be included in this section.

- For lengthy P&Ps it may be necessary to include documentation elements throughout the P&P. It is recommended that these are clearly identified sections.

ii. Documentation may include, but is not limited to:

- Patient assessment (list specific details & frequency if pertinent)
- Health care provider intervention and response/result
- Patient/family education (list specific details of content)

iii. If there are unique areas in a patient's medical record that the documentation should be located, that information should be highlighted in this section.

i. SUPPORTIVE INFORMATION

i. Please list any additional resources available such as:

- Computerized order entry (Sunrise)
- Clinical Guidelines/Additional Resources

- Related P&Ps (other institutional P&Ps which support the content of the process/document should be linked and included.)
- Forms

j. REFERENCES

i. It is important to list pertinent, supportive, and current references for the content included in the P&P.

ii. The references should be in APA format. (Example: D'Arcy Y. (*2004).* Using thoracic epidural catheters for pain management. *Nursing. 34*(9),18.)

iii. Include any pertinent regulatory agencies or laws in this section.

k. APPROVAL OF POLICY & PROCEDURE

Signature* _____

*Signature not required if Signature Page is used in lieu of signed policy, or if the policy has been approved by a hospital council/committee.

II. REFERENCES

a. "Guide to Writing Policy & Procedure Documents" http://www.ucsc.edu/ppmanual/pdf/guide.pdf

III. ADDENDUM/APPENDIX

a. Attach any addendums/appendicles discussed in the body of the P&P (unless it's a link).

NOTE: Consult the Policy and Procedure Coordinator for any policy development questions

Addendum B – Hospital Manuals

HOSPITAL MANUAL	SCOPE	DEVELOPED AND/OR REVIEW BY	APPROVAL	COORDINATED BY
Administrative	Activities, which relate to organizational functions and responsibilities.	Identified leadership staff. Input from key stakeholders.	A. CHHS Executive Management Group for CHHS Policies. B. Hospital Vice-Presidents for CHW Policies. C. Vice President, Regional Services for CHW-K or CHW-FV Policies. D. Respective Medical Executive Committee if there is a direct affect on medical staff. **SIGNATURE** A. President & CEO for CHHS policies B. Executive Vice President/COO for CHW policies. C. Vice President, Regional Services for specific CHW-K and/or CHW-FV Administrative Policies D. President of CHW Medical-Dental Staff, and/or respective Chief Medical Officer at Regional Hospitals, on applicable policies. Note: Policies will be posted online after obtaining required signature(s).	P&P Coordinator at CHW-Main Campus, and in consultation with identified resource persons at Regional Hospitals or other locations.
Patient Care	Activities directly related to the delivery of patient care	Clinical expert, Advanced Practice Nurse, staff nurse and/or Unit Clinical Practice Committee, medical staff, and/or staff who are familiar with the P&P. The Patient Safety Team will develop and/or review policies which contain high risk patient care processes (patient safety related), as identified by the Patient Safety Team. A cover sheet lists individuals and committees that have reviewed.	For CHW-Main Campus: A. Patient Care Executive Committee, or designated Council, and B. Medical Executive Committee, if there is a direct effect on medical staff. **or** C. Multidisciplinary Hospital Committee with Medical Staff representation For CHW-Kenosha: A. Joint Clinical Practice Committee, and B. Medical Executive Committee, if there is a direct effect on medical staff. For CHW-Fox Valley: A. Joint Clinical Management Committee, and B. Medical Executive Committee, if there is a direct effect on medical staff.	P&P Coordinator at CHW-Main Campus, and in consultation with identified resource persons at Regional Hospitals or other locations.
Point of Care Testing (POCT)	Activities that relate to point of care testing services	POCT Coordinator, Laboratory, POC unit super-users	Distributed Lab Services Oversight Committee and Medical Director of Lab Services for respective Hospital	POCT Coordinator
Infection Control	Activities that relate to infection control, surveillance and prevention.	Individual department/ unit staff, manager, medical staff and/or medical director.	For CHW-Main Campus: A. Infection Control Committee For CHW-Kenosha: A. Patient Safety and Environment of Care Committee For CHW-Fox Valley: A. Patient Safety and Environment of Care Committee	Infection Control Coordinator

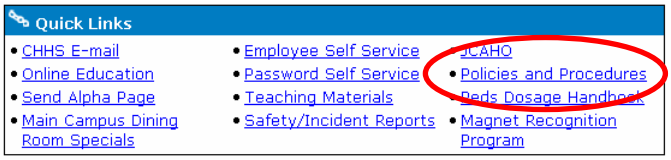
MANUAL	**SCOPE**	**DEVELOPED AND/OR REVIEW BY**	**APPROVAL**	**COORDINATED BY**
Departmental/ Unit Specific	Activities, which affect only one department/unit.	Department/Unit staff and/or Medical Staff.	A. Department/Unit Clinical Practice Group, and Director/Manager, and B. Medical Director, if there is a direct effect on physician(s) practice in that unit.	Department/Unit Staff and/or Clinical Practice Group
Safety -- Environmental of Care	Safety related policies for security, medical equipment, hazardous materials, radiation safety, utilities, fire safety, interim life safety, and emergency preparedness	The appropriate Safety Subcommittee chair. Input from affected department and or individuals.	For CHW-Main Campus: A. Environment of Care Committee For CHW-Kenosha: A. Joint Clinical Practice Committee For CHW-Fox Valley: A. Patient Safety and Environment of Care Committee	Safety Officer for Environment of Care
Human Resources	Activities that relate to employee relations and related matters	The key stakeholders.	A. Human Resources' Director B. Corporate V.P., Human Resources **SIGNATURE** A. Corporate V.P., Human Resources	Executive Assistant to the Corp. VP. Human Resources

In all cases, it is expected that input will be sought from key stakeholders!

Accessing Policies & Procedures

1. To the right of the Windows **Start** button, click the **Internet Explorer** icon.

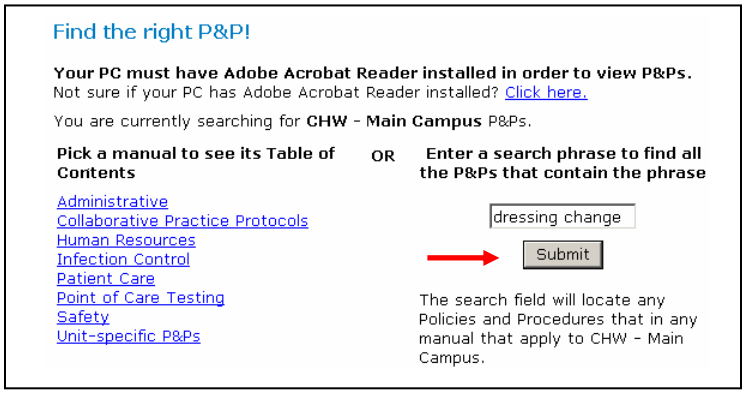
2. On the CHHS intranet, within **Quick Links**, click **Policies and Procedures**.



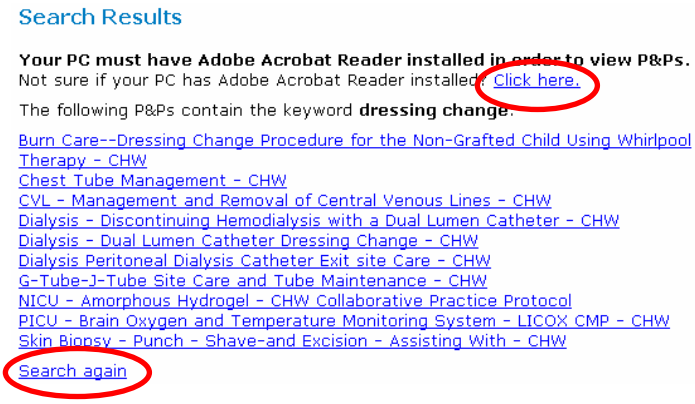
3. On the **Policies and Procedures** page, click the CHHS location and then click **Next**.
4. Click one of the manuals to view the related list of P&Ps.

   - OR -

   Enter a search phrase (e.g. dressing change) to locate all matching P&Ps and then click **Submit**.



5. The CHHS intranet displays all P&Ps containing that word and/or phrase. Click the link to view the P&P. Note: You must have Adobe Reader 5.0 or higher to view the P&P. If you are unsure, click the **Click here** link.



6. View the P&P on the screen or click the Print button. Click the Close button to exit Adobe Acrobat.
7. To search for another P&P, click Search again.

Downtime Procedures

If the CHHS intranet is unavailable, refer to the paper copies of your P&Ps at your site. At CHW, manuals are located in **EDTC, Clinical Resource Unit (CRU), Pharmacy and Security Services.**