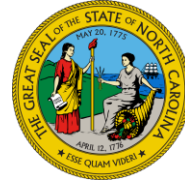# PRACTICAL APPLICATIONS
TIPS AND GUIDELINES FOR
WRITING POLICIES AND PROCEDURES

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Use your agency <u>Policy on Policies</u> to guide the development of Policies and Procedures

Tips for Writing Policies & Procedures

Practical Applications & Suggestions

1. Define the new program, issue, problem or task that needs a policy; when starting a new program or service or a change in program or service may require a new or updated policy

2. Determine who is responsible for writing and maintaining the policy.
    *   Identify a team, committee, or workgroup for policies.
    *   Utilize a multi-disciplinary team, committee, or workgroup approach for developing content, updates, revisions, categorizing policies and archiving the old policies.
    *   Identify who is responsible for maintaining the policy.
    *   Procedures may be skill based and may require a separate workgroup with members having the skill set of the procedure along with a supervisor to write the procedure.

    TIP: When identifying who is responsible for a procedure, indicate the title or position and avoid using specific names as staff will change

3. Ensure all who sign the policy are involved in the process of developing the content or revision.

4. Use the agencies standardized template or format, which should be exemplified with the agency's Policy on Policies

5. When writing a draft or revision, review and analyze the policy, revise as necessary; establish a workflow process for revision; note evidence-based resources and cite them in the policy.

6. Complete a final review and make final revisions.

7. Adopt the policy or procedure.

8. Inform staff of new or revised policy with effective date and document to affirm this process.

9. Inform the staff of location where the policy is stored - electronically and/or paper copy if applicable.

10. Provide training to staff if needed for the policy and procedure.

11. Implement the policy and procedure.

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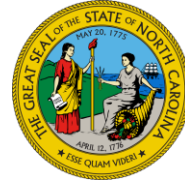
12. Remember to use industry standard abbreviations, the agency abbreviation policy and consider The Joint Commission Official "Do Not Use" List (The Joint Commission, 2019).

13. Consider having the agency risk manager and legal representative review policy and procedures prior to adoption.

14. Consider federal and state legislation, rules or regulations, or local rules or ordinances that provide the authority for the agency to carry out programs and activity requirements along with desired outcomes and impact health care.

15. Conduct on-going evaluations and revision per agency policy on policies. May consider using PDSA described below, or agency process already in place.
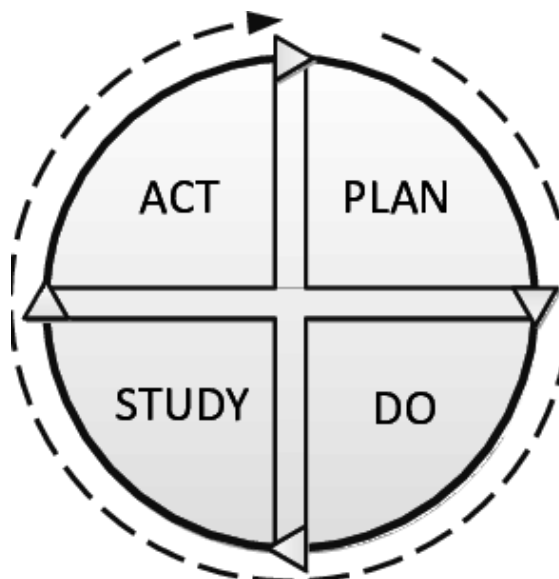
Tips, Suggestions and Practical Application information obtained from the following sources:
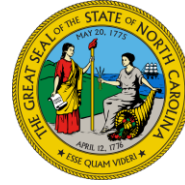(Kramer, 2019, Irving 2014, NCALHD HDSAI, 2020 & The Joint Commission, 2020)

TIP: When conducting on-going evaluation of policies, using the "Plan, Do Study and Act" (PDSA) also called "Plan-Do-Check-Act" (PDCA) model can assist with improving the process and carrying out the change.
Retrieved from Minnesota Department of Health (July 13, 2020)
https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html

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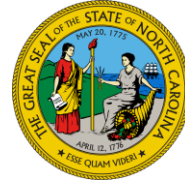HUMAN SERVICES**
Division of Public Health

Guidelines

Please use and follow your agencies Policy on Policies, the guidelines from the North Carolina Local Health Department Accreditation (NCLHD) Health Department Self-Assessment Instrument (HDSAI) Interpretation Document, and consider the guidelines below when updating and writing policies and procedures:
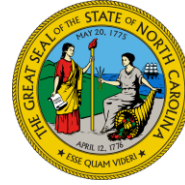
Policy and Procedure Development Guidelines from PSQH

Recommendation	Rationale
Define all terms used within the policy.	It is useful to put these definitions at the beginning of the policy. If terms are not defined, they may be misconstrued by staff and/or when later scrutinized by plaintiff lawyers.
Refrain from using superlative words or statements, such as: a) Highest, safest, best (level of care) b) Assure, ensure (preferable to use "to promote")	The presence of superlative adjectives is sometimes alleged by plaintiff lawyers to be a "guarantee" of a certain outcome.
Exercise caution when using absolutes such as shall, must, or do not unless intended as such.	Many circumstances allow for clinical judgment.
Select a simple, recognizable name for the policy.	Naming a policy "Chain of Command Policy" is preferable to naming it, "Disagreement over patient care." Staff will have an easier time locating a policy with a familiar name.
Combine separate policies on the same subject into one policy. If it becomes lengthy, create a table of contents so the user can easily locate specific sections.	For instance, the policy for medical screening examinations, transfer in/out, reporting Emergency Medical Treatment & Active Labor Act (EMTALA) violations, etc. should appear in a single EMTALA policy.
Use the active rather than the passive voice when writing specific procedure action steps.	Passive voice: "The specimen container should be labeled." Active voice: "Place a label on the specimen container."
Ensure responsibility for carrying out each action step is explicitly stated, not implied.	Each section should have two columns: the one on the left outlines the action to be taken, and the one on the right says who is responsible for carrying out each step.
Obtain the sign-off of all stakeholders (domain leaders) affected by each policy, as well as each	It is not uncommon to see "nursing" policies that outline actions an independently credentialed

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oversight committee or entity that reviewed and approved of it (e.g. Medical Executive Committee [MEC]).	physician is expected to take. Any policy that outlines medical staff responsibilities warrants their input during development and subsequent reviews. Medical staff members also need to know where to access those policies.
Require each approving entity or person to sign off on each individual policy. In years past, paper policy manuals often included a "cover sheet" as a sign-off page, which showed the date of approval and signature of the approving leader, in lieu of him/her signing each policy.	Cover sheets for sign off are not effective for electronic documents.
Note the date of origin of the policy and each subsequent review or modification date within the body of the policy, typically on the last page near the signoffs: Date of origin: _____ Review date: _____ Review date:	Pay particular attention to how the approvals for subsequent policy updates are documented in the electronic version of the policy.
Establish naming and numbering conventions for use across the health system.	Number all pages, reflecting the total number of pages as well: page 1 of 5, 2 of 5, etc. Put the policy title/number in the header of each page.
Note other policies on a similar subject that may be useful at the end of the policy, for cross-reference purposes. Incorporate any related form(s) or computer screen images referred to in a policy	For example, the disclosure policy should cross-reference adverse event reporting policy, the patient complaint/grievance policy, and the bill hold/adjustment policy. Also, for example, the EMTALA transfer form should be a part of the EMTALA policy.
Cite specific federal or state statute(s) that are the basis for a policy or procedure with any other references.	It may also be helpful to put a URL link to those statutes.
At the end of the document, note evidence-based resources referred to when developing the policy.	Noting the referenced resources in each policy has both advantages and disadvantages. The advantage is that readers are aware of a professional source for more information on that subject. Another advantage is that it demonstrates the policy was developed with awareness of recognized professional guidelines and evidence-based best practices. However, potential risks arise when: a) the organization's policy differs from the cited professional guidelines or omits some key element noted in those guidelines; b) If the cited professional guideline is updated following issuance of the policy, and the

Some organizations simply place a list of resources as an attachment to each policy, so that it is not a part of the actual, page-numbered policy document.	organization has not updated the policy accordingly. Doing so means that if the organization has to produce the policy during discovery, the list of resources need not be turned over, since it "was not part of the policy itself".
Avoid under-specifying: Put all essential elements in the policy.	For instance, stating that "X action shall be taken" does not specify which staff member is responsible for carrying out the task.
Avoid developing policies that outline actions that are more rigorous than the typical "standard of care."	If a hospital implements a policy that goes beyond what is the prevailing practice in the industry, the organization will be held to the higher standard.
Use caution when approving a policy on a specific topic or practice that simply states that staff shall adhere to the practices outlined in "ABC Textbook" (and does not outline the organization's own steps). Citing a reference as the policy may be appropriate in a narrow range of situations. For example, the American College of Radiology publishes an evidence-based, comprehensive "Use of Contrast Media Manual" with regular updates. Rather than develop its own policies on this subject (which would likely be shorter and oversimplified when compared to this manual), a hospital-based radiology department may wish to endorse the staff's use of this manual, with the proviso noted to the right.	Doing this implies: a) the cited book is the most updated authoritative source on that subject; b) the responsible domain leaders have reviewed the book from cover to cover and have "endorsed" all of its contents; c) staff members have ready access to that resource (at all times); and d) there is a process in place to monitor when the ACR issues a revised version of this manual, so the organization does not continue to use guidelines that may have changed.

https://www.psqh.com/analysis/policies-and-procedures-for-healthcare-organizations-a-risk-management-perspective/

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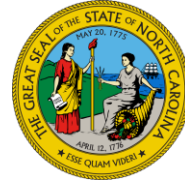
References

Kramer, L. (2019, August 08). How to Write Nursing Policies & Procedures. Retrieved July 10, 2020, from https://bizfluent.com/how-5009640-write-nursing-policies-procedures.html

Irving, A. (2014, October 13). Policies and Procedures for Healthcare Organizations: A Risk Management Perspective. Retrieved July 10, 2020, from https://www.psqh.com/analysis/policies-and-procedures-for-healthcare-organizations-a-risk-management-perspective/

North Carolina Local Health Department Accreditation (NCLHDA),. (2020). *Health Department Self-Assessment Instrument (HDSAI) Interpretation Document* [6.4]. Chapel Hill, NC: NCLHDAB. Retrieved July 17, 2020, from https://nclhdaccreditation.unc.edu/files/2020/05/HDSAI-Retrospective-Interpretation-Version-6.4_5.8.20.Final_.pdf

PDSA: Plan-Do-Study-Act (Rapid Cycle Improvement) - Minnesota Dept. of Health. (none). Retrieved July 17, 2020, from https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/pdsa.html

The Joint Commission. (2019, June). The Joint Commission Official "Do Not Use" List Fact Sheet. Retrieved August 12, 2020, from https://www.jointcommission.org/-/media/tjc/documents/fact-sheets/do-not-use-list-fact-sheet-06-28-19.pdf?db=web&hash=043C80759207C3EC9616DDD3D5557113