

# Health policies and procedures for Healthcare Organisations

PROCEDURE

POLICIES

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# Introduction



- **Providing healthcare services IS COMPLEX!**
- **Health care organizations use policies and procedures so they can reduce this complexity.**
- **In most health organizations, priority is given to direct patient care. However, managers need to write, review or update policies and procedures.**
- **Well-written, up-to-date policies and procedures reduce *practice variability* that may result in substandard care and patient harm.**
- **Therefore, maintenance of policies also ensures reduced risks (malpractice, claims. Etc.).**



# What is a policy?

- ***Policy:*** A set of principles outlining the context, goal, or purpose of an organization **to guide decision making** (action and inaction) in relation to processes or activities that take place or might be expected to occur (Hollnagel et al., 2014).



# Examples of hospital policies

## Policy:

- Promoting Natural Childbirth.
- Attention to patient safety.
- Medication shall be administered by a qualified registered nurse only upon a written physician's order.
- Employee should provide three months notice before terminating his/her contract
- Employer should give the employee a month notice before terminating his/her contract



# Procedure?

***Procedure:*** The desired, **intentional action steps** to be taken by specified persons to achieve a certain objective in a defined set of circumstances.

i.e. How to carry out the policy!



# Policy vs procedure

## Policy

- Usually expressed in broad terms
- States “what” or “why”
- Changes less frequently
- Describes values, philosophy of the organization

## Procedure

- Usually stated in detail
- States “How” and “Who” and “When”
- Prone to change
- Describes process



## Policy

Employee should provide three months notice before terminating his/her contract

## Procedure

How does the employee request contract termination?  
How to fill out the form?

How to track the request?

Who is responsible for processing the form?



***Protocol:*** Synonymous with procedure. Often used when describing **clinical patient care-related interventions**.

For example, a chemotherapy protocol or protocol to quality healthcare delivery.

***Guideline:*** Recommended actions for **a specific situation or type of case**.

For example, A clinical practice guideline that outline blood-testing practices for patients who are taking anticoagulants.



## COVID-19 Adult Clinical Evaluation Guide

### Consider COVID-19 in a patient with any of the following:

- Fever
- Cough
- Shortness of breath
- High risk travel/exposure

### Clinical Signs/Symptoms

- Fever seen in >75% of hospitalized cases at some point *but almost 50% are afebrile on admission*
- Cough 60-80% (dry or productive)
- SOB 20-40%
- URI symptoms (HA, sore throat, rhinorrhea) in <15%
- GI symptoms (diarrhea, N/V) in <10%

### Labs

- Check CBC with diff, BMP, LFTs, procalcitonin
- **Clues to COVID-19: leukopenia, lymphopenia**

### Labs and biomarkers

- Median WBC 4.7, with leukopenia in 30-45% (leukocytosis in <5%)
- Lymphopenia in 33-85%
- Median platelets normal, but slight decrease in 35%
- AST/ALT increase in 4-22%
- CRP increased in 61-86%, LDH increased in 27-75%
- PCT:  $\geq 0.5$  in 5.5% overall (14% if severe, 24% if ICU)

### Microbiology

- Check rapid flu/RSV, RVP
- Consider blood cultures, sputum culture
- **Clues to COVID-19: absence of other pathogens**

### Microbiology

- Coinfection rate with viruses and bacteria is unknown but is low in published studies to date
- The presence of an alternative viral etiology (eg influenza) makes COVID-10 less likely (exception: rhinovirus since this is a common co-pathogen)
- Bacterial coinfection might increase with severity of illness so *bacterial infection in a severely ill patient does not exclude COVID-19*

### Imaging

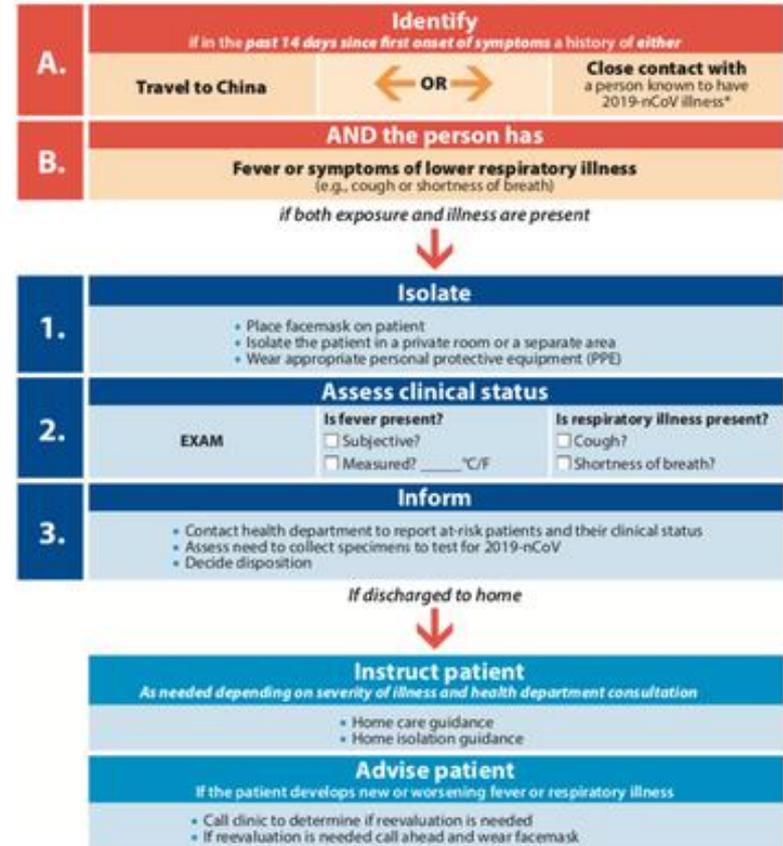
- CXR in all patients
- If CXR (-), consider CT for better sensitivity for PNA and to exclude alternative dx
- **Clues to COVID-19: bilateral, GGO, peripheral distribution**

### Imaging

- CXR abnormal in 60% (77% if severe), chest CT abnormal in 86% (95% if severe)
- Unilateral findings on CXR or CT in 14-25% (especially if mild or early in disease)
- Most common findings: GGO and patchy consolidations (>50%), peripheral distribution >50%
- Nodules, LAN, cystic changes, effusion in <10%

## Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



\* Documentation of laboratory confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: [www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)



# The Purpose of Policies and Procedures

## Formalized, written policies and procedures fulfill a number of important purposes:

1. Ensure adherence with recognized professional practices therefore reducing practice variation (standardization).
2. Promote compliance with regulations. (i.e. All policies and procedures should not contradict with the government rules and regulations and MOH policies and procedures).
3. Can be used to ensure adherence to the accreditation requirements
4. Help staff understand their roles and responsibilities within the organization. particularly new personnel.
5. Reduce reliance on memory, which has been shown to be a major source of human errors.



# Types of hospital policies and procedures

There are several types of hospital policies and procedures but the main ones are :

- **Philosophical**

- Code of Ethics
- Mission
- Vision
- Organizational values
- Code of Conduct (specific situations)
- Communication culture  
(Effective **communication** keeps internal processes running smoothly and helps to create positive relations with people both inside and outside the **organization**).



# Types of hospital policies and procedures

- **Administrative**

- General Rules and regulations
- Leaves, personnel processes
- Smoking and environmental health policies
- Security policies
- Staff development
- Total quality management policies



## ADMINISTRATIVE POLICIES & PROCEDURES MANUAL

<b>Policy Covering: VISITING HOURS</b>			
<b>Effective Date:</b>	September 2010	<b>Category:</b> Patient Administration	<b>Policy # 602</b>
<b>Reviewed:</b>	May 2013		
<b>Revised:</b>	March 2015		
<b>Prepared By:</b>	VP of Patient Care Services	<b>Supersedes Policy #/Dated:</b> May 2013	<b>Page 1 of 1</b>
<b>Issued By:</b>	President/ CEO		

**Policy:** It is the policy of the hospital to provide a patient centered approach to care. In an effort to balance patient needs with nursing/therapeutic/diagnostic care, the hospital has established the following criteria for visiting hours.

### 1. General Criteria

- a. The hospital is open for visiting during the hours of 0800 to 1830 and 1930 to 2200. Health care staff has the discretion to direct visiting in order to meet the health care needs of the patient and to address security issues during the evening/night;
- b. Visiting criteria do not apply to clergy/chaplains;
- c. Short visits are encouraged as patients need to rest, unless visitors are providing care for their loved one, ie. feeding, keeping the patient from harming themselves;
- d. Generally visitors will be restricted to two (2) at a time;
- e. There will be times that visitors will be asked to leave the patient room. Examples of these instances are: if any patient in the room requires nursing care or treatment during a visit; the room needs cleaned; and others as they arise. Visitors will be discouraged from staying in the halls and will be asked to use the quiet room or day room;
- f. Children under twelve (12) years of age are only permitted to visit provided they are well behaved and supervised at all times by an adult; and
- g. Children under twelve (12) years of age will be restricted from visiting patients with C. diff. Other ARO patients may also have restrictions based on the organism/circumstances.

**Exceptions for specific types of patients**



# Types of hospital policies and procedures

- **Human Resource Management Policies**
- To ensure that the staff are complying with the rules and regulations of the organization, as well as, being taken care of.
- To improve the staff's skills as the primary focus of the department.

**EXAMPLES:** vacation days, personal hygiene maintenance, dress code, shift policies, as well as, assigning tasks to each individual.



# Types of hospital policies and procedures

- **Information Management Policies**

- How a hospital shares its information. This information can be related to a staff member, patient, or a visitor.
- It is very important for an organization to ensure everyone is following a strict code of privacy and is not violating anyone's right.

**Include: confidentiality, security and integrity of information, medical records distribution.**

- Ensure that the policies and procedure manuals are well organized and easily accessible.



# Types of hospital policies and procedures

**SHORT,  
INTERNAL COMMUNICATION**

- **Memo policies**
  - Management notification or short report
  - General distribution
  - Delegation of authority



# Memo

**To:** [Click here and type name]

**From:** [Click here and type name]

**CC:** [Click here and type name]

**Date:** July 7, 2015

**Re:** [Click here and type subject]

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## How to Use This Memo Template

Select the text you would like to replace, and type your memo. Use styles such as Heading 1-3 and Body Text from the Styles and Formatting work pane from the Format menu. To save changes to this template for future use, choose *Save As* from the File menu. In the *Save As* Type box, choose Document Template. Next time you want to use it, choose *New* from the File menu, select General Templates from the work pane, and then double-click your template.



## POLICY MEMO

DATE: January 1, 2009

TO: All Employees

FROM: Headquarters Accounting & Finance Department

SUBJECT: Business Travel and Expense Policy

EFFECTIVE: January 1, 2009

### I. TRAVEL

All business travel must be approved and reasonable expenses discussed with the immediate supervisor in advance of travel and prior to incurring expenses.

#### A. Travel Arrangements

Every effort should be made to make advance travel arrangements to minimize costs to the Company. Whenever possible, employees are to arrange transportation in the least expensive way possible by securing available discounts and special rates by booking their own travel through on-line reservation systems.

#### B. Travel by Air



# Memo

To: PHCS Employees

From: Human Resources Department

Date: August 2011

Re: Volume 5 Human Resources Policy Changes and Additions.

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Amendments have been made to the Volume 4 - Human Resources Policies and Procedures to reflect current Preferred Health Care Services practices and legislative regulation changes, which are effective immediately.

In addition we have implemented new policies that have been added to the Volume 5 Policies and Procedure Manual.

You will find a summary document which highlights all of the changes to current policies and a brief summary of the new policies implemented. Please familiarize yourself with the changes and the additions by reading the summary document, the entirety of the new policies which you can access by contacting Christina Rizek, Recruitment & Employee Relations Analyst. If a specific policy is not included on the summary document then it did not require any major changes.

If you have any inquires or concerns, please direct them to your Manager or designate.

Thank you

Human Resources

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# Responsibility

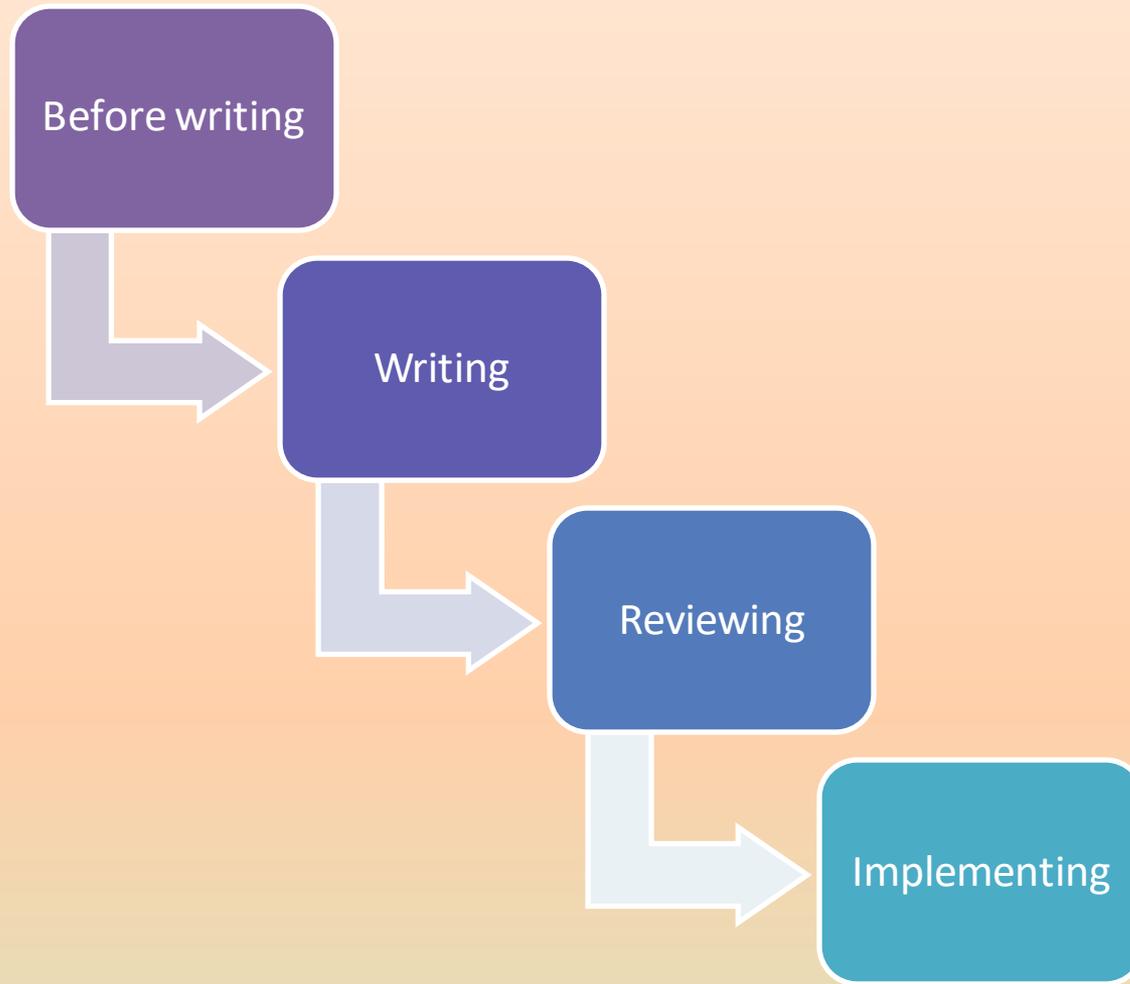
It is the responsibility of *each Department Head* to develop policy and procedure within their scope of service

The Department Head cooperate and coordinate inter-related departmental policies.

TQM Department is responsible to provide assistance to the departments to develop their policy and procedures.



# How Do You Formulate or Write a Policy?



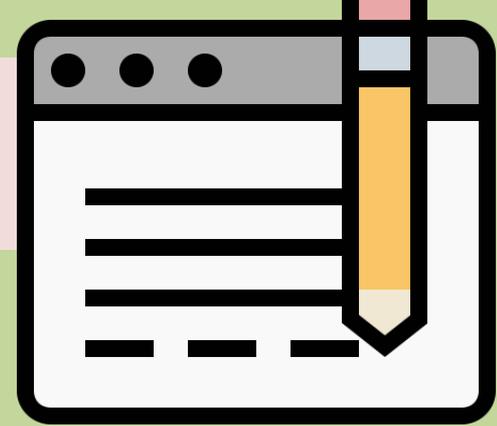
# How Do You Formulate or Write a Policy?

## Before You Begin Writing Policies

- Clearly define the problem the document should address
- Find current policies in place
- Create a standard policy format
- Appoint a policy team
- Review regulations and accreditation standards

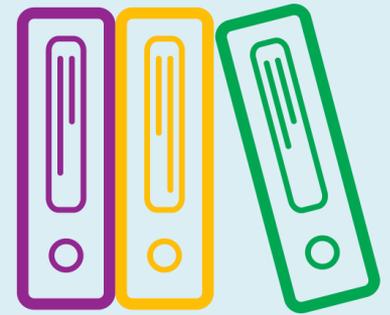


# P &P writing



- Define all terms used within the policy
- Select a simple, recognizable name for the policy.
- Combine separate policies on the same subject into one policy. If it becomes long, create a table of contents so the user can easily locate specific sections.
- Ensure responsibility for carrying out each action step is explicitly stated, not implied.
- Refrain from using superlative words or statements, such as:
  - a) Highest, safest, best (level of care)*
  - b) Assure, ensure (preferable to use “to promote”)*





- 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.



# Approvals

- The one who prepared the policy should sign it
- If prepared by a group, then an additional approval sheet is attached to the policy with the signature of all members of the group.
- The leader of the group signs on every page of the policy.
- Interdepartmental policies should be reviewed and signed by all department heads concerned.



# Approvals

- All policies and procedures are reviewed and signed by the Total Quality Management Department
- All policies and procedures should be approved by the following division heads as applicable and their official stamp affixed as appropriate



# Policy Implementation

- Implementation process involves:
  - Distribution
  - Familiarization
  - Actual practice
  - Monitoring



# Policy Implementation/Distribution



Distribute policies and obtain employee sign off

All the hospital staff shall sign in the

Acknowledgement Sheet to signify that they have read and understood the Policies and Procedures (Hospital general P&P, Departmental, Safety, Infection Control, etc.).

Original Copy filed in the Manual kept in every department



# Familiarisation and actual practice

- Train employees on the new policy

Training helps employees see how policies apply to them. It walks them through how to properly follow procedures.

- Monitor policy compliance and effectiveness



# Monitoring



It is recommended that all policies and procedures are subject for review every two (2) to 3 years and revised as needed (nature of policy).

To ensure multidisciplinary approach to the services provided in the hospital, all policies shall be reviewed by a multi-disciplinary team.



# Policy Analysis

The process of predicting the impacts of possible policies (prospective) and evaluating past policies (retrospective)



# Policy Termination

- Policies should be terminated when cancelled by a later policy
- A policy may be terminated by authority of the Program Director



# Electronic Policy Libraries

- Most healthcare organizations have replaced paper policy and procedure manuals with electronic policy libraries
- **To optimise the usefulness of electronic libraries:**
  1. Provide indices by policy name, subject, and sponsoring domain (administration, nursing, pharmacy, etc.)
  2. Incorporate **“word search”** functionality in order to facilitate searches for pertinent policies irrespective of their issuing domains.
  3. Do not prohibit access to policies of one domain to personnel in other domains. persons in other departments may need to refer to those documents



4. Immediately remove a policy that has been officially retired or replaced from the **“active”** database and transfer it in the designated **archives**.
5. Create an electronic archive for storing “retired” or prior versions of policies. This will facilitate access in response to legal discovery requests.
6. Check with your corporate compliance office regarding organizational document retention policies.



**Thank  
you**

**It was just poor management. Looking at it from a professional point of view, the procedures and policies weren't there to control things.**

QUOTEHD.COM

Frank Rawa

