

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 6:	Leadership
PROCEDURE 6.3:	Development/Revision of Operational Procedures
REVISED:	06/24/05; 03/16/07, 09/28/12; 03/13; 09/12/16; Reviewed 02/18
Governing Body Approval:	03/28/13; 09/15/16; 04/18

PURPOSE: To describe the process by which hospital-wide procedures are developed and revised.

SCOPE: Individuals charged with the development of operational procedures

Introduction:

Procedures which are applied on a hospital-wide basis are deemed “Operational” Procedures. It is the responsibility of each Division/Department/Discipline Director to ensure consistency with Division/Department/Discipline specific procedures with its own chapters of the operational procedure.

The need for a new or a revised procedure may arise from a variety of sources, including DMHAS Commissioner’s Policies, federal regulations, accreditation requirements, safety quality initiatives, critical incident reviews, and staff/committee recommendations.

The Connecticut Valley Hospital (CVH) Operational Procedure (OP&P) Committee is chaired by the Director of Accreditation and Regulatory Compliance and consists of representatives from divisions, departments, and disciplines. As needed, content experts may be invited as ad hoc members to Operational Procedures (OP&P) Committee meetings.

POLICY:

Operational Policies and Procedures are those which apply hospital-wide. Members of the OP&P Committee represent Divisions, Departments, and Disciplines across the hospital. The mechanism for developing and revising OP&P is detailed within the procedure.

Definitions:

Policy

- provides foundation for codifying behavior;
- formal, high level statement;
- statement of belief, value or position regarding mission;
- contains rules or standards;
- defines responsibilities;
- clarifies expectations;
- helps manage risk; and
- describes consequences of non-compliance.

Procedure

- defines a process for implementation;
- describes mandatory course of action for compliance;
- provides guidelines for specific behavior
- outlines sanctions;
- identifies responsibilities;
- makes policies practical; and
- may define exceptions.

PROCEDURE:

1. When the need for a procedure is identified, the chairperson of the OP&P Committee will work with the Division/Department Director to assign it to the manager/ designee with the greatest expertise and/or greatest responsibility for the content involved. This individual may or may not be a committee member. If the author is not a committee member, an individual from the committee will be assigned to assist the writer with both clarity of content and correct formatting.
2. All procedures must be reviewed and presented to the OP&P Committee at least triennially, and whenever a practice or regulatory requirement changes the procedure. All triennial reviews must occur within the month set by the last approval date.
3. Those who write Operational Procedures will use the format guidelines, which can be found on Pages 3 and 4 of this procedure.
3. The assigned manager/designee is responsible for the presentation of the draft procedure to the OP&P Committee for review.
4. Procedures ready for review by the OP&P Committee are distributed prior to the committee's next scheduled meeting to allow adequate time for review.
5. The OP&P Committee reviews and edits as needed, and prepares the final draft of all new or revised procedures.
6. The OP&P Committee recommends the nature of training indicated based on the content of the procedure and whether new or revised information is contained within. Generally, training will be ascribed to one of four categories:
 - a. Memorandum – for basic sharing of information. This memorandum with the accompanying procedure is distributed electronically.
 - b. Read and Sign – for information sharing in which a higher level of staff awareness and accountability is indicated. The procedure being disseminated accompanies a sign-in sheet in this case to verify staff receipt/review of the procedure.
 - c. Electronic Learning (E-Learning) – for computer-based training.
 - d. In-Person Training – the most intensive information sharing method is reserved for procedures which are deemed critical and/or complex and likely to require discussion. This method also involves hard copies of the Operational Procedures as well as use of the CVH-288, Read and Sign Form.
7. The chairperson of the OP&P Committee submits a final draft of all new or revised procedures to the Clinical Management Committee (CMC) and/or Governing Body for their review and approval.
8. Upon approval by the Governing Body, the Operational Procedure will be:
 - a. added to the next quarterly training cycle;

- b. placed on the T: Drive in the Operational Procedure folder; and
- c. distributed in hard copy for placement in designated Operational Procedure Manuals.

The Operational Procedure Format Guidelines

Format for Operational Procedures

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL (All Caps, Centered, Bold, Times New Roman 14pt. Font)

- SECTION:** **PATIENT FOCUSED FUNCTIONS** *(Example)*
(All Caps, Bold Times New Roman 14pt font)
- POLICY:** **Patient Rights and Organizational Ethics** *(Example)*
(Bold Times New Roman 14pt font,
Policy Name in Title Case, Bold, Times New Roman 14pt font)
- PROCEDURE:** **Patient Grievance Policy** *(Example)*
(Bold Times New Roman 14pt font,
Procedure Name in Title Case, Bold, Times New Roman 14pt font)
- PURPOSE:** (bold Times New Roman 14pt font)
(text paragraph - Times New Roman 12pt font)

State the reasons for the procedure clearly and concisely. If applicable, include operational objectives or standards of care – clearly define all items utilized in the Operational Procedure.

SCOPE: **Identified Target Audience**

POLICY STATEMENT: Definitions (as needed), supporting dates, regulation, legal requirements (as needed)

PROCEDURE: (bold Times New Roman 14pt font)
(text paragraph - Times New Roman 12pt font)

1. Outline the specific action steps in the performance of a particular procedure in order to accomplish the desired result(s) by using the following format:
 - I. Roman Numeral (usually major section headings)
 - A. Capital Letter
 1. Arabic Number
 - a. Lowercase letter
 - i. Lowercase Roman Numeral
2. Include who is responsible for each step as indicated, who is responsible for complying.
3. Equipment required.
4. Reference other sections in the Operational Procedure within their text if needed by referring to:
 - a. The name of Chapter, Section X, Policy Y, Procedure Z, Page 1;

- b. The appendix of the Hospital-wide Operational Procedure Manual which contain the names of all other Hospital Procedure Manuals; and
5. Paginate each individual procedure (example 1 of 9). Footer on each page to contain:
 - Operational Procedure Manual;
 - Chapter Number, Policy Number, Procedure Number; and
 - Date Approved, Reviewed, Revised, etc.
 6. Insert attachments, if any, at the end of the procedure, paginating.
 7. Who is responsible for monitoring compliance?
 8. Where is procedure originating from?