



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

POLICY DEVELOPMENT, REVISION, FORMAT, APPROVAL, AND DISTRIBUTION

Effective Date: June 19, 2020

Policy: ADM-04

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- I. PURPOSE:** To provide a systematic procedure for developing, reviewing, updating, approving, and distributing hospital policies.
- II. POLICY:**
 - A. Hospital policies contain information relative to policies, programs, standard procedures, regulations, requirements, committees, and other areas relative to overall hospital philosophy and operation.
 - B. Montana State Hospital (MSH) will maintain up-to-date policy manuals available to all staff members, residents, resident family members, resident legal representatives, and the department. MSH policies must be followed by all facility personnel and its agents. Policies and procedures must be reviewed at least annually by either the administrator or the medical director with written documentation of the review filed in the pertinent MSH policy manual per (ARM § 37-106-330). In addition to the annual review all policies are subject to a mandatory 3-year update by the assigned responsible department director.
 - C. The following basic principles regarding hospital policy must be observed in order to assure an effective and efficient program:
 1. Policies must be written in clear and concise language and reviewed at least annually by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per ARM § 37-106-330; as changes to policy or procedures occur, policies are to be updated to reflect these changes. The current policy will remain in force during the review and updating process.
 2. Review and development of policies will be a collaborative process involving representatives from all departments which have responsibility to carry out the policy. Policy development, renewals, or updates should be collaborated in such a manner to ensure all required input is obtained prior to signature and distribution.
 3. Hospital policies are limited to those policies which affect multiple services, reflect a fundamental direction of the facility, or are related to high risk, high cost, or problem prone endeavors. Policies affecting a single service are to be maintained as service-level procedures.

III. DEFINITIONS:

- A. **Annual Review:** Required by ARM 37-106-330 “A current written policy and procedure manual that describes all services provided in the health care facility must be developed, implemented, and maintained at the facility. The manual must be available to staff, residents, resident family members, resident legal representatives, and the department and must be complied with by all facility personnel and its agents. Policies and procedures must be reviewed at least annually by either the administrator or the medical director with written documentation of the review.”
- B. **Three-year Update Process:** Ensures polices are reviewed for possible updates at least every three years as related to the *effective date*.

IV. RESPONSIBILITIES:

- A. The Hospital Administrator will:
1. Review hospital policies prior to signature to ensure accuracy and content are consistent with state law/administrative rules.
 2. Ensure appropriate and applicable third-party standards and State Statute are listed under the reference section in all policies.
 3. Review and approve all hospital policies annually and require all employees follow all policies consistently.
- B. The Administrative Assistant to the Hospital Administrator shall have the following responsibilities:
1. Issue hospital policy numbers for new policies; retired policy numbers are not to be reissued.
 2. Issue a current index of hospital policies.
 3. Develop and maintain a tracking/tickler system to ensure each policy is reviewed for updates every three years.
 4. Provide a policy review list to the policy’s Department Director/responsible person three months prior to the specific manual’s annual review date to facilitate the annual review.
 5. Review all hospital policies prior to signing to ensure inclusion of updates, accurate rescission dates, consistent format and established guidelines are followed.

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6. Maintain a filing system of all revised and rescinded policies to ensure accessibility of non-current policies.
 7. Ensure new or revised policies are accessible to all MSH staff via the computerized policy manual (shortcut on desktop), on the MSH website at <http://dphhs.mt.gov/amdd/MSH> and placed in all pertinent MSH Policy Manuals.
 8. Generate memo and email notifications of all authorized, new, revised or rescinded policies to all MSH staff.
- C. MSH Senior Management Team or designee have the following responsibilities:
1. Determine the need for a hospital policy versus a service level procedure.
 2. Review current overlapping policies, which can be incorporated into one policy through collaboration.
 3. Assure technical accuracy of the contents of all policies originating from their department/service. It may be necessary to collaborate with a number of departments/services to ensure accuracy. The policy must be consistent with current standards and requirements of the Department of Public Health and Human Services, external surveying bodies such as CMS, state licensing bodies, and state statute/administrative rules.
 4. Coordinate the update/revision of all hospital policies assigned to the department/service with the collaborating parties for input and return updated policy to the Administrative Assistant to Hospital Administrator.
 5. Ensure employees within their department are aware of and follow hospital policy.
 6. Conduct an annual review/approval of policies affecting their departments, and provide the Hospital Administrator with documentation of the review/approval on or before the specific manual's annual review date.
- D. **Human Resources:** Review accuracy and content of hospital policies as applicable to personnel practices and bargaining unit contracts.
- E. **Medical Director:** Review and approve all hospital policies of a clinical/medical nature or policies which affect clinical care and treatment.
- F. **Office of Legal Affairs:** Review accuracy and content of hospital policies as related to statute.
- G. **Quality Improvement Director:** Review accuracy and content of hospital policies applicable to CMS and Montana Licensing standards.

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V. PROCEDURE:

- A. The policy will be provided to the policy's Department Director/responsible person by the Administrative Assistant to the Hospital Administrator.
- B. All hospital staff are encouraged to make suggestions to their supervisors for new hospital policy or revisions to existing policy.
- C. If a supervisor or hospital committee believes a suggestion for a new policy has merit, a draft will be prepared using the format described in Attachment A. Preparation of the draft shall be a collaborative process with input obtained from service/department supervisors who are knowledgeable regarding the subject matter and responsible for carrying out tasks addressed by the policy.
 - 1. Prepare all new policies or existing policies, according to the *format shown in Attachment A*.
 - 2. The individual who prepares a new policy draft will forward the draft policy to the Administrative Assistant to the Hospital Administrator for a policy number and review by the Hospital Administrator.
 - 3. The Administrative Assistant will coordinate with all responsible parties to facilitate policy review.
- D. The Director of Human Resources will review policies which may impact employee bargaining unit contracts or personnel policy.
- E. The Administrative Assistant to the Hospital Administrator will forward the policy to the Medical Director or Department Director for approval and signatures, and then to the Hospital Administrator for approval and signature.
- F. After approval, the Administrative Assistant to the Hospital Administrator will update the computerized policy manual, the MSH website, and pertinent hospital policy manuals. Indexes will be updated and distributed as needed.

VI. REFERENCES: ARM § 37-106-330, Minimum Standards for All Healthcare Facilities: Written Policy and Procedure.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Director of Quality Improvement, Director of Human Resources, and Director of Nursing.

VIII. RESCISSIONS: AMD-04, *Policy Development, Revision, Format, Approval and Distribution* dated May 21, 2015; AMD-04, *Policy Development, Revision, Format, Approval and Distribution* dated July 6, 2012.; AMD-04, *Policy Development, Revision, Format, Approval and Distribution* dated June 1, 2011; ADM-04, *Policy Development,*

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Revision, Format, Approval and Distribution dated June 8, 2007; ADM-04, *Policy Development, Revision, Format, Approval and Distribution* dated June 4, 2004; ADM-04, *Policy Development, Revision, Format, Approval and Distribution* dated March 1, 2001; ADM-04, *Policy Development, Revision, Format, Approval, and Distribution* dated February 14, 2000; ER-03-96-R – *Policy Development, Approval and Dissemination* dated October 10, 1996.

- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Administrative Assistant to the Hospital Administrator.
- XII. ATTACHMENTS:** For internal use.
 - A. Format for Hospital Policy
 - B. Annual Policy & Procedure Review Letter

Signature:

Kyle Fouts
Hospital Administrator