



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

POLICY DEVELOPMENT, REVISION, FORMAT, APPROVAL, AND DISTRIBUTION

Effective Date: May 21, 2015

Policy #: ADM-04

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- I. PURPOSE:** To provide a systematic procedure for developing, reviewing, updating, approving, and distributing hospital policies (see Attachment A for the format).
- 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 an up-to-date policy manual available to all staff members, residents, resident family members, resident legal representatives, and must be complied with by all facility personnel and its agents (ARM § 37-106-330).
 - C. The following basic principles regarding hospital policy must be observed in order to assure an effective and efficient program:
 - 1. 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 that have responsibility to carry out the policy. Policy development, renewals, or updates should be collaborated in such a manner to ensure that all required input is obtained prior to signature and distribution.
 - 3. Hospital policies are limited to those policies that affect multiple services, reflect a fundamental direction of the facility, or are related to high risk, high cost, or problem prone endeavors. Policies that affect a single service are to be maintained as service-level policies.
- III. DEFINITIONS:** None

IV. RESPONSIBILITIES:

- A. The Hospital Administrator shall have the following responsibility for hospital policies:
1. Review hospital policies prior to signature to ensure accuracy and content are consistent with CMS and licensing standards, and 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 ensure 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.
 2. Issue a current index of hospital policies.
 3. Develop and maintain a tracking/tickler system to ensure each policy is reviewed and authorized for use annually.
 4. Provide the policy for review to the policy's Department Director/responsible person by October 1 of each year.
 5. Review all hospital policies prior to signing to ensure consistent format and established guidelines are followed.
 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 MSH Policy Manuals.
 8. Generate memo and email notifications of all authorized, new, revised, or rescinded policies to all MSH staff.
- C. Department Directors at MSH have the following responsibilities:
1. Determine the need for a hospital policy versus a service level policy and 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 and revision of all hospital policies assigned to the department/service with the collaborating parties for input and return updated

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policy to the Administrative Assistant to Hospital Administrator on or prior to November 15 of each year.

5. Ensure employees within their department are aware of and follow hospital policy.
6. Review and approve policies affecting their departments.

- D. Human Resources shall review accuracy and content of hospital policies as applicable to personnel practices and bargaining unit contracts.
- E. Medical Director shall review and approve all hospital policies of a clinical/medical nature or policies that affect clinical care and treatment.

V. PROCEDURE:

- A. The policy will be provided to the policy's Department Director/responsible person by October 1 of each year 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 about 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 prepared the new policy draft will contact the Administrative Assistant to the Hospital Administrator for a policy number.
 3. The Administrative Assistant will then coordinate with all responsible parties to review the policy if necessary.
- D. The Director of Human Resources will review policies that may impact employee bargaining unit contracts or personnel policy.
- E. The policy will then be routed by the Administrative Assistant to the Hospital Administrator to the Medical Director or Department Director and 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 hospital policy manuals. Indexes will be updated and distributed as needed.

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- 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 July 6, 2012.; #AMD-04, *Policy Development, Revision, Format, Approval and Distribution* dated June 1, 2011; #ADM-04, *Policy Development, 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:**
 - A. [Format for Hospital Policy](#)
 - B. [Annual Policy & Procedure Review Letter](#)

_____/____/____
John W. Glueckert
Hospital Administrator

Date

ATTACHMENT A

FORMAT FOR HOSPITAL POLICY

MONTANA STATE HOSPITAL POLICY AND PROCEDURE

TITLE OF HOSPITAL POLICY (all capitals, centered and bolded)

Effective Date: (Leave blank, the Admin. Assist. to the Hospital Administrator will insert after policy has received final approval).

Policy #: ADM-03
(Admin. Assist. will provide for new policies).

I. PURPOSE: (Please bold headings and use all capitalized letters – notice the Roman numeral is bolded).

A brief statement describing the reason the policy is being enacted. The purpose usually consists of one sentence (second line of paragraph should be flush with the margin of the word PURPOSE). Text should be mixed case letters.

II. POLICY: A general statement describing a consistent course of action to be followed in order to attain a desired outcome or goal. This should be a brief statement regarding the hospital's policy on the subject matter without a complete, detailed explanation of responsibilities or procedures.

III. DEFINITIONS:

A. **Definition:** A descriptive statement for terms used in the policy or procedure that may not be clearly understood by the reader. Underline the term being defined.

B. If none, indicate "none."

IV. RESPONSIBILITIES: A list of persons, by position, who are primarily responsible for key aspects of the policy. Specify who is responsible for carrying out which requirements of the policy.

V. PROCEDURE: A description of the process for carrying out tasks related to the policy implementation. This section should indicate how the requirements of the policy would be carried out.

VI. REFERENCES: List applicable statute, regulations, standards or sources of information used to develop the policy.



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Steve Bullock, Governor

Richard H. Opper, Director

Re: Montana State Hospital Annual Policy & Procedure Review.

The Policies and Procedures in Volume I & Volume II of the Montana State Hospital Policy and Procedure Manual have been reviewed and are approved for use.

XXXX, XXXXX
Hospital Administrator
Montana State Hospital

_____/_____/_____
Date

XXXX, XXXXX, M.D.
Medical Director
Montana State Hospital

_____/_____/_____
Date