

Critical Access Hospital Policy and Procedure Virtual Series

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TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Upcoming Deadlines

- Just a friendly reminder to complete the CAH Quality Assessment if you have not already done so.
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- **The survey is now open and is due by November 22,2024.**
- https://umn.qualtrics.com/jfe/form/SV_1MkyCgKnQz5dLro
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- Thank you to those who have completed the survey!!!
- Our goal is 100%!!!! This is one of the new mandatory measures for MBQIP.
- Please help us in reaching our goal!

Objectives

- Describe the value of consistency and the importance of following standards within the organization
- Identify strategies to overcome resistance to standardization and encourage sustainable use of policies and procedures
- Define peer reviewed research
- Identify appropriate documents that support a policy or procedure
- Demonstrate proper use of citations for supporting documents

Recap



Outside Drivers of PP&P (to name a few!)

Federal Statutes/Agencies

- CMS CoP
- Accrediting Organizations – TJC, DNV, etc.
- HIPAA, EMTALA
- CDC, OSHA, OIG, OCR, etc.

State Statutes/Agencies

- Texas Administrative Code/Health & Safety
- HSSC

Standards of Care

- Professional Organizations

Examples of
Internal
Drivers of
PP&P

Organizational Structure & Governance

Strategic Plan

HR Practices

Accounting Processes

Contractual and Vendor Relationships

Services Provided

Effective PP&P Can...

- Help ensure patient safety
- Help achieve better standards of care
- Make the accreditation process faster and easier
- Guide compliance with laws and regulations
- Standardize processes to reduce variance and human error
- Minimize risk exposure
- Provide evidence to reduce liability
- Promote employee safety and well-being
- Guide response to emergency situations
- Improve communication and teamwork



Policies – Procedures –
Protocols – Plans
Guidelines

Policies

- Set parameters for decision making
 - Clear, concise and simple language
 - May leave some room for flexibility
 - Sets the rule – not how to implement the rule
 - Looking at the bigger picture
-
- Example : Smoking policy



Procedures

- Step by step instructions
- Written with the worker in mind
- Outline who is responsible for the task in general terms
- Provides each step that needs to be taken to complete a task or fulfill the obligation
- Answers the question of “HOW” for an action
- Example : How to put together IKEA bed frame



Plans

- Differ from procedures as they are typically more specific
- May “name names” as to who is actually responsible for an action item
- Identifies key objectives and target dates for completion
- Identifies how success will be measured
- Example: Hospital Disaster Management Plan



Protocol

- Written list of procedures to follow in a specific situation
 - A standard of care that describes interventions or a set of interventions
 - Gives clear direction on what comes next to achieve a goal or complete a task
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- Example : CPR



Guidelines

- A guide to a process
 - Not mandatory to follow them
 - Provide suggestions on what can be done in specific situations
 - Can be used to make actions more predictable
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- Example : Set dietary guidelines



Similarities

- Should all be based on evidence based best practice
- Should all adhere to any rules / regulations set by regulatory or credentialing agencies
- Be supported by peer reviewed research
- Be approved through designated organizational process



How to Vet an Organizational or Shared Policy

Is it sound or is it in need of repair?

Policies / Procedures in Healthcare

Why we need a vetting process

All organizations must adhere to regulations, laws, and accreditation rules and mandates

Most organizations share the same issues

Healthcare organizations seek shared resources rather than start from scratch



What happens if we do not properly vet a policy/procedure

Legality of putting something in place that does not align with best practice or standard of care

Policy or procedure may not align with regulations, laws or accreditation mandates

Things to consider...

Does it align with current best practice or standard of Care?

Is it relevant to your organization?

Does it answer the who / what / why?

Is there clarity? Is it understandable?

- definitions for important terms
- easy to follow
- no room for interpretation

Original date – last date of review

Policy Authors

Who wrote the policy /
procedure / protocol?

Who approved it?

Did it go through appropriate
process for approval?

**Why are these things even
important?**

Peer Reviewed Research

Also referred to as scholarly
publication

Publications written by experts
are reviewed by other experts in
the same field

Weeds out invalid or poor-quality
research

Maintains quality of scientific
work

When checking resources

Look for scholarly resources

- professional journals
- academic institutions
- professional organizations

Evaluate authors

- do they practice in the field?

Look at date of work

- Is it current?

What about bias?



MedStar Washington
Hospital Center

**DEPARTMENT OF NURSING
POLICY AND PROCEDURE**

SUBJECT: Faculty/Nursing Guidelines for Clinical Rotation at MWHC	ORIGINAL DATE: August 2005
	EFFECTIVE DATE: June 2012
DISTRIBUTION LIST: Department of Nursing	REVIEWED BY: Dina Rosenthal, RN, MS, CCRN Clinical Nursing Instructor
APPROVED BY: <hr/>	



**The Ottawa
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CORPORATE POLICIES AND PROCEDURES

SOCIAL MEDIA
No: 00672
(Formerly ADMIII390)

ISSUED BY: V.P. Communications

DATE OF APPROVAL: 2013/03/20

APPROVED BY: Senior Management
Committee

LAST REVIEW/REVISION DATE:
2013/03/20

CATEGORY: Communications

IMPLEMENTATION DATE:

Resources

- **How to use social media at work (12/3/22)**
- **Using social media effectively (4/15/21)**

Resources

Swaybase (2013). Social Media in the workplace :everything you need to know. Retrieved March 20, 2013.

<https://www.swaybase.com/blog/social-media-in-the-workplace>

Vantage Circle (2023, December 14) Use of social media in the workplace – advantages and disadvantages. Use of Social Media in the Workplace- Advantages and Disadvantages.

<https://blog.vantagecircle.com/social-media-in-the-workplace/>

What if

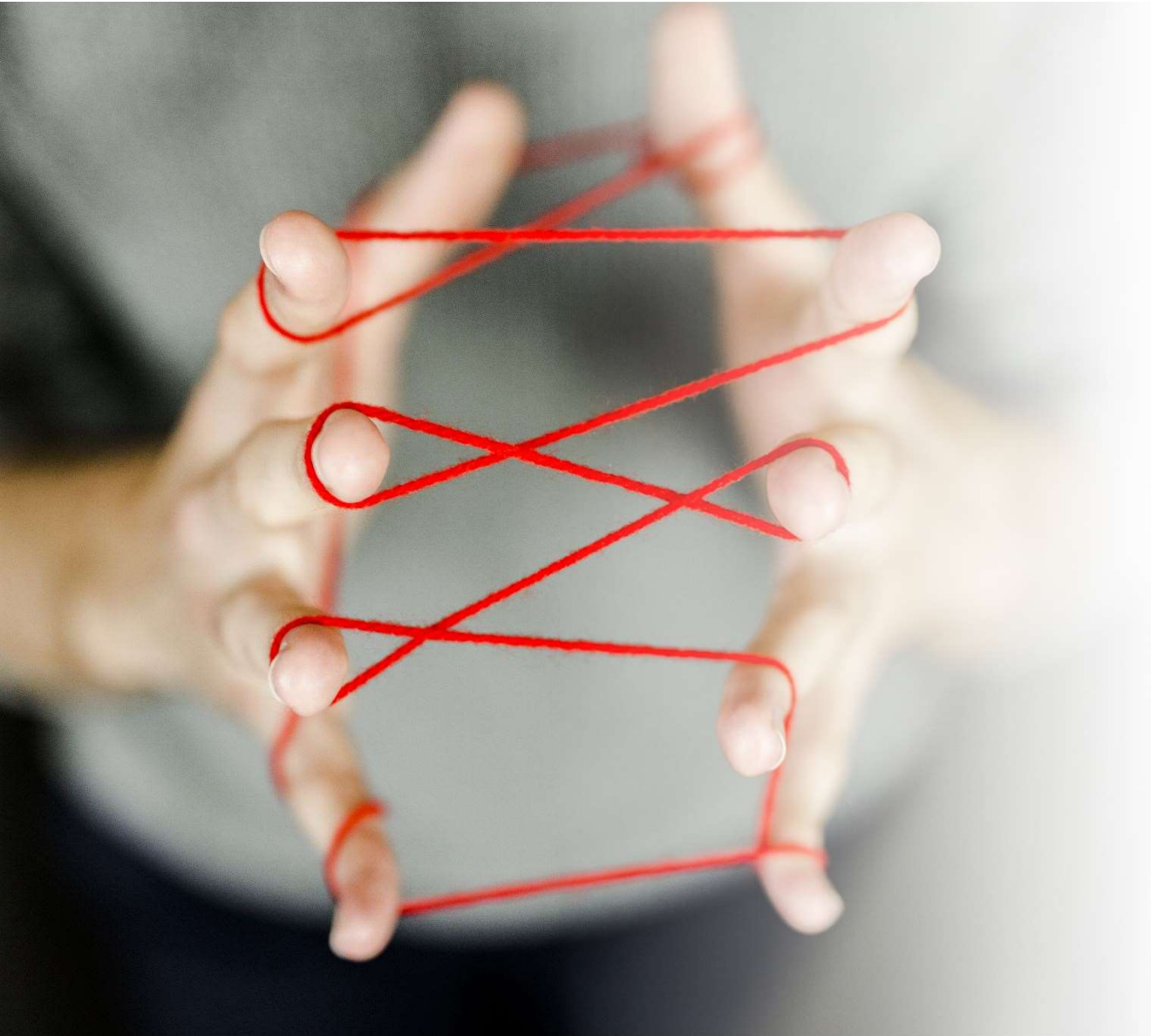
Your listed resource was an individual?

Resources were more than 5 years old?

The document was approved and implemented at the department level?

The document contained items not relevant to your organization?

The document was current in review date with proper approval but did not reflect current service lines or practice in the organization?



Resistance to Change

Significant
Risk If PP&P
Are...

Outdated

Contradictory

Inconsistent

Vague or overly prescriptive

Not based upon current standards

Poorly disseminated

Hard to find

Not followed

Why we resist change

Loss of control – interference with autonomy

Uncertainty – being overwhelmed can lead to rejection

Sudden “Surprise” – no time to prepare or get used to a new idea

Skepticism – this will never work

Apathy – change takes effort and work

Lack of trust in those making change

It's always been done this way!

Resistance to Change

Effective communication – the “WHY” behind needed change

Involve staff in process

Ensure adequate training BEFORE change is implemented

Be proactive in addressing concerns or hesitations

Foster culture of continuous quality improvement

Complexity

Healthcare is already complex

- Multiple layers
- Multiple stakeholders

Break down processes to smaller manageable components where possible

Identify redundancies, inefficiencies

Process mapping

Cross-functional teams for collaboration

Lack of Consistent Documentation

Clear	Without clear process standardization is hindered
Identify	Identify current steps, roles and responsibilities
Develop	Develop standard templates to be used across organization
Develop	Develop process for regular review and updates to process
Have	Have standard process for approvals

Siloed Organizational Structure

- When departments operate in isolation
- Foster collaboration
- Promote communication and knowledge sharing
- Cross-functional teamwork
- Develop shared goals and performance metrics





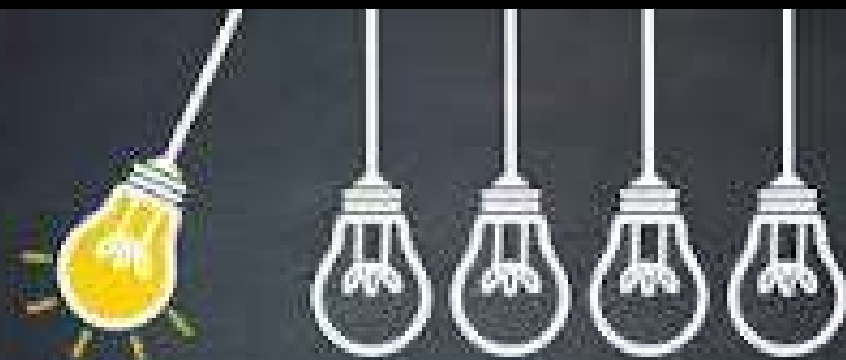
CNE for this
event

You will receive email after
completion of this series

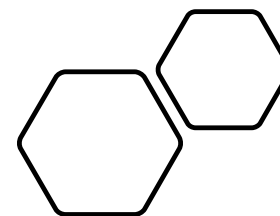
PDF attachment has instructions
to access portal

Complete evaluation

Download your CNE /
Attendance certificate



FINAL THOUGHTS



Who To Contact

- **Have Questions???**
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 - Quality Improvement Manager
 - Texas Hospital Association Foundation
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