

Applies To: All HSC Hospitals, UNMCC Component(s): All Components Responsible Scope: UNMH Administration

Title: Clinical Operations Policies, Procedures, & Guidelines		Procedure	
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns
		<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

DESCRIPTION/OVERVIEW

This procedure describes the process for formulating, approving, and disseminating clinical operations policies, procedures and guidelines (PPG) for optimal clarity, consistency, and usefulness. Policies, procedures and guidelines do not dictate the specifics of patient care. The specifics of individual patient care must always be determined by the professionals responsible for that care and the individual circumstances and needs of the patient. Similarly, no single policy, procedure, or guideline is authoritative in isolation from all other such documents.

REFERENCES

1. HSC Policy: *Operational Policies and Procedures, HSC*
2. Medical Staff Bylaws
3. UNMHSC Patient Centered Performance Improvement/Patient Safety Plan

AREAS OF REPONSIBILITY

The UNMHSC Vice President for Health Affairs (Dean, School of Medicine), the Vice President for Hospital Operations (CEO, UNM Hospitals), and the Vice President for Clinical Affairs (Senior Associate Dean for Clinical Affairs) are responsible for reviewing/approving policies and procedures of broad scope and/or high impact to the Health Sciences Center medical/clinical operations. For this document, they are also called *Highest Level Administrators*.

The **Clinical Operations Policies, Procedures and Guidelines Committee** (Clinical Ops PPG Committee) is responsible for overseeing the processes for clinical operations PPGs including establishing standardized formatting, classification, approval, dissemination, tracking, and archiving procedures. The same Committee has the sole authority to approve exceptions to these standard procedures. Committee members serve as consultants to reviewers and approvers, especially with respect to the potential or real impact of their documents on other areas or aspects of the larger organization. Committee members may also assist in mediating any internal conflicts that may arise related to PPGs. The Associate Dean for Clinical Affairs or his/her designate will chair the Clinical Operations PPG Committee. Committee members are appointed/relieved by the Committee Chair(s). Committee membership will include nursing, medical and other staff as appropriate.

The **Clinical Operations Policies, Procedures and Guideline Coordinator** (Clinical Ops PPG Coordinator) is responsible for implementing standardized formatting and classification as approved/directed by the Clinical Ops PPG Committee. As well, the Clinical Ops PPG Coordinator is responsible for tracking, posting, and archiving PPG documents. The Clinical Ops PPG Coordinator serves as a consultant to owners, reviewers, and approvers.

APPROVAL AUTHORITY AND REVIEWS

The Clinical Ops PPG chair (or his/her designate(s)) will review all UNMHSC-wide or UNM Hospitals-wide clinical operations PPG documents. The Clinical Operations PPG Committee chair (and/or his/her designates) serves an Official Approver for all Joint Practice Council and Area Staff Practice Council PPG documents, and will review/approve all UNMHSC-wide documents related to clinical care. The Clinical Ops PPG Committee may, at its discretion, determine whether a PPG

document is sufficiently broad in scope to require its review and approval, or whether it is sufficiently limited in scope to be considered an area-specific document.

Those documents determined to pertain to functions delegated to the Medical Staff require approval by the Medical Executive Committee. These include: (a) the quality and appropriateness of the professional performance and ethical conduct of members of the Medical Staff; (b) patient care in the HSC clinical facilities; (c) educational programs for UNMHSC trainees; (d) educational programs for patients and their families; (e) the professional and administrative standards of the Joint Commission (TJC), the Accreditation Council on Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME), recognized specialty boards and institutional organizations, and other relevant regulatory and accreditation entities; and (f) the creation of a respectful, professional environment for patients and their families, health care trainees, colleagues, peers, and staff.

The Chief Nursing Officer (or his/her designate(s)) will review all documents related to or involving nursing care.

Legal, Human Resources or Finance reviews may be requested, if applicable, by the Clinical Ops PPG Coordinator and/or Committee.

The **Owner** of a PPG document is a UNMHSC employee, usually in a Manager or higher level position. Usually employed in the responsible department (as indicated in the document heading), he/she authors or otherwise edits the document to the satisfaction of the Official Approver. The Owner is responsible for identifying those who will be directly affected by new or revised policies, procedures, and guidelines and considering their views. Additionally, Owners are responsible for identifying and referencing any applicable laws/regulations, professional standards, and/or policies/procedures, and routing their PPG documents through the identified approval process. He/she will incorporate any recommendations or changes from applicable committees and/or required reviewers/approvers into the document before routing the final document to the Official Approver for signature. The Owner is responsible for developing a communication/training plan for employees affected by the document.

The **Official Approver** is an Administrator such as a Highest Level Administrator, the Chief Nursing Officer, the Senior Associate Dean for Clinical Affairs and/or the Associate Dean for Clinical Affairs, who represents the larger organization.

PROCEDURE

1) Formulation/Development

- a) An individual or area will determine the need for a PPG document.
 - (1) This determination of need will include a review of existing PPG documents to verify that an appropriate PPG document does not already exist.
 - (2) Whenever appropriate, while drafting a new PPG document any related PPG documents will be combined into a single PPG document.
 - (3) In general, a PPG document is not needed solely for educational purposes, particularly if the subject matter is adequately covered by current medical texts or other existing teaching documents.
 - (4) An Owner for the PPG document will be designated.
- b) The Owner will:
 - (1) draft the new or revised document, including consulting with those affected by the document;
 - (2) consult with the Clinical Ops PPG Coordinator as needed to finalize the document's formatting and classification;
 - (3) complete the routing for required reviews, if applicable (e.g., Legal, Human Resources, Financial);

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- (4) complete the routing for committee review, if applicable;
 - (5) incorporate any review changes into the document;
 - (6) develop a communication and training plan for users of the document.
- c) The Clinical Ops PPG Committee will review the PPG document to verify its necessity; scope; its congruence with existing documents; and its accuracy (consulting with content experts as necessary).
 - d) The Chief Nursing Officer (or his/her designate(s)) will review and approve all documents related to or involving nursing care.
 - e) The Medical Executive Committee will review and approve all documents related to medical staff functions (as detailed above).
 - f) Other approvals (e.g., Legal, Human Resources, and Finance) will be obtained as determined to be necessary by the Clinical Ops PPG Committee.
 - g) The final draft document will be approved by the appropriate Highest Level Administrator(s).
- 2) Final Routing & Dissemination**
- a) Once a PPG document has been reviewed and approved, the hard copy will be filed by the Clinical Ops PPG Coordinator, and an electronic copy will be posted on the designated website.
 - b) UNMHSC staff will be made aware of the document through appropriate communications.
- 3) Review of Existing PPG Documents**
- a) All PPG documents should be reviewed at least every five years for currency, accuracy, necessity, and continued applicability. They must again be officially approved at the level of Administrator or above. PPG documents that are not reviewed and approved may be designated as inactive at the discretion of the Clinical Ops PPG Committee.
- 4) Document Maintenance and Archiving**
- a) Digital copies of UNMHSC clinical operations PPG documents will be maintained on a designated UNMHSC website and maintained by the Clinical Ops PPG Coordinator, with technical support from the UNMHSC and UNM Information Technology Departments. This digital version will be maintained in .pdf format or other similar uneditable format. Specific procedures for developing, approving and issuing documents are located in this document. Copies of **current signed and** outdated PPG documents will be maintained elsewhere for legal and reference purposes.

DEFINITIONS

1. **PPG:** A PPG document is a policy, procedure or guideline document.
2. **Policy:** A policy is a concise statement of a rule governing institutional practice or procedure(s). In general, policies are broad in scope and limited in number. A policy is sometimes mandated by law, regulation, or standard.
3. **Procedure:** an implementation of a standard or policy. A procedure explains the key responsibilities and sequential steps involved in implementing a standard or policy. A procedure is less flexible than a guideline, and often references policy. In general, staff is expected to closely follow a procedure.
4. **Guideline:** A guideline offers a considered approach to an area of practice. Guidelines may be relatively flexible, and are often used when practice, technology, or standards are likely to change. Guidelines are not necessary for standard or common clinical procedures.
5. **Owner:** the author of the document, assigned by the Official Approver. A document's central point of contact during the formulation and approval routing processes.

6. **Official Approver:** the individual, representing the organization, who is authorized at the highest levels of that organization to officially approve the final PPG document. An Administrator or Highest Level Administrator for whose work scope (HR job description) the document applies.
7. **Clinical Operations Policy, Procedure and Guideline Coordinator:** the Clinical Operations Policy, Procedure and Guideline Coordinator, located in the Dept. of Quality Outcomes Management, UNMH. The central point of contact for standard document format & classification, posting, tracking, and archiving. The coordinator can be reached by email at policycoordinator@salud.unm.edu.
8. **Issuing Date:** the date the final document is posted on the Web (usually within 10 days of receipt) by the Clinical Operations P&P Coordinator. Also called the **Dissemination Date** or **Posting Date**.
9. **Effective Date:** the date the final document becomes active or applicable, regardless of the issuing date. For example, a document might be posted before it becomes effective in order to allow time for communication/training.

SUMMARY OF CHANGES

Replaces document of same name, 4/2006.

RESOURCES/TRAINING

Resource/Dept	Internet/Link
PPG Web Site	UNMH Intranet, HSC Intranet
UNMH Quality Outcomes Management	policycoordinator@salud.unm.edu

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Associate Dean for Clinical Affairs		
Consultants	Terry Amerine; Andrea Rostel		
Committee(s)	Clinical Operations Policies, Procedures & Guidelines Committee		Y
	Clinical Practice Policies, Procedures & Guidelines Committee		Y
Nursing Director	Judith Spinella, Chief Nursing Officer		Y
Official Approver	Steve McKernan, Vice President for Hospital Operations/ CEO, UNM Hospitals		Y
Official Approver	Paul Roth, Vice President for Health Affairs/Dean, UNM School of Medicine		Y
Signatures			
Effective Date			
Origination Date			6/1999
Issue Date			

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