

HSC Policy on Policies

Title: HSC Policy on Policies		
Doc Type: Policy-Procedure	Policy #: 001PP	Effective Date: January 6, 2014
,		Applies To: All HSC Policy, Procedure and Guideline Documents

PURPOSE

This document establishes the framework for the development, approval, dissemination, and management of UNM Health Sciences Center (HSC) policy, procedure, policy/procedure, and guideline (PPG) documents that apply to <u>ALL</u> HSC faculty and staff.

APPLICABILITY

This policy is applicable to HSC PPG documents. HSC PPG documents are those that apply to <u>ALL</u> HSC faculty and staff, regardless of their department, unit, clinic, college or facility affiliation.

PPG documents that originate within a component of the HSC (i.e., the College of Pharmacy, the College of Nursing, the School of Medicine, the Health Sciences Library and Informatics Center, or the UNM Health System), and that apply only to personnel within the originating component, are only required by this policy to be easily accessible from the HSC Policy website.

POLICY STATEMENT

- 1. Each HSC PPG document shall be developed, approved, reviewed, and maintained in accordance with this document.
- The general order of precedence for PPG documents is: UNM Board of Regents' Policy Manual >
 UNM Faculty Handbook and UNM University Administrative Policies and Procedures Manual >
 UNM HSC PPG documents > HSC component PPG documents > individual component program,
 unit, or clinic PPG documents.
 - a. In the event of conflict or contradiction between levels of PPG documents, the higher document has precedence over the subordinate document.
 - Occasional exceptions to the above order of precedence may occur for statutory reasons for University Research Park and Economic Development Act corporation components (currently, UNM Sandoval Regional Medical Center, Inc. and the UNM Medical Group, Inc.).
 - c. HSC department, unit, clinic, college, or facility PPG documents are <u>not</u> "HSC PPG documents" and therefore are not governed by the implementation procedures set forth in this Policy.
 - d. All HSC component-level PPG documents are required to be easily accessible from the HSC Policy Website. Component-level PPG documents are those that apply generally but exclusively to personnel within the component. This requirement applies to the School of Medicine, the College of Nursing, the College of Pharmacy, Health Sciences Library and Informatics Center (HSLIC), and the Health System. This requirement does not apply to organizational units within a component. For example, this requirement applies to the Health System, but not to University Hospital, which is an organizational unit within the Health System.



- 3. Unless otherwise specified within the PPG document, each HSC PPG document shall be subject to review, revision and re-approval no less frequently than every five (5) years.
- 4. HSC PPG documents will be kept to the minimum necessary. It is anticipated that the majority of PPG documents will be developed and maintained by each HSC Component and by organizational units within that component (e.g., departments within the School of Medicine).

IMPLEMENTATION PROCEDURES

- The UNM Chancellor for Health Sciences ("Chancellor") shall be the signatory Official Approver for all HSC policies, after review and recommendation from the appropriate reviewing bodies, and the Office of University Counsel. The Chancellor may designate signatory official approvers for HSC procedures and guidelines.
 - 1.1. HSC policies concerning matters over which HSC faculty have authority as specified in the UNM Faculty Constitution Article I, Section 2, and Article II must be approved by the HSC Faculty Council prior to receiving the approval of the Chancellor.
- 2. The HSC shall designate an HSC Policy Office, to be directed by an HSC Policy Manager.
 - 2.1. The HSC Policy Office shall be responsible for directing the development, approval, review, and maintenance of HSC PPG documents.
 - 2.2. The HSC Policy Office shall develop and maintain templates for HSC PPG documents.
 - 2.3. The HSC Policy Office shall maintain an HSC Policy website posting all approved HSC-PPG documents and templates, and displaying links to HSC Component-level PPG documents. The URL for the website is http://hsc.unm.edu/policyoffice/index.shtml.
 - 2.3.1. The posted HSC PPG documents shall be in a relatively non-editable format (e.g., PDF).
 - 2.3.2. The posted HSC templates shall be in an editable document format (e.g., MS Word).
 - 2.4. The HSC Policy Website will be organized according to rational and easily understood rules, and will contain links to all HSC Component policy websites.
 - 2.5. The HSC Policy Office shall ensure that all HSC Component-level PPG documents are consistent with HSC PPG documents with respect to content, and that they are easily accessible from the HSC Policy Website. Each HSC Component can specify the format(s) of its specific PPG documents.
 - 2.6. The HSC Policy Office shall conduct periodic audits of HSC PPG documents to verify compliance with this document.
 - 2.7. At least six (6) months prior to the date that an HSC PPG document is scheduled to be reviewed and re-approved, the HSC Policy Office shall notify the document owner and will provide guidance on the process for review and re-approval.
 - 2.8. The HSC Policy Office will provide guidance to HSC PPG document owners in the development, review, revision and maintenance of HSC PPG documents.
 - 2.9. The HSC Policy Office will determine the approval and re-approval processes required for each HSC PPG document, including comment periods where appropriate. In carrying out this function, the HSC Policy Office will coordinate with the Office of University Secretary, the UNM Policy Office, and the HSC Faculty Council.
- 3. HSC PPG documents that are approved or re-approved after the approval of this document shall be in a standard format specified by templates appended to this document, maintained by the HSC Policy Office (but can be in another format for posting online), and posted on the HSC Policy website.
 - 3.1. The combined policy/procedure document format is preferred over separate policy and



procedure documents. In general, separate documents shall be used only when (a) a policy requires more than one procedure document, or (b) a single procedure implements multiple policies, or (c) a combined policy/procedure document would be of excessive length or complexity.

- 3.2. Document templates shall be appended to this document. Material changes to the templates shall require the review and re-approval of this document. Non-material changes may be made by the HSC Policy Office without such approval.
- 3.3. The formatting of a template may not be changed by the document's owner/author without the approval of the HSC Policy Manager. Such approval shall be infrequent and of demonstrated necessity.
- 4. Each HSC PPG document shall have an Owner.
 - 4.1. The owner is the primary contact person for the document.
 - 4.2. The owner is responsible for the document's review, revision, and maintenance.
 - 4.3. The owner is always specified by an institutional position; thus, the owner at any point in time is the individual holding that specified position.
 - 4.4. The Chairperson of the HSC Faculty Council shall be the owner of all PPG documents within the authority of the HSC Faculty, as specified in the UNM Faculty Constitution Article I, Section 2, and Article II.
 - 4.5. The owner of an HSC PPG document shall consult with the HSC Policy Office prior to submission of a draft PPG document for comment or approval.
 - 4.6. The owner shall be responsible for implementation of appropriate education, training, and dissemination beyond the document's posting on the HSC Policy website.
- 5. HSC PPG documents shall be developed and approved by the following process:
 - 5.1. Any employee of the HSC, including the Components of the HSC, may propose a new PPG document or revision of an existing PPG document by contacting the HSC Policy Office. The HSC Policy Office will confer with the appropriate officials to determine whether the proposed changes are appropriate.
 - 5.2. PPG documents concerning matters within the authority of the HSC Faculty, as specified above, will ordinarily originate with the HSC Faculty Council. Any HSC Faculty Member may propose a new or revised HSC PPG document to the Chairperson of the HSC Faculty Council, who will collaborate with the HSC Policy Office to define the steps that should be followed to obtain appropriate input and approvals.
 - 5.3. The Chancellor shall assign an owner to all HSC PPG documents under development.
 - 5.4. The Owner, working in consultation with the HSC Policy Office, shall draft the document, utilizing content experts and consultants, as appropriate.
 - 5.5. The Owner shall submit a draft of the document to the HSC Policy Office for review to verify formatting, readability, and references. The HSC Policy Office shall submit the draft document to relevant HSC areas (e.g., Finance and Administration, VC for Academic Affairs, VC for Research, Information Technology, HSC Office of University Counsel, others) for review and comment as required or as appropriate.
 - 5.6. The final draft of all proposed policy changes will be posted on the HSC Policy Website.

 Comments will normally be received for no less than 30 days after posting, unless compelling business, legal, or administrative needs require a shorter comment period. Substantial comments will be reviewed by the Owner, others closely involved in the development of the draft, and the HSC Policy Office, as appropriate. If the draft is substantially modified in response to the comments, the amended draft may be posted for a second comment period.



- 5.7. Once the above reviews have occurred and appropriate comment periods and requirements observed, the Owner shall submit the draft document to the Official Approver for final review, revision, approval, and signature. Policy documents concerning matters within the authority of the HSC Faculty, as specified above, must be approved by the HSC Faculty Council prior to receiving approval of the Chancellor.
- 5.8. The signed document will be returned to the HSC Policy Office. The Office shall post the document on the HSC Policy website, and shall file the original document.
- 5.9. The same process shall be followed for review, revision, and re-approval of existing HSC PPG documents.

DEFINITIONS

Policy: A policy is a rule governing procedures for organizational activity. A policy is a concise statement, broad in scope and/or having high impact on the organization. A policy usually governs fundamental institutional activities, but a high-risk situation or condition may also warrant a policy. Policies are not flexible.

Procedure: A procedure is an implementation of policy. A procedure explains the responsibilities and steps involved in implementation of a policy. A procedure is relatively inflexible and almost always references policy. A policy may have more than one procedure to implement it.

Policy/Procedure: A policy/procedure is a document that contains both a policy statement and the procedures for implementation of that policy.

Guideline: A guideline provides suggested actions or parameters for activities and situations where a policy or procedure document provides interpretative latitude. A guideline is relatively flexible, summarizing suggested or preferred actions or parameters rather than mandating them. A guideline often represents the cumulative wisdom of the organization in a particular area.

Owner: The owner of a PPG document is the primary contact person for the document. The owner is responsible for the document's review, revision, and maintenance. The owner is always specified by an institutional position; thus, the owner at any point in time is the individual holding that specified position.

Origination Date: The origination date of a PPG document is the date of the document's first approval. Thus, the origination date does not change with subsequent revisions of the document.

Effective Date: The effective date of a PPG document is the date of the document's most recent approval. Thus, the effective date will change with each subsequent revision and/or re-approval of the document.

Component: A component is one of the major divisions, units, or subsidiary corporations of the UNM Health Sciences Center. At the time of this document's writing, the HSC Components are:

- The UNM Health System
- The UNM School of Medicine
- The UNM College of Nursing
- The UNM College of Pharmacy
- Health Sciences Library and Informatics Center

Official Approver: The Chancellor shall be the signatory Official Approver for all HSC policies. The Chancellor may designate signatory official approvers for HSC procedures and guidelines.

REFERENCES

• Regents Policy 3.4 and 3.3



- Statement of Charter for the UNM Health System
- UNM Faculty Constitution Article I, Section 2, and Article II
- Bylaws of the UNM Faculty Senate Health Sciences Center Council

RESPONSIBLITY

- All HSC leadership personnel are responsible for assuring that this document is enacted.
- All HSC personnel are responsible for following this document.
- Other specific responsibilities are assigned in the Procedure section of this document.

SUMMARY OF CHANGES

This is the original version of this policy.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	HSC Policy Manager		
Consultant(s)	John A. Trotter, PhD, Vice Chancellor Emeritus		
Recommender(s)	Leslie Morrison, MD, HSC Vice Chancellor for Academic Affairs	O)	Yes
Committee(s)	Chancellor's Core Leadership Group		Yes
HSC Legal Office			Not required
Official Approver	Paul B. Roth, MD, - Chanceller for Health Sciences Yes		
Official Approver Signature	au 5699 Date: 1/6/14		
2nd Approver	Thomas Long, MD - Chairperson, HSC Faculty Council		,
2nd Approver Signature (Optional)	Aluma Trems	Date: /	3-2014
Policy Origination Date: January 2014			

ATTACHMENTS

UNM Health Sciences Center Policy Document Templates



Policy Name

Title:			
Doc Type: Policy	Policy #:	Effective Date:	
Owner(s) (Name and Title):	Revision Date:	Applies To: (see "Definitions")	

PURPOSE

(A **concise** statement of the rationale for the policy, including if appropriate, reference to external regulation, further policy discussion, etc. Provide a summary (in one paragraph) and clearly state the important policy content (e.g., who will or will not do what and in what context).

APPLICABILITY

(Exactly whom the policy applies to and the consequences for non-compliance, if applicable.)

POLICY STATEMENT

(A concise statement of the policy.)

DEFINITIONS

(Definitions of terms - as needed.)

REFERENCES

(Cite related laws, regulations, or policies. Give complete references and ensure that documents cited are readily available. If needed, provide additional background discussion here.)

RESPONSIBLITY

(State who is responsible for assuring adherence to this policy and what the specific responsibilities are.)

RESOURCES AND TRAINING

Identify the office and specific individual position/title – with telephone number and email address, as appropriate – that should be contacted for interpretations, resolution of problems, and special situations.

Resource/Department	Contact Inform	ation

SUMMARY OF CHANGES



Item	Contact	Date	Approval
Owner	[Title, Department/Area]		
Consultant(s)	[Name, Title]		
Recommender(s)			[Y or N/A]
Committee(s)	[Committee Name(s)]		[Y or N/A]
HSC Legal Office	[Y or N/A]		
Official Approver	Chancellor for Health Sciences Yes		
Official Approver Signature		Date:	
2nd Approver			
2nd Approver Signature (Optional)		Date:	
Policy Origination D	ate:	14	

ATTACHMENTS



Policy-Procedure Name

Title:		
Doc Type: Policy-Procedure	Policy-Procedure #:	Effective Date:
Owner(s) (Name and Title):	Revision Date:	Applies To: (see "Definitions")

PURPOSE

(A concise statement of the rationale for the policy, including if appropriate, reference to external regulation, further policy discussion, etc. Provide a summary (in one paragraph) and clearly state the important policy content (e.g., who will or will not do what and in what context).

APPLICABILITY

(Exactly whom the policy applies to and the consequences for non-compliance, if applicable.)

POLICY STATEMENT

(A concise statement of the policy.)

IMPLEMENTATION PROCEDURES

(Provide detailed procedures that are necessary to carry out the intent of the policy.)

DEFINITIONS

(Definitions of terms – as needed.)

REFERENCES

(Cite related laws, regulations, or policies. Give complete references and ensure that documents cited are readily available. If needed, provide additional background discussion here.)

RESPONSIBLITY

(State who is responsible for assuring adherence to this policy and what the specific responsibilities are.)

RESOURCES AND TRAINING

Identify the office and specific individual position/ title – with telephone number and email address, as appropriate – that should be contacted for interpretations, resolution of problems, and special situations.

Resource/Department	Contact Information
	(H)

SUMMARY OF CHANGES



Item	Contact	Date	Approval
Owner	[Title, Department/Area]		
Consultant(s)	[Name, Title]		
Recommender(s)			[Y or N/A]
Committee(s)	[Committee Name(s)]		[Y or N/A]
HSC Legal Office	[Y or N/A]		
Official Approver	Chancellor for Health Sciences		Yes
Official Approver Signature		Date:	
2nd Approver			
2nd Approver		Date:	
Signature (Optional) Policy Origination Da	l ate:		

ATTACHMENTS



Procedure Name

Title:		Policy Name & Title (the procedure applies to):
Doc Type: Procedure	Procedure #:	Effective Date:
Owner(s) (Name and Title):	Revision Date:	Applies To: (see "Definitions")

PURPOSE/DESCRIPTION/OVERVIEW

(Describe the overall objectives, functions, or tasks that the procedure is designed to accomplish and the circumstances under which the procedure should be used. State the policy or policies that the procedure is intended to implement.)

PROCEDURE

(Outline a customized approach (e.g., a statement in outline format of each step required, a checklist of what needs to be done, an explanation of how to complete the necessary forms or screens, including copies of the forms or screens, or a combination of techniques) that will provide the reader with the necessary procedural and "how to" information.)

DEFINITIONS

(Definitions of terms - as needed and only contained with the procedure.)

REFERENCES

(Federal and state laws and regulations, professional licensing regulations, advisory committee rules or bi-laws, or other references applicable to the procedure. **Please do not use other policies, procedures or guidelines as references**.)

AREAS OF RESPONSIBLITY

(List departments, units, offices, and individual job titles.)

RESOURCES AND TRAINING

Identify the office and specific individual position/ title – with telephone number and email address, as appropriate.

Resource/Department	Contact Information
118	903 - 90

SUMMARY OF CHANGES



Item	Contact	Date	Approval
Owner	[Title, Department/Area]		
Consultant(s)	[Name, Title]		
Recommender(s)			[Y or N/A]
Committee(s)	[Committee Name(s)]		[Y or N/A]
HSC Legal Office	[Y or N/A]		
Official Approver	Chancellor for Health Sciences Center Yes		
Official Approver		Date:	
Signature		Dale.	
2nd Approver			
2nd Approver	•	Date:	
Signature (Optional)		Date.	
Policy Origination Da	ate:		

ATTACHMENTS



Guideline Name

Guideline Title:		Policy Name & Title (the guideline applies to):
Doc Type: Guideline	Guideline #:	Effective Date:
Owner(s) (Name and Title):	Revision Date:	Applies To: (see "Definitions")

PURPOSE/DESCRIPTION/OVERVIEW

(Describe the overall objectives, functions, or tasks that the guideline is designed to accomplish and the circumstances under which the guideline should be used. If applicable, state the HSC Policy, Procedure, or Policy/Procedure(s) to which the guideline is intended to apply.)

APPLICABILITY

(State the Policy, Procedure, and personnel or units to whom the Guideline applies.)

GUIDELINE STATEMENT

(Provide a concise statement of the Guideline.)

DEFINITIONS

(Definitions of terms – as needed. Included in this section should be definitions of unique terms subject to different interpretation.)

REFERENCES

(Federal and state laws and regulations, professional licensing regulations, advisory committee rules or bi-laws, or other references applicable to the guideline. **Please do not use other policies, procedures or guidelines as references**.)

AREAS OF RESPONSIBLITY

(List departments, units, offices, and individual job titles.)

RESOURCES AND TRAINING

Identify the training programs, classes, HSC offices, other University or HSC resource/training (be specific.)

	Resource/Training/Department	Contact Information
personal annual	- Marine - Section - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

SUMMARY OF CHANGES



Item	Contact	Date	Approval		
Owner	[Title, Department/Area]				
Consultant(s)	[Name, Title]				
Recommender(s)			[Y or N/A]		
Committee(s)	[Committee Name(s)]		[Y or N/A]		
HSC Legal Office			[Y or N/A]		
Official Approver	Chancellor for Health Sciences		Yes		
Official Approver Signature		Date:			
2nd Approver					
2nd Approver Signature (Optional)		Date:			
Policy Origination Date:					

ATTACHMENTS