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|  | **HOSPITAL**  **GUIDELINES OF PRACTICE** | **Number: 900.09** |
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| **CONTROL OF DOCUMENTS** |

**POLICY:**

Documents/policies required by the quality management system will be controlled.

The purpose for this policy is to provide a framework that facilitates the development, approval and distribution of the most current version of the documents/policies at its point of use. VVMC documents/policies are reviewed at a minimum of 36 months (more often if indicated) and are revised as needed.

**PARAMETERS:**

**Definitions of document/policy types that function to support the effective planning, operation, and control of process are listed below;**

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| **Policy:** | The general principles by which VVMC is guided in the delivery of patient care and conduct of its affairs. |
| **Procedure/**  **Work Instructions:** | The methods, systems, or specific step-by-step mechanisms by which policies are implemented or functions are performed. |
| **Guideline:** | General representations of standard nursing and/or other clinical practice that may be varied based on nursing or clinical judgment and patient care need. |
| **Reference Material & Documents From External Source** | Documents/policies determined by the organization to be necessary for the planning and operation of the Quality Management System.  Sources of information (databases, abstracts, journals, books etc) which are used for answering inquiries. These resources are normally consulted, either on or off the premises. |
| **Posters/**  **Temporary Signs** | Documents/records/policies determined by the organization to be necessary to communicate important information necessary for effective management of the organization &/or the Quality Management System. |

**Document Control processes are listed below**

1) Approval process for documents/policies and work instructions prior to issue.

a) Content Experts communicate and seek input from departments/units affected by the policy, or procedure/ work instruction. Documents/policies are published on the Portal online program once the document/policy author submits the document/policy for review and approval.

2) Processes to review, update, or retire documents/policies as necessary.

a) The Portal online program notifies the documents/policy Owner via email 90 days prior to the document expiration and every 30 days thereafter until the document is published. Documents/policies requiring clinical input are presented at the Guidelines of Practice / Document Control Committee (GOP/DCC). Once a document/policy completes the review process and is published, the Portal system then notifies the document’s/policy’s Vice President/Director, Owner, and Author when a document/policy has been published.

b) Prior to document/policy upload to the Portal, footer/box is added by the Document Control Specialist to indicate the approval date by the GOP/DCC.

c) A record of new, updated, revised and archived documents/policies is issued via email to employees.

3) The changes are identified and archived at the time of revision by the electronic document control process. Documents/policies can be accessed and retrieved for review only upon approval of the Portal Document Control Specialist system administrator.

4) Relevant versions of documents/policies are available at point of use

a) Once a new version of a document/policy is published the previous version is electronically archived. The Portal is the mechanism for version control.

5) Documents/policies remain legible and readily identifiable

a) Documents/policies are created and maintained in electronic format

6) External documents determined by the organization as necessary for the planning and operation of the Quality Management System are identified and their version and distribution is controlled.

7) Methods to prevent the unintended use of obsolete documents/policies and application of a suitable identification if they are retained for any purpose include but not limited to, bar-code, revision date, footer, and controlled printing of documents

**Table 1: Document type and responsible party**

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| **Document Type** | **Responsible**  **Party** | **Responsibility** |
| Corporate: | Executive Level | Applicable to the system and multiple applicable  facilities within system  The Chief Executive Officer, Chief Nursing Officer and Chief Operating Officer delegate the responsibility for oversight and management of VVMC policies, procedures/ work instructions to the GOP/DCC (Document Administrators)  Final approval of documents/policies is maintained electronically:  · Administrative Policies – Executive Staff or designees |
| Administrative: | System  Standards & Evidence Based Policy/Document  Administrators | Applicable to all staff  Role of a Portal policy **Owners**:  · Assess the need and justification for a document/policy  · Accountable for verifying the written document/policy matches current practices  · Accountable for review and revision of documents/policy in a timely manner  · Designate appropriate document/policy owners,  · Develop and manage an educational and communication process to provide continuity of VVMC policy administration, distribution and implementation  · Adopt and maintain policy software program(s)   * Initiate new department/service line specific policies/document and work instructions   · Verify a new document/policy is not in conflict with another organizational document |

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| Clinical: | Content Experts | Applicable to the care of patients and may cross multiple departments.  Role of a Portal document/policy **Authors:**  · Incorporates current regulatory and practice requirements and changes.  · Edit all department specific documents/policies they are assigned.  · Communicate and seek input from departments/units affected by the document/policies.  · Inform staff of all document/policy updates.  · Monitor the timely review and update of all documents/policies. |
| Departmental: | Department  Director/Manager | Documents/policies applicable to a specific department and requires a dept. director or designee approval. Examples of department documents include but not limited to;  Policies  Work Instructions  Department Training/Orientation  Internal documents used for Quality & Performance Measuring |
| External: | CMS / DNV Process owners | Documents generated and updated by an external agency (i.e. hyperlink)  Examples of department documents include but not limited to;  Standard register forms  On Line Procedure and Skills Reference  Quality/ Performance required documentation forms |
| Poster, Temporary Signs | Plant Operation  Dept Directors  Center for Process Excellence | Directors are to notify/consult Plant Operations when posting wall signs to be in compliance with fire codes. Directors are responsible for maintaining accurate and current posters and temporary signage by posting information that includes a date, regular updating, and removal of outdated material. Examples include but limited to:  Safety notices  Announcements  Temporary Closures  Quality & Performance information  Facility Signage |

**Table 2 Policy, Procedure, Guideline Document Administrators**

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| **Portal “Source Section”** | **Northern Arizona Healthcare** |
| Compliance |  |
| Governing Body |
| HIPAA |
| Human Resources |
| Legal/ General |
| Supply Chain Management |
|  | **Verde Valley Medical Center- Administrators** |
| Administrators are defined as Vice Presidents, Presidents, Directors or their designees at a manager level or above |
| Anesthesia |
| ASC Ambulatory Surgery Center |
| Behavioral Health |
| Cardiac Cath/ Cardiac Health & Fitness/Cardiology |
| Central Supply |
| Dialysis |
| Emergency Services |
| Entire Care Rehabilitation |
| Environment of Care |
| Fit Kids of Arizona |
| Governing Body- VVMC |
| Health Information Management |
| Hospital Policies |
| Infection Control |
| Intensive Care |
| Lab |
| Medical imaging |
| Medical Staff |
| Medical/ Surgical |
| Neurodiagnostic |
| Nursing |
| Nutritional Services |
| Outpatient Treatment Centers |
| Pediatrics |
| Perinatal |
| Pharmacy |
| Plant Operations |
| Resources |
| Respiratory Care |
| Same Day Surgery/ PACU/ Surgery/VASC |
| Sleep Lab |
| Social Services & Case Management |
| Special Procedures |
| Telemetry |
| Trauma Services |
| Volunteer Services |
| VV Medical Imaging Center |
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**Employees:**

· May recommend to the administrators the initiation of a new documents/policies or revisions of documents/policies as necessary through committee participation or email communication.

· Contribute to revision of documents/policies by collecting current evidence.

· Comply with all policies, work instructions and guidelines.

**REFERENCES:**

ISO9001- 2008 Control of Document 4.2.3 (a-g)

NAIHO QM.2 SR.3a Quality Management System

Facility/Signage HOSP 430.01

**ATTACHMENTS:** N/A

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| **Prepared by/Title/Date:**  Beth Overly, RN 2/10/13, 8/1/13  **Director Approval/Date:**  Sue Ballard, Director, Quality, 2/27/13, 8/6/13    **President Approval/Date:**  Barbara Dember, Interim President/CEO, 8/13 | **Committee Approval/Date:**  GOP: 3 19 13  GOP/DCC: 8/20/13 | **Dates Reviewed/Revised:**  8/1/13 |