POLICY GUIDELINES

Purpose:
To provide guidelines for initiating, preparing, and updating policies and procedures and to outline the mechanism for approval, authorization and distribution. To ensure that policies are developed in collaboration with associated departments.

Policy:
1. Hospital-wide policies/procedures are developed for significant organizational issues that are interdepartmental or mandated to be hospital wide by accreditation agencies or state/federal legislation.

2. The Hospital Policy Committee shall be:
   a. Composed of representatives from Hospital Administration, Nursing Services, Professional and Support Services, Human Resources and the Business and Reimbursement Division.
   b. Chaired by a member of the Hospital Administration Staff. The Chair shall maintain a current distribution list for all policies, distribute policies for review, and insure timely completion of the process.

3. Committee members shall be selected annually by the Hospital Administrator with recommendations from the Administrative Staff.

4. The committee will identify the appropriate entity for policy development, and insure that input is solicited and incorporated into a final policy statement. Once completed, the committee shall submit the policy, with verification of review, to the Clinical Board for final approval. Following approval, the policies shall be signed by the Hospital Administrator and distributed.

5. Documentation of the review process and revised policies shall be maintained in an historical file for legal and reference purposes in Hospital Administration.

6. The Policy Committee shall meet monthly unless otherwise directed.

7. Policies shall be:
   a. Reviewed in committee, obtaining committee input as needed.
   b. Submitted to individuals/departments for additional comments and revisions as needed. The chairperson shall review and compile comments/revisions; final policy will be determined by committee majority.
   c. Submitted to the Hospital Administrator for final comments, revisions and written approval and will be effective upon such approval.
d. Placed on the LSUHSC-S web-site once approved by Clinical Board. Persons unable to access the web-site may obtain a copy of the policy by contacting Hospital Administration.

8. Requests for policy introductions, revisions, or deletions, may be made by Medical Staff committees, Hospital committees, Hospital Departments, Medical Center departments, or individuals on the Hospital Policy Committee.

9. All Hospital policies will be reviewed at least every three years and/or as needed.

10. Department Specific Policies
   Department specific policies and procedures shall be reviewed and revised at least every three years and as needed, to ensure compliance with institutional practice.

   
   Administrator

   6/19/13
   Date

Approved by Clinical Board: 9/18/01, 2/19/02, 10/21/03, 9/19/06, 3/16/10, 6/18/13
Written: 10/10/94
Revised: 2/28/95, 12/99, 8/01, 2/02, 9/03, 9/06, 6/13
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