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Evidence-Based Policy and Procedure Review System

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Abstract

Policies and procedures guide practice and the care of patients in every field of healthcare. Incorporating best practice evidence into clinical practice is a critical step towards providing safer patient care and improved patient outcomes. The challenge has been finding a way to incorporate best practice evidence into policies and procedures. Accordingly, an evidence-based project to answer the following clinical practice question was proposed: What is an evidence-based strategy for reviewing, updating, and disseminating policies and procedures for office staff at a cancer treatment organization? Through the use of Donabedian's Model for Quality Improvement, student created tools, and an evidence-based algorithm, this project was designed to provide an efficient and sustainable system for review and revision of policies and procedures in a healthcare setting. The deliverables to the organization are the evidence-based policy and procedure review system toolkit and the results of a pilot the DNP student conducted to demonstrate the use of the toolkit. Included in the pilot results are a detailed time log providing the length of time required to complete the review, recommendations for revisions to policies and procedures utilizing current evidence from literature, a budget analysis, a report of the current state of the organization and how the toolkit will aid in overcoming identified barriers, and recommendations for sustainability. The deliverables include the following: 1) Successful dissemination of the toolkit use to the site manager; 2) increased percentage of policies and procedures meeting compliance requirements for specialty pharmacy accreditation from 3% to 40%; 3) a step-by-step instruction guide for reviewing literature and policies and procedures with the incorporation of best practice evidence; 4) a proposed policy for policy review, and 5) an accurate budget for organizational planning to sustain policy revisions in the future.

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Evidence-Based Policy and Procedure Review System

Policies and procedures are not a new concept to nursing or other healthcare professions. Evidence-based policies and procedures are needed to govern the provision of patient care. Since the release of the Institute of Medicine's *Crossing the Quality Chasm* in 2001, incorporation of evidence into practice has been a challenge for nearly every environment in health care. However, limited information exists in the literature on the process of how to incorporate best practice evidence into policies and procedures (Dols, et al., 2017). Historically, there has been as much as a 17-year gap between research findings and incorporation of evidence into practice (Oman, Duran, & Fink, 2008). In order to close the research-practice gap, the proposed system and tool can be utilized to incorporate best practice evidence into policy and procedure revisions.

The organization is a rapidly growing cancer and hematology treatment practice in the state. It currently has five locations and includes three specialty pharmacies providing chemotherapy and other medications for cancer treatment. In order to be able to compound and dispense pharmaceutical therapy to patients through a specialty pharmacy, the organization must maintain specialty pharmacy accreditation from an authorized agency. The organization receives revenue from private insurance, self-payers, pharmaceuticals through their specialty pharmacies and Medicare reimbursement through the Oncology Care Model (OCM) (Oncology Care Model Center for Medicare & Medicaid Innovation, n.d.). The organization has also partnered with several large healthcare organizations in the area to provide treatment options for oncology patients. In order to maintain specialty pharmacy accreditation and receive reimbursement from OCM, the organization is required to update their policies and procedures annually.

The purpose of this DNP project is to describe the sustainable evidence-based system to review,

revise, and incorporate best practice evidence into policies and procedures, and recommended methods for dissemination to employees in an oncology treatment organization.

Assessment of the Organization

Framework for Assessment

The Inter-Organizational Alignment (IOA) model presents an approach to assessing the three underlying forces driving performance of an organization: the external environment, its internal motivation, and the capacity of an organization (Institutional and Organizational Performance Assessment, n.d.). The external environment describes the influences on the organizational performance. Internal context or motivation describes the organization's internal forces for change and quality improvement in a competitive environment. The capacity of the organization describes the ability of the organization to achieve the desired goals.

The IOA model was chosen to guide this organizational assessment because of the ability to identify needed changes or improvements within the organization through assessment of external and internal influences on organizational performance (Appendix A).

Environment

The organizational environment includes influences on organizational performance by internal and external forces: Administrative, culture, economic, and stakeholders. During the organizational assessment, interviews were conducted with a key stakeholder and several key influences on organizational performance were identified.

Administrative changes and reorganization of management in 2016 resulted in the elimination of a director of operations position. The director of operations had been responsible for reviewing and revising policies and procedures for the organization. Since that time, site managers have assumed the responsibility for updating policies and procedures. They have struggled with meeting the requirement

due to time constraints and lack of a formal process in which to complete this task. Four of the five site managers do not have formal training in policy development or review. Thus, the need for a structured and evidence-based system for policy and procedure review is imperative for the successful incorporation of best practice evidence.

The culture of the organization is supportive of change and management has expressed buy-in regarding adoption of a streamlined process for updating policies and procedures. The site managers have expressed frustration regarding lack of time to revise policies and procedures. Over the past 5 years, the organization has expanded exponentially and has joined forces with several large healthcare organizations locally. This rapid expansion and partnership development have resulted in an increase of 42.6% in the number of patients the organization provides treatment for annually (XXXXX, 2019). These partnerships have also provided the organization with the access to leading edge treatments. The drawback to rapid expansion has been the increase in the workload for middle management. For example, the site managers' focus and time have been largely spent addressing the rapid growth of the organization, which leaves little time to update policies and procedures.

The organization has a great deal at stake economically, as the oncology treatment environment is very competitive. For the organization to remain competitive, they must maintain their specialty pharmacy accreditation. Specialty pharmacy accreditation allows the organization to prepare and administer pharmaceuticals to their patients. Currently, 28% of the organization's revenue is derived from their three specialty pharmacies. Another large portion of the organization's income is derived from Medicare reimbursement. Medicare patients account for 53% of their patient population (XXXX, 2019).

The stakeholders include the organization managers, the employees who utilize the policies and procedures, and the patients who access and receive their oncology care from the organization. The

patients have the option to choose where they receive their cancer treatment, thus it is critically important for the organization to maintain the ability to provide leading-edge treatments.

Organizational Motivation

The organization's motivation includes providing the most effective treatment options for oncology patients, financial growth, and improved efficiency, in order to continue to grow in a competitive environment. The organization desires to incorporate best practice evidence into their policies and procedures in order to provide the most effective treatments and achieve a high level of patient safety treatment standards.

Organizational Capacity

Organizational capacity describes the organization's strategic leadership, financial status, programming, process management, and inter-organizational linkages. The following facilitators and barriers are identified through organizational capacity.

Facilitators

There are multiple levels of management within the organization allowing for complex decision making and increased growth and development. Revenue is derived from private insurance, private payers, Medicare (Oncology Care Model), and specialty pharmacy services. This has allowed the organization to grow through successful financial management. Management has expressed a desire to improve the current process of policy and procedure review.

Partnering with local large healthcare organizations has provided an opportunity for rapid expansion of the organization, access to leading-edge technology and treatment options, and a substantial increase in the number of patients. The partnering organizations diagnose patients and then refer them directly to the cancer and hematology organization for ongoing treatment and care. By

establishing these clinics and pharmacies through partnership with larger healthcare organizations, the patients are able to receive treatment and care in the location that is convenient to them.

Barriers

There are a large number of policies and procedures for front office staff (180), most of which have not been updated since 2017 or earlier. Of the 73 policies and procedures applicable to the medical assistants and new patient referral specialists, 71 are outdated (97%). The organization's current practice calls for site managers to spend one eight-hour day per year in a conference room reviewing and updating policies and procedures. These managers have been able to complete only 3% of the necessary revisions to policies and procedures in the allotted time. It was reported by a site manager that the 8-hour day was non-productive due to lack of a formal system and distraction through discussions unrelated to policy review.

Rapid expansion and growth by the organization has resulted in an increased workload for site managers. The organization is now responsible for the care of a much larger number of patients compared to five years ago. The 42.6% increase in patient load limits the amount of time they have to maintain updated policies and procedures for their employees. In addition, there is no incorporation of current literature regarding best practice evidence.

The five organization locations are connected by their intranet. All employees have access to the same policies and procedures.

Organizational Performance

Organizational performance is described as the organization's effectiveness (mission fulfillment), efficiency (accuracy, timeliness and value of service and program delivery), and financial viability. The organization's mission is to provide leading-edge treatment options with compassionate care delivery.

The current system in place for site managers to review and update policies and procedures has proven to be ineffective. The result is outdated policies and procedures lacking current best practice evidence. This has the potential to impact their efficiency and patient outcomes, and threatens financial viability. Key stakeholders have expressed a desire to have a sustainable program designed and implemented to address this concern.

Stakeholders

Site managers are currently responsible for updating and maintaining current policies and procedures. Policy updates cannot be accepted without their approval. Therefore, they are the most important key stakeholder in the proposed project. The front office staff who are responsible for knowing of and adhering to the policies and procedures make up a second key stakeholder group. These front office roles include new patient referral specialists (NPRS) and medical assistants (MA). The patients are indirect key stakeholders, as they are impacted by the staff utilizing the policies and procedures.

SWOT Analysis

Strengths	**Weaknesses**
- Physician owned organization, increased decision-making power - Commitment to providing high quality care and state-of-the-art treatment options - Committed staff who strive to provide compassionate care - Clear and concise goals for maintaining compliance - Financial viability - Continued organizational growth	- Lack of process for updating and sustaining current policies and procedures - Large number of policies and procedures that are outdated - Time constraints of site managers to update policies and procedures - Varying levels of education among site managers
Opportunities	**Threats**
- Specialty pharmacy re-accreditation and compliance to continue to provide pharmaceutical treatment options - Updating policies and procedures to reflect compliance with OCM	- Failure to update policies and procedures accurately and timely could result in loss of specialty pharmacy accreditation resulting in loss of income and treatment options for patients - Competitive healthcare climate

- Increasing knowledge and awareness of policies and procedures by front office staff	- Loss of accreditation could jeopardize partnership with large organizations

Ethics and Protection of Human Subjects

The project did not require access to protected health information or patient records. It only required access to the organization's intranet including current policies and procedures. An application for review of this project was submitted to the GVSU Institutional Review Board. The purpose and scope of this project was limited to quality improvement. The participants in the project included a site manager who is also a director. Due to COVID-19 medical assistants and new patient referral specialists, other site managers and directors from each of the five locations were unable to participate. No identifiable patient information was collected. No physical, social, psychological, legal, or economic threats to patients were associated with this project. The impact of the project posed minimal or no risk to participants. All members of the team completed human subject's protection training via the Collaborative Institute Training Initiative and their interactions were guided accordingly.

Clinical Practice Question

What is an evidence-based strategy for reviewing, updating, and disseminating policies and procedures on an annual basis for office staff at a cancer treatment organization?

Evidence-based practice is defined as a problem-solving approach to the delivery of health care resulting in the best patient outcomes by integrating the best research evidence, clinical expertise, and meeting patient needs (Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2010).

Review of the Literature

Method

The aim of this review was to determine if an evidence-based tool or model existed in literature to aid in policy and procedure review and revision. The second objective was to define the requirements of compliance for policy and procedure revision for the Oncology Care Model and specialty pharmacy accreditation. The questions that guided the literature review were as follows:

1. What is an evidence-based strategy for reviewing, updating, and disseminating policies and procedures in healthcare?
2. Is there a tool, set of guidelines, or model available in the literature to aid in reviewing and updating policies and procedures utilizing evidence?
3. What are the requirements for policy and procedure review to maintain compliance with specialty pharmacy accreditation and Medicare's oncology care model?

A rapid systematic review was chosen as the format for the literature review in order to provide timely information for decision making within the organization. According the World Health Organization (2019), a rapid review is an affordable and timely systematic review that can be completed in one to six months; whereas a traditional review can typically take twelve months or longer to complete. A systematic review is defined as the use of systematic and explicit methods to identify, select, and critically appraise relevant research that is guided by a clearly formulated question (Moher, Liberati, & Altman, 2009).

PRISMA

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline, located in Appendix B, was the chosen framework used to complete this review (Moher, Liberati, & Altman, 2009). An electronic search of the CINAHL, Google Scholar, and PubMed databases was limited to systematic reviews, policies, research studies, qualitative, and grey literature in the English

language for years 2005-2019. Articles were included if they addressed evidence-based methods for development and review of policies and procedures in the healthcare industry. The search keywords were: Hospital policies, organizations, nursing protocols, policies and protocols, evidence-based, and hospital policies and procedures. Additional searches were completed using Google with the search terms: Oncology Care Model, specialty pharmacy, and specialty pharmacy accreditation compliance. Articles were excluded if they lacked evidence-based methods, a tool or algorithm for policy and procedure review, or were unrelated to the topic of interest.

Summary of Results

The search yielded 21 articles. Each review was screened using inclusion and exclusion criteria according to PRISMA criteria (Moher et al., 2009) (see Appendix B). Two additional searches resulted in the addition of 10 peer-reviewed scholarly articles obtained from GVSU library, Google, and Google Scholar; for a total of 31 articles for review. Articles were excluded if they lacked evidence-based methods of development, review, and revision of policies and procedures, were older than 2005, and/or did not pertain to healthcare. Review of titles and abstracts resulted in removal of 6 articles that did not meet the inclusion criteria. In addition, 9 articles were excluded after in-depth examination of content, as they did not meet inclusion criteria. The remaining 16 articles were included in this review.

Thirteen articles included in this review are level V on the levels of evidence rating (Winona State University, 2019); these articles included program evaluation, research utilization, and a quality improvement project (Oman, Duran, & Fink, 2008). The remaining three articles are a level VI which is expert opinion (Winona State University, 2019); these articles include one policy review and two policies. The level of evidence decision support tool (PRISMA) is located in Appendix B. A table of literature review can be found in Appendix C.

Evidence-based Strategies for Policy Review in Healthcare

Integrating best practice evidence into policy and procedure development results in positive patient outcomes, successful implementation of programming, and improves efficiency (Hahn, 2019). Therefore, incorporation of evidence into policymaking is crucial at any level of healthcare and is a major aim of the Institute of Medicine's *Crossing the Quality Chasm* (Institute of Medicine, 2001). Very little evidence exists in the literature regarding evidence-based strategies for policy review in healthcare. This creates a challenge for policy makers to incorporate best practice evidence into policies and procedures without a validated evidence-based tool to accomplish this task.

Evidence-based Tool to Aid in Reviewing and Updating Policies and Procedures

Oman, Duran, and Fink (2008) offer a 10-step algorithm for successful review and dissemination of healthcare or nursing policies and procedures utilizing evidence-based practice (Appendix E). The algorithm is a useful tool in the review and revision of a healthcare policy or procedure while utilizing and incorporating current best practice evidence found through literature review. This is currently the only discovered evidence-based tool in the literature aimed at achieving the goal of policy and procedure development or revision utilizing best practice evidence. The algorithm has been cited in several articles and books since it was published but has not been validated as a tool. In one instance, this algorithm was referenced as a method for review of policy and procedures in a healthcare environment, and was stated as a mechanism of sustainability for evidence-based updating of policies with new evidence (Cheely & Zaas, 2016).

Leadership and Buy-in

In addition to evidence-based tools, there are critical elements mentioned in current literature pertaining to policy and procedure development and review. Dols, et al (2017) discuss a program evaluation and Becker, et al (2012) discuss a quality improvement project that describe the importance of leadership support, team commitment, identification of current resources, recognition of current

practices, and development of an evidence-based clinical practice council in order to effectively integrate practice evidence into policies and procedures. This requires leadership support and team commitment to adopt and implement revised policies and procedures. Without leadership support and buy-in, there is little value in the research and development of evidence-based policies and procedures. Delivery and education methods are equally important. Current literature suggests education be provided by management to ensure understanding of new policies or procedures. Education methods with management should be done in person to allow employees an opportunity to ask questions about the policy. Any new or revised policy should require an acknowledgment statement indicating the employee's receipt and understanding of the new policy along with the effective date of the policy (Society for Human Resource Management, 2020). Without proper dissemination of proposed changes, the likelihood of adherence to the new policies and procedures is decreased (Dols, et al., 2017).

Requirements to Maintain Compliance with Specialty Pharmacy Accreditation

The oncology care model was adopted in 2019 as a Medicare model for reimbursement. The model serves as a guideline for oncology treatments and requirements to meet qualifications for reimbursement. The Oncology Care Model and the Accreditation Commission for Health Care (ACHC) policies outline the current practice expectations for reimbursement and specialty pharmacy accreditation for oncology care and treatments. These include stringent guidelines for policy and procedure review in order to maintain compliance with these regulatory agencies. The guidelines state policies and procedures must be updated annually or sooner if new evidence becomes available in clinical practice. They are subject to biannual auditing. The purpose behind these stringent guidelines is to ensure policies and procedures are continually updated to maintain the highest quality of care and safety standards in the oncology practice environment. Though the guidelines do not specifically state what the policies and procedures need to include, they are required to be dated within the calendar year.

The ACHC outlines the accreditation requirements for policies and procedures in order to obtain and sustain specialty pharmacy with oncology distinction designation. Maintaining accreditation is vital to an organization in order to remain competitive in the oncology treatment setting.

Limitations of Literature Review

The limitations pertaining to this literature review include: the lack of literature related to evidence-based policy and procedure development and the lack of evidence-based tools for policy and procedure development or revision. The current literature available was limited to policy reviews, gray literature, case reports, and policies. Literature pertaining to evidence-based policy review includes only that of expert opinion, which is the lowest level of evidence. Current literature lacks high level evidence as is found in random control trials and meta-analysis articles, which are the highest level of evidence to inform practice (Winona State University, 2019).

Summary of Literature Review

There are limited resources or tools available in literature to guide evidence-based policy and procedure development and revision although the current literature emphasizes the importance of incorporating it (Dols, et al., 2017). Best practice evidence is defined as the improvement of patient outcomes through research of current literature, clinical expertise, and patient preferences (Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2010). It is equally important to obtain leadership support, team collaboration, evaluation of current practices, and adequate dissemination of evidence-based policies and procedures for effective implementation (Oman, Duran, & Fink, 2008).

Cancer treatment organizations who provide pharmaceutical therapies and carry specialty pharmacy accreditation are required to update policies and procedures on an annual basis in order to maintain compliance with their regulatory agencies (ACHC, 2019). The Medicare Oncology Care Model

(OCM) also recommends annual updates for policies and procedures in order to meet qualifications for reimbursement (Gamble, 2019).

This literature review allowed the discovery of an evidence-based algorithm for policy and procedure review, see Appendix E. This algorithm can be utilized as a tool for guidance to ensure incorporation of current practice evidence when reviewing and revising policies and procedures in a healthcare environment. A review of the documents published by Medicare for the oncology care model and ACHC specialty pharmacy accreditation have provided guidelines and compliance requirements for policy and procedure annual update.

Project Plan

Purpose of Project

The purpose of this DNP project was to assist an organization in addressing a deficit in their process of reviewing and updating policies and procedures. Permission to conduct this DNP project was obtained from the cancer treatment organization (see the letter of authorization included in appendix F). Grand Valley State University's Institutional Review board (IRB) determined this project is not human research (Appendix G).

Project Goals

The primary goal of this project was to develop, implement, and pilot a sustainable evidence-based system toolkit managers can use to review and update policies and procedures. The DNP student created evidence-based review system toolkit guides incorporation of best practice evidence into policies and procedures through systematic review of current literature. The literature can then be evaluated for the level of evidence using a level of evidence guide. The DNP student then created an efficient step-by-step guide to follow for reviewing and revising policies and procedures, a projected budget, data collection table and proposed policy to guide policy revision. The DNP student conducted a pilot of the

policy and procedure review system by reviewing the policies and procedures for two staff positions (medical assistants and new patient referral specialists).

Model Guiding Implementation

The Donabedian model for assessment of quality in health care is one that has been utilized for decades. The key concepts to Donabedian's framework include; structure, process, and outcome, see Appendix H (Donabedian, 1988). Structure refers to the setting, resources, administrative systems, and organizational culture (Ayaniian & Markel, 2016). The process is defined as the components of care and how it is delivered. The outcome is the recovery, restoration of function, and goal achievement (Donabedian, 1988).

The completion of the organizational assessment identified the phenomenon of an inefficient and ineffective process for site managers to review and revise policies and procedures. The literature review identified the requirements for updating policies and procedures to maintain specialty pharmacy accreditation for ACHC and reimbursement by Medicare's Oncology Care Model. The Donabedian model is chosen to describe the current state of the organization and guide implementation of the proposed quality improvement project.

Structure

Setting: The organization is a Midwest cancer and hematology treatment practice. It currently has five locations and includes three specialty pharmacies. In 1979 the practice began with one physician and one nurse, but has grown to include 26 oncologists, 42 advanced practice providers, nine clinical pharmacists, and over 350 support staff.

Resources:

The organization provides treatment for cancer and hematology patients. Revenue sources are private insurance (17%), self-payers (2%), specialty pharmacy treatments (28%), and Medicare reimbursement through the OCM (53%). Patients are able to receive all their oncology treatment and care in one convenient location.

Partnerships with large local hospital organizations over the past five years have aided in the rapid growth and expansion of the organization. These partnerships have provided a significant increase in the number of patients the organization treats. In 2014 the organization treated 4,585 patients and in 2019 treated 6540 patients, an increase of 42.6% and nearly double the revenue for the organization. In order to provide pharmaceutical treatments for oncology patients, the organization must maintain specialty pharmacy accreditation, currently provided by the Accreditation Commission for Health Care (ACHC). Reimbursement from Medicare through the oncology care model provides direct reimbursement for oncology care and pharmaceutical treatments for each eligible Medicare member on a monthly basis for the duration of their treatment period.

Administration: Each of the five locations has a site manager. One site manager is a doctoral prepared advance practice registered nurse, another is a bachelor prepared registered nurse. The others do not have formal degrees in clinical healthcare. Traditionally, clinical nurse specialists (CNS) are responsible for policies and procedures in a healthcare setting. A CNS is a registered nurse with a master's degree who specializes in evaluating patient outcomes, and improves healthcare through evidence-based practice at the individual patient and healthcare systems level. Without this type of formal education, it is challenging to develop, review, and revise policies and procedures that incorporate best practice evidence without a proper system to guide this work.

Each of the five site managers share the responsible for maintaining updated policies and procedures for front office staff positions. There is one set of policies and procedures published on the

organization's intranet for all employees to follow. Site managers are also responsible for ensuring policies and procedures are being followed by their employees.

Culture: The organization has a culture of teamwork and cooperation as evidenced by the leadership and staff buy-in for quality improvement. The organization has recognized shortcomings in the current process for updating policies and procedures and are seeking methods to improve the current process to meet compliance requirements for ACHC and Medicare. The organization desires to align with Healthy People 2020 and The Institute of Medicine's recommendations by including best practice evidence within their policies and procedures. Best practice evidence means evidence from current literature that has shown the most desirable outcomes for patients. The IOM report stressed the importance of incorporating this evidence into policies and procedures (Institute of Medicine, 2001). The site managers desire to have an efficient evidence-based process for updating their policies and procedures annually. The organization desires to improve the process for updating policies and procedures in order to meet compliance requirements.

Process

Current state: The site managers drafted the original policies and procedures for their employees. These policies and procedures were maintained and updated by a director of operations for a period of years, but that position was eliminated during a restructuring of management two years ago. Since that time, the site managers have assumed responsibility for updating and revising policies and procedures for their employees (medical assistants, new patient referral specialists, schedule coordinators, medical record clerks, and registration). Site managers are unable to keep up with the demand of their daily job duties and the added responsibility of updating policies and procedures. The organization attempted to correct the failure to meet compliance requirements by mandating site managers spend an eight-hour day reviewing and updating policies and procedures. Each site manager must review each policy and

procedure and make decisions about relevance to current practice. This has been largely inefficient and ineffective as the site managers were only able to review and update 3% (2 policies) of the policies and procedures in the eight-hour day.

Desired State: The desired state for the organization is to implement an evidence-based system for updating policies and procedures incorporating best practice evidence, which has shown to positively impact patient outcomes. In addition to having a system in place, the organization desires an accurate estimate of the time required and the cost to the organization for completion of revisions in order to budget an appropriate amount of time and funds annually.

In order to achieve quality improvement and meet the desired state, the DNP student developed a policy and procedure review system toolkit that includes step-by-step instructions for site managers adapted from an evidence-based algorithm and a data collection table (see objective 1) (Appendices E and H). The DNP student created the step-by-step instructions to guide the user in conducting a literature review, evaluating literature for level of evidence, and educating employees regarding policy and procedure revision. The algorithm used to guide the student created step-by-step instructions includes a ten-step process for reviewing each policy or procedure, reviewing literature for evidence to compare current policies or procedures to evidence found in literature and presenting policy revisions made to the site managers for approval. The algorithm originally designed by the University of Colorado to meet recommendations set forth by Healthy People 2020 and the Institute of Medicine has not been validated as a tool, but has been referenced in 13 studies pertaining to incorporation of best practice evidence into current practices.

Outcome

Current state: The organization has a policy that states the review of all policies and procedures must be completed annually. The organization is also subject to biannual audits by the specialty pharmacy

accreditation agency (ACHC). The audit is to take place in April or May of 2020. Therefore, in order to maintain specialty pharmacy accreditation and reimbursement from Medicare's oncology care model, the organization must meet requirements by updating policies and procedures prior to this audit. Loss of accreditation status from ACHC for specialty pharmacy status and loss of eligibility for Medicare reimbursement through OCM would negatively impact the organization's financial viability. Time constraints and lack of a formal process resulted in 98% of policies and procedures being outdated and failing to meet compliance requirements. If the organization were to lose the ability to provide pharmaceutical treatments for their patients, the partnership with the large healthcare organizations could be jeopardized as well. Loss of partnership with the large organizations would result in a loss of income to the organization. The lack of adequate time and structure for policy revisions have had a negative impact on the organization by failing to meet compliance requirements for ACHC and OCM to maintain updated policies and procedures.

Desired state: The desired outcome is to have policy review compliance requirements met in a timely manner. In order to achieve the desire state outcome, the DNP student conducted a pilot of the toolkit utilizing steps 1 through 5 of the evidence-based algorithm to review and recommend revisions for the 73 policies and procedures pertaining to medical assistants and new patient referral specialists (see objectives 2 and 3). Revision recommendations, the source of best practice evidence, date of the policy and time required for revisions were recorded within a table, see sample data table in Appendix I.

Root Cause Analysis

A root cause analysis using the "5 whys" was conducted to determine the cause of the failure to meet compliance requirements. The results of the root cause analysis alluded to the main causation factors including lack of sufficient time to complete review and revisions of policies and procedures, the lack of an efficient system to complete the task, lack of appropriate level of educational experience for

site managers, and lack of knowledge of how to incorporate best practice evidence through review and evaluation of current evidence in literature. One site manager is an advanced practice nurse with a doctorate degree, one is a registered nurse and the other three site managers do not possess a healthcare related degree. According to research, policy and procedure development should be performed by personnel with a healthcare related baccalaureate degree or higher (Dols, et al., 2017).

Project Objectives and Steps

The first objective was to create an evidence-based toolkit for policy and procedure review in a healthcare setting.

Step 1. A rapid systematic literature review was conducted to determine the existence of evidence-based tools for policy and procedure review. The literature review led to the discovery of an evidence-based 10-step algorithm for successful review of healthcare policies and procedures, see appendix E (Oman, Duran, & Fink, 2008). Steps 1 through 5 of this algorithm were utilized for evidence-based policy and procedure review and evaluation of level of evidence. Development of a step-by-step guide for literature review and evaluation of the evidence found in literature were also developed as part of the toolkit.

Step 2. Creation of a data table to be used during a pilot of the toolkit. This data includes the policy or procedure being reviewed, evidence from literature on best practices, source of information, date of the policy, and time required for revision (Appendix I).

The second objective of this DNP project was to collect data from medical assistants and new patient referral specialists regarding delivery and education preferences for new and updated policies and procedures. Per the organization director, the options for delivery would have included the organization's intranet Paycor system or via email. The education preference options would have included access through Paycor, written or video education, or in-person with the site manager.

Step 1. The DNP student was planning to survey MA's and NPRS's at each of the five locations to obtain data on preferred delivery and education methods for policies and procedures (Appendix K). There are 35 MA's and 4 NPRS's. Surveys were designed to be provided via email to all 39 employees.
Step 2. The data obtained during step one would have been analyzed quantitatively for percentages and mean values. The percentages and means for each question would have been presented to the site managers at dissemination in the form of a graph and placed into a PowerPoint presentation. The second objective and survey were not able to be completed due to the Covid-19 pandemic. See limitations for extensive explanation.

The third objective was to pilot the use of the toolkit to review and revise current MA and NPRS policies and procedures.

Step 1. Utilizing the organization owned and supplied laptop, the DNP student reviewed each policy and procedure. Using the evidence-based algorithm and the PDSA cycles described below, a review was completed for each of the 73 policies and procedures. With each policy or procedure that was reviewed, a PDSA cycle was run in order to adjust the toolkit based on the student's experience with it. Each PDSA cycle included the following steps.

1. Select policy for revision. Policies are to be updated annually as mandated by compliance requirements for specialty pharmacy accreditation and Medicare's Oncology Care Model. The person performing the review determines if this is a routine review or if a review is needed due to a change in practice. A change in practice occurs when new evidence becomes available for a procedure (Hahn, 2019). The review for all of the policies and procedures were routine for this project pilot.
2. Conduct a systematic review of literature using the steps in the following DNP student created systematic review guide.

a. Begin with identifying the question you want to answer. The research question can be formulated using the PICO(T) format. P- identifies the problem, patient, or population of interest. I- identifies the intervention or indicator. C- is the comparison or control. O- is the desired outcome you would like to see. T- is timeframe which is optional depending upon what you intend to evaluate (Centre for Evidence-Based Medicine, 2019). A PICO research question example is: How does handwashing by healthcare providers in the hospital impact rate of hospital acquired infections?

b. Begin the search process of current literature using databases that store peer-reviewed literature with a search engine (i.e. PubMed, CINAHL, Cochrane, Google Scholar).

c. The literature search should have defined inclusion and exclusion criteria. Inclusion criteria examples are; literature published within the past 5 years whenever possible, peer-reviewed journal articles, high levels of evidence (random-control trials, meta-analysis and double-blind clinical trials). Exclusion criteria examples are; non-peer-reviewed publications, literature that is outdated (greater than 5 years), articles that do not address the PICO(T) question.

d. Evaluate articles located with your search. Start by reviewing the title, abstract or final paragraph of the introduction should clearly state the question. Does the literature answer your PICO question? If you still cannot determine what the focused question is after reading these sections, search for another paper.

e. Determine if the studies included were sufficient to answer the question asked. Evidence is organized into levels, from highest to lowest. Highest level of evidence is that obtained from meta-analysis of random control trials (RTC) or blinded RTC's. The lowest level of evidence is that of an expert opinion or panel of experts. The higher level

of evidence pertaining to the subject of interest, the stronger the evidence for practice. The preferred level of evidence to guide revisions of policies and procedures should come from the highest level of evidence available in literature (i.e. Level I Meta-analysis) (Winona State University, 2019). The article should describe how the quality of each study was assessed (i.e. randomization, blinding, size of study (number of participants)). This information can typically be located in the methods section of the article. The results can provide clues as to the significance of the findings, think p-value <0.05.

3. Compare evidence to current policy. Review current policy or procedure along with literature to determine if the current evidence found in literature is supporting the current practice, or if current evidence suggests a change to be made.

4. Decision point (no change to current policy/procedure or revise to reflect new evidence). Using the extracted data from the systematic review of literature, determine if policy revisions should take place. Extracted evidence from each paper that was used for the policy update was documented in the data collection table, including all sources of evidence found.

Step 2. During review and revisions for each of the 73 policies and procedures, the information was collected and recorded in the table provided in Appendix O. The items recorded in the data table include the policy name, date of the policy if available, evidence from literature, source of the evidence and the time required for review and revision of each policy and procedure. The literature review for each policy and procedure was conducted using PubMed, Google Scholar and CINAHL databases. Parameters for literature searches included: highest level of evidence available (i.e. random-control trials, meta-analysis) utilizing the level of evidence guide located in Appendix D, peer-reviewed articles published within the past 5 years, and statistical significance backing stated positive patient outcomes resulting from the evidence published in literature. If the initial literature search did not provide any pertinent

results with the above-mentioned parameters, the search was expanded to a search including lower level of evidence (ie. expert opinion) and expansion of the inclusion of dates of publication 2012 to 2015.

The fourth objective of this DNP project was to disseminate the use of the evidence-based system toolkit and pilot results to site managers and provide the deliverables to the organization.

Step 1. A meeting was to be set in-person with the key stakeholders of the organization (the five site managers and a director of the organization). The Covid-19 pandemic prevented attendance by all key stakeholders, and was only able to be conducted via an electronic telecommunication platform with one organization director who is also a site manager. The DNP student presented education on the use of the toolkit and results of the pilot in the form of a PowerPoint presentation. The DNP student provided the review system toolkit with step-by-step instructions for future use by site managers to review and revise policies and procedures.

Step 2. The DNP student provided recommendations for revisions of policies and procedures to the site manager for approval in the form of the completed student created data table (Appendix O). A PowerPoint presentation of the data and results of the pilot was provided during the dissemination with a site manager who is also a director for the organization.

Step 3. The DNP student presented the budget analysis to the organization's manager pertaining to the amount of time required for review and revision of the 73 policies and procedures included in the pilot and the projected budget for completion of review for all 180 policies and procedures for front office staff positions (Appendix R).

Step 4. Evaluation of the toolkit and pilot was completed by the site manager in attendance of the dissemination via a survey, see Appendix J. The survey was presented in electronic form at the time of the dissemination and collected via email by the DNP student. Only one site manager was able to attend

dissemination due to the Covid-19 pandemic. Therefore, the valuable feedback from multiple site managers was unable to be collected.

The fifth objective was to provide the organization with recommendations for successful implementation of the toolkit, possibilities of expansion of use, and suggestions for future improvements.

Step 1. Recommendations for successful implementation were presented to site managers as part of the review system toolkit. Recommendations included expansion of use of the evidence-based review system toolkit, suggested education level of the associate conducting the annual review of policies and procedures, education to employees and recommendations for development of a policy review board.

Participants

The participants in this DNP project were expected to include one director of the organization who is also a site manager (upper level management), four site managers (mid-level management), four new patient referral specialists (NPRS) and 35 medical assistants (MA). However, due to the Covid-19 pandemic, only the director who is also a site manager was able to participate. Those who are excluded from this project are patients, physicians, and nursing staff, as it is not necessary to include patient information or physician/nursing staff in this project.

Evaluation and Measures

The quantitative data collected during the pilot was analyzed with assistance from a graduate level statistician. The number and percentage of policies and procedures that were out of compliance prior to the pilot was compared to the number post implementation. A budget analysis was prepared to include the breakdown of the amount of time required to review and revise each policy and procedure and the associated cost for completion. The budget includes both the pilot and projected budget to

complete review for the entire collection of policies and procedures. This information will provide a cost breakdown for the hourly rate and number of hours required to complete annual updates of policies and procedures.

The survey for MA's and NPRS's would have provided data on preferences for delivery and education methods for new or revised policies and procedures. The survey was designed with multiple choice questions to be evaluated using a Likert scale (Appendix K). This survey was not able to be conducted due to organizational preferences as a result of the Covid-19 pandemic. Employees at the organization were receiving a large amount of education pertaining to the virus outbreak and how this affected their positions. The organization did not authorize the electronic survey to be sent to employees; therefore, this data could not be collected.

The evaluation survey for site managers was designed to provide feedback on the acceptance of the new system and toolkit for reviewing and revising policies and procedures (Appendix J). The Likert scale and open-ended questions provided quantitative and qualitative data. The original objective was to evaluate the survey responses from five site managers and one upper level manager. Responses from a minimum of six managers would have provided data to evaluate using the Likert scale and discovery of themes from the qualitative data questions. Due to the Covid-19 pandemic, only one site manager was able to attend the dissemination and provide survey responses.

Data Collection Procedures

Data collection would have been conducted via a survey emailed to all new patient referral specialist's (NPRS) and medical assistants utilizing a student created survey (Appendix K). A student created evaluation survey for site managers was completed by the site manager via email at the conclusion of the dissemination for the toolkit and results of the pilot (Appendix J). This dissemination meeting took place via an electronic platform to accommodate the inability to appear in person due to

the Covid-19 pandemic. Information collected from the organization's intranet included the current policies and procedures for MA's and NPRS's. No private patient data was accessed during this project.

Data Management

The DNP student was responsible for project management and data management. No confidential or protected patient record information was accessed for this project. The organization provided laptop was used to access the organizational policies and procedures and was password encrypted to ensure security of access to the organization's intranet.

Resources & Budget

The budget to complete this project was zero dollars out-of-pocket. The cost involved was projected to include time (hourly wages) for one site manager and the use of an organization owned laptop that have all been generously donated (Appendix L). Access to ACHC standards and requirements for accreditation was generously donated to the DNP student by ACHC.

Timeline

The project was designed to be completed within a seven week timeline (Appendix M). The project began in March 2020, following project proposal defense approval. A period of two weeks was designated for the DNP student to meet with employees, email and collect surveys from NPRS's and MA's. However, due to requirements for social distancing resulting from the Covid-19 pandemic, the DNP student was unable to complete this portion of the designed project.

Project implementation was expected to be completed within five weeks and was completed in four weeks. During this time, the 73 policies and procedures that govern MA and NPRS positions were reviewed and revised utilizing the algorithm and current evidence-based literature.

The final step of the project was dissemination of the evidence-based system toolkit for policy and procedure review and the results of the pilot to all site managers. Due to time restraints within the

organization, only one site manager was able to attend the dissemination. The in-person presentation and education session were replaced with an electronic video conference due to social distancing requirements. This took place within two weeks of the conclusion of the pilot in April 2020.

Results

Review of the 73 policies and procedures for MA's and NPRS's revealed policies dated as old as 2012 and only two polices dated 2019 or newer, see Appendix N. The majority of policies and procedures for both positions (36) were dated 2017. Some of the policies and procedures reviewed had an origination date, approval date and review date included on the document, while others did not. It is evident by the written date and approval date for the 36 policies originated in 2017 they had not been reviewed since their implementation. There are 22 policies and procedures that do not indicate a date of origination or review; therefore, it was not possible to determine if these met compliance.

Prior to the DNP pilot of the review system toolkit the organization had only three percent of the policies and procedures meeting compliance for specialty pharmacy accreditation and Medicare's OCM requirements. This translates to a 97% non-compliance rate for policies and procedures within the organization for front office staff positions.

The pilot performed by the DNP student produced recommendations for 27 policies or procedures based on current literature and published evidence-based practice. Through the review of current literature, a revision to 9 policies and procedures was recommended based on best practice evidence in current literature. In addition, the pilot resulted in finding literature supporting current practice outlined in 18 policies and procedures, thus these policies do not require revision at this time. There were a total of 34 policies, procedures, and forms that were specific to the organization and no literature could be located to suggest revision or support for current use. A copy of the completed data table gives a complete breakdown of each policy, total for time spent reviewing, date, resources and recommendations

is located in Appendix O. Upon approval by the organization's site managers of the recommendations for revisions, there are a total of 27 policies and procedures that could be updated with the current date. This would result in an increase from 3% to 40% of policies and procedures meeting compliance requirements as a result of the pilot conducted by the DNP student (Appendix P).

The review and revision of policies and procedures during the pilot phase was completed in 31 hours and 30 minutes by the DNP student. This calculates to an average of 25.9 minutes per policy. The review of 32 of the 73 policies was completed in 10 minutes or less, eight policies were completed in 10 to 20 minutes, and 33 policies exceeded 20 minutes to complete (Appendix Q). The majority of the policies reviewed in 10 minutes or less consisted of policies or procedures that are organization specific and no literature could be located during a search to aid in decision making to support current practice or suggestion for revision to these policies. The remaining 41 policies and procedures required a more extensive literature search and review of articles to support current practice or make recommendations for revisions.

The time log data was utilized to create a projected budget for the organization. Salary information was not disclosed by the organization; therefore, salary information was obtained from a website providing average management wages in the Midwest for an oncology treatment organization reported at an average of $58.00 per hour (Glassdoor.com, 2019). The anticipated cost to complete review and revisions for the pilot was calculated as $1,827.00 for 31.5 hours. The budget analysis, located in Appendix R, indicates the total for review and revision of the complete collection of policies and procedures for the front office staff positions (180 policies and procedures) is calculated to be completed in 77.7 hours and cost $4506.60. The budget analysis information can be utilized by the organization to prepare financially for the annual expenses and time required to complete policy and procedure review.

Discussion

The pilot conducted by the DNP student resulted in valuable revision recommendations for current policies and procedures within the organization. One example of a recommended revision was for Medical Assistant policy 106.3 Paperwork Management. The current policy is stated as:

> 3a. PHQ-9 form is given to patients every 6 months, unless a previously identified mental disorder is identified, therefore making them exempt from screening, refer to CHCOPS 106.2 for documentation.

A literature search was conducted using search terms PHQ-9 depression screening, oncology patients, frequency. Databases accessed for the literature search were CINAHL, PubMed and Google Scholar. Inclusion criteria for literature consisted of peer-reviewed scholarly articles dated 2015-2020, with relevant frequency of depression screening for oncology patients of all ages, random-controlled trials for depression screening with PHQ-9 form in oncology setting, and evidence from meta-analysis publications. Exclusion criteria consisted of articles lacking evidence for frequency of depression screening of oncology patients, articles older than 2015 and lower level of evidence (VII – Expert Opinion). The literature search produced three recent and relevant articles supporting practice change regarding the frequency of depression screening for oncology patients and depression screening for mental health patients undergoing oncology treatment. Current literature indicates oncology patients should be screened for depression every 3 months and any time a medication change takes place (Holtzman, Pereira, & Yeung, 2018; Renovanz, Soebianto, & Tsakmaklis, 2019). Caruso et. al (2017) concluded there is an increased risk and prevalence for depression in cancer patients, especially those who have an underlying mental health condition. Holtzman, Pereira and Yeung (2018) was evaluated by the DNP student and found to be a level of evidence III (evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental)). Renovanz, Soebianto and Tsakmaklis

(2019) is evaluated to be a level of evidence II, evidence obtained from at least one well-designed Random Control Trial (e.g. large multi-site RCT). Caruso et. al (2017) is evaluated to be a level of evidence V, evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis). Therefore, all three journal articles are of a high level of evidence and are supportive of practice change. The proposed revised policy is as follows:

> 3a. PHQ-9 form is given to patients every 3 months, or when medication changes have been made, refer to CHCOPS 106.2 for documentation.
>
> *Mental health patients should be included in depression screening, as mental health conditions increase the risk for depression during cancer treatments.

The process to complete the aforementioned policy review and revision was repeated for each of the 73 policies and procedures for medical assistants and new patient referral specialists in PDSA cycles.

At the conclusion of the pilot, the DNP student prepared a step-by-step guide as part of the review system toolkit that was presented to the organization during dissemination, see Appendix S. The guide was created by the DNP student utilizing an algorithm previously published and current literature to support education level of the person conducting the literature search for policy review, and education recommendations for dissemination of new or revised policies to staff (Oman, Duran, & Fink, 2008). A policy was created by the DNP student for the organization to guide policy review (Appendix T).

Limitations

The Covid-19 pandemic resulted in several limitations related to this DNP project. The first limitation was the inability to visit the organization in person due to social distancing requirements set forth by the Governor and the university. Social distancing requirements prohibited the DNP student from being able to meet face-to-face with site managers, upper management, medical assistants and new patient referral specialists.

The next limitation resulting from the pandemic was the inability to conduct the education method preference survey that was to be collected from medical assistants and new patient referral specialists. The organization did not wish burden to the employees with completion of this survey as they were already inundated with a large quantity of new education material due to the Covid-19 pandemic.

The final limitation created by the Covid-19 pandemic was the inability of the DNP student to disseminate the pilot results and the toolkit to all five of the site managers and upper level managers (key stakeholders). Time constraints of site managers and upper level management did not allow for attendance of the final dissemination presentation, and only one participant was able to attend. This participant was able to complete a survey regarding the usability and acceptance of the review system toolkit and results. However, without other responses, the DNP student was unable to validate the value of the toolkit.

A limitation discovered during the pilot of the review system toolkit was the amount of policies and procedures (22) without a date to determine compliance requirements. There were also a large number of policies and procedures (32) that are organization specific and no information could be located via literature searches to aid in determining revision needs.

Implication for Practice

Policies and procedures exist in every healthcare setting and govern the provision of care of patients by nurses, medical assistants, physicians and nearly every healthcare professional. The review system toolkit includes a step-by-step guide for policy review, data collection table, education recommendations for dissemination of policies and procedures to employees, and projected budget. The step-by-step guide aids the user in understanding how to perform a literature review and evaluate the level of evidence found in literature in order to incorporate best practice evidence into policies and procedures. Utilizing best practice evidence has shown to improve patient outcomes and increase the

level of care provided to patients (Institute of Medicine, 2001).

Sustainability Plan

The organization has received the DNP created review system toolkit and results of the pilot, which will provide the needed materials to budget and plan for annual review of their policies and procedures. The recommendations to the organization to sustain the use of the provided review system include the following.

1. Budget 19.5 hours quarterly to complete review and revisions of one-quarter (45) of the policies and procedures applicable to the organization's front office staff positions. This will aid in maintaining compliance for specialty pharmacy accreditation and Medicare's Oncology Care Model requirements. Estimated time to complete review and revisions is 77.7 hours for 180 policies and procedures. There are 180 policies and procedures pertaining to the front office staff (Medical Assistants, New Patient Referral Specialists, Medical Records Clerk, Registration, and Scheduling).
2. Utilize data collection table to record updated information to share with all site managers.
3. Designate one personnel with appropriate level of education to complete search for evidence in current literature for policy and procedure review. According to research, policy and procedure development should be performed by personnel with a healthcare related baccalaureate degree or higher (Dols, et al., 2017).
4. Create a policy subcommittee for review and approval of revised policies and procedures. A policy subcommittee should include representatives from each area of the organization including but not limited to upper management, site managers, physicians and nurses (Cheely & Zaas, 2016).
5. Designate a compliance auditor to ensure quarterly updates are completed (Dols, et al., 2017).

6. Continue the process of electronic acknowledgement of new or updated policies and procedures for employees within the organization's intranet.
7. Successful implementation of revised policies and procedures requires leadership support and team commitment. Without leadership support and buy-in, there is little value in the research and development of evidence-based policies and procedures (Becker, et al., 2012).
8. Future DNP student projects for advance practice registered nurse policies and procedures and/or practice process evaluation.

Conclusion

The evidence-based system created through this project has the potential to be utilized throughout the entire organization. The project creates an easy to follow system that will streamline the process of keeping policies and procedures up to date; thereby meeting compliance requirements for their accrediting agencies. There are many departments, patient care areas, and pharmacy staff that must follow policies and procedures, and are subject to the same compliance requirements, yet no formal process exists within the organization at this time. Thus, the potential for the future utilization of this evidence-based policy and procedure review toolkit within the organization is substantial. The policy and procedure review system has applicability for use in any business in which formal policies and procedures must be followed.

DNP Essentials Reflection

Essential I: Scientific Underpinnings for Practice

The first DNP Essential, "Scientific Underpinnings for Practice" describes the use of literature reviews, theoretical frameworks, and evidence-based interventions to form the foundation for the DNP project (American Association of Colleges of Nursing [AACN], 2006). Through the extensive use of literature reviews and evidence-based tools during the creation of the review system toolkit, the pilot of

the toolkit and dissemination methods, this Essential was achieved. Theoretical frameworks and models utilized in this DNP project include: the Inter-Organizational Alignment Model (IOA) and Donabedian's Model for Quality Improvement.

Essential II: Organizational and System Leadership

The second DNP Essential, "Organizational and System Leadership for Quality Improvement and Systems Thinking" aids in directing the development of the DNP student as a leader while meeting the needs of the populations served (AACN, 2006). This Essential was achieved by conducting a thorough organizational assessment guided by the IOA model in order to determine the needs of the organization. This organizational assessment was completed while accounting for the needs of the target population, key stakeholders and leaders of the organization.

Leadership was demonstrated by the DNP student throughout the project while communicating with leadership in the organization, when assessing the facilitators and barriers existing within the organization and while disseminating the use of the review system toolkit to leaders of the organization. A project proposal and application was submitted to Grand Valley's IRB and Human Research Review Committee and was determined to be a non-research, quality improvement project (Appendix G).

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The third DNP Essential, "Clinical Scholarship and Analytical Methods for Evidence-Based Practice," describes the translation of research into practice through the use of analytic methods to critically appraise literature for implementation of best evidence for practice (AACN, 2006). This Essential was achieved through completion of extensive literature searches that influence policies and procedures within the organization. The evaluation of the level of evidence within current literature and application of relevant findings were used to develop policy revisions in effort to positively impact patient care and outcomes. Finally, this Essential was achieved through the analysis of data generated

from the evidence-based review system toolkit pilot to inform sustainability and applicability to the organization.

Essential IV: Information Systems Technology

The fourth DNP Essential, "Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care," describes the DNP student's the ability to use information systems and technology to improve and support patients and healthcare systems, and to provide effective leadership within healthcare systems and/or academic settings (AACN, 2006). This Essential was achieved through the use of information systems, scholarly databases and technology resources in order to create and implement the evidence-based review system toolkit for policy and procedure review. This serves as a resource to the organization to improve quality and patient outcomes, and support administrative decision-making.

Essential V: Advocacy for Health Care Policy

The fifth DNP Essential, "Health Care Policy for Advocacy in Health Care," describes the ability of the DNP prepared nurse to proactively engage in the development and implementation of healthcare policy at the international, federal, regional, state, local, and institutional level (AACN, 2006). This Essential was achieved through the participation in Advocacy Day at the state capital. Meetings were attended with local and state legislators to influence policies related to practice authority and advocacy for change of these policies. This Essential was also achieved through the review of policies at the organizational level and utilizing a leadership role in the development of a new policy guiding policy review for the organization.

Essential IV: Interprofessional Collaboration

The sixth DNP Essential, "Interprofessional Collaboration for Improving Patient and Population Health Outcomes," describes the DNP's ability to effectively utilize collaborative skills and

communication when leading and consulting with the organization's interprofessional team to analyze issues and create change in healthcare delivery systems (AACN, 2006). This Essential was achieved by the development and implementation of practice guidelines through policy review and revision, improving standards of care, and dissemination to leaders of the organization in order to create practice change in a complex health care setting.

Essential VII: Clinical Prevention and Population Health

The seventh DNP Essential, "Clinical Prevention and Population Health for Improving the Nation's Health," describes the DNP's ability to conduct analysis of scientific data to improve individual, population, or systems health (AACN, 2006). This Essential was achieved through the analysis of statistical, occupational, evidence-based practice recommendations, and health promotion in the development of policy revisions to positively influence the health and outcome of cancer patients in the treatment setting.

Essential VIII: Advanced Nursing Practice

The eighth DNP Essential, "Advanced Nursing Practice," describes the advanced nursing practice role, demonstration of advanced leadership and clinical judgement in complex situations to improve patient and system outcomes (AACN, 2006). This Essential was achieved by designing, implementing, and evaluating an evidence-based system and guide for incorporation of best practice evidence into policies and procedures in order to improve patient outcomes. During the process of assessment, system evaluation, and dissemination to leaders in the organization, therapeutic relationships were created and maintained to facilitate optimal acceptance and sustainability.

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Appendix A
Inter-Organizational Alignment (IOA) model

Figure 1. Inter-Organization Alignment (IOA) model indicating the three major categories of variables which directly impact organizational performance (Institutional and Organizational Performance Assessment, n.d.).

Appendix B
PRISMA Guideline

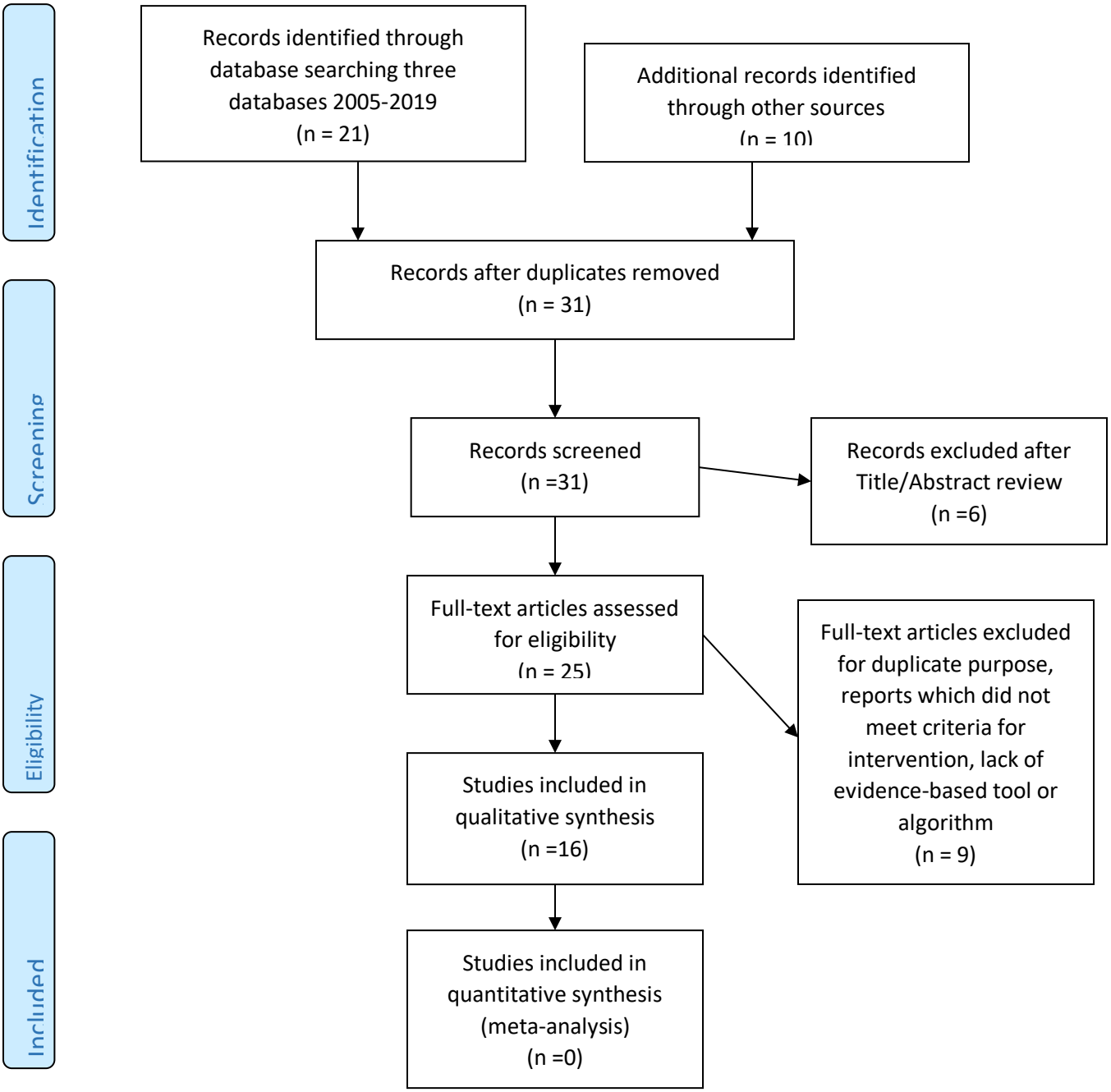


Figure 2. Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Appendix C
Literature Review Chart

Dols et al. (2017)	Program Evaluation	To provide a framework of guidance on methods to develop policies and procedures in an evidence-based practice environment.	Development of policy and protocols to include leadership support, team commitment, identification of current resources, recognition of current practices, effective dissemination methods, evaluation, and sustainability practices.	Recommendations for review of policies and procedures when new evidence becomes available. Standardization of care processes ensures improved efficiency, effectiveness, organizational, and patient outcomes.	Implementation of EBP is the most difficult process, but can be accomplished through leadership and clinical expertise, effective policy and protocol development, and dissemination.
Oman, Duran & Fink (2008)	Research Utilization	To introduce an algorithm for developing and reviewing policies and procedures in the healthcare environment incorporating evidence-based practice.	Systematic review of evidence, critical evaluation, comparison of evidence to current policy, review boards, education and dissemination, and implementation of revised policy.	Design and implementation of EBP algorithm for policy and procedure development to close the 17 year gap from evidence to practice that currently exists in health care.	A 10-step algorithm to review evidence-based policies and a guide to rating level of evidence.

Hahn (2019)	Policy Review	Evaluation of the *Foundations for Evidence-based Policy Making Act of 2018.*	Includes a review and evaluation of current practices for healthcare policy making under the new law.	Incorporation of high level evidence into practice improved the implementation of specific programs and positively impacted policy.	Integrating evidence into practice and policy and procedure development results in positive patient outcomes, successful implementation of programming, and improves efficiency.
Becker et al (2012)	Quality Improvement Project	To describe policy and procedure development utilizing an evidence-based clinical practice council through a theoretical framework.	Defined Evidence-based clinical practice, described elements of clinical practice council for policy and procedure development utilizing the IOWA framework.	Documented evidence of improved patient outcomes through the use of evidence to review and revise policy and procedure in a hospital system.	Collaborative efforts for research, evaluation of evidence, and incorporation of new evidence into current practice through the use of a clinical practice council.
Gamble (2019)	Policy	Proposal and guidelines for the Oncology Care Model for physician reimbursement.	No intervention. This policy describes the Oncology Care Model for Medicare reimbursement of physicians for cancer treatments and pharmaceutical therapies.	This policy explains the financial breakdown, expected savings to Medicare, and expectations for standards of care. Guidelines for reimbursement and compliance. Requirements provided for policy and procedure updating for compliance.	The policy provides the necessary guidelines for physicians, clinics, and pharmacies to follow in order to maximize reimbursement, and improve patient outcomes with oncology treatment.

ACHC (2019)	Policy	Current 2019 accreditation standards for specialty pharmacy with distinction in oncology.	No intervention. This policy provides the regulatory guidelines and compliance requirements to obtain and maintain specialty pharmacy accreditation.	Published annually, provides clinics, physicians, and support staff with accreditation standards, review requirements, and definitions of required management and leadership roles.	Clear and concise guidelines and requirements for updating and maintaining policies and procedures for patient care, pharmaceutical treatments for oncology patients.

Appendix D
Level of Evidence Guide for Literature

Level of evidence (LOE)	Description
Level I	Evidence from a systematic review or meta-analysis of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).
Level IV	Evidence from well-designed case-control or cohort studies.
Level V	Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence from a single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees.

This level of effectiveness rating scheme is based on the following: Ackley, B. J., Swan, B. A., Ladwig, G., & Tucker, S. (2008). *Evidence-based nursing care guidelines: Medical-surgical interventions.* (p. 7). St. Louis, MO: Mosby Elsevier.

Appendix E
Evidence-Based Algorithm

Review Steps	Suggested Actions
1. Select the policy for revision	Routine review or changes in practice; this process is also applicable for new policies
2. Search for evidence	Suggested approaches and sites: Research based evidence: • CINAHL and Medline databases • Cochrane Library • American College of Physicians Pier • National Guideline Clearinghouse (www.guideline.gov) • Turning Research Into Practice (www.tripdatabase.com) Professional Association Guidelines/Standards of Care University Health Consortium for other academic hospital policies/procedures Local standards or policies Expert opinion/clinical expertise • Clinical articles • Web search • Clinical experts
3. Systematic evaluation of the evidence	Critically appraise research evidence • Assign level of evidence: a method of evaluating the strength of the evidence using the 6-level scheme of Stetler et al • Consider a mechanism for organization of evidence, eg, an evidence table may be constructed
4. Compare evidence to current policy and make a decision	Decision point • Make no changes • Make language more precise or update references • Revise policy to incorporate new evidence • Develop new policy or procedure based on evidence if indicated • Retire or delete policy if no longer effective for quality patient care
5. Policy review by stakeholders/ experts	Send revised policy to stakeholders who have reviewed prior versions of the policy or determine who is appropriate to review a new policy
6. Make revisions based on stakeholder'/experts' comments	
7. Obtain approval signatures	E-mail signature is accepted at UCH
8. Submit policy to Patient Care Policy and Procedure Subcommittee	**Final recommendations and approval by the committee**
9. Staff education as needed	Present to Nurse Educator Council if needed
10. Web submission	Hospital-wide policies are located on the hospital's intranet

Abbreviation: UCH, University of Colorado Hospital.

Figure 2. Policy and Procedure Algorithm Steps. Oman, K., Duran, C., & Fink, R. (2008).

Appendix F
Letter of Approval

XXXXXXX

Tuesday, October 1, 2019

To Whom it May Concern:

This letter is to confirm that Meredith Stokes has approval to conduct her Doctor of Nursing Practice scholarly project at XXXXXX. She will work within the organization from September 2019 through April 2020.

Sincerely,

XXXXXXXXX

Director of Specialty Services

Nurse Practitioner

Appendix G
Institutional Review Board (IRB) Determination

Office of Research Compliance and Integrity | 1 Campus Drive | 049 James H Zumberge Hall | Allendale, MI 49401
Ph 616.331.3197 | rci@gvsu.edu | www.gvsu.edu/rci

DATE: February 28, 2020
TO: Anne McKay
FROM: Office of Research Compliance & Integrity
PROJECT TITLE: Evidence-based Policy and Procedure Review System Toolkit, A DNP Project
REFERENCE #: 20-250-H
SUBMISSION TYPE: IRB Research Determination Submission
ACTION: Not Research
EFFECTIVE DATE: February 28, 2020
REVIEW TYPE: Administrative Review

Thank you for your submission of materials for your planned scholarly activity. It has been determined that this project does not meet the definition of research* according to current federal regulations. The project, therefore, does not require further review and approval by the IRB. Scholarly activities that are not covered under the Code of Federal Regulations should not be described or referred to as "*research"* in materials to participants, sponsors or in dissemination of findings. While performing this project, you are expected to adhere to the institution's code of conduct and any discipline-specific code of ethics.

A summary of the reviewed project and determination is as follows:

The purpose of this project is to assist a local oncology center with meeting accreditation requirements for specialty pharmacy by creating an evidence-based system toolkit to guide policy and procedure review and incorporation of best practice evidence. An evidence-based algorithm will be used to guide the student through a systematic review of targeted existing policies and procedures. While this project is systematic, it is not an investigation and it does not meet the federal definition of research. Therefore, IRB oversight is not required.

This determination letter is limited to IRB review. It is your responsibility to ensure all necessary institutional permissions are obtained prior to beginning this project. This includes, but is not limited to, ensuring all contracts have been executed, any necessary Data Sharing Agreements and Material Transfer Agreements have been signed, and any other outstanding items are completed.

An archived record of this determination form can be found in IRBManager from the Dashboard by clicking the "_ xForms" link under the "My Documents & Forms" menu.

If you have any questions, please contact the Office of Research Compliance and Integrity at (616) 331-3197 or rci@gvsu.edu. Please include your study title and study number in all correspondence with our office.

*Research is a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge (45 CFR 46.102 (d)).

Office of Research Compliance and Integrity | 1 Campus Drive | 049 James H Zumberge Hall | Allendale, MI 49401
Ph 616.331.3197 | rci@gvsu.edu | www.gvsu.edu/rci

Appendix H
Donabedian Model

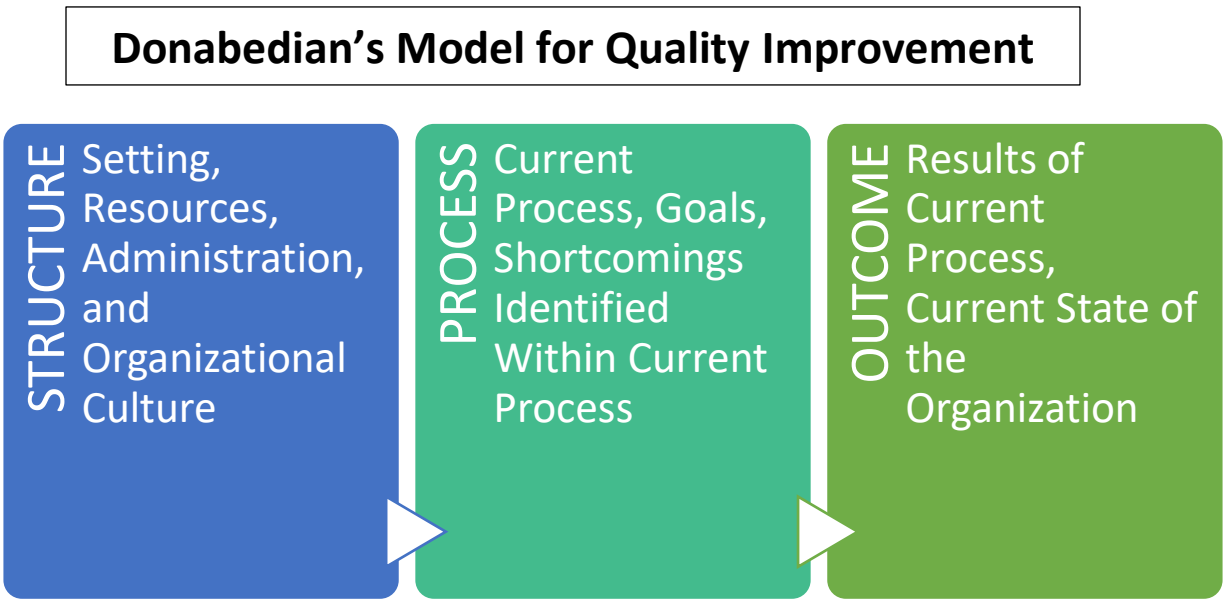


Figure 4. Donabedian's model for quality improvement as adapted from "The quality of care: how can it be assessed?"(Donabedian, 1988).

Appendix I
Data Collection Table Sample

MA or NPRS Policy	Policy or Procedure Description	Revisions	Evidence and Source	Time to complete the Revision	Approved by site managers (Y or N)

Appendix J
Evaluation Survey for Management Sample

1. How would you rate the usability of the toolkit?

- Excellent
- Very good
- Fair
- Poor

2. How likely are you to use the toolkit?

- Very likely
- Somewhat likely
- Not very likely
- Not at all

3. How effective do you feel the toolkit is for guiding policy and procedure review?

- Very effective
- Somewhat effective
- Somewhat not effective
- Ineffective

4. Do you feel the pilot run of the toolkit by the DNP student was helpful?

- Very helpful
- A little helpful
- Not very helpful
- Not helpful at all

5. How satisfied are you with the education provided by the DNP student?

- Very satisfied
- Satisfied
- Dissatisfied

Very dissatisfied

6. What suggestions do you have for the successful implementation and use of the toolkit?

7. What recommendations, comments, or critiques about the policy and procedure review system toolkit do you have?

Appendix K
Survey for Medical Assistants and New Patient Referral Specialists

1) What is your current position?

a. Medical Assistant
b. New Patient Referral Specialist

2) What is your preferred method for receiving new policies and procedures?

a. Electronically (Paycor)
b. Electronically (Email)

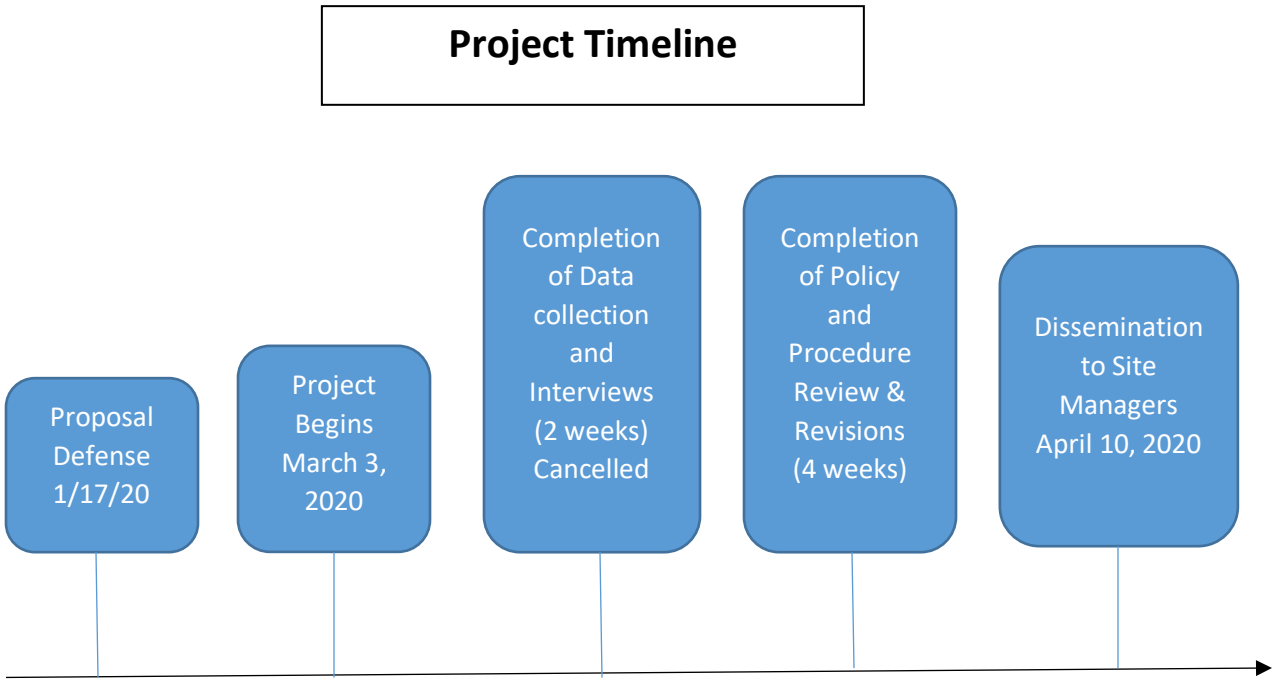
3) What is your preferred method for receiving education about new policies and procedures?

a. Written
b. Visual or audio
c. In person with management

Appendix L
Project Budget

Project Title: Evidence-based Policy and Procedure Review		
Income/Revenue	Amount	
Site managers time (hours)	$0.00	
Expenses	Amount	In kind donation
Site managers time – ($58/hr x 12 hrs = $696)	$696.00	$696.00
Use of organization lap top – in kind donation	$0.00	-
Cost of printed/copied materials	$10.00	$10.00
Cost of space –	$0.00	-
Access to ACHC ($200) – in kind donation	$200.00	$200.00
Net operating plan	Total $906.00	$906.00

Appendix M
Project Timeline



Appendix N
Compliance Frequency Table

Job_Position	Review_Date_on_Policy_Procedure	Total_Count
MA	2012	1
MA	2013	0
MA	2014	2
MA	2015	1
MA	2016	5
MA	2017	22
MA	2018	0
MA	2019	0
MA	Unknown	9
NPRS	2012	1
NPRS	2013	0
NPRS	2014	0
NPRS	2015	0
NPRS	2016	2
NPRS	2017	14
NPRS	2018	1
NPRS	2019	2
NPRS	Unknown	13

Appendix O
Data Collection Table from Pilot

Policy Name	Revision Recommendations	Evidence and Source	Time for review	Review Date on Policy	Resources reviewed, but not included in evidence	Addt'l Time spent for review
MA						
Job description	No recommendations found	Organization specific - No data online	5 minutes	2014		
Start of Shift	No recommendations found	Organization specific - No data online	5 minutes	2017		
Chart Preparation	No recommendations found	Organization specific - No data online	5 minutes	2017		
Paperwork Management	Screening oncology patients every 3 months with PHQ-9 for depression after diagnosis or until 3 consecutive negative screenings obtained. Also recommended when a new medication is started for cancer treatments. Mental health patients should also be screened routinely due to increased risk of depression during cancer treatment. *Current policy states every 6 months and mental health patients are exempt from screening.	Renovanz M, Soebianto S, Tsakmaklis H, et al. Evaluation of the psychological burden during the early disease trajectory in patients with intracranial tumors by the ultra-brief Patient Health Questionnaire for Depression and Anxiety (PHQ-4). *Support Care Cancer*. 2019;27(12):4469–4477. doi:10.1007/s00520-019-04718-z; Holtzman, A. L., Pereira, D. B., & Yeung, A. R. (2018). Implementation of depression and anxiety screening in patients undergoing radiotherapy. BMJ Open Quality, 7(2), e000034. https://doi.org/10.1136/bmjoq-2017-000034; Caruso, R., Nanni, M. G., Riba, M., Sabato, S., Mitchell, A. J., Croce, E., & Grassi, L. (2017). Depressive spectrum disorders in cancer: Prevalence, risk factors and screening for depression: a critical review. Acta Oncologica, 56(2), 146–155. https://doi.org/10.1080/0284186X.2016.1266090	65 minutes	2017	National Cancer Institute. (2020, April 13). *Depression (PDQ®)–Health Professional Version—National Cancer Institute* (nciglobal,ncienterprise) [PdqCancerInfoSummary]. https://www.cancer.gov/about-cancer/coping/feelings/depression-hp-pdq; Thekkumpurath, P., Walker, J., Butcher, I., Hodges, L., Kleiboer, A., O'Connor, M., Wall, L., Murray, G., Kroenke, K., & Sharpe, M. (2011). Screening for major depression in cancer outpatients. *Cancer*, *117*(1), 218–227. https://doi.org/10.1002/cncr.25514; *Universal screening for depression in cancer patients and its impact on management patterns.	Journal of Clinical Oncology*. (n.d.). ASCO Publications. https://ascopubs.org/doi/abs/10.1200/jco.2016.34.26_suppl.232; Unknown. (n.d.). *Assessment of depression severity with the PHQ-9 in cancer patients and in the general population	BMC Psychiatry	Full Text*. BMC Psychiatry Biomedical Central. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-016-0728-6; Wagner, L. I., Pugh, S. L., Small, W., Kirshner, J., Sidhu, K., Bury, M. J., DeNittis, A. S., Alpert, T. E., Tran, B., Bloom, B. F., Mai, J., Yeh, A., Sarma, K., Becker, M., James, J., & Bruner, D. W. (2017). Screening for depression in cancer patients receiving radiotherapy: Feasibility and identification of effective tools on NRG Oncology RTOG 0841. *Cancer*, *123*(3), 485–493. https://doi.org/10.1002/cncr.29969	60 minutes
Rooming Patient	No recommendations found	Organization specific - No data online	15 minutes	2017		

Documentation	Screening oncology patients every 3 months with PHQ-9 for depression after diagnosis or until 3 consecutive negative screenings obtained. Also recommended when a new medication is started for cancer treatments. *Current policy states every 6 months.	Renovanz M, Soebianto S, Tsakmaklis H, et al. Evaluation of the psychological burden during the early disease trajectory in patients with intracranial tumors by the ultra-brief Patient Health Questionnaire for Depression and Anxiety (PHQ-4). *Support Care Cancer*. 2019;27(12):4469–4477. doi:10.1007/s00520-019-04718-z; Holtzman, A. L., Pereira, D. B., & Yeung, A. R. (2018). Implementation of depression and anxiety screening in patients undergoing radiotherapy. BMJ Open Quality, 7(2), e000034. https://doi.org/10.1136/bmjoq-2017-000034	25 minutes	2017	National Cancer Institute. (2020, April 13). *Depression (PDQ®)–Health Professional Version—National Cancer Institute* (nciglobal,ncienterprise) [PdqCancerInfoSummary]. https://www.cancer.gov/about-cancer/coping/feelings/depression-hp-pdq; Thekkumpurath, P., Walker, J., Butcher, I., Hodges, L., Kleiboer, A., O'Connor, M., Wall, L., Murray, G., Kroenke, K., & Sharpe, M. (2011). Screening for major depression in cancer outpatients. *Cancer*, *117*(1), 218–227. https://doi.org/10.1002/cncr.25514; *Universal screening for depression in cancer patients and its impact on management patterns.	Journal of Clinical Oncology*. (n.d.). ASCO Publications. https://ascopubs.org/doi/abs/10.1200/jco.2016.34.26_suppl.232; Unknown. (n.d.). *Assessment of depression severity with the PHQ-9 in cancer patients and in the general population	BMC Psychiatry	Full Text*. BMC Psychiatry Biomedical Central. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-016-0728-6; Wagner, L. I., Pugh, S. L., Small, W., Kirshner, J., Sidhu, K., Bury, M. J., DeNittis, A. S., Alpert, T. E., Tran, B., Bloom, B. F., Mai, J., Yeh, A., Sarma, K., Becker, M., James, J., & Bruner, D. W. (2017). Screening for depression in cancer patients receiving radiotherapy: Feasibility and identification of effective tools on NRG Oncology RTOG 0841. *Cancer*, *123*(3), 485–493. https://doi.org/10.1002/cncr.29969	45 minutes

Scanning Documents	No recommendations found	Organization specific - No data online	15 minutes	2017	Laerum, H., Karlsen, T. H., & Faxvaag, A. (2003). Effects of scanning and eliminating paper-based medical records on hospital physicians' clinical work practice. Journal of the American Medical Informatics Association : JAMIA, 10(6), 588–595. https://doi.org/10.1197/jamia.M1337	
Communication for Time Delays	Process is congruent with current recommendations to alert patients when MD is running 30 minutes or greater behind, with updates every 15 minutes.	MEd, K. B. B., Cma, H. S. M. A. R. N., & Applegate Ms, E. (2015). *Today's Medical Assistant: Clinical & Administrative Procedures* (3rd ed.). Applegate, MS: Saunders.	15 minutes	2017	Zolnierek, K. B., & Dimatteo, M. R. (2009). Physician communication and patient adherence to treatment: a meta-analysis. Medical care, 47(8), 826–834. https://doi.org/10.1097/MLR.0b013e31819a5acc; Gareis, A. (n.d.). Five Ways to Keep Patients Coming Back | Physicians Practice. MJH Life Sciences. https://www.physicianspractice.com/blog/five-ways-keep-patients-coming-back	20 minutes
MD No Show	Process is congruent with current recommendations of 3 attempts to reach patient followed by a letter sent.	MEd, K. B. B., Cma, H. S. M. A. R. N., & Applegate Ms, E. (2015). *Today's Medical Assistant: Clinical & Administrative Procedures* (3rd ed.). Applegate, MS: Saunders.	15 minutes	2016	Jain, S. H. (n.d.). Missed Appointments, Missed Opportunities: Tackling The Patient No-Show Problem. Forbes. https://www.forbes.com/sites/sachinjain/2019/10/06/missed-appointments-missed-opportunities-tackling-the-patient-no-show-problem/	15 minutes

Treatment & MD No Show	Process is congruent with current recommendations of 3 attempts to reach patient followed by a letter sent.	MEd, K. B. B., Cma, H. S. M. A. R. N., & Applegate Ms, E. (2015). *Today's Medical Assistant: Clinical & Administrative Procedures* (3rd ed.). Applegate, MS: Saunders.	15 minutes	2016	Jain, S. H. (n.d.). Missed Appointments, Missed Opportunities: Tackling The Patient No-Show Problem. Forbes. https://www.forbes.com/sites/sachinjain/2019/10/06/missed-appointments-missed-opportunities-tackling-the-patient-no-show-problem/	15 minutes
Behavioral Oncology No-Show	Current process is to make one phone call to patient followed by a letter. For other "no show" by patient, there are 3 phone call attempts made. Should this process be the same?	MEd, K. B. B., Cma, H. S. M. A. R. N., & Applegate Ms, E. (2015). *Today's Medical Assistant: Clinical & Administrative Procedures* (3rd ed.). Applegate, MS: Saunders.	15 minutes	2017	Jain, S. H. (n.d.). Missed Appointments, Missed Opportunities: Tackling The Patient No-Show Problem. Forbes. https://www.forbes.com/sites/sachinjain/2019/10/06/missed-appointments-missed-opportunities-tackling-the-patient-no-show-problem/	15 minutes
Procedure Preparation	No recommendations found	Organization specific - No data online	15 minutes	2017	Unknown. (n.d.). Back Office Medical Assistant | The Oncology Institute of Hope and Innovation. The Oncology Institute of Hope & Innovation. https://theoncologyinstitute.com/careers/back-office-medical-assistant/	
Physician Schedule Management	2a. Missing the word "contact". 10. Omit the word "be".	Organization specific - No data online	15 minutes	2017	Elaine Kloos, R. N. (2011). Scheduling, Staffing, and Task Assignment. http://oncpracticemanagement.com/issues/2011/june-2011-vol-1-no-2/233-scheduling-staffing-and-task-assignment	

Nursing Schedule Management	No recommendations found	Organization specific - No data online	15 minutes	2017	Elaine Kloos, R. N. (2011). Scheduling, Staffing, and Task Assignment. http://oncpracticemanagement.com/issues/2011/june-2011-vol-1-no-2/233-scheduling-staffing-and-task-assignment	
Sanitizing Requirements	Current process is congruent with CDC recommendations for cleaning patient care areas between patients. The use of germicidal wipes and letting air dry for 2 minutes is the correct procedure. With recommendations of removing unnecessary items, may want to consider removing magazines from patient care areas (2. ix).	CDC and ICAN. Best Practices for Environmental Cleaning in Healthcare Facilities in Resource-Limited Settings. Atlanta, GA: US Department of Health and Human Services, CDC; Cape Town, South Africa: Infection Control Africa Network; 2019. Available at: https://www.cdc.gov/hai/prevent/resource-limited/environmental-cleaning.html and http://www.icanetwork.co.za/icanguideline2019/. ; Croke, L. (2019). Guideline for environmental cleaning. AORN Journal, 110(6), P8–P10. https://doi.org/10.1002/aorn.12903	25 minutes	2017	Infection Control Today. (2009, December 1). Patient Room Cleaning Protocol [MJH Life Sciences]. Infection Control Today. https://www.infectioncontroltoday.com/environmental-hygiene/patient-room-cleaning-protocol; CDC.gov. (2011). Basic Infection Control and Prevention for Outpatient Oncology Settings. https://www.cdc.gov/hai/pdfs/guidelines/basic-infection-control-prevention-plan-2011.pdf	25 minutes
Order Entry	No recommendations found	Organization specific - No data online	15 minutes	2017	Gupta, S., Yim, B., & Lad, T. (2016). Electronic chemotherapy ordering: Optimizing accuracy and decreasing errors. | Journal of Clinical Oncology. Journal of Clinical Oncology, 34(15), e18195. https://ascopubs.org/doi/abs/10.1200/JCO.2016.34.15_suppl.e18195	
Referring Physician Phone Call	No recommendations found	Organization specific - No data online	10 minutes	2017		

Coverage	1.b. Consider a lunch schedule to ensure a MA is always available to assist a physician. Current policy states to stagger lunches, a rotating schedule for lunches would remove guess work from staggering among MA's.	Staggered Lunch Breaks | Workforce Planning | C-Desk Technology. (n.d.). Retrieved March 25, 2020, from http://www.oranalysts.com/contact-us/blog/47-staggeredlunchbreaks	20 minutes	2017	Piturro, M. (2007, April). Scheduling Strategies | The Hospitalist. The Hospitalist. https://www.the-hospitalist.org/hospitalist/article/123299/scheduling-strategies	15 minutes
Unsigned Charges	The service should be documented during, or as soon as practicable after it is provided in order to maintain an accurate medical record. Many groups suggest that visits are documented the same or next day, and mandate that all are documented within three days. Consider a policy that for visits documented and closed after a certain time period (7 days? 14 days?) the physician won't be given RVU credit. *Michigan State medical records guide requires completion of visit notes within 30 days. Recommend running a report weekly or biweekly in order to remain in compliance. 1.a. states a monthly report will be generated for any unsigned charges.	No Chart Left Behind: Deadline to Complete Medical Records. (2013, July 29). CodingIntel. https://codingintel.com/no-chart-left-behind/. ; MEDICAL RECORDS GUIDE - Michigan State Medical Society. (2017). Retrieved from https://www.msms.org/DesktopModules/MSMS.AlertGuideChecklist/Guides/7/Medical_Records_Guide_2017.pdf	60 minutes	2017	Cancer.org. (n.d.). Understanding the Cancer Experience When You're a Caregiver. American Cancer Society. https://www.cancer.org/treatment/caregivers/what-a-caregiver-does/treatment-timeline.html; Schieszer, J. (2017, June 17). Wait Times From Cancer Diagnosis to First Treatment Longer, Negative Impact on Survival—Oncology Nurse Advisor. Oncology Nurse Advisor. https://www.oncologynurseadvisor.com/home/cancer-types/general-oncology/wait-times-from-cancer-diagnosis-to-first-treatment-longer-negative-impact-on-survival/; Unknown. (n.d.). Cancer waiting times | Cancer information | Cancer Research UK. Cancer Research UK. https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/access-to-treatment/waiting-times-after-diagnosis	60 minutes
OCM Audit	Current audit practices in line with OCM recommendations. No recommended changes.	Gamble, B. (2019). The Oncology Care Model 2.0. Washington, DC: Community Oncology Alliance (COA). Retrieved from https://aspe.hhs.gov/system/files/pdf/261881/CommunityOncologyAllianceProposal.pdf	25 minutes	2017		

Stocking	4. Current policy states stock supplies will be checked for expiration dates monthly. This is congruent with current recommendations. No changes recommended.	Policy for Determining Expiration Dates - Purdue University. (2019, February 20). Retrieved from http://www.purdue.edu/research/regulatory-affairs/animal-research/docs/Determining Expiration Dates of Medical Materials.pdf	15 minutes	2017		
End of Shift	No recommendations found		15 minutes	2017		
Medicare OCM Letter	OCM letter appears to be congruent with current OCM recommendations, no changes recommended. The letter template found online is identical to that of the letter on CHCWM's intranet website.	Gamble, B. (2019). The Oncology Care Model 2.0. Washington, DC: Community Oncology Alliance (COA). Retrieved from https://aspe.hhs.gov/system/files/pdf/261881/CommunityOncologyAllianceProposal.pdf; Oncology Care Model Beneficiary Notification Letter. (n.d.). Retrieved from https://innovation.cms.gov/Files/x/ocm-beneletter.pdf	25 minutes	No date	Wilkerson, J. (2016). CMS Plans To Exclude Oncology Care Model Practices From Part B Demo. Inside CMS, 19(14), 1-11. doi:10.2307/26705821	20 minutes
Priority OCM Letter	No recommendations found	Unable to access Priority Health specific OCM letter template online.	15 minutes	No date	Unknown. (2014). Centers for Medicare and Medicaid Services: Using an Episode-Based Payment Model to Improve Oncology Care | JCO Oncology Practice. Journal of Oncology Practice, 11(2). https://ascopubs.org/doi/full/10.1200/jop.2014.002337	15 minutes
SYC Registration	No recommendations found	Organization specific - No data online	10 minutes	No date		
Colorectal Cancer Screening	No recommendations found	Organization specific - No data online	10 minutes	2015		
Mammogram Workflow	No recommendations found	Organization specific - No data online	10 minutes	2016		

Patient Health Questionnaire	PHQ-9 form is congruent with findings, no recommended changes. The reliability (Cronbach's alpha) for the PHQ-9 scale was good (alpha ≥ 0.84). The results confirmed that the PHQ-9 performs well in testing depression in cancer patients.	Hinz, A., Mehnert, A., Kocalevent, R.-D., Brähler, E., Forkmann, T., Singer, S., & Schulte, T. (2016). Assessment of depression severity with the PHQ-9 in cancer patients and in the general population. BMC Psychiatry, 16. https://doi.org/10.1186/s12888-016-0728-6	40 minutes	No date	National Cancer Institute. (2020, April 13). *Depression (PDQ®)–Health Professional Version—National Cancer Institute* (nciglobal,ncienterprise) [PdqCancerInfoSummary]. https://www.cancer.gov/about-cancer/coping/feelings/depression-hp-pdq; Thekkumpurath, P., Walker, J., Butcher, I., Hodges, L., Kleiboer, A., O'Connor, M., Wall, L., Murray, G., Kroenke, K., & Sharpe, M. (2011). Screening for major depression in cancer outpatients. *Cancer*, *117*(1), 218–227. https://doi.org/10.1002/cncr.25514; *Universal screening for depression in cancer patients and its impact on management patterns.	Journal of Clinical Oncology*. (n.d.). ASCO Publications. https://ascopubs.org/doi/abs/10.1200/jco.2016.34.26_suppl.232; Unknown. (n.d.). *Assessment of depression severity with the PHQ-9 in cancer patients and in the general population	BMC Psychiatry	Full Text*. BMC Psychiatry Biomedical Central. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-016-0728-6; Wagner, L. I., Pugh, S. L., Small, W., Kirshner, J., Sidhu, K., Bury, M. J., DeNittis, A. S., Alpert, T. E., Tran, B., Bloom, B. F., Mai, J., Yeh, A., Sarma, K., Becker, M., James, J., & Bruner, D. W. (2017). Screening for depression in cancer patients receiving radiotherapy: Feasibility and identification of effective tools on NRG Oncology RTOG 0841. *Cancer*, *123*(3), 485–493. https://doi.org/10.1002/cncr.29969	60 minutes
Patient Advocate	Patient advocate and code status form is congruent with recommendations for cancer patients to designate a patient advocate when undergoing treatment for cancer. No recommended changes.	Your guide to living wills and other advance directives. (n.d.). Mayo Clinic. Retrieved March 25, 2020, from https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303	15 minutes	No date	Cantril, C., & Haylock, P. J. (2013). Patient Navigation in the Oncology Care Setting. Seminars in Oncology Nursing, 29(2), 76–90. https://doi.org/10.1016/j.soncn.2013.02.003	30 minutes
Hematology Education Handout	No recommendations found	Organization specific - No data online	5 minutes	No date		

FMLA Disability Form	No recommendations found	Organization specific - No data online	5 minutes	2016	Fu, J. B., Osborn, M. P., Silver, J. K., Konzen, B. S., Ngo-Huang, A., Yadav, R., & Bruera, E. (2017). Evaluating Disability Insurance Assistance as a Specific Intervention by Physiatrists at a Cancer Center. American Journal of Physical Medicine & Rehabilitation, 96(7), 523–528. https://doi.org/10.1097/PHM.0000000000000641	25 minutes
Order Communication Tool	No recommendations found	Organization specific - No data online	5 minutes	2014		
Infusion Symptom Reporting Tool	The symptom tracking tool is congruent with current recommendations from the American Cancer Society. Recommend implementing this online in the patient portal (SeeYourChart) for early and quick reporting of symptoms if not already.	How Symptom Tracking Makes Cancer Care Better. (2018, December 13). Cancer.Net. https://www.cancer.net/blog/2018-12/how-symptom-tracking-makes-cancer-care-better	15 minutes	2017	Marthick, M., Dhillon, H. M., Alison, J. A., Cheema, B. S., & Shaw, T. (2018). Development of a Web Portal for Physical Activity and Symptom Tracking in Oncology Patients: Protocol for a Prospective Cohort Study. JMIR Research Protocols, 7(5), e136. https://doi.org/10.2196/resprot.9586	25 minutes
Medication List	No recommendations found	Organization specific - No data online	5 minutes	2017		
Patient History Information	Patient health history form is standard and congruent with current recommendations from cancer.net	Medical Forms. (2019, June 10). Cancer.Net. https://www.cancer.net/navigating-cancer-care/managing-your-care/medical-forms	15 minutes	2012	Orlando, L. A., Buchanan, A. H., Hahn, S. E., Christianson, C. A., Powell, K. P., Skinner, C. S., Chesnut, B., Blach, C., Due, B., Ginsburg, G. S., & Henrich, V. C. (2013). Development and Validation of a Primary Care-Based Family Health History and Decision Support Program (MeTree). North Carolina Medical Journal, 74(4), 287–296. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5215064/	45 minutes
Chart Cheat Sheet	No recommendations found	Organization specific - No data online	5 minutes	No date		

Bone Marrow Biopsy Informed Consent	No recommendations found	Organization specific - No data online	5 minutes	2017		
Lacks Bone Marrow Request	Duplicate appendices letter (O). Recommend change of alphabetical ordering.	Organization specific - No data online	5 minutes	No date		
Ommaya Reservoir Informed Consent	No recommendations found	Organization specific - No data online	5 minutes	2016		
Muskegon Stocking List	No recommendations found	Organization specific - No data online	5 minutes	No date		
Job description	No recommendations found	Organization specific - No data online	5 minutes	2016		
Start of Shift	No recommendations found	Organization specific - No data online	5 minutes	2017		
Receiving an outside referral	Timeline expectations are better than current recommendations, no changes recommended. Current recommendations are: no more than 29 days wait between the date the hospital receives an urgent referral for suspected cancer and the start of treatment.	Khorana, A., Tullio, K., Pennell, N., Grobmyer, S., Kalady, M., Raymond, D., Abraham, J., Klein, E., Walsh, M., Monteleone, E., Wei Wei, M., Hobbs, B., & Bolwell, B. (2019, March 1). Time to initial cancer treatment in the United States and association with survival over time: An observational study. PLOS One. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213209	20 minutes	2017	Cancer.org. (n.d.). Understanding the Cancer Experience When You're a Caregiver. American Cancer Society. https://www.cancer.org/treatment/caregivers/what-a-caregiver-does/treatment-timeline.html; Schieszer, J. (2017, June 17). Wait Times From Cancer Diagnosis to First Treatment Longer, Negative Impact on Survival—Oncology Nurse Advisor. Oncology Nurse Advisor. https://www.oncologynurseadvisor.com/home/cancer-types/general-oncology/wait-times-from-cancer-diagnosis-to-first-treatment-longer-negative-impact-on-survival/; Unknown. (n.d.). Cancer waiting times | Cancer information | Cancer Research UK. Cancer Research UK. https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/access-to-treatment/waiting-times-after-diagnosis	60 minutes

Great Lakes Health connect receiving referrals	No recommendations found	Organization specific - No data online	5 minutes	2017		
Appointment types	3. a-d. Timeline expectations are better than current recommendations, no changes recommended.	Khorana, A., Tullio, K., Pennell, N., Grobmyer, S., Kalady, M., Raymond, D., Abraham, J., Klein, E., Walsh, M., Monteleone, E., Wei Wei, M., Hobbs, B., & Bolwell, B. (2019). Time to initial cancer treatment in the United States and association with survival over time: An observational study. PLOS One. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213209	60 minutes	2017	Cancer waiting times | Cancer information | Cancer Research UK. (n.d.). Retrieved from https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/access-to-treatment/waiting-times-after-diagnosis	25 minutes
GPMS registration	No recommendations found	Organization specific - No data online	5 minutes	2017		
New patient scheduling	No recommendations found	Organization specific - No data online	5 minutes	2017		
Hospital follow up	Hospital follow up expectations are currently 7-10 days from discharge. This meets the recommendations posted currrently on UpToDate for hospital discharge. Among Medicare beneficiaries requiring readmission within 30 days of discharge, only 50 percent had seen a clinician for a follow-up visit.	Alper, E., O'Malley, T., & Greenwald, J. (2020, February). Hospital discharge and readmission. Retrieved from https://www.uptodate.com/contents/hospital-discharge-and-readmission	20 minutes	2017	Page, J., Lederman, L., Kelly, J., Barry, M., & James, T. (2016). Teams and Teamwork in Cancer Care Delivery: Shared Mental Models to Improve Planning for Discharge and Coordination of Follow-Up Care | JCO Oncology Practice. Journal of Oncology Practice. https://ascopubs.org/doi/full/10.1200/JOP.2016.013888	25 minutes
Handling established patient as new referral	2.a. An established patient is one who has received professional services from the physician/qualified health care professional or another physician/ qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. No change recommended.	New Vs Established Patient. (n.d.). AAP.Org. Retrieved from http://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Coding-at-the-AAP/Pages/New-Vs-Established-Patient.aspx	20 minutes	2017	Poudel, K. K., Sims, D., Morris, D., Neupane, P. R., Jha, A. K., Lamichhane, N., Sapkota, G., Mallik, D. K., Huang, Z., Poudel, J. K., & Weiderpass, E. (2018). Cancer Cases Referral system in Nepal. Nepal Journal of Epidemiology, 8(4), 748–752. https://doi.org/10.3126/nje.v8i4.23877	25 minutes
Appointment confirmation	No recommendations found	Organization specific - No data online	5 minutes	2017		

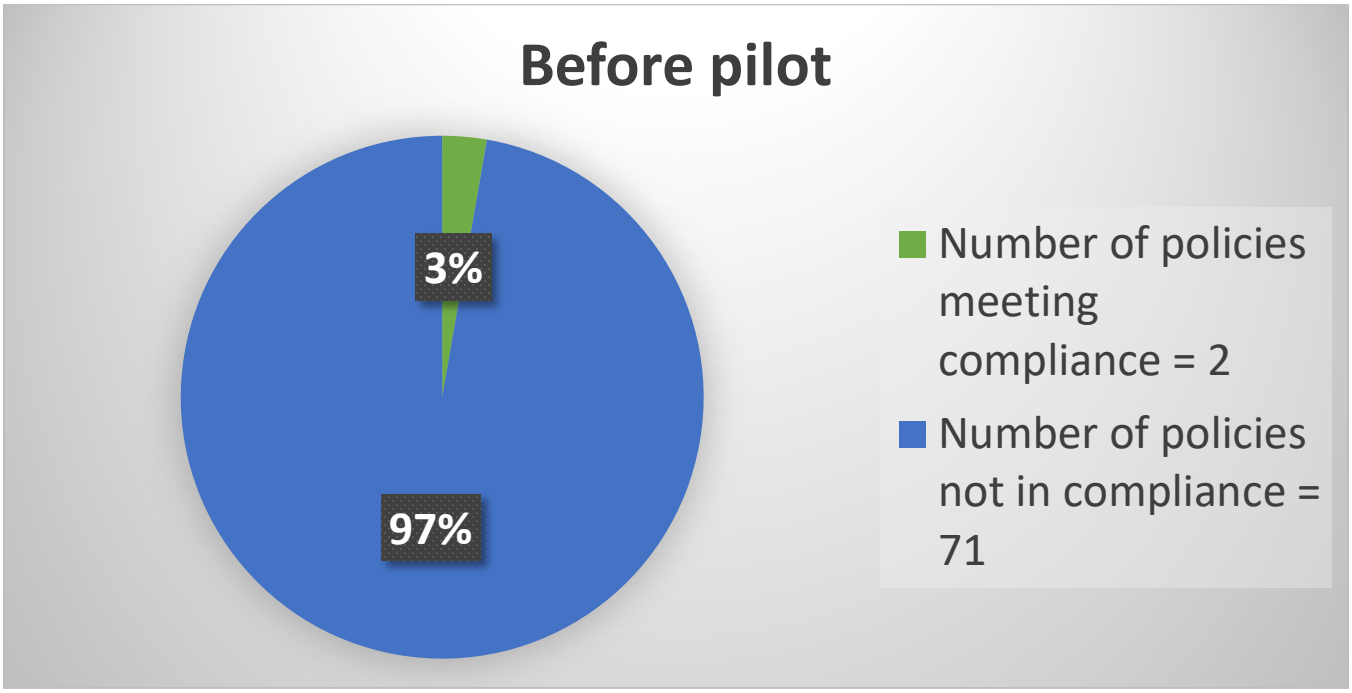
SeeYourChart registration	No recommendations found	Organization specific - No data online	5 minutes	2017	Dorbian, I. (2016, Jan 07). Flatiron health takes in $175 mln series C. PeHUB Retrieved from http://search.proquest.com.ezproxy.gvsu.edu/docview/1757061677?accountid=39473	20 minutes
Paperwork Management	No recommendations found	Organization specific - No data online	5 minutes	2018		
Scheduling for interpreters	Policy is congruent with ADA requirements under Title III. No recommended changes	Public Accommodations and Commercial Facilities (Title III). (n.d.). Retrieved from https://www.ada.gov/ada_title_III.htm	15 minutes	2016	Burkle, C. M., Anderson, K. A., Xiong, Y., Guerra, A. E., & Tschida-Reuter, D. A. (2017). Assessment of the efficiency of language interpreter services in a busy surgical and procedural practice. BMC Health Services Research, 17(1), 456. https://doi.org/10.1186/s12913-017-2425-7	20 minutes
Hospital consults	No recommendations found	Organization specific - No data online	5 minutes	2017		
New patient no show	No recommendations found	Organization specific - No data online	5 minutes	2017		
End of Shift	No recommendations found	Organization specific - No data online	5 minutes	2017		
Referral form	CHC East, Holland, Lacks, Lemmen-Holton, Muskegon. No recommendations.	Organization specific - No data online	5 minutes	2019	Asgarian, M., Kooshyar, M.-M., Elyasi, S., Fani Pakdel, A., & Aledavood, S. A. (2017). Adherence to a Standardized Order Form for Gastric Cancer in a Referral Chemotherapy Teaching Hospital, Mashhad, Iran. Middle East Journal of Cancer, 8(4), 187–193. http://mejc.sums.ac.ir/article_42089.html	20 minutes
Required records checklist	No recommendations found	Organization specific - No data online	5 minutes	No date		
Subspecialization	Lacks, Muskegon, Holland, LHCP. No recommendations	Organization specific - No data online	5 minutes	2017		
GLHC screenshots	No recommendations found	Organization specific - No data online	5 minutes	No date		

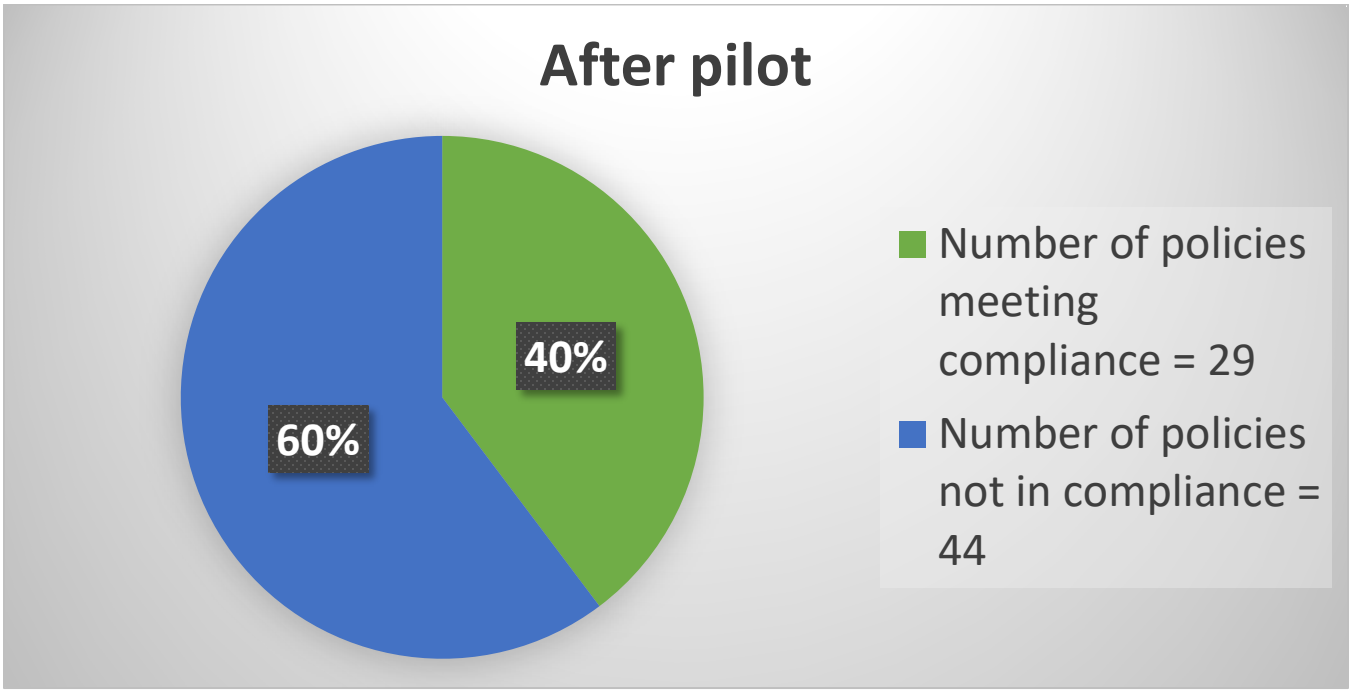
GPMS new registration	No recommendations found	Organization specific - No data online	5 minutes	No date		
Welcome letter	Holland, Lacks, LHCP, Muskegon. No recommendations.	Organization specific - No data online	5 minutes	No date	Pratt-Chapman, M. (2017). What Does a Patient Navigator Do?: Patient Navigation Core Competencies, Training & Certification: Oncology Issues: Vol 31, No 1. Oncology Issues, 31(1). https://doi.org/10.1080/10463356.2016.11884305	20 minutes
Hematology welcome letter	Holland, Lacks, LHCP, Muskegon. No recommendations.	Organization specific - No data online	5 minutes	No date	Pratt-Chapman, M. (2017). What Does a Patient Navigator Do?: Patient Navigation Core Competencies, Training & Certification: Oncology Issues: Vol 31, No 1. Oncology Issues, 31(1). https://doi.org/10.1080/10463356.2016.11884305	20 minutes
Patient History Information	Patient health history form is standard and congruent with current recommendations from cancer.net	Medical Forms. (2019, June 10). Cancer.Net. https://www.cancer.net/navigating-cancer-care/managing-your-care/medical-forms	15 minutes	2012	Orlando, L. A., Buchanan, A. H., Hahn, S. E., Christianson, C. A., Powell, K. P., Skinner, C. S., Chesnut, B., Blach, C., Due, B., Ginsburg, G. S., & Henrich, V. C. (2013). Development and Validation of a Primary Care-Based Family Health History and Decision Support Program (MeTree). North Carolina Medical Journal, 74(4), 287–296. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5215064/	25 mintues

HIPAA	HIPAA form is compliant and congruent with requirements set forth by the U.S. Department of Health and Human Services. Required to be provided to patients on an annual basis.	Affairs (ASPA), U. S. D. of H. and H. S.-A. S. for P. (n.d.). Authorizations [Text]. HHS.Gov. Retrieved March 25, 2020, from https://www.hhs.gov/hipaa/for-professionals/faq/authorizations/index.html	30 minutes	2019	Rafelson, W., Bruno, J., & Dizon, D. S. (2019). Protecting Patient Privacy in Narratives: The Lifespan-Brown Checklist for Appropriate Use of Patient Narratives. The Oncologist, 24(3), 285–287. https://doi.org/10.1634/theoncologist.2018-0659; Resource Center. (n.d.). HIPAA – Health Insurance Portability and Accountability Act. United Way of Connecticut. https://uwc.211ct.org/wp-content/uploads/wp-post-to-pdf-enhanced-cache/1/hipaa-health-insurance-portability-and-accountability-act.pdf	30 minutes
Map	Holland, Lacks, LHCP, Muskegon. No recommendations.	Organization specific - No data online	5 minutes	No date	Michigan. (n.d.). Google My Maps. https://www.google.com/maps/d/viewer?mid=1ohAXd5tnDDmxMvEl3sPVfDQyKgc	20 minutes
SYC Registration	No recommendations found	Organization specific - No data online	5 minutes	No date		
OCM Beneficiary Letter Medicare	OCM letter appears to be congruent with current OCM recommendations, no changes recommended. The letter template found online is identical to that of the letter on CHCWM's intranet website.	Gamble, B. (2019). The Oncology Care Model 2.0. Washington, DC: Community Oncology Alliance (COA). Retrieved from https://aspe.hhs.gov/system/files/pdf/261881/CommunityOncologyAllianceProposal.pdf; Oncology Care Model Beneficiary Notification Letter. (n.d.). Retrieved from https://innovation.cms.gov/Files/x/ocm-beneletter.pdf	25 minutes	No date	Wilkerson, J. (2016). CMS Plans To Exclude Oncology Care Model Practices From Part B Demo. Inside CMS, 19(14), 1-11. doi:10.2307/26705821	20 minutes

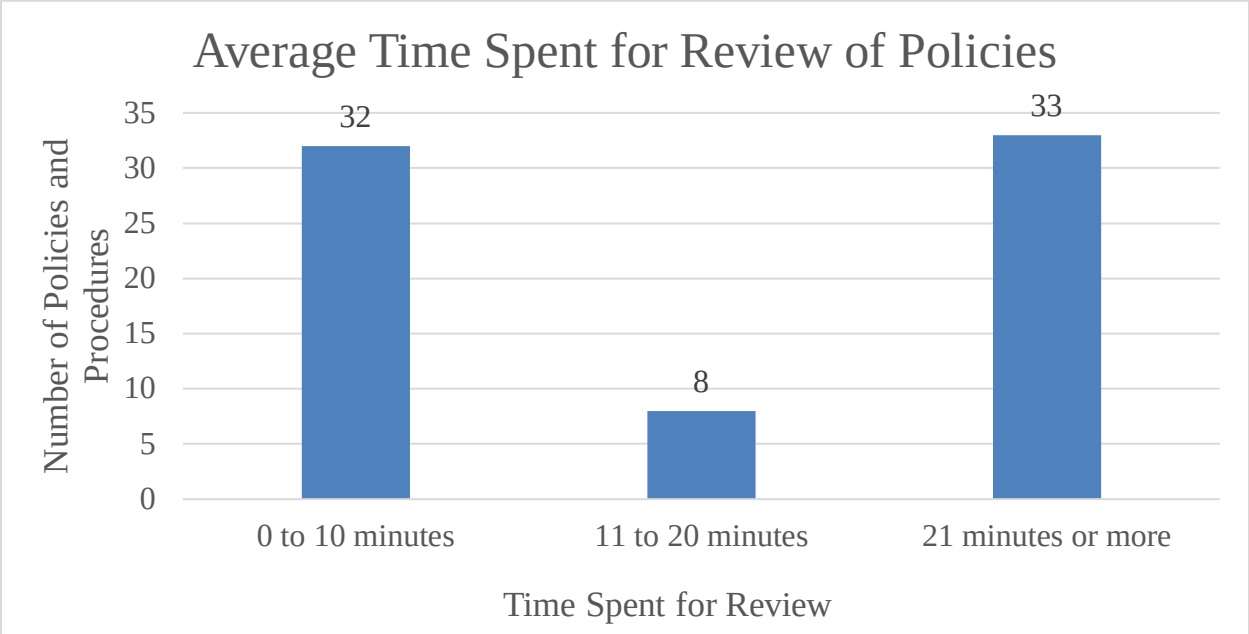
OCM Beneficiary Letter Priority health	No recommendations found	Unable to access Priority Health specific OCM letter template online.	15 minutes	No date	Unknown. (2014). Centers for Medicare and Medicaid Services: Using an Episode-Based Payment Model to Improve Oncology Care | JCO Oncology Practice. Journal of Oncology Practice, 11(2). https://ascopubs.org/doi/full/10.1200/jop.2014.002337	20 minutes
Lacks interpreter form	No recommendations found	Organization specific - No data online	5 minutes	No date		
Liaison linguistics interpreter form	No recommendations found	Organization specific - No data online	5 minutes	No date		
Standard functions of Doc Halo	No recommendations found	Organization specific	5 minutes	No date	Doc Halo. (n.d.). Halo Mobile App Guide. https://info.dochalo.com/hubfs/Customer_Care/AndroidAppGuide_3.1.3_CC_DocHalo.pdf	30 minutes
Patient rights and responsibilities	Patient rights and responsibility form is compliant and congruent with Patient Bill of Rights as published by CMS.	Patient's Bill of Rights | CMS. (n.d.). Retrieved from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Patients-Bill-of-Rights	30 minutes	No date	Friese, C. (2014). The European Cancer Patient's Bill of Rights: Action Steps for Success—Friese—2014—The Oncologist—Wiley Online Library. https://theoncologist-onlinelibrary-wiley-com.ezproxy.gvsu.edu/doi/full/10.1634/theoncologist.2014-0050; Patient's Bill of Rights. (2017). https://www.healthsourceglobal.com/docs/Patient%20Bill%20of%20Rights_merged.pdf	30 minutes
	Total= 9 recommended changes to policies and procedures, 18 supporting evidence for current practice, and 46 policies, procedures or forms that are specific to the organization.		**Time spent= 990 minutes (16 hours, 30 minutes)**	**Total # policies and procedures out-of-date = 71, (22 have no date)**		**Addt'l time for review = 900 minutes (15 hours) TOTAL TIME =1890 minutes**

Appendix P
Compliance Charts Pre and Post Pilot

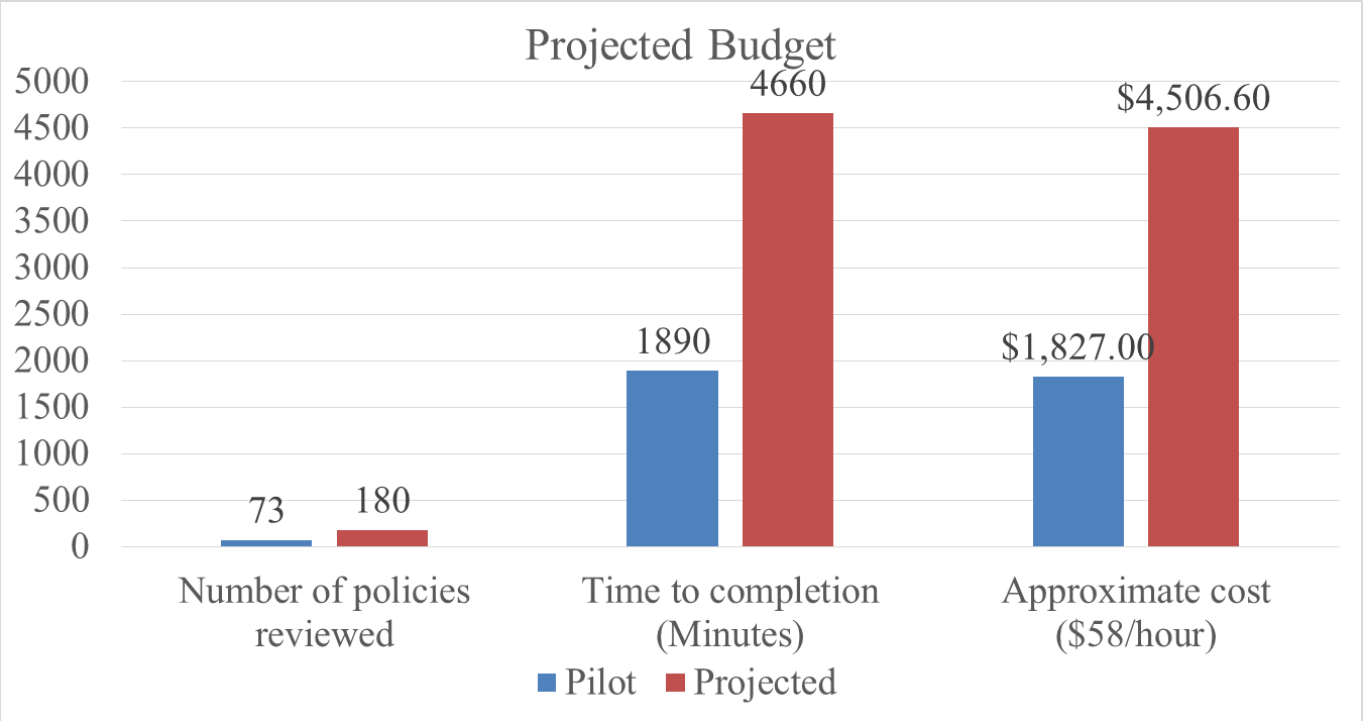




Appendix Q
Time Log Graph for Review



Appendix R
Budget Analysis



1890 minutes = 31.5 hours

4660 minutes = 77.7 hours

Appendix S
Step-by-step Instructions for Policy Review

Step-by-Step Instructions for Policy Review

1. Select policy for revision. Policies are to be updated annually as mandated by compliance requirements for specialty pharmacy accreditation and Medicare's Oncology Care Model. The designated manager performing the review determines if this is a routine review or if a review is needed due to a change in practice. A change in practice occurs when new evidence becomes available for a procedure (Hahn, 2019).

2. Search for evidence: A literature search needs to be conducted in order to review current evidence. The recommended databases for evidence-based practice publications are CINAHL, PubMed, Google Scholar, and accredited websites (i.e. www.cancer.org). Recommendation is to begin with a 3 to 5 year search (i.e. 2018-2020) and review peer-reviewed scholarly articles pertaining to the subject of interest.

3. Systematic evaluation of evidence: Evidence is organized into levels, from highest to lowest. Highest level of evidence is that obtained from meta-analysis of random control trials (RTC) or blinded RTC's. The lowest level of evidence is that of an expert opinion or panel of experts. The higher level of evidence pertaining to the subject of interest, the stronger the evidence for practice. The preferred level of evidence to guide revisions of policies and procedures should come from the highest level of evidence available in literature (i.e. Level I Meta-analysis). (See Appendix D)

4. Compare evidence to current policy. Review current policy or procedure along with literature to determine if the current evidence found in literature is supporting the current practice, or if current evidence suggests a change to be made.

5. Decision point (no change or revise).

6. Record data into spreadsheet. (See Appendix I)

7. Policy review by stakeholders: Send revised policies to stakeholders or policy revision subcommittee if available. *(Stakeholders are those who have authority within the company for decision making, ie. Site Managers)

8. Obtain approval for revisions and signatures from stakeholders.

9. Staff education: Provided by management to ensure understanding of new policies or procedures. Education methods with management should be done in person to allow employees an opportunity to ask questions about the policy. Any new or revised policy should require an acknowledgment statement indicating the employee's receipt and understanding of the new policy along with the effective date of the policy (Society for Human Resource Management, 2020).

10. Publish to intranet with updated approval date.

Appendix T
Policy to Guide Policy Review

Recommended New Policy

CHCOPS 100.0 - Policy Revision

1. Choose policy to be revised.

a. Policies must be reviewed by designated site manager annually and dated accordingly.

b. All policies must have a current literature search performed to ensure best practice evidence is included with each policy or procedure.

c. The literature search for each policy must be conducted from a peer-review supported database and within the last 5 years (ie. CINHAL, Pubmed, Google Scholar). Follow step-by-step instructions provided.

d. Record recommended revisions and literature source in provided spreadsheet.

e. Revisions must be presented to management via email delivery for review and approval.

f. Accepted revisions must be published to the intranet.

g. Staff education of all policy and procedure revisions must be delivered electronically for acknowledgement by staff and presented by management to ensure staff understanding. Staff education should be done in person to allow employees to ask questions.

h. The timeframe for review of policies and procedures to staff education (steps a-g) should not exceed two weeks (Hahn, 2019)