

Simplify and Energize Policy Development

*Standardize nursing policy and procedures
in a straightforward, accessible system.*

BY LINDA R. MCCABE, RN

OUR MANAGEMENT PLAN TURNED POLICY and procedure development from a frustrating labor into an enjoyable, interesting learning experience for all participants. Yes, *really*. When the chair of our Policy and Procedure Committee at St. Anthony Medical Center, Louisville, Kentucky, moved to another institution, the committee found itself with an incomplete manual and with no way to know who was accountable for what policies or what stage of the development process each policy had reached. Rather than revive an ineffective system, the remaining committee members decided to begin anew.

First, the committee identified several areas of change for the old system, such as:

- ◆ The committee updated the Nursing Policy and Procedure Manual once every 3 years.
- ◆ The chair assigned policies to committee members by alphabet, rather than by expertise.
- ◆ Members weren't held accountable for completing assignments.
- ◆ The committee didn't track each policy's progress.
- ◆ The committee experienced frequent member turnover as nurses moved into new positions.

New philosophy

Understanding past mistakes and future possibilities, the Policy and Procedure Committee adopted a new approach based on today's fast-paced health care field. Skills and competencies change at every level of practice and need to be

Abstract: *Nurse managers revamp nursing policy and procedure development to increase efficiency, engage their staff, and ensure current, easy-to-use policies. The system has worked successfully in a community hospital and a regional health care network.*

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clearly defined. Work redesign necessitates that the committee diligently research and consider scope of practice issues. Clearly, the nursing department needed a process to support the efficient updating of nearly 200 policies and procedures, as well as a system to track each policy in each step of its progress through committee. The committee examined and redefined its practices based on this outlook.

In addition, the committee needed to comply with JCAHO¹

guidelines when adding, deleting, or modifying a policy. These JCAHO guidelines require policy makers to:

- ◆ collaborate with the appropriate clinical discipline(s) or administrative groups and list those participants on the policy
- ◆ research current scientific knowledge
- ◆ build foundations on standards of practice and standards of care
- ◆ consider ethical and legal concerns
- ◆ utilize findings from quality assessment and improvement activities (JCAHO, NC3-NC3.3).

To ensure consistent representation on the committee by all units and specialties, membership expanded to include educational services; clinical directors of intensive coronary care unit, operating room, and labor, delivery, recovery, and postpartum; and staff nurses from medical/surgical units, oncology, and the emergency department.

Standards of care

Before members began revising existing policies, the committee convened a task force to revise the hospital's nursing standards of care. These standards of care form the basis of all our policies and procedures. Basic standards existed, consisting of 15 nursing diagnoses. The task force expanded the standards to include expected goals (or outcomes) and nursing interventions. The policies and procedures provide additional framework to support consistent nursing practice by describing who may provide a particu-



lar nursing service and how to perform the interventions. Once the task force set these standards of care, the committee could begin planning policy changes.

A clear path

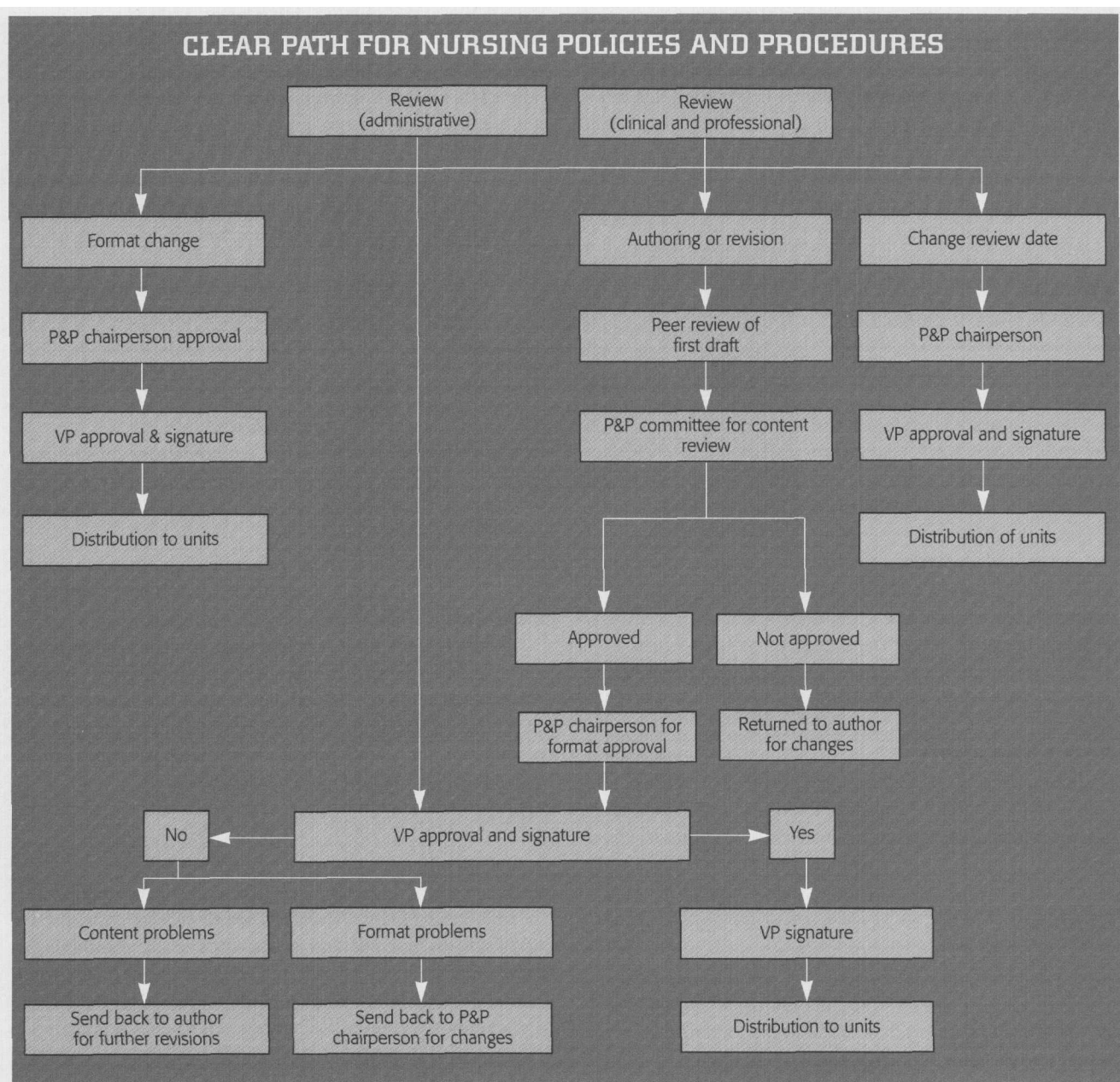
The committee first outlined consistent format guidelines for policies and procedures. The guidelines include how to write a policy statement, how to write a procedure statement, how to cite references, and how to submit a policy to the committee.

Then, members documented the review process in an easy-to-follow flow chart, from authorship to distribution. The track for clinical or professional policies differs some-

what from the administration policy track. (See "Clear Path for Nursing Policies and Procedures.")

The committee also created a master list of all policies and procedures, sorted from the oldest policies to the most current. Now, batches of seven or eight policies are reviewed by the committee each month.

In another measure to simplify the process, the committee chairperson guides and tracks all policies. The committee has a tracking file to follow each individual policy. It includes the title or topic, the date the review/revision process begins, the person or committee performing the revision, the date of committee approval, the date of submission to the vice-president of patient-care services, the



date the policy is held in queue, and the date the committee distributes the new policy.

Easy reference

The committee also devised several ways to make the policy manual more accessible to nursing staff. Members redesigned the table of contents to include useful titles and policy groupings (cardiopulmonary resuscitation policies grouped together, for example). Subjects are also cross-referenced. The table of contents specifies whether the policy lies within the clinical, professional, or administrative domain of nursing and includes the date the policy is due for review.

Straightforward agenda

The committee meeting agenda, includes timely and open discussions following "Policies/Procedures for Review" and "Policies/Procedures for Disposition":

1. *Policies/Procedures for Review.* The committee ensures that members from disciplines concerned with proposed policies review them for appropriateness, accuracy, format, listed participants, and for the references cited.
2. *Policies/Procedures for Disposition.* The committee can delete, review only, or revise a policy due for review. An individual with expertise in the subject matter, from inside or outside the committee, reviews or revises the policy. The revised policy is due back to committee the following month for final review.

Nurse-friendly distribution

The committee distributes two packets of the policies to each nursing unit each month. The first packet includes policies for posting. A cover sheet summarizes any changes that need special attention. All nurses must sign a sheet indicating that they've read the new policies and are accountable for the policies' content.

The second packet, for manual copies, has a cover sheet that lists instructions for updating the nursing manual. The sheet lists items to delete, add, or replace. The committee recommends that one individual on each unit keeps the unit's manual complete and current on a monthly basis.

Useful tool

When all staff members have reviewed the policies, their signature sheets are sent to the Management Information Systems Department for data entry. Managers track compliance with reading the policies each month with this report, which serves as an important part of the nurses' annual evaluations.

Since we implemented the new system, requests for new and revised policies have greatly increased. Nursing staff members continuously update their clinical and administrative expertise to maintain competency. At our hospital, the

nurses have come to rely on this supplementary support that guides nursing practice in our institution.

Future direction

Committee function has settled into a routine that significantly eases the burden of policy revision. Members find policy/procedure development a continuous, richly instructive experience. Committee membership has stabilized and participants faithfully attend meetings.

The policy and procedure committee chairperson now attends all other nursing committees as a liaison for the Nursing Executive Council. The liaison function assures congruence of nursing practice systems, because the chairperson helps write policies/procedures, competencies, standards of nursing care and nursing practice, and quality assurance indicators.

Exporting the process

When I moved from St. Anthony's to Humana Military Healthcare Services (HMHS), a managed care organization, we implemented the process we developed at St. Anthony's system-wide. HMHS services more than 1.2 million beneficiaries in seven southeastern states. The organization retains 47 patient-care coordinators, 103 health care finders, and 11 case managers, all registered nurses.

Because of its large staff and geographic coverage, providing quality, consistent care throughout the system presents a challenge. To achieve this goal, HMHS standardizes key functions with a policy and procedure program nearly identical to that implemented in the hospital setting. A committee reviews, revises, and distributes policies monthly to 39 service centers and six area field offices. The organization supplements the process with an additional review of all policy drafts by senior management and by field personnel who must utilize the policies. The committee considers their comments and recommendations at monthly meetings. The committee then uses a training decision tree to determine the training requirements for new or revised policies.

Within 6 months of beginning health care delivery, HMHS Medical Affairs had communicated their policies throughout the system. All levels of the company support and actively participate in this program, a factor that has aided its success. ▲

REFERENCE

1. Joint Commission on Accreditation of Healthcare Organizations: *Accreditation Manual for Hospitals, Vol. II, "Scoring Guidelines, Nursing Care."* Oakbrook Terrace, Illinois, 1993.

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