All policies, procedures, and forms reprinted are intended not as models, but rather as samples submitted by Quality First Healthcare Consulting, Inc. for illustration purposes only. QFHC is not responsible for the content of any reprinted materials. Healthcare laws, standards, and requirements change at a rapid pace, and thus, the sample policies may not meet current requirements. QFHC urges all clients to consult with their legal counsel regarding the adequacy of policies, procedures, and forms.

# **Insert Logo Here**

DEPT/OPS AREA: This area identifies the department or operational area in which the policy is most relevant to. For example, Human Resources (HR) is a department that usually houses human resource policies.  EFFECTIVE (ORIGINAL) DATE: Date policy is initially effective. This date should not change.	POLICY NAME:	POLICY NUMBER:  HR 1.0 This is an example of numbering. Developing a policy nomenclature and numbering system is highly recommended.  REVISED DATE(S):  Date of last revision
MOST RECENT APPROVAL DATE(S): Date the policy is approved.  Applies To: This area identifies	DATE(S) REVIEWED: Date of policy review. Policy review dates may not always be the same as revised date. Policies may be reviewed and not revised. Recommend at least every two year policy review timeframe.	Directors or your designated department or governing body. You may want to add a signature line, however validation of BOD approvals via BOD minutes is acceptable and easier to store in a document management system.

**Applies To:** This area identifies applicability. For example, there may be certain policies that are developed specific to payers or regulatory entities, and/or other departmental areas or site locations. If a policy applies across the organization indicate by entering "All" in this box.

#### **POLICY STATEMENT:**

State organizations policy. Usually one or two statements.

#### **RESPONSIBILITY:**

State who is responsible for ensuring compliance with the policy. Question to answer to determine what is inserted into this section. Who has ultimate authority, who has overall accountability and whom might the provisions of the policy be delegated to for oversight and/or day to day operations?

# **IMPLEMENTATION:**

These are the actual steps. Keep the steps to departments and/or staff titles and not staff names. Keep at the policy level and not a procedural level.

Use desk procedures or Standard Operating Protocols (SOPs) for outlining specific operational details of a process or use a process flowchart diagram. Desk procedures or SOPs do not require a Committee or Board review as they are guidelines and/or protocols used to implement a policy. Desk Procedures are usually signed off by department heads and can be revised as needed.





DEPT/OPS AREA: Insert	POLICY NAME:  INSERT	POLICY NUMBER:  INSERT
Insert Organization Name Here		

### DOCUMENTATION/MONITORING:

Questions to answer in determining what is to be inserted into this section. How will compliance to this policy be documented/monitored, by whom, and how often?

**REFERENCES:** Examples

Joint Commission Ambulatory Care Standards: HR.02.01.03

AAAHC:

NCQA PCMH 1A

HRSA Program Requirement #8

If no references used state none in this section.

**RELATED POLICIES OR PROCEDURES:** 

Lists all related policies and/or procedures. If none state none in this section.

**KEYWORDS:** 

List all word that are key to this policy and can be used in a policy search.



