

Administrative Policy and Procedure Manual

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Keeping a policy manual current is essential for administration and service delivery of home health care. A policy is defined as: “a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions; a high-level overall plan embracing the general goals and acceptable procedures” (Merriam-Webster, n.d.a).

Rowland and Rowland (1992, 1997) advise that there are three general areas in nursing that require policy formulation: (1) areas in which confusion about the focus of responsibility might result in neglect or malperformance of an act necessary to a patient’s welfare, (2) areas pertaining to the protection of patients’ and families’ rights (e.g., right to privacy and property rights), and (3) areas involving matters of personnel management and welfare. Barnum and Kerfoot (1995) state that a policy is a guideline that has been formalized by administrative authority and directs action to some purpose. Policies should be revised periodically for efficiency, safety, and effectiveness. There are three major components in a policy system: (1) a purpose, (2) a policy rule, and (3) an action directive or procedure. Policies delineate an area of freedom in which staff members know when they can make a decision. The absence of written policies leaves staff in a position where any decision they make may infringe upon an unstated policy and produce a reprimand.

A procedure details the means to be used to achieve the ends specified in the purpose and further delineated in the policy (Barnum & Kerfoot, 1995). Merriam-Webster (n.d.b) defines a procedure as “a series of actions that are done in a certain way or order; an established or accepted way of doing something.”

Before any service is provided, an approved policy and procedure must be in place. Policies give direction to staff as to what services will be provided under what conditions. Policies also should state what is not provided and the rationale, if appropriate. The procedure details an established way of providing care for patients.

■ POLICY DEVELOPMENT

Multiple levels of agency personnel should be involved in revisions or deletions of policies from an agency’s manual as well as in the development of new policies. The development of a policy can take several forms. For one, staff at all levels may identify a need to provide a specific service. This could be done through systematic logging of requests for a service that is not already available through the agency. Information can be gathered from the staff as to the volume of requests for the new service and also as to the rationale. A review of the literature or contact with other agencies that provide the service and their success or failure rate with this service is also beneficial.

For another, physicians or other referral sources may request that personnel perform a specific service. If the request is initiated from an outside source, staff who are knowledgeable in the specific procedure under discussion should be involved in the development of the policy. For example, pediatric nurse practitioners should be encouraged to give input into the development of pediatric-related policies, and nurses with expertise in intravenous administration should be involved with intravenous policies.

Policies can be developed as a result of the internal quality assessment or performance improvement program. Specific areas may be identified through the internal or external review process that could benefit from a new or revised policy.

■ ROLE OF THE PROFESSIONAL ADVISORY COMMITTEE

A professional advisory committee (PAC) is important for the delivery of home healthcare services for several reasons. For one, the current Medicare Conditions of Participation (CoPs) require a group of professional personnel (the PAC) that includes at least one physician, one registered nurse, and appropriate representation from other professional disciplines; for another, a PAC provides an array of professionals who can contribute their expertise to the formation and updating of service-related policies and procedures. Home healthcare staff at all levels of the organization should be familiar with the PAC and its responsibilities, membership, and manner of operation.

Section 484.16 of the Medicare CoPs (U.S. Government Printing Office, 2014) states:

A group of professional personnel, which includes at least one physician and one registered nurse (preferably a public health nurse), and with appropriate representation from other professional disciplines, establishes and annually reviews the agency's policies governing scope of services

offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.

- (a) Standard: Advisory and evaluation function. The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other healthcare providers in the community and in the agency's community information program. The meetings are documented by dated minutes.

Because this committee is required to meet frequently enough to carry out its responsibilities, the number of meetings each year will vary with the agency.

A PAC is an important advisory committee to the board of trustees and staff. The PAC, including professionals representing various disciplines and a consumer representative, has a vital interest in the agency and its services. The committee meets a stated number of times each year. Where I served as administrator, a subcommittee of the PAC met on an annual basis to complete the annual program evaluation. The evaluation report was shared with the full PAC at the next scheduled meeting. This annual report was submitted to the hospital's professional affairs committee, which includes physicians, trustees, and administrators, for review, discussion, and approval. The report was shared with the hospital's board of trustees by the executive vice president or chief operating officer for final approval. A cover sheet was signed by the hospital executive, the chair of the PAC, and the executive director and placed in the front of the policy and procedure manual each year to verify that the manual was reviewed and updated to reflect current practice.

■ POLICY REVIEW PROCEDURE

Policies can be reviewed on an ongoing basis so that all are reviewed annually. Existing clinical service policies should be reviewed by representatives from each discipline to ensure that they are in keeping with current professional standards. Comments and suggestions are then shared with the PAC or board. Other policies, such as admission and discharge criteria and personnel qualifications, should also be reviewed by appropriate committees from the governing body as well as by administrative staff. Still other service policies may need to be reviewed by legal counsel. At other times, an agency may need or want to seek expert advice from an outside consultant, such as an insurance carrier, for related policies.

To make the best use of meeting time and to facilitate approval, copies of proposed policies or changes to existing policies should be shared with the committee with the agenda before the meeting. If there is an age- or disease-specific policy, it is helpful to have a knowledgeable staff member discuss the change and the rationale with the professional on the committee who has expertise in this area. With this prior knowledge, this individual's support can be beneficial at the time of the meeting.

One important aspect of the development of sound policies is to include professionals and lay personnel with a wide array of expertise in multiple areas of current or projected services. This expertise should be available at the staff, contract, board, and PAC levels. All involved individuals, whether on a paid or volunteer basis, are interested in the agency they serve and the patients to be served by the agency.

Sound policies and procedures are important for several reasons, including risk management; meeting of state and federal regulations including licensure, certification, and accreditation standards; and fulfillment of agency and professional standards. Once these policies and procedures are in place, they must be communicated and made available to all levels of personnel in the agency so that compliance is ensured.

■ APPROVAL PROCESS

The approval process can take several directions, depending on the type of agency and policy. Ultimately, the governing body or individual is responsible for approval. This body may not have the expertise to develop or revise specific policies. For Medicare-certified agencies, CoP 484.16 requires that an agency have a group of professional personnel, many times referred to as a PAC. As noted earlier, the PAC is charged with establishing and reviewing the agency's policies related to scope of services, admission and discharge criteria, clinical records, and other related issues. The PAC should meet frequently enough to fulfill its responsibilities.

After review of the policies by the appropriate committee, recommendations are brought to the governing body for final approval via minutes and discussion by the administrative staff. Board committees and the governing body should meet on a scheduled basis that provides for timely approval of new or revised policies.

Each policy must be dated to reflect the date on which it was initiated, initially approved, and revised. All policies should be reviewed each year. The cover page, as described earlier, verifies that this review process is completed on a timely basis. Previous editions of revised policies should be maintained for future reference.

■ CONCLUSION

Although the final approval of the agency's policies rests with the governing body or individual, the recommendation for the development of new policies is a team effort. All levels of personnel within a home care agency should share ideas that will keep the agency current and competitive with other home care providers. Finally, approved policies must be communicated to all agency personnel and followed by those to whom they apply. An agency's policy and procedure manual does not belong on the library shelf. It should be readily available to all staff and referred to frequently by all levels of personnel.

REFERENCES

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