Best Practices in Policies, Procedure, and Protocols

Please fill out the self-assessment if you haven't done so already

Best Practices in Policies, Procedures, and Protocols

Penny Dickey

Dr. Michael Policar

Amanda Kimber

2020 NFPRHA NATIONAL CONFERENCE

Today's Objectives

- Discuss best practices for drafting effective policies, procedures and protocols
- Discuss ways to review and maintain medical, financial, and administrative policies and procedures
- Identify possible improvements to your organization's medical, financial, or administrative policies and procedures

Organizational Policy and Procedure Self-Assessment

Organizational Attribute	Level of Agreement					
	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't know (DK)
My organization has thorough written policies and procedures (P&P) for:						
clinical services	O	O	O	O	O	O
administrative operations	O	O	O	O	O	O
finance operations	O	O	O	O	O	O
P&P development, maintenance, and review	O	O	O	O	O	O
P&P training and monitoring	O	O	O	O	O	O
P&P archiving	O	O	O	O	O	O
My organization's P&P:						
utilize a consistent format across all P&P manuals and documents	O	O	O	O	O	O
incorporate and cite applicable references in the body of P&Ps	O	O	O	O	O	O
always clarify who has the final authority to approve usage and updates	O	O	O	O	O	O
are easy to access by all appropriate staff	O	O	O	O	O	O
My organization:						
involves stakeholders throughout the process of P&P development and review	O	O	O	O	O	O
has a tracking system for P&P storage that is easy to navigate	O	O	O	O	O	O
provides staff training for all appropriate staff when a P&P is introduced or revised	O	O	O	O	O	O
documents P&P training provision	O	O	O	O	O	O
documents P&P individual attendance	O	O	O	O	O	O
conducts formal reviews and audits to assess P&P compliance	O	O	O	O	O	O
effectively archives current and past versions of P&P	O	O	O	O	O	O
effectively archives training documentation	O	O	O	O	O	O

Today's Presenters

Penny Dickey **Dr. Michael Policar** **Amanda Kimber**

POLICIES, PROCEDURES, AND PROTOCOL MANAGEMENT CYCLE

Archive

Write

Train

Implement

Assess

Monitor

Review

Importance of Policies, Procedures, and Protocols

Clarity of Purpose

Policy
- Definite course of action
- Select from available alternatives
- Guide decisions

Procedure
- Detailed steps
- Followed in a specific order
- Achieve desired result

Standard
- Minimum level of quality
- Established by experts

Standard ● Guideline ● Protocol

Standard
- Minimum level of quality
- Established by experts

Guideline
- Best practice for quality care

Protocol
- Explicit instructions for providing care

Why These Documents Are Important

- Clarify roles and responsibilities
- Guide managers
- Protect patients, staff, volunteers, and agency
- Component of risk management program

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Employee Impact

- Improves confidence
- Improves consistency
- Improves accuracy
- Contributes to satisfaction

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Manager Impact

- Provides guide for decision making
- Diminishes need for micro-managing
- Allows management by exception

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Organizational Impact

- Improves overall effectiveness and efficiency
- Minimizes potential liability
- Protects reputation and brand
- Provides legal protection

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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 792

(Replaces Committee Opinion Number 629, April 2015)

Committee on Patient Safety and Quality Improvement

Clinical Guidelines and Standardization of Practice to Improve Outcomes

ABSTRACT: Protocols and checklists have been shown to reduce patient harm through improved standardization and communication. Implementation of protocols and guidelines often is delayed because of lack of health care provider awareness or difficult clinical algorithms in medical institutions. However, the use of checklists and protocols clearly has been demonstrated to improve outcomes and their use is strongly encouraged. Checklists and protocols should be incorporated into systems as a way to help practitioners provide the best evidence-based care to their patients.

ACOG, Obstetrics and Gynecology 10/2019; 134: e122-125

Are Protocols Still Necessary for Family Planning Clinicians?

In the old days

- Necessary for independent practice of NPs
- Rules varied by state nursing licensing boards

Currently

- Maximizes evidence-based clinical practice
- Standardizes care among all types of clinicians by minimizing variation in care
- A "play-book" for new clinicians *in your system*, written by clinicians who practice in your system

Are there signs your policies, procedures, and protocols need improvement?

- Increase in number of accidents/errors
- Staff asking more questions on routine operations
- Feeling of confusion within a specific department or location
- Employees inconsistent in performing their jobs
- Increased stress levels
- Complaints from customers/patients

Policy, Procedure, Protocol Management: Best Practices

PPP Management: Standardized System

- Base on PPP Management Cycle
- Establish process
- Develop timelines
- Maintain documentation
- Ensure accountability

PPP Management: Put it in Writing

- Identify resources
- Create a draft
- Review by stakeholders
- Incorporate edits
- Format/essential elements
- Final review and approval

PPP Management: Roll Out

- Training
- Implementation
- Consider scope and needs

PPP Management: Roll Out Considerations

All at once
- Small changes
- Minimal training needed
- Few locations

Phased in
- Significant changes
- Complex training or requires skills check-off
- Multiple locations

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PPP Management: Training Considerations

- Develop and conduct training
  - Same trainer/s for all staff preferable
  - Determine training format
  - Highlight changes/rationale
  - Elicit and respond to questions / feedback
  - Assess staff understanding

- Document training
  - Name of training and presenters
  - Date, location, format
  - Outline and documents used
  - Obtain staff acknowledgment
    - For EACH policy
    - Signed and dated

PPP Management:
Training & Implementation Schedule

- INCLUDE
  - Training dates, times, locations
  - Training format
  - Trainer name/s
  - Implementation date/s
  - Review / audit dates

PPP Management: Assess Adherence

- Check back
  - Ask questions
  - Observe behavior
- Conduct audits
- Identify challenges
- Encourage feedback
- Support change process

PPP Management: Ensure Sustained Adherence

- Monitor progress
- Reinforce purpose
- Retrain if needed
- Review/revise document, if needed
- Repercussions, if necessary

PPP Management: Ongoing Review and Update

- Schedule reviews and revisions
- Review process includes:
  - On cycle
  - Off cycle
- Identify responsible person/s
- Include laws, regs, references

PPP Management: Archive Retired Documents

- Legal protection vs. point of reference
- Important to know dates in use
- May need to demonstrate
  - Previous actions consistent with policy
  - Specific individual trained

PPP Management: Archive Process

- Develop procedure for storage, retrieval, and destruction
- Retire discontinued documents & manuals
- Place in long-term/quasi-permanent file
- Ensure retrievable in future periods
  - Electronic
  - Hard copy
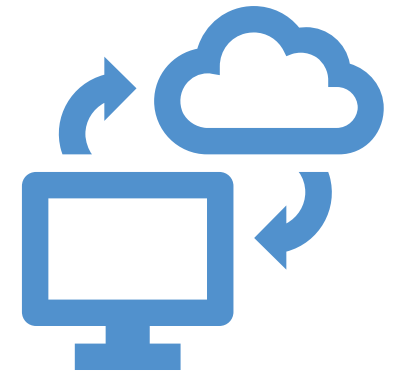
PPP Management: Archive Process

- Preserve in archive at time of implementation
- Add documentation of training and staff sign-off
- When document is retired – add date discontinued
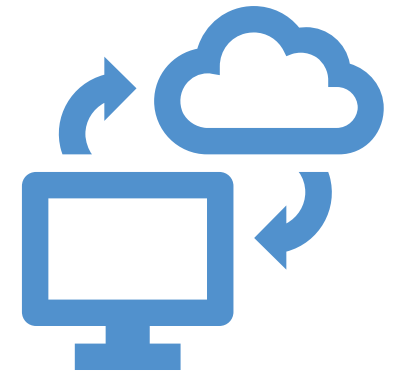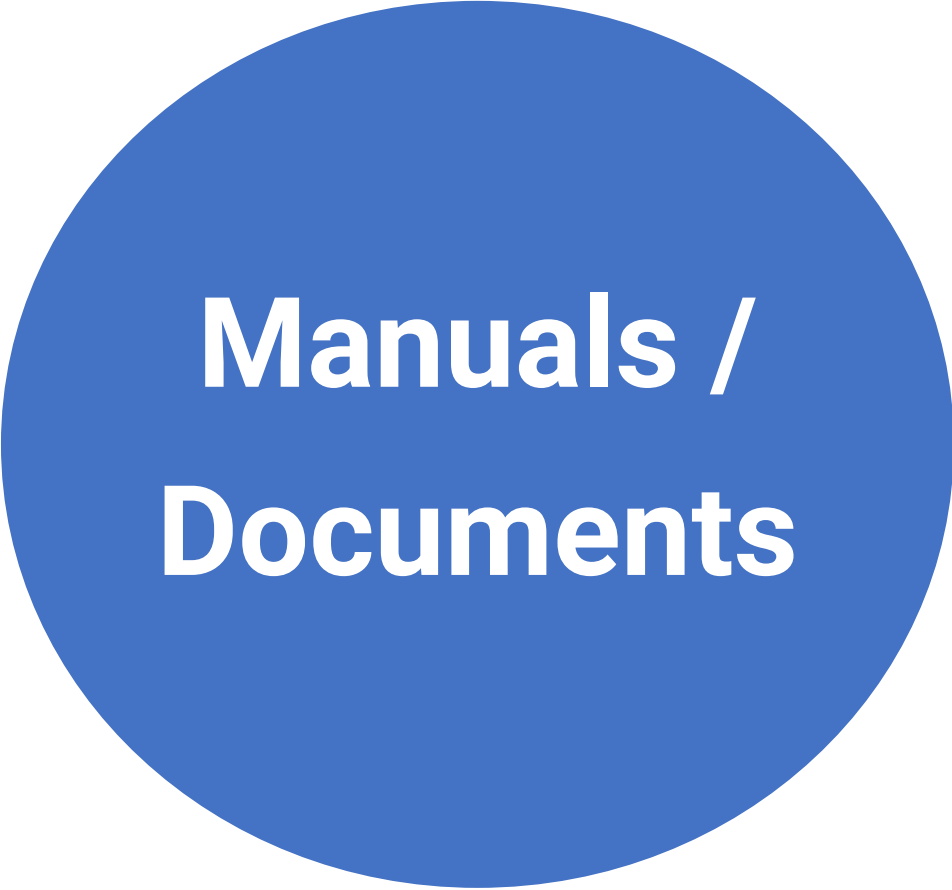
Policy, Procedure, Protocol Development: Best Practices

PPP Development: Format/Essential Elements

Policies

+

Procedures

- Processes
- Guide actions

- Detailed steps
- Start to finish
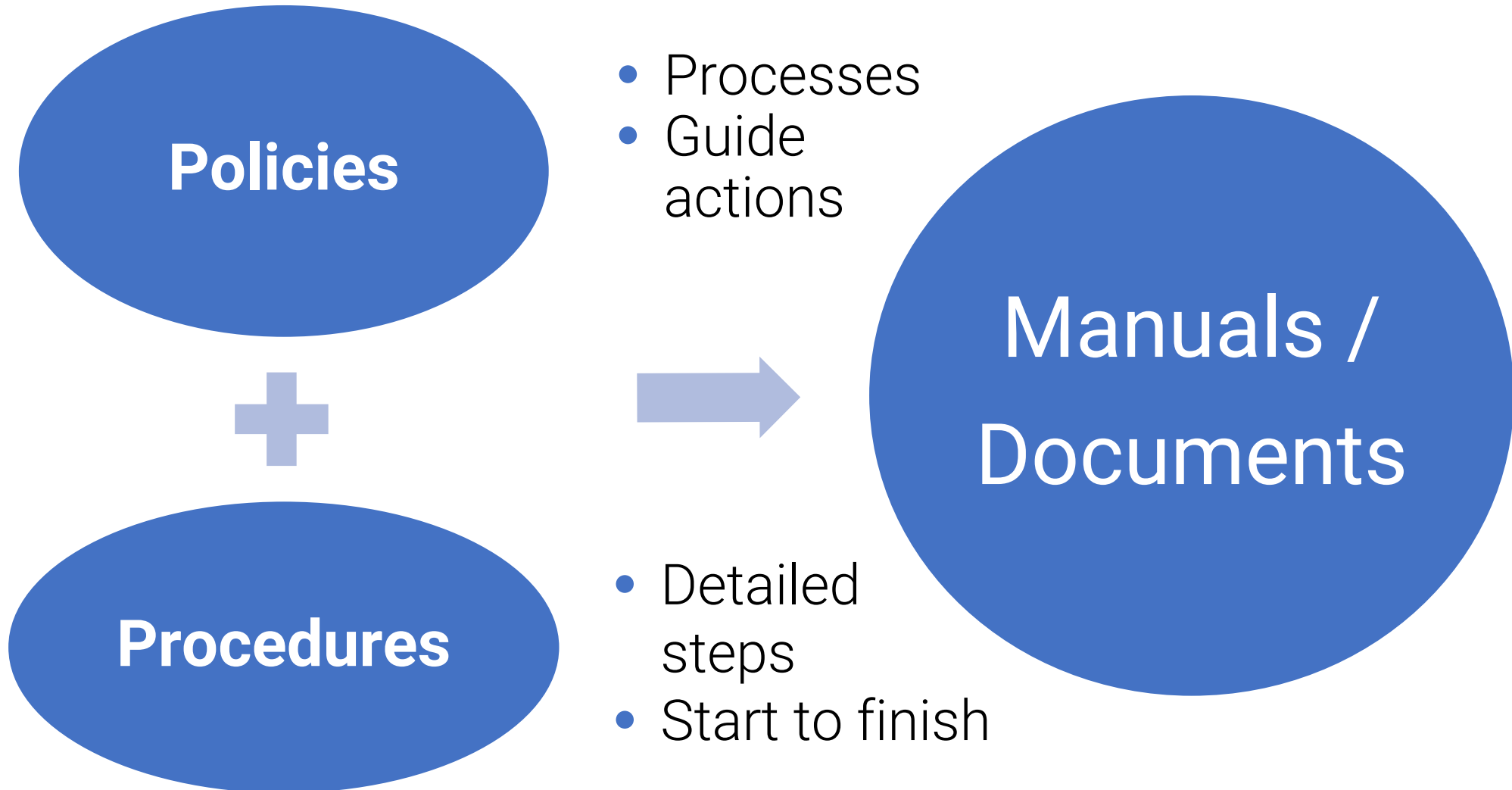
Manuals / Documents

PPP Development: Format/Essential Elements

Manuals / Documents

- Title
- Tracking number
- Dates
- Implementation
- Review/revised/next review
- Purpose/background
- Required resources/tools
- Relevant support documents

PPP Development: Format/Availability/Ease of Use

Paper

Electronic
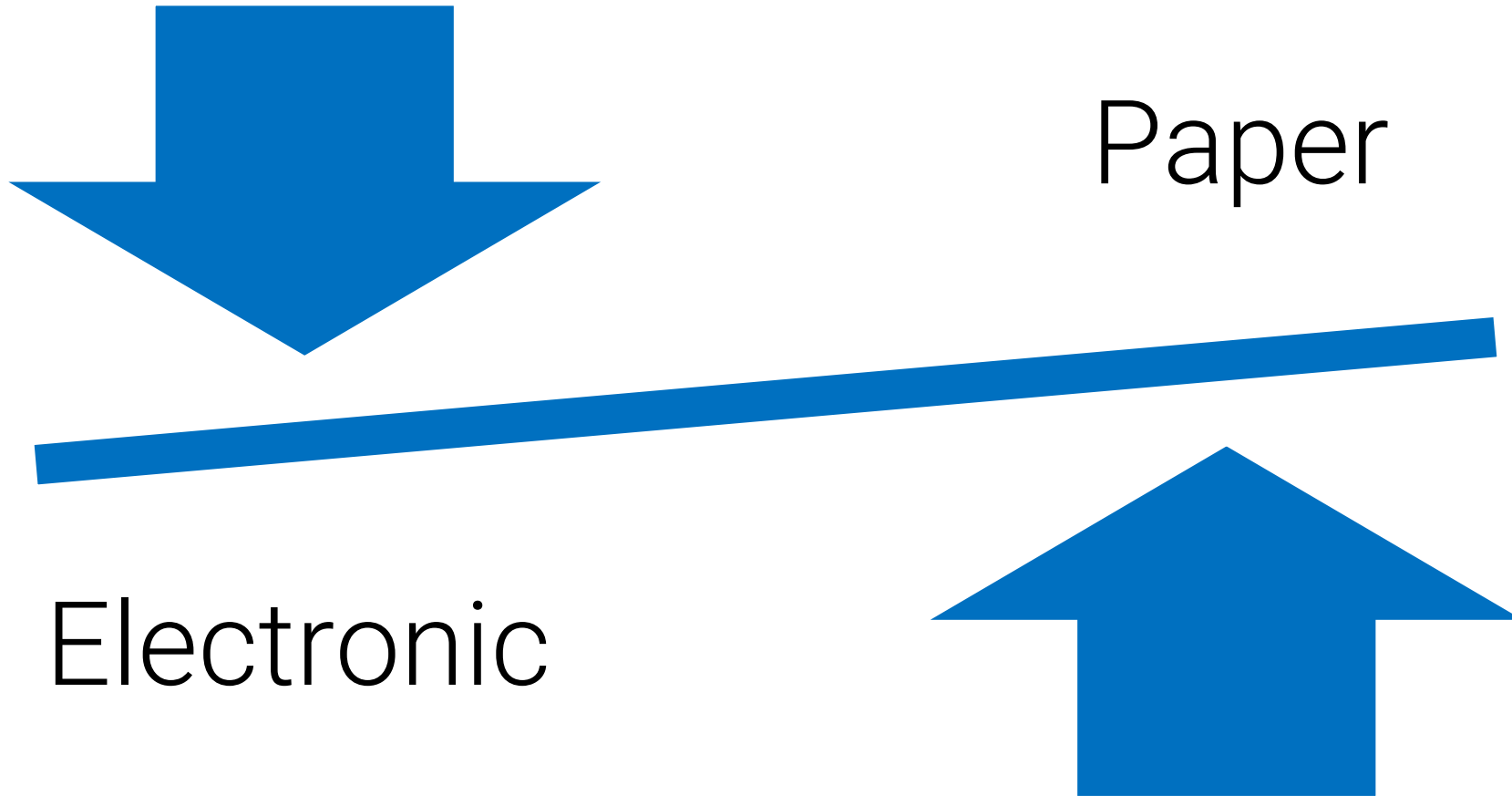
PPP Development: Designate Responsibility

- Who initiates process
- Who develops calendar
- Who writes, reviews, and edits
- Who formats
- Who distributes information
- Who holds final authority

MAP's

Ice Cream Shoppe

Policy	Ice cream is excellent! We support the provision of delicious ice cream.
Procedure	Steps for opening the store every morning.
Standard	The College of Ice Cream Purveyors states that every store must serve at least chocolate and vanilla.
Guideline	The National Ice Cream Eater's Association recommends that every store offer a wide variety of flavors and containers for serving.
Protocol	Identifies offerings from our Shoppe; and specific instructions for providing customers cone, a cup, a malt, etc.

PPP Development: Document Creation

- References and resources identified
- Initial draft written
- Reviewed by end users / stakeholders
- Edits and revisions incorporated
- Edited versions reviewed
- Final formatting completed
- Final review and approval

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DEVELOPING AND MAINTAINING POLICIES AND PROCEDURES

This guide is intended to assist organizations in creating easy-to-use policies and procedures, as well as implementing an effective policy and procedure maintenance cycle.

An organizational **policy** is a statement of principles, rules, and guidelines that an organization follows in order to achieve a desired outcome. It exists to communicate an organization's point of view to its employees and to ensure that actions carried out at the organization take place within the policy's defined boundaries.

A **procedure** is a set of actions that an employee takes to complete an activity within the confines of an organizational policy. It exists as a reference for employees to understand their roles and responsibilities.

All policies and procedures (P&P) written by an organization are combined into one document called a P&P Manual. Maintaining a P&P Manual – the act of writing or revising documents within it – is an ongoing effort. It must be reviewed periodically in order to ensure continued accuracy.

ACOG: Clinical Guidelines and Standardization of Practice to Improve Outcomes

- When checklists or protocols are developed at a national level, it is advisable **to adapt them to individual practice** settings

- **Local practice conditions** should be taken into account when these tools are introduced in any institution.

- It is important that **physicians are informed** whenever checklists or protocols are to be initiated.

- **Encouraging input** from physicians in the review and distribution of checklists and protocols will help foster buy-in from physicians for their use.

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DEVELOPMENT GUIDE

DEVELOPING CLINICAL PROTOCOLS FOR FAMILY PLANNING SERVICES

This guide is intended to assist organizations in identifying the clinical protocols necessary for a family planning provider.

WHAT ARE CLINICAL PROTOCOLS?

Clinical protocols are:

- Site-specific policies for the provision of high-quality health care to patients.
- The scope of care that can be provided by clinicians and care team members (e.g., nurse practitioners, physician assistants, certified nurse midwives, physicians, registered nurses, health educators, lab technicians), consistent with state regulations.
- Explicit processes regarding when a patient should be referred or transferred to another source of care, and how (and how quickly) this should be accomplished.
- The objective criteria by which clinicians can be evaluated and audited regarding the quality of care provided.

Creating a Clinical Protocol

- **BEST PRACTICE #1:** Always write or revise a protocol with the supervision of the medical director
- **BEST PRACTICE #2:** If a clinical protocol manual is provided to staff in an electronic format only, include a hyperlink directly to any clinical recommendations
  - Has most current version of recommendations
  - Lessens the burden on staff to update the protocol each time recommendations change

Creating a Clinical Protocol

- **BEST PRACTICE #3:** Include the right level of detail when drafting a clinical protocol.
  - Someone new to the organization may do things differently, or someone who has not performed a service or procedure in several months or years may need a refresher

Local Clinic Protocols: What They Are

1. Guidance for clinicians that describes the policies, procedures, and practices of this clinic system for the provision of consistently **high-quality care**

2. Policies of this clinic system regarding **scope of care** that can be provided by each category of health professionals, consistent with state regulations

   - APC: NP, PA, CNM
   - Physician: MD/DO
   - Nurses: RN, LVN, PHN
   - Health educators, counselors
   - Medical assistants

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Local Clinic Protocols: What They Are

3. Policies for client **referral, consults, and transfers**
   - Where to refer, based on contracts or MOUs
   - How to refer (e-referral, written, phone call)
   - How quickly (emergent, urgent, routine)
4. The objective criteria by which clinicians can be **evaluated and audited** for quality of care provided
   - Ideally, at least semi-annually
   - By medical director, QI director, or colleague (not self)
   - Separate from "focused" QI (PDSA) audit
   - Often expected in health plan contracts

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Local Clinic Protocols: What They Are

5. Derived from, and consistent with, **current national clinical practice guidelines**

- CDC contraceptive, STD, pre-pregnancy guidelines

- US Preventive Services Task Force

- American College of Ob-Gyns (ACOG)

- American Cancer Society

- Specialty: ASRM (fertility), ASCCP (cervical pathology)

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CDC "Suite" of Family Planning Recommendations

Providing Quality Family Planning Services
Recommendations of CDC and the U.S. Office of Population Affairs

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Filling The "Gaps"
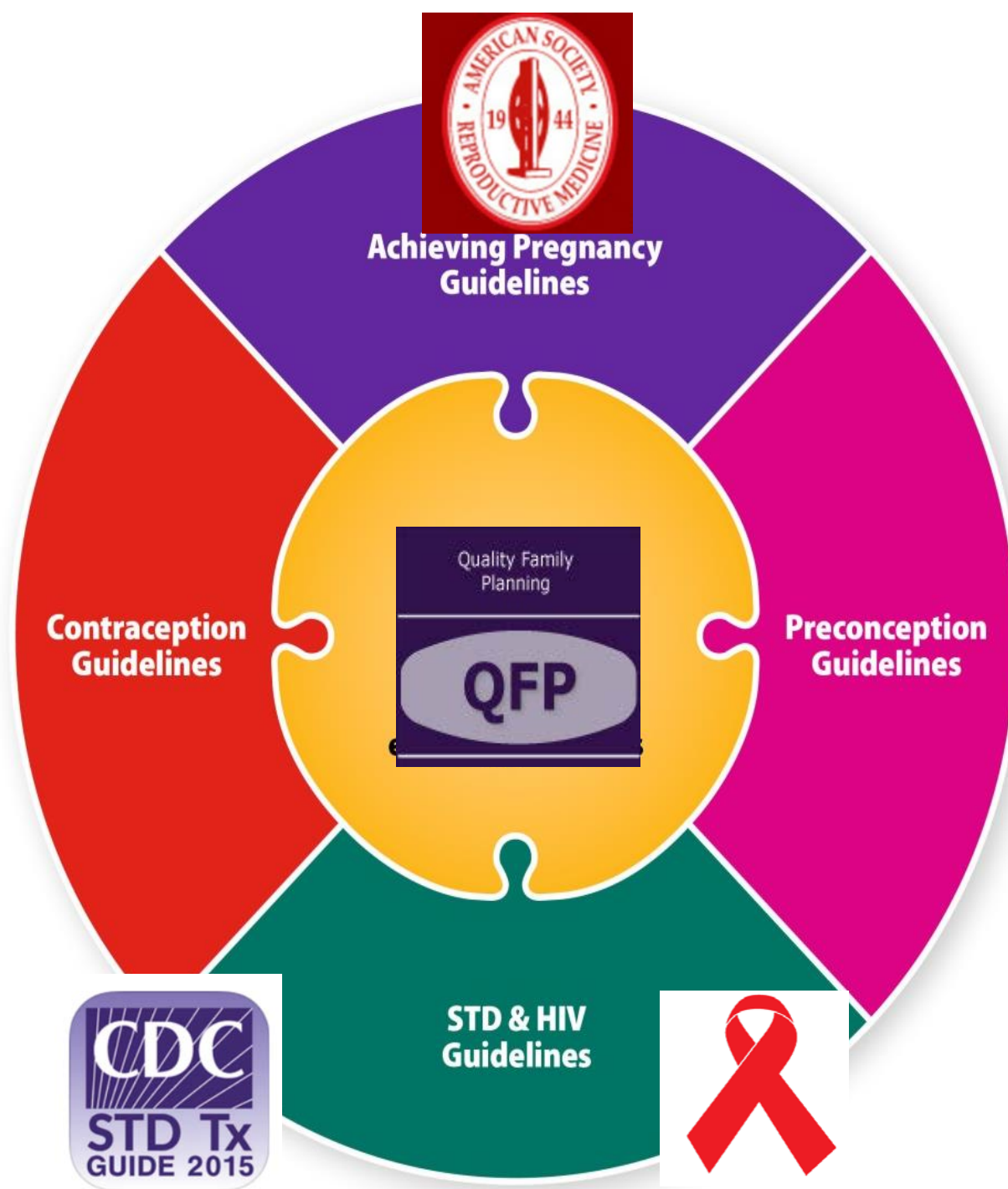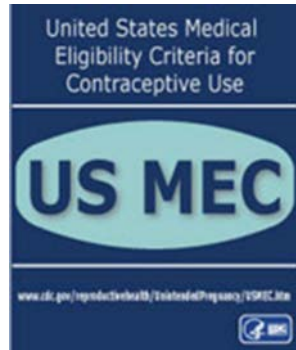
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility
- Preconception health
- Preventive health screening of women and men
- Contraceptive counseling, incl reproductive life plan

Quality Family Planning

QFP

www.cdc.gov/reproductivehealth/UnintendedPregnancy/QFP.htm

Local Clinic Protocols: What They Are

6. Are consistent with the standards, guidelines, and **policies of contracted payers**

   - State Medicaid program
   - State family planning program
   - Title X grantees and sub-grantees
   - Commercial health plans, if contracted

7. **Written by**, or developed under the supervision of, the **medical director** of the clinic system

   - Review by, and integration of input from, clinical staff members who will be subject to the protocol is critical

Local Clinic Protocols: What They Are

8. **Updated** on a regular schedule

   - Usually annually

   - Often on a rotating schedule

   - As needed, based on the issuance updated national guidelines or payer policies

Refer to NFPRHA's resource, **Developing and Maintaining Policies and Procedures**, for guidance on implementing a review cycle for organizational documents.

Local Clinic Protocols: What They Are NOT

X A "cut-and-paste" duplication of the content of a health care textbook or a national guideline

X A "cook-book" for clinicians to direct the provision of care

X Boiler-plate content borrowed from a different clinic system, but not adapted to constitute the policies of this system

X Standing orders for RNs who furnish contraceptive methods (this should be a separate document)

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Activity #1: Identifying Quality Improvement Areas in Your PPP Cycle

Organizational Policy and Procedure Self-Assessment

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Organizational Attribute	Level of Agreement					
	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't know (DK)
My organization has thorough written policies and procedures (P&P) for:						
clinical services	○	○	○	○	◉	○
administrative operations	○	◉	○	○	○	○
finance operations	○	○	◉	○	○	○
P&P development, maintenance, and review	○	○	○	◉	○	○
P&P training and monitoring	○	○	◉	○	○	○
P&P archiving	○	◉	○	○	○	○
My organization's P&P:						
utilize a consistent format across all P&P manuals and documents	○	○	○	○	◉	○
incorporate and cite applicable references in the body of P&Ps	○	○	○	○	◉	○
always clarify who has the final authority to approve usage and updates	○	○	○	○	◉	○
are easy to access by all appropriate staff	○	○	◉	○	○	○
My organization:						
involves stakeholders throughout the process of P&P development and review	○	○	○	◉	○	○
has a tracking system for P&P storage that is easy to navigate	○	○	◉	○	○	○
provides staff training for all appropriate staff when a P&P is introduced or revised	○	○	◉	○	○	○
documents P&P training provision	○	○	◉	○	○	○
documents P&P individual attendance	○	○	◉	○	○	○
conducts formal reviews and audits to assess P&P compliance	○	◉	○	○	○	○
effectively archives current and past versions of P&P	○	◉	○	○	○	○
effectively archives training documentation	○	◉	○	○	○	○

WHAT DO YOU WANT (OR NEED) TO WORK ON?

Priorities

1. Develop, maintenance, review
2. Training and monitoring
3. Archiving
4. Clinical protocols
5. All of the above
6. None – I'm good!

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It's Time for a Break

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Review NFPRHA Resources

P&P #1: Development, Review, and Maintenance

Policy/Procedure Development, Review, and Maintenance

PURPOSE

Policies and procedures are developed to provide guidance to individuals who carry out the work of the organization; ensure activities and operations are compliant with local, state, and federal regulations and laws governing operations; and serve to support the mission of Best Ever Family Planning. A system for developing and maintaining policy and procedure documents, manuals, and corresponding materials, is part of risk and quality management for the organization. This policy provides guidance and action steps for developing, reviewing, and maintaining these documents.

POLICY STATEMENT

It is the policy of Best Ever Family Planning that all policies and procedures are developed and maintained in uniform manner to ensure information is current, accurate, relevant, understandable, and accessible.

Policy/Procedure Development

1. The need for a new policy or revision current policy must be supported or initiated by the Department Director.
2. The draft policy or draft revision will be undertaken by the initiating Director. Director may assign staff

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P&P #2: Training and Implementation

Effective Date: January 2018
Last Reviewed: January 2019
Next Scheduled Review: January 2020

Training & Implementation Guidelines for Policy/Procedure Changes

PURPOSE

Organizations must have a consistent and effective process for educating employees and volunteers about the policies and procedures they are responsible for following. This policy/procedure provides guidance and action steps for developing, presenting, and documenting training on new and revised policies and procedures, and assessing effectiveness of implementation and adherence at the staff level.

POLICY STATEMENT

It is the policy of Best Ever Family Planning to provide employees and volunteers training on policies and procedures in a manner that enables effective and consistent implementation and ongoing adherence at all levels of the organization.

Training Considerations

1. Training materials will be developed and utilized to ensure consistency in the information provided, regardless of who is presenting.

P&P #3: Archiving

Archiving Policies and Procedures

PURPOSE

This policy is designed to ensure compliance with federal and state laws and regulations, to reduce the risk of accidental destruction of records earlier than intended, and to facilitate operations by promoting efficiency in retrieving records and freeing up valuable storage space with destruction of outdated documents.

POLICY STATEMENT

It is the policy of Best Ever Family Planning to preserve and maintain records as required by law and to destroy them when appropriate.

Archiving

1. All policies and procedures and documentation associated with employee training, audits and subsequent communication will be preserved in the archive system for a period of 7 years after the date the policy/procedure was discontinued. *NOTE: Organizations should receive a legal opinion on the retention requirements – could vary by type of policy.*
2. No adverse inference is to be drawn from an inadvertent failure to retain a document in accordance

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- The objective criteria by which clinicians can be evaluated and audited regarding the quality of care provided.

NFPRHA Protocol Guide includes:
- Best practices in protocol development
- Current national benchmark guidelines
- Protocol topic lists

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CREATING A CLINICAL PROTOCOL

NATIONAL CLINICAL GUIDELINES FOR FAMILY PLANNING SERVICES

The following references are common sources of national clinical guidelines for family planning services. Link to or reference these resources in your protocols to keep them current.

Contraceptive Services

Guide
CDC 2016
CDC 2016
CDC & 2014

Guide
ACOG 2016
HPV Screen 2015

PROTOCOLS FOR CONTRACEPTIVE SERVICES

Use the checklist below to identify protocols already in place and identify those you will need to create.

Combined hormonal contraceptives and progestin-only pills
- ☐ Combined oral contraceptives
- ☐ Contraceptive vaginal ring
- ☐ Contraceptive patch
- ☐ Progestin-only pills
- ☐ Quick Start method for contraception initiation

Intrauterine contraception (i.e., IUCs, IUDs)
- ☐ Placement
- ☐ Removal
- ☐ Side effects and complications
  - ☐ Abnormal bleeding, delayed menses
  - ☐ Pregnancy
  - ☐ Missing strings
  - ☐ Perforation

Contraceptive implants
- ☐ Placement
- ☐ Removal
- ☐ Side effects and complications
  - ☐ Abnormal bleeding, delayed menses
  - ☐ Pregnancy

CLINICAL PROTOCOL TEMPLATE

SYPHILLIS TESTING & TREATMENT

This template protocol is intended to assist family planning providers in developing local protocols for testing and treatment of syphilis.

A clinical protocol is a site-specific policy for the provision of high-quality health care to patients. It clarifies the scope of care that can be provided by clinicians and care team members, consistent with state regulations. Clinical protocols from one organization should never be adopted intact by another organization without first revising them, since these protocols will not include an accurate description of the adopting organization's policies and procedures nor will they account for other organizational considerations.

Refer to NFPRHA's resource, **Developing Clinical Protocols for Family Planning Services,** for more information on clinical protocols, including best practices for development.

How To Use a NFPRHA Template Protocol

- Each template protocol is written with several decision points that must be addressed before the protocol is ready for use

- The author tailors the template protocol to their own organization and creates a draft local protocol

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How To Use a NFPRHA Template Protocol

- Decision points are listed in **blue** in the template

- The writer includes only the option that reflects their organization's current practices

- If the organization has policies, procedures, or practices that are not listed as an option, they should be inserted into the draft local protocol

- When formatting the draft local protocol, options that do not apply should be deleted

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Find Resources at:
www.nationalfamilyplanning.org

Activity #2:
Reviewing Policies, Procedures, & Protocols

Updating Your Policies

SUBJECT:	PERSONAL CELL PHONES AND DEVICES	
DATE: 1/19	SUPERSEDES 3/11, 2/12, 8/15	SECTION: 114.00
APPROVED:		PAGE: 1 OF 2

POLICY: It is the policy of XXX to prohibit staff from use of personal cell phones and other electronic devices during work hours. Patients are prohibited from using cell phones and other electronic devices in clinical areas, and

Personal Cell Phones and Devices - Policy

Before

- It is the policy of FPS to prohibit staff from use of personal cell phones and other electronic devices during work hours.

- FPS patients are prohibited from using cell phones and other electronic devices in clinical areas, and from use of phones/devices for photography, video, and voice calls while in the waiting area.

Personal Cell Phones and Devices - Policy

After

- It is the policy of FPS to ensure clarity in the use of personal cell phones and devices (Devices) on its premises.

Personal Cell Phones and Devices – Rationale

Before

- FPS recognizes the need to have a cell phone/device policy both for workplace professionalism and patient safety and privacy.

- Use of personal cell phones and electronic devices during the workday for personal business is a distraction from paid duties and a disruption of official business.

- Patient use of cell phones/devices in public areas of the clinic can be disruptive and distracts from assigned tasks (e.g. completing paperwork, participating in interview/exam process, etc.).

Personal Cell Phones and Devices – Rationale

After

- This policy is to assist employees and patients in understanding the appropriate times and uses for devices to ensure a professional environment at FPS,
- while seeking to minimize distractions, inefficiencies, errors and possible confidentiality/HIPAA breaches that can result from improper use.

Personal Cell Phones and Devices – Staff

Before

- Personal cell phone/device use in front of patients, at the front desk, and in patient areas is not acceptable.
- Cell phones should be placed in a secured area.
- Immediate family and others, such as school personnel, baby sitters, etc. are to be told to contact FPS via the landlines if they require an urgent contact.
- Clinic phone numbers may be given to family for contact in an emergency.

Personal Cell Phones and Devices – Staff

After

- Use of Devices for personal reasons is limited to the breakroom, during scheduled staff breaks or lunches, and never in front of patients.

- It is preferred that the FPS land line be provided to immediate family and others, such as school personnel, babysitters, etc. for purposes of contacting an employee in the case of an emergency.

- If an emergency call comes in and the staff person is with a patient, the Clinic Manager will triage to determine if the staff person should be interrupted at that time.

Time to test out those skills!

Gotham Reproductive Health Title X Family Planning Policies and Procedures Manual	Subject:	INCOME DETERMINATION / VERIFICATION
	Effective date:	August 2016
	Approved by:	Bruce Wayne
	Authority:	Public Health Service Act 45 CFR Part 59

Sub-recipie

Gotham Reproductive Health Title X Family Planning Policies and Procedures Manual	Subject:	INFORMATION AND EDUCATION COMMITTEE
	Effective date:	August 2017
	Approved by:	Bruce Wayne
	Authority:	Program Requirements for Title X Funded Family Planning Projects

What to do when you're back at the office

Initiating Change at Your Agency

Challenges

- Don't know where to start
- Not the decision maker
- Resistance from staff
- Skillsets (formatting, etc.)
- No time to develop/implement
- Limited fiscal resources
- Technology/IT support
- Geography

Strengths

- Have support of C-suite
- Have support of key staff
- Have already begun making changes
- Have technology
- Minimal change is needed

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Plan Your Own Adventure

Specific Policy

- Format
- Review/Revision Timeframe
- Wording
- Resources
- Implementation timeline
- Training options
- Documentation / sign offs
- Audit/follow-up

P & P System

- Components of current system
- Components missing
- Components in need of improvement
- Identify system changes
- Determine best options for employing new strategies at home

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Thank you!

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