

FAQs on Writing Hospital Policies and Procedures

What is the purpose of hospital policies and procedures?

Hospital policies and procedures (P&Ps) are tools to guide staff towards accomplishing the hospital's goals, and to ensure compliance with federal and state legal requirements as well as applicable accreditation standards.

What is the difference between a policy and a procedure?

A policy is a written document that guides a particular activity or service by establishing a framework for both management and staff. It is broadly written to address minimum legal requirements and specifies responsibility for action. Given their broad framework, hospital policies are reviewed periodically, but do not typically require substantial changes to remain compliant with current legal requirements.

A procedure, on the other hand, contains more detailed requirements to ensure compliance with the policy. A procedure is a sequence of steps for completing a given activity. A procedure can also outline the manner in which a particular policy should be implemented. Since procedures are more detailed and sequential, they are typically updated and revised more frequently. Hospitals often combine a policy and related procedures into a single document.

Why is it important to critically evaluate hospital P&Ps?

Critically evaluating the need for a hospital P&P, and its content, is important for a number of reasons. First, these documents create hospital-wide standards of care, and establish minimum expectations and responsibilities required for compliance with current law (and accreditation standards). As a written expression of the hospital standard of care, hospital P&Ps can be used in litigation to attack or defend the care or services delivered. Equally important, hospital P&Ps can become, in essence, regulatory requirements: government and accreditation organization surveyors can cite a hospital for failure to follow its P&Ps, even if the steps outlined in the P&P would not otherwise be legally required. When creating a new P&P (or evaluating an existing one), stop and consider if the document should really be a P&P, or if it is an operational objective, departmental goal, or new enterprise or program that does not necessitate a P&P. Limiting the number of P&Ps to those really necessary for compliance with the law and accreditation standards is an important way to manage hospital compliance and risk.

How should a hospital P&P be written?

A hospital P&P should be clear, concise, and easy to understand. It should establish the minimum expectations for a particular activity or service. To the extent possible, hospital P&Ps should be written using the exact wording contained in the regulation or statute, and avoid including any additional requirements or specific responsibilities not required by the law. Keep it practical, and consistent with the essential legal requirements. Above all, it should be written to express the minimum necessary actions required for compliance, as expressed in law.

What are some characteristics of a good hospital P&P?

A good hospital P&P is concise, practical, and able to be performed. It should be written with a critical eye toward implementation and performance. Develop and test the content and wording contained in each hospital P&P, seeking input from clinicians and administrators who are impacted by it, to ensure it is clear, concise, and can be easily understood and implemented, using wording that mirrors the essential legal requirements.

What are some things to avoid in writing a hospital P&P?

Remember, your hospital will be surveyed to ensure that staff is following hospital P&Ps, so the choice of words used is critical. Avoid wording that inadvertently raises the standard of conduct beyond the essential legal requirements. For example, do not use “must” if “may” will suffice. Avoid using specific terms and sequences when the law uses general descriptors or objectives (e.g., do not use the word “physician” when “qualified health care provider” will suffice). Another trap is to insert future requirements or goals into hospital P&Ps. Because hospital P&Ps apply when adopted, make sure the ability to meet them exists when they are adopted. Another trap in writing hospital P&Ps is to include additional information or insert specific requirements that are not legally essential. This additional content should be documented elsewhere, and not in a hospital P&P. Remember, hospital P&Ps effectively become regulatory standards. The lesson here is that hospital P&Ps provide a road map for surveyors to evaluate staff knowledge of the content (less is more), and consistent implementation of legally and self-imposed requirements.

Are there examples of how word choices matter?

Yes, choose words that are consistent with the essence of the legal requirement. If possible, use words and phrases directly from the law. An example of a hospital P&P that went awry, and resulted in a lawsuit and hospital liability, was an emergency department P&P that required every patient to be evaluated by a “triage nurse” and seen by an “emergency physician” prior to discharge. A particular patient that subsequently died was seen by a physician, but he was not a specialist in emergency medicine. The court determined that the hospital was negligent because it didn’t follow its own policy, and was therefore liable for the patient’s injuries. The lesson here is to choose the words carefully. This hospital may have avoided liability by indicating each patient would be triaged by a “qualified health care professional” and evaluated by a “licensed and credentialed member of the medical staff.”

What is an example of a P&P requirement that may be impossible to perform?

A hospital P&P that may be impossible to perform is one that requires the hospital to ensure the performance of actions by a third party. For example, a hospital P&P may state that the hospital shall ensure that each physician on its medical staff provides discharge instructions to the patient prior to discharge. This policy objective is ideal; however, the P&P itself places responsibility directly on the hospital for the action or inaction of third parties (physicians who are not employed by the hospital, and therefore not under its control). The physician may not be the health care professional who reviews the discharge instructions with the patient.

What should a hospital do if it identifies P&Ps that are not required?

If a hospital P&P is not legally required, the hospital should consider withdrawing it or revising it to indicate it is a recommendation for staff, not a mandatory P&P. Remember, a hospital P&P becomes essentially a performance standard of care that it will be surveyed against – and can be used in litigation to sue the hospital for falling below the standard of care.