

# Health policies and procedures for Healthcare Organisations

PROCEDURE

POLICIES

Dr. Israa Al-Rawashdeh MBBS, MPH, PhD  
Faculty of Medicine  
Mutah University  
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# Introduction



- **Providing healthcare services IS COMPLEX!**
- **Health care organizations use policies and procedures**  
**Health organizations use them to reduce complexity and standardize practices.**
- **While direct patient care is the primary focus, maintaining updated and Well-written policies is important for:**
  - ✓ **Reducing practice variability (minimizing substandard care/patient harm).**
  - ✓ **Reducing risks (malpractice, claims, etc.).**

# Definition: What is a policy?

A **policy** is a set of principles that:

- Outlines the **situation, goal, or purpose** of an organization.
- Guides **decision-making** (actions or inactions).
- Applies to **processes, activities, or expected scenarios**. (Hollnagel et al., 2014).

# Examples of hospital policies

## Policy:

### 1. Patient Care Policies:

- **Promoting Natural Childbirth:** Prioritizing non-interventional delivery methods when medically safe.
- **Patient Safety Protocols:** Ensuring adherence to safety measures to prevent harm (e.g., fall prevention, infection control).
- **Medication Administration:**
  - Rule:* Medications may only be given by a **qualified registered nurse**.
  - Requirement:* Must follow a **written physician's order**.

### 2. Employment Policies

**Employee Resignation:** Requires a **3-month notice** from the employee before contract termination.

**Employer Termination:** Requires a **1-month notice** to the employee before contract termination.

# Definition: Procedure?

A **procedure** is a series of **intentional, step-by-step actions** to:

- Achieve a specific **objective** under defined circumstances.
- Guide **who does what, when, and how** to implement a policy.

i.e. How to carry out the policy!

# Policy vs procedure

## Policy

- Usually expressed in broad terms
- States “what” or “why”
- Changes less frequently
- Describes values, philosophy of the organization

### Policy

Employee should provide three months notice before terminating his/her contract

## Procedure

- Usually stated in detail
- States “How” and “Who” and “When”
- Prone to change
- Describes process

### Procedure

How does the employee request contract termination?  
How to fill out the form?

How to track the request?  
Who is responsible for processing the form?

**Protocol:** Synonymous with procedure. Often used when describing **clinical patient care-related interventions**. It Standardizes patient care steps.

For example, a chemotherapy protocol or protocol to quality healthcare delivery.

**Guideline:** Recommended actions for **a specific situation or type of case**. It Provides flexibility for clinical judgment.

For example, A clinical practice guideline that outline blood-testing practices for patients who are taking anticoagulants.

## COVID-19 Adult Clinical Evaluation Guide

### Consider COVID-19 in a patient with any of the following:

- Fever
- Cough
- Shortness of breath
- High risk travel/exposure

### Clinical Signs/Symptoms

- Fever seen in >75% of hospitalized cases at some point *but almost 50% are afebrile on admission*
- Cough 60-80% (dry or productive)
- SOB 20-40%
- URI symptoms (HA, sore throat, rhinorrhea) in <15%
- GI symptoms (diarrhea, N/V) in <10%

### Labs

- Check CBC with diff, BMP, LFTs, procalcitonin
- **Clues to COVID-19: leukopenia, lymphopenia**

### Labs and biomarkers

- Median WBC 4.7, with leukopenia in 30-45% (leukocytosis in <5%)
- Lymphopenia in 33-85%
- Median platelets normal, but slight decrease in 35%
- AST/ALT increase in 4-22%
- CRP increased in 61-86%, LDH increased in 27-75%
- PCT:  $\geq 0.5$  in 5.5% overall (14% if severe, 24% if ICU)

### Microbiology

- Check rapid flu/RSV, RVP
- Consider blood cultures, sputum culture
- **Clues to COVID-19: absence of other pathogens**

### Microbiology

- Coinfection rate with viruses and bacteria is unknown but is low in published studies to date
- The presence of an alternative viral etiology (eg influenza) makes COVID-10 less likely (exception: rhinovirus since this is a common co-pathogen)
- Bacterial coinfection might increase with severity of illness so *bacterial infection in a severely ill patient does not exclude COVID-19*

### Imaging

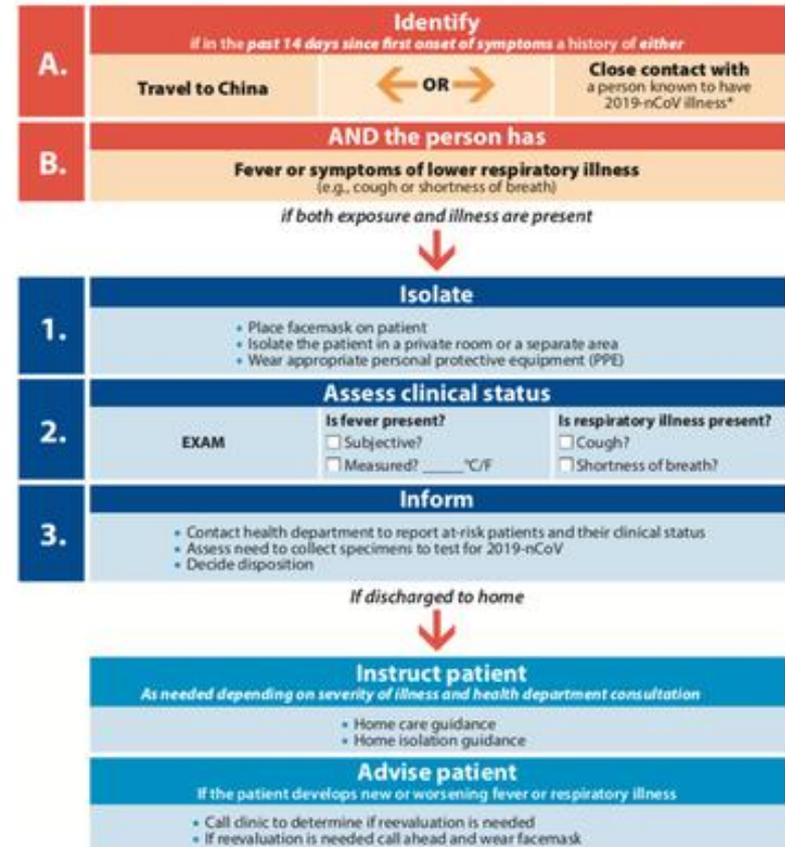
- CXR in all patients
- If CXR (-), consider CT for better sensitivity for PNA and to exclude alternative dx
- **Clues to COVID-19: bilateral, GGO, peripheral distribution**

### Imaging

- CXR abnormal in 60% (77% if severe), chest CT abnormal in 86% (95% if severe)
- Unilateral findings on CXR or CT in 14-25% (especially if mild or early in disease)
- Most common findings: GGO and patchy consolidations (>50%), peripheral distribution >50%
- Nodules, LAN, cystic changes, effusion in <10%

## Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



\* Documentation of laboratory confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: [www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)

# The Purpose of Policies and Procedures

**Formalized, written policies and procedures fulfill a number of important purposes:**

1. Ensure adherence to professional practices and Reduce practice variation for consistent care. (standardization).
2. Promote compliance with regulations. (i.e. All policies and procedures should not contradict with the government rules and regulations and MOH policies and procedures).
3. Accreditation Readiness: Meet standards for audits and certifications.
4. Role Clarity: Define staff responsibilities, especially for new hires.
5. Error Reduction: Minimize reliance on memory—a leading cause of human errors.

# Types of hospital policies and procedures

There are several types of hospital policies and procedures but the main ones are :

## 1. Philosophical :

- **Code of Ethics:**

*Example: "Staff must refuse gifts from pharmaceutical companies to avoid conflicts of interest."*

- **Mission/Vision:**

*Example: "Our mission: To provide compassionate, evidence-based care to all patients, regardless of background."*

- **Communication Culture:**

*Example: "Daily team rounds must: Include the bedside nurse, attending physician, and pharmacist." (Effective communication keeps internal processes running smoothly and helps to create positive relations with people both **inside and outside** the organization).*

# Types of hospital policies and procedures

## 2. Administrative

### General Rules and Regulations

Code of conduct

Dress code

Workplace behavior

### Smoking and Environmental Health Policies

No-smoking zones

Waste management and hygiene protocols

### Security Policies

Access control

Emergency response (e.g., fire, active shooter)

### Total Quality Management (TQM) Policies

Patient safety protocols

Continuous improvement initiatives

Compliance with healthcare standards

## ADMINISTRATIVE POLICIES & PROCEDURES MANUAL

<b>Policy Covering: VISITING HOURS</b>			
Effective Date:	September 2010	Category: Patient Administration	Policy # 602
Reviewed:	May 2013		
Revised:	March 2015		
Prepared By:	VP of Patient Care Services	Supersedes Policy #/Dated: May 2013	Page 1 of 1
Issued By:	President/ CEO		

**Policy:** It is the policy of the hospital to provide a patient centered approach to care. In an effort to balance patient needs with nursing/therapeutic/diagnostic care, the hospital has established the following criteria for visiting hours.

**1. General Criteria**

- a. The hospital is open for visiting during the hours of 0800 to 1830 and 1930 to 2200. Health care staff has the discretion to direct visiting in order to meet the health care needs of the patient and to address security issues during the evening/night;
- b. Visiting criteria do not apply to clergy/chaplains;
- c. Short visits are encouraged as patients need to rest, unless visitors are providing care for their loved one, ie. feeding, keeping the patient from harming themselves;
- d. Generally visitors will be restricted to two (2) at a time;
- e. There will be times that visitors will be asked to leave the patient room. Examples of these instances are: if any patient in the room requires nursing care or treatment during a visit; the room needs cleaned; and others as they arise. Visitors will be discouraged from staying in the halls and will be asked to use the quiet room or day room;
- f. Children under twelve (12) years of age are only permitted to visit provided they are well behaved and supervised at all times by an adult; and
- g. Children under twelve (12) years of age will be restricted from visiting patients with C. diff. Other ARO patients may also have restrictions based on the organism/circumstances.

**Exceptions for specific types of patients**

# Types of hospital policies and procedures

## 3. Human Resource Management Policies

- Ensure staff compliance with organizational rules and regulations.
- Promote employee well-being and professional development.
- Enhance staff skills to maintain high-quality healthcare services.

Examples:

### **Leaves and Personnel Processes**

- Vacation, sick leave, and maternity/paternity leave policies
- Hiring,, and termination procedures

### **Staff Development**

- Training programs
- Continuing education requirements
- Performance evaluation processes

# Types of hospital policies and procedures

## 4. Information Management Policies

- To manage how sensitive information (staff, patient, or visitor-related) is collected, stored, shared, and protected, ensuring compliance with privacy laws and maintaining trust.

**Include: Confidentiality, Electronic Health Record (EHR) usage, Cybersecurity protocols, Data backup and recovery, Patient privacy safeguards**

# Types of hospital policies and procedures

**SHORT,  
INTERNAL COMMUNICATION**

## 5. Internal Communication Policies

- **Memo policies:**

- Target only relevant departments
- Management notification or short report
- General distribution
- Delegation of authority
- Must include clear subject lines, dates, and sender/receiver details.
- Use bullet points for action items; limit to one page when possible.

### **Examples:**

- **Urgent Issues:** Immediate via email/phone with written follow-up.
- **Routine Updates:** Weekly summarized reports (e.g., staffing, incidents; A short incident report from Nursing to Risk Management).

## POLICY MEMO

DATE: January 1, 2009

TO: All Employees

FROM: Headquarters Accounting & Finance Department

SUBJECT: Business Travel and Expense Policy

EFFECTIVE: January 1, 2009

### I. TRAVEL

All business travel must be approved and reasonable expenses discussed with the immediate supervisor in advance of travel and prior to incurring expenses.

#### A. Travel Arrangements

Every effort should be made to make advance travel arrangements to minimize costs to the Company. Whenever possible, employees are to arrange transportation in the least expensive way possible by securing available discounts and special rates by booking their own travel through on-line reservation systems.

#### B. Travel by Air

# Memo

To: PHCS Employees

From: Human Resources Department

Date: August 2011

Re: Volume 5 Human Resources Policy Changes and Additions.

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Amendments have been made to the Volume 4 - Human Resources Policies and Procedures to reflect current Preferred Health Care Services practices and legislative regulation changes, which are effective immediately.

In addition we have implemented new policies that have been added to the Volume 5 Policies and Procedure Manual.

You will find a summary document which highlights all of the changes to current policies and a brief summary of the new policies implemented. Please familiarize yourself with the changes and the additions by reading the summary document, the entirety of the new policies which you can access by contacting Christina Rizek, Recruitment & Employee Relations Analyst. If a specific policy is not included on the summary document then it did not require any major changes.

If you have any inquires or concerns, please direct them to your Manager or designate.

Thank you

Human Resources

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# Responsibility

It is the responsibility of **each Department Head** to develop policy and procedure within their scope of service

The Department Head collaborate and **coordinate** inter-related departmental policies.  
(e.g., Infection Control working with Nursing and Facilities).

➤ TQM Department is responsible to provide assistance to the departments to develop their policy and procedures.  
(Support role)

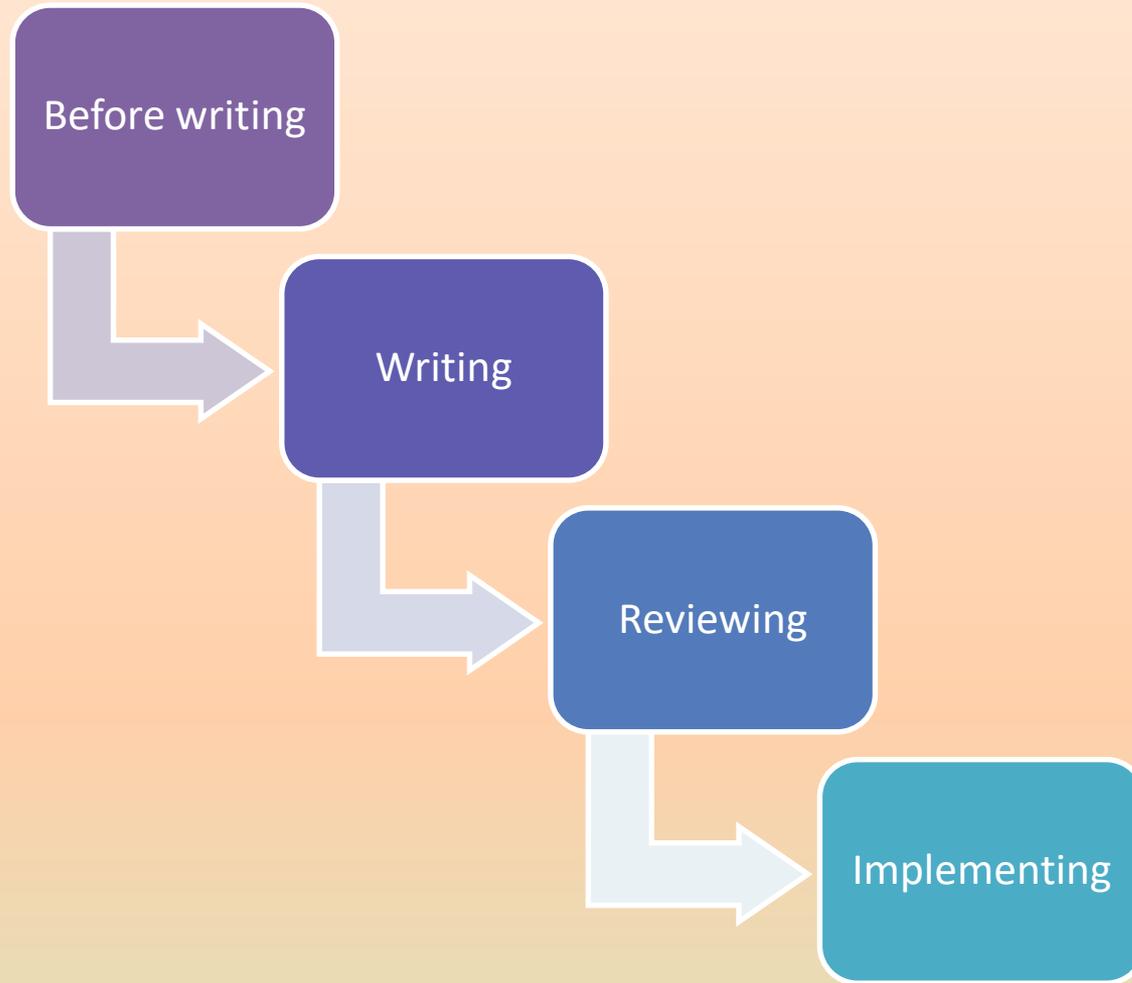
## Approval Process:

Final policies require review by TQM and/or hospital leadership.

## Documentation:

All policies must be archived for easy access and audits.

# How Do You Formulate or Write a Policy?



# How Do You Formulate or Write a Policy?

## Before You Begin Writing Policies

### Needs Assessment:

Identify the problem or gap requiring a policy (e.g., safety incident, regulatory change).

Consult stakeholders (staff, legal, IT) for input.

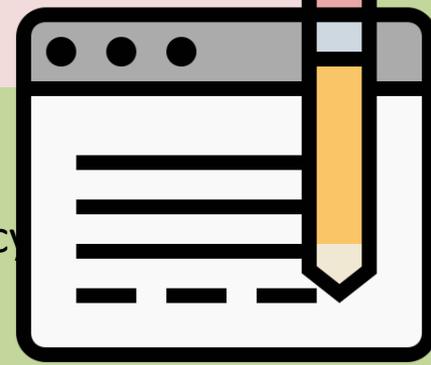
### Research:

Review **existing** policies, and legal requirements.

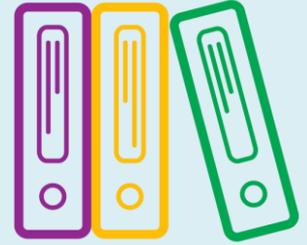
### Define Scope & Objectives:

Clearly state what the policy will cover and its goals (e.g., "Reduce medication errors").

# P &P writing



- **Structure:** Use a standardized template with:
  - **Title:** Clear and specific , simple, recognizable name for the policy (e.g., "Hand Hygiene Policy").
  - **Purpose:** Why the policy exists.
  - **Scope:** Who/what it applies to (e.g., "All clinical staff").
  - **Definitions:** Key terms (e.g., Protected Health information "PHI" for privacy policies).
  - **Procedures:** Step-by-step instructions.
  - **Roles/Responsibilities:** Who enforces/complies with it.
  - **References:** Laws or standards cited.
- **Language:**
  - Concise, active voice (e.g., "Staff must wash hands before patient contact").
  - Avoid jargon; use bullet points for readability.
  - Avoid Superlatives: (Replace subjective claims like "highest level of care" with measurable standards (e.g., "complies with CDC guidelines").
  - **Use Precise Verbs:** "promote," "monitor," or "document" instead of "ensure" (e.g., "to promote patient safety"). ✘ "Ensure all patients receive timely care" (Can you really guarantee this 100% of the time?) ✔ "Monitor wait times hourly and document delays exceeding 30 minutes" (Specific, measurable action)



- Combine/ merge separate policies on the same subject into one policy. If it becomes lengthy, create a table of contents so the user can easily locate specific sections.
- Ensure responsibility for carrying out each action step is **explicitly stated, not implied**
- **Create uniform naming and numbering for all system documents. Label each page "Page X of Y" and include the policy title and number in every header.**