

# IMPLEMENTING A SAFETY-DRIVEN POLICY & PROCEDURE PROGRAM

Presenter's: Cheryl Kirchner, MS, BSN, RN, CPHQ, CPMP  
Wyndy Looney, MSN, RN, NPD-BC, CPMP



# Meet the Presenters



## Cheryl Kirchner, MS, BSN, RN, CPHQ, CPMP

*Director Compliance Solutions, RLDatix*

Cheryl has nearly 30 years of experience in the healthcare industry including systems-level healthcare leadership with a specialization in quality improvement, regulatory compliance, safety, and directing performance improvement initiatives for acute care hospitals, managing quality projects for Medicare and Medicaid programs and a clinical background in critical care nursing.

Policy management experience includes successful implementation of the RLDatix PolicyStat document management program for a multi-campus hospital system; Serving as Site Administrator for RLDatix PolicyStat and Chairperson of the Policy and Procedure Committee for a multi-campus hospital system; and Leading a consulting practice with services to help organizations improve and stay compliant with document management.

# Meet the Presenters



## **Wyndy Looney, MSN, RN, NPD-BC, CPMP** *Clinical Executive, Lippincott® Solutions, Wolters Kluwer*

Wyndy possesses an extensive background in clinical education and competency management, policy development and management, and nursing administration in both acute care and ambulatory health systems.

She most recently served as a chief nursing officer for an academic clinical enterprise. In former administrative roles, she held responsibility for clinical operations, policy and procedure management, nursing quality analytics and reporting, and has served as a site administrator for Lippincott® Solutions, NDNQI®, and RLDatix PolicyStat.

As a former Lippincott® customer, Wyndy knows the platform well. In her role as Clinical Executive, she provides consultative guidance, insight, and best practices to assist customers to optimize their Lippincott® Solutions investment.

# AGENDA

- Purpose
- Learning Objectives
- What You Can Expect
- Q & A





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## PURPOSE



Provide you with tools and resources needed to design a *Safety Driven Clinical Policy and Procedure Program*.



Equip you to support safe, evidence-based patient care beyond the technical requirements of compliance.

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# LEARNING OBJECTIVES

**At the conclusion of this activity, participants should be able to:**

1. Differentiate between policy and procedure.
2. Outline best practices for separating and integrating policy and procedure.
3. Summarize the impact of organizational culture on a Safety-Driven Policy and Procedure Program.
4. Design a Safety-Driven Clinical Policy and Procedure Program.
5. Articulate the business case for a Safety-Driven Policy and Procedure Program.

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## WHAT YOU CAN EXPECT...

- Poll participation
- Real Life Examples
- Practical Tools You Can Use



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# DIFFERENTIATING BETWEEN POLICY AND PROCEDURE

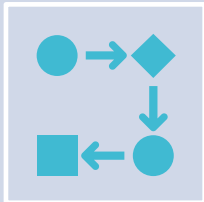




# DEFINING TERMS



**Policy:** A policy outlines organizational expectations and sets boundaries for decision-making regarding practice.



**Procedure:** A procedure is a series of steps to be followed as a consistent and repetitive approach to accomplish a result.

# GENERAL POLICIES VS PROCEDURES

General Policies	General Procedures
Organizational expectations	Describe a process
Widespread application	Narrow focus
Infrequent Change	Change
Broad	Detailed
What / Why Statements	How / When / Who Statements

<sup>3</sup>Source: Adapted from <http://compliancebridge.com/policy-vs-procedures/>

# Clinical Policies vs Procedures

CLINICAL POLICIES VS PROCEDURES MAY DIFFER

Clinical Policies	Clinical Procedures
Organizational expectations	Describe a step-by-step process
Widespread application	Narrow focus
Infrequent change	Change
Broad	Detailed
Who / What / When Statements	How / Why Statements

# CLINICAL POLICY EXAMPLES

Policy Statements	Procedure Statements
<p>We call "must" and "must not" words of obligation.</p> <ul style="list-style-type: none"> <li>• "Must" is the only word that imposes a legal obligation on end users to tell them something is mandatory.</li> <li>• "Must not" are the only words you can use to say something is prohibited.</li> </ul>	<p>Written in active voice using action verbs.</p>
<p>Example: A new disinfectant-containing end cap (what) <b>must</b> be placed on the needleless connector with each use (when) <i>to reduce the risk of vascular catheter-associated infection</i> (why).</p>	<p>Example: Confirm the patient's identity using at least two patient identifiers.</p>
<p>Example: RNs who have attended an organized program of study with supervised clinical practice (who) may perform [standardized clinical skill] (what).</p> <p>Example: A physician order is required for [standardized clinical skill] (when).</p>	<p>Example:  <b>Trace</b> the IV administration set tubing from the patient to the point of origin. Route tubing and catheters with different purposes in different, standardized directions.  <i>Rationale: Tubing misconnections continue to cause severe patient injury and death, trace the tubing to mitigate against the chance of misconnection.</i></p>

## SUGGESTED DEFINITIONS FOR CLINICAL GUIDANCE DOCUMENTS

Term	Definition
<i>Policy or policy statement</i>	A mandatory, high-level statement of doctrine or rules, based on a formal standard or requirement, which establishes a course of action, accepted strategy, or objective
<i>Procedure</i>	A detailed or step-by-step description of how to implement an existing policy or perform a clinical skill
<i>Standard operating procedure (SOP)</i>	A set of instructions on how to carry out a required activity or process not associated with an existing policy or procedure
<i>Directive</i>	An authoritative statement of what to do or not do in a specific situation, issued by an appropriate person or group
<i>Guideline</i>	A suggested best practice which establishes a process to follow in a particular set of circumstances and aimed at reaching certain quality outcomes; guidelines are not mandatory
<i>Clinical Care Pathway</i>	A care plan used to optimize the value of care by reducing unnecessary practice variation in the care of patients with a specific clinical problem.
<i>Protocol</i>	A set of procedures constrained by rules and algorithms that directs a clinical course in specifically defined situations or treatments



## LEARNING

More information:

- RLDatix Courses

[rldatix.com](http://rldatix.com)

- Lippincott Courses

[Lippincottsolutions.com](http://Lippincottsolutions.com)

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BEST PRACTICES FOR  
SEPARATING AND  
INTEGRATING POLICY AND  
PROCEDURE



# BENEFITS OF SEPARATING POLICY & PROCEDURE



Reduces Policy Workload



Streamlines Policy Reviews



Simplifies Policy Approvals

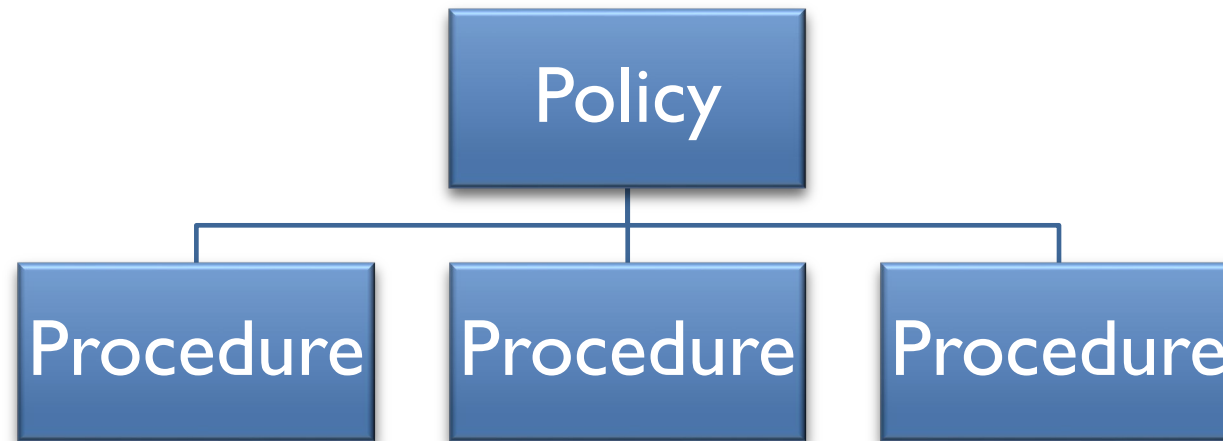


Reduces Regulatory Risk

*Your policy and procedure information should be covered in separate documents that are linked together.*

# NOTES ON SEPARATING POLICY & PROCEDURE

- Not every procedure will have an individual related policy document.
- One overarching policy may have multiple supporting procedures.



**Regardless, all procedures should be linked to a policy.**

# SAFETY-RELATED ACTIONS



Adopt a mindset of safety first, not checking boxes.



Link procedures to policies for easy frontline staff and leadership access and reference.



Promote sharing of responsibility.

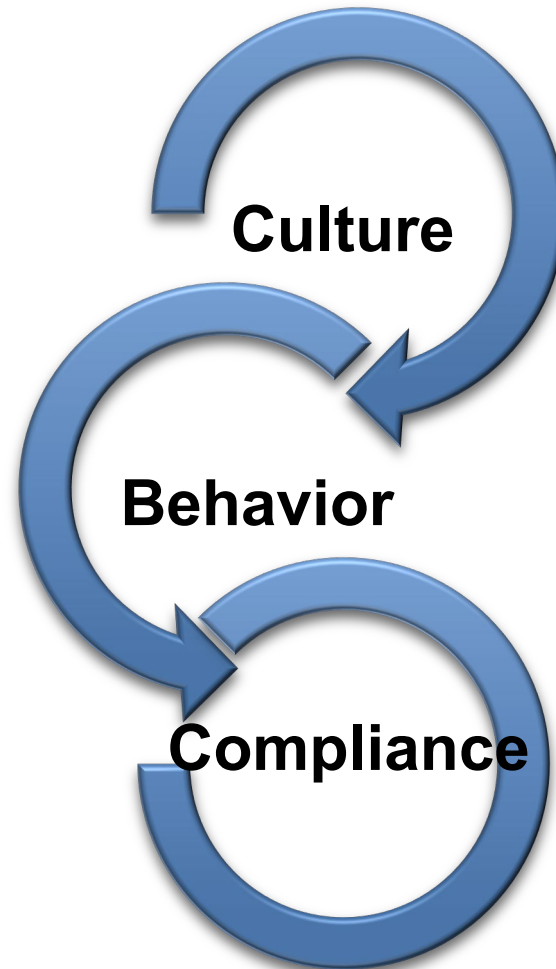


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## ORGANIZATIONAL CULTURE & SAFETY-DRIVEN POLICY & PROCEDURE PROGRAMS



# SAFETY CONFIDENCE: KEY CONCEPTS



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# PROBLEMS WITH CONFIDENCE & CULTURE

**If people don't know what to do, when to do it or how to do it, they lack confidence in work.**

*This can result in nursing job dissatisfaction-a finding directly linked with intent to leave. Patient satisfaction levels are lower in hospitals with more nurses who are dissatisfied-a finding that signals problems with quality of care.*

**If policies are not followed, they are just words on paper.**

*Non-compliance can result in patient harm, litigation and penalty costs, staff frustration and inefficiencies.*



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As you reflect on what you learn today, consider how organizational **culture** may impact the **application** of these principles and further, how might this impact **compliance and safety** in your organization.





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# DESIGNING A SAFETY-DRIVEN CLINICAL POLICY AND PROCEDURE PROGRAM

*Plus, Real Life Success Stories*



# PLAN FOR SUCCESS



Strategize



Organize & Standardize



Communicate & Integrate



Facilitate

# 1. STRATEGIZE

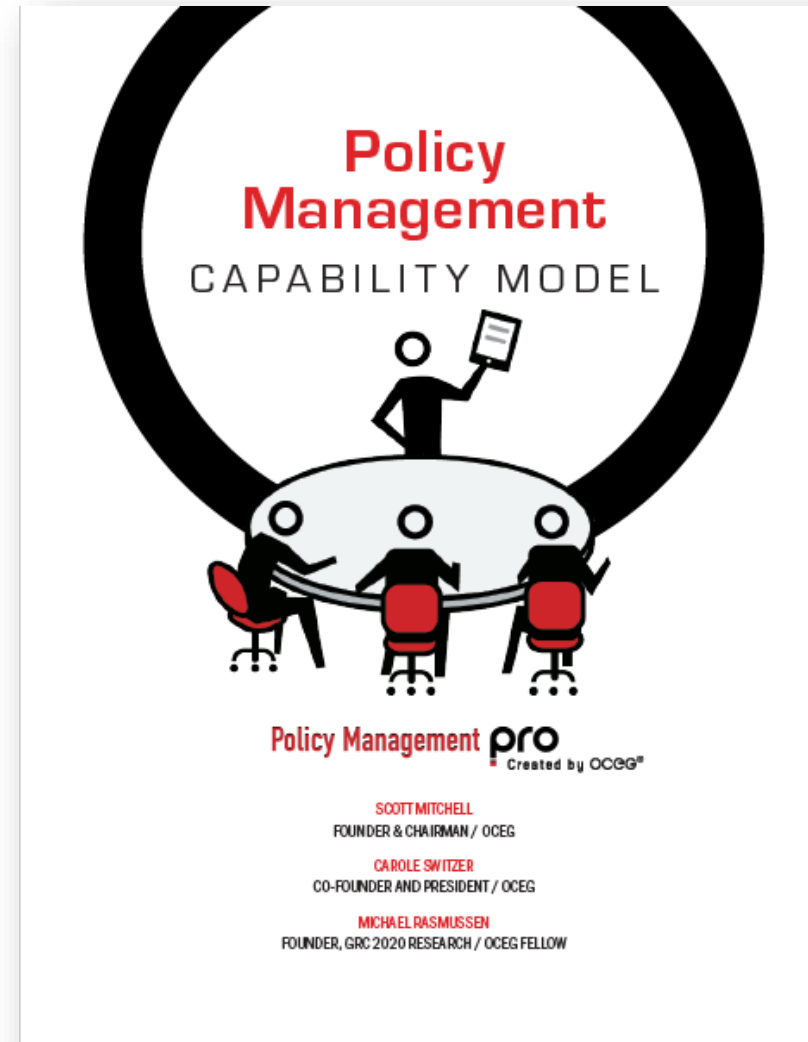
Consider an evidence-based framework for policy management, like the Policy Management Capability Model.

Developed by the Open Compliance and Ethics Group (OCEG).

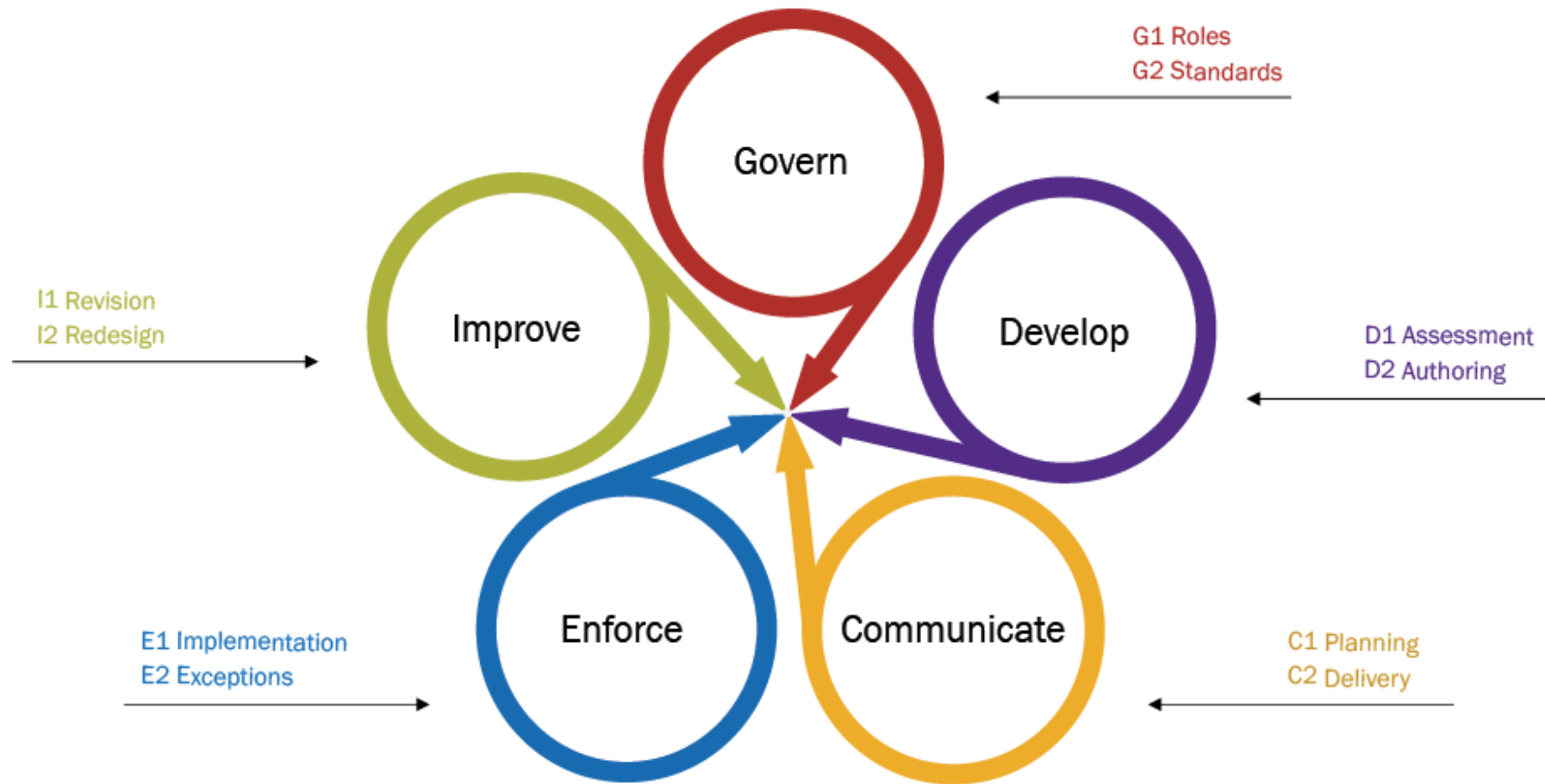
Vetted by an international review board of policy management professionals.

This definitive standard can be used by anyone.

The framework can be downloaded with no free



# OCEG'S POLICY MANAGEMENT CAPABILITY MODEL



**PolicyStat™ automates the following elements of the capability model:**

Govern	<ul style="list-style-type: none"><li>• Clearly defined Roles (Owner, Author, Reviewer, Approver)</li><li>• Standardized structure for document management</li></ul>
Develop	<ul style="list-style-type: none"><li>• Develop policies using approved templates and style guides with input from relevant parties.</li></ul>
Communicate	<ul style="list-style-type: none"><li>• Provide easy access to policies</li><li>• Push policies to target audiences</li></ul>
Enforce	<ul style="list-style-type: none"><li>• Provides architecture to manage, communicate and track policies &amp; document exceptions</li></ul>
Improve	<ul style="list-style-type: none"><li>• Document lifecycle of documents, track revisions, monitor use, report on state of document (current)</li></ul>



## Lippincott® Procedures automates the following elements of the capability model:

### Govern

- Current, evidenced-based standards of care; maintains compliance with current regulatory and other professional organizations' standards and national guidelines.
- Multiple permissions levels available.

### Develop

- Lippincott® Procedures provides 2,200+ current, evidence-based, step-by-step procedures for various clinical settings and nursing and allied health care areas.
- Completely customizable.

### Communicate

- Provides easy, IP-authenticated access to clinical procedures; embedded in clinical workflows.
- Mobile app available.
- Clinical procedure updates pushed to customers with changes tracked within the product.
- **Integration** with policy management systems and/or linking to and from policies available.

### Enforce

- Lippincott® Procedures provides the current, evidence-based clinical procedures manual, manages the periodic review and updates process, leveling of the evidence, references, rationales, incorporates regulatory safety and clinical alerts, and includes electronic skills checklists to support compliance and competency validation.

### Improve

- Reviewed at least annually.
- The **Critical Notes, Applies to, Facility Review, Editorial Comments, and View Audit Trail** features in Lippincott® Procedures can be used to add customizations, track custom changes, as well as document periodic review-related information for archiving and auditing purposes.

## 2. ORGANIZE & STANDARDIZE



The Advisory Board's article entitled "How Cleveland Clinic Streamlined Policy Management Enterprise-Wide" is an account of the health system's journey to organize and standardize clinical documents.

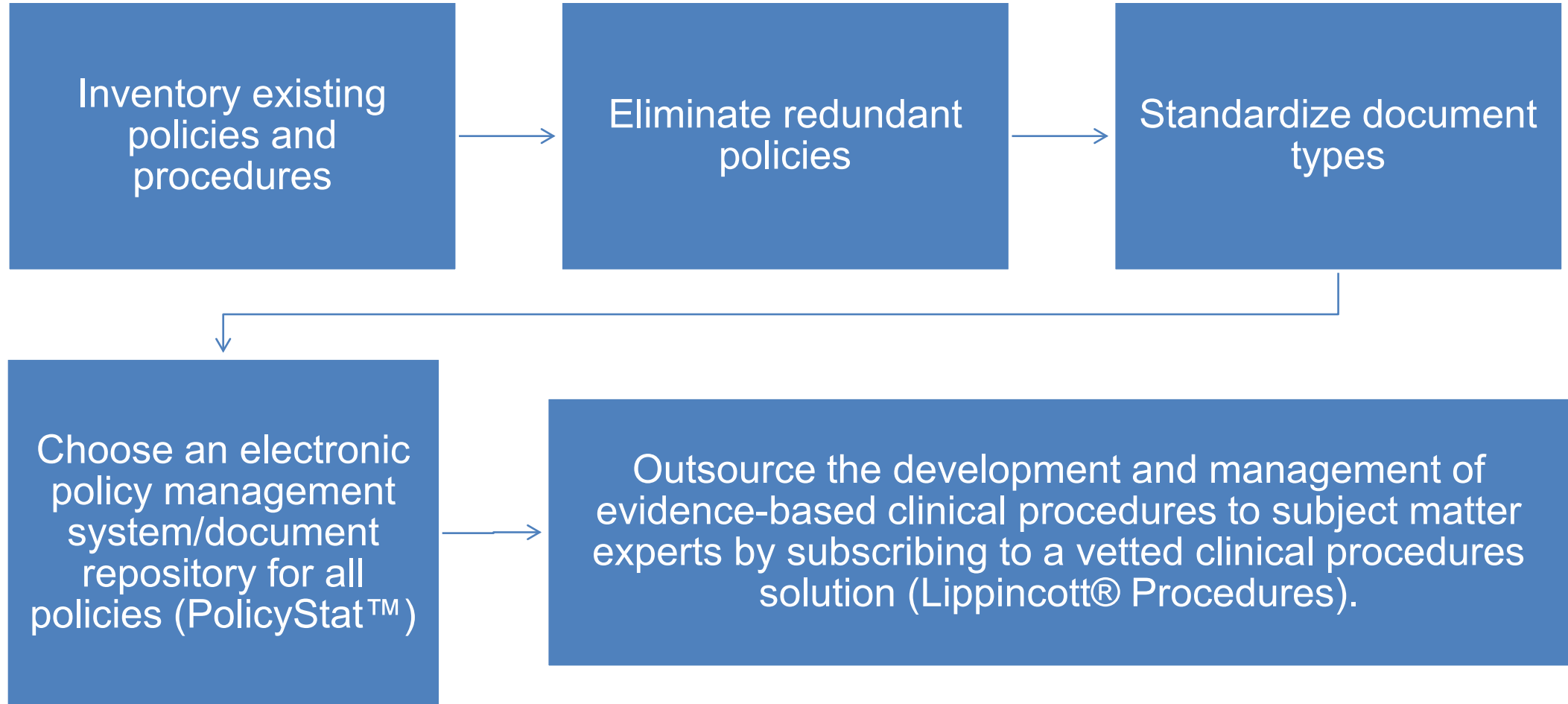


Established a "single source of truth" for clinical policy and procedures.

## Implementing a Safety-Driven Policy and Procedure Program

<p>Govern</p>	<ul style="list-style-type: none"> <li>• Establish a system-level process for policy management and oversight.</li> <li>• Choose an electronic policy management system/document repository.</li> <li>• Use a standardized, evidence-based clinical procedures solution.</li> <li>• Integrate policy management and procedure platforms. (PolicyStat™ &amp; Lippincott® Procedures)</li> <li>• Designate policy owners and approval workflows.</li> <li>• Standardize all document types.</li> </ul>
<p>Develop</p>	<ul style="list-style-type: none"> <li>• Inventory existing policies.</li> <li>• Eliminate redundant documents.</li> <li>• Formalize a process for creating and revising policies which centralizes control to ensure that all employees follow the same, standardized documents.</li> <li>• Establish policy review timelines.</li> </ul>
<p>Communicate</p>	<ul style="list-style-type: none"> <li>• Establish a communication plan to disseminate clinical procedure update information.</li> <li>• Leverage existing teams/committees (e.g., shared governance).</li> <li>• Engage frontline staff.</li> </ul>
<p>Enforce</p>	<ul style="list-style-type: none"> <li>• Use standardized policies across the organization.</li> <li>• Customize standardized, evidence-based clinical procedures only as necessary; and use a customization approval process.</li> </ul>
<p>Improve</p>	<ul style="list-style-type: none"> <li>• Lippincott® Procedures provides customers with a list of the standardized procedures that have been <b>reviewed, introduced, corrected, or revised</b> quarterly.</li> </ul>

## SAFETY-RELATED ACTIONS



### 3. COMMUNICATE & INTEGRATE

- Establish a communication plan to disseminate clinical procedure update information
- Leverage existing teams/committees (e.g., shared governance)
- Engage frontline staff
- Integrate access to policy and procedure into daily clinical workflows.



# EXAMPLE POLICY & PROCEDURE: USE OF LIPPINCOTT® PROCEDURES

Lippincott® Solutions

**Sample Policy: Use of Lippincott® Procedures**

**I. Purpose**  
To establish expectations for the use of *Lippincott® Procedures*, an authorized, evidence-based procedures manual.

**II. Applies to:**  
Patient Care Services

**III. Policy Statements**

A. [Organization] uses *Lippincott® Procedures* as the official evidence-based clinical procedures manual. EXCEPTION: Wound Care and Laboratory will use the corresponding certifying body procedure manual as their official manual.

B. Licensed staff are responsible for following applicable state laws, practice acts, administrative codes, declaratory statements and/or other guidance issued by their state licensing board; as well as, applicable [Organization] policy, to assist them in exercising professional judgment and determining whether the performance of a procedure is within their scope of practice.

**IV. Policy Owner**  
Chief Nursing Officer

**V. Dates**  
Implemented: September 2021  
Next Review Date: September 2024

WL 09-2021

Lippincott® Solutions

**Procedure Title: Use of Lippincott® Procedures**  
*Implemented 09/2021*

- Staff will be provided access to *Lippincott® Procedures* via an icon placed on desktops and laptops and an application (mobile app) placed on authorized mobile devices used in all patient care areas; as well as, links placed in the electronic medical record, policy management system, learning management system, and intranet as deemed appropriate by the Chief Nursing Officer (CNO).
- User type and access to *Lippincott® Procedures Administration Tools* will be assigned according to organizational roles and responsibilities held.
- Patient Care Services staff will be oriented to the use of *Lippincott® Procedures* upon hire and as needed related to technology changes/enhancements.
  - Patient Care Services staff will be oriented to the training videos and user manual available within the *Lippincott® Procedures* solution.
  - Patient Care Services staff will be oriented to the use of corresponding *Lippincott® Procedures Skills Checklists* at the point of care to support safe and high-quality patient safety.
- Procedure updates will be communicated to Patient Care Services managers and other identified stakeholders by designated product Administrator(s) in alignment with the *Lippincott® Procedures* quarterly updates schedule.
- Patient Care Services managers are responsible for identifying which procedural updates apply to their care area(s) and communicating these updates/changes to their staff. Patient Care Services managers should communicate these changes/updates to their staff in standardized ways such as shift huddles, unit meetings, posting the changes, etc.
- Lippincott® Critical Notes* may be customized to communicate related and important organization-specific information. Customizations to *Critical Notes* will be reviewed as needed resulting from process, technology, regulatory, or legal requirement changes.
- Lippincott® Facility Review* notes will be used to document procedure reviews.
- Any changes made will be noted using the *Lippincott® Editorial Comments* feature in the procedure Edit Content screen for archiving and auditing purposes.
- A download-able archive containing all custom Procedures, Checklists, Quick Lists, and Notes, will be generated [monthly]. This functionality is available within *Lippincott® Procedures* and will be managed by a designated product Administrator. The designated product Administrator will ensure storage of the archive on [Organization]'s internal network.
- Patient Care Services staff will direct any questions regarding use of *Lippincott® Procedures* to their supervisor.



## 4. FACILITATE

- As leaders, remove barriers
- Empower staff to own documents
- Encourage policy management training for all policy authors, owners, approvers, and/or policy committee members.





## WHAT OTHER CLINICAL LEADERS HAVE SHARED...

- ‘We know we need to transition to better program, but struggle in how to get it done and communicate it.’
- ‘It’s hard to engage document owners in seeing a vision while they are burdened with maintenance.’
- ‘We don’t have the time and resources to implement the ideal program.’
- ‘There are so many competing priorities, we can’t keep up with evidence and standards.’
- ‘Some policies put our staff at more risk, but document owners don’t realize it.’
- ‘Sometimes the legal team gets document owners off track with confusing language, we need more clinical decision-making language instead of legal terms.’

# REAL-LIFE SOLUTION STORY: IMPLEMENTATION

## Children's Hospital and Medical Center Omaha

*“For us, it is a journey that has three phases for each solution: technology, people, process”*

– Quality Administrator

The PolicyStat solution ...

- 60% improvement in document management
- Interactive dashboard helps with accountability and governance
- “Polar opposites” both use system without “hand holding”

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# REAL-LIFE SOLUTION STORY: MAINTENANCE, CONTENT

## Regional Medical Center Orangeburg

*“We need to get our arms around policy and procedure management” - CNO*

The Lippincott® + PolicyStat results ...

- Reduced the maintenance burden (less research & review, fewer policies)
- One source of truth for integrated clinical policies and procedures
- Easy access to procedures for staff



## REAL-LIFE SOLUTION STORY: AUTHORITATIVE CONTENT, CONFIDENCE IN USE

*“We use Lippincott as the ultimate authority on clinical standards as Lippincott is continually updated with its procedures and information based on evidence and research.*

*I used Lippincott Procedures when I was in nursing school over 30 years ago. Lippincott is a name recognized by almost everyone in nursing. The fact that it’s web-based so it can be accessed from anywhere and that it is always being updated is critical. We love it for these reasons and more. We have **confidence** that our nurses will carry out evidence-based practice appropriately, thanks to Lippincott.”*

Director of Education, Memorial Hospital of Sweetwater County, Rock Springs, WY

# REAL-LIFE SOLUTION STORY: COVID-19 IMPACT

*“Overall, COVID “super-sized” existing problems”*

*“We may have had some ‘grace’ during emergency, but we now need to prepare ourselves for post-pandemic policy and procedure management”*

Customers with solutions fared better...

“Using the PolicyStat workflows, we were able to expedite approvals for COVID policies.”

Using Lippincott, 'It was very helpful to just push out information quickly – Lippincott provided the procedures r/t COVID care that we needed (e.g., prone positioning)'

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ARTICULATING THE  
BUSINESS CASE FOR A  
SAFETY-DRIVEN POLICY AND  
PROCEDURE PROGRAM



# ARTICULATING THE BUSINESS CASE



Talking Points



ROI Metrics



Business Plan



## TALKING POINTS: POLICYSTAT™

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**Time** can be saved by eliminating manual processes for filing, tracking, notification and distribution of documents.

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**Risk reduction** can be achieved by enabling visibility to site-specific policies, eliminating person-dependent processes, and automating review schedules.

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**Processes** can be simplified by managing one version of a document for all sites, enabling “lifecycle” document tracking, eliminating the numbering system, and eliminating the tool used for annual tracking (which would be replaced with the PolicyStat Attestation feature).

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## TALKING POINTS: LIPPINCOTT® PROCEDURES

Lippincott® Procedures provides standardized, evidence-based clinical procedures ensuring **consistency in practice** across our system. Integration with PolicyStat™ and/or bi-directional linking to and from policies is available.

Lippincott® Procedures is **easy to navigate**. Staff will access the step-by-step procedures quickly and easily at the point of care, **increasing compliance** with organizational policy and procedure.

Lippincott® Procedures takes on the labor of developing and maintaining our clinical procedures, ensuring that our procedures are always evidence-based and always current. We will benefit from the **time and resources saved**.

The cost of recruiting and training new nurses is growing rapidly. Lippincott® Procedures supports maximizing education resources, moving new nurses to productivity faster, advancing competency, and building satisfaction among current staff to **increase retention**.

Lippincott® Procedures provides the foundation for a robust safety program, which is vital to accreditation. Procedures include clinical safety alerts as well as quality and safety information to improve decision-making and prevent care errors.

Lippincott® Procedures **accelerates practice changes** as a result of increased awareness and **aids avoidance of risk** from reliance on outdated information and/or unreliable internet searches.

Lippincott® Procedures includes electronic skills checklists and the functionality to support four different checklist workflows. The **streamlined** electronic documentation, tracking and reporting supports agility and ongoing survey-readiness.

A **mobile app is included** and will work in offline mode supporting provision of care in off-site locations and/or during network downtimes.

# CALCULATING ROI METRICS

## EFFECTIVENESS

**Consistency** - List examples of problems arising from lack of consistency and improvements that could be realized from a change to technology.

**Accountable** - Demonstrate how an improved system can assist in resolving issues, identifying needed control changes and proving efforts to stakeholders, regulators and enforcement authorities.

## EFFICIENCY

**Time** - Estimate how many hours of employee time will be saved by streamlining and standardizing processes and a change to technology.

**Money** - Estimate the amount of money to be saved based on reduced employee hours in managing policies and developing and managing clinical procedures, avoidance of legal fees and fines that have/may arise from noncompliance, and removal of redundant technology.

## AGILITY

**Change** - Show how there can be connection between procedures and systems for identifying regulatory, business and other changes and the proposed procedures and systems for policy management.

**Responsive** - Demonstrate how the identification and notification systems proposed will increase responsiveness and agility to address changes and ensure policy conformance. Demonstrate how outsourcing of clinical procedures development and maintenance will increase responsiveness to changing clinical standards and emerging evidence.

Modified from the OCEG Policy Management Illustrated Series; <https://go.oceg.org/policy-management-illustrated-ebook>

## PROPOSED ROI: LIPPINCOTT® PROCEDURES

- Point of care resources for staff support **recruitment and retention**
- Potential savings from **enhanced efficiency and productivity**
- Potential savings from **improved clinical quality, outcomes, and VBP scores**
- Turnover cost avoidance associated with **increased staff satisfaction**
- Cost avoidance related to **improving the patient experience**
- Cost avoidance related to **improving patient safety**
- Cost avoidance associated with **avoidable ER visits and readmissions** related to improved quality of care

# EXAMPLE BUSINESS PLANS



## - Business Plan -

### DOCUMENT MANAGEMENT PROGRAM

July 2021

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Markham, Ontario, L3R 0E8



Lippincott® Solutions

Subscription Proposal:

 Wolters Kluwer

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## PIECING IT ALL TOGETHER





# QUESTIONS?



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# CONTACT INFORMATION

- RLDatix

[www.rldatix.com](http://www.rldatix.com)

- Lippincott Procedures

[www.wolterskluwer.com/en/solutions/lippincott-solutions/lippincott-procedures](http://www.wolterskluwer.com/en/solutions/lippincott-solutions/lippincott-procedures)

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THANK YOU!

