

# LAC+USC MEDICAL CENTER POLICY

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Subject: <b>MEDICAL CENTER POLICY DEVELOPMENT</b>	Original Issue Date: 11/24/75	Policy # <b>135</b>	
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Policy Owner(s): Director, Office of Regulatory Affairs Executive Sponsor(s): Chief Quality Officer			
Department(s) Consulted: Office of Regulatory Affairs Office of Risk Management Medical Administration Nursing Services	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Quality Officer	
		(Signature on File) Chief Executive Officer	

## **PURPOSE**

To delineate a systematic process the LAC+USC Medical Center utilizes to develop, review, revise, approve, and communicate its organization-wide policies.

- Provide a mechanism by which policies and procedures:
  - Meet LAC+USC Medical Center patient care delivery and safety needs,
  - Are developed collaboratively, minimize conflicting practices and understandings, and
  - Create opportunities to determine best practice.
- Define the process from development of a policy through approval, communication, and education.
- Provide a mechanism to ensure periodic review, revision, and appropriate approval of policies.
- Provide guidelines to standardize the format for Medical Center policies.

## **POLICY**

LAC+USC Medical Center will create and maintain written policies consistent with professionally recognized standards; federal, state, and local laws and regulations; and Los Angeles County Department of Health Services (DHS) policies.

Each policy will be assigned an owner/originator (individual or committee/group) responsible for the review and revision of the policy. Policy owner/originator is responsible to identify and collaborate with affected key stakeholders, as appropriate, in initial policy development and any subsequent revisions. Key stakeholders are responsible for reviewing and providing feedback for agreement or disagreement to the stated content of the policy.

Newly created and/or revised policies will be written in the Medical Center prescribed format.

Medical Center policies related to providing or monitoring patient care will be reviewed and approved by the Attending Staff Association Executive Committee and the Senior Executive Officer overseeing the policy prior to implementation. Medical Center policies are official only if signed by a Senior Executive Officer(s) and the Chief Executive Officer.

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The Governing Body will review the Medical Center Policy Manual and approve its contents at least every three years.

Existing Medical Center policies will be periodically reviewed for continued relevance, accuracy of information, and compliance with applicable standards, laws, and regulations.

### **AUTHORITY AND RESPONSIBILITY**

The Board of Supervisors is the legal Governing Body for Los Angeles County operated health facilities.

In accordance with Los Angeles County Code, Section 2.76.540, the Board of Supervisors delegates to the DHS Director/Chief Medical Officer the sole authority to act in all matters concerning the Department of Health Services.

The DHS Director/Chief Medical Officer charges the Medical Center medical and administrative leadership with the responsibility for approving all Medical Center policies and procedures.

### **DEFINITIONS**

**Medical Center Policy:**

A standing decision that applies to recurring situations of concern to the Medical Center as a whole. It states the position of the Governing Body, Attending Staff, and Senior Executive Officers in response to matters of significance to the Medical Center. It provides guidance for a variety of regulatory compliance, operational, and philosophical issues.

**Departmental Policy:**

A standing decision that applies to recurring situations of concern to one or more departments/facilities/divisions/units/areas, but **not** to the Medical Center as a whole.

**Procedure:**

A statement which describes how a policy will be implemented. Procedures are developed to achieve standardized interpretation and operationalization of policies.

**Key Stakeholder:** Any Department/Division/Committee/Service Area/Unit that has specific knowledge of/expertise in the policy subject or major responsibility for procedural implementation of the policy.

### **PROCEDURE**

**Medical Center Policy Written Draft Format**

Written drafts of proposed new policies shall be submitted in the prescribed Medical Center Policy format. In recommending revisions to an existing policy, the changes (additions/deletions) must be clearly indicated on an electronic copy using track changes of the current

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policy. All drafts should be clearly labeled "DRAFT," with the date, until ready for submission to the Office of Regulatory Affairs.

### **Medical Center Policy Development Process**

Ideas for new policies or revisions to existing policies may be initiated by any Medical Center employee, committee/group, service area, department, facility, or by leadership. The identified need and reasoning for the proposed policy should be communicated through the appropriate management channels accompanied by a written draft. For example:

- If the idea originates with an individual employee, the communication will be to that employee's immediate supervisor.
- If from a committee/group, the communication will be to the committee chairperson.

#### **The supervisor/committee chairperson will:**

- Review and evaluate the proposed policy for:
  - Appropriateness as a Medical Center policy; and whether it is
  - Based on current regulations/standards/resources
- Edit/re-write as necessary.
- Identify key stakeholders.
- Forward it to the facility/department/division/service area administrator if it meets the criteria. If not, inform the submitting employee/committee.

#### **The facility/department/division/service area administrator will:**

- Review and evaluate the proposed policy for:
  - Appropriateness as a Medical Center policy;
  - Beneficial, long-term application; and whether it is based on current regulations/standards/resources.
- Edit/re-write as necessary.
- Forward it to key stakeholders for review and collaboration.
- After receipt of final draft and the key stakeholder's review, submit policy draft to the Office of Regulatory Affairs.

#### **The key stakeholders will:**

- Review and evaluate proposed policy;
- Concur with content, and return to the responsible facility/department/division/service area administrator; or
- Make recommendations for revision and return to the facility/department/division/service area administrator.

#### **The Office of Regulatory Affairs will:**

- Review policy for compliance, consistency, format, and standardization.
- Return policy to area administrator if all key stakeholders have not signed the Medical Center Policy Approval Request form.
- Provide consultation, upon request, at any point in the policy development process.
  - Provide an electronic copy of the prescribed Medical Center Policy format.

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- Provide an existing policy electronically (“Word” document file) to facilitate the revision process.
- Issue policy number for any new Medical Center policy
- Forward the policy and any attachments to the Attending Staff Association Executive Committee (ASA EC) for review and approval. Forward the policy to the Senior Executive Officer subsequent to the ASA EC’s approval.
- Obtain the signatures of the Senior Executive Officer(s) and the Chief Executive Officer on the final approved policy.
- Publish policy in the electronic policy manual on the intranet
- Notify Medical Center Policy Manual holders via e-mail “Broadcast Message” of the new/revised policy posted to the Intranet.
- Maintain the master copy of the Medical Center Policy Manual containing the current signed policies.
- Maintain the archived Medical Center policies.

### **Approved Medical Center Policies**

Distribution of and education about approved policies and procedures is the responsibility of the facility/department/division/service area administrator/manager.

Each supervisor/manager is responsible for ensuring that employees are familiar with relevant policies and procedures and that new/revised policies and procedures are reviewed and disseminated to staff. This may be accomplished through unit/departmental meetings, one to one discussions, and posting within the unit/department.

Each employee is responsible for being familiar with and following Medical Center policies.

Employees are to be familiar with the policies and procedures contained in the DHS Policy Manual, Medical Center Policy Manual, Department/Division Manual, unit specific manual, Safety Manual, Infection Control Manual, and Emergency Management Manual.

### **Periodic Review of All Medical Center Policies**

Medical Center leadership is responsible for the periodic review of all existing Medical Center policies. The review cycle shall be at least every three (3) years from the effective date of the policy, with the following exceptions:

- Policies and procedures related to infant security must be reviewed at least every two years.
- Policies and procedures related to providing language assistance services to patients with “language or communication barriers” must be annually reviewed. A copy of the updated policy including a description of the Medical Center’s efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff must be annually transmitted to the California Department of Health Services.

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### **Document Retention**

Revised/discontinued Medical Center policies will be archived and retained for six (6) years from the effective date of revision or discontinuance.

### **REFERENCES**

California Code of Regulations, Title 22, Division 5, Chapter 1, Sections 70005, 70701, 70703, 70733, and 70738

California Health and Safety Code, Section 1275.7 – “Infant Security”

California Health and Safety Code, Section 1259 – “Language Assistance Services”

Los Angeles County Code, Section 2.76.540

Attending Staff Association Bylaws, Rules and Regulations

DHS Policy No. 101, Department Policy Statements

DHS Policy No. 392, Licensing and Accreditation Requirements-Governing

### **ATTACHMENTS**

Attachment A: Medical Center Policy Approval Request Template

Attachment B: Medical Center Policy Approval Process Flowchart

### **REVISION DATES**

April 1, 1996; August 24, 2004; September 16, 2008; July 9, 2013; September 13, 2016, December 24, 2019, February 3, 2023