POLICY:

All policies and procedures shall utilize the appropriate policy/procedure format, be authorized and assigned a designated number. Administrative authorization must be obtained before implementation.

PURPOSE:

To provide the means and the method for standard directive communication that can be easily understood, uniformly interpreted and quickly retrievable. Policy/procedure shall be made available to employees:

1. Electronically in SharePoint by accessing the Policy & Procedures link on the NMHC page and selecting the appropriate department, and
2. Through a master hard copy file kept in Administration.

PROCEDURE:

A. Policy/Procedure shall be drafted to include the following format:

1. Listed at the top of the policy as shown below:

   NUMBER(S):  
   DEPARTMENT OF ORIGIN:  
   SUBJECT/TITLE:  
   DATE OF ORIGIN:  
   DATE OF PRIOR REVISION:  
   DATE OF CURRENT REVISION/  
   EFFECTIVE DATE:  
   DATE OF LAST REVIEW:  
   CMS/REGULATORY REFERENCE:  
   FORM REFERENCE:  

2. POLICY: Statement of Intent

3. PURPOSE of policy – indicate any special directions

4. PROCEDURE
   a. Clearly outline the process and delineate responsibility. Include statement as to who initiates the procedure. Include where others may go to obtain assistance in following procedure.
   b. The questions of “who, what, when, where, and how” should be considered when writing the policy or procedure.
   c. Write short sentences. Use simple words. Present ideas in direct and straightforward fashion.

5. Copy of forms, flow charts and other graphical aids shall be attached to the hard copy policy in Administration.
   a. For forms that are available in the Print shop or via e-forms routine in Meditech:
      i. Form numbers shall be referenced on the policy, under the header “Form Reference”. (The corresponding policy number shall be referenced on the top right-hand corner of the form.)
      ii. The Forms Committee must approve forms.
b. For forms that are available in Meditech documentation:
   i. Forms shall be referenced in the body of the policy.

c. The initiator of the policy is responsible to ensure that form(s) are updated and attached to the original policy. (Also applies to forms that are in Meditech. An updated form must be printed and attached to the original policy.)

6. When policies are originated, the Date of Origin and the Date of Current Revision/Effective Date are the same date.

7. When policies need revision, the
   a. Date of Origin remains the same.
   b. Date of Prior Revision is the last time the policy was revised.
   c. Date of Current Revision/Effective Date is the date of the most current revision and would also be the date the policy becomes effective.
   d. Date of Last Review is the date when policy was last reviewed and no revisions were made.

B. The Secretarial Support Staff shall follow the suggested format and procedures for typing policies. Listed below is the designated support staff responsible for typing specific departmental policies:

<table>
<thead>
<tr>
<th>Department</th>
<th>OLD Ref.</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATION</td>
<td>A8311</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>- ADMINISTRATION (ADMIN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- BOARD OF TRUSTEES (BT)</td>
<td>A8312</td>
<td></td>
</tr>
<tr>
<td>- COMPLIANCE (ADMIN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- MEDICAL STAFF (DR)</td>
<td>A8030</td>
<td></td>
</tr>
<tr>
<td>ADMITTING</td>
<td></td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>- ADMITTING (AD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- SWITCHBOARD (PBX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUILDING AND GROUNDS (BG)</td>
<td>M8060</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>BUSINESS OFFICE (BUS)</td>
<td>F8212</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>CARDIOPULMONARY REHAB (CP 1- CP 25)</td>
<td>P7035</td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>CARE CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ASSISTED LIVING (ALIV)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>- ALZHEIMER UNIT (ALZH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- CARE CENTER (NMCC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- SOCIAL SERVICES CARE CENTER (SS CC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRAL SUPPLY (CS)</td>
<td>F6251</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>DIABETES CARE SERVICES (DCS)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>EMPLOYEE HEALTH (EH)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>ENVIRONMENTAL SERVICES (ENV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINANCE (FIS)</td>
<td>F8211</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>HEALTH INFORMATION MANAGEMENT (HIM)</td>
<td>M7181</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>HOSPICE (HOSPICE)</td>
<td>P6096</td>
<td>Hospice Secretary</td>
</tr>
<tr>
<td>HUMAN RESOURCES (HR)</td>
<td>A8371</td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>IMAGING (IMG)</td>
<td>P7040</td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>INFECTION PREVENTION (INF)</td>
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<td></td>
</tr>
<tr>
<td>INFORMATION SYSTEMS (IS)</td>
<td>F8231</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>LAB (LAB)</td>
<td>P7010, P7025</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>MATERIELS MANAGEMENT (PUR)</td>
<td>F8241</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>NMHC FOUNDATION (NMHF)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>NORTHERN MT PHYS OFFICE PRACTICE (NMPOP)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
<tr>
<td>NUCLEAR MEDICINE (NUC)</td>
<td></td>
<td>NMCC Receptionist</td>
</tr>
</tbody>
</table>
C. Secretaries/person designated to type the policy shall:
   1. Assist in assigning authorized policy/procedure number(s).
   2. Type revision as directed by Director / Coordinators.
   3. Save policy to “Policy and Procedures” network shared directory.

D. The Administrative Assistant shall:
   1. Download the policy from the network shared directory and place it in the SharePoint under the appropriate department. ONLY the latest version of a policy shall be kept in SharePoint.
   2. Place completed and signed original policy in the Administrative policy manuals.
   3. Archive old policy.

E. Department Director / Coordinator:
   1. Must review policies annually.
   2. If policy needs review but not revision and crosses with other departments, the Director / Coordinator from the originating department shall coordinate policy review:
      a. Originating department Director / Coordinator shall review the policy and route to the other department Director / Coordinator(s) involved with the policy.
         1. Once the policy has been reviewed and no revisions are necessary to shall be routed to the Administrative Assistant with notations that the policy has been reviewed as of a given date, along with the names of the reviewing/approving parties.
            1. If a committee approves the policy, i.e., Infection Control, then the committee chair/designee is responsible to notify the Administrative Assistant/Secretaries of date of committee approval.
            2. Administrative Assistant/Secretaries shall document such approval on the last page of the policy.
      b. Administrative Assistant shall change the date of the last review on the Policy & Procedure Drive and upload to SharePoint.
      c. Administrative Assistant shall update policy indexes with the new date on the master index and upload to SharePoint.
3. If policy needs revision, the Director / Coordinator shall:
   a. Print hard copy from SharePoint and make revisions.
   b. Route to other involved Director / Coordinators, immediate Vice-President (VP) and Medical Director (if appropriate) for feedback and approval.
   c. Route draft of policy with revisions to secretarial support staff responsible for typing changes.
   d. Route final copy to VP, Medical Staff (if appropriate) and CEO for signatures.
      i. If physician signature not required, then “N/A” should be noted on the signature line.
      ii. Medical Director shall approve policies related to clinical or patient care issues (i.e. Medical Director of Infection Prevention shall approve and sign all Infection Prevention related policies).

F. President/CEO:
   1. Approves, disapproves or defers action on recommended policy/procedure.
   2. If disapproved, routes to appropriate Administrative Officer.
   3. If approved, routes to Administrative Assistant/Secretaries for distribution.

G. INDEX:
   1. Secretarial support staff shall review the current INDEX of the policies/procedures that they are responsible for typing and verify correctness.
   2. Administrative Assistant/Secretaries shall file the INDEX in the Administrative Policy/Procedure Manuals and update the INDEX in the MOX Policy/Procedure Cabinet when policies are reviewed / revised.
   3. The Format of the INDEX shall include:
      a. Policy Number
      b. Title
      c. Last Review Date
      d. Next Review Date

Reviewed by Marie McPherson, Executive Secretary on 03/29/2019

SIGNATURES:
CEO: ________________________________
VP: ________________________________
DEPT DIRECTOR: ____________________
PHYSICIAN: _________________________