



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Quality Management and Patient Safety		
Document:	Administrative Policy and Patient Safety		
Title:	Policy on Policy Development and Maintenance		
Applies To:	Hospital Wide		
Preparation Date:	November 10, 2024	Index No:	QM&PS-APP-001
Approval Date:	November 24, 2024	Version :	4
Effective Date:	December 15, 2024	Replacement No.:	QM&PS-APP-001 (3)
Review Date:	December 15, 2027	No. of Pages:	7

1. PURPOSE:

- 1.1 To set guidelines to develop, approve, distribute, review and numbering system for writing the policies and procedure.
- 1.2 To provide the formats or framework used in administrative and patient care policies and procedure.
- 1.3 To develop and maintain a register / database of policies, procedures and relevant information.
- 1.4 To define the roles and responsibilities of the different participants in this process.
- 1.5 To ensure the policies are developed in collaboration with associated departments.
- 1.6 To ensure the staff have access to the most up to date copies of documentation.

2. DEFINITONS:

- 2.1 **Policy** – is an approved course of action based on certain principles.
- 2.2 **Procedures** – gives specific directions for use in daily operations within the framework of policies.
- 2.3 **Administrative Policy & Procedures (APP)** – is applicable hospital wide.
- 2.4 **Multidisciplinary Policy & Procedure (MPP)** – is applicable to more than one department.
- 2.5 **Department Policy & Procedure (DPP)** – is applicable to one department.
- 2.6 **Intra/Internal Policy & Procedure (IPP)** – is used within departments and sections.
- 2.7 **Standard** – Statement, regulation or condition determined by appropriate authority to be the accepted level of practice/performance, which is based on care, or structure, or process or outcome.
- 2.8 **Index Numbering System** – A systemic method for organizing policies and procedure in a standardized way.

3. POLICY:

- 3.1 It is the policy of MATERNITY AND CHILDREN HOSPITAL (MCH) that all policies follow the prescribed template written as explained in the standardize format.
- 3.2 All policies and procedure should be develop, review, approve and terminate by the authorized individuals.
- 3.3 All departments should develop, review, approve, and update their policies and procedure every **Three (3) years or whenever deemed necessary** to govern their functions and activities according to their scope of services.
- 3.4 All policies and procedure should not contradict with the government rules & CBAHI Standard 3rd Edition MOH regulations and directions and should comply and be consistent with the Hospital Administrative Policies and Procedures were applicable.
- 3.5 **The dates** used in all the Policies & Procedures are according to **Gregorian Calendar**.
- 3.6 All policies and procedures final review by the Quality Management and Patient Safety Department.
- 3.7 The final approval of all policies and procedures will be by the Hospital Director.
- 3.8 Each department should have all manuals needed.
- 3.9 Electronic policy can be found in the link <https://cloud.shahm.tech/> , can downloaded by the Department
- 3.10 In case of system failure hard copies of policy and procedure is available in QM&PS Department and Nursing Quality department.
- 3.11 QM&PS is responsible for uploading and reviewing new policies and Nursing Quality Department is responsible for updating new policy.

4. PROCEDURE:

- 4.1 **Department Head/Supervisor** should review the existing policy and procedure if it is present and identify functions carried out in the department/service
- 4.2 **Department Head and Employees**
 - 4.2.1 Assess the need for policy creation.
 - 4.2.2 Identify people/department involved in the implementation of the policy.
 - 4.2.3 Contact Quality Management and Patient Safety department to verify the existence of a similar or related policy.
 - 4.2.4 Draft the policy in collaboration with the concerned stakeholders as required in the same.
 - 4.2.5 Forward policy draft to the upper level Director for the review of the content.
 - 4.2.6 Then the policy is forwarded to the Quality Management and Patient Safety department for review of the layout.
- 4.3 After the review of the policy and procedures, it is returned to the initiating department with the comments, if there are any:
 - 4.3.1 Departments carries out the recommended changes.
 - 4.3.2 Policy and Procedure is then forwarded to the upper level Director & Quality Management and Patient Safety departments for signature.
 - 4.3.3 P&P is then forwarded to the Hospital Director for approval.
 - 4.3.4 P&P is forwarded to the Quality Management and Patient Safety department for numbering.
 - 4.3.5 A copy of the P&P is handed to the departments responsible for implementation.
 - 4.3.6 In-service training and education organized for the staff in the department by the HOD.
 - 4.3.7 The Department Heads ensure that the Policy and Procedure is implemented starting from the effective date.
- 4.4 **Index Numbering System:**
 - 4.4.1 Follow the number that will be issued by the Quality Management and Patient Safety departments- Document Management Control Coordinator.
 - 4.4.2 Reviewed policies will maintain their old index numbers; the new version number (V) will be indicated in the assigned box.
 - 4.4.3 Revised Policies will be assigned **new index numbers**; the number of the replaced policy will be identified in the header of the policy in the assigned box.
 - 4.4.4 The Quality Management & Patient Safety Departments will maintain a copy of all Review and Revised policies.
 - 4.4.1 Follow the number that will be issued by the Quality Management and Patient Safety departments- Document Management Control Coordinator.
- 4.5 **Policy and Procedure Standardize**
 - 4.5.1 Paper :
 - 4.5.1.1 White plain paper A4 (210x297).
 - 4.5.2 The Paper Size orientation is portrait.
 - 4.5.3 Font:
 - 4.5.3.1 Use Arial Narrow font that is easy to read in English & Arabic.
 - 4.5.3.2 Use font size 12 in the content & title = Subject (Small Caps) & font size 10 for footer to enhance readability.
 - 4.5.3.3 Used sufficient line spacing (single), justified right paragraph formatting, and suitable paragraph widths (no more than 6-1/2" x 11 pages) to enhance readability.
 - 4.5.3.4 **Bold** is intended to emphasize selected words/phrases and are to be used sparingly.
 - 4.5.3 Writing:
 - 4.5.4.1 Writing must be clear suited to the reading skills of the audience and free of jargons as possible.
 - 4.5.4.2 Minimize used of abbreviations. On the first reference, always write the full name, with the abbreviations in parenthesis. The abbreviations alone may be used in later references.
 - 4.5.4.3 Writing in the present tense in preferred.

- 4.5.4.4 All hospital policies will be only in English language except if the related department staff are all Arabic mother tongue with no non Arabic staff is using this policies i.e some HR policies, social worker and some FMS policies.
- 4.5.4.5 Bilingual policies are accepted.
- 4.5.4.6 Un approved Arabic translation of policies is prohibited.

4.6 Page Layout

- 4.6.1 Policy and Procedure Templates is provided by the Quality Management and Patient Safety department to all department for usage.

4.7 Policy and Procedure Templates:

- 4.7.1 The Header of each page has the following boxes and description:



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- 4.7.1.1 **Institution Name:** Maternity and Children Hospital with logo.
- 4.7.1.2 **Department:** Department name that initiates the policy.
- 4.7.1.3 **Document:** The type of policy.
- 4.7.1.4 **Title:** States the topic addressed in the policy by using the key words only.
- 4.7.1.5 **Applies to:** Refers to the scope of implementation (departments/units and/or staff concerned).
- 4.7.1.6 **Preparation Date:** States the date of when the policy by using the key words only.
- 4.7.1.7 **Approval Date:** States the date when the policy was approved, 5-7 working days after the preparation date.
- 4.7.1.8 **Effective Date:** States the date of policy implementation 2-4 weeks after the approval date.
- 4.7.1.9 **Review Date:** States when the policy will be reviewed by the end of validity, 3 years from the effective date.
- 4.7.1.10 **Index Number:** Assigning Index number for Policies and Procedure.
- 4.7.1.11 **Version:** Refers to the status the policy is currently at with regard to the number of times the policy has been revised i.e. the Version Number is updated each time revised policy & procedure is re-approved.
- 4.7.1.12 **Replacement Number:** The previous index number being replaced.
- 4.7.1.13 **Number of Pages:** Total number of pages of policy.

4.8 Index Numbering System for Policies & Procedures:

- 4.8.1 All policies and procedure will be identified by alpha numeric in the format (XXXXX-000).
- 4.8.2 The first two letter digit represents the initiating department acronyms i.e. LD, MS, NR, QM, IPC, LB, FMS, etc. issuing the document; the second part represent the type of policy (IPP, DPP, MPP, APP) and the last three digits are the sequence in which the documents have been issued(i.e. 001).
- 4.9 The Footer of each page contains from left to right: Index number, Policy Title and the page number (Page...of...), Small Caps and font size 10.

Policy number	Title	Page Number
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4.10 Content of the policy:

- 4.10.1 **Purpose:** States why the policy is in place.

- 4.10.2 **Definition:** Define the key terms used in policy that may otherwise have other meanings.
- 4.10.3 **Policy:** A statement about what standard is being set (i.e. It is the policy of MCH that all policies follow the prescribed Template as explained in the Standardized Format.
- 4.10.4 **Procedure:** Step-by step, logical course of actions required to carry out policy, including specific responsibilities: maybe administrative or clinical i.e. patient related.
- 4.10.5 **Materials and Equipment:** Supplies or tools needed for special purpose.
- 4.10.6 **Responsibilities:** A statement of what exactly each person involved in the procedure will be responsible for and who is responsible for the policy.
- 4.10.7 **Appendices:** Equipment's or forms which are used in implementing policy.
- 4.10.8 **References:** Reference: States where the information was obtained from i.e. Old policy, MOH, other hospital literature, book etc. (current literature or book titles used in formulating the content of policy generally provided for clinical policies to reflect current knowledge). References should include any and all references to support the policy including but not limited to Central Board of Accreditation for Hospital Institutions (CBAHI) and should be dated (date of issues or publication number).
- 4.10.9 **Approval:** All policies and procedure shall be assigned by all the signatories in the same way their signatures are affixed in all approved policies and procedures.
 - 4.10.9.1 The designated staff in the initiating departments signs in the field of **(Prepared by)**
 - 4.10.9.2 **Multidisciplinary Policy and Procedure (MPPs)** should be prepared and signed by all departments representative as: **Prepared by**
 - 4.10.9.3 The Chief of the Department which prepares the policy should sign in the field of **Reviewed by:** for the content
 - 4.10.9.4 All policies and procedures are reviewed and signed by the Quality Management and Patient Safety Director for the layout as **Reviewed by** (second review).
 - 4.10.9.5 The **title** of the staff who sign must be clearly specified in the approval sheet.
 - 4.10.9.6 All policies and procedures should be approved by the higher department Director as below:
 - 4.10.9.7 **Assistant of Hospital Director for Medical Services (Medical Director):**
Approves all medical staff and ancillary services Internal Policies and Procedures (IPPs).
 - 4.10.9.8 **Assistant of Hospital Director for Administrative Services and Operations:**
Approves the policies and the manuals of the related sections/units.
 - 4.10.9.9 **Hospital Director:** Approves all type of policy.
- 4.10 **All item mentioned in the in the policy should be numbered as follows:**
 - 1
 - 1.1
 - 1.1.1
 - 1.1.1.1
 - 2
- 4.11 **Communication of Policies:**
 - 4.11.1 Hard (in manual) and Scanned copies (in computer) of approved policies will be made accessible to all staff using these policies.
- 4.12 **Implementation Process:**
 - 4.12.1 Maximum of one month from the date of Higher Authority approval to allow time for communication of the Policy and Procedure.
 - 4.12.2 Employees Orientation to policies and procedure (General Departmental)
 - 4.12.3 All the hospital staff shall sign a document to signify that they have read and understood their departments Policies and Procedures (APP, MPP, DPP, and IPP). A copy is filled in the departmental Manual.
- 4.13 **Policy and Procedure Retention**
 - 4.13.1 The original hard copy of the approved policy and procedures shall be kept at the Quality Management and Patient Safety department in appropriate folders for legal and references purposes

- 4.13.2 Photocopies will be given to the originating departments – DPPs/PPs including the related departments MPPs or hospital wide APPs.
- 4.13.3 Soft copies shall be kept in specific folders, with departmental sub-folders, in the main Quality Management and Patient Safety computer for legal and reference purpose.
 - 4.13.3.1 Hospital Document Draft Folder – for drafts, revisions, concurrence, non-concurrence forms & other documentation related to the development and approval of said policy & approval of said policy & procedure.
 - 4.13.3.2 Hospital Document Final Folder – for the final approved policy & procedure.
 - 4.13.3.3 Hospital Document Historical Folder – for the old & deleted policies (for a period of 3 years).
- 4.14 **Policy and Procedure Review/Validity:**
 - 4.14.1 All the approved policies are valid for (3) years from the effective date then reviewed unless it terminated as in the below mentioned conditions.
 - 4.14.2 Updating Policies and Procedures is done under the following circumstances:
 - 4.14.2.1 Updating (and revision) of policy and procedures whenever deemed necessary by circumstances.
 - 4.14.2.2 Reviews and updates at planned intervals. As a rule policies are updated no longer 3 years and/ or whenever necessary.
 - 4.14.3 Any and all changes to the existing policies and procedures that alter the original intentions are subject to a new approval.
- 4.15 **Policy and Procedure Termination:**
 - 4.15.1 The policy is terminated, if there is a change in the hospital scope of services.
 - 4.15.2 A policy is also terminated, if there are changes in the National or MOH Rules & Regulations.

5. MATERIALS AND EQUIPMENT:

- 5.1 Computer
- 5.2 Printers/Photocopier

6. RESPONSIBILITIES:

- 6.1 **Department Chairperson/ Designee:**
 - 6.1.1 Initiates and coordinates the policy through the organizational approval process.
 - 6.1.2 Prepare a draft of the policy using the approved Templates & the Standardized Format.
 - 6.1.3 Initiates and coordinates adequate input relevant staff / departments, and reviews the content of the policy based on the standards and scope of services.
 - 6.1.4 Assure the risk, safety, and compliance issues are addressed.
 - 6.1.5 Submits the completed policy to the highest authority for review.
 - 6.1.6 Receives the approved and numbered policy, educates and trains the department staff for implementation.
- 6.2 **Assistant of Hospital Director for Medical Services / Medical Director:**
 - 6.2.1 Reviews the content of all medical staff policies to ensure compliance with the standards, policy guidelines and scope of services.
 - 6.2.2 Proposes change as appropriate.
 - 6.2.3 Approves medical staff policies following review then more than three (3) departments are involved in the implementation.
 - 6.2.4 Forwards the approved medical staff policies to the initiating department for training and implementation.
- 6.3 **Nursing Services Director:**
 - 6.3.1 Reviews all nursing policies for the content to ensure compliance with the standards policy and guidelines.
 - 6.3.2 Purposes changes as appropriate and returns revised policies to the author/departments to include the changes if there are any.

- 6.3.3 Approves Nursing Services Policies that do not require changes or do not involve other departments/services.
- 6.3.4 Reviews, with other counterparts, the Multidisciplinary Policies before approval.
- 6.4 **Assistant of Hospital Director for administrative Services & Operation:**
 - 6.4.1 Carries out the same responsibilities, as the medical service director and nursing services director, for the administrative and operational policies.
- 6.5 **Quality Management and Patient Safety Department:**
 - 6.5.1 Facilitate the policy and procedure preparation process for all the departments in the hospital.
 - 6.5.2 Assists all the departments in numbering their policies.
 - 6.5.3 Responsible for the up keep and monitoring of the policies and procedures of all the departments.
- 6.6 **Hospital Director:**
 - 6.6.1 Approves all the type of policy.
- 6.7 **Quality Management and Patient Safety Committee:**
 - 6.7.1 All members of Quality Management and Patient Safety Committee ensures policy & procedure are implemented. Only the latest updated versions of the policy and procedures will be available for the hospital usage.
 - 6.7.2 Quality Management and Patient Safety Committee members ensure that any changes or update in the policy is communicated to end users.




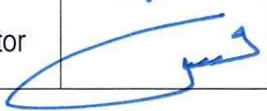
7. APPENDICES:

- 7.1 Policy and Procedure Format.
- 7.2 Policy Review & Revision Sheets.

8. REFERENCES:

- 8.1 King Faisal specialist Hospital & Reasearch Center – Riyadh – (September 2003).
- 8.2 King Saud Medical Complex – Riyadh – (January 2001).
- 8.3 King Fahad Medical City – Riyadh – (October 2011).
- 8.4 Prince Metal Bin Abdulaziz – Al Jouf – (October 2017)
- 8.5 CBAHI Standards 3rd Edition

9. APPROVALS:

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