

## SPHS Policy/Form Checklist

Please send this completed form to the designated Administrative Contact, along with an electronic WORD version of the approved new/revised policy for appropriate signature (s) and posting onto the SPHS intranet website. The Policy Work Group will perform a final review prior to signature(s).

**Section I - to be completed by the Dept Manager Originating the Policy or Form**

**Policy Title:** \_\_\_\_\_

New     Reviewed     Deletion    Today's Date: \_\_\_\_\_

Revised: If new title, list former: \_\_\_\_\_

If revision, electronic version should have strikethrough and highlights.

Why was policy written/revised? \_\_\_\_\_

Person Submitting this form: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

**Policy Type:** \_\_\_\_\_

SPHS System Wide - ALL FACILITIES, ALL NETWORKS  
 Mercy Hospital Operations     Mercy Hospital & Providence Hospital Operations  
 Regulatory Body Mandate: \_\_\_\_\_ (ie. JCAHO, DPH, DMG, OCCS, MGL)

**JCAHO Policy Function & Category (must be completed)**

<input type="checkbox"/> <b>Accreditation Participation Requirements</b> <input type="checkbox"/> <b>Organizational Focused Policies</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improving Organization Performance (PI)</li> <li><input type="checkbox"/> Leadership (LD)</li> <li><input type="checkbox"/> Management of Human Resources (HR)</li> <li><input type="checkbox"/> Management of Information (IM)</li> <li><input type="checkbox"/> Management of Environment of Care (EC)</li> </ul> <input type="checkbox"/> <b>Plans, Programs, Statements</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Compliance</li> <li><input type="checkbox"/> Mission</li> <li><input type="checkbox"/> Risk Management</li> <li><input type="checkbox"/> Worker's Compensation</li> </ul>	<input type="checkbox"/> <b>National Patient Safety Goals</b> <input type="checkbox"/> <b>Patient Focused Policies</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ethics, Rights, and Responsibilities (RI)</li> <li><input type="checkbox"/> Medication Management (MM)</li> <li><input type="checkbox"/> Provision of Care/Treatment/Services (PC)</li> <li><input type="checkbox"/> Surveillance/Prevention/Control Infection (IC)</li> </ul> <input type="checkbox"/> <b>Structures with Functions</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Staff (MS)</li> <li><input type="checkbox"/> Nursing (NR)</li> </ul>
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**Forms to be attached?**

Are there any forms that go along with this policy?     NO     YES

If yes, include the following information

attach copy of current form     Form # \_\_\_\_\_     date of last revision \_\_\_\_\_

**Departments impacted by this policy?**

Please list the names of the departments that this policy/form will impact. The expectation is that prior to submitting this policy/form for revision that these departments have been contacted and agree to the changes.

**Committee approval?**                      Has this policy gone through committee approval?     NO     YES

Committee Name: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Committee Name: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Education provided?**                      Has education been provided on this policy?     NO     YES

Include dates of education: \_\_\_\_\_

**Section II - Policy Work Group Sign Off**

Corporate Compliance: _____	Approval Date: _____
Risk Management: _____	Approval Date: _____
JCAHO: _____	Approval Date: _____
Forms Comm.: _____	Approval Date: _____
Creative Services: _____	Approval Date: _____

Is this a Meditech "Fast Form"?     Yes     No

If YES, Creative Services will forward the revised form to IT Fast Forms

*Creative Services will post all FORMS on SPHS intranet page with "VOID" across form*

Policy Work Group review date: \_\_\_\_\_ Posted on intranet (date): \_\_\_\_\_