

## 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)

☐ Accreditation Participation Requirements

☐ National Patient Safety Goals

☐ Organizational Focused Policies

☐ Patient Focused Policies

☐ Improving Organization Performance (PI)

☐ Ethics, Rights, and Responsibilities (RI)

☐ Leadership (LD)

☐ Medication Management (MM)

☐ Management of Human Resources (HR)

☐ Provision of Care/Treatment/Services (PC)

☐ Management of Information (IM)

☐ Surveillance/Prevention/Control Infection (IC)

☐ Management of Environment of Care (EC)

☐ Structures with Functions

☐ Plans, Programs, Statements

☐ Medical Staff (MS)

☐ Compliance

☐ Nursing (NR)

☐ Mission

☐ Risk Management

☐ Worker's Compensation

#### 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): \_\_\_\_\_