

**CENTRAL STATE HOSPITAL
POLICY/PROCEDURE**

SUBJECT: Review/Establishment of Central State Hospital
Policy/Procedure/Plans

ANNUAL REVIEW: January

RESPONSIBLE FOR REVIEW: Director of Legal and Special Services

LAST REVISION DATE: November 2010

I. Policy

This policy/procedure will provide for a systematic approach for review, revision/development and distribution of Department of Behavioral Health and Developmental Disabilities (DBHDD), Central State Hospital (CSH) policies, procedures and plans (p/p/p).

This policy will also provide notice to affected Service Chiefs, Department and Office Directors (SDOs) of procedures to be used by the hospitals in establishing/reviewing/revising policy documents.

This policy will also provide guidelines relating to the maintenance/storage of outdated or deleted versions of CSH, Services, Department and Office Policy/Procedure/Plan documents.

II. Procedures

Incident Manager

1. Will be responsible for incorporating appropriate DBHDD policies into the CSH policy system.
2. Coordinate overall efforts of revisions/development of CSH policy/procedure/plans.
3. Ensure that CSH Policies/Procedures/Plans are reviewed every three years or when deemed necessary by the assigned SDO.

4. Ensure that all approved policy documents are current.
5. Each month notify (by electronic submission of review materials and instructional memo) the reviewing SDO responsible for review of the applicable document(s). Additionally, each SDO should be notified of the policy return deadline date (thirty [30] days after receipt).
6. Notify the reviewing SDO of any delinquent document.
7. Receive and prepare revised/new policy documents for submission to the Director of Legal and Special Services.
8. Return to SDO, documents not processed in accordance with the instruction memorandum, for further processing and resubmission.
9. Submit prepared policy documents to the Director of Legal and Special Services for review and further submission as appropriate to the Medical Executive Committee, CSH Leadership Team, CSH Clinical Director and RHA for review/approval or return to the reviewing official for revision.
10. Upon completion of the approval process by the CSH Clinical Director/RHA, email within five (5) days the approved policy to ISPE for placement on the CSH Website.

Reviewing CSH SDOs

1. Involve participants in the review and revision of the policy.
2. Receive/review/revise/return policy documents within thirty days to the Incident Manager and/or designee in accordance with instructional memo.
3. Highlight any revisions made to the document when submitting to the incident management office.

III. CSH Service/Department/Office (SDO) Internal Policies/Procedures/Plans

1. During the approval/review period of a policy/procedure/plan, if no changes are necessary, indicate date of review and "no changes necessary" on the top of the document.
2. If changes are necessary, remove the document and make a

copy of the entire policy/procedure/plan for potential future research. File this document for future reference.

3. Use the original or the copy for a working document. Keep all working copies on file along with the final version.
4. Once the approved document is ready for implementation/distribution, place all working materials and a copy of the outdated document in an historical file for future research. (It is advisable to file this information in a folder labeled by the numerical assignment of the policy/procedure/plan and file in sequential date order.)
5. Complete this process each time a document is reviewed or revised.
6. SDOs responsible for creating/maintaining policy documents will be expected to maintain these files in their area.
7. The Director of Legal and Special Services will provide a central storage area for outdated CSH hospital wide policy documents for committee chairpersons responsible for creating/maintaining policies/procedures/ plans.
8. Legal and Special Services will distribute all new/revised policies/procedures/plans to all appropriate hospital services/departments/offices/disciplines and send to ISPE for posting on the CSH website.

Approved:

This policy has been approved by the RHA and the CSH Clinical Director.