

# Navigating Policies, Procedures and Guidelines

## Establishing Clear, Unambiguous Expectations

### Guidelines

A guideline is NOT a suggestion: a guideline is the hospital's expectation for the way in which things are to be done.

However, it is impossible to consider all contingencies when outlining expectations for most clinical processes. Clinical care is so complex that we must rely on the good judgement, experience and training of our staff members to cope with inevitable exceptions in the interest of safe patient care.

In the past we have tried, in vain, to accommodate the nuances of healthcare into painfully detailed policies and procedures with a long list of "if's" and exceptions. The result is unintelligible. Instead of adding clarity, these complex algorithms defy implementation. Our solution: we borrow from Just Culture (see attachment) and allow exceptions to guidelines based on valid clinical and operational expectations.

#### Example:

Let's look at the requirement for a renewal order at least every 4 hours for adults who are restrained for the management of violent aggressive behavior. It's clearly not an option: to comply with the regulation we need an order. However, if, for some reason, the physician fails to give the order, we need the nurse to use his or her good judgement about whether to nevertheless continue the restraint until the order is obtained. If the patient indeed requires restraint to be safe (which is why we want the order renewed), then we would hope the nurse would continue the restraint while tracking down a physician. This would be an exception to our requirement based on a valid clinical consideration. Do we have an issue because the order was not renewed? Certainly. Would we discipline the nurse for not following our expectation? Certainly not. (The physician, on the other hand, may be a different story depending on circumstances.)

There are three reasons guidelines are not followed. Each of these three reasons has a separate response:

Reason a Guideline is Not Followed	Hospital's Response
<b>The staff member did not follow the guideline because of special circumstances: a unique situation.</b>	Continue to monitor. If similar exceptions are common, the guideline should be improved to account for this common exception.
<b>The staff member was not capable of following the guideline because it was unrealistic.</b>	The guideline should be improved.
<b>The staff member had no valid clinical or operational reason for not following the guideline (failed the "substitution test" ... attached).</b>	Progressive discipline should be invoked.

## Procedures

A procedure is necessary when there can be no exception from the expectation.

### Example:

An endoscope must be disinfected using the right substance, the right concentration, the right steps in the right order. If operational considerations make one or more of these steps impossible (e.g. we ran out of Cidex OPA), then the scope is taken out of service. There can be no valid exception.

## Policy Statements

Hospital policy expectations are set by the Governing Body. The board or the CEO need not (and should not) get into the details of HOW the policy is to be implemented, but they need to set the overall expectations.

### Example:

The Board must ensure that the federal and state requirements for restraint are met. Therefore, we establish a policy that states (in its entirety):

*“Restraint shall be used safely and only when less-restrictive means would not be effective to protect the patient. Restraint and seclusion practices shall comply with applicable statutes, regulations and the standards adopted by agencies that accredit this hospital.”*

Hospital department and executive leaders are charged with implementing such policies by 1. establishing clear, compliant expectations (guidelines and procedures), 2. assuring that all involved staff members are familiar with these expectations, and 3. monitoring performance to assure that these expectations are followed.

## Intent Statements

Policies, procedures or guidelines should NOT include “intent” statements because:

1. They add nothing to the policy, procedure or guideline; and
2. They typically establish unintended expectations above and beyond the requirements of the policy, procedure or guideline itself.

In short: intent statements are gratuitous and tend to put the hospital at risk.

### Example:

*“This guideline on pain management is established to honor the patient’s right to receive timely and appropriate care of painful conditions and procedures.”*

Intent statements such as this add nothing to the actual policy, procedure or guideline, while placing additional, often unachievable obligations. For example, any patient who experiences pain during their stay can accuse the hospital of not following its pain guideline since the hospital did not honor his or her right to “appropriate” care: the care was obviously inappropriate because the continued to experience pain for a significant part of his or her stay.

## Definitions

Although definitions are sometimes helpful, a separate “Definitions” section should be avoided: they tend to make the policy, procedure or guideline difficult to understand. Although they may be a shortcut for the author, a separate section just for definitions is a barrier to the reader.

Better is to integrate the definition into the portion of the guidelines where the word to be defined is used.

We are embarrassed that some of our model policies still have separate definition sections. These will be removed and better integrated into the content in future revisions.

## Decision Support

The following table is intended to assist the author / reviewer in determining whether something is a policy, a procedure or a guideline. It also briefly discusses Intent Statements and Definitions Sections.

Element	When	NOT When	Comment
<b>Policy Statement</b>	<ul style="list-style-type: none"> <li>• Overall statement of intent.</li> <li>• Sets expectations by the Board as to what hospital leaders must accomplish.</li> </ul>	<ul style="list-style-type: none"> <li>• Describing “how to.”</li> </ul>	Not all guidelines or procedures require an associated policy statement.
<b>Guideline</b>	<ul style="list-style-type: none"> <li>• Complex situations</li> <li>• Most clinical topics</li> </ul>	<ul style="list-style-type: none"> <li>• Entirely predictable processes</li> </ul>	Compatible with Just Culture
<b>Procedures</b>	<ul style="list-style-type: none"> <li>• Entirely predictable processes</li> <li>• There is an alternative when procedure can’t be followed.</li> </ul>	<ul style="list-style-type: none"> <li>• Complex processes with many branch points.</li> </ul>	Staff members have alternatives when the procedure cannot be followed: e.g. not performing the test; taking the equipment out of service.
<b>Intent Statements</b>	Never		<ul style="list-style-type: none"> <li>• Gratuitous</li> <li>• Establishes unintended expectations</li> <li>• Places the hospital at risk</li> </ul>
<b>Definitions Sections</b>	Sparingly		Should be integrated into the body of the guideline or procedure so the reader can review the definition at the same time they are reading the associated requirement.