

Policy & Procedure Self-Assessment

*****SAMPLE DOCUMENT ONLY*****

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	Yes	No	Comments
1. Policies and procedures are written in a consistent and structured format. An example is noted below <ul style="list-style-type: none">• Title• Scope – department/process that the policy or procedure applies• Policy or Procedure Statement – reason for policy/procedure• Definitions• Responsibilities• Policy/Procedure Sections• Other Associated Policies and Procedures• Review and Approval Dates• Signatures			
2. Policies and procedures are written in an easy-to-read format, including font size, adequate spacing and headings to facilitate ease of reading.			
3. There is a formal process/criterion for legal counsel review (as appropriate) prior to implementing a new policy/procedure.			
4. Disclaimer statements are included on policies and procedures as applicable (e.g., Policies and procedures are designed as a resource to assist clinical team members in providing care. Policies and procedures do not specify all resident care circumstances and may require adaptation) are reviewed by legal counsel.			

5. Policies and procedures are dated with the original release date and revision dates.			
6. Policies and procedures are written utilizing the guidance of professional organizations and societies, licensure (e.g., scope of practice), regulatory requirements and best practice recommendations.			
7. Policies and procedures are designed to provide general guidance and direction and reduce practice variation for clinical care and operational procedures (e.g., emergency procedures, managing a complaint).			
8. If time frames are used (e.g., a new nurse will be observed for three medication passes) or care expectations identified (e.g., a medication reconciliation will be completed for all new admissions), a communication and tracking process is in place to facilitate compliance.			
9. Resources/references utilized when creating the policies and procedures are maintained in an electronic file associated/linked to the document.			
10. Policies and procedures are reviewed at least annually and with significant changes in licensure and regulatory requirements			
11. The annual review process includes a review for possible conflicting or contradictory policies/procedures from other departments.			
12. Policies and procedures reflect current practice. If purchased or obtained from another organization, the policies are modified to reflect facility practice.			
13. A formal tracking process is in place for review dates (electronic software tracking is recommended).			
14. A formal tracking process is in place for responsible party, due dates, and completion status.			
15. Outdated policies and procedures are archived by year and topic, policy number or other format based on facility practices.			
16. Policies and procedures are formally reviewed by a team (e.g., Executive Team) or committee (e.g., Quality Committee) prior to implementation.			
17. An impact analysis is completed prior to implementing a new policy or significantly changing a policy/procedure that will impact other departments.			

*Note – This list is not intended to be exhaustive, and modification is recommended based on facility services and policies.

18. Quality metrics are established to measure identified system and process issues, implementation challenges, staff education needs, and incidents, accidents and events related to a new policy/procedure.			
19. New employee onboarding and orientation includes a review of key policies and procedures based on job description (e.g., fall assessment; skin injury assessment, reporting and response; wandering and elopement; abuse and neglect; resident rights; handwashing; infection prevention; medication administration; medical emergencies, behavioral emergencies; components of shift report)			
20. Annual competency validation includes a review of key policies and procedures, including but not limited to: fall assessment; skin injury assessment, reporting and response; wandering and elopement; abuse and neglect; resident rights; handwashing; infection prevention; medication administration; medical emergencies, behavioral emergencies; components of shift report)			
21. Operational and clinical policies and procedures are readily accessible for staff reference and review.			
22. The Quality Process includes a review of any potential gaps between policy/procedure and actual practice. Gaps create potential regulatory and legal exposure for the organization.			

Policy and Procedure Guidance	Actual Practice	Practice When an Event Occurs	Regulations	"The Gap"

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