**[INTRODUCTION TO POLICY TEMPLATE]**

[**The following information captures guidance on completion of the template policy header and use of this policy template. All comments on best practices are highlighted in yellow and *examples are in italics*. Generally, when drafting policies use active voice (*e.g. “Place the label on X”*), avoid subjective descriptors, superlatives, and adverbs (*e.g. “best” “highest” “obviously”*) be mindful of when conduct is required versus when conduct is optional or a best practice (*e.g. using “shall” or “must” when “may” or “should” is more accurate*). While this document captures general best practices, the policy should align with your organization’s needs, existing documentation and processes, and should be practical and functional for the people who use it regularly.]**

[**NOTES ON THE INFORMATION CAPTURED IN THE HEADER**]

[While the information set forth in the header and footer is mostly self-explanatory, please consider the following when populating information into the header and footer or revising to align with your organization’s best practices:

1. Policy Title and Policy #: Should match the title and number that is cross-referenced in other policies or processes, if applicable.
2. Responsible Dept., Responsible Reviewer(s), and Frequency of Review: These may be subject to minimum legal requirements. *For example, CAHs are required to have a drugs and biologicals policy reviewed by at least one active physician and one active advanced practice provider, reviewed every two years*. Use titles instead of individual names. Note that the hospital always has the option to exceed minimum legal requirements if other considerations indicate that additional reviewers or more frequent review than what is required by law is desirable. Absent minimum legal requirements, the Responsible Department, Reviewer, and Frequency of Review should take into account the departments and individual titles (e.g. RNs) that use the policy the most, capacity and resources, which individuals or departments exercise authority over the activities covered by the Policy, and other common-sense hospital operations considerations.
3. Dates: Note that only current and prospective dates are captured in the header with the option to capture historical information in the footer. If your organization tracks historical revision dates, this should be additive. *For example, if a policy was created 1/1/15 and was reviewed annually every year after that, the Dates Reviewed/Revised may look like this: 1/1/16 (ABC), 12/30/16 (ABC), 1/3/18 (ABC), 1/1/19 (ABC), 12/31/19 (ABC), 12/31/20 (ABC)*. Note that this captures annual review and the initials of the reviewer. Consider whether to add initials of the reviewer to this section for tracking ongoing compliance and responsibility, particularly if the Responsible Reviewer is required by law.]
4. **PURPOSE**

[Purpose and Policy may be combined or may each contain concise statements capturing the “spirit” of this document. Essentially, the **PURPOSE** section captures the “why” and the **POLICY** section captures the very simple “what” of this document]

1. **POLICY**
2. **SCOPE**

[This should clearly capture your intended audience, when the policy applies, etc. Essentially, make sure this reflects your “who,” “where,” and “when” of this document. Restrictions on the applicability or exclusions from this document should also be set forth here*. For example, “This EMTALA policy does not apply to off-campus provider based locations which are addressed elsewhere as indicated in Section VI below.”*]

1. **DEFINITIONS**

[If terms are defined by law or regulation, use the exact legal definition to the extent practical. If revisions to the legal definition are necessary to facilitate readability or ease of use, alter the underlying definition as minimally as possible to avoid use and interpretation inconsistent with the law]

1. **PROCEDURES**

[This section should capture detailed actions and steps to be taken by specific individuals to achieve the stated purpose and policy. Essentially, this section captures the “what” for this document in specific detail. If the policy is clinical, this may include protocols used for addressing specific patient care issues. This section should capture allowed / prohibited / required conduct, reporting requirements, and any other operations requirements, including documentation or specific form references that may need to be referenced or affiliated with the policy. *For example, a Stark policy may require that physicians on medical staff all complete a conflict of interest form. Reference the need to complete the form, frequency of completion, etc. and reference the form or document that may be attached or referenced below*]

1. **KEY SEARCH WORDS / CROSS-REFERENCING**

[Some policies may cross-reference others or may be subject to automatic updates, depending on the system your organization uses. Capture that information in this section. To the extent that your organization using cross-referencing tools or key words, include that information here as well. This section should also list all related policies for purposes of day-to-day use and updating. *For example, your organization may have multiple EMTALA policies that supplement your main EMTALA policy (e.g. to address off-campus provider-based clinics). Each EMTALA related policy should also list the other EMTALA policies. Part of the reason for this is to ensure that all combined or related policies are updated together.*]

1. **RELATED DOCUMENTATION AND FORMS**

**[**If the policy and procedures require use of certain organization standard forms, attach them or include them directly into the policy to the extent possible and reasonable for ease of use. *Per the example in* ***PROCEDURES*** *above, the organization’s standard conflict of interest form could be captured or referenced here*.]

1. **SOURCES / REFERENCES**

[Laws, accreditation standards, and helpful resources should be referenced here to ensure efficient and accurate review and updates. However, only reference those laws, standards, etc. that are actually incorporated into the policy, not every potentially applicable law.]