


Name of Policy: <u>Policy Format, Revision and Review</u> Policy Number: 3364-110-06-12 Department: Nursing Service Approving Officer: AVP Patient Care Services/Chief Nursing Officer (CNO) Responsible Agent: AVP Patient Care Services/CNO Scope: The University of Toledo Medical Center	 Effective Date: 3.15.2021 Initial Effective Date: 1/3/1992
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

All policies shall be revised as necessary and reviewed at least every three years, following the approved policy format, numbering and distribution system.

(B) Purpose of Policy

To assure the maintenance and uniformity of current policies through a standardized process of review.

(C) Procedure

Policy Creation

1. The appropriate individuals develop the policy.
2. The policy is assigned a number.
3. The policy is typed in the proper format, including all attachments.
4. The policy is approved and signed by the appropriate individuals.
5. The policy is placed on the policy website.

Policy Review

1. All nursing policies are to be reviewed at least every three years. If the policy does not require revision, the review date shall be recorded on the current policy in the appropriate place. Reasons for revisions and persons involved in the review will be indicated.
2. All policy review and revision activities will include review of all applicable forms and attachments.

Policy Revision

1. Whenever appropriate, policies will be revised to meet current needs.
2. Reviewed/revised policies shall be approved by the Associate Vice President, Associate Executive Director, or Director of Nursing/Chief Nursing Officer.
3. The current policy number is retained.
4. The revised policy is typed in the proper format.
5. The reviewed/revised policy replaces the old policy on the policy web site.

Approved by: _____ /s/ Monecca Smith, MSN, RN AVP Patient Care Services/Chief Nursing Officer <i>Review: Policy & Standard Committee, 7/11, 4/15, 4/18, 3/21. Review/Revision Completed By: Nancy Gauger, MSN, RN</i>	Review/Revision Date: 1/93 4/2006 3/95 9/2008 4/99 7/2011 2/00 4.24.15 2/2002 4/2018 1/2005 3/2021 Next Review Date: 3/2024
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.