(A) Policy Statement

All policies shall be revised as necessary and reviewed at least every three years (refer to Formulation and issuance of policies, Number 3364-10-01).

(B) Purpose of Policy

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

(C) Procedure

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/CNO.

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:

Monecca Smith, MSN, RN
Director of Nursing/CNO

Review/Revision Date:
1/93 4/2006
3/95 9/2008
4/99 7/2011
2/00 4.24.15
2/2002
1/2005

Review/Revision Completed By:
Greg Shannon, MSN, RN

Next Review Date: 4/2018

Policies Superseded by This Policy: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.