Name of Policy:	**Communication Of New And Revised Policy Changes**	THE UNIVERSITY OF TOLEDO **MEDICAL CENTER**
Policy Number:	3364-110-06-14	
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 (UTMC)	**Effective Date**: 3.15.2021 Initial Effective Date: 8/1/2005

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	**X**	Reaffirmation of existing policy

(A)   Policy Statement

All approved changes in nursing policies and/or the creation of new nursing policies shall be consistently communicated and disseminated to nursing staff and readily available for reference.

(B)   Purpose of Policy

To assure consistent interpretation and implementation of new or revised nursing policies utilizing systemized communication modalities.

(C)   Procedure

Policy Dissemination

1.   Policy revisions shall be done in accordance with Policy no. *3364-110-06-12* and approved by the appropriate persons (Chief Nursing Officer or designee).

      All nursing policies that have been revised and/or created will be disseminated throughout nursing services to ensure continuity and safe nursing practice. These policies and plans will be made available for nursing use by accessing the UTMC policy website. Additionally, hard copies will be maintained by Nursing Administration.

2.   Any policy that has been revised or any new policies that have been generated, approved and disseminated will be communicated to the staff.

Policy Communication

1.   Policies will be distributed via email to Nursing Leadership following approval. Nursing leadership will decide if further communication is needed for each policy including, but not limited to, being offered through Staff Development in-servicing, discussion at unit staff meetings, unit huddles, sending out via e-mail or posting for intranet testing, or placing in Nursing newsletters etc.

2.   If selected policies are designated for intranet testing it may have associated test questions on the health and safety intranet site. The test results/completion will be taken into consideration for the yearly performance evaluation of the staff member.

3.   Nursing directors and managers may also in-service the staff on revised/created policies as need is perceived by nursing leadership due to safety and/or high risk issues. This may include, but is not limited to, Staff Development in-services, mandatory in-services, inclusion in skill check-off if appropriate, and unit based in-servicing where attendance will be recorded.

4.   Informal communication via posting, communication logs with sign off sheets etc. may be used as adjuncts to the above methods of communication or may be considered acceptable in and of itself. This is up to the manager's discretion given policy content, safety, and other patient care issues. Staff compliance with informal communication of policies may be monitored and taken into consideration for performance appraisal purposes.

Approved by:		Review/Revision Date: 8/31/2010 9/2013 4.24.15 4/2018 3/2021
/s/ Monecca Smith, MSN, RN	Date	
AVP Patient Care Services/Chief Nursing Officer *Review: Policy & Standard Committee 8/2010, 9/13, 4/15, 4/18, 3/21* *Revision Completed By: Nancy Gauger, MSN, RN.*		
Nursing Service Policy and Standards Committee		**Next Review Date:** 3/2024
Policies Superseded by This Policy: 6-14		