Guideline: **Communication of new and revised policy and guideline changes**

UTOLEDO HEALTH

Policy Number Superseded: 3364-110-06-14

Responsibility: Nursing Administration/ Leadership

Purpose of Guidelines: To ensure consistent interpretation and implementation of new or revised nursing policies by utilizing systemized communication modalities.

Effective Date:
January 20, 2026

Initial Effective Date:
January 20, 2026

Procedure:

(A)   Policy dissemination

    (1)   Policy revisions shall be done in accordance with University policy 3364-10-01 Formulation and issuance of policies and approved by the appropriate persons (chief nursing officer or designee).

        All nursing policies and guidelines that have been revised and/or created will be disseminated throughout nursing services to ensure continuity and safe nursing practice. These policies and guidelines 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 or guideline that has been revised or any new policies or guidelines that have been generated, approved and disseminated will be communicated to the staff.

(B)   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: Initial effective date:
  Kurt Kless, MSN, MBA, RN, NE-BC   January 20, 2026
  Chief Nursing Officer

                                                          Review/Revision Date:
Review/Revision Completed by: -
  Kurt Kless, MSN, MBA, RN, NE-BC
  Chief Nursing Officer   Next review date:
                                                            January 20, 2029