

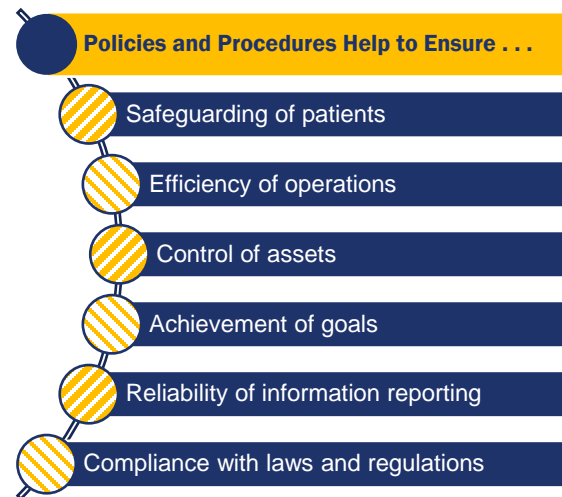
# Policy Development and Management

## *A Case Study*

**Cleveland Clinic** is a highly regarded health care system with hospitals in the United States, Canada, and the United Arab Emirates. *US News & World Report* ranked the Cleveland-based academic medical center second among hospitals in the United States for 2017–2018<sup>1</sup>. This reflects the Clinic’s noted track record for exceptional care and services across many areas. These include commitment to patient safety, information management, and technological innovations—areas central to the Clinic’s approach to policy development and management.

Effective policy development and management is critical to any health care organization. Policies and procedures provide the framework for leadership, proper governance, and successful health care practices. They not only ensure that care is consistent and in line with evidence-based practice but also in line with laws, regulations, and accreditation requirements.

Policies and procedures also provide organization staff with a consistent map to follow. For K. Kelly Hancock, Executive Chief Nursing Officer of the Cleveland Clinic Health System and Chief Nursing Officer of the Cleveland Clinic Main Campus, the imperative for effective policy development



and management comes down to the patient: “Meeting the needs of the patient is the first issue when considering policy development,” she explains. “When there is consistency and standardization across the board with our policies, the patient’s needs are met and staff are better equipped to support that aim.”

Hancock credits the Clinic’s systemwide approach to their success as well: “We apply a comprehensive team approach to policy development with leadership input, interdisciplinary engagement, evidence-based research, and peer review.” She adds, “We also ensure that the system is adaptive and able to react in a time-sensitive way.”

<sup>1</sup> <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>. Last accessed May 25, 2018.

## **From Decentralized to Standardized**

About a decade ago, Cleveland Clinic began to standardize its information management systems across its many sites. This has resulted in significant improvements in its approach to policy development and management. The new approach came from a longstanding need. As Eileen Pomiecko, Cleveland Clinic’s Senior Director of Regulatory Affairs in the Office of Accreditation, explains: “We realized we had a very decentralized approach to policies. Many policies were not standardized, and you couldn’t easily find them.” Pomiecko notes other issues too: for example, when one hospital’s policy was found to be conflicting with a similar policy at another hospital. “Some documents were old, not retired,” she adds. “We realized we needed a centralized place for our policies in order to better standardize them.”

### ***Getting a Policy Office and Leadership Support***

One of the first initiatives the Clinic undertook was to establish the Policy Office. The office gathered all existing policies and procedures and put them into an automated system. Although a laborious process, it was seen as a worthy endeavor. “This allowed us to take an inventory of all the policies in one place so we could start to standardize them,” Pomiecko explains.

Pomiecko notes that there was a degree of territorialism, uncertainty, and pushback from certain staff and areas of the system when the Policy Office and other initiatives got underway. She credits key leadership

buy-in and support with helping these changes take hold. “Our chief executive officer sponsored our initiative and was key to our success,” she explains. “This support helped mitigate any pushback and added legitimacy to what we were trying to do.”

Support and buy-in from leadership was a key driver for success throughout. Lois Bock, Director of the Policy Office, notes: “The key piece in our success has been having executive leader support, as this undertaking is huge. I would never have been successful in my role without their support. And they are instrumental to having all of the key areas represented at the table when you are looking at standardizing.”

### **Systems Oversight**

Key leadership buy-in helps to sustain the various levels of engagement that are integral to the ethos at Cleveland Clinic. Systems oversight is critical as well. For the Clinic, this means oversight across multiple sites. “Oversight includes not only the local hospital level or specialist areas of the health system,” explains Hancock, “It also includes leadership oversight from the Nursing Institute Practice Council and the board. The aim is to ensure that through our policies and procedures every patient who comes into a Cleveland Clinic facility can expect the same level of care and support.”

### ***Oversight of Policy Development***

Policy development consists of creating and implementing policies. Bock explains how the Clinic approaches policy development with systems oversight: “It often begins with the subject matter expert. That person has

primary responsibility. Staff with a range of subject matter and clinical expertise are also brought in to see how the policy will impact different areas of the system.” The policy office staff oversee and facilitate this process through a series of steps that begin at the local level and extend up to the systemwide level. Along the way, a range of departments and stakeholders are involved in the process.

*The time factor.* Time-sensitivity may be a factor in policy development, as Bock explains: “For a new policy, the process typically takes several months and can involve local hospitals or clinics, various departments, and our Nursing Institute Practice Council. It will eventually reach the Clinic’s board.” Bock adds that there are mechanisms to speed up the process, particularly if creating or revising a policy has a direct impact on patient safety or other urgent considerations.

*Board approval with legal guidance.* The final step for policy approval rests with the governing boards of each Clinic hospital and the system. Each hospital’s governing board has a policy committee that meets monthly and reviews policies. Not all policies require board approval. Any policies related to legal regulations or accreditation, however, must receive the governing board’s approval. A key partner in this process is the Clinic’s law department. As Michael Meehan, General Counsel for the Cleveland Clinic Regional Hospitals, explains, “The law department comes into the policy-making process primarily in two ways: first, to see how the policy moves through the system and to

legally review these policies; and second, to serve as the liaison to the Clinic’s governing board.”

### ***Oversight of Policy Management***

Policy management requires system oversight as well. Policy management involves monitoring for active compliance with the policy and maintaining the policy. A designated ‘sponsor’ of a policy (who is named in that policy), is in charge of maintaining it. Cleveland Clinic has set time periods for a policy to be reviewed and expired as well. “Our policies cycle for a review on a periodic multiyear basis and go back to the same person and group for a regular update,” explains Meehan.

*Monitoring through rounding:* One way that the Clinic monitors the effectiveness of their policies is through the use of rounding. “We use rounding to observe people doing their jobs in relation to the policy we are evaluating,” explains Bock. “If we find variance with the policy, we report it as a deficiency and the local area needs to address it.”

### ***Interdisciplinary as the Norm***

In addition to various *levels* of engagement in processes, the Clinic is noted for engagement its robust *interdisciplinary* engagement in processes. That goes for the policy development and management process as much as it does for strictly clinical processes. As Hancock explains, “Our policy approach relies on collaboration with a variety of disciplines, including our pharmacy and physician colleagues. We work together to see if there are any practice-related problems or any needed

changes related to policies to take forward.” She adds that the Clinic makes use of *affinity groups* in its approach. These groups bring together clinical specialties from different subject areas, such as pediatrics, dialysis, and surgical. The affinity groups are involved in policy review and have input into policy and procedures design.

*Appropriate variation:* While Cleveland’s aim is for standardized policies across their system, Bock acknowledges that there are times when variation is appropriate. It all depends on the setting, patient population being served, disciplinary concerns, or clinical needs, she says. She also advises that geographical differences and state regulations have to be considered when reviewing policies across a multistate and multinational system.

### **Automation in Action**

Clearly, for policies to be effective, they need to be used—and used correctly—across the system. Cleveland has an effective electronic document system called the PPM. It’s designed to support staff usage of the Clinic’s policies. Appropriate policies and procedures are available to staff via this system. The system is also designed to support education and communication about the policies for the staff, something that occurs during implementation of new or revised policies. “We have a multitier approach in relation to policy applicability and standardization,” explains Bock. The PPM employs a matrix that helps document owners help their staff understand and apply applicable policies and procedures.

It’s up to the leader of each area to do that, Bock says.

The Clinic’s PPM automates the entire process, explains Pomeicko. “A staff member will log in and the documents that apply to the site and geographical location will appear,” she explains. The PPM keeps track of evidence, staff changes, and other details, which will update the relevant documentation as well. Hancock credits the PPM and Policy Office’s work as key features of their success: “We’re lucky to have the PPM,” she states. “I’m proud of not having to wait for a reminder about a policy change or update: the system reacts in an intelligent and time-sensitive way and keeps me informed.”

### **Learning from Experience**

For hospitals or systems hoping to improve their policy development and management approach, Cleveland Clinic’s policy experts have a few other recommendations:

- Bock recommends having an information management system in place to archive often, document regularly, and aim for as little deviation in the policies as possible.
- Hancock supports using an information management system too. She advises organizations to also think about the system and system thinking when *evaluating* policies: “Even though I may wear the cap of nursing in my professional capacity, I do realize the influence of all stakeholders and various disciplines in the work that we do.”
- Pomeicko recommends considering some key factors that drive a policy:

“One of the first things to look at is what policies are required for accreditation and regulatory bodies.” She also says it’s important to make sure that your policies are suited to needs of your organization: They must conform to the local environment. Staff must be able to meet the requirements. And local leadership must take responsibility for monitoring the effectiveness of the policy.

- Meehan adds: “When an enterprise is coming together with a number of hospitals and health care entities, it’s very important that the medical leadership at each hospital have an appreciation and a willingness to be supportive of standardization. As a general rule, standardization is going to result in improved patient quality.” He also endorses the interdisciplinary approach: When all staff put their heads together to develop policy, it becomes a best practice approach.”