APPLICATION

All Samaritan Health Services (SHS) hospital employees.

POLICY

All Samaritan Health Services (SHS) documents that are used to define direct and control activities that affect the Quality Management System and healthcare service must:

1) Be controlled;
2) Clearly communicate the rule and provide instructions; and
3) Accurately reflect standards, regulations, and practices.

PROCEDURE

DEFINITIONS:

1. **Internal Documents**: Document(s) created within SHS include, but are not limited to:
   - Policies and procedures (SharePoint, Lippincott);
   - Forms and requisitions;
   - Work instructions
   - Clinical protocols / order sets
   - Quality plans;
   - Quality manual;
   - Software data (Performance Manager training modules, etc.)
   - Brochures
   - Patient teaching reference materials

2. **External Documents**: Documents that are created and maintained by an outside source that has oversight (rules and regulations), provides guidance or direction in the delivery of healthcare services. External documents include, but are not limited to:
   - Standards of practice and other reference materials;
   - State and federal rules and regulations (e.g. Oregon Health Authority, Centers for Medicare and Medicaid Services, Federal Drug Administration, National Fire Protection Agency, etc.);
   - Accreditation standards (e.g. DNVGLHC NIAHO, CLIA, CAP, etc.),
   - Manufacturer provided instructions;
   - MSDS
   - Diet Manual

3. **Uncontrolled Document**: A document that was removed from or never part of the controlled document system. Uncontrolled documents may not be used to provide service direction or information necessary for the performance of service. Examples of uncontrolled documents are training aides and informal communication tools.

IMPLEMENTATION:
A. Internal Documents: System, hospital, and/or departments will develop, revise, approve, and distribute documents following these principles:
   1. Documents will be approved prior to issue / implementation. Approval process may vary depending on document requirements and ISO 9001 compliance.
   2. Policies, clinical protocols/order sets that require medical staff approval and Lippincott critical notes require annual review. Other document sources will be reviewed and revised as needed.
   3. Changes and revisions in documents will be accessible through a revision description or archived copies.
   4. Current versions of documents will be accessible to employees.
   5. Documents available on-line may be printed as a resource. The printed document must have a date present to be valid. Printed documents will only be current for the date printed.
B. External Documents: System, hospital, and/or departments will approve and distribute documents following these principles:
   1. External documents will be approved prior to issue / implementation. Approval process may vary depending on document requirements and ISO 9001 compliance.
   2. External documents that require medical staff approval may vary depending on document requirements and ISO 9001 compliance. Document approval will be done at each site Medical Executive Committee.
   3. Current versions of documents will be accessible to employees.
   4. External documents that are posted in departments should have the effective date listed on the document.
C. Internal and external documents will be available during downtime.
D. End users will receive education of new and revised documents as needed.
E. Obsolete internal and external documents will be archived, stored, or destroyed in accordance with the current record retention and destruction process.

REFERENCES
- Appendix A: Document Control Glossary
- SHS Policy: Development, Revision, Approval and Distribution
- SHS Policy: Management of SHS Forms and Patient Handouts

REVIEW/REVISION HISTORY

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>5/2016</td>
<td>0-4</td>
<td>Revision</td>
<td>Archived</td>
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Document Control Glossary

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Policy</td>
<td>A brief action statement describing a rule that governs practice. Requires annual review.</td>
<td>&quot;*SHS Critical Access Hospitals (CAH) will maintain all of the program elements as set forth by the Centers for Medicare and Medicaid Services (CMS) * - Taken from SHS CAH - Critical Access Hospitals Program Elements</td>
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<tr>
<td>Procedure</td>
<td>How the policy statement or rule will be performed to ensure conformance.</td>
<td>* &quot;Maintain a maximum of 25 acute inpatient beds. Whenever the census reaches 25 acute inpatients, the safety of the patient will be the primary consideration regarding admissions, discharges and transfers. * Maintain an average census length of stay of 36 hours or less for acute inpatients. * Maintain a 24-hour Emergency Department. * Establish a professional committee that will develop policies and conduct a program evaluation at least annually. * &quot; - Taken from SHS CAH - Critical Access Hospitals Program Elements</td>
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<td>How-To</td>
<td>Step by step detailed instructions on how to perform a specific task.</td>
<td>* &quot;The steps of the policy are: 1. Set up the piece of equipment and charge it. 2. Turn the equipment on and prepare it for use. 3. Insert the medication or drug into the equipment. * &quot;</td>
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<tr>
<td>Checklist</td>
<td>A list of items (tasks, steps) to be checked or consulted.</td>
<td>* &quot;Checklist: 1. Verify the patient's identity. 2. Review the patient's medical history. 3. Confirm the medication order. * &quot;</td>
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<tr>
<td>Work Instruction</td>
<td>A document with blanks for the insertion of details or information.</td>
<td>&quot; * &quot;</td>
</tr>
<tr>
<td>Table</td>
<td>An orderly arrangement of data, especially one in which data are arranged in columns and rows.</td>
<td>* &quot;Table: 1. List the data. 2. Organize the data. 3. Present the data. * &quot;</td>
</tr>
<tr>
<td>Flow Diagram</td>
<td>A diagram that represents an algorithm or process, showing the steps as boxes of various kinds, and their order by connecting these with arrows.</td>
<td>* &quot;Flow Diagram: 1. Define the problem. 2. Identify the steps. 3. Organize the steps. * &quot;</td>
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If printed, this document is current for this date only: July 6, 2016
Current Policy and Procedures can be found on the SHS intranet.