



# **Procedure for Control of Documents and Records**

# POLICY

The *Procedure for Control of Documents and Records policy* is in place to ensure that each employee at Crescent Medical Center Lancaster uses the correct versions of policies, procedures, forms, records, and documents. To include ensuring the control the legibility, identification, storage, protection, retrieval, retention, and disposition of records suitable records are met for the conditions of participation and NIAHO DNVGL requirements (QM. 2 ISO 9001 Quality Management System).

# SCOPE

Applicable to all the types of policies, procedures, forms, and records used in the organization, including quality manual, procedures, work instructions, reference books, and patient medical records.

A documented procedure to define the controls needed;

- a) approval for adequacy prior to issue,
- b) to review and update as necessary and re-approve documents,
- c) to ensure that changes and the current revision status of documents are identified,
- d) to ensure that relevant versions of applicable documents are available at point of use,
- e) to ensure that documents remain legible and readily identifiable,
- f) to ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the quality management system are identified and their distribution controlled, and
- g) to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.

# Definition

The control of policies, procedures, forms and records is a process that will ensure required policies, procedures, forms, records, and documents are under the control of top management and facilitated by the Management Representative, the Director of Quality/Compliance. The HIM department will control the legibility, identification, storage, protection, retrieval, retention, and disposition of records.

# Internal Document Approval

- The Policy and Procedure Committee shall approve policies, procedures, and forms prior to their release for use, following the standards outlined in the Quality Management System. Once approved by the Policy and Procedure Committee the document will be presented to the staff for understanding and/or education of the new, revised, and replaced document that includes forms, procedures and policies. The education provided will be documented on an internal department education form to the applicable to the department staff. The attendance and content of the education will be presented to the Policy and Procedures Committee as part of the system control process for documents.
- The Policy and Procedure Committee is a multidisciplinary team that conducts monthly meeting for document review and control.
- Procedures, policies and forms that are presented to the committee has a policy/form review form that is used for tracking the reason for presentation to the committee, committee action, policy posting or deletion, committee approval, and department action following final approval by the committee.

# Policy Revision or Update

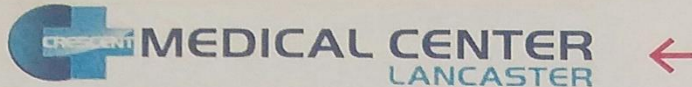
The first revision or update of a policy or procedure is assigned version '01' followed with a change in the digits reflecting the change or revision (example reference: POLICY .03.13 changes to POLICY .03.13.01 following a change/revision).

<b>SUBJECT:</b> Procedure for Control of Documents and Records	<b>REFERENCE:</b> Admin 07.09.02	←
<b>DEPARTMENT:</b> Administration	PAGE: 1	
Crescent Medical Center Lancaster	<b>EFFECTIVE:</b> 02/2016	
	<b>REVISED:</b> 6/2016, 12/2016 <b>REPLACEMENT:</b>	←

# Approved Forms

The form format for approval must include the hospital logo on the top each page and an internal document tracking identification number; the identification number for form will start with the originator department's initials with a sequence number starting with the number one (1) and year and month of the approval notated on the bottom right hand corner of the form. (example QM01 12-2016)

# Approved Form EXAMPLE



## PATIENT COMPLAINT FORM

Today's Date: Click here to enter a date. Complaint Received Date: Click here to enter a date. Date of Incident: Click here to enter a date.

Complaint Received by - (Name/Dept.): Click here to enter text.

Complaint Received Via: Choose an item.

Patient Name: Click here to enter text.

Complainant Name: Click here to enter text.  
Complainant Sounded: Choose an item.

Describe discussion /action taken to resolve problem and record dates and times:  
Click here to enter text.

Above action steps taken by Name/Title: Click here to enter text.

### **PLEASE REFER REPORT IMMEDIATELY TO QUALITY DEPARTMENT**

*This portion of complaint for Authorized Use Only*

Administrative Adjustment? (Y) (N)      Amount of Refund: \_\_\_\_\_

Approved By: \_\_\_\_\_

Status: *Circle One*    G (Grievance)    C (Complaint)

Disposition: *Circle One*    O (Open)    R (Resolved)    C (Closed, remains dissatisfied)

Complaint Code: *Circle One*    B (Billing)    CP (Care Provider)    E-(Environment)    P (Pt. Care)    S (Staffing)

\_\_\_\_\_  
Authorized By:  
(Signature)

\_\_\_\_\_  
Date

# Approving Authority

The Policy and Procedure Committee has the authority to approve policies, procedures, and forms submitted by the manager of the applicable department or process. The HIM Manager has the authority to request documentation to complete the medical record for current use and retention.

# Identifying Changes and Current Version

- The revision date and policy revision number will identify the change is approved, this includes documents and forms. A copy of the updated document will be distributed as per the department leadership distribution list in the Policies and Procedures Committee meeting.
- Form revision will be noted with the updated month and year of the approved change to include the wording revised or replaced.
- Staff training will occur in the applicable department and will be coordinated between the employee educator and the department leader.

# Identifying Old Obsolete Policies and Forms

- After the release or receiving of the latest edition of any policy or form, the leadership of the department should destroy the old copies. If the department prefers to retain a copy of an old form the word 'obsolete' is required to be on the form. A copy of the previous version will be maintained in Quality Management and online in a permission required folder noted as OBSOLETE procedures, policies, and forms (can be only accessed by department leaders).
- The HIM department manages the storage, protection, retrieval, retention, and disposition of medical records.

# External Origin Documents

Regulatory standards and other documents, which are released by the external agencies including customer, are external origin documents. External origin documents used by the hospital require verification every 2 years of their applicability (current revision status etc.) with its owner. The department leader verifies the applicability (current revision status) of these documents with its owner once in a year and re-affirms the document or revisions as necessary.

# References

1. Procedure for Control of Documents and Records policy
2. Quality Management System (QM); ISO-9001, 2008 (Rev. 11 2014-06-17)