**Attachment E**



Policy Submission & Review Checklist

Use this checklist when developing or revising a policy. Before submitting policy for review & posting, fill in the information requested in the white boxes; obtain Administrator/Director signature for approval to move the policy forward. Attach the policy with DRAFT Watermark and Track Changes (Attachment E) and this form to an email, type *Policy Submission* in the subject line of the email and send to:

**Garnet Health: Garnet Health Catskills:**

**For *Nursing policy* review send to:** Suzanne Peller ***All policies* send to:** Policy and Procedure Committee

**For *Non-nursing policy* review send to:** Supervising Administrator/ Director

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title of policy** |  | | | |
| **Author (policy owner)** |  | | | |
| **Document Control Number** |  |  | | Document Control Number: |
| **Education Plan** |  | | | |
| **Submitted by** |  | | **Contact number:** | |
| **Administrator/Director Signature(s)** |  | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Prior to Submission** | | |  | **Prior to Posting** *(do not use)* | | |
|  |  |  | Is the policy formatted correctly using the  **Policy and Attachment Templates**? |  |  |  |
|  |  |  | Is the policy assigned to the correct policy location (**applicable to**)? |  |  |  |
|  |  |  | Is the policy assigned to the correct **Policy Level**? |  |  |  |
|  |  |  | Is the policy assigned to the correct **Category**? |  |  |  |
|  |  |  | Is the **Title** clear, unambiguous, and reflective of policy content? |  |  |  |
|  |  |  | Are the **Attachments** listed alphabetically as they appear in the policy? |  |  |  |
|  |  |  | If attachment includes a form, has it been approved by the **Forms Committee**? |  |  |  |
|  |  |  | Is the **Purpose** statement clear and reflective of the policy content? |  |  |  |
|  |  |  | Are all words that require definition included, and are their **Definitions** clear, easy to understand? |  |  |  |
|  |  |  | Are the **Policy** statements written correctly (non-negotiable*, look for* must, shall, will within statement)? |  |  |  |
|  |  |  | Are the **Work Instructions** steps clearly stated, logical, and sequential? |  |  |  |
|  |  |  | Are the appropriate **Standards**/Guidelines cited (ISO, NIAHO, CMS, AORN)? |  |  |  |
|  |  |  | Are the **References** older than 5 years? |  |  |  |
|  |  |  | Is the **Author** (policy owner) listed with their title? |  |  |  |
|  |  |  | Is the **Approver** correct and listed with their title? |  |  |  |
|  |  |  | Are the **Concurrences** correct and is there evidence of concurrence? |  |  |  |
|  |  |  | Is the **Document Control** complete and accurate? |  |  |  |
|  |  |  | Is the **grammar** correct? |  |  |  |
|  |  |  | Are there **spelling** errors? |  |  |  |
|  |  |  | Is the **vocabulary** appropriate (too wordy)? |  |  |  |
|  |  |  | Is there a **plan of education**? |  |  |  |

**Document Tracking**

**Garnet Health Medical Center – NURSING POLICY**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Comments** |
| **Sent to** |  |  |
| **Policy returned** |  | *Does not meet the following criteria:* |
| **Policy approved** |  |  |
| **Posted** |  |  |

**Garnet Health Medical Center – NON-NURSING POLICY**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Comments** |
| **Sent to** |  |  |
| **Policy returned** |  | *Does not meet the following criteria:* |
| **Policy approved** |  |  |
| **Posted** |  |  |

**Garnet Health Medical Center Catskills – POLICY**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Comments** |
| **Sent to** |  |  |
| **Policy returned** |  | *Does not meet the following criteria:* |
| **Policy approved** |  |  |
| **Posted** |  |  |

**Garnet Health Doctors - POLICY**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Comments** |
| **Sent to** |  |  |
| **Policy returned** |  | *Does not meet the following criteria:* |
| **Policy approved** |  |  |
| **Posted** |  |  |