

Your Hospital Hospital-Wide Policy and Procedure Routing Form

Attach this routing form to each individual hospital-wide policy/procedure and complete the routing form. When the form is complete and all signatures have been obtained forward the original form to the Quality Assurance Department for Distribution.

Any forms that accompany the forms MUST be included as an attachment and must be approved by the appropriate Team as well as the Medical Records process if the form is to be a permanent part of the medical record (complete with a form number).

Please check off the items listed as the policy/procedure routing progresses.

Date	
Policy/Procedure Title	
Team/Department Originating From	
Name of Individual Responsible (Team Leader or Department Manager)	
Approvals:	
Team Leader/Department Manager Signature	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Department Manager/s (If department involvement in the policy and not a team member)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Director Nursing (If nursing component in policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Administration (For all Hospital-Wide Policies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Medical Staff (If policy involves any action required by a physician or if it involves medication, treatment or care that the medical should be aware of. This is an area that can be dependent upon the policy/procedure and the content. You need to use good judgement and if in doubt, get medical staff approval. The Medical Staff Department or Committee again is based on judgement of the policy content. When in doubt refer to administration and/or the Performance Improvement Task Force through the appropriate Team Leader)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable List Committees or Medical Staff Departments approved by:
Board of Directors (If the policy involves a high risk to the patient, deals with patients rights or safety, request the Board to review and approve the policy through the CEO.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
All Signatures Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Attachments attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Distribution	
Forward original for Distribution to Quality Assurance Department along with this form. If it is imperative that the policy be distributed immediately please indicate. Other wise the policy/procedure will be distributed with the next group distribution.	<input type="checkbox"/> Distribute Hospital-Wide Policy with next group distribution <input type="checkbox"/> Please Distribute Hospital-Wide Policy Immediately
Date Received	Date Distributed