

CORPORATE POLICY

SUBJECT: Establishing New or Revised Policy	CATEGORY: General
	ORIGINAL DATE: May 1, 1996
	REVIEWED DATE: January 10, 2019
	REVISION DATE: June 26, 2024

I. **POLICY:**

All Lake County Health Department and Community Health Center (LCHD/CHC) policies will be developed in a consistent manner with the engagement of appropriate agency stakeholders. All policies must be reviewed and, if necessary, modified and approved, every three years from date of initial approval or last published or reviewed date, or more frequently if required.

II. **SCOPE:**

All LCHD/CHC employees.

III. **PROCEDURE:**

A. Authorization

1. New policies require authorization by the Compliance and Policy Committee (CPC) prior to development. New policy proposals must be presented to the Committee by the policy's sponsor. This can be done in writing in between meetings or verbally at the next available committee meeting.
2. If the CPC authorizes development of the policy, the sponsor is to engage appropriate stakeholders in the policy development process.
3. The sponsor will review County and LCHD/CHC policies for possible duplication prior to a proposal.
4. Modification of existing policies does not require prior authorization by the CPC.

B. Draft Approval Workflow)

1. Using the document management system (DMS), the sponsor is to prepare an initial draft of the policy using the appropriate LCHD/CHC policy template (Corporate or Human Resources).
2. The sponsor must engage relevant internal subject matter experts in a Draft Approval Workflow. The sponsor will distribute the policy to the relevant staff, including the Compliance and Policy Committee, through a Draft Approval Workflow, consistent with the expectations of the appropriate Executive Team Director(s). Workflow participants will have up to five (5) business days to provide input.
3. Starting with the Draft Approval Workflow on existing policies, the sponsor must capture changes via the Track Changes function in Microsoft Word so a redline version can be created at the end of all workflows to depict changes from the most recent version.
4. It is the sponsor's responsibility to reconcile changes and/or comments provided by the Workflow participants.
5. The sponsor will send the draft policy through sufficient Workflow processes and engage relevant staff until the parties agree that a final draft is in hand.
6. The entire Executive Team is included in relevant Draft Approval Workflows at the discretion of the policy sponsor.

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7. Some policies might require the input of the Lake County State's Attorney's Office (SAO). When needed, the policy sponsor will confer with the Compliance Officer to determine if SAO review in the Draft Approval Workflow is required.
- C. Final Approval Workflow
1. Once changes and/or comments provided in Draft Approval Workflow(s) have been reconciled and received approval from the relevant, authorized Executive Team Director(s), the sponsor may then publish the policy to the document management system. This step may include the Executive Director (ED). If the ED's approval is required, the sponsor must complete steps C.3-7.
 2. Failure by reviewers to act by the due date will not hinder the sponsor from advancing the policy to the next step in the process.
 3. If the policy is approved and requires action by the ED, the sponsor is to submit the final draft to the Executive Director Assistant (EDA) and ED for approval through a Final Approval Workflow.
 4. Every new policy must be submitted to the ED for review. However, only certain existing policies undergoing periodic review or revision require the review and approval of the ED. Such policies generally include Human Resources category policies, Finance category policies, General category Corporate Compliance policies not tied to specific operational guidance, and HIM or IT category information security and privacy policies related to HIPAA and HITECH requirements. The policy sponsor shall determine if the policy addresses a topic requiring ED review. When there is a question about whether a policy requires ED review, the policy sponsor shall confer with the Compliance Officer to determine the appropriate steps.
 5. If the ED has additional changes, they will be included in Track Changes for text revisions or Comments in Microsoft Word. Changes may be completed by the ED or by the EDA at the direction of the ED. The sponsor will then complete the clean-up of the approved version, publish the document, and distribute for reading assignments, as needed.
 6. Before publishing, if the proposed policy is a Corporate Policy:
 - a. Upon approval by the ED, the version to be published for staff will be shared with the BOH President, Vice President, or designee, at the President's direction, through an Approval Workflow from the Policy Management System. This step will also include the EDA. If the BOH President or designee does not act within five business days, the EDA is authorized to complete the Approval Workflow so the policy can be published.
 7. Before publishing, if the proposed policy is a Human Resources Policy:
 - a. The Human Resources Director is responsible for taking the policy to the Board of Health Personnel Committee for review and approval.
 - b. Once approved by the Personnel Committee, the Personnel Committee Chair is responsible for presenting the policy to the Board of Health for approval.
 - c. Once approved by the Board of Health, the Human Resources Director or designee is authorized to publish the policy.
 8. The Human Resources Director shall confirm with the Compliance Officer the distribution mechanisms of the policy.
- D. Revisions

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1. During regular periodic review, policy revisions may be required. The extent of changes needed dictates the process to be followed for the revised policy to be approved and published to the DMS.
 2. Minor changes that do not alter the intent of the policy do not require the full approval process as described in Section III.C.
 - a. Minor changes may include corrections to scrivener errors, format, the addition or deletion of words, or the changing of words, jargon, or abbreviations to reflect changes in agency organizational structure. The policy's sponsor is responsible for determining the implications of the wording and format changes and whether those changes meet the requirement to be treated as minor.
 - b. Minor changes are to be reflected by updating the Revision Date and Review Date fields in the policy header. The changes must be indicated in the draft version of the policy via the Track Changes feature in Microsoft Word through the DMS.
 - c. The policy is then submitted directly to the Policy Sponsor for approval. If the Policy Sponsor is not an area director, the Policy Sponsor must complete a Final Approval Workflow with the relevant area director. Once approved, the Policy Sponsor publishes the revised policy.
 3. A sponsor seeking to make revisions not meeting the definition of a minor change shall complete the steps as described in Section III.C Final Approval Workflow. Changes requiring the full approval process include wording or other changes altering the intent of the original policy; changes requiring training or retraining of affected staff; or changes significantly altering the format of a policy in a way that may confuse staff.
 4. Technology policies are reviewed every year and revisions to those policies will follow the process in Section III.D.2 and 3.
- E. Deployment
1. The approved policy must be published by the sponsor through the DMS. The sponsor determines the scope of distribution for reading assignments to required staff.
 2. At least annually, the sponsors will work with the Director of Physical Health to identify the new or revised operational policies related to health center operations. A list of policies will be provided to the Governing Council for awareness and discussed, as needed, consistent with the requirements of the Health Resources and Services Administration.
- F. Inactivation of Approved Policies
1. Policies no longer relevant, or that have been combined with another policy may be archived. When a policy is to be archived the sponsor shall:
 - a. Execute an Approval Workflow through the CPC to receive approval.
 - b. After group approval, the sponsor will archive the policy through the DMS, including relevant notes to explain the action.
- G. Urgent Policy Creation and Revision
1. Policies may need to be established or revised quickly in response to changes in laws or regulations, changes in requirements from accrediting bodies, observations from auditors, or other unanticipated reasons. Many times, the

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standard procedures described above require more time than is acceptable to implement an updated policy as needed. When an urgent need arises to establish a new policy or change an existing policy, the policy sponsor shall consult with the ED or Compliance Officer to authorize the establishment or revision of the policy outside of the standard process. If authorized, the policy sponsor may take the steps necessary to create or revise the policy in the timeframe needed and publish to the DMS.

2. The policy will then be submitted to the Board of Health (BOH) seeking ratification at their next regularly scheduled meeting. The information to the BOH will include an explanation of why the urgent action was taken. The newly created or revised policy will be deemed as “Provisional” until such time as it can be ratified by the BOH.

H. Expectations

1. All employees are expected to:
 - a. Become familiar with the policy site on HealthNet.
 - b. Read and comply with all LCHD/CHC policies and procedures, state and federal laws and regulatory guidelines.
 - c. Where applicable, electronically sign an acknowledgement that they read and understood the policy.

I. Authorized to Publish

The Executive Director is authorized to publish any policy. Additionally, the authorization to publish a policy is granted by the Executive Director to include all Executive Team Directors. Each Executive Team Director is authorized to publish policies related specifically to their area of responsibility and expertise. This includes the Directors of Behavioral Health, Business Operations, Environmental Health, Finance and Administrative Services, Health Information & Technology, Physical Health, and Prevention.

J. Violations

Employees refusing to read policies are considered insubordinate and may be subject to disciplinary action. Any violation of the LCHD/CHC policies and procedures may subject the employee to disciplinary action, up to and including termination.

IV. REFERENCES:

None

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, Board of Health President or designee

VI. APPROVALS:

Lake County Health Department and Community Health Center Executive Director

Signature: _____ Date: _____