# KIRK KERKORIAN SCHOOL OF MEDICINE | UNLV

## CP001.1 Procedure for Developing and Submitting Policy & Procedure

**Policy Type**: Administrative/Operations
**Revision Date**: June 17, 2021

**Training Required**: No

### Selected Procedure, Guideline or Protocol

The following nine steps comprise the drafting and approval process for Kirk Kerkorian School of Medicine at UNLV (KSOM) policies and procedures (P&Ps).

### Step 1

For departments that do not require preliminary approvals (as further discussed below) prior to submitting their own P&Ps, use the templates provided (CP001.2 and CP001.3) to draft proposed P&Ps. For departments with bylaws and/or other requirements (e.g. accrediting organization regulations) that require internal/external approvals prior to implementation of a policy or procedure, the following additional steps apply:

A. Responsible Administrator obtains required consensus/preliminary approval (subject to applicable bylaws and/or regulations) to propose P&P.

B. Responsible Administrator uses provided templates to draft P&P.

C. Responsible Administrator works with Compliance Office and KSOM legal counsel to develop a policy compliant with all applicable laws and regulations (e.g. ACGME, NSHE and UNLV policies).

D. Responsible Administrator obtains final approval with his/her department for initial approval/vote. If approved by required consensus, Responsible Administrator proceeds to Step 2. If approval is not obtained, Responsible Administrator revises the draft policy and/or procedure as necessary and returns to Step 1C.

### Step 2

Once a proposed P&P is drafted, the Responsible Administrator submits it with the Routing Form (CP001.6) to the Policy Coordinator.

### Step 3

The Policy Coordinator assigns a Policy Identifier to proposed P&Ps and works with the Responsible Administrator to ensure that all required elements are provided. Once P&Ps meet these requirements, they are forwarded to the Chief Compliance Officer for review.

### Step 4

The Chief Compliance Officer reviews draft P&Ps to ensure that they do not interfere or subvert current NSHE or UNLV policies and procedures. Where no conflict exists, the Chief Compliance Officer forwards the policy and/or procedure for legal review. If Compliance identifies a conflict, the draft is returned to Responsible Administrator for revision.

### Step 5

Proposed P&Ps are forwarded to KSOM legal counsel for review and comment. Once legal review is complete, the draft P&P is forwarded to the Policy Review Committee (PRC) for approval.

**Step 6**

The Responsible Administrator may request (or be requested by the PRC) to present a proposed P&P to the PRC for discussion and approval. In those situations, the Policy Coordinator will notify the Responsible Administrator of the date and time when a proposed P&P is scheduled for review by the PRC. The PRC will only review proposed P&Ps that are received at least 1 week prior to their next scheduled monthly meeting. Where a draft P&P is approved, it is forwarded to the Executive Leadership Committee for final approval. Where approval by the PRC is withheld, the proposed P&P is returned to the Responsible Administrator for revision and resubmission (Step 2).

**Step 7**

The CFO presents PRC approved P&Ps to the Executive Leadership Committee for review and approval. If a P&P is approved by the Executive Leadership Committee, it is provided to the Dean for signature and forwarded to the Compliance Office for implementation and dissemination.

**Step 8**

The Compliance Office provides newly approved P&Ps to the Office of the Vice Dean of Clinical Affairs for inclusion in the bi-weekly Practice Plan meeting so that the P&Ps can be circulated among Clinical Department Chairs.

**Step 9**

The Compliance Office coordinates with Human Resources and the Responsible Office to ensure newly approved P&Ps are disseminated appropriately and acknowledged, where required.

Human Resources coordinates release of new P&Ps within 2 weeks of a P&P receiving final approval.

Where applicable, the Policy Coordinator will send out a monthly "Approved Policy, Procedure and Guidelines" update to all staff. Please see CP001.6 for the approved template.

All new polices will be uploaded to the KSOM Policies and Procedures landing page and be housed by their respective relevant departments.

The entire approval process is estimated to take approximately 60 working days. Please see CP001.4 for full timeline of process and CP001.5 for a Workflow Diagram.