

<p><b>UC Riverside, School of Medicine Policies and Procedures</b>  <b>Policy Title: Development and Revisions of SOM Policies and Procedures</b>  <b>Policy Number: 950-01-001</b></p>
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<b>Responsible Officer:</b>	Chief Compliance & Privacy Officer
<b>Responsible Office:</b>	Compliance Advisory Services
<b>Origination Date:</b>	03/06/2013
<b>Date of Revision:</b>	04/26/2019; 03/01/2023; 08/29/2024
<b>Scope:</b>	To provide a standardized method of format and process for the development and/or revision of all UC Riverside School of Medicine (UCR-SOM) policies and procedures.

**I. Policy Summary**

The UCR-SOM Administrative and Compliance Policy and Procedure Manuals are published to provide the School of Medicine staff with a reference for administrative and patient care policies and procedures which have application throughout the School of Medicine and its healthcare operations. Department (or service) specific policies are published to provide department or service staff with a reference for policies and procedures which have application specific to their department or service.

**II. Definitions**

Where applicable, a standardized set of terms specific to the policy will be listed alphabetically in the Definitions section of the policy.

**III. Policy Text**

**A. UCR SOM Policy and Procedure Standardization**

1. A standardized format will be used for all policies and procedures. Under the direction of the School of Medicine Chief Compliance Officer, the coordination and processing of the School of Medicine Administrative Policy and Procedures and are subject to final approval by the Vice Chancellor for Health Science and Dean of the School of Medicine. Written policies shall be developed and/or revised by or with input from impacted departments.
2. The Compliance Advisory Services department and the Office of Legal Affairs are available to provide guidance and assistance with departmental policies.
3. All UCR SOM policies and procedures must be in compliance with general UC and Campus standardized guidelines.

**IV. Responsibilities**

Policies and Procedures (development/revisions) are approved as follows:

- A. Department or impacted service area
- B. Chief Compliance and Privacy Officer
- C. Compliance Committee
- D. Vice Chancellor for Health Science and Dean of the School of Medicine

**V. Procedures**

**A. Policies and Procedures will be developed utilizing the following definitions and format**

1. Purpose or Policy Summary -A statement describing the overall intent of the policy
2. Definitions - If applicable
3. Policy - Statement of the scope of practice for healthcare providers; identifies the requirements necessary to practice within the constraints of regulatory bodies; is a guideline for action in accomplishing the objectives of UCR-SOM. Establishes a guide for those staff making decisions

regarding recurring situations and who are responsible for overseeing that the activities of the School of Medicine are carried out.

4. Responsibilities - Identification of those who are responsible for the policy implementation and those who are subject to the policy.
5. History of Policy - Origination date and dates of revisions.
6. Procedure - Provides the plan of action or sequence of steps for fulfilling the policy goal. The Procedure will:
  - a. Reflect current practice activity;
  - b. Interrelate with similar procedures to other UCR areas (i.e. UCR, UCOP, other UCR divisions, etc.);
  - c. Reflect outside regulatory agency requirements (i.e. NIH, HHS, CMS, etc.);
  - d. Will be concise to prevent redundancy.
  - e. Will provide a chronological, step-by-step process; and
  - f. Defines equipment or resources, if any, needed for procedure and any activity necessary prior to performance of procedure.

**B. All Policies and Procedures will have the Standard UCR and UCR- SOM title header, which includes**

1. Policy Title
2. Policy Number
3. Responsible Officer
4. Responsible Office
5. Origination Date
6. Date of Revision
7. Scope (applicability)

**C. All Policies and Procedures will Include the Following Format**

1. Font: Use 12 point font
2. Headers will be 12 point font
3. Procedure section: Multiple page policies will indicate policy number on footer of secondary pages
4. Attachments should be lettered sequentially
5. When using abbreviations or acronyms, they must be written in full the first time of use
6. Policies and procedures which have not completed the approval process will be stamped "DRAFT" over some portion of the header page
7. Spell check and review entire document for grammar and clarity

**D. Adoption of new or revised policies will follow this process:**

1. Draft policies will have initial review by the Chief Compliance Officer/designee.
2. The Chief Compliance Officer will determine which stakeholders are appropriate to review the draft for comment or revision. This determination will be based on the stakeholders' involvement in the areas impacted by the policy.
3. The draft policy will be routed to the stake holders for their comments/revisions until there is a consensus on the draft approval.
4. Approved drafts will be reviewed by the Compliance Committee for committee approval for adoption.
5. Undergraduate Medical Education and Student Affairs policies must be approved by the Medical Education Committee (MEC) and Graduate Medical Education (GME) policies must be approved by the Graduate Medical Education Committee (GMEC). These policies do not require Compliance Committee approval though will be presented to Compliance Committee for informational purposes.

6. Adopted policies and procedures will be signed by the Compliance Office and Dean of SOM.
7. All adopted Policies and Procedures will be maintained in a master system and numbered according to Administrative or Compliance policy and further identified by policy type and area of division.

**E. Policies and Procedures are reviewed as follows:**

1. Change in procedure is introduced
2. Addition of relevant information
3. Change in regulations
4. At a minimum of each 5 years
5. Specifically, the SOM Information and Security Management Plan (SOM 950-02-202) will be reviewed on an annual basis to comply with PCI security requirements.

**F. Divisional Organization of Policies and Procedures of UCR-SOM**

Online (intranet) version of departmental/ divisional policies and procedures will be maintained by each of the following departments/ divisions:

1. SOM Administration
2. Regulatory Compliance
3. Privacy and Information Security
4. Clinical Affairs
5. Faculty Affairs
6. Revenue Cycle
7. Undergraduate Medical Education
8. Student Affairs
9. Graduate Medical Education
10. Biomedical Sciences - Research
11. Clinical Research

**VI. Forms/Instructions**

Exhibit A – Policy Template

**VII. Revision History**

Origination Date: March 6, 2013  
Revision Date(s): March 4, 2016  
April 4, 2019  
March 13, 2023

**Approvals:**

COMPLIANCE COMMITTEE (09/03/2024)

Signed by:

*Paul Hackman*

9/20/2024 | 10:59 PM PDT

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**PAUL HACKMAN, J.D., L.L.M.**  
**CHIEF COMPLIANCE AND PRIVACY OFFICER,**  
**SCHOOL OF MEDICINE**

**DATE**

Signed by:

*Deborah Deas*

9/21/2024 | 4:45 PM PDT

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**DEBORAH DEAS, M.D., M.P.H**  
**VICE CHANCELLOR, HEALTH SCIENCES**  
**DEAN, SCHOOL OF MEDICINE**

**DATE**

**EXHIBIT A**

**UC Riverside, School of Medicine Policies and Procedures**

**Policy Title:**

**Policy Number:**

<b>Responsible Officer:</b>	(Can be a Title)
<b>Responsible Office:</b>	(Ensure Unit is Listed on a Campus Organizational Chart)
<b>Origination Date:</b>	(MM/DD/YYYY)
<b>Date of Revision:</b>	(MM/DD/YYYY)
<b>Scope:</b>	(Brief Summary of Policy and Procedure)

**I. Policy Summary** (Synthesized Statement of Information & Intent)

**II. Definitions** (Alphabetized List of Terms documented on the Standard Definitions Guide at the front of the Policy and Procedures manuals)

**III. Policy Text (Bold)**

**A. Headings (Bold)**

- 1. Sub-Headings
  - a. Sub-Sub-Headings
    - 1) Sub-Sub-Sub Headings
      - a) Sub-Sub-Sub-Sub Headings
        - i. Sub-Sub-Sub-Sub-Sub Headings

**IV. Responsibilities** (List Titles/Units Responsible for Implementation, Enforcement, Interpretation, and Clarification)

**A. Headings (Bold)**

- 1. Sub-Headings
  - a. Sub-Sub-Headings
    - 1) Sub-Sub-Sub Headings
      - a) Sub-Sub-Sub-Sub Headings
        - i. Sub-Sub-Sub-Sub-Sub Headings

**V. Procedures**

(Optional [These may be referenced as hyperlinks, with the Campus Administrative Policy Officer verifying that links are working and current.]: List Steps in Order of Sequence or Timing [If there is no particular order, list them by title or in alphabetical order.]. If the procedures are referenced, then it is recommended that the UCOP-designated procedure template be used [For a copy of this form, contact the Campus Administrative Policy Officer.] )

For information on how to distinguish between a policy and a procedure contact the Campus Administrative Policy Officer.

**A. Headings (Bold)**

- 1. Sub-Headings
  - a. Sub-Sub-Headings
    - 1) Sub-Sub-Sub Headings

- a) Sub-Sub-Sub-Sub Headings
  - i. Sub-Sub-Sub-Sub-Sub Headings

**I. Forms/Instructions**

(Optional: Provide copies of forms and other documents related to the Policy and Procedure. All attached forms will be identified by name and form number.)

- II. Related Information** (Other documentation that complements, supplements, or assists in explaining the provisions of the policy. Cite guidelines, checklists, standards, delegations of authority as well as federal, state, administrative, local, system, campus laws, regulations, mandates, policies and procedures, as applicable. The Campus Administrative Policy Officer will verify the cited documentation is current and relevant. If there are links, the campus Administrative Policy Officer will verify they are working and current).

- III. Revision History** (If this is a new policy, so indicate. If the policy replaces an existing policy, the revision history should so indicate, providing the policy title, number, and effective date.)