

Hospital Operating Policy and Procedure Templates

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# Introduction to Policy and Procedure Templates

## Purpose of policies & procedures:

Organizations work best when there are consistent methods to handle various issues. Policies are used to establish the standard and expected approach to managing the hospital’s business. Policies must be approved by the Administrative Committee and Board of Directors.

Procedures are guidelines for how to carry-out of fulfill the policy. These are not “policies” but rather the method of how to apply the policy in the hospital setting. Procedures should be kept up to date.

These documents should be reviewed regularly to ensure that they are up to date with current technology, information flow, and able to meet the current needs of the hospital. Each hospital Administrative Committee should assign a “Policy Manager” to be in charge of the policy manual, ensuring that it is contextualized and appropriate for your setting. Any current policies in place should be reviewed and where needed, combined or integrated with the policy templates provided in this document.

## Policy Templates:

Following is a compilation of policies and procedures that have been developed as **templates** for hospitals to establish operating policies in the instances when there are none in place or they are in need of updating. In general the policies here are “best practices” and provide guidance of how these situations should be handled. However they should modified to fit the local context. Administrative judgment should be used carefully to maintain the controls necessary while adjusting the process to fit the local setting. It is suggested the “Policy Manager” contextualize these policies and procedure to fit the local situation. If there are management policies in place currently they should be reviewed and integrated or updated as needed.

NOTE: Patient care policies and procedures are not included here but should be in place following a similar format in compliance with the national standards and clinical quality expectations.

## STEPS TO MODIFY:

1. Replace the *[HOSPITAL NAME]* or “hospital”with the appropriate name. (Click “replace” on the tool bar on the Editing menu, enter “[HOSPITAL NAME]”, replace it with your hospital name).
2. Carefully read through each policy and make wording changes to fit the local context. Or use these policies to update or modify the policies currently in place. (For instance B-2.6 has an amount for capital expenditures in US Dollars. This should be converted to a reasonable amount in local currency.)
3. Bring policies to local ADCOM for approval (see policy F-2). Make any changes recommended by ADCOM and finalize the document.
4. Note in the document the signature and date when it was approved.
5. Create a printed policy and procedure notebook that records the current policy in place. Maintain and electronic copy in the Administrative office for future updates.

If you have any questions please contact Elisa Blethen at: eblethen@llu.edu

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Organization and Responsibilities **CODE: A-1**

SUBJECT: Mission, Vision and Values **EFFECTIVE:**

COORDINATOR: Chief Executive Officer

1. *[Hospital Name]* mission, vision and values are approved by the Board of Directors and will be reviewed regularly. They will be included in the Employee Handbook and will be posted in prominent locations in the Hospital. They should also be included on the employee evaluation form used for annual review.
2. *[Hospital Name]* Mission:

A mission statement is a concise description of the purpose for the hospital and reason for existence.

Here is a sample mission statement. This should be developed individually for each hospital:

*Our Mission is to promote the Healing Ministry of Jesus Christ: through the use of efficient and responsive medical practices; using highly motivated and trained staff; responding to the needs of our community with courtesy; promoting always the whole-health concept; and continuously upgrading the quality and relevance of our service.*

1. *[Hospital Name]* Vision:

A vision statement identifies the target region/area, who the hospital aims to serve, and how it will be accomplished.

Here is a sample vision statement. This should be developed individually for each hospital:

*The vision of \_\_\_\_\_\_\_\_\_\_\_ is to provide excellent health care in the \_\_\_\_\_\_\_\_\_\_ (region, district, country, continent, etc) and to be the top training hospital in the country through Christ-centered healthcare.*

1. *[Hospital Name]* values:

*Identify 6-10 values that the hospital holds as the basis for the mission and vision statements.*

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Organization and Responsibilities **CODE: A-2**

SUBJECT: Organizational Chart **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

Insert the HOSPITAL Organizational Chart

See the example on the next page.



***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Organization and Responsibilities **CODE: A-3**

SUBJECT: Job Descriptions **EFFECTIVE:**

**COORDINATOR: Director of Human Resource**

1. All positions of *[Hospital Name]* will have a job description. This includes long term volunteers (1 year or more), IDE positions, and leadership positions.
2. A copy of the employee’s job description will be given to the employee and a copy will be placed the employee’s personnel file.
3. Job descriptions will contain the following sections:
4. Job title
5. The title of the individual who is the supervisor of the employee
6. The titles of other positions which are supervised by this employee, if any
7. The duties of the employee
8. The minimum qualifications which are required by individuals who fill this position.
9. Working conditions
10. Signature and date (Approved by and received by)

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Organization and Responsibilities **CODE: A-4**

SUBJECT: Administrative Committee **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

1. The membership of the Administrative Committee should be made up of the heads of each department and will be approved by the Board of Directors upon recommendations from the Chief Executive Officer.
2. The Administrative Committee will be chaired by the Chief Executive Officer or designee.
3. The Administrative Committee will meet weekly or more often depending upon the issues in the Hospital
4. The duties of the Administrative Committee are:
5. Approve the institutional administrative policies and for major policies recommend to the Board of Directors approval.
6. Approve the annual budget and recommend the budget to the Board of Directors for approval.
7. Review the monthly financial statement and recommend to the Chief Executive Officer actions for maintaining income/expenditures within budget.
8. Review all incidents of the hospital and determine the corrective action, if any, that needs to be done.
9. Approve the hiring of additional personnel for which there is not a budget.
10. Prioritize capital expenditures in accordance with the budget.
11. Approval of resignation, transfers and other forms of leave (e.g. no pay).
12. Coordinates the creation of standing Sub-Committees.
13. Other items as determined by the Chief Executive Officer.
14. Minutes of the Administrative Committee meetings will be kept and filed in the office of the Chief Executive Officer. They must be submitted to the Union per local requirements.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Organization and Responsibilities **CODE: A-5**

SUBJECT: Standing Sub-Committee Policy **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

There are certain sub-committees that should be established to meet at least monthly or as designated by the Administrative Committee (ADCOM). These committees and the membership should be established by ADCOM (see policy A-4).

Recommended Sub-Committees, membership, and their duties are outlined below (note these can be modified if necessary to your situation):

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee** | **Membership** | **Major Duties** | **Meeting Times** |
| Clinical | -CEO- **Ex-officio**-CMO-**Chairperson**-All HoDs or Reps from:Clinical Officers, Surgery, Nursing, Pharmacy, Lab, Quality Assurance | -To act as an advisory subcommittee to the AdCom on general clinical issues. | Minimum once a month (2 hrs maximum) |
| Financial & Procurement Committee (See policy B-12) | -CEO- **Ex-officio**-CFO or BM-**Chairperson** Senior Accountant COO, CMO and HRM | -To examine the financial status of the institution in order to minimize expenses and maximize income.-Review capital purchases and the procurement process* To scrutinize annual budget and make recommendations to AdCom
* To review auditors’ recommendations and ensure they are implemented.
 | Minimum twice a month (2 hrs maximum) |
| Operational | -CEO- **Ex- officio**-BM/CFO or COO-**Chairperson****-**All HoDs or Reps from: Logistics, HK and Grounds, IT, Security, Maintenance, Accounts, HR & VS | -To look closely into operational issues in order to develop integrated solutions across departments.- To foster team work across departments | Minimum once a month ( 2hrs maximum) |
| Housing | -CEO- **Ex- officio**- HR & VS, **Chairperson****-** BM/CFO or COO-All HoDs or Reps from: Logistics, Security, Maintenance, Accounts,  |  -Review all housing arrangements and assignments as employees come or go Oversee regular maintenance and repairs -Maintain records of all work conducted and tenets of each house/apartment | Once per month (2 hrs maximum) |
| Social Events | -CEO- **Ex- officio**- HR & VS, **Chairperson****-** BM/CFO or COO -Head of department or staff representative from each area | - Plan social events for employees - Coordinate support for funerals or other disasters - Other activities as needed | Once per month |

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-1**

SUBJECT: Hospital Budget **EFFECTIVE:**

**COORDINATOR: Business Manager**

1. The fiscal year for *[Hospital Name]* is January 1 to December 31. A balanced operating budget will be developed for HOSPITAL prior to the start of fiscal year and submitted to the Board of Directors for approval.
2. The budget should reflect the general mission of the institution and the specific mission of each department by having appropriate allocation of resources.
3. The Hospital Business Manager will initiate the budgeting process and is tasked with obtaining necessary input, coordinating, and approval of the budget. In completing this the following procedure.

APPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-1.1**

SUBJECT: Budget PROCEDURE

**COORDINATOR: Business Manager**

The following procedure will be followed to establish an annual budget:

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Business Manager | 1. Meet with department heads and determine the volumes of service expected for the next fiscal year. Consideration will be given to:
2. Current volumes (Admissions, Outpatient visits, surgeries, deliveries, etc.)
3. Increase/decrease volumes due to increase/decrease in service staff
4. Increase/decrease volumes due to increase/decrease in equipment
5. Increase/decrease volumes due to added/deleted services
6. Any forecasted change in the patient mix
7. Meet with CEO and identify any capital projects or purchases required in the next year in accordance with Policy B-3 and 6.
 |
| Business Manager & Head of Department | 1. Input and cost evaluations, determine the pricing levels for the following year. This can be used to calculate expected income. Expected costs will impact projected expenses.
2. For each expense item the inflation factor and any added or reduced expenses will be determined including changes in the employee wage scales. Consideration should be given to each income and expense line in collaboration with the heads of each department. A flat percentage of current expenses should only be used if the projections for the following year are unknown.
 |
| Business Manager | Develop draft department budgets and the institutional budget based on the input of the above actions. |
| Department Heads | Review the draft budget for their area before submission to the Administrative Committee for any final comments. |
| Business Manager & Administrative Committee | Review the combined budget for the hospital as presented by the Business Manager and make any changes or recommendations. |
| CEO/Administrator | Present the finalized departmental and capital budget to the Board of Directors for approval. |

Once approved by the Board of Directors, the budget will be included in monthly financial statements. Financial statements will be produced each month and budget variances will be analyzed and appropriate corrective action taken in the event of budget variances.

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-2**

SUBJECT: Financial Reports and Controls **EFFECTIVE:**

**COORDINATOR: Business Manager**

1. A monthly financial report will be produced which contains the following:
2. A balance sheet/statement of financial position containing the current and previous year information.
3. A statement of financial activity which contains for each major income and expense area, the current year to date, the year to date budget, and the previous year to date information.
4. A statement of Cash Flow
5. A statement containing the income and expenses by department.
6. The notes to the Statement of Financial Position and Financial Activity.
7. The monthly report will be distributed to members of the Hospital Administrative Committee and to department heads.
8. The monthly reports will be prepared and submitted by the end of the 20th day of the following month.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-2.1**

SUBJECT: Financial Report Review

**COORDINATOR: Business Manager**

The following procedure will be followed to review the financial statements:

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Business Manager | * Analyze the financial report and determine which areas of income are below budget and which area of expenses are over budget.
* Consider the volume of the department Admissions, visits, surgeries, and identify if there have been changes in expectations for the month
 |
| Business Manager & Heads of Departments | * Meet with those department heads which are under budget in the income area and/or over budget in the expense area. The objective of the meeting is to determine the causes for the out of budget condition and agree upon a plan to deal with the budget problem.
* A plan will be implemented to correct the discrepancies from the budget.
 |
| Business Manager | Present to the Hospital Administrative Committee a report on the financial statement, causes for out of budget occurrences and the plans for coping with the problem. |
| Administrative Committee | Carefully review the financial statement and corrective plans and vote receipt and approval of the corrective action plan. |
| Business Manager | Monitor the corrective action plans and report back to the Hospital Administrative Committee the progress on the plans. |

Key Performance Indicators:

Working Capital = Current Assets – Current Liabilities (Should be positive)

Current Ratio = Current Assets/Current Liabilities (This should be 1 or greater)

Quick Ratio = (Cash+AR)/Current Liabilities (This should be 1 or greater)

Revenue per Admission = Patient Revenue/Admission or Visits (compare between time periods to show revenue per admission)

Total Expense per Admission = Total Expenses/Admission or Visits (compare between time periods to manage expenses)

Supply cost per Admission = Supplies/Admission or Visits (compare between time periods to manage supplies)

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-3**

SUBJECT: Expenditure of Funds **EFFECTIVE:**

**COORDINATOR: Business Manager**

1. **Authorization of expenditures and obligations:**
	1. Only those positions delineated in this policy shall be given authorization to incur obligations and authorize expenditures on behalf of *[Hospital Name]*.
	2. Such authorization shall extend only to the items cited and within limits specified.
	3. No provision of this policy shall be construed as authorizing any expenditure which is not within the scope of clearly delegated authority and regularly assigned responsibilities.
	4. The individual authorizing the expenditure or obligation shall be responsible for ensuring that appropriate operational, financial, board and legal review has been obtained.
	5. Failure to exercise the authority here vested responsibly may result in removal of the authority.
2. **Budgetary provisions**
	1. The provisions of this policy shall apply only to approved budgetary provisions.
	2. Any expenditure beyond budgetary provisions shall require Hospital Administrative Committee and/or Board approval..
3. **The Business Manager will monitor all expenditures so as to ensure compliance with the authorizations provisions of this policy.**
4. **Normal operating purchases**:
	1. All procurement in excess of one thousand dollars ($1,000) must be paid by check. Cash payments of less than three thousand dollars will be in accordance with policy B-14, Petty Cash.
	2. A payment voucher must be drawn up to support payments based on the purchase order and requisition system in Policy B-12.
		1. Payment vouchers will be sequentially numbered and filed. The numbers on the vouchers will be the same as the check notes.
			1. The details for the payment voucher will include:
				1. Date
				2. Check number
				3. Amount
				4. customer/supplier
				5. Explanation/description
				6. Prepared by—the individual preparing the check
				7. Authorized by—signatories
				8. Received by—recipient of check
				9. Account/department to be charged
		2. Supporting documentation for payments shall be certified ensuring that items appearing thereon have been received and taken on charge and should quote the relevant entry (stores, pharmacy etc.) and will include:
			1. Invoices
			2. Check request forms
			3. Receipts
			4. Memorandums
		3. All original supporting documents shall be attached to the original payment voucher and filed away. If the original documents have been lost or misplaced, a duplicate shall be obtained. This duplicate shall be certified by the head of the department, after ensuring that no payment has been made on the original documents and that payment will not be made on the original document if presented in the future.
		4. All payment vouchers shall be certified by the Business Manager, who is the authorized officer to incur the expenditure. The Business Manager will ensure the accuracy of the detail on the voucher and ensure:
			1. That the expenditure has been incurred. That the services specified have been duly performed
			2. The prices charged are either according to approved sales or are fairly reasonable according to current local rates.
	3. Charged invoices (invoices with credit terms) must be supported with a purchase order.
	4. Purchase requisitions must be authorized by the Business Manager and signed by the department head.
	5. The Business Manager will ensure that the computations and costing have been verified and are correct and that the payments are allocated to the correct account code/department.
5. **Contracts and Agreements:**
	1. Contracts and all agreements for routine budgeted, high volume, or pre-arranged delivery services shall require approval and signature of the Chief Executive Officer or the Business Manager after being reviewed by the Procurement Committee.
	2. No single officer of the hospital shall enter into such pre-arranged agreements.
	3. If purchases are made based on these contracts there is no requirement for acquiring three quotations as directed in Policy B-12
6. **Restricted Fund Expenditures**:
	1. Restricted gift funds shall be expended through the use of normal hospital forms.
	2. Before any expenditure occurs the Business Manager must review the request and ensure that the expenditure meets the restriction which has been placed upon the funds.
	3. The Business Manager must approve all restricted fund expenditures after ensuring that the expenditure is consistent with the purpose of the restricted fund, within the scope of the Hospital’s mission, and that adequate funds are available for the requested expenditure.
7. **Capital Expenditures**:
	1. Capital Expenditure consists of an item or project valued at more than $1,000 USD. A capitalized item should be depreciated with applicable depreciation expense listed on the income statement. All items purchased for less than $1,000 should be expensed.
	2. A capital budget shall be included in the annual financial budget of the Hospital. The budget shall indicate the funding source of capital expenditures, the income contribution to the Hospital, and the repayment schedule if it is funded by a loan.
	3. All budgeted capital expenditures will be approved by the Business Manager after ensuring that funds are available to support the purchase.
	4. Requests for quotations/bids from 2 or more vendors will be made for all capital expenditures. If bids cannot be obtained then sole source purchases must be approved by the Administrative Committee.
	5. For unbudgeted capital expenditures a cost benefit analysis will be accomplished by the Business Manager. The request will then be submitted to the Administrative Committee for approval and if required to the Board for approval. Once the request has been approved the Business Manager must sign the request.
8. **Bank Transfers**
	1. Bank transfers must be approved by the Chief Executive Officer (CEO) or the Business Manager.
9. **Internal and external borrowing of money:**
	1. Internal or external borrowing of money will not be done without the approval of the Board of Directors.
	2. Request to the Board for borrowing of funds will include the amount of money to be borrowed, what the funds will be used for, source of the funds, loan conditions and the repayment schedule.
	3. Once approved by the Board the Chief Executive Officer and the Business Manager are authorized to sign the loan documents.
10. **Expense Reports**: See Hospital policy B-4 for approval of expense reports.
11. **Advance Payments**: Payments made in advance must be authorized by the Chief Executive Officer and must be cleared within a specified period.
	1. If advance payments are made for contractual work the advance payment must be cleared by the end of the job with supporting receipts supplied.
	2. Advances for service, travel and purchases must be cleared within five (5) working days after return with all original receipts supplied. If receipts are not supplied the balance will be deducted from the employee’s salary in the current month.
12. **Salary Advance**: It is not the hospital’s policy to issue advances to employees. However, there may be situations where this is necessary. It will be at the discretion of the Chief Executive Officer to make this decision and the request must be made in writing. Salary advances must be cleared in full by the next payroll after the advance was issued.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-4**

SUBJECT: Expense Reports/Travel **EFFECTIVE:**

**COORDINATOR: Business Manager**

1. **General Guidelines**:
	1. This policy is designed to govern business travel for employees and at the expense of the Hospital. Employees are expected to use professional judgment when incurring expenses on behalf of the institution. An advance will be given when necessary and expects these will be cleared within 5 days upon return (see Policy B-3.II(b)).
	2. All travel for which the employee expects reimbursement must be approved in advance by the employee’s supervisor and/or AdCom. For the Chief Executive Officer the approval will be either the Chair of the Board or the Vice Chair of the Board.
	3. When approving travel consideration will be given to:
		* 1. Is the trip required?
			2. Are there other alternatives, such a letter, e-mail, phone call or teleconference (Zoom, Skype, etc.)?
			3. Can the trip possibly be combined with other business?
	4. All travel will be made at the least cost to the Hospital. If times and/or accommodation of least cost are not satisfactory to the employee, he/she may make up the difference between the least cost and his/her desired time and/or accommodation.
2. **Local Travel:**
	1. *[Hospital Name]* has hospital owned vehicles identified for official hospital business requiring employee transportation. Arrangements for local travel should be made through the Transportation Officer or Coordinator. If a taxi service or public transportation is required or preferred, prior approval should be obtained from the Business Manager. Receipts for any cost related to public transportation should be submitted to the Business Manager for approval and reimbursement.
	2. Travel expenditures will be reimbursed when:
		* 1. Travel expenditure was authorized
			2. Reason for the travel is official business of *[Hospital Name]*.
			3. Receipt for the expenditures is submitted.
			4. Travel is at the least cost to the institution.
	3. Per Diem for local travel will be given when one or more meal is missed because of work requirements. The rate will be determined by ADCOM and reviewed periodically for inflation.
3. **International Travel:**
	1. International travel will only be made on official business for the institution and must be authorized by the Chief Executive Officer. For Chief Executive Officer, travel authorization must be received form the Board Chairman.
	2. All travel arrangements for international travel will be made by the Business Office and payments will be made in advance of the travel.
	3. Per Diem will be given to the individuals travelling on official business in accordance with the policy of the local Division of Seventh-day Adventist Church. The current per diem rates will be on file in the office of the Business Manager. This will be used to cover food and miscellaneous costs. Receipts for food will not be reimbursed when Per Diem is given.
	4. Transportation to and from the airport will be arranged by the Business Office. If alternative arrangements need to be made, this will be communicated to the individual travelling. There may be occasions when a staff member pays transportation cost. In this case reimbursement will be given on submission of receipt.
	5. All travel expense reimbursement must be approved by the Business Manager.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-5**

SUBJECT: Personal Use of Hospital Equipment & Vehicles **EFFECTIVE:**

**COORDINATOR: Business Manager**

Hospital property (vehicles and equipment) is intended for hospital business and operation and is not for personal use. Additionally it is important to limit the liability of the hospital by only using hospital property for its intended purpose.

Hospital equipment is not to be used for personal reasons.

Exceptions: Any exceptions to this policy should be approved by the Administrative Committee. A rate per kilometer should be charged to the user in accordance with the cost of maintenance and insurance.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-6**

SUBJECT: Fixed Asset Capitalization Policy **EFFECTIVE:**

**COORDINATOR: Business Manager**

The following definitions will be used for (HOSPITAL):

**CAPITAL EQUIPMENT**: Equipment that is a) durable (economic useful life greater than one year); and b) has a cost which equals or exceeds, excluding VAT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (set amount).

**EXPENSED EQUIPMENT**: Equipment that is not durable (economic useful life of one year of less) or has a cost, excluding VAT of less than $50,000.

**DONATED EQUIPMENT**: If equipment is donated and valued at greater than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (set amount) the item should be recorded as a fixed asset.

The yearly budget will include a list of projects and/or capital expenditures to be undertaken the next fiscal year. The approval of the budget by the Board will serve as authorization for all capital expenses.

Additional capital projects in excess of $500,000 not budgeted must be approved in advance by the Board.

1. **FIXED ASSET REGISTER/INVENTORY REGISTER**:
	1. All assets of the hospital must be recorded in the fixed asset register or the inventory register. In order to assess the classification of the items the following will be considered:
		1. The cost of the item
		2. The item’s economic life span
		3. The department in which the asset will be utilized
	2. All items with a cost price (exclusive of VAT) of more than \_\_\_\_\_\_\_\_\_\_\_\_\_ and/or an economic life span of more than 3 years will be included in the hospital’s fixed asset register. Items purchased in a group for an individual cost lower than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ but the total cost is more than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ it will be classified as a fixed asset.
	3. A clear distinction will be made between capital expenditure and maintenance cost of the asset. Only the capital expenditure will be capitalized as part of the original cost of the asset. Maintenance costs will be expensed.
	4. The Business Manager or appointed staff will make annual reviews of the registers for additions and retirements.
2. **ASSET SAFEGUARDS:** The Hospital administration is responsible for safeguarding the fixed assets of the institution.
	1. Each fixed asset will be labeled with a label containing:
3. Property of *[Hospital Name]*
4. Department assigned to the asset
5. A number tied to the entry in the fixed asset system
	1. Fixed assets belonging to the Hospital are to be kept in secure locations.
	2. Assets belonging to the Hospital will not be taken off the Hospital’s premises without the written authorization of the Business Manager
	3. All fixed assets must be used within the authorized guidelines.
	4. The Business Manager or appointed staff will ensure assets are in their correct location and all fixed assets are accounted for and maintain the fixed asset register.
6. **REVALUATIONS:**

Land and buildings may be revalued for accurate insurance coverage. The revaluation must be based upon the market value of the property.

Whenever buildings are valued at a price higher than cost price an annual depreciation charge will be made against such building.

1. **MOVEMENT OF ASSESTS BETWEEN DEPARTMENTS**:

It may be necessary from time to time to transfer a fixed asset item from one department to another. On other occasions an item may become damaged and has to be replaced. Where these situations occur, the Business Manager or appointed staff must be informed so the necessary record keeping can be made.

1. **FIXED ASSET DISPOSALS:**

Assets with no useful purpose for the Hospital must be disposed of and eliminated from the fixed asset register.

All disposals must be approved by the Administrative Committee.

Disposals will be made using one of the following methods:

* 1. Scrapping (at net book value)
	2. Sale – Funds from the sale will be used for purposes approved by Administrative Committee.
	3. A journal entry should be made to remove the asset from the hospitals’ Fixed Asset account.
1. **DEPRECIATION:**

All assets, other than land and heritage assets, must be depreciated.

Assets will be depreciated in a straight line method over the expected useful life, as determined by the Business Manager or local accounting standards.

Fixed assets will be disclosed in the financial statements at the net book value, which represents the historical cost (plus any revaluations or capital expenditure) less accumulated depreciation.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-6.1**

SUBJECT: Fixed Asset Acquisition Procedure

**COORDINATOR: Business Manager**

The following procedure will be followed to acquire fixed assets:

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Department Head | The head of the department requesting the fixed asset must submit in writing the need and its value and viable use to the department to the Internal Procurement Committee (see Policy B-6). |
| Administrative Committee | Request from the Department Head should be reviewed and voted by the Administrative Committee |
| Business Manager | The policy related to Expenditure of Funds (see B-3) will be followed. |
| Senior Accountant | Verify the asset has been received placed in the department, the item is as described on the invoice, |
| Business Manager | * The asset will be recorded, at the original cost price (excluding VAT), in the fixed assets register by the Senior Accountant. Items that are inventory in nature will be recorded in the inventory register.
* The fixed asset is properly labeled in accordance with item D.A. of policy B-6.
 |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-7**

SUBJECT: Borrowing and Lending of Funds **EFFECTIVE:**

**COORDINATOR: Business Manager**

In accordance with Board policy B-7, HOSPITAL will not borrow or lend funds without Board approval. This includes the borrowing or lending of internal and external funds.

1. The request to the Board for borrowing or lending of funds will include the following:
2. The source of the funds including applicable terms of borrowing
3. How the funds will be used and how that use fits into the core mission of the Hospital;
4. How the funds will be repaid and how the repayment fits into the business plan of the Hospital;
5. The effects that the borrowing will have on expectations of granting and other external agencies.
6. If the Hospital has borrowed funds, a debt management plan will be developed and incorporated into the budget. A progress report given at each Board meeting on showing payment progress and remaining balance(s).
7. Lending of funds will be considered on an individual basis including the items listed in item 1 above. Authorization to lend funds must be approved by the Board of Directors.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-8**

SUBJECT: Key Authorization **EFFECTIVE:**

**COORDINATOR: Business Manager**

This policy is intended to allow access to Hospital property and housing by those who have a proper need and authority, while maintaining the maximum security possible. The following guidelines should be followed:

1. Keys will be issued only to those individuals who have a regular need for them.
2. Keys are issued only in the name of individuals.
3. Keys will not be duplicated.
4. Keys will not be transferred between employees.
5. Keys will be confiscated promptly from individuals who are unauthorized holders.
6. When an individual leaves the services of the Hospital, all keys held by that individual will be returned to the Hospital as part of the termination procedure.
7. Keys may be obtained from the Director of Maintenances after getting written approval from the department head over the area and the Business Manager.
8. The Director of Maintenance will keep a log of all issued Hospital keys.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-9**

SUBJECT: Disposition of Surplus Assets **EFFECTIVE:**

**COORDINATOR: Business Manager**

The disposition of surplus assets will be in accordance with Hospital policy B-6, Fixed Assets.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-10**

SUBJECT: Bank Reconciliation **EFFECTIVE:**

**COORDINATOR: Business Manager**

1. Bank reconciliations are performed to reconcile bank records and the Hospital’s records. Differences between the Hospital’s bank ledger account and the bank statement must be identified and reconciled. Reconciliations should look for possible discrepancies that could be caused by either error or misuse. Some of the items that could cause differences are:
2. Incoming transfers
3. Bank charges and interest booked by the bank but not yet booked by the Hospital
4. Checks issued by the Hospital but not yet presented to the bank.
5. Deposits made and recorded by the Hospital but not booked by the bank
6. The Business Manager will ensure that bank reconciliations are accomplished monthly for all bank accounts.
7. The individual assigned to accomplish the bank reconciliations will not be involved in handling receipts or disbursements. All discrepancies will immediately be called to the attention of the Business Manager.
8. Bank reconciliations will be maintained on file and be available for audit. Documents that support reconciling items must be attached to the related bank reconciliation. These documents include:
9. outstanding checks;
10. documentation of deposits in transit;
11. bank fee notices (usually on statements)
12. other relevant documents

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-10.1**

SUBJECT: Bank Reconciliation Procedure

**COORDINATOR: Business Manager**

The following procedure will be followed for bank reconciliation:

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Business Manager or Senior Accountant | * Review the statements provided by the bank for each bank account and compare it to the same account in the General Ledger. Items that will affect the balance should be considered when comparing balances. (See item 1 in Policy B-11 for typical items.)
* Ensure that the reconciliation starts with the opening balance brought forward from the previous reconciliation and end at an adjusted balance that reconciles with the ending balance per the bank statement.
* Process a journal entry to record the reconciling items that appear on the bank statement but not recorded in the Hospital’s general ledger;
 |
| Business Manager | After the bank reconciliation has been accomplished it will be reviewed by the Business Manager |
| Senior Accountant | Records of all bank reconciliations should be kept safely in a file and be made available for annual audit purposes.Any discrepancy due to error by the bank should be addressed immediately with the bank |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-11**

SUBJECT: Purchasing Process Policy **EFFECTIVE:**

**COORDINATOR: Business Manager & Procurement Committee**

The purchasing process should follow a step-by-step process in accordance with the Expenditure of Funds Policy (B-3). If there are exceptions to be made they are only in special circumstances and approved by the CEO and Business Manager. No officer in the Business Office shall on his/her own without the consent of the Head of Department, Medical Officer cancel, add items or reduce the quantity of items ordered on the requisition. All cancellations, alterations or prioritizations or requisitioned items shall be made by the originating department Head in consultation with the Chief of Medical Staff.

Inventory is maintained in the Hospital for regularly used pharmaceuticals, supplies, and non-medical supplies. The Purchasing Officer is responsible for maintaining the stock at par levels based on the usage of the hospital. For routine purchases of stocked medicine and supplies the Purchasing Officer will follow the steps in the Purchasing Process Procedure (B-11.1).

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-11.1**

SUBJECT: Purchasing Process **EFFECTIVE:**

**COORDINATOR: Business Manager & Procurement Committee**

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Heads of Department, Stores Manager, or Pharmacist | The appropriate requisition forms should be completed and approved by the responsible Medical Officer/Matron or the Chief of Medical Staff. Requisitions from non-medical departments will use the same order forms and be approved by the Business Manager or CEO. |
| Internal Procurement Committee | **FIXED ASSETS:** If the items are Fixed Assets the requisition will be reviewed by the Internal Procurement Committee (Policy B-12) and the process should follow the Fixed Asset Policy (Policy B-6). |
| Purchasing Officer | **NOT FIXED ASSETS:** the Purchasing Officer will locate at least three quotations for the item. Quotations can be acquired by phone, fax, or email. In the cases where three quotes are not available an explanation should be given. In the cases where contracts are in place for services or supplies then three quotations are not required as directed in Policy B-6 Item 4(b). |
| Business Manager | Requisitions will be approved based on the budget and availability of funds. |
| Accountant | Once the requisition has been approved (and provided the funds are available), the Accountant shall implement the purchase if on cash basis following Policy B-3. If the purchase is on credit the Accountant should use a Local Purchasing Order (LPO). |

If the item is a fixed asset Policy B-6 should be followed related to identifying and recording it. If the items are expensed they should be recorded in the inventory account appropriately according to Policy B-13.

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-12**

SUBJECT: Procurement Committee **EFFECTIVE:**

**COORDINATOR: Business Manager**

**Internal Procurement Committee Policy**

An Internal Procurement Committee (IPC) shall be established by ADCOM. This committee will comprise of 3-5 selected staff and ADCOM members which shall be in charge of purchases of Fixed Assets above the threshold set by the Board and in accordance with Policy B-6. This committee shall convene monthly or as needed.

The IPC shall be charged with:

1. Approving purchases of Fixed Assets according to the above policy
2. General pre-qualification of regularly used vendors and approval of contracts
3. Reviewing and monitoring the purchasing processes procedure (Policy B-11.1)
4. General purchasing-related recommendations to ADCOM

The decisions for purchasing Fixed Assets will be recommended to ADCOM and the Board for final approval according to the value thresholds outlined by the Board of Directors.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-13**

SUBJECT: Inventory Management Process **EFFECTIVE:**

**COORDINATOR: Business Manager**

Maintaining accurate records of inventory in-stock is a vital part of the financial health of any organization. Inventory is a large expense and an area where misappropriation can easily happen. It is important to have *separation of duties* between the employees involved in Purchasing, Inventory, and Accounting.

The Business Manager and Accountant will ensure that persons are assigned the following activities related to purchasing and Inventory Management:

Role of Purchasing Officer

1. Requisition verifications (see Policy B-11)
2. Collecting quotations if needed
3. Order writing and sending through fax, email, driver’s delivery or other means
4. Coordinating and/or accompanying a hospital vehicle to collect orders
5. In collaboration with other departments or officers assess factors such as nature of demand, lead times, stock outs, service levels, prioritizations related to various stock items and setting economic order quantities.
6. Sending goods received notes to vendors

Role of Warehouse/Stores Supervisor

1. Maintaining inventory records based on distribution (electronic or stock cards)
2. Ensuring stocks are in good condition and acceptable levels/quantities
3. Inspecting incoming goods for quality
4. Inventory count done at least annually, preferably every 6 months.
5. Maintaining orderly, clean storerooms
6. Providing supplies to the departments as requested

Role of Accountant

1. Verifying received quantities with delivery notes
2. Receiving invoices from suppliers
3. Entering accurate journal entries reflecting the purchases and increase in inventory as well as expensing when the items are used/sold
4. Payment of suppliers and receiving and filing/attaching receipts from suppliers to vouchers (vouching)
5. Participate in regular inventory counts and make related journal entries if necessary

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-14**

SUBJECT: Managing Bank Accounts **EFFECTIVE:**

**COORDINATOR: Business Manager**

Funds related to the operating of a hospital should be kept in a reputable banking institution within a reasonable proximity to the hospital location to carry out regular business transactions. Separate accounts may be established if needed for special purposes such as foreign currency funds or board designated funds. The opening of a bank account in the name of *[Hospital Name]* requires Board of Directors approval.

The activity of each account should be reconciled on a monthly basis in accordance with Policy B-10 and Procedure B-10.1.

Opening a new bank account requires the following steps:

1. Requests to open a bank account from the Board of Directors will include:
2. The reason for opening the bank account (checking, savings, etc.)
3. The names of the individuals who are authorized to access the account.
4. The names of the mandated minimum of two signatories.
5. The source of income into the account
6. Any limits or restrictions on the account, such as an extra signature required if the withdrawal exceeds a certain amount.
7. When an individual whose name is on the account leaves the organization, administration will immediately remove the name from the account.
8. The adding/changing of an individual’s name to an account requires a Board of Directors action.
9. Annually, the Business Manager will present to the Board of Directors the names of all bank accounts, the purpose of the account and the names of the individual who have access to the account.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-15**

SUBJECT: Petty Cash **EFFECTIVE:**

**COORDINATOR: Business Manager**

Petty cash funds are established to expedite the payment of selected operating expenses by using cash rather than writing a check. The size of the petty cash fund should be kept to a minimum, normally no greater than\_\_\_\_\_\_\_\_\_\_\_\_\_ *[amount set by Hospital’s ADCOM or Board]*.

The only petty cash fund authorized at *[Hospital Name]* will be kept and administered by the Business Manager or designated employee. Petty cash will be kept in a secured file or safe at all times. Petty cash will be used in accordance with Hospital purchasing guidelines (Policy B-11). Any item that is not an acceptable purchase will not be reimbursed.

Receipts for the funds should be provided within 5 business days. If not, the employee will be charged as a payroll advance for the petty cash amount.

The Business Manager will administer the petty cash fund in accordance with the following procedure (B-15.1).

The following are **unauthorized** uses of petty cash:

1. Payroll Expenditures: Any cost incurred as a result of services rendered by a Hospital employee should not be reimbursed through petty cash.
2. Procurement: Petty cash should not be used to circumvent normal procurement channels; however Petty cash can be used for small purchases of no more than \_\_\_\_\_\_\_\_\_ *(amount set by ADCOM).*

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-15.1**

SUBJECT: Petty Cash Procedure **EFFECTIVE:**

**COORDINATOR: Business Manager**

The use of Petty Cash should be in accordance with policy B-15.

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Employee or recipient of cash | The recipient of petty cash will sign a petty cash voucher listing the date, the amount received, and the purpose for the issuance of cash. This voucher will be kept in the petty cash file in lieu of the cash dispersed.After the recipient makes a transaction, she/he should return any change to the Business Manager along with a receipt. This receipt should be attached to the voucher. Either the receipt or the voucher should provide a description of the purchase, the purpose and the appropriate fund/cost-center. (Note: Only original receipts should be accepted; however, if the original is lost, a signed memo endorsed by a supervisor or authorized individual explaining the transaction may replace the original document.) |
| Senior Accountant | Ensure at all times the sum of the cash in the petty cash fund plus the total of the unreimbursed vouchers plus the total of the receipts will equal the authorized amount for the petty cash fund. |
| Business Manager | Occasionally conduct surprise audit and Petty Cash counts to ensure that the balance and records are being maintained correctly. |
| Cashier | The petty cash fund can be replenished by submitting the receipts and attached vouchers to the Hospital cashier for entry into the General Ledger as expense and replenishment of the Petty Cash fund. |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-16**

SUBJECT: Provisions for Charitable Patient Care **EFFECTIVE:**

**COORDINATOR: Business Manager**

Consistent with its mission and values, *[Hospital Name]* is committed to providing the highest quality health care services to all members of the community. The Hospital has a limited amount of funds to support individuals who do not have the resources to cover their health care costs and the Hospital is committed to use these funds for the extremely needy patients to ensure that they receive basic health care services. The purpose of this policy is to outline the criteria used to determine if a patient is eligible for charity care.

A separate expense account should be maintained in the hospital’s general ledger that records care provided for charity purposes. Additionally a cash fund should be maintained on the balance sheet to receive donations or allocations for charity care that will be used when charity care is given.

Eligibility:

A potential patient might be eligible for charity care if their or their immediate family’s validated financial position will not allow them or their family to fund their health care services or they are not covered under any health care insurance or other scheme.

The following services are not eligible for charitable care funding:

* 1. Elective or cosmetic procedures.
	2. Services required as a result from a criminal act while in the custody of any law enforcement
	3. Private room differences
	4. Physician professional fees
	5. All services related to selfnflicted injures
	6. Other services as amended from time to time

Charity Care Committee:

The committee will include the Business Manager, the Matron and the Chief Medical Officer. The committee will meet on an “as needed” basis

The purpose of this committee is the following:

* Process requests for charity care from patients and their families.
* Review the charity funds available and the related policies and procedures periodically to ensure they are in line with the Administrative plans.
* Provide reports to the Administrative Committee of the activity of the charity fund as well as any changes to the procedure of providing care.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-16.1**

SUBJECT: Charitable Care Procedure **EFFECTIVE:**

**COORDINATOR: Business Manager**

The provision of care based on charitable need should be in accordance with policy B-16.

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Patient or family members | Complete a *[Hospital Name]* Financial Assistance Application form and provide supporting documentation. A caregiver in the hospital can assist the patient or family to complete the necessary form. |
| Business Manager & Charity Care Committee | The completed form will be submitted the Business Manager who will convene a Charity Care Committee to determine if the request will be approved. The request will not be approved unless there is cash or provision available to cover the cost of the charity care. |
| Business Manager | The decision of the committee will be relayed to the requesting patient and if disapproved the reason for disapproval. Such reason could be funds are not available, the requested service is not eligible for charity care, the documents submitted do not support the request, etc.  |
| Senior Accountant  | If the request is approved the eligibility form attached to the patient bill will be processed by accounting with the cost charged to the applicable charity expense account and the cash coming from the charity fund. |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Finance **CODE: B-17**

SUBJECT: Payroll Management **EFFECTIVE:**

**COORDINATOR: Business Manager**

Critical to the successful operations of an institution is a proper payroll management system. This system must keep record of the employee salaries, wages, bonuses and deductions and identify how charges are processed. The records kept must include salary and wage histories and all salary and wage deductions. These records must be kept for the period of time stipulated by statute and standard business practices (*to be identified by the Hospital Administration)*. Due to the sensitive and confidential nature of payroll, the system must be administered in a manner which will protect the sensitive and confidential nature of the information.

The following guidelines should be followed for each category of information:

1. **PAYROLL RECORDS**:
	1. For each employee a master payroll record will be maintained.
	2. In accordance with *[Hospital Name]* Policy C-12, Personnel Records, the payroll records will be located in the Office of the Business Manager and maintained by the Business Manager.
	3. The contents of the employee payroll record will be as listed in *[Hospital Name]* Policy C-12, Personnel Records.
2. **UPDATING THE PAYROLL MASTER FILE**:
	1. The Accounting Department in liaison with the Human Resources Department will update and file all payroll changes. These changes include payroll information on new hires, terminations, changes in employment status or pay rates, changes in discretionary or voluntary deductions, tax rates, other deductions and changes in bank account numbers.
	2. The Human Resource Manager will complete a master salary record amendment form and forward it to the Accounting Department for processing and filing. All changes in employment status or in employee’s deductions will be in writing
	3. The Accounting Department will make all payroll changes in a timely manner and ensure that the changes are properly reflected in the proper pay record.
	4. If the hospital receives salary reimbursement from the government or other agencies any changes to rates, names, or position should be communicated promptly to the respective authority including termination and death of employees.

A method to record employee work hours should be utilized either on paper or electronically. These must be approved by the supervisor at the end of each pay period.

The following information, at a minimum, should be reported on the timesheet:

* + 1. Employee name (First and Last Names)
		2. Employee identification number
		3. Assigned activity during the pay period (A numerical code can be used)
		4. Hours worked each day – time In/Out and any breaks
		5. Paid time off (e.g. vacation or holidays)
		6. Signature of the employee
		7. Signature of the employee’s supervisor
		8. Time period in which the activity was performed

The accountant is responsible for the reconciling at the end of the year of all payroll transactions and for year-end audit.

The date of pay will ordinarily be set by the Administrative Committee and Business Manager.

All employees who are paid through the bank are required to have an account with the *[Name of Bank]*. Details of account must be submitted to the accountant to facilitate direct payment of salary.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Finance **CODE: B-17.1**

SUBJECT: Payroll Preparation Procedure **EFFECTIVE:**

**COORDINATOR: Business Manager**

The preparation of a regular payroll should follow this procedure in accordance with policy B-17.

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Employees and Supervisor | * 1. Submit a timesheet for each pay period using the organization’s standard form at the end of the last day of the pay period
	2. The timesheet must be prepared in ink, signed and dated by the reporting employee and their supervisor.
 |
| Business Office | PREPARATION OF PAYROLL* 1. Each payroll will be documented on the payroll register, which contains the names of the employees paid during the period, the pay rates, gross pay and net pay.
	2. All payroll deductions are subtracted from the gross pay to obtain the employee’s net pay.
	3. The payroll is summarized for all employees, at which point the payment vouchers are prepared.
 |
| Business Office | DISTRIBUTION OF PAYROLL* 1. a summary is made to show how payment is to be made (i.e. bank payment, cash or check).
	2. The salary and wage expenses are summarized by cost center or other charge code and recorded on accounting voucher/s for posting into the general ledger. The distribution of salaries and wages expenses to the organization’s various departments and projects as shown on the voucher/s must agree to the distribution of time charges on the employees’ timesheets.
	3. All pay deductions are also summarized for general ledger purposes.
	4. The gross pay for the current pay period should be reconciled to that of the previous pay period.
	5. Check vouchers are prepared to support the payment of salaries and the pay deductions.
	6. Following completion of the payroll, pay summaries and the reconciliation, these are submitted to the Business Manager for approval.
	7. The checks and wire transfer requests, if applicable, together with the pay summaries and gross pay reconciliation are then forwarded to the designated check signatory for signature.
	8. After the checks and the wire transfer request, if applicable, have been signed, they are routed to the designated employee(s) and the payroll is disbursed as follows:
		1. **Employees Paid Through the Bank**: An order is issued to the bank with the pay summaries and the employees’ personal bank account numbers.
		2. **Employees Paid by Check**: Checks are distributed by designated personnel other than the employee’s immediate supervisors to the employees. Employees sign an acknowledgment of receipt of their net pay.
		3. **Payments Made in Settlement of Salary Deductions**: Checks are distributed or wire transfers are performed by the designated employee(s) or payees.
 |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-1**

SUBJECT: Conflict of Interest **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

1. General Principle:

All employees, officers and Directors of *[Hospital Name]* have a duty to be free from the influence of any of any conflicting interest when they represent the Hospital. They are expected to deal with all persons on a basis that is for the best interest of the Organization without favor or preference to third parties or to personal considerations.

1. *[Hospital Name]* follows the policy and procedures of the Local Division of Seventh-Day Adventist as depicted in the Union Employee Handbook. A copy of this handbook is available for review in the office of the Chief Executive Officer, the Business Manager, and the Chief Medical Officer.
2. The attached form is used to report potential and/or actual conflicts of interest. Employees and officers are required to self-report any changes in conflict of interest status this form will be:
3. Completed by all employees at the time of their initial employment
4. Completed annually by all Department Heads, Officers and members of the Board of Directors.
5. By employees, Officers and members of the Board of Directors any time a potential conflict of interest arises.
6. Will be filed in the personnel file of all employees and in the Office of the Chief Executive Officer for all members of the Board of Directors.
7. Completed conflict of interest forms of non-officer employees will be reviewed by the Chief Executive Officer and the Director of Human Resource and the review process as outlined in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union Employee Handbook followed.
8. Completed conflict of interest forms of officers and Board Members will be reviewed by the Board Chair and Board Vice-Chair and the review process as outlined in the Local Union Employee Handbook followed.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**CONFLICT OF INTEREST STATEMENT 2016**

**(Sample Form)**

In accordance with the Conflict of Interest Policy (the Policy) adopted by the Board of this corporation, during the period in which I am a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in your position title) of the corporation, I will:

1. Remain loyal to the corporation and act in the corporation’s best interests when I participate in or vote upon any matter involving the business activities of the corporation, and when I represent the corporation among persons or entities doing or interested in doing business with the corporation.
2. Avoid investing or participating in business opportunities or purchasing property or other assets which are of interest to the corporation and which are related to the business of the corporation without first offering the business opportunity or asset purchase opportunity to the corporation, whenever I have notice of the corporation’s interest in the property or business opportunity.
3. Avoid investing or participating in businesses which compete with the corporation (except passive investments).
4. Not accept or seek from any person or entity doing or interested in doing business with the corporation a gratuity, favor, benefit, loan or gift of greater than nominal value beyond the common courtesies usually associated with accepted business practices.
5. Not use my position, or any confidential information acquired through or from the corporation, for my personal profit or advantage.
6. Not enter into financial transactions with the corporation without first obtaining the necessary approvals specified in the Policy.
7. Notify the President or Chief Financial Officer if I acquire or maintain an ownership interest in or serve in a position or responsibility for an entity doing or interested in doing business with the corporation, or an entity which is superior, subordinate or related to this corporation through ownership or control.
8. Notify the President or Chief Financial Officer immediately of any circumstances which are or may appear to others to be a conflict of interest.
9. Ensure that members of my immediate family are not engaged in any of the activities contemplated by Paragraphs 1-7 above, and report to the President or Chief Financial Officer any actual or potential conflict of interest involving my family members.

I hereby disclose that as of the date of this response, I ❒**have** ❒**have no** conflicts of interest(s) to declare. The conflict of interest(s) I have to declare is/are: (use additional page(s) if necessary)

EXECUTED on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-2**

SUBJECT: Employee Dress Policy **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

*[Hospital Name]* is a Seventh-day Adventist hospital, in harmony with its heritage, fosters a lifestyle among its employees that contributes to buoyant health and a joyous Christian experience.

As a representative of *[Hospital Name]*, it is essential that the appearance of each employee reflect the institution's commitment to excellence, health and safety, and conservative corporate values. An appropriate, clean and professional appearance becomes a matter of considerable importance, especially when the employee's job involves serving, meeting, and interacting with patients, students, and guests.

**Policy:**

1. Administrative Directives

 Employees shall be required to comply with administrative directives that will be issued and periodically updated regarding dress and appearance. Departmental guidelines may, by necessity, be more or less restrictive and have some different requirements than the institution‑wide administrative directive for various reasons, including safety and/or hygiene. All departments needing exceptions/alternate requirements shall be required to establish and maintain a supplemental dress and appearance policy that is approved by Human Resource Management (HRM) Department initially and each time it is revised.

2. Enforcement of Standards

 It shall be the responsibility of each Head of Department to ensure that his or her employees are compliant with the requirements of this policy (reference appendix A below). Compliance shall be managed through regular disciplinary procedures.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix A**

1. HAIR

1.1 Hair is to be neat, clean, and professional in appearance, and not to impede vision. Extreme or unnatural appearance in style or color shall not be permitted. Head coverings, unless required in the work area or worn for specific religious reasons, are not permitted.

1.2 Longer hair shall be contained so as not to interfere with patient care, the operation of equipment, or other duties.

2. FACIAL HAIR

2.1 Mustaches and beards are permissible only if they are kept short, well-groomed, and neatly trimmed.

2.2 Side hair shall be well trimmed.

3. COSMETICS and TOILETRIES

3.1 The emphasis is on the natural appearance, e.g., eyebrows natural looking; eye shadow and mascara used in moderation.

3.2 Fingernails must be clean and neat at all times. No artificial/acrylic/gel nails, overlays, or tips are allowed for employees directly involved in the continuum of patient care.

3.3 Heavily scented powders, lotions, perfumes, after shave, etc., are not acceptable.

4. JEWELRY/ACCESSORIES

4.1 It is requested that no jewelry be worn except for wedding bands.

4.2 Visible body piercing (except ears) and tattoos are not permitted.

5. CLOTHING/ATTIRE

5.1 Clothes that are compatible with a business-like, professional and safety-conscious health care environment are required at all times. Conservative and appropriate dress is required of all employees.

6. IN GENERAL

6.1 Good personal hygiene and good grooming are required for an overall effect that is pleasant, professional, consistent with consumer expectations, and representative of the values of [Hospital Name].

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-3**

SUBJECT: Employee Lifestyle Policy **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

*[Hospital Name]* is a Seventh-day Adventist hospital, in harmony with its heritage, fosters a lifestyle among its employees that contributes to buoyant health and a joyous Christian experience.

This policy sets forth some of the areas of lifestyle which are of special concern. The overarching moral principles of the Bible serve, in the broader context, as the ultimate guide for Christian living to which *[Hospital Name]* is committed.

1. Hospital Image

HOSPITAL serves patients and their families. As representatives of the Hospital, it is essential that the appearance of employees reflect the institution’s commitment to excellence, health and safety and values. An appropriate clean and professional appearance becomes a matter of considerable importance when the employee interfaces with the public. Department heads and officers are responsible for:

1. orientation of employees to this standard
2. responding to any questions which may arise
3. handling any areas of noncompliance which may occur
4. Standards of appearance

Employees of the Hospital must maintain an appearance, at all times, which is consistent with the highest professional standards and Christian principles of cleanliness, modesty and simplicity, The image projected to the public should be consistent with the mission, vision and values of the Hospital. The specifics listed below are examples of what constitutes the professional image as defined by *[Hospital Name]*. Please see dress code policy (C-2) for details.

1. Use of Alcohol, Controlled Substance and Tobacco

The Hospital adopts the temperance practices and health principles espoused by the Seventh-day Church. This means that all employees are expected to refrain from the use of alcohol, controlled substances or tobacco in accordance with Policy C-I-8. Violation of this policy is subject to review and action pursuant to employee disciplinary and severance policies.

1. Romantic Relationships and Dating

The *[Hospital Name]* wishes to promote the ethical and efficient operation of its business. In this setting, the *[Hospital Name]* wishes to avoid misunderstandings, complaints of favoritism, romantic relationship issues pertaining to supervision, security and morale, and possible claims of sexual harassment among its students, staff, and faculty. For these reasons:

1. A *[Hospital Name]* administrator or supervisor is prohibited from pursuing a romantic relationship with or dating any employee of the *[Hospital Name]* whom s/he supervise for the duration of the supervision.

For the purposes of this policy, ‘romantic relationship’ is defined as a mutually desired courting activity between two individuals. ‘Dating’ is defined as a romantic social engagement arranged by personal invitation between the two individuals involved or arranged by a third party.

Staff and administrators who violate these guidelines will be subject to discipline

1. Sexual Standards

Employees of *[Hospital Name]* are expected to uphold Christian sexual standards as held by the Seventh-day Adventist church. We believe that God’s ideal for sexuality is achieved when sexual expression is limited to a man and women who are husband and wife committed in life-long marriage. All expressions of premarital and extramarital relationship are to conform to this ideal of sexual purity. Behaviors that would suggest otherwise should be avoided.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-4**

SUBJECT: Recruitment and Hiring of Personnel **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

Selection of workers is based on various personal qualifications, training and work experience. *[Hospital Name]* is owned and operated by the Seventh-day Adventist church, therefore, religious affiliations are considered for key employee positions.

All positions at *[Hospital Name]* will be hired based on the job description and necessary requirements. Leadership positions will be identified by a search committee designated by the Board and/or in collaboration with Adventist Health International. Staff positions will be advertised locally as necessary according to the procedure. This includes CEO, CMO, Matron, and Business Manager. All other positions will be hired by hospital administration and department heads.

Consideration of policy C-9 “Employment of Relatives or Close Friends” should be made before the employee is confirmed.

The following procedure should be followed in the hiring process.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Personnel **CODE: C-4.1**

SUBJECT: Recruitment and Hiring of Personnel Procedure **EFFECTIVE:**

**COORDINATOR: Business Manager**

The preparation of a regular payroll should follow this procedure in accordance with policy B-17.

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Board of Directors | 1. The assignment and appointment of top level administrative personnel of *[Hospital Name]* includes the Chief Executive Officer, Business Manager, Chief Medical Officer, and the Chief Nursing Officer/Matron. The process for hiring of these individuals will normally be as follows:
	1. The Board will appoint a search committee who will review the requirements of the position, establish a list of potential candidates, interview if necessary the candidates and recommend an individual or individuals to the Board.
	2. The Board will review the process used by the search committee, consider the names of the individuals recommended by the search committee and either approve the recommended name or refer the search back to the search committee.
	3. Recruitment and hiring of for personnel outside the institution’s area of administrative responsibility will be done using the policies of the Local SDA Conference/Field, Union and Division of Seventh-day Adventists and in collaboration with Adventist Health International.
2. Recruitment and hiring of for personnel outside the institution’s area of administrative responsibility will be done using the policies of the Local SDA Conference/Field, Union and Division of Seventh-day Adventists and in collaboration with Adventist Health International.
 |
| Department Head | 1. When a budgeted, as verified by the Business Manager, a position becomes vacant or is known to become vacant. The Department Head will:
	1. Notify the Director of Human Resources of the vacancy
	2. Work with the Director of Human Resources to update, if necessary, the job description
	3. Review applications and inform the Director of Human Resources of the names of individuals who should be interviewed.
	4. Participate in the interview process.
	5. Make known to the interview panel the individual who should be selected to the position.
	6. Sign along with the appropriate officer the acceptance letter
	7. Participate in the orientation, training and in processing of the selected individual.
 |
| HR Manager | * 1. Ensure that the job description is current
	2. Advertise the vacancy and recruit individuals for the position
	3. Receive applications for the position including all relevant certificate/diplomas, licenses, and personal information.
	4. Screen the applications for those that meet the minimum job requirements and forward the applications of those individuals who meet the minimum job requirements to the Department Head.
	5. Schedule applicants for interviews, recommend to the Department Head and the Chief Executive Office the names of individuals to be on the interview panel and participate in the interview process
	6. Performs reference checks
	7. Once an individual has been selected for the vacancy prepares the acceptance letter, establish the employee personnel file and assist in the orientation and in processing of the employee. (See policy C-12)
 |
| Interview Panel | Members of the interview panel will interview the applicants for the position and inform the Director of Human Resources the name of the individual that they would recommend for the position. |
| Chief Executive Officer or AdCom | * Identify the individual who will make the final hiring decision based on the interview panel’s recommendation (he/she may delegate these requirements to other Board appointed individuals such as the Business Manager, CMO, or Matron).
* Sign the offer letter.
 |
| Prospective Employee | * Read the *[Hospital Name]* Employee Handbook and give a written agreement to abide by all the Hospital’s rules and regulations (see Policy C-4)
* Pass a physical examination given by a Hospital physicians (if required in the country)
* Sign an employment contract.
 |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-5**

SUBJECT: Employee Handbook **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

An employee handbook outlines the specific issues related to employment at *[Hospital Name].* It serves as a resource to employees and supervisors on all matters related to employment.

The Employee Handbook will be maintained in the Personnel office by the Human Resource Manager and will contain the following major sections:

1. General statement
2. The Mission, Vision and Values of *[Hospital Name]*
3. The History of *[Hospital Name]*
4. The Expectations of the Hospital and of the Employees
5. Hours of work and pay
6. Benefits
7. Employees Responsibilities
8. Employee Evaluation
9. Basic Rules of Conduct and Discipline
10. Terminating Employment
11. Other specific sections as needed

Each employee will be given a copy of the handbook upon hiring. An acknowledgement form will be signed by the employee and filed in the personnel office.

Changes or updates to the Employee Handbook must be approved by AdCom and communicated to the current employees with acknowledgement recorded in their personnel files.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-6**

SUBJECT: Employee Discipline **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

Employee performance is expected to be in line with the Employee Handbook as well as the mission, vision, and values of the hospital. There are times when these are not followed and discipline must be carried out. It is the policy of *[Hospital Name]* that discipline is carried out fairly and within the guidelines of the Employee Handbook and acceptable behavior.

This policy outlines the responsibilities of the participants when discipline is warranted.

1. *[Hospital Name]* supervisors shall be responsible for:
2. Encouraging employees to work within the policies and procedures of *[Hospital Name]* while at the same time seeking to develop their skills.
3. Establishing expected work outcomes and results in each job or department. These should be clearly communicated to all employees and used as a basis for evaluation.
4. Attaining desired work results. If necessary, this objective will be achieved through the discipline which best fits each employee’s circumstances.
5. Employees shall be:
6. Required to carry out their work responsibilities effectively and follow *[Hospital Name]* policies and procedures.
7. Perform at the level expected by the supervisor and head of department as outlined in the stated expectations.
8. Held accountable for their own choices and decisions made.
9. There are several actions available to administration whenever the policies, regulations, procedures, and/or guidelines of *[Hospital Name]* are ignored or violated as appropriate to assist the employee in understanding the coaching/counseling/training already given. Documentation should be kept in the department and in the employee’s official file in the HR office.
10. Verbal warning: usually given at the time of the first infraction; however, a written warning, suspension, or suspension leading to discharge may be warranted if first infraction is of a serious nature.
11. b. Written warning: given on a second offense; or may be given on first offense depending on nature of infraction.
12. Suspension: removal of employee from his/her work for a given number of scheduled work days, depending on the infraction; may be used in conjunction with counseling on first, second, or subsequent offenses when time off without pay is likely to achieve desired results.
13. In administrating the Hospital employee program the procedures that are contained the Local Division of Seventh-day Adventist Employee Handbook will be used.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-7**

SUBJECT: Violence in the Workplace **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

*[Hospital Name]* embraces a zero tolerance policy for workplace violence. Consistent with this policy, act(s) or threat(s) of physical violence, including intimidation, harassment, and/or coercion, which involve or affect the Hospital and its employees or which occur on Hospital property will not be tolerated.

1. Threats or acts of violence shall include conduct which is offensive or intimidating to alter the employment conditions at *[Hospital Name]* or to create a hostile, abusive or intimidating work environment for one or more Hospital employees. Examples of workplace violence include, but are not limited to, the following:
2. All threats or acts of violence occurring on the Hospital premises, regardless of the relationship between the Hospital and the parties involved.
3. All treats or acts of violence that occurs in the Hospital premises involving someone who is acting in the capacity of a representative of the Hospital.
4. All threats or acts of violence occurring off the Hospital premises involving an employee of the Hospital if the treats or acts affect the legitimate interest of the Hospital.
5. Any acts or threats resulting in the conviction of an employee, or of an individual performing services for the Hospital, or of an individual performing services for the Hospital on a contract or temporary basis, under criminal code provision relating to violence or threats of violence which adversely affect the legitimate interests and goals of the Hospital
6. Specific examples of conduct which may be considered threats or acts of violence include, but not limited to, the following:
7. Hitting or shoving an individual.
8. Threatening and individual or his/her family, friends, associates, or property with harm.
9. The intentional destruction or threat of destruction of Hospital property.
10. Harassing or threatening phone calls.
11. Harassing surveillance or stalking
12. Intimidating actions that reinforce one’s belief that violence is appropriate.
13. Unauthorized possession or inappropriate use of firearms or weapons. (See policy C-11)
14. The Hospital’s prohibition against threats and acts of violence shall apply to all persons involved in the Hospital operations, including but not limited to:
	1. Employees
	2. Contract personnel
	3. Temporary personnel
	4. Patients
	5. Visitors
15. Employees shall report an acts or threats of violence occurring on the Hospital premises to the Chief Executive Officer, their supervisor and the Human Resources Manager. No supervisor shall prohibit or intimidate any employee form making a report in accordance with the policy.
16. Violation of this policy by any individual on Hospital property, by an individual acting as representative of the Hospital while off Hospital property, when his/her actions affect the Hospital’s business interests, shall lead to disciplinary action, up to and including termination, and/or legal action as appropriate.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-8**

SUBJECT: Drug Free Workplace **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

The Hospital’s policies are consistent with the beliefs of the Seventh-day Adventist Church that promotes a temperate lifestyle, which includes abstinence from the use of alcohol, drugs, and tobacco. The hospital seeks an environment free of these illegal and/or harmful substances. This means that all employees are expected to refrain from the use of alcohol, drugs and tobacco while employed at the Hospital.

1. Prevention
2. The policy of a drug-free workplace will be included in the Employee Handbook
3. Employees will be informed of this policy at the time of employment.
4. Detection
5. The Hospital reserves the right to investigate employees where reasonable suspicion exists of drug or alcohol involvement. This includes the right to search an office, locker, on-hospital grounds vehicle, briefcases, and handbags. If a search is to be made, it must be authorized by the Chief Executive Officer in consultation with the Hospital lawyer.
6. If unlawful possession of a tobacco, alcohol, or drug paraphernalia is discovered, the Hospital will confiscate the item(s), investigate the circumstances and institute disciplinary actions up to and including termination.
7. Initial identification of a problem may be made by a supervisor, colleague, concerned other or self-referral.
8. Confidentiality
9. All drug investigations are confidential and should be treated as such as by anyone authorized to have access to such records.
10. All records and information of personnel actions taken on employees under investigation or discipline with respect to drugs shall be maintained by the Chief Executive Officer in a secure locked file. Only authorized individuals who have a “need-to-know” shall have access to them.
11. Discipline

The unlawful use, possession, distribution, dispensing or manufacture of a controlled substance or the use of alcohol or tobacco is grounds for a full range of discipline up to and including termination. (See policy C-6)

Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-9**

SUBJECT: Possession of Firearms **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

In order to provide a safe environment, no patient, visitor, or staff member shall be allowed to have in his/her possession while on the *[Hospital Name]* premises any firearms or any illegal weapons. An exception to this policy is for official law enforcement individuals.

All persons not in compliance with the above policy will be asked to leave the premises.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-10**

SUBJECT: Employee Evaluations **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

The employee evaluation is designed to bring a better understanding of the goals and expectations for the employee between the employee and the immediate supervisor. The evaluation provides feedback to the employee, allowing for professional growth, thereby increasing his or her professional development and bringing value to the Hospital.

Times when employees will receive and evaluation:

1. Employees will receive a probationary performance evaluation after they have completed a 90-day introductory period upon their initial hire.
2. When transferring to a new department an evaluation will be done after 90 days.
3. At least annually with the effective date of 1st October (or a date set by the hospital).

All forms are made available in the Personnel Office with the Human Resource Manager. The forms are to be maintained and updated in collaboration with the HR Manager and ADCOM.

The forms should include the following:

1. job-related duties as outlined in the job description with a score of 1-5 to assess the employee’s performance
2. assessment of employee’s demonstration of the values of the hospital with a score of 1-5
3. review of appropriate licensure and certificates with renewal if required
4. stated goals to be achieved by the next evaluation
5. recommended steps based on the assessment – one or more of the following:
6. an extension of the introductory or annual performance review period, e.g., extended illness, not to exceed an additional 90 days. The notice of extension with the reason must be given in writing to the employee and a copy sent to his/her personnel file in the Human Resource Department.
7. Performance improvement plan (for performance related issues)
8. other disciplinary actions
9. date and signature lines for employee and supervisor

The HR Manager should maintain a calendar of hire dates and remind the Department Head of the due dates for the evaluations with enough time for the process to be conducted.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-11**

SUBJECT: Employment of Relatives or Close Friends **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

For the purposes of this policy, a relative, or close/personal relationship shall be defined by *[Hospital Name]* (HOSPITAL), in its sole and absolute discretion, to include but not be limited to any association or affiliation that may create a potential or actual conflict of interest, or perception of such, may cause disruption, may create a negative, unprofessional, or hostile work environment or may present concerns to supervision, safety, security or morale.

1. An employee, independent contractor, or volunteer shall not work in a position in which he or she is directly supervised by someone with whom he or she has a relative or close/personal relationship.
2. A relative or close/personal relationship may be defined as:
	1. Spouse
	2. Mothern-law
	3. Child
	4. Fathern-law
	5. Parent
	6. Sistern-law
	7. Sibling
	8. Brothern-law
	9. Grandparent
	10. Daughtern-law
	11. Grandchild
	12. Sonn-law
	13. Aunt
	14. Step-parent
	15. Uncle
	16. Step-child
	17. Nephew
	18. Step-brother
	19. Niece
	20. Step-sister
	21. Cousin
	22. Step-grandparent
	23. Fiancée
	24. Other person with whom there is a close/personal relationship which may result in conflict in the workplace.
3. Employment arrangements which violate the provisions of this policy may be exempt provided that the relationships cause no disruption in the work place, and is approved by:
	1. The Chief Executive Officer
	2. The Board: for the Chief Executive Officer

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-12**

SUBJECT: Personnel Records **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

*[Hospital Name]* maintains three types of files of employees. These are the personnel file and the payroll file and if the employee is a patient a medical file.

1. **Confidentiality:** All employee files are to maintain in a secure location and only those individuals who have a valid need to know will have access to the information in the files.
2. **Employee Access:** Employees may review certain contents of their files by contacting the Director of Human Resources for the personnel file and the Business Manager for the payroll file. The following may not be reviewed by the employee:
3. References and reference checks
4. Records of any investigation undertaken by management
5. Medical records
6. Documents related to a judicial proceeding
7. Any document that would violate the confidentiality of another employee
8. Documents used for employee planning
9. **File Location**: The employee personnel file will be established and maintained by the Director of Human Resources and located in the HR Office. The employee payroll file will be established and maintained by the Business Manager and located in the Office of the Business Manager. The medical file will be kept in medical records.
10. **Contents of the Personnel file:**
	1. Application forms
	2. Interview forms
	3. Offer Letter
	4. Signed acknowledgement of employee handbook
	5. Relevant licenses, diplomas, certificates
	6. Any disciplinary documentation
	7. Employee performance evaluations
	8. Years of Service record
	9. Signed Internet & Computer Use Agreement
	10. Other items as needed
11. **Contents of the Payroll File:**
	1. Initial offer letter with rate and terms
	2. Any payroll forms completed on hiring
	3. Bank account information
	4. Loan information
	5. Tax information
	6. Other items as needed

The medical file is not to be accessed by anyone other than clinical caregivers for purposes of providing patient care.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-13**

SUBJECT: Sexual Harassment **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

**General Rule:** *[Hospital Name]* is committed to providing a work environment that is free of illegal discrimination and harassment in any form. In keeping with this commitment, *[Hospital Name]* maintains a strict policy prohibiting all forms of illegal harassment including sexual harassment and harassment based on race, color, national origin, medical condition, physical handicap or age.

Retaliation of any kind against individuals who file complaints or who assist in a Hospital investigation will not be tolerated. All reports should be considered serious and be properly investigated. Retaliation could include:

1. Treating the person who reported the issue as a liar or disbelieving them
2. Discipline or termination of the person reporting an incident
3. Treating the person who reported the issue as though it was their fault
4. Talking to other people about the incident or spreading rumors about the person who reported the incident

Unlawful discrimination is generally defined as actions taken regarding the terms and conditions of one’s employment experience based upon age, race, gender, disability, or national origin. If an individual believes he/she has been discriminated against on any of the above, the Director of Human Resources should be contacted immediately. There will be no retaliation for making a complaint in good faith.

Sexual harassment and illegal discrimination are reprehensible and will not be tolerated by *[Hospital Name]*. It subverts the mission of the Hospital and threatens the careers and well-being of employees and patients. Any employee found to have acted in violation of this policy shall be subject to appropriate disciplinary action including warnings, reprimands, suspensions and/or dismissal.

**Prohibited Acts:**

For the purposes of this policy, sexual harassment includes, but not limited to, making unwanted sexual advances and requests for sexual favors where:

1. submission to such conduct is made an explicit or implicit or condition of employment;
2. submission to or rejection of such conduct by an individual is made as the basis for employment decisions affecting such individuals;
3. such conduct has the purpose or effect of substantially interfering with an individual’s employment performance or creating an intimidating, hostile or offensive working environment

**Examples of Sexual Harassment:**

Sexual harassment may encompass perceived sexual attention that is unwanted or inappropriate. Examples of the verbal or physical conduct prohibited by this policy include, but are not limited to:

1. Physical assault
2. Inappropriate or unwanted touching
3. Direct or implied threats that submission to sexual advances will be a condition of employment, raises, promotions, etc.
4. Direct or subtle propositions of a sexual nature
5. Dating, requesting dates, or entering into a romantic relationship when one employee is in a position of power over the other or is able to exert influence over the other employee’s conditions of employment.
6. A pattern of conduct that would discomfort and/or humiliate another individual – including, but not limited to: unnecessary touching, remarks of a sexual nature about a person’s clothing or body, remarks about sexual activity or speculations about previous sexual experiences, visual conduct including leering, sexual gestures or the display of sexually suggestive objects, pictures, language, cartoons or jokes.
7. Use of electronic means, including the Internet or cell phones to transmit, communicate or receive sexually suggestive, pornographic or sexual explicit pictures, messages, or materials.

The Director of Human Resources, in consultation with the appropriate Hospital administrator, has full responsibility to receive, investigate, and resolve complaints involving violations of this policy and to recommend to management the imposition of appropriate sanctions against violators.

To the extent possible, confidentiality will be respected and only those with a need to know of the investigation of a complaint and any subsequent action taken in response to the complaint will be notified.

Education related to this policy is recommended organizational wide that includes the definitions of sexual harassment and the reporting process.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE PROCEDURE**

CATEGORY: Personnel **CODE: C-13.1**

SUBJECT: Sexual Harassment Reporting Procedure **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

This procedure is to be followed in relation to policy C-13.

|  |  |
| --- | --- |
| **Initiator of Action** | **Action** |
| Employee | 1. Inform the perpetrator that the conduct is considered offensive and should stop.
2. Promptly report to their supervisor the facts of the incident or incidents, and the names of the individuals involved and contact and/or submit a complaint to the Director of Human Resources without fear of retaliation.
3. If the perpetrator is the employee’s supervisor they should report the actions to the next superior person as well as the Director of Human Resources.
 |
| Supervisor | 1. If an employee reports sexual harassment, document the report based on the employee’s statements.
2. Report the issue to the Director of Human Resources.
3. If the employee is in another department, a meeting between the HR Director, yourself, and the accused employee would be recommended.
 |
| Director of Human Resources. | 1. Conduct a prompt and thorough investigation of the complaint without any retaliation or punishment to the person who reported the incident (see the policy on an explanation of retaliation).
2. Take corrective action which may include, but not limited to, counseling, reassignment of the perpetrator and/or discipline up to and including the termination of employment of the perpetrator, and reporting to law enforcement.
3. Maintain complete documentation for both parties involved and add the information to the employee files.

Conduct regular (annual) training related to this policy. |

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-14**

SUBJECT: Computer, Internet, Telephone & Email Usage Policy **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

Computers, Internet and appropriate software are provided to enhance the effectiveness of designated staff at *[Hospital Name]*. These are tools that are to be utilized in the fulfillment of the objectives and goals of [*Hospital Name*] and are not intended for personal use.

**Telephones:**

The *[Hospital Name]* telephone system is provided to employees to be used for official Hospital business. Occasionally there will be a need for an employee to use the phone system for personal business. This use must be limited to emergency needs and to short time periods. Employees who use the Hospital telephone system for personal business which is not an emergency and for short times will be subject to disciplinary action.

Cellphones are not to be used for personal use during work hours. This includes accessing the internet through the phone, making personal phone calls, or sending text messages. Personal cell phones may be used for business related purposes if necessary.

Reimbursement for cellphone cost will be approved by the Business Manager if appropriate.

The following document should be signed by each employee and placed in their file.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*[Hospital Name]*

*Computer, Internet, & Email Agreement*

**Software**

Please be advised that the computers, software and internet are purchased and maintained by the IT department budget. This means that you are not allowed to download ANY software or install software on [*Hospital Name]* computers without consent from the IT department. You are not allowed to share or copy any software. If the computer that you utilize is your own, you must have an approved antivirus program installed and regularly updated. This information must be verified before the IT department will allow access to the hospital network.

**Internet**

The Internet is a useful tool with which to communicate, research, and locate resources. Internet access is provided with those purposes in mind and is not intended for personal activities. Utilizing the internet comes with the inherent risk of infecting not only your computer, but also the entire network with a virus which can cause failure on critical hospital equipment and result in loss of critical hospital information. For such reasons you are asked to limit Internet usage to essential work duties, and close all internet based programs when they are not being utilized.

There are number of expressly prohibited activities on the internet during work time (0700 to 12:00, 14:00 to 17:00). These activities include, but are not limited to visiting social networking sites such as Facebook or Myspace, downloading or viewing audio/visual media on sites such as Youtube, checking or viewing sports, shopping, playing online/networking games, etc.

Some internet activities are prohibited at all times. These activities include:

* Viewing, down/uploading pornographic material
* Utilizing hospital equipment and internet access for personal gain or political purposes

**USB Flash Drives**

USB flash drives are not permitted to be utilized with any hospital computer on the network. These are a primary cause of virus infection and network crashes. Any flash drive that is an exception to this rule must be scanned by the IT department each time before it is used.

**Email**

Email sent utilizing *[Hospital Name]* resources during working hours should be within the following guidelines:

* It should be professional in appearance and utilize standard sentence and grammar structures. Your email etiquette should properly represent the hospital.
* You may not download any attachments from personal emails (these often contain viruses)

**Printing**

All printing done utilizing hospital printers shall be work related documents only. Any documents printed for personal use will be charged at the same rate a photocopy costs.

**Monitoring**

Remember that your internet, email, and printer usage are not anonymous. The date, time and every website visited, print job, etc. is recorded by the server and regularly reviewed by the network administrator(s). Employees found using hospital equipment for personal activities or accessing websites of a pornographic or, that are otherwise not in agreement with high Christian ethical standards will be subject to disciplinary action.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand and agree to uphold the *[Hospital Name]* Workplace Internet, Email, Software and Computer Usage Policy.

Signed,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Personnel **CODE: C-15**

SUBJECT: HIV/AIDS Workplace Policy **EFFECTIVE:**

**COORDINATOR: Director of Human Resources**

As a Seventh-day Adventist institution, *[Hospital Name]* has an obligation to respond to and treat people HIV+ or living with AIDS as Jesus treated individuals, with love and acceptance.

The purpose of this policy is to provide clarity on how *[Hospital Name]* will approach employees who are HIV positive or are living with AIDS.

1. PREVENTION:
2. Employees of *[Hospital Name]* are expected to follow all of the universal precautions which are depicted in the Hospital policies related to Quality of Care.
3. Employees of *[Hospital Name]* are expected to follow the life style standard as depicted in the Hospital policy C-3, “Employee Lifestyle Policy”.
4. EDUCATION: HIV/AIDS education and awareness training will be given to employees at initial employment and annually thereafter. This training will include how HIV/AIDS can be prevented and the Hospital policy on treatment and confidentiality.
5. TREATMENT:
6. HIV positive employees and employees with AIDS will have access to the recommended treatment under the healthcare coverage provided by the hospital.
7. The Hospital will ensure that affected employees are provided professional psychological support as needed.
8. CONFIDENTIALTY: Information about the diagnosis of HIV/AIDS is confidential and will not be disclosed by the Hospital to individuals without the specific consent of the employee.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Risk Management **CODE: D-1**

SUBJECT: Insurance **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

As required in order to be good stewards of the assets that comprise the healthcare facilities, [HOSPITAL NAME] should ensure that proper insurance coverage is maintained for the purpose of covering any loss or damage that may occur in the normal course of business.

The hospital organization should maintain proper insurance to cover the following areas:

* Buildings
* Vehicles
* Accidental Death & Dismemberment
* Professional Liability
* Health insurance for eligible employees (this can be arranged through a self-insured plan or outside service)

Optional coverage:

* Earthquake/flood
* Volunteer insurance (required if utilizing volunteers)

Medical mal-practice should be arranged through the Seventh Day Adventist Risk Management or any approved organization by the church and coordinated with the local Union Mission or Conference.

Other insurances should be arranged locally as seen fit by the administration. Coverage should be adequate to replace the asset if necessary.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Risk Management **CODE: D-2**

SUBJECT: Safety Policy **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

In order to maintain a safe environment for staff, students, and patients every effort should be made to maintain safety at all times.

Signage should indicate where visitors are allowed. Doors or gates should be monitored or locked to ensure that only appropriate people are accessing the hospital grounds and building.

IDENTIFICATION

1. All employees, residents, and students should display the hospital-issued badge to indicate their approved presence in the hospital.
2. Visitors and family members should be given a temporary sticker or ID to show they have permission to be in the designated areas.
3. Volunteers should be given an appropriate badge to use as identification for their term of work.

EXITING HOSPITAL PROPERTY

Hospital security guards should inspect the packages and bags of anyone exiting hospital property to ensure that items are not being taken illegally. Patients or family members should produce a receipt for drugs or other items in their possession.

VIOLATION

Everyone is encouraged to question individuals who may not be displaying proper identification. If there is concern for safety due to the individual gaining access, the security guard on duty should be called immediately as well as the administrator on duty at the time.

Every effort should be made to ensure that employees and patients are safe in the hospital environment.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Risk Management **CODE: D-3**

SUBJECT: Disaster Plan **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

Disasters include (but are not limited to) the following:

* Earthquake
* Fire
* Flood
* Contagious outbreak (Ebola, Cholera, etc)
* Violent attack

Each ward, clinic, or office should have a detailed exit plan in the case of an emergency or disaster. All employees should be trained on how to respond and what to do in the case of a disaster.

In the case of a contagious outbreak, strict procedures are to be followed to control the spread of the disease. All employees should be trained in these protocols.

In the event of an emergency all staff should follow the disaster protocols for each area of the hospital. The leader of each department on duty at the time is responsible to ensure the safety of their employees and patients.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Risk Management **CODE: D-4**

SUBJECT: Fire Response Plan **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

Insert a floor plan drawing of the hospital facilities. Identify on the drawing the points of exit in the case of a fire emergency.

[FLOOR PLAN WITH EXITS MARKED]

All fire extinguishers or hoses should be checked regularly to ensure they are in good working order. Training should be conducted as to how to extinguish the flames or contain it to the local area.

Each ward, clinic, or office wing should have an outlined plan for exiting and an established point to meet outside at a safe distance from the building.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Public Relations **CODE: E-1**

SUBJECT: Communication with the Media **EFFECTIVE:**

**COORDINATOR: Business Manager**

A designated person within [HOSPITAL NAME] leadership will be identified to speak on behalf of the hospital to any media outlets. No other employee or staff member should respond to reporters or other media asking for comments or feedback.

If any other person gives information to the media especially related to patient care information it is grounds for disciplinary action.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Public Relations **CODE: E-2**

SUBJECT: Advertising **EFFECTIVE:**

**COORDINATOR: Business Manager**

Advertising for [HOSPITAL NAME] services or open positions must be in compliance with local laws and in reputable media outlets.

Marketing and advertising should also be in line with the hospital’s strategic plan and highlight the services that need to be featured in order to reach the stated goals.

All advertisements in print or on radio, television, or online should be approved by AdCom and the cost should be within the budgeted amounts for this purpose.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Public Relations **CODE: E-3**

SUBJECT: Release of Hospital Information **EFFECTIVE:**

**COORDINATOR: Business Manager**

All patient and employee information is confidential and not to be released. Patient care information is only to be released for a medical purpose and should be approved by the Chief Medical Officer.

Any violation of this policy is grounds for discipline up to and including termination.

APPROVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: Public Relations **CODE: E-4**

SUBJECT: Use of the Hospital Name and Logo **EFFECTIVE:**

**COORDINATOR: Business Manager**

The name “*[Hospital Name]*” is the property of *[Hospital Name]*. Because of the unique mission of the Hospital and the recognition associated with the name, the use of the name “*[Hospital Name]*” must be protected. Therefore, the following policies apply:

1. The use of the name “*[Hospital Name]*” must be approved by the Hospital Board of Directors and the entity requesting use of the name will be required to enter into a legal agreement for the use.
2. The Business Manager will maintain a list of all entities which are using the name “*[Hospital Name]*” and the Board of Directors action authorizing the use of the name.
3. The approved logo design for the hospital is included below (include a copy of the approved logo designs). The use of the logo should be approved by the CEO and/or the Administrative Committee.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: General Administration **CODE: F-1**

SUBJECT: Standards for the Administrative Handbook **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

Approval of policies and procedures (new or revised)

* Hospital wide administrative policies and procedures shall be:
	1. Approved by the Administrative Committee:
	2. Approved by the Board of Directors, if concerning:
		1. Major general administrative matters.
		2. Major financial matters
		3. Major personnel matters
	3. Signed by the Chief Executive Officer
* All policies and procedures shall be:
1. Reviewed annually
2. Compared annually with the mission and the business plan of the Hospital
3. Revised as needed
* Outdated policies/procedures shall be retained by the Coordinator for a period of five years after the policy/procedure has been changed.
* Department policies/procedures shall:
	1. Not disagree with any hospital wide policies/procedures
	2. Approved by the Administrative Committee

Policies and procedures shall be formatted, coded by subject matter and numbered in accordance with *[Hospital Name]* policy F-2.

The term coordinator as used herein refers to the person designated to coordinate the application of a particular policy. The person named as coordinator will vary with the policy. The Coordinator shall:

1. Annually review, update, coordinate, obtain administrative approval and prepare for the Board approval (if needed) the administrative policies assigned
2. Maintain copies of all previous policies for five years.

APPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: General Administration **CODE: F-2**

SUBJECT: Format and Coding for Handbooks **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

In an effort to standardize the structure of the policies this is the format and coding for the policies adopted by this hospital.

1. FORMAT:
2. Policies and procedures shall always be prepared in the approved format.
3. Heading:
4. “Category” refers to the general subject matter of the policy/procedure and will correspond to the letter designation of the Code in the upper right of the policy/procedure.
5. “Subject” refers to the title of the particular policy/procedure.
6. “Code” refers to the unique letter and number combination identifying each policy/procedure.
7. “Effective” is the month and year of when the policy/procedure goes into effect.
8. CODES FOR CATEGORIES:

Each policy is to be coded by general subject/department according to the following list: *[This list can be modified per the departments of the hospital using this template except for A-G. Those are standard categories that all hospitals should use.]*

1. Organization and Responsibilities
2. Finance
3. Personnel/HR
4. Risk Management
5. Public Relations/Marketing
6. General Administration
7. Patient Care
8. Cafeteria Department Policies
9. Patient Records Department Policies
10. Laundry Department Policies
11. Housekeeping Department Policies
12. Maintenance and Grounds Department Policies
13. Security Department Policies
14. Business Office Department Policies
15. Stores Department Policies
16. Surgery Department Policies
17. Nursing Department Policies
18. Dental Clinic Department Policies
19. X-ray Department Policies
20. Laboratory Department Policies
21. Pharmacy Department Policies
22. Chaplin Department Policies
23. IT Department Policies

Example: “B” policy would be a hospital wide administrative financial policy

 “N” policy would be a department policy pertaining to the Business Office

 “Q” policy would be a department policy pertaining to the Nursing Department

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: General Administration **CODE: F-3**

SUBJECT: Contractual Relations **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

The Chief Executive Officer (CEO) or his/her designee is the only person who can enter into a contract on behalf of [HOSTPIAL NAME]. Any contracts agreed to by someone other than the current CEO (verbal or written) when not authorized will not be honored.

If a contract was agreed to without proper approval, the CEO should be notified immediately.

An employee who is found to enter into contract on behalf of the hospital without the proper authority can be disciplined up to and including termination.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: General Administration **CODE: F-4**

SUBJECT: Strategic/Business Plans **EFFECTIVE:**

**COORDINATOR: Chief Executive Officer**

[HOSPITAL NAME] shall maintain a strategic plan or business plan that is reviewed on an annual basis. The plan should be created with the input of department heads and employees.

The appropriate pieces of the plan should be distributed and communicated to the entire organization.

Goals should be specific, measurable, agreed upon, realistic, and time-based. Each goal should be assigned to a responsible person to ensure it is achieved.

A dashboard reports will be developed to measure and track the goals and will be updated monthly.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[HOSPITAL NAME]***

**ADMINISTRATIVE POLICY**

CATEGORY: General Administration **CODE: F-5**

SUBJECT: Retention and Destruction of Documents **EFFECTIVE:**

**COORDINATOR: Business Manager**

It is the goal of [HOSPITAL NAME] to maintain confidentiality of all records and documentation related to the hospital.

All documents should be maintained for **seven years** (*Verify that this is the correct standard for your country. If no standard is in place, seven years is a good rule.)*

*Update this for the location of your hospital’s storage facility and how the documents will be transported.*

Electronic records should be backed up regularly to an external hard drive that is stored off site in an agreed upon location. If a centralized server is present it should also be backed up and the records maintained for seven years.

Upon the completion of seven years (*or applicable time)* the documents should be destroyed by fire or shredding. If the documents are electronically stored, the files prior to seven years can be expunged or moved to off-site storage.

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_