<table>
<thead>
<tr>
<th>Title:</th>
<th>Clinical Policy Development, Review, and Approval Process</th>
<th>Policy Number: 4C.25</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Version Number: 4</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Linda McMurry, DNP, RN, NEA-BC, LCCHWC Executive Director</td>
<td>Effective Date: 02/02/2021</td>
</tr>
<tr>
<td>CHWCCA Board of Directors</td>
<td></td>
<td>Original Date: 04/10/2017</td>
</tr>
</tbody>
</table>

**POLICY | PURPOSE STATEMENT:**

It is the policy of TTUHSC SON Larry Combest Community Health and Wellness Center clinics to develop policies in a defined manner to clarify the process for all policies to be created that apply to the clinical setting.

**SCOPE:**

This policy applies to all TTUHSC SON LCCHWC clinics.

**DEFINITIONS:**

**Performance Improvement:** The process that the LCCHWC uses to ensure quality improvement occurs within the center by assigning Quality Improvement activities to the Performance Improvement Committee (hereinafter referred to as PI).

**Performance Improvement Committee:** A committee of selected staff, Governing Board Members, and patient representative charged with implementing and maintaining Quality Improvement at the LCCHWC (hereinafter referred to as PI Committee).

**Quality Improvement:** A process to ensure compliance with applicable laws, regulations, policies, procedures, effective delivery systems, accepted professional and accreditation standards and to promote a culture of safety (hereinafter referred to as QI).
Policy and Procedure

Need for policy exists

Did subcommittee identify the need? No

PI/QI representative may initiate or coordinate developing policy in response to regulatory or accreditation requirements

Clinical staff, nursing, administration, PI Committee subcommittee will review

Subcommittee develops the policy in coordination with the PI Committee and/or other area affected by proposed policy

LCCHWC Policy and Procedure Committee coordinates formatting the policy

Policy is presented to Policy and Procedure Committee for further input, development, or feedback

Is the policy acceptable?

Policy is presented to the LCCHWC Governing Board for approval

Yes

No

Was the policy approved?

Policy is finalized to include the date of the Board meeting policy was approved

Policy is returned to the original source for changes

Updated policy is published to the LCCHWC Policy folder

Departments educate staff
RESPONSIBILITIES | REVIEW | REVISIONS:
It is the responsibility of the Policy & Procedures Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator.

RIGHT TO CHANGE POLICY:
TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.