

## Highlights of the Institutional Handbook of Operating Procedures (IHOP) Process

The review process for a policy routinely takes between 45 – 60 days once the policy is received for review. Due to the complexity of a policy, the review process may take longer. An attempt is made to review policies every three years unless a change with internal operations or regulatory requirements necessitate an earlier review.

1. A new or reviewed/amended policy comes to the IHOP coordinator for presentation at an IHOP meeting
  - a. If the policy is clinical in nature it is first reviewed by the CAPP Committee and if approved sent forward to the IHOP committee
    1. The CAPP committee has representation from legal, compliance, house staff, pharmacy, administration, care management, patient services, information services, health information management (medical records), risk management, nursing, ethics and ambulatory care.
      - a. Clinical policies that involve nursing services may be shared with the Nursing Practice Standards Committee to ensure that Nursing does not have any issue with the content. This may occur prior to or subsequent to the CAPP meeting, but will occur prior to going to IHOP.
    2. The IHOP committee has representation from legal, compliance, students, the School of Nursing, the Provost's Office, School of Health Professionals, information services, public affairs, student services, human resources, the Faculty Senate, nursing, ambulatory care, the Texas Department of Criminal Justice, Administration, risk management.
    3. The author or content expert for the policy is invited to the meeting to explain the changes or need for the policy. Having the policy author or policy representative at the meeting eliminates the need to return the policy for further edits if those edits can be agreed upon at the meeting.
  - b. Before presentation at the IHOP committee meeting, the IHOP coordinator clarifies the policy and reason for edits with the author, and to the extent possible that all stakeholders have had input. If the policy is proposed as new, consideration is given to integrating the information into an existing applicable policy. An [approval form](#) has been initiated that ensures that the policy has been reviewed and approved by a review process specific to the work group, e.g, the Council of Deans for all student, faculty and academic policies.
    1. The policies are reviewed prior to the IHOP Committee with the IHOP Committee Chair who may raise additional questions or make recommendations for clarity. These issues are resolved prior the policy appearing on the IHOP agenda.
    2. Policies that are reviewed without changes will still reflect the date of the current review.
2. If approved by the IHOP committee, the policy is sent to the Executive Committee (EC) for review and approval. The EC includes the President of UTMB; the Executive Vice President and Provost, Dean of Medicine; Vice President and Dean, Graduate School of Biomedical Sciences; Vice President and Dean, School of Health Professions; Vice President for Education and Dean, School of Nursing; Executive Vice President and Chief Business and Finance Officer; the Executive Vice President and Chief Executive Officer, UTMB Health System Senior Vice President for Health Policy & Legislative Affairs; the Chief Legal Officer and the Chief of Staff..

## Highlights of the Institutional Handbook of Operating Procedures (IHOP) Process

3. The IHOP Committee may attach recommendations that were provided to policy authors but not accepted to the EC. The EC has the final decision on approving policies.
4. Once approved by the EC, the policies are posted to the web, distributed by e-mail to members of hospital leadership for review with staff, and announced in the morning announcements.
5. The policy is then sent to OGC for approval by the UT System. Any edits that are suggested by UT System are discussed/shared with the policy author. Changes resulting from UT System recommendations are made to the policies and re-communicated to the UTMB campus via the morning announcements and communication to leadership.

Policies included at the IHOP level are required by law, a regulatory requirement or have an impact on any one segment of/or across all of UTMB. All policies whether at department or IHOP level are considered compulsory.

If a policy presents a significant change to day to day operations or UTMB culture, the IHOP committee will recommend a thorough roll out to provide education and understanding to the UTMB community. The roll out may include forums for discussion prior to the publication of the policy.