



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Total Quality Division		POLICY NUMBER: DPOTMH-APP-TQD-P039-(01)	
TITLE/DESCRIPTION: ARCHIVING, REVISION, AND OBSOLETION OF POLICY AND SOP			
EFFECTIVE DATE: June 30, 2023	REVISION DUE: June 29, 2026	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 5
APPLIES TO: All Divisions, MRCCC, and Una Konsulta		POLICY TYPE: Administrative	

PURPOSE:

This policy provides a guide on how to archive, classify policy as obsolete, and provide information on what part of the Policy and or Standard Operating Procedure has been revised.

DEFINITIONS:

Archiving – In general, is a process that will ensure information is preserved against technological obsolescence and physical damage. It will also help conserve very expensive resources and ensure that the research potential of the information is fully exploited.

Revision – Refers to the process of making changes or modifications to an existing policy document to ensure that it remains up-to-date, relevant, and effective. This process may involve reviewing the policy's purpose, objectives, and effectiveness, as well as obtaining feedback from stakeholders, identifying changes in laws or regulations, and updating outdated information. The revision of policy is a critical component of policy management as it helps to ensure that policies remain relevant, effective, and aligned with the organization's mission and goals.

Obsolescence – Is the state of being no longer needed because something newer or more efficient has been created or crafted.

RESPONSIBILITY

All employees of DPOTMH, MRCCC, and UNA KONSULTA

POLICY:

ARCHIVING

1. Policy and Standard Operating Procedures shall be archived when they are no longer effective or enforceable. All archived polies and SOP shall be destroyed as per company's policy.

REVISION

2. Policy and Standard Operating Procedure shall be revised when there is a need to update them or for a variety of reasons, such as changes in laws or regulations, new best practices, or changes in organizational structure. Provided that such revision shall be after 3 years as stated in the revision date of the policy and SOP.
3. If however, only a part of the Policy or SOP such as but not limited to clerical errors, phrase or phrases, or a clause or clauses, a memorandum shall be issued and attached to the policy or SOP.





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4. If a certain statement or section needs to be added, rephrased or updated, the policy originator shall issue an addendum stating the change or changes to effect. The addendum shall be signed by the same signatories on the approval page of the policy.
5. The new SOP or Policy shall bear the name of the revised policy and its version, as seen below:

**SOP - FSIC FOR OCCUPANCY PERMIT (02) replaces
SOP - FSIC FOR OCCUPANCY PERMIT (01)**
6. Depending on the constraints operating on the policy, it may not always be possible to consult with all stakeholder groups, however these constraints should be made clear.

OBSOLESCENCE

7. Policy shall only be considered as obsolete when they are no longer relevant or enforceable. This can happen for a variety of reasons, such as changes in laws or regulations that make the policy irrelevant, or changes in organizational structure that render the policy irrelevant. When a policy becomes obsolete, it should be archived or removed from the policy library to avoid confusion or unnecessary reference.
8. Policy or SOP that has not been revised on its revision date shall remain in effect.
9. All archived, revised, and obsolete policies and SOP's shall be listed on the Policy Revision History.





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PROCEDURE (SOP):

REVISION OF POLICY AND OR STANDARD OPERATING PROCEDURE

1. The policy owner is responsible for conducting a comprehensive review of the policy at a periodic interval or as required to stay updated.
2. Needs Analysis
In this stage, the Policy Custodian should identify all issues that trigger a policy review (review date for policy, policy gaps, legislative change, an accumulation of a critical mass of issues in the Policy Issues Log).
3. Regarding policy issues, the Policy Custodian will decide whether to:
 - 3.1 Log the issues for a later review or development
 - 3.2 Address the problem through mechanisms other than the policy process or
 - 3.3 Proceed with a review.
4. The Policy Custodian shall analyze any relevant information that could inform the policy review. This may include data analysis, literature review, and best practice.
5. The implications of the policy review should be determined with consideration to its impact on other policies, stakeholders, administration and systems development.
6. Depending upon the extent of change, urgency and timing of the policy change, stakeholders will be consulted and have the opportunity to comment on the draft policy.
7. The stakeholders identified earlier must be consulted regarding the policy.
8. Policy originator creates the final policy shall submitted for final approval by the highest delegated authority.





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WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: Policy Template
EQUIPMENT: N/A
REFERENCE: Chehab, Mohamad. (2017). How to conduct a policy review. 10.13140/RG.2.2.33840.15363.





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
Prepared by:	DENNIS C. ESCALONA Quality Improvement Manager		06-15-2023	
Reviewed by:	RODEL J. LLAVE Total Quality Division Head		6.15.23	
Approved by:	MARIA LIZA C. PERAREN Nursing Director		6-16-2023	
	HENEL F. JISON Marketing Division Head		6/16/23	
	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		JUN 19 2023	
	NOEL P. GARBO General Services Head		6-20-2023	
	ROSARIO D. ABARING Ancillary Division Head		06.22.2023	
	NANCY B. HIZON Human Resources Division Head		6.23.2023	
	MA. ANTONIA S. GENSOLI, MD VP/Chief Medical Officer		6.24.23	
	SOCORRO VICTORIA L. DE LEON VP/Chief Operating Officer		06/26/2023	
Final Approved By:	GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer		07/12/23	

