District of Columbia Department of Health **Standard Operating Procedure Development**		**PROCEDURE 200.100** Implementing Office: Office of the Director Training Required: No Originally Issued: 7/17/2013 Revised/Reviewed: Aug. 2016
Approved by: LaQuandra S. Nesbitt MD, MPH; Agency Director	Review by Legal Counsel: Phillip Husband, Esq.; General Counsel	**Effective Date:** SEP 16 2016 **Valid Through:** SEP 16 2019

I. Authority	Reorganization Plan No. 4 of 1996; Mayor's Order 1997-42
II. Reason for the Policy	This written procedure supports the effective development of standard operating procedures (SOPs) that promote consistency and uniformity in the work processes of the Department of Health (DOH). The primary audience for this guidance is agency managers responsible for ensuring the proper implementation within DOH of programs and administrative functions.
III. Applicability	This procedure applies to all DOH employees, including detailed employees, contracted staff, volunteers, interns, and summer youth employees.
IV. Policy Statement	The purposes of SOPs for specific DOH tasks and responsibilities are: • To improve efficiency and effectiveness; • To provide clear guidance on and requirements for implementing DOH processes; • To aid in training all persons working for or assigned to DOH; • To promote consistent and uniform results; • To document how to comply with applicable laws, rules and regulations governing DOH's operations; • To document best practices within the relevant subject matter and • To provide managers with the tools necessary to ensure that DOH tasks and responsibilities are being uniformly and consistently performed In general, each SOP should document all operating processes and work expectations for the particular tasks enumerated in the SOP. Each SOP should articulate all tasks within the process flow and identify the office/bureau that is accountable for the processes

	established in the SOP. The SOP shall not be so detailed that it restricts reasonable supervisory discretion, flexibility, and adaptation to minor changes in the operating environment of the accountable office/bureau (e.g. minor changes in staffing, funding, or applicable regulations). If, however, after the adoption of the SOP, changes are made to existing laws, regulations, rules or policies that significantly affect the processes laid out in the SOP, the SOP shall be revised as necessary or rescinded. Due to a number of factors including changes in leadership, the emergence of new technologies, new legislation, and broader advancements in the public health landscape, it is inevitable that some SOPs will become obsolete, or be merged into other SOPs. In such cases, the SOP must be formally rescinded.
V. Definitions & Acronyms	**Agency Lead**- the individual assigned by the Chief Operating Officer (COO) to oversee the development of SOPs for DOH. The Agency Lead receives the initial draft from the initiator, oversees the informal review, and initiates the formal review. **Applicability**- The section of the SOP that describes to whom the SOP applies (for example, all DOH employees, DOH employees authorized to drive government vehicles). **Authority**- The section of the SOP that sets forth the legal authority for the issuance of the SOP. **Contacts**- The section of the SOP that identifies the office/bureau responsible for the implementation of the SOP. **Definitions**-the section of the SOP that provides an explanation and/or description for terms used within the SOP that have specialized or particular meanings. **Formal review**- the legal sufficiency review of the draft SOP by the Office of General Counsel and the content review by the Director of DOH. **Informal review**- the process by which the Agency Lead consults all stakeholders directly impacted by, or with subject matter knowledge of, the process documented in the SOP.

	Initiator- The assigned DOH employee who develops the initial draft of the SOP. **Policy Statement**- the section of the SOP that enumerates all rules and standards to be observed under the SOP. **Procedures**- the section of the SOP that describes, in comprehensive detail, all of the steps and activities necessary to implement the SOP. **Reason for the Procedure**- the section of the SOP that explains why the SOP should exist and the problem or conflict the SOP seeks to address. **Related Documents, Forms and Tools**- the section of the SOP that lists all forms, instructions for forms, applications, samples or other tools that are applicable to the SOP and that will assist in its implementation. **Revision**- A formal process by which an SOP is reviewed by a new workgroup to ensure it is consistent with any significant changes to the Department and its practices since the approval of the most recent version. The revision process should address any documented problems with the previous version, and update procedures to reflect advancements such as improved process modeling, or new information technology applied to the process.
VII. Procedures	**Procedure A: Developing an SOP at the administration level** 1. An administration makes the determination that an SOP is necessary in order to govern the processes for carrying out programs and administrative functions of the administration. 2. The Senior Deputy Director, or his/her designee, shall appoint an employee to serve as the lead on a workgroup to develop the SOP. 3. The selected employee will assemble an appropriate workgroup with representation from all stakeholders within the administration whose operations are to be affected by the SOP.

	4. The workgroup shall develop the initial draft of the SOP. In developing the initial draft, the workgroup will do the following: a. Research to determine if an applicable District-wide SOP exists. If so, the draft DOH SOP shall conform to the District-wide SOP. Typically, a District-wide SOP will be in the form of a Mayor's Order or Mayor's Memorandum. b. In the Policy Statement section, lay out all rules and standards for the SOP. c. In the Definitions Section, define all terms which are not common knowledge, or have specialized meanings in the context of the SOP. d. In the Procedures section, lay out clear steps for how employees are to comply with the SOP. e. In the Contacts section, identify the staff member (by title, not name) to be consulted for clarification, or interpretation of the SOP. f. In the Related Documents, Forms and Tools section, list any essential supplemental materials that are to be appended to and made a part of the SOP. The workgroup should avoid listing documents likely to change or become obsolete in the short-term, as this unnecessarily shortens the lifespan of the SOP. 5. The completed draft should be forwarded to the Agency Lead to begin the approval process (Procedure C). **Procedure B: Developing an SOP at the agency level** 1. An SOP is deemed necessary due to: a. An office within the Office of the Director independently identifying a process which needs to be documented through an SOP; or b. A pattern of feedback from administrations suggesting an agency-wide SOP would improve efficiency and/or effectiveness; or c. The Chief Operating Officer determines an SOP unique to one administration to be beneficial to the entire agency and is designated for revision to apply agency-wide.

	2. The Agency Lead shall assemble a workgroup to draft the SOP with representation from all stakeholders whose operations are to be affected by the SOP. 3. The draft is written as laid out above in Procedure A, Step 4. 4. The Agency Lead begins the approval process (Procedure C). **Procedure C: SOP Categorization** 1. An SOP must be numbered according to the Numerical Reference Sheet (see Attachment B). The Sheet divides SOPs into categories for easier organization and reference. 2. If revising an existing SOP, the new version should retain its number. 3. If a new SOP is being drafted, it should be numbered within the applicable category of the Numerical Reference Sheet. **Procedure D: Approval Process** 1. If applicable, the draft is sent to appropriate senior managers (e.g. Senior Deputy Director, Chief Operating Officer, Chief of Staff) for comment. Requested changes are incorporated. 2. The Agency Lead sends the completed draft to the Office of General Counsel for informal review. All workgroup members should be copied on this email. 3. A designated member of the Office of General Counsel shall review the document and return questions and suggested revisions to the workgroup. 4. The workgroup will reconvene to resolve outstanding issues identified during the informal review. If indicated,

	the revised draft is shared with the senior managers consulted in Step 1. 5. The draft is returned to the Office of General Counsel for formal review. If the General Counsel determines the document meets legal sufficiency, he/she will sign a hard copy and return it to the Agency Lead. If the document does not meet legal sufficiency, he/she will return it to the Agency Lead with specific issues to resolve. 6. The Agency Lead will submit the hard copy approved by the General Counsel to the Director for signature. If the Director requests changes prior to being finalized, the Agency Lead shall facilitate the requested changes, and resubmit for signature from the General Counsel and Director. 7. Once signed, the effective, and valid through, dates shall be added. If lead time is required to prepare units for compliance with the SOP, the effective date should be extended outward for the needed period of time. **Procedure E: Dissemination and Implementation of SOPs** 1. If a new or revised SOP entails a material change for any union employees, the document as executed by the General Counsel and the Director shall be submitted to the representatives of the affected union(s). The DOH Employee and Labor Relations Advisor is responsible for receiving questions from the affected union(s) on how the SOP will affect members and delivering a prompt reply. In the event all or part of the DOH SOP conflicts with a provision in a collective bargaining agreement (CBA) the CBA provision shall supersede all or the relevant part of the DOH SOP. 2. Once responses have been sent to the affected unions (where applicable), the SOP shall be posted on the DOH website. 3. Following posting, the Office of Communications and Community Relations (OCCR) shall distribute the SOP to

	all staff via email. This email shall include the primary contact for questions about the policy. 4. Where possible, the applicable manager should develop clear tools (e.g. flow charts, checklists, guidance documents) to ensure that the SOP is implemented appropriately. 5. A rollout training should be scheduled within 60 days of the finalizing of the SOP. The curriculum should cover the core elements of the SOP, clearly articulate the responsibilities of every administration and unit, and address questions and issues from staff. The training should be overseen by manager(s) within the administration and unit responsible for implementing the SOP. The DOH Training and Organizational Development Officer shall collaborate in the development of the training. Senior Deputy Directors have the authority to make attendance mandatory if he/she determines it is essential to the proper execution of an employee's job duties. 6. Written guidance from the training should be distributed to all applicable personnel at the end of the training. 7. The Chief Operating Officer may waive the rollout training requirement entirely, or order that the requirement be satisfied through a written memorandum/guidance document in lieu of a training session. This determination shall be based upon the requirements for implementing each SOP on a case-by-case basis. **Procedure F**: SOP Revision 1. A revision should be initiated if any of the following conditions are met: a. The SOP is set to expire within the next 90 days; b. There has been a significant change in the operational area governed by the SOP (e.g. new legislation, new best practice being implemented, strategic planning change); or

	c. The Agency Director, Chief Operating Officer, DOH General Counsel, or applicable Senior Deputy Director directs that a revision should take place. 2. The Agency Lead shall convene a workgroup to review the existing text and solicit feedback on changes to the SOP. 3. Once a completed draft of the revised SOP is accepted by the workgroup, it must go through the approval process (see Procedure D above) and be re-implemented (see Procedure E). **Procedure G:** SOP Rescission 1. The decision to rescind a SOP shall be made in writing by the Chief Operating Officer. 2. A note shall be made within the SOP's line item on the DOH website that it has been rescinded and the date of the rescission.
VIII. Contacts	DOH Chief Operating Officer- (202) 446-5863
IX. Related Documents, Forms and Tools	**Attachment 1:** DOH SOP Template **Attachment 2:** Numerical Reference Sheet **Numerical Reference Sheet**- Provides the numbering system used to categorize standard operating procedures by their administrative functions. The listing concludes with categories for each administration. **100 – 199** DOH Organization, Vision, Mission and Performance Management **200 - 299** Administration Management, Customer Service and Government Affairs **300 - 399** Legal Affairs and Risk Management **400 - 499** Financial and Grants Management **500 - 599** Personnel (Human Resources) Management **600 - 699** Communications Management **700 -799** Information Technology Management **800 - 899** Contracts and Procurement **900 - 999** Facilities, Vehicle and Property Management **1000 - 1999** Administration-Specific Policies

	1100 - 1199 Center for Policy, Planning and Evaluation **1200 - 1299** Community Health Administration **1300 - 1399** Health Emergency Preparedness and Response Administration **1400 - 1499** Health Regulation and Licensing Administration **1500 - 1599** HIV/AIDS, Hepatitis, STD and TB Administration **1600 - 1699** Office of Health Equity