



PPPG Development and Approval Tracking Form

Date of meeting with "Policy office"	Policy Office Contact
This form MUST be filled out for your policy, procedure, protocol or practice guideline (PPPG) to be submitted for approval and uploaded on OP3.	
Title:	
PPPG #: (If NEW, leave for Policy Office) Manual:	
Proposed Effective Date: (If staged rollout, please provide details)	
This is a : <input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input type="checkbox"/> Practice Guideline <input type="checkbox"/> Combination	
<input type="checkbox"/> New <input type="checkbox"/> Revised Major revision <input type="checkbox"/> Revised Minor revision <input type="checkbox"/> IWK/NSHA Shared Policy	<input type="checkbox"/> Deletion (of current IWK PPPG title & number) <div style="text-align: right;">----- (Name of Requestor)</div>
What is the purpose of this PPPG? Concise description - 1-2 lines only. These will be included on the OP3 website)	
What has triggered the need for this PPPG?	
Impact: What impact will this PPPG have on resources (financial, human, education programs etc.)?	
Key Search Words to assist in PPPG search on OP3 (include words/phrases NOT in the title, common misspellings, defined terms)	
Policy Lead Name/Title/Department/Clinical Area:	
Co-Lead (if applicable):	
Sponsor(s):	
Manager:	
Director:	
Vice President:	
List members of PPPG development team:	

Recommendations by Policy Office - Stakeholders to review PPPG:

Diversity and Inclusion Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Ethics Committee Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Legal Services Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Professional Practice Leader Practice Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Pharmacy Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Patient/Family Representatives Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Privacy Office Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Patient Safety and Risk Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Other stakeholder Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Other Stakeholder Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:

Were all comments incorporated? Yes No (If no, explain what was not incorporated & why):

Policy office: recommends PPPG should be reviewed by the following Committees? Recommendations by Policy Office completed? Yes No

Managers Council	<input type="checkbox"/> Recommended <input type="checkbox"/> Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Directors Council	<input type="checkbox"/> Recommended <input type="checkbox"/> Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Nursing Practice and Policy	<input type="checkbox"/> Recommended <input type="checkbox"/> Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Interprofessional Practice Council	<input type="checkbox"/> Recommended <input type="checkbox"/> Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Other:	<input type="checkbox"/> Recommended <input type="checkbox"/> Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:

Was feedback incorporated? Yes No

Recommended Final Approver(s):

Approver	Anticipated Approval Date	Approver	Anticipated Approval Date

Other REVIEWERS:

Name	Date	Signature

Final APPROVERS:

Name	Phone #	Date	Signature

Upload Date: Approval Date: Name of Person Uploading the Policy:
 Date for Evaluation of Implementation reminder to policy Lead/Team - 5 months from posting: