



## PPPG Development and Approval Tracking Form

<b>Date of meeting with "Policy office"</b>	<b>Policy Office Contact</b>
<b>This form MUST be filled out for your policy, procedure, protocol or practice guideline (PPPG) to be submitted for approval and uploaded on OP3.</b>	
<b>Title:</b>	
<b>PPPG #:</b> (If NEW, leave for Policy Office) <b>Manual:</b>	
<b>Proposed Effective Date:</b> (If staged rollout, please provide details)	
<b>This is a :</b> <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>
<b>What is the purpose of this PPPG?</b> Concise description - 1-2 lines only. These will be included on the OP3 website)	
<b>What has triggered the need for this PPPG?</b>	
<b>Impact:</b> What impact will this PPPG have on resources (financial, human, education programs etc.)?	
<b>Key Search Words</b> to assist in PPPG search on OP3 (include words/phrases NOT in the title, common misspellings, defined terms)	
<b>Policy Lead Name/Title/Department/Clinical Area:</b>	
<b>Co-Lead ( if applicable):</b>	
<b>Sponsor(s):</b>	
<b>Manager:</b>	
<b>Director:</b>	
<b>Vice President:</b>	
<b>List members of PPPG development team:</b>	

**Recommendations by Policy Office - Stakeholders to review PPPG:**

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