



ADMINISTRATIVE MANUAL

Policy/Protocol

TITLE:	Policy, Protocol, Procedure, Practice Guidelines (PPPG) Development, Approval, Implementation and Evaluation Process	NUMBER:	100.1
Sponsor:	Steve Ashton, VP, People & Organization Development Alyson Lamb, Director of Nursing and Professional Practice	Page:	1 of 14
Approved by:	ELT	Approval Date:	Sept 17, 2018 Effective Date: Sept 27, 2018
Applies To:	All IWK Health Centre employees, learners, volunteers and physicians		

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PREAMBLE

Policies¹ provide IWK Health Centre employees, learners, volunteers and physicians consistent direction, guidance and support related to clinical and professional practice, operations and patient care. This policy will guide the development, revision, implementation and evaluation of IWK policy, protocol, procedure, and practice guidelines (PPPG).

POLICY STATEMENTS

1. A PPPG Sponsor must be an IWK Manager, Director, Executive Leadership member or established IWK Committee. The PPPG Sponsor must determine that it is necessary to create a PPPG and must identify a Policy Lead to lead the PPPG process. If the PPPG Sponsor is an established Committee they must work with the appropriate Manager, Director or Executive Leadership to allocate resources to support the work. Refer to **Policy, Protocol, Procedure, or Practice Guidelines (PPPG) Project Plan**. See below for accountabilities of PPPG Sponsor.
2. Consultation with the IWK's Policy Office (located in the Nursing Practice and Clinical Supports Office) must occur at a very early stage to develop the PPPG project plan. The role of the Policy Office is to support PPPG leads throughout the process. See accountabilities below for role of Policy Office and Policy Lead.
3. All PPPGs must be consistent with appropriate legislation, best practice consensus documents and evidence.
4. The PPPG process must be followed (see Protocol below).
5. OP3 is the IWK Health Centre document management system. All IWK PPPGs must be posted on OP3.
6. PPPGs must be reviewed every four years and be revised or eliminated. The four year review will be considered a major revision. The document management system will send reminders to Policy Sponsors of approaching PPPG review dates.
7. Minor edits of a PPPG during the four year cycle period can be considered a minor revision. **Minor revisions** only require approval by the Policy Sponsor.
8. New PPPGs or PPPGs that have undergone a **major review** (see Appendix A) will follow the formal approval process outlined in this policy.

¹ The term 'policy', refers to policies, protocols, procedures, and practice guidelines
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9. The following accountabilities apply to those involved in the PPPG process:

PPPG Sponsor accountabilities:

- Review current gaps and need for PPPG development.
- Allocate resources to support PPPG project work.
- Engage leadership to support PPPG.
- Assign a PPPG Lead to the PPPG project.
- Connect with the PPPG Lead on a regular basis to review progress and assist with any challenges to work.
- Review the need for the PPPG upon OP3 automated 4 year review and revision notification. Complete or delegate the PPPG revision to a Policy Lead.

PPPG Lead accountabilities:

- Lead the project from initiation to implementation of the PPPG.
- Contact the Policy Office early in the PPPG development and liaise with office as necessary through process.
- Develop the PPPG Project Plan in collaboration with Policy Office.
- Implement the project plan with the project working group.
- Responsible to ensure the PPPG reflects national consensus guidelines, best practice and/or most agreed upon current evidence.
- Responsible for ensuring all key stakeholders have been engaged throughout the project.
- Responsible for meeting timelines outlined in the PPPG Project Plan.
- Complete the PPPG evaluation sent to you by the Policy Office. The evaluation will provide the Approval body and PPPG sponsor with an update related to PPPG implementation progress.

Policy Office accountabilities:

- Meet with PPPG Lead within mutually agreed upon time, no more than 15 business days from initial request.
- Provides PPPG Project Plan template.
- Provides consultation to PPPG Lead around Project plan.
- Reviews the completed PPPG Project Plan with Policy Lead.
- Sends completed PPPG through approval process.
- Provide problem solving support as the Policy Lead implements the PPPG Project Plan.
- Provide the Policy Lead with an evaluation within 6 months of the approval date.
- Ensures the 4 year review/revision reminder is generated and sent from OP3 to the appropriate PPPG sponsor.

IWK Policy Approval Bodies accountabilities:

- Reviews statement related to why this PPPG is needed.

- Reviews PPPG to ensure goal and the PPPG are aligned.
- Reviews stakeholder list to ensure that all appropriate stakeholders have been consulted. This would include other teams, individuals, organizations that will be impacted by the requirements/process set out in the PPPG.
- Reviews if stakeholders who directly or indirect impact the policy or will be impacted by the PPPG have not been included as stakeholders (quality, practice, current evidence, regulators, legal, etc.).
- Reviews documentation of stakeholder feedback looking at feedback incorporated and feedback that was not included in the final policy and that rationale for each.
- Sends PPPG back to Policy Lead for anything that is not clear.
- Assesses the impact on areas and finances and how that is planned for within roll out plan.
- Determines that the communication and/or education plan is appropriate for the clinical areas/department or health centre wide.
- Signs off on the final PPPG once approval process complete.

Documents approved outside the (PPPG) Framework:

- Policies will indicate if a program of study is required to obtain and/or maintain a related competency. The educational program will be referenced in the policy document but not included in the body of the policy.
- Clinical order sets (formerly pre-printed orders) will be approved/updated by the Drugs and Therapeutics Committee. See [Policy #3.08 – Clinical Order Set Development and Approval Process](#).

GUIDING PRINCIPLES AND VALUES

The IWK Health Centre is committed to providing care and practice consistent with the organization's mission and values while respecting the diverse needs of clients, employees, physicians, learners and volunteers. Therefore, the following principles will guide the work of creating PPPGs:

- Informed by IWK Health Centre Mission and Values.
- Developed and implemented in a proactive and timely manner.
- Rooted in and consistent with evidence. National consensus statements from major organizations will be used as a preferred form of evidence-based practice.
- Meaningfully inclusive of all relevant stakeholders.
- Sensitive to diversity and inclusion within the IWK Health Centre and its external partners.
- Support the knowledge, skill and decision making of employees, volunteers, learners and physicians.
- Sensitive to implications for the physical, emotional, spiritual and social health of patients, employees, volunteers, learners and physicians.

PPPGs are created when they are required to support consistent and safe organizational operations, best business practice, consistent and legislatively sound people practices, and safe, consistent patient/family care.

PROTOCOL

Policy Development Process

The Policy Office is located in the Nursing Practice and Clinical Supports Office. This Office must be contacted for all PPPGs related to clinical practice, nursing practice, interprofessional practice, or those which are administrative in nature. PPPGs which relate to pharmacy practice only will be developed through the Director of Pharmacy's Office and not the Policy Office. Some PPPGs will require collaboration between the Policy Office and the Director of Pharmacy's Office (e.g. clinical practice guideline involving medications).

1. The PPPG Sponsor defines the need for PPPG and starts process. The Policy Sponsor assigns a Policy Lead. The PPPG Sponsor may create a PPPG team or working group if needed.
2. The PPPG Lead meets with the Policy Office and/or Director of Pharmacy. The purpose of the initial meeting is to:
 - Develop a PPPG Project Plan: [Hyperlink](#)
 - Identify stakeholders. See Appendix B
 - Discuss approval process.
 - Discuss timelines for PPPG development and implementation; including regular meetings or communication with Policy Office and/or Director of Pharmacy as part of the PPPG Project Plan.
 - Discuss implementation plan.
 - Discuss communication plan.
 - Discuss education plan (if required).
 - Discuss evaluation plan.
 - Ensures all documents related to the PPPG are created and or updated to be congruent with approved PPPG [Hyperlink](#)
3. The PPPG Lead works through the on the PPPG Project Plan.
4. PPPG Lead engages stakeholders, who discuss and agree upon evidence to support PPPG (i.e. national consensus guidelines, best practice guidelines).
5. The PPPG Lead/team writes a draft of the PPPG document using OP3 template.
6. The PPPG Lead/team seeks feedback from stakeholders on draft PPPG and the impact of PPPG on staff, physician, patient, families, volunteers and learners.
7. The PPPG Lead/team reviews feedback from stakeholders. The PPPG Lead/team edits the draft incorporating feedback.

8. The PPPG Lead meets with the Policy Office and/or Director of Pharmacy to review draft and initiate the approval process.
9. The Policy Office or Director of Pharmacy forwards the PPPG, the PPPG Project Plan and to the appropriate approval body (see below) and coordinates with all parties to have the PPPG Lead to attend the approval committee meeting where the PPPG will be discussed for approval. This allows the PPPG Lead to answer questions and address concerns raised by the approval body.
10. The PPPG Lead incorporates feedback request by the approval committee into PPPG draft. Feedback must be in agreement with legislation, codes of ethics, standards and scopes of practices and national consensus guidelines.
11. The PPPG Sponsor reviews the final draft.
12. The PPPG Lead submits the final draft and PPPG Project Plan to the Policy Office or the Director of Pharmacy. The PPPG Lead informs the Policy Office or the Director of Pharmacy the intended date for posting to OP3 and confirms the implementation plan.
13. The Policy Office or Director of Pharmacy's Office posts the PPPG to OP3 on the intended date and notifies the PPPG Lead that the PPPG is posted. A 4 year review date is set in OP3.
14. The PPPG Lead/team implements the PPPG.
15. The PPPG Lead evaluates the implementation of the PPPG, and submits a report to the approval body within 6 months of implementation.

Policy Approval Process

Administrative Policies approved by:	Details
Vice President and/or Executive Leadership Team	The policy is administrative only and does not relate to clinical care, patient care or scope of practice.

<p>Clinical and Medication Management Policy, Procedure, Protocol, Practice Guidelines, Care Directives approved by:</p>	<p>Details</p>
<p>Program Directors and Co-leads or Program Operations Committee</p> <p>(Directors may choose to delegate approval of unit specific clinical PPGs to an established Care Team/ Quality and Patient Safety with a terms of reference that facilitates the approval)</p>	<p>The document relates to one or more care areas/teams/units in one Program and does NOT include medication or scope of practice.</p>
<p>IWK Policy and Practice Committee</p> <p>Applicable approved Policies and Care Directives reported to Medical Advisory Committee.</p>	<p>The document impacts care teams or services across programs, departments, scope of practice and requires interprofessional review.</p> <p>The document relates to a Care Directive or Collaborative Practice Agreement.</p>
<p>Drugs and Therapeutics</p> <p>Applicable approved Policies and Care Directives reported to Medical Advisory Committee.</p>	<p>The document includes medication prescribing, administration or monitoring, and all medication management policies.</p>
<p>Medical Advisory Committee (MAC)</p>	<p>The document is specific only to the medical profession or practice.</p>

REFERENCES

Legislative Acts/References

Nova Scotia Health Authority. (2015). *Policy Framework (Development, Approval, Implementation, Evaluation and Review* (NSHA Policy No. AD-AO-001). Retrieved from http://policy.nshealth.ca/Site_Published/nsha/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=57223

Health PEI, Strategy and Performance. (2014). *Guide to Developing Policy and Procedure Documents* (Health PEI Document r.2014-09-30). Charlottetown, PE: Author.

Other

Nova Scotia Health Authority & IWK Health Centre. (2015). *OP3 Policy Style Guide*. Halifax, NS: Authors

RELATED DOCUMENTS

Policies

IWK Policy #115- Retention of Records

Forms

PPPG Project Plan (not a permanent record)

Appendices

Appendix A – Definitions

Appendix B- Guidelines for Determining Appropriate Consultation

Appendix C- New Policy/Major and Minor Revision Flow Map

Appendix D – Guidelines for developing Joint IWK/NSHA Policy

Resources

Policy Style Guide (link from OPS)

Appendix A – Definitions

Approving Body – The individual or committee who grants final authorization for the PPPG to be implemented.

Beyond Entry Level Competency – A specialized skill that is within the professional scope of practice for nursing, is not a component of a basic educational program, and is care team/clinical service specific. Additional education (formal or informal) and demonstration of competency is required to perform as well as maintain this competency.

Care Directive – An organizational policy developed in consultation with prescriber(s) for an intervention or series of interventions to be implemented by another care provider for a range of clients with identified health conditions or needs when specific circumstances exist. The purpose of a care directive is to provide safe, timely, effective and efficient client care and to optimize the practice of all care providers.

Clinical Practice Guidelines – Written instructions that guide actions or decisions. They allow flexibility in the sequence and/or inclusion of specific steps in the process and encourage professional judgment based on best practice evidence and consensus.

Delegated Function – The process of transferring a specific intervention (task, procedure, treatment or action within explicit and limited situations having clearly defined limits) that falls within the scope of practice of one healthcare profession (delegator), however, in the interest of client care, has been approved to be performed by a member(s) of another healthcare profession (delegate) for whom the intervention is outside their scope of practice, but who has the required competence (certification/recertification).

Guiding Principles and Values – A broad philosophy that guides an organization. Guiding principles outline the philosophical principles that underlie the PPPG. These are negotiable statements that serve to further outline practice. They encompass points of emphasis to remember in implementing the PPPG.

Stakeholder – Those with a legitimate stake in the outcome of a PPPG's development and implementation. Different stakeholders may provide important advice/feedback at different phases of the PPPG process. They may include:

- Individual(s) or group of persons (i.e. members of the public, patients with a particular health condition directly affected by the PPPG);
- Individual(s) or committee(s) who have expertise in the PPPG's subject matter;
- Those whose operations and/or practice will be impacted by the PPPG;
- Those who have a legitimate interest or concern with the PPPG's subject matter (NSHA, 2015).

Major Revision – A significant change that alters the intent or application of the PPPG and has an impact on the clinical or administrative practices outlined in the PPPG. This includes the standard 4 year review.

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Minor Revision – Changes that do not alter the original intent of the PPPG. These may include: spelling corrections, wording changes and product changes (that do not impact the practice outlined in the PPPG).

PPPG – Policy, Procedure, Protocol or Practice Guideline

Policy – Clear, formal, authoritative statement directing practice. They enable informed decision-making, prescribe limits, assign responsibility/accountabilities and are secondary/subject to relevant legislation, regulation and bylaws. Policies reflect the vision, mission and strategic directions of the organizations. They must be realistic achievable and evidence-informed.

PPPG Lead (policy author) – An individual identified by the Policy Sponsor to lead the development or revision of a PPPG.

PPPG Sponsor – an individual or committee who assign the PPPG lead: review the final draft of the policy, support the PPPG content and recommends the policy be approved. The individual or committee sponsoring the PPPG is responsible for ensuring the PPPG development, approval, implementation and revision process is properly followed.

Policy Statements – Clear, formal and authoritative statements directing practice. They enable informed decision-making, prescribe limits, assign responsibilities/accountabilities and are secondary/subject to relevant legislation, regulations and bylaws. Policy statements reflect the vision, mission, values and strategic directions of the organization. They must be realistic, achievable and evidence-informed.

Practice Guidelines – Systematically developed statements to direct the healthcare provider and patient in decisions about appropriate health care for specific clinical circumstances. Practice guidelines office concise instructions on how best to manage a health condition.

Procedures – Procedures describe a detailed series of steps, or outline a sequence of activities. They can be differentiated from policies in that they may be altered in view of professional judgment. When a procedure is associated with a specific policy, it provides the “how-to” of the policy.

Protocols – Written plans specifying steps to be followed in a process, such as a study, investigation or patient care intervention. They focus on method, assessment, intervention and evaluation and deal with issues requiring professional judgment and decision-making.

Standards of Practice – Statements that describe the desirable and achievable performance expected of health disciplines in their practice and against which actual performance can be measured. Standards range from broad, profession-specific standards established by a professional organization to more detailed practice-specific standards established by a particular agency. The PPPGs of a health care organization need to be consistent with the standards of practice for the health disciplines employed by that organization.

Appendix B – Guidelines for Determining Appropriate Stakeholders

Note: This is not an inclusive list of all stakeholders.

Patient Safety and Clinical Risk Team should be involved in the development and must review any PPPG that:

- Impact patient safety and/or clinical risk management
- Address documentation and changes in practice that may affect patient safety and clinical risk management.
- Contravenes another centre-wide safety related policy/protocol/guideline or known best practice this would include but not be limited to unit specific policies

Legal Services should be involved in the development and of the following PPPGs:

- All administrative PPPGs
- Any PPPG that addresses legal, ethical, and/or patient rights issues.

Privacy Coordinator should be involved in the development and must review any PPPG that:

- Addresses privacy & confidentiality and/or the release of information
- involves the collection, use, disclosure, retention and/or destruction of personal information or personal health information

Human Resources should be involved in the development and must review any PPPG that:

- Impacts the work or workplace of employees, physicians, students or volunteers
- Relates to terms and conditions of employment, compensation and benefits
- Addresses health and safety of IWK employees through the Joint Occupational Health and Safety Committee or Occupational Health
- May impact employee safety through Safety Programs
- Has implications for education or training of employees, students and volunteers
- Impacts on employee human rights issues

Patients and Family should be involved in the development and review of PPPGs: Please consult the Patient Experience office, to determine if and assist with the engagement for patient and families in PPPG development.

Family Leadership council should review and provide feedback:

Please consult the Patient Experience office, to determine if and assist with the engagement for patient and families in PPPG development.

IWK Ethics Committee must review any PPPGs that:

- have significant ethics dimensions/elements
- have a potential impact in terms of autonomous choice, social justice, liberty, dignity, confidentiality/privacy and openness/transparency

Medical Advisory Committee (MAC) should be a stakeholder in any PPPGs that:

- Impacts medical or dentistry practice
- Originate from a sub-committee of MAC (e.g. Drugs & Therapeutics Committees)

Interprofessional Practice Council must provide feedback on any PPPGs that:

- Have a significant impact on the professional practice of health disciplines within IWK.
- Describe interprofessional clinical procedures, scopes of practice, standards of practice, innovative care practices and clinical practice guidelines
- Review new or revised Delegated Functions, Care Directives and Beyond Entry-level Competencies as appropriate.

Drugs & Therapeutics must review all PPPGs relating to drug and therapeutic use, including their evaluation, selection, procurement, storage, distribution, and administration.

Nursing Policy and Practice Council must provide feedback on any PPPGs that:

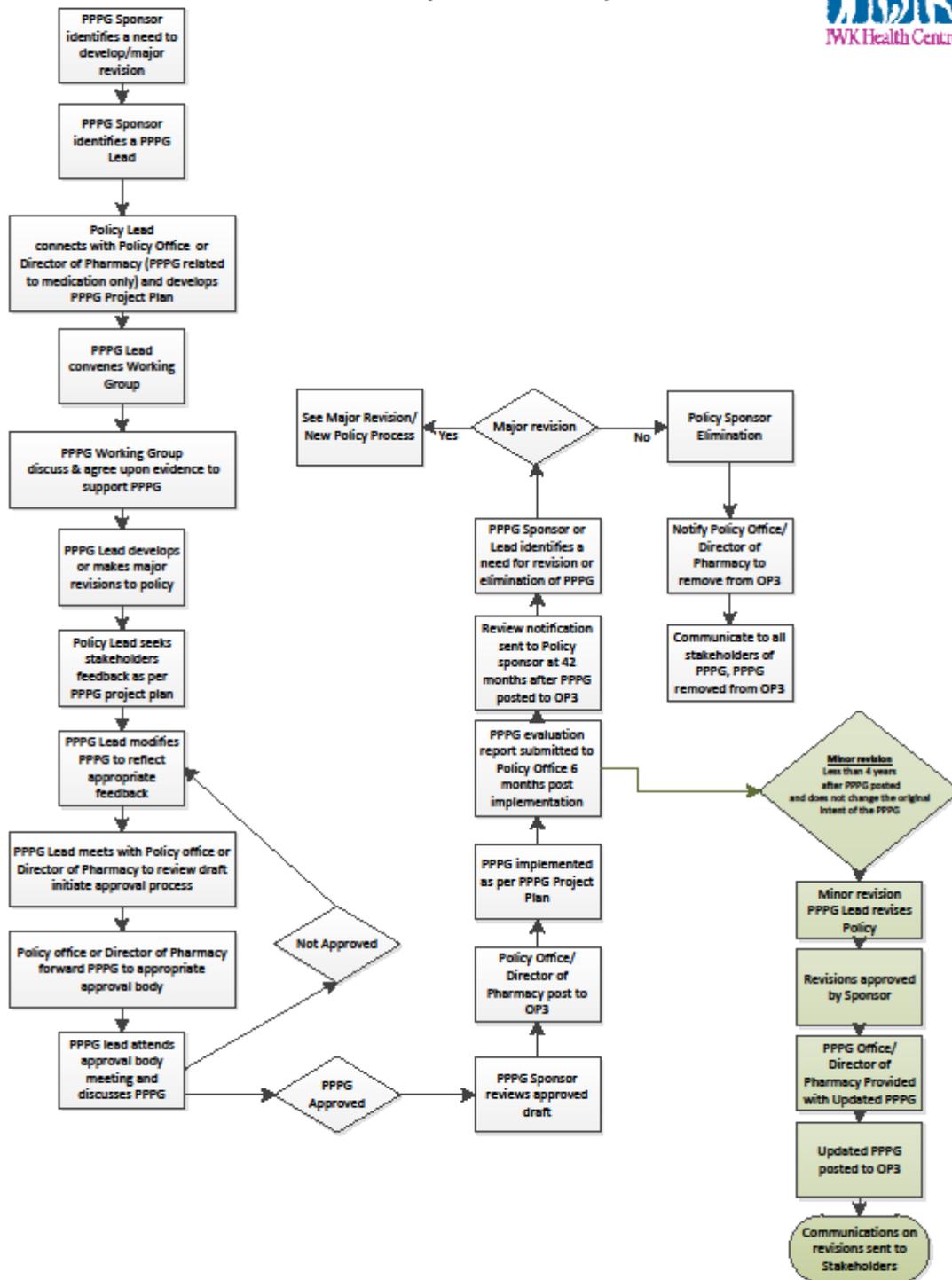
- Describe nursing practice
- Are Beyond Entry Level Competencies, Care Directives or Delegated Functions
- Impact nursing practice, or describe innovative nursing care practice

Diversity and Inclusion

- Diversity and Inclusion Lens Tool should be consulted on all policies.
- Further consultation with the Diversity and Inclusion Team can be sought out at any time.

Appendix C- New Policy/Major and Minor Revision Flow Map

Appendix C
PPPG Major & Minor Revision Flow Map



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District Health Authority/IWK Policies Being Replaced Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)