

ADMINISTRATIVE MANUAL

Policy and Procedure

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PREAMBLE

Policies, procedures, guidelines and protocols (PPGPs) help an organization deliver quality and consistent services based on best evidence, best practice and the appropriate application of organizational values. They make expectations, requirements and accountabilities clear to all members of the health care team.

POLICY

1. During the transition period from the nine District Health Authorities (DHA) to the Nova Scotia Health Authority (NSHA):
 - 1.1. All PPGPs applicable to the NSHA will be accessible through the Provincial Policy Webpage (OP3).
 - 1.2. In instances where an NSHA PPGP has been developed and approved, it will be the applicable PPGP for all services, programs and facilities of the NSHA.
 - 1.2.1. Until such time as applicable PPGPs are developed for the NSHA, staff will refer to formally approved PPGPs applicable to the geographic location where the PPGP is to be applied.
2. The NSHA uses a standardized approach to the development, consultation, formatting, approval, and dissemination of all PPGPs.
3. PPGPs are to be reviewed every four years (or more frequently if required) to ensure consistency with current standards and best practice, and revised as appropriate.
4. PPGPs are to be written in a clear and concise manner, and readily accessible to all [NSHA Staff](#) (Refer to Definitions)
5. To ensure appropriate resources and consistent decision-making processes, before work begins on new PPGPs:
 - 5.1. The Policy Office must be contacted,
 - 5.2. Approval to proceed obtained by the Issuing Authority/Approver or delegate, and
 - 5.3. A policy number assigned.
6. The official version of PPGPs is the electronic version. Any documents appearing in paper form are not controlled and should be checked against the electronic version prior to use.
7. All PPGPs are to be developed and managed on a provincial basis.

GUIDING PRINCIPLES AND VALUES

1. Health policy development/review is a moral endeavour, given that policymakers are required to make important policy decisions and choices on behalf of affected others, and that 'health' and health care are of fundamental importance to all.

2. The process for policy development and review in Nova Scotia Health Authority should be:
 - 2.1. Informed by Nova Scotia Health Authority's Mission, Vision and Values
 - 2.2. Procedurally fair
 - 2.3. Rooted in best practice
 - 2.4. Consistent

Note: There should be appropriate flexibility in the generation of supportable, site-specific modifications and exemptions to overarching NSHA PPGPs where this is required given the local context and required for the effective delivery and promotion of healthcare.

 - 2.5. Open and Transparent
 - 2.6. Meaningfully inclusive of all relevant stakeholders
 - 2.7. Sensitive to diversity within the Nova Scotia Health Authority and the external communities served by it
 - 2.8. Sensitive to implications for the physical, emotional, spiritual and social health of patients and staff (see definition of staff)
 - 2.9. Responsive and timely
3. The responsibilities and accountabilities for the various stages of PPGP development and review, including education, implementation, and evaluation should be logical and clear.

PROCEDURE

1. **Development** – please see Policy Development Process: [Appendix D](#)

Predevelopment/Identification of Policy Need

Any NSHA staff member or group can identify a PPGP need.

- 1.1. Consult the Policy Office to verify the need for a PPGP, identify who the potential Issuing Authority/ Approver and Sponsor might be, and initiate a proposal using the [PPGP New Development Proposal](#) Form (OP3PO150706) . Consider:
 - 1.1.1. The reason for the PPGP development
 - 1.1.2. Supporting evidence
 - 1.1.3. Potential Issuing Authority(ies)/ Approver(s) and Sponsor(s)
 - 1.1.4. The potential and expected impact(s), both positive and negative, on the NSHA.
- 1.2. Review OP3 website and other authoritative sources (e.g. legislation, approved reference textbooks) to ensure guiding material(s) does not already exist. If found, direct audience to appropriate material.

- 1.3. Forward the PPGP Proposal to the Policy Office.
- 1.4. If the proposal is approved by an appropriate Issuing Authority/Approver and Sponsor, move to the development stage. Proposals may be returned to their writers for additional clarity, comment, direction or revision. If the proposal is not approved, stop further development activity. (Refer to [Procedure Statements 1.6-1.8](#))

Note: The staff person submitting the PPGP proposal is not necessarily the one who leads or is involved in writing the PPGP. The Policy Sponsor identifies the policy developers.

Policy Office Staff – Predevelopment

- 1.5. The Policy Office receives and reviews the proposal to ensure that it does not duplicate existing work or replicate already existing guiding material(s).
- 1.6. If there is a lack of clarity in the proposal, contacts the proposal writer to answer any questions.
- 1.7. Forwards the completed proposal to the Issuing Authority - Approver and Sponsor for review and approval to proceed.
- 1.8. Contacts the proposal writer with the decision and next steps.
- 1.9. The Sponsor identifies an appropriate [Author](#) (Refer to Definition) and advises the Policy Office.

Author – Development

Note: If the Author is a working group or committee, name one person as a key contact for purposes of communicating with stakeholders and the Policy Office.

- 1.10. Creates a [Policy Development Checklist](#) (OP3PO150709).
- 1.11. Initiates [Policy Approval/Tracking Form](#)(OP3PO150705).
- 1.12. Seeks assistance from the Policy Office to uncover already existing policies from external organizations that may serve to guide the policy's development.
- 1.13. As appropriate, creates a Policy Development Working Group. Give careful consideration to which key/core stakeholders, resource persons and content experts should be involved in the development process, e.g., as members of the relevant policy development working group, as opposed to those stakeholders who are asked to review the draft policy once developed.
- 1.14. Using best evidence and guidance from appropriate stakeholders and experts, write the policy using the Policy Template, the OP3 Style Guide ([Style Guide for Writers and Developers of Policy Documents](#)) and the appropriate attached appendices as a guide.

Note: Review PPGPs using through a Diversity Lens tool such as [Diversity Lens Tool Kit](#) (Pages 28-31), or [http://www.iwk.nshealth.ca/sites/default/files/Lens_Tool_Bookmark%20\(1\).pdf](http://www.iwk.nshealth.ca/sites/default/files/Lens_Tool_Bookmark%20(1).pdf)

2. Stakeholder Review

2.1. The Author:

- 2.1.1. With assistance from the Policy Office if required, solicits feedback from appropriate stakeholders. See [Appendix B](#) for review by specific departments/committees.
- 2.1.2. Considers the most appropriate and timely means for soliciting stakeholder review (within a committee or working group meeting, via email communication, etc.)
- 2.1.3. Provides specific timelines for the feedback to be received. Indicate to the stakeholders that written feedback is preferred. In the interest of time, advise the stakeholders that if no feedback is received in the specified timeframe, the assumption is made that there were no concerns with the PPGP's draft content.

Note: For most PPGPs two weeks is a reasonable timeframe for feedback. For PPGPs that require significant stakeholder engagement, this timeframe may need to be extended. (Example: PPGPs requiring review by Legal, Ethics, HAMAC etc.)

2.2. The Stakeholder:

- 2.2.1. Reviews and provides feedback within the requested timeframe.
- 2.2.2. Contacts the Author to negotiate an extension to the timeline if response is not feasible in the timeline provided; **the maximum extension is one additional month.**
- 2.2.3. Focuses on content-related feedback; refrains from excessive wordsmithing or grammatical editing.

2.3. The Author:

- 2.3.1. In cases where specific feedback is required, and it is not received within the established timeframe, notifies the Sponsor.
- 2.3.2. Considers all stakeholder feedback throughout the review and approval processes making revisions to the working draft as appropriate.
- 2.3.3. Keeps a record of stakeholders consulted and those who responded.

- 2.3.4. Documents in the [PPGP Approval/Tracking Form](#) (OP3PO150705). the concerns raised by the stakeholder(s) that were not incorporated into the PPGP and the rationale for not incorporating the feedback.

3. Submission for Processing

Author

- 3.1. Forwards an electronic copy of the final draft, and the [PPGP Approval/Tracking Form](#) (OP3PO150705) to the Policy Office.
- 3.2. If there is urgency for a PPGP to be processed, ensures that this is indicated in the appropriate area on the approval form and that the reason/rationale for the priority status is explained.
- 3.3. If the Author is comprised of a working group/committee, attaches a list of all active members of the working group/committee, including names, titles and departments.
- 3.4. Indicates on the the [PPGP Approval/Tracking Form](#) (OP3PO150705) in the appropriate section:
 - 3.4.1. Those significant concerns raised by the stakeholder(s) that were not incorporated into the PPGP, and the reason(s)/rationale(s) for not incorporating.
 - 3.4.2. Both those stakeholders from whom feedback was requested and from whom feedback was received.
- 3.5. In addition to the final draft PPGP and the [PPGP Approval/Tracking Form](#) (OP3PO150705) , includes in the submission to the Policy Office:

New PPGPs

- 3.5.1. A [PPGP Communication Memo](#) (OP3PO150707) highlighting the key points of the PPGP.
- 3.5.2. A brief one to two sentence description of the PPGP, for the summary on the NSHA policy page (section available on the approval form for this information).

Revised Policies

- 3.5.3. A memo highlighting the key changes from the previous version.

Exception: If there were non-substantive changes, communicate this in the email to the Policy Office when submitting the policy for processing.

Note: Refer to policies related to scope of practice for additional documentation.

- 3.6. Consider level of communications as per [Table 1](#) (see next page) and ensure the level is noted on the [PPGP Approval/Tracking Form](#) (OP3PO150705).

**Table 1
Level of PPGP Communication**

Level 1	Minor revisions requiring that staff read and adhere to the PPGP. Communication is in the form of a general e-mail to the appropriate distribution list. The subject line of the e-mail indicates: <i>PPGP Distribution – Standard</i> . The body of the e-mail will include the implementation date of the policy.
Level 2	PPGPs that incorporate changes in practice. Communication is in the form of an e-mail sent to the distribution list. The subject line of the e-mail indicates: <i>PPGP Distribution – Alert</i> . The body of the e-mail includes the implementation date of the policy. In addition to the e-mail, the manager/supervisor is responsible to communicate the major elements of the PPGP to stakeholders prior to implementation.
Level 3	PPGPs that require detailed education and implementation plans. The education plans are carried out prior to the implementation of the policy. Communication is in the form of an e-mail, accompanied by a memo from the Sponsor indicating the education plans and providing contact information in the event further education/clarification is required. The subject line of the e-mail indicates: <i>PPGP Distribution – Priority</i> . The body of the e-mail includes the implementation date of the PPGP.

Policy Office

- 3.7. Processes PPGPs based on the order in which they are received in the office.
Exception: PPGPs that have a sound rationale for urgent processing.
- 3.8. Reviews the draft PPGP for editorial changes, content organization, consistency, potential conflict with other PPGPs or existing legislation, adherence to approved template and current references.
Note: If the PPGP is not in the approved template, it will be returned to the author.
- 3.9. Review the [PPGP Approval/Tracking Form](#) (OP3PO150705) for proper completion including evidence of solicitation of appropriate stakeholders to review the PPGP draft and the completion of the stakeholder review process.
Return Policy Approval/Tracking Form to the Author if incomplete.

- 3.10. If significant revisions are required, return the PPGP to the Author with explanation and opportunity for discussion.
- 3.11. If no significant revisions are required, proceed to approval.

4. Approval

Policy Office

- 4.1. Initiate the approval process by forwarding electronically all required documents to the Issuing Authority - Approver. (Refer to *NSHA Board of Directors - Delegation of Policy Approvals.*)

Issuing Authority - Approver

- 4.2. If approved, return the approved PPGP with the signed [PPGP Approval/Tracking Form](#) (OP3PO150705) electronically to the Policy Office.
- 4.3. If further revisions, consultation or discussion are required prior to approval, communicate to the Policy Office and directly with the Author and Sponsor.
 - 4.3.1. The Author makes all necessary revisions to the PPGP prior to its final, formal approval and submits the final document to the Policy Office.

5. Distribution/Communication

Policy Office

- 5.1. Completes the tasks as per [Appendix F](#) to prepare the PPGP for publishing.

Note: PPGPs may be published with a future effective date to allow for education/communication as appropriate.

- 5.2. As required, there will be email notification of published and deleted PPGPs.
 - 5.2.1. Author provides Policy Office with a memo highlighting key points for new policies or key changes for revised PPGPs.
 - 5.2.2. Policy Office publishes the memo.

Note: The most recently published policy section lists all new/revised PPGPs for the past 90 days.

5.3. Departments/Managers

- 5.3.1. Notify Policy Office of those who are to be on the policy distribution list including appropriate members of the medical staff.
- 5.3.2. Ensure an appropriate communication process is in place (assign to specific person in the department/unit to be on the policy distribution list; provide alerts in communication book or bulletin board, staff meetings etc.

- 5.3.3. Monitor adherence to PPGPs, and report patterns of non-adherence, including perceived contributing factors such as education deficits or difficulties in implementing elements; report same to the Policy Office, Sponsor and Author.

5.4. Staff

- 5.4.1. Ensure awareness of, and adherence to, relevant PPGPs – check most recently published policies; unit/department communication book or process in place for the department or unit, and identify the need for support if required.
- 5.4.2. Report to managers/Policy Office when policies cannot be implemented as written and the rationale(s) for same.

6. Implementation/Education (Refer to [Appendix E](#))

- 6.1. The Sponsor ensures that the education and implementation plan is carried out in collaboration and/or consultation with the Author; The Manager ensures that impacted staff are made aware of, and understand, the content of the approved PPGP.

7. Exception to Policy

Note: Policies are tools to communicate NSHA's philosophy and approach to specific situations. Adherence is expected while, at the same time, there is an understanding that policies cannot address all possible scenarios.

- 7.1. In exceptional circumstances when a staff member has sound, safety-based reason(s) for not adhering to a NSHA policy, discuss with the appropriate manager or delegate and obtain approval for an exception to policy.
 - 7.1.1. Where possible, the employee/manager discuss the exception to policy with the policy author.
 - 7.1.2. Clearly document the rationale for the exception to policy and the approval for same in the appropriate place. (e.g., the health record if a clinical policy) and reported to the policy office (policy.office@nshealth.ca) for tracking and trending purposes.

8. Evaluation

Evaluate both for adherence and whether the policy has achieved the desired outcomes

- 8.1. As appropriate, at the time of development of the final draft and/or its approval, the policy's Author and Sponsor identify key elements of the policy requiring auditing/evaluation;

- 8.2. Consult with Quality and System Performance to identify an appropriate auditing approach(es)/tool(s) and the optimal frequency of evaluation/monitoring.
- 8.3. If results of the audit/evaluation and/or the results of the appropriate manager's monitoring described in 7.5.3 reveal a pattern of non-adherence to the PPGP, explore the cause(s) for non-adherence and address appropriately:
 - 8.3.1. If inadequate education and implementation approach/plan - develop and implement a revised education/implementation plan; then re-audit
 - 8.3.2. If the PPGP is not able to be implemented due to resource constraints or other identified reason(s) - initiate, as appropriate, a review/revision of the PPGP.
 - 8.3.3. If there is no identified reason for non-adherence to the PPGP (as per 8.3.1 and/or 8.3.2), take corrective action {Refer to the district specific *Corrective Action/Discipline policies in place* pending the NSHA policy} to ensure future adherence to the PPGP.
- 8.4. *Requesting a review of a published policy:*
 - 8.4.1. In the event a staff member identifies a PPGP that cannot be appropriately implemented, the staff member contacts the appropriate manager (or delegate) and the Policy Office (902 473-3142; 902 473-8668; policy.office@nshealth.ca) and provides:
 - written reasons (either via an email, or interdepartmental memo) as to why the PPGP cannot be implemented,
 - suggestions for how to resolve the issue.
 - 8.4.2. The manager and/or the Policy Office forward the concerns to the specific Sponsor and Author.
 - 8.4.3. The Sponsor and Author consider the concerns and, as appropriate, seek appropriate resolution.

9. Piloting

- 9.1. Determine need for a pilot (consider when new, complex practices are being implemented)
- 9.2. Obtain approval from most appropriate VP (admin policies); most appropriate Director (Clinical) or VP Medicine (if normal approval is from HAMAC)
- 9.3. Sponsor arranges for the pilot including required education/supports for staff, and determines specific dates for the pilot to be carried out.
- 9.4. At end of pilot, within 2 weeks, Author and Sponsor evaluate and revise the draft PPGP as required; forward to Policy Office for normal processing.

10. Review/Revision

Note: The Sponsor is ultimately responsible for initiating review. The Policy Office supports this by sending automatic email notifications generated by the Policy Document Management System.

10.1. Review every four (4) years and more often as required by a change in practice, standard, regulation, etc. or if legislation requires more frequent review (e.g., OHS legislation requires a review of Rights and Accountabilities annually.)

Note: Reviews must include all relevant stakeholders.

10.2. The Policy Office sets up the automatic email notification to be sent to the Sponsor and Author if known 6 months in advance and every month until the PPGP has been republished. (See [Appendix G](#) for further details and examples of email messaging)

10.3. Upon receiving notification, the Sponsor and Author consider whether the PPGP is still required. If required the Sponsor and Author notify the Policy Office of tentative timelines for submission; requests an editable version (MS word) as required. If not required, follow the process for deletion as outlined in this policy.

10.4. Follow the process as outlined in this policy for development and stakeholder review and submission for approval.

10.5. If no substantive changes are required, the PPGP is being adhered to, and it is achieving the outcomes intended, extensive stakeholder consultation is not required. Scan current literature; consult with experts to ensure that no changes are required.

10.6. When republished, the Policy Office/delegate resets the next review date.

Note: Reset effective date even if no changes are required to indicate that the PPGP has undergone the required review process.

10.7. When republishing to correct minor errors (e.g., typographical errors, clarification of a statement, broken links) that do not modify the meaning of a document, do not adjust the effective date.]

11. Deletion (Unpublishing)

11.1. If no longer required, obtain approval from Sponsor for the deletion (on the [PPGP Approval/Tracking Form](#) (OP3PO150705) , only need to indicate the name of the document, that it is to be deleted, and provide rationale for deletion in the comment section).

- 11.2. When a PPGP is to be deleted, 'unpublish' from the policy software system (so while not available to staff, it is maintained for archiving purposes).
- 11.3. If being incorporated into a new or revised PPGP, indicate in the section of the *Policy Approval/Tracking Form* which policies are being replaced.
- 11.4. Publish a 'placeholder' notice of deletion, or notice of incorporation into another PPGP (and provide the title, number and link).
- 11.5. Remove notice of deletion (placeholder) 1 year after being unpublished.
- 11.6. Send electronic notice of deletion to the specific manual's distribution list.
- 11.7. Managers ensure appropriate process to communicate deletion to department/unit.

12. Archiving

- 12.1. The Policy Document Management System electronically archives all versions previously published within the system.
- 12.2. As per the *Retention of Records Policy*, archive all inactive PPGPs permanently.
- 12.3. The Policy Office archives all signed approval forms either electronic or hard copy.

13. Hard Copy Resource Manuals

- 13.1. In order to have policies available to staff in the event of system disruptions or emergencies, the Policy Office maintains a hard copy resource of all current PPGPs for reference purposes.
 - 13.1.1. Sites/facilities with libraries maintain a hard copy of all current PPGPs within the library.
 - 13.1.2. Facility Managers of sites/facilities with no library determine, in conjunction with the Zone Executive Director, the appropriate location within that site/facility to house and maintain relevant hard copy resource manuals.
 - 13.1.3. All Facility Managers send the location of their hard copy manuals to the Policy Office. The Policy Office provides a list of these locations on OP3.

REFERENCES

- Graham, I.D., Harrison, M.B. Brouwers, M., Davies, B. L. & Dunn, S. (2002). *Facilitating the Use of Evidence in Practice: Evaluating and Adapting Clinical Practice Guidelines for Local Use by Health Care Organizations*. JOGNN. 31 (5), 599-611
- Sheffield Health and Social Care, NHS Foundation Trust. (2008 Dec). *Policy on Policies: Commissioning, development, consultation, ratification, review and up-dating*. Ver. 2. Sheffield, UK.

Northamptonshire Healthcare NHS Foundation Trust. (2014). *Policy for the Production and Management of all Policies Within NHFT*. Northamptonshire, UK. Retrieved from:
[http://www.nht.nhs.uk/mediaFiles/downloads/103003164/PB001%20-%20Policy%20for%20Management%20%20Production%20of%20Policies%20withi n%20NHFT%20\(Jan14%20-%20Jan16\).pdf](http://www.nht.nhs.uk/mediaFiles/downloads/103003164/PB001%20-%20Policy%20for%20Management%20%20Production%20of%20Policies%20withi n%20NHFT%20(Jan14%20-%20Jan16).pdf)

RELATED DOCUMENTS

Policies

AVH

AVH 110.020 Person-Centred Care and Service

CDHA

CDHA CH 04-080 Engagement

CDHA CH 08-045 Corrective Action

CHA

CHA 102-013 Discipline Policy

CHA 225-002 Volunteer Disciplining and Dismissal

GASHA

GASHA HR 3-65 Constructive Discipline (All Employees)

PCHA

PCHA 2-d-20 DISCIPLINE

SSH

SSH AD-110-316 Discipline

Forms

OP3PO150705 [Approval Tracking Form](#)

OP3PO150706 [New PPGP Proposal](#)

OP3PO150707 [PPGP Communication Memo](#)

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OP3PO150708 [PPGP Stakeholder Request Form](#)

OP3PO150709 [Development Checklist](#)

OP3PO150622 [NSHA PPGP Template](#)

OP3PO150710 [NSHAandIWK PPGP Template](#)

Appendices

[Appendix A](#) - Definitions

[Appendix B](#) – Stakeholder Consultation/Review

[Appendix C](#) – Questions for Stakeholder Reviewers

[Appendix D](#) – PPGP Development Process

[Appendix E](#) – Implementation Plan Template

[Appendix F](#) – Tasks to Complete upon Approval

[Appendix G](#)– Notification of Review Process and Messaging

Other

[NSHA Board of Directors - Delegation of Policy Approvals](#)

[Replacing The Following District Health Authority Policies](#)

* * *

Appendix A: Definitions

Administrative PPGP:	An administrative PPGP is non-clinical in nature and generally apply to all staff.
Author:	Individual, PPGP working group or committee delegated with the responsibility for developing (or reviewing/revising) a policy.
Clinical PPGP:	The processes and procedures related to clinical practice and the delivery of quality patient care across the entire organization. All clinical policies should reflect professionalism, interprofessionalism and evidence-based practice. (adapted from Sunnybrook Health Centre)
Departmental/Program PPGP:	A PPGP that addresses the day-to-day operations of a single department or program. Departmental/Program PPGPs are governed by this policy.
Former DHA PPGP	PPGPs that were approved by the District Health Authorities and remain in effect until superceded.
Guideline:	<p>Written principles that guide actions or decisions and encourage professional judgment. They allow flexibility in the sequence and/or inclusion of specific steps in the process.</p> <p>Example:</p> <ul style="list-style-type: none">• Depending on patient's PMH and present admission diagnosis, if BP is greater than 150/85, or less than 110/60, recheck the BP again or have another health care practitioner check.• If BP reading remains elevated, recheck in one hour.
Guiding Principles:	Outline the philosophical principles and values that might be at play and must be balanced in the creation and implementation of the PPGP. Encompasses points of emphasis to remember in implementing the PPGP.

Provides a lens for decision making with regard to the PPGP.

Issuing Authority – Approver:

Director, Senior Director, Zone Operations Director, Vice-President, Chief of Staff or Chief Executive Officer (CEO), approved NSHA Standing Committee (e.g. Infection Prevention and Control) Executive Leadership Team, Board of Directors, who can provide organizational authority for specific PPGPs.

Major Revision:

A major revision is one that is not so significant as to warrant being called a new document but is of such broad scope that it requires approval by the Issuing Authority. (Health PEI)

Minor Revision:

A minor revision is one that does not require approval at a senior executive level.

New PPGP:

A new document that is either entirely new (never before issued) or an older document that has been so extensively rewritten that it is, for all intents and purposes, a new document.

Policy Office:

Works collaboratively with Policy Owners/Sponsors. Operates with the mandate to organize and manage the NSHA PPGP Framework. This includes support/consultation for development, implementation, review, evaluation, archiving and education [in relation to implementation].

Policy:

Clear formal and authoritative statement(s) that directs organizational and clinical practice, enables informed decision-making, prescribes limits, *broadly* assigns responsibilities/accountabilities and are secondary/subject to relevant legislation, regulations and bylaws. Policies are realistic, achievable, evidence-informed and reflect the vision, mission, values and strategic directions of the organization.

Example: All patients/clients admitted to hospital will have an initial blood pressure assessment.

Clinical Practice

Practice guidelines offer concise instructions on how

- Guidelines:** best to manage health conditions. Systematically-developed statements to assist the health care practitioner and patient in making decisions about appropriate health care for specific clinical circumstances.
- Procedure:** Procedures describe a detailed series of steps, or outline a sequence of activities and may include specific roles and responsibilities. When a procedure is associated with a specific policy, it provides the “how-to” of the policy.
- Example
1. Instruct patient to sit quietly for 5 minutes
 2. Select appropriate cuff size
 3. Palpate brachial artery
 4. Position cuff 2.5 cm above site of pulsation
 5. Etc.
- Protocol:** A decision-making tool specifying steps to be followed primarily in a patient care intervention. Protocols focus on process, assessment, intervention, evaluation and deal with issues requiring professional judgment and decision-making. It may be in the form of an algorithm.
- Example:
- Administer medication x, dose y, route, z for BP greater than t systolic or v diastolic.
 - Hold medication x, dose y, route, z for BP less than t systolic or v diastolic.
- Sponsor:** Person (usually a Zone Operations Executive Director, Senior Director or Director), division, portfolio or NSHA standing committee that is accountable for the development, implementation and maintenance of a specific policy.
- Staff:** Unless specifically, limited in a specific PPGPs, refers to all employees, physicians, learners, volunteers, learners, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within the NSHA.

Stakeholders

Those with a legitimate stake in the outcomes of a PPGP's development and implementation. They include:

- individual(s) or group of persons (e.g., -members of the public, patients with a particular health condition) directly affected by the PPGP.
- individual(s) or committee(s) who have expertise in the PPGP's subject matter;
- those whose practice will be impacted by the PPGP;
- those who have a legitimate interest or concern with the PPGP's subject matter;

Stakeholders are differentiated by those whose feedback/input is required and those whose feedback may be useful but is not essential for the PPGP's development.

Standards of Practice:

A statement(s) that describes the desirable and achievable practice of health disciplines and can be used as a measure of actual performance. Standards range from broad, profession-specific positions established by a professional organization/ regulatory body to more detailed practice-specific directives established by a particular agency.

Appendix B: Stakeholder Consultation and Review

Guidelines for determining appropriate consultation/review required when planning for the development, review and approval of PPPG's.

Note: All PPPGs should be considered for review by any staff person, or citizen who may be impacted by the specific PPPG.

Criteria for Consultation Review by Specific Committees/Departments

- **Risk Management, Quality and Patient Safety:**
 - Impact patient safety and/or clinical risk management
 - Address documentation and changes in practice that may affect patient safety and clinical risk management.
 - Contravene another NSHA policy/protocol/guideline or known best practice this would include but not be limited to unit specific policies
- **Legal Services:**
 - Administrative policies, procedures, guidelines or protocols
 - Address legal, ethical, and/or patient rights issues.
- **The Privacy Officer:**
 - Address privacy & confidentiality and/or the release of information
 - Involve the collection, use, disclosure, retention and/or destruction of personal information or personal health information
- **People Portfolio:**
 - Impact the work or workplace of employees, physicians, students or volunteers
 - Relate to terms and conditions or employment, compensation and benefits
 - Address health and safety of NSHA employees through the Joint Occupational Health and Safety Policy Committee or Occupational Health
 - May impact employee safety through Safety Programs
 - Has implications for education or training of employees, students and volunteers
 - Impact on employee human rights issues through Labour Relations
 - Impact on Communications and Public Relations
- **NSHA Ethics Committee:**
 - Significant ethics dimensions/elements

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- Potential impact in terms of autonomous choice, social justice, liberty, dignity, confidentiality/privacy and openness/transparency

Note: Representative(s) from St. Martha's Regional Hospital Mission Assurance Advisory Council must be actively engaged in PPGPs that have the potential to impact or contravene the St. Martha's Regional Hospital Mission Agreement

➤ **Health Authority Medical Advisory Committee (HAMAC):**

- Physician driven
- Originate from a sub-committee of HAMAC (ex. Drugs & Therapeutics Committees)
- Are Delegated Functions or Care/Medical Directives

Note: HAMAC does not approve Administrative policies and procedures but will often be required to review them.

Policies and procedures requiring **review** by physician stakeholders are those policies which direct the actions or behaviours of a physician or those which have content that could be influenced by specific physician knowledge or experience.

➤ **Professional Practice:**

- Significant impact on the professional practice of health disciplines within NSHA.
- Describe interprofessional clinical procedures, scopes of practice, standards of practice, innovative care practices and clinical practice guidelines

Note: Interprofessional Practice (individuals/councils) review new or revised Delegated Functions, Care/Medical Directives and Beyond Entry Level/Post-Entry Level Competencies as appropriate.

➤ **Drugs & Therapeutics:**

- Relate to drug use, including their evaluation, selection, procurement, storage, distribution, and administration.

➤ **Discipline Specific Practice Councils:**

- Describe or change discipline specific practice
- Are Beyond Entry Level/Post-Entry Level Competencies, Care/Medical Directives or Delegated Functions
- Impact practice, or describe innovative discipline specific practice

➤ **Diversity and Inclusion:**

- Address physical accessibility issues

- Address relationships, including staff to patient relations and employee relations.
- Address community and citizen engagement or programming for communities.
- Relate to promotion or hiring criteria.

Appendix C: Questions for Stakeholder Reviewers

1. Does it reflect the [Mission, Vision and Values](#) of NSHA?

Clarity

2. Does the policy provide clear guidance/direction for both novice and experienced staff? Is it concise, easy to read, and understand?

Impact

3. How does the proposed policy impact people, budgets, geography or other department resources (e.g, educational programs.)?
4. Is there a way to make the policy more effective? Highlight these and provide suggestions or alternative approaches.

Consistency with Legislation, standards of practice etc.

5. Is the policy consistent with provincial and federal legislation, standards of practice, and codes of ethics?

Consistency with Current Evidence/Best practice

6. Does it reflect current best practice? If not, provide evidence of current best practice?
7. Do the references appear appropriate (up to date, authoritative source)?
8. Is it in conflict with any other NSHA Policies/Procedures?
9. Are you aware of other related documents that may be impacted by this policy? Are there forms/brochures referred to in this policy not available or are there special considerations the authors need to know (i.e. PCS)

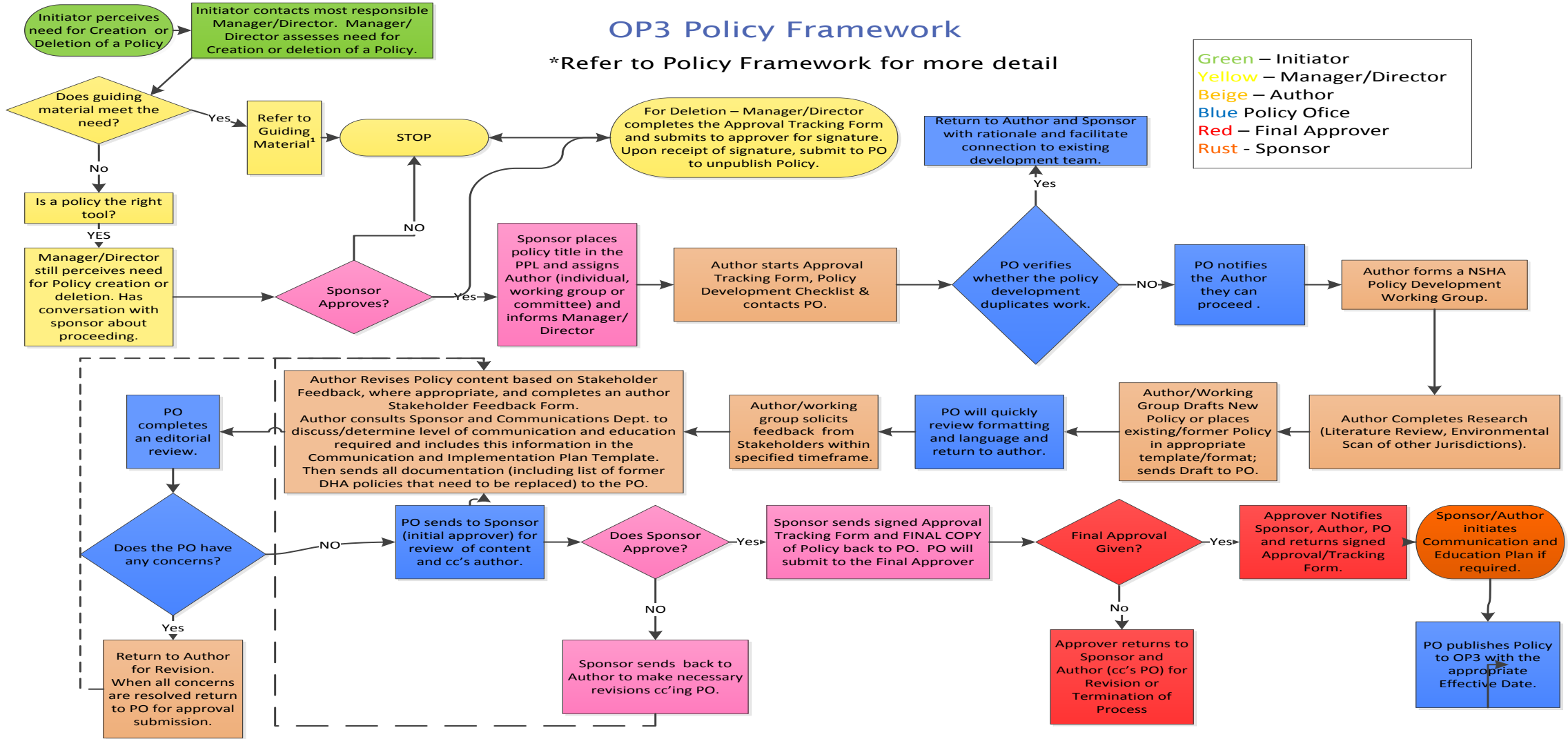
Other

10. What key search words/phrases **not already in the title** would help make this policy easier to search?

OP3 Policy Framework

*Refer to Policy Framework for more detail

Green – Initiator
 Yellow – Manager/Director
 Beige – Author
 Blue Policy Office
 Red – Final Approver
 Rust - Sponsor



* Policy includes Procedure/Protocol/Guidelines/Clinical Practice Guidelines/SOPs
 1. Guiding Materials: Manufacturer Instructions, Collective Agreements, Best Practice Guidelines, Perry & Potter.

Appendix D: Policy Development Process

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Appendix E: Policy Implementation Plan Template

This template is appropriate (but not mandatory) for use in the implementation of Nova Scotia Health Authority PPGPs that:

- Are complex in nature
- Change organizational and clinical practice in significant ways
- Would benefit from targeted stakeholder/end-user education
- Have strong patient safety, ethics, professional practice, risk management and/or health law elements

An implementation plan should include roles and responsibilities, a communications plan, and a process for monitoring the policy, along with suggested timelines and resources needed. Implementation plans should consider the following questions:

- Who needs to be aware of this policy?
- How will we know they are aware of it?
- What resources are required for the implementation of the policy? How will these be found?
- What staff training and development is required? Specify who needs training, at what level, when/how often and who will be responsible for providing it.
- How will we audit implementation? How will we know if the new policy is being followed or not?
- How will we pick up and correct any problems with the policy and its implementation?
- How will we audit the impact of the policy?

Sheffield Health and Social Care, NHS Foundation Trust. (2008 Dec). *Policy on Policies: Commissioning, development, consultation, ratification, review and up-dating*. Ver. 2. Sheffield, UK.

As early as possible in the policy development process, the policy's **sponsor** and as appropriate, the author, strikes a **Policy Implementation Plan Working Group**:

- Chair chosen from the working group's membership
- Suggested membership components:
 - The policy's sponsor
 - Educator(s)
 - Member(s) of the relevant policy development working group or other author
 - Manager(s)

- End-user(s)
- Relevant resource person(s)

The **Policy Implementation Plan Working Group** develops and organizes* a strategic **Implementation Plan Workshop** and take-home package/web-based resource kit

- Suggested workshop components:
 - Introduction
 - Description of key policy content
 - Introduction of a draft implementation plan
 - Presentation of relevant case scenario(s)
 - Role plays/case studies/video vignettes by implementers/educators
 - Brainstorming re. site-specific roll-out strategies

***Learning and Development staff** may provide assistance with: 1) workshop organization, including advertising and arrangement for audiovisual equipment, and 2) workshop facilitation

Suggested components of take-home package and web-based resource kit (for possible hyperlink to the policy proper):

- Information re: implementation and educational resource materials, e.g., references, audio-visual tapes, etc.
- Description of workshop components

Appendix F: Tasks to Complete Upon Approval of PPGP

Policy Office:

Notifies the author of approval and pending publication

Finalize formatting

Convert to pdf

Upload to medworxx – add metadata if new policy; revise metadata as required for revised policies; ensure key contact is updated

Publish policy and related documents (e.g. memos, learning modules, forms etc.)

Update Table of Contents and index for purposes of hard copy resource manuals

Email distribution lists

Email Communications Team for announcement in weekly newsletter

Managers:

Ensure that an appropriate process is in place in the departments/units for communication to the end-users of the new/revised policy.

Appendix G: Notification of PPGP Review Process and Messaging

Notification of PPGPs requiring review are automatically sent via email to the key contact(s) of the specific policy beginning 6 months (180 days) prior to the PPGP's actual review date, and every month following until the PPGP has been submitted to the policy office for processing, been reviewed and republished.

The Policy Office sets up the notification emails through the policy software program (Medworxx).

The emails are sent by:

- 'notification@medworxx.com [notification@medworxx.com]'

The subject line will indicate when the policy is due (i.e. 6months, 5months, 4 months, 3 months, 2 months, 1 month); if it is currently due for review, or if it is overdue for review.

Automatic Email Notifications

The body of the email will have the following information:

- When the policy is due for review as follows:
 - The following policy is due in x months for the standard 3 year review
OR
 - The following policy is due for the standard 3 year review by (date provided)
OR
 - The following policy is now Outdated.
- Name and number of the PPGP
- The following message:

Please contact the Policy Office at policy.office@nshealth.ca to:

 - provide a status report
 - indicate the anticipated timeline for completion and submission to the Policy Office
 - request a MS Word copy of the current policy if needed.

If you are no longer the contact for the above policy, please contact the Policy Office indicating the policy name and who the new contact is.

Note: If you have already submitted the policy for approval, please ignore this message.

Thank-you.

Recipients of the email are to respond to the Policy Office with the information requested at the first possible opportunity.

District Health Authority/IWK Policies Being Replaced

SWH - Administrative Policy and Procedure Development Revision and Deletion
AVDHA Board of Directors Policy Development and Implementation
AVDHA Policy Development and Implementation
CDHA CH 01-050 Policy Development and Implementation
CEHHA 201-001 Framework for Policy Initiation, Identification, Development, & Review
PCHA - POLICY DEVELOPMENT & IMPLEMENTATION
GASHA Policy Development and Implementation
CHA Policy Development Process
CBDHA Policy, Procedure and Development, Approval & Maintenance 1
SSH-AD-110-001 Policy and Procedure Development, Revision and Deletion

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New for NSHA - June 2015	Change to Appendix C 2017-02-22
	Change to Appendix C 2017-06-28