



Policy

Policy Title:	Creation, Management, and Scope of Policy Documents	
Applies To:	Team Members	
Companion Documents:	NSH Policy Framework Delegation of Approval	
Approved:	Effective:	Next Review:
December 19, 2023	June 11, 2024	December 19, 2027
Sponsor:	General Counsel	
Approval Authority:	Executive Leadership Team	
Number: AD-AO-001	Manual:	Administrative

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PURPOSE

This policy outlines the approach and accountabilities related to Policy Documents, including creation, management, and compliance.

PRINCIPLES AND VALUES

Equity, Diversity, & Inclusion: We want to do everything we can within our power to prevent any harm our policies may cause. To do that, we must examine and confront our deeply held biases that have served some and harmed others, and work to eliminate them.

Integrity, Transparency, & Accountability: Policy is a promise or a commitment to action. Nova Scotia Health must strive to follow through on those commitments, and to revise those commitments appropriately in response to new information, changing social expectations, or new developments.

Clarity & Consistency: Clear, straightforward language is essential for understanding. Nova Scotia Health strives to ensure that policy documents are internally consistent, and consistent with other guiding documents, laws, and professional expectations.

Purposeful & Managed: The decision to create a policy document is taken with care. Developing and implementing policy uses valuable resources. Once created, documents are appropriately revised and managed over time. We are mindful of our interdependency and the importance of timely and ongoing collaboration.

People-Centred: At all times, the wellbeing of our patients, families, and Team Members must be at the center of our policies. They move through the system and are impacted daily by decisions set out in policy. Keeping the focus on patients supports inter-departmental collaboration.

Meaningful to Those Expected to Comply: Policies whose development processes have been inclusive, well-informed, and transparently communicated are more likely to be both reasonable, all things considered, and respected by those tasked with their implementation.

POLICY STATEMENTS

Scope

1. The Policy Office is the issuing authority for all Policy Documents.
2. This policy governs the creation and approval of the following documents: (See [Policy Hierarchy, Appendix B](#))
 - Policy (Corporate and Clinical)
 - Includes Care Directives and Delegated Functions
 - Clinical Intervention Guides
 - Protocols
 - Procedures/SOPs

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- Other documents as directed by Nova Scotia Health Executive and Senior Leadership

2.1. Exclusions:

- Local work instruction
- Supporting documents (Checklists, Manuals, LMS, etc.)
- Clinical Practice Guidelines

3. The Policy Office may delegate management of Procedures to Programs, Departments and Services with the agreement that these documents are managed as per ISO 9001:2015, Section 7.5.3: Control of Documented Information (see [Appendix C](#) for direction).

Approval to Develop/Revise

4. Policy Document development/revision must be approved by the appropriate Sponsor before the drafting of documents begins.
 - Documented approval must be submitted to the Policy Office.

NOTE: Sponsors are listed in the [Delegation of Policy Approvals](#). Policy Documents are not processed until approval for development/revision has been received by the Policy Office.

Development

5. Policy Documents must be developed in accordance with:
 - This policy and related documents
 - [The Policy Framework](#)
 - Guidance from the Policy Office, including the [Nova Scotia Health Policy LibGuide](#)
 - [Policy Development Process](#)
 - Nova Scotia Health [Mission, Vision, and Values](#)
6. Policies and Clinical Intervention Guides must be developed with the entire organization and diverse needs of the patient population of Nova Scotia Health in mind.
 - 6.1. Procedures and Protocols should strive to be as broadly applicable as possible.
7. Policy Developers must strive to create best practice, evidence-based documents.
8. Policy Developers are encouraged to develop shared policy with IWK Health and other health partners as applicable.
9. Policy Document development must include implementation, education, evaluation, and communication plans, as determined by the complexity of the Policy.

Engagement

10. Policy Documents must have appropriate consultation by Interested Parties. This includes (but is not limited to):
 - Subject Matter Experts
 - Parties impacted directly by the Policy Documents
 - Patient Family Advisors (PFAs)
 - Interested Parties as determined by Policy Office
11. Policies may be subject to Legal Review at the discretion of the Policy Office.
12. Consultation must be documented and provided to the Policy Office to be included in the Approval package.

Approval

13. Approval of Policy Documents is governed by the [NSHA Board of Directors Delegation of Policy Approvals](#).
14. All requests for Approvals are managed by the Policy Office.
 - 14.1. Notification of Approval Status (Approved, Approved with Revisions, Not Approved) must be sent directly to the Policy Office by the Approver/Delegate.
 - 14.2. Exceptions to the Notification may be granted at the discretion of the Policy Office.

Implementation and Evaluation

15. Policies must be ready for implementation on the Effective Date.
 - 15.1. If a staged implementation is required, this must be indicated in the Policy Document and associated [Communication/Implementation Plan](#).
16. Planning for Policy implementation and evaluation is the accountability of the Sponsor and Operational Leaders as applicable.
17. When a piloted initiative requires the support of Policy:
 - 17.1. The Sponsor must communicate:
 - 17.1.1. The applicability of the Policy,
 - 17.1.2. Any exceptions to existing Policy that may arise as a result of the pilot, and
 - 17.1.3. The duration of the pilot.
 - 17.2. The Policy Office is responsible to record the conditions of the Piloted policy, including the expiration date.
 - 17.3. Policies supporting a pilot project are withdrawn immediately after the pilot has concluded.

17.3.1. The Policy Office gives Sponsors 30 days advance notice of this event.

17.4. It is strongly recommended that policies are piloted for a maximum of six months.

17.4.1. Pilot projects requiring Policy support that are a year in length or longer must go through the regular [Policy development process](#).

18. Policies should be evaluated for effectiveness to inform the efficacy of the approach and future policy direction.

Conflict in Policy Direction

19. Every effort must be taken to avoid the creation of Policy Documents that introduce conflicting direction.

19.1. When unavoidable, exceptions must be clearly outlined to ensure all Team Members understand what to do when conflicts arise.

19.2. Where Policy Documents are inconsistent, the higher document overrules the lower, and the lower document must be changed as soon as possible (see Policy Hierarchy).

19.2.1. In these cases, revisions made to address inconsistencies between documents are considered minor changes (see [Appendix C](#)).

Transfer of Accountability

20. If a department, program, service, or position referred to in a Policy Document changes, the role, authority, or responsibility stated in the document transfers to the successor/newly appointed entity until amended.

21. When there is a change in personnel at the Sponsor level, the incoming Sponsor is expected to review Policies they are assuming Sponsor level accountability for.

21.1. The Sponsor (or a delegate) must notify Policy Office with any changes to the status of a Policy Document's development (for example: change in Developers, expected timelines for completion, or cancelling the development).

Policy Review

22. Nova Scotia Health does not support Policy direction inconsistent with current best practice, organizational objectives, and/or legislative frameworks. There is an expectation that Policy Documents are kept current.

23. Review requirements:

23.1. Review cycle: Four years or more frequently if dictated by practice changes, legislation, or other requirements.

23.2. Approval/re-endorsement (as per the Delegation of Approvals):

- Endorsed with no changes: Sponsor approval only

- Minor Revisions: Sponsor approval only
- Major Revisions: Final Approver

Note: All Policy Documents, regardless of content changes, are reviewed by the Policy Office to ensure the content is in alignment with the most up to date Style Guide.

24. Policies that are two years past their review date are subject to withdrawal and archiving.

Accessibility

25. The official version (authorized version) of Policy Documents are the electronic versions, accessible through the Policy Repository.

25.1. Link to the official version on the Policy Repository. Do not download and repost electronic versions of Policies to shared drives, intranet pages, or any other digital platforms.

25.2. Use of printed Policy is strongly discouraged.

25.2.1. In the event a Policy Document is printed, it should be discarded immediately after use.

25.3. Departments that require print versions of Policy Documents for operational purposes must have a process in place to ensure print copies reflect the most up to date version.

25.4. In the event of the Policy Repository is unavailable, downtime protocols must be followed.

26. All Policy Documents are published using a Creative Commons [Attribution-Non Commercial 4.0 International \(CC BY-NC 4.0\) license](#) unless strong rationale otherwise is provided by the Sponsor.

Document Integrity

27. Policy Documents are Controlled Documents in accordance with the measures outlined in this Policy and [Appendix B](#).

28. Approved Policy Documents must not be altered.

28.1. Any changes or amendments must be made in collaboration with the Policy Office who bring changes as appropriate to Approvers for review and approval.

29. Access to the Administrative Rights of the Policy Repository is controlled and limited to Policy Office Team Members.

29.1. Exception: Rights to content management elements of the Policy Portal external to the Policy Office is granted by the Director of Policy (or delegate) and can be revoked at any time.

Application of Former DHA Policy

30. Team Members must follow applicable Former District Health Authority (DHA) Policy Documents until Nova Scotia Health Policy Documents replace them or they are withdrawn.

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31. Former DHA Policy Documents are in effect only in the areas where the original policy was approved for use.
32. All former DHA policies will expire on April 1, 2025 and be withdrawn.

Force of Policies

33. Compliance with policies is a condition of employment and privileges. Non-compliance may lead to disciplinary action or other consequences.

Exception to Policy

34. Policy creates the expectation that a rule must be followed, or a commitment upheld. If a situation arises where following a policy may create undue harm, the Sponsor can issue a time-limited exception.
 - 34.1. All exceptions must be reported to the Policy Office for tracking purposes.
 - 34.2. Any deviation from a Policy Document must be documented as appropriate.
 - 34.3. See [Policy statement 17](#) for direction on exceptions that arise due to a project pilot.
35. In exceptional clinical circumstances when a Team Member has sound, safety-based reason(s) for not adhering to a Policy, they must bring this to the attention of their immediate supervisor/delegate and obtain agreement that an exception to policy is necessary.
 - 35.1. When possible, the Team Member and immediate supervisor/delegate discuss the exception to policy with the Sponsor.
 - 35.2. The rationale and the decision for the exception is documented in the health record (for example: SBAR method) and reported to the Policy Office for tracking and trending purposes.

Withdrawal of Policy

36. Policies are withdrawn if they [are]:
 - Six years past approval date (two years past revision date)
 - Contain incorrect direction that may lead directly to patient or Team Member harm.
 - No longer relevant.

ACCOUNTABILITY

Executive Leadership Team

- o Ensures the appropriate governance, leadership, and administrative structures are in place as per this Policy and the Policy Framework to support effective Policy development, approval, implementation, education, evaluation, and compliance.

- o Reviews reports provided by Policy Office and makes recommendations to deal with high-risk issues.

Approver

- o Owns the Approval Authority for Policies as determined by the [Delegation of Signing Authority](#) and within Operational Scope.
- o Provides ultimate accountability for the Policy content and implementation.
- o May delegate responsibility for approval.

Sponsor

- o Determines if a Policy is the appropriate tool to address an issue, and, if within Operational Scope, may approve development.
- o Accountable for the successful development/revision of Policy Documents, which includes communication/education requirements and implementation targets.
- o Determines if an existing Policy is still required and authorizes Policies to be withdrawn.
- o Contributes as required to Policy content, review, implementation targets, and evaluation.
- o Engages Team Members in Policy development, review, and communication.
- o Communicates with the Policy Office as required to confirm any significant change in policy development status.
- o Responds to issues related to Policy Documents including exceptions, errors, implementation challenges, etc.
- o When leaving a position, ensures to the best of their ability that the incoming successor is aware of the policy being developed under their authority.

Operational Leadership

- o Accountable for the implementation of Policy within their Zone.
- o Alignment of local/zone-based Procedures with Nova Scotia Health Policy.
- o Signal the withdrawal of outdated DHA Policies to support alignment with current practice.

Policy Office

- o Provides leadership and oversight for the development of comprehensive Policy Documents.
- o Creates and facilitates development and approval processes for Policy Documents.
- o Communicates with Policy Developers and/or Sponsors as required to reconfirm Sponsorship, Policy project plan, and timelines.
- o Provides and/or facilitates education and guidance for Developers, Sponsors, Approvers, and users of Policy Documents.

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- o Ensures only approved Policy Documents are posted to the Policy Repository.
- o Reports exceptions and problems identified to Sponsors for action.
- o Creates and maintains a Policy Repository that is accessible to Team Members and the public as appropriate.
- o Maintains the Policy archive as required by record retention Policies.
- o Tracks and reports outdated Policy and/or other identified risks to Sponsors and Final Approvers to support accountability.
- o Collaborates with IMIT to develop and maintain downtime protocols.
- o Reports the following to Executive and Senior Leadership teams:
 - The number of outdated policies
 - Time benchmarks for development
 - Any other significant issues/successes as relevant in keeping with the stated outcomes of this policy
 - Uptake and evaluation of Policy Development Education
 - Evaluation of the Policy Development Process
 - Accessibility of Policy at the front line
 - Outdated policies slated for withdrawal
 - Document control measures are audited every two years.

Managers and Service Medical Co-Leads

- o Support Team Members in education regarding how to find and follow Policy.
- o Report exceptions or challenges with Policy to the Policy Sponsor.
- o When reporting patient safety incidents or Team Member injuries through the Safety Incident Management System or other internal reporting system, indicate whether the event was related to direction from a Policy Document.
- o Where, as a last resort, printed copies of Policy Documents must be used in their area, ensures that the documents are reflective of the official version available online.

Policy Developer

- o Follows the [Policy Development Checklist](#) and [Policy Development Process](#).
- o Collaborates with Policy Office
- o Oversees, coordinates and/or delegates tasks related to Policy development, implementation, and evaluation.
- o Develops Policy Documents with Subject Matter Experts and other Interested Parties as required.

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- o Ensures communication and education strategies are implemented in consultation with the Sponsor.
- o Uses best evidence and relevant values and principles to support Policy direction.

Policy Reviewers (including Subject Matter Experts, Interested Parties)

- o Review and provide constructive feedback as per their role/expertise/profession within the requested timeline.
- o Seek understanding on the Policy approach at Nova Scotia Health.
- o Reach out to the Policy Office for guidance as needed.

All Team Members

- o Access the Policy Portal.
- o Comply with Policy Documents.
- o Communicate to their supervisor/delegate all instances where complying with Policy would lead to a negative outcome (see statements on [Policy Exceptions](#)).

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Legislative Acts/References

- Hospitals Act, RSNS 1989, c 208 [Hospitals Act \(nslegislature.ca\)](#)
- Government Records Act
<https://nslegislature.ca/sites/default/files/legc/statutes/government%20records.pdf>
- [Nova Scotia Health Authority Medical Staff By-laws - Health Authorities Act \(Nova Scotia\)](#)

RELATED DOCUMENTS

Policies

- [Public Engagement - Policy - NSHA AD-PR-001](#)

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[Conflict of Interest - Policy and Procedure - NSHA AD-BOD-001](#)

[NSHA AD-EP-001 Enterprise Risk Management](#)

Records Retention*

Procedures

[Public Engagement - Procedure - NSHA AD-PR-001.01](#)

Forms

[Templates and Forms - Policy - LibGuides at Nova Scotia Health \(nshealth.ca\)](#)

Other

[NSHA Ethics Framework](#)

[Nova Scotia Health Policy Framework](#)

Appendices

[Appendix A](#): Definitions

[Appendix B](#): Policy Hierarchy

[Appendix C](#): Document Control Standards

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APPENDIX A: DEFINITIONS

Accountability	Person answerable for the results of a task or action. Accountability cannot be delegated.
Approval Date	Date a policy document has been approved. The expiry date of the policy is set by this date (see Effective Date).
Approver	Individual or committee who provides organizational authority for the commitments made in a policy document. The Approver verifies that the Policy Document in their trust outlines the right commitment for the organization to make and is confident the commitment can be kept. See the Delegation of Policy approvals .
Care Directive	An authorizing mechanism developed in consultation with authorized 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. https://www.nscn.ca/professional-practice/practice-support/practice-support-tools/care-directives/care-directive-guidelines
Clinical Intervention Support Guide	Document that provides a practical mix of guidance enabling an HCP to perform a clinical intervention. May include policy statements, inclusion criteria, guidelines, procedures, and competency requirements. Focus is on the intervention, not operational issues. Outcome: Novice users are supported while experts have flexibility to use judgement. Supports Clinical Standardization.
Clinical Practice Guidelines	Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. CPGs define the role of specific diagnostic and treatment modalities in the diagnosis and management of patients. The statements contain recommendations that are based on evidence from a rigorous systematic review and synthesis of the published medical literature.
Controlled Document	A document that must undergo formal review, formal approval, controlled distribution, controlled modification, and controlled

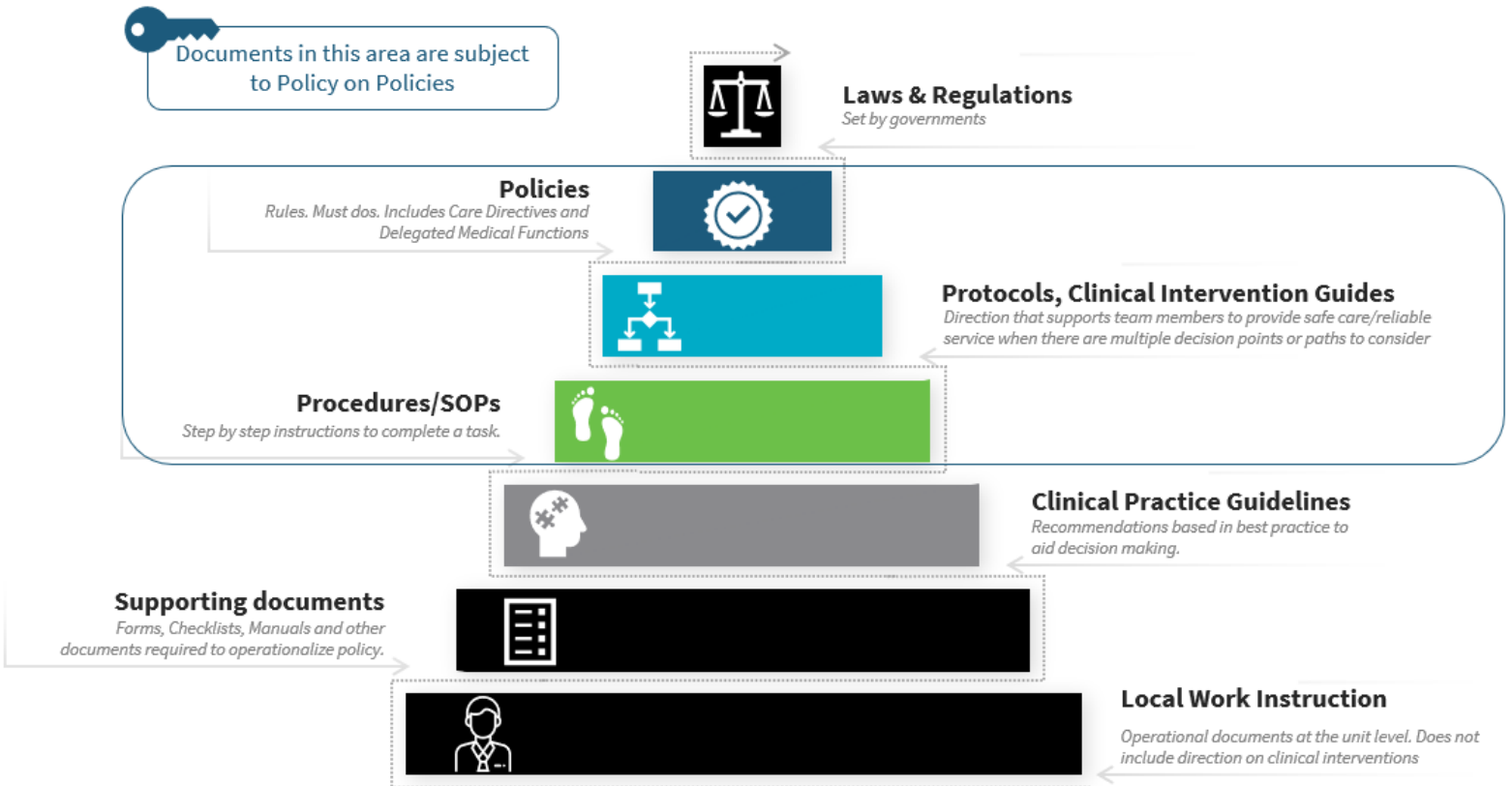
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	storage and access. A document should be controlled if, when improperly managed, it could reasonably be expected to substantially diminish the ability of the institution to meet mission requirements or to protect safety, health, environment, or property.
Delegated Function	An authorizing mechanism that transfers the responsibility for performing a specific intervention that falls within the professional scope of practice of one health-care professional (delegator) to another (delegate) for whom the intervention is not within their professional scope of practice (NSCN).
Developer	Individual, working group, or committee delegated by the sponsor with the responsibility for developing (or reviewing/revising) a policy document.
Effective Date	The date a policy comes into effect (see Approval Date).
Interested Parties	<p>Any individual, group, or organization who may have a significant interest in the policy process (development, implementation, evaluation), or may have a significant interest or role in the strategic direction for Nova Scotia Health as outlined in the policy currently in development that can affect, be affected by, or perceive itself to be affected by a decision or activity.</p> <p>They include:</p> <p>Individual(s) or group of persons (example: members of the public, patients) directly affected by the policy.</p> <p>Subject Matter Experts</p>
Issuing Authority	The entity with the authority to publish, replace, and withdraw Policy Documents on behalf of the organization.
Local Work Instruction	Documents that direct operations at the unit/office level. Cannot conflict with Policy or other overarching direction (see Policy Hierarchy).
Operational Scope	Those aspects of business operations a department, service or program is accountable for (for example: Mechanical Ventilation of Patients is outside the Operational Scope of the Finance Department).
Policy	Documents that create a high-level rule, expectation or commitment that must be followed without exception. Driven by legislation, by-laws, ministry directives, Accreditation or other external standards, and organizational culture/values.

	Outcome: Nova Scotia Health’s direction on an issue is clear, implemented, and complied with.
Policy Documents	For the purposes of this policy, includes Policies, Care Directives, Delegated Medical Functions, Protocols, Clinical Intervention Guides, Procedures/SOPs, and other documents as dictated by Executive (see Policy Hierarchy).
Supporting Document	A document required to carry out a policy, process, procedure, system, or work instruction. Examples: Expense form, Corrective Action Tracking System (CATS) Database User Manual, Environment, Health & Safety (EH&S) Division Chemical Storage Guidelines
Principles & Values	The philosophical principles and values that provide the foundation for the creation and implementation of the Policy. Principles and Values address the question of “why” the policy was developed or “why” it is important to have direction in a particular matter. Addresses the question “what is at stake?” Does not include policy statements or clinical guidelines.
Procedure	Describes the series of steps required to complete an activity or task. Generally written in logical sequence. The primary difference between a Procedure and an SOP is that an SOP requires operational context in order for the Procedure’s outcome to be met. Outcome: Users follow a consistent process each time an activity is performed.
Protocol	A required series of actions to manage a clinical or operational issue based on a series of key decision points. Visual representation includes if/then statements and decision points. May contain or refer to procedures. The reason for any deviation must be documented. Outcome: Users can navigate a complex activity with known variables.
Relevant Local Policy	Policies approved by the former NS District Health Authorities (DHA) and remain in effect until superseded or archived.
Sponsor	An individual, program, network, division, or Nova Scotia Health standing committee accountable for the development, implementation, and maintenance of a Policy Document. The sponsor verifies the commitments they are undertaking via policy

	are viable, and ensures, to the best of their ability, they can be fulfilled.
Subject Matter Experts	Individuals who possess a deep understanding of a particular subject, including, but not limited to, a clinical specialty, job, department, process, equipment, or software. Subject matter experts may have collected their knowledge through intensive levels of schooling, or professional and/or lived experience. Subject matter experts may have a particular expertise that is required to be able to develop, implement, or evaluate the success of the policy.
Supporting Document	A document required to carry out a policy, process, procedure, system, or work instruction. Examples: Expense form, Corrective Action Tracking System (CATS) Database User Manual, Environment, Health & Safety (EH&S) Division Chemical Storage Guidelines
Team Members	All employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.

APPENDIX B: POLICY HIERACHY



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APPENDIX C

DOCUMENT CONTROL STANDARDS AND GOOD PRACTICE

1. Programs and Departments that wish to maintain their own internal Procedures must meet the following requirements.
 - 1.1. The content must:
 - Align with a governing policy.
 - Be available for use when and where needed.
 - Meet the document elements outlined in statement 2 below.
 - Be adequately protected from unintended alteration of the content (example: not downloadable in word form, pdfs that are easily unlocked).
 - 1.2. The Program/Department must:
 - Prevent outdated versions of the document from unintended use.
 - Be able to demonstrate the document is current and approved for use.
2. Policy documents must conform to a minimum of the following elements:
 - A clearly identifiable title unique enough not to be confused with another document
 - The date the document was approved, put into effect, and is due for review
 - A role/committee with accountability for the content
 - A role/committee accountable for organizational compliance
 - Version history

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2015-07	Board of Directors	N/A
2.0	2024-06-11	ELT	<ul style="list-style-type: none"> ○ Introduction of expiry date on Legacy DHA policy ○ Introduces expectations that policies will remain current ○ Introduces Evaluation and Monitoring expectation to policy ○ Removes Clinical Practice Guidelines from scope of Policy Framework. ○ Introduction of Document Control standards ○ Clarifies expectations around consultation and feedback