**PERTH AND SMITHS FALLS DISTRICT HOSPITAL**

**POLICY AND PROCEDURE**

 **TITLE:** Hospital Policy Development, Maintenance and Compliance

**CREATION DATE:** May 25, 2017

 **AUTHOR:** Kimberly Kehoe

**Purpose:**

Document and record control employs mechanisms to ensure that only the most current version of a document/record is available and that obsolete documents are removed and archived from possible use.

**Policy Statement(s):**

1. In order to provide a clear and consistent direction to staff, physicians, volunteers and managers, it is the Hospital’s policy to require a uniform approach to the development, revision, approval, archival and deletion of all hospital policies and procedures.
2. The development and revision of all documents:
* Should reflect the Vision, Mission and Values of Perth and Smiths Falls District Hospital
* Whenever possible reflect the perspectives of patients and families (Patient Family Centered Care)
* Reference staff, students, volunteers
* Are compliant with applicable federal, provincial legislation, regulatory college standards of practice, accreditation requirements and best practices
1. Corporate and departmental documents including but not limited to policies, procedures, guidelines, forms will be available via the Medworxx Policy Document Management System.
2. Corporate wide documents shall apply to all staff, students, physicians and volunteers as appropriate and supersede any departmental documents.
3. Departmental policies, procedures, guidelines applicable to one service will take into account and be compatible with but not duplicate Perth and Smiths Falls District Hospital corporate policies, procedures or guidelines

**Policy Format**

All policies and procedures shall use the same heading and will contain the following sub-sections in the same order as presented (where applicable).

 *Policy Purpose* – A short statement that identifies the purpose, background, description of the

 policy

 *Policy Statement* – A short statement(s) that provides direction and details of the policy

 *Definitions -* provide definitions of terms or acronyms used within the document

 *Background –* contains information related to the reasoning for the policy, benefits to the hospital,

 links to the organization’s mission, vision, values and/or procedural notes.

 *Procedures* – a list of specific actions required to comply with the policy

 *Related Documents*  - list related documents including but not limited to policies, procedures,

 forms, Guidelines

. *References -*  list outside sources, articles, research, contributors

 *Revision History* – date and brief statement of change made

 *Appendices*

**Document Identification:**

All policies and procedures shall be uniquely identified and include:

* A title
* Date of current version (effective/approval date)
* Author/Creator

**Policy Numbering**

Policy numbering will be left at the discretion of the Departmental Manager, with the exception of laboratory which is a mandatory requirement for IQMH accreditation.

**Procedure:**

1. **Creating a Document**
	1. All policies and procedures may be developed by a staff member, manager, physician or volunteer in consultation with their peers and/or manager(s) and may be corporate, clinical or departmental in nature.
	2. A standardized template is used for policies and procedures to ensure that all documents of this type have a uniform appearance across the organization. The template may be downloaded from the home page of the Medworxx Policy and Document Management System.
2. **Revising a Document**

2.1 Policies will be reviewed and/or revised every three years or more frequently as required to

 maintain compliance with applicable regulations and best practices.

2.2 Review of policies will be the responsibility of the owner/author/editor assigned in Medworxx.

 This task may be assigned to another individual.

2.3 Occupational Health and Safety policies shall be reviewed **once per year** or sooner as

 required.

2.4 Document owners shall ensure that revisions are made when there is a change in practice,

 relevant legislation, or professional standards.

2.5 It is the responsibility of the owner/author to communicate and notify all staff when a document

 has been revised. This can be done by using the Meditech system.

2.6 Hospital staff is responsible for reviewing revised document(s).

1. **Reviewing a Document**
	1. Staff who is familiar with the subject matter of a given document may be assigned to review new or revised documents before they are approved and published.
	2. Staff who are familiar with the original document reviews and approves changes to a document.
	3. A record of review shall be maintained and any applicable notes/comments should be captured in the Medworxx Policy and Document Management System. Details can be entered in a box at the time of publishing. This information can be viewed via Version History.
2. **Approving a Document**
	1. All documents must be approved and authorized for issue before publishing/implementation.
	2. The following approvals are required based on document type:
* Corporate Policies – Senior Leadership Council or Responsible Vice President
* Departmental Documents – Department Manager
* Nursing Documents – Nursing Manager or CNE
* Laboratory Quality Management – Laboratory Medical Director
* Laboratory Technical Procedures – Laboratory Director, Medical/Technical Consultant or Laboratory Manager
* Point-of-Care Testing – Nursing Manager or CNE
1. **Document Distribution**
	1. All employees have access to the view and print documents using the Medworxx Policy and

Document Management System (PDMS).

* 1. Management is responsible for the distribution, maintenance and archival of all documents.
	2. Documents uploaded to PDMS are considered to be the most current version.
1. **Periodic Review**
	1. Documents are reviewed at minimum every three years or sooner as determined by legislation and accreditation requirements.
	2. A summary of document revision should be maintained by adding a note to Medworxx PDMS.
2. **Related Documents**
	1. *How to Import a Document*  - found on the PDMS home page
	2. *How to View a Document* – found on the PDMS home page
	3. *How to Edit, Review and Approve and Existing Document* – found on the PDMS home page
3. **Appendices**
	1. Appendix A – Policy and Procedure Template
	2. Guidelines for Writing Policies and Procedures
	3. Communication to Staff of Revised/New Policy and Procedure

Appendix A – Policy and Procedure Template

**PERTH AND SMITHS FALLS DISTRICT HOSPITAL**

**POLICY AND PROCEDURE**

 **TITLE:**

**CREATION DATE:**

 **AUTHOR:**

**Purpose:**

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**Policy Statement:**

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**Definitions:**

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**Background:**

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**Procedure:**

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**Related Documents:**

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**References:**

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**Revision History**

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**Appendices**

Appendix B – Guidelines for Writing Policies and Procedures

A well written Policy and Procedure will be clear, consistent, simple and brief. Consider the purpose of the document and the intended reader.

Format – Use the format outlined in Appendix A for all new and revised policies and procedures

Title – The title of the document should be clear, concise and accurately reflect the content. Keyword should be the first word in the title. Avoid using words such as use, procedure, the, that etc.

General Rules – use an active voice, present tense, positive tone and standard word order (subject, verb, object). The subject may be implied or at the beginning of a list of actions. Organize the content from broad to more detailed. Use headings and subheadings to group content. Use lists where appropriate.

Acronyms – when using acronyms, the first reference is written in full, followed by the acronym in brackets. E.g. Substitute Decision Maker (SDM)

Gender References – avoid gender reference where possible. If required use combined reference s/he

Name & Location References – refer to position titles rather than individuals by name

Numbering – use numbering for sequential order of steps, for points with distinct subject separations and when a cross-reference to a specific point is required

Bullets – use bullets for lists where neither priority nor sequence is implied

References – include all references

Must­/Shall - indicates mandatory action that is enforceable

Should – indicates recommendation, does not imply obligation

May – indicates discretion

Appendix C – Communication to Staff of Revised/New Policy and Procedure

**Date:**

**Document Title:**

Please be advised that the above named policy is (new, revised) and has been published to the Medworxx Policy Document Management System. Please review at your earliest convenience.

Questions about this policy can be referred to: (name)