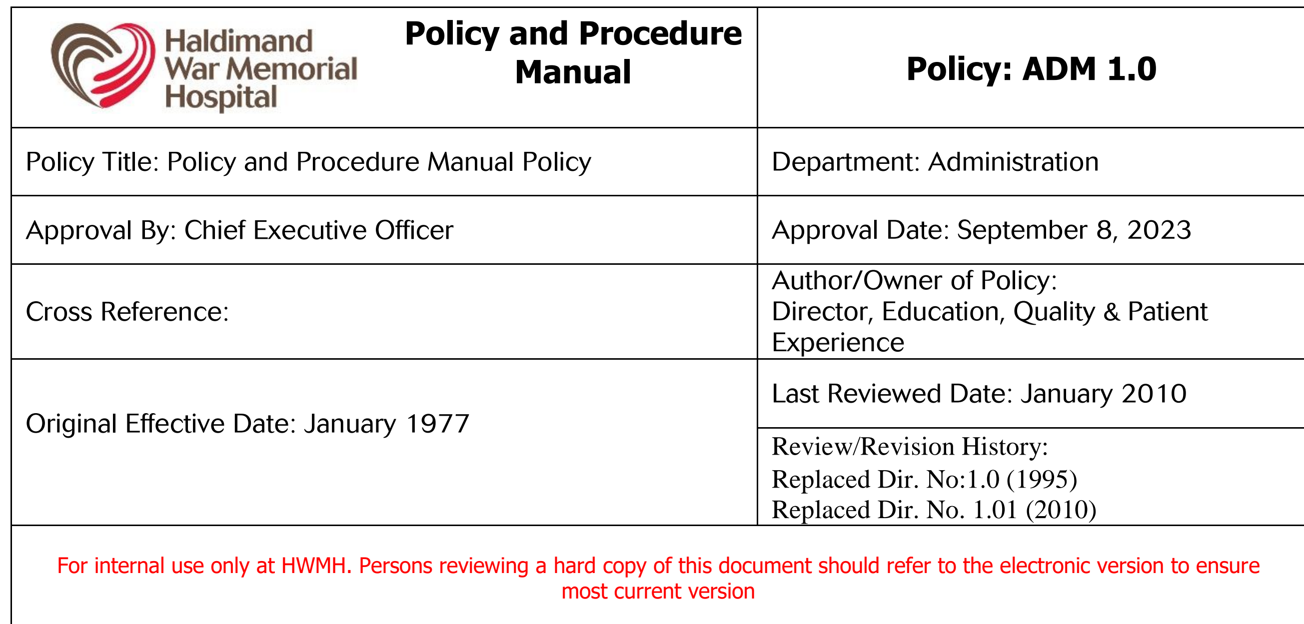


Haldimand War Memorial Hospital — **Policy and Procedure Manual**	**Policy: ADM 1.0**
Policy Title: Policy and Procedure Manual Policy	Department: Administration
Approval By: Chief Executive Officer	Approval Date: September 8, 2023
Cross Reference:	Author/Owner of Policy: Director, Education, Quality & Patient Experience
Original Effective Date: January 1977	Last Reviewed Date: January 2010
	Review/Revision History: Replaced Dir. No:1.0 (1995) Replaced Dir. No. 1.01 (2010)
For internal use only at HWMH. Persons reviewing a hard copy of this document should refer to the electronic version to ensure most current version	

1.0 Purpose

The purpose of this policy is to provide formal direction that imposes specific responsibilities with respect to the managing of policies, procedures, protocols, guidelines and tools approved for use by Haldimand War Memorial Hospital (HWMH) staff. A system of maintaining policies and procedures which are current according to industry standard, and following all appropriate legislation, regulations and regulating bodies of the hospital and its employees. Ensuring that key stakeholders are given the opportunity to provide input and guidance on the development, review and revision of policies and procedures. Ensuring that all HWMH staff have access to the most current and relevant versions aligns with the Integrated Quality Management Framework (See Appendix A).

2.0 Policy

Policy will be defined as a formal direction that imposes specific responsibilities with respect to the expected outcomes of HWMH staff. A policy is secondary to existing legislation and bylaws. A policy management framework (See Appendix B) will assist in the standardized approach to ensuring that all policies are supportive to the established mission, vision and values of the organization (See Appendix C).

3.0 Procedure

Policies and procedures must be reviewed at a minimum frequency of every three years and revised as necessary. The Policy and Procedure Development Checklist and Approval Process is a tool to assist in the management of policies of HWMH (See Appendix D).

All documents that are a part of the HWMH Policy and Procedure Manual are managed using a formalized process to ensure that regular reviews, revisions and if necessary retirement is adhered to. Each document has a master file that contains the current and all previous versions of the document stored

electronically. The Document Management Process is to assist in this process (See Appendix E).

4.0 Roles & Responsibilities

4.1 The Board of Directors of the Hospital is responsible for all matters pertaining to the hospital, however, in accordance with the Bylaws of the hospital, certain matters are delegated to the Chief Executive Officer (CEO). The CEO may delegate authority and responsibility as deemed appropriate. Responsibility and authority for the policies and procedures will be designated according to the policy as outlined.

4.2 The CEO has delegated the authority for creating and/or updating policies and procedure to individual Directors. It is the responsibility of Directors to revise, add to or delete from policies and procedures which relate to their specific departments, units or programs.

4.3 Committees and groups must follow the Policy and Procedure Development Checklist and Approval Process (See Appendix D) including receiving Senior Team Approval prior to implementation of any policy/procedure or change to policy/procedure.

4.4 It is the responsibility of Leadership to revise, add to or delete from policies and procedures as they relate to general administration, organization, management and personnel under the authority of the Board of Directors, following the Document Management Process (see Appendix E).

4.5 All policies and procedures will be distributed by the Director, Education, Quality and Patient Experience or delegate of the CEO, via the web portal once final approval is received. The Policy and Procedure Development Checklist (see Appendix D) is to be followed.

4.6 Approvals and organization of all policies and procedures follow the Policy Alpha-Numeric Coding (see Appendix F).

4.7 The policy management tracker will be updated and managed by a delegate of the CEO.

5.0 External References

References will refer to any legal requirement or accepted standard that may have initiated a policy or procedure. Polices that have external references will follow the Policy and Procedure Development Checklist and Approval Process (see Appendix D).

CLSL. *Quality Management System: Development and Management of Laboratory Documents: Approved Guideline – Sixth Edition.* CLSI document QMS02-A6. Wayne, PA: Clinical and Laboratory Standards Institute, 2013.

6.0 Stakeholder Consultation (In Consultation with)

6.1 Collaboration with patients and families via the HWMH Patient and Family Advisory Committee in policy development, implementation and evaluation is a core value of the Governance Standards of Accreditation Canada.

6.2 Collaboration with key stakeholders, including but not limited to, front line staff, physicians, various disciplines will contribute to the successful engagement and implementation as well as fostering an environment of best possible outcomes.

7.0 Approved By

7.1 The first page of every policy and/or procedure must include the approved header and indicate who was responsible for each of these roles. This is determined as follows:

7.1.1 Author

7.1.1.1 Where the author is a Director, his/her proper title will be recorded.

7.1.1.2 Where the author is a staff member, his/her name and certification or title are to be recorded.

7.1.1.3 Where the author is a group/committee, the title of the chair/co-chair be recorded

7.1.2 Approval

7.1.2.1 Policies and procedures shall be approved by the responsible Senior Team member and shall be identified by title only (See Appendix F).

7.2 Approval Signatures

7.2.1 Approval Signatures need to be recorded electronically using the Policy and Procedure Development Checklist and Approval Process (See Appendix D). The approval dates are to be recorded in the header of all documents however, the signatures themselves do not need to be a part of the document itself.

8.0 Appendices

Appendix A– Integrated Quality Management Framework
Appendix B –Table 1: Policy Management Framework
Appendix C– Mission, Vision and Values Statement
Appendix D –Policy and Procedure Development Checklist
Appendix E – Document Management Process
Appendix F – Policy Alpha-Numeric Coding

	Framework	Policy	Protocol	Standard	Procedure	Guidelines	Tool
Level	Strategic			Operational			
Application	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Optional	Optional
Objective	Vision	Outcomes	Approach	Requirements	Process	Guidance	Resource
Definition	A policy framework provides context, rationale, principles, and broad strategic direction. It supports the effective and consistent development and implementation of all policy instruments that flow from it.	A policy is a formal direction that imposes specific responsibilities with respect to the expected outcomes of HWMH Staff. A policy is secondary to existing legislation and bylaws.	A protocol is a formal and standardized instruction that requires specific action. Protocols explain how policy objectives must be met by guiding decision-making and governing activities.	A standard is a set of operational or technical measures, procedures or practices that provide detailed information on how HWMH staff are expected to carry out specific activities.	A procedure sets mandatory instructions — often step-by-step — that explain in detail the authorized and specific way to do something.	A guideline provides guidance, advice or explanation on how staff may satisfy the provisions of a higher level policy instrument, or how to accomplish some aspect of their work in compliance with the provisions of a given policy instrument. Best Practice Guidelines promote consistency and excellence in clinical care, health policies, and health education, ultimately leading to optimal health outcomes for people and communities and the health system (RNAO, 2022).	A tool contains information in various formats which is useful in order to perform operational activities. Policy tools include mechanisms or examples such as recognized best practices.
Essential Content	Context Principles Broad direction Roles and responsibilities	Context Requirements Outcomes Monitoring, evaluation and review Roles and responsibilities	Context Statement and requirements Required actions or methods Roles and responsibilities	Detailed instructions for application of a higher-level policy instrument, e.g., specifications, technical requirements, documentation requirements. Roles and responsibilities	Required steps for application of policy instruments Roles and responsibilities	Detailed interpretation Preferred approach based on best practices Roles and responsibilities	Best practices Communication and/or verification products Models/templates Check lists Roles and responsibilities
Management	Annual Review Required	Annual Review Required	Annual Review Required	Annual Review Required	Annual Review Required	Annual Review Recommended	Annual Review Recommended

References:
https://www.bac-lac.gc.ca/eng/about-us/policy/Pages/policy-management-framework.aspx#appA
https://rnao.ca/bpg/guidelines

Policy and Procedure Development Checklist

Policy Title: Click or tap here to enter text. Author: Click or tap here to enter text.
Date: Click or tap to enter a date. Department: Choose an item.
Policy & Procedure Version: Choose an item.
Is it replacing a document with the same title? Yes ☐ No ☐
List the document(s) being archived/replaced by this document:

Rationale for development or revision of policy: Click or tap here to enter text.

Cross referenced Forms, Policies and/or Procedures: Click or tap here to enter text.

Cross referenced to current accreditation standards: ☐

Evidence to support policy included in draft: ☐

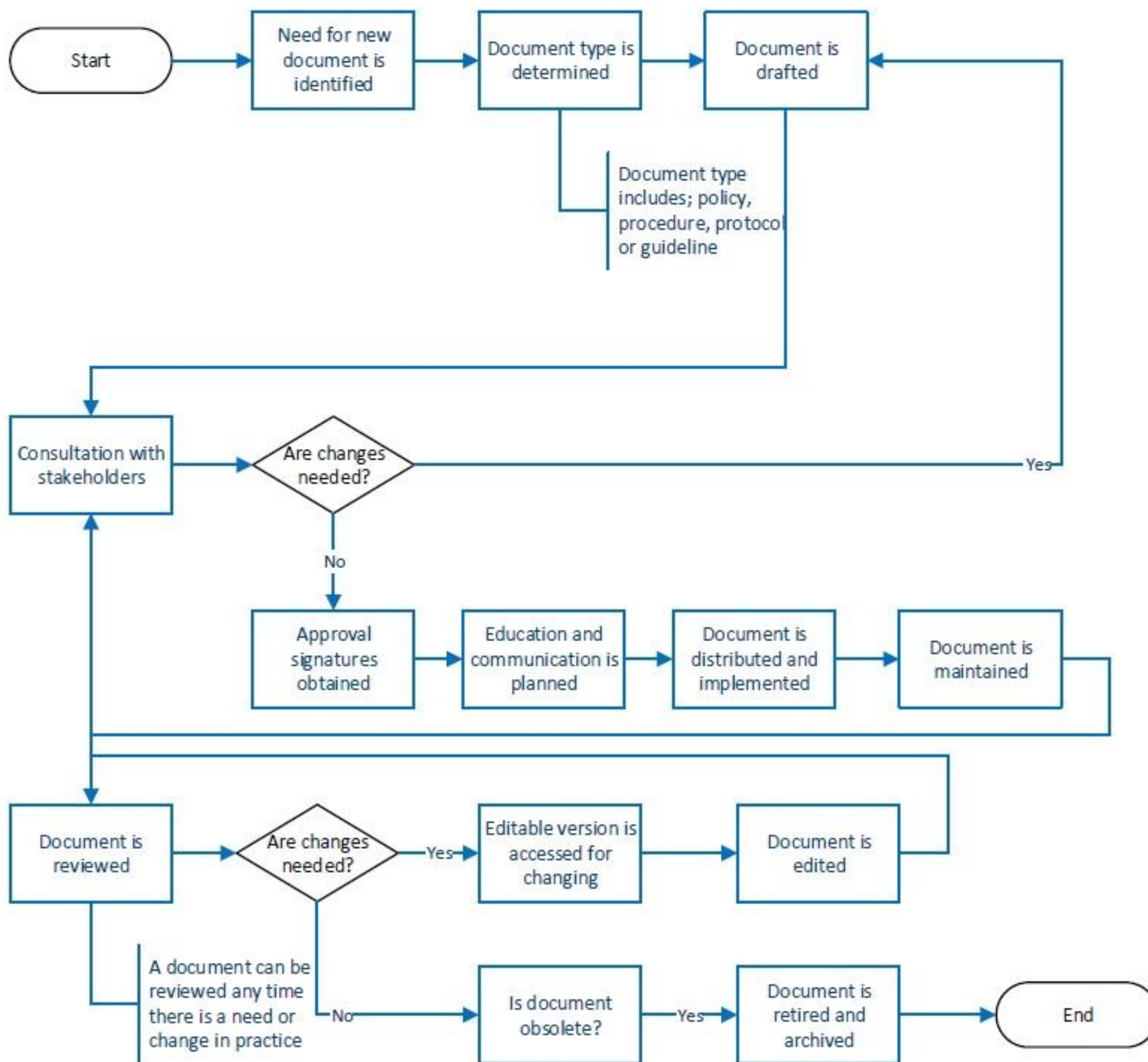
Does this document reflect Best Practice (Especially important if the document was reviewed with no changes?)
Are the external references no more than 5 years old? Yes ☐ or
References have been checked & continue to represent the most current evidence of best practice(s). Yes ☐

Stakeholder Consultation Completed: Choose an item.

Communication and Dissemination Plan: (How will the policy & procedure be communication to those impacted? Who will be the most responsible person to complete this?) Click or tap here to enter text.

Education Plan Requirements: (Is there an education plan required to ensure that those departments impacted are supported? What resources are needed to support the plan?) Click or tap here to enter text.

To be Completed and Submitted to the Director of Education, Quality, and Patient Experience:
- ☐ Policy/ Procedure/ Standard Operating Procedure
- ☐ Policy and Procedure Development Checklist
- ☐ Policy and Procedure Development Signature Page


Start
Need for new document is identified
Document type is determined
Document is drafted
Document type includes; policy, procedure, protocol or guideline
Consultation with stakeholders
Are changes needed?
Yes
No
Approval signatures obtained
Education and communication is planned
Document is distributed and implemented
Document is maintained
Document is reviewed
Are changes needed?
Yes
Editable version is accessed for changing
Document is edited
A document can be reviewed any time there is a need or change in practice
No
Is document obsolete?
Yes
Document is retired and archived
End

Departments	Prefixes	Titles	Approval
Administration	ADM 1.0	Board of Directors Administrative Services Risk Management Finance Procurement Information Technology Quality Health Records	Senior Team
Human Resources	HR 2.0	Attendance Management Labour Relations Wellness Committee	CFO
Occupational Health & Safety	OHS 3.0	Joint Health & Safety Committee Infection Prevention & Control Emergency Preparedness Employee Health	Senior Team
Nursing	NSG 4.0		CNO
Emergency Department	ED 5.0		CNO
Perioperative Services	OR 6.0	Surgical Day Care Operating Room Medical Device Reprocessing Post Anesthetic Recovery Room	CNO
Laboratory Medicine	LAB 7.0		Director, Laboratory Medicine
Diagnostic Imaging	DI 8.0		Director, Diagnostic Imaging
Pharmacy	PHARM 9.0		CNO
Inpatient Unit	IPU 10.0	Acute Care Complex Care Activity Physiotherapy Discharge Planning	CNO
Environmental Services	EVS 11.0	Maintenance Housekeeping Dietary	CFO