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| **Policy for the Development, Approval, and Maintenance of**  **Policies & Procedures** | | |
| **Date first created:**  January 1989 | **Revised:**  January 7 2020 | **Approved By:**  Executive Team |

1. **Policy Statement:**

At Baycrest, policies and procedures are written to encompass corporate-wide operational activities and practices and define expectations as they relate to the mission, vision, values, goals and objectives. Policies and procedures are written with an expectation of compliance and reflect evidence-based best practices and compliance with legislation, where applicable.

**2.0 Background:**

The development, approval and maintenance of all policies at Baycrest shall be done in a consistent manner. It is expected that all policies will be developed, approved and maintained within a framework as outlined in this policy.

Over the course of time, policy management has evolved from paper-based to an online system available to users on the Baycrest Intranet. Policy management was digitized in 2015, and an electronic document management system was introduced. Maintenance is needed to provide consistency and a framework for policy development and management. This policy therefore is reviewed and updated on a three year review cycle.

**3.0 Procedure:**

All policies are scheduled for review at least every three years.

Some policies may require more frequent review, such as when there are statutory review requirements: e.g., Occupational Health and Safety, Human Resources and Infection Control policies.

Stand-alone procedures (those not embedded in a policy) are reviewed a minimum of every five years.

If a policy or procedure is changed before the review cycle ends, an earlier review takes place.

Document development may require input from a number of individuals, stakeholders (including clients and families) and/or committees to ensure all of the organization’s primary functions, operations and systems are documented, authorized, implemented, and up-to-date. Final approval is required from a Terminal Committee prior to publication. For definitions see section 4.0 below.

Appendix A outlines the roles of owners, editors and other stakeholders. The policy development process flow is attached as Appendix B.

The key steps to reviewing/revising an existing policy and procedure or developing new ones are as follows:

1. ***Process Initiation:***  The process is initiated in one of two ways: i) a Policy Owner or other stakeholder (see Roles and Responsibilities in Appendix A) may identify when a policy requires development or revision; ii) a prompt is sent in accordance with the review notification schedule, at 30 day intervals (see 2. below). Until the online policy and procedure management system is automated, the Policy and Procedure Coordinator will send some notification functions via email.

For any new policy and procedure, the Policy Owner facilitates the process to identify an individual as Policy Editor (typically Director or Manager-level staff). The Policy and Procedure Coordinator is also notified.

1. ***“Policy and procedure coming up for review” Notification:*** An automated[[1]](#footnote-1) email will be sent to the Chair or Co-Chairs of the Terminal Committee (also known as Policy Owner), and/or Policy Editor, that notifies when documents are due for review, or have passed review date(s) at specified intervals. The set intervals for these notifications are:
   * + 90 days prior to review date
     + 60 days prior to review date
     + 30 days prior to review date
     + On the review date
     + 30 days after the review date

The notifications will be copied to the Policy and Procedure Coordinator’s mailbox to support follow-up with the appropriate individual.

1. ***Draft Policy:*** The Policy Editor drafts the policy and procedure using the Policy Template(Appendix C). The expectation is a length of three or four pages in clear language and in accordance with the guidelines outlined in Appendix D.

When the review is complete, and changes (if any) are incorporated, the Policy Editor will notify the Policy and Procedure Coordinator, providing a final Word version of the policy and procedure along with a completed tracking sheet (Appendix F) and a dissemination form (Appendix G).

1. **For minor changes:** If the proposed changes to the policy or procedure are minor, the proposed changes will be documented on the policy and no additional approvals will be necessary. Examples of minor or incidental changes include:
   * + Change to the policy name
     + Change to staff titles within the policy
     + Fixing typographical errors or formatting
2. **For major revisions:** If the proposed changes to the policy or procedure are more substantial, all the appropriate steps outlined in the Policy Development Process (Appendix B) must be followed.
3. ***Policy Categories:*** The categories and subcategories of policies and procedures are listed in Appendix E.
4. ***Policy Circulation Tracking Sheet:*** The Policy Editor initiates stakeholder consultation. These stakeholders will vary depending on the nature of the policy/procedure. When considering which stakeholders to consult, reflect on Baycrest’s ICARE values, client and family care principles, team standards of performance, ethics, decision-making, compliance monitoring, and communication. The Policy Circulation Tracking Sheet in Appendix F is to be used by the Terminal Committee Chair(s) to track this input.
5. ***Policy Dissemination Plan*:** Where staff education is required, the Policy Editor will develop a Dissemination Plan using the template (Appendix G). The plan should be developed concurrently with the policy. The plan should be submitted to the Terminal Committee along with the final draft of the policy.
6. ***Approving Committee Presentation:*** Policies are approved within the committee structure at Baycrest. If ownership is unclear, it is the Policy Editor’s responsibility to identify the most appropriate Terminal Committee and submit all the supporting documentation, including the policy circulation tracking sheet showing the stakeholder reviews and the policy dissemination plan, along with the final draft of the policy (with track changes where appropriate) to the Terminal Committee Chair(s).
7. ***Policy Publication*:** The Policy Owner and Policy Editors indicated in the workflow for each specific policy will receive an email notification when the policy is published by the Policy & Procedure Coordinator.
8. ***Retiring (Archiving) Policies:***The Policy Owner and/or Policy Editor will bring the recommendation that the policy be archived to the appropriate terminal committee. The decision will be sent to the Policy & Procedure Coordinator with the rationale. The Policy and Procedure Coordinator will archive the document in the end-user site.

**4.0 Definitions:**

**Policies and Procedures:** The terms *policy* and *procedure* should not be used interchangeably, as policies and procedures serve different purposes:

**Policy:** A Policy is a directive or “rule” that outlines the position of an organization on a specific topic or service delivery expectation and often results from legislation, regulations and bylaws. They describe what must be done and are written in a formal, authoritative and prescriptive manner. All staff are required to comply with written policies.

**Procedures**: Procedures describe a series of steps required to complete a task or activity. Procedures are developed utilizing current evidence and or research-based information. Procedures can be stand-alone documents without an accompanying policy.

**Revision:** A revision is when a change is made either before or at the review date.

**Review:** A review occurs at regular intervals (e.g. every one to five years). When changes are made to the document, it is considered arevision. When no changes are required, it is considered a review.

**5.0 Cross- References: N/A**

**6.0 Appendices:**

**Appendix A – Roles & Responsibilities**

**Appendix B – New and Revised Policy Development Process Flow**

**Appendix C – Policy and Procedure Template**

**Appendix D – Policy Writing Guidelines**

**Appendix E – List of Policy Categories and Subcategories**

**Appendix F – Policy Circulation Tracking Tool**

**Appendix G – Policy Dissemination Plan**

**Appendix A: Roles and Responsibilities**

**Policy Owner[[2]](#footnote-2)**: The Terminal Approval Committee owns the policy. The co-chair(s) of the Terminal Approval Committee (Executive Director and/or Director-level staff) is the point of contact and as such facilitates and delegates the writing, editing, stakeholder review process, including identifying a **Policy Editor**.

**Policy Editor**: Typically Director or Manager-level staff is responsible for the quality, accuracy, and appropriateness of the content of the policy. This person will have strong content knowledge and/or accountability for implementation and oversight of the particular policy under development, revision or review. Policy Writing and Development Guidelines and Key Questions to Consider When Developing a Document (Appendix D) are available as reference tools to assist in the process. The **Policy Editor** is responsible for administrative facilitation of policy writing and content, and leads the development of new or revised policies, including stakeholder consultation and liaising with the appropriate **Terminal Committee.**

**Policy and Procedure Coordinator**: Reviews all policies for the clarity of content and compliance to the Policy for the Development, Approval, and Maintenance of Policies & Procedures process (See Appendix D Policy Writing Guidelines). The **Policy and Procedure Coordinator** supports the **Policy Editor** and is responsible for the following:

* Managing and ensuring the quality of the policy development and maintenance process.
* Maintaining the policy management system including notifications for policy renewal through the online policy management system, maintaining the technical environment such as formats, templates, etc.
* Providing **Policy Editors** with training on the policy development process and online policy management system as needed.
* Helping to identify that policies under consideration do not overlap or conflict with other policies.
* Keeping the policy environment current (e.g., timely review and revision of policies).

**Stakeholders**: A person or group (e.g., end-user) who will be impacted by the implementation of the policy being developed or revised and has/have special knowledge in an area which relates to the policy. These **stakeholders** will vary, depending on the nature of the policy and procedure. The Policy Circulation Tracking Sheet in Appendix F is to be used to identify the stakeholders. The **Policy Editor** will identify which stakeholders are to be consulted. The stakeholders are expected to review the draft policy and provide feedback within 15 business days where appropriate.

**Terminal Committee**: Owns the policy and is responsible for final approval after review by internal stakeholders (See Appendix F). Once final approval is given, the **Policy Editor** will notify the **Policy and Procedure Coordinator** for appropriate action on the online policy management system.

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**Appendix C: Policy Template**

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| **Title:** | |
| **Date First Created:** | **Date Revised or Reviewed:** |
| **Approved By: (Terminal Committee)** | **Editor:** |

1. **Policy Statement**

Briefly describe the content of the policy, clearly stating its intent (no more than 2-3 sentences). Use specific language and be aware of all possible interpretations.

1. **Definitions**

Provide definitions applicable to this policy.

**3.0 Background and Scope**

If relevant, include a brief introduction. Please also identify the scope of the policy indicating to which area(s) or business stream(s) it applies. Section 3.0 should be no longer than one or two paragraphs

1. **Procedure**

Where applicable, describe the specific steps necessary to implement this policy or any processes directly associated with this policy.

1. **Cross Reference Policies/Documents**

Any other existing Baycrest policies (guidelines, fact sheets) that this policy references.

1. **Appendices/Links**

All appended documents (frameworks, flowcharts, regulations) should be embedded in the document.

Using a process flow diagram might be helpful. If appropriate, add responsibilities to this section.

**Appendix D: Policy Writing and Development Guidelines**

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| **1.** | Format | Use the approved template - do not edit the template. Keep to three to four pages |
| **2.** | Title | Ensure it is clear and concise. |
| **3.** | Policy Statement | Clearly describe what the policy is intended to do and why it is necessary |
| **4.** | Definitions | Ensure all definitions are clear and concise. |
| **5.** | Procedure | What has to happen? How will this be accomplished? Who is responsible?  When does it have to occur? Where will it take place? |
| **6.** | Scope | Describe the area or business stream where the policy applies. Overlap can occur and should be identified. For example, a policy can apply to the Hospital and Ambulatory Care, or the Apotex and Terraces. |
| **7.** | General Writing Tips | Write in an active voice: use action verbs, assign the action, use standard word order (subject, verb, and object); the subject may be implied or be at the beginning of a list of actions. Make use of the following:   * Present tense * Third person * Positive tone (avoid negative language). |
| **8.** | Organize Material | Use the template   * Use headings and subheadings to group information logically * Clearly designate responsibility and accountability * Use bullet points for clarity and to separate ideas or thoughts * Consider the purpose of the policy and provide only information that is relevant and essential to ensure understanding |
| **9.** | Abbreviations | Avoid the use of abbreviations. |
| **10.** | Acronyms | The first reference must have the words written in full followed by the acronym in brackets, for example Interprofessional Practice Steering Committee (IPSC). Be consistent. |
| **11.** | Simplicity | Avoid jargon and technical terms. Use single idea sentences. |
| **12.** | Gender References | Avoid gender references. If necessary use the pronouns *they* or *them* |
| **13.** | Reference to Names & Locations | Refer to titles/positions rather than individuals; Refer to department/program/service or company name rather than use addresses and phone numbers. |
| **14.** | Brevity | Short policies are easier to understand and more likely to be followed. Avoid unnecessary words, for example “…in the event that…” replace with “if”. A policy and procedure should be a maximum of four pages in length, with appendices and links to other references where necessary. |
| **15** | Technology | Reference vendor products generically rather than by product name; i.e., use EMR (electronic medical record) instead of Meditech or PointClickCare.  Ensure policy review accounts for IT impact when changing forms and other documentation such as order templates, order sets, progress notes assessments, etc. |
| **16.** | Generic Names | Use generic names for medications, cleaning agents, solutions, etc. |
| **17.** | Underline | Do not underline for emphasis; use *italics* or **bold** (underlining indicates link to internet or intranet). |
| **18.** | References | Include all related policies and procedures. |
| **19.** | Proof Read and Review | Be accurate with content, spelling and grammar. |
| **20.** | Contact the Policy and Procedure Coordinator | For any assistance or if you have any questions please contact the Policy and Procedure Coordinator. |

**Key Questions to Consider when Developing a Policy**

The following provides a sample of key questions to ask when you are developing a Baycrest policy or other type of document (policy, procedure, standard operating procedure, medical directive, clinical practice guideline, protocol, clinical pathway, etc.). Consider the definitions provided in the policy statement to determine whether your document is a policy, a procedure or both. Consult with professional practice or other stakeholders to ensure the document produced will be the right one to suit the need. If it is actually a process or procedure that you are writing some of the following may still be helpful. These may not be the only questions to ask, but they provide a useful reference for the author of any document.

**How do I write a Policy?**

* Begin by selecting the policy template (i.e. [Policy Template](http://intranet3/Tools/Forms/PolicyDevelopmentProcess.aspx)). Ask yourself the following questions:
  + Why is the policy necessary?
  + Does the policy already exist somewhere else? Review with stakeholders and in the online policy management system.
* Involve others in this early discussion.

**Who do I consult with?**

* Ask the people you work with. For policy development the Policy Owner will identify the need for changes to a policy (See Appendix A Roles and Responsibilities)
* Other disciplines – ask any other groups who might have a similar policy, or who may be impacted by the policy.
* Unit/Discipline areas – get input from your unit or manager early on about the need to develop the policy and what they think it should say.
* All appropriate stakeholders (see Appendix E, List of Policy Categories and Subcategories) – Leading to the Terminal Committee approval, other stakeholders should be involved in the development and approval process, including risk management and privacy.
* Relevant legislation and/or the appropriate regulatory college and/or professional association.
* Other organizations – do they have a similar policy they could share? The Policy and Procedure Coordinator can assist with surveying other hospitals or facilities for their policies

**Have you asked about…**

Scope of Practice?

* Are there implications for scope of practice?
* Will this policy allow all practitioners to practice according to regulatory standards and legislation?
* Will this policy make it easier for you and potentially more complex for another discipline to practice within their standards of practice?

Competence and Education Issues?

* Do the regulations align with who can or can’t perform the action described in the policy?
* Does the staff have the necessary knowledge, skill and judgement to act in accordance with the policy?
* How will you determine who can or can’t perform the actions described in the policy?
* Will special education/training be needed by those required to perform the actions in the policy - When will it be done, at what cost, paid for by whom; will staff need to be replaced to take the training?
* If special education/training will be required, include the dissemination plan (Appendix F) to describe the process.
* How will competency be demonstrated?
* Will there be a need to maintain competency (i.e., test periodically, or perform “x” number in so many months)? How will this be done?

Accountability?

* Who will issue this policy (identify Terminal Committee owner)
* How will all those who are impacted by this policy be made aware of its existence and requirements
* Who will monitor its adoption and efficacy?
* Who will enforce non-compliance?

Risk/legal Issues?

* Evaluate the relative risk issues (including legal) of having or not having this policy in place?
* Can the policy be legally enforced?
* Consider consulting with the Risk Management department, especially if document is related to visitors, suicide, abuse, falls, safety, etc.

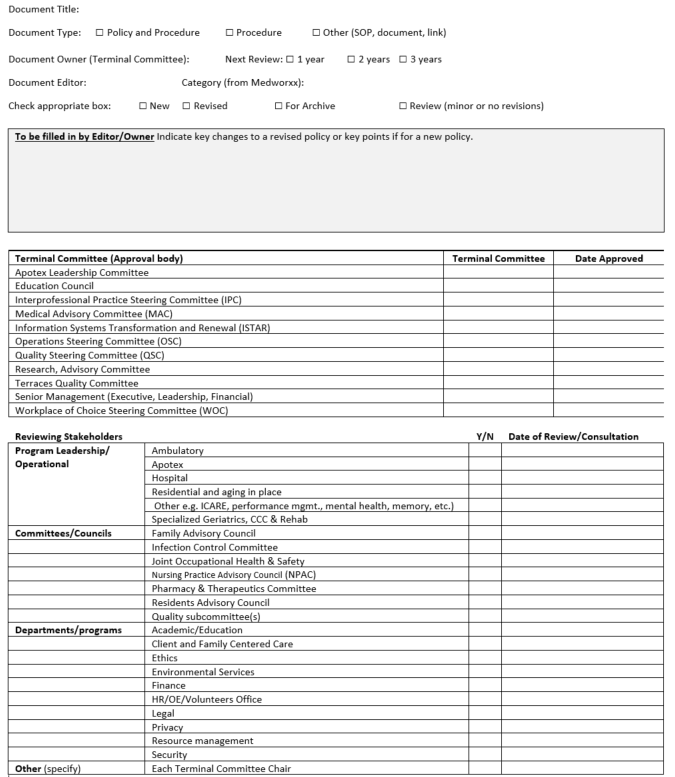
Change in Practice

* Will this policy change the way staff perform their duties? If so:
  + Has the change been discussed with the appropriate staff members?
  + Can it be done? At what cost?
  + Will education be required to enable the change in practice?
  + Is this change in practice supported by the literature? i.e., evidence based practice?
* Does the policy align with Baycrest values and principles? Is service excellence considered in clinical, leadership, people, process, information and performance areas? Are you taking a collaborative approach for deciding among options to reduce duplication and to decide among possible conflicting evidence-informed choices?
* Does the policy align with a Client and Family Centered Care (CFCC) philosophy?
* Does the policy improve quality, safety, accessibility, communication, care for patients/ residents/families?
* Have Client Family Partner, Family Advisory Council, clients, and/or families engaged in the development, and amendment of the policy?

**Appendix E: List of Policy Categories and Subcategories**

* Policy and Procedure Manuals
  + Administrative
    - Administration and Organization
    - Board
    - Client Care
    - Communication and Public Affairs
    - Finance
    - General
    - Introduction
    - Materials Management
    - Privacy
    - Quality Management
    - Research
    - Security
  + Ambulatory Clinic
    - Clinics
    - Functional Administration
  + Audiology
    - Audiology Service Delivery – Clinical
  + Community Supported Services
    - Community Day Centre for Seniors Policy and Procedure Manual
    - Terraces
  + Education
  + Emergency and Disaster Policies
  + Environmental Services
  + Human Resources
    - Benefits
    - Compensation
    - Conditions of Employment
    - Holidays, Vacations and Leaves
    - Organizational Effectiveness
    - Recruitment
    - Staff Relations
    - Termination and Retirement
    - Volunteer Services
  + Infection Control
    - Infection Control Inventory Maintenance
    - Infection-Specific Policies
    - Introduction
    - Outbreak Management
    - Precaution Guidelines
    - Screening and Surveillance
  + Nursing Administration Manual
    - Administrative
    - Education
    - Job Descriptions
    - Personnel
* Nursing Clinical Practice Policy and Procedure
  + Death – Post Mortem Care
  + Nursing Standard Operating Procedures
* Nursing Laboratory Manuals
  + Glucose Point of Care Policies
  + Nursing Lab Manuals
* Occupational Health and Safety
* Pharmacy Nursing
  + Administration of Specific Drugs
  + Committees
  + Discontinuation of Medications
  + Medication Administration
  + Medication Orders
  + Medication Systems
  + Ordering and Reordering Medications
  + Personal Medications
  + Quality Assurance
  + Stock Medications
* Reprocessing and Sterilization
* Apotex (JHA)
* Hospital
* Medical Directive

**Appendix F: Policy Circulation Tracking Sheet**



**Appendix G: Policy Dissemination Plan**



Highlights:

*Implementation plans should consider the following questions:*

* *Who needs to be aware of this policy?*
* *What resources are required for the implementation of the policy?*
* *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?*

1. When emails are not automated, the Policy and Procedure Coordinator will send notifications via email. [↑](#footnote-ref-1)
2. Not to be confused with Medworxx (the online policy system) which identifies Policy Owner as a single user [↑](#footnote-ref-2)