Adopting Shared Health Standard Operating Procedures (SOP) or Guidelines Checklist

Action:	Date Completed:
1. Formal communication from Provincial Clinical Team (PCT) member to relevant Southern Health-Santé Sud (SH-SS) Program group outlining scope of work and sharing of resources.	
2. Develop a SH-SS Policy (PL), Procedure (PR) or Standard Guideline (SG):	
a. Identify key stakeholders for involvement – frontline staff, clinical experts, other SH-SS Programs (if not already a part of PWG) and patients/clients/families (if applicable).	
b. Assemble Working Groups (WG) involving existing Program Policy Working Group (PWG).	
3. Working Group – PL, PR or SG Development:	
a. Follow ORG.1010.PL.005 Policy, Procedure, Standard Guideline, Supporting Document and Form: Development and Approval Process and ORG.1010.PL.005.SD.01 Policy, Procedure, Standard Guideline, Supporting Document and Form: Development and Approval Manual to ensure compliance with approval process, formatting and branding standards. Including use of templates and worksheet.	
b. Review and compared Shared Health Standard Operation Procedures (SOP) with current SH-SS documents and update accordingly. In some cases, the SOP may be adopted in entirety if no current SH-SS document exists. ** take into consideration how the SOP will be used in SH-SS, available resources, organizational structure, staff readiness/competency with the topic. Review and update relevant documents below: ➢ Forms ➢ Order sets ➢ Algorithms and/or ➢ Other supporting documents	
c. Ensure documents follow the policy development process (as identified above) and review by relevant stakeholder groups such as: ➢ Program teams (ie. Obstetrics, ED Council, Surgery, Medicine-Rehab, Infection Prevention & Control, Wound Care, Dialysis) ➢ Nursing Practice Council ➢ Other Programs outside Acute Care (Personal Care Homes, Palliative Care, Community Mental Health, Primary Care, Public Health-Healthy Living, Home Care, etc.) ➢ Pharmacy & Therapeutics (P&T) ➢ Regional Medical Advisory Committee (RMAC), and/or ➢ Staff Development	

Use of pre-printed documents: Users are to refer to the electronic version of this document to ensure the most current document is consulted.

4. Approval and Publishing:	
a. Once approved at Program level, documents are sent to Chief Nursing Officer (CNO) for approval.	
b. After CNO has reviewed and approved, the Executive Assistant (EA) or Admin Support publishes per usual process.	
c. Formal communication occurs via Policy Update	
5. Communication and Roll Out Strategy:	
a. Staff Development Team develops education plan for staff (if applicable). ➢ Prepare education documents, utilizing Shared Health educational resources if provided (ie. Self Learn Package, PowerPoint, MS Teams, etc.).	

b. Determine detail roll out
      ➢ Education
      ➢ Target audience
      ➢ Set desired participation rates (ie. 80%)
      ➢ Set go live date	

c. Communicate via Policy Update and Clinical Update, Staff Communique or other existing communication platform/process.	
d. Approval and publishing of policy matches education timeline and "go live" date.	
6. Evaluation – ensure evaluation and feedback are reviewed after roll out, and is monitored by Staff Development. ➢ Significant findings are brought to the attention of the relevant program group for review and consideration.	
7. Ongoing:	
a. PCT members ensure updates from Shared Health are received	
b. Maintenance of documents on SH-SS policy page is ongoing by Program Group.	