Policy, Procedure, Standard Guideline, Supporting Document and Form:

Development and Approval Manual

Contents

Purpose

Congruent with Southern Health-Santé Sud (SH-SS) Core Values, this manual outlines expectations in achieving standardized and effective Policy, Procedure, Standard Guideline, Supporting Document and Form Development.

Policy, Procedure, Standard Guideline, Supporting Document and Form are referred to as "Documents" within this manual.

Definitions

Policy: Statement(s) to express Southern Health-Santé Sud intentions, expectations based on principles and values that are compulsory and mandate or compel certain behavior or approaches requiring organizational compliance. A policy limits the discretion of individuals.

A policy uses words such as: at all times, must, always, are done, are required, do not etc.

Procedure: A standardized method for staff to perform a function following a series of detailed step by step actions.

Standard Guideline: Simplifies a set of processes or course of actions in achieving desired standard outcomes, and acceptable levels of quality. Not intended to preclude clinical judgement or discretion, thus not as mandatory or compulsory as policy.

A Standard Guideline uses words such as: generally recommended, may entail, may be, as appropriate.

Supporting Document: A document required to support compliance with a Policy, Procedure or Standard Guideline. i.e. poster, flowchart, algorithm, form, template etc. Supporting Documents may be mentioned in more than one Document but MUST live with the originating Document for which the Supporting Document was written.

Evidence Informed Practice Tool (EIPT): Tools based on practice supported by a theoretical body of knowledge and clinical scientific evidence on best practice to standardize outcome measures evaluating care, consider unique patient circumstances, health status, baseline risk and patient preference. EIPTs include, but are not limited to, care maps, clinical protocols, algorithms and standard orders. Often included as a supporting document attached to policy, procedure or standard guideline.

Form: A standard document used to collect information in a consistent manner. A document requiring information to be collected and recorded is a form. A form can be filled in manually or electronically. A form can be a stand-alone form (not attached to a Policy/Procedure/Standard guideline) or can be a supporting document to a Policy/Procedure/Standard guideline.

Template: A standard document used to provide information in a consistent manner i.e. memo, PowerPoint presentation etc. Templates can be either stand-alone or attached to a Policy Procedure/Standard guideline.

Document: General reference used in this guide to indicated a Policy, Procedure, Standard Guideline, Supporting Document or Form.

Appraisal of Guidelines Research and Evaluation (AGREE) II Instrument: A standardized, formal and objective process that allows organizations to evaluate the methodological development of clinical practice documents and EIPTs from six perspectives: scope and purpose, stakeholder involvement, rigour of development, clarity and presentation, applicability, and editorial independence.

Subject Matter Experts (SMEs): Clinicians, program leads, clients and families with specific expertise, responsibility and/or experience in a content or care area who are involved and consulted as part of policy, procedure, guideline and/or education development.

Document Development

Documents are developed by engaging staff with the expertise, both from programmatic and operational roles to achieve best practice and awareness of operational impacts i.e. human, financial, equipment, educational resources.

It is expected that a comprehensive review of scientific evidence, consultation with subject matter experts (SMEs) including clients and families, and an environmental scan and review of processes used by other organizations or associations will be part of the document development process. For client and family consultation, consider using tools and resources from the What Matters to You? » Southern Health-Santé Sud section of the SH-SS HPS.

The AGREE II Instrument is used to evaluate and select documents and EIPTs during the document development process when a practice change opportunity or knowledge practice gap is identified such as (but not limited to):

- Stakeholders identify a practice need.
- A community partner requests assistance or collaboration with a project.
- An event (e.g. occurrence, near miss, critical incident or critical occurrence) forces the review of current practices and the examination of ways to improve care.
- The government launches a new health care initiative.
- Patient safety initiatives.
- Quality initiatives and collected data require a response.

A minimum two, preferably four, people are selected to use the AGREE II instrument to independently review and evaluate documents and then share feedback with the author or larger team for selecting documents.

Other programs and disciplines are consulted within document development as required, to support a comprehensive review of expectations, potential impacts and within an integrated approach to providing care i.e. Regional Medical Advisory Committee.

See Document Development Flowchart (page 8).

When developing Documents, information is documented on the Document Development Worksheet (ORG.1010.PL.005.FORM.01) throughout the process. The Document Development Worksheet is submitted to the Senior Leader at the same time as the Documents are submitted for approval.

Metadata is used to add electronic context to Documents. Documents and their metadata are kept electronically for 30 years. Metadata includes information that is not located in the document itself such as name of the approver, rationale for development etc. Once the policy is approved, the Document Development worksheet is provided to the policy publisher so that the metadata can be entered as the Documents are uploaded.

Document Writing

Know Your Audience: To communicate successfully, the writer must inform and explain a clear message. Transmitting a clear message builds capacity, supports day-to-day decision making and provides a consistent message.

Tone: When writing policy, to convey a message that is direct, factual and helpful.

Example	Action
It is important that you notify all potential residents/family members of the policy during the initial interview.	During the initial interview, prospective residents and their family members are informed.

Simplify Vocabulary: Simple language is clear, concise and does not use extra words.

Non-Specific	Specific
Please distribute the patient teaching sheet/pamphlet to the patient and family.	Provide the teaching information to the patient/designate.

Acronyms and Abbreviations: The full phrase must be used in the first reference followed by the acronym or abbreviation in brackets, i.e. Nurse Practitioner (NP). Only use commonly accepted acronyms and abbreviations.

Individual Names: Use specific position titles as identifiers, not persons or names. This prevents outdating of information with changes in personnel.

Currency: A double reference in the body of a text must be used stating the words followed by the numeric amount in brackets: ten dollars ($10). To express monetary amounts in tables, a single numeric reference can be used.

Numbers: When a number is the first word of a sentence, it will be written out in full, i.e. Twenty-five. For all other reference to numbers in the body of text, numbers can be expressed as words for numbers one through nine and as numbers expressed as digits for any number 10 or greater.

Terminology: Write in present tense to avoid words such as ‘will be’ or ‘shall’ that lend themselves to interpretation of expectations.
Example:
Avoid: All forms should be printed in black and white or all forms shall be printed in black and white.
Use present tense: All forms are printed in black and white.

Documents Intended for Clients and Public

When producing corporate publications referenced as supporting documents and forms, choose appropriate visual print techniques such as font, font size and print attributes such as bold or italics to emphasize material within your document as per the Southern Health-Santé Sud Graphics Standards Manual (ORG.1110.PL.008.SD.01).

Approval

The Chief Executive Officer (CEO), as the Board's sole employee and connection to the operational organization, its achievements and conduct, establishes the means by which all Southern Health-Santé Sud staff conduct themselves and provide care. The Board of Directors has established boundaries within which the CEO must not cause or allow any practice, activity, decision, or organizational circumstance which is either illegal, imprudent, in violation of commonly accepted business and professional ethics and practices, or in contravention to Manitoba Health, Provincial or Federal regulations.

The CEO has authority to approve any and all regional, site, practice or program Documents. Responsibility to approve regional Documents has been delegated by the CEO to the respective members of the Senior Leadership Team.

Documents must receive final approval by a Senior Leadership Team member. When accepting the delegation of authority, senior leaders accept responsibility and accountability for the Document approval process.

The senior leader determines when a Document requires review by the Senior Leadership Team prior to final approval. The senior leader brings the appropriate documents to the Senior Leadership Team for information sharing and approval. This will occur when the development or revision:

- impacts operational resources,
- there are changes in practice as a result of ethical and/or legal issues,
- there is potential for media coverage or,
- other significant impacts.
    - i.e. Medical Assistance in Dying

The Document Development and approval checklist (within the Document Development Worksheet) is completed by the team or program and is again completed by the Senior Leader within the approval process.

See Document Development Flowchart (page 8).

Access to Documents

Staff access approved Documents through the HPS that provides electronic access to the most current approved version of the document. Southern Health-Santé Sud Documents are located on the Policies, Forms and Guidelines section of the Health Providers' Site (using the following link):

https://www.southernhealth.ca/policies-forms-and-guidelines/

Posting sections of policies, procedures, standard guidelines for quick reference is prohibited because it poses the risk of referencing outdated documents.

Document Revisions

Documents are reviewed on a regular basis, at minimum every three years, to evaluate best practice and identify revisions required.

Site Specific Documents

Sites advise the respective program for the need for regional direction. Sites do not develop site specific Policy, Procedures or Standard Guidelines.

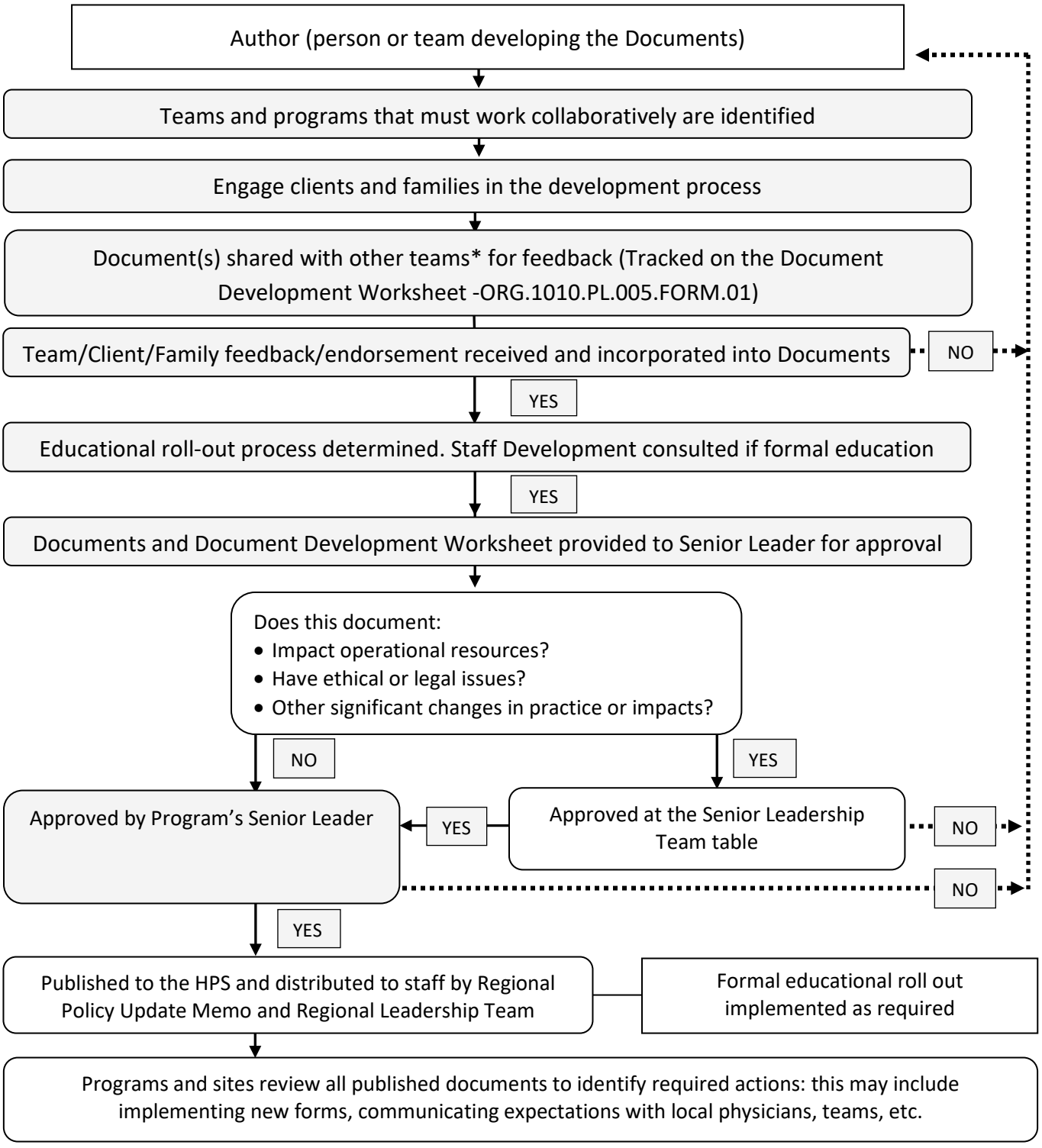
It is recognized that sites require site specific documents to outline expectations, these may include Standard Operating Procedures, Standard processes etc.

Implementation of Clinical Practice Changes in Documents

Implementation of clinical practice changes require consideration about education for staff and determination if education will be provided by a SME and/or Staff Development educators as well as the involvement of direct care health providers as champions or super users.

Creating lasting change requires involvement of staff throughout the organization to create awareness and a desire for change, seek input and involvement, support the change (i.e. purchase of equipment, identifying workflow changes) and monitoring outcomes to reinforce that a change in practice occurs. Evaluating the implementation of tools and documents is a source of feedback to identify barriers, inform decision-making for required interventions and document updates to sustain practice change. See the Leading Change Toolkit at Leading Change Toolkit™ | RNAO.ca for more information about mobilizing change to sustain best practice.

Document Development Flowchart



**Examples of teams that are consulted and informed include Regional Medical Advisory Committee, Regional Pharmacy & Therapeutics, Support Services Team, Regional Leads Team, Director – Staff Development (for planning purpose; expected formal education)*

- To provide a consistent format, the appropriate Policy, Procedure and Standard Guideline template must be used. The most current templates are attached to the Policy, Procedure, Standard Guideline, Supporting Document and Form: Development and Approval Process (ORG.1010.PL.005) and available on the HPS, under Policies, Forms and Guidelines.

The templates header has the following format.

POLICY:	**Name/Subject**	
Program Area:	**xxx**	
Section:	**xxx**	
Reference Number:	**ORG.1510.PL.002**	
Approved by:	**xxx**	
Date:	Issued	yyyy/mmm/dd
	Revised	yyyy/mmm/dd

The information required in the header is as follows:

POLICY:
This is the title/subject of the document. Be specific, concise and use key words, when naming your document to ensure the first word corresponds with the topic and assists with search and recognition by staff.

Program Area: Existing headings that identify the area where the document is filed (i.e.: Pharmacy etc.)

Section: Supports program area with large amounts of Policies, Procedures and Standard Guidelines that are separated into sections (i.e.: Physical Plant, Environmental Services)

Reference Number: A unique identifier according to the numbering menu.

Approved by: Program's respective Senior Leader's title. Titles are reflected as per the Stationery Buddy available on the Health Providers' Site – Staff Resources.

Date Issued: The issue date is recorded as the date that the Policy, Procedure, Standard Guideline is

- On or after the date of Senior Leader approval,
- Within a reasonable time frame of planned implementation and education i.e. 3 months, recognizing that some may require a comprehensive roll-out plan that may exceed 3 months in achieving complete regional implementation (education roll-out plan to be noted on Regional Policy Update memo) and
- Within 30 days of being formally released on Regional Policy Update memo (i.e. Issue date is not noted as January 2017 and then released on June 2017).

The issue date does not change for the life of the document.

Date Revised: The revision date is the date that the Policy, Procedure, Standard Guideline is

- On or after the date of Senior Leader approval,
- Within a reasonable time frame of planned implementation and education i.e. 3 months, recognizing that some may require a comprehensive roll-out plan that may exceed 3 months in achieving complete regional implementation (education roll-out plan to be noted on Regional Policy Update memo) and
- Within 30 days of being formally released on Regional Policy Update memo (i.e. review date is not noted as January 2017 and then released on June 2017).

Ensure that the policy template being used includes the following disclaimer:

Patients/Clients/Residents (choose the appropriate one) and/or Families were engaged in the development of this policy. (Delete if not required)

The body of the templates have the following content:

PURPOSE:
Describes the intent of the Document and provides clarity to rationale for writing the document. This is a required field.

BOARD POLICY REFERENCE: (Policy Template only)
The Board Policy reference reinforces both the connection between the Region's Statement of Purpose, as identified by the Board of Directors in their Strategic Priorities , and the limits that restrict the CEO in carrying out operations to accomplish these Strategic Priorities . The Board has expressed these limits as Executive Limitations. Enter related Executive Limitations in this field. To access the **Executive Limitations (click here)**

Example: Executive Limitations (EL-2) Treatment of Clients

POLICY: (Policy Template only)
This is a statement(s) to express Southern Health-Santé Sud's intentions and expectations based on principles and values.

DEFINITIONS: (optional)
The purpose is to explain unfamiliar words or to achieve common understanding within a specific context. Language that is technical in nature or specific to a professional discipline may require explanation. Using common meaning of a word may bring more clarity. Definitions may assist in reducing wordy sections of a Policy. If there are no definitions, this heading is removed.

IMPORTANT POINTS TO CONSIDER: (optional)
Can be used where the writer needs to demonstrate the importance and rationale for specific expected actions. This can recapture an area that needs highlighting in a long or involved procedure. If there are no important points to consider, this heading is removed.

PROCEDURE: (optional)

The document may include a procedure section providing instructions that indicate action for consistency.

- The procedure is written in a step-by-step chronological format.
  - bullets are useful when the sequence or priority of a list does not need to be established.
  - numbering is used if a list needs to identify order or priority.
- Present information that is:
  - within the scope of the intended reader's knowledge and ability to comprehend,
  - organized in a logical manner,
  - essential to obtaining the desired results and
  - written to reduce assumption.
- Use an example from everyday situations to illustrate the context of the procedure whenever possible.
- Procedures can be written without a Policy or Standard Guideline. If there is no Procedure, this heading is removed.

EQUIPMENT AND SUPPLIES NEEDED: (optional)

Specify what is needed, using generic language i.e. no trade names for items. If there are no Equipment and Supplies needed, this heading is removed.

SUPPORTING DOCUMENTS AND FORMS:

Supporting Documents and Forms must be mentioned in the Document and are required to fulfill the objectives of the Policy, Procedures, and Standard Guideline. If it is not required to meet the objectives of the Document, then it should be considered a Reference.

Each Supporting Document is attached to **one** Policy, Procedure or Standard Guideline for which it is originally written but may be mentioned/used within other Policies, Procedures or Standard Guidelines as necessary to avoid several versions or numbering of the same supporting document.

If there are no Supporting Documents and Forms, this heading is removed.

REFERENCES:

This section is to give credibility and acknowledgement of the information utilized to develop the Document as well as to provide information that is required for retrieval of information and meet copyright material requirements. References are documents such as policies, Acts, websites used as a resource within the development process.

Do not reference former Central RHA/ORS du Centre or former South Eastman Health/Santé Sud Est documents in this area. These are archived within the process of developing Southern Health-Santé Sud documents. See Archiving.

References are sited according to the established American Psychological Association (APA) format reference guides (author, year of publication, book title, publisher, place of publication, and page numbers if applicable). Only key references are sited. Lists do not include a comprehensive list of references used to inform the Document development process.

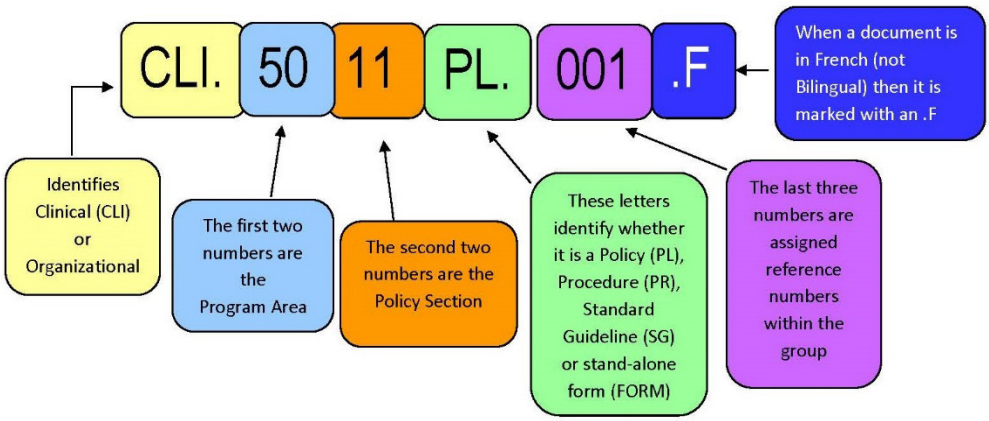
Examples:

The College of Family Physicians of Canada (2011). *A Vision for Canada, Family Practice – The Patient's Medical Home*, Ontario, Canada. http://cpsm.mb.ca/avisionforcanada

The College of Family Physicians of Canada (2011). The Canadian journal of Psychiatry, Vol 56, No 5, *The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future*, Ontario, Canada.

Assigning a Number to a Policy, Procedure, Standard Guideline or Supporting Document

The reference number is a unique identifier comprised of four or if a French version is available, five parts.



Supporting Documents

When a Supporting Document is required, it follows the Policy, Procedure or Standard Guideline for which it was primarily written. It has the same numbering assigned as the Policy, Procedure or Standard guideline plus the letters .SD added at the end followed by two numbers starting at 01 for the first Supporting Document. The Reference Number for a Supporting document looks like this:

CLI.5011.PL.001.SD.01

Forms

When a Supporting Document is a form, it can either follow the Policy, Procedure or Standard Guideline for which it was primarily written or be stand-alone (not attached to a Policy, Procedure or Standard Guideline). When attached, it has the same numbering assigned as the Policy, Procedure or Standard guideline plus the letters .FORM added at the end followed by two numbers starting at 01 for the first Form. The Reference Number for a Supporting document looks like this:

CLI.5011.PL.001.FORM.01 for a French version of the form: CLI.5011.PL.001.FORM.01.F

Stand-alone Forms

When the form is not attached to a Policy, Procedure or Standard Guideline, it is a stand-alone form. The reference number for a stand-alone form looks like this:

CLI.5011.FORM.001 for a French version of the form: CLI.5011.FORM.001.F

Templates

Templates are numbered as either forms attached to a Policy, Procedure or Standard Guideline or as a stand-alone form.

Formatting Review

The Document needs to be reviewed by the Publisher to ensure it is formatted properly and meets provincial accessibility standards. A Formatting Checklist is available.

Publishing to the HPS

Once the documents are finalized and have received final approval from the respective Senior Leader, and the Document Development worksheet has been completed, the next step is to upload the document to the HPS.

Access the Publishing Checklist from the Publishers Collaborative Worksite portal. Policy publishers are required to follow the Checklist **in order** which includes adding the metadata that is documented in the Document Development worksheet.

Archiving

Archiving is a required component of the Document development and review process as it provides Southern Health-Santé Sud with a historical record of Documents and expectations for legal purposes. Electronic records are utilized as the means of preservation in a well-organized arrangement that facilitates storage and retrieval.

Once a Document has been revised, replaced, or determined as not necessary, the former one is archived before it is replaced with the updated version (as necessary). The Archive Notice Template (ORG.1010.PL.005.FORM.05) is used to facilitate locating the appropriate replacement document. The archive date of previous Policy, Procedure or Standard Guideline is the same as the issue or revision date of the new or revised document.

Notice of Document Development, revision or archive

Staff are notified of Document updates via email to members of the Regional Leadership Team (RLT) and their assistants. RLT will be responsible to distribute the updates to their staff. This ensures staff members are aware of changes and have required information.

Designated Staff (for example managers, staff development etc.) can also subscribe to these notices on the Health Providers' Site. To do this, these staff navigate to the Policies, Forms and Guidelines section of the HPS and click on Policy Updates. On the right side of the Policy Update page, there is a link to subscribe. Clicking on this link opens a window where staff can enter their name and email address. They will then receive an email every time the memo is uploaded to the page.

Maintaining Documents

A regularly scheduled review of Documents is required to ensure that the information remains current and useful. Reviews are scheduled on a three year cycle and comply with the process outlined in this manual.

Publish revised, reviewed or archived Documents with a brief explanation in the metadata regarding why it was either reviewed or revised for tracking purposes.

- As shown, use the bullets displayed when making lists requiring bullets.
  - Some lists require additional levels. Use the open circle as the next level, if required.
    - Some lists may require more than one level. Use the solid circle if required.

1. Use the auto number feature and left align the first level of numbers.
2. If more than one level of numbering is required, use the outline number feature.
   2.1. It looks like this.

Supporting Documents:

- All Southern Health-Santé Sud-developed supporting documents and forms must include the Southern Health-Santé Sud logo, as per the Graphic Standards Manual.
- Supporting Documents not developed by Southern Health-Santé Sud do not require a Southern Health-Santé Sud logo (for example: MB Telehealth form)
- In the case of a bilingual document, the word Bilingual is included in the title.
- In the case where a document is available in two separate versions (English and French) the reference number of the French document will has the .F following the reference number (see examples on page 12). The file name and footer remain in English with the addition of "-French".

Forms:

- Consider if your form could benefit from being incorporated as a webform (digitally). Fillable pdf forms generally do not meet accessibility standards **as well as experience functionality issues when accessed from a browser.**

Supporting Documents

There is no template for supporting documents. Supporting Documents are created using the following specifics:

Paper

- Recommended size is 8.5" x 11".
- Use of plain white paper is recommended.

Content

- All Southern Health-Santé Sud-developed supporting documents and forms must include the Southern Health-Santé Sud logo, as per the Graphic Standards Manual.
- Supporting Documents not developed by Southern Health-Santé Sud do not require a Southern Health-Santé Sud logo (for example: MB Telehealth form)
- Shading is not recommended as this does not copy well and increases printing costs.
- Ensure **footer** in **Supporting Documents (SD)** includes the Title of the document, Reference Number, Date of the document and Page x of x.

Example:

Title Reference Number Issue/Revision Date Page X of X

- In the case of a bilingual document, the word Bilingual is included in the title.
- In the case where a document is available in two separate versions (English and French) the reference number of the French document will has the .F following the reference number (see examples on page 12). The file name and footer remain in English with the addition of "- French".
- As applicable, make reference to copy distribution at the bottom of the document.

Forms

There is no template for Forms. Forms are created using the following specifics:

Paper

- Recommended size for non-clinical forms is 8.5” x 11”.
- Use of plain white paper is recommended.

Content

- Font– 8 points or larger
- All regional forms must include the Southern Health-Santé Sud logo, as per the Graphic Standards Manual.
- Shading is not recommended as this does not copy well and increases printing costs. Instead use a bold box around the area
- ONLY yellow highlighting on documentation allowed.
- Use only solid bold lines instead of broken, dotted, or double lines.
- Eliminate unnecessary vertical and box outlines.
  Double sided forms are printed using the long edge format.
- Consistent page orientation if multipage
- Ensure footer includes the Title of the document, Reference Number, Date of the document and Page x of x.

Example:

Title Reference Number Issue/Revision Date Page X of X

- As applicable, make reference to copy distribution at the bottom of the document.
- All forms are printed in black and white, including the Southern Health-Santé Sud logo.
- In the case of a bilingual document, the word Bilingual is included in the title.
- In the case where a document is available in two separate versions (English and French) the reference number of the French document will has the .F following the reference number (see examples on page 12). The file name and footer remain in English.

Clinical Forms

Paper

- Clinical forms must be formatted to view as 8.5" x 11"
- Use of plain white paper is recommended.

Content

- Font– 8 points or larger
- Clinical forms, when required, include an area for the site name, address and phone #.
- If the clinical form is not generated by an electronic system, it must allow a minimum size of 3.75" x 2.125" or 35.7 mm x 54 mm in the top right-hand corner of each page for placement of an addressograph stamp or label, or a minimum of the following client identifiers: Name, Client ID number, PHIN, DOB, and MB Registrant number (if applicable).
- Development of clinical forms in portrait orientation is recommended.
- All regional forms must include the Southern Health-Santé Sud logo, as per the Graphic Standards Manual.
- Shading is not recommended as this does not copy well and increases printing costs. Instead use a bold box around the area
- ONLY yellow highlighting on documentation allowed.
- Use only solid bold lines instead of broken, dotted, or double lines.
- Eliminate unnecessary vertical and box outlines.
- Addressograph area:
    - a minimum of 3 ½ inch x 1 ½ inch
    - Addressograph imprints must use black ink
- Patient identification on both sides of all two-sided forms.
- Double sided forms are printed using the long edge format.
- Consistent page orientation if multipage
- Ensure footer includes the Title of the document, Reference Number, Date of the document and Page x of x.

Example:

Title Reference Number Issue/Revision Date Page X of X

- As applicable, make reference to copy distribution at the bottom of the document.
- All forms are printed in black and white, including the Southern Health-Santé Sud logo.
- When document is considered transitory (short term use only) it must be identified with a watermark "DO NOT RETAIN" and shred after discharge and and these documents will be shredded after use.