

Health PEI

One Island Health System

Guide to Writing Policy and Procedure Documents



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One Island Health System

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Key Characteristics of a High-Performing Policy Unit (Bhatta 2002: 101)

Executive commitment

Rigorous and grounded analysis

Effective quality assurance systems

Positive stakeholder relations

Maintaining and improving capability

Continual monitoring and adjustment

"Policy analysis is often thought of as a generic activity, but addressing complex issues in large public sector bureaucratic systems requires assembling a multitude of skills and expertise" (Lindquist & Desveaux in Dobuzinskis, Howlett, & Laycock (Eds.) 2007: 122).

"Policy analysis encompasses a variety of activities concerned with the creation, compilation, and application of evidence, testimony, argument, and interpretation in order to examine, evaluate, and improve the content and process of ... policy" (Dryzek in Moran, Rein, & Goodin (Eds.) 2006 :190).

"[P]olicy competence requires not only a thorough understanding of the policies that are relevant to the strategic management of organizations, but also an understanding of the complex process through which such policies are made" (Longest 2004: 72).

"The need for a broad evidence base is ... crucial to ensure that policy is developed appropriately and in locally sensitive ways [T]here is also the need to evaluate the impact of policy through research and then amend the policy if required. This also highlights the need to have stakeholders involved in order to minimize barriers to policy implementation ..." (Morgan 2010: 47).

"The most obvious advantage of a policy-based approach is that it mitigates the problem of unobservables Written rules are readily available from organizational records in the form of handbooks, policy manuals, and regulations. Rules tend to persist over time thus influencing behavior for extended periods. ... Documents are often available over long periods of time, enabling a history of rule changes to be constructed" (Phelan 2011: 24).

Guide to Writing Policy and Procedure Documents

This guide is designed to explain Health PEI’s policy and procedure framework, to help policy and procedure owners organize their written documentation, and to act as a resource as they navigate the approval process. You will find the information in this guide helpful if you are responsible for formulating or documenting new or existing policies, procedures, standards, guidelines and protocols – **hereinafter referred to as “policies”**. The Health PEI Policy and Procedures Manual will hereinafter be referred to as the “Policy Manual”.

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INTRODUCTION

This guide outlines a standard approach to the development, formatting, approval, and dissemination of policies. The Policy Manual framework has been compiled to provide a widely available and easily accessible resource to assist staff in the decision-making process and to provide the rules, guidance, and direction for conducting the business of Health PEI.

Health PEI policies are subject to legislation, regulations and by-laws governing staff of Health PEI and health services on Prince Edward Island.

Health PEI's Policy Manual aligns with the Health PEI Governing Board of Director's Policy Manual. The most simplistic descriptor of this framework is that there is a separation of the framework at three different levels:

- Board of Directors Governance Policies – The Health PEI Board of Directors Governance Policies define how the board conducts its business and its governance rules and practices. The Board of Directors, or designate, is responsible for the development and approval of policies at this level.
- Health PEI Corporate & Provincial Policies – This level contains policies which affect the entire Health PEI organization. An Executive Director, or designate committee or person, will be the policy sponsor and is responsible for the development of policies at this level. The Executive Leadership Team, or designate, is responsible for the approval of policies at this level. Health PEI Provincial/Corporate policies will be preceded by the initials HPEI. (e.g., HPEI PD 02-001).
- Operational Policy Documents (Departmental/Program/Service/Unit/Site Specific) – This level contains policy documents which are specific to a department, service, unit or program. Facilities are responsible for ensuring appropriate processes are in place for the development and approval of standards, protocols and procedures at this level.

Operational policy documents may also include manuals containing standard practices and supplemental information to assist those in a particular function or service. The integrity of the information contained in operations, reference, standards, or training manuals is the responsibility of the manager of the department or service.

GUIDING PRINCIPLES

- Health PEI policies should be accessible to all and provide appropriate, clear guidance, and direction to those who use, and are subject to, policies.
- The process for policy development and review in Health PEI should be:
 - Informed by Health PEI's core values: caring, integrity and excellence
 - Procedurally fair and Consistent
 - Transparent and Meaningfully inclusive of all relevant stakeholders
 - Sensitive to diversity within Health PEI (including multigenerational and multicultural diversity)
 - Sensitive to the implications on the health (physical, emotional, spiritual and social) of employees, health care providers, volunteers, students and patients
 - Timely
- There should be appropriate flexibility in the generation of supportable, site-specific modifications and exemptions to overarching Health PEI policies. The responsibilities and accountabilities for the various stages of policy development and review, including education and implementation, should be logical and clear.
- Policies must be reviewed at a minimum of every **3 years**. Standards, guidelines and protocols must be reviewed every **2 years**, or sooner if required.

* The Provincial Nursing Leadership Committee (PNLC) develops, reviews, and approves provincial policies and standards for nursing and nursing services.

*The Executive Leadership Team (ELT) must approve those policies which are new **and** are a) organization-wide, and/or b) impact multiple Divisions, and/or c) have high risk or high cost for the organization.

OVERVIEW

Organizational Structure

The Health PEI Board of Directors has legal and moral accountability for the oversight of the Health PEI organization and has developed the Board of Directors Governance Policies within which the CEO can then manage. The Board of Health PEI establishes the strategic direction for the organization in the context of the direction from, and accountability to, the Minister of Health and Wellness as established in the Health Services Act.

Application and Authority of Health PEI Policies

Application:

- The Health PEI Policy and Procedures Manual contains only Health PEI Policies.
- Health PEI Policies apply to all staff directly employed by Health PEI and to all facilities, programs and or services administered under the authority of Health PEI. Physicians, students and volunteers who act on behalf of Health PEI are expected to comply with Health PEI policy.
- The Policy Manual should be read in conjunction with provincial legislation and regulations, as well as the “Treasury Board Manual” and the “Personnel Administration Manual” which contains policies and procedures that may be adapted for Health PEI use.
- In addition to the Health PEI Policy Manual, a variety of other policy, procedure and protocol manuals are in place for various facilities and services throughout the organization. The Health PEI Manual does not replace these other manuals; **however, any policies, procedures, standards, guidelines, or protocols contained in any of these manuals must be consistent with policies contained in the Health PEI Manual.**
- In situations where Health PEI policies conflict with other policy, procedure, standard, guideline, or protocol manuals within the organization, **Health PEI policies will supersede.**

Authority:

- Health PEI Policies are subordinate to and must conform to Provincial Government policy and that of central agencies such as the Treasury Board.
- Policies which do not apply to the whole Health PEI organization and which have not been approved as Health PEI policies are subordinate to and must conform to Health PEI policies.

Policy Roles

Executive Sponsor – The Executive Sponsor is the member of ELT who has accountability for the subject matter addressed in the new or revised policy document. The Sponsor is responsible for monitoring project progress, facilitating communication between the project and ELT, and for submitting the draft policy and accompanying documentation to the ELT agenda. The sponsor commits to ensuring that the infrastructure and resources necessary to support the requirements of the policy, including ensuring educational and practice change resources, will be in place as necessary. The sponsor acts as a decision-maker in the event of an impasse or dispute during the development process. **“Site-specific” or “facility-specific” policies often to do not require an Executive Sponsor from ELT** (please refer to page 2 for more information about ELT). In the case of a site-specific policy, a Director may act as an Executive Sponsor.

Policy Lead – The policy lead is accountable to the executive sponsor. The policy lead is usually the individual who is the primary content expert during the document’s development. The policy lead may delegate roles/responsibilities to others (e.g. working group) but is ultimately responsible for preparing drafts for review and consultation, coordinating consultation feedback, developing communication and education strategies/resources, and planning the implementation and evaluation strategies. They must also check for potential conflict with other policies or existing Legislation.

Key Stakeholders – Key Stakeholders play a crucial role in the development and review of policies and procedures. As a normal practice, representative groups – referred to as key stakeholders – are required to act as spokespersons for the employees, medical and other professional staff, and others. They represent those who are most affected by the contents of the policy in terms of compliance with the requirements. It is critical that the key stakeholders engage with the constituencies that they are representing, including frontline staff, to obtain as broad a range of view points as possible. Prior to approval of a policy, stakeholders are asked to provide feedback on the contents as a measure of good governance to ensure the document adequately addresses the issue and established sound, practical, and achievable requirements. **It is advised to keep a record of stakeholder feedback.**

Monitoring – The monitoring body (usually the executive sponsor) is assigned the role of ensuring timely review of the policy and ensuring processes are in place to evaluate compliance and effectiveness of the policy.

Policy Coordinator – The Strategy and Performance Team along with the Policy Coordinator provide support and guidance to policy development. The Policy Coordinator position is not intended to write documents for the developers. The Policy Coordinator will review all policies for the clarity of content; assurance that all content experts and stakeholders have been consulted; formatting standards as indicated in this guide; education required prior to publication of the document; and check for potential conflict with other policies or existing Legislation. The policy coordinator will disseminate the policy to appropriate audiences. They also manage policy updates, version control, and maintain appropriate files. For record keeping, archival and reference purposes an electronic copy of the entire manual will be prepared at regular intervals, and stored in a safe place. For security purposes, an electronic backup will be routinely prepared. The policy coordinator publishes policy to the online Policy Manual.

DEFINITIONS

Approving Authority – the Executive Leadership Team, Health PEI Board of Directors, Executive Director, Director or Committee carrying the authority to provide final approval for specific Health PEI policies and related documents.

Clinical Standard - systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances.

Guidelines – Written principles, suggested plans or strategies that guide actions or decisions and allow flexibility in sequence. They provide a recommended course of action for decision-making as well as allow for and encourage professional judgment related to specific issues.*

Health PEI Policy and Procedures Manual – A compendium of current and approved Health PEI Policies. The official version of the manual will be maintained in electronic format and is available to all Health PEI staff on-line through the government intranet service.

Monitoring Body – Position assigned responsibility for assessing compliance and effectiveness of the policy and also ensure timely reviews of the document are conducted according to review schedule.

Policy – A statement of rules, expectations, and requirements for a prescribed situation. They are non-negotiable, clear, formal and authoritative statements directing professional practice. They enable informed decision-making, prescribe limits, assign responsibilities and accountabilities and are secondary/subject to relevant legislation, regulations and by-laws. Policies reflect the vision, mission, values and strategic directions of the organization. The policy statement describes who should follow the policy and when the policy applies. In addition, it may state major conditions or restrictions that apply. Policies are required when there are legal, financial or risk management consequences, or issues involved.*

Policy Lead/ Author – Individual, policy working group or committee delegated with the responsibility for developing (or revising) a policy.

Policy Working Group – A group of stakeholders (e.g. employees, physicians, patients, members of the public) possessing specific expertise or having a legitimate interest in a particular policy topic, convened expressly to develop or revise a policy addressing that subject matter.

Procedures – Describe a detailed series of steps, or outline a sequence of activities. They can be differentiated from policies in that they may be altered in view of professional judgment. When a procedure is associated with a specific policy, it provides the “how-to” of the policy.

Protocols – Written plans specifying steps to be followed in a study, investigation, or a patient care intervention. They focus on process, assessment, intervention and evaluation and deal with issues requiring professional judgment and decision-making. A flowchart or algorithm can be used as a protocol.*

Sponsor – Person (usually an Executive Director or Director), division, portfolio or committee that is accountable for the development, implementation and maintenance of a specific policy.

Stakeholder – Individual or committee within Health PEI having expertise in the subject matter addressed by the policy, whose practice is impacted by the policy or who has a legitimate interest or concern with the policy subject matter; individual or group directly affected by the policy (e.g. stakeholders are differentiated by those whose feedback is required, and those whose feedback may be useful, but not essential).

Standards of Practice – Statements that describe the desirable and achievable performance expected of health disciplines in their practice and against which actual performance can be measured.*

* Policies, standards, protocols, guidelines and procedures reflect current practice relative to best available scientific knowledge, and/or expert consensus.

ACCESS THE POLICY MANUAL ONLINE

All Health PEI policies are available electronically on the intranet. Those areas that have appropriate computer access for all employees are encouraged to use the intranet to access Health PEI policies as it facilitates searches by topic and reduces the use of paper. In these cases, hard copies of Health PEI manuals do not have to be maintained. Areas that adopt this strategy must have a contingency plan for accessing policies in the event of computer downtime or breakdown (e.g. manager or educator's offices, adjacent departments, etc.)

The Policy Manual will be distributed via the Health PEI intranet site, with an icon located on the computer desktop. Paper copies of the Manual may be printed for ease of use and reference; however, no official paper version of the Manual will be prepared or distributed.

To access the Policy Manual on the Health PEI intranet:

On your desktop, double click the icon shown below:



OR

Simply click the following link or copy and paste/type the URL into your web browser:

<http://iis.peigov/dept/health/manual/index.html>

The table of contents contains links to each approved policy currently on the Health PEI intranet. To view and/or print a policy, click the policy in question and it will open as a PDF document. Please note that to view the policies you will need Adobe Acrobat.

STYLE GUIDE

The overall goal for any policy or related document is for the design to be simple, consistent, and easy to use. In order to ensure a consistent format between documents, the organization has developed a number of standard templates to help the writers of policies and procedures get started. This style guide establishes one best practice so documents will have a common look and feel. The objective is to make the language, tone, style and formatting for policy documents as consistent as possible.

The Template

Strategy and Performance has developed standard templates for use with each policy document type. The templates are available in the Health PEI Policy and Procedures Manual . It is important to use the templates and the styles properly to help streamline the review and approval process. Refer to the Style Guide: General Formatting Guidelines for Policy Templates for further assistance in using the templates – Appendix E. When the templates are not utilized properly, the document will be returned to the department/division for corrections, thus slowing the process.

Structure of the Document

The policy sections are structured using standard outline format. This format helps keep the section organized and easy for the reader to find the needed information. A standard policy document is divided into the following 9 parts:

Header

The header for each policy includes the title, section number and name, subsection name, effective date, and review date, who the policy applies to, responsible department /ED and the approving authority.

If you are developing a new policy, you will need to contact the Strategy and Performance Division to determine the section/ subsection name and policy number.

Policy

The policy statement is the governing principle, plan, or understanding that guides the action. It states what we do, but now how. The policy statement(s) should be brief, and is supplemented by the information within the rest of the policy document.

Definitions

When the subject matter requires a precise understanding of terms, include them here. This allows a reader to approach the content in a more knowledgeable manner, and easily refer back to the definitions as needed when the term is used frequently throughout the policy. When a term has more limited use, it can be defined in the body of the section and Definitions may be omitted.

Purpose/Scope

Briefly summarize the rationale for the policy. A concise summary of the objectives may also be given if it helps to clarify the subject matter. If necessary, background information may be included in this section.

Application

Identify who the policy applies to, circumstances or environments in which it applies and specify any exceptions or exclusions.

Procedures

Procedures describe how the policy is implemented at Health PEI locations. The action steps included here should clarify and accurately describe the process and responsibilities for accomplishing tasks governed by the policy. Procedures are the required process for the specific situation.

The procedures should be organized for ease of use. Some policy sections may require multiple procedure headings for the different tasks addressed. Some policy sections may find it useful to include individual responsibilities as a separate heading rather than within the procedures. While procedures are organized as a chronological series of steps required to accomplish a task, responsibilities are organized as lists of tasks that must be completed by an individual or department.

Monitoring

Monitoring the efficiency and effectiveness of policies, rules or other methods in policy statements is an important part of the development process. Policy monitoring helps determine the need for further action, and possible changes and improvements in policy statements and plans, or in actions taken to implement them. Policy monitoring should be systematic and involve tracking and evaluating whether and how well a policy is resolving the issues raised. Include information about how, who, what, where and when to monitor, where possible.

References

List the sources upon which the policy is based, including provincial laws, system wide policies and other Health PEI policies. In addition, list other Health PEI policies that are related to or referenced in this section. Also include a list of items to be appended.

Revision History

Each revision date is recorded in this section.

Additional Points to Consider:

- Use an active voice that is direct
- Ensure tone of policy is positive
- Avoid use of abbreviations and when necessary spell out the associated words followed by the acronym in brackets
- Use single idea sentences
- Avoid gender reference where possible
- Use generic names
- Refer to title/positions rather than individuals
- Refer to department/service name rather than use of addresses and phone numbers
- Do not use underline for emphasis, use bolding or italics. Underlining indicates a link on the Intranet

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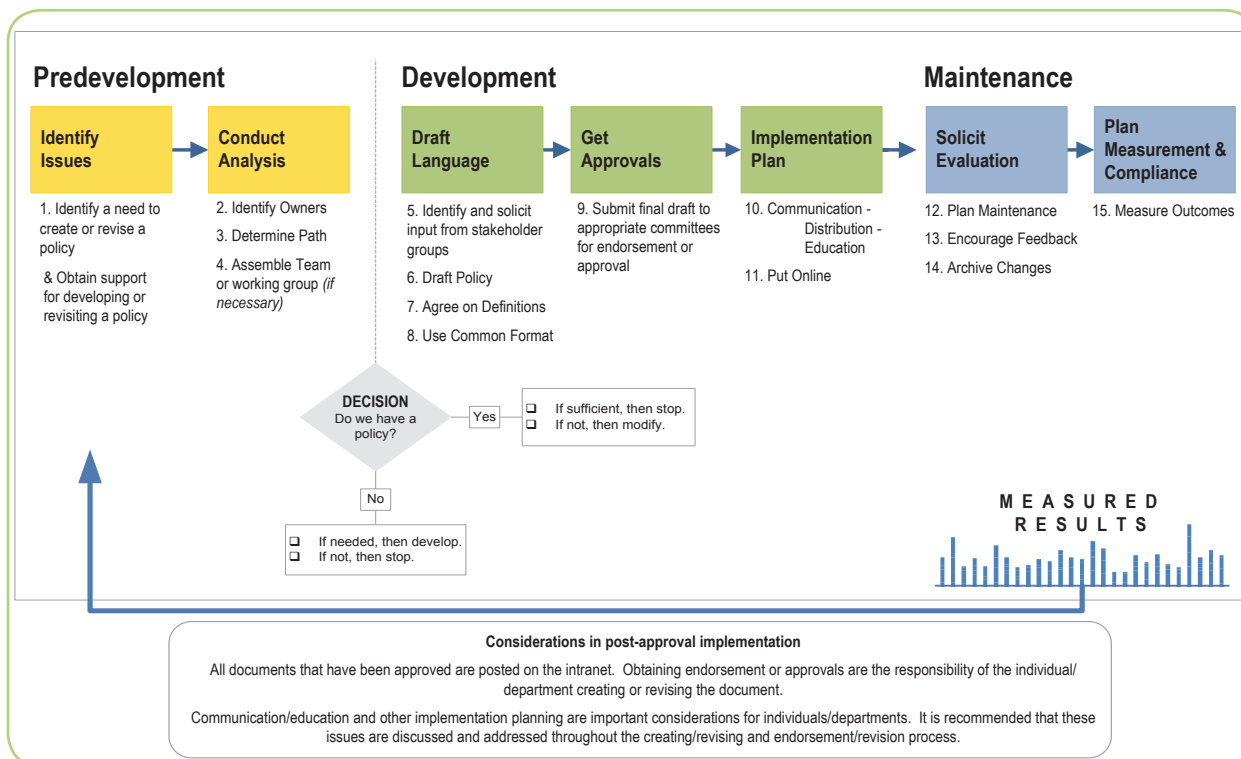
Modifying the Standard Structure

In general, it is best to stay as close to the standard structure as possible. The closer you are to the standard, the easier it will be for users to find the information they need in your policy. However, there are occasions where you may need to add different parts/headings to the policy to increase ease of use. Whenever you add a part/heading to the policy, it should be something that identifies a significant aspect of the policy. Any headings should be descriptive of the information to follow. No matter how many headings you determine you need to clearly communicate your policy, you should retain the outline structure for all documents developed for the policy.

Contact the Strategy and Performance Unit for assistance with the structure of your policy.

POLICY DEVELOPMENT PROCESS

Refer to the following sections for details outlining each step in the policy development process.



Adapted from: Policy Development Process with Best Practices. Association of College and University Policy Administrators. (2005). http://www.oit.umd.edu/units/aea/internal/policy_development_process.pdf

Before You Start

Get Authorization and Support for the Process

Authorization and support at senior levels ensures that the process of policy development is workable and that the resulting policy information is viewed as official. Not every policy issue will require ELT level approval but a process is needed to elevate critical policy decisions to the executive level as necessary. Consult with senior management for critical policy decisions that will need to be elevated to the executive level.

Individuals, or groups, who wish to propose a new Policy or suggest a revision to an existing Policy, should consult their senior management;

- Senior management will assess the need and determine whether a new or revised Policy should be drafted.
- Upon approval by senior management for a new or revised Policy, a draft policy is to be prepared using the Policy Development Process as a guide.

Predevelopment

Identify Issues

1. Identify a need to create or revise a policy

The identification of need for a new or revised Policy can occur at any level of the organization and it is better to anticipate a problem than to be surprised. This may especially be true for policy development because the timeframe from the start to the finish can be long. The more you are able to identify issues that will affect the

organization, the less time will be spent in emergency mode which is particularly important for policies that are provincially wide in scope, involve budget changes or training efforts. Use the Questions for Directing the Development of Policy and the Policy Approval Checklist to guide your policy work (Appendix A and B).

Conduct Analysis

2. Identify Owners

A specific individual (usually an Executive Director) will have designated responsibility for the creation of content, accuracy of information within the policy and maintenance of the policy. The owner/sponsor should push and track policy development. If disputes arise, this individual is the one who ultimately decides the outcome or the process that will be used for resolution.

3. Determine the best “Policy Path”

Determining the owner of a policy will sometimes dictate the development path for the policy. Organization-wide policies can be formulated by many different authorities including legislative bodies, committees, clinicians, divisions or departments. Determining the best level can be more art than science. When choosing, consider topic significance, internal and external reactions, number of reviews necessary (e.g. legal, risk, medical affairs, etc.) and ongoing maintenance.

It is important that the relevant legislation and regulations be checked prior to policy development/review to ensure consistency and prevent duplication. Health PEI policies must not cover the same matter as statutes or regulations. It is also important to identify all existing policies and procedures that will be impacted or replaced by the new policy. You should also conduct external environmental scan of relevant legislation, standards of practice to help inform the development process.

4. Assemble a team or working group (if necessary)

Policies and procedures will often be used by a wide variety of groups. To develop accurate and complete documents, consider the expertise needed to develop a well informed policy. Depending on the issue, consider involving staff, clinicians, allied health, clients/patients, finance, governance, information technology and legal and risk management. Including representatives from groups that will use the policy and be affected by it will greatly improve the quality and may assist with buy-in.

The sponsor will designate the policy lead/author (individual, policy working group, or committee). Careful consideration should be given to identify which key stakeholders should be involved in the development process as opposed to those key stakeholders who are asked to review the draft policy once developed.

Development

Draft Language

5. Identify and solicit input from stakeholder groups

To effectively move documents through the development or review process, it is necessary to both consult (gather input from others regarding the document) and formally approve the document so that it can be put into practice. Consultation and approval are separate processes that must not be undertaken at the same time. Clearly indicate to stakeholders whether the document is being tabled for consultation or approval. Consider if designated committees or divisions should be consulted using Appendix D as a guide.

It is important to consider not only who will be affected but who will be using the policy or procedure. There are many people with many areas with a wealth of expertise and knowledge and it is good practice to seek their opinion when writing policies and procedures relevant to them. See Stakeholder Review for further details (Appendix C) and gather input from them using the Stakeholder Feedback Form.

6. Draft the Policy

Draft the policy utilizing the approved template (Health PEI Policy Template); ensure the document is evidence-based and meets best practice. Ensure that draft documents are clearly identified with a watermark or bolded text that states ‘DRAFT’ on each page. Include the date of the draft. Refer to the General Formatting Guidelines for Policy Writing (Appendix G) for further suggestions on drafting policy documents.

7. Agree on Common Definitions and Terms

This seems simple but truly important. Key words pertinent to the understanding of the draft policy will need to be defined. It is important to research the terms and come to consensus on the best definition suited for Health PEI and the policy it applies to.

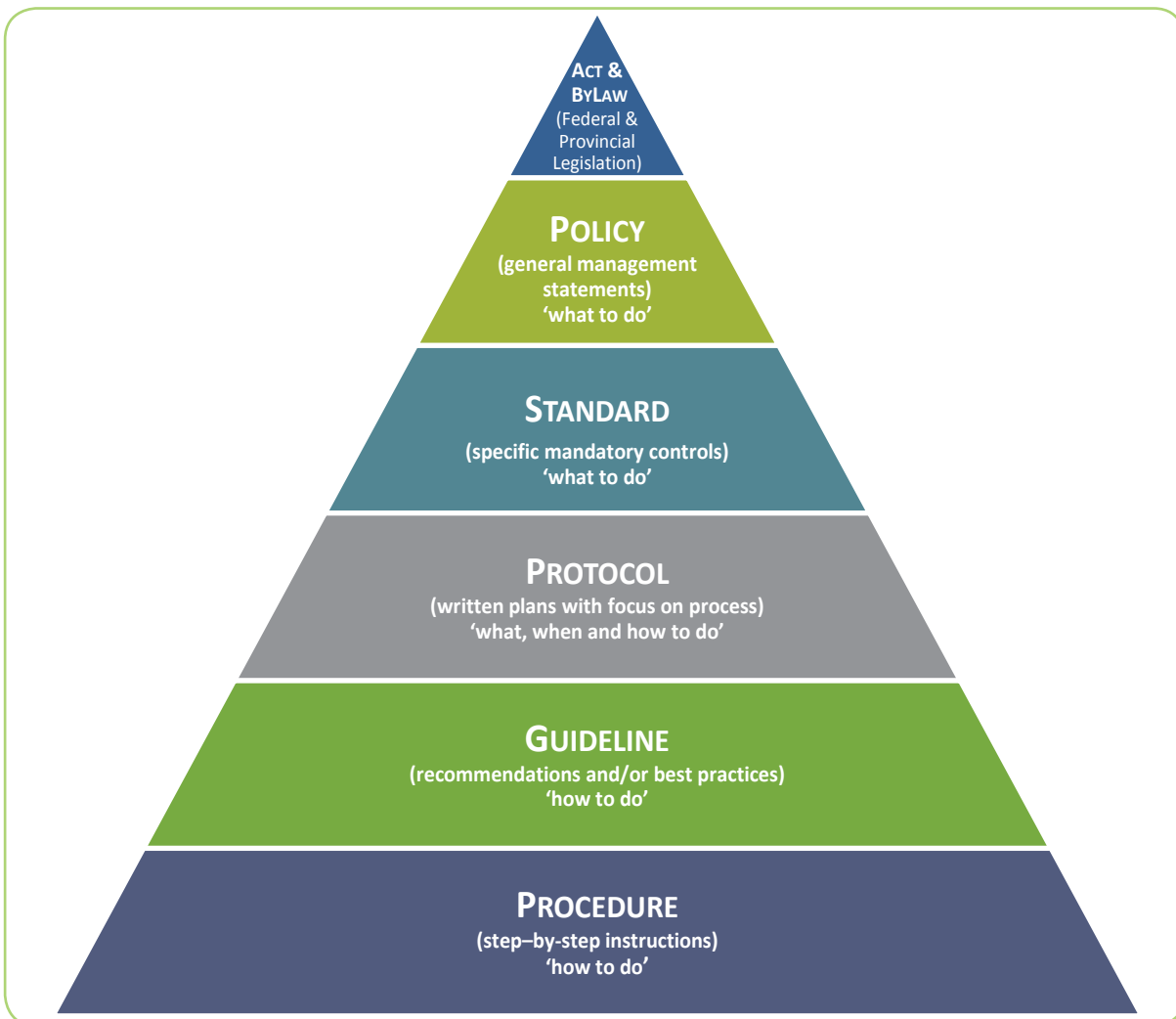
8. Use a Common Format

Information is easier to locate when a common format is used and it will also help those creating policies be consistent. The approved policy template speeds development and will often force questions to be answered that might not ordinarily come to light. The format helps to break up policies into digestible chunks. Please contact the Strategy and Performance Team if you have any questions about the policy templates or have problems locating or downloading the files.

Get Approvals

9. Submit final draft to appropriate committees for endorsement or approval

Submit final draft to appropriate persons or committees for endorsement or approval, when required. ELT must ultimately approve the new policy (if it is not site/facilit. Before the process begins there must be agreement on the overall purpose and the outcome of the work. A review of draft policy statements through the process can be critical to avoid misunderstandings about scope, timing, responsibilities and ownership. Consider periodic updates for stakeholders. Finally, be sure all approvals are secured before publication.



10. Plan Communication, Distribution and Education

Once policies are approved there is a need to communicate results to those needing the information. This can vary widely. Determine various core interest groups and devise practical communication options. Use the Communication Plan worksheet and the Education Planning worksheets as guides (not yet available online). Some issues may require special mailings and or training efforts. The policy coordinator will initiate the communication of policies via email distribution list. For critical issues, the importance of being proactive cannot be overstated.

Sponsor and Policy Lead Responsibilities:

- Ensures that the appropriate education and implementation plan for the policy is carried out as planned.

Manager Responsibilities:

- Ensure that an appropriate process is in place in the division/unit for communication to the end-users of the new/revised policy.
 - The goal of communication is for staff to have an awareness and understanding of the policy and how to transition it into practice.
 - The process includes management of hard-copy manuals where maintained (insertion of new/revised policies, removal of outdated/deleted policies and updating Table of Contents for site-based manuals).

11. Put information online and accessible from one location

Online policy access is the most effective way to make the information available. Creating one unified list assures users that the policy list is complete. A complete list of Health PEI Policies can be accessed via the intranet at: <http://iis.peigov/dept/health/manual/index.html> or by double clicking on the desktop icon.

Maintenance

12. Develop a Plan for Active Maintenance and Review

The monitoring body is responsible to report on the status of the policies and ensure reviews are conducted in a timely fashion. Audits can often identify information that needs updating. Policies must be reviewed at a minimum of every 3 years. Standards, guidelines and protocols must be reviewed every 2 years, or sooner if required.

13. Encourage Users to Provide Feedback

The people who use the policies can help keep them accurate. Users are often the first to notice that information is outdated. Having an easy and visible way to invite feedback will assist in the maintenance process. User involvement will also help communicate the message to users that their help is welcomed and that they have an opportunity and perhaps even an obligation to keep information current. Users know what works and what doesn't. They can often offer suggestions for improvement.

14. Archive Changes and Date New Releases

Staff members need to know what's new. However, there are times when it is important to know and be able to retrieve the "old information". For legal and administrative purposes the policy coordinator will maintain a historical file of the older policies that accurately reflects the dates when changes were made, the changes that were made to the wording, and who authorized the changes.

15. Measure Outcomes by Monitoring or Testing

Why have policies that no one follows? There are many factors that encourage people to use a policy such as proper training and it being easy to read, find and understand. Making sure policies are accurate and up-to-date will increase confidence and use. Consider developing a measure to quantify the usefulness of the policies, and encourage questions or suggestions for improvement.

RELATED DOCUMENTS AND REFERENCES

Templates

Policy and Procedure Template
Operational Standard/ Guideline/ Protocol Template
Clinical Standard/ Guideline/ Protocol Template
Policy Distribution Memo Template
Stakeholder Feedback Form

Related Documents

Health PEI Board of Directors Governance Policies
Health Services Act
Personnel Administration Manual
Treasury Board Manual

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- University Policy and Procedure Formulation, Approval, and Dissemination. UC Santa Cruz. (1994). <http://policy.ucsc.edu/pdf/team-report.pdf>

APPENDICES

Prior to developing or revising a policy, consider the following questions:

1. Is this a policy issue?
 - Does a problem exist?
 - Can anything be done about it?
 - Is there a legislative or professional standard requirement for a policy for this issue?
 - Has there been a change in practice as a result of new technology or advanced knowledge?
 - Will it serve to clarify ethical, legal or professional practice issues?
 - Will it promote standardization and efficiency in practice?
2. What is the nature of the issue you are trying to address?
 - What does it look like?
 - What are the impacts?
 - What are its underlying causes?
3. Where did the issue come from? Who raised it? In what context?
4. Is the issue new? Is it unexpected? Is it unique? Is the issue reoccurring? What is its history? What was done the last time it came up?
5. How big is the issue?
 - How widespread is it? (e.g., geographically, interests affected)?
 - How severe is its impact?
 - How urgent is it? Is it a crisis?
 - Is it changing in size, severity or urgency?
6. Is the issue for which a policy is being considered addressed in another format? (e.g. collective agreement, employment guide, etc.) For clinical policies, can the practice issue for which the policy is being developed be addressed by an approved reference text?
7. Does this policy conflict with other policies in Health PEI? Are there already existing policies that address this issue?
8. Who will or should be affected by this policy? (Include patients, families, students, volunteers, etc.)
9. What are the consequences if this policy is not adhered to?
10. Who are the key stakeholders who should be involved/consulted in the policy development? In addition to traditional stakeholders, consider, as appropriate, soliciting stakeholders to review from the perspective of:
 - cultural and generational diversity
 - health of employees, physicians, volunteers and students.
11. Is the issue being addressed best presented as a policy, standard, protocol, guideline and/or procedure?
12. What potential impact does this policy have? (e.g. financial or human resources, job descriptions, scope of practice, patient safety etc)

r. September, 2014

Health PEI

One Island Health System

Policy Approval Checklist

Keep the policy as brief as possible. Lengthy or complex information should be included in the associated guidelines and procedures, or in an appendix. The following check list can serve as a guide to the policy lead/author:

- **Check for existing policies and responsible individuals:**
 - Check policy manuals, legislation and regulations (i.e., Health PEI, government and system wide).
 - Check delegations of authority (or unit with operational responsibility).
 - Check with the Strategy and Performance Division if you cannot locate policy and/or responsible office from other sources.
- **Identify cognizant division/unit and policy gap:**
 - Research policy context and to identify related policies and procedures.
 - If the policy affects specific groups for which explicit consultations are required, check with the appropriate Director or Manager for additional instructions.
 - Conduct external environmental scan of relevant policies and standards of practice to help inform the development process
- **Develop new or revised Health PEI policy.**
 - Identify affected parties and appropriate review bodies.
 - In the early policy development stages, consult with/consider the views of those who will be directly affected by the new or revised policy.
 - Draft new or revised policy.
 - Review final draft of policy with Manager/Supervisor (for clarity, readability, and consistency with other policies and procedures).
 - Review final draft of new or revised Health PEI policy with the Policy Sponsor (per delegation of authority or operational responsibility).
 - Develop communication, education, and training plans, where appropriate.
- **Conduct additional review/consultation as appropriate.**
 - Talk to appropriate Health PEI review bodies.
 - Talk to appropriate senior administrative staff.
 - Engage in additional review/consultation (as may be suggested).
 - Revise policy (if necessary).
 - Determine if appended forms should be translated by French Language Services (i.e. forms to be completed by a patient).
- **Ensure that appropriate procedures are developed or revised.**
- **Communication and education.**
 - Ensure a communication plan and education plan are developed and executed (when applicable).
- **Disseminate policy.**
 - Prepare materials for the Policies and Procedures Manual.
 - Ensure policy coordinator receives a copy for posting to electronic manual.
 - Provide notice to affected population.
 - Provide training/orientation/education (as appropriate).
- **Plan measurement and compliance.**

r. April 2013

Criteria for Policy Review/Endorsement by a Designated Committee or Division

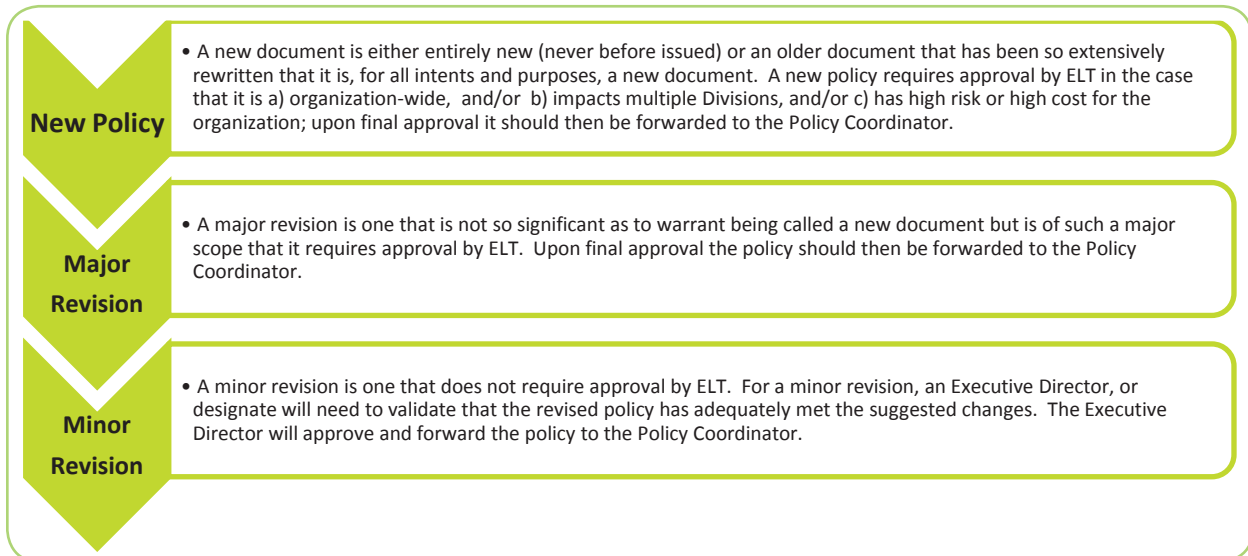
Strategy & Performance (healthpeipolicy@ihis.org)
All policies, procedures, and standards must be reviewed by the Health PEI Policy Coordinator. The Policy Coordinator will support the Policy Lead with: the use of evidence-based research; stakeholder engagement; jurisdictional scans; proof-reading and formatting; the approval process; communication and dissemination; and general advice as it relates to policy analysis, development, and coordination.
Medical Advisory Committee/ Medical Affairs (For example, PMAC or LMAC, Network Medical Directors, etc.)
Policies and procedures which should be reviewed by Medical Advisory Committee/ Medical Affairs are those that: <ol style="list-style-type: none"> 1. Are physician driven 2. Originate from a sub-committee of the Medical Advisory Committee/ Medical Affairs 3. Are Delegated Medical Functions or Medical Directives Policies and procedures requiring review by physician stakeholders are those policies which direct the actions or behaviors of a physician or those which have content that could be influenced by specific physician knowledge or experience.
Professional Practice
Specific practice councils review policies that have significant impact on the professional practice of health disciplines within Health PEI. The discipline-specific practice council and/or interdisciplinary committees review new or revised Delegated Medical Functions, Medical Directives and Shared Competencies (Post Entry-level Competencies) as appropriate.
Risk Management (RM)
RM reviews include (this step may not apply to all policies): <ol style="list-style-type: none"> 1. All policies that may impact patient safety and/or clinical risk management. 2. Any policy addressing documentation and changes in practice that may affect patient safety and clinical risk management.
Legal Services (LS)
LS reviews (this step may not apply to all policies): <ol style="list-style-type: none"> 1. Any policy that addresses legal, ethical, and/or patient rights 2. Complex policies, such as discipline and grievance policies, and policies required by legislation * Check that the policy complies with standards and other federal and provincial legislation.
Freedom of Information and Protection of Privacy – Privacy & Information Access Coordinator
Privacy & Information Access Coordinator reviews include (this step may not apply to all policies): <ol style="list-style-type: none"> 1. All policies that may impact privacy compliance – are risks high or questions about privacy significant. 2. Any policy addressing privacy, access, security and/or confidentiality of personal information.
Financial Review (FS)
FS reviews (this step may not apply to all policies) include: <ol style="list-style-type: none"> 1. Any policy that has significant impact on financial resources. 2. Any policy that may impact accounts payable, accounts receivable, and payroll transactions. 3. Any policy that may impact or require the procurement of goods and services.
Provincial Nursing Leadership Committee (PNLC)
Nurses and nursing services from every Division are represented on this committee. Functions of this committee are <ul style="list-style-type: none"> • to develop, review, and approve provincial policies and standards for nursing and nursing services; • to work toward standardizing nursing practice, where feasible, within Health PEI; • to guide and support provincial quality improvement and patient safety initiatives; • to develop relationships and partnerships with key stakeholders; • and to effectively communicate the key outcomes of discussions and decisions to nursing and nursing services and key partners.
Ethics Board
<i>Guiding criteria for determining if a policy requires, or could benefit from, review by the Ethics Board in the policy development/review process:</i> With respect to patients, families, staff and employees, volunteers, students, the public, and/or the district, the Ethics Board review policies that: <ol style="list-style-type: none"> 1. Have significant ethics content 2. May have an impact on autonomous choice, social justice, liberty, dignity, confidentiality/privacy, openness of communication, transparency and accountability or challenge core values.

1.	Format	Use the approved templates and formatting to write policy documents. (<u>Note</u> : section headers in the template are there as a guide. There may be instances where section headers may be added or omitted).
2.	Title	<ul style="list-style-type: none"> - Clear and concise. - Fewest words possible arranged in a logical and meaningful order. <ul style="list-style-type: none"> • Avoid generic words such as “policy” or “procedure”. • Ensure the title does not start with stop words such as “the”, “that” or “a”. • If the policy or procedure applies to only one division/unit (ie. CPOE Environment or Laboratory Medicine), include the division as an extension to the title (eg. Order Management for Patient Care –CPOE Environment).
3.	Policy Statement	<ul style="list-style-type: none"> - What is expected or allowed? - What is the organization’s position?
4.	Definitions	Clear and concise.
5.	Procedure	<ul style="list-style-type: none"> - What has to happen? - How will this be accomplished? - Who is responsible? - When does it have to occur? - Where will it take place?
6.	General Rules to Write By	<ul style="list-style-type: none"> - Policies should be written in the passive voice. - Procedures and all other policy documents should be written in the active voice: action verb, 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. <ul style="list-style-type: none"> • Present tense • Third person • Positive tone (avoid negative language). - The active voice is more concise, direct and vigorous than the passive voice. Use a directive tone in the active voice and present tense. - Active voice: “The clerk will book an appointment”. Passive voice: “An appointment will be booked”. - Avoid using verbs that cannot be measured, such as understand and encourage. - Write from the objective perspective. Objective content is informed by evidence without writer’s bias.
7.	Organize Material	<p>Flows from broad to more detailed content:</p> <ul style="list-style-type: none"> • Use Headings and Subheadings to group information logically and designate responsibility; • Use lists as much as possible; • Be consistent with format; • Consider the purpose of the policy and the reader when deciding what information is essential to ensure understanding of the topic; • Include information that the reader needs to know.
8.	Abbreviations	Avoid.
9.	Acronyms	The first reference must have the words written in full followed by the acronym in brackets, for example Executive Leadership Team (ELT).

10.	Simplicity	<p>Avoid extensive vocabulary and complex sentence structure;</p> <ul style="list-style-type: none"> • Use single idea sentences; • Keep it simple with readability level of Grade 6- 8. • Use inclusive, accessible language: <table border="0"> <tr> <td>Instead of</td> <td>Write</td> </tr> <tr> <td>Managers and their wives</td> <td>Managers and their partners</td> </tr> <tr> <td>Girls down at the desk</td> <td>Front Desk employees</td> </tr> <tr> <td>Man the service</td> <td>Staff the service</td> </tr> <tr> <td>His or Her</td> <td>Their</td> </tr> <tr> <td>Utilize</td> <td>Use</td> </tr> </table>	Instead of	Write	Managers and their wives	Managers and their partners	Girls down at the desk	Front Desk employees	Man the service	Staff the service	His or Her	Their	Utilize	Use
Instead of	Write													
Managers and their wives	Managers and their partners													
Girls down at the desk	Front Desk employees													
Man the service	Staff the service													
His or Her	Their													
Utilize	Use													
11.	Gender References	Avoid gender reference where possible.												
12.	Reference to Names & Locations	<ul style="list-style-type: none"> - Refer to titles/positions rather than individuals; - Refer to Department/Program/Service or Unit by name rather than use addresses and phone numbers. 												
13.	Brevity	<ul style="list-style-type: none"> - Short documents are easier to understand and more apt to be used; - Avoid unnecessary words, for example "...in the event that..." replace with "if". - A policy and procedure is usually a maximum of 3 pages in length, double if using a bilingual format. 												
14.	Generic Names	Use generic names for medications, cleaning agents, solutions, etc.												
15.	Font and Numbering	<p>Use Times New Roman size 11 font. Follow numbering sequence on template, for example, numbering of Section 5, "Procedure":</p> <ul style="list-style-type: none"> • 5.0 For Section Heading • 5.1 for first heading; • a., b., c. for subheadings; • (1), (2), (3) for bullet for sub point; • i., ii., iii., for further sub points; and • 5.2 second step. • Bullets should only be used to introduce points for short lists in which neither sequence nor priority is being implied. Where sequence/priorities are implied, numbers or letters should be used. 												
16.	Use of Lines	Do not underline for emphasis; use italics or bolding (underlining indicates link to internet or intranet).												
17.	References	<ul style="list-style-type: none"> - Include a list of Acts and legislation. For Health PEI, these are available through the internet at http://www.gov.pe.ca/law/regulations/bydept.php3 - Include all related policies and procedures. 												
18.	Proof Read and Review	Be accurate with content, spelling, and grammar.												
19.	Contact the Policy Coordinator	For any assistance please contact the Policy Coordinator or the Strategy and Performance Team.												

How to distinguish between Major and Minor Revisions

The terms are defined as follows:



The following are treated as minor revisions:

- Non-substantive technical changes such as position titles, words, definitions, etc. (e.g. changing the number of people on a committee from 4 to 5).
- Textual changes such as typing mistakes, spelling mistakes, translation mistakes not affecting a value, a parameter or a dimension.
- Making the information concise and easier to read. (i.e., clearly defining original roles and responsibilities by inserting the information into a table format).
- Addition of information where the added information does not change the meaning of the document.
- Changes or additions to appendices associated with a policy document.

BUT NOT

- Changes of meaning, values, parameters, dimensions that may affect the work of persons outside the group
- *Minor revisions are carried out under the responsibility of the assigned Executive Director/Sponsor, or designate for the policy. They do not require a new policy level approval.

*The **Provincial Nursing Leadership Committee (PNLC)** develops, reviews, and approves provincial policies and standards for nursing and nursing services.

*The **Executive Leadership Team (ELT)** must approve those policies which are new **and** are a) organization-wide, and/or b) impact multiple Divisions, and/or c) have high risk or high cost for the organization.