Health PEI

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Policy and Procedures Manual

Formal Submission for Approval

STAFF RESOURCE CENTRE WEBSITE CONTENT

Health PEI		
Applies To:	Web Content Owners/Experts, Website Coordinator, Health PEI Staff, Salaried, Contract and Fee-for-Service Physicians	**POLICY & PROCEDURES**
Monitoring:	Chief Communications Officer	
Date:	Effective: June 13, 2023	
	Next Review: **June 13, 2026**	

Approving Authority: Executive Leadership Team
_____

Authorized Signature: _____

Record of Decision	Approving Body:	Executive Leadership Team
	Meeting Date:	June 13, 2023

Policy and Procedures Manual

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Health PEI		POLICY & PROCEDURES
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Monitoring:	**Chief Communications Officer**	
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Date:	Effective: June 13, 2023 **Next Review:** **June 13, 2026** (3 years from effective)	
This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.		

1.0 POLICY

1.1 The Health PEI Staff Resource Centre (SRC) is an external website accessible by anyone, from anywhere at any time. Its purpose is to provide information to employees of Health PEI, medical staff (including salaried, contract and fee-for-service physicians), other health care professionals (e.g., pharmacists, mental health social workers, resident care workers, etc.) and volunteers.

1.2 Content on the Staff Resource Centre must adhere to a standard that:

(a) ensures the protection and privacy of personal information in accordance with the *Freedom of Information and Protection of Privacy Act;*

(b) ensures the protection of personal health information in accordance with the *Health Information Act;*

(c) ensures compliance with the *Copyright Act;* and must not expose the organization to potential risk (legal or other).

(d) Includes the Health PEI logo if it is a document created by Health PEI after September 1, 2023.

1.3 The following internal content is **acceptable** for publication on the Staff Resource Centre, including but *not* limited to:

(a) Administrative forms and templates;

(b) Bulletins;

(c) CEO and other non-confidential senior leadership messages to staff;

(d) Clinical/care pathways and guidelines;

(e) Courses and conferences;

(f) Education, training and development materials for staff and leaders;

(g) Forms and requisitions not available on the Clinical Information Systems used by Health PEI staff in patient/resident/client care

(h) Guides and toolkits;

(i) Newsletters;

(j) Organizational charts; and

(k) Links to videos

(l) Homepage slides (a.k.a., banners) promoting news, subjects and events of interest to Health PEI employees

The following internal content is **unacceptable** for publication and must **not be made available** on the Staff Resource Centre:

(a) Draft or confidential documents;

(b) Internal memos not to be shared with an external audience

(c) Copyrighted material that has *not* received the appropriate permission to share;

(d) Any information that includes identifiers about a specific patient, client or resident;

(e) Information created for and targeted to the general public;

(f) Any information known to be out-of-date or inaccurate;

(g) Any information that has not been accessed in one year or has fewer than 20 pageviews or downloads as per Google Analytics; and

(h) Any material without a designated web content owner/expert identified.

Note: For internal content that is in-response to an extenuating circumstance or emergency (e.g., public health outbreak), contact the Health PEI website coordinator.

1.4   Roles and Responsibilities

The Health PEI website coordinator ensures:

(a) All content adheres to the standards outlined in sections 1.2 and 1.3 of this policy;

(b) The Staff Resource Centre's taxonomy is broad in scope and aligned with the organization's goals and objectives;

(c) Content is organized by function/purpose not by organizational structure (i.e.., by division), unless the structure reflects the function/purpose;

(d) The homepage slider contains no more than six slides which are relevant and timely to Health PEI staff and link to a page with more information;

(e) The homepage buckets contain links to the most accessed, relevant, and/or timely resources;

(f) Each homepage bucket has five links and/or lines;

(g)   All uploaded documents are kept in the designated folder on the server for the program areas or subject;

(h)   All hyperlinks work;

(i)   All pages and associated content are reviewed annually for currency and relevancy and pageviews/downloads in conjunction with either the web content owner or Staff Resource Centre web content administrators, where applicable and stale, outdated, or unused content is removed;

(j)   Staff Resource Centre web content administrators are trained and kept up to date of changes impacting the Staff Resource Centre;

(k)   Staff Resource Centre web content administrators receive Google Analytic reports for their pages and associated content a minimum of once a year;

(l)   Any promotional content, development and training, website maintenance and/or other downtime messages are posted in a timely and efficient manner.

Staff Resource Centre web content administrators are responsible for ensuring **within their designated sections**:

(a)   All content adheres to the standards outlined in sections 1.2 and 1.3 of this policy;

(b)   All files (i.e., uploaded documents) are kept in the designated folder on the server for the program areas or subject;

(c)   All hyperlinks work;

(d)   Where applicable, their homepage buckets contain links to the most accessed, relevant, and/or timely resources;

(e)   Where applicable, their homepage bucket has five links and/or lines;

(f)   All pages and associated content within their designated section are reviewed annually for currency, relevancy and pageviews/downloads and stale, outdated, and/or unused content is removed.

Where a section does not have a Staff Resource Centre web content administrator, web content owners/experts are responsible for ensuring within their designated section:

(a)   All content adheres to the standards outlined in sections 1.2 and 1.3 of this policy;

(b)   All pages and associated content are reviewed annually for currency, relevancy and pageviews/downloads and a request is submitted to the Health PEI web coordinator to remove any stale, outdated, or unused content.

2.0 DEFINITIONS

Administrative forms/ templates:	Documents used to initiate internal processes (e.g., Leave Form).
Bulletin:	Communication issued to a specific group or audience that advises of changes in practice (e.g., new equipment, new process for sample collection).
CEO messages:	Communication from the Chief Executive Officer to employees intended for distribution.
Clinical/care pathways and guidelines:	Multi-disciplinary plans of care and tools that identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for patient/resident/client care.
Confidential documents:	Any document not to be shared outside of a defined group.
Courses and conferences:	Upcoming courses and conferences of interest to employees, medical staff, and health care professionals.
Draft documents:	Any document which is in draft form, has *not* been approved by an Approving Authority, or is marked "DRAFT".
Education, training and development materials:	Information developed specifically for staff and leaders to further their education, training and development (e.g., WHMIS; Interprofessional training, Leadership Development Workshop Series, Safety Series) and professional competence and expertise.
Forms/ requisitions used in patient/ resident/client care:	Any form or requisition initiated by medical staff or a health care professional to request a procedure or service for a patient, resident or client.
Guides and toolkits:	Resources for staff to guide internal operations (e.g., Attendance Management Toolkit).
Memos:	Communication specifically intended as internal communication and *not* intended for external audiences.
Newsletters:	Communication issued periodically to a specific group or audience.
Organizational charts:	A chart which depicts the structure of the organization, division or section.
Videos	Videos created by Health PEI that are clinical, educational or staff oriented and enhance or support other content on the Staff Resource Centre.
Health PEI web coordinator	A person with a position within Health PEI who has been trained to add, edit and remove content on the Staff Resource Centre website and who has permission to do for the entire site.

Staff Resource Centre website web content administrator	A person with a position or role within Health PEI who has been trained to add, edit and remove content on the Staff Resource Centre and who has permission to do so for a specific section and/or group of pages.
Web content owner/expert	Refers to a person within a position or role within Health PEI who is responsible for providing timely, accurate and reliable content on behalf of their division or section.

3.0   PURPOSE/SCOPE

3.1   The purpose of this policy is to establish the requirements for the publication of content on the Health PEI Staff Resource Centre website.

3.2   This policy maintains the integrity of the Health PEI Staff Resource Centre by ensuring that content is shared:

- in an environment of trust;
- by communicating with openness and honesty; and
- by being accountable through responsible decision-making.

3.3   Compliance with this policy will provide an integrated and standardized approach to:

- managing content on the Health PEI Staff Resource Centre; and
- minimizing risk to the organization.

4.0   APPLICATION

This policy applies to:

- Web content owners/experts who submit content for publication;
- The Health PEI website coordinator;
- Staff Resource Centre web content administrators; and
- Health PEI staff and salaried, contract and fee-for-service physicians.

5.0   PROCEDURES

5.1   **Web content owners/experts:**

(a)   Reviews the Process Map: *Road Map to Developing & Posting Web Content (see Appendix A).* Contacts the website coordinator at healthpeiweb@ihis.org with any questions.

(b)   Determines if content developed meets the requirements outlined in sections 1.2 and 1.3 and is appropriate for publication on the Staff Resource Centre.

(c)   Checks that content is current, accurate and reliable.

(d)   Notifies website coordinator or web content administrator for the appropriate section with request to post content.

(e)   Discusses with website coordinator or web content administrator if a file requires safeguards (e.g., password protection) as the Staff Resource Centre is an external website that is accessible by anyone, from anywhere at any time.

(f)   Obtains approval from the appropriate director, executive director or chief for publication to the Staff Resource Centre.

(g) Submits final approved documents/content to the website coordinator, with specific instruction for placement location and any requirements for password protection.

(h) Monitors content on an annual basis or more frequently, if required, to ensure information is kept current and relevant.

(i) Advises website coordinator or web content administrator of necessary revisions and updates and/or removal of outdated content.

5.2 **Website coordinator and/or web content administrators**

(a) Reviews all submissions from web content owners/experts;

(b) Confirms content complies with this policy and is within website scope;

(c) Provides feedback/recommendations, as required;

(d) Uploads new or revised content in a timely manner; and

(e) Advises web content owners/experts when content has been published on the website.

6.0 MONITORING

6.1 The chief communications officer for Health PEI is responsible for ensuring a review of this policy is completed every three years as per Health PEI's policy review cycle and standards.

6.2 The Staff Resource Centre Website Content Working Group (see Appendix B) is responsible for monitoring compliance related to this policy, collecting feedback and making amendments to this policy (as required) every three years as per Health PEI's policy review standards. Issues that cannot be resolved by the Committee will be escalated to the chief communications officer for Health PEI.

7.0 REFERENCES

Related Documents

Copyright Act of Canada
Health Information Act
Health PEI - Enterprise Risk Management Policy
Health PEI - How We Live Our Values: Health PEI Code of Conduct
Freedom of Information and Protection of Privacy Act
Policy Document Management System

Appendices

Appendix A - Staff Resource Centre Road Map to Developing & Posting Web Content
Appendix B - Staff Resource Centre Website Content Working Group

8.0 STAKEHOLDER REVIEW

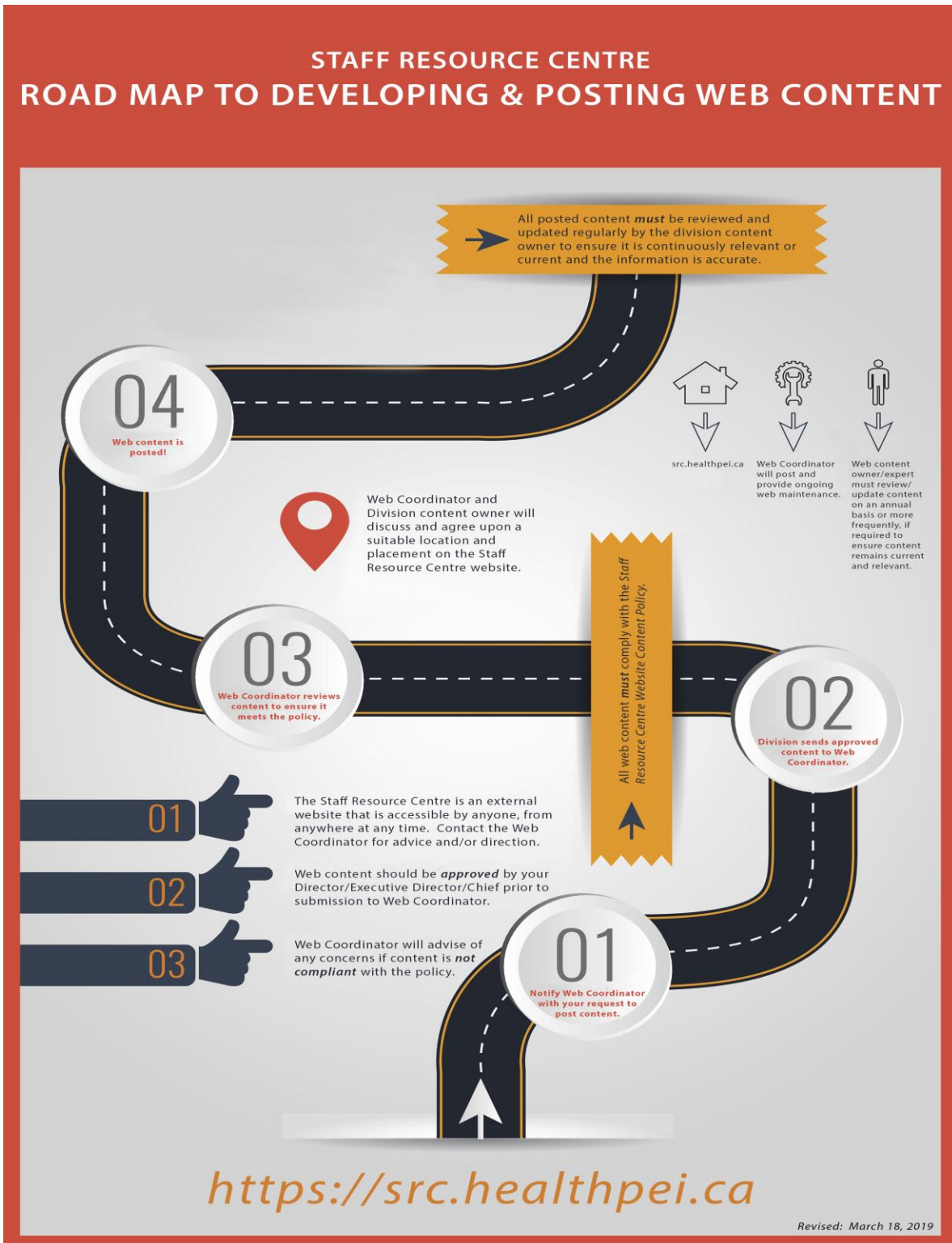| Group/Committee	Dates of Review
Staff Resource Centre Website Content Working Group	March 11, 2022
Chief Communications Officer Health PEI	June 13, 2023

9.0 REVIEW HISTORY

Review Dates: August 14, 2018 February 4, 2019 March 11, 2022

June 13, 2023

APPENDIX A - Staff Resource Centre Road Map to Developing & Posting Web Content

Appendix B – Staff Resource Centre Website Content Working Group

Staff Resource Centre Website Content Working Group

- Website Coordinator – Health PEI Communications

- Human Resources representative (position to be confirmed) – Human Resources

- Nursing Research Lead – Nursing and Professional Practice

- Manager of Policy, Planning and Evaluation – Corporate Services

- Chief Communications Officer – Health PEI

AdHoc Members

- Health PEI Solicitor – Corporate Services

- Director, Privacy and Information Management, Corporate Services

- Director of Medical Services, Medical Affairs

- Policy Coordinator/Analyst – Policy, Planning and Evaluation, Corporate Services

- Other members as required