1. Purpose

This Procedure describes the processes and standards for the development and review of West Coast District Health Board (WCDHB) Policies and Procedures, which facilitate the provision of safe and effective clinical care as well as providing a safe working environment.

2. Application

This Procedure is to be followed by all staff members throughout the WCDHB.

3. Definitions

For the purposes of this Procedure:

Accepted Professional Practice is taken to mean a practice which is accepted as being within the normally accepted range of practice in the relevant health professional group, which ensures accountability for practicing safely within the health professionals scope of practice.

Authorising Authority is taken to mean the authority which is responsible for approving and authorising for use WCDHB Policy and Procedure.

Designate is taken to mean a General Manager, Department/Service Manager or other staff member who assumes responsibility for the development or review process associated with WCDHB Policy and Procedure

Document Control is taken to mean a process that establishes a common Policy and Procedure format and classification, ensures that documents are produced, approved an distributed in a timely fashion.

Policy is taken to mean a written statement which reflects the position and values of the organisation or service on a given subject.

Procedure is taken to mean written instructions conveying the approved and recommended steps for a particular act or sequence of actions.

Scope of Practice is taken to mean a definition that communicates the competencies and professional accountabilities of a health professional.

Standard is taken to mean the identified level of performance composed of specific criteria against which actual performance is measured.

4. Responsibilities

For the purposes of this Procedure:

the *WCDHB Board* is required to authorise relevant Policy and Procedure

the *Chief Executive Officer* is required to authorise relevant Policy and Procedure

General Managers are required to authorise relevant Policy and Procedure

the *Risk and Quality Manager* is required to:
- oversee the development and review process for all WCDHB Policy and Procedure
- maintain a Master List of all authorised WCDHB Policy and Procedure
- approve external requests for copies of WCDHB Policy and Procedure

All *Managers* are required to develop an implementation mechanism for all new WCDHB Policy and Procedure to ensure that all staff members are aware of the Policy and Procedure.

All *Staff Members* are required to ensure they comply with relevant WCDHB Policy and Procedure, and for verifying that they are using the correct version of the Policy and Procedure.

5. Resources Required

This Procedure requires:

i) WCDHB Policy and Procedure Templates

6. Process

1.00 Introduction

1.01 All WCDHB Policy and Procedure must be developed and reviewed in accordance with the requirements of this Procedure.

2.00 Application and Authorisation

2.01 WCDHB Policy and Procedure are those which apply to all the activities of the Board (WCDHB) and include:
- i) Activities and Conduct of Board Members; the Board and it's Committees and Sub-Committees;
- ii) Financial Activities;
- iii) Planning and Funding;
- iv) Human Resources;
- v) Occupational Health and Safety;
- vi) Risk and Quality Activities;
- vii) Management Of Personal Information;
- viii) Corporate Services
- ix) Clinical;
- x) Infection Control;
- xi) Individual Services/Departments/Units.

2.02 WCDHB Policy and Procedure are to be authorised as per the following:
- i) By the Board:
  - a) Policies and Procedures relating to activities and conduct of Board Members; the Board and it's Committees and Sub-Committees;
  - b) Financial Activities;
  - c) Planning and Funding Activities.
- ii) By the Chief Executive Officer:
  - a) Human Resources;
  - b) Occupational Health and Safety;
  - c) Legislative Compliance.

iii) By the relevant General Manager
  a) Risk and Quality Activities;
  b) Management Of Personal Information;
  c) Corporate Services (including General Policies and Procedures);
  d) Nursing;
  e) Mental Health;
  f) Infection Control.

iv) By individual Department/Service/Unit Managers:
  a) individual Department/Service/Unit Policies and Procedures.

v) By CQIT
  a) Clinical Policies and Procedures

3.00 Development

3.01 Requests for development of all new WCDHB Policy and Procedure must be made in writing to the Risk and Quality Manager by the Manager responsible for it's authorisation.

3.02 The Risk and Quality Manager is to then consider if there is a current Policy or Procedure that could be utilised instead of developing a new Policy or Procedure.

3.03 If there is no current Policy or Procedure that is suitable, the Risk and Quality Manager (or designate) is to establish a working party representative of the key users of the intended Policy or Procedure who are then to develop a draft Policy or Procedure that meets the requirements of the *WCDHB Policy and Procedure Formatting Guidelines*.

3.04 The working party is required to develop the draft based on any current legislative requirements, Government Guidelines, or currently accepted professional practice.

3.05 Once the draft has been completed it is then distributed to all key users of the intended WCDHB Policy and Procedure for comment by the Risk and Quality Manager or designate.

3.06 A reasonable timeframe of between three (3) to six (6) weeks is to be allowed for key users to provide feedback.

3.07 All feedback is to be provided in legible writing to the Risk and Quality Manager or designate.

3.08 A non-response to a request for feedback will be understood to indicate acceptance of the draft.

3.09 All feedback is to be considered by the working party and incorporated as the working party considers appropriate. In situations where the working party cannot reach agreement on the inclusion of the feedback, the decision of the Risk and Quality Manager or designate will be final.

3.10 The Risk and Quality Manager is to check the finalised WCDHB Policy or Procedure for errors and to ensure that the WCDHB Policy or Procedure complies with all relevant legislative requirements.

3.11 A new document number is assigned to the WCDHB Policy or Procedure by the Risk and Quality Manager. Once a document number has been assigned and the document approved and placed on the Master List, the document number cannot be re-issued. When a document is cancelled, the cancellation is indicated on the Master List with the cancellation date.

3.12 The final version of the WCDHB Policy and Procedure, along with a cover letter is to be sent to the relevant Approving Authority by the Risk and Quality Manager or designate.

3.13 The relevant Authorising Authority is to receive and review the final version of the WCDHB Policy and Procedure and when satisfied, authorise the WCDHB Policy and Procedure by signing and dating it.

3.14 The signed copy of the authorised WCDHB Policy and Procedure is to be held by the Risk and Quality Manager.

3.15 The authorised Policy or Procedure is to be distributed.

4.00 Implementation

4.01 Newly authorised WCDHB Policy and Procedure must be available for staff use within ten (10) working days of their authorisation date.

4.02 Responsibility for the implementation of the newly authorised WCDHB Policy and Procedure rests with the relevant Manager(s) who have responsibility for the Policy or Procedure.

4.03 Implementation must include mechanisms by which all staff members are informed of the newly authorised WCDHB Policy and Procedure. For WCDHB Policy and Procedure which have a significant risk management implication, staff are required to sign a Policy and Procedure Induction Register.

4.04 All staff members are responsible for ensuring that they comply with relevant WCDHB Policy and Procedure as per the requirements of their employment agreements.

5.00 Review

5.01 Each WCDHB/CHC Policy and Procedure must be reviewed every two (2) years except where legislation requires that reviews occur more frequently.

5.02 There are four (4) possible outcomes of the review process

- i) Renewal – which occurs where the content of the Policy or Procedure has been reviewed and is found to require little or no change;
- ii) Review – which occurs where the content of the Policy or Procedure has been found to require significant rewriting;
- iii) Rollover – which occurs where the Policy or Procedure has not been reviewed on time;
- iv) Withdrawal – which occurs where the Policy or Procedure is found to no longer be relevant and must be withdrawn from active use.

5.03 The review process is to follow the requirements of Sections 3.03 to 3.12 of this Procedure.

5.04 Where the WCDHB Policy and Procedure is required to be rolled over, continued use of the WCDHB Policy and Procedure must be authorised by the relevant Authorising Authority until the review has been completed.

6.00 Compliance Monitoring

6.01 WCDHB Policy and Procedure compliance audits are to occur as part of:
- i) WCDHB Legislative Compliance Programme (see *WCDHB Legislative Compliance Procedure*);
- ii) WCDHB Quality Audit Programme (see *WCDHB Quality Auditing Procedure*);
- iii) WCDHB Internal Audit Programme.

6.02 The relevant Manager is responsible for ensuring that all recommendations of the compliance audits are implemented within an agreed timeframe between themselves and the auditor

7.00 Document Control

7.01 The Risk and Quality Manager is responsible for maintaining the Master List of all authorised WCDHB Policy and Procedure.

7.02 All WCDHB Policy and Procedure are to be legible, dated, readily identifiable with unique numbers, titles, revision levels and maintained in an orderly manner.

7.03 All WCDHB Policy and Procedure included in WCDHB Manuals are controlled documents. WCDHB Policy and Procedure available on the Intranet are Read Only documents. They are not controlled, as they do not carry the authorisation signature and initials. They are valid only for the day of printing, and as such must bear the following statement "*Uncontrolled Document*".

7.04 Photocopying of WCDHB Policy and Procedure is permitted for the purposes of education, review and specific reference purposes only.

7.05 Distribution of WCDHB Policy and Procedure (include documents under development and/or review) via email or computer disc/memory stick must occur only with documents that are in PDF format or equivalent (i.e. in a format which prevents the documents from being altered in any manner).

7.06 Release of an uncontrolled hard copy of a WCDHB Policy and Procedure in response to an external request is permitted, but must first be approved by the Risk and Quality Manager. Copies must clearly state that they are uncontrolled.

7.07 Any WCDHB Policy and Procedure with a document number and revision level that does not match the current version as designated on the Master List is to be considered invalid and obsolete.

7.08 Invalid and obsolete WCDHB Policy and Procedure may be kept for historical, reference or knowledge preservation purposes. Invalid and obsolete versions of WCDHB Policy and Procedure are to be marked as "*cancelled*" if they are to be retained.

7.07 Users of WCDHB Policy and Procedure are responsible for verifying that they are using the correct version by checking the documents on the Master List. If they have the incorrect version, they are responsible for ensuring that it is not inadvertently used.

8.00 Utilisation Of Non-West Coast DHB Policy & Procedure

8.01 Generally, only those Policies and Procedures that have been through the approval process as outlined in this Procedure are to be utilised within the WCDHB.

8.02 Policy and Procedure from other sources may be used as a resource for the development of WCDHB Policy and Procedure. Where this occurs the source document must be acknowledged.

8.03 The direct use of Policy and Procedure from other sources by WCDHB staff is actively discouraged as these documents may contain misleading or erroneous information, and may impact on patient safety.

7. Precautions And Considerations

- All WCDHB Policy and Procedure must be developed and reviewed in accordance with the requirements of this Procedure.
- The Risk and Quality Manager is required to oversee the development and review process for all WCDHB Policy and Procedure
- All staff members are responsible for ensuring that they comply with relevant WCDHB Policy and Procedure

8. References

Health and Disability Sector Standards (NZS 8134:2000)

Quality Management and Quality System Elements (NZS 9004)

9. Related Documents

WCDHB/CHC Legislative Compliance Procedure

WCDHB/CHC Quality Auditing Procedure

WCDHB/CHC Policy and Procedure Induction Register

10. Guidelines

POLICY FORMAT

Policy Statement
{This is a statement explaining why, in general terms, something is done. It reflects the values of the organisation or profession, and acts as a guide}

Purpose
{This is an explanation as to why the procedure is required}

Application
{This is a list of the area of CHC that is covered by this procedure, as well as specific exemptions e.g. may be "This policy is to be followed by all nursing staff throughout Coast Health Care " or This policy is to be followed by all nursing staff in Barclay Ward, Grey Hospital"}

Responsibilities
{This is a list of employees who have certain responsibilities related to this policy}

Definitions
{This is a list of terms used throughout the procedure that may be unfamiliar or confusing to the reader}

Related Procedures
{This is a list of procedures that operate under the policy}

Reference Documents
{These are any other documents e.g. Ministry of Health, Coast Health Care, professional organisations that relate to the policy}

PROCEDURE FORMAT

Title
{What the procedure is called}

Purpose
{This is an explanation as to why the procedure is required}

Application
{This is a list of the area of CHC that is covered by this procedure, as well as specific exemptions e.g. may be "This procedure is to be followed by all nursing staff throughout Coast Health Care" or This procedure is to be followed by all nursing staff in Barclay Ward, Grey Hospital"}

Definitions
{This is a list of terms used throughout the procedure that may be unfamiliar or confusing to the reader}

Staff Authorised To Perform Procedure/Responsibilities

{This is a list of the staff who can undertake the procedure e.g.:
"This procedure shall be performed by a:

- i) *registered nurse; or*
- ii) *enrolled nurse under supervision; or*
- iii) *student nurse under supervision."*

Resources Required

{This is a list of resources/items/equipment needed to perform the procedure}

Process

{This is a step by step description of the procedure and what needs to be done. Each step needs to be identified and numbered e.g. 1.0, 1.1, 1.2 etc. Keep in a logical sequence and mention any exceptions or specific areas of attention}

Precautions And Considerations

{These are any safety requirements needed when undertaken the procedure}

References

{This is a list of any references that were used when writing the procedure e.g.
"The Lippincott Manual of Nursing Practice."}

Related Documents

{This is a list of any other documents that are relevant to the procedure e.g. other procedures}

Guidelines

{This is information to be used to assist staff in the application of the procedure}

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