POLICY DEVELOPMENT AND REVIEW FRAMEWORK

POLICY AND PROCEDURE©

DOCUMENT SUMMARY/KEY POINTS

Refer to the SCHN Document Development & Review Process flowchart.

- This framework is to be used only for the development and review of Policies, Procedures, Practice guidelines, Homecare guidelines, Standing orders, Nurse Initiated Medications and Drug Protocols and Disaster/Emergency Response Plans at SCHN.
- The Directorate of Medical Administration and Clinical Governance has governance over SCHN policy processes.
- SCHN documents shall come under one Directorate. Directors are responsible for document development from within their area.
- SCHN document development/review shall be underpinned by National and State policy (where available) and the respective Health Practitioner Code of Conduct and where applicable, Code of Ethics.
- Line manager/s must approve/signoff policy document development and review.
- Document development and review teams should be multidisciplinary and consist of representatives of key stakeholders from the different SCHN facilities.
- All key stakeholders must be given the opportunity to comment and approve the final draft of a document.
- All SCHN documents must:
  - Be processed via ePolicy.
  - Follow the endorsed approval process described in this policy.
  - Reflect considerations for family, cultural and Aboriginal and Torres Strait Islander (ATSI) health issues.
  - Be formatted using SCHN document templates.
  - Be developed/reviewed within the defined review period.
  - Support best clinical or corporate practice (providing evidence where appropriate).
  - Be written in plain English.

- Documents are to be viewed and used 'on-line', wherever possible (hardcopies are discouraged).

Only one authorised version shall be available electronically at any one time.

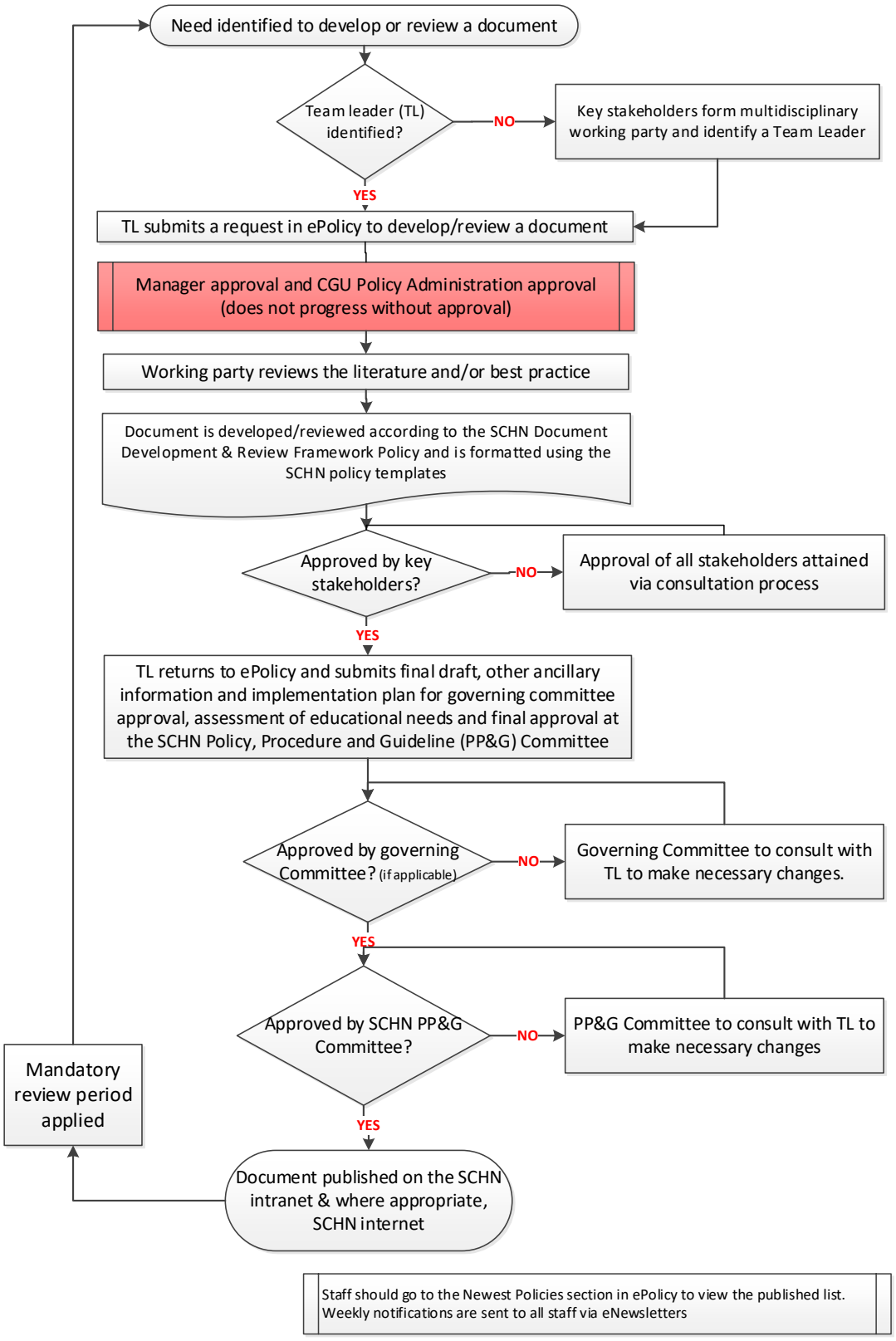
CHANGE SUMMARY

- Document due for mandatory review
- Title change, previous title was *Document Development and Review Framework*.
- Updated to reflect functionalities on ePolicy such as Implementation and Notifications tabs
- Downtime computers hold a copy of some frequently used and high-risk documents, replacing the hard copies that were placed in the night manager's office.
- Updated references.
- **01/05/23.** Minor review: Updated link to NSW Health Policies and Other Policy Documents [PD2022_047]. Updated Standing order section to align to MTC decision on Standing Order reviews to occur every 3 years.

READ ACKNOWLEDGEMENT

- All managers and any staff who are developing or reviewing an SCHN policy document should read this document.

SCHN Document Development and Review Process Flowchart



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1 Introduction

The Sydney Children's Hospitals Network (SCHN) has a document development and management framework that will permit documents to be identified, developed, evaluated and reviewed in accordance with NSW Health and the National Safety and Quality Health Service Standards (published by the Australian Commission on Safety and Quality in Health Care).

The framework is based on NSW Health Policies and Other Policy Documents [PD2022_047] and the AGREE Collaboration (Appraisal of Guidelines, Research and Evaluation), an internationally recognised document evaluation system.

1.1 Purpose

This document describes the policy and related processes for document development, dissemination, implementation, evaluation and review, and outlines associated responsibilities of those processes.

1.2 Scope

This policy and procedure applies to all staff working at SCHN who are, or intend upon developing or reviewing a policy document that pertains to SCHN.

1.3 Outcomes

Compliance with this policy and procedure ensures sound governance and document control of all SCHN policy documents. This will provide confidence to staff that their work practices are underpinned by evidence based and/or current best practices.

1.4 Legislative Context

- Australian Standards (AS 3806-2006 Compliance programs)
- Australian Standard/New Zealand Standard ISO 9001Quality Management Systems – requirements.

1.5 Definitions

Term	Definition
Ancillary Information	Separate documents associated with the guideline and developed by the team that is to be made available to staff in ePolicy
Departmental document	Document containing information pertaining to the operations in a department at Randwick or Westmead facility.
Document	'Document' is synonymous with policy, procedure, practice guideline or homecare guideline.
Facility specific document	Document containing information pertaining to the values, core principles and operations of a SCHN facility (e.g. Randwick or Westmead). Titles are to be suffixed by "SCH" or "CHW" or "NETS"
Governing Committee	A peer committee which should be involved in the document approval process as a matter of a regulatory process. A Governing Committee confirms the accuracy and currency of the document. For example, any document with medications [prescribing, preparation or administration] must be tabled for approval at the governing committee, the Medicine and Therapeutics Committee.
Homecare Guideline	Homecare Guidelines provide information based on one or more SCHN Practice Guidelines but is expressed in a 'parent/carer friendly' lay version. When Homecare Guidelines are reviewed, they are to be submitted to the PP&G Committee simultaneously with the relevant SCHN Practice Guideline or Procedure.
Joint Departmental document	Document containing information pertaining to the operations in more than one department at Randwick and/or Westmead facility but is not applicable to be used outside these departments.
Major Amendment	A change to a current document that is of a substantial nature, affecting or altering the effect, responsibility, stakeholders, meaning or intent of any part of the document.
Minor Amendment	A change to a current document that is of an insubstantial nature, not affecting or altering the effect, responsibility, meaning or intent of any part of the document.
Network document	Document containing information pertaining to the values, core principles and operations of SCHN (Randwick, Westmead or NETS facilities).
Policy	A directive or decision that requires mandatory compliance and is expected to be understood by relevant staff.
Practice Guideline	A set of directions or principles to assist the health care practitioner with patient care decisions about appropriate diagnostic, therapeutic or clinical procedures for specific clinical circumstances and are based on a thorough review of the literature.
Procedure	A set of documented instructions detailing the approved and recommended steps for a particular process, and be evidence based and be consistently applied (no deviations).
Stakeholder	Any person or group of people who affects or is affected by the document.

1.6 Abbreviations

Abbreviation	Term
AGREE	Appraisal of Guidelines, Research and Evaluation [in Europe]
CALD	Culturally And Linguistically Diverse
CHW	The Children's Hospital at Westmead
DDT	Document Development Team
DRT	Document Review Team
IMS+	Incident Management System
MoH	NSW Ministry of Health
NETS	Neonatal & paediatric Emergency Transport Service
NSQHS	National Safety and Quality Healthcare Service
PD	Policy Directive (from NSW Ministry of Health)
PP&G Committee	Policy, Procedure and Guideline Committee
SCH	Sydney Children's Hospital
SCHN	Sydney Children's Hospitals Network

2 Policy and Principles

2.1 Principles

- SCHN document development/review shall be underpinned by:
  - National and State policy (where available) and
  - Clinical care standards (where applicable) and
  - The respective Health Practitioner Code of Conduct and where applicable, Code of Ethics. Refer to the Australian Health Practitioner Regulation Agency (AHPRA) for more information.

2.2 Policy

Governance

- All SCHN documents shall fall under one of the SCHN Directorates with each Director being responsible for document development/review, implementation and compliance within their area.

  Note: *Where possible, all facility specific policy documents are to be transitioned to become network SCHN policy documents*.

- All documents shall be tabled at the SCHN Policy, Procedure and Guideline (PP&G) Committee for approval.
- Documents produced (or reviewed) at SCHN must:
  - Support best clinical or corporate practice (providing evidence where appropriate).
  - Reflect (and reference) legislated practice or NSW Ministry of Health policy.
  - Adhere to the SCHN approval process.
  - Be developed by a multidisciplinary team including consumers where practical and available.
  - Be written in plain English.
- All SCHN documents must be submitted to ePolicy for document control purposes and publication.
- Document templates shall be used to ensure consistency in branding and 'look and feel' of the document.
- Documents are to be used 'on-line', wherever possible (hardcopies are discouraged).
- Only one authorised version shall be available electronically at any one time on the SCHN intranet or the SCHN internet.
- Policy documents must not be uploaded onto the intranet or internet outside of the document control processes of ePolicy.

Document Review

- All SCHN documents will be reviewed every 3 years by the document owners unless otherwise stated in the Processing other Documents section of this policy.
- SCHN documents may be reviewed prior to the above-mentioned review period if legislation, clinical evidence and/or best practice (or any other reason to prompt a review) is changed.
- The review procedures should be followed as outlined in Section 3.2 below.

Major Amendments

- Major amendments will follow the procedures set out in Section 3.2 and will be tabled and reviewed for approval at the SCHN PP&G Committee.

Minor Amendments and No Amendments

- Minor amendments made to a document may occur outside the document approval process however the amended document must be:
  - Approved by the document owner and with a rationale provided to CGU PolicyAdmin and
  - submitted into ePolicy for republishing.
- Documents with no amendments must be submitted back into ePolicy for republishing. This will reset the review period too.
- Documents with minor amendments or no amendments are tabled at the SCHN PP&G Committee for noting.

Records Management

- The latest approved Word version will be stored in ePolicy; a centrally controlled database, electronically accessible to staff developing/reviewing a document.
- The approved Word version is converted to PDF version, and it is this version that is published onto a central 'SCHN Policy' intranet site accessible to all SCHN staff (CHW, SCH and NETS).
- All documents stored in ePolicy shall have SCHN approved identifiers attached. All identifiers are built into the SCHN templates.
- If the approved identifiers are not present on a PDF version, it is not an authorised version and should not be used.
- Policy documents published on the SCHN Policy intranet site shall be considered the authoritative source. Individual facility specific intranet sites shall link to this source.
- Only the current PDF version is accessible to staff.
- Only custodians and the CGU PolicyAdmin staff have access to previous Word version in ePolicy. CGU PolicyAdmin staff and ePolicy manages version control.

2.3 Responsibilities

Team Leader (also called the 'custodian')

Team Leader responsibilities:

- Submit request into ePolicy to develop/review document and identify an appropriate 'approver'.
- Form a multidisciplinary review team and provide support to members of this team.
- Ensure the document has been submitted to relevant Governing Committee if required.
- Upload draft document and any ancillary information to ePolicy
- Approve minor amendments to published document.
- Respond to ad-hoc feedback relating to published document.

- Initiate a review nearing the end of the review period by submitting a request into ePolicy and forming a multidisciplinary review team. *The review is to be completed by the review period due date*.

Approvers (Directors, Clinical Program Directors and Department Heads)

- Directors, Clinical Program Directors (CPDs) and Department Heads have the responsibility and oversight of policies relating to their respective Directorate, Program or Department.
- The relevant line manager must authorise the development/review of all documents:
  - For **Department documents**, the Department Head should be the approver
  - For **Facility and Network documents**, the relevant Director or Clinical Program Director should be the approver.
- Approver responsibilities:
  - Approvers should receive an email from ePolicy asking them to approve a policy request. The approver can follow the link provided in the email or log into ePolicy and approve the request; return it to the custodian for more information and the custodian to re-submit; or reject the request.
  - Approvers should respond to the requests in a timely fashion.
- Other responsibilities of Directors, CPDs and Department Heads:
  - Regularly check the Policy Dashboard to identify, action or support the review of policy documents under their charge.
  - Ensure the percentage of current high-risk policies is 85% or greater; current moderate-risk policies is 80% or greater; and low-risk policies is 75% or greater.
  - Support policy teams by addressing issues and ensure appropriate datasets are being looked at to monitor practices to ensure the best outcomes for our patients.
  - Act as executive sponsors for policies where required.

Document Development/Review Team

A Document Development/Review Team is a group of representative stakeholders. The team should be multidisciplinary and include a patient/parent/carer representative where appropriate.

- Document Development/Review Team responsibilities:
  - Determine/confirm if a policy, procedure or practice guideline is required.
  - Determine/confirm if the document should be Network, facility or departmental.
  - Define/confirm the scope of the document and prioritise what needs to be in the document.
  - Define an expected date of completion for the development and commit to the schedule.

- Perform a literature search and/or source best practice/evidence-based practices. Where appropriate, appraise/grade the evidence and make recommendations for practice. This is particularly important for clinical documents. Note, the library offers training on how to perform a literature search if staff need assistance.
- Draft the document ensuring the purpose and any measures are clearly identifiable. The document should be concise and easy to read so the target group may understand it.
- Consult with all stakeholders – multidisciplinary input is required including consumers.
- Identify measures or data sets relating to the document for monitoring purposes.
- Implement practices at SCHN and disseminate notification of the document.
- At review time, evaluate the document by analysing datasets, incidents in ims+ and any other relevant information that may lead to improved patient care. Activate improvement activities if appropriate.
- All representatives in the team should approve the final draft.
- If for some reason a stakeholder is not represented in the team, the draft document must be forwarded to an identified stakeholder for approval.
- If a stakeholder does not approve the draft, a consultation process should occur to facilitate approval. Record discussion outcomes and if applicable, complete a recommendation table based on consensus. This information should be uploaded into ePolicy for future reference.
- Outstanding issues may need to be escalated through line managers to resolve.

Governing Committees

- SCHN has a number of governing committees who have oversight of relevant policy documents such as Medicine and Therapeutics Committee, Disaster Response Committee and Governing Committees that oversee the NSQHS Standards. For example, if a document contain medication, then the governing committee is the Drug Committee, refer to Policy FAQ – Stakeholder – Pharmacist for further details. It is noted that not all policy documents will have a governing committee.
- Governing committee responsibilities:
  - Governing committee should approve the document before being tabled at the PP&G Committee.
  - Timely review/approval is required from governing committees [i.e., within 3 months of submission]. The secretariat of the governing committee must communicate changes/issues with the team leader and the CGU PolicyAdmin.
  - If there is no clear rationale and approval isn't granted within three months, at the discretion of the Director of Medical Administration and Clinical Governance (DMACG) and in consultation with key staff, the document may be tabled at the next

PP&G Committee meeting for approval. The governing committee may continue their approval process and provide retrospective approval.

- If the governing committee are awaiting changes from the team lead, an amended version should be returned to the governing committee within 3 months of submission to the governing committee. If an amended version is not made available at this time, the request in ePolicy will be returned to the custodians. The custodians should then attach the amended draft and re-submit the request.

Policy, Procedure and Guideline Committee

- The PP&G Committee has oversight of all SCHN Policies, Procedures, Guidelines and Homecare Guidelines. PP&G Committee does not review Drug Protocols, Standing Orders, Nurse Initiated Medications and Local Disaster Response Plans: these documents are noted at PP&G Committee and are endorsed by Medicine and Therapeutics / Drug Committee and Disaster Response Committee respectively.
- The PP&G Committee Terms of Reference has more information regarding membership and governance.
- PP&G Committee responsibilities:
  - Ensure document control principles are in place.
  - Appraise SCHN policy documents against a standardised checklist.
  - Approve all SCHN policy documents before they are published on ePolicy.
  - Encourage a culture of using policy documents electronically at SCHN.
  - Make system improvements where necessary.

CGU PolicyAdmin

- The CGU PolicyAdmin has full access to the ePolicy program and is responsible for maintaining ePolicy.
- CGU PolicyAdmin responsibilities include:
  - Authorises development/review requests once approved by the Approver.
  - Check whether the membership list contains all relevant stakeholders.
  - Organise the document to be endorsed by the relevant drug committee.
  - Provide guidance to lead custodians in the SCHN Policy document development or review process.
  - Set up reviews in MS TEAMS under PPGProjects Team.

3 Procedures

3.1 Developing a document

Education is available – Contact the Clinical Governance Unit for details

Development Process

- Recognise a need
- Submit a request in ePolicy.
- Approver gives permission to proceed.
- Use a template to develop your draft.
- If developing a Practice Guideline, complete a literature search.
- Finalise draft including referencing, photos/images, appendices, update hyperlinks etc
- Obtain approval from relevant stakeholders.
- Obtain approval from relevant governing committee if required.
- Upload draft and any ancillary information to ePolicy.
- Enter names of SCHN staff to be notified once the document is published. They must not be the people that are on the review team or the approver.
- Requests left in ePolicy for more than a year will be deleted.

3.2 Reviewing a document

Review process

- Recognise a need – document is due for mandatory review or there is a change in practice.
- Submit a request in ePolicy.
- Approver gives permission to proceed.
- Amend previous draft document.
- If reviewing a Practice Guideline, complete a literature search.
- Finalise draft including referencing, photos/images, appendices, update hyperlinks etc.
- Obtain approval from relevant stakeholders.
- Obtain approval from relevant governing committee if required.
- Upload draft and any ancillary information onto ePolicy
- Enter names of SCHN staff to be notified once the document is published. They must not be the people that are on the review team or the approver.

Note, ePolicy will send automatic reminder emails to custodians 6 months and 1 month prior to the document expiry date and again on the expiry date. Custodians should initiate a review as soon as possible after receiving the notification. Reviews can be initiated within a review period too.

3.3 Submitted Draft Documents

- All draft documents submitted into ePolicy are made available to any staff member for comment. Refer to the latest drafts section in ePolicy.
- Comments can be returned via the feedback form provided, or by commenting in the draft word version using Track changes and returning it to CGU PolicyAdmin.
- Submitted draft documents will remain listed for one week only.

3.4 Approval process

Stakeholder Approval

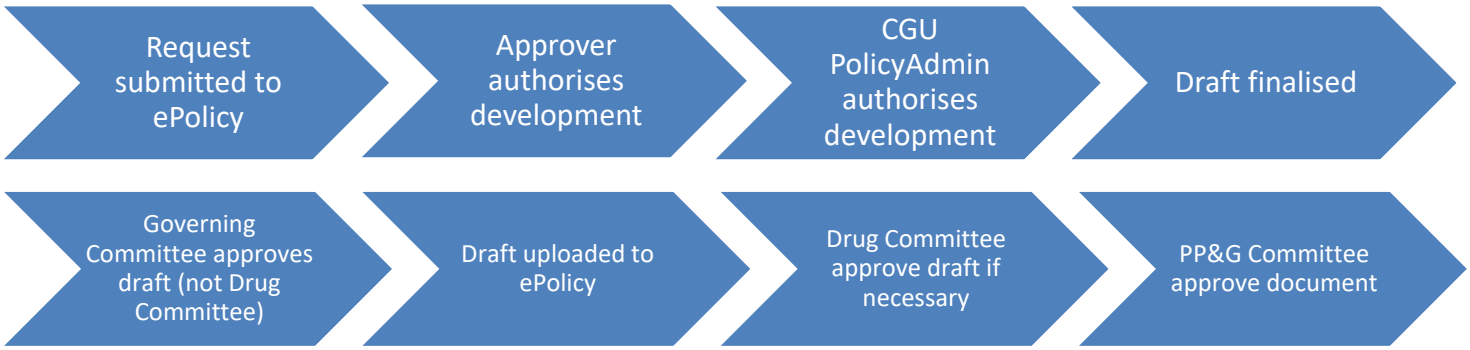
- (See DDT responsibilities)

Governing Committee Approval

- (See Governing Committee responsibilities)

SCHN Policy, Procedure and Guideline Committee Approval

- (See PP&G responsibilities)



Minor Amendment Approval

- Document custodian/Team Leader must approve minor amendments.
- Minor amendments must meet the criteria as defined in the “Definitions” section of this policy otherwise a full review will be required.
- Amended draft must be provided to CGU PolicyAdmin with changes clearly identified.
- The document will be tabled at the PP&G Committee for noting.

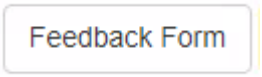
Urgent Approval (performed in exceptional circumstances only)

- A document may need to be 'fast-tracked' through the approval process for patient safety, legal or other purposes.
- The approval process may be fast-tracked at the discretion of the Director of Medical Services and Clinical Governance (DMSCG) or delegate.
- In these exceptional circumstances:
  - Contact (in writing) the Network Policy Manager (NPM) identifying reasons for urgent approval (SCHN-PolicyAdmin@health.nsw.gov.au)
  - The NPM will coordinate the approval process.
  - The DMSCG (or delegate) may provide 'approval' for the document to be published on behalf of the PP&G Committee out of session.
- The document must be submitted into ePolicy with all documentation completed.
- The document will be tabled at the next available PP&G Committee even though it's been published. Comments will be returned to the custodian and if changes are required, they will be asked to call a review.

4 Policy Dashboard

The Policy Dashboard shows how SCHN is performing. All SCHN staff have access to the dashboard which should be used as a monitoring tool to see which policies are due for review and which policies are about to expire. The Dashboard Policy FAQ provides information about how to use the dashboard and the different views available.

5 Ad-hoc Feedback from Staff



Every document (published or draft policies submitted in ePolicy for approval) has an 'ad-hoc' feedback form electronically attached to it. Staff may access the form at any time by selecting the Feedback Form tab on the document front page in ePolicy. Information may be forwarded anonymously, or staff may choose to participate in discussions with the document custodians.

Submitted comments are forwarded to the document authors for follow-up/comment and depending upon the urgency of the submitted feedback, a review may be activated immediately or the feedback will be considered at the next mandatory review. Staff will receive acknowledgement of receipt of feedback.

All feedback is also discussed at the PP&G Committee meetings.

Ad-hoc feedback for Draft policies submitted in ePolicy is sent directly to document custodians and CGU PolicyAdmin inbox.

6 Notification and Communication

The following 3 processes should occur:

1. When a document is approved, team leaders, team members and the approver are notified by ePolicy of the approved document.

   As approved policies are published, a list is automatically generated in the 'Newest Policies' page in ePolicy. This is for all staff to access and the CGU PolicyAdmin staff advertise the list weekly in the electronic newsletters (Bandaged Bear and SCH Pulse).

2. The policy development/review team should activate their implementation strategies which should include further targeted communications and any necessary education.

3. Managers (or delegate) should regularly check the newsletters/ePolicy of any new policies that may be relevant to their area and notify their staff as required.

   - Notification records should be maintained.

Follow

All published policies at SCHN have a Follow button. If clicked, staff are subscribing to follow this document and will be notified when the policy is changed and republished. Once subscribed, the button will change to Unfollow. To cancel the notifications, click the Unfollow button.

7 Applying Risk Ratings to SCHN documents

- All documents must be risk rated. Further information on how to apply risk ratings can be found in the Risk Rating Policy FAQ.

8 Document Evaluation and Monitoring Compliance

Monitoring compliance should be performed according to the level of risk applied to a SCHN or Facility specific document. Further information on compliance monitoring and what to do when non-compliance is identified can be found in the Compliance Policy FAQ.

9 Availability of Documents in the Event of a Disaster

For planned downtime events (e.g. ePolicy downtime) wards and departments will be notified ahead of time.

9.1 Downtime Computers

- Frequently used or high-risk Network and Facility specific documents are copied to various downtime computers. They are automatically copied monthly onto the C:Drive "Offline policies for downtime" folder.

- These are to be used during downtime. If accessed, the person accessing should not move the file from the C:Drive folder. Read only.
- Managers are to maintain within their area a current hardcopy of:
  - Disaster/Emergency Response Plan [CHW or SCH] HealthPlan and
  - Local Disaster/Emergency Response Plan for their area.

Hard copies of all other documents are discouraged.

10 Processing NSW Ministry of Health Policy Documents

- Refer to Ministry of Health Notifications Policy FAQ for more information.

11 Accountability Framework

- The Clinical Governance Unit is responsible to ensure there is a SCHN policy document framework and that it undergoes periodic review as required for all SCHN policies.
- The Directorate of Medical Services and Clinical Governance maintains governance over the SCHN Document Development and Review Framework policy and is responsible for the processes implemented at SCHN relating to policy document development and review.

11.1 Retention and Disposal of SCHN documents

- All documents are currently kept indefinitely via ePolicy.
- ePolicy is 'backed-up daily.

11.2 Document Numbering System

- Each SCHN document is issued a unique document number.

11.3 When Documents Become Active

- All documents have 3 dates on the front page:
  - Date of Publishing
  - Date of Printing
  - Date Effective
- A document becomes active or comes into effect at the 'Date Effective'.
- The review period starts from the date effective.

Hard copies of documents are generally discouraged. Documents are current only at the time of printing. Printed versions should be discarded (not saved).

ePolicy is the only location to access the latest version.

12 Processing of Other Documents

Definitions

Standing Order

Standing orders provide authorisation by an authorised prescriber for the administration (or supply for administration where applicable) of medication without a patient-specific written order in specific clinical and emergency situations (with the exception of a standing order for dose adjustments only which require a medication order prior to commencement).[1].

Nurse Initiated Medication (NIM)

Nurse initiated medications are those medications for minor symptom relief and short-term use that may be administered without an authorised prescriber's order. Schedule 4 and Schedule 8 medications must not be a nurse initiated medication. [1]

12.1 Standing Orders, Nurse Initiated Medication & Drug Protocols

Approved by the relevant Drug Committee and does not require PP&G Committee approval.

1. Obtain approval from appropriate senior nursing staff and/or senior medical staff to develop the document.
2. Register the document in ePolicy.
3. Multidisciplinary working party formed consisting of, Medical, Nursing and Pharmacy representatives relevant to the clinical area the NIM or standing order will be used.
4. Working party develops written protocol using the appropriate template and if needed an associated practice guideline.
5. Obtain final draft sign-off by appropriate senior medical and/or nursing staff from relevant teams.
6. Submit the final version in ePolicy.
7. The CGU PolicyAdmin submits the document to the Drug Committee for approval.
8. The document is published when Drug Committee approval is received. The documents are noted at PP&G Committee.

Review Period of Standing Orders, Nurse Initiated Medication and Drug Protocols

- Standing Orders, Drug protocols and Nurse Initiated Medications are reviewed every 3 years.

12.2 Disaster Response Plans (at CHW)

Approved by the CHW Emergency Response Committee

1. Department Manager submits the Disaster/Emergency Response plan to the Emergency Response Committee for approval.
2. The approved CHW Disaster/Emergency Response plan is submitted to ePolicy, and the document is published.

12.3 Emergency Response Plans (at SCH)

Approved by the Randwick Campus Emergency Plan Committee (Shared Service)

1. SCH local plan will be tabled at the Campus emergency plan committee. The SCH plan would be submitted to the SCH emergency plan committee for approval.
2. The approved Randwick Campus Disaster/Emergency Response plan is submitted to SESLHD processes in addition to being submitted to ePolicy as a SCH facility specific document. The document is then published.

Review Period for Disaster/Emergency Response Plans

- Local Disaster/Emergency Response Plans are reviewed every 2 years.

13 Additional Resources

CGU PolicyAdmin has developed resources to assist with policy development. These include:

- Policy FAQ help sheets
- Policy Library Guide
- Checklist – Request Stage
- Checklist – Draft Stage
- Video tutorial – Request Stage (new document)
- Video tutorial – Request Stage (reviewing an existing document)
- Video tutorial – Draft Stage

14 References

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