

Policy Development Framework

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I. Introduction

Alberta Health Services' (AHS) mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. The *Policy Development Framework* and the *Policy Development Steps* are essential components in achieving this mission.

The *Policy Development Framework* and *Policy Development Steps* are based on best practices and reflect organizational feedback.

The *Policy Development Framework* outlines the foundational elements that are critical to the successful development, approval, implementation, and review of policies, procedures, directive, standards, protocols or guidelines ("policies") within AHS (refer to [Document Types](#) for further detail). The *Policy Development Steps*, by comparison, is a companion document with specific commentary on the process steps for developing or revising policies within AHS.

The *Policy Development Framework* and *Policy Development Steps* replace the *Governance Document Framework* that was approved in 2011.

II. Framework Composition

The *Policy Development Framework* consists of three foundational elements: Governance, Principles, and Consistent & Predictable Process Steps. When the three foundational elements work in harmony with one another, desired results will be realized. Refer to [Framework Outcomes](#) for further detail.

A. Governance - Accountability & Responsibilities

A dynamic, effective, and responsive governance structure, consisting of key stakeholders from all levels and all areas of AHS, is at the core of the *Policy Development Framework*. Collectively, the [Policy Oversight Structure](#) is accountable and responsible for:

- establishing, fostering, and maintaining an efficient and effective process (built upon principles of continuous quality improvement) for the development, approval, implementation, and review of AHS policies;
- promoting organizational compliance with the *Policy Development Framework* and *Policy Development Steps*; and
- ensuring compliance to the content of AHS policies.

The accountability for policies is a shared mandate among the Alberta Health Services Board (Board), Executive Committees, Senior Executive, AHS management, medical staff, other professional staff, and the individual employee. Each individual is accountable to the people of Alberta and to one another in ensuring compliance with the requirements of AHS policies, as well as the vision, mission, and values of the organization.

Responsibility for policy development, approval, implementation, review and adherence spans across the organization. The following section provides a high-level overview of key participants and the role that each plays. Refer to [Stakeholder Responsibility Summary](#) for further detail.

1. Alberta Health Services Board

The AHS Board is responsible for ensuring that the appropriate governance, leadership, and administrative structures are in place.

2. Senior Executive and AHS Management

Senior Executive and AHS management are responsible for ensuring the effective operation of those structures, and for informing individuals of the existence of these structures. AHS relies on individual accountability and the integrity of the individuals who provide care and services on its behalf to have an awareness of the structures and policies, and to exercise sound judgment in the performance of their roles and responsibilities.

3. Provincial Policy and Forms Committee

The Provincial Policy and Forms Committee is accountable to the Quality Safety Executive Committee and is responsible for monitoring policy development and implementation progress, as well as organizational compliance with the *Policy Development Framework* and *Policy Development Steps*. Recommendations for improvement may be identified on account. The Provincial Policy and Forms Committee may provide policy development or revision advice in complex circumstances where requested.

4. Policy and Forms Department

The Policy and Forms Department is accountable to their Portfolio Vice-President and is responsible for identifying and determining organization-wide best practices for policy development, approval, implementation review and maintenance.

Specific responsibilities include, but are not limited to the following:

- leads, contributes or supports (as per a negotiated decision with the Requestor) policy development and revision work within AHS;
- determines policy writing standards and naming conventions;
- seeks opportunities to translate Zone/Local policies with topics of a Provincial nature into policies with a Provincial scope;
- provides web access to policies in partnership with Information Technology (IT) and Web Communications; and
- maintains policies in accordance with legislation and records/information management.

5. Sponsor

The Sponsor is responsible for authorizing new policy development or revision work. The Sponsor commits to ensuring that the infrastructure and resources necessary for development and implementation are in place. The Sponsor is responsible for the subject matter addressed in a policy and may act as a decision-maker in the event of an impasse or dispute during the development process.

Sponsorship for policies of a Provincial scope is determined in accordance to the responsibilities and jurisdiction assigned to each Vice President (VP) and/or each direct report to President & CEO. A VP may choose to delegate sponsorship to one of their immediate direct reports or to a member of one of the Executive Committees. In select circumstances, it may be appropriate to utilize a Co-Sponsorship model with two or more VPs. Sponsorship of Zone/Local policies must demonstrate a level of authority that aligns with the intended scope and impacted stakeholders.

6. Lead/Owner

The Lead/Owner is identified and selected by the Sponsor, and has the overall responsibility for overseeing and coordinating efforts pertaining to the development, approval, implementation and review of policies. The Lead/Owner acts as a liaison between the Sponsor, Subject Matter Experts and the Policy Advisor. In circumstances where a Policy Advisor is not actively involved, the Lead/Owner is responsible for ensuring that their responsibilities are completed by a designate.

7. Subject Matter Experts

Subject Matters Experts are identified and selected by the Lead/Owner with input (as appropriate) from the Sponsor. Subject Matters Experts are comprised of individuals who have subject matter knowledge and expertise to inform and guide the policy's content. Including individuals who can act as spokespersons from departments and/or areas most affected by the core elements of a policy can foster success in development and in implementation.

Subject Matters Experts identify evidence-based practice, and where applicable, legislative requirements or regulated/unregulated provider requirements, expectations or standards. Subject Matters Experts determine the most important elements of a policy and the path to successful implementation.

8. Approval Authorities

Approval Authorities are responsible to approve new policies and policy revisions. The Approval Authority is determined by the scope of the policy document.

Refer to Step #5 – Approve Policy of the *Policy Development Steps* document for further details.

B. Principles

Principles are fundamental to guiding the development, approval, implementation, and review of policy documents across AHS. The following principles are consistent with best practice and are written to support and align with the mandate of a healthcare organization. When consistently incorporated, the following principles will assist with achieving [Framework Outcomes](#):

- Development, approval, implementation, and review of policies are built upon a commitment to engagement, collaboration, and reciprocity among staff, physicians, patients, and volunteers.
- Identification and prioritization of policies align with AHS' vision, mission, values and organizational priorities, a commitment to quality and patient safety, and efforts to mitigate organizational risk.
- The content of policies adheres to legislation (acts and regulations), with regulated/unregulated provider and organizational requirements, expectations and standards, and takes into account what is both practical and reasonable.
- Organizational priority and the associated allocation of resources are given to the development of Provincial policies. Policy topics that do not have a Provincial scope may be developed as Zone/Local policies, as resources permit.

- The level of support and the approach taken for development, approval, implementation, or review of policies is a negotiated decision, based on urgency, organizational readiness, available resources, and stakeholder familiarity or knowledge.
- Change management concepts are incorporated into the overall planning and development, approval, implementation, and review processes.
- Resources for initial implementation and the transition to operations are part of the considerations and decisions made prior to starting development activities.
- Policies are relevant to stakeholder needs, demonstrate consideration of feedback, and are based on accepted or evidence-based practice.
- Policies adhere to best practices for document display, location, search capability, retrieval, and retention and are organized in a logical and user-friendly manner for ease of access.
- Evaluation is a key mechanism for sustainability of the process and ongoing improvement, leading to long-term benefit for the organization.
- Informing and educating staff and physicians is undertaken to foster understanding, build organizational capacity, and improve compliance with the *Policy Development Framework* and *Policy Development Steps*.

C. Consistent and Predictable Process Steps

Policy development and revision follows a standard process from initiation to approval, to implementation and maintenance. There are 7 process steps. The following is a brief description. Refer to the *Policy Development Steps* document for further detail.

1. Identify Need

Policy issues or ideas may arise at any level within AHS and may be influenced by one or more of the following:

Vision, Mission, and Values, Strategic Direction, Health Plan and Business Plan: Policies are created in alignment with AHS' vision, mission, and values and core documents such as the strategic direction, health plan and business plan, and division and department service plans to support the unified delivery of service throughout the organization.

Audit, Safety Reviews: Recommendations or requirements that arise from an internal audit review or a safety review (such as a Patient Safety Review or a Workplace Health and Safety Review) or other quality improvement initiatives, may reveal a need to create a new policy or amend an existing policy in order to reduce risk to patients, staff, physicians, and/or the organization.

Accrediting Bodies: Accrediting bodies (such as Accreditation Canada, the Canadian Association for Laboratory Accreditation, etc.) often include specific requirements for policies in order to meet quality standards.

Colleges, Professional Associations, and Public Agencies: AHS may be influenced to align with organizations that develop professional practice requirements, such as the College of Physicians and Surgeons of Alberta (CPSA), the College and Association of Registered Nurses of Alberta (CARNA), Alberta Law Society, or the Institute of Chartered Accountants of Alberta. As well, AHS

may desire to align with industry best practice, or National or International standards, such as those developed by the International Organization for Standardization (ISO).

Public Perception: The community and general public perception of various issues and concerns may influence the actions of AHS. In many instances, policies for a specific topic area may not be mandated; however, the sensitivity and/or severity with which the public perceives these topics may warrant action.

Government Direction: The Government of Alberta, other government or quasi-judicial bodies (such as the Office of the Information and Privacy Commissioner, or the Ombudsman) may identify requirements that are specific to AHS or to a particular program or department.

Laws, Acts, Regulations: Compliance with laws and applicable Federal and Provincial legislation (e.g. acts and regulations) is a crucial component of policy development and risk management for the organization. AHS is guided by over 40 acts, more than 80 regulations, and applicable laws.

2. Develop Plan

When the need for a policy is confirmed, the planning process commences. Organizational priority and the associated allocation of resources will be given the development of Provincial policies.

Effective planning is essential to obtaining success and will help to inform realistic timelines for completion. Translating confirmed next steps into a work plan, project charter or other planning tool can be an effective mechanism in ensuring that the policy project advances to completion within expected timelines, remains true to its desired intent and is successful upon implementation.

Referencing the best practice principles of the [Alberta Improvement Way](#) is recommended.

3. Draft Policy

The development of policy content is a collaborative and iterative activity. Timelines for content confirmation and validation of a draft policy will be influenced by operational needs (e.g. timeline for completion), correlate to the ability of Subject Matter Experts to reach and achieve consensus, and will depend on available resources and stakeholder familiarity and/or knowledge with the policy development process.

Policies reflect an organization's position, principles, standards, and processes on key issues. They guide the organization's operations and set out the expectations for its employees, medical and other professional staff, volunteers, students, contracted providers, and individuals who act on behalf of, or in conjunction with AHS. Policies may be developed to address a clinical or a corporate need.

Clinical Policies: The key components of clinical policies encompass quality care and patient safety, and focus on a systematic and integrated approach to ensure a high standard of patient care. Clinical policies do not replace, but are in addition to professional self-regulation and individual accountability for clinical judgment that are an integral part of healthcare. Clinical policies are primarily concerned with patients and how they receive care and services and set out the responsibilities and expectations for the health care team in the delivery of clinical care.

Corporate Policies: Within AHS, corporate policies are fundamental to the strategic business direction of the organization and the operation of non-clinical areas such as human resources, financial management, expectations of conduct, and resource allocation and management. The focus of corporate policies is on corporate accountability, financial stewardship, procurement, human resources, and asset management to promote risk management strategies, to ensure legislative and legal compliance, and to establish sound business practices.

Together, clinical and corporate policies share the common goal to fulfill AHS' vision, mission, and values.

All policies (whether clinical or corporate) must align with AHS Bylaws and the AHS Code of Conduct. In a similar vein, Zone/Local policies must align with, and not contradict content of Provincial policies of the same topic.

Refer to [Document Types](#) for a comprehensive listing of the different types of governance documents (aka 'policies') that may be authored.

4. Conduct Consultation

In keeping with the commitment to provide quality health care and services, AHS has adopted a proactive approach that incorporates a consultative review during a policy's development. Stakeholder consultation is a crucial component in the policy development and revision process. The determination of stakeholder consultation groups is dictated by the subject matter of each policy and the extent of its impact. Obtaining a satisfactory level of stakeholder consultation helps to ensure that broad organizational issues related to the policy are identified early in order to minimize anticipated operational risks or problems associated with implementation. Stakeholder consultation also assists in achieving acceptance and compliance with the policy once implemented.

5. Approve Policy

Approval demonstrates the organization's commitment to uphold the requirements set out in a policy document. The authority for approval varies based on the scope of the document. Provincial policies are approved by an Executive Committee or by the respective Vice President. Zone/Local policies are approved by the applicable Sector/Zone Leadership. Delegation of approval is permitted with written confirmation.

6. Implement Policy

Approved policies are posted on the [Policy & Forms webpage](#). This webpage is the official source of current approved policies for AHS.

Implementation of approved policy documents includes communication, and where applicable, education, training, and practice change support. It is an undertaking that requires commitment, work, and resources. A well-intentioned and well-written policy will fail and put the organization at risk if not properly implemented. To foster success in implementation activities, consideration and discussions, to include the how the policy's expectations will be transitioned to operations should occur early in the development process.

7. Review and Evaluate Policy

The review and evaluation process provides a regular opportunity for careful consideration of existing policy documents. The scheduled periodic review period is typically every 3 years, or as directed by the Sponsor or Approval Authority. A policy may be re-confirmed with no changes of content, modified, or a decision may be made that the policy is no longer needed.

In select circumstances, modifications may be required to an approved policy prior to its scheduled review or evaluation date. Changes may be informed by staff, physician or patient feedback and may be requested to reflect new regulated/unregulated provider requirements, expectations or standards, to maintain alignment and adherence to legislation, or to clarify content or add further detail, etc.

When changes are required to an existing policy, the review and evaluation process acts a link forward to the first step in the policy development process.

All policies are maintained (in accordance with legislation and record and information management), protected and preserved throughout the document's life cycle.

III. Framework Outcomes

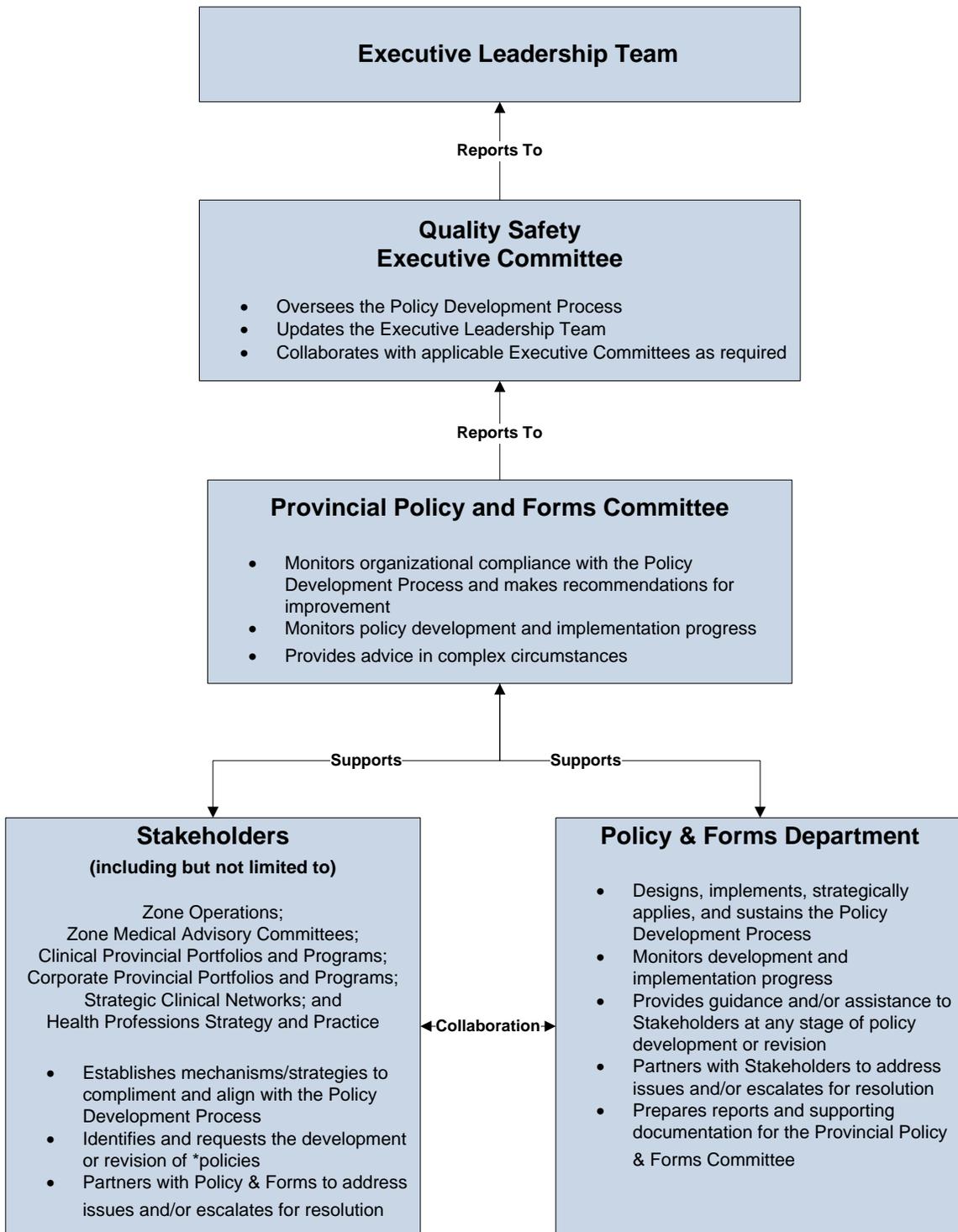
Accepting, incorporating, and demonstrating the principles, the policy development steps, and the shared responsibilities for compliance, as set out in this document, will contribute to:

- building confidence amongst stakeholders that the right documents are being developed at the right time;
- promoting standardization of content to foster consistency and harmonization of practice;
- assisting with establishing, fostering, and maintaining positive, mutually beneficial relationships with internal and external stakeholders;
- developing organizational capacity for developing, approving, and implementing AHS policies;
- improving the efficiency and effectiveness by which policies are developed;
- ensuring document quality and integrity;
- enhancing the ability of AHS representatives to locate and access, in a timely and efficient manner, policies pertaining to their role and function with AHS; and
- improving organizational compliance with the content of *Policy Development Framework* and *Policy Development Steps* for AHS.

IV. Contact Information

- Contact the Policy Advisor you know or have previously worked with;
- Phone: (403) 943-0527;
- Email: policy@ahs.ca;
- Complete the [Contact Us Form](#)

Policy Oversight Structure



*Policies = policies, procedures, standards, protocols, or guidelines