Alberta Health Services

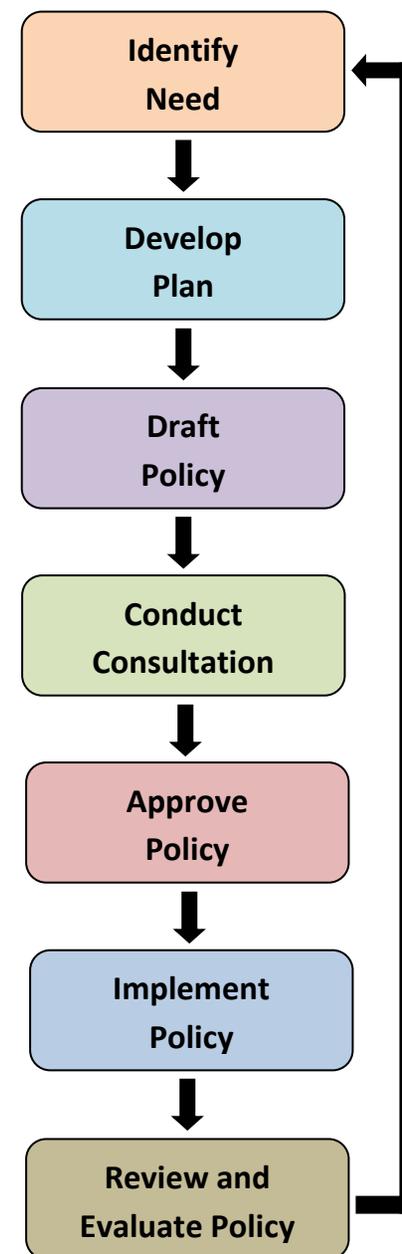# Policy Development Steps

Prepared by: Policy Development & Document Management (Policy and Forms Department)

Date: April 25, 2016

Identify Need

Develop Plan

Draft Policy

Conduct Consultation

Approve Policy

Implement Policy

Review and Evaluate Policy

Overview

The purpose of this document is to outline the process steps for developing or revising policies, procedures, directives, standards, protocols or guidelines ('policies') within AHS (refer to *Document Types* for further detail). Within each process step are details pertaining to what should be considered and accomplished, alongside key responsibilities, organized by stakeholder (refer to *Stakeholder Responsibility Summary* for a comprehensive listing). Unless specifically indicated, the content applies to both new policy and policy revision work. This document seeks to provide sufficient detail and direction, while still allowing for reasonable flexibility in the approach that is taken. Success is more likely when all process steps are followed and adhered to.

Identify Need | Develop Plan | Draft Policy | Conduct Consultation | Approve Policy | Implement Policy | Review and Evaluate Policy

Service Levels Offered by Policy Development (Policy & Forms Department)

Policy Development (Policy & Forms Department) offers different service levels for policy development and revision as a means to support the diverse needs of our clientele. The process steps apply to all service levels. A designate is required to fulfill the responsibilities ascribed to Policy Development in situations where Policy Development is not actively involved. This requirement is reflected through the use of the phrase *'or Designate'* in the Responsibilities Section for each process step. Contact Policy Development for clarity or guidance.

Services Offered by Document Management (Policy & Forms Department)

Document Management (Policy & Forms Department) is an internal resource that supports policy development, revision and implementation. They provide assistance in:

- managing the collection of policy documents;
- providing and maintaining web access to policies in partnership with Information Technology (IT) and Web Communications;
- establishing and providing guidance on document best practices; and
- applying records retention principles to policies that need to be archived.

Commitment to Review and Update

This document will be subject to periodic revisions in order to reflect best practice, address organizational feedback, and remain in alignment with organizational changes that may occur within AHS. The Policy & Forms website will house the most current version of this document and all appendices mentioned within.

We Are Here to Help

If you have questions, require assistance or are experiencing trouble with any aspect of policy development or revision, please contact Policy Development. Guidance and/or assistance, at any stage of the process, will be provided as necessary.

Policy Development can be contacted through one of four methods:

1) Through the Policy Advisor you know or have previously worked with;
2) Phone: (403) 943-0527;
3) Email: policy@ahs.ca; or
4) Complete the Contact Us Form.

1. Identify Need	Responsibilities

A. Contact Policy Development (Policy & Forms Department)
Policy Development should be consulted with for all inquiries or requests for policy development or revision. Anyone providing care or services or acting on behalf of Alberta Health Services (Requestor) can inquire or initiate a request.
 	
Requestors who contact Policy Development will be provided with expert advice and support for successful policy development and revision.
 	
B. Considering a New Policy or a Policy Revision?
New policy development or a revision to an existing policy can be requested:
• in anticipation of need (e.g. new or changing legislation/regulations, regulated/unregulated provider standards, or evidence-based practice): or
• in response to a current organizational need (e.g. patient safety incident, risk management mitigation).
 	
New Policy:
When considering the need for a new policy, pause and ask:
• What is the reason?
   - It is essential to be clear about the purpose and intended outcomes.
   - Refer to Step #1C – Policy Criteria for further detail.
• Can the issue be addressed through other means?
   - Issues may be addressed by other means such as communication strategies, and/or education, etc.
   - Policy compliance is mandatory. For a policy to be successful, resources to effectively implement and support adherence to its requirements must be available and sustainable. If the policy can't be complied with, Alberta Health Services, its personnel, patients and families are placed at risk.
• What is the timeline or urgency for the request?
   - This will help to inform the planning and the approach that is taken.
 	
Policy Revision:
Policy revisions may be an output of one of the following:
• a decision to update a former health entity policy document;
• a completed policy review or a formal evaluation (refer to Step #7A – Scheduled Periodic Review or Evaluation for further detail); or
• a change to an approved policy that is required in advance of a policy's scheduled review date (refer to Step #7B – Policy Maintenance for further detail).
 	
When considering a policy revision, pause and ask:
	Requestor
	• Contact Policy Development for all inquiries or requests for policy development or revision.
	• Complete the *Policy Project Request Form* with information presently available.
	
	Policy Development
	• Acknowledge the inquiry or policy request within three (3) business days.
	• Log the inquiry or request, monitor status, and prepare reports for the Provincial Policy & Forms Committee.
	• May contact policy owners of Zone/Local documents to explore efforts to translate into a Provincial scope.
	
	Policy Advisor
	• Contact the Requestor to discuss the inquiry or policy request and advise on next steps.
	• Consult with Health Professions Strategy & Practice and Legal Services as appropriate, pending the topic and document type.
	
	Sponsor (if known at this stage of development)
	• Review the request and determine if a policy (new or revision) is necessary to resolve the issue.
	• Authorize new policy development or revision work and begin to confirm required resources.
	
	Other Stakeholders as required
	• *Health Professions Strategy & Practice*: Advise on practice support document requests and/or regulated/unregulated provider practice questions.
	• *Legal Services*: Advise on legal ramifications, including patient safety and organizational risk.

1. Identify Need	Responsibilities

• Is the policy still needed?
  - It is important to assess and confirm the continued need for the policy.
  - Refer to Step #1C – Policy Criteria for further detail.
 	
 C. Policy Criteria
 A policy is recommended (to include but not limited to):
 • if written direction or guidance is needed about the most suitable way to handle situations that arise;
 • if the actions of AHS personnel indicate uncertainty, confusion or misunderstanding about the most appropriate way to behave or deliver services;
 • to establish consistent work standards and service delivery by AHS; and
 • to provide further clarity in complying with legislation, or regulated/unregulated provider and organizational requirements, expectations and standards.
 	
 D. Policy Request
 To initiate a request for policy development or revision, the Requestor should complete the *Policy Project Request Form*. The *Policy Project Request Form* has been designed to capture critical information essential to making an appropriate determination on whether a policy is needed, and will form a starting point from which further planning can then proceed.
 	
 Policy development or revision work should not commence until a request form has been submitted and discussed with Policy Development. A noted exception is when requests for policy development or revision are received (whether by email, a signed Briefing Note, etc.) from AHS Executive (President & CEO, Vice Presidents or Executive Committee(s).
 	
 In select circumstances (e.g. to address or mitigate a new, imminent matter of patient safety or to address a request from Alberta Health) policy development work may be expedited. A failure to plan ahead and/or allow sufficient time for policy development and implementation does not qualify and would not result in an expedited process.
 	
 E. Policy Development (Policy & Forms Department) May Initiate Policy Work
 Policy Development is a Provincial portfolio and regularly seeks opportunities to translate Zone/Local policies with a Provincial intent into policies with a Provincial scope. Policy Development may initiate conversations with the owners of such policies as an initial effort towards this goal.	

Alberta Health Services

2. Develop Plan	Responsibilities

A. Gain a Better Understanding
In order to gain a better understanding of the request and desired outcome, additional information should be clarified before proceeding onto the next step (Step #3 – Draft Policy).
 	
Effective planning is essential to obtaining success and will help inform realistic timelines for completion.
 	
New Policy:
Recommended best practice is to clarify and confirm the following as part of the planning process:
• Intended scope (e.g. all staff vs. select disciplines; all program areas vs. one or more program areas, etc.);
• Degree of impact on the organization (e.g. policy seeks to confirm existing practice vs. practice change);
• Requested completion date;
• Agreement to proceed (e.g. leadership support and authority that aligns with the intended scope and impacted stakeholders, etc.);
• Policy development stakeholders identified and confirmed (e.g. Sponsor, Lead/Owner, Subject Matter Experts), including level of support provided by Policy Development;
   o If the topic has an impact on the patient experience or patient safety, include a patient advisor.
   o If the topic has an impact on physician practice, include a physician who can best represent the clinical area or subject topic.
• Environmental scan (by who and by when);
• Identification and determination of evidence-based practice (by who and by when);
• Document type(s) required (e.g. policy, procedure, directive, practice support document);
• Initial listing of potential consultation stakeholders (e.g. Clinical Ethics, Health Professions Strategy & Practice, Physician stakeholder groups, Legal Services, Patient & Family Advisory Group, Aboriginal Wisdom Council, etc.);
   o This should be informed by the policy topic, scope, degree of impact and information obtained to date, etc.
• Implementation considerations (e.g. required resources for implementation, potential challenges to overcome, etc.); and
• Preliminary thoughts on how the policy may be evaluated.
 	
Policy Revision:
	Sponsor
	• Review the completed request and determine if a policy (new or revision) is necessary to resolve the issue.
	• Authorize new policy development or revision work and confirm required resources.
	• Designate a Lead/Owner and may offer suggestions of Subject Matter Experts.
	
	Lead / Owner
	• Clarify information and map out next steps.
	• Translate confirmed next steps into a planning tool document (e.g. work plan or project charter).
	• Identify and confirm Subject Matter Experts.
	• Assume lead role in 'actioning' the work plan or project charter.
	• Act as a liaison between the Sponsor, Subject Matter Experts and the Policy Advisor.
	• Contact Policy Development for clarity or guidance.
	
	Subject Matter Experts
	• Provide input in the planning process.
	• Contribute to identification of evidence-based practice.
	
	Policy Advisor or Designate
	• Assist to clarify information and map out next steps.
	• Assist to translate confirmed next steps into a planning tool document (e.g. work plan or project charter).
	
	Other Stakeholders as required
	• *Health Professions Strategy & Practice*: Advise on practice support document requests and/or regulated/unregulated provider practice questions.
	• *Legal Services*: Advise on legal ramifications, including patient and organizational risk.
	• *Provincial Policy and Forms Committee*: Advise in complex circumstances (where required).

2. Develop Plan	Responsibilities
The planning process for policy revision should take into account the above information and should be informed by the potential impact of the change: • If the potential impact of the change is considered significant (this is a subjective decision of the Lead/Owner in consultation with the Sponsor), the policy revision should advance in a manner consistent to new policy development. • If the potential impact is NOT considered significant, an abbreviated process may be appropriate. Refer to the 'Policy Revision sub-heading' in each process step for more detail or contact Policy Development. **B. Sponsor Clarification** Sponsorship is essential for securing success in policy development and policy revision. Policy work may not advance further without a confirmed sponsor or, at minimum, without a commitment to clarify within a specified timeframe. Provincial Policy Development or Revision: • 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 <u>immediate</u> 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. • Contact Policy Development for guidance and/or assistance as required. Zone/Local Policy Development or Revision: • Sponsorship of Zone/Local policies must demonstrate a level of authority that aligns with the intended scope and impacted stakeholders. • Contact Policy Development for guidance and/or assistance as required. **C. Map Out / Document Next Steps** It is important to document planning details. This may be reflected in a work plan, project charter or other planning tool document. This approach can be an effective mechanism in ensuring that the policy project advances to completion within expected timelines and that it remains true to its desired intent. The plan should be subject to regular review and updates as required.	

3. Draft Policy	Responsibilities
A. Draft New Policy or Revision When authoring or revising policies, policy authors (e.g. Subject Matter Experts, Lead/Owner or Policy Advisor/Designate) should seek to incorporate and demonstrate: - a collaborative and iterative approach; - content that demonstrates alignment with AHS' vision, mission and values; - content that does not contradict current policy; - content that is evidence-based or where evidence does not exist, built from a strong consensus of support from key stakeholders; - adherence to legislative requirements; - alignment with regulated/unregulated provider standards, expectations or standards; - content that reflects a patient and family perspective; - content that is expressed succinctly; and - content that is practical and workable for those who are impacted. Timelines for content confirmation and validation of a draft policy will: - be influenced by operational needs (e.g. timelines for completion); - correlate to the ability of the subject matters experts to reach and achieve consensus; and - depend on available resources and stakeholder familiarity and/or knowledge of the policy development process. A *Policy template* has been designed to foster ease of readability and to ensure that all required elements are incorporated. The *Policy Writing Guide* is a resource tool for authoring policy content. In addition, a glossary of defined terms (*Term Use* and *Term Do Not Use*) is available for use. This list, which is regularly updated, based in part from the input of Legal Services, provides for organizational consistency and understanding among policy documents utilized within AHS. **B. Discuss and Determine Implementation Details** <u>New Policy:</u> The implementation approach (which is typically translated into an implementation planning document) should look to address potential risks or barriers that may have been identified through the planning and drafting processes.	**Sponsor** - Contribute (as required) to inform policy content and implementation and review/evaluation details. **Lead / Owner** - Assist to determine the most important content elements and direction the document will take. - Assist to identify evidence-based practice, and where applicable, legislative requirements. - Assist to clarify, where applicable, regulated/unregulated requirements, expectations or standards. - Obtain consensus among Subject Matter Experts on content. - Assist to confirm policy draft to be utilized for consultation efforts. - Clarify implementation and review/evaluation approaches. - Contact Policy Development (Policy & Forms) for clarity or guidance. **Subject Matter Experts** - Act as a spokesperson and liaison for their area of expertise as well as the stakeholder demographic they represent. - Determine the most important content elements to include, and direction the document will take. - Identify evidence-based practice, and where applicable, legislative requirements. - Clarify, where applicable, regulated/unregulated requirements, expectations or standards. - Confirm policy draft to be utilized for consultation efforts. - Assist to clarify implementation and review/evaluation approaches.

3. Draft Policy	Responsibilities
The implementation approach should reflect the degree of organizational readiness and may include communication, education, and practice change elements. The approach should denote what is realistic, attainable and sustainable. Policy Revision: The implementation approach for policy revision will depend on: • the impact of the change (the greater the impact, the more attention and effort should be given to implementation activities); and • the length of time that the policy has been effective (with the exception of significant change to content, the longer the policy has been effective in AHS, the less likely a robust implementation approach is needed as the policy's expectations should already be part of everyday practice). **C. Discuss and Determine Policy Review and Evaluation Details** New Policy: The review/evaluation approach (which is typically translated into an evaluation planning document or added into the *Implementation Strategy*) should seek to identify elements that should be examined as part of a future policy review or evaluation. It should denote what is realistic and attainable, and should take into account what resources may be available, as well as the degree of change that was imposed upon the organization. Policy Revision: Policy revisions, like new policies, need to be reviewed and/or formally evaluated. The specifics of the approach should be influenced by: • the impact of the change (the greater the impact, the more likely a robust review or evaluation is needed); and • the length of time that the policy has been effective (with the exception of significant change to content, the longer the policy has been effective in AHS, the less likely an in-depth review or evaluation is needed as any potential issues with policy content have likely been addressed in prior revisions).	**Policy Advisor or Designate** • Assist to clarify evidence-based practice, and where applicable, legislative requirements or regulated/unregulated provider requirements, expectations or standards. • Translate content onto *Policy Template*, using plain language principles and ensure compliance with the *Policy Writing Guide*. • Maintain version control. • Prepare a policy draft to be used for consultation activities. • Assist to clarify implementation and review/evaluation approaches. **Other Stakeholders as required** • *Patient Advisor*: Advise on the patient perspective. • *Physician Representative*: Advise on the physician perspective. • *Health Professions Strategy & Practice*: Advise on policy topics that expressly articulate details of regulated/unregulated provider requirements, expectations or standards. • *Legal Services*: Advise on legal ramifications, including patient safety and organizational risk. • *Evaluation experts*: Advise on review processes and evaluation approaches to potentially utilize.

Alberta Health
Services

4. Conduct Consultation	**Responsibilities**
Policies are most effective if those who are affected are supportive and have had the opportunity to consider and provide input into the content and its corresponding implications. Consultation is an organizational expectation and is fundamental to successful policy development and implementation. It should ideally occur along the development continuum from initiation to approval, rather than at a single point in the process. **A. Determine Consultation Stakeholders** Identifying the most appropriate individuals or groups to consult with is an essential component. When determining consultation stakeholders consideration should be given to: • degree of change or impact (the greater the degree of change or impact, the larger the stakeholder list should be); • policy scope (if it is Provincial in scope, include Legal Services); • affected stakeholders (if it affects multiple disciplines or zones, etc. obtain a representative mix of feedback); • nuances inherent in the rural and urban environment (if it affects both rural and urban environments obtain a representative mix of feedback); • its impact on physician practice (if the topic affects physician practice, ensure that a physician perspective is obtained); • its effect on patients and families (if the topic has an impact on the patient experience or patient safety, ensure that a patient perspective is obtained); • content that makes specific reference to regulated/unregulated provider requirements, expectations or standards (if the topic expressly relates to any of the following, include Health Professions Strategy & Practice); • ethical considerations (if the topic includes clinically-based ethical issues and/or ethically challenging situations, include Clinical Ethics); • content that pertains to the Code of Conduct, the Conflict of Interest Bylaw, or the Safe Disclosure/Whistleblower policy (if the topic expressly relates to any of these documents, include the Chief Ethics & Compliance Officer); and • legal risk or adherence to legislative requirements (if the topic has content that relates to any of the following, include Legal Services). Consulting with the Strategic Clinical Networks should also be a consideration, pending the policy topic. **B. Considerations of Note**	**Sponsor** • Approve the consultation option and the consultation stakeholders. • Promote the consultation activities. **Lead / Owner** • Determine the consultation approach and consultation stakeholders. • Obtain approval from the Sponsor for the recommended consultation approach and consultation stakeholders. • Assist Subject Matter Experts in refining the draft policy based on the consultation feedback. • Modify the implementation and review/evaluation approaches based on the consultation feedback. • Contact Policy Development for clarity or guidance. **Subject Matter Experts** • Refine the draft policy based on the consultation feedback. **Policy Advisor or Designate** • Provide guidance in selecting a suitable consultation option and in identifying individuals or groups to consult with. • Assist to conduct the required consultation activity, including preparation of consultation tools (e.g. survey questions) and summary consultation reports. • Assist to refine the draft policy and implementation and review/evaluation approaches based on consultation feedback. **Consultation Stakeholders** • Provide feedback on policy draft. **Other Stakeholders as required** • *Patients and families*: Advise on policy topics that impact the patient experience or patient safety.

4. Conduct Consultation	Responsibilities
Obtaining a Physician Perspective: Pending the policy topic and the degree of impact to the physician stakeholder group, it <u>may</u> be appropriate to: - extend invitations to Zone Medical Directors, Zone Clinical Department Heads or Site/Facility Medical Directors to obtain their feedback; - seek commentary from one or more Zone Medical Advisory Committees (ZMAC); and/or - consult with the Provincial Practitioner Executive Committee (PPEC). In select circumstances, it may be appropriate to seek commentary and feedback from 'external' physician stakeholders such as the College of Physicians and Surgeons (CPSA), the Alberta Medical Association (AMA), or the Executive of the Primary Care Networks, etc. Contact Policy Development for guidance and/or assistance as required. Obtaining a Patient & Family Perspective: A patient and family perspective <u>may</u> be obtained, but is not limited to, the following options: - extending invitations (via email) to all patient advisors to comment on a draft policy document; - engaging in dialogue with local/site-based patient & family advisory groups; and/or - delivering presentations to the Aboriginal Wisdom Council or to the Patient & Family Advisory Group. Contact Policy Development for guidance and/or assistance as required. Clinical Ethics Review: A Clinical Ethics review may result in changes to the draft policy document. Where required, obtain a Clinical Ethics review early in the consultation efforts. Contact Policy Development for guidance and/or assistance as required. Health Professions Strategy & Practice Review: Where required, connect with Health Professions Strategy & Practice early in the consultation efforts. It is best practice to ensure that the content demonstrate a correct understanding of regulated/unregulated provider requirements, expectations or standards prior to sharing out more broadly. Contact Policy Development for guidance and/or assistance as required. Legal Services Review: Where required, a Legal Services review should occur as the final consultation activity. It is essential that Legal Services review the final version of the draft policy prior to submitting for approval. A review of the Briefing Note is also required for policies of a Provincial scope. Contact Policy Development for assistance.	*Physician Leaders (e.g. Medical Directors) or Stakeholder Groups (e.g. ZMAC or PPEC)*: Advise on topics that have an impact on physician practice. *Clinical Ethics*: Advise on policy topics that include ethical issues and/or ethically challenging situations. *Chief Ethics & Compliance Officer*: Advise on policy topics that expressly relate to the Code of Conduct, Conflict of Interest Bylaw or the Safe Disclosure/Whistleblower policy. *Health Professions Strategy & Practice*: Advise on policy topics that expressly articulate details of regulated/unregulated provider requirements, expectations or standards. *Legal Services*: Advise on policy topics that relate to legislative requirements or which has content that is potentially contentious and/or which may result in significant consequences to patients, staff and physicians, or AHS.

Alberta Health Services

4. Conduct Consultation	Responsibilities
C. Select Consultation Option and Conduct Consultation Many consultation options are available. Refer to *Consultation* Options for further details. When choosing a consultation option consideration should be given to: • project timelines; • scope of policy; • desired stakeholder consultation audience (Refer to Step #4A – Determine Consultation Stakeholders above); and • available resources (fiscal, human and technical). Policy Revision: If the impact of the change is considered significant, follow the process for new policy development (Refer to Step #4 A & B above). Where this is not the case, an abbreviated process may be appropriate. **D. Consultation Expectations** All policies advancing to approval must demonstrate a level of satisfactory consultation. The consultation process may be repeated as necessary. The *Policy Approval – Checklist and Approval Signature* can be used as a reference tool when assessing this standard. Ensuring a satisfactory level of consultation can help to avoid unnecessary delays at Step #5 – Approve Policy and can be beneficial in fostering successful implementation (Step #6 – Implement Policy). **E. Revise Draft Policy and Implementation / Evaluation Details** Feedback from the consultation process is important for the refinement of the draft policy document. Consultation is essential in ensuring that the policy is practical and workable, adheres to legislative and regulated/unregulated requirements, expectations and standards, and takes into account the patient and family perspective. Consultation feedback informs the final policy draft and should also inform refinements to the implementation and review/evaluation approaches.	

Alberta Health Services

5. Approve Policy	Responsibilities
Approval demonstrates AHS' commitment to uphold the requirements set out in the policy and sets an expectation of compliance on those to whom the policy applies. Written approval from the applicable approval authority is required for new policies and for all policy revisions. Recommendation: • So as to not unnecessarily overwhelm approval authorities with repeated approval requests, consideration should be given to whether requested changes to an approved policy (on account of Policy Maintenance activities) can wait until the next Scheduled Periodic Review or Evaluation. **A. Confirm the Approval Authority** New Policy: 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 authority to a designate is permitted. Delegation decisions require written confirmation (*Policy Approval Authority Delegation* sent to policy@ahs.ca). Refer to *Approval Authority Table – New Policy & Policy Revision* for further details or contact Policy Development. Policy Revision: The approval for policy revision will follow the same path as new policy approval with ONE noted exception: • Provincial 'AHS-Wide' policy revisions may be approved by the Vice President or their designate if the impact of the change is NOT considered significant. This is a subjective decision of the Lead/Owner in consultation with the Sponsor. Refer to *Approval Authority Table – New Policy & Policy Revision* for further details or contact Policy Development. **B. Prepare the Approval Package** New Policy: The approval package for new policies of a Provincial scope should, at minimum, consist of the following: • *Policy Approval – Checklist and Approval Signature*; • Briefing Note; • Policy document(s); • *Implementation Strategy*; and	**Sponsor** • Endorse the approval package prior to seeking approval. **Vice President or Designate (who may also function as the Sponsor)** • May approve Provincial 'AHS-Wide' policy revisions with changes that are NOT considered significant. • Advise Executive when approval of Provincial 'AHS-Wide' policy revision occurs. **Lead / Owner** • Determine (in concert with the Sponsor) the policy revision approval authority and approval package based on the degree of change and impact. • Prepare approval package. • Submit approval package. • Co-present to Executive Committee(s) for all documents that are Provincial and 'AHS-wide' in nature. • Contact Policy Development for clarity or guidance. **Policy Advisor or Designate** • Assist to confirm the approval authority and composition of approval package (for new policies and revisions). • Assist the Lead/Owner in preparing and/or submitting the approval package. **Policy & Forms Director, Senior Policy Advisor or Designate** • Co-present to Executive Committee(s) for all documents that are Provincial and 'AHS-wide' in nature. **Executive Committees** • Approve Provincial 'AHS-wide' policies. **Vice President** • May approve 'Provincial Program or Portfolio policies or, at their discretion, delegate approval responsibilities. **Sector / Zone Leadership**

Alberta Health Services

5. Approve Policy	Responsibilities
• *Evaluation Strategy*. *This standard is consistent with what is expected for an Executive Level Committee agenda item. The approval package for new policies of a <u>Zone/Local scope</u> should, at minimum, consist of the following: • Summary document outlining the need for the policy, key policy elements, and a description of consultation efforts (as an alternative to the Briefing Note and the *Policy Approval – Checklist and Approval Signature*); • Policy document(s); and • Policy launch details to include as appropriate, communication, education or practice change elements (as an alternative to the *Implementation Strategy* and *Evaluation Strategy*). <u>Policy Revision</u>: The composition of the approval package for policy revision will depend on the impact of the change: • If the impact is considered significant, utilize the standard approval package for new policy development. • If impact is NOT considered significant, a 1-page document highlighting the nature of the changes that were made may replace the Briefing Note (Provincial) and summary document (Zone/Local). **C. Obtain Approval for New Policies or Revisions** The approval authority will decide to either approve the policy or request changes. Written evidence of approval (e.g. *Policy Approval – Checklist and Approval Signature* or other written correspondence) is required, and should be returned to Policy Development as soon as possible. For further details refer to: • *Provincial ('AHS-Wide') Approval Swimlane*; • *Provincial ('Program or Portfolio') Approval Swimlane*; • *Zone/Local Approval Swimlane*.	• Approve Zone/Local documents or, at their discretion, delegate approval responsibilities. **Policy Development** • Obtain written documentation of the approval decision.

Alberta Health Services

6. Implement Policy	Responsibilities
A. Post & Inform The Policy & Forms webpage is the official source of current approved policies. Policies are organized according to applicability by program/service, zone and topic, and combinations thereof. Following receipt of written approval, Document Management will post new policies or policy revisions on the Policy & Forms webpage. In select circumstances, policies may be posted prior to their effective date to allow for organizational awareness and to align with implementation efforts. Contact Policy Development to discuss. Policies are announced by way of the: • Policy & Forms E-Bulletin ('just-in-time' release schedule); and • Policy & Forms Newsletter (quarterly release schedule). **B. Action the Plan** Implementation of a policy after approval is the most critical phase. A well-intentioned and well written policy will fail and put the organization at risk if not properly implemented. Implementation includes communication, and as required, the development and dissemination of educational resources, training, and support for practice change. Planning for implementation and the transition to operations is a collaborative activity that occurs early in the development process among the Lead/Owner, the Subject Matter Experts, and Policy Development if involved. Provincial policies may be implemented (pending the degree of organizational readiness and available resources) in a staged approach, starting with one or two zones and extending out to the rest of the province.	**Sponsor** • Accountable for executing the implementation approach/plan, to include communication, education and practice support change as required. **Lead / Owner** • Responsible for executing the implementation approach/plan, to include communication, education and practice support change as required. **Policy Development or Designate** • Announce policy by way of the Policy & Forms E-Bulletin and Newsletter. **Document Management** • Post new policies or policy revisions to the Policy & Forms webpage. • Answer questions and assists in making policies available to their intended audience. **Other Stakeholders as required** • *Communications*: Author and disseminate messaging about the new policy or policy revision. • *Departments dedicated to Education*: Prepare and disseminate educational material to support the correct application of the policy. • *Health Professions Strategy & Practice*: Lead and support practice change efforts (to include the preparation and dissemination of education material) for affected health care professionals. • *Clinical and Corporate Operations*: Assist in efforts to translate and apply the policy requirements into day-to-day practice.

Alberta Health Services

7. Review and Evaluate Policy	Responsibilities

Review and evaluation are important components to assess the success in achieving the desired outcomes identified during development and implementation, and in keeping the policy relevant and current. This process may inform changes to the policy.

A. Scheduled Periodic Review or Evaluation

A scheduled periodic review or evaluation provides a regular opportunity for careful consideration of existing policies. Standard practice is to review or evaluate policies every 3 years, although a different time interval may be requested by the Sponsor or approval authority.

A notification will be sent to the Sponsor and Lead/Owner, three to six months prior to the scheduled review date, regarding the need to review the policy. The purpose of the review is to ensure that the policy is still needed, and that the content remains relevant and current. In select circumstances, a formal evaluation of a policy may be necessary. In these cases, an evaluation plan is required and should be informed through dialogue with evaluation experts.

There are 4 potential outcomes of the scheduled periodic policy review and evaluation process:

Outcomes	Action
Policy need is re-confirmed with no changes of content required.	Process results in a policy revision. All policy revisions <u>require</u> approval.
Changes are required but the impact of the changes is NOT considered significant.	If the impact of the change is considered significant, the policy should advance in a manner consistent to new policy development. Where this is not the case, an abbreviated process may be appropriate.
Changes result in significant impact to the organization or its personnel (anyone providing services or acting on behalf of AHS).	Refer to the 'Policy Revision sub-headings' in each process step for more detail or contact Policy Development.
Policy is no longer needed.	Policy made obsolete (Refer to Step #7C – Records Retention below).

B. Policy Maintenance

Sponsor
- Authorize a review or evaluation of existing policy, including allocation of required resources.
- Determine, in consultation with the Lead/Owner if a policy is still required.

Lead / Owner
- Consult with Sponsor about need to review or evaluate an existing policy.
- Determine the approach that will be utilized for the review or evaluation.
- Assist to determine, in consultation with the Sponsor if a policy is still required.

Subject Matter Experts
- Upon request of the Sponsor or Lead/Owner will assist to advise if policy is still required.
- Examine policy content to ensure it is current and reflective of evidence-based practice.
- Identify content changes if applicable.

Policy Advisor or Designate
- Advise the Sponsor and Lead/Owner regarding the need to review the policy.

Policy Development
- Prepare summary report of feedback received through the Policy & Forms inquiry line pertaining to the policy.

Document Management
- Address inquiries pertaining to the retention and archival of policy documents.
- Maintain, protect and preserve policies throughout the document's lifecycle.

Other Stakeholders as required

Alberta Health Services

7. Review and Evaluate Policy	Responsibilities
Modifications may be required to approved policies PRIOR to their scheduled review or evaluation date. They may be informed by staff, physicians or patient feedback. Changes may be requested to: • expand or reduce the scope of the intended audience; • reflect new regulated/unregulated provider requirements, expectations or standards; • maintain alignment and adherence to legislation; • align with new or changing organizational practice/expectations; • clarify content or add further detail; • change or amend values, ranges or dosages; and/or • address spelling, or grammatical errors; etc. <u>Change Detail Determination and Next Steps</u>: Refer to *Policy Maintenance Checklists - Non-Substantive and Substantive Changes* to determine if the requested change is non-substantive or substantive. A non-substantive change requires a notation in the policy's version history table. Approval is <u>not</u> required. A substantive change results in a policy revision. Approval <u>is</u> required. In order to make clear to the reader that a change has been made, a revision effective date should be reflected on page #1 of the policy and in the Version History Table (last page). <u>Addressing Content Errors Post-Approval</u> In rare circumstances, a posted policy may not reflect the originally-approved content (e.g. a policy may inadvertently list an incorrect value of '100' when approval was for a value of '10'). In most cases, efforts to correct or align with the originally-approved content should result in a policy revision with a new revision effective date (exceptions being where there is no demonstrated impact on the reader). In these <u>unique</u> circumstances, approval of the policy revision is <u>not</u> required as the policy revision merely reflects the originally-approved content. The Sponsor and/or Lead/Owner should be informed when policy revisions are authored on account of this corrective action. This notification should occur at the earliest opportunity. Contact [Policy Development](#) for guidance and/or assistance as required. <u>Recommendation</u>:	• *Evaluation experts*: Advise on review processes and evaluation approaches to potentially utilize. • *Health Professions Strategy & Practice*: Advise on policy topics that expressly articulate details of regulated/unregulated provider requirements, expectations or standards. • *Legal Services*: Advise on policy topics that relate to legislative requirements or which has content that is potentially contentious and/or which may result in significant consequences to patients, staff and physicians, or AHS. • *Health Information / Records Management*: Advise on best practices with respect to record/information management.

7. Review and Evaluate Policy	Responsibilities

All policy changes, regardless of whether they result in a policy revision or not, require re-posting. Given the resources required to address, consideration should be given to whether requested changes can wait until the next Scheduled Periodic Review or Evaluation.
 	
C.   Records Retention
Policies which have been superseded, or made obsolete are considered rescinded, and are subject to the AHS Records Retention Schedule (1133-01)
 	
• Superseded policies are defined as:
  o previously approved versions of policies that have been revised; and
  o policies that have been replaced by new policies, including existing policies that have been split or combined into new policies.
 	
• Obsolete policies are defined as:
  o previously approved policies that are no longer required and have been withdrawn from use.
 	
Policies are maintained (in accordance with legislation and records/information management), protected and preserved throughout the document's life cycle.	

Resources / Support Tools

Document Types	*Approval Authority Table – New Policy & Policy Revision*
Stakeholder Responsibility Summary	*Policy Approval Authority Delegation Form*
Policy Project Request Form	*Provincial ('AHS-Wide') Approval Swimlane*
Policy Template	*Provincial ('Program or Portfolio') Approval Swimlane*
Policy Writing Guide	*Zone/Local Approval Swimlane*
Term Use (glossary of defined terms)	*Policy Approval – Checklist and Approval Signature*
Term Do Not Use (glossary of defined terms)	*Evaluation Strategy*
Implementation Strategy	*Policy Maintenance Checklists – Non-Substantive and Substantive Changes*
Consultation Options	