Policy Applies to
All Mercy Hospital staff and credentialled specialists

Related Standards
- Ngā Paerewa Health and Disability Service Standard
- Documented corporate and clinical policies and guidelines assist the organisation to provide quality care.

Rationale
Service provision at Mercy Hospital is guided by policies and procedures that enable the organisation to deliver safe effective care to our patients, and engage in appropriate employment, legislative and contractual practices.

These policies set out Mercy Hospital's objectives, principles, guidelines, and processes to be applied consistently across the organisation.

Cultural Considerations
Reviewed and no cultural considerations were identified.

Definition
Document Control refers to the process whereby all Mercy Hospital policies, processes and guidelines are systematically written, reviewed, ratified and stored to maintain document integrity.

A policy is a set of principles used as a guide for action; the principles most often relate to legislation, a standard or best practice. Policy regulates, directs and controls actions and conduct. A policy provides high level direction and guidance, establishes key principles and responsibilities, and sets fundamental requirements. Policies can range from broad philosophies to specific rules and include method and timeframe for evaluation.

Process/procedure is a series of actions necessary for accomplishing a particular goal; course of action. Informs users how to, and who will, implement a policy. Procedures are specific, factual, succinct and to the point. Procedures are a particular way of accomplishing an objective; generally referring to the process rather than the result. Procedures describe the methods and responsibility for implementation of a policy, statute or regulation.

A guideline outlines the detailed steps for carrying out tasks within a procedure, or to define a rule that is specific to a local organisational area.

Objectives

That the organisation's policies, processes, guidelines and associated documents:

- Are current, reflect best practice and meet legislative and / or compliance standards and regulations.
- Are relevant, clear, easy to use and appropriate to the organisation.
- Are developed with input from relevant staff, credentialled specialists, and external stakeholders including consumers and mana whenua (where appropriate / possible).
- Are authorised and updated through a robust policy committee framework.
- Are easily accessed by staff.
- Are reviewed according to the risk rating policy with sufficient regularity to ensure currency. At a minimum however, all policies will be reviewed three yearly.

Implementation

Resources are available to ensure currency of documents e.g. Claro Law, Lippincott Procedures.

A policy template is in place and is adhered to.

A policy /process/guideline framework is in place which identifies processes by which:

- All policy documents, associated documents and guidelines are reviewed at a minimum every three years.
- The implementation of new policy or changes to existing policy requires discussion, review and sign off from the policy group, with designated accountabilities for the appropriate education and or update of staff.

There are designated document controllers who can make changes to documents. Following Policy Committee ratification all policies will be listed in staff newsletter, Quality and Risk Advisory Quality Report, and shared with the Medical Advisory Committee.

The updating of area specific guidelines and work manuals is the responsibility of the staff who work in an area. This process will be led by the HOD/Manager/Clinical Shift leader.

Access and Repository

- Policies with associated process and forms are on-line on SharePoint.
- All documents are in read only format.
- All new and updated policies are listed to the monthly TacticalOps meeting, following ratification by the Policy Committee and reported to staff via weekly newsletter.
- A printed set of policies is updated as new or amended policies are developed and these are kept at Reception (see below) in case of a computer or power failure. This is the responsibility of the administration support person.

Most policies can be accessed on the Mercy website. The process of adding / updating policies online is managed by the administration support person.

Evaluation and Review

- Staff can access policies appropriately.
- All policies, procedures and guidelines have been reviewed as a minimum every 3 years.
- Policies, processes and guidelines have been reviewed or developed using the agreed framework.
- All approved changes to policy are uploaded to SharePoint via the administration support person.
- Compliance with key policies is audited on a regular basis.

Associated Documents

- Risk Rating and review for Policies
- Policy Checklist for Administration Process (Appendix 1)
- Policy Template (Appendix 2)
- Policy Committee Process Flow (Appendix 3)
- Process of Document Control (Appendix 4)
- Policy Updates in Mercy Newsletter

Resources

- Claro Law regular updates
- Documented corporate & clinical policies and procedures assist the organisation to provide safe, high-quality care & services.