

### **Policy Applies to:**

Policy committee members and Mercy Hospital employees who are nominated to take responsibility for currency of any Mercy Hospital Policy.

### **Related Standard:**

EQuIP criteria 3.1.5:

Documented corporate and clinical policies assist the organisation to provide quality care  
Ngā paerewa Health and disability services standard NZS 8134:2021 criteria 3.2.6

### **Cultural Considerations:**

All policies that are developed and updated are to be evaluated with a cultural lens. Specific cultural needs, values, and beliefs are considered and documented.

### **Rationale:**

New policies are developed to ensure delivery of safe evidence-based practice throughout the organisation. Existing policies are reviewed and updated in a timely manner.

### **Definitions:**

#### **Policy:**

A policy is a deliberate plan of action to guide decisions and achieve best practice outcomes.

### **Policy development:**

Policy development is undertaken by a nominated individual with appropriate expertise within the organisation, who consults with all relevant stakeholders. Once developed the policy is presented to the Policy Committee for consideration and approval. Particular note is made of the impact that this policy will have on existing policies, which may require review and / or updating.

### **Policy review:**

Policy review is undertaken if a policy is identified as no longer reflecting current legislation or standards, best practice or is inconsistent with another policy. The risk rating determines the frequency of the review. Review is undertaken in relation to:

- current legislation and standards (e.g. Chapman Tripp)
- change in requirements of external agencies
- reports from internal audits, incidents or quality related feedback
- development of, or changes to other policies.

### **Policy update:**

Policy update is undertaken if minor changes are required for consistency with other policies or current practice e.g. change of terminology or updating of key contact names.

### **Policy re-assessment:**

Policy re-assessment as per risk rating (page 2)

**Objectives:**

- To ensure policies reflect best practice and current Mercy practices/processes
- To ensure policies meet legislative/ Standard requirements
- To ensure policy development that is timely, relevant and pertinent
- To ensure timely and appropriate policy review, updating and ratification
- To ensure that staff are aware of new and updated policies

**Implementation:**

- At each monthly meeting policies are evaluated to establish if there is a variation of requirements relating to:
  - External changes or requirement that affects policies
    - Government policy, legislation, codes of practice, standards, guidelines, reporting requirements, external audits or changing stakeholders' needs (e.g. Chapman Tripp)
    - Changes in practice of associated organisations e.g. SDHB
  - Internal changes or feedback, audit reports, incidents and feedback from patients that impact on policy.
- The importance of a timely amendment or revision of a policy to ensure maintenance of best practice is established as:
  - Major: exists when the policy has a direct impact on safety or presents a high risk to the organisation
  - Moderate: exists when there is an impact on the efficient practice or the appropriate responsiveness of the organisation
  - Minor: exists where the changes are updating for consistency with other policies or procedures.

**Risk rating:**

Importance of Timely Amendment	Minor 3	Moderate 2	Major 1
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KEY

3	Low Risk: amended and reported within 12 weeks – review at 3 years
2	Medium Risk: amended and presented within 8 weeks – review at 2 years
1	High Risk: amended and presented within 4 weeks – review at 1 year

- All policies require re-assessment as a minimum every three (3) years. Any policy not reviewed or updated within three years is re-assessed by the nominated policy holder. This would usually be a low risk re-assessment.
- The SharePoint system will be maintained to identify:
  - The name of all policies
  - The nominated person for each policy
  - The risk rating and date it is applied
    - The anticipated reporting date related to review.

**Evaluation:**

- Annually there will be an audit of policy review, undertaken by the Quality Coordinator, which will identify:
  - The number of policies re-assessed over the total number of policies
  - The number where change was significant

**Associated Documents / IT system**

- **External** – The EQUIP 6 NZ Guide
- **Internal**
  - EQUIP Organisation-Wide Survey Recommendations
  - Policy Committee Terms of Reference
  - SharePoint system (on line)