Policy applies to
All Mercy Hospital staff

EQuIP Criterion 3.1.5
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.

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 and external stakeholders (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. Chapman Tripp legislative compliance, Lippincott Procedures (icon)

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 sign off from the policy group, with designated accountabilities for the appropriate education and or update of staff.

There are two designated document controllers who are able to make changes to documents. Following Policy Committee ratification all policies will be listed to HOD meeting for dissemination to all staff

The updating of area specific work manuals is the responsibility of the staff who work in an area. This process will be led by the HOD/Manager/Clinical Coordinator/OHIC Nurse with approved changes saved in Sharepoint by one of the designated and trained work manual administrators, overseen by a document controller.

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 HOD meeting, following ratification by the Policy Committee
- 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 Document Controllers.

- Most policies are able to be accessed on the Mercy website. The process of adding / updating policies on line is managed by the designated document controllers.

Evaluation and Review
- Staff are able to access policies appropriately.
- All policies, procedures and guidelines are up to date.
- All polices are in the agreed format.
- Policies, processes and guidelines have been reviewed or developed using the agreed framework.
- All approved changes to policy are uploaded to Sharepoint via the Document Controllers

Associated Documents
- **Risk Rating Policy**
- **Policy Template**
- **Policy Development Process Flow**
- **Policy Review Process Flow**
- **Policy Updates**
- **In-house Rules, Human Resources Policy Manual**

Resources
- Chapman Tripp Legislative Compliance framework
- EQuIP standards and criterion

Process of Document Control

1. Policy owner identified by the policy group if it is a new policy or as the 'Reviewed by' position when the policy is to be updated.

2. Reminder of policies due for review is an agenda item at each monthly policy meeting

   This list can be automatically generated by clicking on 'review due' on Sharepoint

3. *Under review* designation is ascribed to the associated policy by a document controller

4. Document owner edits document in 'tracked changes' on Sharepoint

5. Policy/process or guideline developed as per framework

6. Guidelines / appendices filed with appropriate policy via document controller

7. Policy, process and any related forms are within a document set under the policy title

Policy Checklist for Administration Process (Appendix One)