

Management of Policies and Guidelines

Policy Responsibilities and Authorisation

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Policy Review History

Version	Updated by	Date Updated	Summary of Changes
06	Tony Haigh	May 2016	Policy rewritten as part of developing new policy and guideline system (on intranet) and processes.

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Management of Policies and Guidelines

1. Introduction**1.1 Purpose**

The purpose of this policy is to guide Waikato District Health Board (Waikato DHB) staff in the:

- preparation of new clinical and non-clinical policies, procedures, protocols, clinical pathways and guidelines (hereafter referred to as 'policies and guidelines'). Where this does not include policies, this will be referred to as 'guidelines et al'
- review of existing policies and guidelines
- endorsement and publication of policies and guidelines

1.2 Background

Waikato DHB policies and guidelines advise and guide clinical and non-clinical staff, patients and visitors on clinical procedures, administrative procedures and compliance with legislative, regulatory and professional requirements.

1.3 Scope

This policy applies to all Waikato DHB employees and Board members.

1.4 Exclusions

This policy does not cover the management of Waikato DHB standing orders or Lippincott procedures. The management of these documents is covered in *Standing Orders – Process and Documentation* procedure (2524) and *Management of Lippincott Procedures* policy (1236).

This policy does not cover the management of Map of Medicine pathways.

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2. Definitions

Best Practice	<p>Sackett (1996)¹ described evidence-based practice as a bottom-up approach that integrates the best external evidence with individual clinical expertise and patient choice.</p> <p>Best practice refers to practices and processes known, through research evidence or benchmarking, to be the most effective in the circumstances. Best practice within Waikato DHB is determined within the confines of Waikato DHBs resource prioritisation processes.</p>
Clinical Pathways	A procedure, protocol or guideline (as below) but designed specifically for when a Clinical Pathway is the primary focus of the document.
Controlled Document	Any document that requires approval by an authorised person within Waikato DHB as being a fit and proper document (e.g. policy, procedures, protocols and guidelines) for the purpose intended by the organisation.
Document Facilitator	The person is identified through a role title and must represent a permanent role. The document facilitator is delegated responsibility by the document owner to develop or revise a policy or guideline. The document facilitator may in some instances be the document owner or be in the best position to identify the appropriate document owner. The document facilitator will have the appropriate knowledge, expertise and experience to determine that the content of the document is based on current best practice and literature, legislation and standards compliance. The document facilitator is responsible for facilitating the development, consultation and authorisation process and to ensure there is a system in place to communicate and educate staff about new or revised documents.
Document Owner	The person with overall responsibility for the content of the document and is responsible for the area of practice that the policy/guideline pertains to (i.e. is in a position of responsibility within that area of practice). The document owner is responsible for ensuring the document is reviewed by the due date.
Drug Guideline	A guideline (as below) but designed specifically for when a medication is the focus of the guideline.
Guideline	A guideline is a systematically developed statement of principles and/or best practice to be used in specific circumstances. Staff are advised to be guided by these, and while compliance with guidelines is not mandatory, the rationale for not following a guideline must be documented, either in the patient's clinical record or to the manager or clinical leader as appropriate.
Lippincott Procedure	A point-of-care procedure guide based on best evidence to assist nurses, midwives and clinicians in providing safer and more effective care. It is mandatory for staff to follow a Lippincott Procedure unless there is a good reason for not doing so, and this reason is documented to the manager or clinical leader at the time the procedure is not followed.
Map of Medicine	Map of Medicine is an internationally recognised web-based software tool that has evidence based clinical care pathways covering all major areas of healthcare.

¹ Sackett D, Rosenberg W, Gray JAM, Haynes RB, Richards S. Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71-72

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Policies and Guidelines	A collective term for policies, procedures, protocols, clinical pathways, guidelines and drug guidelines.
Policy Coordinator	The policy coordinator is responsible for managing the <i>Finding policies and guidelines</i> pages of the intranet, uploading policies and guidelines when they have been through the appropriate authorisation process and advising document owners and facilitators through the appropriate processes. The policy coordinator will also prompt when policies and guidelines are due for update.
Policy	A policy is a systematically developed document based on legislation, standards, regulations and/or Waikato DHB requirements. It is mandatory for all Waikato DHB employees to comply with Waikato DHB policies.
Procedure	A procedure is a written set of instructions conveying the approved and recommended steps for a particular act or series of acts. It is mandatory for staff to follow a Waikato DHB procedure unless there is a good reason for not doing so, and this reason is documented to the manager or clinical leader at the time the procedure is not followed.
Protocol	A descriptive practical guide, developed through research and expert opinion, on management of a typical clinical case in a typical situation. It is mandatory for staff to follow a Waikato DHB protocol unless there is a good reason for not doing so, and this reason is documented in the patient's clinical record at the time the protocol is not followed.

3. Policy Statements

- Waikato DHB will operate a policy framework that ensures the:
 - implementation of effective governance
 - provision of safe and effective clinical care
 - provision of effective and efficient service delivery
 - provision of a safe work place.
- The recognised current version of Waikato DHB policies and guidelines is the copy available from the *Finding policies and guidelines* page of the intranet.
- Waikato DHB policies and guidelines will be
 - available to all staff via the intranet
 - dated, version controlled and reviewed on a regular basis.

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4. Management of Policies and Guidelines

4.1 Roles and Responsibilities

All Staff

- Will know how to access Waikato DHB policies and guidelines via the intranet.
- Will be familiar with key policies and guidelines relevant to their area of practice or to the Waikato DHB as identified by their manager, e.g. all staff will be familiar with the 'Leave' policy.

Clinicians

- Will be familiar with key service specific policies and guidelines developed by their service relevant to their area of practice.

Managers

- Will ensure their staff know how to access Waikato DHB policies and guidelines via the intranet.
- Will ensure their staff are familiar with all relevant DHB policies and guidelines e.g. Clinical Records Management Policy, Medicines Management, Incident Management.
- Will ensure their staff are familiar with all service specific policies and guidelines developed by their service.

Document Owners

- Will have overall responsibility for the content of a policy or guideline.
- Will provide leadership and direction on behalf of the organisation or service regarding the content of the policy or guideline.
- Will ensure the policy or guideline is a key part in or is essential to current or future work.
- Will delegate responsibility for developing or revising a policy or guideline as required.
- Will be responsible for authorising the development of new policies or guidelines.
- Will ensure appropriate and sufficient consultation and review has taken place where documents are issued by their service.
- Will ensure there is a system in place to communicate to staff about new, revised and withdrawn policies and guidelines.
- Will be responsible for developing an implementation plan for the policy or guideline.
- Will ensure their current policies and guidelines are reviewed prior to the review date.
- Will ensure the content of their policies and guidelines is kept up to date.
- Will hand over management of the policy or guideline when they change roles or leave the organisation.
- Will consider the pathway for general disposal based on minor or significant categories of their policy or guideline as per District Health Board General Disposal Authority (see 4.12 below).

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Document Facilitators

- Will coordinate the development of the policy or guideline on behalf of the document owner.
- Will ensure the policy or guideline is on the correct template.
- Will identify the appropriate subject matter experts involved in the development and review of the policy or guideline.
- Will discuss the document with the key service stakeholders during the development process which may include presenting to their clinical governance forum/governance process groups.
- Will be responsible for updating the Policy Review History table when the document is reviewed or revised.
- Will supply the policy coordinator with the final policy or guideline and signed approval form via internal mail.
- Will supply the policy coordinator with an electronic copy of the final policy or guideline via email.
- Will complete the appropriate report cover sheet where a policy or guideline requires endorsement by the Waikato DHB Board, Executive Group (EG) or Board of Clinical Governance (BoCG).

Policy Coordinator

- Will ensure all approved and endorsed policies and guidelines are uploaded to the intranet.
- Will ensure all policy and guideline templates and forms are available from the intranet
- Will coordinate the consultation of DHB wide policies and guidelines.
- Will be responsible for updating the Policy Review History table when the document is extended.
- Will ensure document owners and facilitators are advised when their policies and guidelines are due for review within six months for DHB-wide policies and guidelines and three months for others.
- Will manage the agenda of the Waikato DHB policy and guideline committee.
- Will guide document facilitators through the development, review and authorisation process.
- Will maintain original signed copies off all current policies and guidelines and archive superseded and withdrawn policies and guidelines.
- Will be the main administrator for the Policies and Guidelines intranet page.
- Will provide metrics in relation to Policies and Guidelines as requested.

Policy and Guideline Committee

- Will ensure that policies and guidelines are fit for purpose for use within the Waikato DHB including the cost impact on the Waikato DHB.
- Will be the final body to rigorously critique and recommend authorisation of Waikato DHB policies, procedures, protocols and guidelines to the Waikato DHB Board, EG or BoCG where such authorisation is required.

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- Will confirm the pathway for general disposal based on minor or significant categories of policy or guideline as per District Health Board General Disposal Authority (GDA) as identified by the document owner (*see 4.12 below*).

Pharmacy

- Will review all new and revised drug guidelines and standing orders to ensure they are appropriate and meet current legislation, drug regulations and Waikato DHB standards.

Chairperson Medicines and Therapeutics (M&T) Committee

- Will authorise all drug guidelines and standing orders for use within Waikato DHB on behalf of the M&T Committee.

4.2 Levels of Policies and Guidelines

Policies and guidelines at Waikato DHB can be in one of the following categories:

Level 1:	Waikato DHB Wide policies and guidelines – relate to all or a majority of Waikato DHB staff, e.g. Human Resources and Health & Safety policies
Level 2:	Group wide guidelines et al - relate to groups of services, e.g. Mental Health, Allied Health, Rural Hospitals
Level 3:	Clinical management guidelines et al - relate to an individual service or area, e.g. PACU or Oral Health.

Note: All policies will be considered level 1 documents. Procedures, protocols and guidelines may be level 1, 2 or 3 as appropriate.

4.3 Ownership of Policies and Guidelines

The minimum level of ownership of policies and guidelines will be as follows:

Level 1:	Member of Waikato DHB Executive Team
Level 2:	Director of relevant group of services Associate director of nursing or midwifery Clinical Unit Leader
Level 3:	Clinical Director Nurse Manager Service Manager

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4.4 Distribution of Policies and Guidelines

- All current Waikato DHB policies and guidelines will be available from the [Finding policies and guidelines](#) page of the Waikato DHB intranet.
- All policies and guidelines will be on approved [Waikato DHB templates](#).
- The version of the policy or guideline on the [Finding policies and guidelines](#) page of the intranet is deemed to be the official current version.
- Printed policies and guidelines are deemed to be valid only for the day of printing.
- Overdue versions of policies and guidelines are deemed to be 'in force' until such time as they are either superseded or withdrawn. Please refer to [4.5 Overdue policies](#).

4.5 Overdue Policies

- Overdue policies and guidelines will be removed from the intranet if not superseded one (1) year after their review date unless permission is granted from the Board of Clinical Governance (BoCG) or Executive Group.
- Overdue policies and guidelines will remain accessible from the policy coordinator upon request.
- Overdue policies and guidelines will be withdrawn and archived if not superseded three (3) years after their review date.

4.6 Review of Policies and Guidelines

- When a policy or guideline is due for review, there are three options:
 - i) Review - revise and review the document as per process.
 - ii) Withdraw – if the document is no longer required, it may be withdrawn. Withdrawal of a document must be authorised by the document owner.
 - iii) Extend – a one-off extension is available to Level 1 documents in exceptional circumstances, approved by the BoCG or Executive Group, where a policy or guideline is dependent on the release/publication of new/revised legislation, regulations or standards.
- The document facilitator will receive a system generated email at the following times advising that their policy or guideline is due for review:

	First Email (time before review date)	Second Email (time before review date)	Third Email (time before review date)
DHB-Wide	6 months	3 months	1 month
Clinical Management	3 months	2 months	1 month
Drug Guidelines	3 months	2 months	1 month
Standing Orders	3 months	2 months	1 month

- The third system generated email will also be sent to the document owner.

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4.7 Reissue with minor changes

- It may become necessary to make minor changes to a policy or guideline prior to the review date. The document may be re-issued without going through the full consultation and authorisation process.
- A re-issue with minor changes will increase the version number and update the issue date.
- A re-issue with minor changes will **not** change the review date of a policy or guideline.
- A re-issue with minor changes cannot be requested on an overdue policy or guideline. A reissue with minor changes is not required to insert or correct a hyperlink or reference in a policy or guideline

4.8 Extending a Level 1 document

- In exceptional circumstances it may become necessary to extend the currency of a policy or guideline where a policy or guideline is dependent on the release/publication of new/revised legislation, regulations or standards.
- An one-off extension will need to be approved by the BoCG or Executive Group and will extend the currency period of a policy or guideline for a period not exceeding one (1) year.

4.9 Consultation

- Relevant committee consultation should take place prior to being sent for wider consultation. These include Clinical Records, Medicine and Therapeutics, Restraint, Infection Control and Patient Safety committees.
- All Waikato DHB wide policies and guidelines will be sent out for consultation via email to all relevant staff, committees, external unions and specified interest groups.
- The document owner and document facilitator can supply additional names of whom they would like to be part of the consultation process.
- Consultation will be no less than two (2) weeks and no more than three (3) weeks.
- All feedback will be directed to the document facilitator or their delegate for collation and review.
- All feedback will be recorded on the [Consultation Feedback Record](#) by the document facilitator or their delegate.

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4.10 Approval and Endorsement

- All Waikato DHB wide (Level 1) policies and guidelines will be presented to the Waikato DHB Policy and Guideline Committee for final review.
- Waikato DHB Policy and Guideline Committee will recommend endorsement of Waikato DHB-wide policies and guidelines by the Waikato DHB Board, Executive Group (EG) or Board of Clinical Governance (BoCG) where such authorisation is required.
- There are a number of key Waikato DHB policies that must be endorsed by the Waikato DHB Board as part of the authorisation process. The policies requiring Waikato DHB Board endorsement are listed in Appendix A.
- All one-off extensions will need approval from the Executive Group (EG) or Board of Clinical Governance (BoCG).
- All policies or guidelines submitted for endorsement will require the completion of the appropriate report cover sheet for that group or board.

4.11 Publication of Documents

- When final endorsement has been received, the document facilitator or delegate will send the signed approval form and final copy of the policy or guideline to the policy coordinator.
- The policy coordinator will upload the policy or guideline to the intranet.

4.12 Storage and archiving

- Signed original paper copies of all current policies and guidelines will be retained by Quality and Patient Safety.
- Superseded and withdrawn policies and guidelines will be archived in accordance with the District Health Boards General Disposal Authority. (In [Policy and Procedure Records](#), Section 16, page 43).
- Electronic copies of all current, superseded and withdrawn policies and guidelines will be stored in SharePoint.

4.13 Externally developed policies and guidelines

In some cases, Waikato DHB will adopt policies or guidelines developed by external parties, either nationally or regionally (Midland DHBs).

- Externally developed policies and guidelines will require a Waikato DHB reference number, document owner and document facilitator.
- Externally developed policies and guidelines will go through the Waikato DHB consultation process and will then be endorsed by either the Board of Clinical Governance or the Executive Group, or if required the Waikato DHB Board.
- All externally developed policies and guidelines that are to be entered onto the policies and guidelines intranet will have a DHB front cover to show the required information identified above.

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4.14 Publication of policies and guidelines on service specific intranet pages

Where a service or department wants to make a Waikato DHB policy or guideline available via their own service or area specific intranet page:

- The document will be developed as a formal policy or guideline using the process defined in this policy.
- When published, the policy or guideline will be hyperlinked from the '*Finding policies and guidelines*' page of the intranet to the service specific page.
- Waikato DHB policies or guidelines will not be uploaded directly to individual intranet pages.

4.15 Publication of policies and guidelines to the internet

- All Waikato DHB policies and guidelines, including clinical management (service specific) documents will be published on the Waikato DHB website.
- Drug guidelines and standing orders will not be published on the intranet
- Any service or area wanting to withhold their policies and guidelines from the intranet will require approval from the Director of Quality and Patient Safety.

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5. Policy Processes

5.1 Developing a New Policy or Guideline

5.1.1 Identify the need for a policy or guideline

A policy or guideline is needed if it:

- promotes lean efficient standardised processes.
- supports quality and patient safety – patient, staff, environment.
- is required for compliance with legislation or standards.
- meets unmet need identified from:
 - external review findings
 - incidents, complaints or reviews
 - audit recommendations and corrective actions
 - coroner’s findings
 - Health and Disability Commissioner reports
 - quality improvement initiatives
 - recognised risks

5.1.2 Check if a similar policy or guideline already exists

This should involve reviewing Waikato DHB [policies and guidelines](#), [Lippincott Procedures](#) and Map of Medicine. The development of new service-specific policies and guidelines are discouraged where the organisation would benefit from these being DHB-wide and it increases standardisation across the organisation.

If a similar policy or guideline exists, three options are available:

- i) adopt the existing policy or guideline as it stands if it aligns with your service.
- ii) review and revise the existing policy or guideline in consultation with the document owner or facilitator.
- iii) develop a new organisation-wide policy or guideline and withdraw the existing service specific policy or guideline.

5.1.3 Register the policy or guideline

- When the need for a new policy or guideline has been identified, the document facilitator must complete the [controlled document registration form](#) available from the ‘*Finding policies and guidelines*’ page of the intranet and submit it to the policy coordinator.
- The policy coordinator will register the policy or guideline and issue a reference number.

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5.1.4 Develop the policy or guideline

- Download the appropriate [template](#) from the 'Finding policies and guidelines' page of the intranet.
- Develop the policy or guideline as appropriate based on best practice, legislation, standards, and other existing Waikato DHB documentation.
- Ensure all key stakeholders are involved in the development of the policy or guideline.

5.1.5 Review the policy or guideline

- The document facilitator will coordinate a review of the document with all relevant staff within their own department, and other departments as appropriate.

5.1.6 Consultation (Waikato DHB wide policies or guidelines)

- The document owner will submit the draft policy or guideline to the policy coordinator.
- The policy coordinator will send out for consultation to a group including all relevant staff, committees, external unions and specified interest groups.
- The document facilitator will ensure that all feedback received during the consultation period is recorded on the [Consultation Feedback Record](#).
- At the conclusion of the consultation period the document facilitator or delegate will submit to the policy coordinator the following documents for distribution to the policy and guideline committee members:
 - the final draft of the policy or guideline for review.
 - the completed [Consultation Feedback Record](#).

5.1.7 Authorising the policy or guideline for publishing

Waikato DHB wide policies and guidelines

- Waikato DHB wide policies or guidelines will be presented to the policy and guideline committee for final review by the document owner or document facilitator.
- The policy and guideline committee will either:
 - i) recommend endorsement of the policy or guideline by the Board of Clinical Governance, Executive Group or Waikato DHB Board; or
 - ii) return the policy or guideline to the document owner for further work.
- The document facilitator will complete the appropriate report cover sheet for the board or group.
- The policy coordinator will advise the coordinator of the relevant board or group of the recommendation to endorse a policy or guideline.
- The coordinator of the relevant group will then arrange for endorsement by the group or board.
- The policy coordinator will publish the policy or guideline in accordance with see 4.11 *Publishing of Documents*.

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Group wide policies and guidelines

- Group wide policies and guidelines will be authorised by the group's governance forum or quality group.

Clinical management policies and guidelines

- Clinical management policies and guidelines may be authorised by the document owner.

5.1.8 Publishing a policy or guideline

- When final endorsement has been received, the document facilitator or delegate will arrange for the controlled document approval form to be signed by the document owner and facilitator.
- The document facilitator will submit to the policy coordinator the following documents:
 - the original signed copy of the policy and guideline approval form;
 - a hard copy of the policy or guideline; and
 - the final Microsoft word version of the policy or guideline (email to: policies@waikatodhb.health.nz).
- When the policy coordinator receives the documents listed above, the policy or guideline will be uploaded to the intranet.

5.1.9 Implementation of a policy or guideline

- When a policy or guideline has been published it is the responsibility of the document owner to ensure:
 - the implementation plan is carried out;
 - that all relevant staff are notified of the changes to the policy; and
 - that the effectiveness of the policy or guideline is evaluated within 12-24 months

5.2 Reviewing an Existing Policy or Guideline

- Determine if need for the policy or guideline still exists (*see 5.1.1 above*).
- Obtain the Microsoft word version of the policy or guideline from the policy coordinator – email policies@waikatodhb.health.nz.
- Ensure the policy or guideline is on the [correct template](#).
- Review and revise policy or guideline as necessary, checking evidence, references and associated documents.
- If policy or guideline is Waikato DHB wide, it will need to undergo consultation (*see 5.1.6 above*).
- Update the Procedure Review History table.
- Authorise the policy or guideline (*see 5.1.7 above*).
- Publish the policy or guideline (*see 5.1.8 above*).
- Implement the policy or guideline (*see 5.1.9 above*).

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5.3 Extending a Policy or Guideline

To extend the currency of a policy or guideline,

- download and complete the [policy and guideline extension form](#) from the intranet; and
- send the signed form to the policy coordinator in Quality and Patient Safety.

Note: The form must be signed by both the document owner and the facilitator

The policy coordinator will

- send it to the BoCG or Executive Group for approval;
- if approved, increase the expiry date of the policy or guideline to a date one (1) year from the original expiry date of the policy or guideline, or earlier if requested;
- update the Procedure Review History table; and
- upload the new pdf to the intranet.

5.4 Re-issuing a Policy or Guideline

Where it becomes necessary to make minor changes to a policy or guideline prior to the review date, the document may be re-issued without going through the full consultation and authorisation process:

- make the necessary changes to the policy or guideline
 - increase version number
 - change the issue date
 - **DO NOT** change the review date
- download and complete the policy and guideline [re-issue with minor changes form](#)

Note: The form must be signed by both the document owner and the facilitator.

- The document facilitator will submit to the policy coordinator the following documents:
 - the original signed copy of the policy and guideline [re-issue with minor changes form](#);
 - a hard copy of the policy or guideline; and
 - the final Microsoft word version of the policy or guideline (email to: policies@waikatodhb.health.nz).
- When the policy coordinator receives the documents listed above, the policy or guideline will be uploaded to the intranet.

5.5 Withdrawing a Policy or Guideline

To withdraw a policy or guideline from the intranet:

- download and complete the policy and guideline [withdrawal form](#) from the intranet; and
- send the signed form to the policy coordinator in Quality and Patient Safety.

Note: The form must be signed by both the document owner and the facilitator.

The policy coordinator will:

- withdraw the policy or guideline from the intranet;
- inform the policy and guideline committee every quarter; and
- prepare the pathway for disposal as per prior GDA identification.

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5.6 Developing or reviewing and publishing a drug guideline

The development and review of drug guidelines shall involve representatives from pharmacy, medical and nursing professions.

5.6.1 Developing a drug guideline

- Identify the need for a drug guideline – consult with a pharmacist to determine if one is already under development.
- Register the drug guideline (see 5.1.3 above).
- Develop the drug guideline (see 5.1.4 above).
- Submit the drug guideline to relevant disciplines for review. Include
 - Nursing and Midwifery directorate (via associate director of nursing or midwifery)
 - CNS infusion and related therapies
 - Medicines information pharmacist.
- Send the drug guideline to the policy coordinator who will forward to the Nursing and Midwifery directorate for review from a nursing profession perspective. Any requests for change will be communicated back to the document facilitator.

5.6.2 Reviewing an existing drug guideline

- Confirm the drug guideline is still required.
- Determine if need for the policy or guideline still exists (see 5.1.1 above).
- Obtain the Microsoft word version of the policy or guideline from the policy coordinator – email policies@waikatodhb.health.nz.
- Review and revise the drug guideline as necessary, checking evidence, references and associated documents.
- Submit the drug guideline to relevant disciplines for review. Include
 - Nursing and Midwifery directorate (via associate director of nursing or midwifery)
 - CNS IV therapies / medicines management
 - Medicines information pharmacist.
- Send the drug guideline to the policy coordinator who will forward to the Nursing and Midwifery directorate for review from a nursing profession perspective. Any requests for change will be communicated back to the document facilitator.

5.6.3 Authorising and publishing a drug guideline

- The document facilitator will:
 - print the completed drug guideline;
 - send the signed drug guideline to the policy coordinator via internal mail; and
 - email the final Microsoft word version of the drug guideline to the policy coordinator policies@waikatodhb.health.nz.
- The policy coordinator will:
 - Arrange for the drug guideline to be signed by the Chair of the M&T committee; and
 - Upload the drug guideline to the intranet.

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6. Audit

6.1 Indicators

Policy coordinator:

- All Waikato DHB policies and guidelines are current.
- Time points through policy development are monitored and meet policy and guideline acceptable timeframes.
- The renewal of policies and guidelines are continuous as shown by the issue and review dates and policy extensions are given a maximum one-year extension.
- Policies and guidelines that are superceded/withdrawn have processes documented and documents for archiving and destruction are satisfactorily disposed of.
Quality control of documents: reviewed for correct hyperlinks, direction, correct referencing.

Other staff:

- Finding and utilising policies and guidelines are assessed using an annual staff survey.
- Document facilitators are surveyed to assess satisfaction with the policies and guidelines process.
- The document review history table is updated when there is a change to document or to the review date when an extension is approved.

6.2 Tools

- Audits of policies and guidelines processes and those of the policy coordinator will be based on the following table and the attached flowcharts (Appendices B-J).

Policy process time points

Process	Time Frame
Document Registration*	2 days
Consultation	2-3 weeks
Policy and Guideline Committee	2-4 weeks**
Board of Clinical Governance (meet monthly)	2-6 weeks**
Executive Group (meet fortnightly)	1-3 weeks**
Waikato DHB Board (meet monthly)	2-6 weeks**
Policy or guideline upload to intranet*	3 days
Policy or guideline withdrawal*	3 days

* From receipt of all necessary documentation (electronic and/or original)

** The level of approval and endorsement required will depend on the policy or guideline.

Management of Policies and Guidelines

7. Legislative Requirements
7.1 Legislation

Numerous Acts and regulations specify Waikato DHB's legislative compliance responsibilities, including:

- Health and Disability Services (Safety) Act 2001
- NZ Public Health and Disability Act 2000
- Health and Safety in Employment Act 1992
- Code of Health and Disability Services Consumers' Rights 1996
- Privacy Act 1993
- Health Information Privacy Code 1994

7.2 External Standards

Waikato DHB requires compliance with the following external standards (amongst others), which include the requirement to have appropriate policies and procedures in place to ensure safety:

- Health and Disability Sector Standards ratified in the Health and Disability Services (Safety) Act 2001
- International Accreditation New Zealand Standards.

8. Associated Documents
8.1 Associated Waikato DHB Documents

Waikato DHB [Corporate Records Management](#) policy (Ref. 0905)

Waikato DHB [Electronic Recordkeeping Metadata](#) policy (0150)

Waikato DHB [Management of Lippincott Procedures](#) policy (Ref. 1236)

Waikato DHB [Medicines Management](#) policy (Ref. 0138)

Waikato DHB [Standing Orders - Process and Documentation](#) procedure (Ref. 2524)

Waikato DHB policy and guideline [templates and forms](#)

8.2 References

Sackett D, Rosenberg W, Gray JAM, Haynes RB, Richards S. Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71-72

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Appendix A Policies Requiring Waikato DHB Board Endorsement

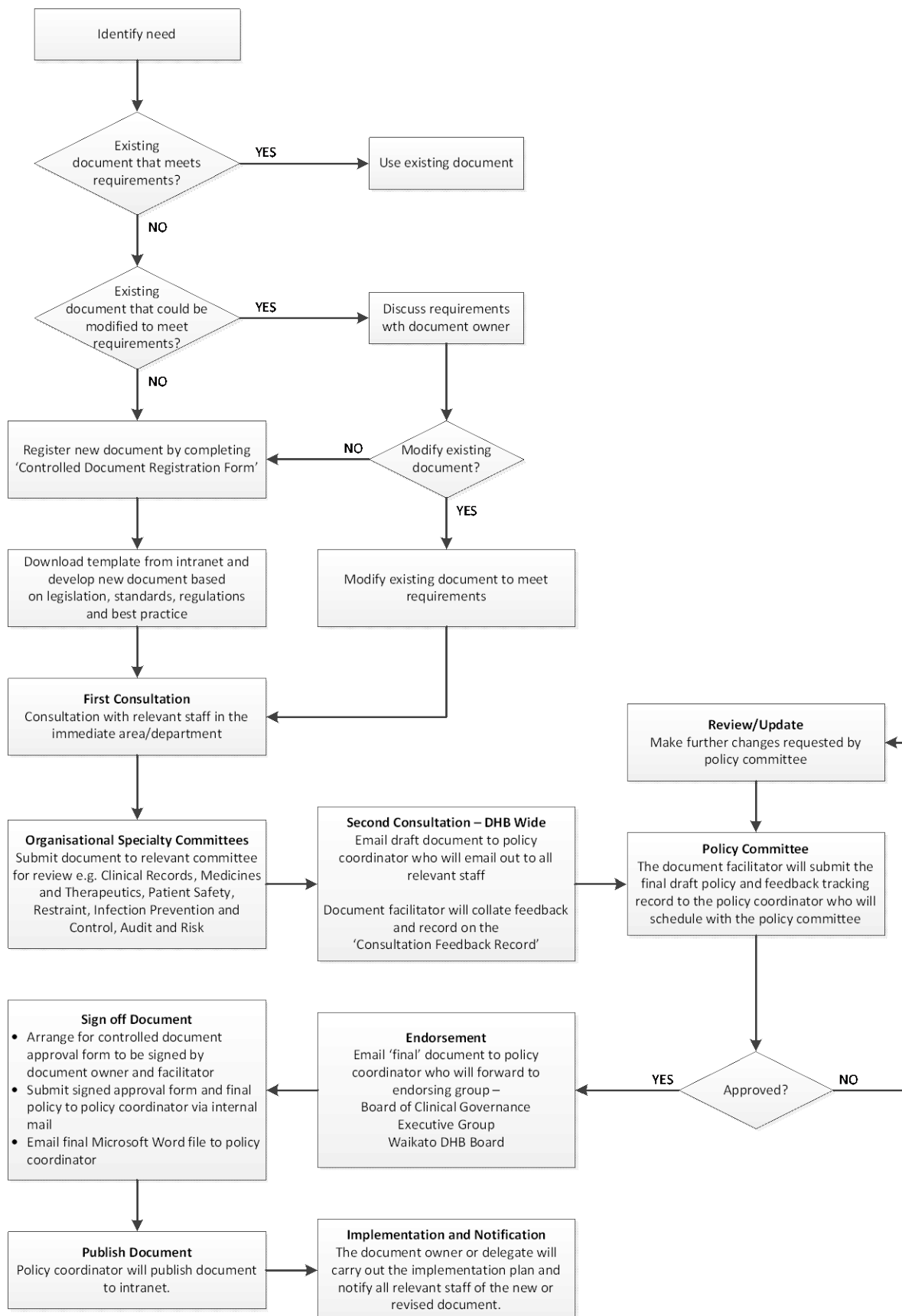
The following Waikato policies must be endorsed by the Waikato DHB Board as part of the authorisation process.

Note: All finance policies are endorsed by the Audit and Risk Committee on behalf of the Waikato DHB Board.

Reference	Policy Name
2175	Delegations of Authority
0108	Māori Health
0298	Naming Rights of Waikato DHB Owned Facilities
0170	Procurement and Contracts
1829	Receiving and Giving of Gifts
0118	Risk Management
0121	Smokefree
0122	Sponsorship
	Finance Policies
1839	Asset and Equipment Management
0034	Capital Expenditure Framework
1813	Financial Accounting
3274	Fraud
2214	Identifying Persons not Eligible for Publicly Funded Health and Disability Services
0440	Purchasing Card (P Card)
1035	Recovery of Overpaid Salaries and Wages
0042	Treasury Management

Management of Policies and Guidelines

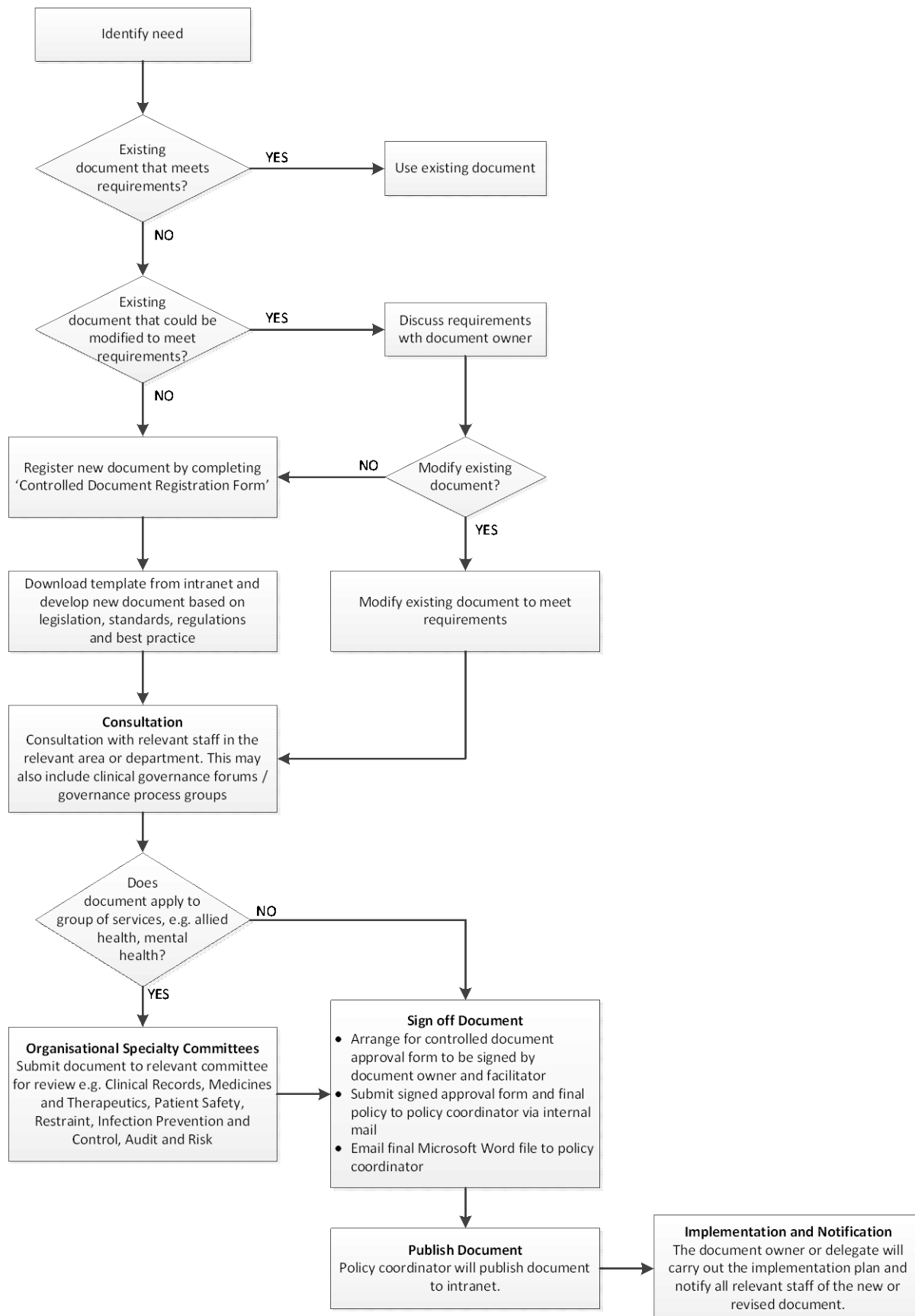
Appendix B Flowchart: Developing a New DHB-wide Policy or Guideline



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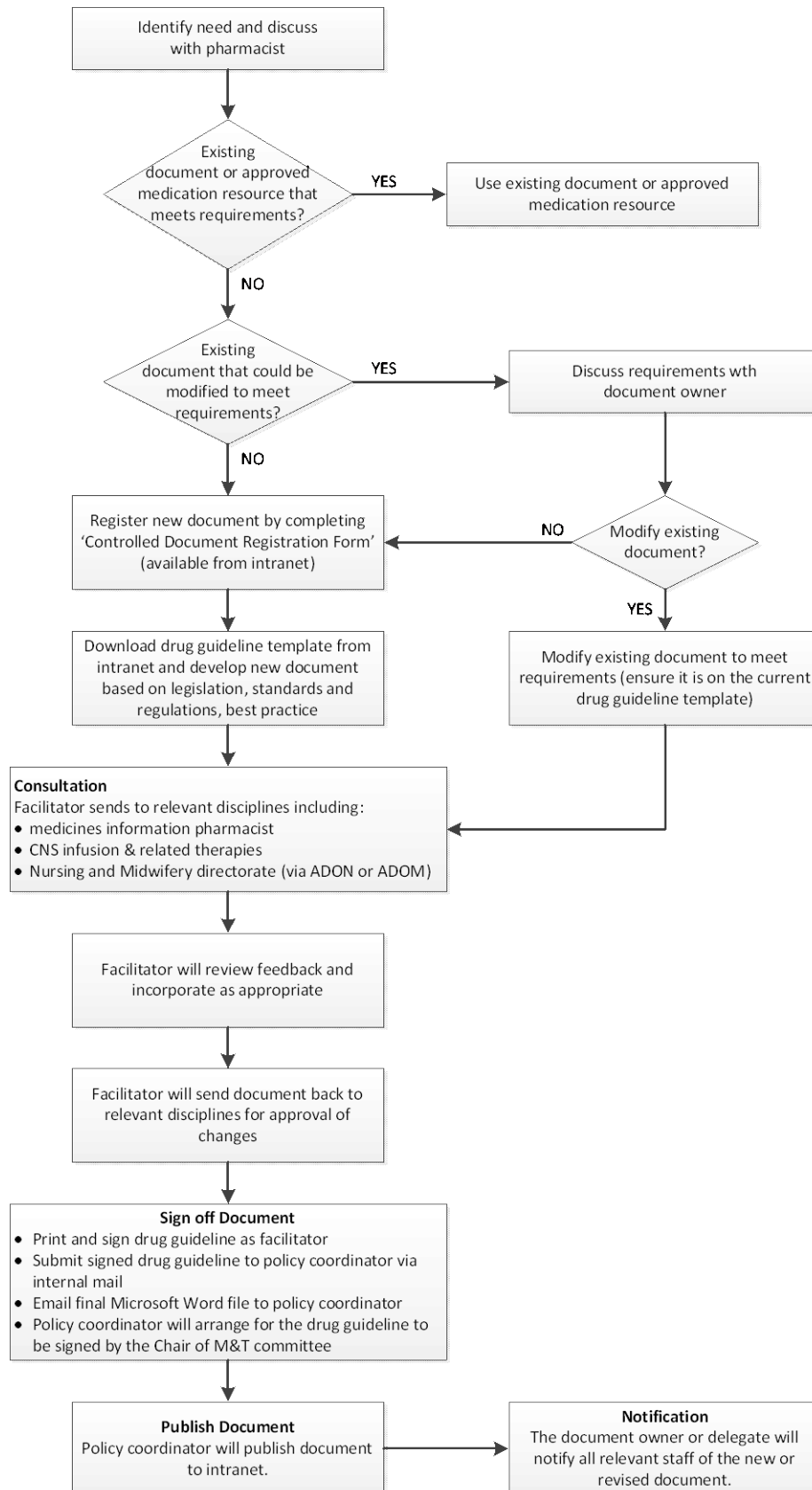
Appendix C Flowchart: Developing a New Clinical Management Policy or Guideline



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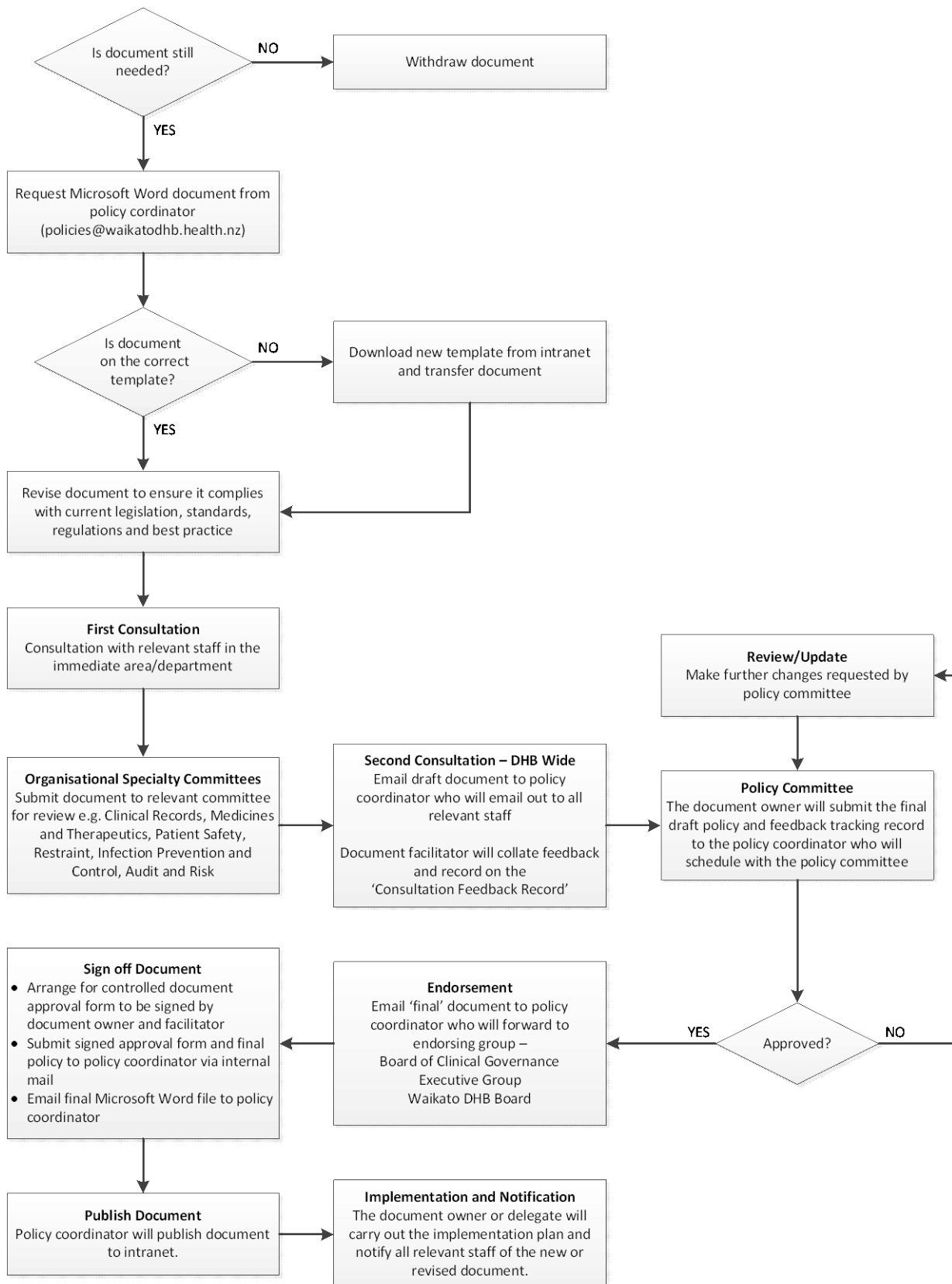
Management of Policies and Guidelines

Appendix D Flowchart: Developing a New Drug Guideline



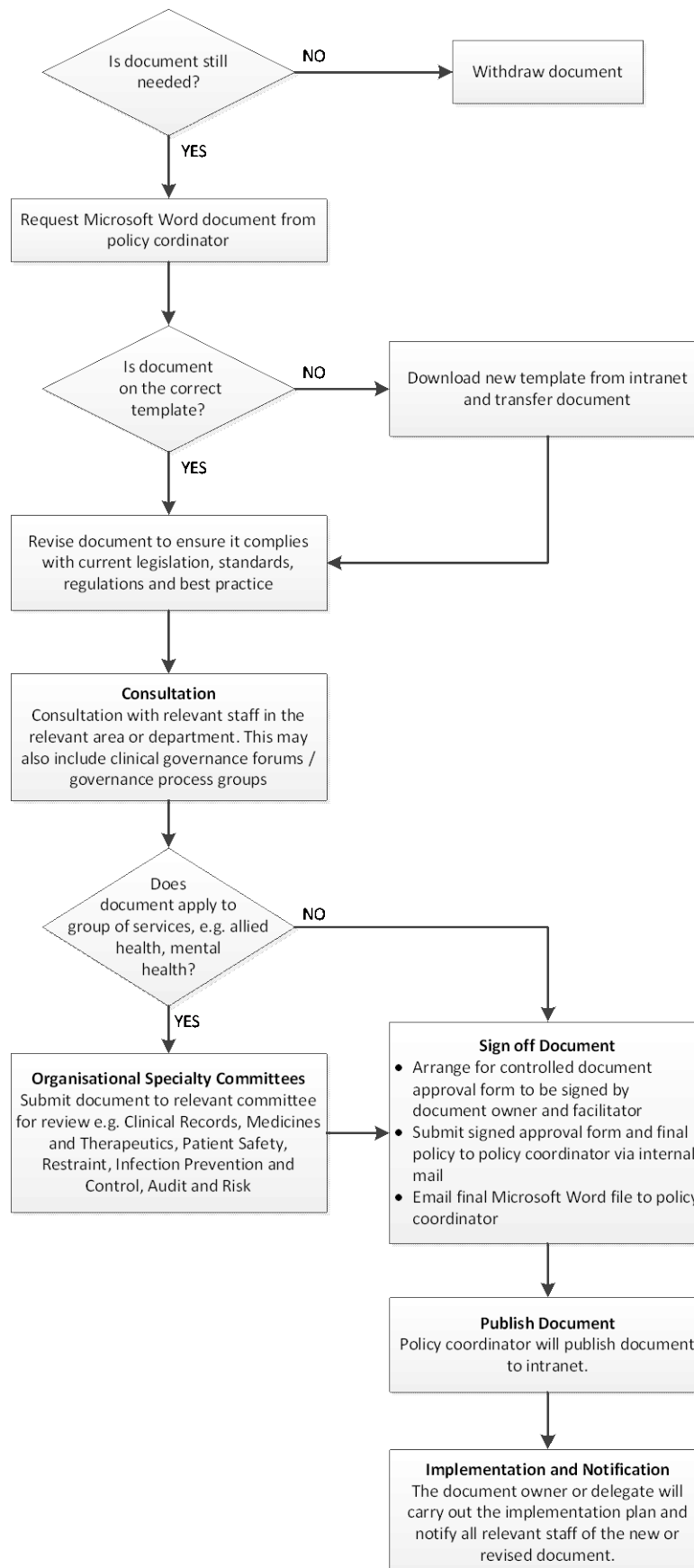
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Appendix E Flowchart: Reviewing an Existing DHB-wide Policy or Guideline



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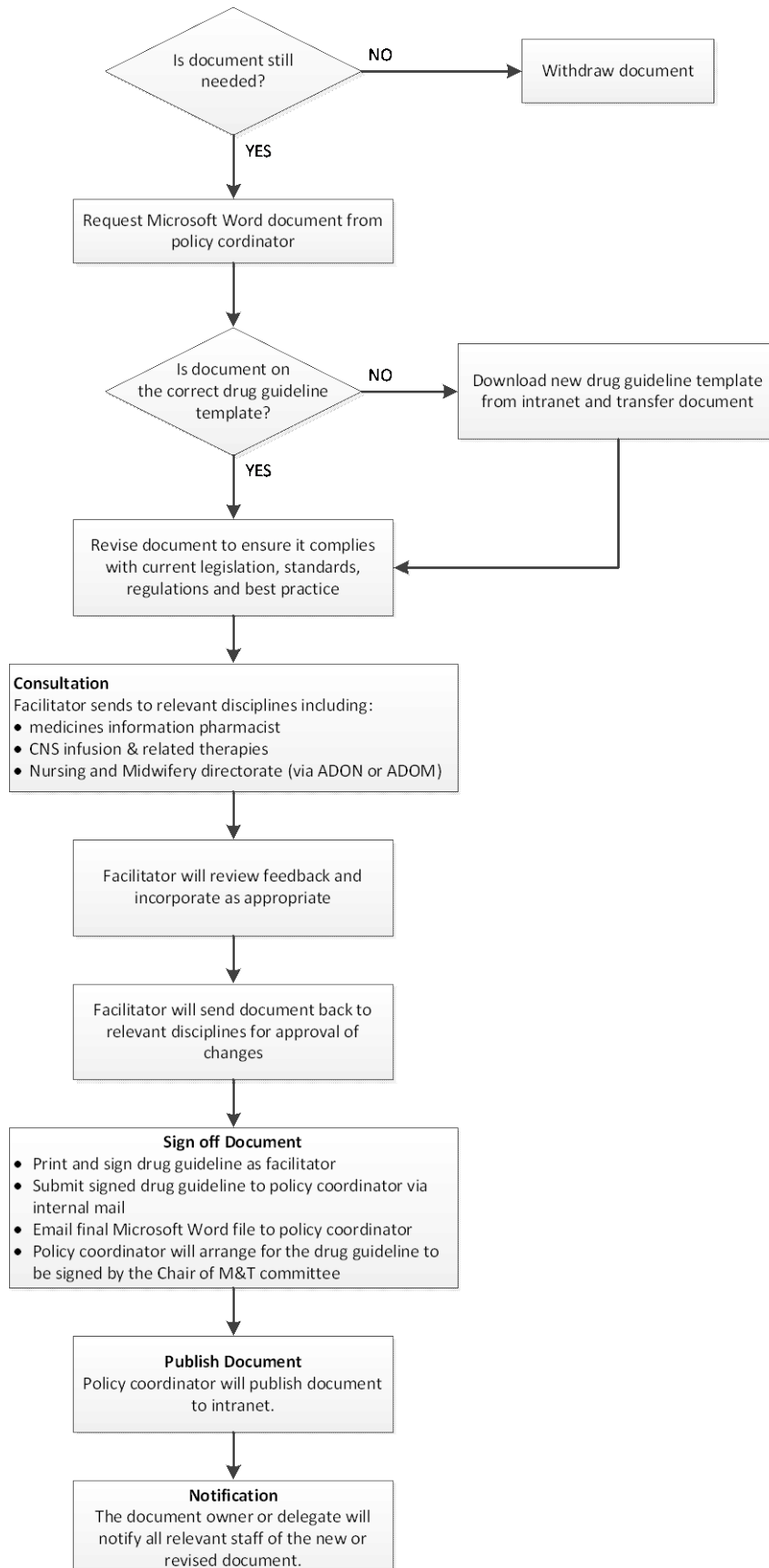
Appendix F Flowchart: Reviewing a Clinical Management Policy or Guideline



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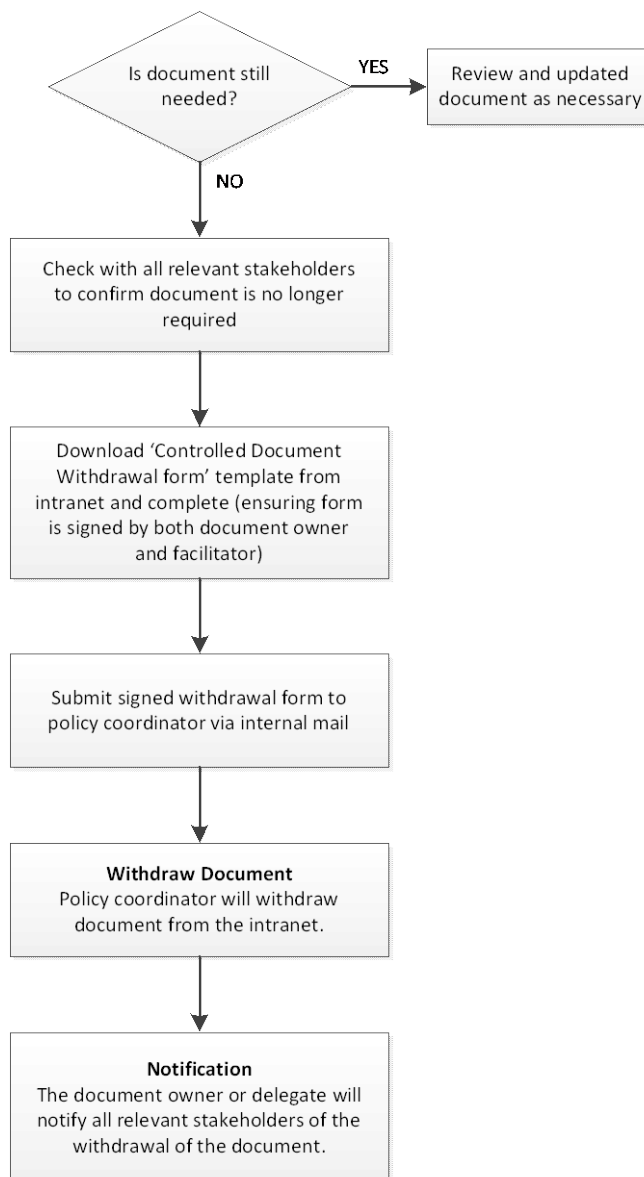
Appendix G Flowchart: Reviewing an Existing Drug Guideline



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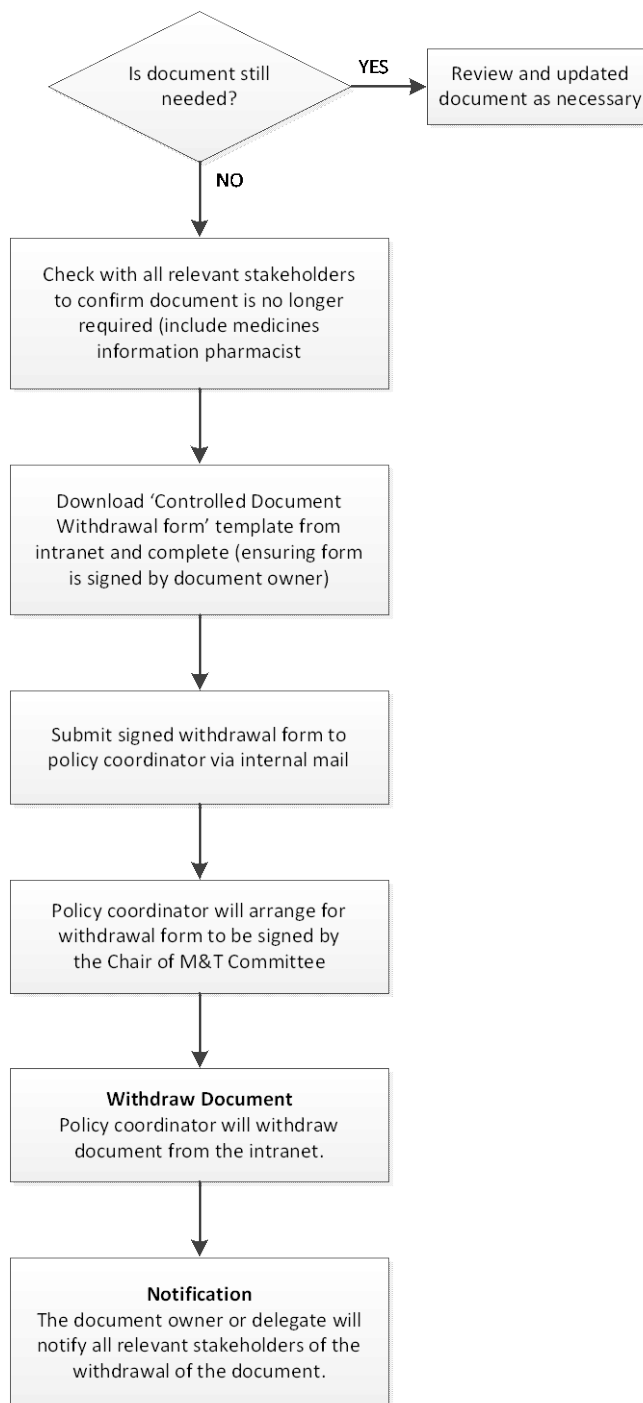
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Appendix H Flowchart: Withdrawing a Policy or Guideline



Management of Policies and Guidelines

Appendix I Flowchart: Withdrawing a Drug Guideline



Management of Policies and Guidelines

Appendix J Flowchart: Re-issuing a Policy or Guideline with Minor Changes

