

***APPENDIX E – CLINICAL & WORKFORCE POLICY DEVELOPMENT PLAN***

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## **Introduction**

### Clinical and Workforce Policies

ClinCo and InfraCo will use a variety of Clinical and Workforce Policies or standards to govern the operation of the TCI Hospitals. A standard is a written statement of rules, actions or conditions indicating a measurable and achievable degree of quality care or service against which actual performance can be compared. Standards take a wide variety of forms, but all aim to improve services and health care. Each type of standard serves a different purpose. Organisations typically use a variety of these formats based on the user and the application. For instance, clinical practice guidelines have been developed primarily by physicians to guide their practice, whereas protocols and procedures have been designed for more general use by health care professionals. A clinical pathway is a multidisciplinary approach to writing and implementing standards.

The common types of standards that will be used at the Hospitals are defined in the pages that follow. Approval mechanisms and examples are also provided. At the end of this section, the Table of Contents for the Corporate Standard is provided as a reference.

## **Definitions**

### Administrative policies

Administrative policies are written at both an organisational and departmental level. For instance, organizational administrative policies often include the following elements:

- Description of organisational setting: location, type of facility
- Purpose of organisation
- Mission statement
- Objectives of organisation
- Organisational chart
- Human Resource issues: e.g., harassment, dress code, employee conduct
- Ethical/legal issues: e.g., consent, confidentiality and retention of records
- Patient Safety e.g., infection control, visitor policies, transfer of function.

Corporate standards are approved by the Senior Management Team and are catalogued in the Corporate Standard Manual.

Organisational policies are written to cover issues that effect the whole organisation and staff. In contrast, each department (pharmacy, nursing, and laboratory) will have department-specific policies. The elements included in these policies might be:

- Description of department
- Organisation chart
- Staff: e.g., types, utilisation, staff job descriptions
- Specific department policies, e.g., scheduling, medication administration

Department policies complement the organisational policies and are usually more specific. For instance, the visitor policy for the hospital may be between 8 a.m. and 8 p.m., however, the visitors' policy in the critical care unit may be more restrictive or additional standards may be outlined for family members visiting the paediatric ward. Departmental policies are approved at the Director level. All Corporate and departmental standards should be reviewed once every 3 years.

### **Algorithms**

Algorithms are written in the format of a flowchart or decision tree. This format provides a quick visual reference for responding to a situation. For instance, algorithms are effective in emergency departments and critical care units. When staff are faced with an emergency, such as a patient haemorrhaging, they can treat the patient rapidly by following the algorithm.

### **Clinical Pathways**

Clinical pathways provide the details of daily care for a specific diagnosis. The unique feature of clinical pathways is that they provide a day by day standardised plan of care and help guide the patient's transition from referral through assessment, intervention, discharge or transfer to other care providers and agencies. These plans are most often interdisciplinary so that care or treatment carried out by physicians, nurses, and therapists are all on the same form. The advantage of this format is that the patient's progress is monitored daily according to the planned interventions and expected outcomes. When the patient does not progress according to plan, an assessment can be made immediately and the "variance" reviewed. The patient may not be progressing due to problems in the system; e.g. the medication was not delivered. Or it may be, as a result of a problem such as the patient did not tolerate the medication. Regardless of the cause, the healthcare providers can intervene. Clinical pathways are developed by service specific workgroups, care givers within partner organisations (to encourage consistency in care standards and seamless movement along the care continuum) and are approved by Senior Management and TCIG in the pre-service commencement phase – thereafter external 'verification' will occur through the hospital accreditation process;

### **Clinical practice guidelines**

Clinical practice guidelines are typically physician-generated recommendations to assist practitioners in providing appropriate healthcare). The guidelines are evidence-based (based on current research) and unlike other types of formats that provide a step-wise approach to care and treatment, the guidelines provide information regarding the most effective treatments. Physicians use this information along with their experience and knowledge of the patient to determine the appropriate plan of care.

### **Procedures**

Procedures are step-by-step instructions on how to perform a technical skill. This format often involves the use of equipment, medication, or treatment. Examples of procedures would be

administration of blood; insertion of tubes (nasogastric, urinary catheters), medication administration (oral, rectal, intravenous), suctioning (oral, tracheal or nasopharyngeal) and wound care.

### **Protocols**

Protocols define the patient care management for specific situations or conditions. It gives clear direction to staff in relation to scope of practice. Protocols are usually written for the care of a group of patients, for example, those with Central Venous Catheters. Thus, the CVC procedure would describe how to flush and maintain the CVC and the protocol would describe how to care for the patient with a CVC in place. Protocols usually include how often to assess the patient, what to assess, safety precautions, reportable conditions, troubleshooting and emergency situations.

### **Job Descriptions**

Job descriptions are typically written for each job category, e.g., professional nurses, health care assistants, cleaning staff, and laboratory personnel. Often the qualifications of the position are described within this document rather than in a separate document. Qualifications may include expectations regarding education, experience, or licence to practice. Personal attributes desired for the job also may be included as well as physical demands and equipment that may be used to perform the job. Job responsibilities are outlined and any other information specific to the job that is required. Job descriptions are developed by the department and coordinated through Human Resources.

### **Qualifications**

Qualifications are often written in the job description. Sometimes they are included in medical staff rules and regulations. Qualifications describe what is expected in terms of education, experience, or licence to perform a specific job or procedure. For example, to become a member of the medical staff of a hospital, qualifications may include successful completion of studies at an accredited medical school and a medical licence. However, to be qualified to perform a specific procedure, e.g., open-heart surgery, the hospital may require additional qualifications such as experience performing the surgery with supervision or attendance at an approved course.

### **Rules and regulations**

Rules and regulations are statements of expectations that usually identify a consequence if the rule is not carried out. Medical staff often have rules and regulations. For instance, the rule may be that documentation on the medical record should be completed within 72 hours of the patient's discharge from the hospital. When documentation is not complete according to the rules, the physician may be subjected to suspension from privileges (e.g., cannot admit additional patients to the hospital). In many organisations, Medical Bylaws and Rules and Regulations are developed, as Physicians are not actual employees of the Hospital.

## Specifications

Specifications refer to a detailed description of what is required in a product or service. Product specifications might include a description of the product, characteristics, performance requirements, quality standards, reliability, safety, and steps to be taken in case the product does not meet all of the specified requirements. Specifications are usually developed by clinicians with assistance from purchasing.

## Pre-printed Orders

Pre-printed orders are a set of physician orders pre-established and approved to allow nurses or other professionals to initiate medical treatment once the MRP has reviewed them and signed them. These orders may be specific to a singular physician or may be orders approved by the hospital medical staff. In the orthopaedic unit; for instance, a physician may develop a set of “pre-printed orders” for postoperative total hip patients. In this way, the physician does not need to rewrite the orders for each patient, time is saved and there is consistency of care.

This set of orders then is modified to meet each patient’s specific needs. Usually, the orders include medications, treatments and diagnostic tests to be administered. Pre-printed orders are an integral component to clinical pathways. They are developed by clinicians and approved by Pharmacy and Therapeutics and/or Medical Records Committee.

The following table provides a grid to assist in identifying the different standards and how ClinCo will use them in the TCI Hospital system.

**Table 1: Process Standards: Description and Use**

Standard Format	Description	Use
Clinical practice guidelines	Recommendations for medical care based on current research	Physician’s reference in management of specific situations or conditions
Clinical pathways	Expected, multidisciplinary daily plan of treatment primarily used in hospitals	Nurses, physicians and others use daily plan to progress the care of the patient
Patient care pathway	Flowchart of Patient’s progress through the healthcare system for treatment	Identifies the horizontal flow of care from preadmission to discharge and follow-up that the patient experiences
Algorithms	Flow chart or decision grid	Quick, visual, helps to make

			decisions
Procedures	How-to, instructions	step-by-step	Directions on how to perform a technical skill, e.g. insert a urinary catheter
Protocols	Management of patient care		Patient care management for specific situations, care of the patient with a urinary catheter or specific conditions, e.g. post operative patients
Pre-printed orders	A pre-established set of medical orders		Provides consistency of care and saves time in writing standard order sets

It is expected that all Corporate Policies will be in place at the commencement of service delivery. Departmental policies would be developed during the commissioning phase in conjunction with the TCI Hospital Department managers and staff.

### ***Process for Development, Approval and Implementation***

#### Principles and Guidelines for Policy /Protocol Development

- All policies will reflect the Mission, Vision and Values of the ClinCo and InfraCo managed TCI Hospitals. By aligning with the Mission, vision values and strategic directions policies exhibit commitment to excellence and accountability to patients, families, partners, communities, staff and volunteers
- Policies and protocols will be evidenced based and consistent with best practice.
- Policies will be developed and approved with consultation and input from the TCIG
- Policies will be consistent with professional standards and relevant legislation and will reflect our commitment to patient / family centred care and healthy workforce.
- When considering the need for a policy/protocol, identify who will use the policy, who will be impacted by the policy, and who the policy will have impact on. These are the *stakeholders* and require input into the policy /protocol.
- Prior to submission of the policy/protocol for approval ensure feedback has been obtained from key stakeholders as well as other interested parties.
- Policies / protocols must also include process for regular review, evaluation and revision

- As appropriate, there should be indicators of performance developed and monitored to measure performance and outcomes
- All policies implementation plans must describe the impact financial, staffing, practice), describe the education process and implementation roll out.
- When prioritising policies/protocols for development consider such factors as high risk, high volume, problem prone, high cost when identifying the need for a policy/protocol.

**Key steps in Developing Policies/Protocols**

- Identify the Need –determine what is needed; i.e. policy & protocol; policy & guideline etc
- Form group of relevant stakeholders to research and develop the policy/protocol
- Research Best Practice for the policy/protocol
- Draft the policy /protocol and seek additional consultation and feedback for appropriate sources
- Redraft the policy /protocol to incorporate feedback as appropriate
- Determine if the policy crosses more than one area and obtain “approval “ form leaders/managers of identified areas
- Submit policy /protocol for approval by appropriate Manager/Director/Executive Leader
- Initiate education processes to support policy/protocol
- If policy /protocol approved, remove outdated policies from existing manuals /on line policy directories
- Distribute and implement approved policy /protocol

**Timelines for Development and Implementation of Corporate and Clinical Policies and Protocols for the TCI Hospital Project**

ClinCo and InfraCo are committed to the development, approval and implementation of corporate (including workforce) and clinical policies/protocols to align with the scheduled opening of the new hospitals

**Timelines Table**

Time Frame	Activity
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December 2007 – June 2008	Establish working groups/committees/individuals to develop policies Research Best Practice for the Policy/Protocols Draft policies, including implementation, plans, impacts performance indicator Approve policies/protocols
July 2008 – November 2009	Make revisions as required and appropriate Approve revised policies/protocols Finalise process for implementation Communication, orientation Existing and new staff
November 2009 – January. 2010	Implementation Phase Communicate policies Provide Orientation sessions for new and existing staff Ensure evaluation process in place to allow for performance tracking and monitoring

### Summary

Policy development, review, maintenance and performance monitoring is an ongoing process and is necessary to ensure the quality and safety of patient, staff and volunteers. A process will be in place to ensure regular review and revision; development and implementation of new policies as required and performance monitoring to ensure compliance with the standards set in the policy /protocol.

In the development and implementation of policies/protocols ClinCo and InfraCo will ensure alignment with the CCHSA accreditation standards.