

Running head: GOVERNANCE DOCUMENT DEVELOPMENT FRAMEWORK

POLICY AND CLINICAL STANDARDS DEVELOPMENT: A GOVERNANCE  
DOCUMENT DEVELOPMENT FRAMEWORK FOR MENTAL HEALTH AND  
SUBSTANCE USE SERVICES

By

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## Introduction

Until recently, healthcare policy process (i.e. planning, development, implementation and review/evaluation of policies) was not commonly discussed in either nursing education or nursing practice. It has only been in the last fifteen to twenty years that healthcare policy and its connection with nursing have begun to be explored and understood (Taft & Nanna, 2008). As a registered nurse who completed her undergraduate education nearly fifteen years ago, the above description accurately describes my experience with healthcare policy. Neither the development of health care policy nor the nursing profession's influence upon it was discussed in any great length during my education. During my direct care practice, clinical policies directing care were taken for granted and policy development poorly understood as the environment was busy, task-oriented and not conducive to the comprehension of what policy was, how it was developed or its effects on practice. In fact, it was not until I left direct care nursing and entered into a leadership role as a clinical nurse educator that I was first exposed to healthcare policy development; in particular, organizational healthcare policy development. As I have become more familiar with policy in general and policy development specifically, I have learned how instrumental it is for nurses to be involved in the policy development process not only in a professional capacity as a registered nurse, but also in order to provide the best possible care for individuals. As Harris (2012) described, "...nurses have long seen the individual client as the center of a network of family and social relationships, the perspective needs to be broadened to accommodate the reality that those relationships are shaped by policy at all levels" (p. 276). This would apply to the relationship between nurse and client and the effects of policy on this relationship. As further outlined by Harris "Falk-Rafael (2005) asserted that for a nurse to choose to effect policy change requires ethical knowing or a sense of responsibility to act on the

knowledge one gains; to know that for the best care to be given political action must occur” (p. 277).

As mentioned, I have begun to learn the important effects of policy on nurses and vice versa through my own journey into the development of organizational policies. In this paper I will outline that journey, from creation of an organizational policy and clinical standards (i.e. procedures, protocols and guidelines) development framework, to the knowledge and insight gained through the process. The paper begins with a background on nurses’ influence on policy; in particular, the barriers to nursing involvement and ideas for how to encourage nurses to become more active in policy-making, followed by a description of the problem that generated the need for this project and the purpose and objectives of the project. Next, the formation of the policy and clinical standard framework will be presented, including details of an analysis of current policy and clinical standards within a healthcare program and the five stages of the framework: initiation and planning, development, approval and posting, implementation, and evaluation and maintenance. This policy and clinical standard framework has roots in an evidence based model which will be examined during the discussion of the second stage of the framework, development. Finally, next steps for the framework will be covered in the conclusion.

## **Background**

### **Definitions**

Before a discussion of nursing involvement in policy making can occur, policy and the different levels of policy need to be defined in order to understand evidence based policy in healthcare organizations, including the influence of nurses on the development and

implementation of policies. The online Oxford Dictionary of English (3<sup>rd</sup> ed.) defines policy as “a course or principle of action adopted or proposed by an organization or individual”. The Canadian Nurses Association further describes policy as “...a statement of direction resulting from a decision-making process that applies reason, evidence, and values in public or private settings” (Skelton-Green, Shamian, & Villeneuve, 2014, p. 88). Public policy is often described as a regulation or law that clearly outlines a course of action as decided by government that leads towards an outcome, while healthcare policy is one aspect of public policy where the action involved guides the activities of healthcare organizations/institutions and those professions working in healthcare (Skelton-Green, et al., 2014, p. 88).

To further understand healthcare policy is to look at the sources for healthcare policy; public sources, organizational sources and professional sources. Skeleton, et al. describe public sources as involving “authoritative decisions, laws or operational rules determined by government” (2014, p. 89), while organizational sources are developed by healthcare organizations. Professional sources involve professional or discipline-specific organizations such as the College of Registered Nurses of British Columbia, as well as multidisciplinary organizations that develop standards, guidelines and research-based recommendations such as competencies. According to Collins and Patel (2009), organizational sources, especially in acute care settings, should provide clear direction and act as an operational tool for not only staff, but also the public (p. 42). They further state that “any policy should be evidence based wherever possible in terms of making the case for change and in evaluating its own effectiveness” (Collins & Patel, 2009, p. 42).

The policy and clinical standards framework discussed in this paper was created for the development of healthcare organizational policy and focuses on evidence based policy and

clinical standards. The framework also encompasses organizational, nursing and client values as outlined in the CNA definition of policy. However, before further exploring the framework that was developed during the project, an examination of nurses' influence on policy making and the need to encourage further involvement is required to understand how the policy and clinical standard framework was shaped.

### **Nurse Involvement in Policy Development**

Many linkages have been made between policy and healthcare, and despite the clear connection, there is infrequent involvement on the part of nurses in organizational or public healthcare policy. When nurses have been involved, it has been at the professional association level (Skelton-Green, et al., 2014; Fyffe, 2009; Harris, 2012). The literature outlines a variety of reasons for the lack of involvement of nurses in policy-making. Many nurses do not recognize that policy is a "nursing issue" (Hewison, 2005, p. 292) and believe that policy development is outside the nurse's role and responsibility (Harris, 2012, p. 274). Nurses experience the impact of policy every day in a number of ways, for instance changes in practice due to a policy. However, many nurses do not see the connection between policy and practice and, therefore, view policy development and implementation as a strange and confusing process that has minimal impact on their practice (Harris, 2012; Taft & Nanna, 2008). One conclusion given for the lack of engagement is that it is due to the lack of knowledge and understanding of what policy is "and the confidence that they have the skills to influence it" (Taft & Nanna, 2008, p. 275). This idea of ill-preparedness towards policy making in the nursing profession is common, coupled with the idea that there is a deficiency in nurse education in the United States regarding healthcare policy formation and its' effects which, in turn, leads to the notion by nurses of being

inadequately prepared to be involved in the policy process (Hewison, 2008, p. 292). Evidence and research on whether this situation is similar in Canada is limited. Reutter and Duncan (2002), through their investigation of the need for nurses to broaden their outlook on policy influence to include public policy as well as healthcare policy, discuss the idea that in order to influence the health of communities/populations nurses need to understand the policy process, which can be accomplished when nursing education at all levels includes knowledge and learning on policy formation and support. This has also been the writer's experience in recent policy development where nurses have expressed concern over their lack of preparation or understanding of the policy development and, therefore, hesitate to engage in the process.

### **Nurse Engagement**

As reflected in the literature, many nurses, especially at the direct care level, view policy work as outside their scope and therefore disengage from the process. Those who feel otherwise may hesitate to enter into policy-making due to lack of training or understanding. However, engagement in the formation and implementation of policy by nurses is needed in order for policies to represent the values of the profession and advocate for the concerns of the clients (Fyffe, 2009, p. 699).

There are a number of suggestions in the literature regarding how to engage nurses in policy development. One of the suggestions is to introduce the notion of policy as the environment in which nurses practice. As Harris (2012) describes "the notion of policy-as-environment shines a light on the interconnectedness of policy with environment and policy as an intrinsic dimension of environment" (p. 274). The concept of environment affecting the health of an individual has been in nursing since the time of Nightingale and investigated by a

number of nursing theorists such as Roy, Leininger and Rogers, all of whom have outlined their views on environment in health and healing in detail (Harris, 2012). This concept of policy-as-environment mirrors the realities occurring in practice, and with understanding of this concept comes the possibility of change in health for clients. If nurses are able to understand how policy shapes environment which then shapes the health of individuals and client care, hopefully realization of the reverse will be true, that nurses' experience and knowledge of client care will shape client outcomes including the environment. This in turn shapes or influences health policy and its formation (Harris, 2012).

Another suggestion for increasing nursing influence on policy is to provide greater understanding of what policy is and what it signifies in both nurse education and throughout the nursing career. Hewison (2008) offers the idea of a policy involvement continuum which encourages policy participation throughout the different stages of a nurse's career. The continuum pairs four types of development in policy with the various stages of career for nurses; policy literacy aligns with the student/newly qualified nurse into mid-career and involves the understanding of policy issues and how policies are shaped (i.e. what influences policy). Policy literacy is accomplished via critical engagement of policy documents and involvement in policy analysis. The next type of policy development in the continuum is policy acumen which is "an awareness and understanding distilled from a policy analysis concerned with the nature of nursing itself, which in turn helps nurses grasp the nettle of power within the health arena" (Hewison, 2008, p. 293). This exchange of knowledge into practice and practice back to knowledge is developed in the mid-career of nurses and on to senior/advanced practice nursing. In regards to policy literacy and policy acumen, a thought to take into consideration is that due to a lack of policy involvement by nurses, these two steps in the continuum may occur

simultaneously during the mid-career stage (Hewison, 2008, p. 293). Policy competence, the third step in the continuum, is acquired during the leadership/management stage of the nursing career while the fourth step, policy influence, is achieved during the nursing leader career stage (i.e. chief executive nurse or chief nursing officer positions) where influence is broader than just at the organizational level. Policy competence involves understanding of the process, effects, outcomes and challenges of policies internally and externally to the organization/environment, as well as the different ways and levels in which policies can be operationalized (Hewison, 2008. p. 294). Working through the first three types of policy development during the nursing career leads to greater policy influence throughout these first stages and into the nursing leadership career stage, for those nurses who move further along the continuum.

Along similar lines to the policy involvement continuum, there have been suggestions to incorporate more policy knowledge and skills into nurse education. Logan, Pauling and Franzen (2011) offer a health care policy development critical analysis model as a way to introduce health care policy into the nursing undergraduate curriculum. The model progresses through a health care issue and four phases: policy focus, collegueship analysis, evidence based practice analysis, and policy development and analysis which help nursing students understand how they are a part of policy-making (p. 56). Taft and Nanna (2008), through the creation of a framework, address the issue of lack of nursing influence on policy by suggesting that if nurses understand the main sources of health policy: organizational, public and professional, then they may be more inclined to involve themselves in policy formation (p. 275).

**Nurse Influence/Engagement: Shaping of Policy Development Framework**

A review of the literature of nursing influence on policy-making and understanding the reasons for the lack of engagement on the part of nurses, as well as suggestions for increasing that engagement, assisted me in the development of the policy and clinical standards framework. In order to engage nurses in the development of organizational policies and clinical standards, education and discussion will need to occur regarding what policy is and how nurses can influence policy and, in turn, influence nursing practice and client health outcomes. The intent of education is for understanding to occur, so that more nurses are willing and able to take part in policy formation. Education and discussion should address the purpose of policy and the main policy sources. A pre-learning assessment would need to take into consideration the prior education nurses receive regarding policy-making and the stage of their career along the policy involvement continuum. Another goal of the education is for increased uptake of those policies and clinical standards developed, at least in part, by nursing. Harris (2012) noted “when practice experience consists of constraint or inability to practice in congruence with one’s values, there is the potential for an outcome that moves the nurse away from a desire to learn about or become involved with policy” (p. 275).

The policy and clinical standard framework developed in this project was built with the consideration that those individuals using the framework to create organizational governance documents may not have any previous experience with policy formation, and that the associations between practice and policy such as values must be clearly outlined in order to engage all involved. The need for this framework and the project itself will be discussed next.

## **Project Description**

### **Project Purpose**

The purpose of this project was to design and develop a framework that defines the processes for development, approval, implementation and ongoing review/sustainability of policy and clinical standards (i.e. governance documents) for Mental Health and Substance Use (MHSU) – Adult Services within Island Health. Policy and clinical standard development, approval and implementation processes for Island Health and for MHSU required refinement and clarification due to a number of outdated documents and processes. In the past, a variety of groups such as the Regional Nurses Practice Council and MHSU Nursing Practice Committee (which are no longer in existence), specialty groups and specific working groups throughout Island Health and MHSU have all been involved in the development of policies and clinical standards to varying degrees. Approval and implementation processes have also been in transition due to organizational shifts and changes in the Island Health Quality Council structure and processes. In MHSU, recent critical incident investigations, risk assessment reviews and Accreditation assessment brought to light the need to establish standardized processes to support the development, approval, implementation and review of MHSU governance documents. To address the need for a standardized course of action, a framework was developed with the intent for its adoption as a process of continuous quality and safety improvement in MHSU.

## **Project Objectives**

As outlined above, a governance document development framework was needed to address the quality and safety issues arising from outdated processes in policy and clinical standard development. Three main objectives were outlined: 1) establish a baseline for MHSU policies and clinical standards; 2) develop a framework outlining the processes for policy and clinical standard development, approval, implementation, review and sustainability, including relevant tools and resources; and 3) develop a staff and physician engagement process embedded in the implementation stage of policy development in order to ensure sustainability of the framework. Clarity of the ongoing roles of the MHSU Quality Council, MHSU Leadership, physicians groups, staff and the MHSU Practice Resource Team in the policy and clinical standards development process was necessary, in order for the framework to be successful. A project charter was created and approved by the MHSU Executive Director, Director for Strategic Planning and the Manager of Education and Program Support, otherwise known as the Practice Resource Team on which I am an educator. The entire project took approximately one year to complete from April 2012 to May 2013. Implementation of the MHSU Policy and Clinical Standard Development Framework began in late summer/fall of 2013.

In order to complete the first objective, several steps were addressed. Step one was to outline the current development, approval, implementation and review processes for policies and clinical standards development within Island Health. The MHSU Policy and Clinical Standard Development Framework needed to align with the larger health authority process in order to ensure continuity across programs and the health continuum. Identifying the current Island Health policy development process included reviewing risk management practices as well as the procedures for the appropriate filing of approved policies and standards. The second step of

establishing the baseline was to construct an inventory of current policies and clinical standards within MHSU, with the intent to conduct an analysis of the inventory to determine the following: (a) what types of documents were being produced, (b) what documents were outdated or in draft, (c) how were documents currently being approved; and (d) duplication of documents which may require regionalization. Regionalization of documents refers to those documents that govern all program areas with MHSU. As well, a gap analysis consisting of a comparison of categories or themes of MHSU governance documents with Accreditation Canada Standards was carried out, to determine recommendations and next steps for policy and clinical standard development within MHSU. In the following section I will describe how the analysis was conducted and, as well, report on the results of the MHSU policy and clinical standards inventory.

### **Inventory Analysis**

An inventory request of all policies and clinical standards was made from 32 clinical program areas across MHSU; three acute inpatient programs, one tertiary facility, and 28 community programs. The same request was made of the two MHSU support programs; MHSU Business and Administrative Systems and MHSU Education and Program Support. The request was distributed electronically via email with an attached template for inserting the required information. This information included the titles of policies and any clinical standards being used within the MHSU clinical programs. Titles, not the actual documents, were requested as housing a large number of documents would have been problematic. The template had space for information regarding whether the document was approved or in draft, the date of implementation/review, the approval body (i.e. manager, Quality Council) as well as location, coordinator, manager and contact name for further information. A database entity relationship

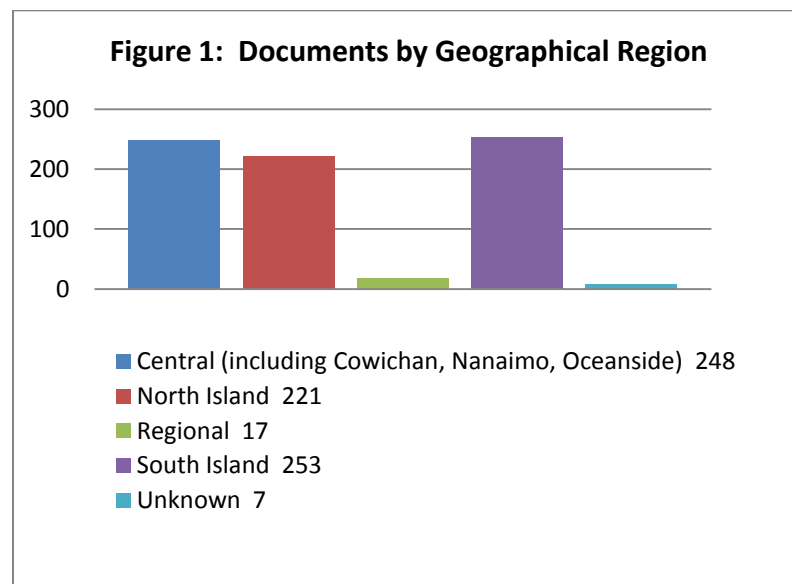
model (see Appendix C) was created as a foundation for developing a Microsoft Access database that would accommodate the inventory received. Queries were run within the Access database to assist with the analysis of the inventory, which was collected from May 2012 to September 2012 thereby allowing for more time to acquire results over the summer holiday season.

## **Results**

Inventories were received from 25 of the 32 clinical program areas that were contacted. The manager for four of the clinical program areas stated that they were without any inventory and there was no response from three clinical program areas despite a number of attempts to contact them. Of the two MHSU support programs, inventory was only received from Business and Administrative Systems, as the Education and Practice Support did not have any governance documents including work flow. Work flow documents (i.e. processes specific to local sites that are not transferrable between programs) were not originally requested; however, many were sent with the inventory. After examination of the work flow documents it was apparent that many of the documents received were not correctly categorized, due to a lack of knowledge regarding the different types of governance documents (i.e. policy, guideline, protocol, and procedure or work flow). Therefore it was decided to include work flow documents in the inventory, so as not to miss valuable information in the analysis and subsequent development of the framework.

A total of 746 governance documents were listed by the 25 clinical program areas, as well as the Business and Administrative Systems program. Figure 1 depicts the number of documents received geographically, while Figure 2 represents the number of governance documents per service area. As can be seen, the number of governance documents does not vary greatly geographically except for those that are regional (i.e. governance documents that span all

programs throughout MHSU). Seventeen documents were stated as being regional; however, many programs submitted the same regional documents. Therefore, the true number of regional documents was actually four. This was not changed in the Access database, as the common document analysis needed to include an examination of the documents being used in each service including the regional governance documents. Community programs in MHSU had almost three times the number of documents as the other program areas. One reason for this is the greater number of programs in community than in the other program areas.



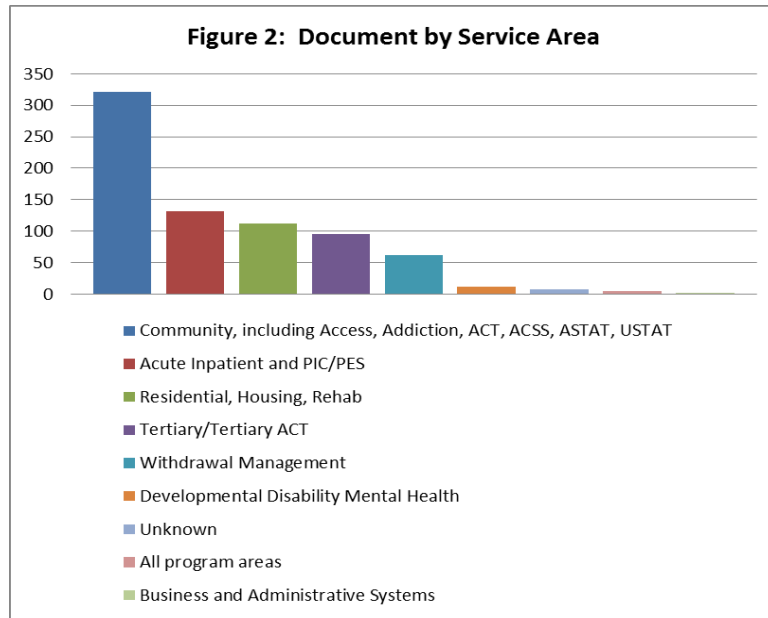
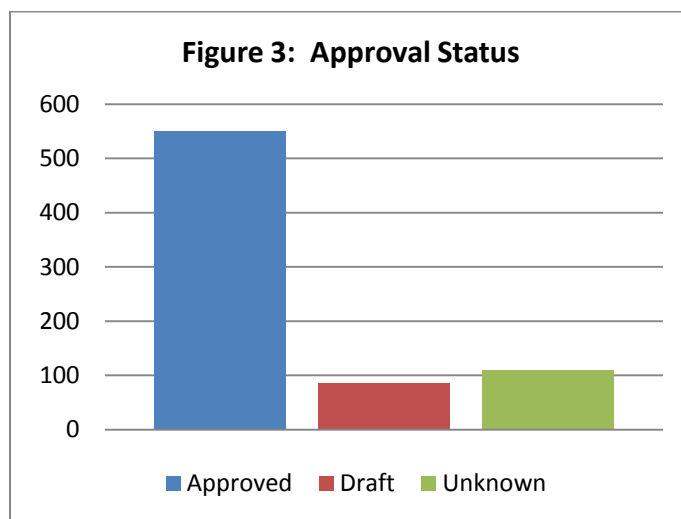
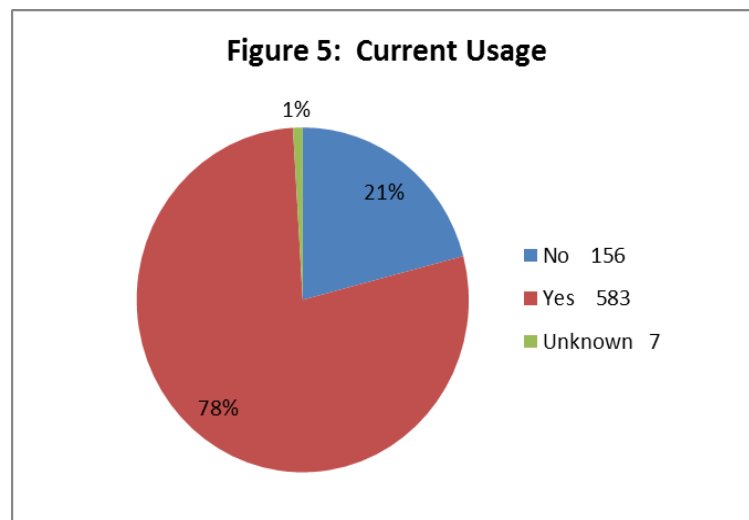
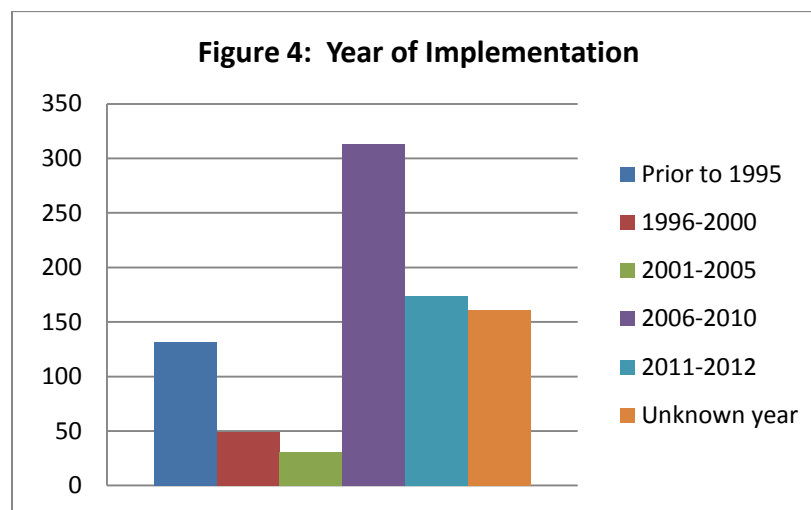


Figure 3 shows the number of documents that were either approved, still in draft or unknown. For those documents that were unknown, follow-up was made with the document contact person. In most cases, the contact person was unable to discover the status of the document due to maintenance of the document. Maintenance of governance documents refers to the information attached to a governance document such as the approval status, document author or what date the document was created. Many of the documents lacked this information.



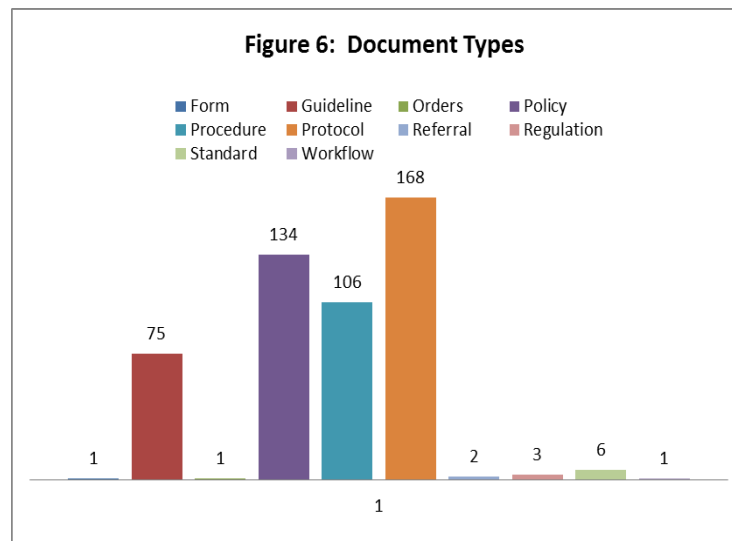
This is evidenced in Figure 4 which indicates how recently a document was implemented or reviewed. The majority of documents were two years or older at the time of the inventory analysis. Over 150 documents had an unknown implementation or review date. The lack of historical information and maintenance on these governance documents possibly contributed to the reduction in their use in practice, as witnessed in Figure 5 which illustrates the percentage of governance documents being used in practice.



Seventy-eight percent of the inventoried governance documents were reported as being used in practice, while twenty-one percent were not. As mentioned, the lack of maintenance of a

document may have contributed to this decrease in use of the document in practice; another reason could be that best practice had changed, but the document may not have been reviewed and updated to reflect the change in practice. As well, the fact that a document remained in draft form may have discouraged its use in practice.

Another important piece explored in the inventory analysis was the types of documents being developed in the various MHSU program areas. Figure 6 outlines the types of documents in the inventory. As can be seen, the top three were protocols, policies and procedures. When examining the titles of the various documents it became apparent that many of the documents that were labelled policy, procedure or protocol should have been labelled work flow, as the document was specific to the site and non-transferrable to other areas, as per the definition of work flow for this framework (see Appendix A). As well, according to the Island Health definitions for policy and procedure, a procedure should always be aligned with a policy (see Appendix B).



However, many of the procedures and policies from the program areas were independent of each other. From this information, it can be concluded that the definitions of the different types of governance documents are not clearly understood.

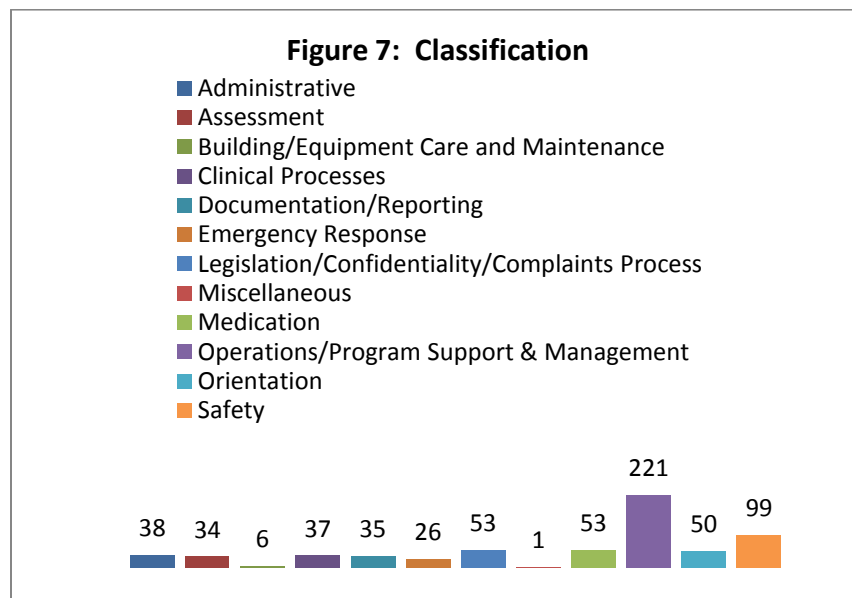
After analysing the above mentioned pieces of the inventory, it became apparent that the MHSU Policy and Clinical Standard framework needed to include clear, concise definitions of the types of governance documents and a well defined process for maintenance of documents such as implementation dates, document author(s), approval status and approving body. As well, the means of approval need to be understandable and accessible in order for documents to be approved and implemented in a timely manner. With a clear and precise framework, the hope is that more staff will partake in policy-making and greater uptake in the use of the governance documents. The next step of the inventory analysis was to undertake a gap analysis which will be discussed in more detail next.

### **Gap Analysis**

As mentioned in the purpose of the project, MHSU is committed to continuous quality and safety improvement, which includes not only development of necessary policies and clinical standards but also improvement of the governance document development process. Like many other health authorities throughout Canada, Island Health undergoes a rigorous accreditation process every three years via Accreditation Canada. The next accreditation cycle is underway with an accreditation tracer visit occurring in April 2014. MHSU, in preparation for accreditation, required knowledge of what policy and clinical standards were currently in place and which governance documents still needed to be developed. This was accomplished by completing a gap analysis of the MHSU inventory via comparison of the MHSU documents with Accreditation Canada Standards. Along with this, a second document analysis was completed to discover if documents common amongst several MHSU programs should be replaced with

regional governance documents; thereby, enhancing and streamlining quality and safety practices.

For the gap analysis, the first action was to organize the MHSU policy and clinical standard inventory thematically. This entailed finding common themes amongst the documents and classifying each theme into categories. Each document in the inventory was then coded according to those categories. Figure 7 depicts the classification and the number of documents



per category. Next, the categories and corresponding MHSU documents were compared with the Accreditation Canada Regional Organizational Practices (ROPs) and High Priority Standards Criteria (HPSC). MHSU will be using two sets of Accreditation Canada Standards; acute and tertiary (facility-based) areas will be using the *Mental Health Service Standards* while community programs will be using the *Community Based Mental Health Services and Support Standards*. Both set of standards can be found on the Accreditation Canada website for a fee. The inventory was compared with both sets of standards. Once the gap analysis and common document analysis was complete, results and recommendations for further work were outlined in

a table format, with specific recommendations alongside the Accreditation Canada ROPs and HPSC that were aligned with each category (see Appendix D).

Specific recommendations included documents that needed to be developed at a regional level, such as a MHSU policy on the transfer of client information from one service to another and a MHSU policy and guideline regarding client medication management by unregulated healthcare providers. Other recommendations included reviewing all current MHSU policies and clinical standards on violence prevention to ensure that they support the Island Health policies on violence prevention that were recently released. Recommendations were also made regarding orientation processes in MHSU. Legislative processes, such as reviewing the MHSU policy and procedure regarding assessment of capability for finance in order to meet provincial and legislative requirements, was also a suggestion along with a review of approved and unapproved leave/absences procedures which need to align with the Mental Health Act of BC legislation.

Along with the specific recommendations for each category, a number of general recommendations were made after review of the inventory analysis. The general recommendations were:

- at the next time of program review of governance documents, all current program and local level documents would follow the MHSU Policy and Clinical Standards Development Framework;
- while undergoing the review process, programs will ensure the use of the Island Health definitions for governance documents;
- wherever possible all documents will align with a MHSU program policy/procedure and/or with an Island Health policy/procedure; and
- all documents should be evidence based and support any appropriate legislation.

These general recommendations along with the specific recommendations were presented to the MHSU Quality Council. As of yet, there have been no decisions made regarding the recommendations, as the MHSU Quality Council is still formulating an overall MHSU Quality and Accountability Framework in which this draft governance document development framework will be embedded. The inventory analysis results, including the recommendations from the gap/common document analysis, assisted in the formulation of the policy and clinical standards framework. The development of the framework is discussed next.

### **MHSU Policy and Clinical Standard Framework**

As outlined at the start of this paper, the MHSU Policy and Clinical Standard Development Framework (see Appendix A for the complete draft framework) was required to follow the wider Island Health organizational policy and procedure development framework, which is under re-development and remains in draft at this time. Therefore, construction of the MHSU policy and clinical standard framework needed to take into consideration the changing Island Health process. The Island Health policy development and approval process, developed in 2006 and revised in 2008, utilizes a development lifecycle process which includes four steps: 1) initiation; 2) development and approval; 3) implementation and 4) review and archiving (VIHA Policy Framework, 2008, p. 9). The MHSU Policy and Clinical Standard Development Framework takes the four steps into consideration, but separates out a fifth step or stage. The five stages are 1) initiation and planning; 2) development; 3) approval and posting; 4) implementation and 5) review/evaluation and maintenance. After some consideration and review of the literature, it was determined that the development and approval stages should be separated

as each stage is complex in its own right. Separation of the development and approval stages allows for expansion and clarity of these two processes for the policy developer(s).

This model fits with a number of policy-making models such as the five stage process outlined by Collins and Patel (2009) which has policy developers cycle through: (1) a consultation stage; (2) an approval and development stage; (3) final approval stage; (4) dissemination and implementation stage; and finally (5) a 3 year review stage (p. 43). The framework also fits with the multi-step public policy development process outlined by Skelton-Green et al. (2014). There is an eight step policy cycle that has two distinct phases; “Getting to the Policy Agenda” and “Moving into Action,” where the first phase walks the policy developer(s) through planning and development via understanding of nursing values and beliefs as well as identification of the problem or issue. Information is then gathered through research and evidence which leads to public awareness of the issue and the proposed solutions in order to gain buy in. The second phase involves political engagement, interest group activation and adoption where the policy becomes a formal process to be implemented and continually evaluated.

This policy cycle and its various versions is one that is familiar to nurses, as it is very similar to the nursing process developed by Petro-Yura and Walsh (1978), APIE: Assessment, Planning, Implementation and Evaluation. If applied with a policy lens, assessment and planning occur in the first stage of the draft MHSU Policy and Clinical Standard Development Framework followed by the separation of the development and approval stages. This is accompanied by an implementation stage which circles back to assessment and planning via evaluation. Familiarity of APIE by nurses and its similarities to the policy development cycle will hopefully be less

intimidating and encourage nurses' involvement in policy formation. The five stages of the MHSU policy and clinical standards framework will be discussed in greater detail next.

### **Stage 1: Initiation and Planning**

During the initiation and planning stage, policy developers seek to understand what drives or indicates the need for a governance document. As Hewison (2008) outlines “a policy window opens when three streams – problems, proposals, and politics - come together. In other words, policy decisions are made when a problem is recognized, policy solutions are available, and the political conditions are right [Kingdon, 2003]” (p. 291). Recognizing the right conditions for change in an organization or program assists in the development and, in particular, the uptake of governance documents. Malone (2005) created a helpful framework for assessing the policy environment which was included in the reference section of the draft MHSU framework. A few of the points that Malone encourages policy developers to consider during the initiation and planning stage include examination of the issue at hand, possible solutions, who and how many are affected by the issue and what resources are available (p. 138).

Other steps within the initiation and planning stage include determining if there is an existing governance document that pertains to the issue and, if not, obtaining appropriate approval to move forward on the development and implementation of a governance document. In my report to the MHSU Quality Council, it was recommended that this first stage be expanded to include a work plan template. The template would outline the work needed to complete the governance document together with a plan for implementation and review/evaluation of the document. As stated by DePalma (2002) “it is essential that the nurse administrator or any policy maker has evidence of the scope of the problem or issue and an evidence based action

proposal that includes feasibility and measureable goals” (p. 57). I am awaiting a decision on the use of a work plan from the MHSU Quality Council.

The other important step before seeking initial approval is the review of the Island Health definitions of the different types of governance documents, in order to determine what type of document is required. Those definitions assist policy developers, such as nurses, to understand what policy is and how each type affects practice (i.e. policy is a must do, while guidelines are recommendations). Then, nurses are likely to have greater involvement in policy-making. The initiation and planning stage sets the groundwork for the rest of the policy formation process.

## **Stage 2: Development Stage**

### **Creation of working group.**

The development stage of the draft MHSU Policy and Clinical Standard Framework reviews the steps of forming a working group, gathering evidence to support and create the governance document, incorporating Island Health, MHSU and individual program values, and ensuring that there is alignment with the *British Columbia Health Quality Matrix* (BC Patient Safety & Quality Council, 2009). The first step is to determine if a working group is required to complete the development work. A series of questions are posed in the draft framework to assist the developer(s) in forming the working group, that is who should participate and how many? Too large or too small a group may slow down the development process. As well, careful consideration should be undertaken of whether various internal and external stakeholders need to be involved on a regular basis or just for review. An important aspect is that internal stakeholders should include the direct-care staff that will be utilizing the policy or clinical standard in practice. Involving direct care staff (i.e. nurses and other healthcare workers) in the

development process allows for not only buy in and up-take of the governance document and change in practice, but also greater understanding and involvement in future policy formation.

### **Gathering of evidence.**

Grounding a policy or clinical standard in an evidence based model is very important during this stage, as ultimately research and evidence should support the desired outcome (Skelton-Green, et al., 2014, p. 94). Definitions of various types of evidence are laid out at this point. Research-based evidence, theoretical evidence and non-research evidence are all outlined with reference to DePalma's (2002) hierarchy of evidence (p. 57). However, emphasis was placed on valuing the different types of evidence equally, due to criticisms regarding evidence based hierarchies. For example, Hewison (2008) argues that an evidence hierarchy "...may not be justified and in fact be misleading. It can result in too much focus being directed toward the quantitative aspects of clinical problems and may have a negative influence on the caregiver's role" (p. 289). Hewison goes on to suggest that the experience of the consumer and/or the practitioner may be missed and, therefore, evidence should include practice based knowledge and qualitative research (2008, p. 290). Dobrow, Goel and Upshur (2003) state "...evidence hierarchies lack their own evidence-base, imposing valuations and preferences that endeavor to constrain or limit the influence and impact of the full range of potential evidentiary sources on decision-making" (p. 208).

Governance documents that assist in decision making should focus on both evidence and context where context involves a practical-operational orientation (Dobrow, et al., 2003, p. 209). This focus combined with the concepts of research and knowledge utilization lead to evidence utilization where there is a broader spotlight on "the utilization of scientifically and non-scientifically produced information and knowledge in support of a decision" (Dobrow, et al.,

2003, p. 212). Research utilization is enhanced, according to Squires, Reay, Marolejo, LeFort, Hutchinson and Estabrooks (2012), when evidence includes three components: research, clinical experience, and patient preferences (p. 294). Therefore, the draft framework outlines various types of evidence, but does not place emphasis on one particular type of evidence over another. Further, Collins and Patel propose that, “authors recognize the balance between using policies and protocols to support and provide direction, while avoiding the perception of ‘issuing diktats’”. Achieving such a balance preserves flexibility and clinical freedom, which help to generate good patient care” (2009, p. 46). By incorporating all types of evidence and developing a range of governance documents including work flow, both staff and consumer experience are valued, thereby decreasing tension and providing balance as well as promoting interest and engagement with the governance document development process.

### **Quality improvement/values-based.**

A goal of the draft policy and clinical standards development framework is that it be incorporated into the quality and accountability framework for MHSU. As part of the continuous quality and improvement process within MHSU, the draft governance document framework must align with quality measures such as the *British Columbia Health Quality Matrix* (BC Patient Safety & Quality Council, 2009), which provides understanding of health care quality through the use of a number of dimensions of quality. Healthcare organizations may use the matrix to assist in strategic planning, quality improvement projects, program planning and evaluations by ensuring that governance documents take into account quality measures.

Incorporating all types of evidence, including quality measures and integrating the values of the organization, program, healthcare staff and consumer, assists in the production of good patient/client care as well as engaging healthcare staff in the policy making process. If one’s

values do not coincide with practice and the documents that govern practice, there will be a shifting away from involvement with policy development and the use of governance documents that are already in place. Thus the development stage includes review of Island Health, MHSU program and person-centred care mission and values to confirm that the document is values based. Once the development stage is complete, the next stage of the process is approval.

### **Stage 3: Approval**

The development stage and approval stage of the framework were separated to clearly delineate the processes for each, as final approval of a governance document does not always occur, as evidenced in the inventory analysis where just over 200 of the documents received were either in draft or the approval status was unknown. The approval process for governance documents in MHSU is still under development due to the ongoing work on the MHSU Quality and Accountability Framework; however, I have made recommendations within the governance framework for the MHSU Quality Council to take into consideration. Once decisions have been made by the MHSU Quality Council, I will add further instructions on the approval process to the draft MHSU Policy and Clinical Standards Development Framework.

Also included in this stage are instructions for posting and/or housing governance documents depending on the type and level of the document. This is a vital process that again tends to be overlooked. The recommendations for posting and housing documents will be completed once the MHSU Quality and Accountability framework is actualized. Healthcare providers need easy access to governance documents in order to support their practice. As well, when developing a governance document, the ability to find similar documents easily would assist in the development process as well as avoid unnecessary duplication.

**Stage 4: Implementation**

Implementation of policies and clinical standards is another area that appears to be neglected, at least in the writer's experience. Many times the only communication that occurs is a memo informing healthcare providers that there is a new governance document in place. There is often no discussion, education or follow-up after the governance document has been developed. Recognizing that this occurs in many health care settings, Collins and Patel (2009) suggest "policy launches, introduction arrangements to monitor compliance and the development of accompanying action plans help to translate policies into daily operational reality" (p. 46). The draft MHSU Policy and Clinical Standard Development Framework outlines a plan for communication, implementation, education and accountability within the implementation stage.

The other key piece to implementation, first introduced in the initiation and planning stage, was the concept of knowing the policy environment which includes recognizing the readiness for development and uptake of policies and clinical standards. As Skelton-Green, et al. describe "...policy development and implementation is all about change" (2014, p. 98) Understanding the policy environment and the change process will assist in the implementation process for governance documents. In my experience with policy implementation, this concept is not widely understood. Policies and clinical standards have been implemented with no thought to the policy environment or change process, which results in resistance to implementation of those documents and change in practice by healthcare staff. Facilitation and/or education can augment implementation and "can be viewed as the catalyst that sparks and guides the change process.... 'enabling the implementation of evidence into practice'" (Squires, et al., 2012, p. 296). The draft governance framework describes the role of facilitation/education

in the implementation process and offers suggestions on various resources with MHSU and Island Health.

### **Stage 5: Review/Evaluation and Maintenance**

Regular review and evaluation of policies and clinical standards is vital. “There is considerable risk that once enacted, policies will continue in place indefinitely, whether or not they are truly making a difference” (Skelton-Green, et al., 2014, p. 109). Evaluation of whether or not the policy implemented actually makes a difference in addressing the initial problem cannot be overemphasized. Especially, over time if policy is ineffective, changes may need to be made to maintain effectiveness. Collins and Patel state that the ways in which compliance will be monitored should be established at the time of policy approval (2009, p. 46). “Without this step, the prospects of effectively ‘closing the loop’ [by learning the lessons arising during the implementation stage and understanding the required policy refinements] gradually diminish and the opportunity to improve policy and practice is wasted” (Collins and Patel, 2009, p. 46).

For the draft MHSU Policy and Clinical Standard Development Framework, ongoing feedback/evaluation methods were initially made at the implementation stage. The fifth and final stage, review/evaluation and maintenance, continues the feedback process by including feedback from the staff using the governance documents, from leadership and from other invested stakeholders. Recommended review dates for the types of governance documents are outlined in the Island Health governance document definitions and the use of a tracking system is proposed in the MHSU draft framework. Finally, archiving of old documents is advised for legal purposes in this stage. All these pieces ensure that the governance documents developed remain current and effective.

### **Next Steps**

The draft MHSU Policy and Clinical Standard Development Framework was completed in May 2013 and presented along with a final report to the MHSU Quality Council for feedback and recommendations for next steps. Feedback has been limited; however, the recommendation at that time was for the framework to be piloted in a program area. Due to an identified need for a number of governance documents to be generated or reviewed in Psychiatric Emergency Services (PES) at the Royal Jubilee Hospital in Victoria, that program was chosen to pilot the draft framework. A PES unit council will be formed, which will include leadership and direct-care staff. Over the next few months, and after an orientation to the draft framework, the unit council will use the framework to develop and/or review a number of high priority governance documents. Feedback will be gathered from the unit council and appropriate stakeholders on the draft framework including (a) understanding of the framework (i.e. use of language and concepts), (b) ease of use of the framework (i.e. easy to follow), and (c) whether the steps outlined are feasible and accessible in a timely manner, as in the recommended approval process. Feedback/evaluation data gathered will be used to provide the MHSU Quality Council with a summary and recommendations for revisions of the draft MHSU Policy and Clinical Standard Development Framework, with the goal of its eventual adoption into the MHSU Quality and Accountability Framework.

A resources section which includes reference articles was added to the draft framework with the intention of providing additional information on policy development. Next steps will be to include any required resources identified during the feedback process, such as work plan templates, policy implementation checklists and examples of governance documents. As with any governance document, the MHSU Policy and Clinical Standard Development Framework is

also a “living” document that needs to be reviewed on a regular basis in order to provide current and relevant assistance in the development process.

### **Conclusion**

The need for nurse involvement and engagement in all aspects of policy formation is vital, not just from the perspective of advancing the nursing profession but to also enhance the practice environment and improve care for patients/clients. The hope is that creation of the MHSU Policy and Clinical Standard Development Framework will help to demystify the policy development process and assist in engaging nurses in the construction and use of healthcare organizational policies. However, further work and research are necessary with regard to the implementation stage of policy formation. As indicated in the implementation stage, this piece is not always carried out effectively. A broadened understanding of change processes and the links with policy implementation is essential for effective transformation to take place in the practice environment as set out by governance documents. Further research is needed regarding this stage. A start has been made through a recent Michael Smith Foundation for Health Research expression of interest request for researchers to investigate barriers to implementation of policies and clinical standards in healthcare, and recommendations for overcoming these barriers.

In addition to advancing understanding of the implementation stage of policy development, a closer examination of the role of education and educators in the translation of policy to practice is required. There is a need for both education pertaining to the production of policy and clinical standards and for education on a particular policy and/or clinical standards to assist in its implementation and continued use. Further research and review regarding education

and the role of educators in these processes may enhance knowledge and understanding of the policy development process, thereby leading to increased involvement of nurses in policy making and uptake of governance documents. The development of the draft MHSU Policy and Clinical Standard Development Framework is the first step in increasing nurses' understanding of policy formation and all its stages.

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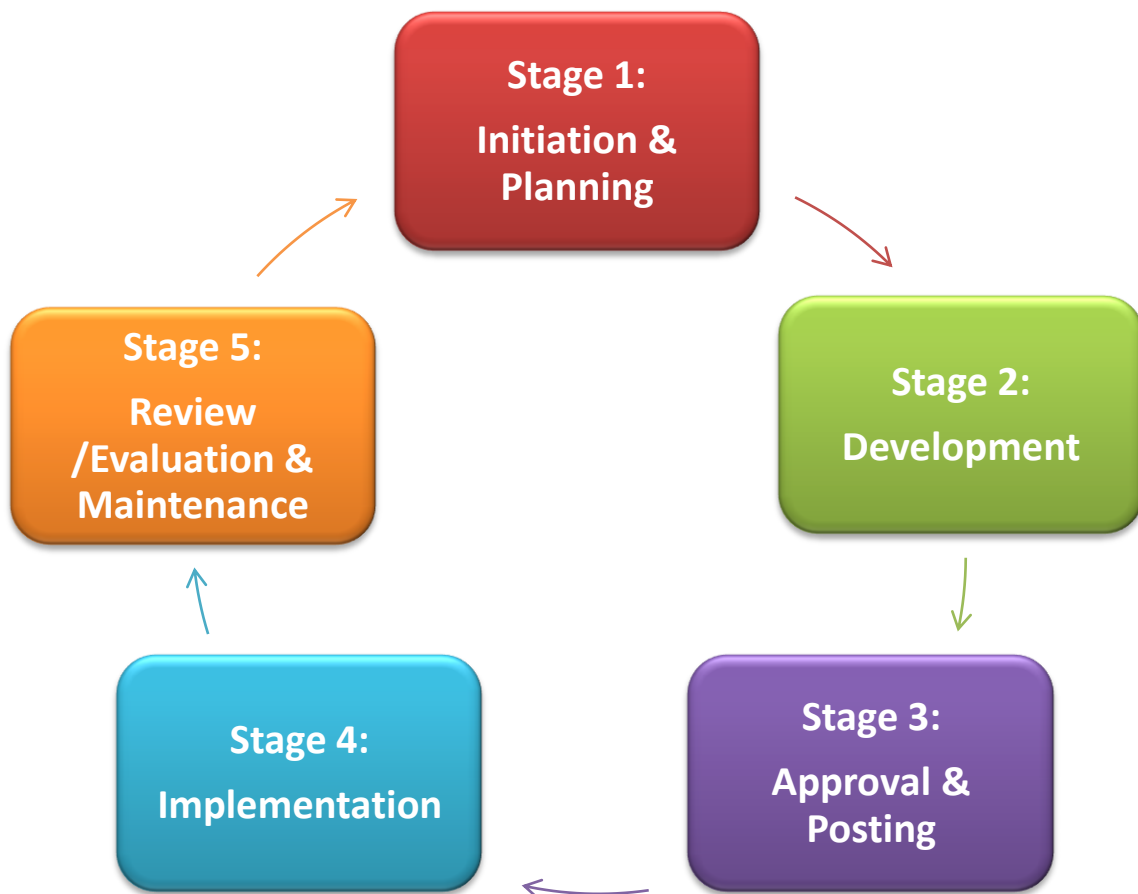
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*Appendix A*

## MHSU Policy and Clinical Standard Development Framework – Draft

There are 5 main stages in the MHSU Policy and Clinical Standard Development Framework as seen in the diagram below. Each stage has a number of steps contained within it and is described in the following Process Outline.



## Definitions:

### Benchmark:

To evaluate or check (something) by comparison with an established standard; to measure against a comparable or equivalent point of reference, esp. in order to assess performance or set performance standards (Oxford English Dictionary Online, 2013)

### Combined Quality Council (CQC):

The CQC is comprised of an Executive group, an Expert group, and an Advisory group, plus a Secretariat. It integrates organizational and medical quality, incorporating both physician and VIHA representatives. The CQC sets the direction and priorities for the Combined Quality System which is the structure for how quality is managed organizationally in VIHA (VIHA Strategic Quality Plan 2012-15, draft version 1.0)

### Mental Health and Substance Use (MHSU) Governance Documents:

Documents that govern all program areas within MHSU (i.e. MHSU Suicide Risk Management Guideline)

### Mental Health and Substance Use (MHSU) Local Level Governance Documents:

Documents that govern local MHSU program areas and/or specific MHSU sites (i.e. Levels of Observation Guideline for MHSU SI acute inpatient programs or Falls Risk Assessment for SI Withdrawal Management Services). Local level governance documents may include both work flow documents and non work flow documents. See definition for work flow documents.

### Work Flow Documents:



Documents that are very specific to site operations and where the information is non-transferrable to other areas (i.e. checklists, intake forms, specific processes such as snow removal)

Query: Should work flow definition also include being low risk/impact? This relates to if whether a work flow document is approved at the local level or at a higher level depending on the level of risk and impact (i.e. high risk/impact documents would be approved at a higher program level).

## STAGE 1: Initiation and Planning

Process (Steps)	Details and Resources
<p><b>1. Drivers/Triggers:</b></p> <p>What mechanism drives or indicates that there is a need for a governance document?</p>	<p>The following may drive/trigger the need for governance documents:</p> <ul style="list-style-type: none"> <li>• Processes such as Accreditation</li> <li>• Quality and safety improvement process</li> <li>• A practice or operations issue that a program or staff member(s) notes that indicates a need for governance documents at the program level, local site level or both</li> <li>• VIHA system wide initiatives or new policies may drive the need for governance documents at the program level and/or local site level</li> </ul>

	<p><b>Note:</b> Program or local level drivers may indicate the need for a VIHA system wide governance document. Development of a VIHA system wide document may be facilitated by the initiating program in conjunction with other impacted VIHA program areas. Guidance for this process may be provided by the Quality Research and Safety Governance Department.</p>
<p><b>2. Determine if a governance document already exists?</b></p> <p>a. Check the VIHA Policy and Procedure website, the MHSU Governance Documents site and Local Governance Documents (i.e. work flow documents – see Definitions) site for existing or relevant documents</p>	<p><b>VIHA Policy and Procedure Website:</b>  <a href="https://intranet.viha.ca/PNP/Pages/default.aspx">https://intranet.viha.ca/PNP/Pages/default.aspx</a></p> <p>Contains VIHA system wide and individual program level documents. All MHSU program level governance documents (i.e. policies and clinical standards that span MHSU regionally) must be placed on the VIHA Policy and Procedure website under MHSU).</p> <p><b>MHSU Local Level Governance Documents (non work flow documents):</b></p> <p>➤ <b>Recommendation:</b> place MHSU local level governance documents that are not work flow (see definition at the end of this document) either on the MHSU website or create a SharePoint (possibly the MHSU Leadership SharePoint for managers and coordinators) for ease of accessibility</p> <p><b>MHSU Local Level Governance Documents (work flow documents):</b></p> <p>➤ <b>Recommendation:</b> MHSU local level sites create shared drives to house work flow documents</p>
<p><b>3. Review definitions from “VIHA Creating Clinical Policies and Procedures webpage” to determine what type of document is required.</b></p> <p><b>Note:</b> If the document is a site specific work flow (see definition at the bottom of this document) skip to step 5</p>	<p><b>VIHA Creating Clinical Policies and Procedures:</b>  <a href="https://intranet.viha.ca/pnp/Pages/clinicaltools.aspx">https://intranet.viha.ca/pnp/Pages/clinicaltools.aspx</a></p> <p><b>Definition for Work Flow:</b>  See Definitions at the top of this document</p> <p><b>Query:</b> Should work flow definition also include being low risk/impact? This relates to whether a work flow document is approved at the local level or at a higher level depending on the level of risk and impact (i.e. high risk/impact documents would be approved at a higher program level).</p>
<p><b>4. Complete and submit the VIHA Policies and Procedures Development Intake form on the VIHA Policy and Procedure website</b></p>	<p><b>VIHA Creating Clinical Policies and Procedures:</b>  <a href="https://intranet.viha.ca/pnp/Pages/clinicaltools.aspx">https://intranet.viha.ca/pnp/Pages/clinicaltools.aspx</a></p> <p>Once intake form is submitted, an email response will be sent with all the templates necessary to assist in the development of governance documents.</p>

<p><b>5. Obtain approval from the MHSU Quality Council or delegate body to initiate document (if applicable) using the Governance Document Approval Form which was included in the VIHA Policy and Procedure intake submission response.</b></p> <ul style="list-style-type: none"> <li>• Approval is from the MHSU Quality Council or delegate (i.e. quality sub-committee(s) or local leadership)</li> <li>• Governance documents that affect more than MHSU and/or is high impact/risk may need to go to the Combined Quality Council for approval</li> </ul> <p><i>Note: this is the section is still in draft (i.e. VIHA Governance Document Matrix – sections for Scope, Accountability, and Responsibilities are in draft)</i></p>	<p><b>Governance Document Approval Form:</b> See intake submission response email</p> <p><b>Query:</b> Would the approval body (i.e. MHSU Quality Council or delegate) prefer a work plan to also be submitted which outlines the development process to be taken or keep the process streamlined, and just use the governance document approval form?</p> <p>➤ <b>Recommendation:</b> Work plan be used as it would cover all the steps to be followed in the framework (i.e. feedback/evaluation data collection, date of review and who will review, maintenance and archiving information). The information from the work plan could be housed in the local level governance document location (see step 2) for tracking purposes by the MHSU Quality Council or delegate.</p> <p>Examples from the old VIHA Clinical Standards Toolkit:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               clinical-standard-work-plan.doc         </div> <div style="text-align: center;">               clinical-standard-modified-work-plan.doc         </div> </div>
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**STAGE 2: Development**

Process (Steps)	Details and Resources
<p>1. Is a working group needed to complete development work?</p>	<p>If a working group is required consider the following questions:</p> <ul style="list-style-type: none"> <li>• Who needs to be on the working group (i.e. internal and external stakeholders such as internal: representation from leadership, direct care, other program areas, content experts and external: consumers, union, ministries, WorkSafeBC)?</li> <li>• Do all stakeholders need to be on the working group at the start of development or only during certain processes such as the review of the draft prior to approval</li> <li>• Balance between right membership and size of membership in order to move forward work in a timely, efficient and cost effective manner (i.e. having too large of a group which can slow down process versus a smaller group with the right knowledge content)?</li> <li>• The stakeholder analysis template listed below in step 6 is a useful tool when deciding on stakeholder/membership.</li> </ul>
<p>2. Gather evidence to support governance document</p>	<p><b>Suggestions for evidence exploration (i.e. types of evidence):</b></p> <ul style="list-style-type: none"> <li>• <i>Research-Based Evidence:</i> this may include review of well-designed controlled studies, experimental and quasi experimental studies, observational studies and qualitative studies</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Theoretical Evidence:</i> propositions that may be based on empirical knowledge such as those mentioned above or propositions that are untested</li> <li>• <i>Nonresearch Evidence:</i> <ul style="list-style-type: none"> <li>○ Standards of care (i.e. local, national and/or international)</li> <li>○ Benchmarking data</li> <li>○ Systematic chart review data</li> <li>○ Systematic case reports</li> <li>○ Clinical observations</li> <li>○ Regulatory or legal opinions</li> <li>○ Other health authorities policies and clinical standards (DePalma, J.A. p. 57)</li> </ul> </li> </ul> <p><b>VIHA Library Services:</b>  <a href="http://www.viha.ca/library/">http://www.viha.ca/library/</a></p> <ul style="list-style-type: none"> <li>• Library services include literature search requests, library catalogue and journal searches and book /article requests</li> </ul>
<p>3. Ensure that VIHA, MHSU and individual program values, philosophies and mission statements (i.e. values-based governance such as person-centred care) have been incorporated into the document</p>	<p><b>VIHA Living Our Values Intranet Site:</b>  <a href="https://intranet.viha.ca/values/Pages/default.aspx">https://intranet.viha.ca/values/Pages/default.aspx</a></p> <p><b>MHSU Intranet Site:</b>  <a href="https://intranet.viha.ca/departments/mhas/Pages/default.aspx">https://intranet.viha.ca/departments/mhas/Pages/default.aspx</a></p> <p><b>MHSU Internet (Public) Site:</b>  <a href="http://www.viha.ca/mhas/">http://www.viha.ca/mhas/</a></p>
<p>4. Ensure that the governance document aligns with the BC Health Quality Matrix?</p>	<p><b>BC Health Quality Matrix (BC Patient Safety &amp; Quality Council)</b>  <a href="http://bcpsqc.ca/blog/knowledge/bc-health-quality-matrix/">http://bcpsqc.ca/blog/knowledge/bc-health-quality-matrix/</a></p> <ul style="list-style-type: none"> <li>• The BC Health Quality Matrix is a customized framework for BC that can be used for strategic planning, quality improvement program planning, measurement and evaluation</li> <li>• The matrix assesses quality from an individual, population and system wide perspective</li> <li>• Use of the BC Health Quality Matrix can assist in continuous quality improvement processes such as governance document development for quality issues</li> </ul>
<p>5. Create the draft document using the appropriate template provided in the VIHA Policy and Procedure intake submission response</p>	<p><b>Clinical Policy Template:</b>  See intake submission response email</p> <p><b>Clinical Procedure, Guideline or Protocol Template:</b>  See intake submission response email</p>

6. Confirm that the document has been reviewed by all necessary stakeholders	<b>Stakeholder Analysis Template (if applicable):</b> <u>Stakeholder Analysis Template</u>
<b>STAGE 3: Approval</b>	
<b>Process (Steps)</b>	<b>Details and Resources</b>
<p><b>1. Obtain final approval from Executive Sponsor or Quality Council using the Governance Document Approval Form which was included in the VIHA Policy and Procedure intake submission response.</b></p> <ul style="list-style-type: none"> <li>a. Approval is from the MHSU Quality Council or delegate (i.e. quality sub-committee(s) or local leadership)</li> <li>b. Governance documents that affect more than MHSU program and/or is high impact/risk may need to go to the Combined Quality Council for approval</li> </ul> <p><i>Note: see note in step 5 of Stage 1: Initiation and Planning</i></p>	<p><b>Governance Document Approval Form:</b> See intake submission response email</p>
<p><b>2. For documents other than local site specific work flows, format document for publishing</b> (information also included in VIHA policy and procedure intake submission response)</p>	<p><b>Formatting Your Document for Approval:</b> <a href="https://intranet.viha.ca/pnp/Documents/completing-document-properties.pdf">https://intranet.viha.ca/pnp/Documents/completing-document-properties.pdf</a></p>
<p><b>3. Submission for Posting:</b></p> <ul style="list-style-type: none"> <li>• Determine if governance document is to be posted to one or more of the following: <ul style="list-style-type: none"> <li>○ VIHA Policy and Procedure website</li> <li>○ MHSU program website or SharePoint</li> <li>○ MHSU local level shared drive</li> </ul> </li> </ul>	<p><b>Process for posting:</b></p> <ul style="list-style-type: none"> <li>• All MHSU program governance documents (i.e. affecting all areas of MHSU) and <b>high impact/risk</b> will be posted to the VIHA Policy and Procedure website (<i>please note that this site will be becoming public</i>)</li> <li>• Submit for posting to <b>VIHA Policies and Procedures Email Policies and Procedures Administrator</b></li> <li>• All MHSU local level governance documents will be housed on MHSU website or SharePoint</li> <li>• All MHSU local level, site specific work flows will be housed and maintained on local shared drives</li> </ul>

STAGE 4: Implementation	
Process (Steps)	Details and Resources
<p><b>1. Communication:</b></p> <ul style="list-style-type: none"> <li>• Communication or dissemination of governance document to the appropriate services</li> </ul>	<p><b>Communication Suggestions:</b></p> <ul style="list-style-type: none"> <li>• MHSU communications email</li> <li>• Local level newsletters</li> <li>• Staff meetings</li> <li>• Communication book</li> </ul>
<p><b>2. Implementation:</b></p> <ul style="list-style-type: none"> <li>• Is there an education component required for implementation</li> <li>• Accountability re: implementation and uptake of governance document</li> </ul>	<p>➤ <b>Recommendation:</b> work plan or section of MHSU governance approval form to include the communication and implementation plan including any necessary education (see Stage 1 work plan examples - #4 under Implementation)</p> <p><b>Implementation:</b></p> <ul style="list-style-type: none"> <li>• Education if necessary</li> <li>• Add to orientation processes for new staff if appropriate</li> </ul> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>• Is there an education component required in order to successfully implement the governance document? If yes, than who will develop and facilitate the education (i.e. is the education at a local level or if across MHSU is the Practice Resource Team the appropriate team to guide the translation of the governance document into practice and/or provide the education component)?</li> <li>• Other educational resources may include Professional Practice, Multimedia and IM/IT</li> </ul> <p><b>Accountability:</b></p> <ul style="list-style-type: none"> <li>• Leadership supervision and staff accountability for bringing governance document into practice are necessary for successful uptake and change</li> </ul>
<p><b>3. Ongoing Feedback/Evaluation</b></p> <ul style="list-style-type: none"> <li>• Includes feedback mechanisms and evaluation criteria re: the use of governance document and the issue to which the governance document is pertaining</li> <li>• Who will collect the feedback/evaluation data</li> </ul>	<p><b>Feedback Mechanisms:</b></p> <ul style="list-style-type: none"> <li>• Methods for ongoing feedback may include: <ul style="list-style-type: none"> <li>○ the SharePoint site or Shared Drive where document is located have a section to gather feedback/data for each document and/or</li> <li>○ a hard copy communication tool such as a notebook/binder is available for staff to enter feedback</li> <li>○ discussions at staff meetings and feedback gathered in the minutes</li> </ul> </li> </ul>

needs to be clearly outlined and incorporated at the implementation stage	
<b>STAGE 5: Review/Evaluation and Maintenance</b>	
<b>Process (Steps)</b>	<b>Details and Resources</b>
<b>1. Maintenance:</b> <ul style="list-style-type: none"> <li>• Maintenance involves tracking of governance documents including monitoring review timelines</li> </ul>	<p>➤ <b>Recommendation:</b> As mentioned earlier the information from the work plan could be housed in the local level governance document location for tracking purposes by the MHSU Quality Council or delegate.</p>
<b>2. Review/Evaluation:</b> <ol style="list-style-type: none"> <li>a. Refer to VIHA Policy and Procedure definitions page for minimal review period</li> <li>b. All steps in the framework are to be completed for either a new document or a review/revision of a document</li> <li>c. Review process: <ul style="list-style-type: none"> <li>○ Does working group need to be re-established for review process?</li> </ul> </li> <li>d. Gather feedback/evaluation data</li> <li>e. Follow process outlined in Stage 2: Development</li> </ol>	<p><b>VIHA Governance Document Definitions:</b>  <a href="https://intranet.viha.ca/pnp/Documents/vihadocumentdefinitions.pdf">https://intranet.viha.ca/pnp/Documents/vihadocumentdefinitions.pdf</a></p> <p><b>Evaluation/Feedback</b></p> <ul style="list-style-type: none"> <li>➤ Review any evaluation data that was gathered</li> <li>➤ Review feedback from leadership/staff/stakeholders that utilize the governance document (i.e. ongoing feedback as suggested in step 3 of Implementation Stage)</li> <li>➤ Other feedback methods may be used such as surveys and focus groups</li> </ul>
<b>3. Archiving:</b> <ol style="list-style-type: none"> <li>a. Follow steps outlined in Approval Stage for the posting of the reviewed/revise governance document</li> <li>b. Old/outdated documents are to be archived for legal purposes</li> </ol>	

### Resource Articles:

Collins, S., & Patel, S. (2009). Development of clinical policies and guidelines in acute settings. *Nursing Standard (Royal College of Nursing (Great Britain))* : 1987, 23(27), 42-47.

DePalma, J. A. (2002). Proposing an evidence-based policy process. *Nursing Administration Quarterly*, 26(4), 55-61.

Dobrow, M. J., Goel, V., & Upshur, R. E. G. (2004). Evidence-based health policy: Context and utilisation. *Social Science & Medicine (1982)*, 58(1), 207-217.

Harris, B. A. (2012). Conceptualizing policy as environment: Raising awareness of practice implications. *Nursing Science Quarterly*, 25(3), 273-278.

Malone, R. E., & Malone, R. E. (2005). Assessing the policy environment. *Policy, Politics & Nursing Practice*, 6(2), 135; 135-143; 143.

Squires, J. E., Reay, T., Moralejo, D., Lefort, S. M., Hutchinson, A. M., & Estabrooks, C. A. (2012). Designing strategies to implement research-based policies and procedures: A set of recommendations for nurse leaders based on the PARIHS framework. *The Journal of Nursing Administration*, 42(5), 293-297.

## References:

DePalma, J. A. (2002). Proposing an evidence-based policy process. *Nursing Administration Quarterly*, 26(4), 55-61.

*Oxford English Dictionary* (2000). [Oxford, Eng.]: Oxford University Press. Electronic Resource – retrieved May 2013.

*Appendix B*

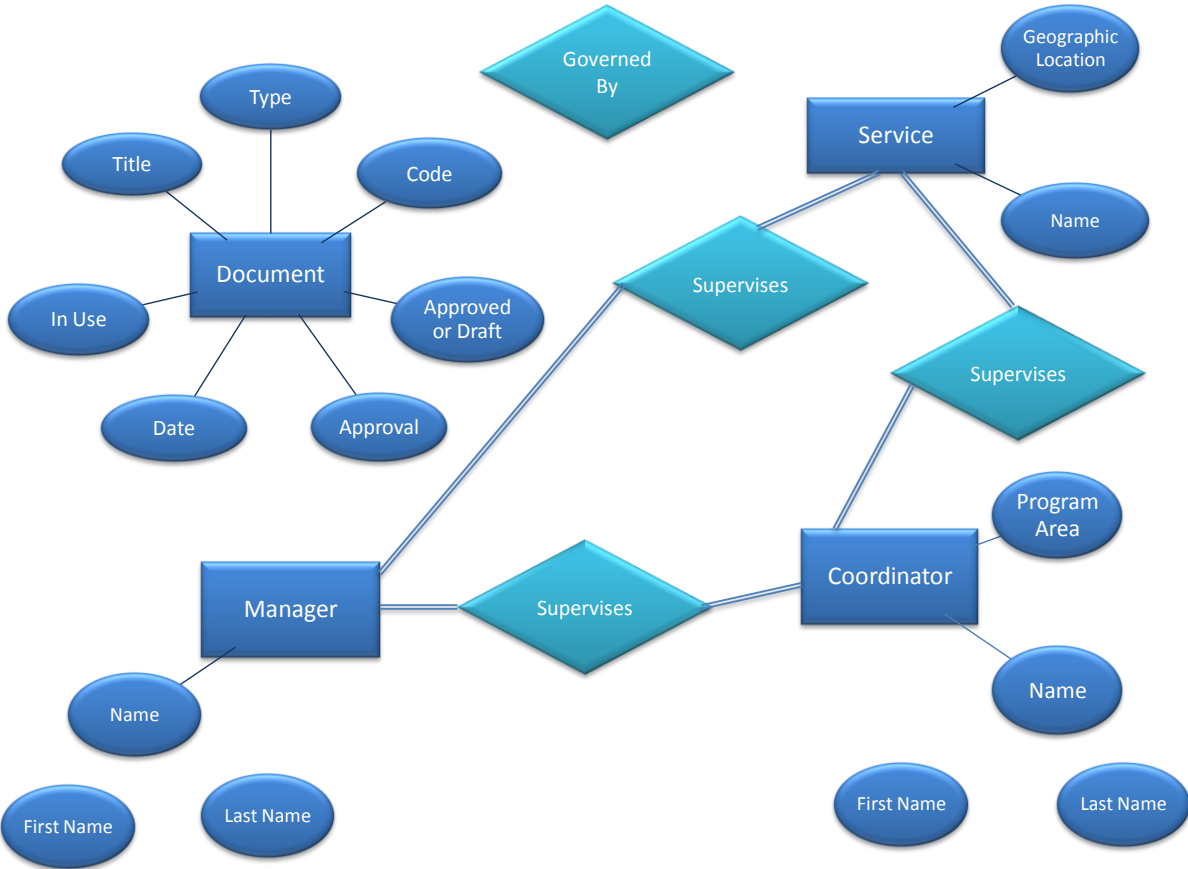
## Island Health Governance Document Definitions (under revision)

<b>Document type</b>	<b>Definition</b>	<b>Minimal Review Period</b>
Bylaw	A law, regulation or rule adopted by the organization to fulfill legislative requirements.	n/a
Professional Code of Conduct	A set of rules outlining the responsibilities and expected practices of a person who is a member of a particular professional group. E.g., Medical Staff Rules	n/a
Policy	Clear, concise, non-negotiable, formal statements directing decision-making. Typically answer the question of 'what' must be done by prescribing limits, assigning responsibilities and accountabilities. Physicians and staff members are required to comply with Policies.	3 yrs
Procedure	A specified sequence of actions undertaken to achieve the desired outcomes of an overarching Policy. Typically answer the question of 'how' something is to be done. Every Procedure must be related to a Policy.	3 yrs
Standard Operating Procedures (SOP)	A document providing the details for a given procedure so that is repeated correctly each time with no operator-variability.	varies
Protocol	A set of required steps to be followed in a study, investigation, or patient care intervention. Focus on process, assessment, intervention and evaluation and dealing with issues requiring professional judgment and decision-making.	3 yrs
Guideline	A suggested course of action for care of the typical patient in the typical situation that affords the health care provider with the capacity to utilize their own professional judgment in complying with the provisions. Identify the range of considerations to assist decision-making.	3 yrs
Decision support tools	Elements incorporated into processes that are designed to improve their safety and efficiency. Two specific subsets of decision support tools include: 1) clinical decision support tools, such as Clinical Order Sets; and 2) electronic decision-support tools built into data systems that enable access and analysis of information to guide decision-making.	n/a

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Appendix C

Relationship Entity Model



*Appendix D*

## Gap Analysis Specific Recommendations

Classification	Related Community-Based ROPs & HPSC (#s)	Related Mental Health ROPs & HPSC	Recommendations (from common document analysis and ROP/HPSC analysis)
<b>AD:</b> Administrative	<ul style="list-style-type: none"> <li>• 15.0, 15.2, 15.5</li> <li>• 18.0, 18.1, 18.2</li> </ul>	<ul style="list-style-type: none"> <li>• 13.0, 13.2, 13.5</li> <li>• 15.0, 15.1, 15.3</li> </ul>	<ul style="list-style-type: none"> <li>➤ Development of MHSU policy on transfer of information and incorporate Accreditation Canada “firm handshake” info if appropriate</li> <li>➤ High security (sequestered) files - is this high risk/impact issue and therefore needs MHSU policy or guideline?</li> <li>➤ Is MHSU policy framework enough for policy and standards development and review; or does there need to be an actual MHSU policy as well as the MHSU process?</li> </ul>
<b>AS:</b> Assessment	<ul style="list-style-type: none"> <li>• 11.0, 11.1, 11.3</li> <li>• 9.0, 9.1, 9.7 (ROP)</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 7.0, 7.1, 7.4, 7.5 (ROP), 7.6</li> <li>• 10.0, 10.1, 10.2 (ROP), 10.3, 10.6, 10.8</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ MHSU policy and procedure needed for Levels of Observation with site specific guidelines/protocols aligning with MHSU policy</li> <li>➤ MHSU: <i>Suicide Risk Management in Mental Health and Addiction Services Guideline (10.4.2G)</i>, does not roll up to an overarching VIHA or MHSU program policy – does there need to be a MHSU policy or MHSU become driver for VIHA policy?</li> <li>➤ No recommendations for MHSU: <i>Falls Prevention Guideline for Mental Health and Addiction Services (10.4.3G)</i> as it was revised April 2013 and is alignment with VIHA policy</li> <li>➤ MHSU local level: need site</li> </ul>

			specific documents processing two client identifiers which align with VIHA policies
<b>CP: Clinical Processes</b>	<ul style="list-style-type: none"> <li>• 12.0, 12.4 (ROP), 12.5</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 11.0, 11.1, 11.2</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ Medical emergencies on MHAS sites - will this fit into MHSU Quality Council request of a guideline for emergency response for family, visitors on VIHA sites? If so, guideline needs to be developed (SI Residential and Housing has a site specific guideline that can be redeveloped into a MHSU program guideline)</li> <li>➤ Is a MHSU program guideline needed for electroconvulsive therapy? It is a clinical process that has education/procedure outline already and there is a VIHA brochure available. Possibly keep this at the MHSU local level?</li> </ul>
<b>DO: Documentation</b>	<ul style="list-style-type: none"> <li>• 15.0, 15.2, 15.5</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 3.0, 3.3</li> <li>• 13.0, 13.2, 13.5</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ A MHSU policy is needed for the Clinical Profile and possibly for progress notes; sites can develop own guidelines, etc. that align with MHSU policy for additional support</li> </ul>
<b>ER: Emergency Response</b>	<ul style="list-style-type: none"> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 2.0, 2.7</li> <li>• 5.0, 5.4, 5.5</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ No specific recommendations</li> </ul>
<b>LE: Legislation/Confidentiality/Complaints Process</b>	<ul style="list-style-type: none"> <li>• 7.0, 7.6, 7.9, 7.10, 7.11</li> </ul>	<ul style="list-style-type: none"> <li>• 8.0, 8.2, 8.3, 8.4, 8.7, 8.8, 8.9, 8.10</li> <li>• 7.6</li> </ul>	<ul style="list-style-type: none"> <li>➤ MHSU policy and procedure are needed regarding: <ul style="list-style-type: none"> <li>○ Approved leaves/passes</li> <li>○ Unapproved leaves/passes (both need to include assessment procedures prior to leave and upon return)</li> <li>○ Missing patient</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Note: MHSU local level documents need to align with MHSU program policy and MHSU program policy needs to align with VIHA policies and procedures (only missing patient is available at VIHA level)</li> <li>➤ MHSU Assessment of Capability (Finance) guideline may be needed and needs to align with VIHA policy</li> <li>➤ No recommendations for MHSU: <i>Providing Rights Information to Patients Admitted for Involuntary Treatment under the Mental Health Act (10.4.1)</i> as it has been revised in September 2013 and is currently undergoing legal review. E-learning available on LMS.</li> </ul>
<b>MR: Medication</b>	<ul style="list-style-type: none"> <li>• 12.0, 12.4 (ROP), 12.5</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 11.0, 11.1, 11.2</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ Metabolic monitoring – is a MHSU policy needed for site specific documents to roll up to as it is a clinical process?</li> <li>➤ MHSU policy and/or procedure regarding medication administration and monitoring needed. MHSU local level documents should be in alignment with program policy/procedure (working group being already being formed)</li> <li>➤ MHSU program and/or local level need procedure re: Best Possible Medication History (work in progress on this procedure at a program level by the Practice Resource Team and VIHA policy in development)</li> </ul>
<b>OP: Operations</b>	<ul style="list-style-type: none"> <li>• 11.0, 11.1, 11.3</li> <li>• 12.0, 12.4 (ROP), 12.5</li> <li>• 14.0, 14.4 (ROP)</li> </ul>	<ul style="list-style-type: none"> <li>• 3.0, 3.3</li> <li>• 7.0, 7.1, 7.4, 7.5 (ROP), 7.6</li> <li>• 11.0, 11.1, 11.2</li> <li>• 12.0, 12.5 (ROP)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Re: bed bugs – is there a need for a MHSU program guideline or procedure? Site specific should be aligned with VIHA info.</li> <li>➤ MHSU does not have any program policies; regarding</li> </ul>

	<ul style="list-style-type: none"> <li>• 15.0, 15.2, 15.5</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 13.0, 13.2, 13.5</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<p>admission, discharge and transfers. However, not sure if this is needed as this topic is very site specific. Possible option is a broad policy directing the process to the sites and aligning this with Accreditation Canada Standards.</p> <ul style="list-style-type: none"> <li>➤ Again, MHSU does not have any program policies regarding intake and referral processes; however, can have similar option to admission, discharge and transfer possibly combining the two areas.             <ul style="list-style-type: none"> <li>• Note: for the two previous points there is no specific VIHA policy; therefore, may need MHSU policy in absence of VIHA policy so that the local level documents have something to align to.</li> </ul> </li> </ul>
<p><b>OR:</b> Orientation</p>		<ul style="list-style-type: none"> <li>• 4.0, 4.2, 4.4 (ROP)</li> </ul>	<ul style="list-style-type: none"> <li>➤ MHSU local level documents need to be individualized for the site; however, is there a need for a MHSU policy regarding core competencies and orientation/education processes or the other option is for delegation of orientation to local level.</li> <li>➤ Incorporated into local level documents will be education and orientation processes ensuring that staff are aware of safety regulations and policies on work place safety (some education already in place such as Provincial Violence Prevention Curriculum).</li> <li>➤ Does there need to be a specific MHSU policy /procedure regarding infusion pump training (ROP 4.4)? Options could be to embed into orientation/ongoing competency program policy or ensure that processes to cover infusion pump training is</li> </ul>

			occurring at the local level (i.e. Professional Practice is redeveloping South Island Nursing Orientation to include a variety of skills training such as IVs. Leadership to ensure that staff keep updated on skills by attending training).
<b>SA: Safety</b>	<ul style="list-style-type: none"> <li>• 12.0, 12.4 (ROP), 12.5</li> <li>• 17.0, 17.1, 17.5, 17.7 (ROP), 17.8, 17.9, 17.10</li> </ul>	<ul style="list-style-type: none"> <li>• 2.0, 2.7</li> <li>• 5.0, 5.4, 5.5</li> <li>• 11.0, 11.1, 11.2</li> <li>• 16.0, 16.1, 16.2, 16.3, 16.4, 16.5 (ROP), 16.6, 16.7 (ROP), 16.8, 16.9, 16.10</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review all MHSU program and local level documents regarding safety (i.e. risk assessment, restraints, working alone, transporting clients) to ensure alignment with recently released and in progress VIHA policies and procedures (Violence Prevention Task Force documents)</li> <li>➤ MHSU: <i>Violence Risk Management</i> – in draft. Does it need to be revised to align with VIHA in progress policy or should site specific documents roll up directly to VIHA policy?</li> </ul>