What is a Controlled Document?

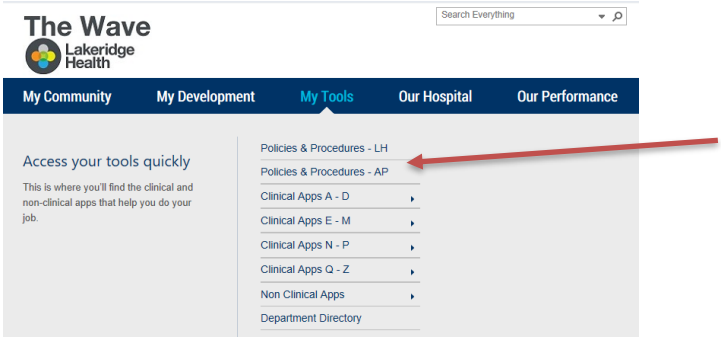
A controlled document is a formal reference document which outlines and establishes organizational practices that are used to guide actions and decision making. Because the documents direct the actions and practice of LH Colleagues, it is important to 'control' the documents to ensure they are kept current, reflect best practice and that only one version, the most current document, is accessible. It is also important to maintain a version history of any changes made to the document in the event that the practice must be referenced for legal purposes at a later date.

What kinds of controlled documents does Lakeridge Health have?

There are many types of documents created by Lakeridge Health for many different purposes. However, only certain documents have been designated with the status of a 'controlled document' including:

Care Pathway	Clinical Form	Delegated Controlled Act
Guideline	Medical Directive	Order Set
Patient Care Standard	Policy and/or Procedure	Protocol

Where do I find Lakeridge Health Controlled Documents?



Lakeridge Health controlled documents are electronic documents that are found on the LH Intranet under the My Tools tab.

Controlled documents are stored only in this location on the Intranet to allow for special system features that provide for the necessary controls mentioned above.

Who should know about and use LH Controlled Documents?

Anyone who works at Lakeridge Health should be aware of controlled documents – what they are and where to find them. Granted not all controlled documents apply to everyone depending on their role, there are many documents that apply to all LH Colleagues including staff, privileged staff (e.g. physicians, nurse practitioners), students, volunteers, and contractors. Manuals such as Human Resources, Occupational Health and Safety and Infection Control are a few examples of manuals that contain controlled documents that apply to all LH Colleagues. Other manuals would pertain to specific roles, disciplines, programs, departments or service areas.

How can I learn more about the types of LH controlled documents and how to develop one?

- Refer to the Controlled Document Development, Implementation and Management Policy and Procedures, for definitions of all LH controlled document types, expectations and processes for developing a controlled document.
- Refer to the Development section of the toolkit for detailed instructions on how to develop a particular type of controlled document (e.g. a medical directive or a policy/procedure).

Confirm the Need for a Controlled Document

Before even starting down the road of developing or revising a controlled document it is important to confirm the reason or need for the document. Why?

Determining if a controlled document is the right solution and the right type of controlled document depends on understanding the underlying need. Without this you run the risk of developing a document that doesn't meet the intended need.

Developing a controlled document also takes time and resources. In addition, once it is created there is a requirement to continue to monitor and evaluate its effectiveness and ensure it is kept up to date with best practice. All the more reason to ensure a controlled document is the appropriate tool to fit the need.

So, before getting started it is best to determine:

1. If a controlled document is actually the right solution to meet the need
2. Which controlled document type will achieve the desired purpose/objectives.

How do I confirm the need for a controlled document?

Conducting a needs assessment is really just about asking some key questions to ensure there is a valid reason for creating a controlled document. While there is no single one question that will confirm the need, the next page provides a number of key questions that should be answered prior to launching into the development or revision of an LH Controlled Document. These may not be the only questions to ask, but they will definitely get you started on your needs assessment. Consider these questions in consultation with your team, workgroup, Document Sponsor/Owner Group and/or those who will ultimately need to use the document.

Is a Controlled Document Necessary?

When a need first arises to create or revise a controlled document that is the perfect time to spend a few minutes to confirm that a controlled document is actually the right solution to meet the need. Consider the following questions:

What is driving the need?

Externally Driven Need	Internally Driven Need
Examples Legislated act, Regulations, Accreditation, Contractual Requirements, Professional College requirements, Governmental Agency.	*Examples* Ensure safety of everyone, minimize risk to patients and the organization, improve operational performance, define expectations for LH Colleagues/Patients/ Visitors, clarify roles, responsibilities and accountabilities.

If you answer N/A to all of the above, again ask: why is the document needed? Consider that this may be a case where something other than a controlled document may be needed to meet the identified need.

Additional Questions to Ask

Externally Driven Need	Internally Driven Need
• If there is an external driver, do you understand the minimum requirements to be met? This may show that a controlled document is not actually needed but that another approach may be possible/preferred.	• If there is an internal driver, do you clearly understand the problem or gap in practice? • Is there evidence that a controlled document will help resolve the problem/create improvement? Consider what other organizations are doing. • Are there other ways to resolve the problem other than a controlled document (e.g. a job aide, tool, checklist, education, communication)? • Does creating a document increase risk? • If a document is implemented, will compliance be possible? Will it be possible to detect non-compliance? • Are there externally documented references and/or professional standards that meet the need?

- Are there existing documents in place that cover the required needs?
- Can an existing document be revised to meet the need rather than creating another separate document?
- Have all appropriate leadership and other subject matter experts been consulted regarding the need for a document? Do they agree that a document is needed?

Now that you have invested time and thought in confirming the need to develop or revise your controlled document, you are prepared to move on to other steps in the development and approval process such as:
- Choosing the right document type to meet the need
- Completing the charter section of the tracking form

Checkout other sections of the Controlled Document Toolkit for additional information on these subjects.

Selecting the Right Controlled Document Type

Determining the right controlled document type depends on a thorough understanding of the need for the document and the objective for creating it. Without this you run the risk of developing a document that doesn't meet the intended need.

Equipped with an understanding of the need and the basic objectives for each document type will help you to pinpoint the best document type to meet your need(s).

Sometimes even a combination of documents is required to meet the defined need. For example, a policy and procedure that works in conjunction with an associated order set.

Check out the chart on the next few pages – it provides you with a quick reference of all controlled document types including:

- The target audience (i.e. clinical or non-clinical)
- The primary objective or need met by the document type
- When to use each document type

Document Type	Target Audience	Primary Objective	When to Use this document type?
Care Pathway	Clinical	To provide a standardized patient care plan that will help to guide patient care management, to ensure achievement of patient outcomes.	▪ When the patient population is well defined and care is consistent from one patient to another ▪ When standardized treatment goals for various phases of care (e.g. acute, stabilization, discharge) have been identified (e.g. Quality Based Procedures) ▪ When treatment goals are not being achieved despite the initial ordering of appropriate treatments
Clinical Form	Clinical	To gather patient specific clinical data for a specific purpose.	▪ When patient-specific information (e.g. vitals) is collected in a specific way for the purposes of monitoring, auditing and/or improving care ▪ When a referral form is required to be faxed to an external location ▪ As a primary documentation form for areas not using electronic documentation that will become part of the patient record ▪ As a Downtime Form for clinical documentation
Delegated Controlled Act	Clinical	To enable a health care provider (HCP), not authorized under the Regulated Health Professions Act (RHPA), to perform a particular controlled act.	▪ When an employee has the knowledge, skill and judgment to perform a controlled act that they are not authorized by the RHPA to perform and a decision is made that performing this act independently would improve patient care ▪ The required controlled act IS NOT part of the HCPs scope of practice and requires a delegation from another HCP who is authorized by the RHPA, in order to perform the controlled act ▪ There are one or more HCPs who are comfortable receiving the delegation and one or more HCPs comfortable delegating the controlled act ▪ When the controlled act can be easily delegated and there are no other legislation preventing the delegation (e.g. prescribing narcotics) ▪ E.g. delegation of oxygen administration from the Physiotherapists to Occupational Therapists
Guideline	Clinical or Non-Clinical	To provide recommendations to guide decision making and/or provide recommended paths, steps based on the situation, but still allow flexibility and room to apply professional knowledge, skill and judgment.	▪ When the expectations of staff are not mandatory but direction is required for practice/decision making; content provides recommendations only i.e. compliance is not mandatory ▪ It is acceptable for actions/decisions to vary depending on the situation and the professional's application of knowledge, skill and judgment

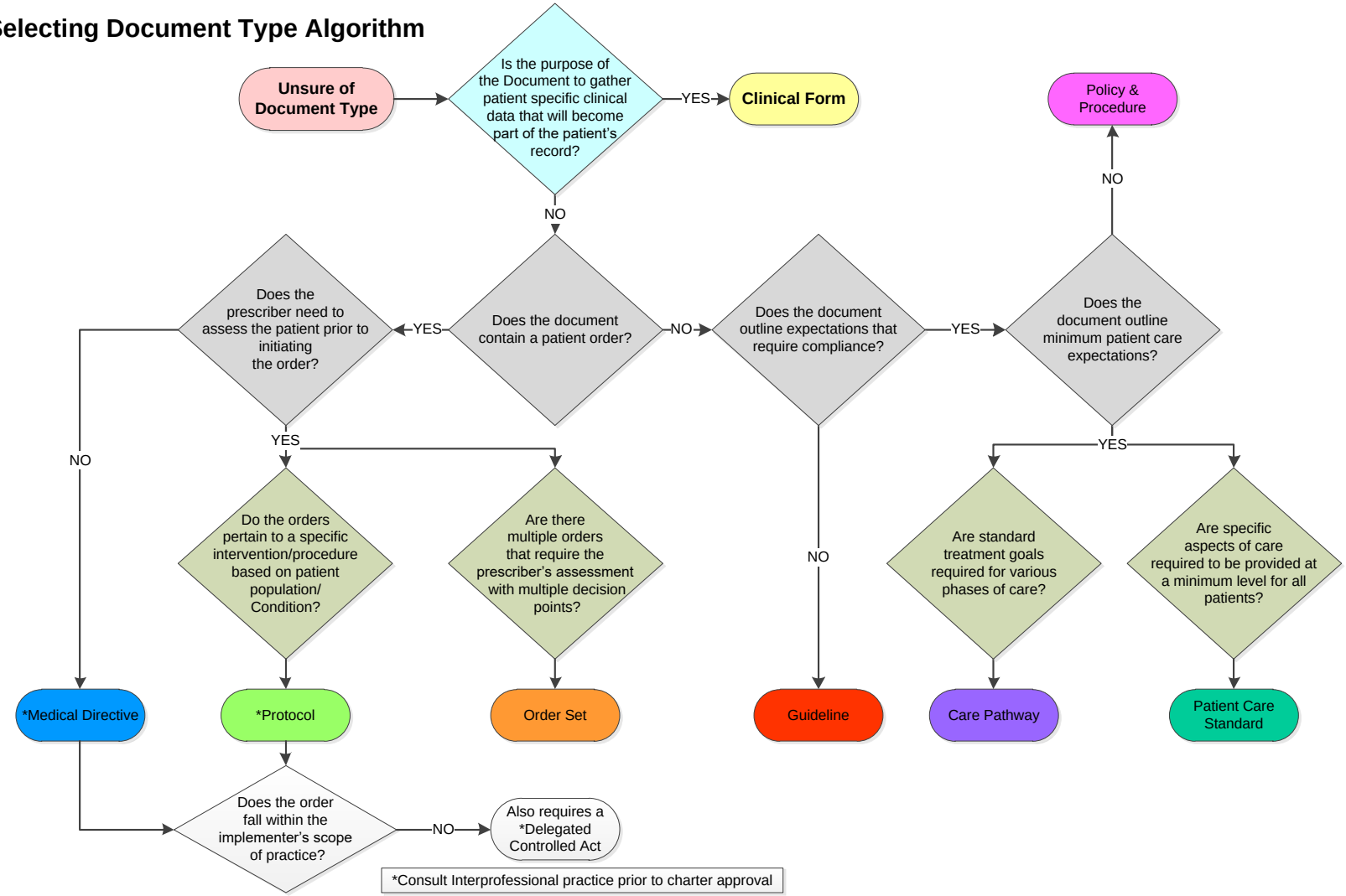
Document Type	Target Audience	Primary Objective	When to Use this document type?
Medical Directive	Clinical	To provide a written order, prescription or intervention that will allow implementation by an authorized healthcare professional, without an authorized prescriber's presence at the time of implementation. They are a strategy to provide timely, effective and efficient patient care, but should be chosen with caution and only when there is no other avenue via another document type such as a protocol or order set.	▪ Well defined patient group/population. ▪ Ability to be implemented safely without direct assessment by the authorizing prescriber ▪ Possible to define specific indications and contraindications for implementing the directive ▪ Well defined Authorized Prescribers Group who is willing to provide annual sign-off, authorizing the implementation by another HCP group
Order Set	Clinical	To provide authorized prescribers with a set of standardized, evidence based, best practice orders.	▪ When care of a patient type or condition is standardized or has minimal variability ▪ When an opportunity is identified to improve care of a patient type or condition by presenting 'best practice' options to the prescriber
Patient Care Standard	Clinical	To provide clear direction on the minimum level of care all patients are to receive. They provide a means to direct and evaluate the quality of care delivered and are a tool to promote consistency of care among care providers. Patient Care Standards do not replace the Regulatory/Professional expectations of individual Health Professions to deliver optimal care. Patient Care Standards and Professional Standards of Practice work together to ensure quality patient care.	▪ When a specific aspect of care must be provided at a minimum level for all patients ▪ There is an expectation of compliance with the patient care standards (i.e. compliance is not optional) ▪ E.g. Mobility, Vital Signs

Document Type	Target Audience	Primary Objective	When to Use this document type?
Policy & Procedure	Clinical and Non-Clinical	Policy: provides clear, formal, authoritative statements and expectations on ***what*** must be done. Procedure: outlines the expected steps or sequence of ***how*** something must be done. Policy or procedures can each be created as standalone documents, but usually there are elements of both, in which case they are created in one policy & procedure document.	Content to be relayed: ▪ Are requirements ▪ Compliance is mandatory ▪ Actions/decisions do not vary depending upon the situation ▪ No allowance for flexibility in what is done or how For clinical content, consider using a Patient Care Standard
Protocol	Clinical	To provide an efficient way to communicate a set of orders, prescription or treatment plan for a patient following an assessment by an authorized prescriber	▪ Well defined patient population ▪ Specific order, prescription or treatment plan is consistent for every patient ▪ When a treatment plan involves numerous or complex steps but is consistent for every patient

Still Can't Decide?

Sometimes a decision-making algorithm can help pull it all together.

Selecting Document Type Algorithm



Hopefully you have an idea in mind of the right document type to fit your needs. Don't forget to engage others in this important decision before moving forward with development. This can save you time in the long run. If you are considering developing a Medical Directive, Protocol or Delegated Controlled Act, be sure to connect with Interprofessional Practice before you get underway. To learn more details about developing each of the specific document types (e.g. formatting etc.) check out the Development Section of the Controlled Document Toolkit.

Who is the Most Appropriate Document Sponsor/Owner Group?

Occasions may arise when identification of Document Sponsor/Owner Group is unclear due to the scope of the document (i.e. the document impacts multiple programs, sites and/or several disciplines). Examples: Pet Visitation, Restraints, Patient Transportation, Visiting Hours

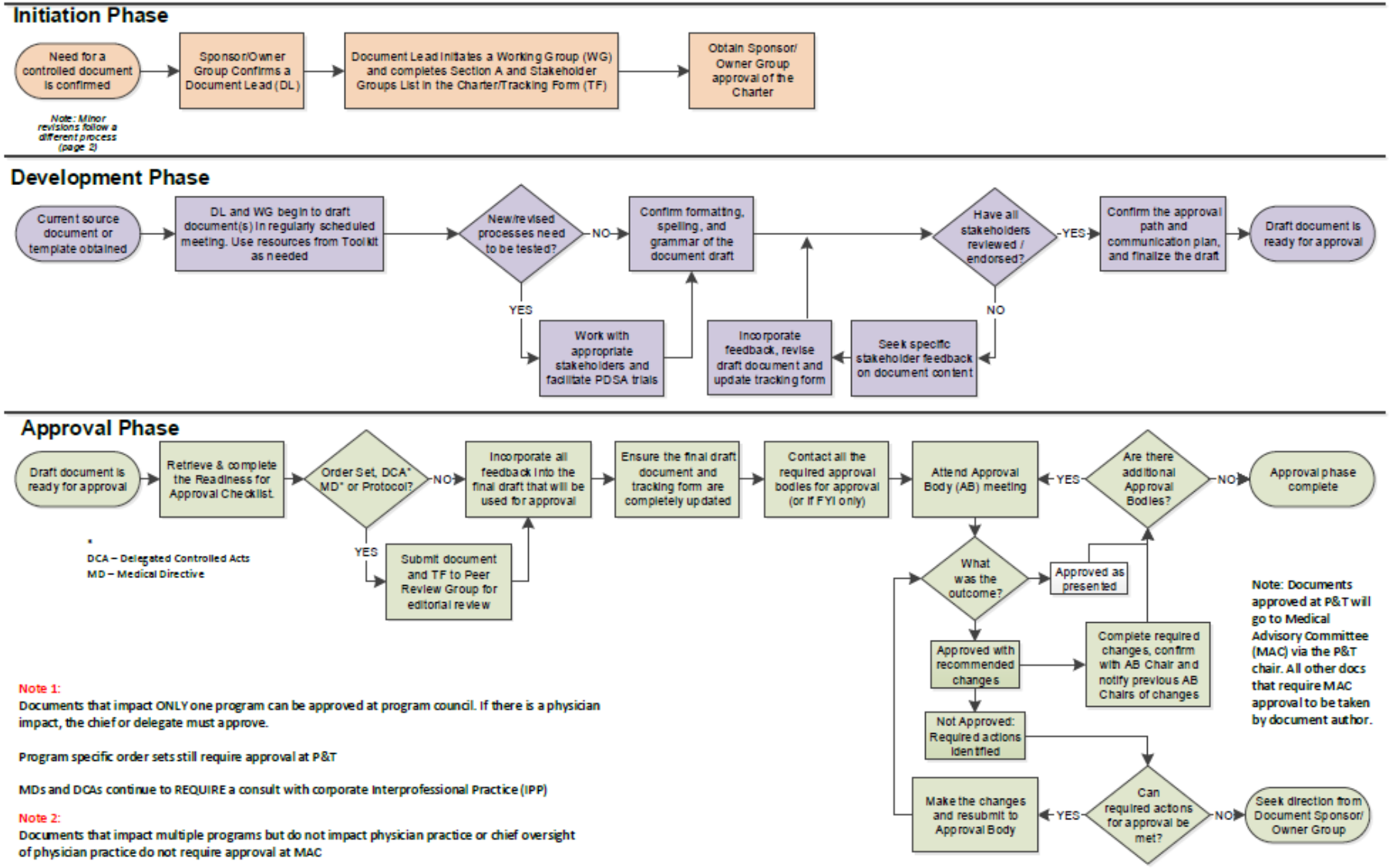
When a document with an interdepartmental/interdisciplinary scope is identified, the following steps will help guide the identification of the most appropriate Document Sponsor/Owner Group

1. Director presents the document need to the Director Group (All or Clinical as appropriate) to:
   a. Confirm the need (i.e. to move forward with a commitment of time and resources)
   b. Discuss/negotiate the most appropriate Document Sponsor/Owner Group

2. Once identified, the Document Sponsor/Owner follows the roles, responsibilities and processes outlined in the *Controlled Document Development, Implementation and Management Policy and Procedures*.

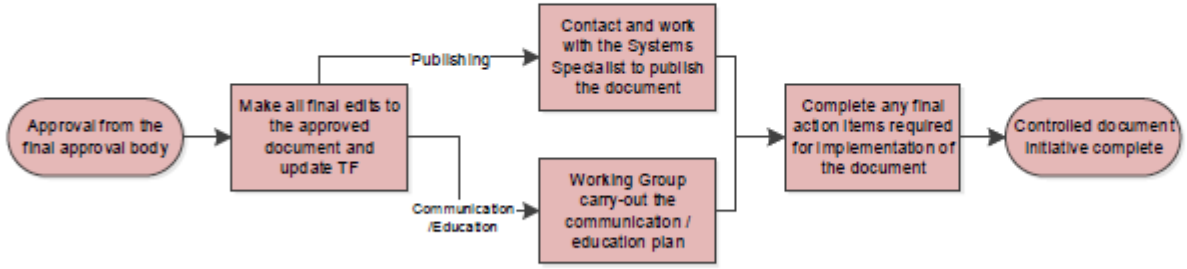
Note: A program may be identified as the Document Sponsor/Owner Group and will be responsible for identifying the Lead for the document but will require development collaboration from an ‘interdisciplinary/interdepartmental’ working group with representatives (subject matter experts) from multiple programs/departments.

Controlled Documents Process Map



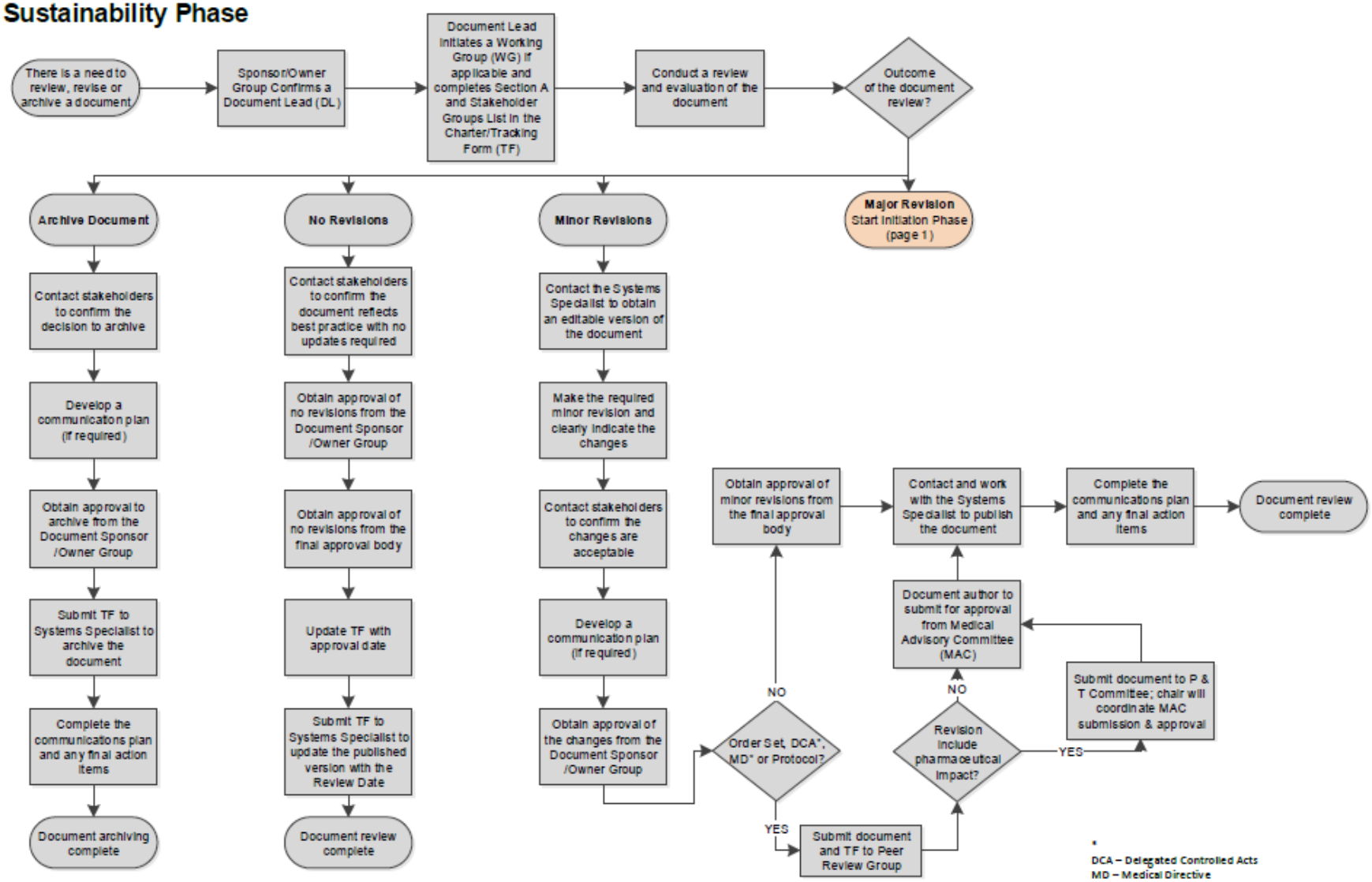
Controlled Documents Process Map

Implementation Phase



Controlled Documents Process Map

Sustainability Phase



Controlled Documents Process Checklist

Initiation Phase: 1-6 weeks

- Document Sponsor/Owner Group confirms Needs Assessment is met and initiates a Lead. Record the Title, Lead, Sponsor/ Owner Group and initiated Date on the Tracking Form.
- Draft Section A of the Tracking Form (Charter).
- If charter support is required, contact a member of the Quality, Improvement and Risk department.
- Identify the Impact Assessment and Scope of Impact.
- Identify Working Group Members. When possible, ensure Stakeholder Groups are represented on Working Groups.
- Confirm Stakeholder Groups that are required to be engaged. Refer to Appendix B of Policy. Use stakeholder identification tools as required (i.e.: stakeholder analysis and SIPOC)
- Complete Section E of the Tracking Form; identify the Document Types and linkages that are included. Indicate any documents that need to be archived
- Pre-populate Section B, C, and E of tracking form as best as possible with input from the Working Group
- Review and seek approval of the Tracking Form from the Sponsor/Owner Group (Section A and E completed, Section B, C and D pre-populated)
- Consult with or include Interprofessional Practice as a stakeholder early in the process if the document is a Protocol, Medical Directive or Delegated Controlled Act.

Development Phase: 0-3 months

- For revisions, obtain the current source document in an editable format. Get this from the Document Management Specialist (DMS) or the Clinical Forms Liaison (CFL)
- Obtain the current template from the WAVE
- Working Group members draft the document. Use appropriate formatting provided within the template
- Seek and incorporate stakeholder feedback
- As required, conduct trials and/or PDSAs to confirm workability and feasibility
- Confirm that the implementation plan aligns with stakeholder needs with input of stakeholders as required. Update the Tracking Form Section C
- Confirm the approval path with input of Working Group, stakeholders and the Sponsor/Owner Group. Utilize Appendix C of Policy to confirm criteria for approval.
- Update all components of the Tracking Form
- Complete the Controlled Document Readiness for Approval Checklist
- Finalize document and indicate the Working Group approval date on Section D of the Tracking Form
- Send the document and Tracking Form to the Sponsor/Owner Group for approval and incorporate any feedback
- If the document is an order set, Medical Directive, Delegated Controlled Act or a Protocol, send the document to the Standardized Care Peer Review Group for editorial review and incorporate any feedback

Approval Phase: 1-2 months

- Ensure Section D on the Tracking Form is complete and indicates whether each approval body listed is Required, FYI Only or Not Applicable
- Submit the document and Tracking Form to the first listed approval body (using contact info from the Approval Body Summary) and present as required
- Following the meeting, indicate the committee's by changing the Approval Body Action, as appropriate, and enter the date
- Incorporate any required amendments, with the input of the Working Group and/or Owner/Sponsor Group into the document. If any changes require additional stakeholder input, obtain this prior to submitting to the next approval body.
- Submit the document (revised, if needed) with the updated Tracking Form to the next approval body, incorporating any required amendments as above. Notify previous approval bodies of any subsequent changes required as an FYI
- When formal meeting minutes and / or approvals have been emailed on the approval, archive the results as evidence that approval was granted (save the email if it is requested prior to publishing or for future reference)
- Continue to submit to each approval body until final approval has been obtained.

Implementation Phase: 0-3 months

- Ensure the Tracking Form includes approval/review dates
- Complete Tracking Form Section F: Document Publishing indicating the correct title of the document, the appropriate Manual and the appropriate Section of that manual
- Ensure readiness of any associated resources
- Finalize document formatting
- Forward the final/approved document & Tracking Form to the Document Management Specialist (DMS) and/or Clinical Forms Liaison (CFL) for clinical forms. If the final approval body is the Medical Advisory Committee (MAC), the MAC Executive Assistant will email the approved document and tracking form back to the document lead copying in the DMS and the CFL (if appropriate)
- Ensure that the implementation plans occur and complete Tracking Form Section C
- Partner with Document Management Specialist/Clinical Forms Liaison to ensure that all related outdated documents are archived
- Await email confirmation from Document Management Specialist/Clinical Forms Liaison to confirm publishing

Charter (Tracking Form) Development Tips

Section A of the Tracking Form (the charter) is used to identify who will be involved in the revision or creation process and identify the impact. Here are a few tips on how to complete the charter and record the appropriate information into the tracking form:

Getting Started:

- Obtain the "Tracking Form Instructional Guide" document from the Controlled Document Toolkit as a guide for do's and don'ts when filling out your charter.
- Consider obtaining other tracking form examples from other Document Leads.
- Ensure you are using the most current template from the WAVE.
- If you require a brief consultation session on how to "charter", consider contacting any member from the Quality, Improvement and Risk Management department.

Working Group Members and Roles:

- Consider having a core working group. Groups larger than 8 are generally discouraged as logistically they are difficult to manage.
- Identify specific working group members aligned to key stakeholder groups. This will minimize the amount of stakeholder engagement as in many cases working group members can engage on behalf of stakeholder groups.
- Clinicians and physicians should be clearly identified if they are required.
- Interprofessional Practice must be included as a team member if the document is a protocol, medical directive or delegated controlled act.
- Consider identifying specific "ad hoc" team members who are not required for regular working group meetings but are required for developing specific sections of the document. Ad hoc team members may be difficult to schedule time with or access for feedback but are important in engaging and helping to champion the document.
- Make sure all working groups members (including ad hoc) understand their responsibilities and what their expectations are.

Impact Assessment:

- Many things affect the success of any initiative. If you anticipate that barriers will prevent a successful document implementation, list the strategies required to overcome them.
- Some questions to consider:
  1. Are there costs associated with training, communication, or implementing?
  2. Is it going to be difficult to engage with all members of your working group? If so, how will you overcome this?
  3. Are there specific stakeholder groups that you anticipate will not be in favour of the change? If so, how do you plan to manage the change?
  4. Is there a sense of urgency to implement the document quickly? If so, how do you plan to ensure all stakeholders are engaged in such a tight timeline OR risks of not engaging with all stakeholders is communicated?
  5. Are there other priorities going on that might compete with this work?

Section B is used to identify who will be involved as stakeholders in the process

Stakeholder Group(s) Identification:

- Stakeholder groups are generally identified by role and program/department. eg:
  - Nurses (Emergency, Medicine, Surgery)
  - Physicians (sections of Urology, General Surgery, Plastics, Orthopedics)
  - All LH Colleagues (staff, privileged staff, volunteers, students, contractors)
  - Managers (all LH programs/departments)
- When first identifying stakeholders, consider people who will be directly involved in the procedure or are part of the process.
- Consider what impact the change will make on the operations of other hospital services. As an example, if a new admission policy is expected to impact the volumes of patient transportation requests, then “Environmental Services” will be a stakeholder group.
- Consider listing stakeholders from administrative/support departments (e.g. IPAC, Risk Management, Occupational Health & Safety, etc.) if you require their expertise.
- The use of S.I.P.O.C. (Suppliers, Inputs, Process, Outputs, Customers) can help in completing a comprehensive stakeholder assessment if it is required. You can find the template and an instruction on how to use this by clicking HERE. If you require assistance, please contact a member of the Quality, Improvement and Risk Management department.

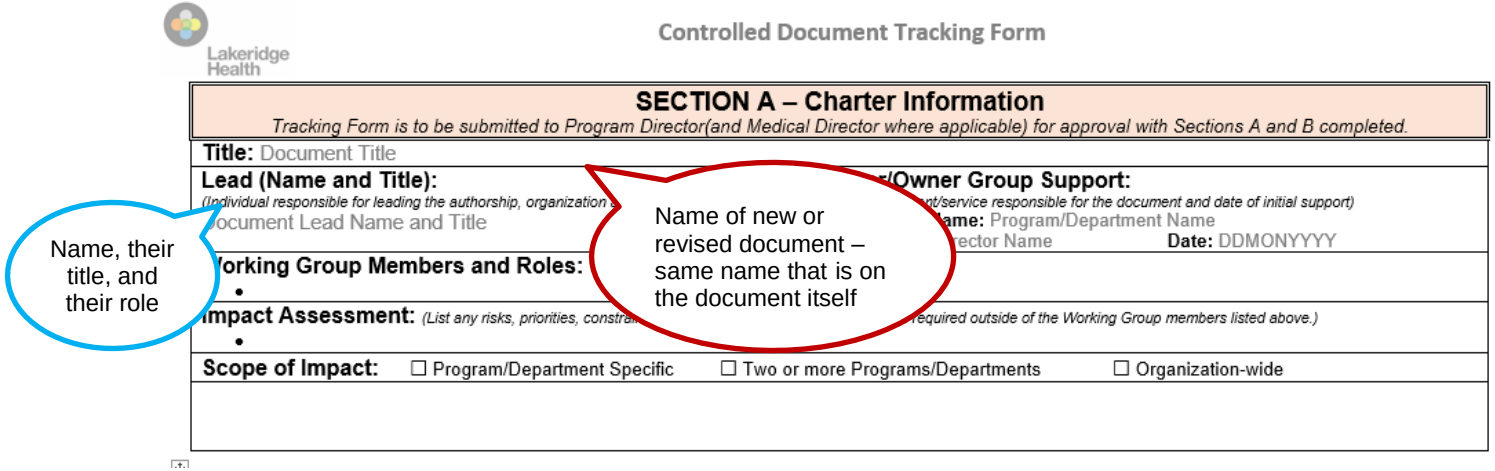
Tracking Form - Section A: Filling Out a Charter

Section A of the Tracking Form (the charter) is used to ensure that a Document Lead and the Working Group are able to communicate the need for the controlled document, who the key individuals are who will deliver the new / updated controlled document, who else needs to participate in the controlled document work, and what the goals of the work are. Approval of this section by the Sponsor/ Owner signifies the beginning of the development of a new or revised controlled document.

A document Sponsor/Owner Group will first identify the need for a controlled document. If there are no other options and a controlled document is required, typically the Director of the Sponsor/Owner Group will initiate the need for the controlled document and will identify a Document Lead. This may be a verbal initiation, an email, or a formal memo. The Document Lead will draft a Tracking Form and will record the title, Document Lead information, Sponsor/Owner Group initiation information, and will begin drafting the rest of the charter. For revisions, a previous Tracking Form can help to guide completion.

The Document Lead will identify Working Group members who will be involved in the development of the charter and the controlled document. Prior to seeking approval from the Sponsor/Owner Group, Director or designate, the Document Lead and Working Group members will identify Stakeholder groups and complete an Impact Assessment.

If you require additional support to ensure you develop an accurate charter, there are several resources and supports available to you. First, consider utilizing the educational resources available in the Getting Started section of the Controlled Documents Toolkit. Secondly, if you would like a one-on-one consultation to help develop or review your charter, contact any member of the Quality, Improvement and Risk Management department.



Tracking Form - Section B: Stakeholder(s) Consultation/ Engagement/ Endorsement Information

Stakeholder Group: Prior to seeking approval from the Sponsor/Owner Group, Director or designate, the Document Lead and Working Group members will identify Stakeholder groups. This column needs to be populated with the names of the individuals/groups who have been identified.

Stakeholder name and title: identify by name and discipline the stakeholders you engaged. For example, if Emergency Nurses were identified as a stakeholder group, then the second column should reflect the list of actual nurses that have been engaged. If Human Resources (HR) were identified as a stakeholder group, the name of the actual HR partner(s) who were engaged should be recorded.

Summary of Comments/Recommendations column: briefly provide an overview of what the stakeholder reviewed and their feedback.

Refer to the Development Phase for more details on Consultation and Engagement.

SECTION B – Stakeholder(s) Consultation/Engagement/Endorsement Information

To be completed by Lead. Provide information regarding stakeholders engaged/consulted during the document development process. Refer to the LH Controlled Document Development, Implementation and Management Policy/Procedures (Appendix B) for stakeholder consultation/engagement criteria regarding additional Support Programs/Department consultations to consider, based on the nature, content and impact of the document.

For ALL protocols, Medical Directives and Controlled Delegated Acts, Interprofessional Practice MUST be a stakeholder or be consulted prior to the approvals process.

Stakeholder Group	Stakeholder Name & Title *(Provide specific name & title of individual representing the Stakeholder Program/Dept.)*	Date(s) *(DDMONYYYY)* *Or N/A if not applicable*	Summary of Comments/Recommendations
These groups need to align with the stakeholder groups identified in Section A		DDMONYYYY	Outline the specific sections of the document that was reviewed and the outcome of the request (including a notation if no comments/recommendations). e.g. Jane Doe was asked to PDSA an order set. Order set was successfully trialed.
e.g. Nurse	e.g. Medicine Nurse – Jane Doe Surgical Nurse – John Doe	DDMONYYYY	e.g. minor feedback/recommendations received. Working group assessed and made all changes.
		DDMONYYYY	

List the groups as per stakeholder group(s) identification

Identify by name and discipline who you engaged

List the dates in the proper format

Include a brief overview of what the stakeholder reviewed and their feedback

Tracking Form – Section C: Implementation Plan

In order to ensure a successful implementation, each document must include the consideration of educational needs.

SECTION C- Implementation Plan

To be completed by Lead. Provide information regarding the rollout and operationalization of the document.

Education/Communication Plan (Refer to the Controlled Document Development Toolkit. Includes messaging about ordering and archiving Order Sets and forms).

When (i.e. pre-live, post-live)	**Audience(s)/ Stakeholder(s)**	**Key Message or Objective**	**Materials/Method**	**Lead**
For each plan, indicate whether it needs to be completed pre-live or post live.	At a minimum, the stakeholders listed must reflect Section B. There may be additional stakeholder represented however.	Support for this entire section will be outlined in the toolkit in more detail.		

Describe the time period for each plan

List the groups as per Sections B

Outline the content to be learned specific to the Stakeholder Group

Outline training approach – email, staff meeting, ULearn, etc.
Outline tools to teach including human resources, budget and printing

Assign the communication lead on each item

Tracking Form – Section D: Approval Information

Section E is where all information regarding the document's approval will be recorded. Information in this section of the Tracking Form can be recorded at any time and looking at this section early in the development stage will help anticipate how involved the approval stage will be.

Always start with sign off by your Working Group

Review Appendix B in the Policy!

– Approval Information		
Refer to the Control… evelopment, Implementation and Management Policy and Procedures (Appendix B) for approval body criteria, to determine the document approval path based …e, content, and impact of the document. Approval path is to be determined by Lead with input of Sponsor/Owner Group and Stakeholders. Record the meeting da… MONYYYY) when committee approval was obtained, FYI provided or record N/A if approval body is deemed not applicable per the criteria in the Policy.		
Working Group Approval	Click here to record action.	DDMONYYYY
Sponsor/Owner Group Approval <Insert name of Document Sponsor/Owner>	Click here to record action.	DD
Document Peer Review Group *(for OS, Protocols, MDs*	…ick here to record action.	
Senior Management Team – Appointed Sub-Commi… *(Refer to the LH Controlled Document Development, Approval and … detailed approval body criteria. Complete for each committee.)*		
Capital Management Committee	Click here to record action.	DDMONYYYY
Interprofessional Collaboration Committee	Click here to record action.	DDMONYYYY
Nursing Professional Practice Sub-Committee	Click here to record action.	DDMONY…
Operations Committee	Click here to record action.	DDM…
Pharmacy and Therapeutics Committee	Click here to record action.	DD…
Senior Management Committee	Click here to record action.	DD…
Medical Advisory Committee **Completion of 'MAC Physician Impact Summary Form' required** **Indicate all Department Chiefs for whom approval is required:** ☐ All Department Chiefs **OR** ☐ Anesthesia ☐ Critical Care ☐ DI & Nuclear Med ☐ Emergency Medicine ☐ Laboratory Medicine ☐ Medicine ☐ Obstetrics & Gynecology ☐ Oncology ☐ Paeds & Neonatology ☐ Quality & Pt Experience ☐ Psychiatry ☐ Surgery	Click here to record action.	DDMONYYYY
Board of Trustees	Click here to record action.	DDMONYYYY

The Working Group and Sponsor will **always** be "Required" but others may not

This is where the formal "Approval" process starts

Add in the date that approval was received (not the scheduled meeting date)

Each Approval Body should have one of the choices selected. "Click here to record action." should be changed for each one.

Tracking Form - Section E: Document Information

Section B of the Tracking Form is used to record all of the specific information about the Controlled Document(s) to be developed or revised that will align with the overall purpose outlined in Section A - Charter.

For controlled document revisions, it is also important to provide details about the existing controlled documents that will be impacted when the revised document(s) is implemented. For example – which document will the revision replace? Will any other existing documents need to be archived? Completing this review of current documents will help to ensure the LH Controlled Document System is kept up-to-date and only reflects current documents. A simple 'search' of the WAVE should help to inform you of existing documents.

Additional documents that need to be archived can be added to this column

SECTION E– Document Information
To be completed by Lead

Document Name(s)	Document Type(s) *(e.g. P&P, Order Set, Protocol, Clinical Form)*	Action *(new, revised, reviewed, archived)*	For Document Revisions Only		
			Title and version date of document to be replaced with revised version	Title and version date of any other documents to be archived	Existing Form ID
Specific name of the controlled document (ensure it is the new name if the name is being changed in any way)	Enter the correct document type	Enter the action required for the document	Specify the title of the current document (old name) on the WAVE that will be replaced when the revised document is implemented.	Specify the title and date of any other documents that will need to be archived when the revised document is implemented.	For order sets & clinical form & LHAP documents

Linkages: *(Provide name and location of associated documents that will also need to be referenced and/or linked (e.g. forms, patient information, intranet content, etc.)*

- Specify the title and location of other documents that are referenced in the controlled document that will also need to be available at the time of implementation. For example: uLearn self-directed learning modules, patient education brochures/materials, other non-clinical forms (note: clinic forms which are considered a controlled document are to be listed in the section above.) It will be important to ensure these associated documents are also finalized and available in time to align with the 'go live' date of the controlled document(s) listed above.

Are all the associated documents in place and available for use? ☐ **Yes** ☐ **No** If no, provide estimated date of availability: DDMONYYYY

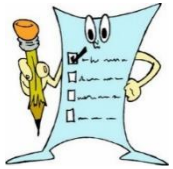
Key Search Words: *(Provide any key words that a person may use to search for this document that are NOT included in the title or text of the document?*

Key words are important to ensure that end users of the document(s) are able to locate them quickly and easily on the WAVE.

Consideration should also be given at this stage to other 'associated documents' that your controlled document will cross-reference (e.g. a self-directed learning module, patient information brochure, etc.). Thinking about this now will help to ensure implementation of your controlled document(s) is not held up because other associated documents are not ready and available.

Provide **key search words** that will ensure end users can quickly and easily locate the document on the WAVE. Consultation with those who will be using the document can help inform additional key words that might be used when looking for the document.

Tracking Form - Section F: Document Publishing Information



Completion of the publishing information in Section F of the tracking form is the final step to ensuring your document(s) is available for use across the organization.

The following information is required in order to publish the document on the WAVE:

SECTION F – Document Publishing Information *To be completed by Lead. Provide information required for publishing the document.*			
Document #1: Title of Document #1 Document to be published to: **Manual:** <Choose a Manual> **Section:** <Insert name of Section> Record the manual and section where the document(s) will be filed on the WAVE. If more than one document is to be published (e.g. Policy/Procedure and a Clinical Form), identify the publishing location for each document in the additional spaces provided.	**Document #2:** Title of Document #2 Document to be published to: **Manual:** <Choose a Manual> **Section:** <Insert name of Section>	**Document #3:** Title of Document #3 Document to be published to: **Manual:** <Choose a Manual> **Section:** <Insert name of Section>	**Go-Live Date** DDMONYYYY **Following final approval and with consideration to pre-live implementation plans (Section D) – provide Document Management Specialist/Clinical Forms Specialist with 'go-live' publishing date.* Use the Calendar to indicate the date that all documents are required to be live on the WAVE. This date is to be decided in conjunction with the Document Management Specialist and the HIM Forms Liaison

To be completed by Document Management Specialist/HIM Forms Liaison					
Date Published: DDMONYYYY	Published Location(s)	Confirmation to Document Lead DDMONYYYY	Confirmed on Back-up System: DDMONYYYY	Added to What's New List: DDMONYYYY	Form ID Number
Publishing Notes: ☐ Meditech ☐ eForms ☐ Data Group ☐ Entry Point ☐ LHAP Tx Connect					

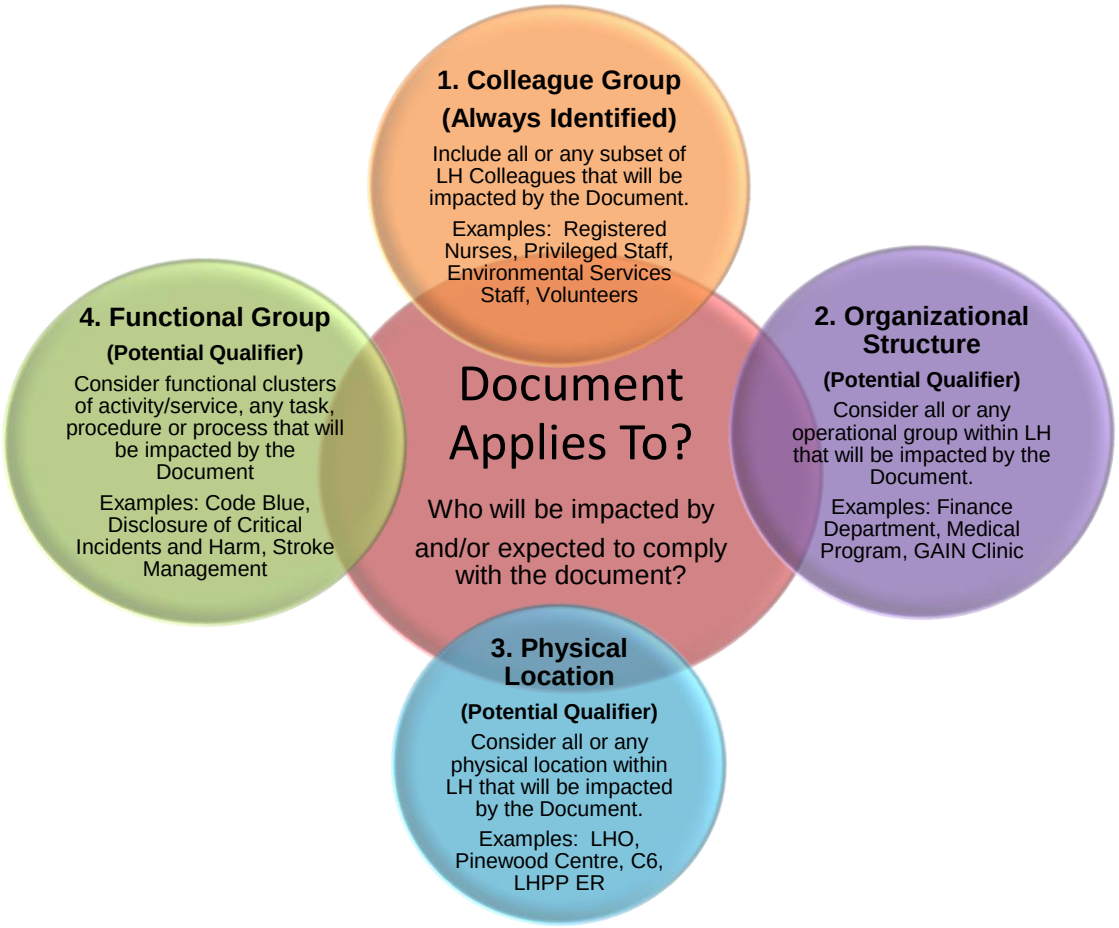
1. The **manual and section** where your document will be filed.
   - *Note: If your document is a clinical form, assign the manual section that aligns with the OnBase Tab where the form will be filed in the chart. It is suggested that you include front line staff in this decision.
   - If you are unsure of the manual/section, connect with the Document Management Specialist and/or, in the case of Clinical Forms, the HIM Forms Liaison for assistance in determining.

2. The **'go-live' date** for your document will be decided up with consultation with the Document Management Specialist and the HIM Forms Liaison (as appropriate), following final approval. This is the date that your document will need to be live on the WAVE to align with the implementation plan.
   - When choosing a go-live date be sure to give consideration to any pre-live implementation plans outlined in Section C of the tracking form that must be completed BEFORE the expected practices in the document can go-live.

Once the tracking form is complete forward it, along with the final approved document(s), to the Document Management Specialist/HIM Forms Liaison. That's it – you're done!! The Document Management Specialist/HIM Forms Liaison will be in touch.

Taxonomy Framework for Determining Scope and Accountabilities within LH Controlled Documents

The following taxonomy document provides examples (not to be considered an exhaustive list) by Colleague Group, Organizational Structure, Physical Location and Functional Group to support identification of document scope, breadth of impact, accountabilities and to help inform stakeholder engagement when creating LH Controlled Documents.



1. LH Taxonomy by Colleague Group – (must always be identified in assigning accountabilities)

Colleagues means LH employees, Privileged Staff, Volunteers, Students/Faculty and contractors and Patient and Family Experience Advisors	**Employees** People hired by LH to provide services in exchange for compensation and who does not provide these services as part of an independent business	**Leadership Team**	Senior Management Team
		Non-Clinical Staff	
		Regulated Health Professional Employees Employees who are working in health professions that are regulated in Ontario (require mandatory registration with the regulatory body)	Registered Dietitian
			Respiratory Therapist
			Occupational Therapist
			Physiotherapist
			Radiation Therapist
			Social Worker
			Speech-Language Pathologist
			Psychologist
			Medical Radiation Technologist
			Medical Laboratory Technologist
			Pharmacist
			Social Work
			Nurse Practitioner
			Registered Nurse
			Registered Practical Nurse
			Psychotherapist
			Kinesiologist
			Pharmacy Technician
			Anesthesiology Assistant
			Regulated Orthopedic Technician
			Regulated Addiction Counsellor (e.g. Psychotherapy)
			Regulated Infection Control Practitioner
		Unregulated Health Professional Employees Employees who are working in health care roles who are not governed by the Regulated Health Care Professions Act (RHPA) or the Social Work and Social Service Work Act (SW/SSWA)	Personal Support Worker
			Recreation Therapist
			Instructor CEPCP
			Anesthesia Assistant
			Pathology Assistant
			Therapy Assistant
			Child Life Specialist
			Chaplain
			Unregulated Infection Control Practitioner
			Unregulated Addiction Counsellor
			Phlebotomist
			Medical Lab Assistant
			Ultrasound Technician
			Echocardiogram Technician
			Physicist
			Genetics Counsellor
			Physician's Assistant

1. LH Taxonomy by Colleague Group – (must always be identified in assigning accountabilities)

			Clinical Extern		
	Privileged Staff Medical, Dental, Midwifery Staff and members of Nurse Practitioner Staff who are not employees of Lakeridge Health	**Work Type**	**Specialty**	**Sub-specialty**	**Qualifiers** (Examples Only)
		MRP/Consultant	Anesthesia		FRCP, General Practitioner
					LHAP LHB, LHO, LHPP
			Emergency Medicine		LHAP, LHB, LHO, LHPP
			Critical Care		LHAP, LHB, LHO
			Internal Medicine	Gastroenterology	LHAP, LHO
				Cardiology	LHAP, LHO
				Nephrology	LHAP, LHO
				Respirology	LHAP, LHO
				General Internal Medicine	LHAP, LHB, LHO, LHPP
				Hospital Medicine	Hospitalists, Community based FP MRPs, NP MRPs LHAP, LHB, LHO, LHPP
				Infectious Disease	LHAP, LHO
				Physiatry	LHAP, LHO
				Gerontology	FRCP, NP
				Neurology	LHAP, LHO
				Endocrinology	LHAP, LHO
				Rheumatology	LHAP, LHO
				Dermatology	
			Obstetrics and Gynecology	Gynecology	LHAP, LHO
				Obstetrics	FRCP, GP, Midwives LHAP, LHO, LHPP
			Pediatrics		
			Neonatology		
			Surgery	General Surgery	LHAP, LHB, LHO, LHPP
				Vascular Surgery	LHAP, LHO
				Plastic Surgery	LHAP, LHO
				Thoracic Surgery	
				Orthopedic Surgery	LHAP, LHO
				Ophthalmology	
				Otolaryngology (ENT)	LHAP, LHO
				Urology	LHAP, LHO
				Dentistry and Dental Surgery	LHAP, LHO
				Surgical Assisting	LHAP, LHO
			Oncologists	Radiation Oncologists	
				Medical Oncologists	

1. LH Taxonomy by Colleague Group – (must always be identified in assigning accountabilities)					
				Hematologists	
			Palliative Care		LHAP, LHB, LHO, LHPP
			Genetics		
			Hematology		
			Psychiatry	Adult Psychiatrists	LHAP, LHO
				Child Psychiatrists	
		Diagnostics	Laboratory Medicine	Pathologists +/- Specialization by site	LHAP, LHO, UHN
				Medical Microbiologists	
			Radiology	General Radiology	
				Interventional Radiology	
	Students	Clinical Student	BScN, PN, Midwifery Students (under grad and post grad) NP students (undergrad and post grad) students of other health disciplines		
		Administrative (or Non-Clinical) Student	HR HIM		
		High School Co-op			
		Medical Trainees	Undergraduate Medical Student		
			Postgraduate Resident (PG#)		
	Faculty	Practicum Nursing Student Faculty			
	Volunteers				
	Patient and Family Experience Advisors				
	Contractors				

2. LH Taxonomy by Organizational Structure (a potential qualifier in assigning accountabilities)			
Lakeridge Health	**Clinical Program**	Medicine Program	Medicine and Isolation
			Family and General Medicine
			Cardiopulmonary
			Medicine/Nephrology
			Acute Medicine Short Stay
			Acute Cardiac Unit
			Positive Care Clinic
		Surgical Program	Inpatient
			OR and PACU
			Eye Centre
			Sterile Processing
			OPD, Endoscopy, PSSC, PACU, Day Surgery, Ambulatory Clinics
		Emergency and Critical Care	Critical Care
			DV-SACC
			CEPCP (Base Hospital)
			Emergency
		Women's and Children's Healthcare	Maternal Newborn
			Paediatrics and NICU
		Post-Acute Speciality Services	Rehabilitation
			Complex Continuing Care
			Outpatient
			Palliative
			Gain Clinic
			Stroke Prevention Clinic
		Mental Health and Pinewood	Inpatient
			Outpatient
			Eating Disorders
			Children's Mental Health
			Pinewood - Community Treatment
			Pinewood - Withdrawal Management Services
			Pinewood – Women's Residential Treatment
		Nephrology	Inpatient
			Outpatient Clinics (Hemodialysis, Diabetes Education, Peritoneal Dialysis)
		DRCC	Ambulatory Clinics
			Radiation
			Clinical Genetics
			Palliative Care
			Complex Malignant Haematology
			DAP
			Systemic Therapy

2. LH Taxonomy by Organizational Structure (a potential qualifier in assigning accountabilities)		
	Clinical Support Programs	Infection Prevention and Control
		Interprofessional Practice
		Pharmacy
		Laboratory
		Ethics
		Diagnostic Imaging
	Operational Department	Capital Planning & Development
		Engineering and Infrastructure
		Environmental Services
		Communications
		Finance
		Health Records
		Information Technology
		Telecommunications
		Medical and Academic Affairs
		Quality, Improvement and Risk Management
		Patient Experience
		Strategy
		Human Resources
		Food Services
		Occupational Health
		Sterile Processing Department

2. LH Taxonomy by Organizational Structure (a potential qualifier in assigning accountabilities)		
	Medical Department and Sections Department means an organizational unit of the Privileged Staff to which members with a similar field of practice have been assigned Section means an organizational unit of a Department Service means an organizational unit of a Department that is not formally a Section	Refer to Chief of Staff Organizational Chart on the WAVE for a current breakdown of Medical Departments, Sections and Services.

3. LH Taxonomy by Physical Location – (a potential qualifier in assigning accountabilities)		
Lakeridge Health	**Sites**	**Within Site**
	Lakeridge Health Bowmanville (LHB)	
	Lakeridge Health Oshawa (LHO)	
	Lakeridge Health Port Perry (LHPP)	
	Lakeridge Health Whitby (LHW)	
	Lakeridge Health Ajax-Pickering (LHAP)	
	300 Centre St. Oshawa	Pinewood Centre – Residential Withdrawal Management Service and Crisis Walk-in Services
	2425 Eglinton Ave Scarborough	Pinewood Centre – Community Withdrawal Management Service
	95 Bayley Rd., Ajax	Pinewood Centre – Community Treatment Services
	200 King St. Bowmanville	Pinewood Centre – Community Treatment Services
	180 Mary St., Port Perry	Pinewood Centre – Community Treatment Services
	419 King St. W, Oshawa (Office Galleria Suite 125)	Pinewood Centre – Community Treatment Services
	850 King Street, Oshawa	Mental Health – Eating Disorders Program
	920 Champlain, Oshawa	Corporate Office
	115 Simcoe St., Oshawa	Central East Prehospital Care Program (Base Hospital)
	1450 Hwy. #2, Courtice	Community Respiratory Services
	118 Cochrane, Whitby	Women's Residential Treatment Program (formerly Destiny Manor)
	1615 Dundas St., Whitby	Early Psychosis Intervention, Interact Community Mental Health, Mental Health Adult Outpatient
	223 Brock St. Whitby	Lakeridge Health Wellness & Assessment Centre
	58 Rossland Rd, Oshawa	Ambulatory Rehabilitation Centre

4. LH Taxonomy by Functional Group (a potential qualifier in assigning accountabilities) – examples may include, but not limited to:	
Most Responsible Practitioner (MRP)	Is the Physician, Midwife or Nurse Practitioner member of the LH privileged staff, with the appropriate privileges or a LH Nurse Practitioner that has primary responsibility for coordinating and directing the care of a specific patient.
Consultant/Consulting Practitioner	Is the member of the LH privileged staff, with the appropriate privileges or a LH Nurse Practitioner attending the patient at the request of the MRP unless/until care is transferred by physician/NP order and accepted**.**
Interprofessional Team	Is the inter-professional team made up of multiple health care professionals including Employees (Regulated and Unregulated) and Privileged Staff members, who work collaboratively to deliver care within and across settings.

Controlled Document Stakeholder Engagement/Consultation Criteria

The following is an excerpt from the 'Controlled Document Development, Implementation and Management Policy and Procedures' – a list of Support Programs/Departments, that includes but is not limited to, stakeholders that may need to be engaged during controlled document development based on the nature, content and scope of impact of the document under development/revision. (Refer to the Controlled Documents Stakeholder Engagement and Approval Body Summary Tool for contact information.)

Program/Department	**Consultation/Engagement/Endorsement Criteria** *Required for any controlled document that…*	**How to Engage**
Clinical Informatics (CI)	Impacts any: • clinical system's documentation application; • clinical documentation process; • clinical workflow/process captured by workload productivity measures and/or facility locations	Contact the manager of CI who will identify a member of the CI team as a stakeholder during document development.
Diagnostic Imaging (DI)	Impacts the practice of the DI Program or involves diagnostic testing.	Engage a member of the DI program as a stakeholder during document development. The DI stakeholder will advise if the document is required to go to the broader DI Quality Council for further input.
Inter-Professional Practice (IPP)	Is a Medical Directive, Protocol or Delegated Controlled Act. Expands/increases scope of practice, the document lead is *advised* to consult with IPP.	Contact the Manager of IPP who will identify a member of the IPP team to engage during document development.
Ethics	Contains prevalent ethical considerations.	Engage LH Ethicist as a stakeholder during document development.
Health Information Management (HIM)	Impacts the collection, use or disclosure of personal health information and/or record management and retention.	Engage a member of HIM as a stakeholder during document development.

Program/Department	**Consultation/Engagement/Endorsement Criteria** *Required for any controlled document that…*	**How to Engage**
HIM Forms	Is a clinical form that will become part of the patient chart	Engage with the Clinical Forms Liaison regarding form creation/revision process.
Healthiest Hospital Workplace Committee	Impacts the well-being and engagement of staff.	Contact Committee Chair for engagement during document development. Chair will advise if document is required to go to the broader committee for further input.
Human Resources	Contains implications related to management of our human resources. (E.g. employee misconduct, performance management)	Contact the Senior Director of Human Resources who will advise the appropriate area within the HR Portfolio to provide input.
Patient and Family Experience Advisors	Impacts patient safety and other quality improvement endeavors both in clinical and non-clinical areas at LH	Contact the Director of Patient Experience.
Risk Management	• Has a perceived need to conduct a formal risk assessment with regard to the matter under consideration. • Pertains to new/emerging regulatory requirements for LH. • Pertains to matters requiring mandatory reporting on the part of LH to external bodies. • Contains prevalent elements of risk. • Creates any doubt about the need for consultation with risk – engagement is encouraged.	Contact the Risk Associate.
Infection Prevention and Control (IPAC)	Contains implications for infection prevention and control (E.g. infection prevention, infectious processes, additional precautions, renovations/construction, potential exposures, invasive procedures)	Contact the IPC practitioner responsible for the area involved in the document or contact the clinical director to identify the most appropriate practitioner. Engage this IPC practitioner as a stakeholder during document development. The IPAC Stakeholder will advise if the document is required to go to the broader Corporate Infection Control Committee for further input.
Laboratory Medicine	Impacts the practice of the Laboratory Program or involves laboratory testing.	Contact Laboratory Quality Council Chair who will identify an individual from the Laboratory to engage during document development.
Transfusion Medicine	Impacts the ordering and administration of blood products/components	Contact Co-chair of Transfusion Committee or Transfusion Safety Officer

Program/Department	**Consultation/Engagement/Endorsement Criteria** *Required for any controlled document that…*	**How to Engage**
Pharmacy Services	• Impacts the pharmacist's or pharmacy technician's scope of practice • Significantly affects the medication use system (e.g. Unit Dose, Narcotic and Controlled Drugs, Infusion Pumps) • Involves medications where a pharmacist is not already part of the Working Group	Contact the Pharmacy Specialist or Pharmacy Services Administrative Assistant.
Medication Safety Committee	• Is being revised in response to a medication-related BETTER incident. • Relates to a Managing Medications Accreditation Canada standard that has been designated under the "Safety" Dimension are also appropriate for review by the Committee.	Contact the Nursing or Pharmacy Co-Chair of the Committee.
Occupational Health & Safety	Impacts all LH colleagues' safety including risk of exposure or injury.	Contact Senior Coordinator Environmental Health & Safety to engage the Joint Occupational Health and Safety Committee membership during document development.
Adult Resuscitation Sub-Committee	• Impacts on resuscitation practice (Code Blue). • Includes the use, deployment or procurement of resuscitation equipment.	Contact Emergency/Critical Care Program Administrative Assistant.

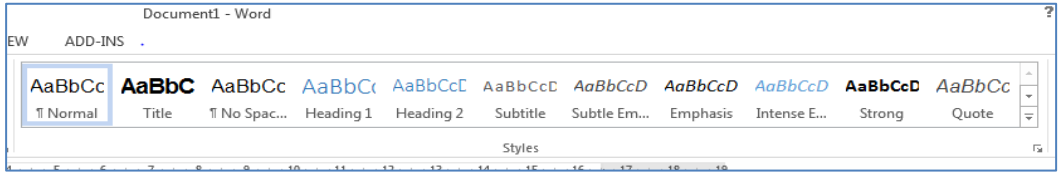
*Note: For any changes to consultation/engagement/endorsement criteria and/or method of engagement contact the Quality, Improvement and Risk Department.

Controlled Documents
Formatting Do's ✓ and Don'ts ✗

All controlled documents must be formatted using the most current approved templates and all of these templates have been pre-set with the required formatting for that document type. If you ensure that you always begin developing your draft document using the most current template, many of the formatting concerns will be already done for you.

QUICK TIP

If you are copying and pasting content from an older document version, the easiest way to 'reset' the formatting of the material that is pasted in back to current formatting, is to use the Microsoft Word 'pre-set' formatting styles within the document template.



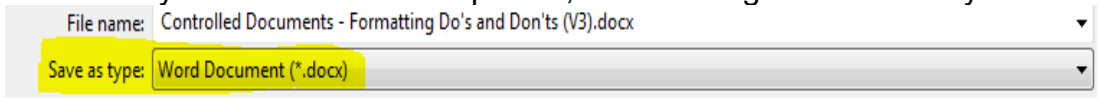
The following are some general formatting do's and don'ts that apply consistently across all documents. Familiarity with these general formatting rules will pay off in less editorial back-n-forth changes in the long run and will ensure your document is 'publish-ready' for quicker implementation to the WAVE once approved. *Note: there are additional formatting requirements specifically for Order Sets. If you are developing an order set, be sure to consult the LH Written Rules of Formatting for Order Sets on the WAVE as well. (LINK)

FILE FORMAT

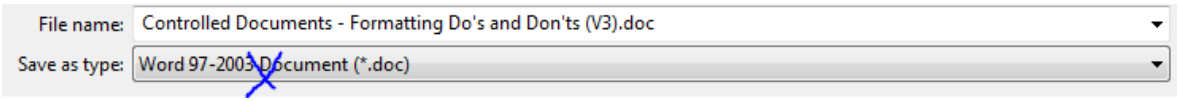
- Word 2010 or Word 2013.
- Word 97-2003 is no longer compatible with the SharePoint system

QUICK TIP

To ensure your document is compatible, when saving it ensure that you select 'file type' = word document



NOT



FONTS

- Font Type: Arial (Note: One of the fonts approved by accessibility standards.)
- Font Sizes
    - Title: 14 pt. (Click Style “Title”)
    - Headings: 13 pt. (Click Style “Heading 1”)
    - All other content: 12 pt. (Click Style “Normal”)

      Note: In the case of forms only, where using 12 pt. font could make the difference between a 1 or 2 page form, 11 pt. font could be used. This should be considered on a form by form basis and assessed for risk.
- Avoid using Italics
- Avoid underling words
- Limit the use of bolding
- Black coloured font

DATES

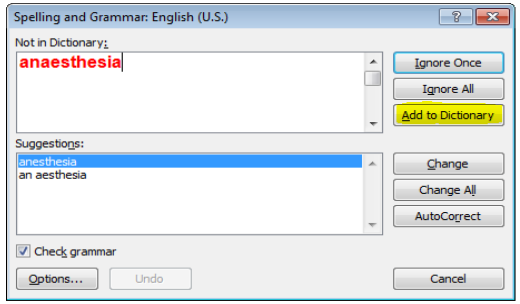
- Date format for all controlled documents: DDMONYYYY

  Example: 10DEC2015

Spacing

- Content is left justified
- Single spacing between each line of text
- Additional line of spacing between sections
- Do not alter margin settings
- Hint: again, using the pre-set styles within the document will automatically set the proper spacing.

SPELLING



Content should follow Canadian spelling, for example ‘anaesthesia’ instead of ‘anesthesia’. (Hint: by right clicking on the word, not only can you choose to ‘Ignore’ this spell check, you can also choose to add this word to your personal Dictionary for future use. This will ensure that the word is not flagged during future spell checks.)

Titling

- The title you assign to your document is worthy of up-front consideration as it can have a positive or negative impact on the end user's ability to understand and locate the document.
- Titling instructions specific to each document type are provided in the template instructions for each document type
- Every document should have a title that is indicative of its unique use. Consider the following general titling instructions:

DO ensure the title is informative: • Clearly indicates what the document is about. • Leads with key words that document users are likely to use when searching for the document. *Remember in a manual listing, documents are filed alphabetically. E.g. Therapeutic Phlebotomy Policy and Procedure is better than Policy and Procedure for Therapeutic Phlebotomy. **DO** consider the following in creating the title: (1) content description (2) Program/Population Descriptor (3) Document type **1) Content description:** answers one or more of the following questions: - What is the document primarily about? What is the main topic? - What condition does the patient have? - What anatomical site is impacted? - For medical documents, this most likely includes the lead term for the disease process (e.g. Pneumonia) - For surgical documents, the lead term would be related to the anatomical site of the surgery (e.g. Bowel) **2) Program/Population Descriptor:** To assist in differentiating documents by program or population. For example: - Clinical Program (e.g. Surgical Services) or profession (e.g. Respiratory Therapy) - Population (e.g. Adult, Newborn, Outpatient) - Unit (e.g. NICU, CCU) - Level of Care (e.g. Emergency, Day Surgery)	**DON'T** make titles too long – long titles make it difficult for end users to quickly identify a document's relevance. **DON'T** exceed 128 characters in a title (including spaces and punctuation). (*Note: the SharePoint system has a 128 character limit for titles). **DON'T** use hyphens and symbols as they impact sorting and retrieval. For example: Instead of Non-Invasive use Noninvasive. **DON'T** use the following characters in your title: ~ " # % & * : < > ? / \ { | } (*Note: the SharePoint system cannot accept documents with these symbols in the title.)

3) Document type: Indicates what kind of document it is (e.g. policy/procedure, order set, etc.) - For forms, consider using the function or purpose of the form (e.g. Consent, Referral, Requisition) or how the data is being captured (e.g. Checklist, Flowsheet, Worksheet, etc.) **Examples:** Narcotic and Controlled Substances Policy and Procedures Paediatric Inpatient Unit (LHO) Admission and Transfer Guidelines Restraint Downtime Form	

Use of Abbreviations/Acronyms/Symbols

- All documents must adhere to the LH Abbreviations, Acronyms and Symbols Policy (on the WAVE).
- Abbreviations and acronyms unique to the specific document may be used if the complete word or phrase is initially written out in full and followed by the abbreviation in brackets
  Example:
  - Acronym -> Building Excellence Together Through Event Reporting (BETTER)
  - Abbreviation->Most Responsible Practitioner (MRP)
- For additional information, review the Written Rules of Formatting for Order Sets

Institute for Safe Medication Practices

ISMP's List of *Error-Prone Abbreviations, Symbols,* and *Dose Designations*

The abbreviations, symbols, and dose designations found in this table have been reported to ISMP through the ISMP National Medication Errors Reporting Program (ISMP MERP) as being frequently misinterpreted and involved in harmful medication errors. They should **NEVER** be used when communicating medical information. This includes internal communications, telephone/verbal prescriptions, computer-generated labels, labels for drug storage bins, medication administration records, as well as pharmacy and prescriber computer order entry screens.

Abbreviations	Intended Meaning	Misinterpretation	Correction
µg	Microgram	Mistaken as "mg"	Use "mcg"
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use "right ear," "left ear," or "each ear"
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use "right eye," "left eye," or "each eye"
BT	Bedtime	Mistaken as "BID" (twice daily)	Use "bedtime"
cc	Cubic centimeters	Mistaken as "u" (units)	Use "mL"
D/C	Discharge or discontinue	Premature discontinuation of medications if D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of discharge medications	Use "discharge" and "discontinue"
IJ	Injection	Mistaken as "IV" or "intrajugular"	Use "injection"
IN	Intranasal	Mistaken as "IM" or "IV"	Use "intranasal" or "NAS"
HS **hs**	Half-strength At bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	Use "half-strength" or "bedtime"
IU**	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use "units"
o.d. or OD	Once daily	Mistaken as "right eye" (OD-oculus dexter), leading to oral liquid medications administered in the eye	Use "daily"
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use "orange juice"
Per os	By mouth, orally	The "os" can be mistaken as "left eye" (OS-oculus sinister)	Use "PO," "by mouth," or "orally"
q.d. or QD**	Every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i"	Use "daily"
qhs	Nightly at bedtime	Mistaken as "qhr" or every hour	Use "nightly"
qn	Nightly or at bedtime	Mistaken as "qh" (every hour)	Use "nightly" or "at bedtime"
q.o.d. or QOD**	Every other day	Mistaken as "q.d." (daily) or "q.i.d. (four times daily) if the "o" is poorly written	Use "every other day"
q1d	Daily	Mistaken as q.i.d. (four times daily)	Use "daily"
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use "daily at 6 PM" or "6 PM daily"
SC, SQ, sub q	Subcutaneous	SC mistaken as SL (sublingual); SQ mistaken as "5 every;" the "q" in "sub q" has been mistaken as "every" (e.g., a heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery)	Use "subcut" or "subcutaneously"
ss	Sliding scale (insulin) or ½ (apothecary)	Mistaken as "55"	Spell out "sliding scale;" use "one-half" or "½"
SSRI **SSI**	Sliding scale regular insulin Sliding scale insulin	Mistaken as selective-serotonin reuptake inhibitor Mistaken as Strong Solution of Iodine (Lugol's)	Spell out "sliding scale (insulin)"
i/d	One daily	Mistaken as "tid"	Use "1 daily"
TIW or tiw	3 times a week	Mistaken as "3 times a day" or "twice in a week"	Use "3 times weekly"
U or u**	Unit	Mistaken as the number 0 or 4, causing a 10-fold overdose or greater (e.g., 4U seen as "40" or 4u seen as "44"); mistaken as "cc" so dose given in volume instead of units (e.g., 4u seen as 4cc)	Use "unit"
UD	As directed ("ut dictum")	Mistaken as unit dose (e.g., diltiazem 125 mg IV infusion "UD" misinterpreted as meaning to give the entire infusion as a unit [bolus] dose)	Use "as directed"
Dose Designations and Other Information	**Intended Meaning**	**Misinterpretation**	**Correction**
Trailing zero after decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
"Naked" decimal point (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Abbreviations such as mg. or mL. with a period following the abbreviation	mg mL	The period is unnecessary and could be mistaken as the number 1 if written poorly	Use mg, mL, etc. without a terminal period

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ISMP's List of *Error-Prone Abbreviations, Symbols,* and *Dose Designations* (continued)

Dose Designations and Other Information	Intended Meaning	Misinterpretation	Correction
Drug name and dose run together (especially problematic for drug names that end in "l" such as Inderal40 mg; Tegretol300 mg)	Inderal 40 mg Tegretol 300 mg	Mistaken as Inderal 140 mg Mistaken as Tegretol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 100mL)	10 mg 100 mL	The "m" is sometimes mistaken as a zero or two zeros, risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000; 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000, or use words such as 100 "thousand" or 1 "million" to improve readability
Drug Name Abbreviations	**Intended Meaning**	**Misinterpretation**	**Correction**
To avoid confusion, do not abbreviate drug names when communicating medical information. Examples of drug name abbreviations involved in medication errors include:			
APAP	acetaminophen	Not recognized as acetaminophen	Use complete drug name
ARA A	vidarabine	Mistaken as cytarabine (ARA C)	Use complete drug name
AZT	zidovudine (Retrovir)	Mistaken as azathioprine or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorpromazine	Use complete drug name
DPT	Demerol-Phenergan-Thorazine	Mistaken as diphtheria-pertussis-tetanus (vaccine)	Use complete drug name
DTO	Diluted tincture of opium, or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name
HCl	hydrochloric acid or hydrochloride	Mistaken as potassium chloride (The "H" is misinterpreted as "K")	Use complete drug name unless expressed as a salt of a drug
HCT	hydrocortisone	Mistaken as hydrochlorothiazide	Use complete drug name
HCTZ	hydrochlorothiazide	Mistaken as hydrocortisone (seen as HCT250 mg)	Use complete drug name
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mitoxantrone	Use complete drug name
NoAC	novel/new oral anticoagulant	No anticoagulant	Use complete drug name
PCA	procainamide	Mistaken as patient controlled analgesia	Use complete drug name
PTU	propylthiouracil	Mistaken as mercaptopurine	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as liothyronine	Use complete drug name
TAC	triamcinolone	Mistaken as tetracaine, Adrenalin, cocaine	Use complete drug name
TNK	TNKase	Mistaken as "TPA"	Use complete drug name
TPA or tPA	tissue plasminogen activator, Activase (alteplase)	Mistaken as TNKase (tenecteplase), or less often as another tissue plasminogen activator, Retavase (retaplase)	Use complete drug names
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed Drug Names	**Intended Meaning**	**Misinterpretation**	**Correction**
"Nitro" drip	nitroglycerin infusion	Mistaken as sodium nitroprusside infusion	Use complete drug name
"Norflox"	norfloxacin	Mistaken as Norflex	Use complete drug name
"IV Vanc"	intravenous vancomycin	Mistaken as Invanz	Use complete drug name
Symbols	**Intended Meaning**	**Misinterpretation**	**Correction**
ʒ ♏	Dram Minim	Symbol for dram mistaken as "3" Symbol for minim mistaken as "mL"	Use the metric system
x3d	For three days	Mistaken as "3 doses"	Use "for three days"
> and <	More than and less than	Mistaken as opposite of intended; mistakenly use incorrect symbol; "< 10" mistaken as "40"	Use "more than" or "less than"
/ (slash mark)	Separates two doses or indicates "per"	Mistaken as the number 1 (e.g., "25 units/10 units" misread as "25 units and 110" units)	Use "per" rather than a slash mark to separate doses
@	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	Plus or and	Mistaken as "4"	Use "and"
°	Hour	Mistaken as a zero (e.g., q2° seen as q 20)	Use "hr," "h," or "hour"
Φ or ⌀	zero, null sign	Mistaken as numerals 4, 6, 8, and 9	Use 0 or zero, or describe intent using whole words

**These abbreviations are included on The Joint Commission's "minimum list" of dangerous abbreviations, acronyms, and symbols that must be included on an organization's "Do Not Use" list, effective January 1, 2004. Visit www.jointcommission.org for more information about this Joint Commission requirement.

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FDA and ISMP Lists of *Look-Alike Drug Names with Recommended Tall Man Letters*

The look-alike drug names in the Tables that follow have been modified using tall man (mixed case) letters to help draw attention to the dissimilarities in their names. Several studies have shown that highlighting sections of drug names using tall man letters can help distinguish similar drug names,[1] making them less prone to mix-ups.[2-3] ISMP, FDA, The Joint Commission, and other safety-conscious organizations have promoted the use of tall man letters as one means of reducing confusion between similar drug names.

Table 1 provides an alphabetized list of FDA-approved established drug names with recommended tall man letters, which were first identified during the FDA Name Differentiation Project (www.fda.gov/Drugs/DrugSafety/MedicationErrors/ucm164587.htm).

Table 2 provides an alphabetized list of additional drug names with recommendations from ISMP regarding the use and placement of tall man letters. This is not an official list approved by FDA. It is intended for voluntary use by healthcare practitioners and drug information vendors. Any product label changes by manufacturers require FDA approval.

One of the difficulties with the use of tall man letters includes inconsistent application in health settings and lack of standardization regarding which letters to present in uppercase. A new study by Gerrett[4] describes several ways to determine which of the dissimilar letters in each drug name should be highlighted. To promote standardization, ISMP followed one of these tested methodologies whenever possible. Called the CD3 rule, the methodology suggests working from the left of the word first by capitalizing all the characters to the right once two or more dissimilar letters are encountered, and then, working from the right of the word back, returning two or more letters common to both words to lowercase letters. When the rule cannot be applied because there are no common letters on the right side of the word, the methodology suggests capitalizing the central part of the word only. ISMP suggests that the tall man lettering scheme provided in Tables 1 and 2 be followed when presenting these drug names to healthcare providers to promote consistency. At this time, scientific studies do not support the use of tall man letters when presenting drug names to patients.

References: 1) Filik R, Purdy K, Gale A, Gerrett D. Drug name confusion: evaluating the effectiveness of capital ("Tall Man") letters using eye movement data. *Social Science & Medicine* 2004;59(12):2597-2601. **2)** Filik R, Purdy K, Gale A, Gerrett D. Labeling of medicines and patient safety: evaluating methods of reducing drug name confusion. *Human Factors* 2006;48(1):39-47. **3)** Grasha A. Cognitive systems perspective on human performance in the pharmacy: implications for accuracy, effectiveness, and job satisfaction. Alexandria (VA): NACDS; 2000 Report No. 062100. **4)** Gerrett D, Gale AG, Darker IT, Filik R, Purdy KJ. Tall man lettering. Final report of the use of tall man lettering to minimize selection errors of medicine names in computer prescribing and dispensing systems. Loughborough University Enterprises Ltd.; 2009 (www.connectingforhealth.nhs.uk/systemsandservices/eprescribing/refdocs/tallman.pdf).

Table 1. FDA-Approved List of Generic Drug Names with Tall Man Letters

Drug Name with Tall Man Letters	Confused with
acetaZOLAMIDE	acetoHEXAMIDE
acetoHEXAMIDE	acetaZOLAMIDE
buPROPion	busPIRone
busPIRone	buPROPion
chlorproMAZINE	chlorproPAMIDE
chlorproPAMIDE	chlorproMAZINE
clomiPHENE	clomiPRAMINE
clomiPRAMINE	clomiPHENE
cycloSERINE	cycloSPORINE
cycloSPORINE	cycloSERINE
DAUNOrubicin	DOXOrubicin
dimenhyDRINATE	diphenhydrAMINE
diphenhydrAMINE	dimenhyDRINATE
DOBUTamine	DOPamine
DOPamine	DOBUTamine

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FDA and ISMP Lists of *Look-Alike Drug Names with Recommended Tall Man Letters (continued)*

Table 1. FDA-Approved List of Generic Drug Names with Tall Man Letters (continued)

Drug Name with Tall Man Letters	Confused with
DOXOrubicin	DAUNOrubicin
glipiZIDE	glyBURIDE
glyBURIDE	glipiZIDE
hydrALAZINE	hydrOXYzine
hydrOXYzine	hydrALAZINE
medroxyPROGESTERone	methylPREDNISolone - methylTESTOSTERone
methylPREDNISolone	medroxyPROGESTERone - methylTESTOSTERone
methylTESTOSTERone	medroxyPROGESTERone - methylPREDNISolone
niCARdipine	NIFEdipine
NIFEdipine	niCARdipine
prednisoLONE	predniSONE
predniSONE	prednisoLONE
sulfADIAZINE	sulfiSOXAZOLE
sulfiSOXAZOLE	sulfADIAZINE
TOLAZamide	TOLBUTamide
TOLBUTamide	TOLAZamide
vinBLAStine	vinCRIStine
vinCRIStine	vinBLAStine

Table 2. ISMP List of Additional Drug Names with Tall Man Letters

Drug Name with Tall Man Letters	Confused with
ALPRAZolam	LORazepam
aMILoride	amLODIPine
amLODIPine	aMILoride
ARIPiprazole	RABEprazole
AVINza*	INVanz*
azaCITIDine	azaTHIOprine
azaTHIOprine	azaCITIDine
carBAMazepine	OXcarbazepine
CARBOplatin	CISplatin
ceFAZolin	cefoTEtan – cefOXitin – cefTAZidime – cefTRIAXone
cefoTEtan	ceFAZolin – cefOXitin – cefTAZidime – cefTRIAXone
cefOXitin	ceFAZolin – cefoTEtan – cefTAZidime – cefTRIAXone
cefTAZidime	ceFAZolin – cefoTEtan – cefOXitin – cefTRIAXone
cefTRIAXone	ceFAZolin - cefoTEtan – cefOXitin – cefTAZidime
CeleBREX*	CeleXA*
CeleXA*	CeleBREX*
chlordiazePOXIDE	chlorproMAZINE
chlorproMAZINE	chlordiazePOXIDE
CISplatin	CARBOplatin
clonazePAM	cloNIDine – cloZAPine – LORazepam

* *Brand names always start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names. An asterisk follows all brand names in Table 2.*

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FDA and ISMP Lists of
Look-Alike Drug Names with Recommended Tall Man Letters (continued)

Table 2. ISMP List of Additional Drug Names with Tall Man Letters (continued)

Drug Name with Tall Man Letters	Confused with
cloNIDine	clonazePAM – cloZAPine - KlonoPIN*
cloZAPine	clonazePAM - cloNIDine
DACTINomycin	DAPTOmycin
DAPTOmycin	DACTINomycin
DOCEtaxel	PACLitaxel
DOXOrubicin	IDArubicin
DULoxetine	FLUoxetine – PARoxetine
ePHEDrine	EPINEPHrine
EPINEPHrine	ePHEDrine
fentaNYL	SUFentanil
flavoxATE	fluvoxaMINE
FLUoxetine	DULoxetine – PARoxetine
fluPHENAZine	fluvoxaMINE
fluvoxaMINE	fluPHENAZine - flavoxATE
guaiFENesin	guanFACINE
guanFACINE	guaiFENesin
HumaLOG*	HumuLIN*
HumuLIN*	HumaLOG*
HYDROcodone	oxyCODONE
HYDROmorphone	morphine
IDArubicin	DOXOrubicin
inFLIXimab	riTUXimab
INVanz*	AVINza*
ISOtretinoin	tretinoin
KlonoPIN*	cloNIDine
LaMICtal*	LamISIL*
LamISIL*	LaMICtal*
lamiVUDine	lamoTRIgine
lamoTRIgine	lamiVUDine
levETIRAcetam	levOCARNitine
levOCARNitine	levETIRAcetam
LORazepam	ALPRAZolam – clonazePAM
metFORMIN	metroNIDAZOLE
metroNIDAZOLE	metFORMIN
mitoMYcin	mitoXANtrone
mitoXANtrone	mitoMYcin
NexAVAR*	NexIUM*
NexIUM*	NexAVAR*
niCARdipine	niMODipine – NIFEdipine
NIFEdipine	niMODipine – niCARdipine
niMODipine	NIFEdipine – niCARdipine
NovoLIN*	NovoLOG*

* *Brand names always start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names. An asterisk follows all brand names in Table 2.*

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FDA and ISMP Lists of
Look-Alike Drug Names with Recommended Tall Man Letters (continued)

Table 2. ISMP List of Additional Drug Names with Tall Man Letters (continued)

Drug Name with Tall Man Letters	Confused with
NovoLOG*	NovoLIN*
OLANZapine	QUEtiapine
OXcarbazepine	carBAMazepine
oxyCODONE	HYDROcodone – OxyCONTIN*
OxyCONTIN*	oxyCODONE
PACLitaxel	DOCEtaxel
PARoxetine	FLUoxetine – DULoxetine
PEMEtrexed	PRALAtrexate
PENTobarbital	PHENobarbital
PHENobarbital	PENTobarbital
PRALAtrexate	PEMEtrexed
PriLOSEC*	PROzac*
PROzac*	PriLOSEC*
QUEtiapine	OLANZapine
quiNIDine	quiNINE
quiNINE	quiNIDine
RABEprazole	ARIPiprazole
RisperDAL*	rOPINIRole
risperiDONE	rOPINIRole
riTUXimab	inFLIXimab
romiDEPsin	romiPLOStim
romiPLOStim	romiDEPsin
rOPINIRole	RisperDAL*– risperiDONE
SandIMMUNE*	SandoSTATIN*
SandoSTATIN*	SandIMMUNE*
SEROquel*	SINEquan*
SINEquan*	SEROquel*
sitaGLIPtin	SUMAtriptan
Solu-CORTEF*	Solu-MEDROL*
Solu-MEDROL*	Solu-CORTEF*
SORAfenib	SUNItinib
SUFentanil	fentaNYL
sulfADIAZINE	sulfaSALAzine
sulfaSALAzine	sulfADIAZINE
SUMAtriptan	sitaGLIPtin – ZOLMitriptan
SUNItinib	SORAfenib
TEGretol*	TRENtal*
tiaGABine	tiZANidine
tiZANidine	tiaGABine
traMADol	traZODone
traZODone	traMADol

* *Brand names always start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names. An asterisk follows all brand names in Table 2.*

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FDA and ISMP Lists of
Look-Alike Drug Names with Recommended Tall Man Letters (continued)

Table 2. ISMP List of Additional Drug Names with Tall Man Letters (continued)

Drug Name with Tall Man Letters	Confused with
TRENtal*	TEGretol*
valACYclovir	valGANciclovir
valGANciclovir	valACYclovir
ZOLMitriptan	SUMAtriptan
ZyPREXA*	ZyrTEC*
ZyrTEC*	ZyPREXA*

** Brand names always start with an uppercase letter. Some brand names incorporate tall man letters in initial characters and may not be readily recognized as brand names. An asterisk follows all brand names in Table 2.*

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Do Not Use

Dangerous Abbreviations, Symbols and Dose Designations

The abbreviations, symbols, and dose designations found in this table have been reported as being frequently misinterpreted and involved in harmful medication errors. They should NEVER be used when communicating medication information.

Abbreviation	Intended Meaning	Problem	Correction
U	unit	Mistaken for "0" (zero), "4" (four), or cc.	Use "unit".
IU	international unit	Mistaken for "IV" (intravenous) or "10" (ten).	Use "unit".
Abbreviations for drug names		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO_4 (morphine sulphate), $MgSO_4$ (magnesium sulphate) may be confused for one another.	Do not abbreviate drug names.
QD **QOD**	Every day Every other day	QD and QOD have been mistaken for each other, or as 'qid'. The Q has also been misinterpreted as "2" (two).	Use "daily" and "every other day".
OD	Every day	Mistaken for "right eye" (OD = oculus dexter).	Use "daily".
OS, OD, OU	Left eye, right eye, both eyes	May be confused with one another.	Use "left eye", "right eye" or "both eyes".
D/C	Discharge	Interpreted as "discontinue whatever medications follow" (typically discharge medications).	Use "discharge".
cc	cubic centimetre	Mistaken for "u" (units).	Use "mL" or "millilitre".
µg	microgram	Mistaken for "mg" (milligram) resulting in one thousand-fold overdose.	Use "mcg".
Symbol	**Intended Meaning**	**Potential Problem**	**Correction**
@	at	Mistaken for "2" (two) or "5" (five).	Use "at".
> **<**	Greater than Less than	Mistaken for "7"(seven) or the letter "L". Confused with each other.	Use "greater than"/"more than" or "less than"/"lower than".
Dose Designation	**Intended Meaning**	**Potential Problem**	**Correction**
Trailing zero	*X*.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after a decimal point. Use "***X* mg**".
Lack of leading zero	.*X* mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use "**0.***X* mg".

ISMP Canada July 2006

Adapted from ISMP's List of *Error-Prone Abbreviations, Symbols,* and *Dose Designations 2006*

Report actual and potential medication errors to ISMP Canada via the web at https://www.ismp-canada.org/err_report.htm or by calling 1-866-54-ISMPC. ISMP Canada guarantees confidentiality of information received and respects the reporter's wishes as to the level of detail included in publications.

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Institut pour l'utilisation sécuritaire des médicaments du Canada

Patient Order Sets Information

Patient Order Sets through thinkresearch.com is a great resource to access when developing new order sets or even when completing a routine review.

This service has been designed to provide two important types of information to clinicians working on these types of tools:

1. A set of 'Best Practice', reference order sets on a variety of topics
2. An inventory of current order sets that have been developed by partner hospitals both across Canada and the United States

This information is available at www.thinkresearch.com and you can review their information on this page including a video summary of their order sets service.

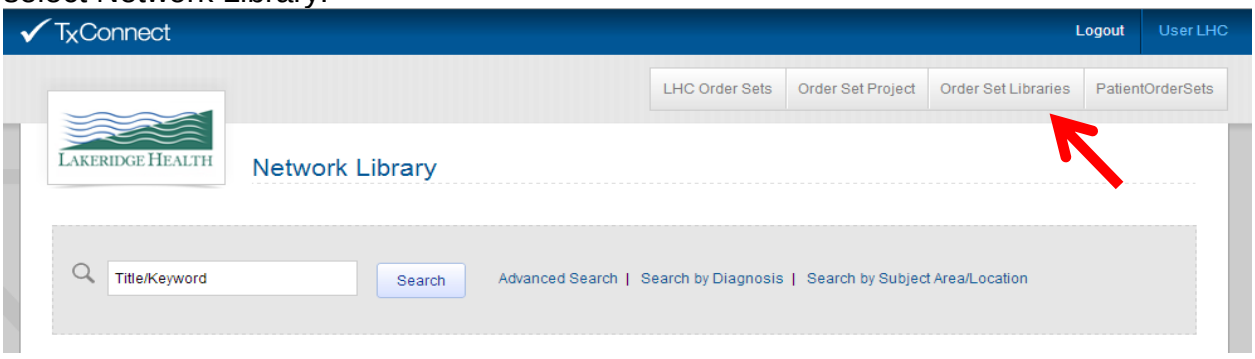
The login page for this service is:

https://txconnect.patientordersets.com/index.php
Username: lhc
Password: g00dh3*lth (number 0, not letter o)

Once you log in, the first page is a listing of all the order sets that Lakeridge Health has uploaded to the site. We are still in the process of transferring our documents over and finalizing the design of the forms. These documents should be treated as final drafts only and are not authorized for use in the hospital at this time.

To access the 'Best Practice' documents, click on the Order Set Libraries tab at the top and then select Reference Library.

To access the order sets from other institutions, click on the Order Set Libraries tab and then select Network Library.



You can then either type in a search term in the Search box or browse by Location (Ambulatory Care, Diagnostic Imaging, Surgery, etc.). For the Network Library there is also an option to list only Canadian hospitals by selecting Canada in the "Filter by National Library Type" box.

Take some time to familiarize yourself with these resources and feel free to contact any member of the Standardized Care Steering Committee with any questions.

Working Group Meetings

A Working Group is required for documents that are large and have a significant amount of work such as extensive stakeholder engagement. It is important that Working Groups are facilitated by the Document Lead.

Here are a few tips:

Meet at a frequency in which the work is generated and/or needs to be done. Initially, the working group meetings will be decision-making and organization of specific roles and responsibilities as well as specific decisions for which the document being developed requires consensus.

The Document Lead does not necessarily 'do' everything, but is responsible for facilitating meetings, following the progress of deliverables and ensuring the smooth and continuous momentum of the development of the document.

Working Group Members, as they are key stakeholders, have important roles. On top of completing any agreed upon deliverables they are also required to obtain feedback and endorsements from the groups/areas they represent.

For some helpful tips and tricks for facilitating and leading meetings, please open the Tips for Running Effective Meetings document.

Here is a link for standard templates that can be used to help facilitate a meeting (e.g. Agenda, Meeting Minutes, etc.)

Do you need to book a meeting room in LHEARN? Here is a link to reserve a room.

For further support related to group and team leadership development contact Organizational Development.

Stakeholder Engagement

Stakeholder engagement starts in the chartering phase and is ongoing through the development phase. It is important that you consult with all stakeholders while the document is being developed to ensure you get it right the first time.

Quality councils are not the appropriate place to obtain stakeholder engagement. Documents only go to Quality Councils (e.g. Surgical Quality Council) if the surgical representative (stakeholder or working group member) has consulted and it is agreed that the document should go for further discussion, or if the program is the sponsor/owner of the document.

Obtaining stakeholder feedback can seem like a daunting task. However, stakeholder feedback can be obtained electronically, via group or 1:1 meetings. It is important that you specifically ask for feedback only on the content that the stakeholder has the expertise in. This will help the stakeholder focus on their area of expertise, especially if they only need to review two paragraphs of a 7-page document. It can be a daunting task to be sent a 7 page document and be asked to 'provide feedback' so if you can be clear on the section or concept that you need feedback on it will be very helpful. In some cases, it may be appropriate to cut and paste the section of interest, but some stakeholders may need/want the full picture to give their input.

The following is a script that can be used to initiate the request for stakeholder feedback. Please be sure to attach the controlled document and tracking form:

> Can you please review the [Controlled Document Name]? As a member of the working group tasked with creating this [new/revised] [document type], I am soliciting your feedback and any questions you might have by end of the day [date].
>
> I am not soliciting feedback on the entire document. As a [stakeholder group e.g. nurse in the Medicine program] I am asking you to provide feedback on:
>
> - [Please list the specific sections and / or pages that you would like the stakeholder group to review]
>
> If you are not comfortable representing the [stakeholder group] broadly, please consider reaching out to several colleagues or emailing me back directly with your concerns.
>
> If you have minimal feedback, an email response is appropriate, otherwise let me know and I will schedule a brief meeting with you. I can review and document all of your feedback and questions then.
>
> Best regards,

Once you send this message, it is important to follow up on time. If a stakeholder indicates that they are not the right/best person, proceed with another stakeholder. Although there are expectations of Stakeholders in the Controlled Document policy, many colleagues will not be familiar with them and some gentle reminders may be needed. If there are unacceptable delays, escalation to a supervisor may be needed.

Responsibilities of the Stakeholder:

Stakeholders are required to respond to the requester in a timely fashion and /or by the requested date given. If the stakeholder decides they do not have the expertise to provide stakeholder feedback, they must respond immediately to the requestor so the process is not delayed.

The following is a script that can be utilized, as appropriate, if the Stakeholder does not respond to your request within the requested time frame. Don't forget, in most cases a quick call will suffice.

I am just following up to the email I sent on [date] with regards to feedback on the development for the [Controlled Document Name]. Obtaining stakeholder feedback from [stakeholder group e.g. nurse in the Medicine program] is a required step in creating this document. At your earliest convenience, please let me know if you plan to provide feedback or if would be better to find another stakeholder representative. To avoid further delay, if I do not hear from you by tomorrow end of day, I will need to connect with [Manager / Director that represents the broad stakeholder group] to find another stakeholder representative. Best regards,

Ensure to include the dates and specific relevant information on the tracking form (section B) of all stakeholder engagements (including the evidence of feedback from the working group members).

Once all stakeholders have been engaged and feedback incorporated into the draft document, it is time to get your working group and owner/sponsor group to approve the "final" draft before embarking on your final approval path.

For Creating Clinical Forms

Before getting started, review the Controlled Documents Process Flow document.
Have you started a Charter Tracking form? This is required for a new/revised/ archived form
If you need help, contact the HIM Forms Liaison (jmckie@lh.ca)

- **Formatting standards**
  - Forms must be developed in Word using the approved template from the WAVE
  - FONT size must be no smaller than 10 point and no larger than12 point and be consistent throughout the document
    - Arial is the preferred font
    - Avoid using italics
    - Avoid underlining or highlighting words
    - Black only
  - DATE format must be DDMONYYYY (e.g. 10JUN2015)
  - If applicable, include check boxes for individual sites if the form is to be used across multiple sites
  - Use tables when possible
  - ABBREVIATIONS
    - Generally accepted abbreviations **may** be used
    - Abbreviations unique to the specific document **may** be used **if** the complete word or phrase is written out in full initially and followed by the abbreviation in brackets
  - Content should follow Canadian spelling, for example 'an**ae**sthesia' instead of 'an**e**sthesia'
  - Hyphens and symbols should be avoided as they influence sorting and retrieval.
    - Example - Instead of Non Invasive or Non-Invasive use Noninvasive

- **Naming/Form Title** – every form should have a name that is indicative of the forms unique use.
  - Informative: the title should clearly indicate what the form is about and when it should be used
  - Title should consist of (1) content description and (2) document type
    - **Content description** answers one or more of the following questions
      - What is the form about, what condition does the patient have, what anatomical site is impacted
      - Title should include a lead term such as 'Pneumonia' for a disease process or 'Bowel' for an anatomical surgical site
    - **Document type** indicates what kind of document it is and captures the function or purpose of the document (e.g. Referral) or how the data is being captured (e.g. Checklist, Flowsheet, Worksheet, etc.)

        - It may also be necessary to include a third term to identify program or population involved
            - Clinical Program (e.g. Surgical Services) or profession (e.g. Respiratory Therapy)
            - Population (e.g. Adult, Newborn)
            - Unit (e.g. NICU, CCU) or Level of Care (e.g. Emergency, Day Surgery)
    - **Example** – Minor Procedure Preanaesthetic Questionnaire

- **Form ID and Form Barcode** will be assigned after the form has been approved

Where do you find the best information to put in your document?

It is important that our controlled documents are built on the most current and best possible evidence available and aligns with regulatory bodies and legislation as appropriate. Any references we use to build our documents must be outlined in the Reference section at the end of the document. You can access our library's resources yourself or request literature searches from the LH Librarian to obtain up to date literature on your subject.

Noteworthy Tips:

- Conduct a literature search through LH Library
- Check in with other hospitals that are similar to ours
- Check in with associated regulatory colleges to determine if there are any standards of practice
- Is there any legislation that directs this document?
- Are there any Best Practice type documents like the RNAO Best Practice Guidelines or other similar resources?
- Check for Quality Based Procedure (QBP) reference documents as provided by the Ontario Ministry of Health
- Review Evidence Based Practice resources such as UpToDate or Cochrane Library
- Put out a request through the Canadian Policy and Procedure Network (through Document Management Specialist)
- Put out a request through the Professional Practice Network of Ontario (PPNO) – contact a member of the Interprofessional Department.
- For order sets, PatientOrderSets.com for reference versions and examples from other institutions across Canada and internationally

Controlled Document Readiness Criteria for Approval

Is your Controlled Document Ready for Approval?

The checklist below will help you to determine if your document is ready to proceed through the approval phase. Feel free to print and tick off each item as it is completed.

Step 1: Update and confirm the document and tracking form

- ❑ Section A - Charter Information is approved by Sponsor/Owner
- ❑ Section B - Stakeholder engagement is clearly updated and articulated on the tracking form
- ❑ Section C - Implementation Plan is filled out
- ❑ Section D - Required approvals are indicated as “Required” or “Not Applicable”
- ❑ Section E – Document Information is complete
- ❑ Section F - Document Publishing Information is complete
- ❑ Ensure document is corrected for spelling and grammar
- ❑ Draft document aligns with the approved Templates and Written Rules of Format
- ❑ Changes from any existing Wave-posted version are clearly indicated (e.g. Track Changes, highlighting, different colour, strikethroughs or comments). Changes arising during development should be removed (i.e. comments from stakeholders)
- ❑ For Order Sets, all changes to Standard Reference Order Set (SROS) modules are clearly indicated (highlighted, different colours, strikethroughs or comments)

Step 2: Obtain approvals from the Working Group and Sponsor/Owner Groups

- ❑ Document is approved by the Working Group
- ❑ Document is approved by the document Sponsor/Owner Group

Step 3: Obtain editorial review from the Document Peer Review Group (if document is an Order Set, Protocol, Medical Directive or Delegated Controlled Act)

- ❑ Document is reviewed by the Document Peer Review Group

When these steps have been completed, you are ready to begin the final approval process! Next step: Send to the first Approval Body in Section E on your Tracking Form

Peer Review Group

The Peer Review Group (PRG) was formed to help share editorial expertise in the development of Order Sets, Protocols, Medical Directives and Delegated Controlled Acts at Lakeridge Health.

The goal of meeting with this group is to support the Document Lead in creating a “publish ready” document for approval that will minimize distractions related to spelling or formatting at the various approval bodies.

As part of the final stages of the Development process, the document should be evaluated against the criteria outlined in the “Readiness Criteria for Approval“ and be signed off by both the Working Group and the Sponsor/Owner Group.

The document lead will provide the most recent version of their document and tracking form to the PRG Chair where it will then be distributed to members of the Peer Review Group. The group will review and compile their feedback prior to a meeting with the Lead.

At the meeting the group will:

- discuss any required changes based on templates or other reference documents
- provide editorial feedback on the document (rarely will specific clinical content be reviewed)

Following the meeting, the Lead would make any identified changes and then begin submitting to the various Approval Bodies.

Informally, the Peer Review Group has adopted the concept of ‘belts’ that represent each member’s level of experience in working through the various types of clinical documents (medical directives, order sets, clinical policies and procedures, protocols, delegated controlled acts and guidelines). A summary of the belts can be found below.

The goal of this Peer Review step is to share tips on document development across programs to help improve the quality of the documents in use at Lakeridge Health.

Peer Review Belt Level	Typical Items Reviewed/Noted
White Belt	Spelling Errors • e.g. Docusate vs Ducosate TallMAN Lettering errors • e.g. Diphenhydramine vs diphenhydrAMINE Generic vs Brand Name • e.g. Benadryl vs diphenhydrAMINE
Yellow Belt	Formatting • agreement with LH Templates • agreement with LH Written Rules of Formatting • agreement with ISMP Guidelines
Green Belt	Formatting • identify scenarios in which poor formatting could alter intent
Brown Belt	Logic Errors • Incorrect type of check box (open vs closed) • Flow of orders in a document creates an unintended action or negates other orders • reviewer is able to consider how a novice reader could interpret
Black Belt	• Content Errors • Are orders internally consistent? i.e. no disagreement between content in different parts of the document • Are orders externally consistent? i.e. no conflict with other LH policies, no conflict with referenced protocols or documents

Controlled Document Approval Body Criteria

The following is the approval body criteria for controlled documents. If additional clarification is needed, based on the nature, content and impact of the specific document, contact the appropriate approval body chair.

Approval Body	Approval Criteria *Approval is required for any controlled document that…*
Program Councils	Documents that have impact ONLY in that program. All program-specific documents that impact physician practice or chief oversight of physician practice in the program require an explicit note of approval at council from Physician Chief or delegate (on the tracking form). Notes: 1. Order sets continue to require P&T approval, 2. Medical Directives and Delegated Controlled Acts continue to require corporate IPP consult
Interprofessional Collaboration Committee (IPCC)	Impacts more than one Health Discipline, aside from Nursing and Physician, **AND** more than one program; **OR** if document pertains to a legislated scope of practice change/controlled act delegation
Nursing Professional Practice Sub-Committee (NPPC)	• Impacts the nursing practice of 3 or more clinical programs. • Is a Blood Product Monograph
Transfusion Committee	Is a Blood Product Monograph (then to NPPC)
Operations Committee	Has cross program/department operational impact.
Pharmacy and Therapeutics Committee (P&T)	Involves ordering and administration of medications.
Medical Advisory Committee (MAC)	Impacts privileged staff practice. Impacts chief oversight of privileged staff professional practice
Capital Management Committee	Involves capital spending, capital projects and/or space allocation.
Senior Management Team	Cannot be delegated to another SMT-Sub Committee for approval or that requires specific SMT member approval (e.g. CEO, Vice President Human Resources)
Board of Trustees	Impacts the practice of the Board of Trustees and/or pertains to a subject matter requiring Board approval.

Lakeridge Health

Controlled Documents
Stakeholder Engagement and Approval Body Summary Tool

A companion tool to support submission of controlled documents for stakeholder engagement and/or approval.

Committee/Council Title	Meeting Date	Meeting Time	Chair	Contact for Agenda Submissions	Submission Requirements (e.g. Submission Form, Deadline for Submission)
Clinical Program Councils (Clinical Sponsor/Owner Groups. Contacts for Stakeholder Engagement/Endorsement)					
DRCC Quality Council	3rd Thursday	0900 – 1030	Patti Marchand Dr. Forbes	Dawn Wheeler (ext. 34470)	
Emergency Program Quality Council	2nd Tuesday	1500 – 1700	Chris Jones Dr. Fuller	Michelle Yuzon (ext. 32406)	Deadline for agenda submissions: last Friday of every month
Critical Program Quality Council	2nd Tuesday	1400 – 1500	Chris Jones Dr. Fuller	Michelle Yuzon (ext. 32406)	
Medicine Program Quality Council	4th Tuesday	1200 – 1330	Janis Klein Dr. Gee (Interim)	Janet Alfonso-Chan (ext. 34813)	Deadline for agenda submissions: 2nd Tuesday of the month.
Mental Health & Pinewood Centre Quality Council	2nd Tuesday	1030 - 1230	Paul McGary Dr. Sorial	Rehana Suleman (ext. 36213)	
Nephrology and Diabetes Program Quality Council	1st Thursday	0800 - 0930	Heather Reid Dr. Lenga	Sandra Sequillion (ext. 36923)	
PASS Program Quality Council	2nd Thursday	1030 - 1200	Nancy Jones Dr. Pedretti	Joyce Gibson (ext.33096)	Submissions for the agenda are requested 10 days prior to the meeting.
Surgical Program Quality Council	3rd Thursday	1030 - 1200	Candice Rosenberg Dr. Mathur	Hollee Wedge (ext. 33238)	Deadline for agenda submissions: one week prior to meeting date.
Women's and Children's Healthcare Program Council	2nd Thursday	0800 – 0930	Julie Goldstein Dr. Abohweyere/ Dr. Athaide	Joyce Gibson (ext.33096)	
Clinical Support Councils/Committees (Contacts for Stakeholder Engagement/Endorsement)					
Diagnostic Imaging Quality Council	3rd Wednesday	1200 - 1300	Ron Burke Dr. Dotsikas	Anita McCoy (ext. 33419)	
Infection Prevention and Control Committee	3rd Tuesday	1000 – 1100	Grant Johnston Dr. Ricciuto	Heather Palmer (ext. 33854)	Deadline for Agenda Submissions: 2nd Monday of the month.

Committee/Council Title	Meeting Date	Meeting Time	Chair	Contact for Agenda Submissions	Submission Requirements (e.g. Submission Form, Deadline for Submission)
Joint Occupational Health & Safety Committee	LHO – 3rd Thur every 2nd month	0800-1100	Diane Ackerman, Lina Reid	Selena Fotheringham (ext. 33567)	LHO – Briefing note outlining policies to be reviewed.
	LHB – bi-monthly, 2nd Tuesday (Jan, Mar, May, July, Sept, Nov)	1400-1600	Dodie Cook, Alan Kameda	Rebecca Oakes (ext. 21396)	
	LHP – 3rd Thursday (Jan, Mar, May, July, Sept, Nov.)	1030-1200	Joni Wilson, Muriel Simms	Christine Dove (ext.44976)	
	LHAP – 2nd Tuesday	1030-1230	Cindy Dowson, Dawn Chin	Selena Fotheringham (ext. 33567)	
	LHW – 3rd Wednesday	1300-1430	Colleen Harrison, Jaclyn McLeod	Lynda Dus (ext.53158)	
Laboratory Quality Council	2nd Tuesday	1000 - 1130	Judy Sherman-Jones	Alison Russell (ext. 33415)	
Medication Safety Committee	Last Thursday	1230 – 1330	Susan Bowser Kirsten Short	Sherri McDonald (ext. 33488)	Controlled Document Tracking Form and Draft Document. Identify what part/aspect of the document requires safety-related feedback.
Pharmacy Quality Council	Last Wednesday of every month.	1300-1500	Wilson Kwong	Sherri McDonald (ext.33488)	Deadline for agenda submissions: one week prior to the meeting.
Document Peer Review Group	2nd Thursday	1400-1500	Lori Bartlett	Lori Bartlett (ext.34307)	Completion of step #1 and #2 of the 'Readiness for Approval Checklist' prior to submission. Controlled Document Tracking Form and Draft Document.
Other Forums (Contacts for Stakeholder Engagement)					
Directors – All (Advisory)	4th Thursday	1400-1500	Rotating Role amongst Clinical Director Group	Joyce Gibson (ext. 33096)	Submission Form required. Forwarded upon request for addition to the agenda. Deadline for agenda submissions: 1 week prior to the meeting.

Committee/Council Title	Meeting Date	Meeting Time	Chair	Contact for Agenda Submissions	Submission Requirements (e.g. Submission Form, Deadline for Submission)
Clinical Directors (Advisory)	4th Thursday	1500-1600	Rotating Role amongst Clinical Director Group	Joyce Gibson (ext. 33096)	Submission Form required. Forwarded upon request for addition to the agenda. Deadline for agenda submissions: 1 week prior to the meeting.
Leadership Forum (FYI)	3rd Wednesday (no meeting Jul/Aug)	1430-1630	Matt Anderson	Sheila McKenna (ext. 34421)	Use of the PowerPoint Presentation – Standard is required for all presentation. Deadline for agenda submissions: 1 week prior to the meeting.
Patient Care Managers (Advisory)	2nd Wednesday	1400-1530	Rotating Role amongst PCMs	Jaclyn McLeod (ext. 32702)	Submission form required. Forwarded upon request for addition to the agenda. Deadline for agenda submissions: 1 week prior to the meeting.
Communities of Practice Forum (Advisory)	2rd Wednesday	1400-1500	Bronwen Carling	Jennifer Killin (ext 34826)	Contact Jennifer Killin.
Controlled Document Final Approval Bodies (Per criteria outlined in Appendix C of the Controlled Document Policy. Applicable approvals should occur in the sequence outlined. Ensure review and completion of Controlled Document Readiness Criteria for Approval Checklist prior to starting the approval process. Additional support resources are available - refer to the Controlled Document Resources/Templates on the WAVE.)					
Capital Management Committee	2nd Monday	1430-1600	Jeff Brown	Tracey Moore (ext.34160)	Controlled Document Tracking Form and Draft Document.
Interprofessional Collaboration Committee (IPCC)	1st Wednesday	1030-1200	Melissa Monardo	Jennifer Killin (ext. 34826)	Controlled Document Tracking Form and Draft Document.
Nursing Professional Practice Committee	Last Thursday	0830-1100	Kristen Draper Sandy Thompson	Jennifer Killin (ext. 34826)	Controlled Document Tracking Form and Draft Document.
Transfusion Committee	Quarterly and at call of the Chair	1530-1700	Dr. Soliman	Wendy Rammler (ext. 33764)	Completion of the following (prior to submission): 1. Approval from Working Group 2. Approval from Document Sponsor/Owner Group Submit Controlled Document Tracking Form and Draft

Committee/Council Title	Meeting Date	Meeting Time	Chair	Contact for Agenda Submissions	Submission Requirements (e.g. Submission Form, Deadline for Submission)
Operations Committee	1st Wednesday	1300 – 1430	Candice Rosenberg	Debra James (ext. 33238)	Controlled Document Tracking Form and Draft Document.
Pharmacy and Therapeutics Committee	2nd Tuesday	1200 – 1330	Dr. Ricciuto W. Kwong	Sherri McDonald (ext.33488)	Controlled Document Tracking Form and Draft Document.
Medical Advisory Committee	4th Tuesday	1530 – 1630	Dr. Stone	Sandra Stewart (ext. 33266)	1. Controlled Document Tracking Form 2. Draft Document 3. MAC Physician Impact Summary Form
Other Approval Bodies					
Integrated Operations Committee (IOC)	2nd Thursday	0800-0930	Christine Nuernberger	Janice Kelly (ext. 21357)	Submission Form required. Forwarded upon request for addition to the agenda.
Senior Management Team	Operations – 1st, 2nd, 4th Tuesday	1000 - 1200	Matt Anderson	Sheila McKenna (ext. 34421)	Senior Management Team Agenda/Discussion Item Request Form
	Planning – 3rd Wednesday	1230 - 1630			
Board of Directors	3rd Thursday	1700	Valentine Lovekin	Sheila McKenna (ext. 34421)	Submissions to the Board are made through the Board appointed Sub-committees.

Lakeridge Health

Medical Advisory Committee Meeting: <Date> Controlled Document Summary

Remove instructions in each cell and replace with information from your tracking form. Include only physician relevant impact information. Do not include education/communication/roll-out plans that do not impact physician group. Use drop down menus as supplied, where appropriate. A completed example is also provided for reference.

Document Details	Physician Champion(s) and/or Reviewers	Physician Impact Assessment	LHAP Changes	Legacy LH Changes	Physician Implementation Information	Documents & Tracking Form
Title: <Title> **Document Type:** <Document Type> **Priority:** <Priority> **Type of Review:** <Review Type> **Documents Archived?** <Y/N> **Name(s):** <Document Name>	*These are the physicians that have been a part of the working group and/or have been engaged and have reviewed/endorsed the document*	*This is a brief summary of what specifically the impact to physician practice/expectations will be as a result of this policy*	*Outline the specific changes to LHAP Physicians as a result of this policy*	*Outline the specific changes to Legacy LH Physicians as a result of this policy*	*How do you plan on informing/communicating/educating the impacted physicians of the changes and expectations?* *Who is responsible for leading the roll out plan(s) for the impacted physician group? – Lead? Physician working group member?* ☒ Department Meetings ☐ ULearn ☐ Other: Implementation Date: <Date> Additional information:	*Insert document(s) and tracking form* *From "Insert" tab, in the "Text" group, click down arrow next to "Object" and choose "Object…"* *In Object dialog box, select "Create from File" tab. Click "Browse" to find the file(s) you want to insert.* *Tick the "Display as icon" box. Click "OK".*
Example of what one should/could look like						
Title: CVAD Care and Maintenance **Document Type:** Policy/Procedure **Priority:** High **Type of Review:** Major Change **Documents Archived?** Yes **Name(s):** LHAP's CVAD Practice P&P	Legacy LH: Dr. Dan Ricciuto, Dr. Joel Kennedy LHAP: Dr. Bay, Dr. Mann	Physicians must order heparin for implanted ports for de-accessing and locking off procedure. Nursing must seek this authorization for medication administration/installation	Physicians do not order heparin for implanted ports. They will need to begin to order	None – practice remains the same	Document lead to attend department meetings at LHAP to disseminate to physician groups Email sent by Dr. Mann to physician groups at LHAP informing of requirements for ordering heparin (medication)	CVAD Care and Maintenance - Sample TF CVAD Care and Maintenance - Sample

Managing Feedback during the Approval Process

During the approval process your document may receive feedback requiring changes that may impact the course of further approvals or may require you to revisit previous approval bodies. Feedback from the approval process results in either an 'approved' or a 'not approved' status.

1. The Approval Body (AB) provides a 'not approved' status due to **significant feedback**
   - Take the changes/suggestions back to your Working Group for consideration. The feedback may include content or formatting issues. However, the feedback from the AB may not be accepted by the Working Group's subject matter experts. Ensure that your Working Group members include content experts who can convey the reason for the document's presentation.
   - Make the changes as appropriate.
   - Resubmit to the AB for either:
     - post-change(s) approval, OR
     - to support the original content validated by the Subject Matter Experts (SME) on your working group.
   - When re-presenting to the AB, ensure that the Tracking Form displays the SME(s) involved and that the presenter has sufficient knowledge to address any questions.
   - If there are any changes to the document, provide previous ABs an opportunity to review the changes and decide if the changes are significant enough to return for re-approval.

2. Perhaps the **concept** of the document is not approved. The AB may not support the concept, resources, or impacts that the document represents (e.g. operationalizing the document is unrealistic).
   - During the presentation to the AB, ask the AB for any recommendations or solutions.
   - Report back to Document Sponsor/Owner (Director) for direction.

3. The AB may identify a **lack of stakeholder engagement**::
   - Return to your Working Group to plan for further engagement of suggested stakeholders.
   - Update the document and Tracking Form to reflect additional stakeholder(s).
   - Return to the AB for review and approval.
   - Connect with previous ABs (via the Committee Chair) regarding changes that have arisen during additional stakeholder engagement and return to the committee for re-approval where required by the Chair.

Committee/Council E-mail Script for Approval Confirmations

The following script can be used to provide written e-mail confirmation of the committee's/council's approval outcome to Controlled Document Leads following the committee/council meeting.

A timely and brief e-mail outline of the outcome and/or next steps, as appropriate, is a required element of the Controlled Document Development, Implementation and Management Policy/Procedures (Procedure 3.4) and is an important part of the approval process to ensure everyone is clear on the outcome and any next steps. Be sure to attach the controlled document and tracking form that was received and reviewed by the committee/council upon which the approval/endorsement has been given for clarity and version control. Simply copy and paste the text below into an e-mail and modify as necessary.

Dear **<Insert name of Document Lead/Representative>**:

Thank you for your presentation at **<Insert name of Committee/Council>** regarding the **<Insert name of document(s)>**.

The committee/council outcome was minuted as follows:

☐ Approved or Endorsed as presented

☐ Approved or Endorsed with the following recommended changes:

-

Upon completion of the requested changes, kindly follow-up for verification of these changes as follows:
<Insert method e.g. forward revised version via e-mail to the Chair for confirmation, re-submit revised version to the committee/council for addition to the next meeting agenda>

☐ Not Approved or Endorsed. Next steps required for obtaining approval/endorsement include:
<Insert committee recommendations regarding actions to be taken in order for the document to move forward for approval/endorsement>

Should you have any questions in regard to the committee/council outcome summary, kindly contact the Committee/Council Chair for further clarification.

Regards,

POST APPROVAL CHANGES SUBMISSION FORM

Required for all LH documents that have been changed post approval
(Separate form for each document)

This form is to be used (tick the appropriate box below):

☐ To confirm recommended changes from the approval body have been actioned **and/or**
☐ If approved content has changed post approval

NOTE: Notification required to all committees that have provided approval.

Both require confirmation of the chair of the Approval Body and may be subject to returning to the committee for discussion/re-approval, at the discretion of the chair.

Instruction to the Document Lead:
Record in the table below the original information that was presented in the document and the amended content. Also include a copy of the revised document clearly identifying the changes made using track changes.

Instruction to the Chair/Committee:
Please respond to document lead with approval of the changes and/or next steps if further review is required. Notify approval body members as appropriate, e.g. include in minutes.

Document Title: <Insert document name>	
Document Lead: <Insert Lead Name>	**Approval Body/Committee:** <Name of Approval Body/Committee>
Date of Initial Approval: <Date of Initial Approval>	**Date of Resubmission to Committee:** <Date of Resubmission>
Approved Content Presented: *(excerpt(s) from the Policy, Order Set, Protocol, etc. to be amended)* •	
Amendment(s): •	

Developing Your Implementation Plan

In order to ensure a successful implementation, each document must include the consideration of educational and communication needs.

Consideration of the implementation plan should begin in the initiation phase, although tangible statements/strategies may not be created until the development phase. The development phase allows the Lead along with the Working Group and Stakeholders an opportunity to create the plan; each of which plays a critical role in the dissemination of knowledge.

The plan is used to communicate both new information and any updates of an existing document; and whether it is a significant practice change or an advertisement of minor updates.

The implementation plan may vary greatly between document types, document content, the resources available and the stakeholders involved. It consists of two components - Education and Communication and should be documented in Section C of the Tracking Form.

Implementation Plan

The Implementation Plan will reflect ways to distribute information based on the target audience and subject matter.

It may include basic items such as emails or memos or may require methods for a large-scale organizational roll out. Factors such as degree of importance, effort and amount of resources that is required for effective communication.

If practice changes are involved, connect with the Lakeridge Health Communications Department to enlist the help of the Communication Specialist for your area. The team will help you to deliver your message in the best way possible to an internal or external audience. They offer communications and marketing planning, incorporating media relations, digital communications, internal communications and advertising.
Examples include screen savers, WAVE announcements, posters and more.

Key References to Use:

http://www.celt.iastate.edu/teaching-resources/effective-practice/revised-blooms-taxonomy/ (this is the link to the interactive blooms pyramid)

http://edorigami.wikispaces.com/file/view/Bloom%27s%20quicksheets.pdf/296456574/Bloom%27s%20quicksheets.pdf (quick sheets)

Complete charter **Section C Implementation Plan** with the following in mind:

Stakeholder Group	• List the stakeholders identified in charter sections B There may be additional stakeholders represented.
Expected Learning Outcomes	• Select the appropriate verb at the appropriate level of understanding (see blooms taxonomy *figure 2*, and *table 1*) • State the content to be learned • Specify the context in which the learning is to occur
Training Method	• Please consider referring to *Figure 1 – The Cone of Learning* to understand effective ways people learn • Ideally, teaching methods should align with the verb in the intended learning outcome we are trying to achieve • When considering a large-scale educational roll out factors such as the degree of importance of the roll out and feasibility factors must also be taken into consideration.
Time Allotted	• Outline the designated timing expected of each Stakeholder Group. This may be reflected as *30 minute instructor lead sessions from Jan-March* or *5 minutes during Monday-Friday unit huddles* • If more than one teaching method is being used and/or more than one intended leaning objective specify the timing for each
Equipment & Resources	• What equipment and other resources will you need to teach the class? (includes human resources, budget, printing, etc)

Sustainability

Keep in mind, continued use and staff awareness of the document/project will shape your education uptake and guide any educational components prior to the next major/minor/no revisions and review date.

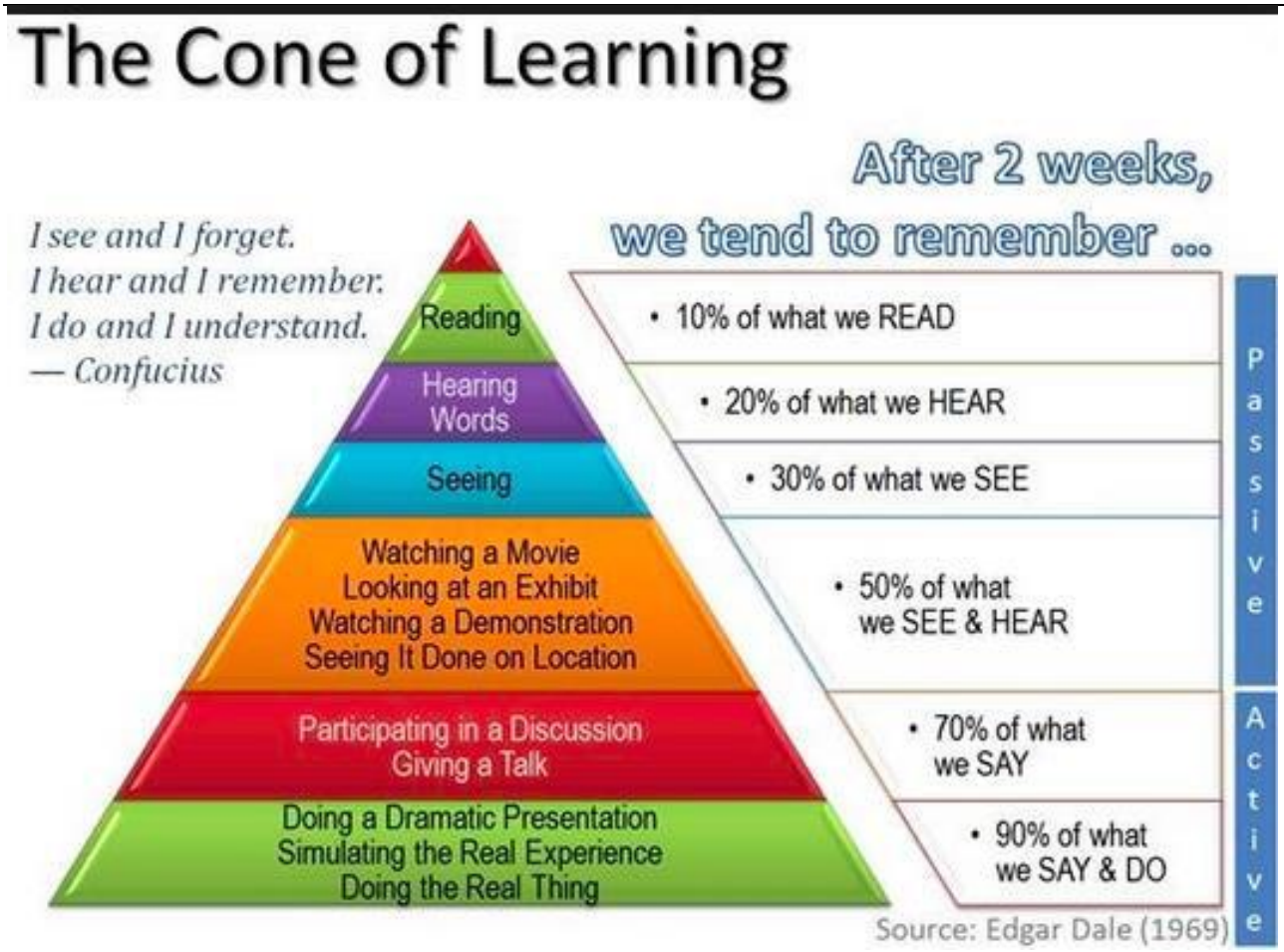


Figure 1 – The Cone of Learning: A good reminder of how people learn

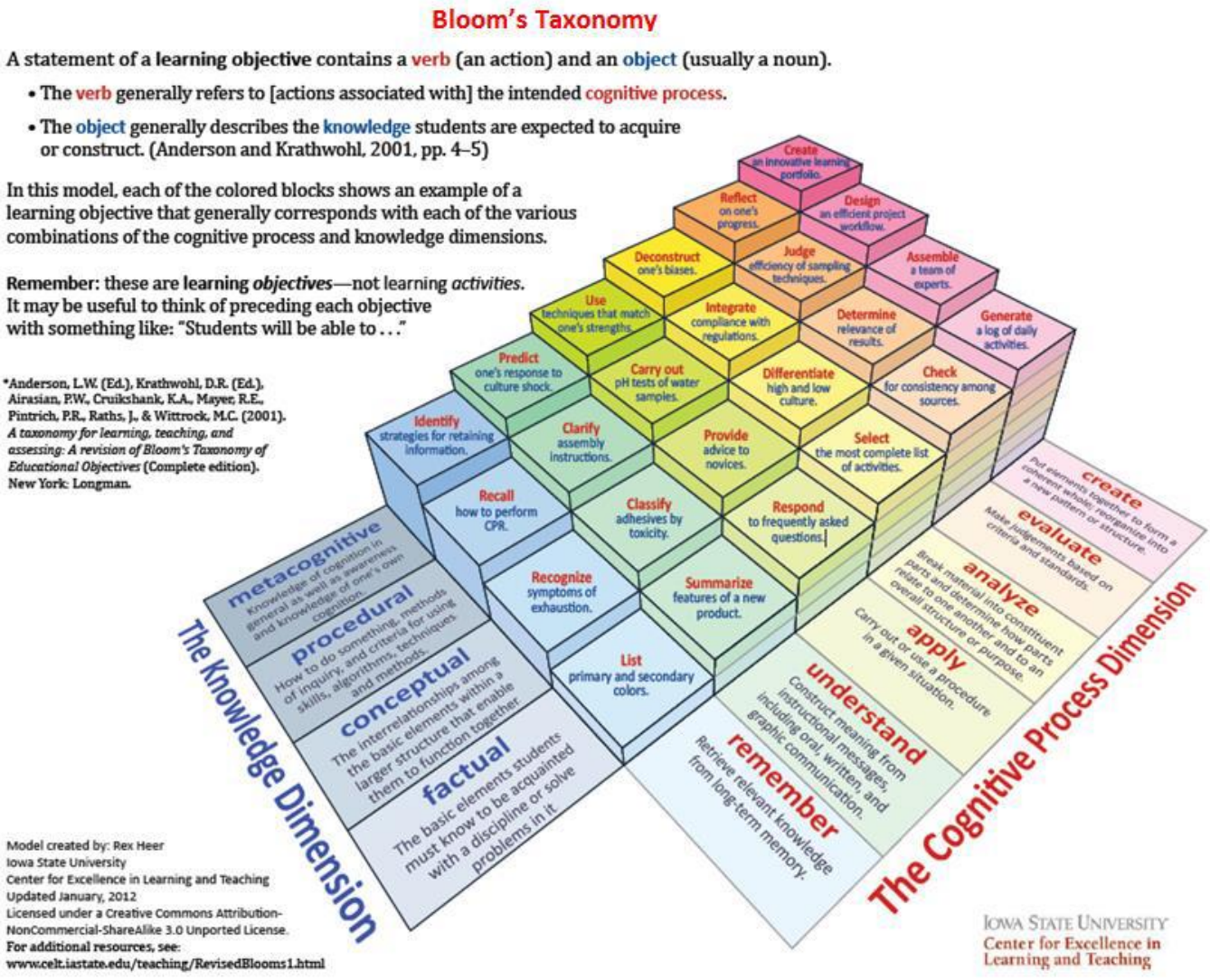


Figure 2 – Bloom's Taxonomy

Learning Objective	Action Verbs		
Remembering	Define Describe Draw Find Identify	Label List Match Name Quote	Recall Recite Tell Write
Understanding	Classify Compare Conclude Demonstrate Discuss	Exemplify Explain Identify Illustrate	Interpret Paraphrase Predict Report
Apply	Apply Change Choose Compute Dramatize	Implement Interview Prepare Produce Role Play	Select Show Transfer Use
Analyze	Analyze Characterize Classify Compare Contrast Debate	Deconstruct Deduce Differentiate Discriminate Distinguish Examine	Organize Outline Relate Research Separate Structure
Evaluate	Appraise Argue Assess Choose Conclude Critique	Decide Evaluate Judge Justify Monitor	Predict Prioritize Prove Rank Rate

Table 1 – Bloom's taxonomy

Education Plan: <Title>

Education Plan	
Identify Problem: Identify, Review, Select Knowledge	•
Adapt knowledge to local content	•
Stakeholders	•
Resources	•
Facilitators and Barriers to Knowledge Use	•
Select and Tailor Implementation **Interventions and Strategies**	•
Monitor Knowledge Use and **Evaluate** Outcomes	•
Sustain Knowledge Use	•

Scenario #1 – Launching an Order Set used for HARD COPY USE ONLY

SAMPLE Communication Script

Launching a NEW Hard Copy Order Set	Launching a REVISED Hard Copy Order Set
Copy and paste the applicable instructions into an e-mail for distribution to Key Stakeholder Groups	
The **NEW** *"<insert title>" (<insert form number>)*" order set is ready for implementation. **PRIOR to the go-live date <insert date>:** **Units/Programs/Physician Offices (if applicable) need to:** 1. Order new hard copy order set forms from the external printer's online ordering system. Order Reference: #<insert form number> 2. Ensure orders are placed with the printing company at least **2 weeks prior** to go-live to ensure a supply of revised forms is on hand for go-live. 3. **Do not begin using new supply until <date>** (go live date). 4. On go-live date: a. Begin using new supply **Key Messages about the new order set:** <insert>	The **REVISED** *"<insert title>" (<insert form number>)*" is ready for implementation. **Prior to the go-live date <insert date>:** **Units/Programs/Physician Offices (if applicable) need to:** 1. Stop ordering the existing order set. 2. Order a new supply of the revised hard copy order set forms from the external printer's online ordering system. Order Reference: #<insert form number> 3. Ensure orders are placed with the printing company at least **2 weeks prior** to go-live to ensure a supply of revised forms is on hand for go-live. 4. **Do not begin using new supply until <date>** (go live date). 5. On go-live date: a. Begin using new supply b. ****For version control and risk minimization***: ensure all previous versions of #<insert form number> (date in the footer = <insert previous approval date>) are located, destroyed and provide confirmation to Document Lead of completion. **Key Messages about the revised order set including highlights of practice changes from the current orders:** <insert>

Scenario #2 – Launching an Order Set used in the ENTRY POINT SYSTEM USE ONLY

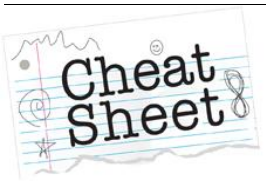
SAMPLE Communication Script

Launching a **NEW** Entry Point ORDER SET	Launching a **REVISED** Entry Point ORDER SET
Copy and paste the applicable instructions into an e-mail for distribution to Key Stakeholder Groups	
On <insert go-live date>, a **NEW** *"<insert title>" (<insert form number>)*" order set will be ready for use in the Entry Point system. **Key messages about the new order set:**	On <insert go-live date>, a **REVISED** *"<insert title>" (<insert form number>)*" order set will be ready for use in the Entry Point system. **Key messages about the revised order set including highlights of practice changes from the current orders:**
If this is a conversion of an new or revised order set to Entry Point that was previously used in hard copy add the following important instructions to your communication: ***For version control and risk minimization***: confirm any old hard copy versions of #<insert form number> (date in the footer = <insert previous approval date>) are located, destroyed and provide confirmation to Document Lead of completion.	

Scenario #3: Launching a HYBRID Order Set (I.e. used by some units in HARD COPY AND by other units in ENTRY POINT)

SAMPLE Communication Script

Launching a NEW HYBRID ORDER SET	Launching a REVISED HYBRID ORDER SET
Copy and paste the applicable instructions into an e-mail for distribution to Key Stakeholder Groups	
The **NEW** <insert title and form #> order set is ready for implementation. **Prior to the go-live date <insert date>:** **Units/Programs/Physician Offices (if applicable) using this order set in HARD COPY (i.e. not using in electronic Entry Point system) need to:** 5. Order new hard copy order set forms from the external printer's online ordering system. Order Reference: #<insert form number> 6. Ensure orders are placed with the printing company at least **2 weeks prior** to go-live to ensure a supply of revised forms is on hand for go-live. 7. **Do not begin using new supply until <date>** (go live date). 8. On go-live date: a. Begin using new supply **For units/programs that access order sets via the Entry Point system:** 1. On go-live date: Begin using new order set in the Entry Point system. **Key Messages about the new order set:** <insert>	The **REVISED** <insert title and form #> order set is ready for implementation. **Prior to the go-live date <insert date>:** **Units/Programs/Physician Offices (if applicable) using this order set in HARD COPY (i.e. not using in Entry Point) need to:** 1. Stop ordering the existing order set 2. Order a new supply of the revised hard copy order set forms from the external printer's online ordering system. Order Reference: #<insert form number> 3. Ensure orders are placed with the printing company at least **2 weeks prior** to go-live to ensure a supply of revised forms is on hand for go-live. 4. **Do not begin using new supply until <date>** (go live date). 5. On go-live date: a. Begin using new supply b. ***For version control and risk minimization***: ensure all previous versions of #<insert form number> (date in the footer = <insert previous approval date>) are located, destroyed and provide confirmation to Document Lead of completion. **For units/programs that access order sets via the Entry Point system:** 1. Begin using new order set via the EP system. 2. ***For version control and risk minimization***: confirm any old hard copy versions of #<insert form number> (date in the footer = <insert previous approval date>) are located, destroyed and provide confirmation to Document Lead of completion. **Key Messages about the revised order set including highlights of practice changes from the current orders:** <insert>



Implementation Cheat Sheet
Your Document(s) was approved – Now what?

Step 1 – Confirmation of final approval

The Final Approval Body is required to send an e-mail confirmation to the Document Lead noting the outcome of the approval request (i.e. approved as presented, approved with amendments or not approved and next steps)

- ❑ Ensure receipt of approval e-mail confirmation from the Final Approval Body – haven't received it? Follow-up with the Administrative Assistant for the committee – click here for a list.
- ❑ If approval included any recommended changes:
  a) Complete and forward back the amended document(s) to the Approval Body Chair for final approval confirmation.
  b) Ensure confirmation of the amended final version is received from the Committee Chair.

Step 2 – Preparation for implementation and document(s) 'Go-live'

Review Section E of the Tracking Form to identify any documents that require additional processing PRIOR to go-live implementation (i.e. clinical form, order set or associated resources).

- ❑ **Order Sets/Clinical Forms?** If order sets or clinical forms are included in Section E – these will need to be processed for use **BEFORE** final go-live implementation can occur. Follow-up on processing next steps as follows:
  - For clinical forms – contact the HIM Clinical Forms Liaison (jmckie@lh.ca)
  - For order sets – contact the Document Management Specialist (lobartlett@lh.ca) and HIM Clinical Forms Liaison (jmckie@lh.ca)
- ❑ **Associated resources?** If associated resources are referenced within the controlled document (e.g. patient information, intranet content) these will need to be finalized and made available **BEFORE** the controlled document can go-live, as follows:
  - Patient information – published on the WAVE>My Tools>Patient Materials. For assistance contact the Communications Department and/or the IT Help Desk.
  - Non-clinical (i.e. administrative form) – published on the WAVE>My Tools>Forms via your Program admin support staff or IT Help Desk
  - Other supporting resource material – published on the WAVE. Identify the location where the material is to be published (e.g. program page on the WAVE) and follow-up with the owner/administrator of the page on the WAVE to arrange for publishing.
- ❑ None of the above – skip to step #3

Step 3 – Determine a 'go-live' implementation date

This is the date you want the approved document(s) to be published on the Wave. Keep in mind that it is at that time that the expected practices will go into effect and LH will be held legally accountable to these practices. In the case of revisions, any previous documents will be archived as indicated in Section B.

Choosing the go live date:

❑ Review **Tracking Form - Section C – Implementation Plan**:

- Is there pre-live education and/or communication that must occur BEFORE the document(s) can go live into practice?
- Estimate the time required to complete the pre-live implementation

AND

❑ If order sets are involved, additional processing time will be required depending on who will be using the order set:

Who will be using the order set??		
Scenario #1 ❑ Will be used by units who use order sets in hard copy? (e.g. ED, Surgery, Physician's Offices)	**Scenario #2** ❑ Will be used by units who use order sets electronically in Entry Point? (e.g. Hospitalists, Medicine, Nephrology)	**Scenario #3** ❑ Will be used by units who use order sets in hard copy AND units who use order sets in Entry Point
Hard Copy Processing ~1 week for the printing company to process + Minimum of 2 weeks for units to order a supply of order sets to have on hand for go-live	**Entry Point Processing** ~2-3 weeks for the system vendor to build the order set in the electronic Entry Point system	**Hybrid Processing** ~2-3 weeks to process in Entry Point and for printing company to process hard copy + Minimum of 2 weeks for units to order a supply of order sets to have on hand for go-live

❑ **Identify Go Live Date:**

Time required for Pre live Education/Communication: _____ (#days)
+
Time required for order set processing: _____ (#days)
+
Time required for associated resource processing (clinical forms, patient info): _____ (#days)

GO-LIVE DATE: _____

❑ E-mail Document Management Specialist (lobartlett@lh.ca) to arrange publishing for the target go-live date. Include HIM Clinical Forms Liaison (jmckie@lh.ca) if an order set is included in the documents that require publishing or archiving.

Checkout the Controlled Document Toolkit>Implementation Section for additional resources to support your document implementation (e.g. sample communication scripts).

Minimum Document Review Requirements

Document Type	Minimum Review Period
Care Pathway	2 years
Clinical Form	3 years
Delegated Controlled Act	2 years
Guideline	3 years
Medical Directive	2 years
Order Set	2 years
Patient Care Standard	3 years
Policy and/or Procedure	3 years, unless legislation requires more frequent review (e.g. Occupational Health and Safety)
Protocol	2 years

Printed Patient Order Sets AND Clinical Hard Copy Forms Management/Best Practices

1. VALIDATION OF INCOMING SUPPLIES

Upon receipt of hard copy order sets and forms from the external printing company (DATA GROUP), it is important to ensure the accuracy of the forms received **BEFORE** distributing or storing them for future use.

At a minimum, a sampling of all packages received should be carried out to confirm:

a. Correct version has been printed – this can be confirmed via the version date in the footer and a review of content.
b. Correct number of pages – i.e. if it is a 4 page form, confirm all 4 pages have been included in each set that is sampled.
c. Correct form layout - e.g. content that should be printed on the back-side of a page is printed on the back, content that should be printed single sided is single sided and NOT printed on the back-side.
d. In the case of forms printed on NCR paper, content on the white copy and content on the yellow copy are the same. (The same should be confirmed for any content printed on the back.)

Should you or your staff identify any errors or concerns during this checking/validation, immediately secure the incorrect forms AND contact **Lori Bartlett (for all Patient Order Set Forms)** OR **Jody McKie (for Order Sets and other clinical forms)**.

2. ON-GOING MANAGEMENT OF EXISTING SUPPLIES

Management of hard copy stock to ensure it is kept up-to-date with the most current version of the form is very important to ensure patient safety.

Scenario	Explanation	Actions Required
Scenario #1 REVISED FORMS	Revisions of existing forms occur to ensure they continue to align with best practices.	- Stop ordering the existing version of the form. - Submit an order for updated stock. - Validate the new stock when received. - Locate and destroy all previous versions of stock on hand via LH confidential waste management bins.
Scenario #2 ARCHIVED FORMS	Sometimes forms are 'archived' – which means the form is no longer to be used and should be taken out of circulation.	- Locate and destroy all stock on hand via LH confidential waste management bins.
	****Completing these actions will help to ensure there is no risk to patients resulting from the use of an out-dated form to provide patient care****	

Lakeridge Health

PDSA Cycle #1: **<Title of PDSA Trial>**

Team: **<Name of the working group, unit, or department>**

Version: v2.2

PLAN *Sources of error & improvement opportunities identified;* *Agree on the change to be trialed;* *Detail of the plan (who, what, where, when, how) including data collection if any;* *What is the prediction or what is expected to happen*	**WHAT**	**Person Responsible**	**WHERE will the trial be conducted?**	**When is the trial happening?**
	What is being trialed? **Reason for PDSA trial?**			
	List some key tasks needed to ensure the trial will be successful: •	**What is expected to happen (predictions)?** •		
	What data / feedback do you need to collect? •	**Who will collect the data / feedback? When?** •		
DO *Carry out change being trialed & measure impact;* *Record data, observations & feedback;*	**List a summary of observations. Summarize the data or information collected:** •			

Lakeridge Health

PDSA Cycle #1: **<Title of PDSA Trial>**

Team: **<Name of the working group, unit, or department>**

Version: v2.2

STUDY *Study data before / after the change;* *Reflect on what was learned;* *Do results coincide with prediction?*	**What was learned?** • **Compare results to the predictions.** •
ACT *Plan the next PDSA cycle amending the original idea if unsuccessful,* ***OR*** *Plan for broader implementation (spread) of successful changes (adopt, adapt, or abandon)*	**What actions are going to be made as a result of this trial? (Adopt, Adapt or Abandon)** • **Is the change ready for permanent implementation?** • **What is required before the next PDSA trial?** •

[Project Title] - Project Plan			
What - Describe the task or work required	**Who**	**By When**	**Status**
Project Plan Subheading e.g. Developing the procedure			
E.g. meet with working group members to brainstorm and process map	Person 1	30-Dec-15	In Progress
			Complete
			Delayed
			Not Started

Lakeridge Health

S.I.P.O.C. Assessment **Process:** <Title>

<table>
<tr><th><u>S</u>uppliers</th><th><u>I</u>nputs</th><th><u>P</u>rocess</th><th><u>O</u>utputs</th></tr>
<tr><td rowspan="2">Key Stakeholders:
•
Stakeholders Directly Involved in Process:
•
Other Stakeholders Impacted (not directly involved):
•</td><td rowspan="2">Electronic Systems:
•
Documents / Records:
•
Equipment / Materials:
•</td><td rowspan="2">Trigger: Describe the specific moment in time when the process is triggered.

1. Outline the major steps and activities undertaken by all the suppliers / customer of the process

Done: Describe a specific moment in time when the process is done.</td><td>•</td></tr>
<tr><td><u>C</u>ustomers
•</td></tr>
</table>

Tips for Running Effective Meetings

Email an agenda 24 hours in advance.

Arrive 5 minutes early

Start and end on time.

Come prepared.

No smartphones.

Bring paper and a pen.

Share all relevant data.

Stay on topic.

Be brief and concise.

No interrupting.

Silence = agreement

Disagree without being disagreeable

Challenge ideas rather than people.

No side conversations or comments

Everyone participates.

Follow-up by email within 24 hours.

Sources:

http://quickbase.intuit.com/customers/procter-&-gamble-(p&g)
http://www.salary.com/wasting-time-at-work-2012/slide/11/
http://www.people4business.com/content/business-meetings-that-take-the-biscuit.htm
http://www.psychologytoday.com/blog/wired-success/201010/want-improve-productivity-scrap-meetings

intuit QuickBase

Controlled Document: Frequently Asked Questions

Q I need to develop a document. Where do I start?
Start with the Toolkit section on the WAVE called "Getting Started" to begin your document journey.

Q Do I need to have a tracking form?
Yes! All controlled documents require a tracking form, even minor revisions. This includes the robust completion of each section. The tracking form is used to ensure that a Document Lead and Working Group are able to communicate the need for the controlled document, stakeholders, and goals of the work, approvals and the publishing information.

Q I have a non-clinical document to develop. Do I need to fully complete the tracking form?
Yes! All of the information on the tracking form is important for all controlled document types.

Q What is a controlled document?
A controlled document is a formal reference document which outlines and establishes organizational practices that are used to guide actions and decision making. Visit the toolkit reference What is a Controlled Document? for more information.

Q Which document type fits my need?
Selecting the right controlled document type is based on the need and the objective for creating it. You may need a combination of document types. The toolkit reference Selecting the Right Document will guide you in assessing and determining the type.

Q Do you have an example of how to complete a controlled document?
We have instructional sheets and correctly formatted templates to help guide you.

Q Who is the Sponsor/Owner Group and how do I obtain approval from them?
The owner of a controlled document is often the Document Lead's program/ department. Contact your Director for approval.

Q What if the Sponsor/Owner Group identification is unclear (ie: document is hospital-wide)?
Your Director will take this topic to the All Directors meeting to determine who the Sponsor/Owner Group will be.

Q Do I always need to strike a working group?
No. However, most documents require a working group to help inform regarding the content (even if it is just a minor revision). Minor revisions still require a level of involvement to endorse that there have been no changes needed or just minor changes.

Q How do I identify my stakeholders?

Consider who the controlled document will impact. Typically, these are roles (e.g nurses) and programs/departments (e.g. Medicine, Lab). Use the Controlled Documents Toolkit for additional resources on identifying stakeholders. If you require additional consultation, contact the Quality, Improvement and Risk Management department.

Q I have identified my stakeholders, but how do I fill out the rest of the tracking form?

The toolkit tracking form section outlines how to complete each section. A template and instructional guide with examples are provided.

Q What does the Peer Review Group do?

The Peer Review Group (PRG) was formed to help share editorial expertise for protocols, medical directives and order sets. Their goal is to support the Document Lead in creating "publish-ready" documents for approval. The PRG will look at components such as templates, formatting and logic errors. The PRG members are not content specialists regarding your document.

Q How do I know my document is ready for the Peer Review Group to review?

You are ready to meet with the Peer Review Group once you have ensured the Readiness Criteria for Approval Checklist is complete.

Q How do I know where to take my documents for approval?

The identification of your stakeholders and working group should guide you to which SMT approval bodies to take your document to for final approvals. For example, if you have identified that a pharmacist's expertise is required to develop the document because it contains medications, then Pharmacy and Therapeutics (P&T) would be a required approval committee.

Note: Quality Councils are not final approval bodies, they are stakeholders. These Program Councils will be engaged, as appropriate, and will endorse your document prior to the final approvals.

Q Do I still need to take my document to program Quality Councils for approvals?

No. Program or Quality Councils are not SMT appointed approval bodies for Lakeridge Health. They are stakeholders that may still need to be engaged as appropriate. Other ways of engaging programs is through the program leadership and/or through the front line staff. Quality Councils or Program feedback can be tracked in *Section C, Stakeholder Consultation/Engagement/Endorsement Information* of the tracking form.

Q How do I know when and to whom I can submit my document for approval?

The Controlled Documents Stakeholder Engagement and Approval Body Summary Tool will help you determine the submission deadlines, who to contact for agenda submission, and the meetings dates and times. Note – this tool also contains information for stakeholder engagement.