**A picture containing text, clipart

Description automatically generated**

**Terms of Reference: Policy Committee**

**MANDATE:**

The Policy Committee ensures that documents have been updated if needed, and reviewed and endorsed by relevant individuals and committees closer to the point of care or service, and to recommend final approval by the Chief Nurse Executive (CNE) or Executive Leadership Team (ELT).

The Policy Committee provides final approval by the Chief Nurse Executive (CNE) or Executive Leadership Team (ELT) for Policy, Procedure, Guideline and Standard of Care documents. It is expected that all documents have gone through the approval process closer to the point of care service, and all applicable endorsements received.

Exceptions:

1. Standard operating procedures related to research written by the N2 Network of Networks are adopted 'as is' by Southlake Regional Health Centre’s (Southlake’s) Research department; therefore, they are exempt from the consultation and approval process described in the [Document Management Policy and Procedure](http://southlake/DefaultnR.aspx?cid=591&lang=1) (A D017). Prior to posting any new or revised standard operating procedures released by N2, the Research department will notify the ELT Policy Committee so they may minute the approval of the documents.
2. At the discretion of the Policy Committee, departments or programs may be authorized to approve their own department/program-specific documents after submitting their Policy Management process in writing to the Policy Committee for review. Currently the Maternal Child Program, and Stronach Regional Cancer Centre (SRCC) have processes in place to approve their own program-specific documents. These programs will email the Document Management Associate (DMA) monthly to advise of all approved documents and these will be added to the monthly bulletin.

All documents presented to the Policy Committee are gathered from the Document Management System (Clarity) and coordinated by the DMA.

**RESPONSIBILITIES:**

1. Monitor to ensure the timely review/revision of existing documents as per the [Document Management Policy and Procedure](http://southlake/DefaultnR.aspx?cid=591&lang=1).
2. Ensure that documents comply with the [Document Management Policy and Procedure](http://southlake/DefaultnR.aspx?cid=591&lang=1).
3. Review documents for clarity and errors that have been missed during the consultation process.
4. Confirm the Author has considered an education plan, where applicable.
5. Authorize the DMA to provide CNE or Policy Committee sign-off in the Clarity system, post the document live onto the intranet, and add approved documents to the monthly bulletin.

**SCOPE:**

Within Scope:

1. All clinical and non-clinical Policy, Procedures, Guidelines & Standard of Care documents following consultation and endorsement by the department or program with the exception of the Maternal Child Program and Stronach Regional Cancer Centre.

Out of Scope:

1. Documents that require only MAC approval (e.g. Medical Directives, Standardized Order Sets)

For documents under the responsibility of MAC, the approval body will be MAC Policy Subcommittee.

However, any MAC-designated documents that are Policies, Procedures, Guidelines or Standards of Care will be jointly reviewed by the Policy Committee and the MAC Policy Subcommittee.

**MEMBERSHIP:**

* Document Management Associate – Co Chair
* Manager of Interprofessional Practice – Co Chair
* One Vice President
* One representative from Ethics
* One representative from the non-clinical leadership group
* One representatives from the clinical leadership group
* Director of Occupational Health and Safety or designate
* Director of Laboratory and DI or designate
* Director of Pharmacy or designate
* One Patient and Family Advisory Committee Representative
* Ad hoc representative from Quality/Risk
* Ad hoc representative from the medical staff
* Additional guests may be invited at the request of the committee

**QUORUM:**

* Shall consist of 50% plus one of the total members, one of whom must be the Vice President.

**Note:** Where Quorum can’t be achieved, the Committee agrees unanimously that approval of documents shall be done through electronic vote, which shall then be further substantiated at the next in-person meeting with a motion to acknowledge the approval put forward by the chair.

**RECOMMENDATION FOR APPROVAL**

* Recommendation for approval by the CNE or SLT will be by consensus
* If consensus cannot be obtained, the document will be deferred to the next meeting and the author will be notified of the concerns and invited to attend the next monthly meeting

**FREQUENCY OF MEETINGS:**

* Monthly or at the call of the chair

**ACCOUNTABILITY:**

* Chief Nurse Executive and Executive Leadership Team

Approved by Policy Committee