



Putting Patients First
Transforming Health Care through Lean

Number: 00-001-01 SW

Name of Activity: Saskatchewan TB Policy and Procedure Development

Role(s) performing Activity: TBPC SK Staff/Physicians/Partners; TB Partnership; Policy Lead; Person assigned to develop/revise policy and/or procedure

Cross index: TBPC SK Clinical Policies and Procedures #00-001: Policies and Procedures Framework

WORK STANDARD

Location: All TB programs within Saskatchewan

Department: TB Prevention and Control SK (TBPC SK)

Document Owner: Manager, TB Prevention and Control SK

Region/Organization where this Work Standard originated: Saskatoon Health Region

Date Prepared: January 4, 2017

Last Revision:

Date Approved: May 10, 2017

Work Standard Summary:

The following work standard outlines the procedure for provincial TB policy and procedure development, approval, release and distribution.

Essential Tasks:	
TBPC SK Staff, Physicians and/or Partners and TB Strategy Leads	
1.	Submit recommendation(s) for policy and procedure development or revision to the TB Partnership.
TB Partnership	
1.	Review recommendation(s) for policy and procedure development or revision and determine priorities.
2.	Forward priorities for policy and procedure development or revision to the Policy Lead.
Policy Lead	
1.	Authorize policy and procedure development, revision and/or review. Assign work as required.
2.	Collaborate with TB Strategy Leads to identify the issue, determine the policy type and establish the direction.
Person assigned to develop/revise policy and/or procedure	
1.	Review relevant literature, policy, legislation and other sources including initial stakeholder consultation as necessary.
2.	Prepare first draft and forward to TB Strategy Lead and/or policy working group, if applicable, for initial feedback.
3.	Review feedback and revise draft as necessary ensuring the policy intent and related procedure is maintained.

4.	Circulate draft to stakeholders, including members of the TB Partnership, and compile feedback. Respond to those who provide feedback.
5.	Review the feedback and revise the draft as necessary ensuring the policy intent and related procedure is maintained. Collaborate with the TB Strategy Lead or policy working group as required.
6.	Determine if further consultation or consequential amendments are required.
7.	Forward the revised draft to the TB Strategy Lead and/or policy working group and others for final review, as applicable.
8.	Submit final draft to the TB Partnership for endorsement.
9.	Submit the endorsed draft to the TBPC SK Leadership for approval along with the communication and education plan. Refer to Appendix A.
10.	Send the approved policy and procedure to the TBPC SK Clinical Nurse Educator for number assignment, updates to the table of contents, web page posting and filing of the approval.
11.	Distribute policy and procedure to TBPC SK staff, physicians and partners via email.
12.	Provide education for partners, as required, in collaboration with TBPC SK Staff and Physicians.
Partners	
1.	Facilitate the implementation of, and adherence to, the policy and procedure.

Appendix A: Policy and Procedure Approval Request form

1. Title: _____
 Type of document: Policy Procedure Standard Work Work Standard
2. Approval submission date: _____
3. Policy Lead (s): _____
4. Contact person for policy if different than above: _____
5. New policy
 Revised – Replaces (list all policies affected): _____
6. Members of Working Group: Not applicable
Name: _____ Position: _____ Phone: _____
7. Summary of proposed/revised policy:
8. Communication, Education & Training Plan: (For/by whom? When? How?)
9. Consequential amendments required as a result of the new/revised policy:
10. Policy/procedure monitoring/auditing/enforcement to measure compliance and policy effectiveness will be achieved by:
11. Resource implications:
12. Stakeholders: _____ Reviewed/Consulted: _____ Date: _____
13. Distribution List (anticipated):

Additional Information/Comments:

TB Partnership endorsement [date]:	
Authorization: <input type="checkbox"/> Policy recommended/approved <input type="checkbox"/> Policy recommended/approved with suggested changes <input type="checkbox"/> Policy requires further revision prior to approval	
Signature: _____	Date: _____
Clinical Lead: _____	_____
Manager: _____	_____
Medical Health Officer: _____	_____

References:

TB Prevention and Control Saskatchewan clinical policy and procedure #00-001: Policies and Procedures Framework, 2017.