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| **Purpose** | This document outlines the mandatory processes for developing, reviewing and managing all of name of service documents.  The expected outcomes of such a system are:   * the consistent implementation of processes * legislative compliance * pro-active risk management * continuous service improvement * stakeholder participation, |
| **Scope** | This document applies to all personnel working for name of service and applies to the following internal and external documents:   * posters * forms/templates * manuals * organisational plans * policies and procedures * brochures |
| **References** | [NZS 8134.1.2: 2008 Health and Disability Services Standards (HDSS)](http://www.health.govt.nz/system/files/documents/pages/81341-2008-nzs-health-and-disability-services-core.pdf) |
| **Principles** | The following principles underpin the document development and management processes:   * Commitment to the formal management of documents to provide service users, their families and employees with access to the services information on systems and processes. * Ensuring that the documents used by the service are reliable, evidence based and current. * Ensuring that employees are alerted to new and reviewed documents. * Ensuring that employees are made aware of their responsibilities to comply with the document management processes. |

**Document Structure =**

**Based on the Health and Disability Services Standards and**

**Home and Community Support Sector Standard**

**Green** = consumer rights

**Gold** = organisational management

**Blue** = continuum of service delivery

**Purple** = safe environment

**Yellow** = infection prevention and control

**Turquoise** = restraint minimisation and safe practice

**Individual document colour coding**

**Orange** = formal reporting obligations

**Light red** = role responsible for the process

**Grey** = time frames

or frequency for the process

**Document Identifiers**

All internal documents must include on each page:

Date for review

Date of issue

Authorised by

Version number

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| --- | --- | --- | --- | --- | --- | --- |
| Version: | 3 | March 2014 | Review: | March 2017 | Authorised by CEO: |  |

Non-routine review when:

* Legislation changes.
* Changes in processes.
* Changes in service delivery.
* Changes to NZ standards.
* Errors in the document.
* Omissions in the document.
* Issues of best/evidence based practice changes.
* Lack in clarity.
* As the result of audits.
* Contract or certification requirements.

**Routine review**: 3- yearly

Except:

**Yearly:**

* Infection prevention and control plan
* Risk management plan
* Health and safety processes
* Business/operational plan

Example stakeholders:

* auditors
* funders
* service users
* family/whānau
* external service providers.

**Any personnel or other stakeholders can identify**

**The need for change in an existing document including review**

**The need for a new document.**

**Complete the application to develop or change a document**

**Process to**

Person responsible for document management

* Approves the application.
* Facilitates the consultation process.
* Amends the document as required.
* Ensures the document is signed off by the Board/CEO.

**Distribution of the new/amended document**

* Email notification to relevant staff .
* Institute mechanism to ensure that staff have read and understood the new or amended document.
* Place document on the name of service policy/procedures drive.

Inform relevant stakeholders of the changes.

Person responsible for document management

**Administrative tasks**

* Withdraw non-current documents from circulation and access (archive).
* Identify superseded document as no longer current (watermark).
* Update the policy/procedure document index.



ENSURE ONLY CURRENT POLICIES AND PROCEDURES AND DOCUMENTS ARE USED

**External Documents**

Person responsible for document management

* A list of external documents that require monitoring and updating is maintained.
* The content of the external document index is determined by…….
* Obsolete copies of external documents shall be disposed of immediately or are identified as obsolete and filed for further reference.

# Consultation

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| Group/Role | Date |
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