

DOCUMENT DEVELOPMENT AND REVIEW FRAMEWORK

POLICY AND PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

Refer to the [SCHN Document Development & Review Process flowchart](#).

- The Director of Clinical Governance and Medical Administration has governance over SCHN policy processes.
- SCHN document shall come under one Directorate. Directors are responsible for document development from within their area.
- SCHN document development/review shall be underpinned by National and State policy (where available) and the respective Health Practitioner Code of Conduct and where applicable, Code of Ethics.
- Line manager/s must approve/signoff policy document development and review.
- Document development and review teams should be multidisciplinary and consist of representatives of key stakeholders from the different SCHN facilities.
- All key stakeholders must be given the opportunity to comment and approve the final draft of a document.
- All SCHN documents must:
 - Be processed via ePolicy
 - Follow the endorsed approval process described in this policy.
 - Reflect considerations for family, cultural and ATSI health issues.
 - Be formatted using SCHN document templates.
 - Be developed/reviewed within the defined review period of time.
 - Support best clinical or corporate practice (providing evidence where appropriate).
 - Be written in plain English
- Documents are to be used 'on-line', wherever possible (hardcopies are discouraged).

Only one authorised version shall be available electronically at any one time.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st April 2019	Review Period: 3 years
Team Leader:	Network Policy Officer	Area/Dept: Clinical Governance Unit

CHANGE SUMMARY

- Updated to reflect processes in ePolicy, additional resources and the NSQHS 2nd ed Standards.
- Added information about the Policy Dashboard

READ ACKNOWLEDGEMENT

- All managers and any staff who are developing or reviewing an SCHN policy document should read this document.

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SCHN Document Development and Review Process Flowchart

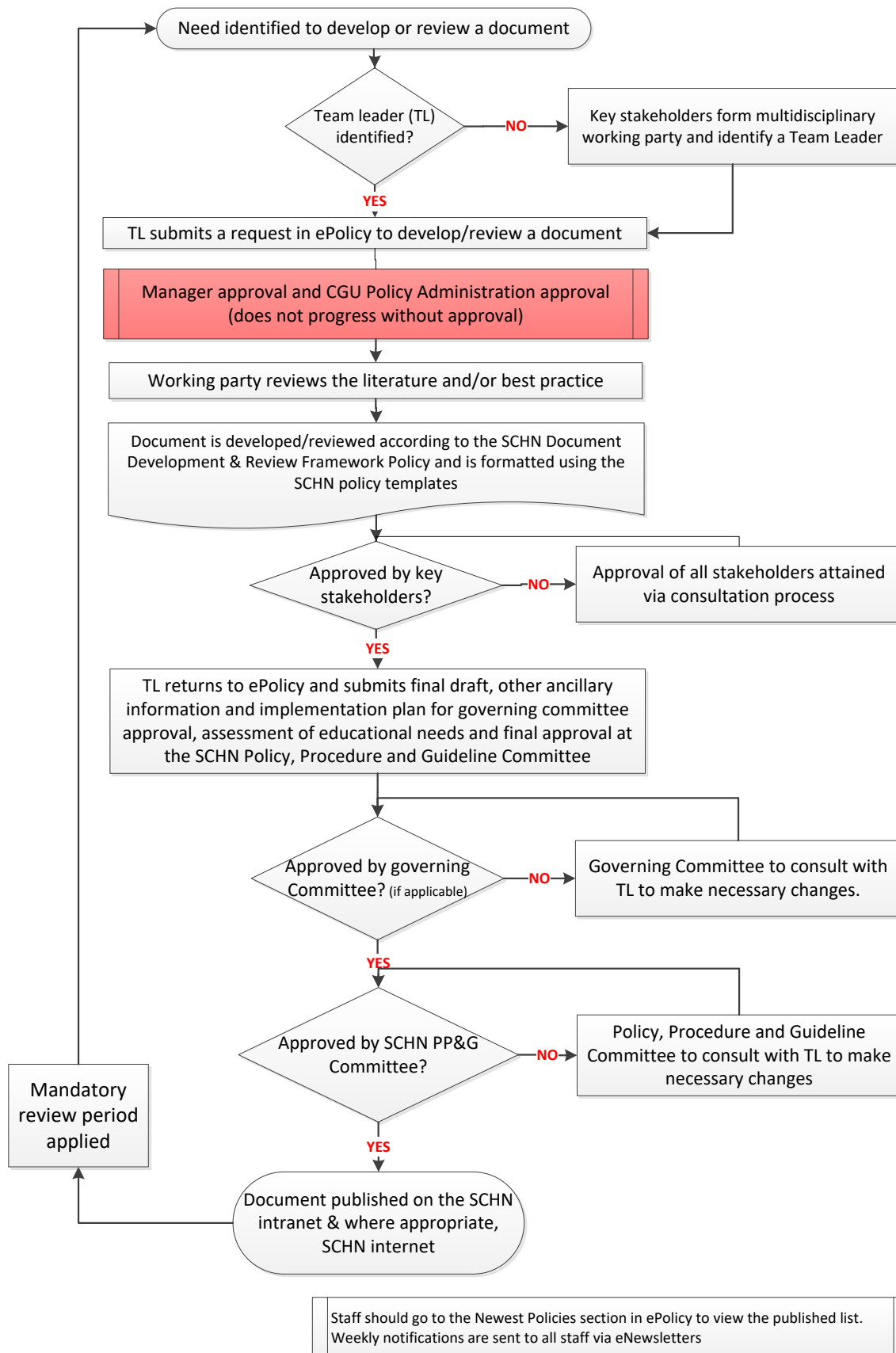


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1 Introduction

The Sydney Children's Hospitals Network (SCHN) has a document development and management framework that will permit documents to be identified, developed, evaluated and reviewed in accordance with NSW Health and the National Safety and Quality Health Service Standards (published by the Australian Commission on Safety and Quality in Health Care).

The framework is based on NSW Health [Policy Directives and Other Policy Documents \[PD2016_049\]](#) and the [AGREE Collaboration](#) (Appraisal of Guidelines, Research and Evaluation), an internationally recognised document evaluation system.

1.1 Purpose

This document describes the policy and related processes for document development, dissemination, implementation, evaluation and review, and outlines associated responsibilities of those processes.

1.2 Scope

This policy and procedure applies to all staff working at SCHN who are, or intend upon developing or reviewing a policy document that pertains to SCHN.

1.3 Outcomes

Compliance with this policy and procedure ensures sound governance and document control of all SCHN policy documents. This will provide confidence to staff that their work practices are underpinned by evidence based and/or current best practices.

1.4 Legislative Context

- Australian Standards (AS3806 Compliance Monitoring, 8000 – 8004 Corporate Governance)
- Australian Standard/New Zealand Standard (AS/NZS4360 Risk Management)
- Australian Standard/New Zealand Standard ISO 9001 Quality Management Systems – requirements.

1.5 Definitions

Term	Definition
Departmental document	Document containing information pertaining to the operations in a department at Randwick or Westmead facility.
Document	'Document' is synonymous with policy, procedure, practice guideline or homecare guideline.
Facility specific document	Document containing information pertaining to the values, core principles and operations of a SCHN facility (e.g. Randwick or Westmead). Titles are to be suffixed by "SCH" or "CHW" or "NETS" or "CCC" or "PSN"
Governing Committee	A peer committee which should be involved in the document approval process as a matter of a regulatory process. For example, any document with medications [prescribing, preparation or administration] must be tabled for approval at the governing committee, the Drug Committee. Another example, Work Health Safety [WHS] policies must be tabled at the WHS Committee.
Homecare Guideline	Homecare Guidelines provide information based on one or more SCHN Practice Guidelines, but is expressed in a 'parent/carer friendly' lay version. When Homecare Guidelines are reviewed, they are to be submitted to the PP&G Committee simultaneously with the relevant SCHN Practice Guideline or Procedure.
Joint Departmental document	Document containing information pertaining to the operations in more than one department at Randwick or Westmead facility, but is not applicable to be used outside these departments.
Major Amendment	A change to a current document that is of a substantial nature, affecting or altering the effect, responsibility, stakeholders, meaning or intent of any part of the document.
Minor Amendment	A change to a current document that is of an insubstantial nature, not affecting or altering the effect, responsibility, meaning or intent of any part of the document.
Network document	Document containing information pertaining to the values, core principles and operations of SCHN (Randwick, Westmead, NETS, PSN or CCC facilities).
Policy	A directive or decision that requires mandatory compliance and is expected to be understood by relevant staff.
Practice Guideline	A set of directions or principles to assist the health care practitioner with patient care decisions about appropriate diagnostic, therapeutic or clinical procedures for specific clinical circumstances and are based on a thorough review of the literature.
Procedure	A set of documented instructions detailing the approved and recommended steps for a particular process, and be evidence based and be consistently applied (no deviations).
Stakeholder	Any person or group of people who affects or is affected by the document.

1.6 Abbreviations

Abbreviation	Term
AGREE	Appraisal of Guidelines, Research and Evaluation [in Europe]
CALD	Culturally And Linguistically Diverse
CCC	Children's Court Clinic
CHW	The Children's Hospital at Westmead
DDT	Document Development Team
DRT	Document Review Team
IIMS	Incident Information Monitoring System
MoH	NSW Ministry of Health
NETS	Neonatal & paediatric Emergency Transport Service
NSQHS	National Safety and Quality Healthcare Standards
RCA	Root Cause Analysis
PD	Policy Directive (from NSW Ministry of Health)
PP&G Committee	Policy, Procedure and Guideline Committee
PSN	NSW Pregnancy and newborn Services Network
SCH	Sydney Children's Hospital
SCHN	Sydney Children's Hospitals Network

2 Policy and Principles

2.1 Principles

- SCHN document development/review shall be underpinned by:
 - National and State policy (where available) and
 - Clinical care standards (where applicable) and
 - The respective Health Practitioner Code of Conduct and where applicable, Code of Ethics. Refer to the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) for more information.

2.2 Policy

Governance

- All SCHN documents shall fall under one of the SCHN Directorates with each Director being responsible for document development/review, implementation and [compliance](#) within their area.

Note: *Where possible, all facility specific policy documents are to be transitioned to become SCHN policy documents.*

- All documents shall be tabled at the SCHN Policy, Procedure and Guideline (PP&G) Committee for approval.
- Documents produced (or reviewed) at SCHN must:
 - Support best clinical or corporate practice (providing evidence where appropriate).
 - Reflect (and reference) legislated practice or NSW Ministry of Health policy.
 - Adhere to the SCHN [approval process](#).
 - Be developed by a multidisciplinary team including consumers where practical and available.
 - Be written in plain English
- All SCHN documents must be submitted to ePolicy for document control purposes and publication.
- Document templates shall be used to ensure consistency in branding and 'look and feel' of the document.
- Documents are to be used 'on-line', wherever possible (hardcopies are discouraged).
- Only one authorised version shall be available electronically at any one time on the SCHN intranet or the SCHN internet.
- Policy documents must not be uploaded onto the intranet or internet outside of the document control processes of ePolicy.

Document Review

- All SCHN documents will be reviewed every 3 years by the document owners unless otherwise stated in the [Processing other Documents](#) section of this policy.
- SCHN documents may be reviewed prior to the above mentioned review period if legislation, clinical evidence and/or best practice (or any other reason to prompt a review) is changed.
- The review procedures should be followed as outlined in [Section 3.2](#) below.

Major Amendments

- Major amendments will follow the procedures set out in [Section 3.2](#) and will be tabled and reviewed for approval at the SCHN PP&G Committee.

Minor Amendments and No Amendments

- Minor amendments made to a document may occur outside the document approval process however the amended document must be:
 - Approved by the document owner and
 - submitted to ePolicy for document control purposes
- Documents with minor amendments or no amendments are tabled at the SCHN PP&G Committee for noting.

Records Management

- The latest approved Word version will be stored in ePolicy; a centrally controlled database, electronically accessible to staff developing/reviewing a document.
- The approved Word version is converted to PDF version and it is this version that is published onto a central 'SCHN Policy' intranet site accessible to all SCHN staff (CHW, SCH, NETS, PSN and CCC).
- All documents stored in ePolicy shall have SCHN approved identifiers attached. All identifiers are built into the SCHN templates.
- If the approved identifiers are not present on a PDF version, it is not an authorised version and should not be used.
- Policy documents published on the SCHN Policy intranet site shall be considered the authoritative source. Individual facility specific intranet sites shall link to this source.
- Only the current PDF version is accessible to staff.
- The previous Word version in ePolicy is not accessible to staff other than the custodians and identified staff in the Clinical Governance Unit. ePolicy manages version control.

2.3 Responsibilities

Team Leader (also called the 'custodian')

Team Leader responsibilities:

- Submit request into ePolicy to develop/review document and identify an appropriate ['approver'](#).
- Form and support other members of the multidisciplinary team
- Ensure the document has been submitted to relevant Governing Committee if required
- Upload draft document and implementation plan to ePolicy
- Approve minor amendments to published document
- Respond to [ad-hoc feedback](#) relating to published document
- Initiate a review nearing the end of the review period by submitting a request into ePolicy and forming a multidisciplinary review team. *The review is to be completed by the review period due date.*

Approvers (Directors, Clinical Program Directors and Department Heads)

- Directors, Clinical Program Directors (CPDs) and Department Heads have the responsibility and oversight of policies relating to their respective Directorate, Program or Department.
- The relevant line manager must authorise the development/review of all documents:
 - For **Department documents**, the Department Head should be the approver
 - For **Facility and Network documents**, the relevant Director or Clinical Program Director should be the approver
- Approver responsibilities:
 - Approvers should receive an email from ePolicy asking them to approve a policy request. The approver can follow the link provided in the email or log into ePolicy and approve the request; return it to the custodian for more information and the custodian to re-submit; or reject the request.
 - Approvers should respond to the requests in a timely fashion.
- Other responsibilities of Directors, CPDs and Department Heads:
 - Regularly check the [Policy Dashboard](#) to identify, action or support the review of policy documents under their charge.
 - Ensure the percentage of current policies is 85% or preferably greater (e.g. 95%)
 - Support policy teams by addressing issues and ensure appropriate data-sets are being looked at to monitor practices to ensure the best outcomes for our patients.
 - Act as executive sponsors for policies where required

Document Development/Review Team

A Document Development/Review Team is a group of representative stakeholders. The team should be multidisciplinary and include a patient/parent/carer representative where appropriate.

- Document Development/Review Team responsibilities:
 - Determine/confirm if a policy, procedure or practice guideline is required.
 - Determine/confirm if the document should be Network, facility or departmental.
 - Define/confirm the scope of the document and prioritise what needs to be in the document.
 - Define an expected date of completion for the development and commit to the schedule.
 - Perform a literature search and/or source best practice/evidence based practices. Where appropriate, appraise/grade the evidence and make recommendations for practice. This is particularly important for clinical documents.

- Draft the document ensuring the purpose and any measures are clearly identifiable. The document should be concise and easy to read so the target group may understand it.
- Consult with all stakeholders – multidisciplinary input is required including consumers.
- Identify key performance indicators or data sets relating to the document for monitoring purposes.
- Implement practices at SCHN and disseminate notification of the document.
- At review time, evaluate the document by analysing data-sets, incidents in IIMs and any other relevant information that may lead to improved patient care. Activate improvement activities if appropriate.
- All representatives in the team should approve the final draft.
- If for some reason a stakeholder is not represented in the team, the draft document must be forwarded to an identified stakeholder for approval.
- If a stakeholder does not approve the draft, a consultation process should occur to facilitate approval. Record discussion outcomes and if applicable, complete a [recommendation table](#) based on consensus. This information should be uploaded into ePolicy for future reference.
- Outstanding issues may need to be escalated through line managers to resolve.

Governing Committees

- SCHN has a number of governing committees who have oversight of relevant policy documents such as Drug Committee, Disaster Response Committee and National Standard Governing Committees. It is noted that not all policy documents will have a governing committee.
- Governing committee responsibilities:
 - Governing committee should approve the document before for being tabled at the PP&G Committee.
 - Timely review/approval is required from governing committees [i.e. within 3 months of submission]. The secretariat of the governing committee must communicate changes/issues with the team leader and the CGU PolicyAdmin.
 - If there is no clear rationale and approval isn't granted within three months, at the discretion of the DCG and in consultation with key staff, the document may be tabled at the next PP&G Committee meeting for approval. The governing committee may continue their approval process and provide retrospective approval.
 - If the governing committee are awaiting changes from the team lead, an amended version should be returned to the governing committee within 3 months of submission to the governing committee. If an amended version is not made available at this time, the request in ePolicy will be returned to the custodians. The custodians should then attach the amended draft and re-submit the request.

Policy, Procedure and Guideline Committee

- The PP&G Committee has oversight of all SCHN Policies, Procedures, Guidelines and Homecare Guidelines. PP&G Committee does not review Drug Protocols, Standing Orders, Nurse Initiated Medications and Local Disaster Response Plans: these documents are noted at PP&G Committee and are endorsed by Drug Committee and Disaster Response Committee respectively.
- The [PP&G Committee Terms of Reference](#) has more information regarding membership and governance.
- PP&G Committee responsibilities:
 - Ensure document control principles are in place
 - Appraise SCHN policy documents against a standardised checklist
 - Approve all SCHN policy documents before they are published on ePolicy
 - Encourage a culture of using policy documents electronically at SCHN
 - Make system improvements where necessary

3 Procedures

3.1 Developing a document

Education is available – Contact the Clinical Governance Unit for details

Development Process

- [Recognise a need](#)
- Submit a request in ePolicy
- Approver gives permission to proceed
- Use a template to develop your draft
- If developing a Practice Guideline, complete a literature search
- Finalise draft including referencing, photos, appendices etc
- Obtain approval from relevant stakeholders
- Obtain approval from relevant governing committee if required
- Upload draft and implementation plan to ePolicy
- Requests left in ePolicy for more than a year will be deleted.

3.2 Reviewing a document

Review process

- Recognise a need – document is due for mandatory review or there is a change in practice
- Submit a request in ePolicy
- Approver gives permission to proceed
- Amend previous draft document
- If reviewing a Practice Guideline, complete a literature search
- Finalise draft including referencing, photos, appendices etc
- Obtain approval from relevant stakeholders
- Obtain approval from relevant governing committee if required
- Upload draft and implementation plan to ePolicy

3.3 Submitted Draft Documents

- All draft documents submitted into ePolicy are made available to any staff member for comment. Refer to the latest drafts section in ePolicy.
- Comments can be returned via the feedback form provided, or by commenting in the draft word version using Track changes and returning it to CGU PolicyAdmin.
- Submitted draft documents will remain listed for one week only.

3.4 Approval process

Stakeholder Approval

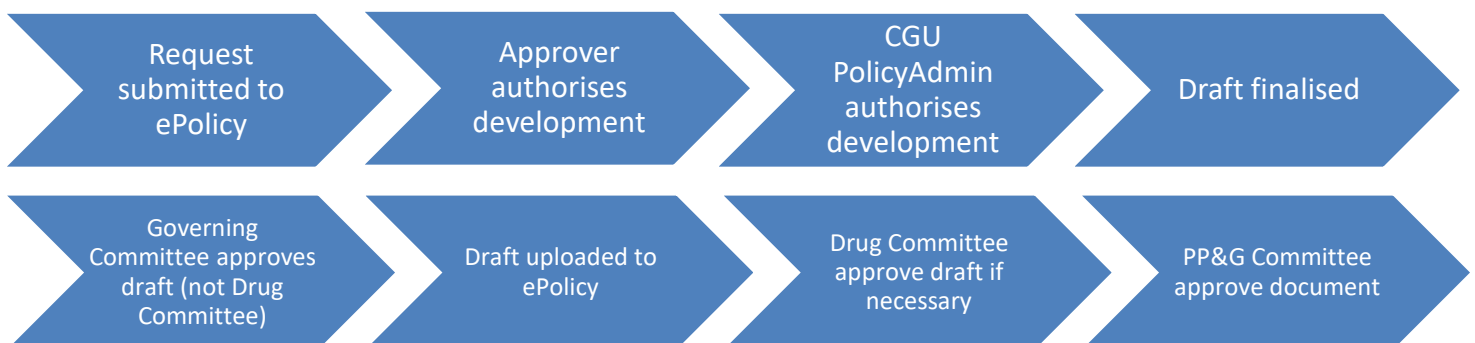
- (see [DDT responsibilities](#))

Governing Committee Approval

- (see Governing Committee responsibilities)

SCHN Policy, Procedure and Guideline Committee Approval

- (see PP&G responsibilities)



Minor Amendment Approval

- Document custodian/Team Leader must approve minor amendments.
- Minor amendments must meet the criteria as defined in the “Definitions” section of this policy otherwise a full review will be required.
- Amended draft must be provided to CGU PolicyAdmin with changes clearly identified
- The document will be tabled at the PP&G Committee for noting.

Urgent Approval (performed in exceptional circumstances only)

- A document may need to be ‘fast-tracked’ through the approval process for patient safety, legal or other purposes.
- The approval process may be fast-tracked at the discretion of the Director of Clinical Governance and Medical Administration (DCGMA) or delegate.
- In these exceptional circumstances:
 - Contact (in writing) the Network Manager Policy & Procedures (NMPP) identifying reasons for urgent approval.
 - The NMPP will coordinate the approval process.
 - The DCGMA (or delegate) may provide ‘approval’ for the document to be published on behalf of the PP&G Committee out of session.
- The document must be submitted into ePolicy with all documentation completed.
- The document will be tabled at the next available PP&G Committee even though it’s been published. Comments will be returned to the custodian and if changes are required, they will be asked to call a review.

4 Policy Dashboard

The Policy Dashboard shows how SCHN is performing. All SCHN staff have access to the dashboard which should be used as a monitoring tool to see which policies are due for review. The [Dashboard Policy FAQ](#) provides information about how to use the dashboard and the different views available.

5 Ad-hoc Feedback from Staff

Every document has an ‘ad-hoc’ feedback form electronically attached to it. Staff may access the form at any time by selecting the Feedback Form tab. Information may be forwarded anonymously or staff may choose to participate in discussions with the document custodians.

Submitted comments are forwarded to the document authors for follow-up/comment and depending upon the urgency of the submitted feedback, a review may be activated immediately or the feedback will be considered at the next mandatory review. Staff will receive acknowledgement of receipt of feedback.

All feedback is also discussed at the PP&G Committee.

Draft feedback submitted in ePolicy is sent directly to document custodians and CGU PolicyAdmin.

6 Notification and Communication

The following 3 processes should occur:

1. When a document is approved, team leaders, team members and the approver are notified by ePolicy of the approved document.

As approved policies are published, a list is automatically generated in the '[Newest Policies](#)' page in ePolicy. This is for all staff to access and the CGU PolicyAdmin staff advertise the list weekly in the electronic newsletters ([Bandaged Bear](#) and [SCH Pulse](#)).

2. The policy development/review team should activate their implementation strategies which should include further targeted communications and any necessary education.
3. Managers (or delegate) should regularly check the newsletters/ePolicy of any new policies that that may be relevant to their area and notify their staff as required.
 - o [Notification records](#) should be maintained.

7 Applying Risk Ratings to SCHN documents

- All documents must be risk rated. Further information on how to apply risk ratings can be found in the [Risk Rating Policy FAQ](#).

8 Document Evaluation and Monitoring Compliance

Monitoring compliance should be performed according to the level of risk applied to a SCHN or Facility specific document. Further information on compliance monitoring and what to do when non-compliance is identified can be found in the [Compliance Policy FAQ](#).

9 Availability of Documents in the Event of a Disaster

For planned emergency events (e.g. ePolicy downtime) wards and departments will be notified ahead of time.

9.1 Hard Copies

- A single set of hardcopy Network and facility specific documents are located in the After Hours Nurse Managers (AHNM) office.

- These are to be used in emergency situations only. If accessed, it is the responsibility of the person accessing it to ensure the copy is returned as soon as practicable.
- Managers are to maintain within their area a current hardcopy of:
 - Disaster/Emergency Response Plan [CHW or SCH] HealthPlan and
 - Local Disaster/Emergency Response Plan for their area.

Hard copies of all other documents are discouraged.

10 Processing NSW Ministry of Health Policy Documents

- Refer to [Ministry of Health Notifications Policy FAQ](#) for more information.

11 Accountability Framework

- Clinical Governance Unit is responsible to ensure there is a SCHN policy document framework and that it undergoes periodic review as required for all SCHN policies.
- The SCHN DCGMA maintains governance over the SCHN Document Development and Review Framework policy and is responsible for the processes implemented at SCHN relating to policy document development and review.

11.1 Retention and Disposal of SCHN documents

- All documents are currently kept indefinitely via ePolicy.
- ePolicy is 'backed-up daily'.

11.2 Document Numbering System

- Each SCHN document is issued a unique document number.

11.3 When Documents Become Active

- All documents have 3 dates on the front page:
 - Date of Publishing
 - Date of Printing
 - Date Effective
- A document becomes active or comes into effect at the 'Date Effective'.
- The review period starts from the date effective.

12 Processing of Other Documents

12.1 Standing Orders, Nurse Initiated Medication & Drug Protocols

Approved by the relevant Drug Committee and does not require PP&G Committee approval.

1. Obtain approval from appropriate senior nursing staff and/or senior medical staff to develop the document.
2. Register the document in ePolicy.
3. Complete the appropriate template.
4. Obtain final draft sign-off by appropriate senior medical and/or nursing staff from relevant teams.
5. Submit the final version in ePolicy.
6. The CGU PolicyAdmin submits the document to the Drug Committee for approval.
7. The document is published when Drug Committee approval is received. The documents are noted at PP&G Committee.

Review Period of Standing Orders, Nurse Initiated Medication and Drug Protocols

- Standing Orders MUST be reviewed annually (NSW MoH [PD2013_043](#)).
- Drug protocols and Nurse Initiated Medications are reviewed every 3 years.

12.2 Disaster Response Plans (at CHW)

Approved by the CHW Emergency Plan Committee

1. Department Manager submits the Disaster/Emergency Response plan to the Emergency Response Committee for approval.
2. The approved CHW Disaster/Emergency Response plan is submitted to ePolicy and the document is published.

Review Period for Disaster/Emergency Response Plans

- Local Disaster Plans are reviewed every 2 years.

12.3 Emergency Response Plans (at SCH)

Approved by the Randwick Campus Emergency Plan Committee (Shared Service)

1. SCH local plan will be tabled at the Campus emergency plan committee. The SCH plan would be submitted to the SCH emergency plan committee for approval.
2. The approved Randwick Campus Disaster/Emergency Response plan is submitted to SESLHD processes in addition to being submitted to ePolicy as a SCH facility specific document. The document is then published.

13 Additional Resources

CGU PolicyAdmin have developed resources to assist with policy development. These include:

- [Policy FAQ help sheets](#)
- [Policy Library Guide](#)
- [Checklist – Request Stage](#)
- [Checklist – Draft Stage](#)
- [Video tutorial – Request Stage](#) (new document)
- [Video tutorial – Request Stage](#) (reviewing an existing document)
- [Video tutorial – Draft Stage](#)

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