



CommunityCare
NORTHUMBERLAND

SECTION: Board of Directors

POLICY: Policies and Procedures

DATE ISSUED: Feb. 24/22

NUMBER: BD-165

REVISED:

REVIEWED:

NEXT REVIEW: Feb/25

POLICY:

Policies will reflect and support the Vision, Mission and Values of Community Care Northumberland, be consistent with agency by-laws and be compliant with applicable provincial and federal legislation.

This policy outlines the parameters for reviewing, revising, creating, approving, sharing, and archiving Community Care Northumberland policies and any related procedures.

Each policy and procedure will ensure an inter-disciplinary approach that reflects, respects, and represents all programs affected by the policy.

DEFINITIONS

Policy

A clear and concisely stated course of action that prescribes limits, rules and/or expectations within Community Care Northumberland.

Procedure

A description that pinpoints responsibilities and outlines how the policy should be followed.

PROCEDURE:

1. **Reviewing existing policies and procedures and reporting changes**

To ensure compliance and to identify any needed revisions, Board Committees, Board members and any staff member can initiate the review of an existing policy/procedure.

The following list of questions need to be considered when reviewing existing policies, to ensure that the review is conducted thoughtfully and thoroughly:

- a) *Continued need for policy.* Is the policy/procedure still necessary in light of its stated purpose and goals and in light of CCN services and needs?
- b) *Institutional values and objectives.* Does the policy/procedure clearly and effectively communicate CCN values as well as the general purpose for the policy?



Community Care NORTHUMBERLAND

- c) *Effectiveness*. Does the policy/procedure function well as written, or should it be revised (e.g. by drafting it more clearly in order to improve its effectiveness)?
- d) *Alignment with legislation, accreditation standards and best practices*. Does the policy/procedure align with legislation, accreditation standards and best practices? Does the policy/procedure meet institutional needs?
- e) *Implementation*. Is policy/procedure being followed in practice, or is there a need to address and improve policy implementation?
- f) *Drafting and formatting*. Is the policy/procedure well drafted and formatted? Is it formatted in the Organization's policy template? Is it saved in the appropriate way and place?

During the review process minor and major changes may be required. Significant or major changes to a policy/procedure must follow the policy/procedure revision and approval process (see below), especially if there are changes to current practices.

Minor changes such as correcting spelling, grammar, references, or organizational positions/departments can be made without going through the revision and approval process.

Policies will be reviewed at a minimum every three years.

2. Major policy revisions, new policy development and stakeholder input and endorsement

In addition to major revisions of an existing policy, there may be cases when a new policy/procedure needs to be developed.

When developing or revising a policy/procedure, it is important to

- a) Identify and minimize the risks inherent in implementing the policy/procedure.
- b) Know the predictability of the outcomes associated with the policy/procedure.
- c) Identify the appropriate stakeholders who can inform and implement the policy/procedure.
- d) Identify any ethical considerations with activity outlined in the policy/procedure.
- e) Consider how communication and education will be provided for the new/revised policy/procedure.

Relevant stakeholders are invited to contribute to clinical and administrative content. This occurs during the development phase and these stakeholders may not have a formal approval function.

3. Content

The individual/department/committee creating or revising the policy/procedure will utilize the Policy/Procedure Template. (see Appendix A)



4. Approval

Policies and procedures are applicable across the organization for a variety of reasons. There are generally two categories of policies within CCN – Governance and Operational.

Governance policies are those that deal with board level risk, strategic implications or with board level statutory or regulatory requirements. They relate to the processes of decision making that support effective accountability and performance outcomes (i.e. financial practices, risk management policy, code of conduct).

Operational policies are those policies outside of governance that relate to the on-going operations of the organization. These policies may be organization-wide policies such as a travel policy or a specific policy referring to a particular program area or staff (i.e. human resource policies).

The Board of Directors approves all Governance policies (currently under Board & Finance sections)

The CEO approves all Operational Policies.

5. Dissemination

Once a policy has been approved, the relevant Director/Manager needs to ensure the policy is implemented and followed through with education and communication to staff and stakeholders.

6. Sharing Policies/Procedures

Community Care Northumberland considers its policies/procedures a proud reflection of the organization. As such, policies/procedures can be shared with other community partners, volunteers, and clients on request as part of Community Care Northumberland's commitment to collaboration, transparency and education after the approval of the relevant manager or the Chief Executive Officer.



Community Care
NORTHUMBERLAND

APPENDIX A

SECTION:

POLICY:

DATE ISSUED:

NUMBER:

REVISED:

NEXT REVIEW:

REVIEWED:

POLICY

DEFINITION (if required)

PROCEDURE