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| **SECTION 1: INFORMATION ABOUT THE REQUEST** | | | | | | | | |
| **Nature of request** | | | | | | | | |
| New Document | |  | * Modification | * Replacement | | * Archiving | | * Revision |
| **Type of document** | | | | | | | | |
| * Policy and Procedure | |  | * Guideline | Form |  | * Order set | |  |
| * Medical directive (if impact in Epic, please indicate number): | | | | | | | | |
| **Required Approval Committee**  Program Council ☐ Pharmacy and Therapeutic Committee ☐ Medical Advisory Committee (MAC)   * Policy and Procedure Committee ☐ Other: | | | | | | | | |
| Document title and no.: | | Colonoscopy Preparation (4L, 2L and Pico-Salax) | | | | | | |
| Document owner (including service or department): | | Endoscopy Booking | | | | | | |
| Document Review: | | * Annually | |  | * Biennially | | Triennially (recommended) | |
| ***Existing documents only*** | |  |  |  |  | ***Forms only***  To be published on HGH’s public website  Internal use (published in *PolicyMedical* only) | | |
| Current document no.: | | |  |  |  |
| Current version no.: | | |  | | |
| **Explain briefly the reason for this document management request** (purpose of creation, modification, replacement, archiving or translation)  The existing documents provided to patients during the endoscopy booking process are lengthy and complex, often making them difficult to understand. As a result, staff are required to spend considerable time explaining the  content to ensure patient comprehension. | | | | | | | | |
| **Does this request have an impact on other HGH documents (e.g., policies, procedures, forms, etc.)? If so, provide details.** | | | | | | | | |
| **SECTION 2: IMPLEMENTATION PLAN – EDUCATION AND COMMUNICATIONS** | | | | | | | | |
| **Publication Date:** | Indicate the date this document should be published **for educational and communication purposes**. | | | | | | | **Date: May 26th 2025** |
| **Effective Date:** | Indicate the date this document **comes officially into effect once** the education and communication plans have been implemented. | | | | | | | **Date: May 26th 2025** |
| **Detail your Education and/or Communication Plan:**  *For additional guidance, please refer to policy ADM-04-104* | | | | | | | | |
| **SECTION 3: ATTESTATION** | | | | | | | | |
| **Are employees required to attest to reading this policy?** | | | | | No ☐ Yes | | | |
| **Please indicate which staff members are required to attest:** | | | | | | | | |

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| **How long do you want the attestation exercise to last?** | | | | **From (yy/mm/dd):** | **To (yy/mm/dd):** |
| **SECTION 4 : AUTHOR OR REVIEWER**  **(Most Responsible person(s):name required and not that of the committee):** | | | | | |
| Authors | Elizabeth Durocher | | | | |
| Reviewer | Kyana Sauvé | | | | |
| Other (please specify) | Veronique Brochu, specialty Chiefs | | | | |
| **SECTION 5: STAKEHOLDER FEEDBACK** | | | | | |
| **Stakeholder feedback obtained from:** (*this will help us ensure the appropriate stakeholders have been consulted in the development or review of the document).*  Please use the list below and specify levelof stakeholder engagement obtained and any relevant comments. *For additional guidance, please refer to policy ADM-04-104.* | | | | | |
|  | | **Date** | **Comments** | | |
| Allied Health | |  |  | | |
| Ambulatory Care Services | |  |  | | |
| Bed Flow | |  |  | | |
| Booking | |  |  | | |
| Clinical Educators | |  |  | | |
| Communications | |  |  | | |
| Emergency Preparedness | |  |  | | |
| Finance | |  |  | | |
| Housekeeping | |  |  | | |
| Health Records | |  |  | | |
| Human Resources | |  |  | | |
| Infection Prevention and Control (IPAC) | |  |  | | |
| Laboratory Services | |  |  | | |
| Maintenance / Building Services | |  |  | | |
| Materials Management | |  |  | | |
| Medical Affairs | |  |  | | |
| Medical Imaging | |  |  | | |
| Medical Device Reprocessing | |  |  | | |
| MIS | |  |  | | |
| Occupational Health | |  |  | | |
| Pharmacy | |  |  | | |
| Quality and Risk | |  |  | | |
| ***Committees/Groups:*** | |  |  | | |
| Quality and Performance Committee | |  |  | | |
| Medical Advisory Committee | |  |  | | |
| Ethics Committee | |  |  | | |
| Patient and Family Advisory Committee | |  |  | | |
| Medication Safety Committee | |  |  | | |
| Accessibility and Diversity Committee | |  |  | | |

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| Occupational Health and Safety Committee |  | |  | | |
| Program Council (please specify in comments) |  | |  | | |
| Pharmacy and Therapeutics Committee |  | |  | | |
| Infection Prevention and Control Committee |  | |  | | |
| Other - please specify: |  | |  | | |
| Other - please specify: |  | |  | | |
| Other - please specify: |  | |  | | |
| Other - please specify: |  | |  | | |
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| Other - please specify: |  | |  | | |
| Other - please specify: |  | |  | | |
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| **SECTION 5: APPROVAL OF FINAL DRAFT**  **For approval requirements, please refer to policy ADM-04-104** | | **NAME**  (Individual or committee chair) | | **SIGNATURE**  (electronic) | **DATE OF APPROVAL**  (should be noted in meeting minutes) (YYYY-MM-DD) |
| **APPROVAL**  (All applicable based on document approval flows set out in policy ADM-04-104) | | | | | |
| **Program Council**  ***Please specify*:** | |  | |  |  |
| **Department or Program Director** | | Elizabeth Durocher | |  |  |
| **Policy and Procedure Approval Committee** | | Kyana Sauvé | |  | 2025-05-13 |
| **Pharmacy & Therapeutics Committee** | |  | |  |  |
| **Medical Advisory Committee** | |  | |  |  |
| **Senior Leader** | |  | |  |  |
| ***Other***  ***Please specify:*** | | Dre. Roxanne Leblanc | |  |  |

*Once a document has been published by the Quality Office, a notification of publication will be sent out to the stakeholders above* and they will be responsible to share with their teams.