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	Document Management Request		Quality and Risk Management

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

Current document no.:

Current version no.:

Forms only

☒ To be published on HGH’s public website
☒ Internal use (published in *PolicyMedical* only)

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:

ADM-04-3001
 2023-XX-XXXX

How long do you want the attestation exercise to last?	From (yy/mm/dd):	To (yy/mm/dd):
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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 level of 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		

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:		
Other - please specify:		
Other - please specify:		
Other - please specify:		

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 <i>Please specify:</i>			
Department or Program Director	Elizabeth Durocher		
Policy and Procedure Approval Committee	Kyana Sauvé	<i>Kyana Sauvé</i>	2025-05-13
Pharmacy & Therapeutics Committee			
Medical Advisory Committee			
Senior Leader			
Other <i>Please specify:</i> _____	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.